

The impact that the opioid crisis is having on Tennessee families has been devastating in so many ways. The affects can also be felt throughout our state's economy from labor shortages that cripple businesses to higher costs for services. In 2017 alone, Tennessee suffered projected economic losses of over \$24B from opioid use disorder and fatal opioid overdoses. The crisis disrupts our social structures and threatens communities. It is truly a wicked problem that our state is facing.

Research from 2015 to 2018 showed that Tennessee ranked 49th for opioid prescriptions written and 38th in deaths attributed to the crisis. The Covid-19 pandemic certainly has only made matters worse. The challenge to find a way for IPS to engage in this fight led to the formation of a panel of experts that could advise us on where a strong, fifty-year-old, dynamic organization with a vibrant network could potentially help improve the lives of Tennesseans impacted by opioid misuse.

Finding a panel of experts with more passion around helping resolve some of the more challenging aspects of the opioid crisis would be difficult. This ten-member panel represented the healthcare sector and law enforcement. There was an advisor for public policy and an economist. There were directors charged with overdose response, controlled substance data base monitoring, and the efforts of a health sciences department.

These panelists met five times over three months. They identified certain important themes. They offered multiple suggestions for meaningful engagement and they identified some important characteristics of the state-wide system of entities tackling this crisis. Characteristics that will be helpful as IPS and others explore ways to help. They identified some best practices as well. Ultimately, they constructed an infographic that can be modified to show, by county, the key data points highlighting the challenges that each area of the state faces. Officials and community leaders in each county will then be empowered with not only information that is specific to their area, but also resources that can help them make an impact locally.

We hope that this summary of the panel's work is useful in starting this exploration and we sincerely appreciate the opportunity to learn from this panel and to be engaged in the search for a response that the whole IPS team can be proud of.

Sincerely,

Jeff Stiles and Tim Waldo

Opioid Prescription Panel Facilitators

5 meetings held from April 26th to July 19th

Panel members:

Dr. Todd Bess- Director of Controlled Substance Monitoring Database

Dr. Katie Cahill - Baker Center for Public Policy

Tommy Farmer - TBI

Dr. Matthew Harris - Boyd Center for Business and Economic Research

Amy Murawski - Director, Opioid Response Coordination Office

Dr. Carole Myers - UT Department of Nursing

Mary Linden Salter - Executive Director of the Tennessee Association of Alcohol, Drug and other Addiction Services

Dr. Jennifer Tourville - Substance Misuse and Addiction Resource for Tennessee (SMART) Policy Network

Michele Trofatter - Overdose Response Strategy for the state and the CDC Foundation

Dr. Brian Winbigler - The University of Tennessee Health Science Center

Participation averaged 7 attendees per meeting. Most were from the healthcare sector.

Themes that came from these discussions fell into four distinct areas:

1. Awareness
2. Asset mapping
3. Developing communication tools
4. Capacity building

These were the types of suggestions made during these meetings:

Dr. Katie Cahill – “Part of what is needed is to think about how could we create capacity and infrastructure by building upon the existing sort of social capital that exists in these rural communities. In order to give them the tools and empower them to think about this from a systemic sort of perspective.”

Collaborate with other entities already doing work in this arena:

Several TN state agencies and sponsored groups

SMART Policy Network

UT Ag Extension

Implement additional prevention measures throughout the state.

Complement efforts to make treatment more accessible and affordable with prevention efforts directed at targeted populations.

Recovery support.

Better access to treatment including MAT (Medically Assisted Treatment).

Broad political support and buy-in for advanced practice guidelines surrounding controlled substance prescribing and dispensing.

Long term recovery programs integrated into hospital systems for those arriving via the ER having been given naloxone.

More aggressive measures, such as early identification of children at risk with ACE score assessments, mandatory substance use prevention curriculum in public schools, social workers in public schools, etc.

Convey an understanding of the connection between health issues, including substance use disorder, workforce development, and economic growth.

Outcome of Panel's Work

Three groups had formed at the June 7th meeting. They agreed on three deliverables:

Why – A white paper detailing why substance use disorder is a challenge for the State of Tennessee. How widespread is the problem? Who is most likely to be impacted? What are these impacts at the individual, community, and state-level? (Carole, Matt, Jennifer)

How – An infographic describing how can we empower communities and build upon existing assets/networks to address these challenges. How can we inform and engage the community? What are the existing assets? (Katie)

What – A list of resources. What are the existing programs, initiatives, and resources for addressing substance use disorder and related issues (e.g., education, poverty, health, etc.) that we can share? What can IPS and UT-Extension contribute? (Mary, Brian, Amy, Michelle, Jeff, Tim)

At some point before July 19, they collectively decided to roll all of these into an infographic.

<https://infogram.com/1p2xdgk2j719vwf0qnn36nrrjrirygz9ng?live>

The infographic can be customized to show each Tennessee county's data.

Additional Discoveries

All stakeholders are not connected and are not familiar with each other and efforts being made.

All data does not make sense to all stakeholders.

All data is not being collected the same way in each area.

The “starting place” will be different for each region/area.

The “starting place” will not be evident to all stakeholders.

The “why” aspects will not be clear to all stakeholders.

Best Practices or Examples of Successful Programs

- Michigan's Recovery is Good Business
- Utah's pre-plea diversion
- "Hope, not Handcuffs" also in Michigan

Important Points to Consider

We cannot move the needle all at once.

It will take time to move the needle.

Each region will be experiencing this crisis in different ways and at different degrees.

Other Possibilities for IPS Engagement

- Design a program similar to the Asset Based Planning approach that the CIS Economic Development team delivered.
- Help regions make sense of the data – form strategies.
- IPS helps those entities working in this arena to get the word out. We become a source of information dissemination across the six constituent audiences we serve.

Next Steps

Jeff and Tim report out to IPS Leadership

Status report back to this panel in the third quarter of 2021