



Department of

Mental Health &

Substance Abuse Services

TN Save a Life Program

Opioid Crisis in Tennessee

6,879,698 painkiller prescriptions in 2017: enough for 1.02 prescriptions for every *man, woman, and child* in TN

In 2017, **1,268** people died of an opioid overdose; the current Overdose Death rate is **19.3 per 100,000 people**

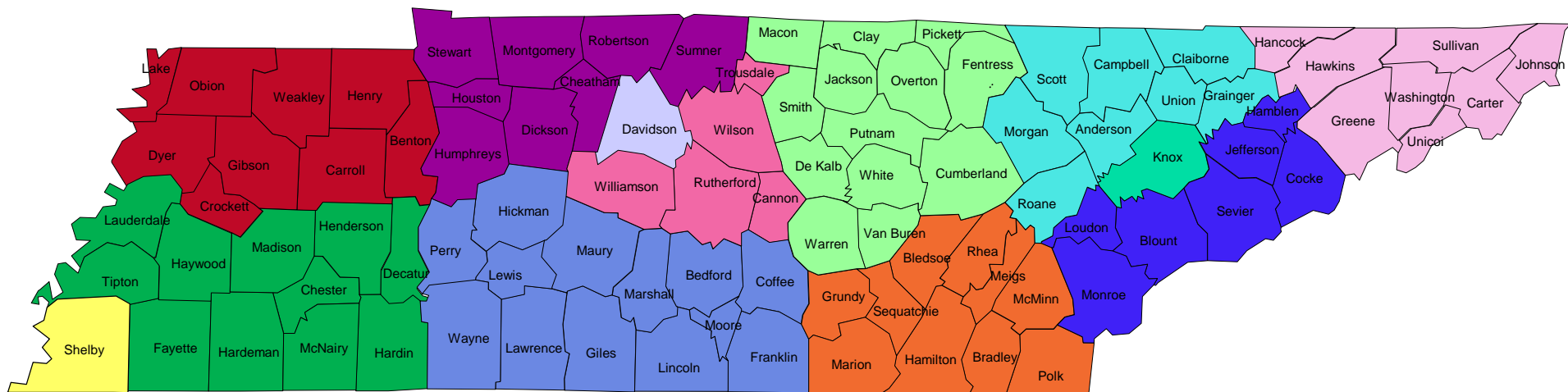
From 2013 to 2017: Heroin overdose deaths **increased by over 300%** and Fentanyl related overdose deaths **increased by over 800%**

TN Save a Life Program Components

- 1. Regional Overdose Prevention Specialists (ROPS)**
- 2. State-wide media campaign**
- 3. Development of regionally-specific resource guides**
- 4. ECHO hub and spoke tele-education program**

Regional Overdose Prevention Specialists

- 13 Regional divisions across the State
- 20 ROPS in total
 - **Goals:** Increase public awareness/education, and distribute naloxone



Key Goals of the ROPS

- 1. Increase Public Awareness through trainings and media campaign**
- 2. Harm Reduction through Naloxone Distribution**
- 3. Reduce Stigma through education and media activities**
- 4. Rapid Response**

Increase Public Awareness

- **ROPS trainings cover topics such as:**
 - The Opioid Crisis
 - Harm Reduction
 - Reducing Stigma
 - How to administer Naloxone
- **Media Campaign**
 - Range of activities tailored to each region
 - Billboards, radio ads, TV commercials, etc.

Harm Reduction

Harm Reduction is a way of preventing disease and promoting health that meets people where they are.

Not everyone is ready or able to stop drug use; therefore, scientifically proven ways of decreasing risks are essential.
(e.g., MAT, Naloxone, Syringe Exchange)

Harm Reduction Core Principles

- **Non-judgmental approach**
- **Behavior change is an incremental process**
- **Focus on enhancing quality of life**
- **Complex social factors influence vulnerability to drug use and drug-related harm (e.g., poverty, social inequality, discrimination, and trauma)**
- **Empower those who use drugs to be the primary agents in reducing the harms of their drug use**

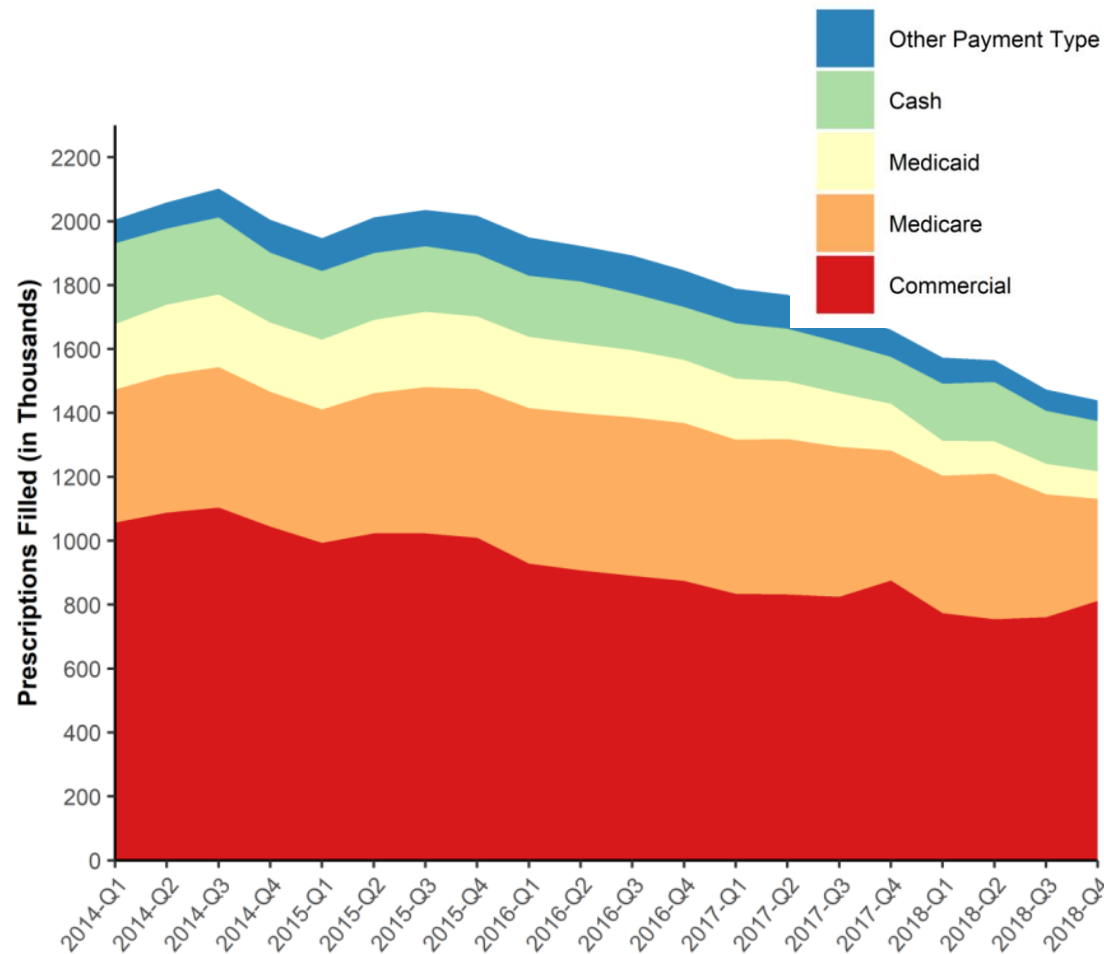
Example: Harm Reduction in Action

In the event of an Opioid overdose:

- 1. Prevent death through Naloxone**
- 2. Call 911 to get the victim needed medical attention**
- 3. Assess needs:**
 - a. Is there a treatment/service that is appropriate/desired?**
 - b. What experiences (positive or negative) may influence willingness to utilize services?**
- 4. Have conversation about overdose prevention, Naloxone, and safer drug use strategies**

Reducing Stigma

- **Over 50%** of opioid prescriptions for pain in TN were paid for using insurance



- Average number of pills prescribed **after a surgery** in the U.S. is **82**
- **12%** of surgical patients report a later opioid dependence or addiction
- **66%** of surgeons report feeling pressure to prescribe more pills than necessary

Reducing Stigma

- Do away with labels and use “person first” language
(Person with substance use disorder **not** Addict)
- Drug use falls on a continuum
 - Abstinence/low risk ←~~chronic~~ dependence
 - Relapse ***does not equal*** a moral failure
 - **40%-60%** will relapse ***at least*** once
 - Other chronic diseases: 50%-70% with high blood pressure experience symptoms each year that require medical attention
- Beware of **unintentional personal bias**
- Recognize addiction is often connected to **trauma**

Naloxone Misconceptions

- There is **no evidence** that giving people Naloxone makes them more likely to use more drugs
 - Naloxone keeps people **alive**
 - Going through withdrawal is **painful and unpleasant**
 - Research shows injection drug users trained on naloxone **reduced use** over time and increased knowledge and overdose response behavior

Rapid Response

- **ROPS provide community ground response when needed (e.g., overdose spikes, clinic closures)**
 - **April 17, 2019:** U. S. Department of Justice indicted 32 medical professionals in TN for illegal prescription and distribution of opioids/narcotics
 - **ROPS worked with local law enforcement, community coalitions, and other key stakeholders providing naloxone, information on treatment/ recovery resources, flyers on clinic doors, media announcements, etc.**

- **Regionally-Specific Resource Guides**
 - Current status: Knox County complete, 7 other in production/printing
- **Bi-weekly data briefs**
 - Develop threshold for overdose spikes
 - Data sources: TN PDMP, Drug Overdose Reporting System, Vital Records, TBI

Project ECHO

- Partnership with Vanderbilt University Medical Center (ECHO Hub)
- **Goal**: provide tele-education to support clinics, EDs, and hospitals that want to enhance access to MAT services
- **Spoke partnerships**: supportive funding for 50% effort of case management position

TN Save a Life

- **ROPS** have distributed **over 50,000** units of Naloxone across the state of Tennessee since October 2017
- **Naloxone** has saved **over 5,000 lives** in Tennessee since 2017
 - This is a conservative estimate based on reported uses of Naloxone