Opioid Addiction – Crisis & Trends

NATIONAL ASSOCIATION OF ATTORNEYS GENERAL
SOUTHERN REGION MEETING
Tennessee Opioid Statistics

The Opioid Epidemic annually costs Tennessee approximately **$2 Billion**

Over half of this comes from **31,000 Tennesseans** being out of the workforce

**1,631** Tennessee opioid deaths in 2016

More than **4 Tennesseans** die every day of an opioid overdose

Tenn. has the **second-highest** rate of opioid prescriptions in the country
Not merely a HEALTHCARE problem: impacting court system

- Removal of thousands of children: Juvenile Court
- Guardianship/conservatorships/property: Chancery Court
- Offenses/felonies/property crimes: Criminal Court
- Bankruptcy/financial issues: Civil Court
- Loss of business: Civil Court/Business Court
- Workers compensation: Workers Comp Panels/Appellate
- Insurance issues: Civil Court
- Divorce/custody: Circuit
- Probation management: Criminal

Opioid crisis affects every court in every county.
Chief Justices Nationwide Create National Task Force

Co-Chairs

Loretta Rush, Chief Justice, Indiana Supreme Court

Deborah Taylor Tate, Administrator, Tennessee Administrative Office of the Courts

Conference of Chief Justices

- Mark Cady, Chief Justice, Iowa
- Judith Nakamura, Chief Justice, New Mexico
- Paul Reiber, Chief Justice, Vermont

Conference of State Court Administrators

- Michael Buenger, Administrator, Ohio
- Nancy Dixon, Administrator, Kansas
- Corey Steel, Administrator, Nebraska
Goals and Possible Solutions

- Coordination with all national efforts (NGA/NAG/President’s Task Force)
- ICPC compact for placing children across state lines (need 35 states approve)
- Medicaid reimbursement/Insurance coverage
- Bench cards
- Toolkit (U.S. Surgeon General)
- Judicial training modules/CLE
- Working with MAT efforts underway
- Exploring potential pilots (NAS Moms and babies)
- Tele-medicine/tele-health- Rural services (FCC Rural health program)
- Funding and grants (TF received $800,000 from SJI; RJOI received $1M)
- Identifying best practices: placing children, treatment vs. criminal options, use of interdisciplinary teams, establishing performance measures, and more
- Create information sharing between state PDMPs, courts, medical community, child protective services
Opioids and the Courts

Widespread use of opioids has had a devastating impact on many U.S. communities. This impact is evident on court dockets across the country on a daily basis. Courts must play an active role in providing solutions to this deadly epidemic.

According to the Centers for Disease Control and Prevention (CDC), an opioid is a natural or synthetic chemical that interacts with opioid receptors on nerve cells in the body and brain and reduces the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl and pain medications available legally by prescription such as oxycodone, hydrocodone, codeine, morphine and many others. Opioids were involved in 42,249 deaths in 2016, and opioid overdose deaths were five times higher in 2016 than in 1999.

THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...

116
People died every day

11.5
People addicted
Courts Involvement of Statewide Opioid Plan

- Prevention
- Treatment
  - **Incarcerate population** → Repurpose 512 beds at W. TN state prison to expand treatment and services
  - **Zero to Three Courts** → Provide funding to these programs for transportation needs relative to therapeutic and family support services
  - **Treatment credit for Incarcerated** → Incarcerated opioid dependents can complete a 9-12 month residential substance abuse treatment program to receive a 60-day sentence reduction credit
- Law Enforcement
  - **Recovery compliance courts** – one court for each grand division
TN TOGETHER
ENDING THE OPIOID CRISIS
TN Together is the state's comprehensive plan to address the ongoing opioid epidemic through three primary levers:

- **Prevention**
- **Treatment**
- **Law Enforcement**
As part of TN Together, we introduced two bills capturing three legislative initiatives. The bills address elements within each of the three buckets.

- **Prevention**
  - Through reasonable limits, decreases supply and dosage of prescription opioids with emphasis placed on new patients - initial prescriptions will be limited to a 5-day supply, with daily dosage amounts also limited.

- **Treatment**
  - Provides sentence credits of 60 days to non-violent offenders who complete 9-12 month intensive substance use treatment programs while incarcerated.

- **Law Enforcement**
  - Updates the controlled substance schedules to better track, monitor and penalize the unlawful distribution and use of dangerous and addictive drugs
What other states have done?

Select Provisions of State Laws Limiting Initial Opioid Prescriptions and/or Opioid Prescriptions for Acute Pain

- 3-4 days
- 5 days
- 7 days
- 14 or more days
- Lowest effective dose or dosage standard
- Milligram Morphine Equivalent (MME) standard or requirement
- Limits quantity for post-surgical pain
- Lesser quantity/dosage for minor patient or other standard for minors
- Exception for substance use disorder medications
- Co-prescription of opioid antagonist (e.g., naloxone) in certain cases

*Limits apply to Medicaid recipients
**30 day limit for Medicaid recipients, quantity for minors per statute

Retrieved from Association of State and Territorial Health Officials, 2018, State and Federal Legislation Surrounding Initial Opioid Prescriptions
MMEs Prescribed Per Capita

What Tennessee did and why?

A healthcare practitioner may prescribe:

- **Up to 3-day opioid prescription**
  - 180 MME total dosage
  - No requirements before prescribing

- **Up to 10-day opioid prescription**
  - 500 MME total dosage
  - Check the CSMD
  - Conduct a thorough evaluation of the patient
  - Document consideration of alternative treatments for pain and why an opioid was used
  - Include the ICD-10 code in the patient's chart and on the prescription

- **Up to 20-day opioid prescription**
  - 850 MME total dosage
  - Obtain informed consent
  - Include the ICD-10 code in the patient's chart and on the prescription

- **Up to 30-day opioid prescription**
  - 1200 MME total dosage
  - After trial and failure or documenting contraindication of a non-opioid treatment, healthcare practitioner may prescribe for medical necessity.

**Initial fill no more than half of total prescribed amount**

The following are individuals exempted if the prescription includes the ICD-10 Code and the word “exempt”:

- Patients receiving active or palliative cancer treatment
- Patients receiving hospice care
- Patients with a diagnosis of sickle cell disease
- Patients in a licensed facility
- Patients seeing a pain management specialist
- Patients who have been treated with an opioid for 90 days or more in the last year or who are subsequently treated for 90 days or more
- Patients being treated with methadone, buprenorphine, or naltrexone
- Patients who have suffered severe burns or major physical trauma
OPIOID ADDICTION
Crisis & Trends
What is Drug Addiction?

• Drug Addiction is a **chronic disease** characterized by **compulsive, or uncontrollable**, drug seeking and use despite harmful consequences and changes in the brain, which can be long lasting.

• These changes in the brain can lead to the harmful behaviors seen in people who use drugs

• **Relapse** is the return to drug use after an attempt to stop

*Drug Addiction is a Disease – it is NOT a moral failure*

Source - National Institute on Drug Abuse, National Institute of Health
Tennessee’s Opioid Epidemic

We all live under the same sky, but we don't all have the same horizon.

- Konrad Adenauer
317,647 Tennesseans 12+ were estimated to use heroin and/or misuse opioid pain relievers in 2016.

Opioid Highway – Tennessee 2018

- Checkpoint For Prescriptions
- Overdose Overpass
- Alternative Drug Highway (Heroin, Fentanyl, Methamphetamine and Cocaine)
- Treatment Tumipike
- Incarceration Interstate

82,965
Current persons addicted to opioids
Estimated Need by Funding Source

FY 2019 estimated to be served

<table>
<thead>
<tr>
<th>Funding source</th>
<th>People with Opioid Use Disorder</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Insurance¹</td>
<td>38,164</td>
<td>46%</td>
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<tr>
<td>TennCare Eligible (2014-2015)</td>
<td>22,266</td>
<td>27%</td>
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<tr>
<td>MHSAS FY19 Current Funds²</td>
<td>9,988</td>
<td>12%</td>
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<tr>
<td>Total Unmet Need</td>
<td>12,547</td>
<td>15%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>82,965</td>
<td>100%</td>
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Sources:
(1) US Census, 2016;

Notes:
- It is estimated from 2015 prevalence data² that over 317,000 people are misusing opioids in Tennessee.
- Of those, there are 82,965 individuals in Tennessee that are in need of more intensive treatment services
- We believe this estimate is under representative of the actual number of Tennesseans with OUD.
- Dr. Wu, Chief Medical Officer of TennCare, has indicated that TennCare has an estimated 28,251 enrollees with an OUD Diagnosis in 2017. Note that 22,266 is reflective of 2014-2015.
- If awarded $10M for FY19, MHSAS will be able to serve between 2,823 and 8,634 (average est. 4,200) of the 12,547 with unmet need.
The Haslam Administration Takes Action

Governor Haslam institutes Public Safety Subcabinet with emphasis on drug abuse in 2012.

**Prescription for Success (2014)**

7 Goals

1. Decrease abuse of controlled substances
2. Decrease drug overdoses on controlled substances
3. Decrease controlled substances dispensed in Tennessee
4. Increase drug disposal outlets in Tennessee
5. Increase early intervention, treatment, and recovery services
6. Increase collaborations and coordination among state agencies
7. Increase collaborations and coordination with other states
The Tennessee General Assembly Continues Action

- Passed the *Prescription Safety Acts* of 2012 and 2016
- Repealed the *Intractable Pain Act* in 2015
- Passed the *Addiction Treatment Act of 2015*
- Passed the *Ensuring Patient Access to Pharmacy Drug Disposal Programs Act of 2015*
- Passed legislation establishing regulations for Pain Clinics and Office-Based Opioid Treatment Clinics.
- Speaker Harwell formed the State of Tennessee House of Representatives Task Force on Opioid Abuse to address the opioid epidemic.
- Appropriated funds to expand treatment services and make naloxone available to counties.
TDMHSAS-funded treatment for Opioid Use Disorder

Tennesseans served for opioid use disorder per 10k poverty population, FY 2013 – FY 2017


Notes: (1) Individuals served by TDMHSAS-funded substance abuse treatment include Tennessee residents age 12 and older, below the 133% poverty line and have no insurance for which there was a bill. (2) Up to three substances can be listed for each treatment admission. Individuals using opioids includes any mention of opioids, methadone or heroin. (3) Rates computed per 10K of the population of those 12 years and older, living in poverty for counties with 5 or more individuals in treatment using opioids. (4) Includes treatment and recovery services.
Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

-Margaret Mead
Our Vision and Mission

Vision
To be the nation’s most innovative and proactive state behavioral health authorities for Tennesseans dealing with mental health and substance abuse problems.

Mission
Provide, plan for, and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, and recovery support services for Tennesseans with mental illness and substance abuse issues.

Goal
To increase recovery pathways for Tennesseans with mental illness and substance use disorders by moving the needle on access to quality, effective and efficient services so that:
- More than 1 in 10 people with substance use disorders access services
- More than 4 in 10 people with mental illness access services
Substance Abuse Services Continuum

Prevention / Education
- Community Coalitions
- Media campaigns
- Tennessee Prevention Network
- Naloxone overdose prevention
- Redline referral

Treatment
- Outpatient
- Residential Rehab & Halfway Houses
- Detox
- Medication Assisted Treatment

Addiction Recovery
- Transitional Housing
- Oxford Houses
- Lifeline AA and NA meetings
- Faith recovery communities

Criminal Justice Diversion
- DUI School
- Recovery Courts
- Criminal Justice Liaison Services
- Pre-Arrest Diversion

These services are provided by 221 contracted agencies to offer prevention, treatment, and recovery services.
Opioid State Targeted Response $13.8 Million

Prevention
- 10+ Regional Overdose Prevention Specialists
- Naloxone Distribution
- Overdose Response System
- Pain Management Training
- Media Campaign

Treatment
- Continuum of Treatment for Uninsured
- Medication Assisted Treatment (MAT)
- Tele-Treatment
- Treatment for Pregnant Women

Recovery
- Addiction Recovery Program

Training for 900 professionals and stakeholders
Reduce Overdose deaths & Increase Treatment access
Treatment and recovery services for individuals
Treatment for pregnant women
Medication assisted treatment
Distribution of 7,420 naloxone kits
Overdose Rapid Response System
10+ Regional Overdose Prevention Specialists
- Naloxone Distribution
- Overdose Response System
- Pain Management Training
- Media Campaign
Recovery Supports

- Oxford House (328 beds)
  - Transitional Housing
- 435 Sober Living Beds
- 270 Recovery Congregations
  - Pastoral/Spiritual Support
  - Faith Communities
  - AA & NA Meetings
- Case Management
  - Recovery Skills
  - Employment
  - Relapse Prevention
  - Lifeline
- Addiction Recovery Services
- Lifeline

TN Department of Mental Health & Substance Abuse Services
Counties with Oxford Houses

Map Legend
- Counties with Oxford Houses
- Number of Houses

Follow this link for the Oxford Houses of Tennessee – Directory:
• **Provides a significant investment in treatment and recovery services for individuals with opioid use disorder**
  - Expands staffing of peer recovery specialists in targeted, high-need emergency departments
  - Supplies naltrexone in the state’s recovery courts and through a voluntary county jail treatment pilot
• Improves data access and sharing to better and more timely identify critical hotspots for targeting resources and to increase information about patient and community risks
• **Creates a statewide public/private treatment collaborative to collectively and collaboratively serve Tennesseans who are struggling with opioid addiction**
• Expands residential treatment and services for opioid dependence within the criminal justice system
• Provides incentives to non-violent offenders to complete intensive substance use treatment programs while incarcerated
• **Establishes three recovery compliance courts (one in each grand division) to facilitate accountability in recovery support services for offenders**
TDMHSAS Criminal Justice Programs

- 72 recovery courts provided services to 1,370 individuals with an opioid abuse disorder (January to June 2017)
- 120 individuals enrolled in the statewide Recovery Court Vivitrol Program (MAT) since October 2016
- 17 criminal justice liaisons and 11 case managers work in 39 jails across the state to divert individuals to community substance abuse treatment programs
- 48% or 2,091 individuals accessing substance abuse treatment through TDMHSAS criminal justice programs had an opioid use disorder in FY 2017
Recovery Courts – Outcomes

Number of Successful Graduates of Recovery Courts Funded by Tennessee Department of Mental Health and Substance Abuse Services*

- Oct-Dec: 136, 108, 102, 113, 113
- Jul-Sep: 196, 146, 115, 121, 120
- Apr-Jun: 191, 104, 155, 162, 138
- Jan-Mar: 206, 162, 102, 138, 136

Number of Felony and Misdemeanor Offenders Served in Recovery Courts*

- Misdemeanor Offenders:
  - Jan-Dec 2013: 453, 515, 1,138, 2,405, 2,507
  - Jan-Dec 2014: 952, 1,03, 1,214, 2,479, 2,720

- Nonviolent Felony Offenders:
  - Jan-Dec 2013: 1,405
  - Jan-Dec 2014: 1,418
  - Jan-Dec 2015: 2,352
  - Jan-Dec 2016: 4,884
  - Jan-Dec 2017: 5,227

* Data provided by the Tennessee Department of Mental Health and Substance Abuse Services.
Together we can save lives and end the opioid crisis in Tennessee
What is working?

- **Kentucky START (Sobriety Treatment and Recovery Teams)**
  - Creates team of court personnel, child protective services, substance abuse treatment providers, family members to partner, share decision-making

- **Family Drug Courts**
  - Substance abuse treatment needs of parent/prevention for kids

- **Safe Baby Courts (Zero to Three)**
  - Specialized docket that focuses on children under the age of 3

- **Buffalo Opioid Crisis Intervention Court**
  - Fast evaluation by medical professional, DAs; immediate detox; then face charges

- **Pre-Trial Diversion**
  - Cost-savings of $20 per defendant in Davidson County, Tenn.
Neonatal Abstinence Syndrome

Every 25 minutes a baby is born in American suffering from opioid withdraw

$30 billion
Annual cost, plus hidden humanitarian crisis of the highest level

21,732 Nationwide NAS births in 2012

16.9 Days - average length of hospital stay

5x Increase between 2000-2012, the last year data is available.

90% Of costs paid for by Medicaid funds
Opioid Addiction – Crisis & Trends

NATIONAL ASSOCIATION OF ATTORNEYS GENERAL
SOUTHERN REGION MEETING
4th Judicial District of Tennessee

- Cocke, Grainger, Jefferson, Sevier Counties in Eastern Tennessee. It is a mixture of rural and suburban areas comprised of a just over 200k predominately white population. The judicial district is in the heart of the Appalachian Mountains. It is home of the Great Smoky Mountains National Park, the nation’s most visited national park, and adjoins Knox County (Knoxville), Tennessee.

8 STATE REGIONAL JUDICIAL OPIOID INITIATIVE
52 DAYS TO LIFE - NEONATAL ABSTINENCE SYNDROME
HOW DO WE MAXIMIZE OUR OPPORTUNITIES IN THE JUDICIAL SYSTEM?
COURT RELATED OPPORTUNITIES

- Implement universal screening for risk of overdose deaths
- Focus on strengthening drug recovery courts but also focus on pre-trial & probation population where there is much greater opportunity
- It much less important to think about stand alone courts and more important to think about prioritizing services
COURT RELATED OPPORTUNITIES

• **Templates or models** designed for flexible implementation in every community
• **Training & Tools** are needed for implementation
SEQUENTIAL INTERCEPT MAPPING SYSTEM (SIMS)
Opportunities for Intervention

- Arrest
- Intake
- Bond Conditions
- Arraignment
  - Preliminary Hearing
  - Trial Court Arraignment
- Other Pre-Trial Appearances
  - Plea/Trial
  - Sentencing
INTERVENTION STRATEGIES

- NAS/VRLAC Primary Prevention Effort
- Safe Housing
- Drug Recovery Court
- Recovery Oriented Compliance Strategy
RECOVERY CABIN EST. 2014
14 HEALTHY BABIES/49 WOMEN
RECOVERY CABIN

TN ROCS

INFUSES THE PRACTICES AND PRINCIPLES OF DRUG RECOVERY COURTS INTO GENERAL PRE-TRIAL & PROBATION POPULATIONS WITH A BEHAVIORAL HEALTH DISORDER
CRIMINAL JUSTICE LIAISON ENGAGES IN “TRIAGE”
CORRECTIONS OFFICER
PERFORMS ACCOUNTABILITY FUNCTIONS
THE IMPORTANCE OF 3 MINUTES
IMPORTANCE OF AFFIRMATION FROM THE JUDGE
EXPANDED TO ENTIRE PRE-TRIAL & PROBATION POPULATION
BREAKING THE CYCLE
PROGRESSION OF INTERVENTIONS

- **Lower Risks/Needs**
  - Regular Docket
  - TN ROCS

- **Higher Risks/Needs**
  - Drug Recovery Court
  - Residential Drug Recovery Court

- **Highest Risks/Needs**
  - Local Jail
  - Penitentiary
Barriers & Successes

BARRIERS

• Limited Resources
  • Financial
  • Human
  • Treatment Options
  • Transportation
  • Safe Housing

How to determine the appropriate intervention

How & when to move people between dockets as new needs arise

SUCCESSES

• TN ROCS recidivism similar to DRC
• Minimum 34 healthy babies born w/30 mothers retaining custody
• Maximizing Limited Resources
  • e.g Jail overcrowding minimized TN ROCS counties
• Philosophical shift:
  • Members of Criminal Justice System
  • Churches
  • General Public

“Scalability”/Implementation of TN ROCS Easier & Faster than DRCs.
## Summary of Differences

### DRCs & TNROCS

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<tr>
<th></th>
<th>Drug Recovery Courts</th>
<th>TN ROCCs</th>
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<td>Treats High Risks for Recidivism</td>
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<tr>
<td>Treats High Needs for Behavioral Health &amp; Other Services</td>
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<td>Application Required (Voluntary Participation)</td>
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<td>Utilize 3 Essential Components of DRCs</td>
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<tr>
<td>No Eligibility Restrictions for Sentences permitting Probation</td>
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<td>Highly Dependent on Justice System Volunteers</td>
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BREAKING THE CYCLE
THE OPPOSITE OF ADDICTION IS RELATIONSHIP
Questions?

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