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Alcohol and Drug Abuse Programs Division  
108 Cherry Street, PO Box 70, Burlington, VT 05402-0070  
Phone: 802-651-1550 Fax: 802-651-1573 Email: vtadap@ahs.state.vt.us  
<http://healthvermont.gov/adap/adap.aspx>

## Services and Programs

There is no such thing as a typical Vermonter when it comes to substance abuse or dependence. Anyone can be at risk. The Division of Alcohol and Drug Abuse Programs provides a continuum of programs and services – from prevention through treatment to recovery – that is available to everyone as close to home as possible.

### Prevention:

Programs/services designed to change community norms that make substance use less pervasive and less acceptable. Individuals at risk can also receive prevention services to minimize the likelihood of addiction.

### Intervention:

Services targeted to at-risk individuals to change behaviors that may lead to substance use issues and related problems.

- **Student Assistance Programs**—Prevention and intervention services provided in schools
- **Project CRASH**—Drinking driver rehabilitation education and evaluation program.

### Treatment:

Behavioral therapy and/or medication assisted therapy for substance abuse addiction.

- **Outpatient (OP) and Intensive Outpatient (IOP)** — individual or group therapy provided at community providers on an outpatient basis.
- **Residential**—Short-term substance abuse treatment in a residential setting.
- **Methadone Treatment**—Medication assisted therapy for opiate addiction.

### Recovery:

Support services that help a client build a new substance-free life and provide support to prevent relapse.

### Special Projects:

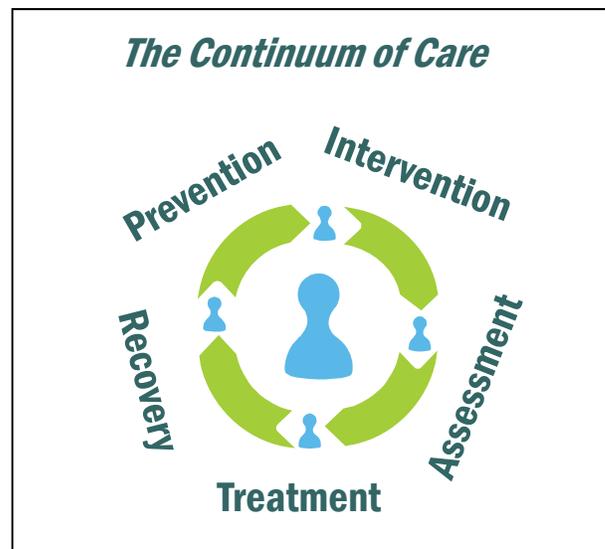
- **Incarcerated Women's Initiative**—Coordination of services for women exiting the corrections system designed to reduce recidivism.
- **Offender Reentry**—Coordinating the connection from jail to services needed outside the corrections system, particularly treatment.

### Special Services:

- **Transitional Housing**—Sober housing for clients newly in recovery while developing resources for independent living.
- **Halfway Services**—Structured housing for clients newly in recovery.

## The Cost of Substance Abuse in Vermont

The criminal justice, education, health and enforcement systems comprise the majority of costs associated with substance use in Vermont. Prevention and treatment account for only a small portion. **A study completed by The National Center on Addiction and Substance Abuse at Columbia University based on the 2005 Vermont budget estimates that for every substance abuse dollar spent, 1¢ is for treatment, 1¢ is for prevention, 8¢ is for regulation and compliance and the remaining 90¢ is for the burden to public programs.** A 2009 Vermont Program for Quality in Health Care study indicates that approximately one out of every sixteen hospital stays involved a diagnosis for some kind of substance abuse. Addressing substance abuse directly through prevention and treatment helps reduce these costs.



## Program Outcomes

### Prevention

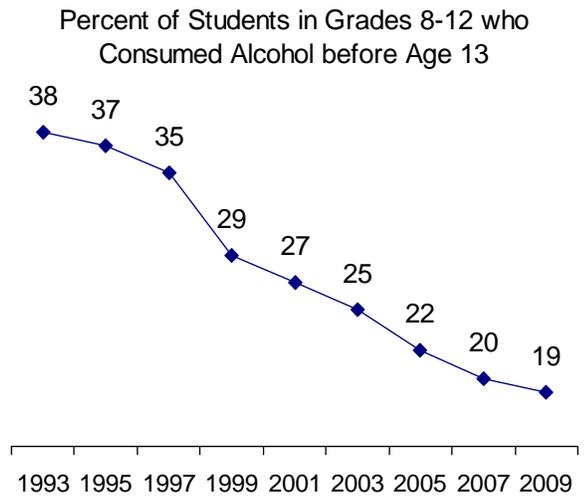
The impact of prevention services can be seen through the Youth Risk Behavior Survey which measures the prevalence of alcohol and drug use among students in grades 8-12. 2009 Results:

- Between 1995 and 2005, students' reported use of alcohol, tobacco, and marijuana in the past 30 days decreased, often significantly, and has been maintained since then. In 2009, 16% used tobacco, 36% consumed and 20% binged on alcohol, and 22% smoked marijuana.
- 16% reported ever taking a prescription pain reliever or stimulant without a prescription, the same percent as in 2007.

Research has established that children who consume alcohol before the age of 13 are far more likely to develop problems related to alcohol as adult. Early alcohol use has been declining in Vermont.

National Survey on Drug Use Vermont specific results for 12-17 year olds:

- Illicit drug use has significantly declined from 2003-2008
- Past year marijuana use has significantly declined from 2003-2008
- Past year use of nonmedical use of pain relievers has significantly declined from 2003-2008



### Student Assistance

In the 2009-2010 school year, 97 schools reported student assistance data and provided nearly 43,000 students with in-school substance abuse prevention and intervention services. More than 4,600 (10.8%) students received more in-depth services. SAP professionals provided over 19,000 hours collaborating and providing substance-related teaching around substance abuse issues. In addition, they made over 2,100 student referrals for both substance abuse and mental health evaluations.

Students participating in the SAP receiving one-on-one or group support make progress:

- 80% reported improvement in the issues bringing them to the program.
- Only 4% of students receiving services had alcohol, tobacco, or drug violations after participating in the program.

The cost of providing SAP services averages \$38.63 in ADAP funding per student in schools with state-funded counselors.

*"We do not have a formal middle school counseling program, so our SAP is our support system for our students and our staff. She knows our kids better than our school counselors and our kids seek her out whenever she is in the building."*

*- Harwood Middle School Principal*

### Treatment

These measures are outcomes and are reported to the Substance Abuse and Mental Health Services Administration (SAMHSA). In calendar 2009, over 7900 people were discharged from substance abuse treatment. For people completing treatment:

- 63 percent are abstinent from drugs
- 71 percent are abstinent from alcohol
- 96 percent of clients have housing
- 95 percent are arrest free

## Prevention Initiatives

### Media Campaign for Parents

In spring 2010, VDH and community grantees launched "Parent Up," the first ever coordinated statewide campaign to combat underage drinking. Two separate campaigns targeted parents of children ages 11 to 13 and 15 to 18. The campaign combined radio, direct mail, and online advertising to direct parents to the program website, which provides tools for talking to their teens about drinking. The website received more than 5000 visits during the original campaign and traffic increased again with a fall booster.



Help reduce  
underage drinking  
in Vermont.

[www.parentup.org](http://www.parentup.org)

**Project Rocking Horse:** This educational support group served 134 low income pregnant or parenting women at risk for substance abuse or experiencing the effects of a partner's substance abuse. Participant outcomes include a 23% decrease in binge drinking and a 21% decrease in daily consumption. Participants also report increased coping skills and social support.

**Stop Teen Alcohol Risk Teams (START):** Twelve teams deliver a mix of proactive and reactive enforcement efforts to address parties and youth drinking events as a part of a community's overall prevention efforts. These teams work closely with local coalitions, schools, and communities. High visibility officers attempt to deter a youth drinking event from happening, and officers have been trained to disperse an underage drinking party safely.

**Community Prevention Coalitions:** ADAP is in the final phase of the five-year federal Strategic Prevention Framework State Incentive Grant (SPF-SIG). An evaluation, which will be available in December 2011, is measuring progress on achieving the project's main objectives of reducing use and risky activities and building prevention capacity at the community level.

There are 23 SPF-SIG funded community coalitions and 6 additional coalitions

implementing over 115 research-based prevention strategies, such as community education with youth and adult volunteers, social marketing, local policy initiatives, and retailer education in an effort to address community norms around substance use.

SPF-SIG also provides training to grantees to build the skills necessary to sustain the improved and coordinated prevention strategies.

*"That's one thing that we've really learned through this process. You can't have the boys and girls club and schools doing this educational piece, the police departments doing their enforcement piece. We need to be working together."*

- Boys & Girls Club of Greater Vergennes teen director Mike Reiderer

## Treatment: Recovery and Resiliency Oriented System of Care

Partnerships between ADAP preferred treatment providers, schools, recovery centers, transitional housing agencies, courts, other state agencies, physical and mental health care providers, and local non-profit agencies assist clients in succeeding in an addiction-free lifestyle. ADAP providers receive grants and technical assistance to strengthen partnerships for service coordination along the continuum of care and to work with providers of other services that clients need in order to succeed in recovery. The goal is to support integrated care management. In FY11, providers began working in regional groups to implement coordinated care.

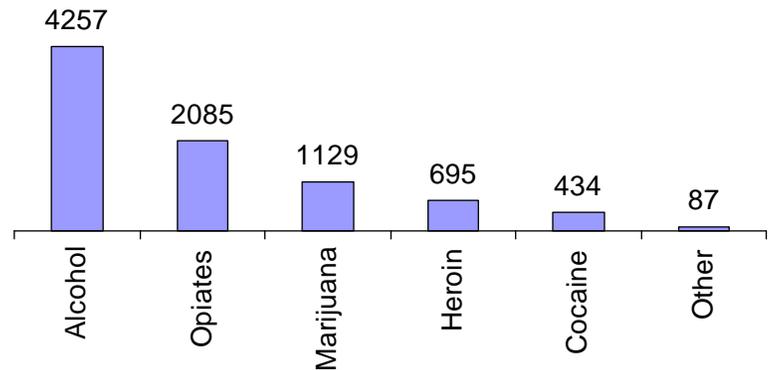
### Treatment Initiatives

**Criminal Justice Services:** The treatment unit has a staff person dedicated to criminal justice related services, with primary responsibility for working with internal and external partners to develop a unified vision for a Criminal Justice Capable System of Care. Work in this area includes initiatives for incarcerated women, safe and coordinated offender re-entry programs for individuals returning to community based services, and drug treatment courts.

**Adolescent and Family Services:** Almost 700 adolescents received treatment for substance use in SFY 10. The typical adolescent treatment client is male (68%), in treatment for marijuana (60%), paid for by Medicaid (60%). Our goal is to ensure developmentally appropriate evidence-based services. The resulting system will link prevention, intervention, treatment and post-treatment in a manner that is appropriate and accessible for youth and families.

**Transitional Housing:** ADAP funds and provides oversight to 34 transitional housing units: 13 for females, 3 for males, 12 for either males or females, and 6 for adults with children. We continue to seek ways to increase these services for the addiction community.

8,688 individuals received treatment services in State Fiscal Year 2010.

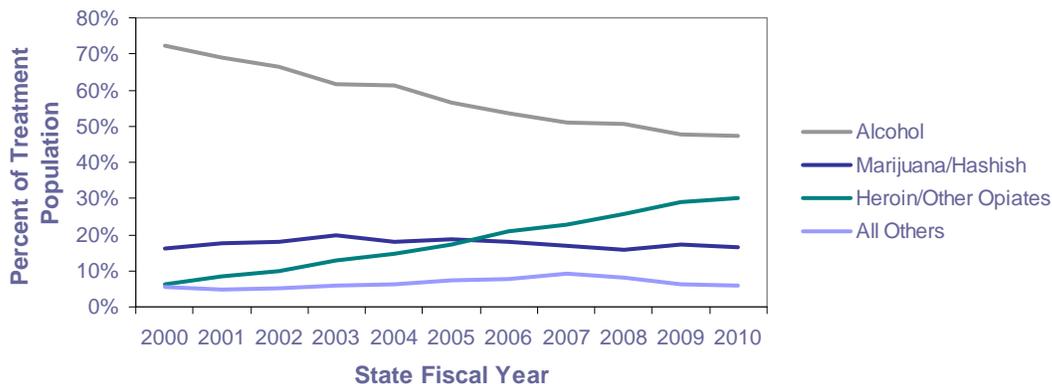


### Women's Services

ADAP continues to partner with the Vermont Child Health Improvement Program (VCHIP) at the University of Vermont to provide services to pregnant women actively using alcohol or drugs or who are on a medication-assisted therapy such as buprenorphine or methadone. Hospitals assess potentially alcohol or drug-exposed newborns for their needs. ADAP educates providers on the treatment needs of this population.

In 2010, ADAP worked with VCHIP and Fletcher Allen Health Care to publish *Treatment of Opioid Dependence in Pregnancy Vermont Guidelines* which accompanies *Screening for Substance Abuse during Pregnancy* published in 2009. Both publications are used in the state and are shared nationally as a tool for the medical and behavioral health communities.

### Trend: Substance of Abuse In Vermont



## Waiting Lists—A Treatment System Challenge

On any given day in SFY10, the average number of people waiting for treatment services by level of care:

Outpatient: 137

Methadone: 178

Halfway: 10

Residential: 1