

The Vermont Department of Health, Division of Substance Use Programs (DSU) uses a multi-faceted, data driven approach to address substance misuse and overdose by using evidence-based strategies. These strategies involve communities, policymakers, and health care providers with the Health Department taking a leading role in developing and coordinating the State's comprehensive strategy. This document provides an overview of the evidence-based prevention, early intervention, harm reduction, treatment and recovery priorities and strategies for which the Health Department has responsibility.

Opioid and Stimulant Priorities

1. Misuse prevention
2. Harm reduction
3. High quality treatment access
4. Recovery services and support
5. Data monitoring and response to trends

Background

Overdoses that involve opioids and those that involve stimulants have both been increasing in Vermont. More people die from opioid overdoses than stimulant overdoses but often more than one substance is involved in any overdose fatality. For example, cocaine was involved in 48% of fatal opioid overdoses in 2021, and methamphetamine was involved in 10%. Similarly, according to data from Vermont's Office of Chief Medical Examiner, most fatal stimulant overdoses (86%) also involved an opioid. Between 2016-2020 approximately 60% of Medicaid claims with a stimulant diagnosis also included a diagnosis related to opioid use.

Vermont is also increasingly seeing involvement of substances such as xylazine, gabapentin and benzodiazepines. Like opioids, these substances decrease respiration, but unlike opioids, they do not respond to naloxone which increases risk of experiencing a fatal overdose.

In addition to ongoing efforts, the Vermont legislature passed H.222 (Act 22) which allocates additional resources to the state's comprehensive efforts. The legislation includes over \$8 million in Opioid Abatement Special Funds. The appropriation of these funds was informed by the Opioid Settlement Advisory Committee, which is chaired by Commissioner of Health, Dr. Levine. Where relevant, Act 22 funding enhancements are noted within this document.

Prevention

General prevention practices are not unique to any one substance and focus on addressing risk factors and building protective factors. DSU uses a robust network of prevention professionals, community-based trainings and provider professional development opportunities, and public health messaging initiatives. Current evidence-based [community prevention](#) activities include:

- **Prevention Consultants:** Regional prevention consultants provide technical assistance, education and community planning.
- **Regional Prevention Partnerships:** Regional response grants to reduce alcohol and drug use among adolescents, teens and young adults.

Division of Substance Use Programs

- **School-Based Substance Use Services Grants:** Leverage schools to support substance use prevention and mental health promotion.
- **Prevention Centers of Excellence:** Grant opportunity to reduce substance use and build primary and secondary prevention capacity and infrastructure at the community and regional levels.
- **Family Engagement Services:** Adolescent at risk of substance use and transition-aged youth and family/caregiver outreach, engagement and substance use disorder education services to identify risky behaviors which may lead to the development of substance use disorders.

Through marketing and promotion of available resources, DSU increases public awareness of the risks of substance misuse. While many campaigns are substance agnostic, DSU has campaigns that focus on Vermont's audiences at highest risk for stimulant and opioid misuse:

- **[Over the Dose](#):** Opioid misuse prevention that also addresses mixing alcohol and opioids. *Focus: Young adults aged 18-25 at higher risk of opioid misuse.*
- **[Check Yourself](#):** Binge drinking and stimulant prevention focused on risks of using alcohol and stimulants. *Focus: Young adults aged 21-25.*
- **[Know OD](#):** Harm-reduction messaging on preventing and reversing overdose. *Focus: People who intentionally, or unintentionally use opioids.*
- **One More Conversation:** [Patient-focused](#) and [provider focused](#) materials around substance use during prenatal and lactation periods. *Focus: Perinatal parents.*
- **[VT Helplink](#):** Promotes Vermont's phone and on-line support center that provides information, support and referrals for treatment, recovery, overdose prevention and harm-reduction. *Focus: People seeking support for themselves or a loved one regarding substance use with new messaging for traditionally underserved communities.*

Harm Reduction

It is often unclear from fatal overdose data if the use of all substances involved in a person's death was intentional or accidental. People who use drugs may not be aware that the drugs they are using contain other substances that can increase risk of fatal overdose. It is important to ensure people who use drugs consistently to practice evidence-based harm reduction strategies.

Personal harm reduction

Harm reduction practices to decrease risk of unintentional death are highlighted in Vermont's [KnowOD campaign](#) include:

- Avoid using alone
- Test for fentanyl
- Go slow, starting with a small amount to test for drug strength
- Carry naloxone
- Call 911 in case of a suspected overdose

Community harm reduction

The Health Department works with Vermont's network of community-based organizations that support harm reduction in our communities. These organizations are trusted sources of information and are key [points of distribution for naloxone](#). Services they provide include overdose prevention education, connecting appropriate clients to HIV and HCV testing, and wound care support. Syringe Services Programs provide case management services that support people in making safer choices and promote overdose prevention strategies by linking to treatment for substance use disorder, infectious disease care and other supportive services.

Act 22 enhancements to the health department's naloxone distributions efforts include establishing harm reduction vending machines, home delivery and mail order options, and expanding the harm reduction pack and leave behind kit programs. Funding will also support expanding the availability of fentanyl test strips and, if they become available, xylazine test strips. Additional funds will support Syringe Services Programs to build trust in Vermont's substance use system of care with clients and to provide overdose response education and prevention services.

Innovative harm reduction initiatives include funding a wound care telehealth pilot program through which people who inject drugs would consult with wound care experts as well as funding, administered by DSU, to implement publicly available drug-checking services.

Public health collaboration

A Health Department inter-divisional workgroup convenes on a regular basis to monitor overdose trends and coordinate response with community-based partners. Representatives from the following divisions make up this inter-divisional workgroup: Health Informatics and Statistics (HSI), Infectious Disease, Emergency Preparedness Response and Injury Prevention (DEPRIP), and Substance Use Programs (DSU).

Treatment

Vermont has a [network](#) of over 20 agencies providing certified Preferred Provider programming in over 30 locations statewide to provide evidence-based treatment for people with substance use disorder. Programming includes high and low intensity residential treatment, intensive outpatient programming, outpatient individual, group and family counseling, case management, assessment and related clinical services. As the combination of stimulants and opioids has become one of the main drivers in what is referred to as the "fourth wave" of the opioid epidemic, there are many lessons to be learned from Vermont's approach to treating opioid use disorder, and opportunities for supporting those experiencing polysubstance use.

Treatment access

DSU supports several initiatives to increase efficiency for people seeking treatment, recovery and harm reduction options including significant investments in [VT Helplink](#), Vermont's statewide, public resource for finding substance use treatment and recovery services. DSU also supports the efficient, clinically indicated initiation of care for people who are incarcerated, and continuity of care for people released from incarceration. Additionally, DSU works with hospital emergency departments and other medical professionals to streamline treatment referrals for people diagnosed with a substance use disorder.

Division of Substance Use Programs

A portion of the Act 22 funding is slated to be divided between four opioid treatment programs to support satellite locations for the dosing of medications, including costs associated with the satellite locations' physical facilities, staff time at the satellite locations, and staff time at opioid treatment programs to prepare medications and coordinate with satellite locations. Significant investments will also be made to support contingency management services.

Treatment provider workforce development

DSU develops and procures trainings that increase provider awareness of trends, risks, signs and symptoms of stimulant or opioid misuse and evidence-based practices for treatment. Further, DSU offers provider-level education and trainings including:

- **Peer-to-peer learning collaboratives:** SUD treatment providers addressing polysubstance use inclusive of opioid and stimulant use.
- **Motivational Interviewing and compassion training:** Training for emergency department staff, EMS staff and volunteers, and local law enforcement to decrease stigma-related barriers to requesting emergency services for overdose situations by training emergency department staff, EMS staff and volunteers, and local law enforcement.
- **Substance-induced psychosis training:** Vermont Department of Mental Health training on challenges of substance-induced psychosis including crisis intervention and de-escalation techniques. In 2023, this training will emphasize the role stimulants play in substance induced psychosis.

Act 22 funding has also been allocated to support an additional outreach to people in need of treatment with 26 staff within DSU's Preferred Provider Network. These staff will work with people presenting with substance use disorder to increase motivation, initiation and engagement in treatment services.

Recovery

An important aspect of supporting people experiencing substance use disorder and their loved ones is connecting to peers and supports who are in recovery. This connection provides additional wrap-around support and community connectedness which can help support the success of people on a recovery journey. Vermont's system of recovery encompasses 12 recovery centers, Recovery Coaching programs and 12 credentialed recovery housing options throughout Vermont.

- **Recovery Centers** are local, non-profits providing peer supports, sober recreation activities, volunteer opportunities, community education, employment support and other recovery support services.
- **Recovery Coaches** are people in recovery, allies or family members that have been trained to guide a person on their path to recovery using motivational interviewing and other evidence-based practices. Recovery Coaches have been embedded in each of Vermont's emergency departments to support Vermonters experiencing a substance-related emergency.

Division of Substance Use Programs

- **Recovery Housing** provides a person with substance use disorder a safe, substance-free place to live in the community. There are 12 certified recovery residences throughout the state that support people on their path to long-term recovery. Recovery housing quality assurance is maintained through credentialing by the [Vermont Alliance for Recovery Residences](#).

Public Health Surveillance Data

Through prescription drug monitoring, health surveillance data collection and analysis, and data sharing, DSU takes a data-driven approach to guide the state's substance misuse response efforts.

Vermont Prescription Monitoring System (VPMS)

VPMS data reports show developing trends in drug prescribing and anticipate programming and education that may be needed as a result. In 2023, the Health Department will enable VPMS integration into electronic healthcare records to improve patient care.

Access to substance use data

In partnership with the Division of Health Informatics and Statistics (HSI), DSU continually monitors health surveillance data to detect and report on key indicators and emerging threats. Reports that reflect stimulant and opioid surveillance data include:

- [Monthly Vermont Opioid-Related Fatal Overdoses](#)
- [Vermont Opioid-Related Fatal Overdoses](#)
- [Stimulant Misuse in Vermont](#)

Additional Resources

Centers for Disease Control and Prevention Materials:

- [Stimulants Guide](#)
- [Overdose Prevention](#)
- [Opioid Basics](#)

Substance Abuse and Mental Health Services Administration Materials:

- [Public Messages to support reducing the impact of substance use and mental illness](#)
- [Useful Resources on Opioid Overdose Prevention](#)

Contact Information

For more information, contact the Division of Substance Use Programs at AHS.VDHDSU@vermont.gov