



After a presentation on alcohol and other drug information in a 9th grade health class, two students sought out the counselor for support related to substance abuse at home. These students are learning coping skills that will help them improve in attendance and academics.

— School-Based Substance Abuse Services Grantee

I had become addicted to heroin and opioids at a very young age . . . I've been clean for 23 months now. Turning Point has been a blessing and a safe place for me. I'm honestly, truly grateful for this space and these wonderful people.

— Age 32, Burlington



Alcohol and Drug Abuse Programs Annual Overview December 2016



Prevention

What are our priorities?

Reduce:

- underage drinking, age 12–17
- high-risk drinking, age 12+
- adolescent marijuana use, age 12–17
- prescription drug misuse, age 12+



Web-based resource for parents and caregivers to help prevent adolescent drug and alcohol use; updated in 2016 with new resources to help prevent youth marijuana use.

What are we doing?

Reducing the risks that contribute to drug and alcohol use while promoting healthy lifestyles and communities through:

- community education and awareness activities, parenting programs and youth leadership opportunities
- partnerships with law enforcement, healthcare, youth-serving organizations and schools through our community grants program and regional prevention consultants
- media campaigns, such as ParentUp and Vermont's Most Dangerous Leftovers
- prescription drug Take-Back Days



Promotes the safe use, safe storage, and proper disposal of prescription drugs.

Intervention



Increase:

- referrals for at-risk students
- screening for substance use/abuse in primary care
- completion rate of Impaired Driver Rehabilitation Program

Decrease:

- diversion of prescription drugs

Improve:

- prescription drug monitoring

Intervention services identify and act on early signs of substance misuse and are supported through:

- Vermont Prescription Monitoring System
- Public Inebriate Program
- Impaired Driver Rehabilitation Program
- Rocking Horse program for pregnant and parenting women
- school-based substance abuse services
- drug & alcohol screenings for all Agency of Human Services clients statewide
- Screening, Brief Intervention, & Referral to Treatment



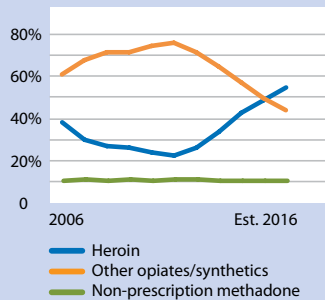
Treatment

Increase:

- access to treatment and use of evidence-based treatment services
- percentage of people who complete treatment and engage in recovery

In 2015, heroin surpassed prescription drugs as the primary opioid used at treatment admission.

Heroin increasing as primary opioid used, by VT fiscal year



Treatment includes screening for co-occurring substance abuse and mental health issues, a comprehensive assessment, appropriate treatment services and linking ongoing support through recovery centers.

The preferred provider system includes treatment types of varying intensity that meet the needs of the individual, for adults, adolescents and their families:

- Outpatient
- Medication-Assisted Treatment
- Residential services
- Intensive Outpatient



Recovery



Increase:

- number of people maintaining recovery
- peer-led recovery support services
- number of peer leaders trained
- access to safe housing to support recovery

Promoting a supportive environment to assist people with a smooth and sustained transition to wellness through:

- 12 regional recovery centers
- halfway and transitional housing
- peer-based recovery supports
- leadership training and recovery coaching
- piloting evidence-based practices in recovery
- collaboration with communities and treatment providers

How well are we doing?

- During end-of-school and back-to-school 2016 campaigns, ParentUpVT.org had 2,546 visitors.
- ParentUp video, *Tips From Parents Like You: How to Ask*, had over 104,550 views since May 2016.
- Regional prevention consultants served almost 2,000 in community agencies, 1,060 educators and staff in preK–12 schools and at the college level, and over 6,500 Vermonters — including 1,206 families, 181 parents and 1,260 youth and young adults.
- Vermont Prescription Monitoring System is now connected with NH, MA, NY and CT, allowing Vermont providers to query patient prescriptions filled in all surrounding border states.

- In 2016, funds supported school-based prevention, screening and referral services in 34% of all supervisory unions in Vermont.
- 60,000 people were screened in emergency departments, primary care practices and free clinics from February 2014–June 2016.
- The Substance Abuse Treatment Coordination Workgroup extended its work to four districts — Barre, Morrisville, St. Albans and St. Johnsbury — helping Agency of Human Services staff link at-risk clients to treatment services in their community.

On average, youth participating in the Vermont Youth Treatment Enhancement Program reported reductions in the use of marijuana and alcohol, 14% and 15% respectively, six months after starting treatment.



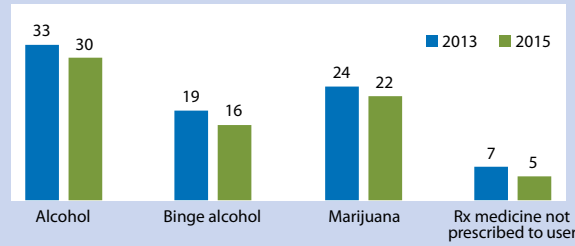
Recovery Centers are dedicated to support peer recovery services such as accessing stable housing, healthy relationships, education, employment and activities that support individual recovery.

The Vermont Recovery Network, through the Pathway Guides program, promotes recovery from substance abuse by supporting clients in accessing peer recovery supports while receiving therapy and medication-assisted treatment from our hub programs.

Is anyone better off?

Fewer Vermont 9th–12th graders used substances in the past 30 days in 2015 than in 2013, according to the Vermont Youth Risk Behavior Survey (YRBS).

Percent of 9th–12th graders using substances in the past 30 days (2013 & 2015 YRBS)*



* All decreases from 2013 to 2015 are statistically significant.

At funded schools, 90% of students who screen positive for possible substance abuse disorders are referred for a substance abuse assessment.



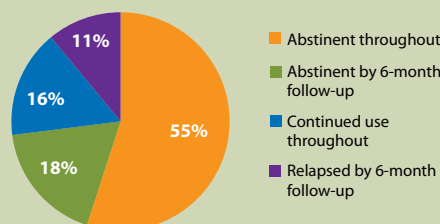
Research indicates that longer durations of treatment (at least 90 days) are shown to significantly reduce or stop drug use.

From January–June 2016, the percent of new clients continuously enrolled for 90+ days was:

- 83% for Hubs
- 67% for Spokes
- 74% for the total system

Of the 216 people connected to a Pathway Guide in 2015, 73% sustained abstinence from opioid misuse by 6-month follow-up.

Vermont Recovery Network: Pathways to Recovery 2015 abstinence promotion



Health Dept. Cost

\$3,692,468

406,404 people served
\$9 per person served

Every \$1 invested in substance abuse prevention saves \$10–18 in costs associated with health care, criminal justice, and lost productivity.

\$4,881,863

32,300 people served
\$151 per person served

\$35,495,351

10,911 people served
\$3,253 per person served

Every \$1 invested in addiction treatment saves \$4–\$7 in costs associated with drug-related crime, criminal justice, and theft.

\$2,220,190

6,094 people served
\$364 per person served

Snapshots by substance

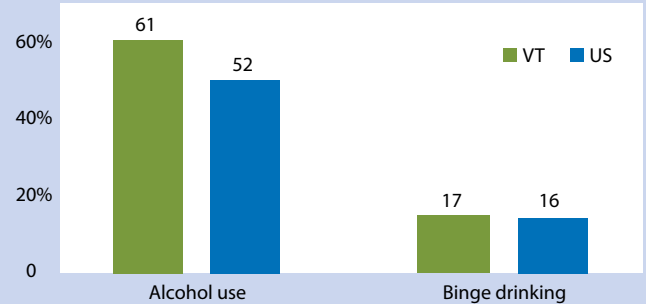
- Alcohol is still the most misused substance among Vermonters, followed by marijuana and opioids.
- Due to the expansion in and the long-term nature of opioid treatment, more Vermonters receive treatment for opioid dependence than for any other substance.

Alcohol

According to the 2015 Youth Risk Behavior Survey, 30% of Vermont high school students used alcohol in the past 30 days, down from 33% in 2013. This was especially pronounced in the six regions that received Partnerships For Success (PFS) funding to prevent underage drinking.

According to the Vermont Behavioral Risk Survey System (BRFSS), youth alcohol use and binge drinking have significantly decreased. Adult use in Vermont is higher than the U.S. average, but binge drinking rates are comparable.

Past 30-day alcohol use & binge drinking among adults 18+ (2015 BRFSS)



Marijuana

According to the BRFSS, use of marijuana among adults 18+ in the past 30 days has increased from 7% in 2013 to 11% in 2015 (+57%). Increase in use was substantial among specific age groups:

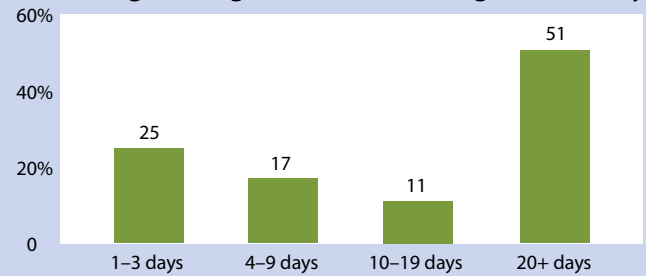
Age 18–24
+80%

Age 25–44
+40%

Age 45–64
+50%

According to the 2016 Young Adult Survey, just over half of young adults who used marijuana within the past 30 days reported using it daily or almost daily (i.e., 20 or more days).

Number of days marijuana used in the past 30 days, among users age 18–25 (2016 Young Adult Survey)



Opioids - Vermont has the lowest non-medical use of prescription pain relievers for age 26+ in the U.S., by state (NSDUH, 2013/14).

Prevention
100%

The percent of Vermonters who have access to prevention professionals, resources, and initiatives to address opioid misuse at the community level through community partner organizations and Health Department District Offices.

Intervention
125,553

The number of times providers have consulted the Vermont Prescription Monitoring System in 2015 to determine patients' medications to ensure appropriate prescribing.

Treatment
139%

The increase in access to treatment from April 2012–September 2016 in the Hub and Spoke system of care.

Recovery
193,961

The total number of visits to Vermont Recovery Centers in FY16.

What's New for 2017?

- Per Act 173, which relates to combating opioid use in Vermont, ADAP will plan, develop and implement a statewide unused prescription drug disposal program.
- Prevention efforts for binge drinking, prescription drug misuse and marijuana use will increase, supported by additional federal demonstration grants.

See ADAP performance measures using the Health Department Scorecard: healthvermont.gov/scorecard-alcohol-drugs