



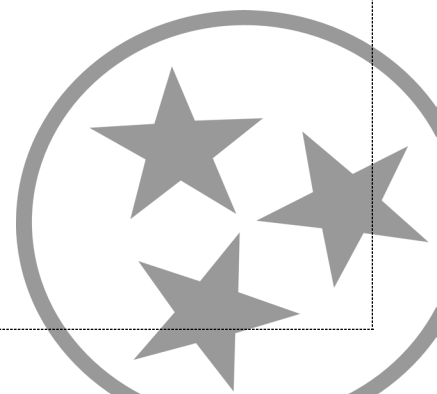
Department of  
**Health**



# Controlled Substance Monitoring Database

2024 Report to the 113<sup>th</sup> Tennessee General Assembly

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# Tennessee Department of Health Key Points Related to the Drug Epidemic

The Tennessee (TN) Controlled Substance Monitoring Database (CSMD) is a Prescription Drug Monitoring Program (PDMP) designed to provide healthcare practitioners with a comprehensive view of a patient's history of controlled substance prescriptions. The CSMD contains prescription information from all dispensers of controlled substances in Tennessee, including Veterans Health Administration (VHA) pharmacies in Tennessee. The CSMD collects and maintains dispensing data regarding all controlled substances in Schedules II, III, IV, and V controlled substances.

The purpose of the CSMD is to increase the quality of patient care by equipping healthcare practitioners with accurate, timely information that the practitioners can use to determine when patients acquiring controlled substances may require counseling or intervention for substance abuse, by collecting and maintaining data regarding all controlled substances in Schedules II, III, and IV dispensed in this state, and Schedule V controlled substances identified by the controlled substance database committee as demonstrating a potential for abuse. Further, the database is to be used to assist in research, statistical analysis, criminal investigations, enforcement of standards of health professional practice, and state or federal laws involving controlled substances.

In accordance with the Controlled Substance Monitoring Act of 2002, the CSMD was established. Data collection began for all dispensers on December 1, 2006. The Prescription Safety Acts (PSA) of 2012 and 2016 enhanced the monitoring capabilities of the database especially with mandatory registration and use starting in 2013. The CSMD became timelier and more meaningful in 2016 when data for human patients had to be submitted at least once every business day for all the controlled substances dispensed, but no later than the close of business on the following business day. Additional changes to the laws affecting the database were made by Tennessee Together legislation, which increased the frequency for mandatory checks of the CSMD for prescribing and dispensing of opioids and benzodiazepines from every twelve (12) months to every six (6) months. Prescribers and pharmacists can access prescription information from greater than half of the states in the US, in addition to the US Department of Defense.

No rulemaking amendments were necessary and/or required for the CSMD in 2023. However, in 2023, the General Assembly extended the TN Together opioid initiative in Public Chapter 188 by deleting Section 9 of 2018 Public Chapter 1039 which originally provided for sections of the Act to expire on July 1, 2023. In addition to extending the Act, the General Assembly also added a definition for "recent cancer treatment" and exempts patients from the Act who have undergone recent cancer treatment or who are currently undergoing treatment. The General Assembly also removed the need for an opioid prescriber to obtain updated, periodic informed consent from a patient when writing a subsequent prescription for the same opioid and for the same episode of treatment. Lastly, the General Assembly also amended the reporting requirements under this law such that the Commissioner of Health shall periodically provide an update to the General Assembly via letter regarding the impact and effect of this Act.

This report is designed to provide the General Assembly with an update on activities and outcomes related to the substance abuse crisis as it pertains to the CSMD and the Tennessee Department of Health (TDH). The CSMD Committee reports annually on the outcome of the program with respect to its effect on distribution and abuse of controlled substances, along with recommendations for improving control, prevention, and minimizing diversion of controlled substances.

PDMPs, like Tennessee's CSMD, are the cornerstone to state-level interventions to improve prescribing of controlled substances, to inform clinical practice, and to protect at-risk patients. Provision of accurate and timely dispensing information is essential to critical clinical decision making which can provide safe and effective treatment of pain.

## Key Analytical Findings:

- Morphine Milligram Equivalents (MME) prescribed and dispensed to patients in TN has decreased by 57.7%. (2016-2023)
- Number of potential doctor shoppers has decreased by 86%. (2016-2023)
- Number of opioid prescriptions for pain has decreased by 43.1%. (2016-2023)
- Number of Gateway integrations has increased by 28.4%. (2022-2023)

## Key Highlights for CSMD in 2023:

- The number of controlled substance prescriptions reported to the CSMD continues to decrease.
- Response time for searches in the CSMD was less than one second if the request did not include data from another state.
- Gateway integration with Electronic Health Record (EHR) and Pharmacy Management System workflows has increased significantly across the state enabling users to provide more direct-to-patient care.
- The total number of patient reports requested increased by 35% from 2022.

## Considerations for 2024:

- Compared to 2021, Tennessee saw a slight increase (less than 0.5%) for fatal overdoses in 2022.
- This will be the first year where the number of deaths has not increased significantly from year to year. While increases in overdoses continue to be primarily related to illicit substances such as fentanyl and methamphetamine, inappropriate use of prescription drugs still poses a major risk to Tennesseans.
- Opioids typically obtained through a prescription for pain relief were involved in 522 overdose deaths in 2022, a 19% decrease from 2021.
- Among all opioid-related overdose deaths in 2022, 12% also involved benzodiazepines, highlighting the critical importance of avoiding concomitant use of opioids and benzodiazepines.
- In 2022, 48% who died of drug overdose involving opioids and benzodiazepines had any controlled substance dispensed within 60 days of death. Among people who died of an overdose involving pain relievers, only 28% had an opioid prescription. Among those who died of an overdose involving benzodiazepines, only 36% had a benzodiazepine prescription within 60 days of death. This reinforces the need for a three-pronged approach of prevention, treatment, and enforcement in improving the epidemic.

## Trends in Drug Overdose Deaths in Tennessee and the Role of the CSMD

TDH uses methodology established by the Centers for Disease Control and Prevention (CDC) to understand and describe drug overdose deaths in our state (CDC, 2016)<sup>1</sup>. Data from Vital Statistics indicates from 2021 to 2022, drug overdose deaths in Tennessee rose by 0.3%, increasing from 3,814 to 3,826.<sup>2</sup> The proportion of drug deaths in 2022 that involved opioids remained high (80%). The increase in opioid overdose deaths is primarily driven by deaths involving illicit fentanyl. For several years, deaths involving opioids identified as pain relievers (i.e., those typically obtained through a prescription) were declining (19% from 2021 to 2022 (14% of all overdose deaths in 2022)).

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<sup>1</sup> Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep* 2016;65:1445–1452. DOI: <http://dx.doi.org/10.15585/mmwr.mm65051e1>

<sup>2</sup> 2022 Tennessee Drug Overdose Death Report (releasing soon)

However, after several years of increases, deaths involving heroin have consistently decreased (2.3% of all overdose deaths in 2022). Overdose deaths involving illicit opioids increased substantially from 2018. The number of overdose deaths in which fentanyl was involved increased 2.2% between 2021 and 2022, from 2,734 to 2,797, accounting for 73% of all drug overdose deaths in 2022. Deaths involving any stimulants have consistently increased over the past five years: a 213% increase from 2018 to 2022. Deaths involving stimulants other than cocaine, a category that includes primarily deaths involving methamphetamine, have increased substantially over this period (40% of all overdose deaths in 2022). Deaths associated with benzodiazepines decreased from 2021 (11% of all overdose deaths in 2022). Deaths that included a combination of benzodiazepines and opioids have decreased significantly (a 28% decrease) from 2021; in 2022, 10% of opioid associated deaths also included a benzodiazepine. Deaths involving both opioids and stimulants have also increased over the past five years. In 2022, 77% of stimulant-involved deaths also involved an opioid. Of these deaths (n=1,622), the opioid most frequently involved was fentanyl (94%).

Concomitant improvements in a number of measures of good medical practice, including reductions in the amount of opioids prescribed and dispensed, fewer doctor shoppers, and increased utilization of the CSMD suggest that increased awareness among the medical community and statewide interventions may have lessened the impact of prescription drugs on overdose mortality. Among individuals who died of drug overdose in 2022, 24% had a controlled substance dispensed within 60 days of death, a decrease from 27% the year before. This downward trend has been consistent, year over year since 2013, and suggests that other factors are playing a significant role in the increasing opioid overdose deaths, such as illicit fentanyl, stimulants, and diverted prescription opioids.

TDH is committed to improving the way CSMD data are used to help curb the epidemic of overdose in Tennessee. The Office of Informatics and Analytics (OIA) maintains the Integrated Data System (IDS) which combines data from the CSMD with other patient health data to identify key markers for increased risk of overdose. Epidemiologists at TDH have conducted a number of studies and are developing several tools using these linked data to better understand patient trajectories as they move from prescription drugs into the illicit market, and to better understand what puts Tennesseans at higher risk for overdose and death. With these data, policy and prevention, and intervention programs, treatment can be targeted more specifically to intervene early, when recovery is easier and more likely to be successful.

In addition, OIA has developed a data driven method of identifying prescribers who may be engaging in high risk prescribing or who have high risk patient populations. The first high risk prescriber lists were created in 2019, and the method continues to undergo refinement to better identify risky prescribing. Work also continues to identify patients at high risk of overdose, and the department has partnered with researchers at Vanderbilt University Medical Center (VUMC) to apply advanced machine learning techniques to better predict overdose risk among Tennesseans. The initial phase of this work has concluded. In the coming year, TDH also plans to launch enhanced prescriber reports to registered CSMD users that leverage the power of OIA's analytics and data linkage efforts to provide prescribing and overdose information back to Tennessee's prescribers.

TDH is working closely with a number of other departments, including the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and the Tennessee Bureau of Investigation (TBI), to respond to the epidemic. Through these partnerships, TDH is providing county-level data to stakeholders in communities across Tennessee. Overdose and controlled substance prescribing data has been invaluable for planning and resource allocation for TDH and TDMHSAS prevention and response projects.

OIA produces several public annual reports that present data on overdoses and prescribing throughout Tennessee that are greatly enhanced by the addition of CSMD data.

- The annual Tennessee Drug Overdose Death Report includes information on fatal overdose and decedent prescription histories using CSMD data and is released when data are finalized.
- The annual Drug Overdose Hospital Discharge Report includes information on nonfatal overdoses for patients who were seen at a TN hospital and is released on March 1.
- The Tennessee Annual Overdose Report is an omnibus report that includes additional fatal and nonfatal overdose information, prescription trends, and project updates.
- These reports, including associated slides and infographics, can be found at: <https://www.tn.gov/health/health-program-areas/pdo/pdo/facts-figures.html>. In late 2020, OIA released a special report on buprenorphine to provide an in depth look at prescription and patient trends as well as buprenorphine involvement in fatal overdoses and buprenorphine prescribing before and after nonfatal overdoses.

OIA also produces an interactive online dashboard that includes overdose and prescription information and can be found at this address: <https://www.tn.gov/health/health-program-areas/pdo/pdo/data-dashboard.html>. The drug overdose data dashboard underwent a significant overhaul to enhance its usefulness and visual appeal and relaunched in late summer 2020. The new version of the dashboard was designed to accommodate more frequent updates to the data and content.

## Weekly Hospital and Emergency Medical Services (EMS) Data

In 2021, approximately seven (7) nonfatal overdoses were identified in discharge data from state emergency departments and hospitals for every drug overdose death. The proportion of these hospital visits due to opioids has steadily increased.<sup>3</sup> OIA estimates at least 15% of overdose decedents in 2021 had a nonfatal overdose in the year before their death (not published).

These overdoses are treated in emergency departments and hospitals, but information about overdoses is not currently available to clinicians outside the hospital or through the CSMD. In 2016, Public Chapter 959 provided the Commissioner with the opportunity to require healthcare facilities to provide TDH with near real-time data on nonfatal drug overdoses. Such a data collection system was implemented in 2017, with a pilot project involving 11 hospitals. The Drug Overdose Reporting system (DOR) is now in its active stage, with 122 hospitals reporting to TDH from across the state. Opioid drug overdose was included on the Tennessee Reportable Disease List in 2019.<sup>4</sup> From the pilot stage through 2019, hospitals have only been required to report opioid overdoses. The Tennessee Reportable Disease List was expanded in 2020, and hospitals are now asked to report overdoses involving a number of other substances of concern, specifically stimulants, benzodiazepines, and muscle relaxants. In 2021, new opioid codes were expanded to capture fentanyl and tramadol. In 2022, The Tennessee Reportable Disease List was expanded again, and hospitals are now asked to report overdoses involving cannabis and hallucinogens to capture overdose more accurately across the state. This expanded range of reporting provided better insights into the changing nature of Tennessee's overdose epidemic and potentially reveal timely trends in overdoses that equip the state to respond to new and emerging threats.

Preliminary estimates show that overdoses seen in a hospital are reported, on average, just over a week after the patient is discharged, making DOR one of the fastest sources of overdose information available to the department.

<sup>3</sup> 2021 Drug Overdose Hospital Discharges in TN. [https://www.tn.gov/content/dam/tn/health/documents/pdo/legislative-report/Drug\\_Overdose\\_Hospital\\_Discharges\\_Report\\_2023.pdf](https://www.tn.gov/content/dam/tn/health/documents/pdo/legislative-report/Drug_Overdose_Hospital_Discharges_Report_2023.pdf)

<sup>4</sup> Tennessee Reportable Disease List. <https://www.tn.gov/health/cedep/reportable-diseases.html>

This speed makes DOR data one of the department's most important tools for planning and resource allocation for overdose response. Overdoses reported to DOR are used in several regular data briefs that are shared with regional epidemiologists, including information on those overdoses associated with active CSMD prescriptions. As of Fall 2019, record-level DOR data have been made available to regional and metro health departments to guide local response efforts. In Fall 2020, TDH began to make monthly reports on statewide DOR data available to the public.<sup>5</sup> Additionally, TDH convenes a biweekly multi-agency workgroup made up of several divisions across TDH, the TDMHSAS, the TBI, and others to discuss current temporal and geographic trends in the overdose data. These meetings play a vital role in state agency situational awareness and offer a valuable opportunity for state overdose stakeholders to share challenges, successes, and support.

Unfortunately, TDH does not currently have a reliable estimate of the number of overdoses which are managed in the field where the patient refuses transport to the hospital. TDH expects that this represents an even larger number of nonfatal overdoses that are not currently being systematically tracked. In order to overcome this gap, the OIA is actively working with the Office of Emergency Medical Services to obtain statewide emergency medical service data on overdoses seen in the field. Once these data are available, TDH anticipates creating a number of reports and public health surveillance products that will better inform stakeholders about the prevalence and trends in nonfatal overdose throughout the state.

TDH continues to explore ways to provide patient overdose information from these sources back to providers so that they might have additional patient history data to make better informed decisions about opioid prescribing. In 2023, TDH plans to launch enhanced prescriber reports to registered users of the CSMD. These reports are expected to include information on patients of the prescribers who have overdoses that have been reported to TDH.

## Neonatal Abstinence Syndrome Surveillance Update

TN hospitals have been required to report cases of infants with Neonatal Abstinence Syndrome (NAS) to TDH since 2013. The rate of NAS decreased slightly in 2021, following a slight increase in the prior year. The number of cases of NAS decreased (14%) from 835 in 2020 to 734 in 2021.<sup>6</sup> A majority of the mothers of these infants report exposure to prescription medications, most of which is attributable to prescribed buprenorphine or methadone for Medication-Assisted Treatment (MAT). Regional variations of reported NAS births align with the known geographic distribution of buprenorphine prescriptions for MAT.<sup>7</sup>

## Number of Registrants in the CSMD

The PSA of 2012 facilitated a substantial increase in CSMD utilization, and the PSA of 2016 and other legislation further expanded the requirement for a mandatory CSMD check by healthcare practitioners. Year after year, the CSMD continues to have moderate increases in the number of registrants. By the end of 2023, the number of registrants had grown to 66,226, an increase of 2.3% from 2022.

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<sup>5</sup> Drug Overdose Facts & Figures. <https://www.tn.gov/health/health-program-areas/pdo/pdo/facts-figures.html>

<sup>6</sup> Neonatal Abstinence Syndrome Surveillance Annual Report 2021  
<https://www.tn.gov/content/dam/tn/health/documents/NAS%20Annual%20Report%202021%20Final.pdf>

<sup>7</sup> TN Buprenorphine Report.  
[https://www.tn.gov/content/dam/tn/health/documents/pdo/2020%20Buprenorphine%20Report\\_11.30.pdf](https://www.tn.gov/content/dam/tn/health/documents/pdo/2020%20Buprenorphine%20Report_11.30.pdf)



## Number of Registrants in the CSMD, 2016-2023

Number of Registrants in the CSMD, 2016 - 2023*		
Year	Registrants	Change (%)
2016	46,576	-
2017	47,294	1.5
2018	50,991	7.8
2019	54,642	7.2
2020	58,379	6.8
2021	61,390	5.2
2022	64,717	5.4
2023	66,226	2.3

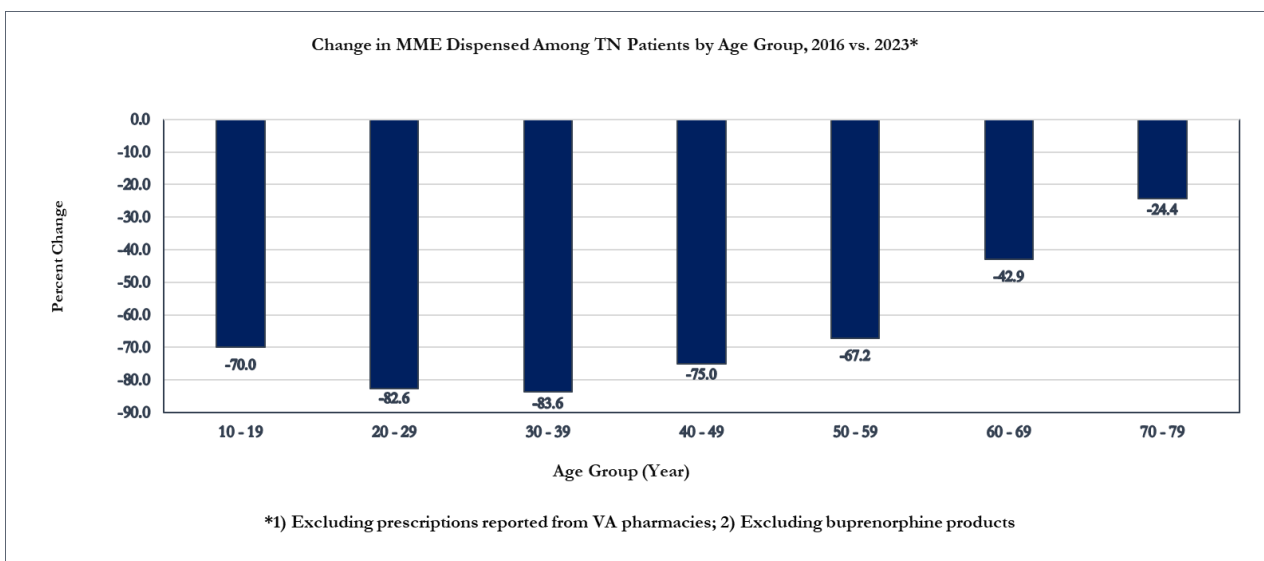
**\*VA registrants were included.**

Law enforcement requests to the CSMD continue to be a critical use of the CSMD as TDH works together to address questionable controlled substance use in TN. During 2023, there were 1064 law enforcement related requests to the CSMD.

## MME Improvements and Concerns by Age Group

The OIA provides an analysis of the MME for TN patients by age groups. Encouragingly, there was a decline in MME dispensed for patients in the various age groups below comparing 2016 to 2023. Improvements in these age groups are an indicator that TDH's efforts are successfully preventing individuals from being overexposed to opioids by the healthcare system.

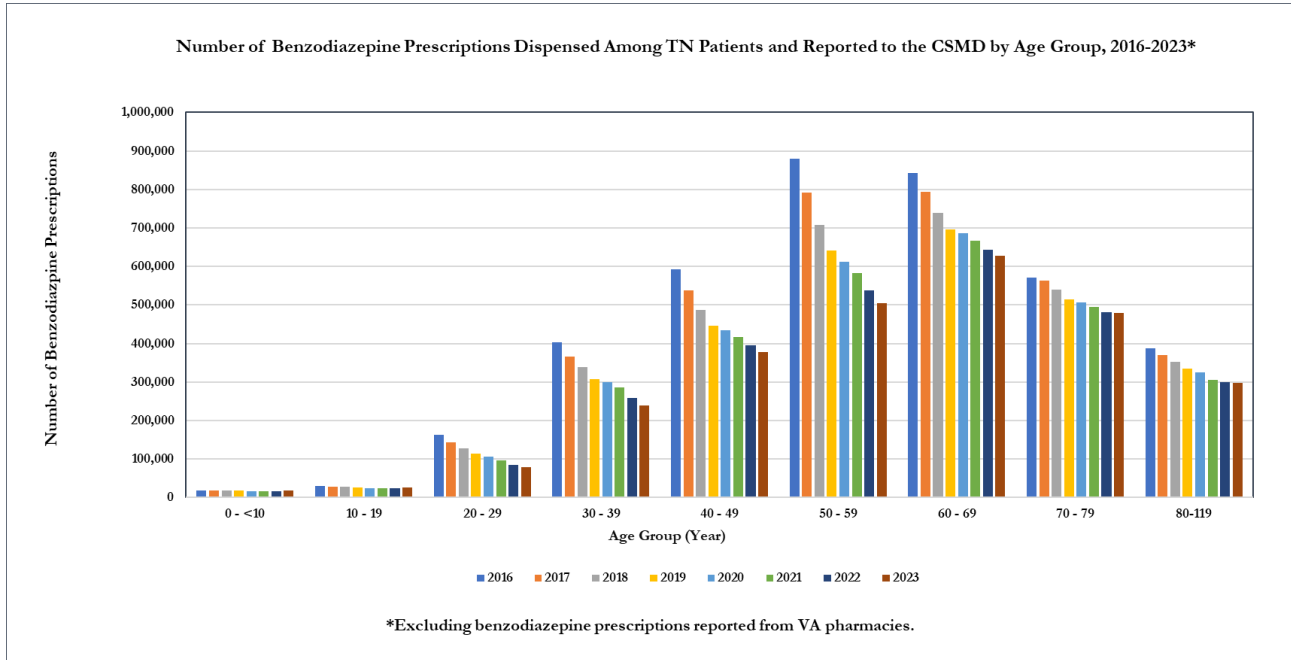
### Change in MME Dispensed Among TN Patients by Age Group, 2016 vs. 2023



# Trends Related to Utilization of Benzodiazepines

Benzodiazepines, such as alprazolam and diazepam, demonstrated a 31.8% decrease in prescriptions from 2016 to 2023. For 2023, this class has seen a decline in prescribing and dispensing for people older than 20 years of age.

## Number of Benzodiazepine Prescriptions Dispensed Among TN Patients and Reported to the CSMD by Age Group, 2016-2023



**Number of Benzodiazepine Prescriptions Dispensed Among TN Patients and Reported to the CSMD by Age Group, 2016-2023\***

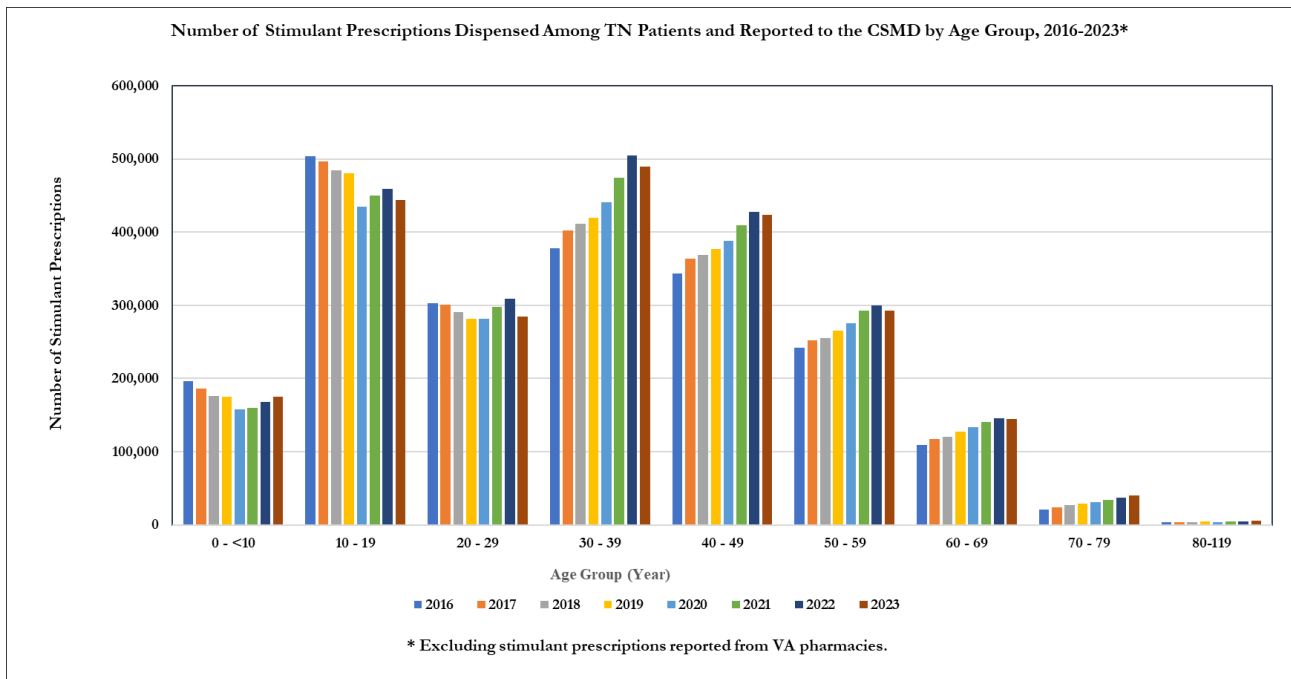
<b>Age Group (Year)</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>0 - &lt;10</b>	18,251	18,107	18,186	17,762	16,611	17,014	17,244	18,619
<b>10 - 19</b>	30,189	28,656	27,457	27,043	24,991	24,495	24,390	25,496
<b>20 - 29</b>	162,804	143,631	128,716	113,585	105,501	97,053	85,616	78,990
<b>30 - 39</b>	402,332	365,517	338,386	307,373	299,593	286,254	258,226	240,174
<b>40 - 49</b>	593,613	538,130	487,800	446,427	433,801	417,940	395,427	377,729
<b>50 - 59</b>	879,829	791,019	707,098	642,381	612,946	583,738	537,159	504,786
<b>60 - 69</b>	842,202	793,934	739,094	695,822	685,647	666,485	643,321	628,101
<b>70 - 79</b>	570,966	562,871	539,483	514,237	506,404	495,911	480,652	479,989
<b>80-119</b>	387,512	370,694	352,890	335,524	324,388	306,507	299,136	298,308
<b>Unknown</b>	0	6	1	9	24	18	6	4

\* Excluding benzodiazepine prescriptions reported from VA pharmacies.

## Trends Related to Utilization of Stimulants

The number of prescriptions for stimulants has continued to increase, growing by almost 9.5% for patients in TN from 2016 to 2023.

## Number of Stimulant Prescriptions Dispensed Among TN Patients and Reported to the CSMD by Age Group, 2016-2023



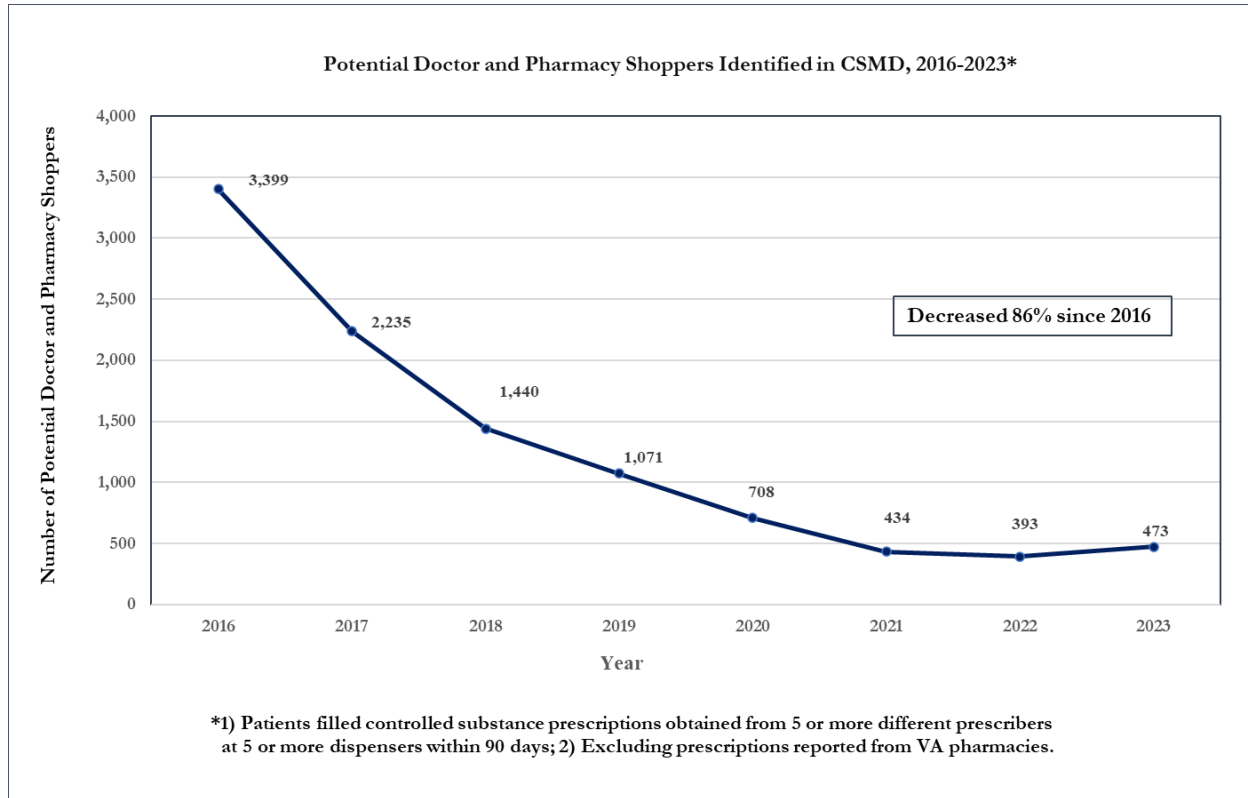
Age Group (Year)	2016	2017	2018	2019	2020	2021	2022	2023
0 - <10	196,614	186,487	176,264	174,814	157,679	160,030	168,173	175,454
10 - 19	503,284	496,233	484,050	480,135	434,401	449,974	459,147	443,368
20 - 29	302,598	300,681	290,682	281,414	281,275	297,879	309,410	284,667
30 - 39	377,959	401,912	410,930	419,400	440,950	474,330	504,349	488,987
40 - 49	343,688	363,667	368,609	377,014	388,198	409,679	427,443	423,669
50 - 59	241,582	251,718	255,592	265,052	275,956	293,041	300,083	293,203
60 - 69	108,845	116,857	120,822	127,524	133,259	140,856	145,966	144,818
70 - 79	21,324	24,192	26,705	29,450	31,478	34,600	37,652	40,400
80-119	3,813	3,899	4,187	4,423	4,263	4,378	4,651	5,350
Unknown	0	2	3	4	7	5	5	4

\* Excluding stimulant prescriptions reported from VA pharmacies.

### Decline in Potential Doctor and Pharmacy Shopping

TDH has defined a potential doctor and pharmacy shopper as an individual visiting five (5) or more prescribers and five (5) or more dispensers in a 90 days (3 months) period, referred to as “5-5-3 criteria”. Within TN, there has been an 86% decrease of potential doctor and pharmacy shopping patients from 2016 to 2023.

## Potential Doctor and Pharmacy Shoppers Identified in the CSMD, 2016-2023



## Gateway Electronic Health Record (EHR)/Pharmacy Management System Clinical Workflow Integration

The Gateway integration service allows healthcare providers the ability to view their patient's history of controlled substance prescriptions, along with the Clinical Risk Indicators (CRI), within their clinical application (EHR/Pharmacy Management System). Throughout 2023, the CSMD has experienced a significant increase (28.4%) in the number of healthcare providers that are integrated with Gateway. Of the healthcare providers using Gateway, many independent practices experience efficiencies in their workflow to meet statutory regulations of the CSMD with no added financial burden. In order to offer the healthcare providers a no-cost state-wide connection to the Gateway service, the CSMD has received funding from the State prescribing boards for human patients and the Board of Pharmacy until December 31, 2024. Additional funding sources are being sought from programs such as the Opioid Abatement Council to continue this exceptional service after 2023.

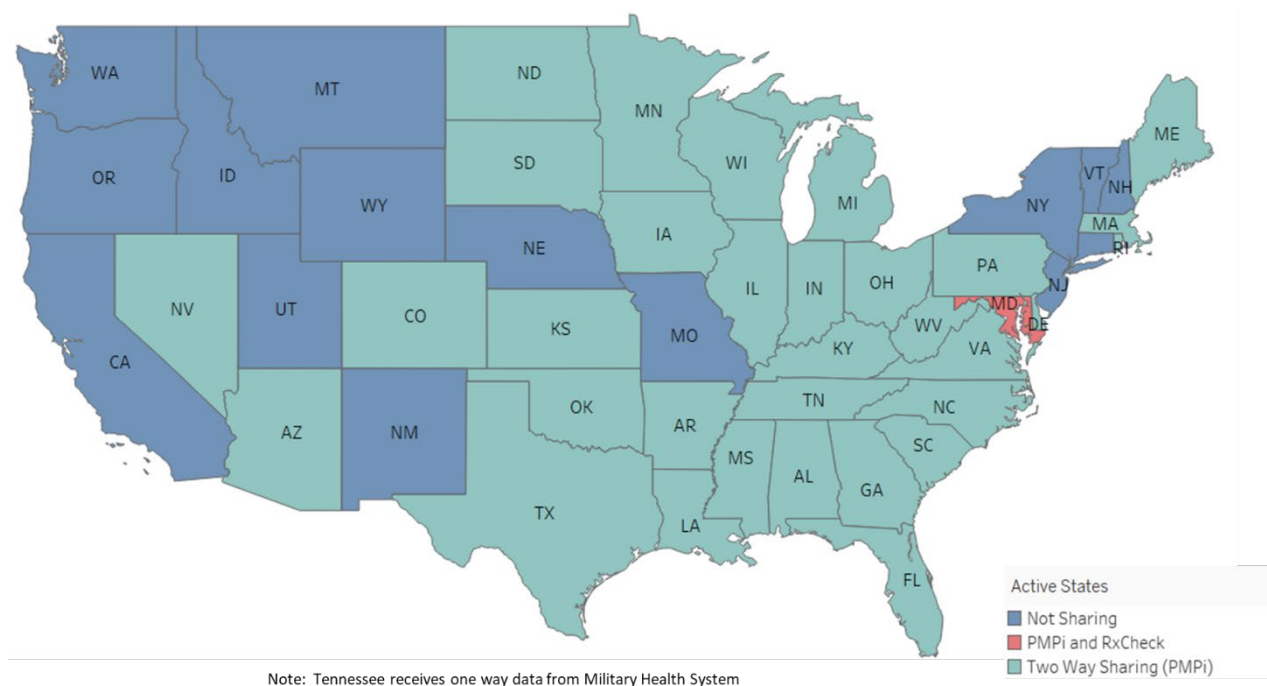
The CSMD team works diligently with the vendor to continue providing a stable environment for healthcare providers. The CSMD system uptime was 99.9% for 2023. One attribute of the CSMD system is the less than one-second response time when a patient request is initiated, given that the request does not include data from another state.

## Increased Interstate Data Sharing

The CSMD program now shares data with many states in addition to the entire southeast United States. Each state or jurisdiction has unique regulations and requirements that require collaboration to share data to address regulatory compliance. The CSMD program utilizes, at no cost to the State, the National Association of Boards of Pharmacy Prescription Monitoring Program InterConnect (PMPi) to allow TN to share data. The PMPi is a highly secure

communications exchange platform that facilitates the transmission of PDMP data across jurisdictions to authorized requestors, while ensuring that each PDMP's data-access rules are enforced.

In 2021, TDH connected the CSMD with RxCheck, an interstate data sharing and integration system developed with support from the Bureau of Justice Assistance (BJA) and designed to complement current CSMD activities. It is of no cost to jurisdictions or CSMD users and allows jurisdictions to have an additional option for querying prescription data across jurisdictions. RxCheck also provides functionality for integration with EHRs using nationally recognized interoperability standards. RxCheck is governed jointly by the Integrated Justice Information Systems Institute (IJIS), BJA, and a board of PDMP administrators in connected jurisdictions. Currently, BJA has made a commitment to fund RxCheck and support both the jurisdictions and governing body with training and technical support. TDH continues to work with other jurisdictions on interstate data sharing using RxCheck. Also, TDH continues to work on a pilot using RxCheck for EHR integration with CSMD data. The figure below provides a diagram of our interstate data partnerships with other jurisdictions for both PMPi and RxCheck:



## Security Measures

In order to ensure that only those individuals and entities authorized pursuant to the PSA of 2016 have access to the information contained in the database, the CSMD employs the following security measures:

- All entities and individuals who are authorized to access the database in accordance with Tenn. Code Ann. §§ 53-10-306(a)(1)-(6), and (13) must first undergo a registration process during which the CSMD validates their identifying credentials and generates a unique username with instructions to create a password. As of January 26, 2022, all healthcare practitioners registered with the database must maintain a valid e-mail address associated with their database user profile. For healthcare practitioner delegates, an additional approval from their supervising healthcare practitioner is required.

- Any access by a quality improvement committee, as defined in Tenn. Code Ann. §§ 63-1-150 and 68-11-272, must strictly adhere to the requirements of Tenn. Code Ann. §§ 53-10-306(a)(9) and (10). Notably, the quality improvement committee cannot share any information obtained from the database.
- Before the Office of Inspector General, the Medicaid Fraud Control Unit, and the TennCare personnel identified in Tenn. Code Ann. § 53-10-306(a)(7) are given access to the database, they must submit a written request approved by their supervisor. The CSMD staff verifies each requester's credentials before issuing a unique, individual username with instructions to create a password. TDH and the CSMD Committee have partnered with TennCare to provide data sets which are subject to different security protocols as required by TennCare's agreements with various vendors. The data sets provided to TennCare are defined data sets limited to TennCare recipients.
- The CSMD staff has oversight of the data accessed, updated, or viewed by all users through the creation of an audit trail for each user.
- Law enforcement personnel, as defined by Tenn. Code Ann. § 53-10-302, has two methods to obtain information sent to, contained in, and reported from the database in accordance with Tenn. Code Ann. § 53-10-306(a)(11). The first method is a paper process whereby law enforcement personnel submits a written request with a case number corresponding to a criminal investigation. Before releasing any information, CSMD staff confirms that the requester is on the approved list as required by Tenn. Code Ann. § 53-10-306(a)(11). The second method is via electronic registration and approval. Once electronically registered, law enforcement personnel can obtain the information directly from the CSMD web portal. Both methods create an audit trail.
- Requests for access by persons other than those individuals outlined in Tenn. Code Ann. §§ 53-10-306(a)(1)-(7), (9), and (10) are reviewed by Board of Pharmacy staff and TDH's Office of General Counsel (OGC) to determine whether their requests should be granted. The OGC also reviews all subpoenas and court orders to ensure compliance with the law before releasing any information from the database.
- In 2016, TDH expanded its internal access systems as part of the creation of the TDH IDS, which is designed to efficiently provide usable data access to a limited number of authorized users for various TDH data systems. The security and access related to this project is handled by various partners including Strategic Technology Solutions (STS), OGC, and OIA, in conjunction with oversight from the participating data source programs. The TDH IDS, which maintains certain CSMD data, resides in the State Data Center and is behind the State network firewall that prevents any access outside of the state firewall without the proper approved connection through the state's Virtual Private Network. All data on these servers are encrypted.
- Currently, only administrators and a select group of individuals who have been granted authority by the CSMD program have access to the CSMD data made available through the TDH IDS. Authorized users of the IDS have to receive permission from the Director of the OIA and the Director of the TN CSMD Program to access CSMD data from the TDH IDS.

## TDH Grants Update

Over the last eight years, TDH has been awarded a number of federal grants aimed at building capacity for public health surveillance and prevention of drug overdose. Recognizing the important role that prescribers and PDMPs play in both surveillance and prevention activities, most of these grants have included activities intended to enhance the

CSMD directly or to better utilize CSMD data in prevention, planning, and enforcement. The following grants support enhancements to the CSMD or analytics projects using data from the CSMD:

- In September 2015, TDH was awarded a grant from the CDC to assist with funding epidemiologic studies pertaining to the nation’s Prescription Drug Overdose (PDO) epidemic, enhance and maximize the CSMD, and develop community, insurer, and health system interventions. PDO: Prevention for States (PFS) funding was initially awarded to sixteen states and expanded upon the work already under way through the earlier “PDO: Boost” grant. The purpose of the PFS grant was to provide state health departments with additional resources and support needed to advance interventions for preventing prescription drug overdoses within their own jurisdictions. The PFS grant ended in 2019 with many of the activities continuing under the Overdose Data to Action (OD2A) and Overdose Data to Action for the State (OD2A-S) grants ([see below](#)).
- In 2016, TDH was awarded a grant from the Bureau of Justice Assistance (BJA) under the Harold “Hal” Rogers program to create rapid data-based collaboration between TDH, TBI, and the TDMHSAS. This grant, which ended in 2020, funded improved access for law enforcement and drug courts to the CSMD. It also supported the collection and integration of law enforcement and mental health data to better identify and react to emerging and existing hotspots, as well as changes in the overdose epidemic. Under the Hal Rogers funding, TDH began convening biweekly meetings of stakeholders from TDH, TBI, and TDMHSAS other state agencies to discuss ongoing activities and trends in the data.
- In 2017, TDH received another CDC grant to enhance surveillance of opioid overdoses, called Enhanced Surveillance of Opioid Overdose in States (ESOOS). For this grant, TDH worked to expand nonfatal overdose data gathering from TDH’s syndromic surveillance system; the Electronic Surveillance System for the Early Notification of Community Epidemics (ESSENCE). TDH also gathered and submitted expanded information on fatal overdoses in collaboration with the Office of the State Chief Medical Examiner. These fatal overdose data were submitted to a nationwide system called the State Unintentional Drug Overdose Reporting System (SUDORS). SUDORS data submitted under the ESOOS grant contained detailed information on toxicology and scene investigation for opioid overdose deaths in Tennessee SUDORS is a part of the National Violent Death Reporting System, also sponsored by the CDC.
- In 2018, TDH received two grants from the DOJ’s BJA Comprehensive Opioid Abuse Program (COAP). One of these grants funded work to connect the CSMD to RxCheck and partially supported predictive modeling of overdose risk, conducted by VUMC. The other grant funds the integration of EMS overdose data into TDH’s IDS, expands overdose and drug surveillance to other substances of concern, and continues the interagency collaborations started under the 2016 Hal Rogers funding.
- In 2019, the CDC combined activities from previous opioid-focused grants into a single, more expansive grant opportunity called OD2A. In addition to the surveillance activities undertaken for the ESOOS grant and the CSMD-related data work for PFS, the OD2A grant expanded the funding available for overdose prevention activities across the state. The TDH Overdose Response Coordination Office has been consistently working closely with regional and metro health departments across the state to start or expand local prevention activities, academic detailing and opioid and overdose education for prescribers, and treatment resource locators.
- In 2020, TDH was awarded for three years under the FY2020 Hal Rogers grant opportunity to continue enhancements to the CSMD and related data systems. These funds are used to extend the amount of time that TDH can offer support for Gateway workflow integration to CSMD users and expand the use of RxCheck for EHR integration. Funds also used to improve the system for receiving drug shipment data from distributors and wholesalers. Another activity supported by this grant continues and expands integration of data from the TBI with TDH data.
- In 2022, TDH was awarded for three years under the FY2022 Hal Rogers grant opportunity to continue enhancements to the CSMD and related data systems. These funds will be used to continue RxCheck



interstate data sharing onboarding and pilot an additional facility for EHR integration. Funds will provide support for the hosting and maintenance of the enhanced application for submission of controlled drug shipment data. Funds will also be used to develop an in-depth Education program for CSMD system users. Additionally, the funds will be used for the enhancement of public health and public safety to build a framework for information sharing to address the drug overdose epidemic is another activity supported by this grant.

- In 2023, TDH was awarded for five years under the OD2A-S grant to continue the overdose surveillance and prevention activities.

## **TDH Recommends the Following Approaches to the Prescription Drug Use and Misuse**

### **1. Prevent opioid and other drug use and misuse through an effective and comprehensive approach to prevention.**

- Implement effective public education/awareness campaigns.
- Ensure that schools and communities implement effective prevention initiatives.
- Reduce availability of and accessibility to addictive opioids and other controlled substances.
- Utilize Prescription Drug Monitoring Programs (PDMPs).
- Participate in Safe Prescribing Initiatives for pain management.
- Utilize the Tennessee Chronic Pain Guidelines located on the TDH website at: <https://www.tn.gov/health/health-program-areas/health-professional-boards/pm-board/pm-board/statute-rules-and-guidelines.html>
- Support and maximize use of Prescription Take-Back Programs and related options.
- Continue to regulate Pain Management Clinics. (See most recent report on Prescription Drug Abuse and Pain Management Clinics at <https://www.tn.gov/health/health-program-areas/statistics/tn-doh-publications.html>)

### **2. Reduce overdose deaths and other harmful consequences through harm reduction strategies.**

- Increase community access to naloxone through co-prescribing.
- Implement Syringe Services Programs (SSP).
- Monitor and react rapidly to emerging drug trends.

### **3. Improve opioid addiction treatment through an effective and comprehensive approach.**

- Increase treatment capacity.
- Increase availability of MAT and Learn how to administer/prescribe MAT. (<https://www.samhsa.gov/medications-substance-use-disorders>).
- Provide comprehensive recovery support services following treatment.
- Work to alleviate the stigma associated with seeking treatment for substance use disorder.

In summary, the drug epidemic continues to have a major impact on the State of Tennessee, taking more lives than motor vehicle accidents and suicides combined. Real, effective solutions will require a shift in the way TDH thinks about and respond to substance use disorders, including our abilities to prevent, treat, destigmatize, and advance harm reduction through the dissemination of evidence-based practices.

## Conclusion

The CSMD, along with the Gateway integration, is a valuable service to inform healthcare providers of a patient's controlled substance prescription history before, during, and after a treatment plan has been decided. The CRI displayed on the reports inform healthcare providers of potential high risk patients. The information in the CSMD proves to be useful in improving patient safety and quality of care.

The epidemic of opioid use and misuse has continued to change. Overdose deaths continue to increase; some involving illicit opioids, mostly fentanyl. TDH is working hard to better understand data from various reporting systems and work collaboratively with other agencies to improve prevention opportunities. Data from the CSMD are at the center of numerous innovative efforts using TDH data to understand and predict overdose risk, educate patients and prescribers, decrease inappropriate prescribing, and improve access to treatment.

A multi-faceted approach, including prevention of exposure to opioids and other controlled substances, early diagnosis and treatment of Substance Use Disorder (SUD), and the life-saving work of law enforcement to reduce availability of illicit, addictive substances are all needed to reverse the trend. While actions at the community level are most impactful, intervention is also needed at the state and federal levels.

TDH would like to provide a special thanks to the current and past members of the legislature, the CSMD Committee, and the leadership of other federal and state agencies as we continue to work together in preventing harm to the public stemming from the drug epidemic.

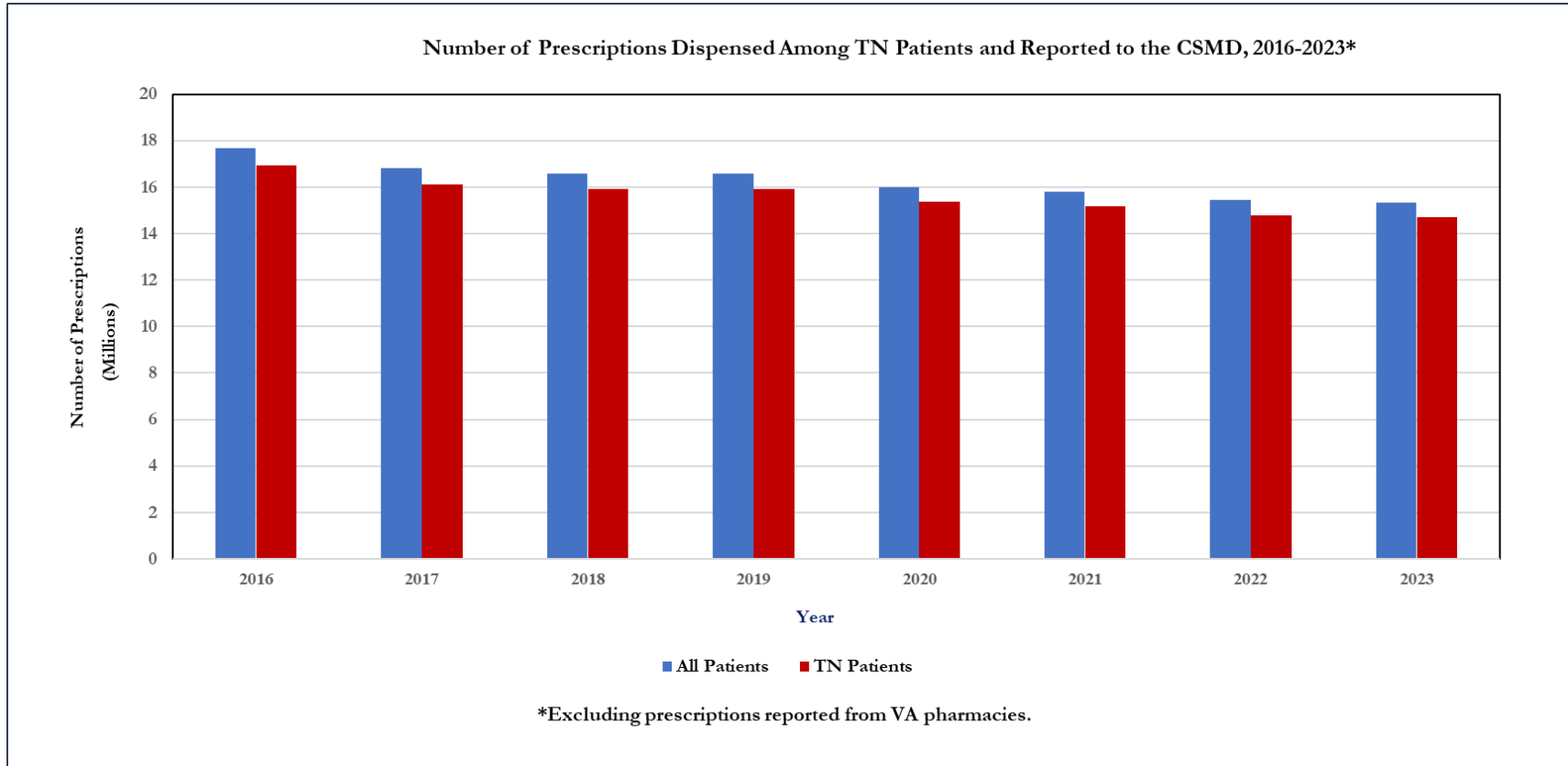
## 2023 Members of the CSMD Committee

<b>Member Name</b>	<b>Board</b>
<b>John McGraw, MD</b>	Board of Medical Examiners
<b>Robert Caldwell, DMD</b>	Board of Dentistry
<b>Sheryl Wright, APRN</b>	Board of Nursing
<b>James Venable, OD</b>	Board of Optometry
<b>Shant Garabedian, DO</b>	Board of Osteopathy
<b>Adam Rodgers, DPh</b>	Board of Pharmacy
<b>Bhekumuzi Khumalo, DPM</b>	Board of Podiatry
<b>Sarah Spidel, DVM</b>	Board of Veterinary Medical Examiners
<b>Robert White, PA-C</b>	Board of Physician Assistants
<b>James Diaz-Barriga</b>	Public Member Board of Medical Examiners
<b>Jake Bynum</b>	Public Member Board of Pharmacy

## Appendix

The CSMD data used for this report were downloaded on January 8, 2024. MME calculations were only limited to the opioid products that were listed in CDC's MME conversion tables from 2011 to 2021. The CDC has adjusted certain drug conversion factors over time for various reasons. If a drug had different MME conversion factors in different version tables, the data analysis provided through 2021 used the conversion factor provided in the latest version of the CDC table. Therefore, different MME results for a similar indicator would be expected for CSMD annual reports published in previous years. Prescriptions and MME identified for TN patients were based on a patient's state listed as 'TN' or state Federal Information Processing Standard (FIPS) code of '47' on the patient's address associated with a prescription. Otherwise, the patient was identified as a non-TN patient. Classification of controlled substances was based on a combination of CDC tables and 2023 IBM Micromedex Red Book® Select. If a drug in the CSMD was not classified, the drug was reported as "Other" in this report. Due to improvements in the classification of prescriptions reported to the CSMD, some totals in this year's report may appear larger than in previous years. In particular, stimulant counts have increased with the addition of Schedule III and IV stimulants, and gabapentin prescriptions are now classified separately. These prescriptions were previously classified in the "Other" category. Please note that human and animal prescription data are included in this report as it relates to the data analysis through 2023.

### Number of Prescriptions Dispensed Among TN Patients and Reported to the CSMD, 2016-2023

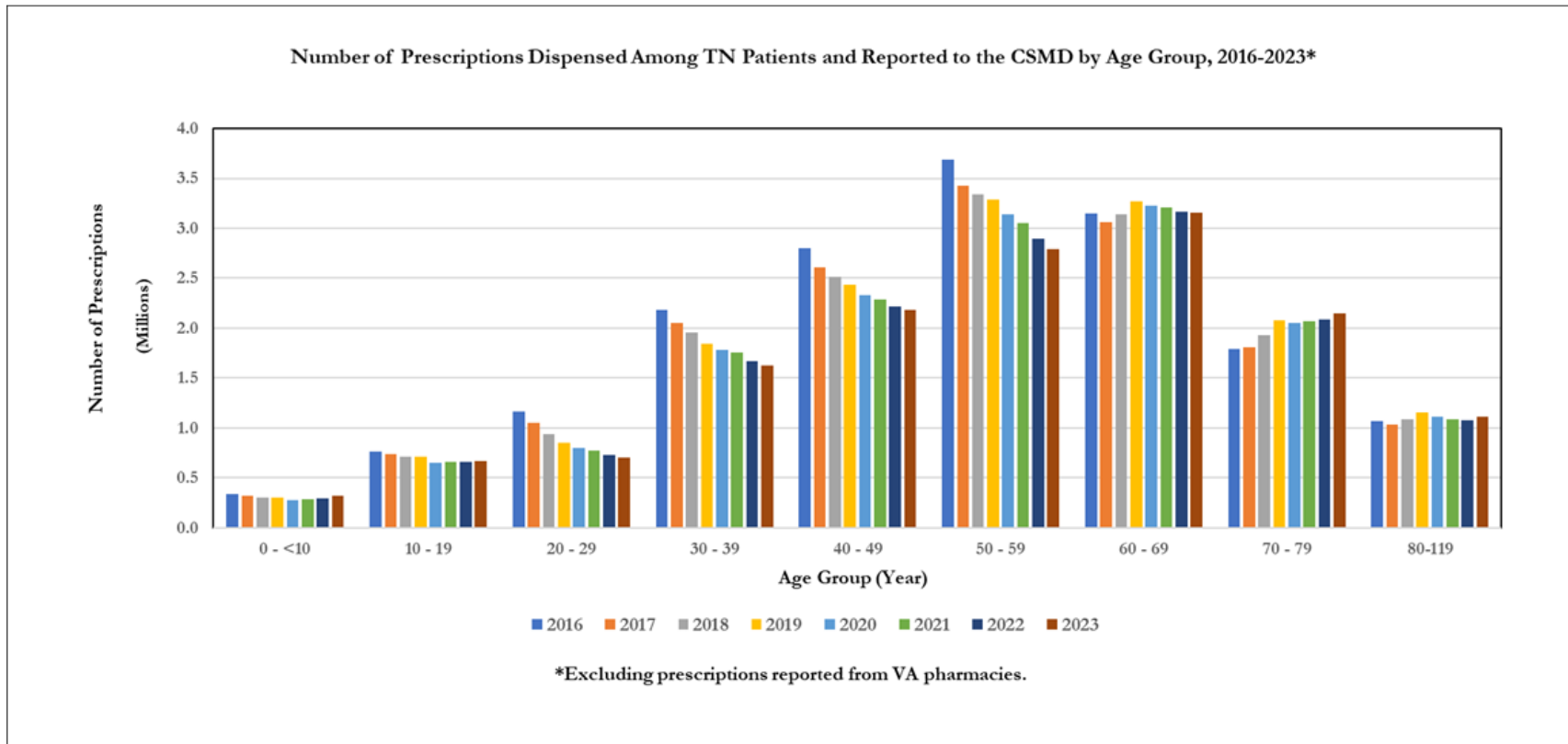


**Number of Prescriptions Dispensed in TN and Reported to the CSMD, 2016-2023\***

<b>Year</b>	<b>All Patients</b>	<b>Change (%)</b>	<b>TN Patients</b>	<b>Change (%)</b>
<b>2016</b>	17,666,346	-	16,944,993	-
<b>2017</b>	16,798,630	-4.9	16,104,223	-5.0
<b>2018</b>	16,596,525	-1.2	15,912,065	-1.2
<b>2019</b>	16,599,953	0.0	15,936,754	0.2
<b>2020</b>	16,008,895	-3.6	15,368,896	-3.6
<b>2021</b>	15,818,418	-1.2	15,167,668	-1.3
<b>2022</b>	15,467,728	-2.2	14,802,790	-2.4
<b>2023</b>	15,315,431	-1.0	14,713,891	-0.6

**\*Excluding prescriptions reported from VA pharmacies.**

## Number of Prescriptions Dispensed Among TN Patients and Reported to the CSMD by Age Group, 2016-2023



**Number of Prescriptions Dispensed Among TN Patients and Reported to the CSMD by Age Group, 2016-2023\***

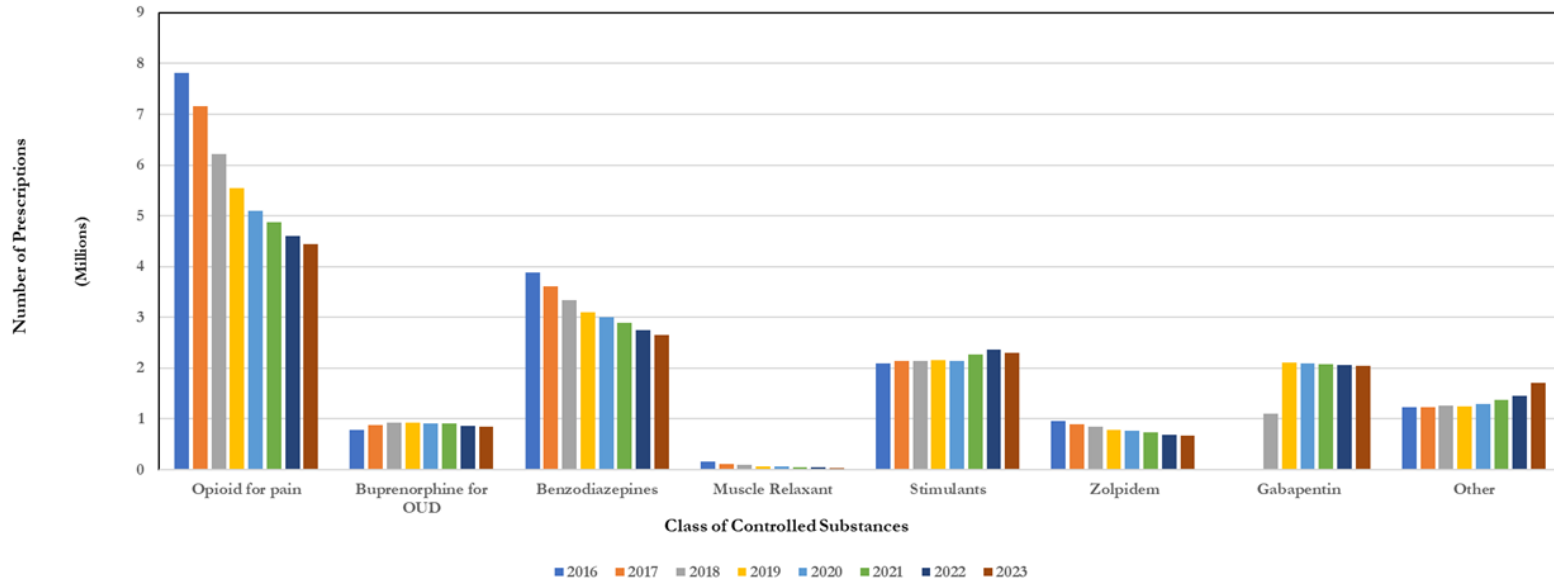
<b>Age Group</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>0 - &lt;10</b>	340,285	319,043	299,871	303,071	280,666	285,132	297,917	319,223
<b>10 - 19</b>	766,073	735,235	708,450	715,403	650,303	656,910	663,646	669,107
<b>20 - 29</b>	1,164,958	1,053,256	942,421	850,842	795,068	774,516	731,984	706,305
<b>30 - 39</b>	2,186,644	2,050,925	1,953,862	1,845,567	1,780,085	1,752,063	1,669,940	1,626,666
<b>40 - 49</b>	2,797,653	2,612,132	2,513,669	2,435,386	2,331,044	2,283,137	2,216,787	2,181,096
<b>50 - 59</b>	3,687,127	3,425,978	3,336,524	3,283,214	3,138,214	3,048,770	2,892,219	2,790,294
<b>60 - 69</b>	3,147,586	3,060,314	3,141,061	3,273,177	3,229,598	3,210,468	3,164,873	3,159,634
<b>70 - 79</b>	1,787,646	1,811,805	1,926,395	2,074,092	2,050,402	2,072,831	2,085,942	2,147,335
<b>80-119</b>	1,067,016	1,035,511	1,089,779	1,155,763	1,113,148	1,083,545	1,079,226	1,113,962
<b>Unknown</b>	5	24	33	239	368	296	256	269

**\*Excluding prescriptions reported from VA pharmacies.**



# Number of Prescriptions Dispensed Among TN Patients and Reported to the CSMD by Class of Controlled Substances, 2016 - 2023

Number of Prescriptions Dispensed Among TN Patients and Reported to the CSMD by the Class of Controlled Substances, 2016-2023\*



\*1) The class of controlled substances was defined based on a combination of CDC documents and RedBook®; 2) Excluding prescriptions reported from VA pharmacies.  
 3) Gabapentin was classified as controlled substance by TN law in July 1, 2018.

**Number of Prescriptions Dispensed Among TN Patients and Reported to the CSMD by the Class of Controlled Substances,  
2016-2023\***

<b>Year</b>	<b>Opioid for pain</b>	<b>Buprenorphine for OUD</b>	<b>Benzodiazepines</b>	<b>Muscle Relaxant</b>	<b>Stimulants</b>	<b>Zolpidem</b>	<b>Gabapentin</b>	<b>Other</b>
<b>2016</b>	7,821,618	782,893	3,887,698	159,876	2,099,707	965,378	-	1,223,254
<b>2017</b>	7,165,674	873,666	3,612,565	117,489	2,145,648	901,023	-	1,227,477
<b>2018</b>	6,214,747	932,741	3,339,111	88,397	2,137,844	840,023	1,103,109	1,256,093
<b>2019</b>	5,551,876	925,579	3,100,163	65,322	2,159,230	786,660	2,103,877	1,244,047
<b>2020</b>	5,092,297	912,190	3,009,906	55,467	2,147,466	762,734	2,089,237	1,299,599
<b>2021</b>	4,869,901	905,591	2,895,415	48,735	2,264,772	729,956	2,082,666	1,370,632
<b>2022</b>	4,608,081	857,355	2,741,177	42,077	2,356,879	690,492	2,057,392	1,449,337
<b>2023</b>	4,449,209	844,427	2,652,196	36,599	2,299,920	669,465	2,050,405	1,711,670

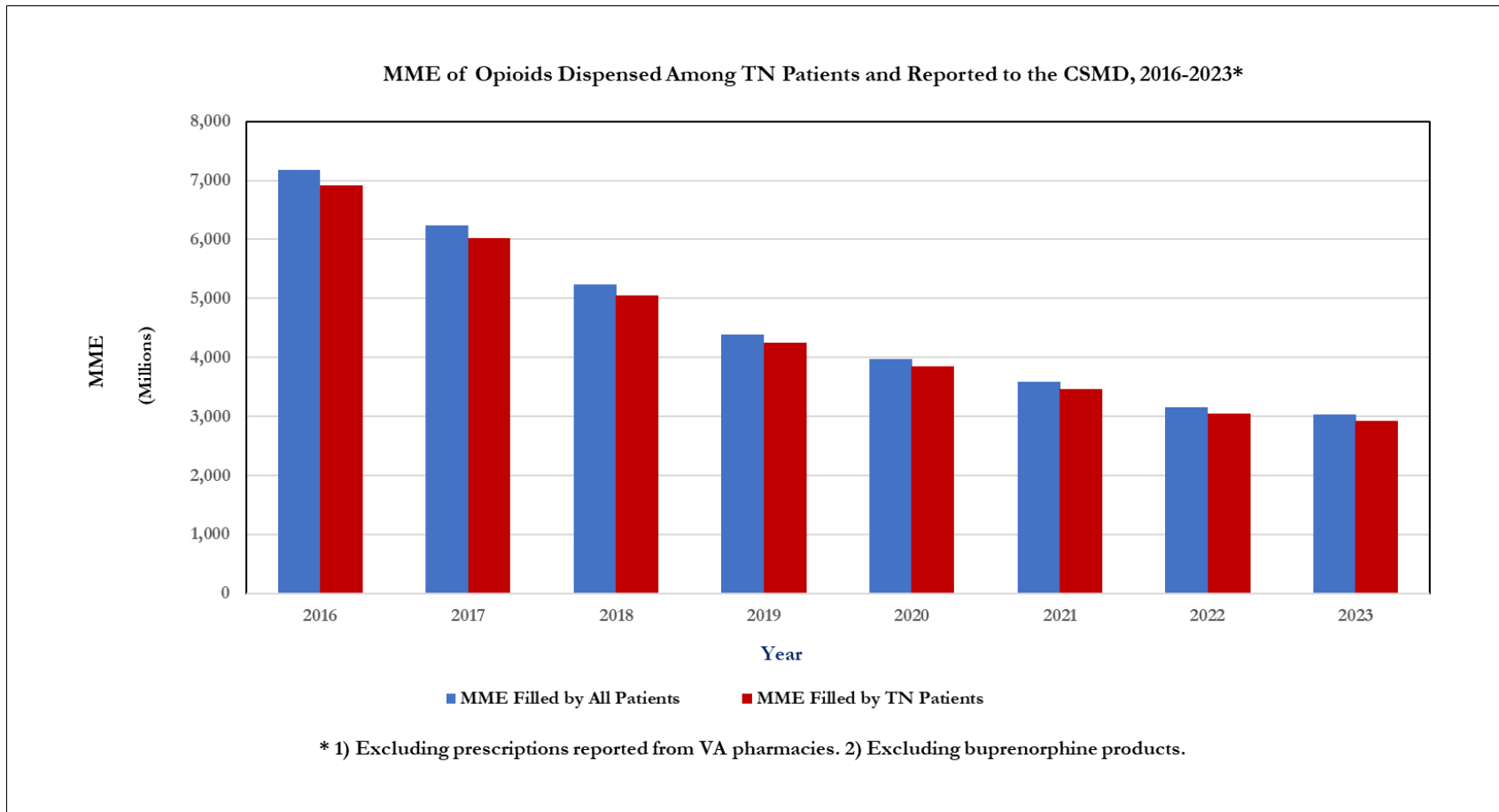
**\*1) The class of controlled substances was defined based on a combination of CDC documents and RedBook®; 2) Excluding prescriptions reported from VA pharmacies; 3) Gabapentin was classified as a controlled substance by TN law on July 1, 2018.**

**Number of Top 5 Prescriptions in 'Other' Group Dispensed Among TN Patients and Reported to the CSMD, 2016-2023\***

<b>Year</b>	Atropine/Difenoxin	Eszopiclone	Phenobarbital	Pregabalin	Testosterone	Remaining of 'Other' Rx
<b>2016</b>	65,974	90,697	76,996	346,858	209,166	433,563
<b>2017</b>	60,940	91,756	72,681	346,724	227,116	428,260
<b>2018</b>	57,376	95,119	70,894	349,890	234,781	448,033
<b>2019</b>	55,164	98,571	69,791	355,774	251,174	413,573
<b>2020</b>	50,243	105,470	67,552	389,072	283,468	403,794
<b>2021</b>	51,450	109,966	66,261	411,423	312,621	418,911
<b>2022</b>	51,721	113,684	59,538	428,205	352,188	444,001
<b>2023</b>	45,172	119,054	59,376	452,393	341,073	694,602

**\*1)The class of controlled substances was defined based on RedBook®; 2) Excluding prescriptions reported from VA pharmacies.**

## MME of Opioids Dispensed Among TN Patients and Reported to the CSMD, 2016-2023



**MME of Opioids Dispensed Among TN Patients and Reported to the CSMD, 2016-2023\***

<b>Year</b>	<b>MME Filled by All Patients</b>	<b>Change (%)</b>	<b>MME Filled by TN Patients</b>	<b>Change (%)</b>
<b>2016</b>	7,172,333,190	-	6,910,219,844	-
<b>2017</b>	6,239,282,131	-13.0	6,019,403,726	-12.9
<b>2018</b>	5,235,403,079	-16.1	5,057,052,633	-16.0
<b>2019</b>	4,383,052,367	-16.3	4,243,066,076	-16.1
<b>2020</b>	3,972,966,881	-9.4	3,839,808,880	-9.5
<b>2021</b>	3,589,244,084	-9.7	3,466,842,806	-9.7
<b>2022</b>	3,158,751,701	-12.0	3,053,008,819	-11.9
<b>2023</b>	3,023,475,568	-4.3	2,924,859,632	-4.2

**\* 1) Excluding prescriptions reported from VA pharmacies; 2) Excluding buprenorphine products.**

**MME for Long-Acting Opioids Dispensed Among TN Patients and Reported to the CSMD, 2016-2023**

<b>MME for Long-Acting Opioids Dispensed Among TN Patients and Reported to the CSMD, 2016-2023*</b>			
<b>Year</b>	<b>All patients</b>	<b>TN patients</b>	<b>Change among TN patients (%)</b>
<b>2016</b>	2,125,168,187	2,046,140,669	-
<b>2017</b>	1,630,541,783	1,569,134,692	-23.3
<b>2018</b>	1,208,697,359	1,165,543,064	-25.7
<b>2019</b>	910,114,639	878,734,846	-24.6
<b>2020</b>	739,780,606	711,723,059	-19.0
<b>2021</b>	592,053,640	568,038,060	-20.2
<b>2022</b>	463,376,431	444,607,921	-21.7
<b>2023</b>	449,680,996	432,433,236	-2.7

**\* 1) The classes of controlled substances were defined based on CDC documents;  
2) Excluding prescriptions reported from VA pharmacies; 3) Excluding buprenorphine products.**

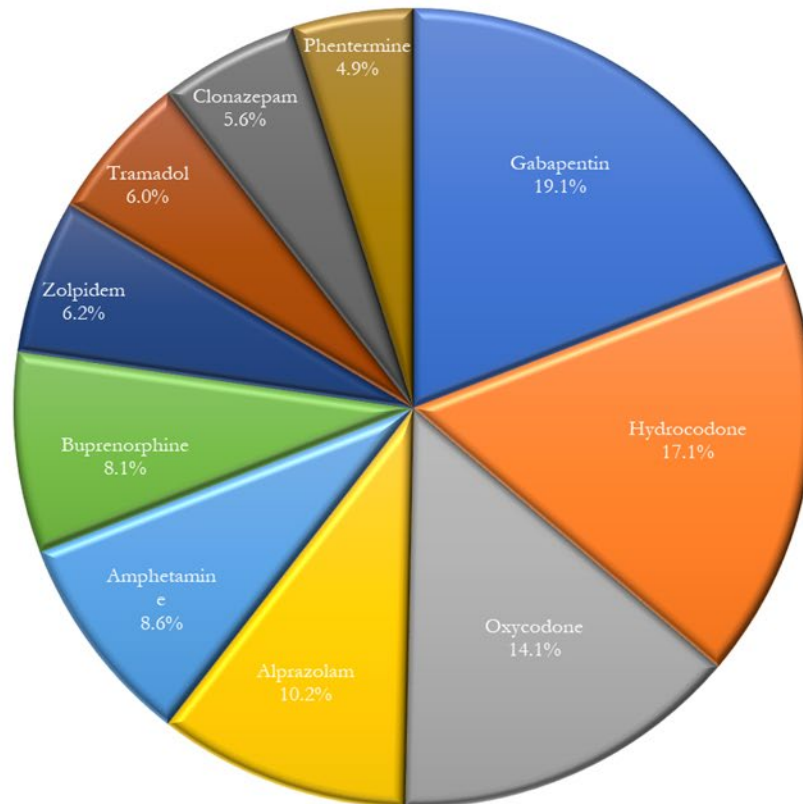
**MME for Short-Acting Opioids Dispensed Among TN Patients and Reported to the CSMD, 2016-2023**

<b>MME for Short-Acting Opioids Dispensed Among TN Patients and Reported to the CSMD, 2016-2023*</b>			
<b>Year</b>	<b>All patients</b>	<b>TN Patients</b>	<b>Change among TN Patients (%)</b>
<b>2016</b>	5,047,015,112	4,863,941,151	-
<b>2017</b>	4,608,613,529	4,450,166,947	-8.5
<b>2018</b>	4,026,572,715	3,891,408,838	-12.6
<b>2019</b>	3,472,816,704	3,364,242,722	-13.5
<b>2020</b>	3,233,090,833	3,128,024,178	-7.0
<b>2021</b>	2,997,119,959	2,898,765,457	-7.3
<b>2022</b>	2,695,328,611	2,608,359,594	-10.0
<b>2023</b>	2,573,790,164	2,492,421,987	-4.4

**\*1) The classes of controlled substances were defined based on CDC documents;  
 2) Excluding prescriptions reported from VA pharmacies; 3) Excluding buprenorphine products.**

## Top 10 Most Frequently Prescribed Controlled Substances Reported to the CSMD in 2023

Top 10 Most Frequently Prescribed Controlled Substances Reported to the CSMD in 2023\*



\*Not including the prescriptions reported from VA pharmacies.  
Products were identified based on a combination of CDC documents and RedBook®



## Acronyms

<b>Bureau of Justice Assistance</b>	BJA
<b>Centers for Disease Control and Prevention</b>	CDC
<b>Clinical Risk Indicators</b>	CRI
<b>Comprehensive Opioid Abuse Program</b>	COAP
<b>Controlled Substance Monitoring Database</b>	CSMD
<b>Coronavirus Disease 2019</b>	COVID-19
<b>Department of Justice</b>	DOJ
<b>Drug Addiction Treatment Act</b>	DATA
<b>Drug Overdose Reporting</b>	DOR
<b>Electronic Health Record</b>	EHR
<b>Electronic Surveillance System for the Early Notification of Community Epidemics</b>	ESSENCE
<b>Emergency Medical Services</b>	EMS
<b>Enhanced Prescriber Report</b>	EPR
<b>Enhanced Surveillance of Opioid Overdose</b>	ESOOS
<b>Federal Information Processing Standard</b>	FIPS
<b>Integrated Data System</b>	IDS
<b>Integrated Justice Information Systems Institute</b>	IJIS
<b>Medication-Assisted Treatment</b>	MAT
<b>Morphine Milligram Equivalents</b>	MME
<b>Neonatal Abstinence Syndrome</b>	NAS

<b>Office of General Counsel</b>	OGC
<b>Office of Informatics and Analytics</b>	OIA
<b>Overdose Data to Action</b>	OD2A
<b>Prescription Drug Monitoring Program</b>	PDMP
<b>Prescription Drug Overdose</b>	PDO
<b>Prescription Monitoring Program InterConnect</b>	PMPi
<b>Prescription Safety Act</b>	PSA
<b>Prevention for States</b>	PfS
<b>State Unintentional Drug Overdose Reporting System</b>	SUDORS
<b>Strategic Technology Solutions</b>	STS
<b>Substance Use Disorder</b>	SUD
<b>Syringe Services Programs</b>	SSP
<b>Tennessee</b>	TN
<b>Tennessee Bureau of Investigations</b>	TBI
<b>Tennessee Department of Health</b>	TDH
<b>Tennessee Department of Mental Health and Substance Abuse Services</b>	TDMHSAS
<b>Vanderbilt University Medical Center</b>	VUMC
<b>Veterans Administration</b>	VA
<b>Veterans Health Administration</b>	VHA



Tennessee Controlled Substance Monitoring Database  
Director, Tennessee Controlled Substance Monitoring Database  
665 Mainstream Drive, 2<sup>nd</sup> Floor Nashville, Tennessee 37243  
<https://www.tn.gov/health/csmd/>

