

# OPIOID-RELATED OVERDOSE

FACT SHEET - APRIL 2019

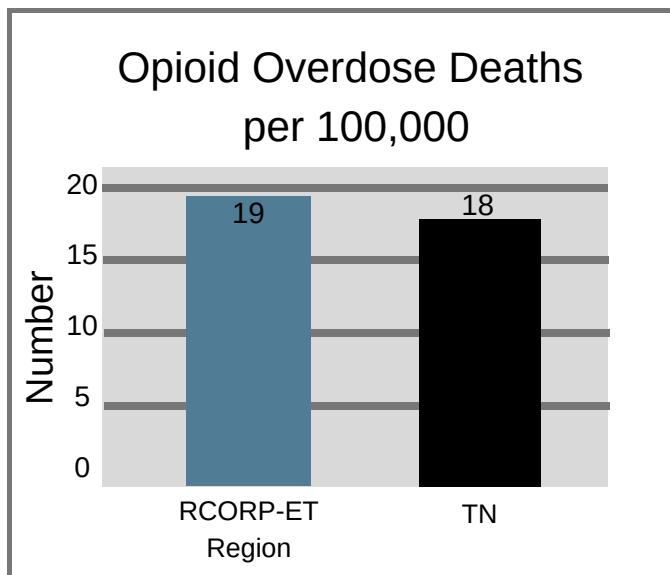
## SEVERITY

One of the goals of the RCORP-ETC is to decrease the occurrence of OUD overdose death in the 10-county region. All drug overdose deaths are rising regardless of sex and race, and 1,776 persons died of drug overdose in TN in 2017.<sup>1</sup> Opioids are the drug most likely to be involved in a drug overdose in TN.<sup>1</sup>

Opioid overdose death rates continue to rise in TN despite reductions in prescription rates. Overdose deaths related to heroin and fentanyl have increased substantially (heroin: from 1.0 per 100,000 residents in 2013 to 4.8 in 2017; fentanyl: from 0.31 per 100,000 residents in 2013 to 7.9 in 2017).<sup>1</sup>

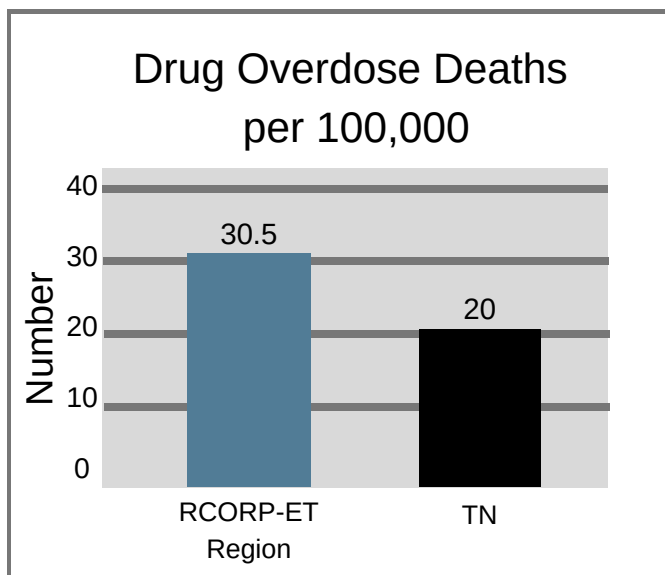
The 10-county region experiences some of the highest rates of overdose events in the state of Tennessee. In 2016, the 10-county region's opioid overdose death rate per 100,000 was 19 and 18 in the state<sup>1</sup> (see Figure 1). The RCORP-ETC region's median drug overdose death rate per 100,000 was 30.5, yet only 18 for the state from 2014-2016 (see Figure 2).<sup>2</sup>

**Figure 1**

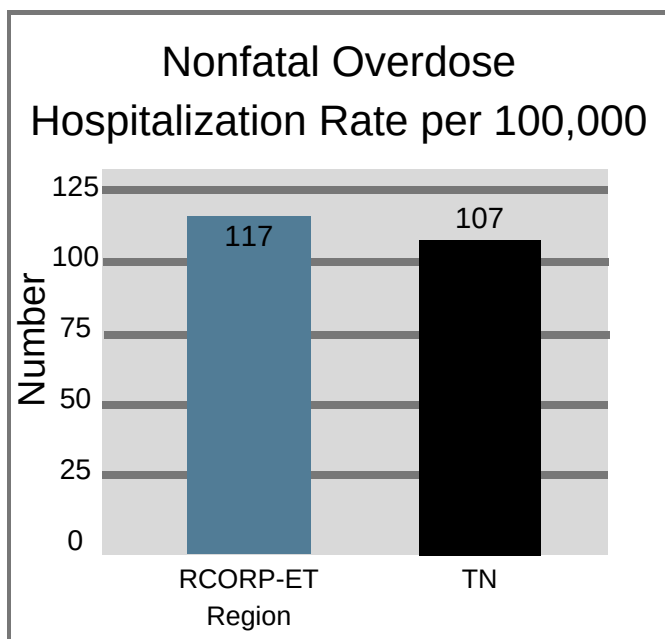


The median nonfatal overdose hospitalization rate per 100,000 in 2016 was 117 for the 10-county region and 107 for the state (see Figure 3).<sup>2</sup> OUD overdoses cause early and preventable loss of life,<sup>3</sup> economic and healthcare system strain, and severely disrupted lives.<sup>4</sup>

**Figure 2**



**Figure 3**



# OPIOID-RELATED OVERDOSE

FACT SHEET - APRIL 2019



## RIPPLE EFFECT

Little is understood about the ramifications of drug overdose deaths on later health outcomes for families and communities. The reduction of opioid-related overdose is a final outcome, and many can benefit if overdose deaths decline.

## FEASIBILITY

One suggested way to prevent OUD overdose and overdose death is to increase community access to naloxone, an emergency-use antagonist drug that can reverse an overdose to prevent death.

Regional Overdose Prevention Specialists, a service of the TN Department of Mental Health and Substance Abuse, serves in 10 regions across the state as points of contact for training and education and the distribution of naloxone. Grants have been awarded to counties in the 10-county region for naloxone training and supplies.

## COMMUNITY VIEW

In guided discussions, RCORP-ETC members and their invited colleagues discussed that community access to naloxone can enhance community health access for vulnerable persons. Naloxone provided by emergency response personnel and community members is one strategy to increase life-saving health services to this population.

Of the 10-county region, 710 people answered the community survey. When asked to indicate the top three challenges related to OUD in their community, only 1.4% of respondents indicated a lack of naloxone training. More common answers included related challenges: not enough treatment services (34.8%) and location of treatment (11%). Seven percent indicated naloxone training as a strength to address OUD in their community.

**Authors: R. Catherine Buddin & Laurie L. Meschke**

### References

1. State of Tennessee Department of Health Office of Informatics and Analytics. Tennessee's Annual Overdose Report: Understanding and responding to the opioid epidemic in Tennessee Using Mortality, Morbidity, and Prescription Data. 2019.
2. State of Tennessee Department of Health. Tennessee Drug Overdose Dashboard. In.
3. Gomes T, Tadrous M, Mamdani MM, Paterson JM, Juurlink DN. The burden of opioid-related mortality in the United States. JAMA Network Open. 2018;1(2):e180217-e180217.
4. Reinhart M, Scarpati LM, Kirson NY, Patton C, Shak N, Erensen JG. The economic burden of abuse of prescription opioids: a systematic literature review from 2012 to 2017. Applied health economics and health policy. 2018;16(5):609-632.

