Department of Mental Health & Substance Abuse Services

Prescription for Success
Data Indicators

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

Nonmedical use of pain relievers is defined as the use of prescription opioids without a prescription, in a way other than prescribed, or for the experience or feeling it causes. Nonmedical pain relievers do not include use of over-the-counter drugs. The National Survey on Drug Use and Health collected this data through 2014.

Figure 1. Adults using pain relievers for non-medical reasons in the past year[1]: TN CYs 2006-2014

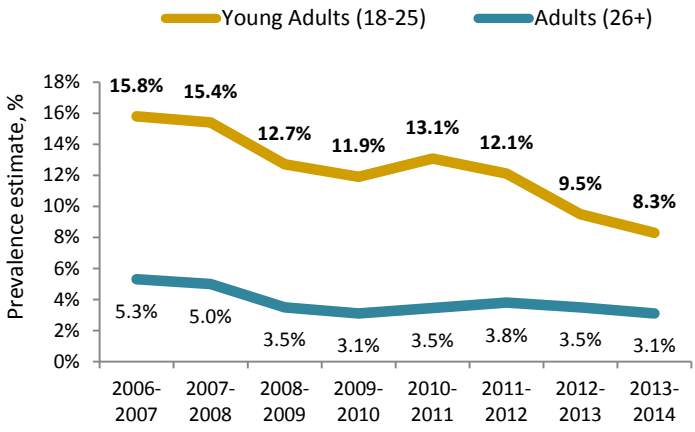
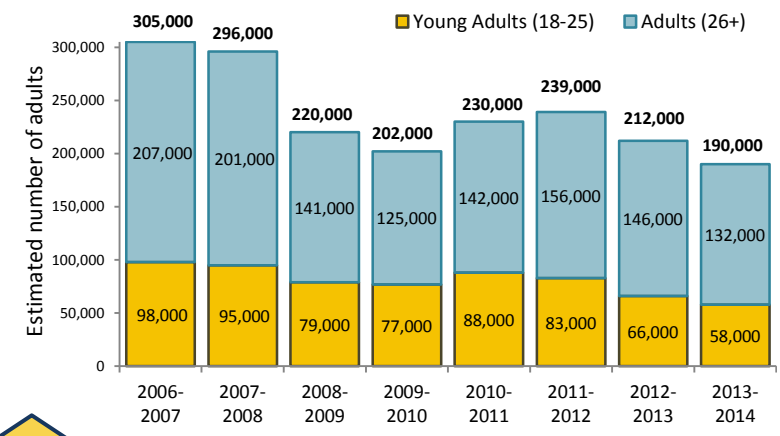


Figure 2. Adults using pain relievers for non-medical reasons in the past year[1]: TN CYs 2006-2014



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.

63% decrease in **high utilization patients** between 2011 and 2015

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

Figure 3. High utilization patients[4] in the Controlled Substance Monitoring Database (CSMD)[2]: TN CYs 2011 to 2015

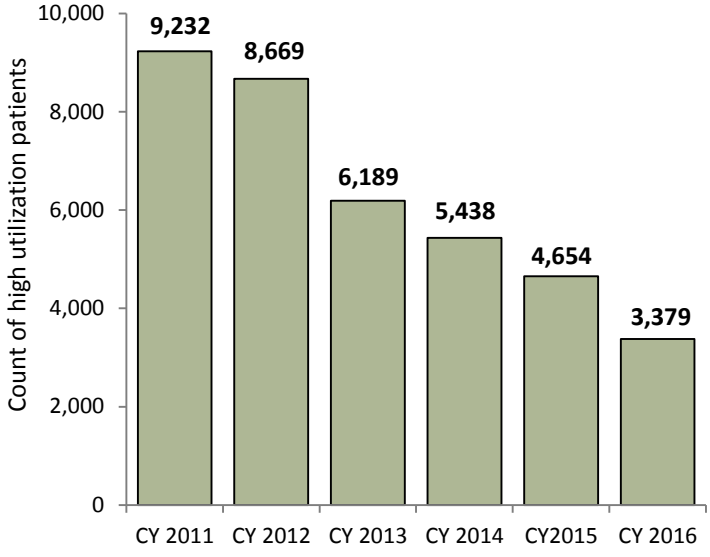
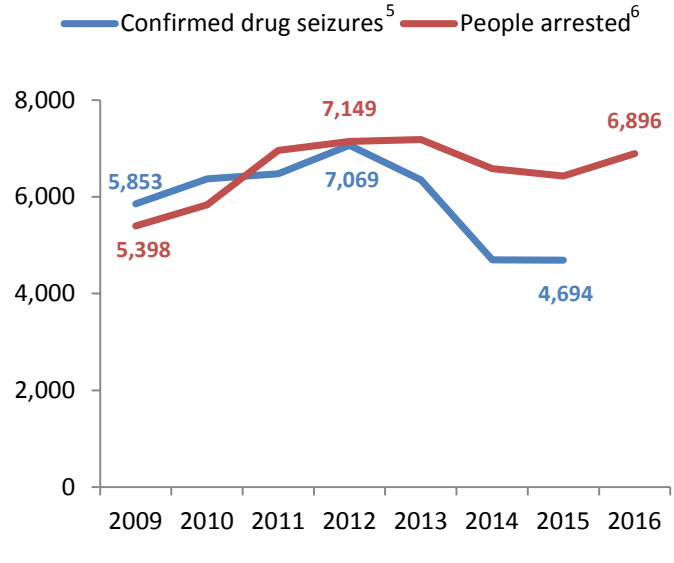


Figure 4. TBI[3] prescription opioid indicators: TN CYs 2009-2016

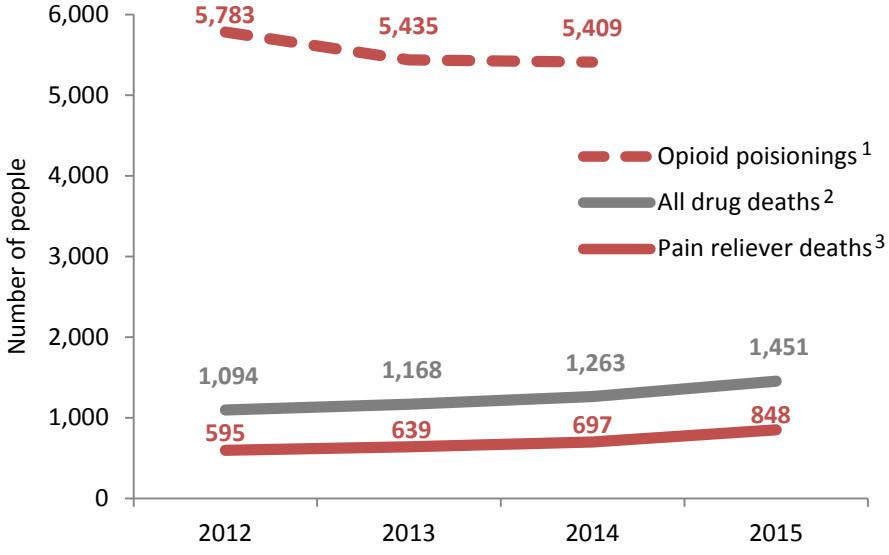


Sources and notes: (1) National Survey on Drug Use and Health (NSDUH), 2015; (2) Tennessee Department of Health, CSMD Annual Report to the Legislature, 2015; (3) Tennessee Bureau of Investigation Crime Online Statistics, 2016

Notes: (4) Patients filled prescriptions from 5 or more prescribers at 5 or more dispensers within 3 months; (5) Confirmed opioid drug seizures include methadone; excludes buprenorphine and heroin seizures; (6) Arrests as reported to TBI. Opioid-related arrests include arrests for morphine, opium, and all narcotic-related arrests; excludes heroin, cocaine and crack-cocaine arrests. If more than one narcotic is present or a person is arrested more than once in a given year, the person is only counted once.

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

Figure 1. Tennessee resident opioid poisonings resulting in hospitalization and overdose deaths: 2012-2015

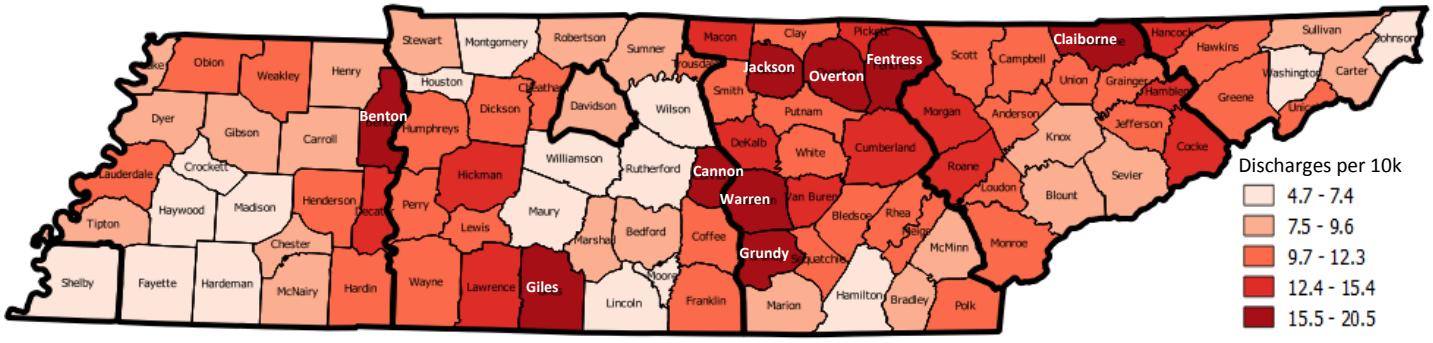


6% decrease in hospitalizations for **opioid poisonings** between 2012 and 2014

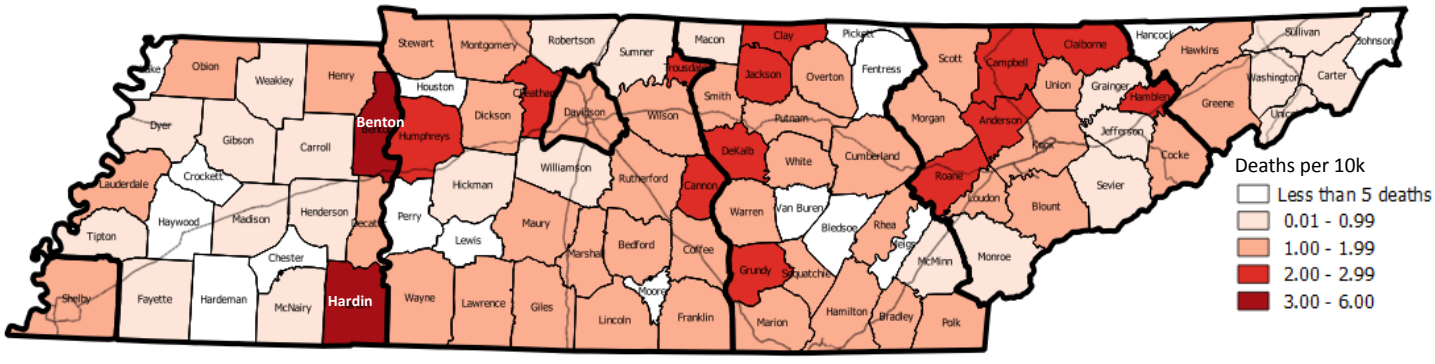
43% increase in **opioid-related deaths** (includes opioid pain relievers and methadone) between 2012 and 2015

Increases in overdose deaths may be due to increases in reporting by medical examiners.

Map 1. Poisonings due to opioids[1] (per 10K population): 2012-2014



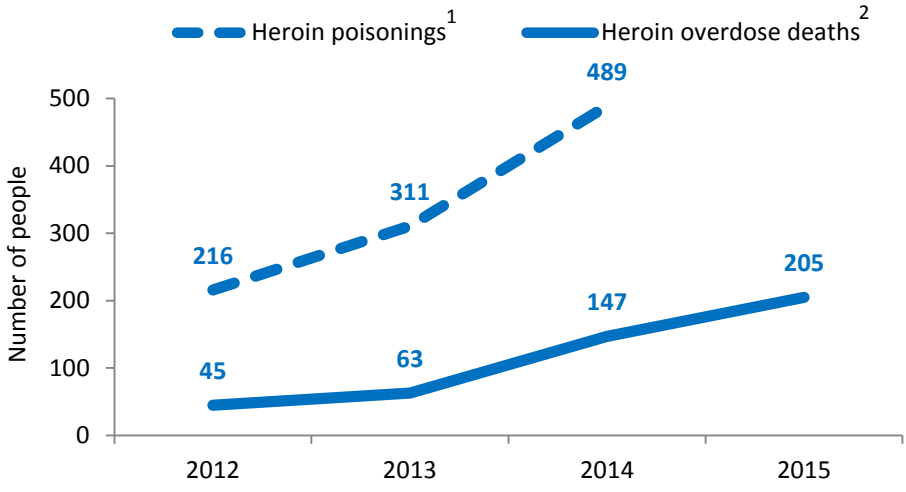
Map 2. Overdose deaths due to pain relievers[3] (per 10K population): 2013-2015



Sources: Tennessee Department of Health, 2012-2015.
Notes: For maps, rates are only shown for counties where the combined count during the time period was greater than 5. (1) Opioid poisonings include hospital discharges with ICD-9 codes of 965.09, E850.2, E935.2. (2) All drug overdose deaths are based on the following ICD-10 underlying cause of death codes: X40-X44, X60-X64, X85, Y10-Y14. (3) Opioid pain reliever 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.

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

Figure 2. Tennessee resident heroin poisonings resulting in hospitalization and overdose deaths: 2012-2015

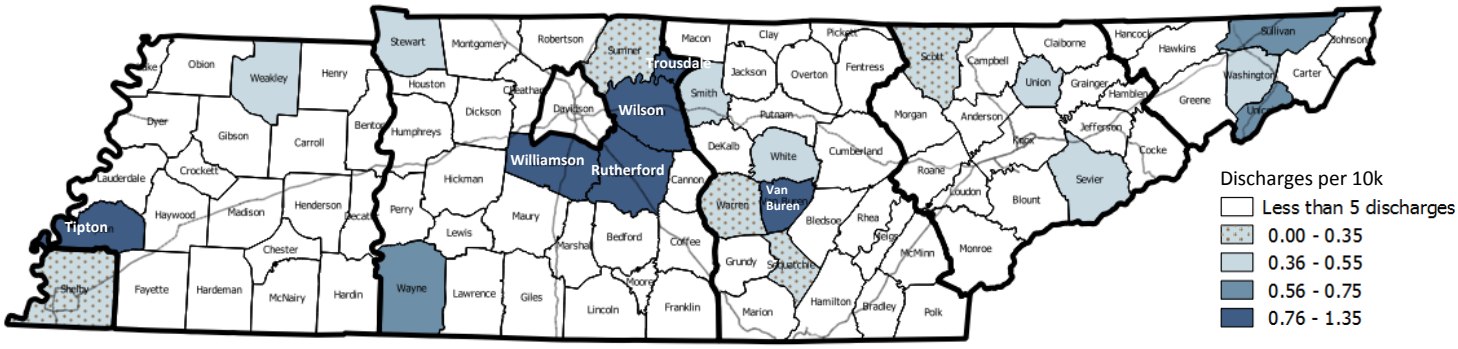


126% increase
in hospitalizations for
heroin poisonings
between 2012 and 2014

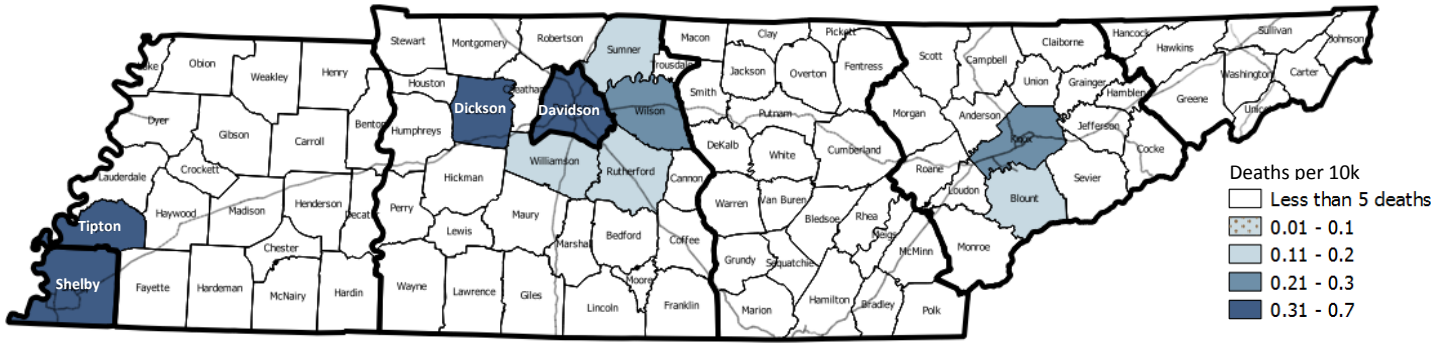
355% increase
in **heroin deaths**
between 2012 and 2015

Increases in overdose deaths may be due to increases in reporting by medical examiners.

Map 3. Poisonings due to heroin[1] (per 10K population): 2012-2014



Map 4. Overdose deaths due to heroin[2] (per 10K population): 2013-2015



Sources: Tennessee Department of Health, 2012-2015.
Notes: For maps, rates are only shown for counties where the combined count during the time period was greater than 5. (1) Heroin poisonings includes hospital discharges with ICD-9 codes of 965.01, E850.0, E935.0. (2) Heroin overdose deaths were summarized based on an underlying cause of death being a drug overdose (ICD-10 codes: X40-X44, X60-X64, X85, Y10-Y14) 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[1]: 2011-2015

976,945
fewer opioid prescriptions for pain reported to the CSMD in 2016[1] compared to the peak in 2012

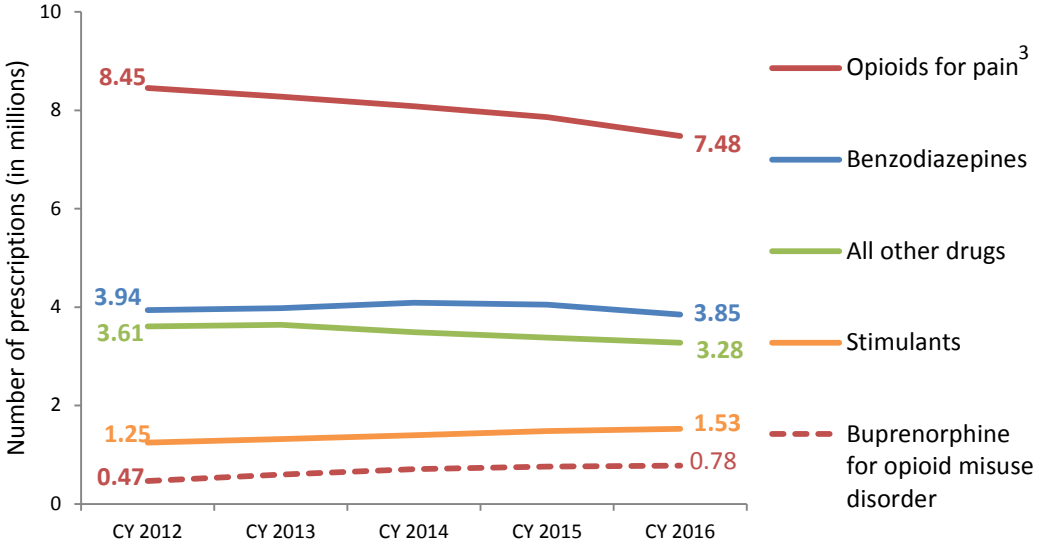
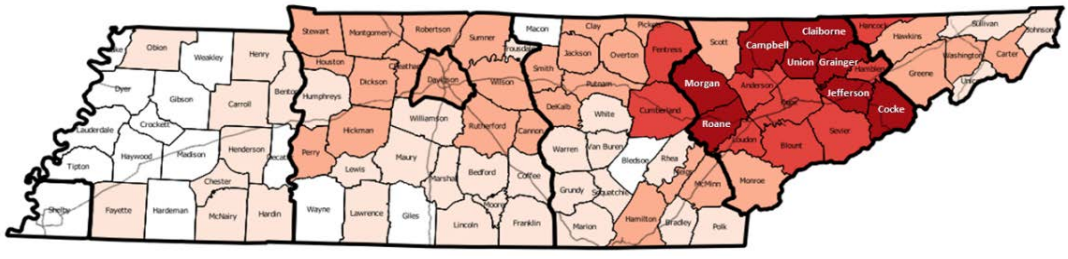


Figure 2. Number of counties by percentage of opioid users with an average daily MME >90[2,4]

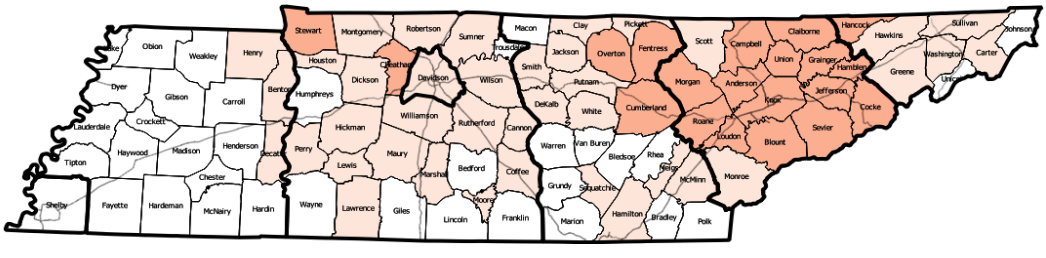
		2% - 5%	5.1% - 7.5%	7.6% - 10%	10.1% - 12.5%	> 12.5%
Number of counties	2012	16	33	29	9	8
	2015	36	39	20	**0**	**0**

The Centers for Disease Control and Prevention (CDC) defines high opioid use as an average daily morphine milligram equivalent (MME) dose >90, which is associated with a higher risk of drug overdose death.

Map 1. 2012



Map 2. 2015

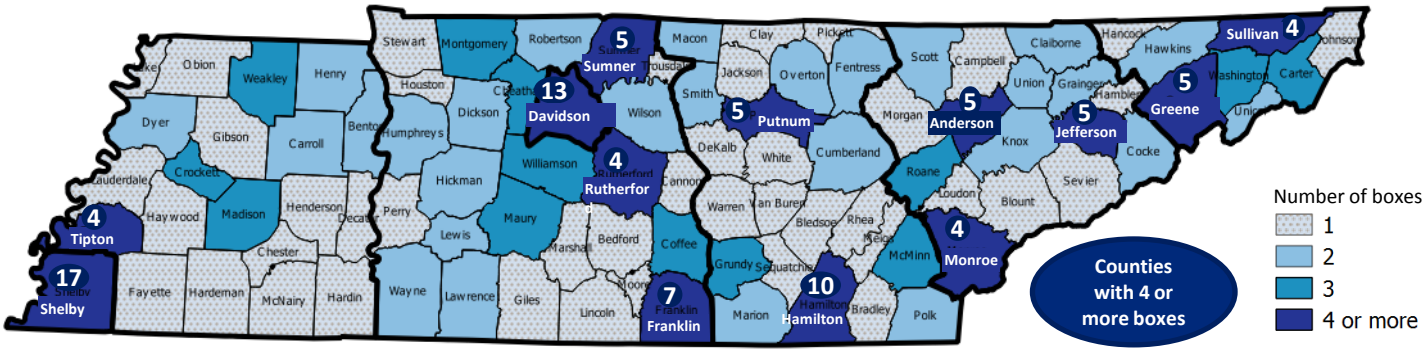


29% decline in the average daily MME >90 dispensed in 2015 compared to the peak in 2012.

Sources: (1) Tennessee Department of Health, CSMD Annual Report to the Legislature, March 1, 2017; (2) Tennessee Department of Health, January 12, 2017.
Notes: (3) Includes prescription opioids for pain; excludes FDA approved buprenorphine products indicated for treatment of opioid dependence and prescriptions reported from VA pharmacies; (4) MMEs are reported per million (unit = 1,000,000 MMEs), excludes prescriptions from methadone opioid treatment programs and prescriptions reported from VA pharmacies.

Goal 4: Increase access to drug disposal outlets in Tennessee

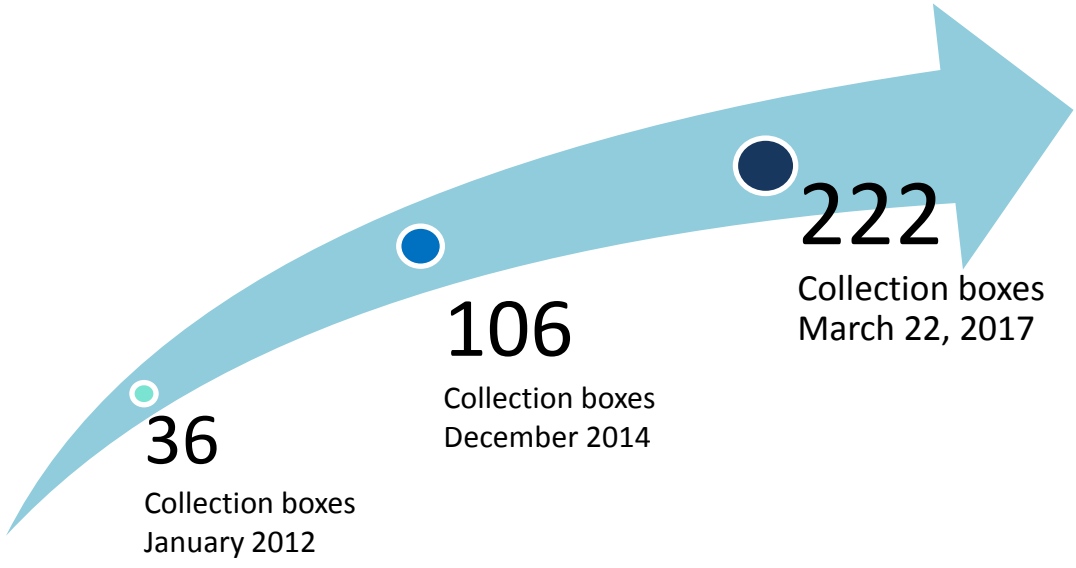
Figure 1. Number and location of permanent prescription drug collection boxes[1]



[1]As of March 22, 2017. This includes drug collection boxes located in 21 pharmacies.

222 permanent drug collection boxes across Tennessee

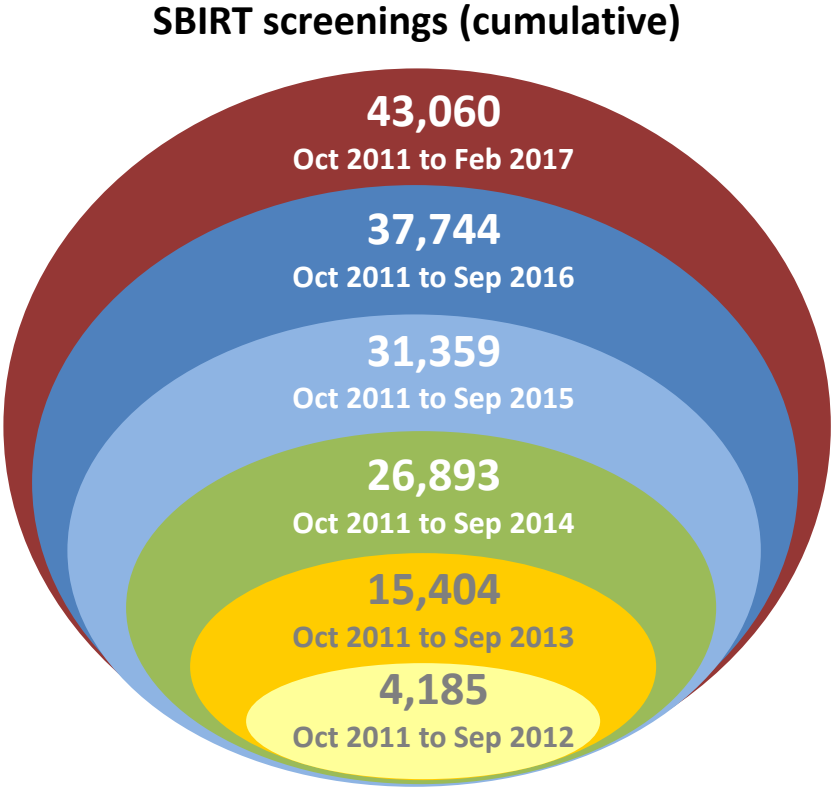
Figure 2. Number of permanent prescription drug collection boxes in Tennessee



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: 2011-2017



43,060

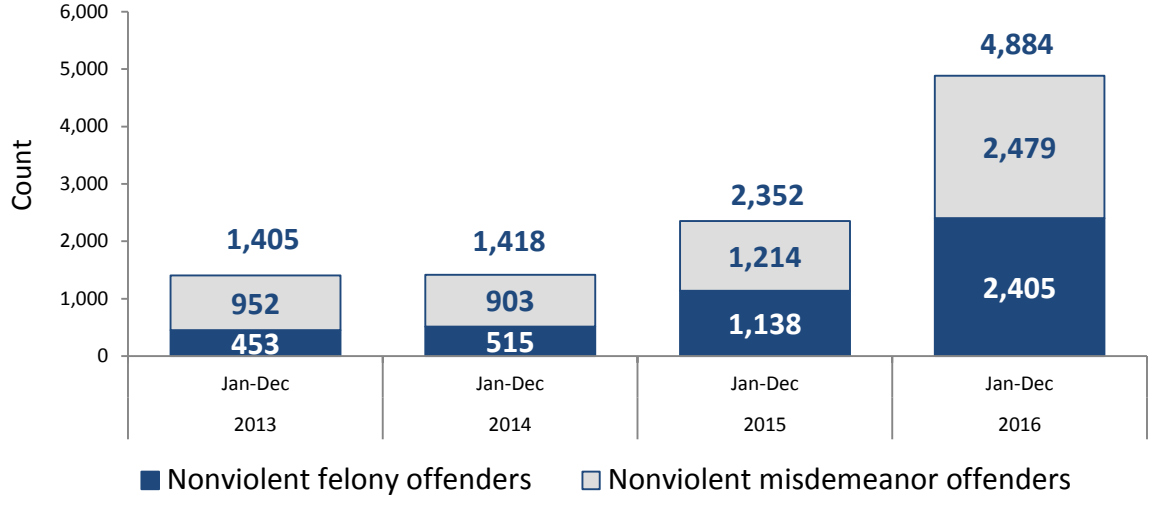
SBIRT screenings between October 2011 and February 2017

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 nonviolent misdemeanor and felony offenders served in Recovery Courts



248%

increase in offenders served in recovery court from January 2013 to December 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

Recovery Services

Since 2013:

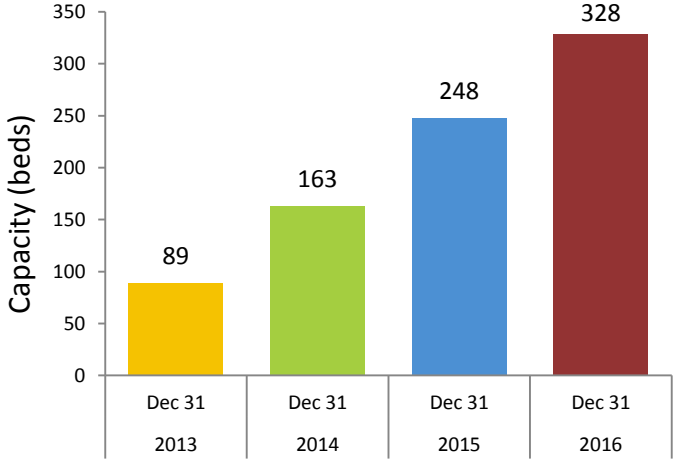
Certified 180 faith-based "Recovery Congregations/Organizations."

Provided 2,466 Lifeline recovery trainings.

328 beds in 50 sober living homes.

Started 330 new recovery meetings.

Figure 3: Capacity of Oxford Houses in Tennessee: December 2013 – December 2016



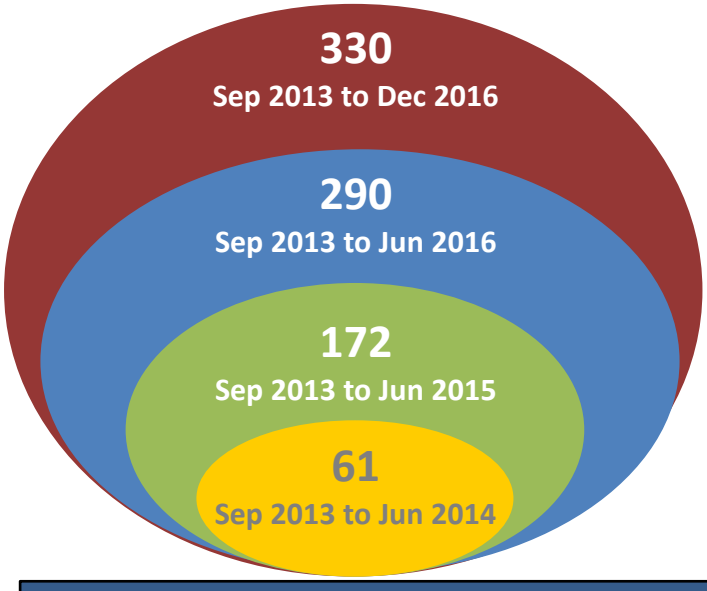
Capacity of Oxford Houses increased to

328 beds

between 2013 and 2016

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

Figure 4: Recovery group meetings established by Lifeline: September 2013-December 2016 (cumulative)



330 recovery group meetings established by Lifeline since 2013

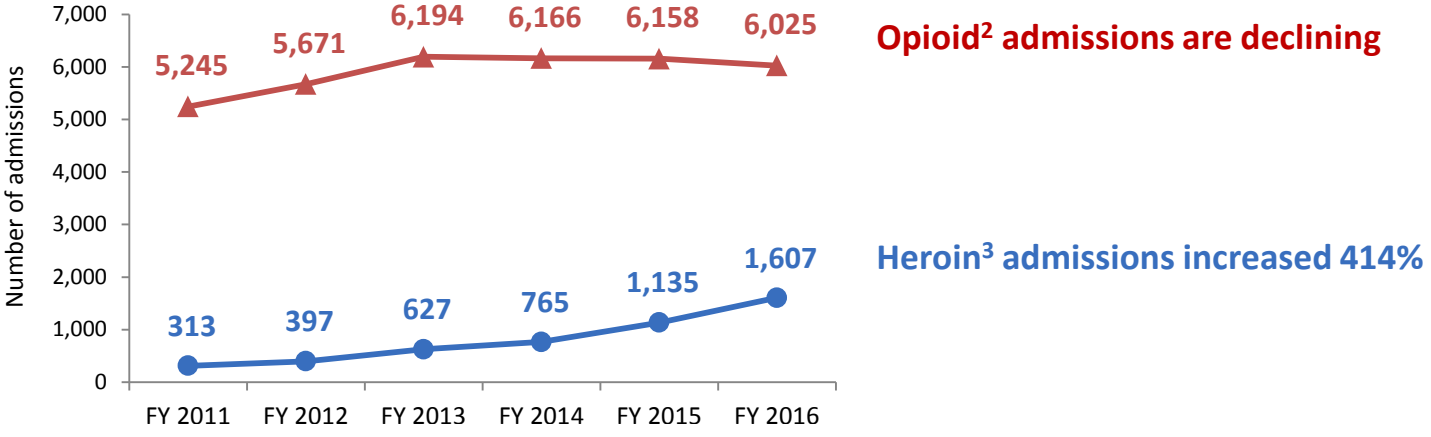
Lifeline increases understanding and provides access to treatment and recovery services in Tennessee.

Source: Tennessee Department of Mental Health and Substance Abuse Services, 2016

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

Treatment Services

Figure 5. Number of opioid substance abuse treatment admissions[1] funded by TDMHSAS: FY 2011-FY 2016

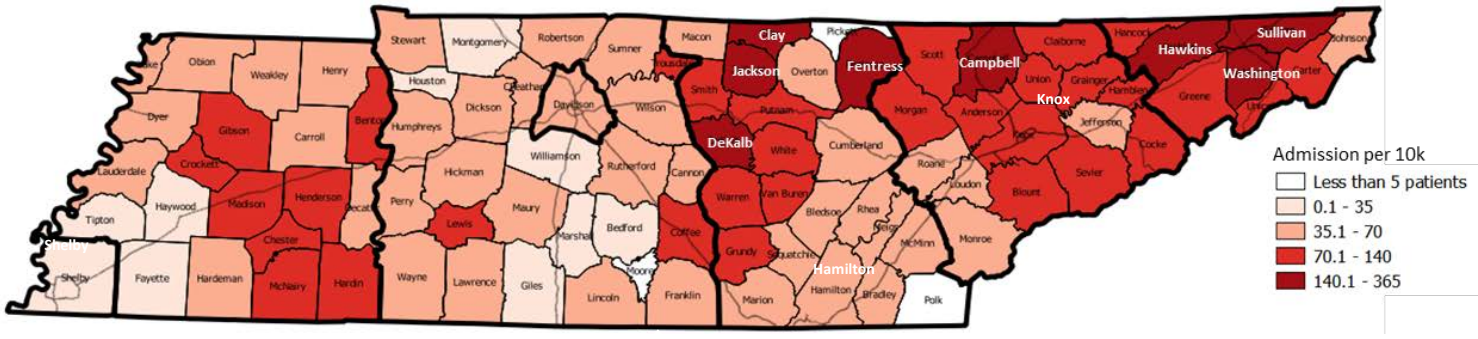


Number of opioid and heroin substance abuse treatment admissions funded by TDMHSAS: FY 2011-FY 2016

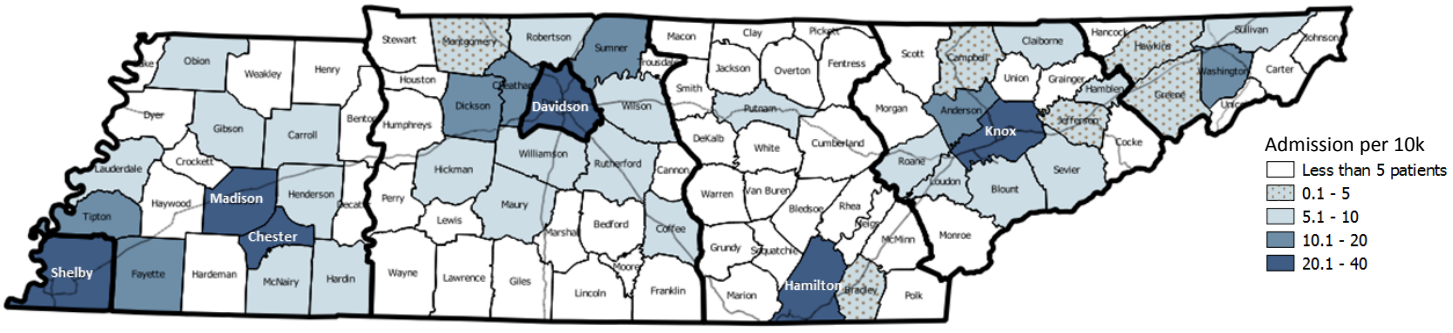
Year (CY)	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
All Admissions[1]	13,967	14,225	14,986	15,123	14,823	15,395
Opioids[2]	**5,245**(37.6%)	**5,671** (39.9%)	**6,194** (41.3%)	**6,166** (40.8%)	**6,158** (41.5%)	**6,025** (39.1%)
Heroin[3]	**313** (2.2%)	**397** (2.8%)	**627** (4.2%)	**765** (5.1%)	**1,135** (7.7%)	**1,607** (10.4%)

Note: Count (% of total admissions)

Map 1: TDMHSAS opioid[2] treatment admissions (per 10k poverty population): FY 2015 – FY 2016



Map 2: TDMHSAS heroin[3] treatment admissions (per 10k poverty population): FY 2015 – FY 2016



Source: Tennessee Department of Mental Health and Substance Abuse Services WITS, FY 2011-FY 2016
Notes: (1) TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents age 12 and older, below the 133% poverty line and have no insurance for which there was a bill. Up to three substances can be listed for each treatment admission. (2) opioid treatment admissions include any mention of opioids including methadone; (3) Heroin admissions include any mention of heroin.