"Consilient Opioid Addiction Management in Tennessee: Integrating Treatment, Research, and Social Justice"

Today, we are not here to dwell solely on the problem. Instead, I want to share a vision for an innovative, comprehensive, and consilient system of opioid addiction management that can turn the tide in this epidemic of overdose deaths. This approach involves the creation of **Academic Centers of Clinical Addiction Excellence (ACCAEs)** to integrate treatment, research, judicial oversight, and social justice along with new strategies like **involuntary commitment for evaluation and stabilization of overdose victims**, the **use of buprenorphine for resuscitation**, and **contingency-based recovery programs** modeled after highly effective physician health programs (PHPs). By bringing together public health, law enforcement, the judiciary, corrections, and social services, we can build a future where recovery is possible for all.

Section 1: The Role of Academic Centers of Clinical Addiction Excellence (ACCAEs)

Let's begin by discussing the **Academic Centers of Clinical Addiction Excellence (ACCAEs)**. The Tennessee Department of Mental Health and Substance Abuse Services has a unique opportunity to partner with universities, medical schools, and research institutions across the state to develop ACCAEs. These centers would serve as hubs for:

- **Clinical treatment** using evidence-based practices for opioid addiction,
- **Research and data collection** to evaluate what works best in addiction management,
- **Training** a specialized workforce in addiction medicine and psychiatric care, and
- **A Range of Community-based recovery programs** patterned upon The American Society of Addiction Medicine – Fourth Edition THE ASAM CRITERIA that are fully integrated with judicial oversight of levels of care.

ACCEs will become the **frontlines of innovation** in treating addiction and co-occurring problems by creating and developing a model of care that not only treats the addictions but addresses the comorbid **psychiatric conditions** often present in individuals with substance use disorders.

But beyond treatment, these centers will also serve as research hubs, collecting and analyzing data to refine the state's strategy. What makes these centers particularly valuable is their ability to bring research into practice swiftly, testing new methods and refining them in real-time.

One of the areas where these centers will lead is the development of integrated psychiatric care for those struggling with opioid use disorder. Many individuals with addiction suffer

from more than one substance use issue and also have co-occurring mental disorders like depression, anxiety, or PTSD. By ensuring that treatment for mental health conditions is a core part of addiction recovery, we improve long-term outcomes.

Section 2: The Innovation of Buprenorphine for Overdose Stabilization

Next, I'd like to talk about a critical shift in how we manage opioid overdoses. Traditionally, we use **naloxone** to reverse the immediate respiratory depression effects of an opioid overdose. While naloxone saves lives, it leaves victims vulnerable to rapid relapse, and death because they often do not receive follow-up care. Many overdose victims in whom withdrawal is precipitated by naloxone administration refuse care and seek drug dealers for stronger, even more lethal supplies. Quite a few overdose victims have been resuscitated numerous times before their fatal overdose. In this way although naloxone use can save lives, it also contributes to the increasing demand for more dangerous drugs in the streets of our communities.

What if, instead, we could treat overdose victims and prevent them from killing themselves the next time with **buprenorphine**—a medication that not only reverses the overdose but also stabilizes the individual by reducing cravings and withdrawal symptoms? This strategy offers a critical **bridge from overdose to treatment and recovery**, by creating a path for patients to enter treatment rather than overdose again.

Research has shown that starting buprenorphine in the emergency department improves long-term treatment retention. Imagine how many lives could be saved in Tennessee if first responders, emergency departments, and treatment providers used buprenorphine (which not only reverses the overdose but starts treatment at the same time) as a first step - in not only saving lives but setting the foundation for recovery.

When paired with a comprehensive community recovery program, individuals who overdose would no longer cycle in and out of emergency rooms and jails. Instead, they would enter a pathway towards long-term treatment and stability.

Section 3: Involuntary Commitment for Overdose Victims

Now, this brings us to another critical piece of the system: **involuntary commitment for overdose victims**. The current approach to opioid overdoses often ends with naloxone administration which precipitates withdrawal from their 'high' and creates an acute mental state of decisional incompetence. Victims are incapable of rational choice and frequently reject emergency assistance for their disrupted homeostatic state to seek the oblivion of another fentanyl fix.

We must adopt a more proactive approach. By definition, these victims represent a significant risk to themselves following overdose and should be evaluated by a psychiatrist at one of the ACCAEs (This is permissible by law in Tennessee).

Involuntary commitment may sound harsh, but it's essential to save lives in cases where addiction has taken such a strong hold that the individual is no longer in control of their actions. Judicial oversight would ensure that these commitments are done fairly and responsibly, with the ultimate goal being the patient's recovery, not punishment.

Section 4: Judicially supervised contingency management in the community

Once individuals are stabilized, we need to ensure that they have the long-term support required to maintain their recovery. This is where **judicial oversight** comes into play, modeled after the highly successful **physician health programs (PHPs)**. These programs have been shown to produce **abstinence rates as high as 80-90%** after five years by combining abstinence treatment with structured accountability, frequent drug testing, and contingency management.

The PHP model is built on the understanding that long-term recovery requires **continuous monitoring and support**. In Tennessee, we can adapt this model to work for individuals with opioid addiction. Judges in **drug courts** and **mental health courts** would oversee the recovery process, ensuring that individuals remain engaged in their treatment, stay drug-free, and are supported by the community.

Failure to comply with the program might lead to sanctions, such as increased monitoring or additional treatment requirements, while positive progress could be rewarded with reduced oversight. This system of real-time **incentives and consequences** helps individuals stay on track in their recovery and dramatically reduces rates of relapse.

Section 5: Addressing the Social and Family Impact

We cannot address the opioid epidemic without acknowledging its devastating impact on families, particularly children. Many children in Tennessee have experienced **Adverse Childhood Experiences (ACEs)** as a result of parental substance use. These traumatic experiences can lead to long-term health and social problems for the children themselves, creating a generational cycle of trauma and addiction.

By developing these **centers of clinical addiction excellence**, we can not only treat individuals with opioid addiction but in concert with Vanderbilt Center of Excellence for Child Abuse developed by Dr. Jon Ebert, help to develop **family-centered interventions** to prevent and mitigate the effects of parental substance use on children. These interventions would include abstinence support and monitoring, **family therapy, parenting classes**, and other strategies to reduce the trauma cycle which children experience due to a parent's addiction.

Social agencies would also play a critical role in the recovery process. **Cost-sharing** across law enforcement, judiciary, corrections, and social agencies would allow for a coordinated and comprehensive approach that supports families and begins to address the root causes of addiction.

Section 6: Economic and Social Benefits of a Consilient System

The **economic impact** of the opioid crisis on Tennessee is enormous, with the costs of health care, criminal justice, and lost productivity reaching into the billions. By developing these ACCEs and implementing **buprenorphine-based overdose management, involuntary commitment, and judicial oversight**, we can dramatically reduce these costs.

Research has shown that **contingency-based treatment models**, like the PHPs, reduce the long-term costs of untreated addiction, including healthcare, criminal activity, and child welfare interventions. By sharing resources across law enforcement, the judiciary, corrections, and social services, we can develop a cost-efficient system that promotes recovery, reduces recidivism, and saves lives.

Ultimately, these ACCAEs centers will not only improve public health but will also contribute to greater family stability, reduced crime, and more effective use of public resources. The **consilient approach** creates a sustainable, integrated model for long-term recovery and social reintegration, benefiting individuals, families, and communities across Tennessee.

Conclusion:

In conclusion, the opioid epidemic is a complex and multi-faceted problem that requires a bold, innovative, and integrated approach. By developing **Academic Centers of Clinical Excellence**, Tennessee can lead the nation in opioid addiction management. Through a consilient system that integrates **buprenorphine stabilization**, **involuntary**

commitment, and **judicially monitored community recovery**, we can save lives, reduce economic costs, and break the cycle of addiction.

The opioid crisis has cost Tennessee too much already. It's time for us to adopt a new strategy that addresses addiction not just as a health issue but as a broader social and legal issue requiring coordination across multiple sectors. Together, we can build a future where recovery is possible for all Tennesseans.

https://www.cato.org/commentary/deas-war-addiction-doctors#

The DEA's War on Addiction Doctors

Law enforcement agents have raided thousands of doctors and prosecuted them for easing the suffering of their patients.

www.cato.org

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