

Vermont Opioid Coordination Council
Summary of Initial Report of Recommended Strategies to Governor Phil Scott
January 2018

Governor Scott established the Opioid Coordination Council in his second executive order in January 2017 (02-17, amended in 09-17), to *“lead and strengthen Vermont’s response to the opioid crisis by ensuring full interagency and intra-agency coordination between state and local governments in the areas of prevention, treatment, recovery and law enforcement activities. Where practicable, the Council will apply the strategies and lessons learned from Project VISION to other communities throughout Vermont.”*

The Council’s 22 members represent state government, private business, service providers, law enforcement, first responders, and individuals in recovery or with family members who have a substance use disorder. They come from across Vermont and represent a broad range of experience in the four drivers for systemic improvement in addressing Vermont’s opioid challenges: prevention, treatment, recovery and enforcement.

Prevention helps children, adults, families and communities build skills needed to delay or prevent the onset of illicit drug use and potential addiction. School and community resources are key. Education involves programming that touches all youth. Intervention includes maximizing opportunities to move people away from risk and toward needed services.

Treatment and Recovery are inseparable. Treatment provides timely, affordable and effective services designed to address immediate and long-term needs for recovery from addiction. Recovery supports begin simultaneously with the early stages of treatment, and include wraparound lifestyle supports that make it possible for the individual to transform a life often destroyed by the disease.

Enforcement includes reducing the supply of opioids, creating alternatives to incarceration where appropriate, and reducing the diversion and misuse of prescription drugs.

Vermont has achieved successes, including the Hub and Spoke system of treatment services which is considered a national model of best practice, and improved prescribing rules and monitoring of prescription of opioid pain relievers. The state has far to go, however. In 2016, Vermont saw 106 opioid-related deaths. Through September 2017, 72 Vermonters died from opioid-related overdoses.¹ Over half of the children ages 0 – 5 in state custody were there due to opioid abuse issues.²

Recommended Strategies

This first report to Governor Scott follows eight months of intensive study, visits to many communities, and collaboration across state government and with local organizations. Building on Vermont’s successes, these strategies recommend critical next steps, with focus on person-centered, family-centered, and community-centered strategies that have multi-generational impact.

The following list of recommendations is a summary. For precise language, the full report can be found at: www.healthvermont.gov/opioid-coordination-council

Overarching/Systemic: These strategies reach across prevention, treatment, recovery and enforcement and call for public-private and inter-agency collaboration.

- A. Develop a continuum of care from pre-birth to at least 3 years of age that supports a two-generation approach for pregnant women with substance use disorders (SUD) and their children and families by connecting programs within and across the Agency of Human Services and health care providers.
- B. Grow and support Vermont’s workforce by employing Vermonters in recovery, and expanding the SUD workforce.
- C. Improve Vermont’s statewide data collection and analysis capability to assess and improve outcomes.

¹ Vermont Department of Health Vital Statistics System.

² Unpublished data provided by Department for Children and Families to OCC.

Prevention, Education and Intervention: These strategies strive to ensure Vermont’s children receive effective programs that deter initiation into illicit drug use, Vermont’s communities are supported in collaborative prevention efforts, and Vermonters have access to interventions that will point them away from risk and toward help.

- A. Implement a statewide comprehensive system to deliver school-based primary prevention programs.
- B. Expand health care education, monitoring and screening for providers and patients, including provider participation in the *Vermont Prescription Monitoring System (VPMS)*; *provider training*, and *patient education*, in alternatives to opioids for pain management including *non-pharmacological options*; and expansion of *Screening, Brief Intervention and Referral to Treatment (SBIRT)* in primary care, emergency departments, corrections and schools.
- C. Build replicate, and support strong community-based models through multi-sector partnerships, innovation, and research resulting in outcomes that exceed previous, less collaborative efforts.
- D. Create a comprehensive drug prevention messaging campaign designed to raise public awareness, reduce stigma, provide hope for families, and strengthen resilience in Vermont’s communities.

Intervention

- E. Expand Vermont’s syringe exchange programs and services to increase geographic reach and hours of operation. Support access to increased case management services for all participants.
- F. Supply naloxone and provide training to all Vermont law enforcement, emergency medical services (EMS) and people likely to be near a person who may overdose.

Harm Reduction

- G. Expand drug disposal options and events, and increase public participation across the state.
- H. Improve sharps collection and disposal with a statewide strategy and community toolkit.

Treatment: These strategies build on Vermont’s nationally recognized treatment system and call for assessment and new strategies to make treatment and recovery possible for more Vermonters.

- A. Support, evaluate and improve Vermont’s Hub and Spoke system for opioid treatment to sustain, and expand where needed, Hub and Spoke treatment services across the state.
- B. Expand access to medication-assisted treatment (MAT) in all Vermont correctional facilities.
- C. Maximize the use of non-pharmacological approaches (integrative health care professions) for pain management, and for addiction treatment and recovery.
- D. Support the Vermont Judiciary’s plan to explore expanded access to treatment docket techniques.
- E. Support efforts to expand Medicare and Medicaid coverage for opioid treatment.

Recovery: Vermont’s investment in delivering treatment must be reinforced with strong recovery strategies that help Vermonters sustain their recovery. Housing, employment, health care and social supports are essential.

- A. Ensure Vermont has a strong statewide network of recovery centers, recovery coaches, and supports.
- B. Expand the availability of and equal access to recovery housing; explore expansion of the Department for Children and Families’ (DCF) Family Supportive Housing Program to ensure individuals and families throughout Vermont have access to a stable home environment.
- C. Expand Employment in Recovery. (See “Overarching/Systemic.”)

Enforcement: Enforcement strategies focus on keeping Vermont’s roadways safe, interrupting drug trafficking, and ensuring Vermont’s law enforcement and first responders have training they need.

- A. Support research and development of an accurate, cost-effective roadside drugged driving test.
- B. Increase Vermont’s resources for drug trafficking investigations.
- C. Provide drug recognition training for law enforcement and first responders, and increase the number of drug recognition experts (DREs).