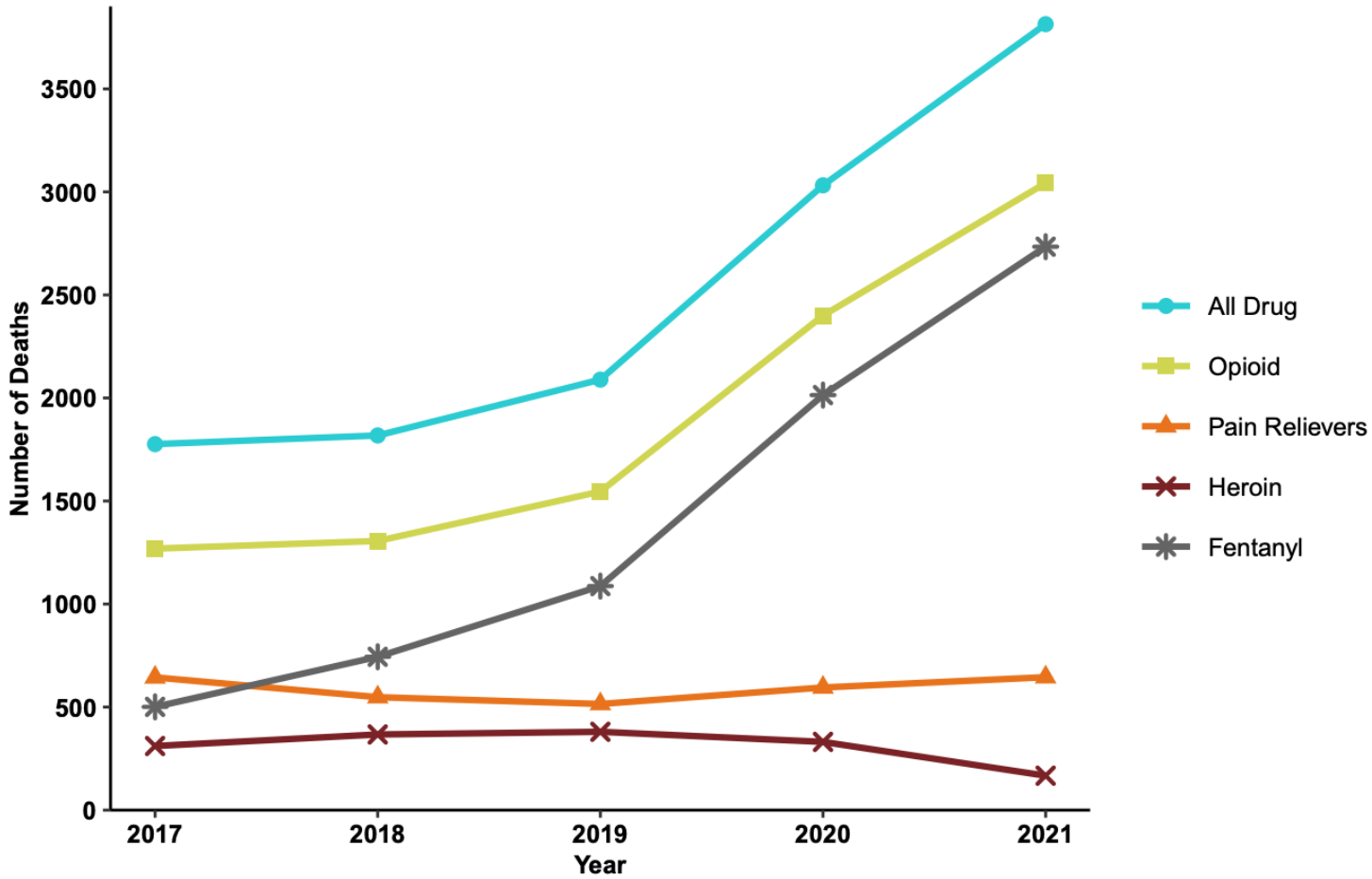
Tennessee's Addiction Challenges

- More than 107,000 U.S. drug overdose deaths Dec. 2020-2021
- 3, 814 drug overdose deaths, >10 deaths daily in Tennessee
- 26% increase compared with 2019-2020
- 80% involved opioid, 72% involved fentanyl analogues
- More potent, cheap methamphetamine 245% increase
- COVID-19 isolation, economic uncertainty
- 97% "unintentional" overdoses – decisional competence?

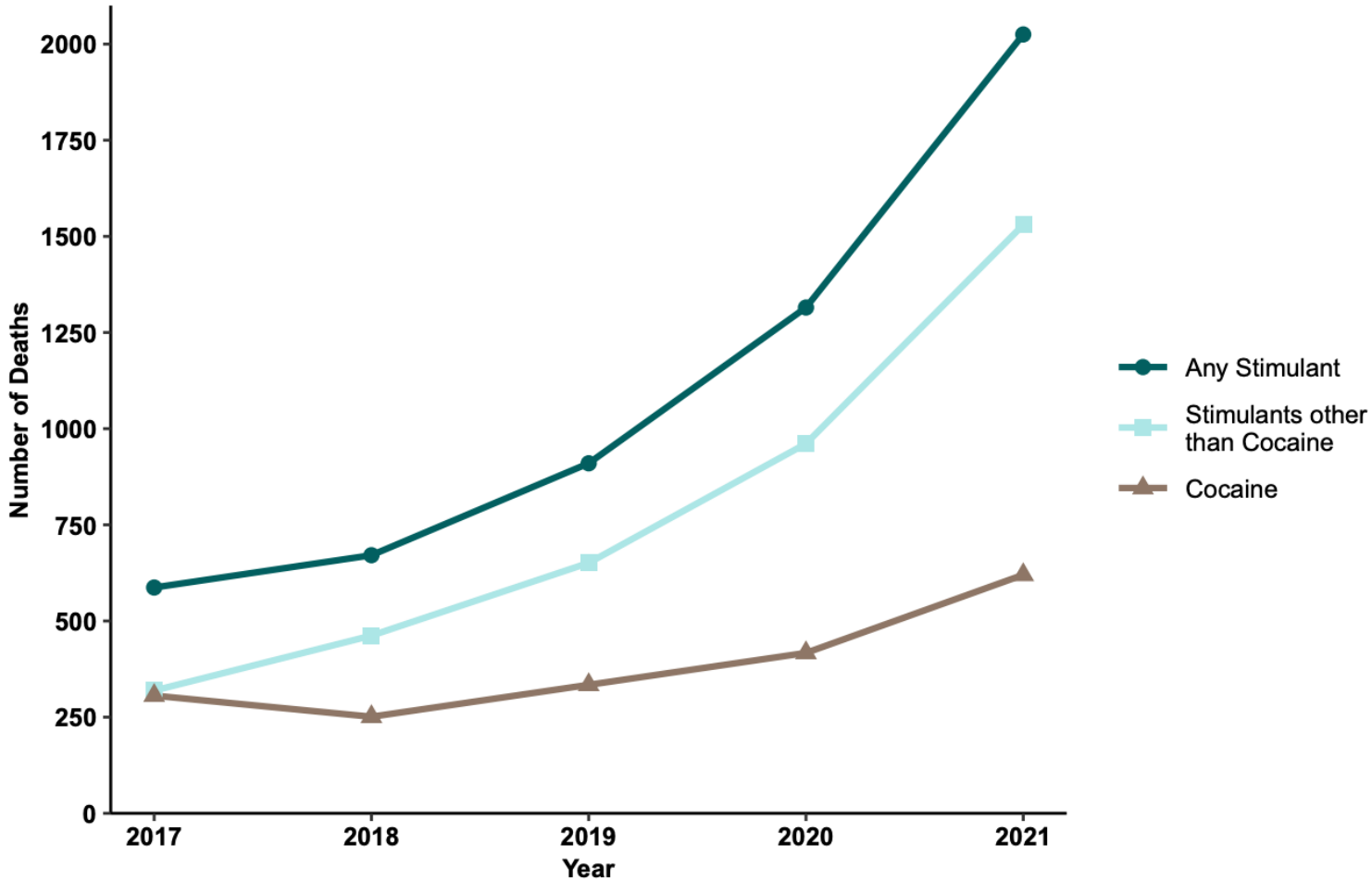
https://www.cdc.gov/drugoverdose/index.html

Number of Overdose Deaths by Drug Type in TN, 2017-2021



Analysis by the Office of Informatics and Analytics, TDH (last updated October 27, 2022). Limited to TN residents.
Data Source: TN Death Statistical File.

Number of Stimulant Overdose Deaths in TN, 2017-2021



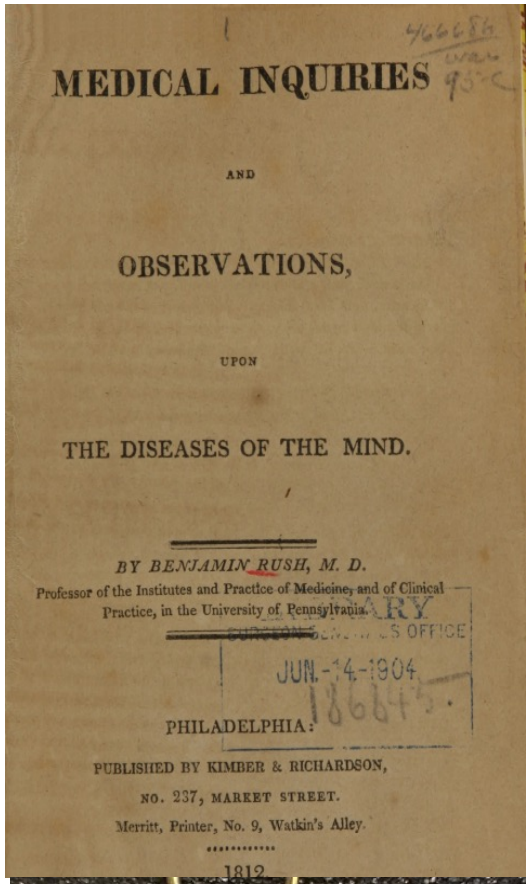
Analysis by the Office of Informatics and Analytics, TDH (last updated October 27, 2022). Limited to TN residents.
Data Source: TN Death Statistical File.

Reviews and Overviews

Opioid Use Disorder: Pernicious and Persistent

Cecilia L. Bergeria, Ph.D., and Eric C. Strain ✉, M.D.

Published Online: 1 Oct 2022 | https://doi.org/10.1176/appi.ajp.20220699



MEDICAL INQUIRIES

AND

OBSERVATIONS,

UPON

THE DISEASES OF THE MIND.

BY BENJAMIN RUSH, M. D.

Professor of the Institutes and Practice of Medicine, and of Clinical Practice, in the University of Pennsylvania.

PHILADELPHIA:

PUBLISHED BY KIMBER & RICHARDSON,

NO. 237, MARKET STREET.

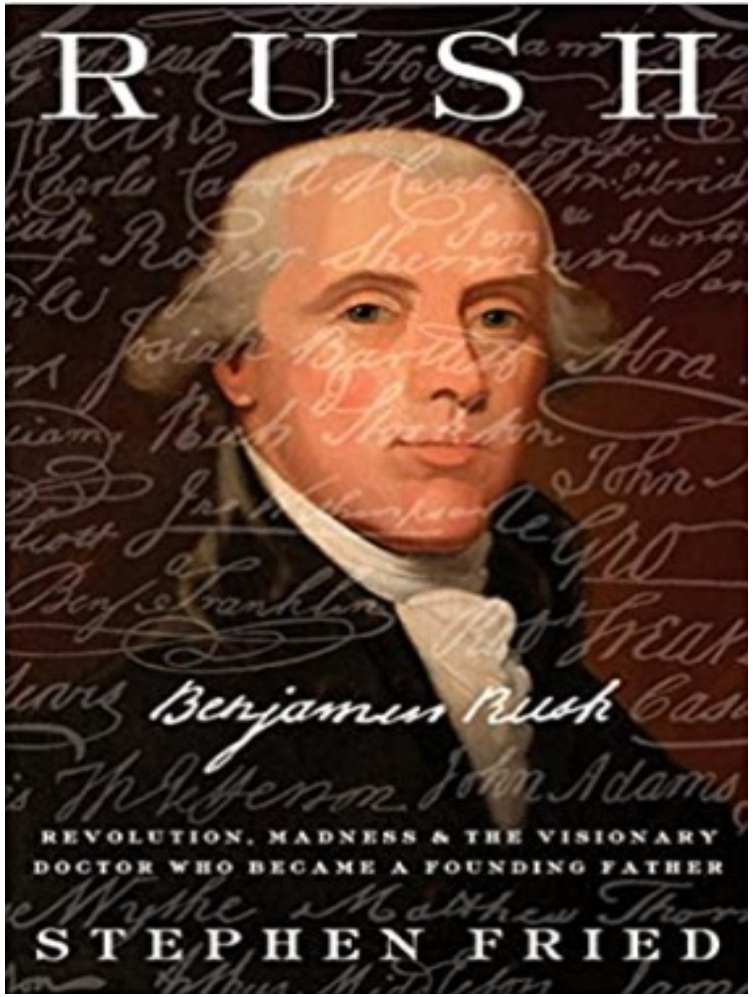
Merritt, Printer, No. 9, Watkin's Alley.

1812

‘Addiction’ was originally a psychiatric illness

‘For a more particular account of this moral disease in the will … I have selected those two symptoms of this disease, **murder and theft** (for they are not vices) from its other morbid effects, in order to rescue persons affected with them from the arm of the law, and to render them the subjects of the kind and lenient hand of medicine.

Ch X On Derangements in the Will



1746 - 1813

ENFORCEMENT OF THE TENNESSEE ANTI-NARCOTICS LAW.

LUCIUS P. BROWN,
State Food and Drugs Commissioner of Tennessee.

Read before the General Sessions, American Public Health Association, Jacksonville, Florida, December, 1914.

THE Act of 1913, now in force in Tennessee governing the method of sale of certain narcotic drugs, and its method of enforcement, appears to have brought to light some rather interesting facts, hence this consideration of it is presented.

In closing, I want to make a plea for an intelligent and scientific study of this subject. It is so new, and the mental position of the large majority of the medical profession toward it has been of such a nature, that it has not had from alienists and from men specializing in allied lines the attention to which its importance entitles it. It appears moreover to deserve the best thought of the medical profession generally, and in such work the physical aspect of the case should never be overlooked. The drug addict is a sick man both physically and mentally, and should be studied and treated as a sick man and not as one always wilfully delinquent.

LUCIUS POLK BROWN
during the time of his employment in New York City

Courtesy of Susan Brown Lyon (Mrs. C. Hughes Lyon), Murfreesboro, Tennessee

Brown LP. ENFORCEMENT OF THE TENNESSEE ANTINARCOTICS LAW.
Am J Public Health (N Y). 1915 Apr;5(4):323-33. doi: 10.2105/ajph.5.4.323. PMID: 18009218; PMCID: PMC1286580.

TABLE I.

	Totals.		Morphine-users. (86% of whole number.)	Users tincture of opium. (7.25% of whole number.)	Gum opium-users. (5.06% of whole number.)	Heroin-users. (1.3% of whole number.)	Miscellaneous drugs (inc. codeine, glyco-heroin, papiene, etc., 5 persons only).
	Number.	Percentage.					
Males . .	784	33.1	33.1	25.0	33.3	77.4	40
Females.	1,586	66.9	66.9	75.0	66.7	22.6	60
	2,370						

Brown LP. ENFORCEMENT OF THE TENNESSEE ANTINARCOTICS LAW.
Am J Public Health (N Y). 1915 Apr;5(4):323-33. doi: 10.2105/ajph.5.4.323. PMID: 18009218; PMCID: PMC1286580.

Tennessee Antinarcotics Act 1913

’more strict than the Harrison Act’

“The habitual use of an opiate produces a true disease.”

Limited dispensing & distribution

- registered MDs, DDS, DVMs
- wholesale/retail pharmacists

Provided for the refilling of prescriptions for addicted persons to minimize suffering among this unfortunate class.

Patient registration and permit system, with effort to lessen the amount of drug allowed at every renewal.

Brown LP. ENFORCEMENT OF THE TENNESSEE ANTINARCOTICS LAW.
Am J Public Health (N Y). 1915 Apr;5(4):323-33. doi: 10.2105/ajph.5.4.323. PMID: 18009218; PMCID: PMC1286580.

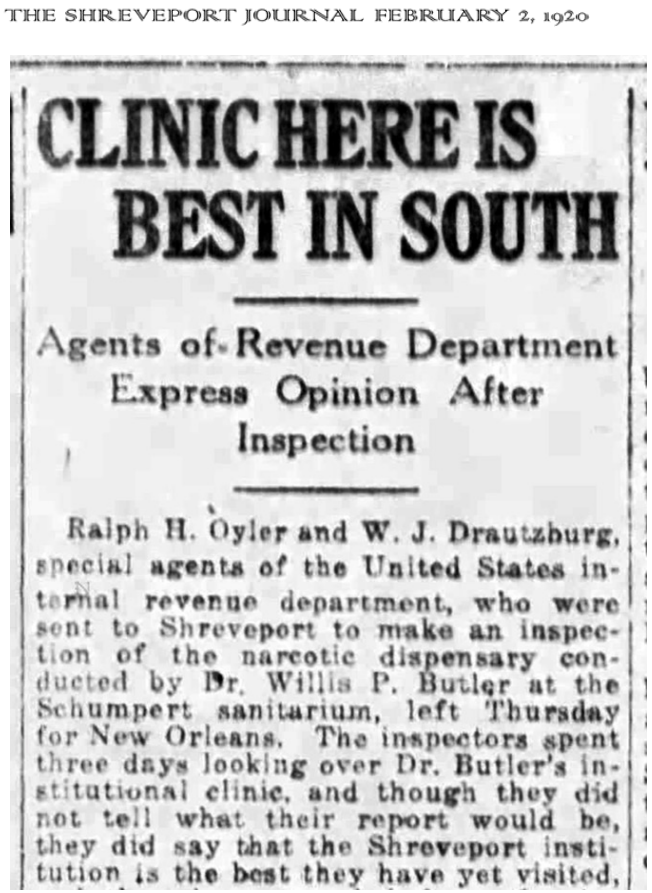
HOW ONE AMERICAN CITY IS MEETING THE PUBLIC HEALTH PROBLEMS OF NARCOTIC DRUG ADDICTION

Butler WP. American Medicine XXVIII 1922

"success is due largely to the fact that we have cooperation, assistance, hearty approval and commendation of every branch of our government locally."

"Progressive physicians and pharmacists had already managed to contain the first major U.S. epidemic of iatrogenic opiate addiction."

Courtwright DT. Preventing and Treating Narcotic Addiction--Century of Federal Drug Control. N Engl J Med. 2015 Nov 26;373(22):2095-7. doi: 10.1056/NEJMp1508818. PMID: 26605925.



THE SHREVEPORT JOURNAL FEBRUARY 2, 1920

CLINIC HERE IS BEST IN SOUTH

Agents of Revenue Department Express Opinion After Inspection

Ralph H. Oyler and W. J. Drautzburg, special agents of the United States internal revenue department, who were sent to Shreveport to make an inspection of the narcotic dispensary conducted by Dr. Willis P. Butler at the Schumpert sanitarium, left Thursday for New Orleans. The inspectors spent three days looking over Dr. Butler's institutional clinic, and though they did not tell what their report would be, they did say that the Shreveport institution is the best they have yet visited,

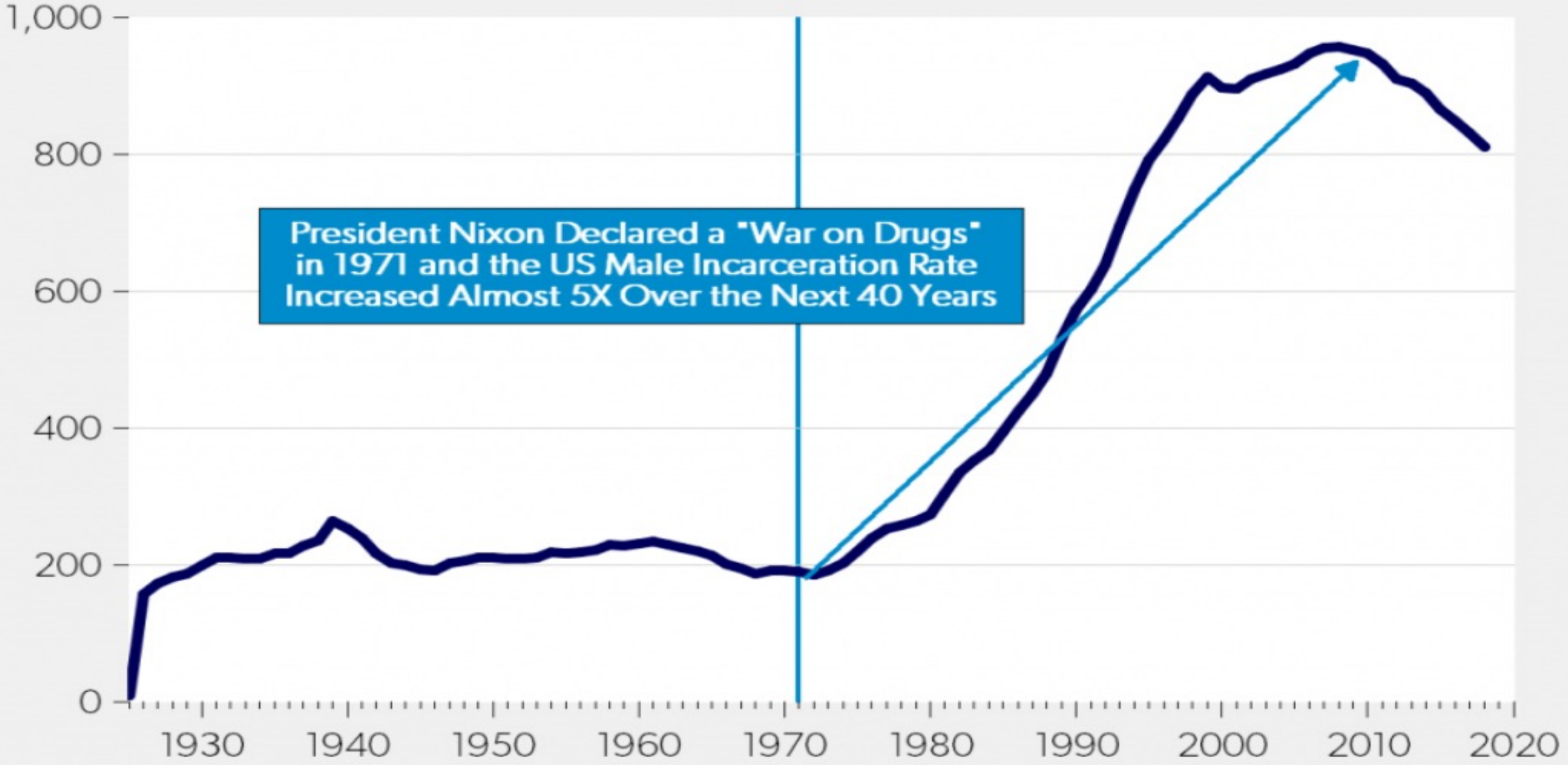
1915-1921 Addiction became a crime in U.S.

United States rapidly moved to criminalize its addicted citizens.

1. Federal officials mistook America's concern about drug-related problems (e.g., physician exploitation, the saloon or the opium den) for a desire to banish alcohol, tobacco, and other drug use.
2. Fundamental misunderstanding of the nature of addiction.
3. Treasury Board taxed the importation of narcotics and was to monitor their distribution by physicians and druggists to reduce the supply of drugs, but it ruled against treating addiction as a medical illness.
4. Stigmatizing of drug use accelerated in the belief that it will virtually eliminate the narcotics problem (and it persists to this day!)

White, W. (2014). The early criminalization of narcotic addiction. Posted at www.williamwhitepapers.com.

Male Incarceration Rates of Sentenced Prisoners Under State and Federal Jurisdiction per 100,000 Population, 1925–2018



Source: Bureau of Justice Statistics

1973: DRUG ABUSE COUNCIL STUDY

reviewed Shreveport, LA, morphine maintenance clinic, based on clinic records and interviews with Dr. Willis P. Butler (aged 83), director of the clinic during its existence.

"Clinics in Los Angeles, New Haven, Jacksonville, and Shreveport, LA, were run much more effectively, and most reports were favorable, if not praising."

<u>The clinics were closed after the Prohibition Units of the Internal Revenue Service took over the Narcotics Bureau (US Treasury in 1920)</u>

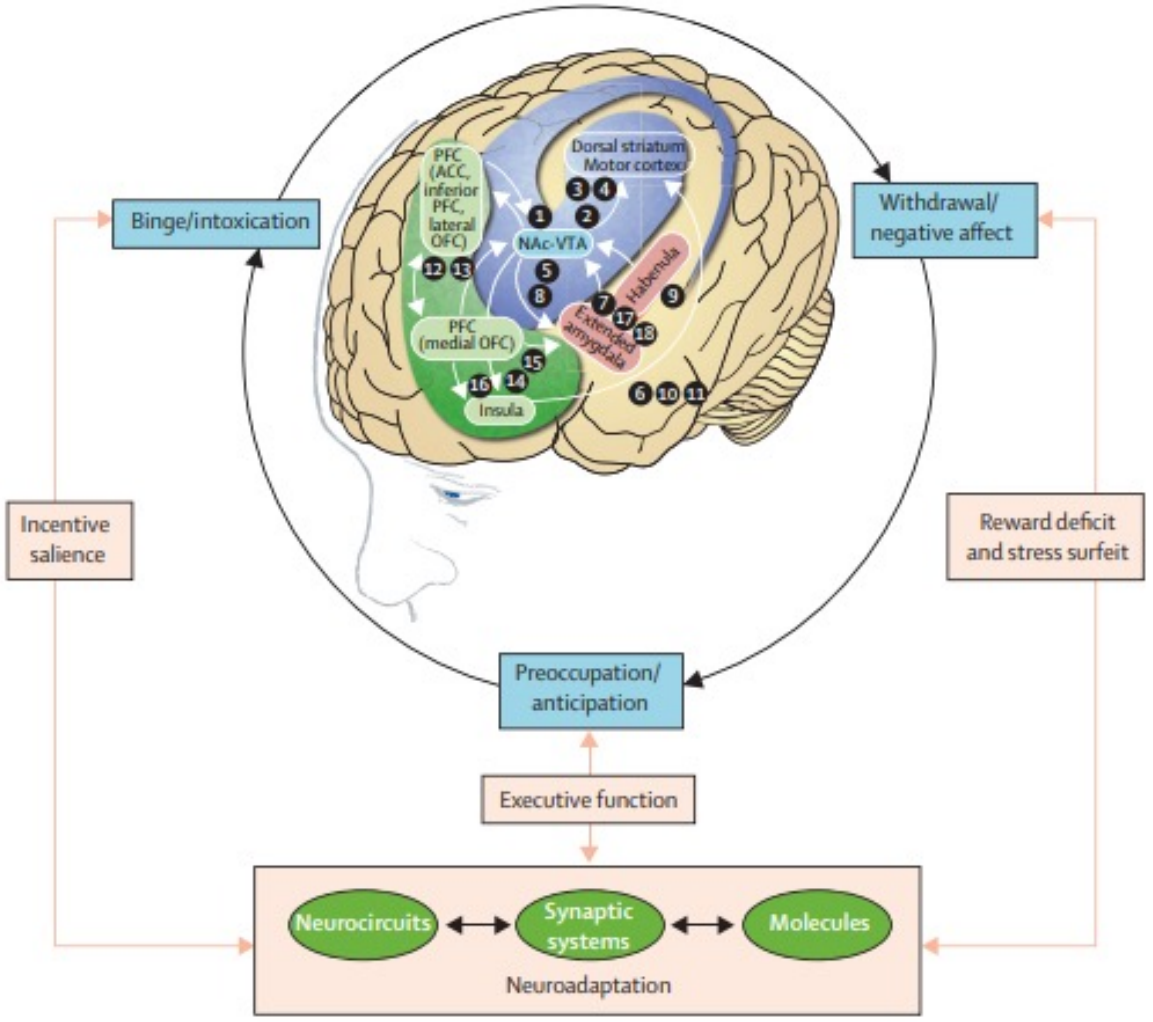
https://eric.ed.gov/?id=ED109516

Is Addiction a Mental Illness – or a choice?

ADDICTION IS

A BRAIN DISEASE,

AND IT MATTERS



George F Koob Dr and Nora D Volkow MD

Lancet Psychiatry, The, 2016-08-01, Volume 3, Issue 8, Pages 760-773, Copyright © 2016 Elsevier Ltd

Leshner AI. Science. 1997 Oct 3;278(5335):45-7.
https://doi: 10.1126/science.278.5335.45.

Addiction is socially-engineered exploitation of natural biological vulnerability Ross D 2020

Ross D BBR 386 2020 https://www.sciencedirect.com/science/article/pii/S0166432820302977

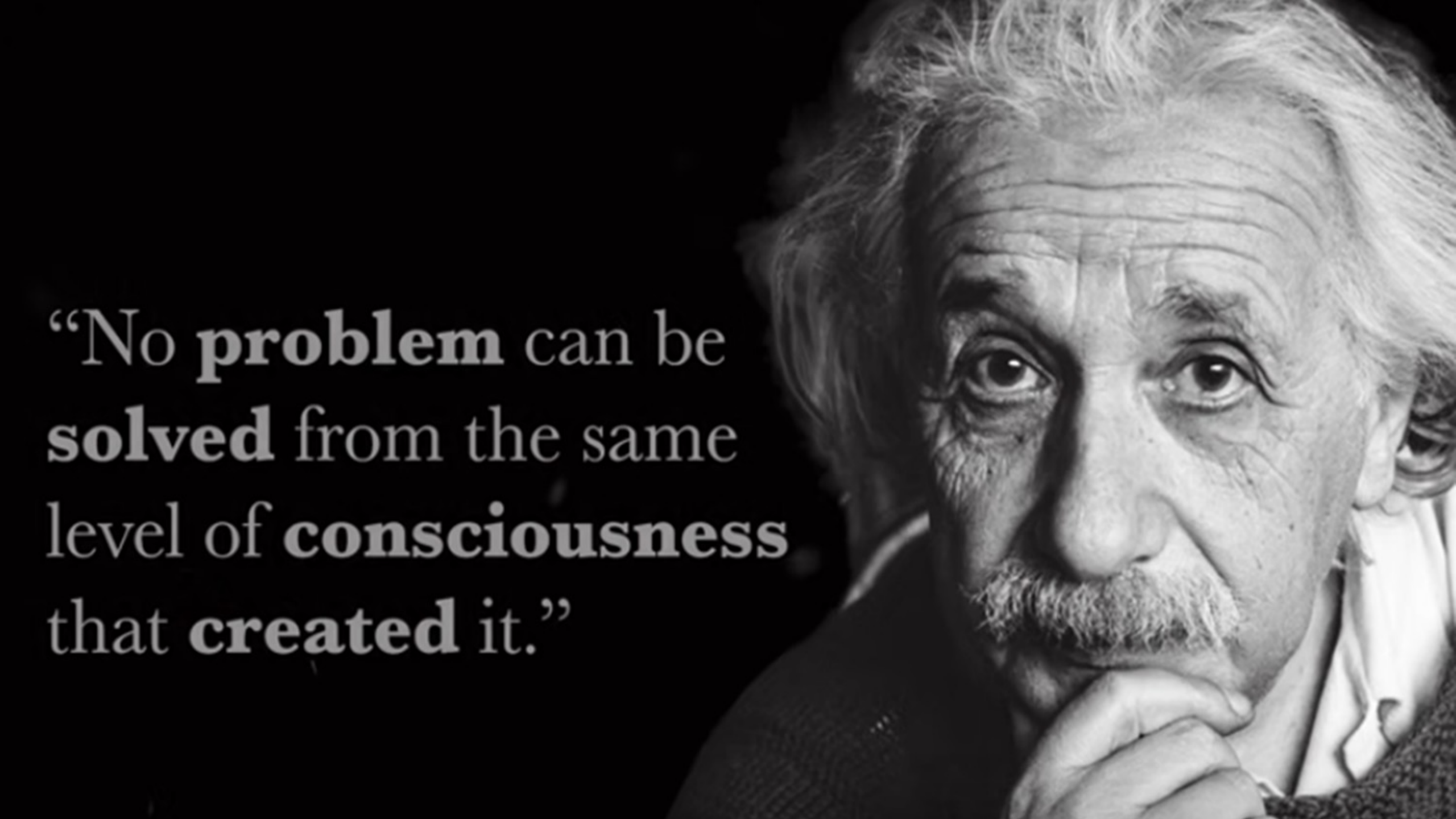
A Puzzling Anomaly: Decision-Making Capacity and Research on Addiction

Louis C. Charland

The Oxford Handbook of Research Ethics
Edited by Ana S. Iltis and Douglas MacKay

Subject: Philosophy, Moral Philosophy Online Publication Date: Oct 2020
DOI: 10.1093/oxfordhb/9780190947750.013.37

"The relevant point is that choice theories of addiction completely overlook the concept of decision-making capacity and that choice does not in itself imply capacity."


“No **problem** can be
solved from the same
level of **consciousness**
that **created** it.”

72-hour involuntary evaluation –

Title 33, Chapter 6, Part 4, Tennessee Code Annotated

B

In my professional opinion, based on the examination and the information provided, I certify that this person is subject to involuntary care and treatment under Title 33, Chapter 6, Part 4, Tennessee Code Annotated because, as shown by the following facts and reasoning, the person:

1. has a mental illness or serious emotional disturbance as defined in Tenn. Code Ann. § 33-1-101(16) and (20), (**list known mental illness or serious emotional disturbance history and current signs/symptoms**):
   Mental illness is a psychiatric disorder, alcohol dependence or drug dependence; does not include intellectual and/or developmental disabilities. ***Serious emotional disturbance*** is a condition in a **child** who at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet psychiatric diagnostic criteria, that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities and includes any mental disorder, regardless of whether it is of biological etiology.

“The drug addict is a sick man both physically and mentally, and should be studied and treated as a sick man and not as one always willfully delinquent.”

Brown LP Am J Public Health 5:4 323-33 April 1915

“It is our duty to show these patients the same consideration that we have for those suffering from other kinds of sickness.”

Butler WP AMERICAN MEDICINE January – December 1922

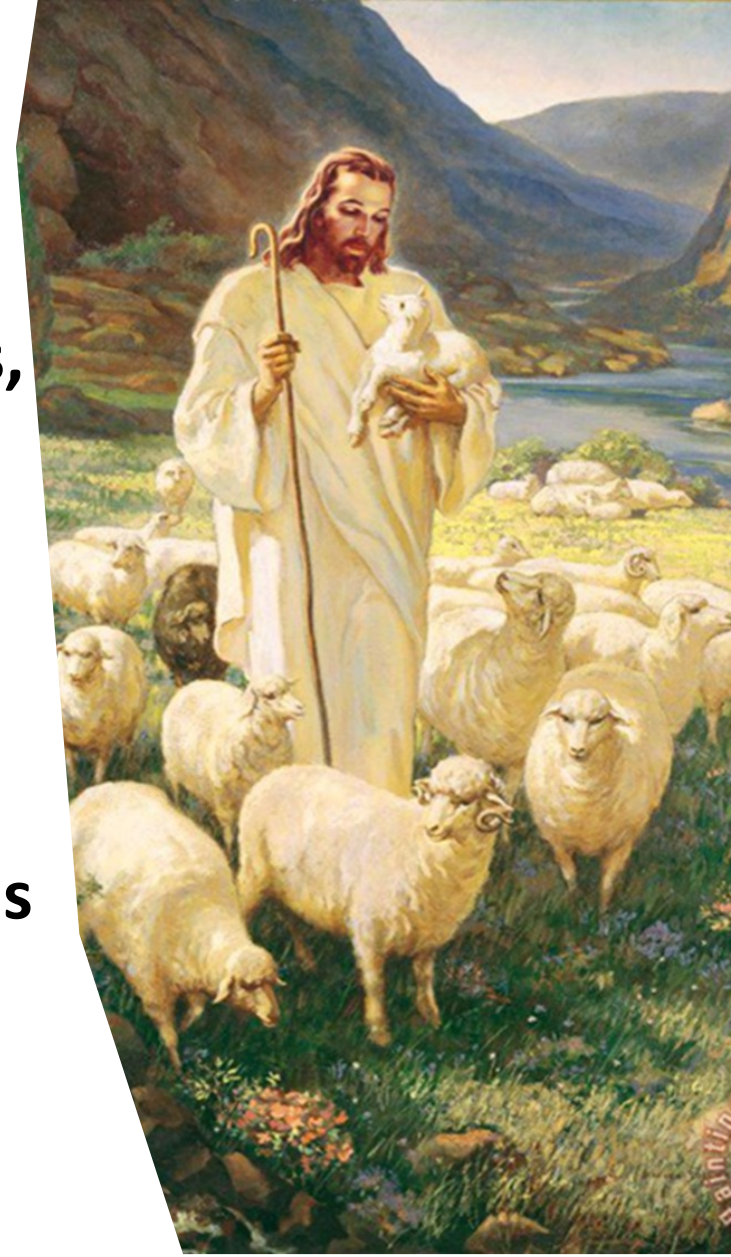
Vanderbilt Behavioral Health

VANDERBILT UNIVERSITY
MEDICAL CENTER

Stigmatization: Shier and Hinshaw, 2008

A combination of **stereotyped beliefs, prejudiced attitudes and discriminatory behaviors** towards outgroups …

resulting in **reduced life opportunities** for those who are devalued.



MEDICATIONS FOR OPIOID OVERDOSE, WITHDRAWAL, & ADDICTION

Medications for opioid overdose, withdrawal, and addiction are safe, effective and save lives.

The National Institute on Drug Abuse supports research to develop new medicines and delivery systems to treat opioid use disorder and other substance use disorders, as well as other complications of substance use (including withdrawal and overdose), to help people choose treatments that are right for them.

FDA-approved medications for opioid addiction, overdose, and withdrawal work in various ways.

Opioid Receptor Agonist
Medications attach to opioid receptors in the brain to block withdrawal symptoms and cravings.

Opioid Receptor Partial Agonist
Medications attach to and partially activate opioid receptors in the brain to ease withdrawal symptoms and cravings.

Opioid Receptor Antagonist
Medications block activity of opioid receptors in the brain to prevent euphoric effects (the high) of opioids and alcohol and help reduce cravings.

Adrenergic Receptor Agonist
A medication that attaches to and activates adrenergic receptors in the brain and helps alleviate withdrawal symptoms.

REDUCES OPIOID USE AND CRAVINGS

Methadone
Daily liquid or tablet

Dolophine®, Methadose®
Generics available

Naltrexone
Monthly injection

Vivitrol®

Buprenorphine
Daily tablet
Monthly injection

Sublocade®
Generic tablets available

Buprenorphine/ Naloxone
Daily film under the tongue or tablet

Zubsolv®, Suboxone®
Generics available

TREATS WITHDRAWAL SYMPTOMS

Lofexidine
As-needed tablet

Lucemyra®

REVERSES OVERDOSE

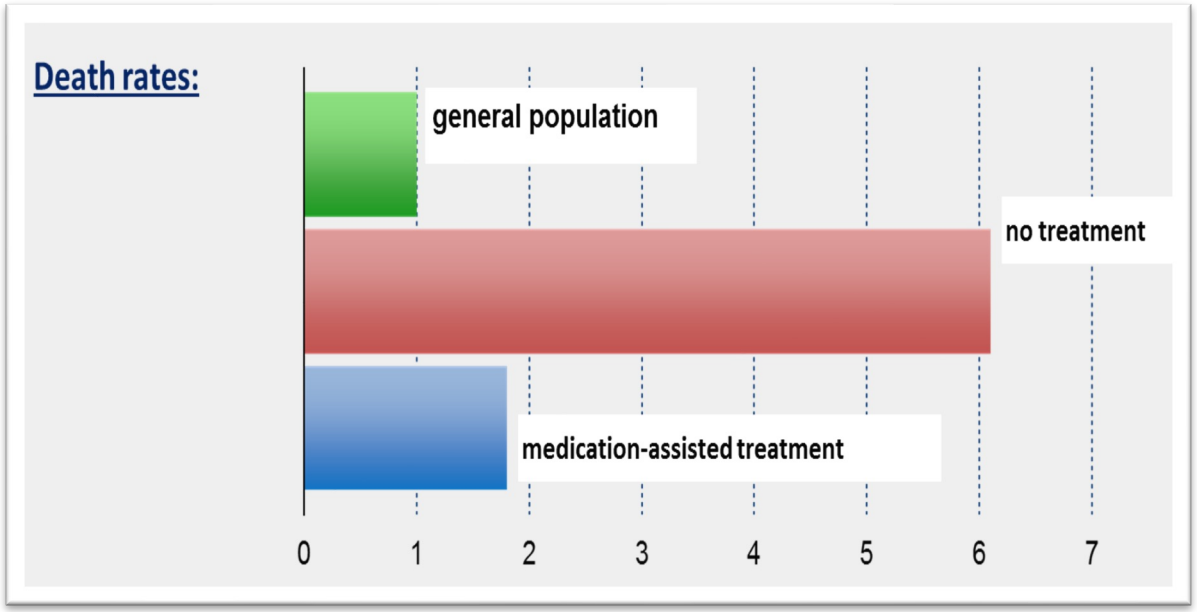
Naloxone
Emergency nasal spray or injection

Kloxxado®, Narcan®, Zimhi™
Generics available

Most Important Benefit of MOUD: Decreased Mortality

‘Opioid agonist treatment was associated with lower rates of mortality.

However, access to agonist treatment remains limited, and coverage remains low.



Improved access globally may have important population benefits.’

Santo T Jr, et al. Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis. JAMA Psychiatry. 2021 Sep 1;78(9):979-993. doi: 10.1001/jamapsychiatry.2021.0976.

American Academy *of* Addiction Psychiatry

Translating Science. Transforming Lives.

American Society *of* Addiction Medicine