

WHAT YOU NEED TO KNOW:

Medication Assisted Treatment



administered in time. Naloxone is neither an opioid or addictive. It's most commonly administered using a nasal spray. Naltrexone is a drug used to block euphoric and sedative effects of opioids such as morphine, heroin and oxycodone.¹ Naltrexone binds and blocks opioid receptors, and is reported to reduce opioid cravings.¹ There is no abuse nor diversion potential with naltrexone.¹ Like naloxone, it is not an opioid nor addictive. The injectable extended release form of the drug is administered intramuscular once a month. Naltrexone does not prevent a drug overdose from occurring. It only

Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.¹ Methadone, buprenorphine, naltrexone, and naloxone are medications used in MAT. Naloxone is a life-saving drug that temporarily reverses the effects of an opioid overdose when

blocks individuals from feeling the 'high' from the drug. It is commonly used to assist people who are early in recovery from relapse. Buprenorphine and methadone are much different than the others. Buprenorphine and methadone are in fact opioids and they have the potential to be abused. They are very similar in how they work by changing the way the brain and nervous system feel pain.¹ They lessen painful symptoms of withdrawal and block euphoric effects of other opioids such as heroin, morphine, codeine, oxycodone and hydrocodone. However, these medications do have euphoric opioid-like effects themselves, and they can be highly addictive, methadone more so than buprenorphine.¹ Naloxone is actually added to buprenorphine to decrease the likelihood of diversion and misuse of the combination drug product.¹ Patients taking buprenorphine or methadone to treat opioid addiction must receive the medication under the supervision of a physician.

¹ SAMHSA. Medication-Assisted Treatment. Accessed 21 August 17.

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QUARTERLY:
Prevention Matters

Newsletter

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FROM THE DIRECTOR

Is the Opioid Epidemic a National Emergency?

Last month, President Trump announced the opioid crisis is “a national emergency,” but is it? While there are overwhelming data indicative of the incredible rate of death associated with opioid overdose and related hospitalizations, no official declaration has been issued, even though the Trump administration has indicated it will declare a formal state of emergency. The issuance was the first recommendation to come from the Commission on Combating Drug Addiction and the Opioid Crisis. Typically, the paperwork to declare a national emergency is prepared before a public statement is made, however, the opioid crisis continues to be the focus of national and local media.

What Does a State of Emergency Mean?

By declaring a formal state of emergency, resources become available to be directed to the problem. Federal Emergency Management Agency (FEMA) money could become available to states, similar to that issued following natural disasters, like hurricanes or floods, and Congress could appropriate money. Public health workers could also be temporarily deployed to work on the issue. Additionally, access to medication-assisted treatment could increase and Medicaid could pay for more treatment by waiving certain regulations which restrict where patients can get treatment. Finally, states could request aid for specific purposes.² To date, six states have declared a state of emergency, including Alaska, Arizona, Florida, Virginia, Maryland, and Massachusetts.¹

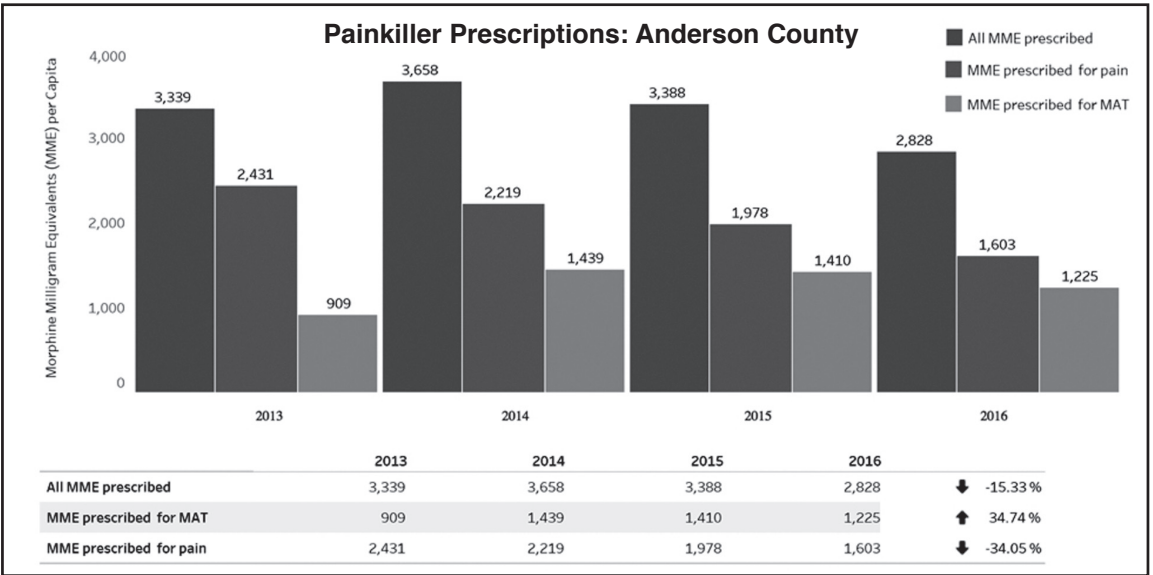
What Do the Data Say?

In Anderson County in 2015, there were 26 drug overdose deaths; 20 were opioid overdoses³, more than quadruple the number (n=6) who died in car crashes the same year.⁴ In addition, there were 289 nonfatal overdoses; 190 were treated in the emergency department and released while 99 required hospitalization. Perhaps the most striking figure is the number of painkiller prescriptions prescribed in Anderson County in 2016: 109,911 or 1,447 opioid prescription for every 1,000 people.⁵

Is There Any Good News?

While there is a significant amount of bad news related to the opioid crisis, the good news is, Anderson County has been responsive to measures to reduce doctor shopping and over-prescribing of opioids used to treat pain. Between 2013 and 2016, the number of morphine milligram equivalents (MME) have decreased (MME: a way to calculate the total amount of opioids, accounting for the differences in opioid drug type and strength). In 2013, 2,431 painkiller prescriptions were issued in Anderson County, the equivalent to 243 pills of 10 milligram Hydrocodone per person living in the county: in 2016, 1,603 painkiller prescriptions were issued in Anderson County the equivalent to 160 pills of 10 milligram hydrocodone per person living in the county. This change represents a decrease of 34.05 percent, indicating a compelling effort by prescribers in our county.³

In addition, some local municipalities have taken a proactive stance, passing zoning ordinances to regulate the location and number of pain clinics in Anderson County. Community partners have collaborated for at least six years to combat prescription drug abuse: during that time, adolescent prevalence of use has dropped from 4.2 percent in 2012 to 1.5 percent in 2016.⁵ The number of new initiates of prescription drug misuse has decreased. Our next important effort is to curtail current use while continuing important prevention measures.



1 Kounang, Nadia. "The Opioid Epidemic is not an Official Emergency." CNN: 24 August 2017; 3:41 pm.
2 Morning Edition. "What Could Happen if Trump Formally Declares Opioids a National Emergency." NPR: 11 August 2017; 7:31 am.

3 Tennessee Drug Overdose Data Dashboard. Tennessee Department of Health. Accessed 25 August 17.
4 Tennessee Fatality Analysis Reporting System. Traffic Crash Data. 2016.
5 Pride Survey. Anderson County Schools. 2012, 2014, 2016.

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ASAP UPDATES:

ASAP 50-50 Raffle fundraiser brought in \$2,185.00 in total ticket sales. ASAP thanks all of those who purchased tickets as well as the volunteers who contributed their time and effort. Congratulations to ASAP's 50/50 Raffle prize winners: Billie Greeley- Movie Night Package, Roger Houck- Roku Smart T.V., and Mark Medley- \$1,092.50 Cash Prize.

ALLY ACCOUNT:

Submitted by: Kathy Scruggs



It has been several years since I first met Stephanie Strutner and Catherine Brunson in the office of the county Health Department director. They were there on behalf of an agency based in Knoxville and were gauging local interest in forming a county drug coalition here in Anderson. At that time, the coalition consisted of a few interested volunteers with not much money but a lot of passion for the cause. Since that time, that little coalition now has its own name and logo, several staff, lots of volunteers, and several funding streams. Today ASAP has a strong community presence and the issues addressed include underage drinking, tobacco use, marijuana and prescription drug use. I have worked with ASAP on several of these and I especially am appreciative of the work the staff and volunteers have done with the Youth Ambassadors and their work on tobacco. This youth group and their chaperones have been

Do you want to secure your medicines? We are distributing FREE medicine lock boxes to families throughout the community. Call ASAP at 865-457-3007 or email adam@asapofanderson.org to request a free home medicine lock box!

to Nashville twice now in two years to advocate for local control over whether or not public areas are smoke-free and for including ENDS (electronic nicotine delivery systems) under the substances covered in the Tennessee Non-Smokers Protection Act. They have also acted at the local level by attending City Council meetings and getting their support for local tobacco-free public playgrounds and parks. The youth have also done many in-school events around tobacco issues and have sent representatives to state and region wide TN Strong events and other youth development trainings. The Youth Ambassadors have done a great job and our local Health Council has agreed to support them by letting them take the lead on deciding which tobacco issues they wish to address this coming year. I am proud to be a member of ASAP and it is always exciting to see them grow and continue to take on new challenges to implement effective intervention strategies in Anderson County.

Notes:

Support ASAP's prevention efforts in Anderson County by re-enrolling for Kroger Community Rewards each September.

Sign up online at:

<https://www.kroger.com/account/enrollCommunityRewardsNow>

ASAP would like to extend our appreciation to our donors:

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RECENT HAPPENINGS:

CADCA Mid-Year Training Institute



ASAP staff, along with Anderson County Mayor Terry Frank and coalition member Don Howard, attended the Community Anti-Drug Coalitions of America (CADCA) Mid-Year Training Institute on July 23-27. The 16th annual event was held in Atlanta, Georgia and a number of prominent speakers presented to coalitions from across the nation. Stephanie Strutner, Executive Director at Allies for Substance Abuse Prevention of Anderson County, presented in daily sessions on topics including coalition sustainability, benefit:cost analysis, community partnerships, and prevention ethics. ASAP heard from some of our nations' leaders in prevention such as Chuck Rosenberg, Acting Administrator, Drug Enforcement Administration; Richard Baum, Acting Director, Office of National Drug Control Policy; Kana Enomoto, Acting Deputy Assistant Secretary, Substance Abuse and Mental Health Services Administration; and Arthur Dean, Chairman and CEO, Community Anti-Drug Coalitions of America. ASAP absorbed new ideas while attending CADCA Mid-Year Training Institute and we are eager to continue implementing effective prevention strategies in Anderson County.

SUBSTANCE ABUSE BYTES:

Marijuana Laced with Fentanyl Reported in Tennessee

Tennessee District Attorney, Matthew Stowe, issued a warning to the public about recently found marijuana mixed with fentanyl in western parts of Tennessee. Fentanyl is a powerful synthetic opioid trending across states and has contributed to the rise in recent drug overdoses and overdose deaths. DA Stowe said, "The drug is here in Tennessee and we can't warn people fast enough" He added, "It is coming in vast, vast quantities. It is very easy to transport and hard to detect." ¹ Marijuana laced with fentanyl is extremely dangerous to the entire community. Smoking the mixture of drugs could be fatal to the user as well as those breathing in the second-hand smoke nearby.¹ Mixtures of the drugs have been recovered in busts throughout Tennessee.¹ The only occurrences of the mixture were reported in west Tennessee ¹, although it could get to the eastern part of the state very quickly along Interstate-40. Georgia and Ohio have the highest number of police encounters with fentanyl in the nation.² Interstate-75 connects the two states to the eastern part of Tennessee where it also intersects with Interstate-40. These demographics play a major role in drug trends, and help officials like DA Stowe

make predictions on future trends: "I wanted to get an alert out right away, I didn't want the community to have their first notice that we have this problem be someone's child in the morgue. Marijuana laced with fentanyl can be extremely deadly and to anyone who touches it, taste it, smokes it [or] anything else of that nature; if it's laced with fentanyl, marijuana can be the deadliest drug there is." ¹ Our nation is amidst what is being called a public health crisis and due to the nature of these synthetic opioids, everyone is at risk. Officials are encouraging those who are currently struggling with substance use disorder to seek out help through treatment facilities. Please visit www.ASAPofAnderson.org where you will find helpful resources and other related information.

¹ Langston, Stephanie. "District attorney: Marijuana laced with fentanyl s in Tennessee." WKRN: 18 August 2017; 10:07 pm.
² National Forensic Laboratory Information System. U.S. Department of Justice, Drug Enforcement Administration. Accessed 21 August 2017.