



Tennessee Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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March 23, 2022

The Honorable Bill Lee
Governor of Tennessee
Office of the Governor
1st Floor, State Capitol
600 Dr. Martin L. King, Jr. Blvd.
Nashville, TN 37243

Re: TNSAM's Support for the Enactment of SB 2572

Dear Governor Lee,

On behalf of the Tennessee Society of Addiction Medicine (TNSAM), the medical specialty society representing physicians and clinicians in Tennessee who specialize in the prevention and treatment of addiction, we write to urge that you sign SB 2572 into law. This crucial legislation would expand the distribution and availability of naloxone at a time when overdose deaths are reaching record highs in our state.

We are in the midst of an unprecedented overdose crisis. In 2021, it is likely that Tennessee recorded the highest number of overdose deaths in state history.ⁱ Naloxone is a safe and effective opioid antagonist, capable of reversing the effects of an overdose. Thus, it is an essential tool to reduce overdose deaths. The benefits of expanding access to naloxone are well-documented. For example, one study observed that states which enacted naloxone access legislation experienced a 14% decrease in overdose deaths.ⁱⁱ Another study estimated that wider accessibility of naloxone could prevent 21,000 deaths over a ten-year period.ⁱⁱⁱ In addition to saving lives, increased access to naloxone is recognized as a fiscally prudent strategy. A large-scale model found that naloxone distribution is a cost-effective public health strategy.^{iv}

As the data suggests, SB 2572 would strengthen the state's response to the overdose epidemic by increasing the ease of naloxone distribution both by prescription and standing order. Specifically, this bill would enable certified practitioners to offer naloxone to people at risk of overdose either directly or indirectly through their close friends or family members. In other states, similar mixed approaches of practitioner co-prescribing and standing orders have been praised for their effectiveness in boosting naloxone availability.^v Additionally, SB 2572 would allow county and municipal health institutions to acquire, store, and distribute naloxone, further ensuring its broadened availability in all communities.

A testament to its broad appeal, SB 2572 has attracted bipartisan support for its pragmatic approach to mitigating the harm caused by the overdose crisis. We commend the sponsors for introducing this important legislation and demonstrating their commitment to saving lives in Tennessee. We share your administration's goal of reducing overdose deaths and mitigating the

opioid epidemic. In service of this goal, we urge that you sign SB 2572 into law. We are convinced that many lives can be saved with wider and easier access to naloxone across our state.

Please do not hesitate to contact dsumrok@uthsc.edu if you have any questions or concerns. Thank you for your consideration.

Sincerely,

Daniel D. Sumrok, MD, FAAFP, DFASAM
President, Tennessee Society of Addiction Medicine

ⁱ Centers for Disease Control and Prevention . (2022, January 12). *Products - vital statistics rapid release - provisional drug overdose data*. Centers for Disease Control and Prevention. Retrieved February 9, 2022, from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

ⁱⁱ McClellan, C., et al., Opioid-overdose laws association with opioid use and overdose mortality. *Addictive Behaviors*, 2018. 86: p. 90-95.

ⁱⁱⁱ Pitt, A. L., Humphreys, K., & Brandeau, M. L. (2018). Modeling Health Benefits and Harms of Public Policy Responses to the US Opioid Epidemic. *American Journal of Public Health*, 108(10), 1394–1400. <https://doi.org/10.2105/ajph.2018.304590>

^{iv} Townsend, T., et al., Cost-effectiveness analysis of alternative naloxone distribution strategies: First responder and lay distribution in the United States. *International Journal of Drug Policy*, 2019.

^v Green, T. C., Davis, C., Xuan, Z., Walley, A. Y., & Bratberg, J. (2020). Laws mandating coprescription of naloxone and their impact on naloxone prescription in five US states, 2014–2018. *American Journal of Public Health*, 110(6), 881–887. <https://doi.org/10.2105/ajph.2020.305620>