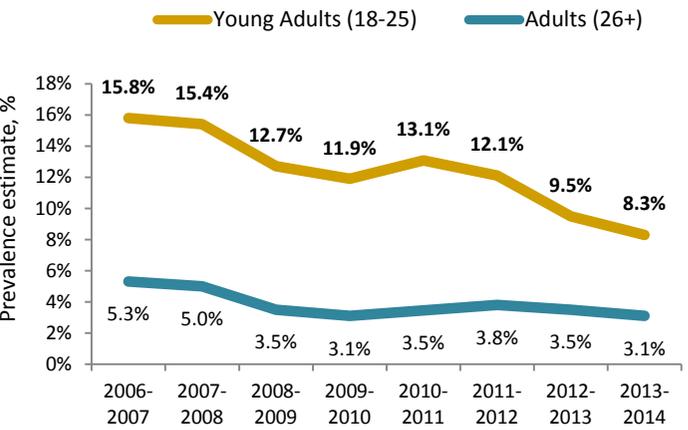
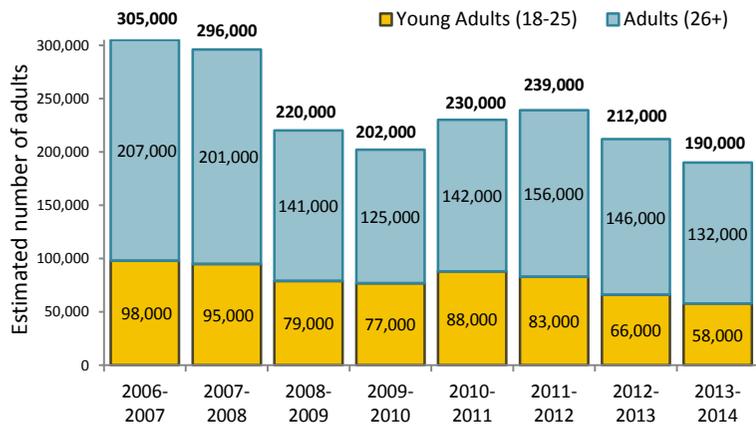


**Goal 1: Decrease the number of Tennesseans that abuse controlled substances**

**Figure 1. Adults using pain relievers for non-medical reasons in the past year<sup>1</sup>: TN CYs 2006-2014**



**Figure 2. Adults using pain relievers for non-medical reasons in the past year<sup>1</sup>: TN CYs 2006-2014**

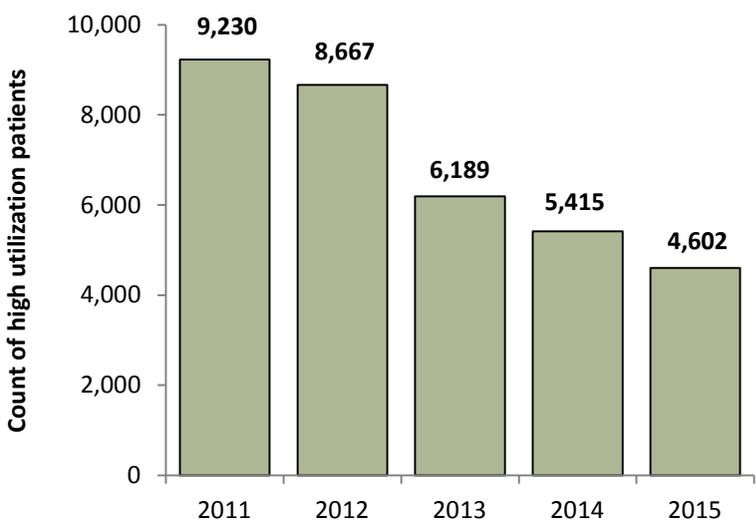


**115,000 fewer** adults reported non-medical use of pain relievers during 2013-2014 than in 2006-2007. Non-medical use of pain relievers among young adults declined 7.5% between 2006-2007 and 2013-2014.

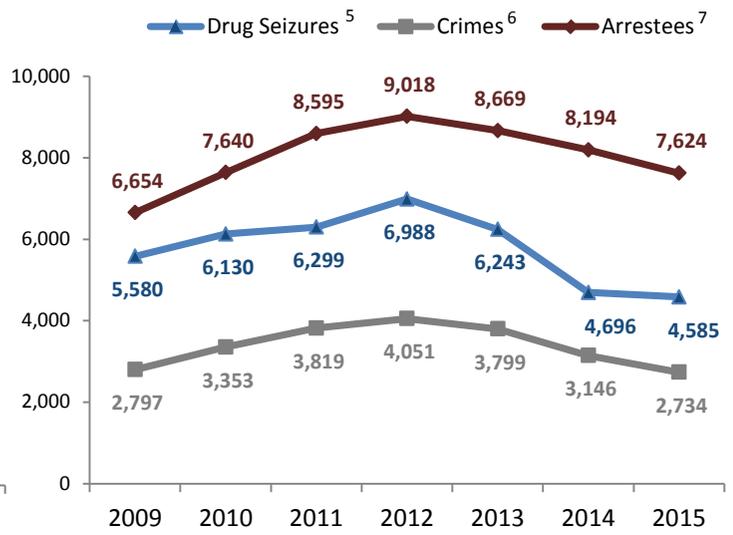
**50% decrease** in high utilization patients. Between 2011 and 2015

**Declines** in prescription opioid seizures, crimes, and arrests since the Prescription Safety Act of 2012 passed

**Figure 3. High utilization patients<sup>4</sup> in the Controlled Substance Monitoring Database (CSMD)<sup>2</sup>: TN CYs 2011 to 2015**



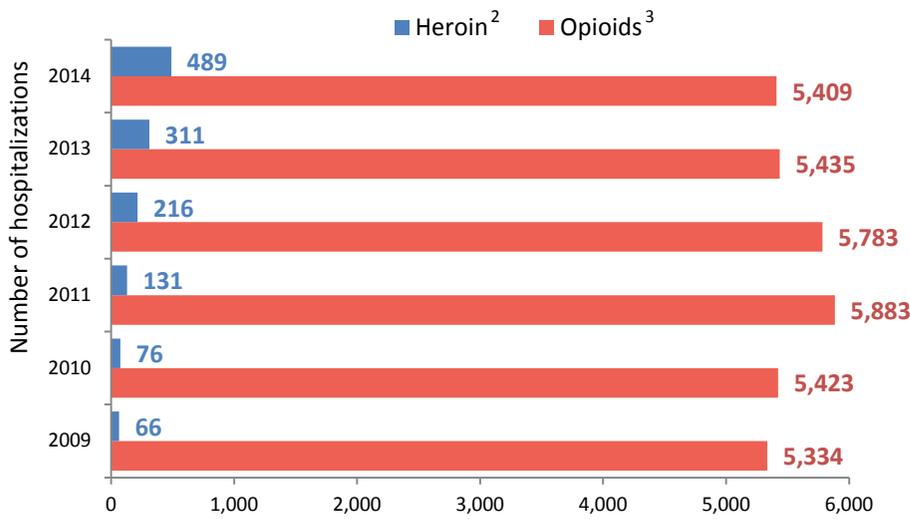
**Figure 4. TBI<sup>3</sup> prescription opioid indicators (per 10K): TN CYs 2009-2015**



Sources and notes: (1) National Survey on Drug Use and Health (NSDUH), 2015; (2) Tennessee Department of Health, CSMD Annual Report to the Legislator, 2015; (3) Tennessee Bureau of Investigation Crime Online Statistics, 2016 (4) Patients filled prescriptions from 5 or more prescribers at 5 or more dispensers within 3 months; (5) Opioid seizures exclude buprenorphine, methadone, and heroin; (6) Crimes as reported to the Tennessee Bureau of Investigation. For opioid-related crimes, information collected in the following categories: oxycodone, and hydrocodone. Reporting on oxycodone plus hydrocodone provides the most focused information on opioids possible given how data is collected; (7) Arrests as reported to TBI. Opioid-related arrests include arrests for morphine, opium, and all narcotic-related arrests with the exception of cocaine and crack-cocaine arrests.

**Goal 2: Decrease the number of Tennesseans who overdose on controlled substances**

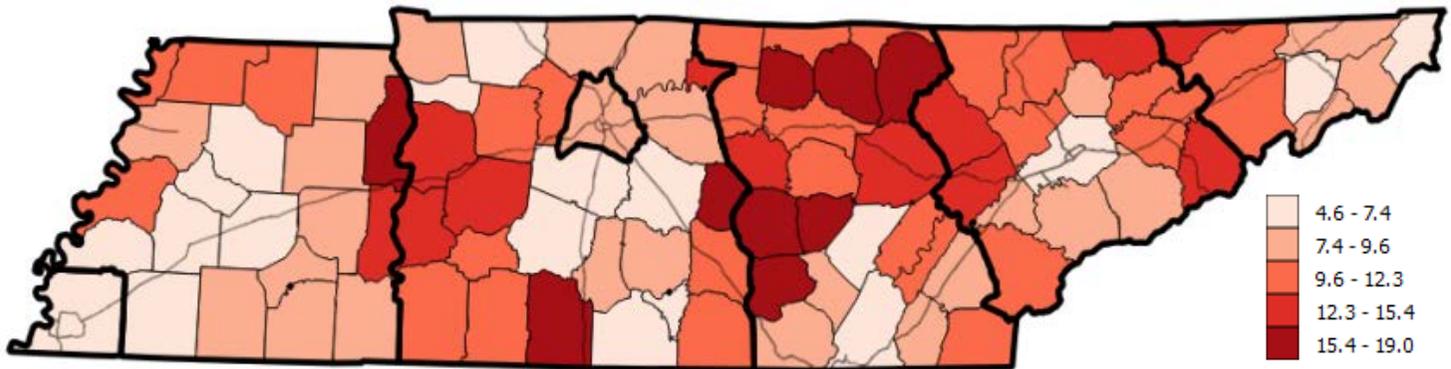
**Figure 1. Tennessee resident prescription opioid<sup>1,2</sup> and heroin<sup>1,3</sup> poisonings resulting in hospitalization: 2009-2014**



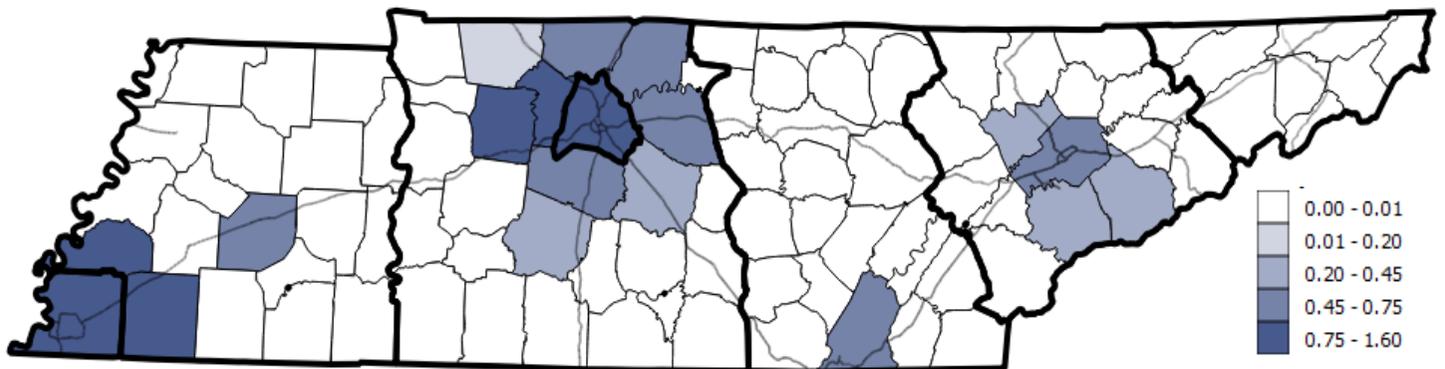
**8% decrease in hospitalizations for prescription opioid poisonings since 2011, primarily in rural counties**

**641% increase in hospitalizations for heroin poisonings since 2009: primarily in major Tennessee cities**

**Map 1. Prescription opioid poisonings<sup>1,2</sup> (per 10K population): 2013 and 2014**



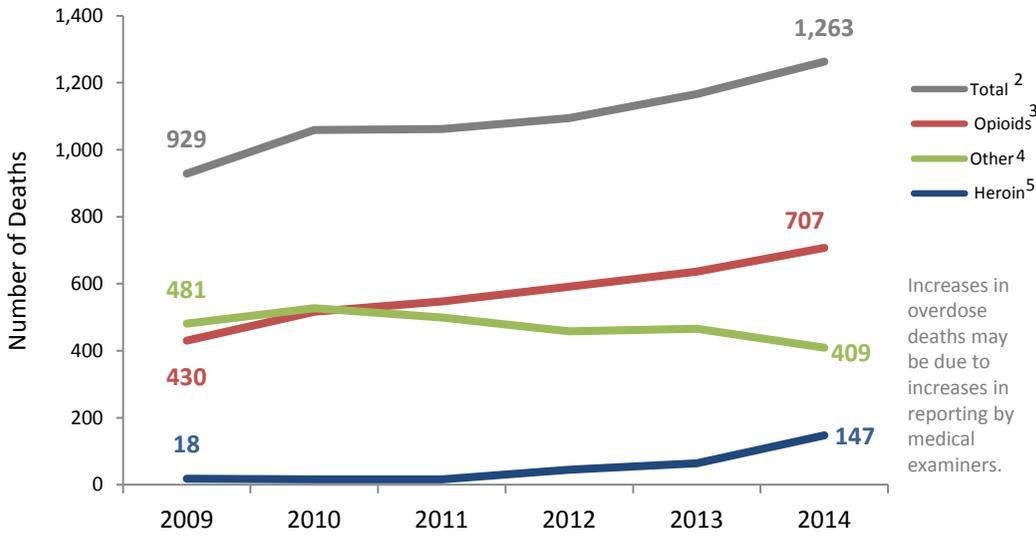
**Map 2. Heroin poisonings<sup>1,3</sup> (per 10K population): 2013 and 2014**



Sources and notes: Tennessee Department of Health, Division of Policy, Planning and Assessment, Nashville, TN; (1) Hospital Discharge Data System, 2009-2014. For maps, two year averages reported and rates are only shown for counties where the combined count during the time period (2014/2015) was greater than 5. (2) Opioid poisonings include hospital discharges with ICD-9 codes of 965.09, E850.2, E935.2; (3) Heroin poisonings includes hospital discharges with ICD-9 codes of 965.01, E850.0, E935.0.

**Goal 2: Decrease the number of Tennesseans who overdose on controlled substances**

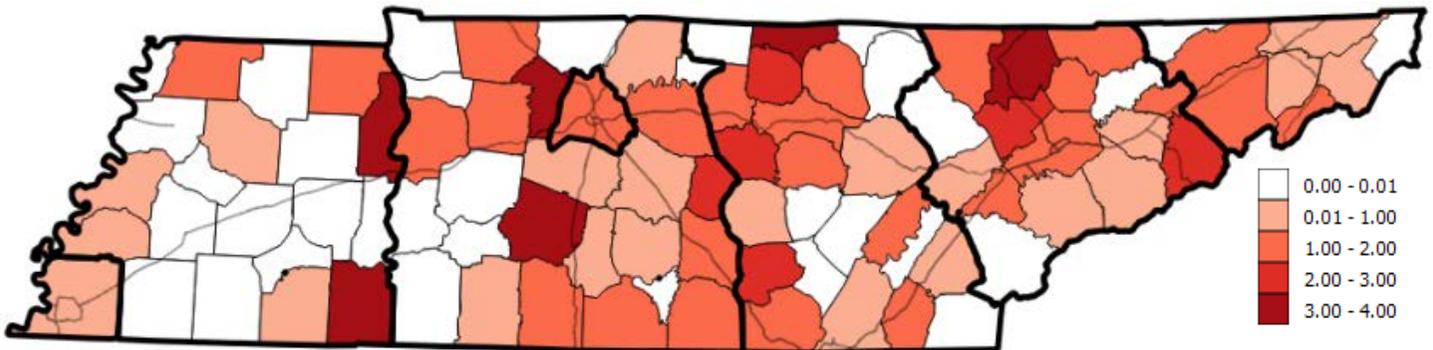
**Figure 1. Tennessee resident drug overdose deaths<sup>1,6-9</sup>: 2009-2014**



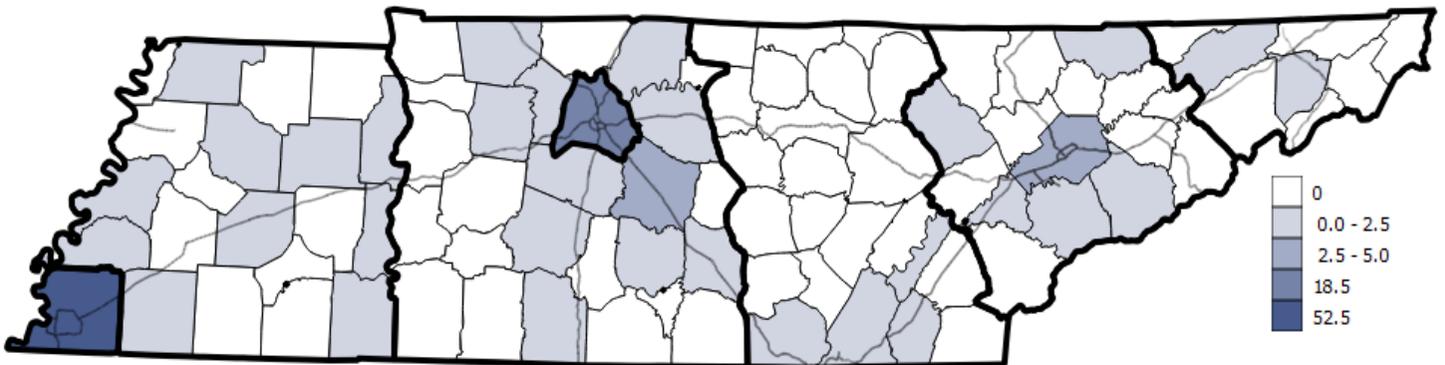
**64% increase in prescription opioid overdose deaths since 2009**

**717% increase in heroin overdose deaths since 2009**

**Map 1. Prescription opioid overdose deaths<sup>1,8</sup> (per 10K population): 2013 and 2014**



**Map 2. Heroin overdose deaths<sup>1,9</sup> (per 10K population): 2013 and 2014**

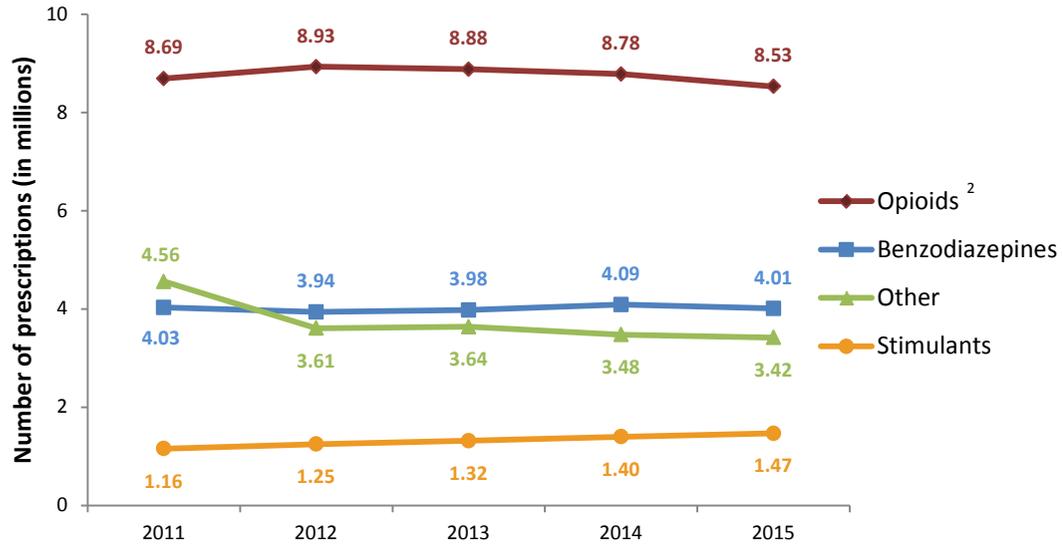


Sources and notes: Tennessee Department of Health, Division of Policy, Planning and Assessment, Nashville, TN; (1) Death Statistical System, 2009-2014; For maps, two year averages reported and rates are only shown for counties where the combined count during the time period (2014/2015) was greater than 5. (2) Drug overdose deaths are based on the ICD-10 underlying cause of death codes: X40-X44, X60-X64, X85, Y10-Y14. (3) Prescription drug overdose deaths were summarized based on an underlying cause of death being a drug overdose and the multiple causes of death containing at least one of the following ICD-10 codes: 36-T39, T40.2-T40.4, T41-T43.5, and T43.7-T50.8. This category includes some over-the-counter medications. (4) Opioid overdose deaths were summarized based on an underlying cause of death being a drug overdose and the multiple causes of death containing at least one of the following ICD-10 codes: T40.2 - T40.4. (5) Heroin overdose deaths were summarized based on an underlying cause of death being a drug overdose and the multiple causes of death containing at least one of the following ICD-10 codes: T40.0 - T40.1.

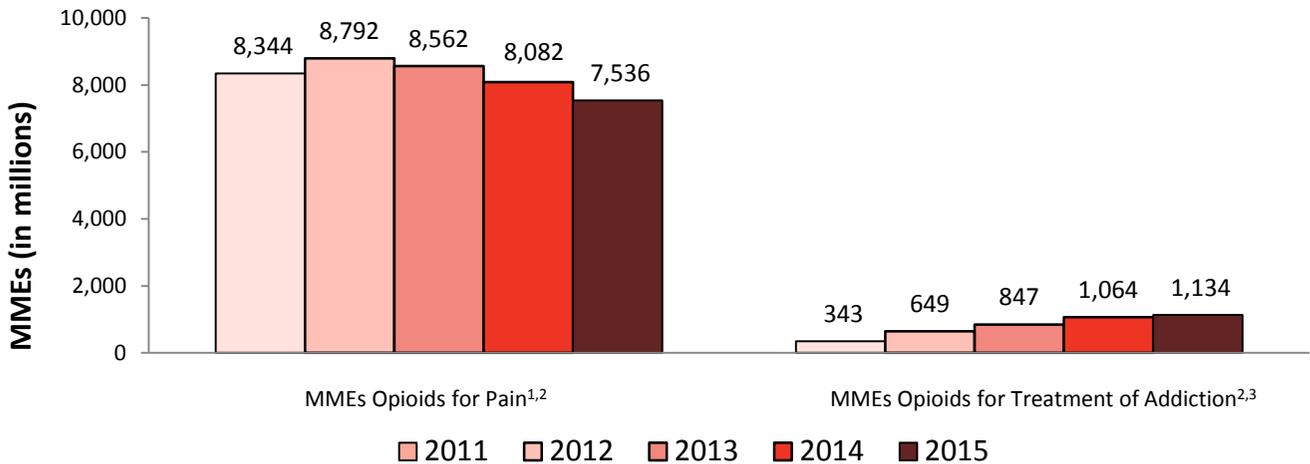
**Goal 3: Decrease the amount of controlled substances dispensed in Tennessee**

**Figure 1. Number of controlled substance prescriptions written to Tennessee patients (in millions) and reported to the Controlled Substance Monitoring Database<sup>1</sup>: 2011-2015**

**395,000**  
fewer opioid  
prescriptions  
reported to the CSMD  
in 2015<sup>1</sup> compared to  
the peak in 2012



**Figure 2. Amount of morphine milligram equivalents (MMEs)<sup>1</sup> dispensed to Tennessee patients (in millions) and reported to the Controlled Substance Monitoring Database<sup>1</sup>: 2011-2015**



**14% decline** in opioid MMEs dispensed for pain in 2015 compared to the peak in 2012.  
**231% increase** in opioid MMEs dispensed for treatment of drug dependence in 2015 compared to 2011.

(1) Source: Tennessee Department of Health, CSMD Annual Report to the Legislator, February 1, 2016; (2) includes prescription opioids for pain and treatment; (3) MMEs are reported per million (unit = 1,000,000 MMEs); (4) excludes FDA approved buprenorphine products indicated for treatment of opioid dependence and prescriptions reported from VA pharmacies; (5) excludes prescriptions from methadone opioid treatment programs and prescriptions reported from VA pharmacies.

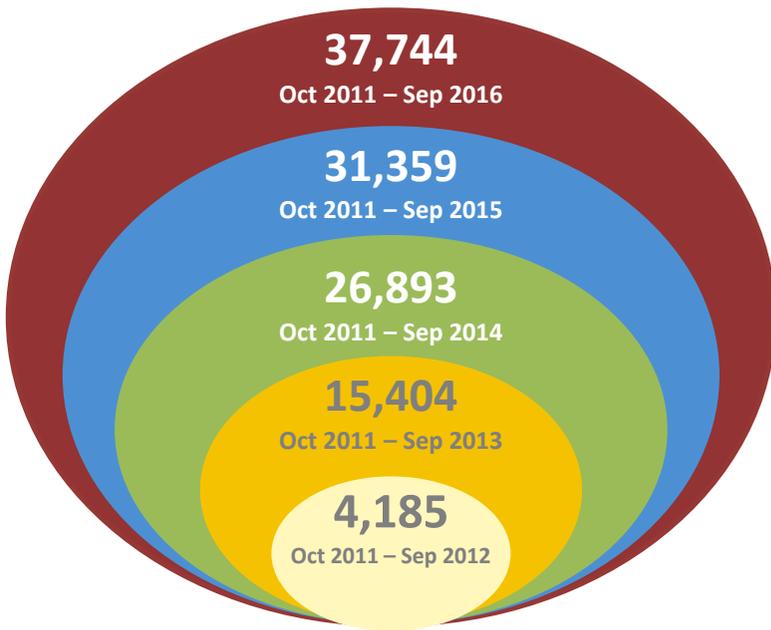


**Goal 5: Increase access and quality of early intervention, treatment and recovery services**

### Early Intervention

Figure 1: Number of TDMHSAS-funded Screening, Brief Intervention, and Referral to Treatment (SBIRT) screenings: 2011-2014

#### SBIRT screenings (cumulative)



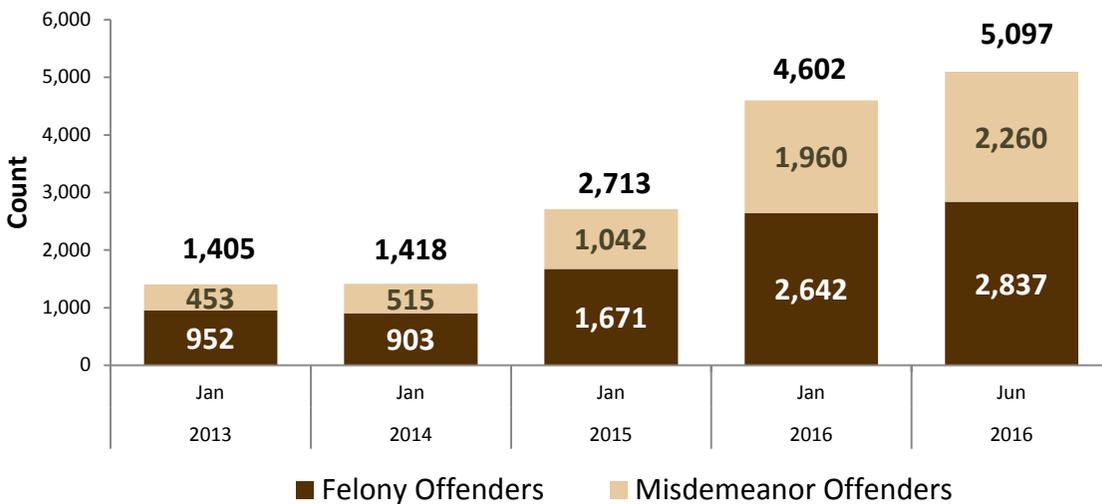
**37,744**  
SBIRT screenings between October 2011 and September 2016

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

### Recovery Courts

Recovery courts specialize in addressing the needs of nonviolent offenders who have substance abuse, co-occurring mental health issues, or who are veterans.

Figure 2: Number of Misdemeanor and Felony Offenders Enrolled in Recovery Courts\*



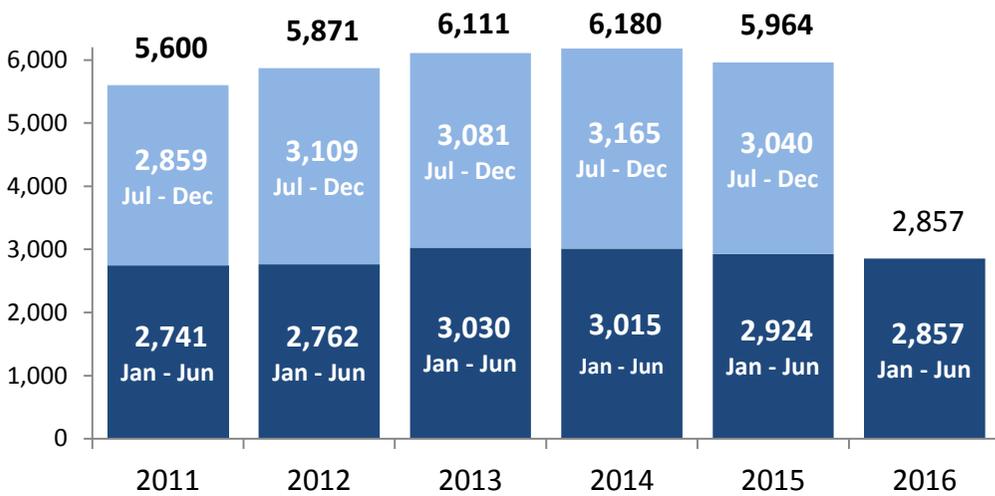
**263%**  
increase in recovery court enrollees from January 2013 to June 2016

\*Source: Tennessee Department of Mental Health and Substance Abuse Services, point-in-time count from first day of quarter

**Goal 5: Increase access and quality of early intervention, treatment and recovery services**

### Treatment Services

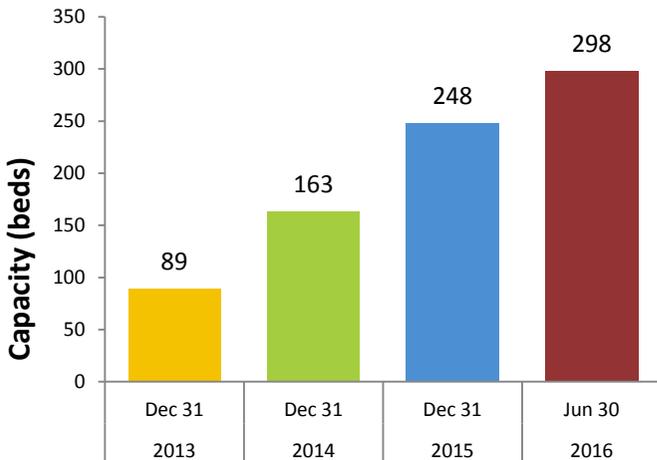
**Figure 3: Number of admissions to TDMHSAS-funded treatment services with opioids as a substance of abuse: January 2011 to June 2016**



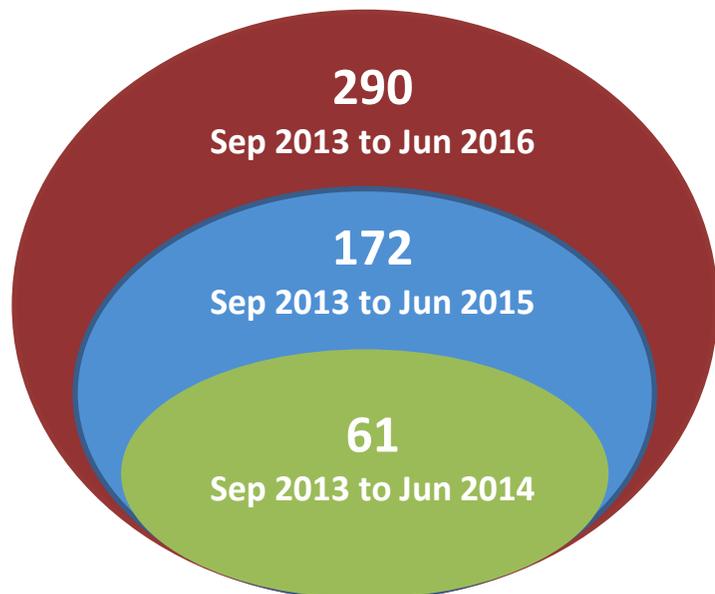
**8%**  
increase in the number of TDMHSAS admissions for prescription opioid abuse from 2011 to 2015

### Recovery Services

**Figure 4: Capacity of Oxford Houses in Tennessee: December 2013 – June 2016**



**Figure 5: Recovery group meetings established by Lifeline: September 2013-July 2016 (cumulative)**



**Capacity of Oxford Houses to  
298 beds  
between Sept 2013 and June 2016**

The Oxford House program is a group of self-supporting, drug-free homes for people in recovery from substance abuse.

**290** recovery group meetings established by Lifeline between since 2013

Lifeline increases understanding and provides access to treatment and recovery services in Tennessee.