



**Alcohol and Drug Abuse Programs**  
Annual Overview December 2015

# Prevention

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

## Description

Substance abuse prevention reduces the risks that contribute to alcohol, tobacco, or other drug abuse, while promoting factors that support healthy lifestyles and communities.

## Priorities

- Reduce underage drinking
- Reduce high-risk drinking
- Reduce adolescent marijuana use
- Reduce prescription drug abuse

Changes in selected substance use in Vermont	Over 10 years (2002/3–2012/13)			In recent years (2012/13–2013/14)		
	12–17	18–25	26+	12–17	18–25	26+
Alcohol (past 30 days use)	▼	-	-	-	-	-
Alcohol (past 30 days binge)	▼	-	▼	-	▼	-
Marijuana (past 30 days)	-	-	-	▲	-	-
Rx pain reliever misuse (past year)	▼	▼	-	-	▼	-

▼ Significant decrease    ▲ Significant increase    - No change

Source: National Survey on Drug Use and Health

# Intervention

*Substance abuse screening and brief counseling is as effective as other health prevention screenings.*

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance abuse intervention is a process to identify and act on early signs of substance misuse before it becomes a lifelong problem.

- Increase referrals for at-risk students
- Decrease diversion of prescription drugs
- Improve quality of patient care through prescription drug monitoring
- Increase screening for substance abuse in primary care
- Increase completion rate of drinking driver rehabilitation program

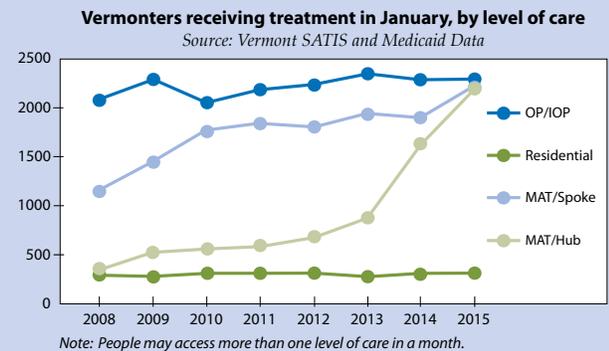
# Treatment

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

Substance abuse treatment is an ongoing process to change behaviors and attitudes that have a negative impact on one's life and those family members affected.

Treatment includes screening for co-occurring substance abuse issues, a comprehensive assessment, treatment services appropriate to the needs of the individual, and ongoing support through the recovery centers.

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



# Recovery

*Relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma.*

Substance abuse recovery is a process of promoting a supportive environment to assist individuals with a smooth and sustained transition to wellness.

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

*In many ways, Vermont has been at the forefront in working to prevent opioid addiction, identify and intervene early in a person's dependence, provide medication-assisted treatment and recovery support, and in equipping responders and citizens with naloxone to reverse opioid poisoning and save lives.*

—Health Commissioner Harry Chen, MD

## What is the Health Department doing to address priorities?

## Health Department cost

Our approach to prevention includes evidence-based strategies and services at the state, community, school, family, and individual levels. Our regional prevention consultants, regional partnerships, and community grantees support:

- Community substance abuse education and awareness activities
- School health initiatives such as teacher training, youth empowerment groups, and family outreach
- Collective action planning with community partners
- Partnerships with law enforcement to restrict alcohol access and reduce alcohol and other drug-related injuries
- Parenting education programs
- ParentUpVT.org web-based resources for parents



**\$3,549,893**

\$9 per person served



In Fiscal Year 2015, "Vermont's Most Dangerous Leftovers" campaign helped to guide 11,689 people to our Prescription and Over the Counter Drug Abuse web resource page, providing information on the safe use, safe storage, and safe disposal of medications.

We support substance abuse intervention services through several programs:

- Vermont Prescription Monitoring Program (VPMS)
- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- Project Rocking Horse
- School-based substance abuse services
- Project CRASH Drinking Driver Rehabilitation Program
- Naloxone Opioid Overdose Prevention Pilot Program
- Public Inebriate Program



**\$4,043,957**

\$159 per person served

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

- Outpatient (OP)
- Intensive Outpatient (IOP)
- Residential services
- Medication Assisted Treatment (MAT)

**Care Alliance**  
for Opioid Addiction



**\$36,059,656**

\$3,148 per person served

*Higher per person treatment costs are driven by an increase in the number of individuals receiving high cost hub and residential services, and by people remaining in treatment for longer periods of time.*

The same dimensions of wellness and community environments that help to prevent substance abuse also support recovery. We are building statewide system capacity to support recovery services for individuals, families and communities through:

- Vermont Recovery Network
- 12 regional recovery centers
- Halfway and transitional housing
- Peer-based recovery supports
- Leadership training and recovery coaching
- Piloting evidence-based practices in recovery

Recovery includes the ability to sustain changes. Of people attending recovery centers:

- 81% achieved or maintained sobriety
- 88% had no criminal involvement
- 91% say recovery centers have helped enhance and maintain their recovery
- 91% have stable housing
- 91% say their overall wellness and health have improved since coming to the recovery center

**\$2,064,089**

\$453 per person served



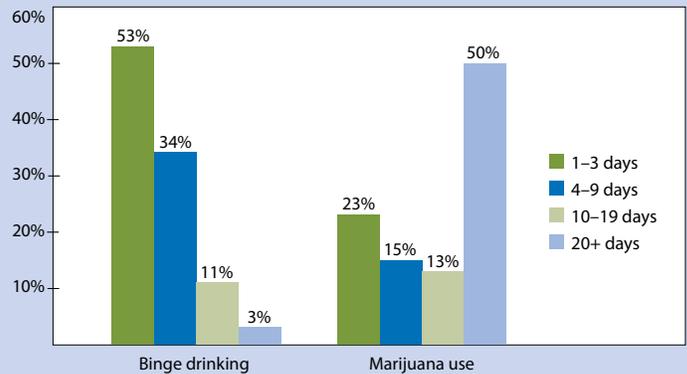


## 2014 Young Adult Survey

Young adults (people 18–25 years old) have the highest rates of substance use — including binge drinking, marijuana use — among all age groups. The 2014 Young Adult Survey provides important new information regarding substance use of Vermonters in this age group.

### Frequency of binge drinking and marijuana use in past 30 days by Vermont young adults who engaged in these behaviors

Source: 2014 Young Adult Survey\*



\*The Young Adult Survey was conducted by the Pacific Institute for Research and Evaluation (PIRE) to support the evaluation of Partnerships for Success (PFS), a federally-funded substance abuse prevention initiative implemented by the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP).

## How are we doing?

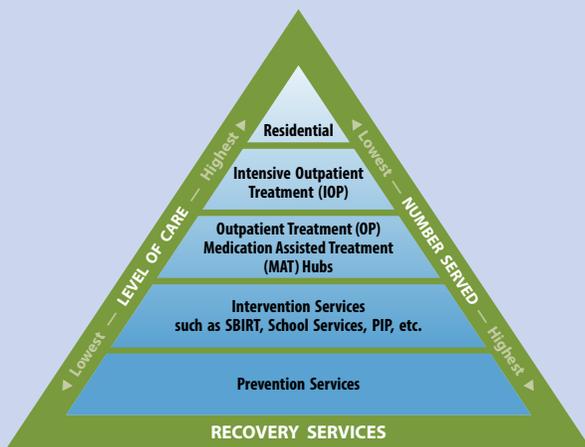
We are tracking the performance measures using the Vermont Department of Health Performance Dashboard at [healthvermont.gov/hv2020/index.aspx](http://healthvermont.gov/hv2020/index.aspx).

## How many Vermonters do we reach?

Through Health Department funding, during Fiscal Year 2015 we reached an estimated:

- 393,510 Vermonters with prevention initiatives
- 25,448 Vermonters with intervention services
- 11,455 Vermonters in the preferred provider treatment system
- 4,557 Vermonters in recovery support services

## Continuum of Care



## Who funds substance abuse services in Vermont?

The State of Vermont administers programs and funding through multiple departments and agencies to prevent and treat alcohol and other drug abuse. Substance abuse services in Vermont receive funding from the Health Department, as well as the Departments of Vermont Health Access, Child and Family Services, Corrections, Mental Health, Aging and Independent Living, and the Agency of Education.

## What's new for 2016?

- **5-year, \$12,363,000 Regional Prevention Partnerships grant** from the Substance Abuse and Mental Health Services Administration (SAMHSA) to reduce underage and binge drinking among 12–20 year-olds, reduce marijuana use and prescription drug abuse among 12–25 year-olds, and increase substance abuse prevention capacity through a targeted regional approach.
- **4-year, \$3,760,000 Prescription Drug Overdose Prevention grant** from the Centers of Disease Control and Prevention to prevent prescription drug overdose deaths. The goals of the grant are to make the Vermont Prescription Monitoring Program more useful to prescribers, provide training and technical assistance on prescribing best practices and alternative treatments for chronic pain to medical practices, to expand information dissemination, and to better understand the path to opioid addiction.
- **3-year, \$3,000,000 grant from SAMHSA** to provide funding to enhance and expand treatment service systems. The goals of this grant are to increase the number of individuals receiving evidence-based medication assisted treatment for opioid use disorders, increase the number of individuals receiving integrated care, and decrease illicit drug use.