



March 31, 2021

Dear Tennessee Legislator,

TAADAS has elected to have a virtual week on the hill this year to highlight our legislative priorities and advocacy efforts. You should have previously received a packet of information that includes a summary of TAADAS programs, a list of TAADAS members, a list of our advocacy goals and a briefing sheet of TAADAS legislative priorities. This week we will highlight the following notable pieces of legislation:

March 31 – Naloxone bill packet, SB 583 by Crowe / HB 891 by Leatherwood and Ramsey

April 1 – Budget Packet, with our support of Governor Lee’s budget and an emphasis on a proposed budget amendment for provider rate increases

Today we are highlighting the increasing number of overdose death from opioids and other substances and the need to have programs that address pandemic stress and provide access to overdose reversal agents such as Naloxone. The nature of the pandemic has resulted in many increases in requests for services including addiction treatment and the need for recovery support with agents such as Naloxone.

TAADAS members will be reaching out to schedule appointments with you to discuss these issues. I am available to discuss any of our advocacy efforts or the service delivery system in Tennessee at any time. I can be reached at 615-780-5901, x-118 or at [marylinden@taadas.org](mailto:marylinden@taadas.org). TAADAS also employs a Legislative Counsel, Nathan Ridley, who can be reached at 615-308-4354 or [nridley@bradley.com](mailto:nridley@bradley.com). We appreciate your support for services for substance use treatment, prevention programs and recovery support services.

Yours Sincerely,

A handwritten signature in blue ink that reads "Mary Linden Salter". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Mary Linden Salter, LCSW  
Executive Director

## Expanding Naloxone Access in Tennessee



Naloxone is an opioid antagonist that rapidly reverses opioid overdoses. There are few if any risks associated with administering Naloxone, and it can be easily delivered by non-professionals as a nasal spray.<sup>1</sup> TAADAS is committed to expanding access to Naloxone in Tennessee, and we urge lawmakers to support **HB891/SB583**. The proposed bill will permit substance use



treatment and recovery-support providers to supply Naloxone and requisite training directly to their staff and clients and is a targeted and cost-efficient<sup>9</sup> approach to reducing fatal overdoses among Tennesseans.

- *Opioid addiction is an epidemic that affects all Tennesseans, regardless of age, race, gender, and location.*<sup>2</sup>
- The opioid crisis continues to ravage communities across Tennessee with 1,307 lives lost to opioid overdoses in 2018.<sup>2,3</sup> National data indicates that opioid overdoses significantly increased in 2020, presumably associated with the psychological, social, and economic impacts of Covid-19.<sup>4</sup>
- Tennessee's Regional Overdose Prevention Specialists (ROPS) distributed 134,000 units of Naloxone from 2017-2019 resulting in a documented 1,340 lives saved, though the true number is likely much higher.<sup>5</sup>
- In 2018, 81.8 opioid prescriptions were written for every 100 Tennesseans, the third highest opioid prescribing rate in the nation.<sup>3</sup> However, distribution of Naloxone falls far behind, with only 1.5 Naloxone prescriptions written for every 100 high-dose opioid prescriptions in rural counties.<sup>6</sup>
- Studies indicate that access to Naloxone does not lead to riskier or heavier opioid use, as some critics have erroneously speculated.<sup>7,3</sup>

Community-based Naloxone distribution is a proven strategy for saving lives<sup>9,8,5</sup> and preserving the opportunity for those who are struggling with addiction to engage in treatment and recovery, allowing them to contribute to their families, communities, and the social and economic wellbeing of our State.

1. National Institute on Drug Abuse (2019). Naloxone. <https://www.drugabuse.gov/publications/drugfacts/naloxone>
2. Tennessee Department of Health (2021). Data Dashboard. <https://www.tn.gov/health/health-program-areas/pdo/pdo/data-dashboard.html>
3. National Institute on Drug Abuse (2020). Tennessee: Opioid-Involved Deaths and Related Harms. <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/tennessee-opioid-involved-deaths-related-harms>
4. Holland, K. M. et al. (2021). Trends in US Emergency Department Visits for Mental Health, Overdose, and Violence Outcomes Before and During the COVID-19 Pandemic. *JAMA Psychiatry*. <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2775991>
5. Tennessee Department of Mental Health and Substance Abuse Services. Regional Overdose Prevention Specialists. [Regional Overdose Prevention Specialists \(tn.gov\)](https://www.tn.gov/mental-health/substance-abuse-services/regional-overdose-prevention-specialists)
6. Centers for Disease Control and Prevention (2019). Still Not Enough Naloxone Where It's Most Needed. <https://www.cdc.gov/media/releases/2019/p0806-naloxone.html>
7. Jones, J. D. et al. (2017). No evidence of compensatory drug use risk behavior among heroin users after receiving take-home naloxone. *Addictive Behaviors*. <https://pubmed.ncbi.nlm.nih.gov/28325710/>
8. Walley, A. Y. et al. (2013). Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ*. <https://www.bmj.com/content/346/bmj.f174>
9. Weiner, J. et al. (2019). Expanding Access to Naloxone: A Review of Distribution Strategies. [https://ldi.upenn.edu/sites/default/files/pdf/LDI%20CHERISH%20Brief\\_May2019.pdf](https://ldi.upenn.edu/sites/default/files/pdf/LDI%20CHERISH%20Brief_May2019.pdf)