2016 National Exemplary Awards for
Innovative Substance Abuse Prevention Programs, Practices and Policies
APPLICATION COVER SHEET
(INCLUDE WITH APPLICATION)

1. Has this intervention been submitted for an Exemplary Award in previous years? [Circle one]

Yes (No)

2. What is the primary target for this program, practice or policy? [Circle one]

Individual School-Based Family/Parent Peer/Group

Workplace (Environmental/Community-Based) Other

If Other, explain: _____

PROGRAM INFORMATION

Program Name: Metro Drug Coalition's Prescription Drug Abuse Task Force

Agency: Metro Drug Coalition

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I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

Karen Pershing, MPH, CPS II 5-5-16

Program Director Signature Date

NOMINATING AGENCY/ORGANIZATION INFORMATION

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I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

Mitchell L. Mutter 5/5/16.

Nominating Agency Signature Date

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Abstract

Metro Drug Coalition (MDC), formerly the Metropolitan Drug Commission, in Knoxville, Tennessee recognized that the right partners were not at the table to impact the prescription drug epidemic in East Tennessee. Community indicators were continuing to rise at alarming levels and there appeared to be a lack of recognition and attention being paid to what was occurring. In August 2013, MDC formed the Prescription Drug Abuse Task Force in collaboration with the Knoxville Academy of Medicine to bring leaders from all sectors of the community together to assess and develop evidence-based strategies to address the opioid epidemic. Rates of overdose deaths and cases of Neonatal Abstinence Syndrome had devastating costs both economically and in the lives of the families who lost loved ones. Using an environmental strategy approach to the issue, the task force began to tease out a plan and way to create change as quickly as possible.

The Strategic Prevention Framework is used on an on-going basis with the work of MDC in other substance abuse prevention work and provided a framework to keep the group focused and using a data-driven approach. State legislative representation was an added bonus and this group had the on-going commitment of elected officials who helped tremendously in the policy arena. In a little over two years this group has been instrumental in passing several important pieces of legislation: ID bill for controlled substance pick-up at pharmacies, naloxone for lay persons, tougher restrictions on pain management clinics, licensure of outpatient addiction treatment clinics prescribing buprenorphine, the Prescription Safety Act of 2016 and the sunset of the Fetal Assault Law. This group was quickly viewed as a statewide resource for policy evaluation and development.

Along with the policy successes, the task force has also seen a decrease of 25 percent in the Milligram Morphine Equivalents prescribed in Knox County, exceeding the state average of 10 percent. Along with this, more pregnant women are being placed on medication assisted treatment prior to giving birth (from 59% in 2014-over 70% in 2015). The Born Drug-Free Tennessee Program has reached hundreds of thousands of individuals in the region through the various educational and media strategies. Education for prescribers has been a focus that has been successful with over 1,000 attending a training session around chronic pain management, proper prescribing or the implementation of the SBIRT screening process. This committed group of individuals continue to meet monthly and will not rest until there are decreases in overdose deaths and babies born with Neonatal Abstinence Syndrome.

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Innovative Substance Abuse Prevention Programs, Practices and Policies

Metro Drug Coalition's Prescription Drug Abuse Task Force

Program Narrative

A. Philosophy

Knox County, Tennessee is a mid-size urban city, which is the epicenter of the state's prescription drug epidemic, which ranks in the top 5 in most national indicators. Metro Drug Coalition's mission is to improve the health of the greater Knoxville community by reducing the use of alcohol and drugs through policy, systems and environment change. The organization is in its thirtieth year of existence and is a hub of information, education and training and resources around substance use/abuse. In spite of the organization's success in impacting underage drinking illegal substance use and tobacco reduction, the prescription drug abuse indicators were still continuing to climb. Of those that were particularly concerning are the number of babies being born diagnosed with Neonatal Abstinence Syndrome and overdose deaths from prescription opioid use.

Strategies we had traditionally used for other substances did not appear to be impacting the prevalence of opioid use and abuse. In August of 2013, a prescription drug abuse task formed using a leadership level multi-stakeholder approach. After discovering through research and literature review, that there were many "systems" level concerns contributing to opioid prescribing/overprescribing, a different approach was needed than our traditional grassroots level anti-drug coalition. Facilitated by the Metro Drug Coalition, the Knoxville Academy of Medicine invited their leadership to meet, along with state representatives, the Tennessee Department of Health, the Tennessee Bureau of Investigations, Knox County Medical Examiner, Pharmacists, Treatment leaders, Pain Management Specialists, Pharmacists, University of Tennessee College of Nursing leaders, local public health medical directors, health plan representatives, Judicial and law enforcement leaders and experts from East Tennessee Children's Hospital. When the first evening meeting lasted two and a half hours, there was clearly momentum to face the many challenges the group expressed.

The shared goal of the group was to come together and to collectively research, develop and implement evidence-based environmental strategies to significantly reduce the opioid epidemic in our community, state and nation. Prescription opioids were being diverted onto our streets and fast became the drug of choice for many individuals with addictive disease. The message was clear. Misusing prescription opioids was not only illegal, but dangerous. By starting with awareness and education, this group created a "buzz" using various communication mechanisms. By bringing all of the various organizations' resources together, the task force continues to sustain itself and tap into resources

necessary to accomplish the agreed upon goals and strategies. Through the needs assessment process and on-going indicators, this group is able to identify changing trends in use/misuse and adjust to the impacted population(s) accordingly.

Due to the fact that Knox County was in the heart of the opioid epidemic in Tennessee, the Department of Health wanted Knox County to be a beta site for the state to determine effectiveness of interventions.

B. Needs Assessment

Knowing that county specific data can be challenging to obtain, the needs assessment process involved:

1. Identifying what data was available from what source
2. Limitations in data
3. Ability to monitor the data on an on-going basis with assurance
4. Is there political will to address the issue?

Key Baseline data:

2014 Overdose Deaths in Tennessee: 1263, with 133 of those occurring in Knox County, exceeding motor vehicle fatalities.

2014 Babies born with Neonatal Abstinence Syndrome in Tennessee: 973, with 103 born to Knox County residents.
Caution with this indicator was in the fact that once a woman is pregnant and is identified as needing addiction treatment, it is recommended she be placed on medication assisted treatment, using either subutex or methadone. Both of these medications can also cause dependence and require weaning of the newborn. The NAS registry does, nonetheless, monitor the percentage of women who were receiving these medications at the time of birth. There is also an obstetric group in Knoxville offering weaning of pregnant women off opiates with their consent. Research is being conducted to show the safety of weaning while pregnant. Over 300 women have been safely weaned in hopes of changing national American College of Obstetrics and Gynecology guidelines.

2014 Milligram Morphine Equivalents dispensed in Tennessee: 2,377 per capita; 1,352 in Knox County.

The Tennessee Department of Health provided the initial data from the Controlled Substance Monitoring Database both at the state and local level, overdose death rates, neonatal abstinence syndrome rates and the location of all registered pain management clinics. The Tennessee Bureau of Investigation had crime-related statistics, along with local law enforcement data. The Youth Risk Behavior Survey provided information on middle and high school student's misuse rates, along with information on accessibility. At this point, the group participated in identifying strengths and weaknesses to address the problem at the local level, by conducting a SWOT analysis.

Note: Some of the background and historical information was covered in Part A.

Following the SWOT analysis, we focused on the opportunities in which to have an impact. Shorter terms goals were:

- Suggest legislative changes to pain management clinic regulations
- Allow for greater access to Naloxone to reverse overdoses
- Develop educational programs and materials for prescribers
- Develop NAS educational information
- Expand access to evidence-based treatment
- Increase access to Voluntary Reversible Long Acting Contraception for at risk women

Note: 2013 data was available, but since the task force started in August, 2013, it was decided that we would use 2014 data as our baseline.

In 2013, Knox County had 37 registered pain management clinics (most in the state, including larger per capita metropolitan areas-Shelby and Davidson). In 2014, that number peaked at 39 with a state total of 297.

In 2013, Knox County had 1,473 MME's per capita, which fell to 1,352 in 2014.

In 2013, the top 50 prescribers in the state wrote for 1,433,749,246.34 MME's (32% were from Knox County). The top 50 prescribers in the state in 2014 wrote for 1, 264,998,701.20. A decrease of 12 percent. By the end of 2014, Knox County had the largest decrease of 25 percent in MME's prescribed.

Strengths	**Weaknesses**
• Pain Clinic Registration Requirement • Controlled Substance Monitoring Database already in place • Permanent Disposal Drop Box with quarterly take back events • Task Force-willingness to work together • Metro Drug Coalition's prevention focus and reputation • Access to several key data indicators to monitor success • ACA coverage for substance abuse treatment • Strong relationships with media partners	• Stigma of substance use disorders • Lack of treatment resources for certain vulnerable populations • Lack of education among providers • Depth of specificity for some data elements • Difficulty keeping attorneys to adjudicate cases of over prescribing physicians • Lack of staff to monitor registered pain management clinics • Broad existing clinical practice standards for pain management practices
Opportunities	**Threats**
• Legislative changes to strengthen rules for pain management clinics	• Pharmaceutical companies marketing practices

• Expand access to naloxone • Expand access to Voluntary Long-Acting Reversible forms of contraception to prevent NAS • Educate prescribers on chronic pain management • Develop chronic pain guidelines • Incorporate appropriate prescribing in medical school programs • Educate prescribers on the risks of NAS to women of childbearing age who are prescribed narcotics • Educating the public on alternative therapies to manage pain • Overcome the cultural belief of a pain free life • Educate school age children on safe medication use • Access to treatment	• Pain as the 5th Vital Sign • Patient Satisfaction Surveys • Lack of insurance coverage for alternative pain management therapies • Culture of sharing medications among both family and friends • Misconception that prescribed medications are not dangerous • Lack of access to convenient medication disposal sites • Political Action Committees and special interest groups • The Affordable Care Act/Healthcare Reform • Opiate addiction is difficult to treat and has higher rates of relapse • Cutting off pill supplies could increase heroin use/market

C. Population(s) Served

Since our task force was approaching the problem of prescription drug abuse using an environmental strategy approach, we utilized the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework. Our population to be served was determined by the strategy deployed. For example, if we were working on prevention strategy around neonatal abstinence syndrome, we would look at the specific data set related to that issue and target white women of reproductive age who were either using prescribed or diverted narcotic medications. Since our overall prescription drug abuse data indicates that this problem is primarily one experienced by Caucasian men and women with the greatest prevalence being in the 35-44 age range, our interventions involved an effort to reach that group of at risk individuals. In reviewing our data, it was apparent that the largest growing group of abusers was among our 18-24 year old Caucasian men and women. After carefully reviewing this information, most of our strategies involved community-wide engagement. This particular problem's indicators identified that risk for addiction was not geographically or socioeconomically linked, but diversion was higher among low income, unemployed individuals.

East Tennessee is considered an area of the country with strong Judeo-Christian beliefs, resulting in a high degree of stigma around addictive diseases and the belief that the source of the problem is due to weakness or moral failure. While church attendance and values remain high, there also lies a historical culture of substance use that goes back to the days of

prohibition and moonshining. East Tennessee and Knoxville have a predominantly white population, 86 percent, which also reinforces the identification of the need to use a community-based approach. The population consists of 63.6 percent between the ages of 18-64. Recruitment was done through invitation or expressed interest, based on willingness to participate and share needed information with the task force members. Retention remains high due to the "action-oriented" impact this group continues to have.

Training on cultural competence was provided by the Metro Drug Coalition to the Task Force members. As part of this process, engaging in training in addiction science and behavior was paramount. Persons in recovery who are now working in the addiction treatment field were able to train the task force members, but also remain members of the group in order to keep the needs of those with substance use disorders at the forefront. While trying to prevent substance use disorders, it remains critical to understand the progression of the disease and learn from those who can best share decision points that might have produced a different outcome.

D. Building Capacity

With the history of Metro Drug Coalition being one in which was looked at to lead any substance use issues or concerns in our community, it made it much easier to build capacity for the Task Force. The core group of physician leaders, law enforcement and legislative representatives were all very well connected and each meeting other potential partners were identified and invited to the next meeting. Some individuals would come and share their experience during the discussion of certain topics where they had expertise and others remain engaged at working on strategy. Metro Drug Coalition has the reputation of being a convener of multiple stakeholder groups based on community needs and has the political history of taking into account all viewpoints in order to work effectively at changing the cultural norms and reducing barriers in order to create community change.

The organization is a member of the Community Anti-Drug Coalitions of American (CADCA), a member of the Prevention Alliance of Tennessee (PAT) and is also a member of the East Tennessee Regional Prevention Network. All of these groups strongly encourage collaboration and provide tools and resources to achieve last change at the community level. Having a representative from both City and County Mayor's offices on the board of directors, as well as a city council and county commission representative, creates a greater understand of the work of the organization. This political support is critical in identifying areas where systems and policy changes need to occur to improve the health and vitality of the community. Metro Drug Coalition has an annual legislative luncheon where federal, state and local policy makers learn about the most critical issues around substance use disorders, prevention activities and policy issues of concern. This has especially been helpful in addressing prescription drug abuse issues. There are systems issues at all levels that impact the prevalence of abuse and strategies should be considered, federal, state and local.

Community outreach strategies involve awareness campaigns, issue specific series with local television, radio and newspaper media, trainings and presentations, opinion articles, social media, blogging, classroom education, newsletters, website and materials distribution. Since the target audience is broad and crosses several generations, it remains critical to use a wide variety of mediums to reach all individuals at risk of abuse or misuse of prescription drugs. A sub-committee of the established anti-drug coalition of the MDC was formed to work collaboratively with the Prescription Drug Task Force to assist in the deployment of the identified interventions. This committee is composed of grassroots individuals who are willing to deploy tactics determined by the leadership of the task force. Anyone is always welcome to join the anti-drug coalition efforts.

E. Strategic Planning

The planning process was a little challenging at first. There was initially a need to exchange information and understand the various perspectives of all the Task Force members and the sectors they represented. Through this process, there was a realization that there were more similarities in the challenges and frustrations than differences. It continues to be critical that each meeting remains open to expressing barriers and looking for shared solutions.

The goal of the Prescription Drug Abuse Task Force is to reduce opioid abuse in Knox County.

Objectives are to:

1. Decrease the mortality rate from unintentional poisoning by prescription narcotics by 10 percent, or seven people, by December 2018.
2. Decrease the percentage of babies born with Neonatal Abstinence Syndrome (NAS) by 20 percent or 20 births, by December 2018.
3. Decrease the amount of opioid drugs (not including buprenorphine and methadone) that are legally dispensed in Knox County by 20 percent by December 2018. Tennessee Department of Health uses data from the Controlled Substances Monitoring Database (CSMD) to determine trends. In January of 2013, all prescribers licensed in the state with a DEA number MUST register with the CSMD and all pharmacies must report prescriptions dispensed. The data is much more accurate of the actual controlled substance dispensing in Tennessee.

Baselines for all objectives were established using Tennessee Department of Health data from December 2014. The indicators are by no means perfect, but do provide a way to measure overall success.

Through this process, the group focused on the opportunities, while keeping in mind the potential threats and identified through a brainstorming session and subsequent voting for the top three to begin to develop strategy.

The initial top three issues selected were:

1. Require ID to pick up prescriptions and eliminate call in capabilities for opioids, barbiturates, and benzodiazepines (use electronic transmission)
2. DEA Suspension when state adjudication is being done concerning a provider
3. Greater restrictions on pain management clinics

Each of these three issues were researched and were taken one by one in order to create separate action plans using CADCA's five strategies to create environmental change: Provide Information, Build Skills, Provide Support, Change Consequences and Modify Policies. Steps were created under each strategy with a timeline to lead to accomplishing the agreed upon goal, while continuing to monitor overall community and state indicators.

Planning steps for the establishment of a requirement to show a form of government issued identification involved:

1. Conducting research to determine the potential benefits by using the model state drug laws for prescription drug abuse. (September-November, 2013)
2. Weighing the benefits and potential opposition (September-December, 2013)
3. Reviewing language of bills from other states to determine reasonable approaches in Tennessee (September-December, 2013)
4. Reviewing the language of previous bills filed in Tennessee that failed (October-December, 2013)
5. Crafting the language for a new bill using the group's input, language from previous bills, and bills from other states (November-December, 2013)
6. Identifying potential opposition and proactively managing pushback (October-December, 2013)
7. Identifying state and house and senate sponsors to support and carry the bills (December, 2013)
8. Approaching those potential sponsors (December, 2013)
9. Filing and advocating for passage (January-April, 2014)
10. Working with stakeholders to address concerns and amend language (January-April, 2014)
11. Collaboratively passing the bill and implementing the new law (January-April, 2014)

These steps all occurred between September, 2013-April, 2014.

Planning steps for the suspension of an emergency suspension of a DEA for providers under investigation for the overprescribing was much more challenging. The state of Florida had

successfully implemented this measure, but had given more authority to the DEA in that state and also had adequate legal staff with the Department of Health to adjudicate cases in a timely manner. Due to this issue and the backlog of cases, the group had to table that idea until barriers could be removed.

Greater restrictions on pain management clinics involved much more time and research in order to present a reasonable plan that would not cause undo restrictions on clinics who were operating according to chronic pain management guidelines, but reduce the favorability of "pill mill" type pain clinics to operate in Tennessee. This process began in March of 2014 and concluded in June of 2015.

Steps in the Process included:

1. Identifying data to monitor impact-March 2014-April 2014
2. Researching best practices in chronic pain management-March 2014-September 2014
3. Researching other state laws for pain management clinics-March 2014-September 2014
4. Identifying data from those states to determine which regulations appeared to be having success-March 2014-September 2014
5. Researching criteria for "specialty" certifications for physicians in chronic pain management-May 2014-November 2014
6. Identifying which of these criteria were the most rigorous-October-November, 2014
7. Exploring issues of ownership-specifically "out of state", non-medical-March-September, 2014
8. Determining differences in current regulations needing to be changed to align with best practices-September-November, 2014
9. Creating a white paper on increasing standards-November, 2014
10. Drafting legislation to create ownership and medical director qualifications-December, 2014
11. Identifying key sponsors for the bills (House and Senate)-December, 2014
12. Advocating for the bill, including testifying on behalf of those changes-January-April, 2015
13. Adding co-sponsors to the bills to increase support-February, 2015
14. Working with key stakeholder groups to come to consensus on components of the bill (Tennessee Medical Association, Chiropractic Association and Comprehensive Pain Specialists)-January-March, 2015
15. Drafting amended language-February, 2015
16. Using media contacts to educate the public on the intent of the bill before and during the legislative session-January-April, 2015
17. Contacting senate and house committee members to explain intent, share white paper and ask for support-January-April, 2015
18. Legislation passed and signed by the Governor-May, 2015
19. Celebrate success-June, 2015

During the celebratory meeting in June 2015, the group went through an exercise to each place on flip charts what they are most proud of that the task force accomplished. Following that exercise, the group then used another flip chart to identify areas to address going forward. From that the same nominal process was used to determine our top 3 issues.

The top 3 were:

1. Sunset of the Rx Safety Act of 2012-needs to continue
2. Regulation of suboxone clinics
3. Provider education

The Prescription Safety Act of 2012 was an impactful piece of legislation that required all prescribers to register with the Controlled Substance Monitoring Database and to query the system whenever writing a new scheduled drug for a patient. Since this law was enacted, for every 1 query there were 15 prescriptions written and at the end of 2015, it was 1:3, which is a tremendous shift. There has been a 10 percent decrease in MME's prescribed and a 50 percent decrease in doctor shopping. All of these positive outcomes were reason to advocate for continuation of mandated participation. The Tennessee Department of Health drafted the Prescription Safety Act of 2016, sent it to the task force for review and feedback before it had been filed. The feedback provided opportunity to tweak sections that would be problematic for medical professionals. Advocacy work was done during the legislative session to support the passage of the bill. Karen Pershing monitored the progress and reported to the group. When there was pushback, she would share the issue with the group and ask for additional advocacy work. The bill did pass in April and will continue beginning July 1st.

Regulation of buprenorphine clinics was a priority due to the concerns regarding diversion of buprenorphine and also an increase in overdose deaths where buprenorphine was found in the deceased bloodstream. Addiction specialists were consulted as well as guidelines established by the American Society of Addiction Medicine (ASAM). The task force spent approximately seven months, beginning in July 2015 immersing themselves in information to offer appropriate and evidence-based recommendations for regulating outpatient addiction treatment clinics. Once the draft language and specific guidelines were drafted, Karen sent those to the legislative liaison with the Tennessee Department of Mental Health and Substance Abuse Services to review and provide suggestions. Since this would be the state department ultimately responsible for licensure and rule making, it was imperative that there would be support for such measures.

The Commissioner was very supportive, but wanted the bill to come from outside of the state department and our group was willing to do so. Two similar bills were filed and there was discussion between all parties to marry the two and work through any differences in

approaches or language. There was some conflict with the providers, but those issues were worked through and all parties came to consensus and the bill passed in April 2016.

Provider educational efforts continue with annual large trainings and smaller educational pieces through newsletters and media alerts produced by the Knoxville Academy of Medicine and the Metro Drug Coalition. The Academy hosted a CME blitz day on a Saturday in September, offering a course on chronic pain management. SBIRT (Screening Brief Intervention and Referral to Treatment) trainings are being held quarterly, beginning in March of 2015. So far over 100 providers have participated in the three-hour CME course. This will be an on-going effort.

The group is now in the process of reassessing and develop the next version of an action plan, which should be completed within the next two months.

We use a population health model to address prescription drug abuse issues and are reaching Knox County's population of 442,000, while also impacting our entire state through legislative efforts. Knox County is a major media hub that has a seventeen county reach. Our media efforts reach well beyond our county line and know that the task force's work is benefitting numerous Tennesseans. On certain media efforts, the task force has been able to get data on the household reach, website hits for Born Drug-Free Tennessee and are monitoring incremental progress towards moving the larger community level indicators.

F. Implementation

To begin with, the group explored the first issue. The National Association of Model State Drug Laws was used as a starting point. We used this to identify which of the 10 strategies around reducing the burden of prescription drug abuse through legislation were already in place. Through this process, we were able to evaluate where we were in meeting those recommendations and steps needed to put those laws in place. A bill requiring a valid form of identification in order to pick up a scheduled drug had failed during the previous three legislative sessions. Members of the task force were able to share previous drafted language and where the opposition existed. Other states bills were pulled and a draft bill was presented. Getting the Tennessee Pharmacy Association on board created some challenges, but also opportunities to gain greater understanding of their role in the distribution chain and regulations already in place. Through advocacy work and the willingness to bring multiple stakeholders together to collaborate, the Task Force was able to establish an ID bill in Tennessee.

The Task Force's notoriety spread quickly among members of the Tennessee General Assembly for the diversity of the leadership as well as the research and intention of ideas being put forth. With electronic medical record implementation, the opportunity to falsify or alter written prescriptions will also serve as a safeguard. This group identified that there

were federal limitations on what scheduled drugs were approved for calling in. There was obviously a barrier to being able to do anything outside of the scope of the Drug Enforcement Administration's scheduling and subsequent requirement practices.

When researching the concept of suspension of a prescriber's DEA while under investigation for possible over-prescribing, we discovered that our state was not in a position to implement this idea at the time due to legal capacity within the state Department of Health to adjudicate cases in a timely manner.

The pain clinics were a hot topic and one that frustrated many of our members. Although regulations began in 2011, there appeared to be no shortage of pain management clinics and pills were still pouring out onto the streets in Knox County. Using research and best practices, a draft of changes to the current regulations were explored and refined by the task force members. Due to the diversity of the group, there is always a lot of debate and various aspects explored in the process. No decision is made lightly and is very intentional. The group has always put the desire for consensus first and with all willing to compromise. The steps taken in the strategic planning section were used and another huge success was experienced.

In the meantime, other efforts in 2014 included: the President of the Knoxville Academy of Medicine wrote letters to all the Knox County pain management clinic medical directors informing them of the task force's vision and the fact that each physician in this community has to be accountable for the patients they are managing. Followed by the letter, were visits to these clinics. Some clinics did not respond, but the overall peer-to-peer communication was a first step in creating accountability and awareness among prescribers.

Beginning in 2013, an annual symposium was held in Knoxville to offer updates and educate prescribers on the chronic pain guidelines, utilization of the CSMD, prevention efforts, and any legislative updates. Over 300 prescribers have attended the annual three-hour sessions with multiple experts, including the Tennessee Bureau of Investigation. This is now being done in regions statewide.

In April 2014, WBIR Channel 10, Knoxville's NBC affiliate, agreed to develop a weeklong series on prescription drug abuse in East Tennessee. Our task force members were involved in making the contact with the station, pitching the idea, developing the subject matter for each newscast and providing experts to interview at each segment.

Screening Brief Intervention and Referral to Treatment trainings began in 2015, with now over 100 practitioners trained in early screening and identification of risky behaviors in patients. The training is a face to face, three hour CME credit opportunity that uses a multi-disciplinary approach beginning with addiction science, prevalence of drug use, the what and how of SBIRT, use of the Controlled Substance Monitoring Database as a tool to manage patient care, motivation interviewing techniques and urine drug screening protocols.

Reviews are very positive and the training will continue as long as there are providers who are interested in attending.

In February of 2015, we launched a public awareness and educational campaign called, "Born Drug Free Tennessee". This campaign took two years to develop and has a variety of components: patient education brochures on pregnancy and substance use, provider educational piece, radio and television public service announcements, billboards, comprehensive website and Facebook and Twitter social media pages. The idea behind this campaign is to educate the public on Neonatal Abstinence Syndrome and encourage women who are pregnant and have substance use disorders to seek prenatal care and addiction treatment to reduce the incidence of withdrawal for the babies and to create greater opportunities for mothers to maintain custody of their babies by maintaining sobriety. Knox County cases are beginning to stabilize where they had been increasing at a steady rate since 2013. Higher percentages (over 70) of women are now getting prescribed medications at the time of the birth, but subutex and methadone can both cause withdrawal symptoms in babies.

Our public health partners are doing jail outreach with women to offering a women's health course and subsequent offer of voluntary long acting reversible forms of contraception to women to prevent pregnancy. Many of the women receiving the education are incarcerated due to their drug use. Early results are positive, but the program is still relatively new.

Other successes include: Enactment of Good Samaritan Laws, Naloxone to lay persons by prescription (just enacted a standing order for pharmacy distribution), moving pain management clinics from certification to licensure, and licensure and rule making for outpatient treatment clinics prescribing buprenorphine using American Society of Addiction Medicine standards.

There has also been involvement at the Federal level with Senator Lamar Alexander and his health committee support staff around patient satisfaction and pain as the 5th vital sign as contributing factors to the increase in opioid prescribing since 1997. Senator Alexander held an "invitation only" community panel in Knoxville to gain insight and input from community leaders on what needs to be done around this problem. This occurred in September of 2015. Senator Alexander has approached Secretary of Health and Human Services Director, Sylvia Burwell and insisted she look into these issues and see what needs to be done to change the incentive structure surrounding these mandates.

The Task Force is an on-going group under the umbrella of Metro Drug Coalition, a thirty-year-old organization that has served as the umbrella agency for substance abuse efforts in our community. The sound foundation and being staffed by the executive director creates the infrastructure to keep the group engaged, intentional and organized. The coalition is also seen as a prevention partner, but yet a neutral advocate for the community. The uniqueness of the ability of this group to coalesce so quickly and be intentional about its decisions and

activities is very unusual. In less than three years, this group has accomplished more than any one community organization has done on its own. The collective effort across multiple sectors and the ability to infiltrate multiple systems is unprecedented. The Task Force is committed to monthly evening meetings and will continue to meet until we see significant community change in terms of prescription drug abuse.

The Task Force continues to add members that are willing to come and roll up their sleeves to see true community change. Other communities in our state are starting similar groups due to Knox County's success. All of the members of the Task Force are volunteers, giving their time and expertise to the very serious issue of prescription drug abuse. On average, approximately 20-25 individuals will attend. There are agendas and infrastructure to the meetings, led by Karen Pershing, Executive Director of Metro Drug Coalition. She is instrumental in assuring that everyone's voice is heard and that consideration is taken for all ideas and then put through the planning process to determine feasibility.

In Knox County, the problem is predominantly among Caucasian individuals from all socioeconomic levels. When looking at the addiction component, the group has made sure that there is understanding of the addiction process, addictive behavior and effective treatment. Recovery supports are also discussed as well as drug-seeking behavior. When dealing with the Neonatal Abstinence Syndrome issues, the Task Force has had the opportunity to work with women in treatment to use as focus group participants to better inform decision-making.

The Task Force model could easily be replicated by any community who has the right leadership and the political will to create lasting change. Every member must be willing to give up his or her own self-interest for the benefit of the whole. This is not always possible in every community. Creating that compelling "call to action" is key. Not allowing any one voice to dominate the direction of the group is key to keeping all members actively engaged. It's a delicate balancing act that requires a skillful facilitator who is respected and has strong people skills.

G. Evaluation

The group has accomplished numerous process indicators with the formation, engagement and planning process.

As a result of the work of this group the following state laws have passed:

- Identification law requiring photo identification when picking up a prescription for a controlled substance
- Naloxone for lay persons
- Good Samaritan law
- Pain management clinic requirements for owners and medical directors

- Pain management clinic licensure instead of certification
- Outpatient addiction treatment clinic licensure and rule making
- Sunset of a Fetal Assault law that passed in 2014 charging women with felony assault who have abused narcotics during pregnancy and caused NAS or other problems with the newborn

Other accomplishments include:

- Trained over 1,100 providers in the Knoxville area in chronic pain management and using the controlled substance monitoring database
- Gone from a high of 39 pain management clinics to 32 in 2015
- Total Medical Morphine Equivalents in Knox County have decreased by 25 percent from 2014-2015
- Created greater community awareness of the problem and of the lack of access to treatment for certain populations
- Held a forum with Senator Lamar Alexander-R-TN (Chair of Senate Health Committee), CDC Director Tom Friedan, and community leaders to discuss federal level issues related to pain as the 5th vital sign and patient satisfaction incentives
- Senator Alexander requested Secretary of Health and Human Services, Sylvia Burwell, to look into the issue and make needed changes
- Launched the Born Drug Free Tennessee campaign in February 2015.
- To date: over 65,000 visits to the Born Drug Free Tennessee website with over 25% of those going to the "get help" tab; 78% of women visiting were of childbearing age; 1,199,165 weekly total impressions on billboards during March and April, 2015; television PSA's 193,815 net reach for month of February, 2015 and website digital adds 165,092 net reach with 229 clicks to website. Radio on air commercial in February, 2015 reached 216,300 listeners an average of 4 times with another 30,000 Internet impressions with 171,000 persons reached an average of 4 times. There are 954 Facebook fans and 181 twitter followers. Over 11,000 pieces of printed materials have been distributed since February 2015.
- November of 2015, the voluntary long-acting reversible contraception program began in the jail, with 14 IUD's being placed and 30 Nexplanon implants thus far.
- There are more pregnant women seeking out treatment and being put on replacement therapy who are having babies diagnosed with NAS. In 2014, 59.8% of women reported being on replacement therapy at the time of birth. In 2015, 73.4% were on medically supervised replacement therapy.

Although we have yet to see shifts in all of our long-term indicators, our short-term measures are showing significant positive changes that will affect those longer term measures within the next two years.

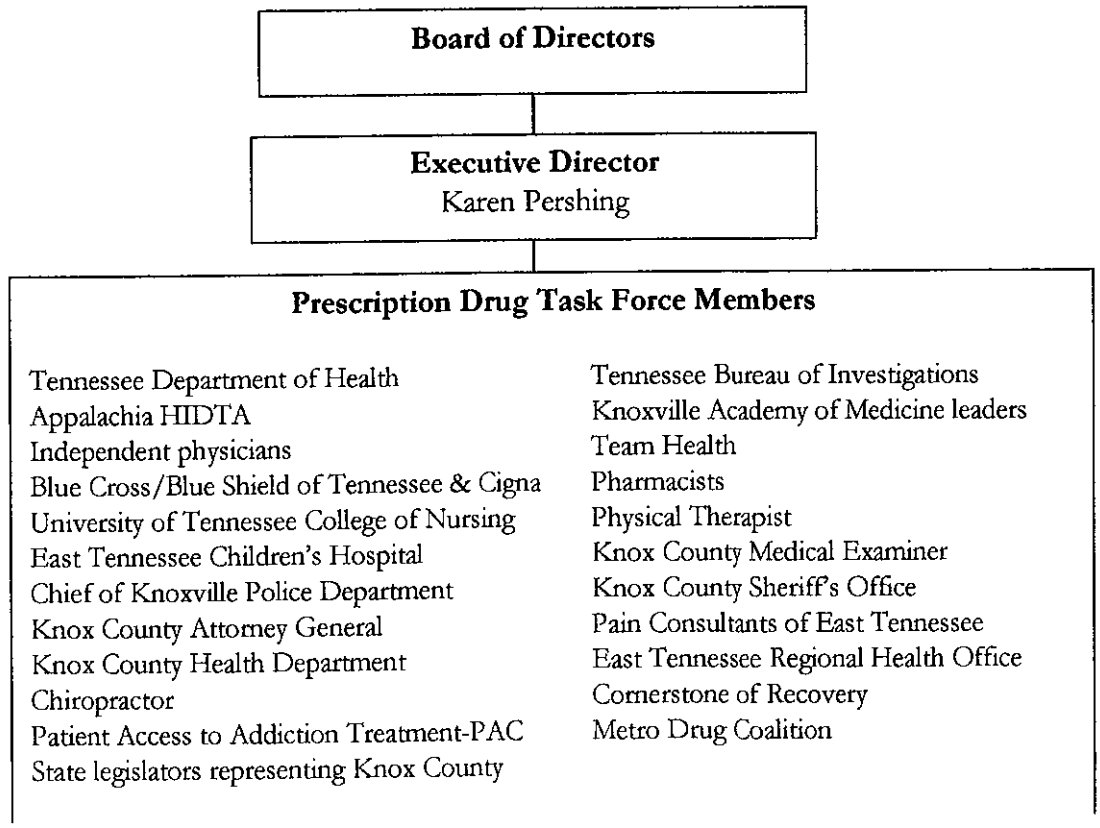
Prescription drug abuse is a very complex, multi-faceted epidemic that takes hitting it from multiple angles. It took approximately 15 years to get where we are today. It is going to take time to begin to first see a leveling off and not a continued increase in community-level indicators before we see them begin to decline. State laws have been put in place, but pieces had phased in dates on certain sections, such as pain clinic medical director qualifications. Those will not officially go into effect until July 1, 2016.

There is no doubt, based on the level of community engagement, that there is great movement in a positive direction. Since this task force uses a public health (Strategic Prevention Framework) approach at an environmental strategy level, those larger indicators continue to be the focus around which all plans and initiatives will continue to evolve.

H. Program Management

The organizational structure of Metro Drug Coalition's Prescription Drug Task Force consists of the Executive Director of Metro Drug Coalition, the umbrella organization that created and continues to manage the group.

Metro Drug Coalition's Prescription Drug Task Force Organizational Chart



Budget Narrative:

When the Task Force began, there were no designated funds for prescription drug abuse prevention for Metro Drug Coalition. Due to the organization's non-profit status, there were unrestricted funds available through undesignated donations and fundraising events. The Born Drug-Free Tennessee campaign was funded by a grant obtained through Appalachia HIDTA. In July 2014, Metro Drug Coalition received a grant through the State Department of Mental Health and Substance Abuse Services to focus on prescription drug abuse prevention. In the first year, the Knoxville Academy of Medicine and the Metro Drug Coalition split the cost of the monthly meeting expenses, which primarily included a light supper and beverages for attendees. Everyone involved is a volunteer, but has a tie and interest in the issue. Therefore, the cost in comparison to the impact has been less than $100 per month. The Knoxville Academy of Medicine provides the monthly meeting space. The Executive Director of Metro Drug Coalition can perform the work as part of her duties and position as an umbrella organization in the community to address substance use issues.

Karen Pershing is at the center of the Task Force and sends out correspondence to members via e-mail when both preparing the meeting agenda, sending out minutes, polling members when decisions need to be made in between meetings and sending out legislative alerts when appropriate, based on the Task Force's goals and objectives. If relevant articles or new information is identified and relevant to the current work of the group, Karen will send out that information to the task force distribution list. Education is a huge key to making informed and data driven decisions. Monthly meetings are face to face and a hour and a half in length.

Metro Drug Coalition's Board of Directors is provided a quarterly update on the progress of the group. Several members of the board also serve on the Prescription Drug Task Force. Our policy makers are at the table and stay engaged. Others, who are not, are provided with an annual update during Metro Drug Coalition's annual Legislative Luncheon in November. MDC has established great working relationships with local media and continues to use this vehicle to keep the public aware of the pressing issues and prevention activities going on in the community. A quarterly newsletter is also published by the MDC and available electronically. Due to the fact that the Department of Health and the Tennessee Bureau of Investigation are members, information is also shared at the state level. There are several people who have requested to be on the e-mail distribution list, but aren't able to attend meetings. Anyone can be added and meetings are open to the public.