

D.E.T.E.R.

Drug Education, Treatment, Enforcement & Rehabilitation

The Facts About Drug Abuse in Vermont

FACT:

An estimated 50,000 Vermonters are in need of treatment for drug and alcohol problems.

FACT:

Half of all children live in a household where a parent or other adult uses tobacco, drinks heavily or uses illegal drugs.

FACT:

37% of Vermont youth drink alcohol; 21% of youth binge drink.

FACT:

9% of the budget for state government pays for the consequences of substance abuse – within the criminal justice system, for health care and mental health treatment, family assistance and disability payments, public safety, etc.

FACT:

About 85% of prisoners in state have a substance abuse problem. There are no treatment programs in any Vermont prison.

Substance abuse is a serious and chronic illness. It is generally long-lasting and often requires multiple periods of treatment, followed by a regimen of maintenance care or after care. We are all affected by substance abuse and dependence in some way: as individuals, dealing with the devastating effects on our friends, our families and on our own lives – or as Vermonters, sharing the costs as a society.

The good news is that, like most chronic diseases, prevention and treatment have proven to be both effective and cost-efficient.

DETER (Drug Education, Treatment, Enforcement and Rehabilitation) is the State's major initiative to ensure a comprehensive and effective system of state-level and community-based programs to deter alcohol and drug abuse among Vermonters.



Background

Traditionally, alcohol abuse has been the state's biggest problem. But in recent years, street drugs such as heroin have been flowing into Vermont, creating a new population of drug users who have even more severe and complex treatment needs. The state has been struggling to keep up with this fast-changing "street reality". For a time, funding was going out-of-state for treatment services because in-state

treatment – particularly residential treatment for women and adolescents and methadone treatment for users of opiates – was not available.

Launched in 2004 by Governor Douglas, DETER is working to provide long-term solutions to substance abuse and dependence in Vermont. DETER has funded new programs and services, coordinated existing resources into a single statewide initiative,

and provided a sustainable strategy to address today's substance abuse problems and reduce tomorrow's risk. DETER focuses on preventing alcohol and drug abuse by intervening early and often, using evidence-based best practices. DETER has expanded in-state treatment options and community services and supports to help people in recovery build healthy, productive lives.



Vision

There is no such thing as a typical Vermonter when it comes to substance abuse or dependence. Anyone can be at risk. DETER envisions a statewide coordination of programs and services – from prevention to treatment to recovery – that is available to everyone as close to home as possible.

Community-wide Prevention

Prevention is essential to any strategy for reducing substance abuse. Because prevention programs are most effective when they are comprehensive, sustained, intensive, and accessible, DETER works to help communities develop strong local networks that include Student Assistance Professionals in schools and community-led coalitions to provide family education and support groups, youth leadership opportunities, and community education.

Reducing Stigma

Fewer than 20 percent of Vermonters in need of treatment seek help. This is in part due to the stigma associated with substance abuse, which is not often

associated with other chronic diseases.

DETER recognizes dependence for what it is – a chronic disease that affects our friends, families, neighbors and fellow Vermonters – and promotes treatment for substance abuse as necessary and as normal as it is for any chronic disease.

Treatment in the Community

Many Vermonters believe that getting treatment means leaving their community for a residential facility. In fact, for 80 percent of people who have a substance use disorder, other treatment options are often the most appropriate. Outpatient treatment is the backbone of the treatment system, but there are waiting lists. Finding ways to expand community-based treatment in every area of the state is a primary focus of DETER.

Using Data to Improve Outcomes

Improving technology is enabling an improved performance data system that can be used to actively and routinely document and improve client progress and outcomes

as well as monitor and improve provider performance. This data system, a work-in-progress, will support good management and policy decisions with good information. This effort also supports the National Outcomes Measures implementation, a federal mandate to show effectiveness of treatment and prevention services.

Promoting Recovery

The greatest hurdle for Vermonters who complete treatment often is the return to the same surroundings and social circles that enabled, and sometimes caused, their substance abuse. An important part of DETER is providing the support and tools that people need to help resist old behavior patterns – and succeed in building new, healthy habits and coping skills necessary for successful recovery.

Achievements

Student Assistance Programs

Children who begin to use alcohol before their 13th birthday are nearly five times more likely to develop alcohol dependence than those who begin drinking at age 21. The Student Assistance Program (SAP) ensures that in-school counselors and teams identify students who may be at risk of developing a substance abuse problem, intervene and, when necessary, refer them to community agencies for more specialized or intensive services. During the 2005-06 school year, nearly 5,000 students were able to meet one-on-one with SAP counselors in more than 100 schools.

Methamphetamine Education

Methamphetamine is a highly addictive stimulant that affects the central nervous system. Nationally, methamphetamine use continues to spread eastward, both in rural and urban areas. Vermont is not yet seeing significant use of methamphetamine and, through its continued prevention and education efforts, Vermont may successfully limit demand for the drug. Following two leadership summits and statewide educational sessions in 2005, the Methamphetamine Precursor Act in was passed in 2006. The Health Department worked closely with law enforcement, retail, grocers and pharmacy associations to develop outreach strategies and distribute educational materials detailing the new law, which placed limitations on the sale of over-the-counter precursor drugs that are used to make methamphetamine.

Increased Treatment Capacity Statewide

DETER has provided funding to increase overall treatment capacity, allowing more people to stay in state for their treatment. Adult out-patient capacity has increased by 30 percent, and six sites are now funded to provide adolescent treatment.

With the opening of Valley Vista in Bradford, inpatient treatment capacity doubled, helping achieve a critical goal of providing in-state residential treatment for adolescents and women, especially those leaving the prison system. Last year, only 17 clients were sent to Conifer Park in New

York, the facility that previously provided much of the specialized treatment for women and adolescents. From July 05 to June 06, 560 women and adolescents were treated at Valley Vista. Approximately 30% of these were women who were admitted directly after release from prison.

Medically Treatable Opiate Addiction

Like diabetes or heart disease, addiction is a chronic, often lifelong illness. The goals of treatment are similar in many ways to other chronic illnesses and include learning behavioral changes aided by medication.

Users of opiates need a safe and legal medication-assisted treatment. Vermont has two types of treatments available, methadone and buprenorphine, and both are remarkably effective.

The Chittenden Center in Burlington treats 190 people. From the most recent outcome reports, over 96 percent of their clients in treatment with methadone remain opiate-free. This is in contrast to about a 30 percent opiate-free rate for non-medication assisted treatment. In rural areas of the state, we are reaching about 150 people with mobile methadone opiate treatment units. The Northeast Kingdom is reporting similar success as the Chittenden Center, and 85 percent of employable people in the program are currently working or attending school.

Buprenorphine is administered through physicians' offices. With DETER funding, more than 100 physicians throughout the state have been trained in the office-based use of buprenorphine for treating opiate dependence. Although Vermont leads the nation in the per capita percentage of physicians trained to use this medication, still there are not enough providers to meet the need. The Health Department is working closely with OVHA (Office of Vermont Health Access) to increase the numbers of trained providers.

Case Management

Substance abuse counselors and case managers have been added in counties throughout Vermont, increasing case management capacity by 54 percent. The improved

capacity in specialized programs such as drug courts, medication-assisted treatment and direct treatment services, is allowing for better coordination and integration of services.

Drug Courts

DETER focuses on taking effective action to break the cycle of substance abuse, addiction and crime. Drug courts are proving to be a successful, coordinated effort between human services and criminal justice communities to create alternatives to jail. Thanks to DETER and federal funding, six courts have been established in locations around the state, with at least one more in development. Over 150 people have received drug court services.

The Drug Courts, with a focus on corrective, rather than punitive measures, have demonstrated this approach is also cost-effective in both the short and the long term. Treatment has helped nine pregnant women have drug-free babies. At an estimated cost of \$1 million saved over the lifetime of a child, that's a potential savings to the state of \$9 million.

Recovery Centers

DETER funding has increased the number of recovery centers from three to seven – with two new centers about to open. These recovery centers provide some of the most important services for Vermonters trying to maintain their recovery efforts in safe, drug and alcohol-free environments. Surveys show that 93 percent of participants believe that these centers help them to maintain their recovery from substance abuse.

Goals for 2007

The Department of Health is working with community coalitions, youth groups, schools and health care providers throughout the state to coordinate existing resources, programs and services.

- Increase statewide capacity for out-patient treatment
- Increase the number of treatment slots for methadone and buprenorphine services
- Expand community awareness about the dangers of underage drinking
- Expand community awareness about underage substance use and resources for change
- Expand community-wide prevention services
- Provide Student Assistance Program services in more schools
- Create career opportunities to increase the substance abuse profession workforce
- Attract new students and professionals to the field by removing financial barriers and ensuring best practices and training are supported
- Investigate the possibility of expanding office-based methadone treatment into physicians' offices for people who are demonstrating long-term recovery – this will allow treatment slots within the clinic system for more intensive treatment of people just starting their recovery
- Focus on the needs of Vermonters with co-occurring substance abuse and mental health disorders



The Health Department maintains a list of community coalitions and resources at: <http://healthvermont.gov/adap/resources.aspx>.

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The Continuum of Care

Community Prevention – changing community norms to make substance use less pervasive and less acceptable. Prevention services can also be targeted to those at risk to minimize the likelihood of addiction.

Intervention – services for individuals to change behaviors that may lead to a substance abuse or dependence issue.

Assessment – a formal process to determine the need and appropriate level for treatment, from community based outpatient services to more intensive residential treatment. Appropriate placement is essential to success.

Treatment – providing clients with the tools they need to change behavior. The backbone of the system is outpatient treatment – a level of treatment nearly every substance abuse client will need. Those with more severe addiction issues may need intensive outpatient or, as a last resort, residential treatment. Most residential treatment clients will then need to “step down” to outpatient treatment to learn healthier coping skills and continue re-building their lives.

Recovery –after treatment support services assist clients with building a new substance-free existence and provide support to prevent reentering the cycle of addiction. These services include recovery centers and transitional housing away from the prior negative home and community relationships that may have supported substance use.