



PRESCRIPTION DRUG OVERDOSE PREVENTION *in* **TENNESSEE**

THE STATE RESPONSE:

- ▶ In 2002, a law established a statewide prescription drug monitoring program for controlled substances, termed the Tennessee Controlled Substances Monitoring Database, (CSMD). The CSMD became completely operational in 2006 and tracks prescriptions for addictive pharmaceutical agents. Later changes to the law shortened the reporting interval from 30 to 7 days after a prescription is written, and legislation passed in 2014 sets an expectation for once daily reporting by January 2016.
- ▶ Tennessee's 2012 Prescription Safety Act made CSMD registration mandatory for all prescribers in the state. The act requires prescribers to check the database before writing a prescription for most opioids and analgesics.
- ▶ CSMD enhancements—identified via queries to end users and internal strategic planning—made the system more user-friendly. After three sets of improvements in the past 18 months, the average patient search now finishes in less than ten seconds and physicians can designate office staff—including up to two unlicensed staff members—to do searches on their behalf. It was crafted this way so to give clinicians options to get these searches done before they write prescriptions.
- ▶ Two series of educational seminars for prescribers—attended by over 100 individuals—helped the state disseminate information about Tennessee's prescription drug monitoring program. The state also solicited prescriber feedback on its effectiveness and used that feedback to prioritize further system enhancements.
- ▶ State guidelines for chronic pain management that were informed by the medical literature, guidelines in other states, and input from an expert panel were released in December 2013. Revised guidelines—reflecting feedback from Tennessee prescribers— were published in 2014.
- ▶ Tennessee currently shares prescription drug monitoring data with Virginia, Kentucky, Mississippi, Arkansas and South Carolina and will soon begin interstate data-sharing with Alabama. Such cross-border surveillance provides data on regional drug-use patterns and is especially important for Tennessee, since it has seven adjacent states where residents may travel to purchase prescription drugs.
- ▶ Neonatal abstinence syndrome became a reportable condition in Tennessee in 2013, thereby decreasing the time needed to identify trends in NAS incidence from 18 months to one month. Having more timely surveillance data, in turn, has helped the state monitor the effectiveness of its many efforts to reduce NAS and has enabled more effective communication with stakeholders, who are also interested in current surveillance data.
- ▶ Governor Bill Haslam elevated the issue by making one of his own performance measures *decreasing the milligram morphine equivalent dispensed in Tennessee in fiscal year 2014*.

SUCCESSES:

In 2013:

- ▶ The number of prescribers registered with the CSMD increased 57%. There are now more than 35,000 prescribers or prescriber delegates enrolled in the system.
- ▶ CSMD searches increased by 240%, totaling nearly 4.5 million searches altogether.
- ▶ 57% of Tennessee prescribers indicated they were more likely to refer patients to substance abuse treatment after checking the drug monitoring database.
- ▶ The number of individuals meeting the threshold for doctor shopping dropped by 36%.

THE PROBLEM:

- ▶ A dramatic wave of opioid prescribing has swept across the state. In 2007, 23 Tennessee counties had an opioid prescription rate of more than 141 prescriptions per 100 population; by 2011, 64 of the state's 95 counties had a rate this high, and only 8 counties had a rate of less than 105 opioid prescriptions per 100 population.
- ▶ In 2011, for the first time in Tennessee, the rate of drug overdose deaths reached 17 per 100,000 population surpassing that of motor vehicle deaths.
- ▶ In 1999, 342 drug overdose deaths were reported in Tennessee. In 2013, 1,187 people died from drug overdose in the state, and most of those deaths involved prescription drugs.
- ▶ Abuse of opioids outranked abuse of both marijuana and crack/cocaine in 2009 in Tennessee. 23% of people identified prescription opioids as their primary substance of abuse, compared to marijuana (18%) and crack/cocaine (15%).
- ▶ In 2009, almost 250,000 Tennesseans over age 12 reported abusing prescription opioids.
- ▶ A substantial rise in neonatal abstinence syndrome (NAS)—resulting from exposure to addictive drugs in utero—paralleled the increase in opioid prescribing. From 2008 through 2012, there was a 201% increase in NAS in Tennessee. In 2013, the state documented 921 newborns diagnosed with the condition, which is associated with extended infant hospital stays, painful drug withdrawal, impaired mother-child bonding, and greater likelihood an infant will spend time in the care of the Tennessee Department of Children Services.

"We focused on a broad strategy: prevention, treatment and control. The lynchpin that pulled all of those together is the prescription drug monitoring program."

— David Reagan, MD, PhD, Chief Medical Officer
Tennessee Department of Health