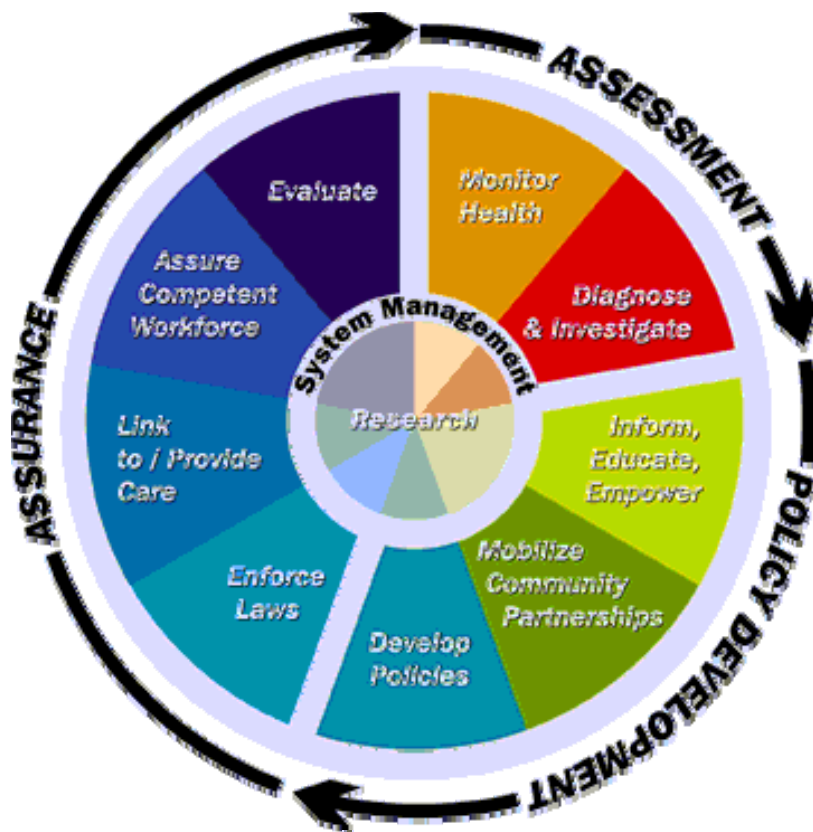




Opioids in Vermont: Prevalence, Risk, and Impact

October 27, 2016

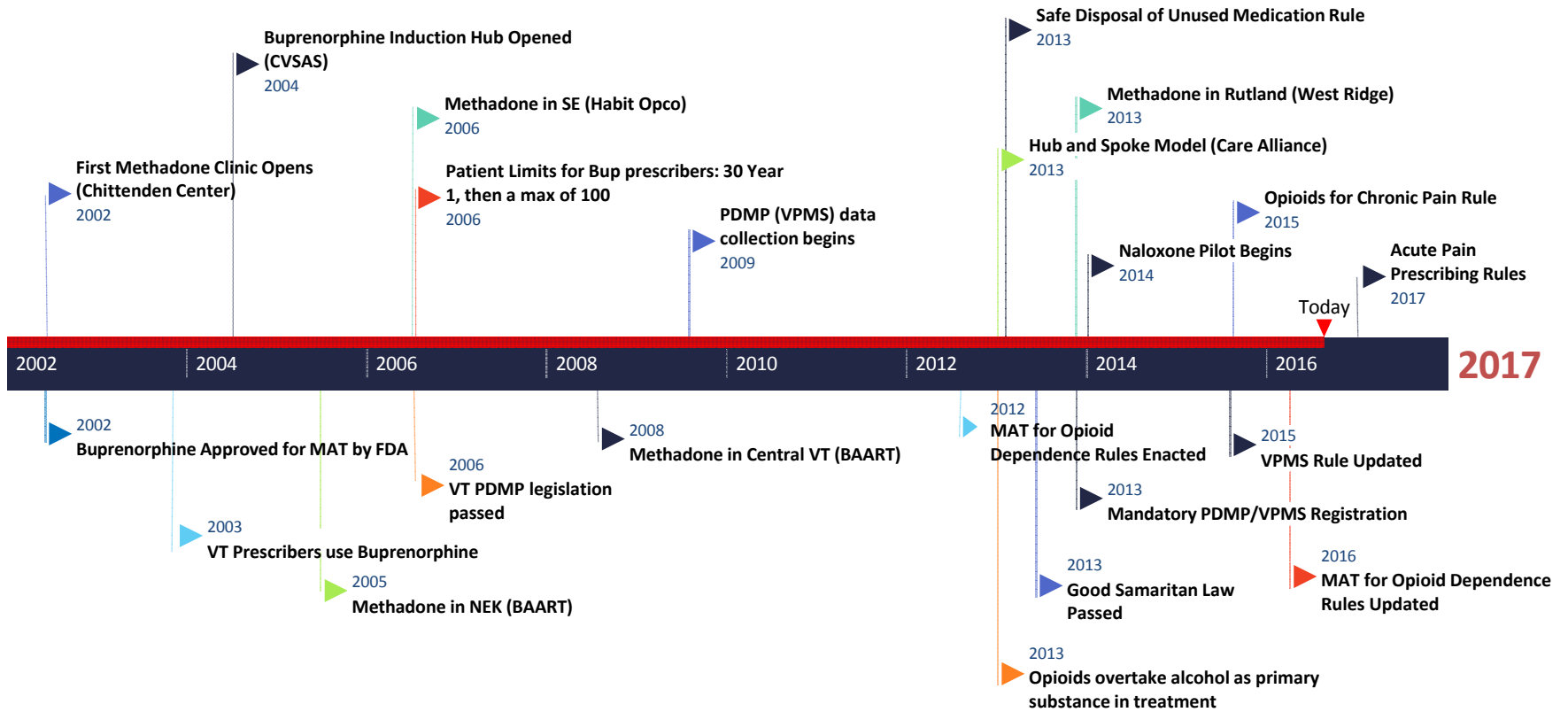
Essential Public Health Services



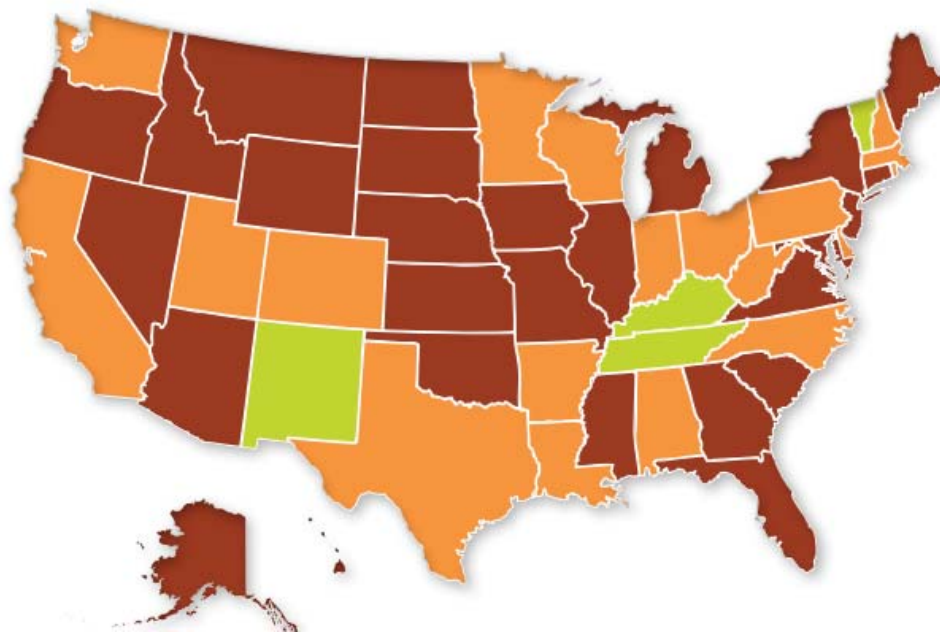
- Monitor Health to Identify and Solve Community Health Problems
- Inform, Educate, and Empower People About Health Issues

- The current status in Vermont
- Fatal overdoses
- Non-fatal overdoses
- Prevalence
- Treatment
- Crime
- So what? (Implications)

Timeline: Addressing Opioid Misuse and Addiction in Vermont



VT is one of four states “making progress” in policy according to the National Safety Council



Areas Assessed:

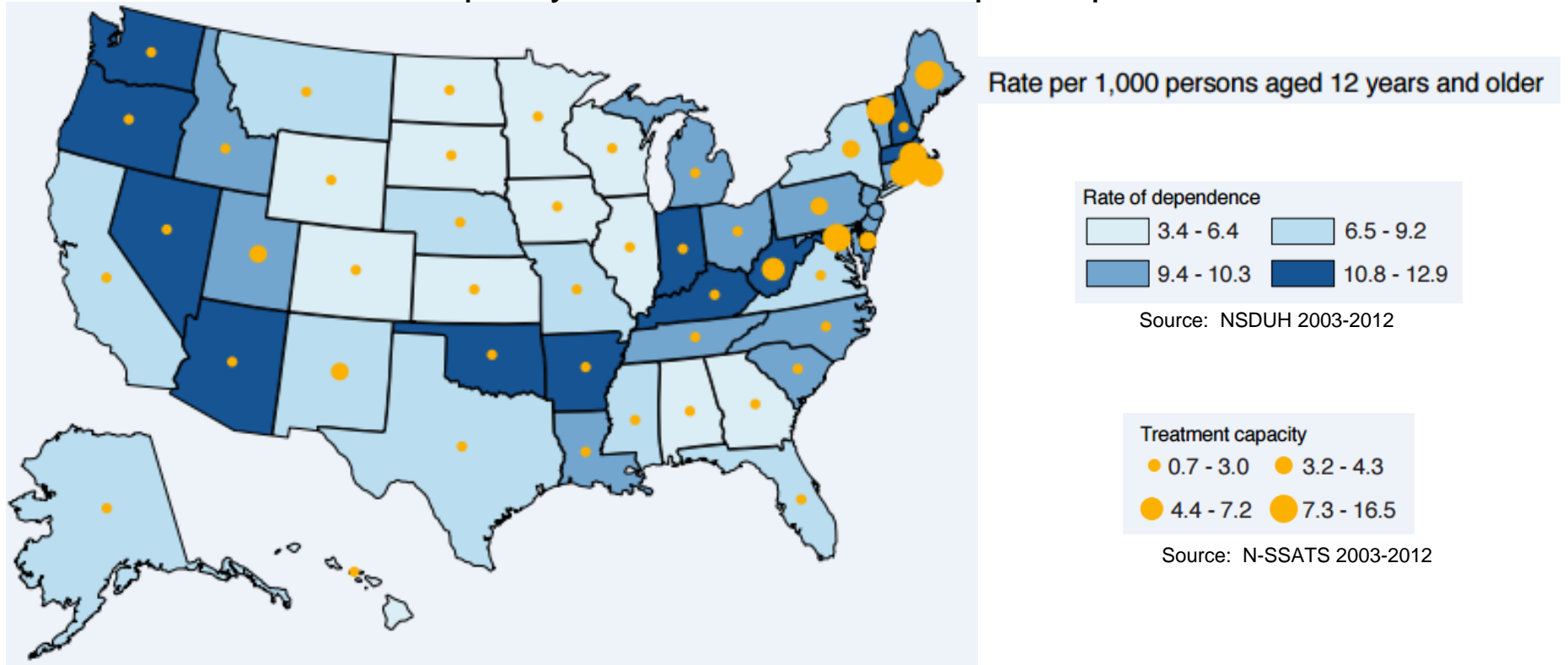
- Mandatory Prescriber Education
- Opioid Prescribing Guidelines
- Eliminating Pill Mills (VT doesn't have them but also doesn't have legislation to eliminate/prevent them)
- Prescription Drug Monitoring Programs
- Increased Access to Naloxone
- Availability of Opioid Use Disorder Treatment

In Place

Not in Place

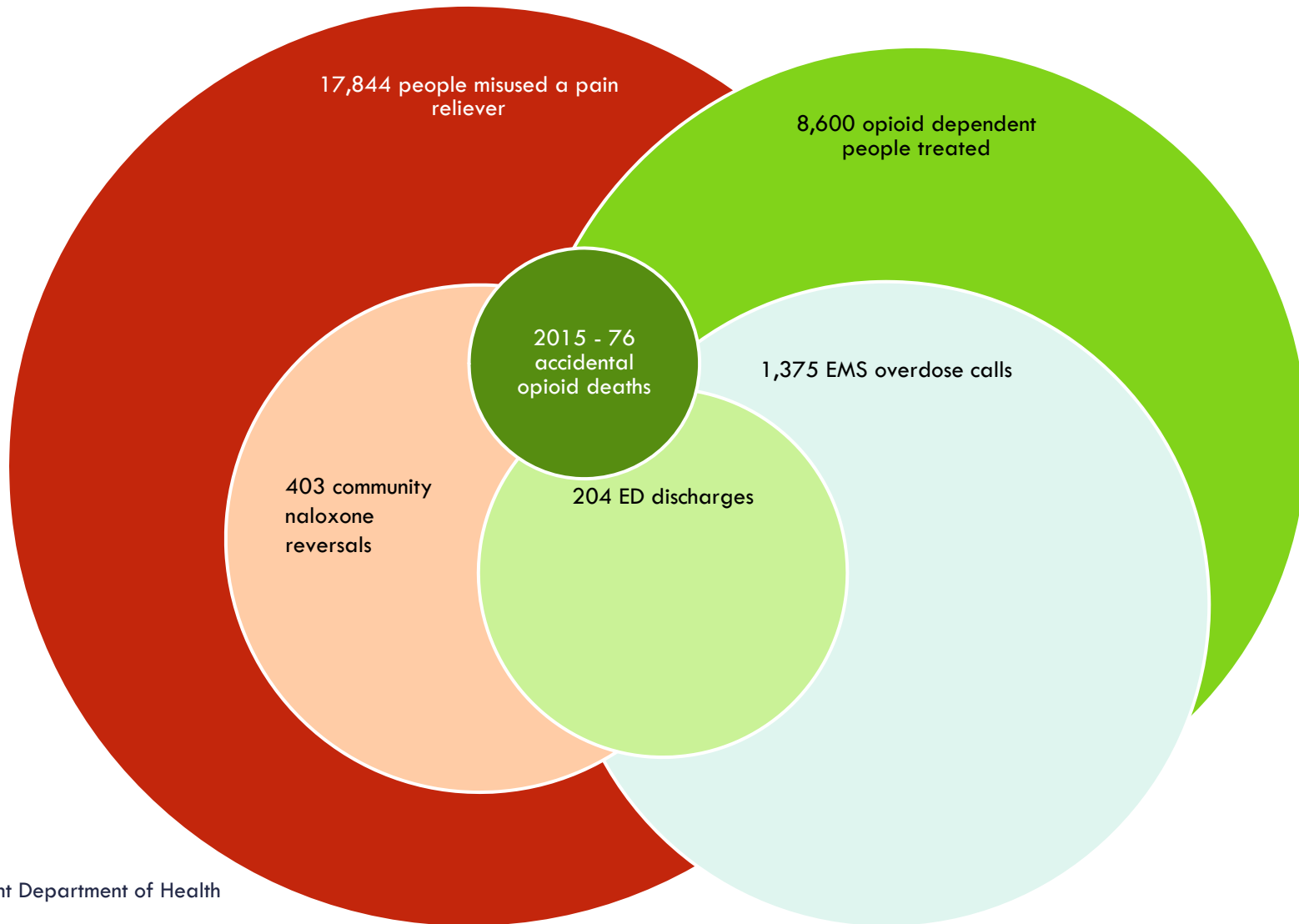
Vermont has one of the highest rates of treatment capacity

Rate of Past Year Opioid Abuse or Dependence* and Rate of Medication Assisted Treatment Capacity with Methadone or Buprenorphine

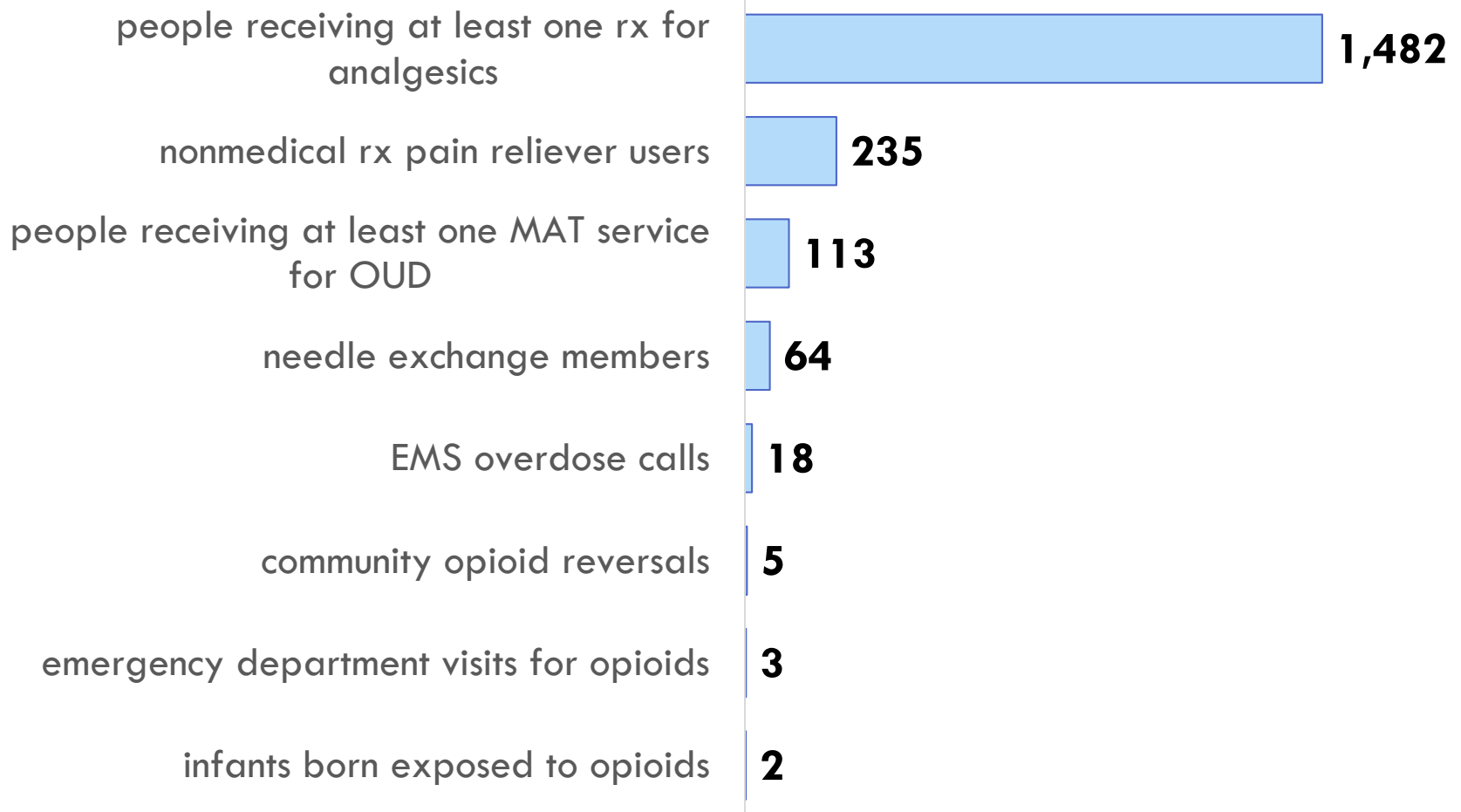


*Opioid abuse or dependence includes prescription opioids and/or heroin

People can be in many of our data sources



For every **1** fatal opioid overdose in VT
there are:



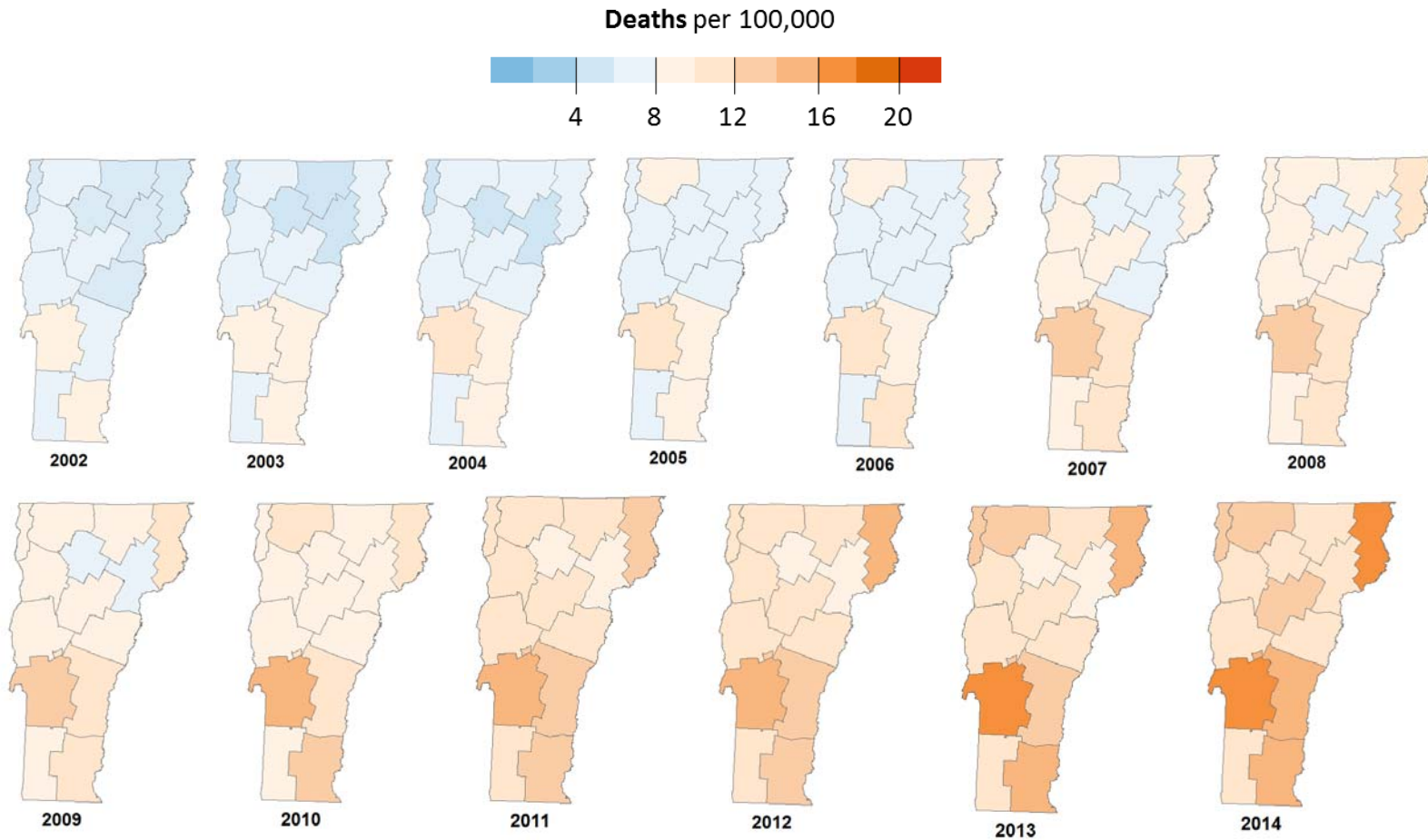
9

Fatalities

Vermont Drug Poisoning Estimated Deaths by County

(All Drug Poisoning Deaths)

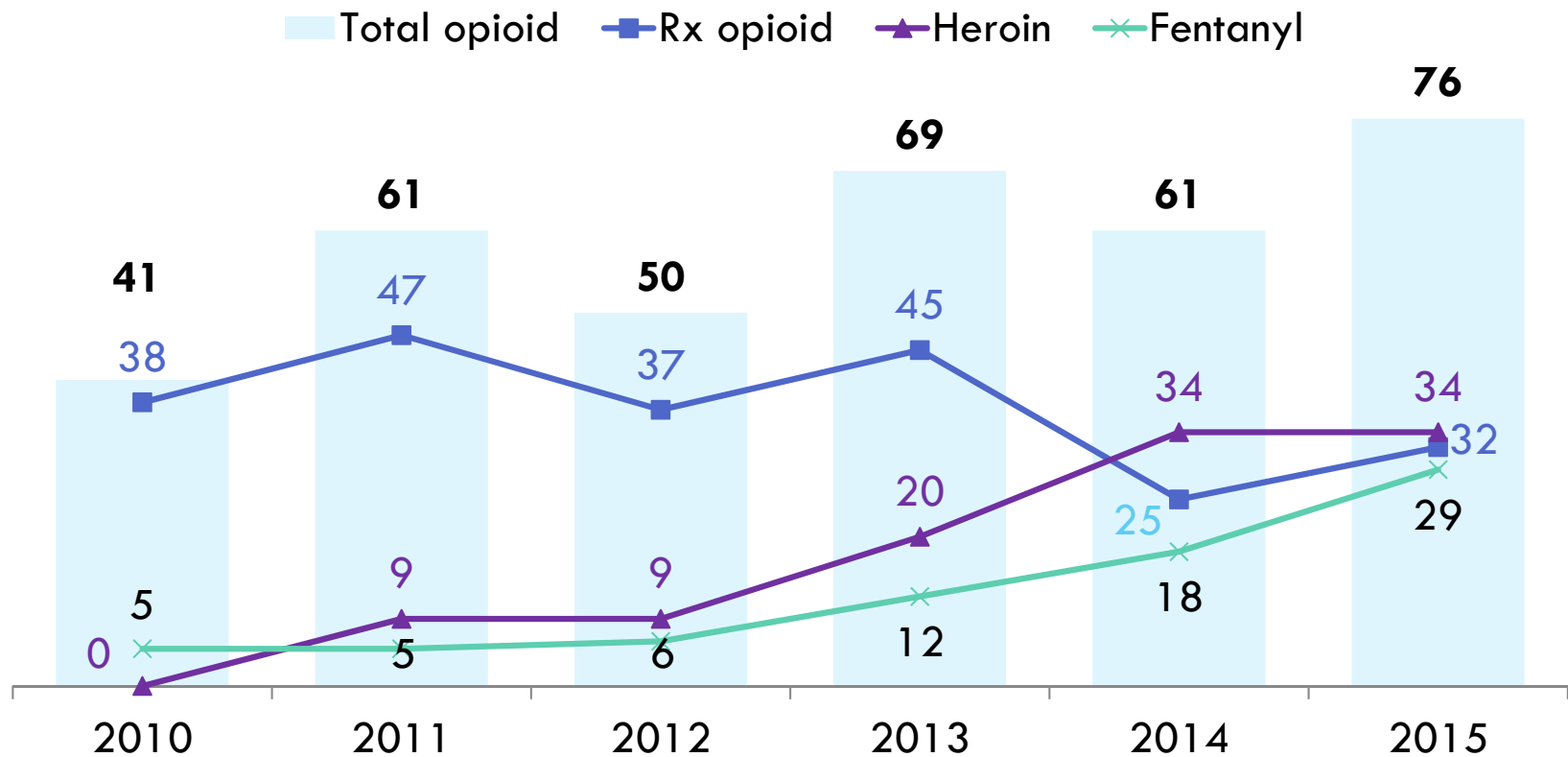
Source: Centers for Disease Control and Prevention, Drug Poisoning Mortality: United States, 2002-2014



Vermont's 2014 age adjusted rate of drug poisoning deaths is the same as the U.S. average at approximately 14.7 per 100,000 Vermonters.

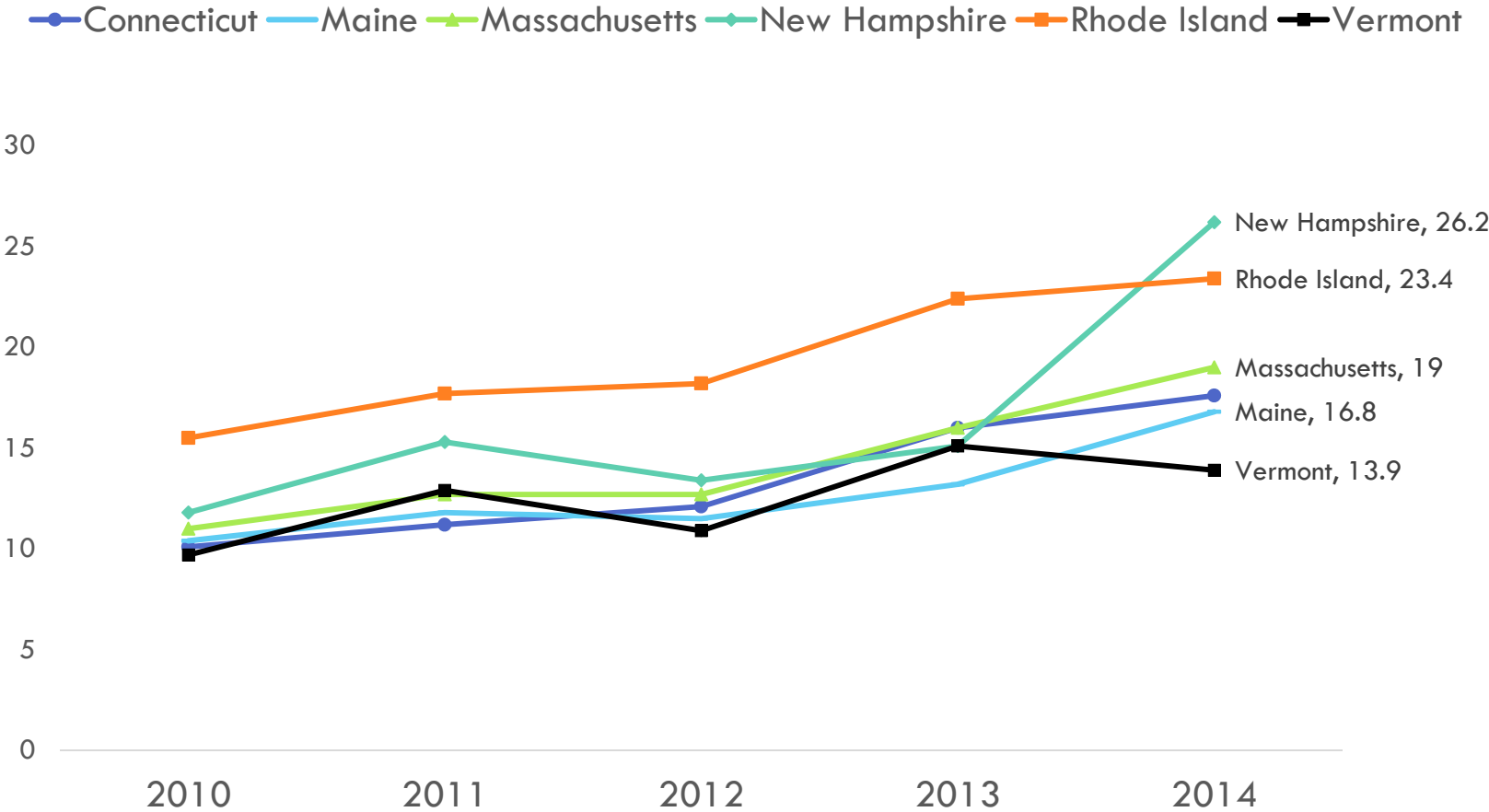
Drug-Related Fatalities Involving Opioids

Total number of accidental and undetermined manner drug-related fatalities involving an opioid
(categories not mutually exclusive)

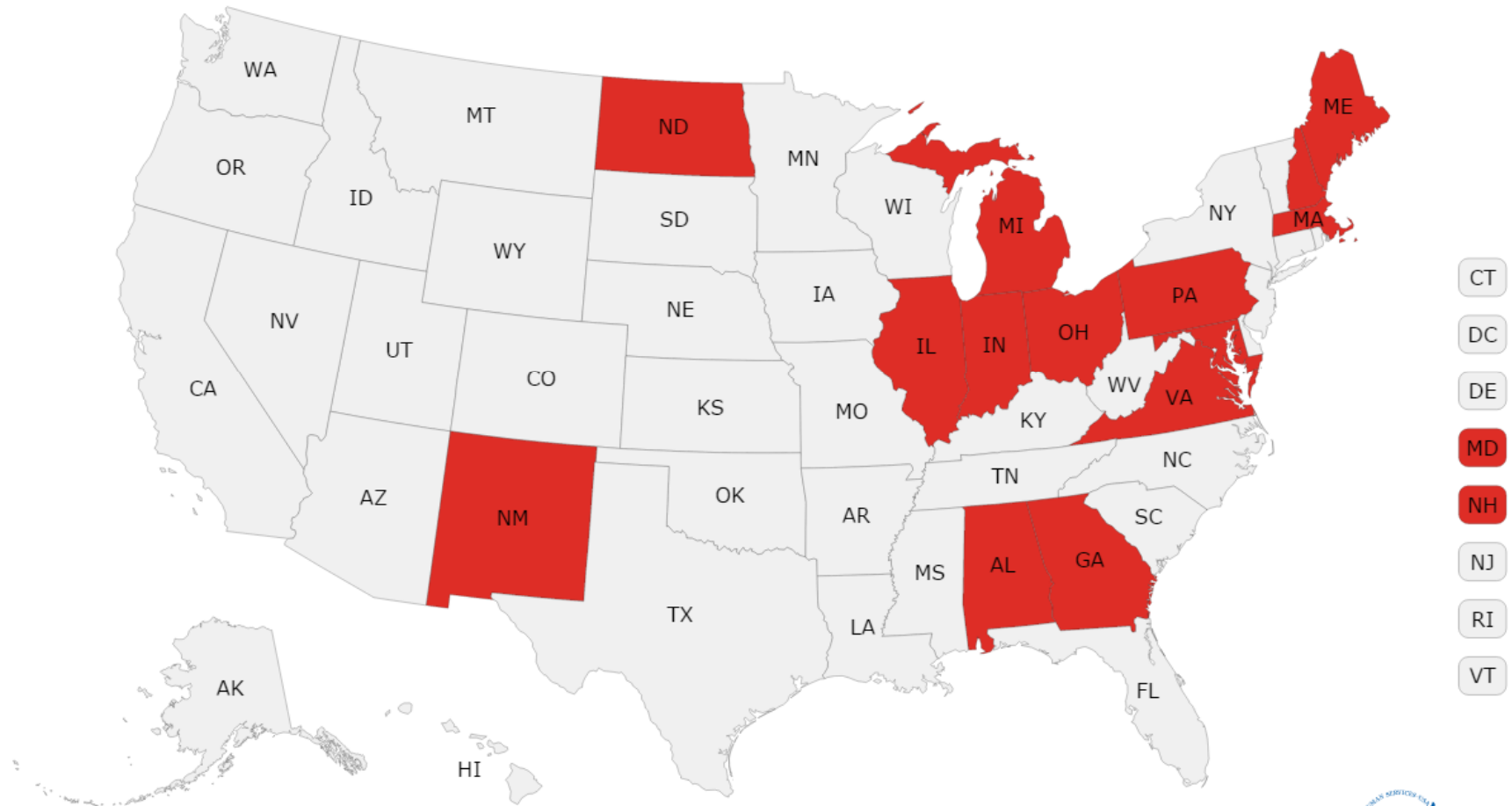


New England Drug Overdose Deaths by State and Year

Drug Overdose Deaths per 100,000 by State



Statistically significant drug overdose death rate increase from 2013 to 2014, US states



14

Non-fatal overdose

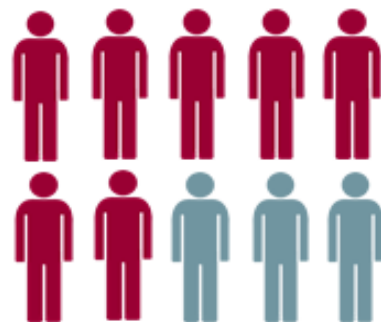
Key Surveillance Needs

- Respond to emerging issues

The heroin increase is an offshoot of the opioid epidemic



3 out of 4 people who used heroin in the past year misused opioids first

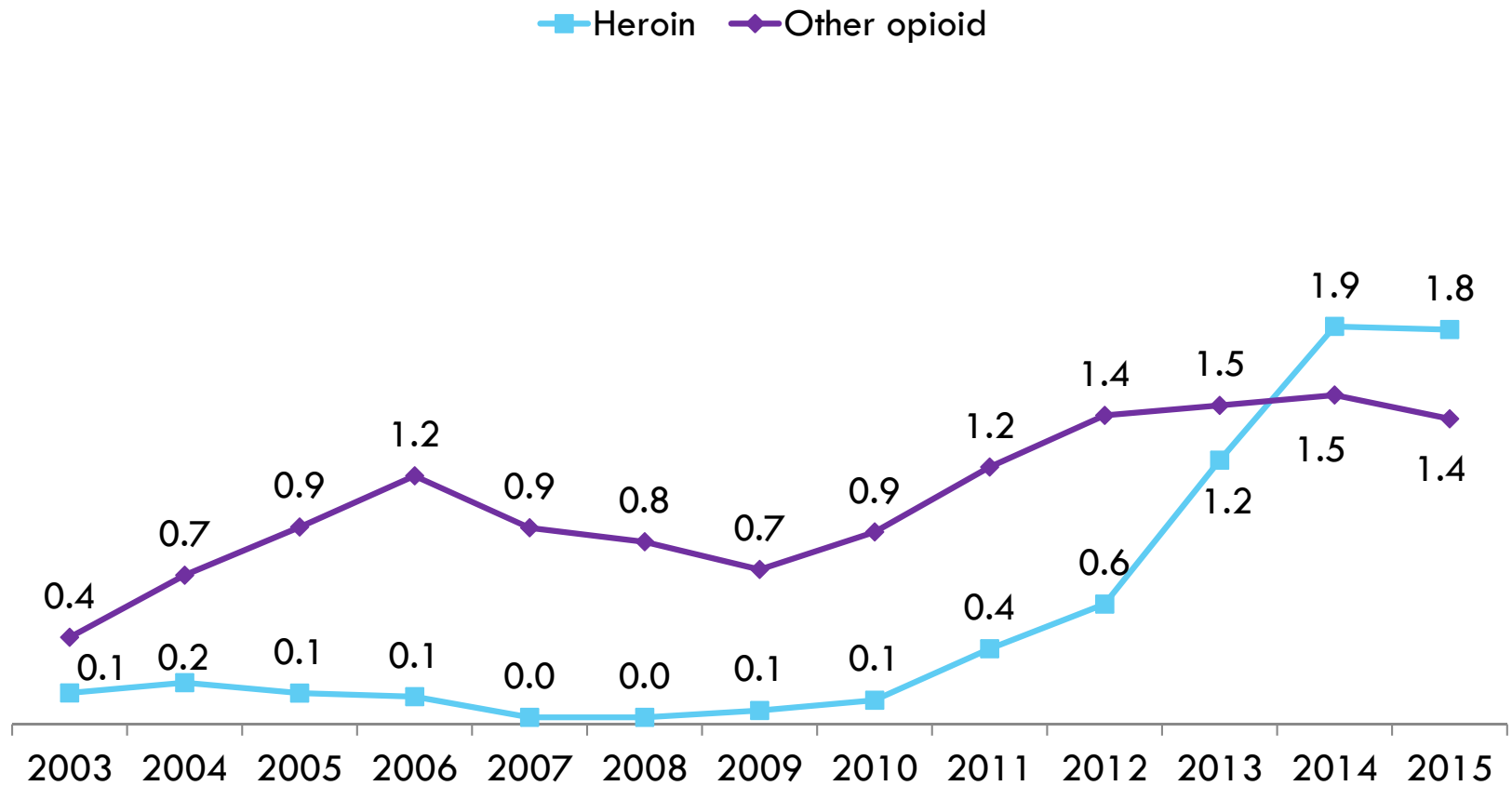


7 out of 10 people who used heroin in the past year also misused opioids in the past year

Jones, C.M., Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008–2010. *Drug Alcohol Depend.* (2013).

Syndromic Surveillance

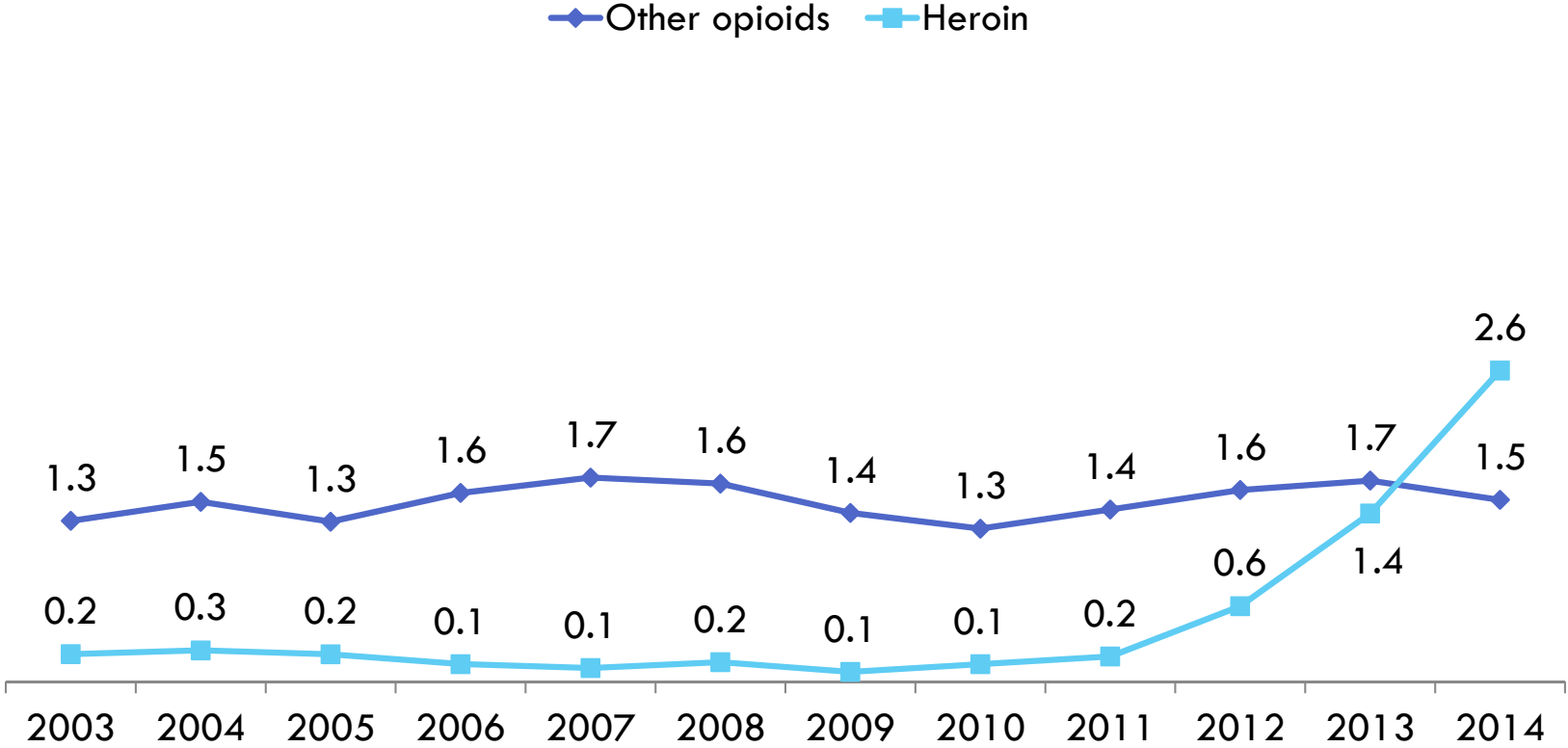
Syndromic Surveillance Rate per 10,000 Vermonters



Source: Early Aberration Reporting System

Emergency Department Discharge Data

Emergency Department Discharge Rate per 100,000 People for Opioid Overdose, by Type of Opioid and Year
Vermont Residents at Vermont Hospitals



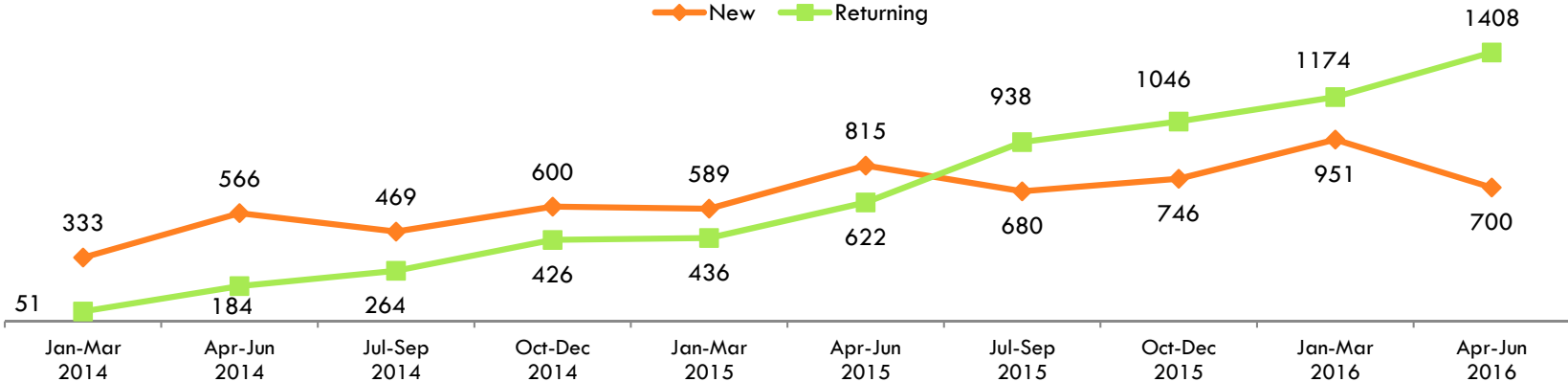
EMS – SIREN data system



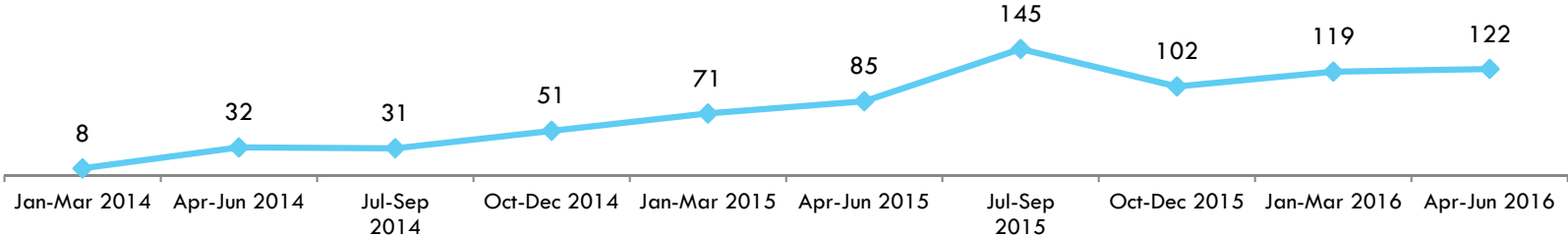
- Data are newly being used for opioid surveillance purposes – cases are not well defined
- Data are available immediately, but analysis takes a long time
- Data are based on first impression and reason for call
- Preliminary Data
 - ▣ In 2014 there were 1,257 potential overdose responses
 - ▣ In 2015 there were 1,361 potential overdose responses
 - ▣ These comprise approximately 1.5% of all calls.

Naloxone

Number of doses dispensed by client type, quarter and year



Number of reports of naloxone use in response to a perceived overdose incident

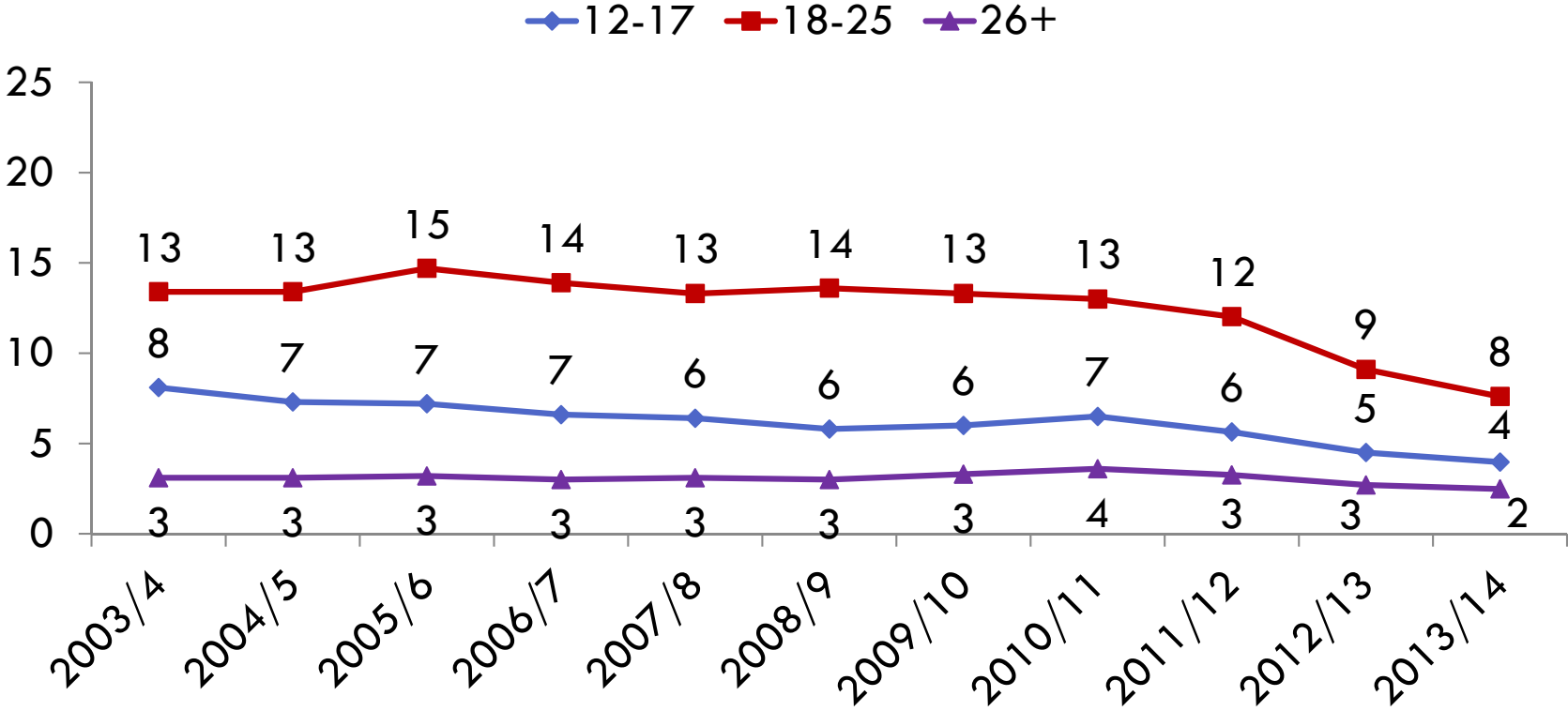


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Prevalence

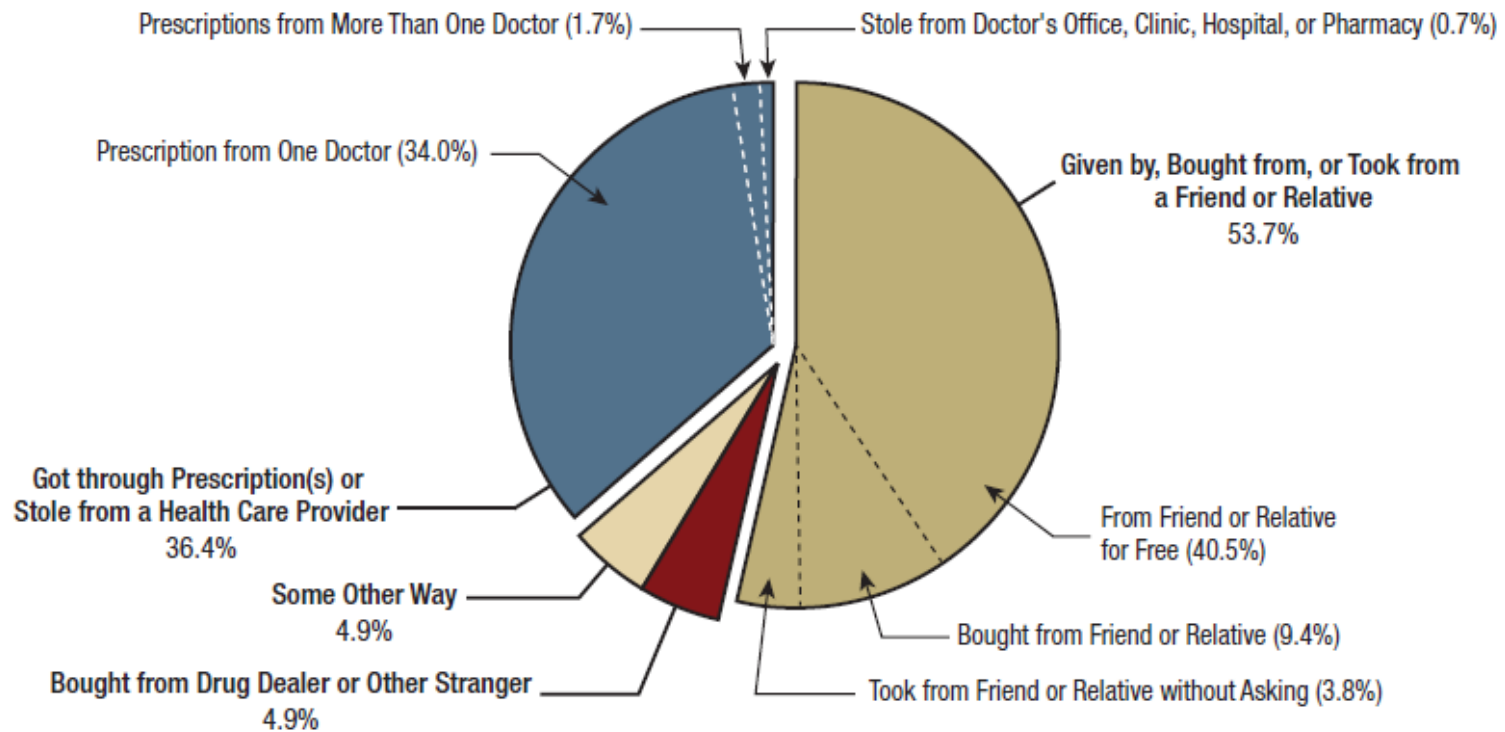
Non-medical use of prescription pain relievers in Vermont

Percent of Vermont population reporting non-medical use of pain relievers in the past year by age in years.



Nationally, over half of those who misused a prescription pain reliever got it from a friend or relative.

Figure 24. Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages, 2015



12.5 Million People Aged 12 or Older Who Misused Pain Relievers in the Past Year

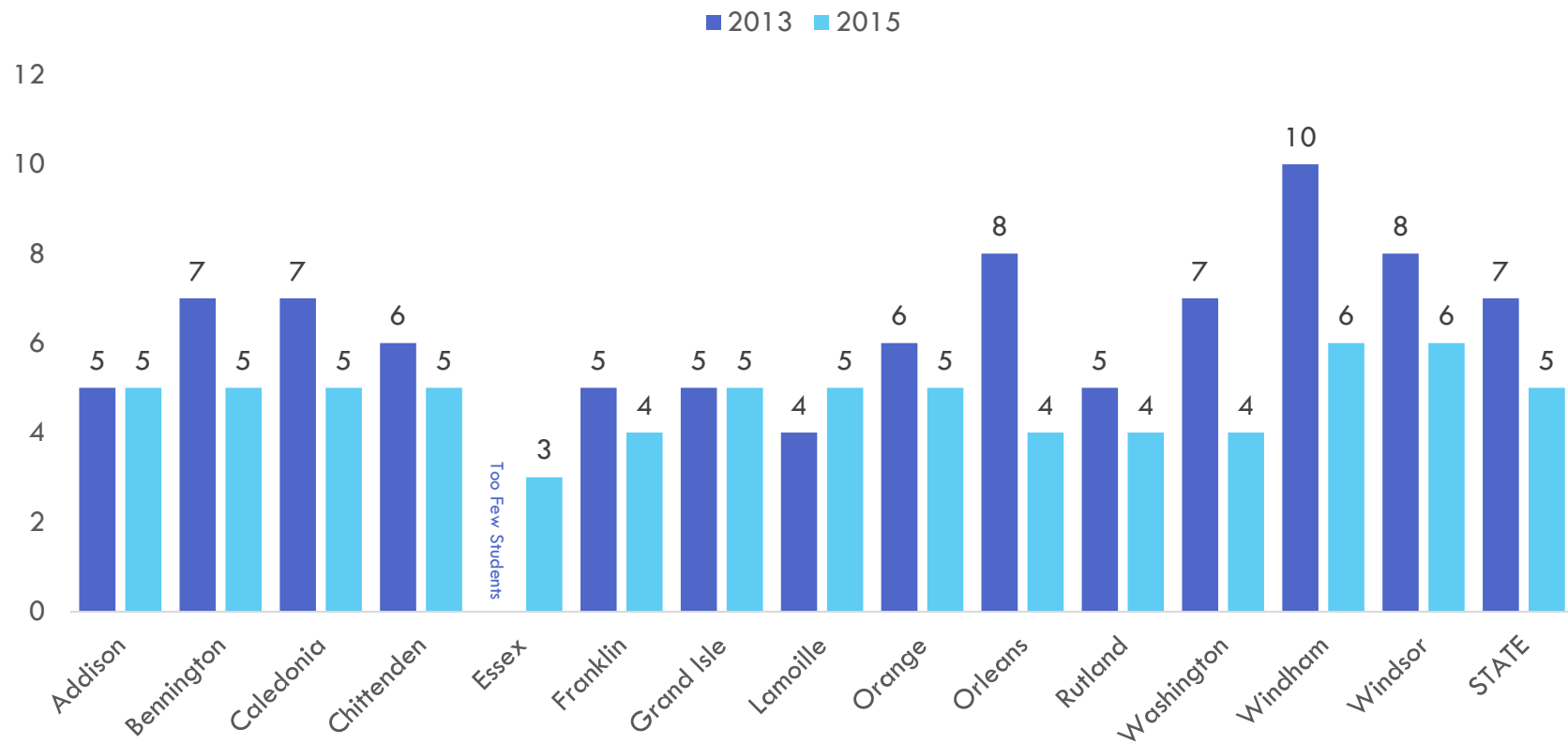
Note: The percentages do not add to 100 percent due to rounding.

Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

Source: National Survey on Drug Use and Health, 2015

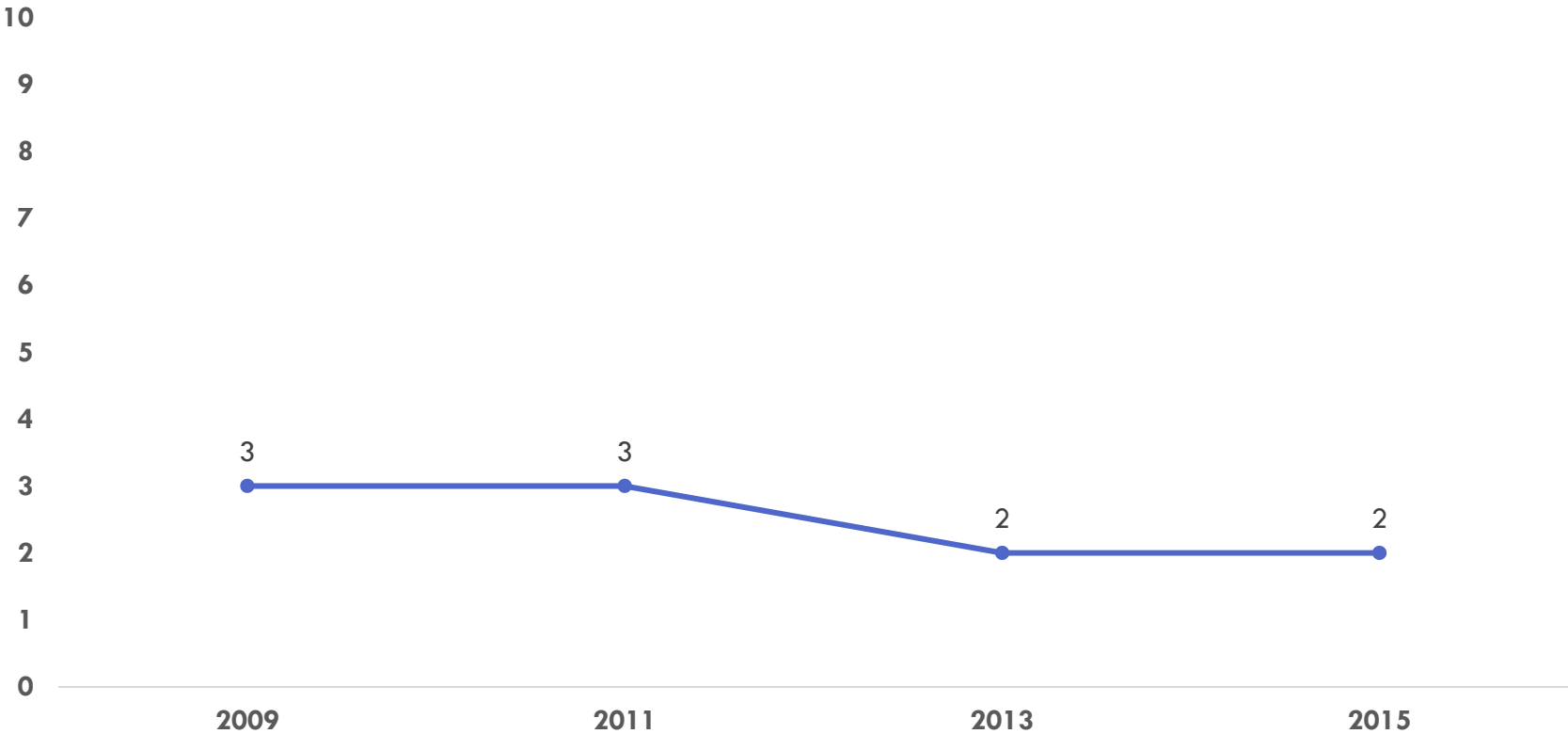
High School prescription drug misuse decreased in almost every county from 2013 to 2015

Percent of high school students reporting past 30 day prescription drug misuse by county and year



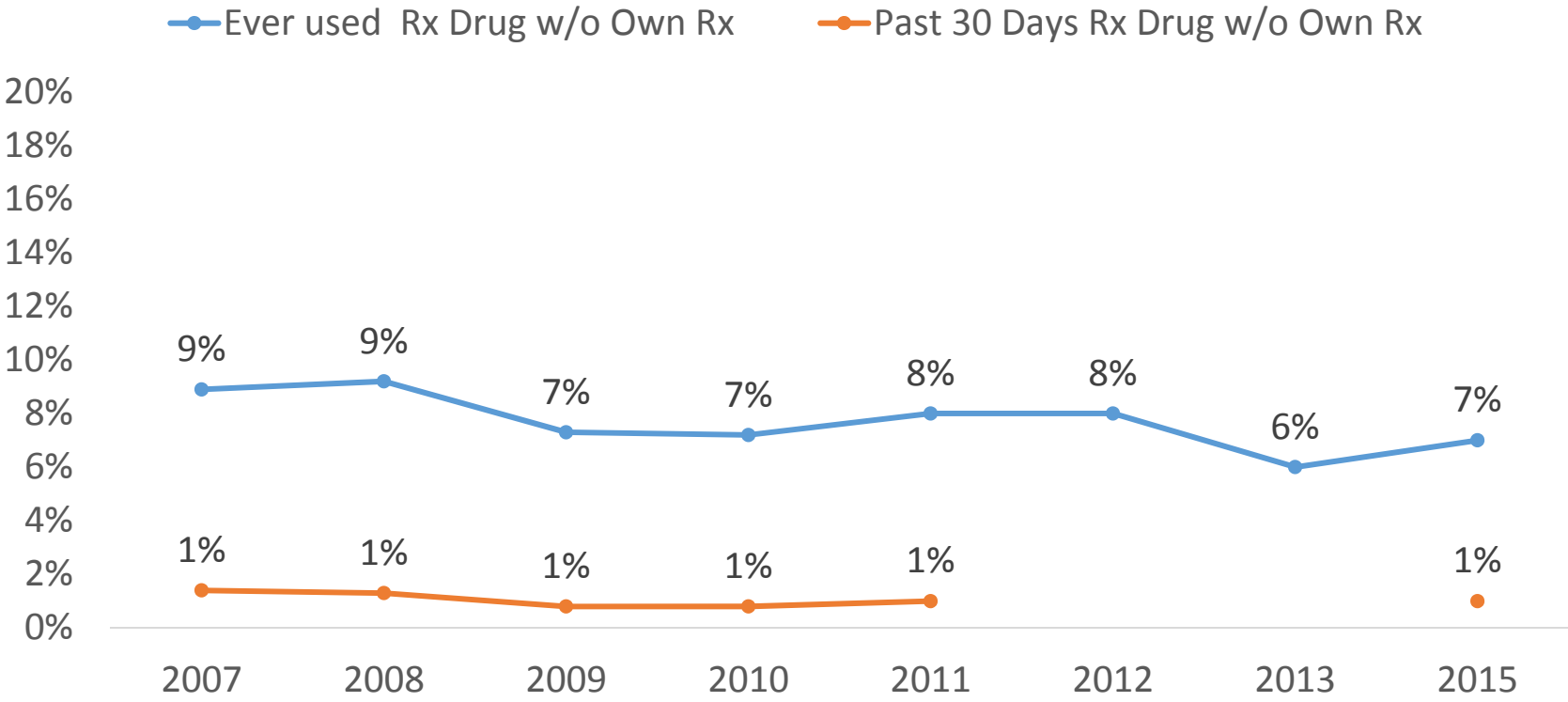
Heroin use among high school students remains low

Percent of high school students reporting heroin use within their lifetime by year



Percent of Adults Who Report Prescription Drug Misuse

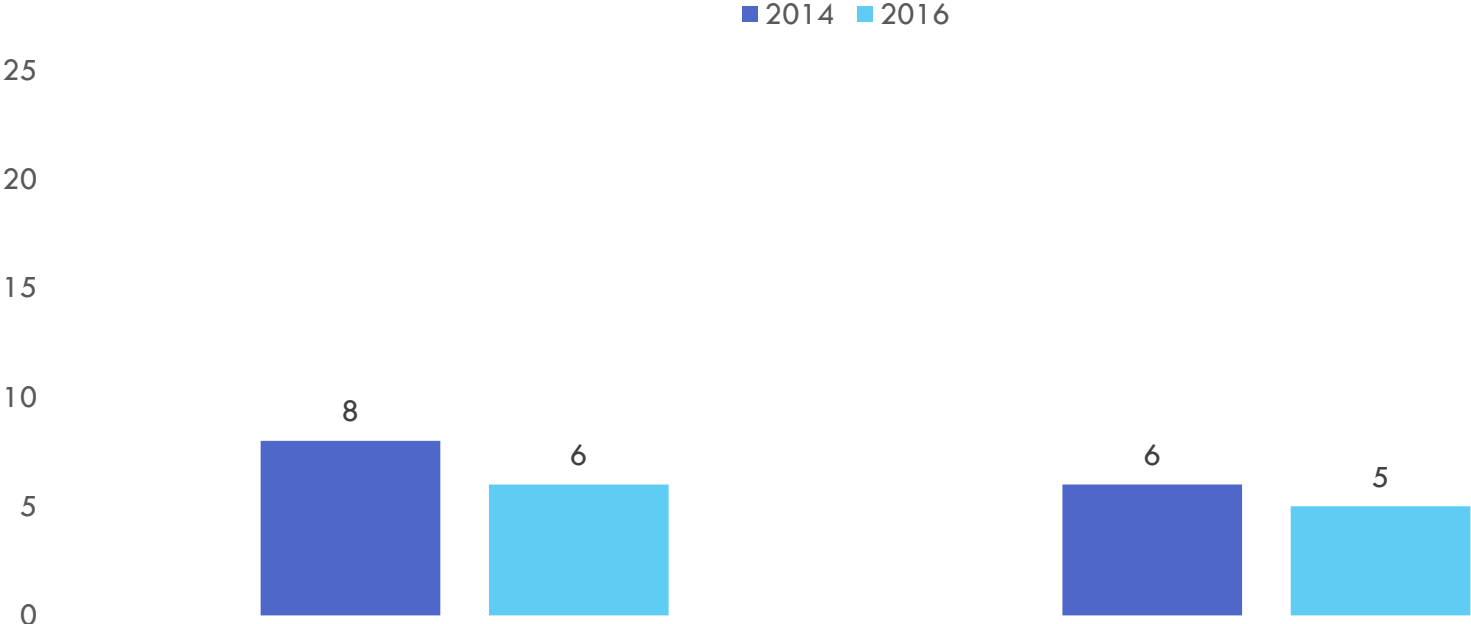
Percent of adults (18+) who report prescription drug misuse by frequency and year



Opioid Misuse – Young Adult Survey* & College Health Survey



Percent of young adults who report opioid misuse in the past year by data source

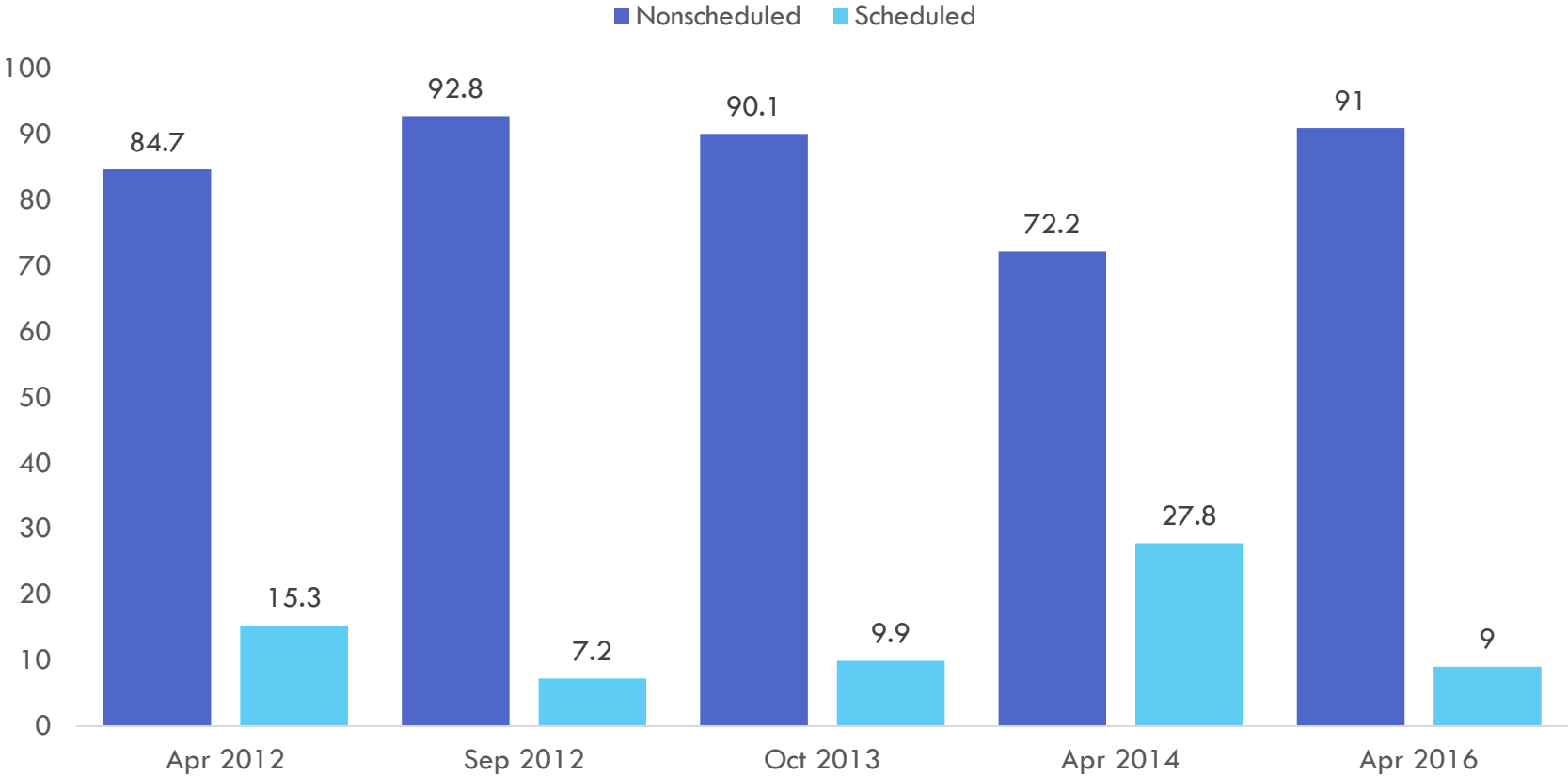


Young Adult Survey
*Young Adult Survey conducted by the Pacific Institute for Research and Evaluation under a contract with VDH

College Health Survey

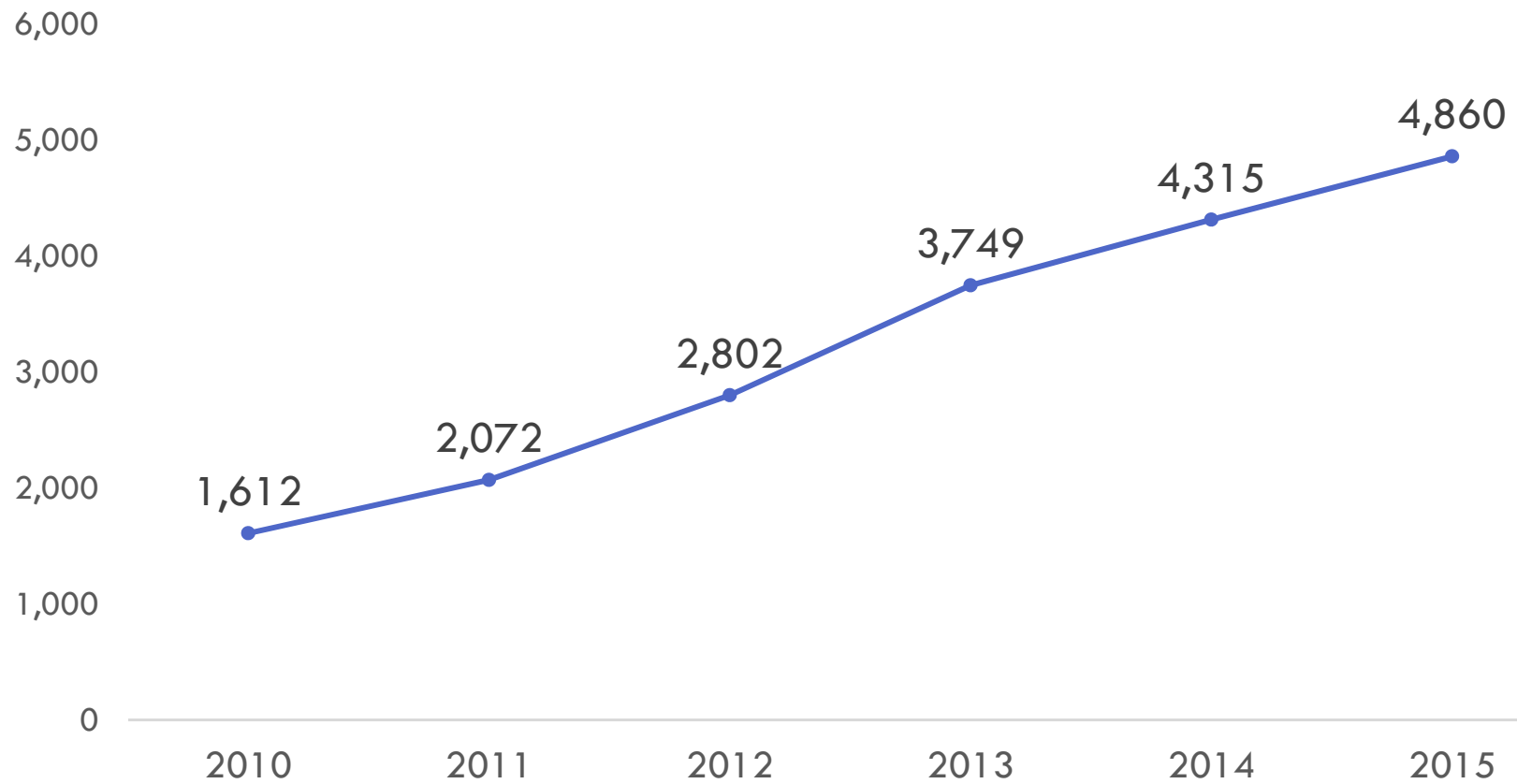
The vast majority of drugs recovered at take back days are non-scheduled

Percent of Burlington “take back” drugs by schedule and date



The total number of needle exchange members is increasing rapidly

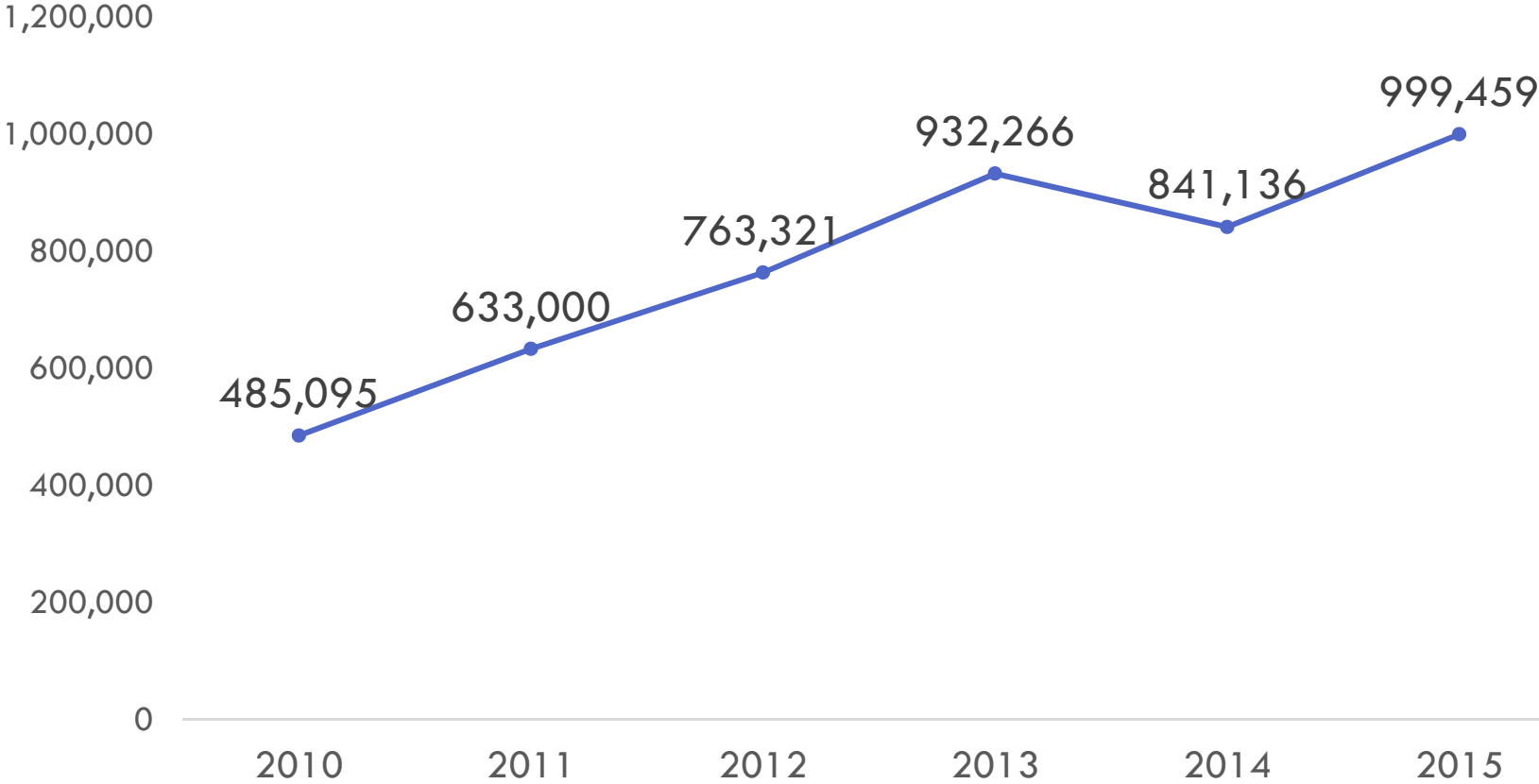
Total number of syringe exchange members by year



The total number of needles dispensed almost hit 1 million

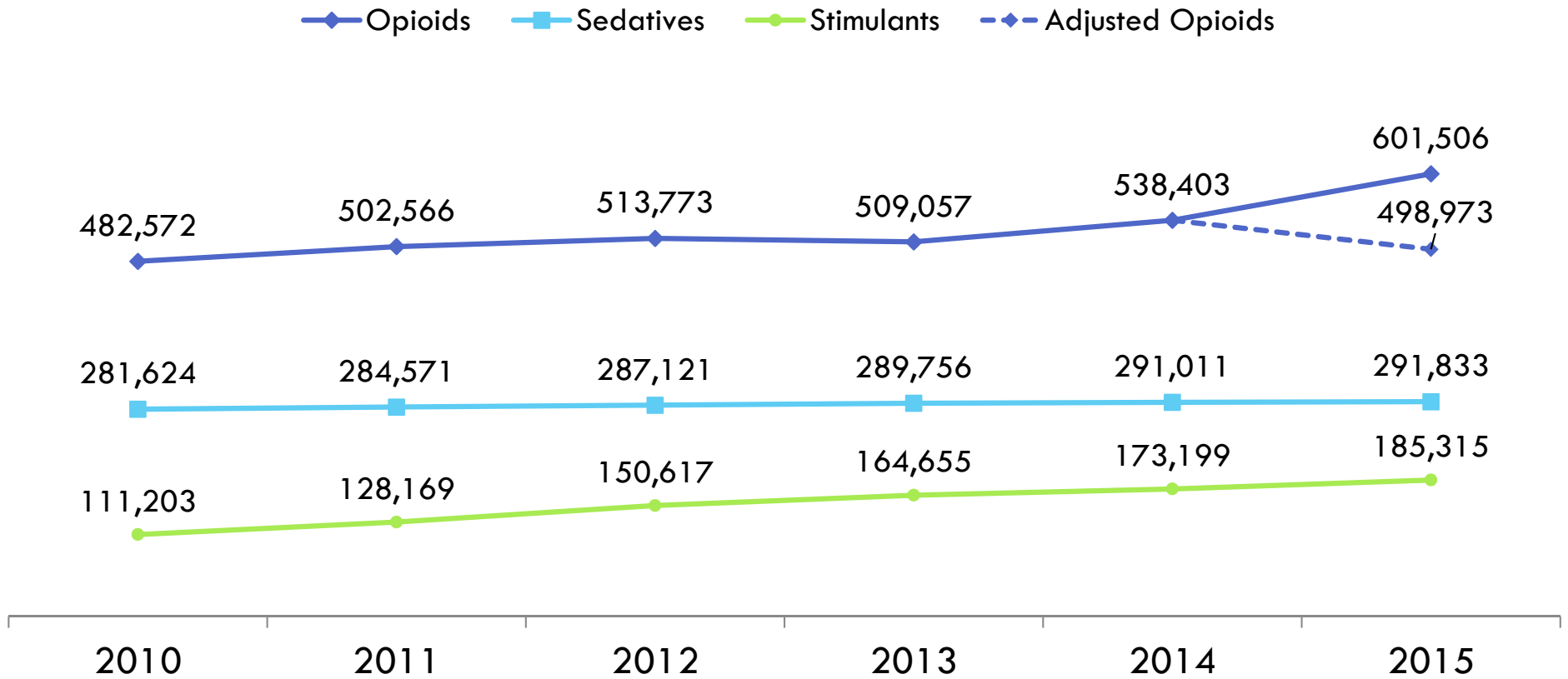


Total number of syringes dispensed by year



Number of Prescriptions by Drug Type and Year

Total Number of Controlled Substance Prescriptions by Drug Type and Year

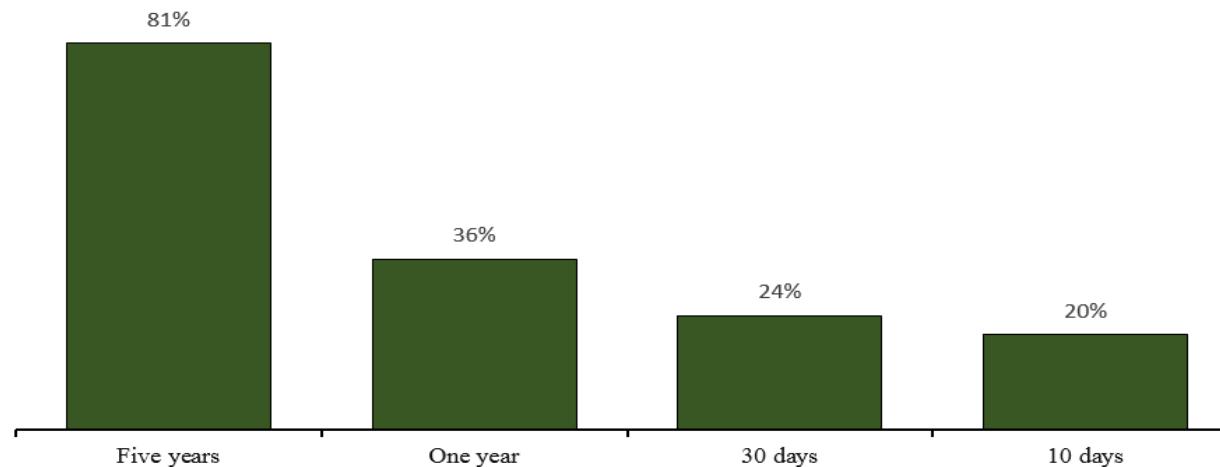


Note: The 2015 Annual Report reflects the first full year of VPMS data with tramadol reclassified from a Schedule V to a Schedule IV drug. Its inclusion in VPMS data due to this reclassification resulted in an increase of 82,992 opioid prescriptions being reported to VPMS 2015. Additionally, the White River Junction Veterans Affairs Medical Center began uploading to VPMS in March of 2015. It uploaded 19,541 opioid prescriptions in 2015. Had these two new data sources not been provided to VPMS in 2015, the number of opioid prescriptions would have decreased for the first time since 2010. (See the Adjusted Opioids trend line.)

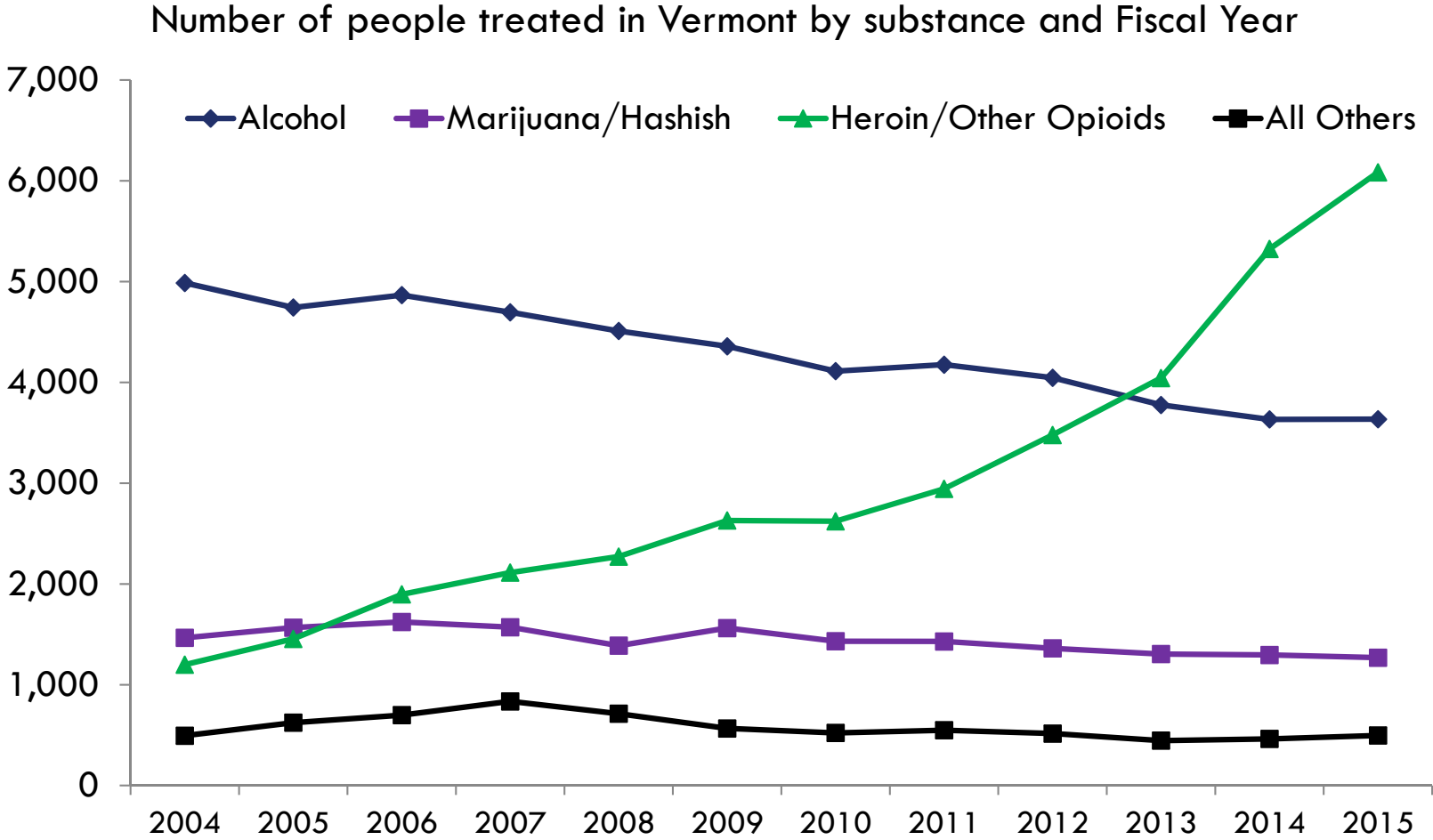
Prescription histories of Individuals with opioid-related accidental fatalities (ORAF)

- In 2015, 68 of 75 ORAF individuals had controlled substance prescription histories
- Of the 68, 81% received high dose (≥ 90 MME) analgesics in the period before their deaths
- ORAF's with an opioid prescription in the year prior to fatality received average of 261 days' supply in that year.

% of ORAF with ≥ 90 MME Opioid Rx by Time Elapsed Before Death

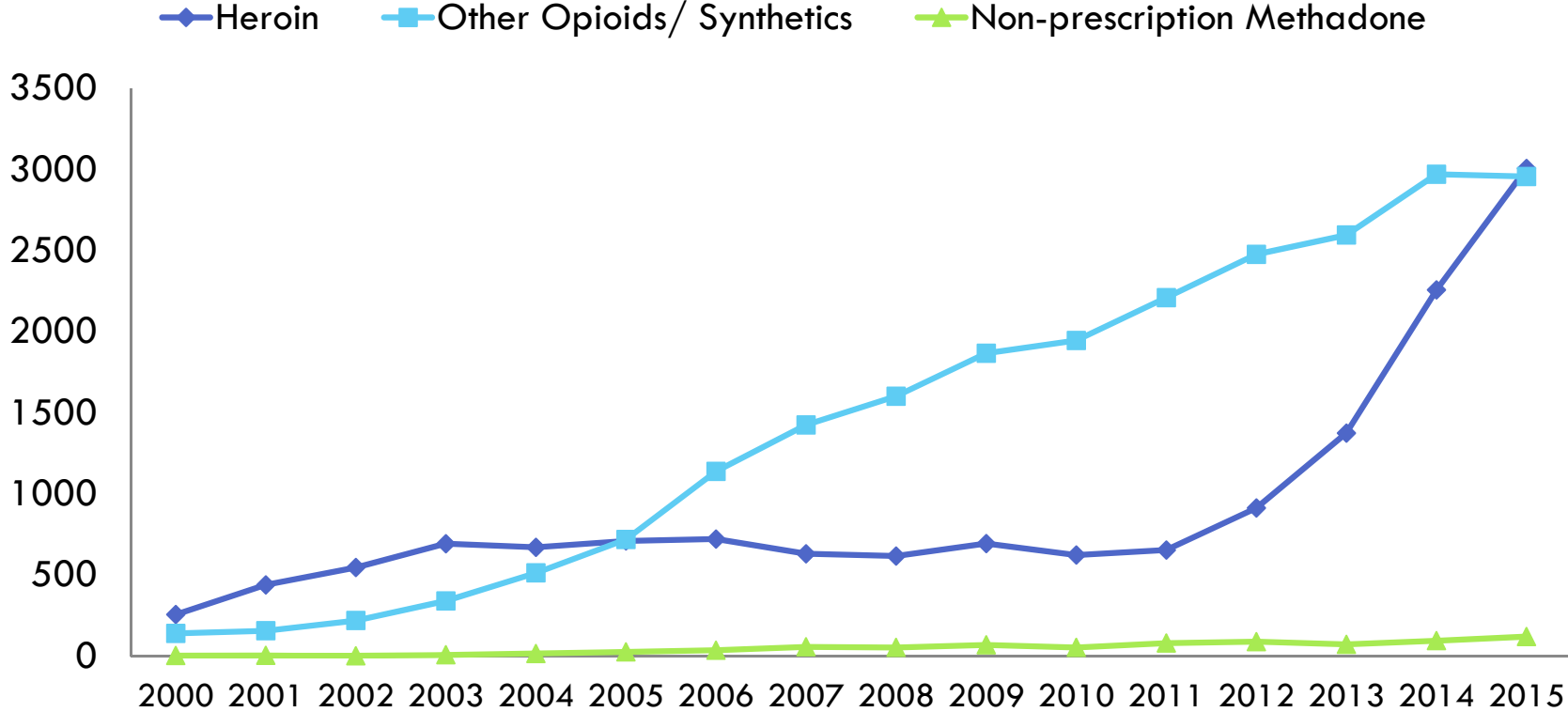


The number of people using heroin at treatment admission is increasing faster than for other opioids

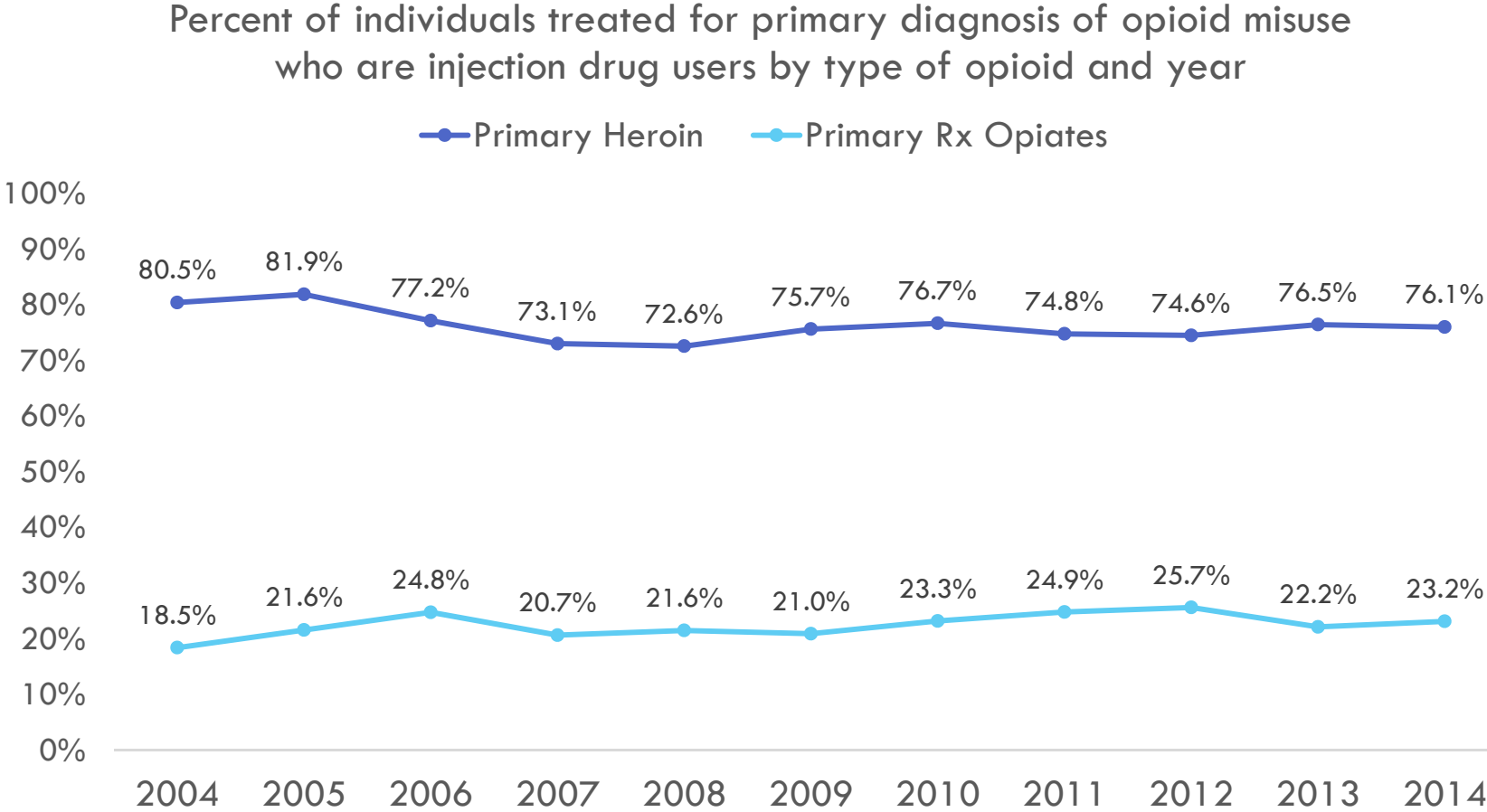


The number of individuals using heroin at treatment admission has increased in the last five years

Number of People Treated by Type of Opioid Being Used on Admission to Treatment by Fiscal Year

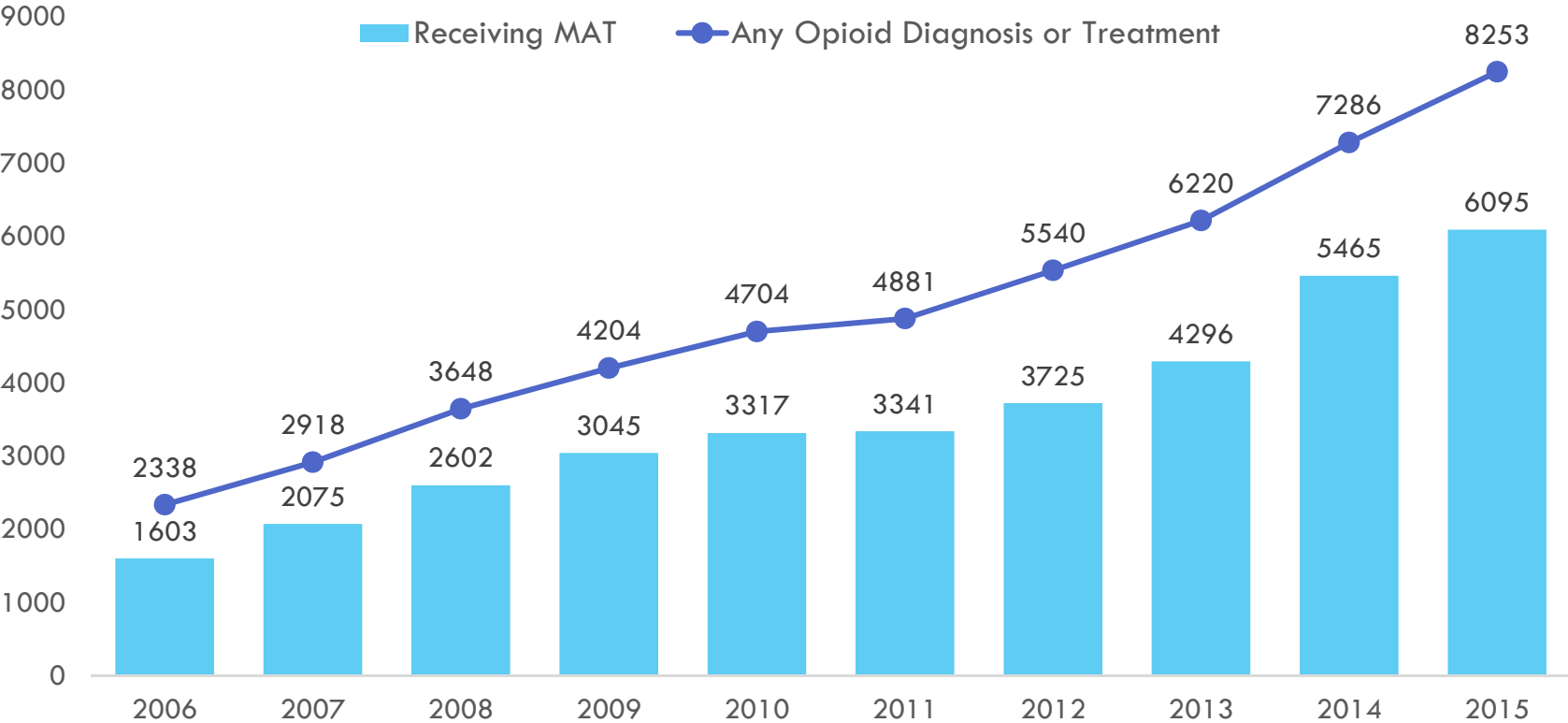


While more heroin users inject than prescription drug users, the percent has remained fairly stable



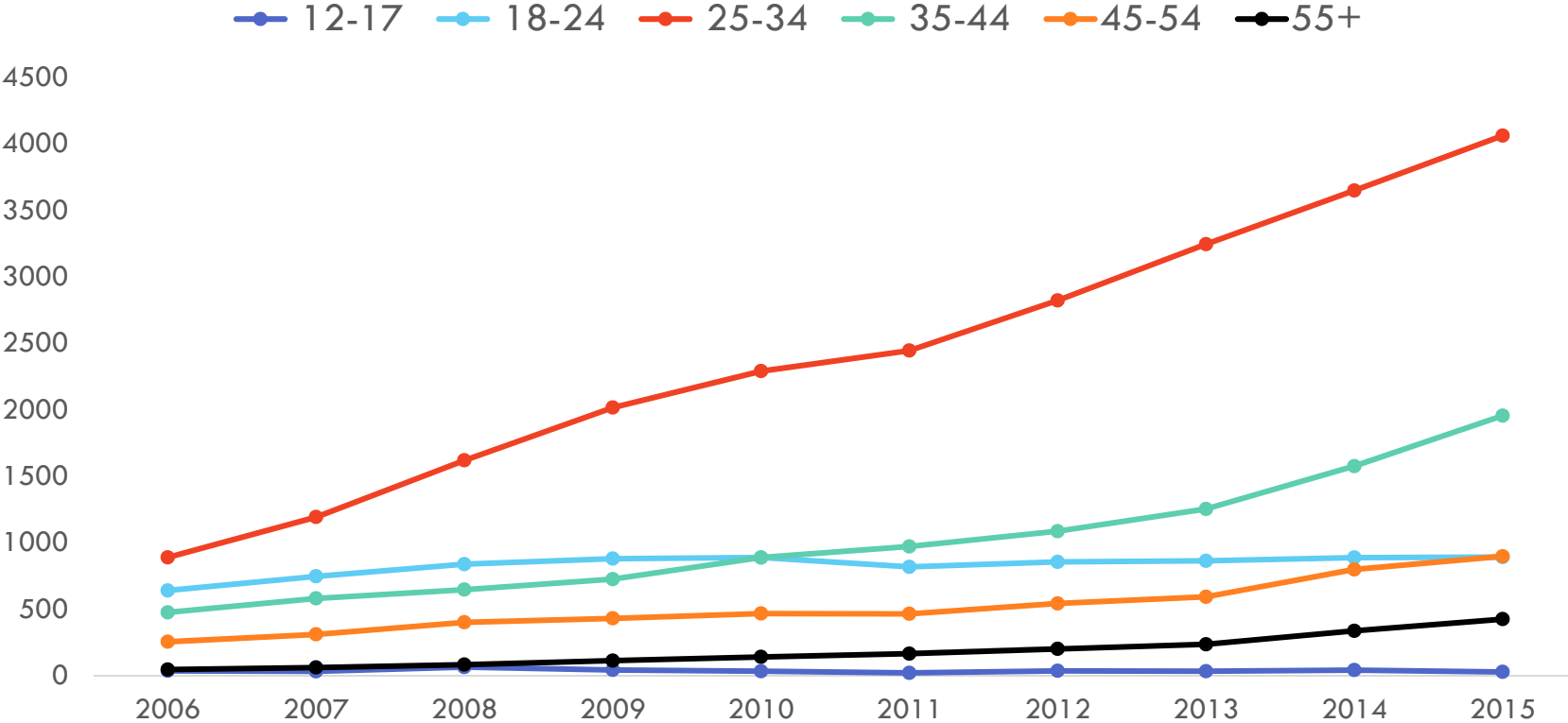
Most Medicaid recipients with an opioid misuse diagnosis are receiving medication assisted treatment

Number of Medicaid recipients with at least one primary diagnosis of opioid misuse by calendar year and treatment status



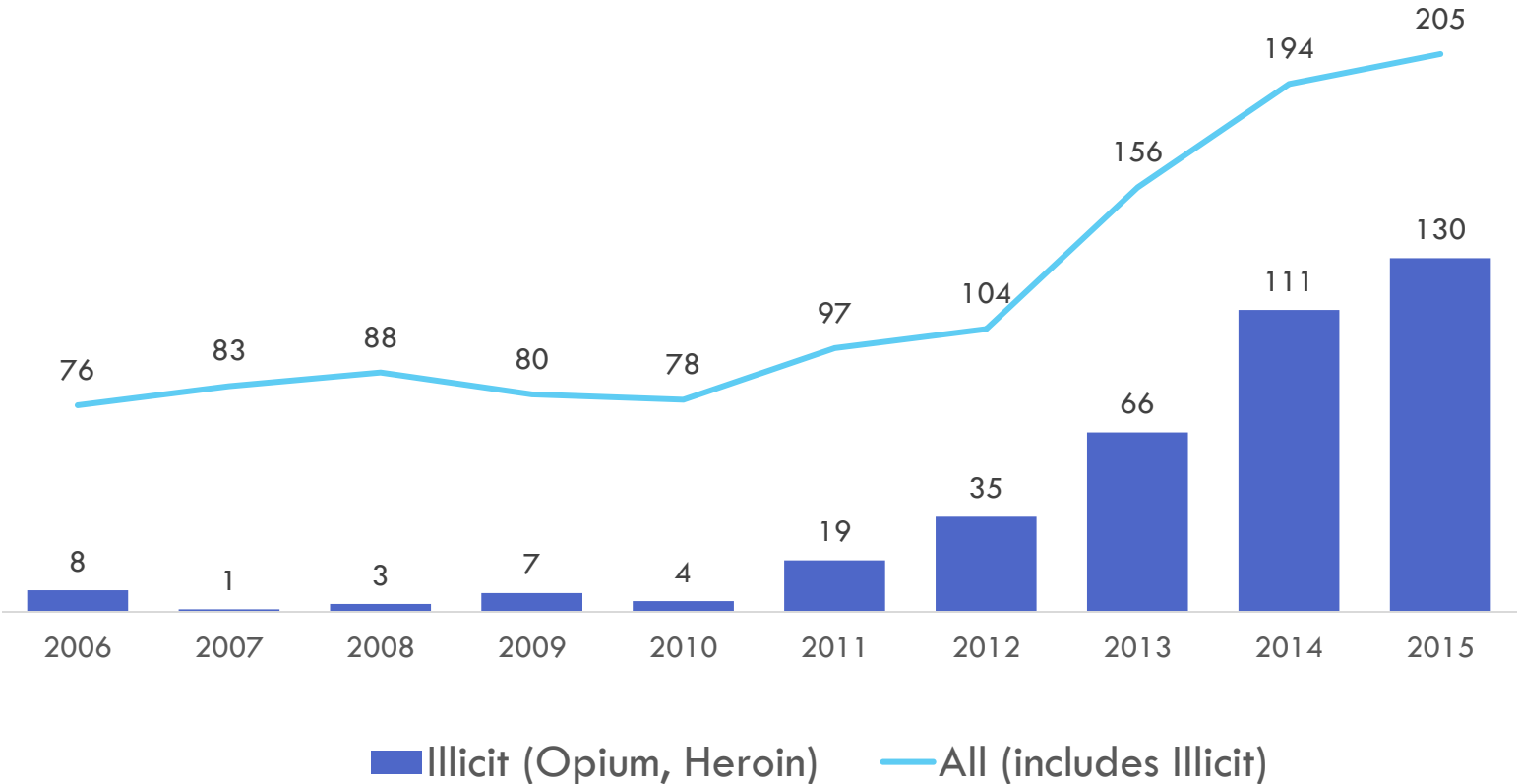
Medicaid recipients between 25 and 44 make up the vast majority of those treated for opioid misuse

Number of Medicaid recipients with at least one primary opioid diagnosis or buprenorphine prescription by age and year

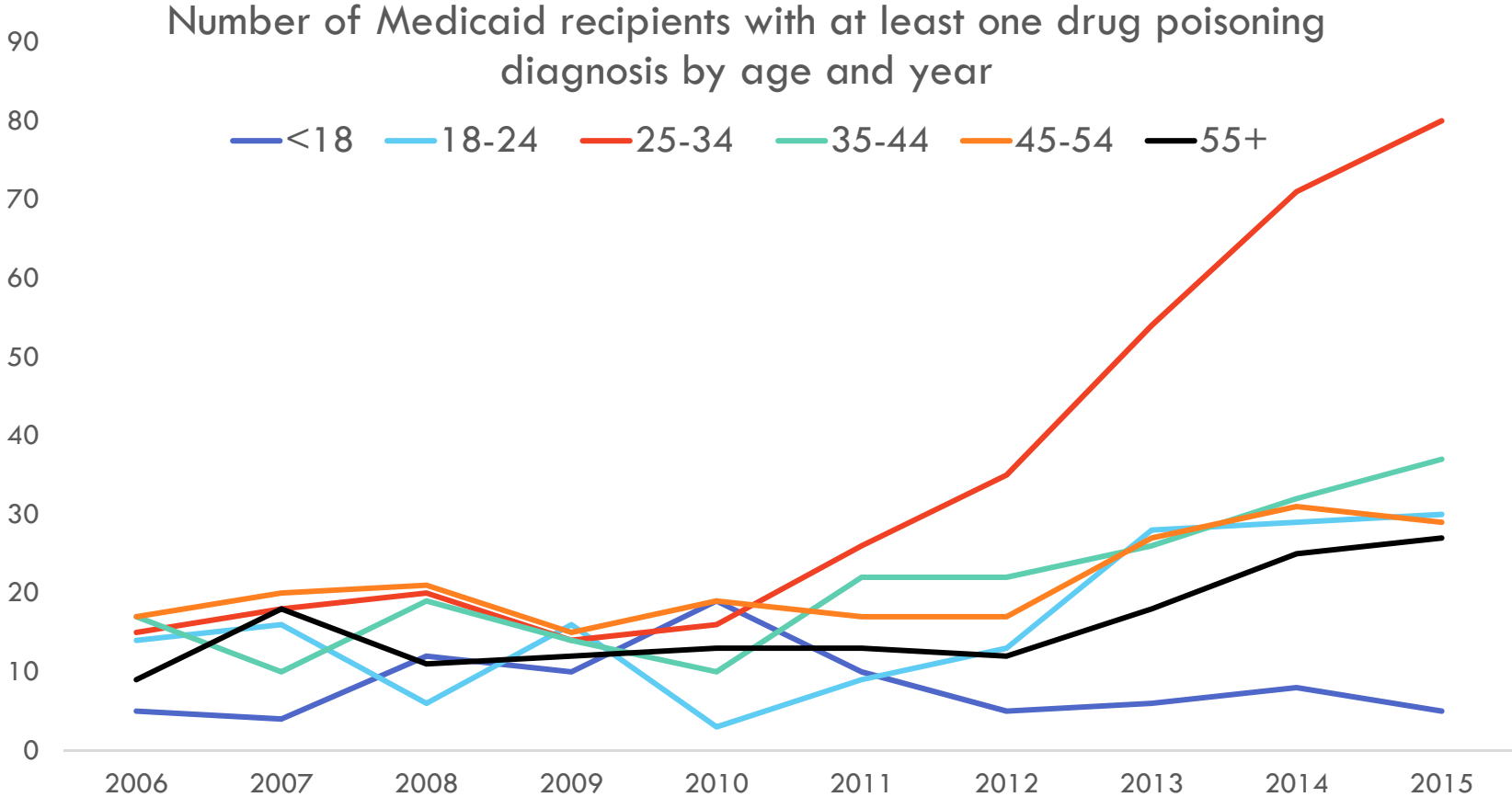


Drug poisoning diagnosis (overdose) among Medicaid recipients is driven by illicit opioids

Number of Medicaid recipients with at least one primary opioid poisoning diagnosis by year and drug type

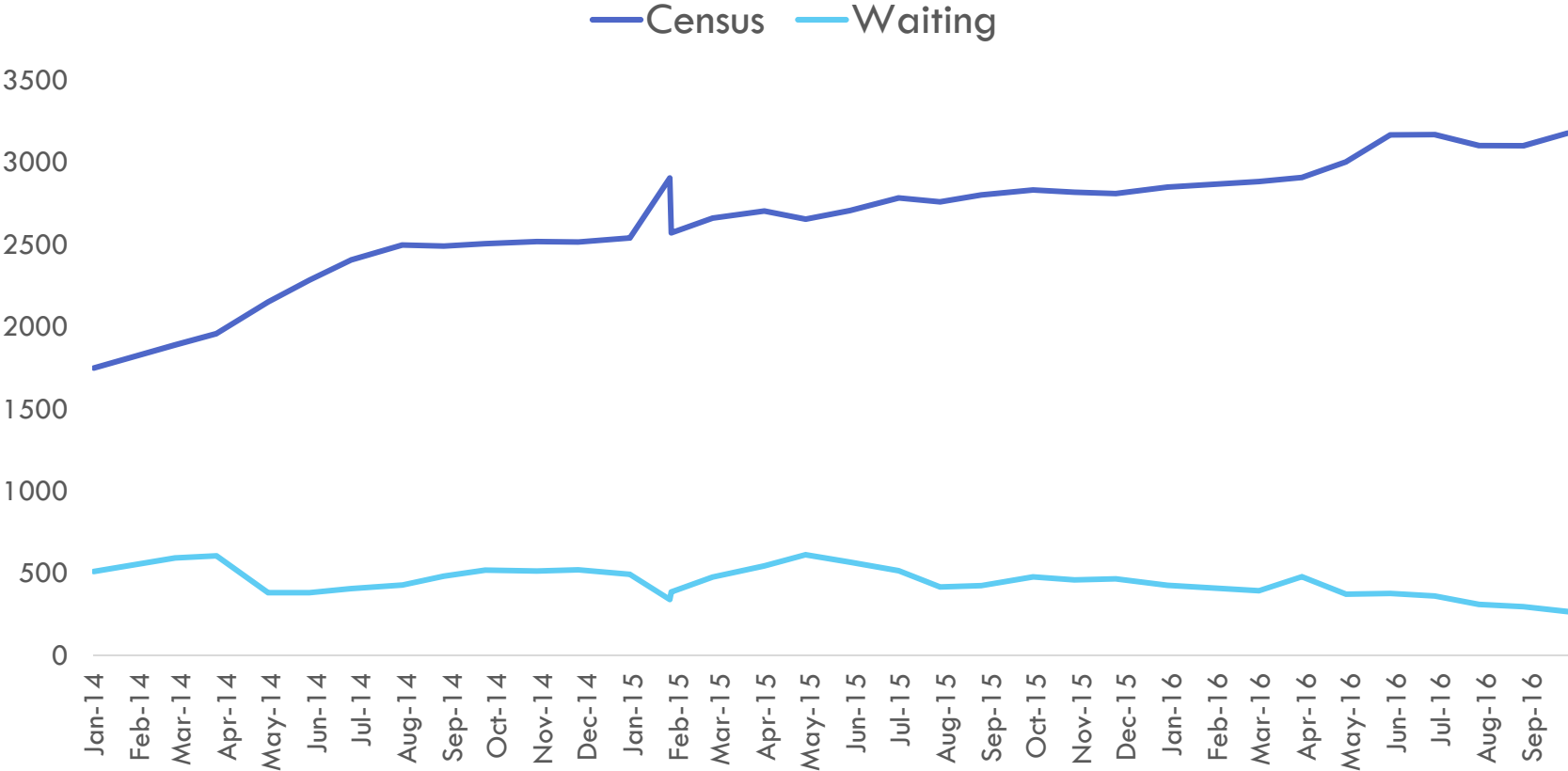


Medicaid recipients between 25 and 34 make up the vast majority of those treated for opioid poisoning (overdose)



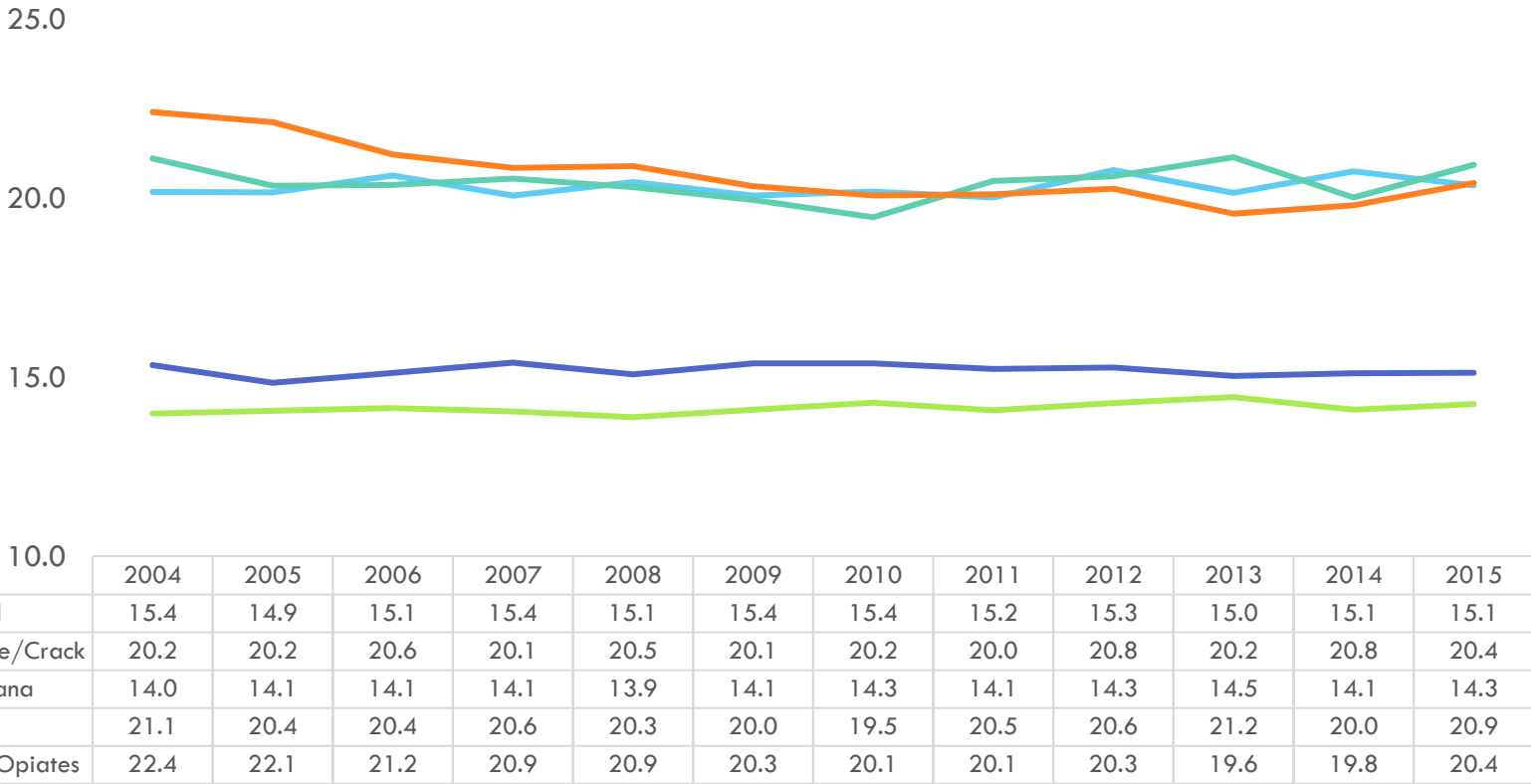
As the total number of clients in treatment increased, the number of people waiting for services remains flat

Number of People in Hubs and Waiting for Hub Services Over Time



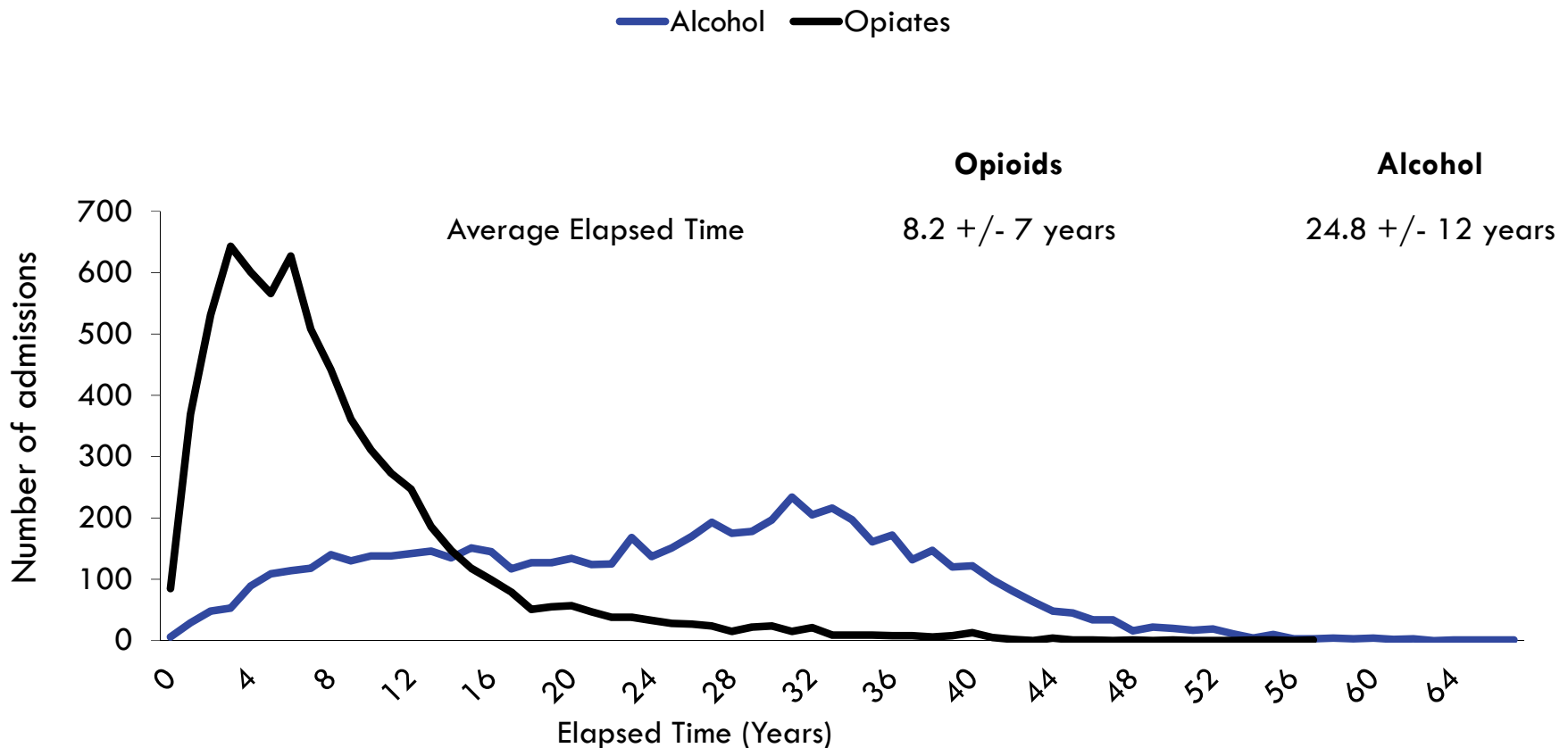
The average age of first drug use by clients has remained stable

Average age (in years) of first use of drug at admission by drug type and year



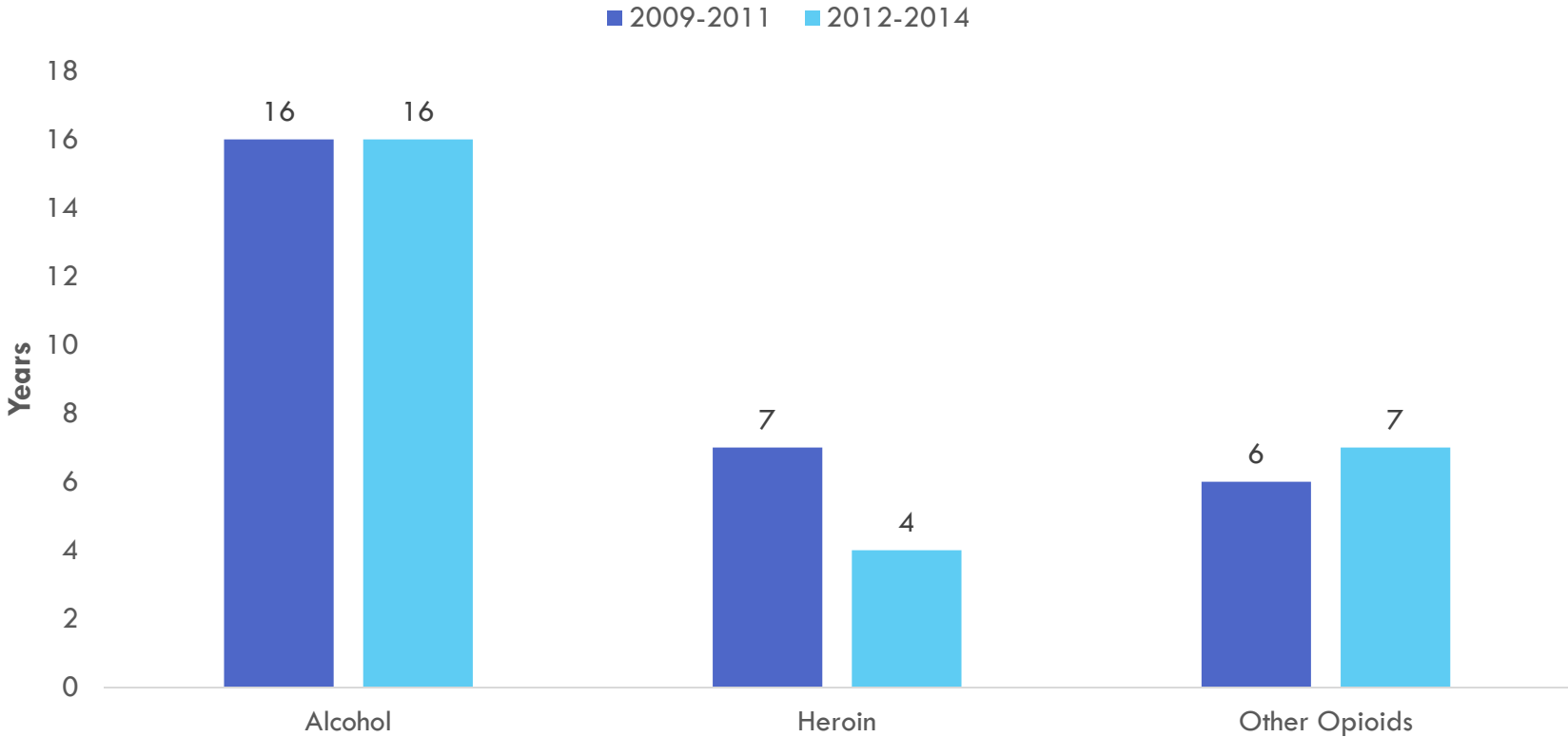
People seek treatment for opioid addiction much sooner after first use than with alcohol

Elapsed Time (Years) Between Age of First Use and Age at Treatment Admission for Daily Users of Opioid and Alcohol (2005-2011)

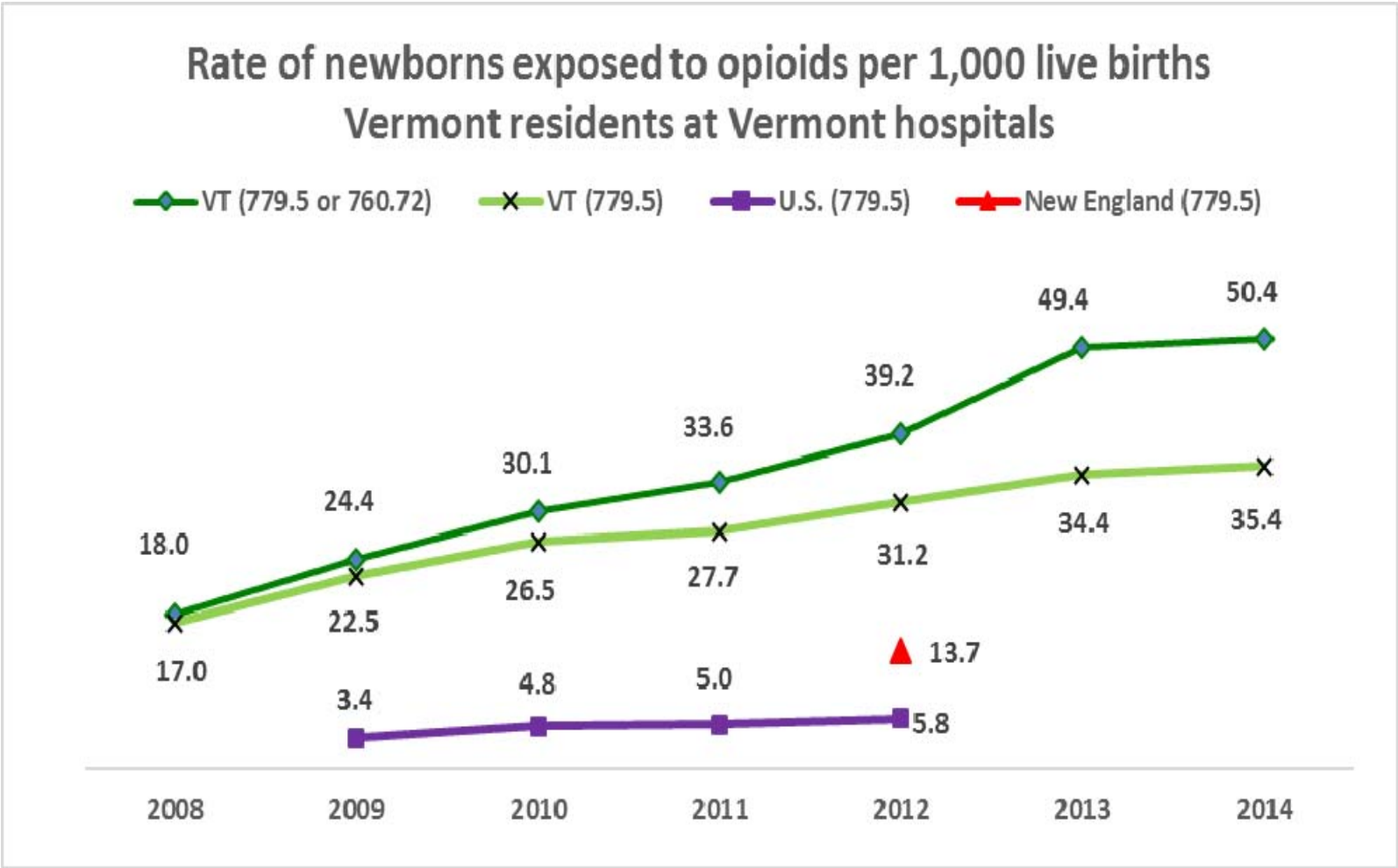


The median time to treatment has increased slightly for prescription opioids and decreased for heroin

Median number of years between age of first use and entering treatment by year and substance



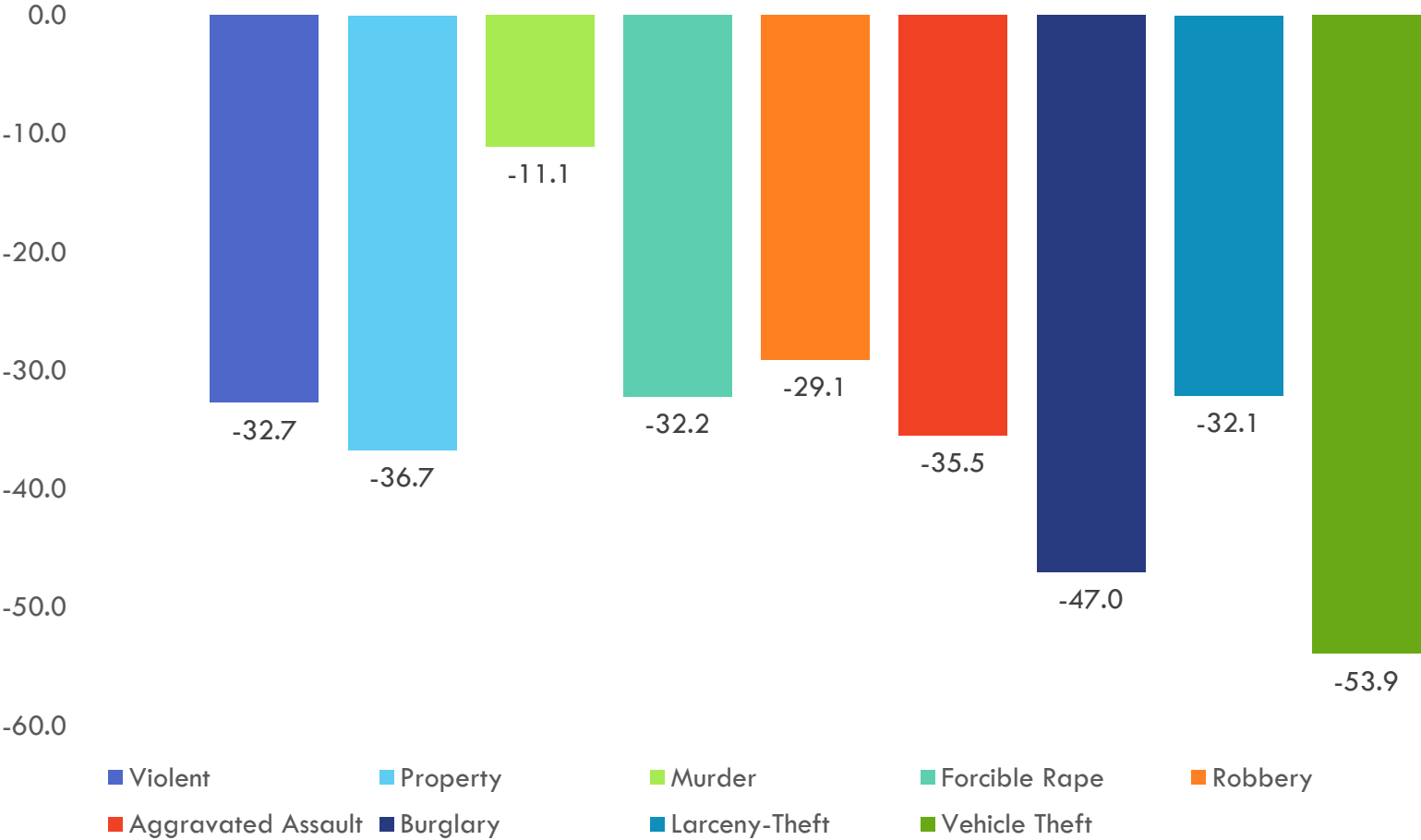
Improved treatment and screening have helped to identify more infants exposed to opioids



45

Crime

Change in Crimes/100,000 in Vermont 2011-2014



47

So what?

In Summary



- Vermont is putting in place many of the prevention, intervention, treatment and recovery options that could help turn the tide on the opioid crisis.
- Vermont is doing better than much of the country in substance abuse treatment, harm reduction and data collection.
- While the problem continues to increase, there are small signs of hope:
 - ▣ Large parts of the state do not have wait lists for treatment
 - ▣ Deaths from prescription opioids appear to be flattening
 - ▣ Naloxone is getting into the hands of those who need it most
 - ▣ Youth use is trending downward over time