

The Vermont Prescription Monitoring System (VPMS) collects and tracks prescription drug data on Schedule II–IV controlled substances dispensed by Vermont-licensed retail pharmacies. The primary purpose of VPMS is to improve public health and safety by providing health care providers with a tool to assist in prescribing and patient care. The health department also uses the data in our electronic database to watch for trends in prescriptions — like which type of medications are dispensed the most. This data is used to guide public health policy and guidelines.

With more information widely available on the risks of over-prescribing controlled substances, prescription trends have stabilized in Vermont. This update provides details on 2022 prescriptions, changes in annual trends and highlights areas of concern. **Additional data on stable trends or county-level information is available upon request.**

## KEY POINTS

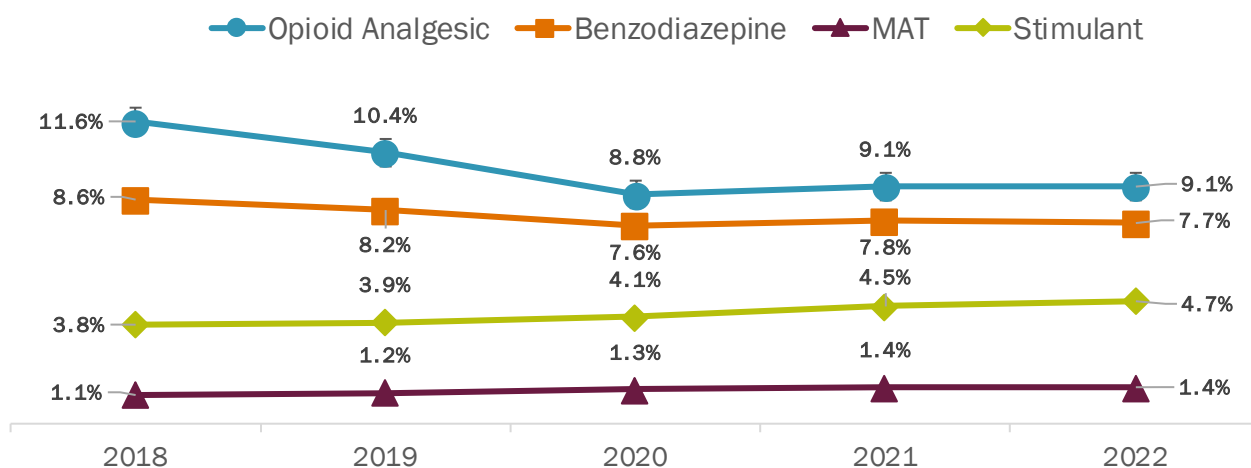
- **Most prescription trends of concern, particularly for opioids, have stabilized over the last couple years.**
- **VPMS continues to monitor these trends and highlight any notable changes in dispensations.**

## Prescription Overview

The percentage of the Vermont population receiving at least one prescription in each drug class has been relatively stable or with a slight downward trend (Fig. 1). The only drug class that increased in 2022 was stimulant prescriptions.

### Percentage of Vermont Population Receiving at least One Prescription by Drug Class

Fig. 1



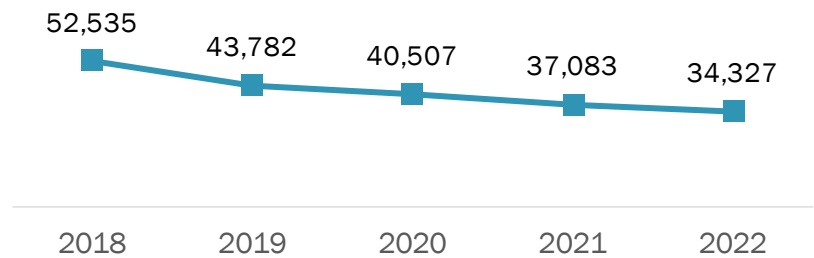
### Declining Prescription Trends

The following declining trends indicate a growing awareness of the risks associated with high-dose opioids and a commitment to promoting safer and more responsible opioid prescribing practices in healthcare settings.

The total morphine milligram equivalents (MME) of the opioid analgesic prescriptions dispensed continues to decline. MME is a standardized method used to measure and compare the potency of various opioid medications. A prescription with a higher MME indicates a higher dosage or amount of opioid prescribed and is associated with a higher risk of overdose, misuse or dependence. Since 2018, there has been a 35% decrease in the total MME of opioid analgesic prescriptions dispensed to Vermont residents (Fig. 2).

**Since 2018, there has been a 35% decrease in total MME of opioids prescribed to VT residents.**

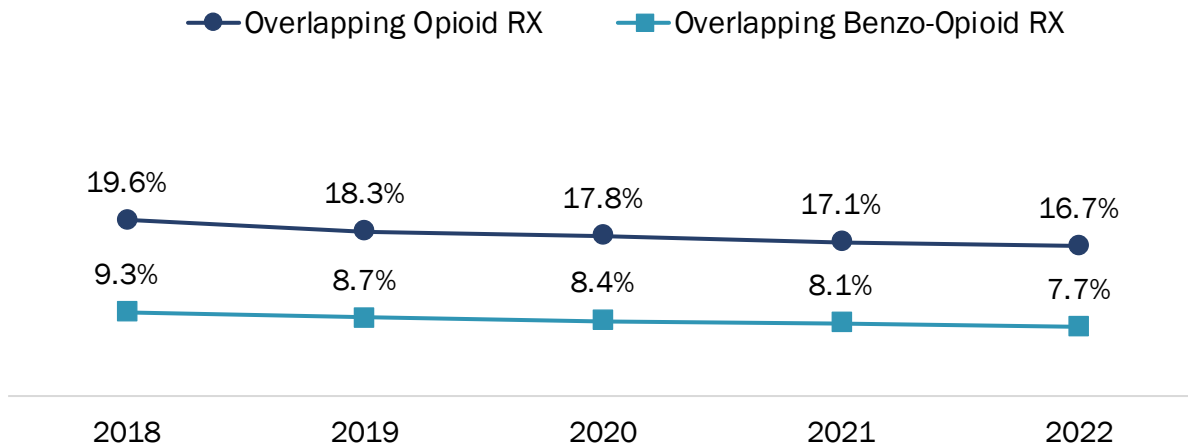
Total Opioid Analgesic MME dispensed per 100 residents (Fig. 2)



Simultaneous use of opioid analgesics and benzodiazepines is a risk factor for prescription misuse or overdose, as is receiving overlapping opioid analgesic prescriptions. Since 2018, the percent of individuals with more than one opioid analgesic prescription at the same time has decreased 14.8% (Fig. 3). The percent of individuals receiving overlapping opioid analgesics and benzodiazepines has decreased 17.2%.

**The percent of individuals with overlapping opioid analgesic prescriptions has decreased.**

Percent of Opioid Analgesic Prescription Days with Overlapping Prescriptions (Fig. 3)

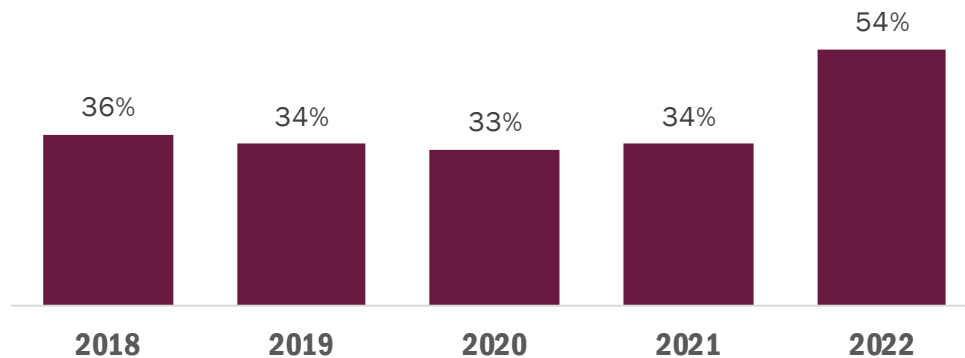


## Prescription Trends to Watch

In 2022, there was a significant increase in the percentage of recipients of long-acting opioid analgesic prescriptions who had not previously received an opioid prescription (Fig. 4). This is not in line with best practices<sup>1</sup>, which recommend starting with short-acting opioids to assess the patient's response and tolerance to opioids. Transitioning to long-acting opioids is only recommended if short-acting opioids are insufficient for pain control.

### Percent of Long-acting Opioid Analgesic Prescription Recipients who were Opioid Naïve

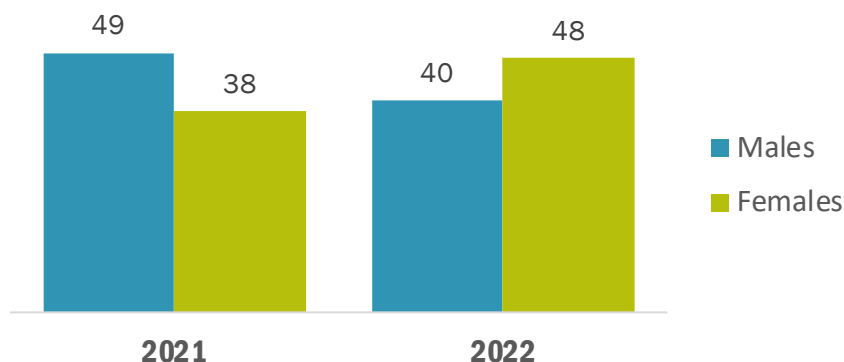
Fig. 4



The average daily MME of opioid analgesic prescriptions dispensed by age and gender remained stable, except for the 25-34 age group, where the value appeared to almost “swap” and show opposite results from the year before. Unfortunately, the reason for this change is not able to be determined without further information. In the graph shown, only the age 25-34 age group and gender are shown, due to the notable change (Fig. 5). All other age group trends remained relatively stable.

### Opioid Analgesic Average Daily MME Dispensed by Gender, Age 25-34

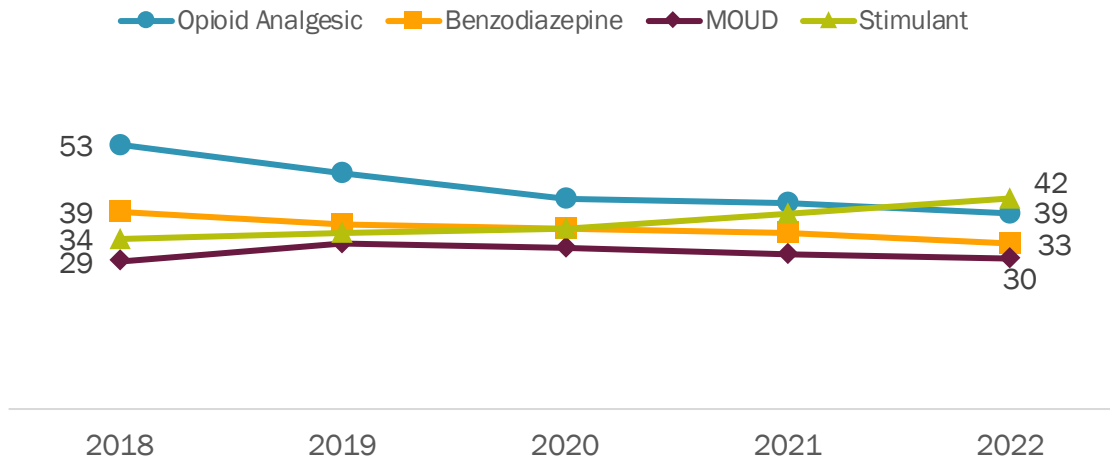
Fig. 5



<sup>1</sup> Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.rr7103a1>

## The number of stimulant prescriptions dispensed is higher than opioid analgesic prescriptions

Number of Prescriptions per 100 Vermont Residents by Drug Class (Fig. 6)

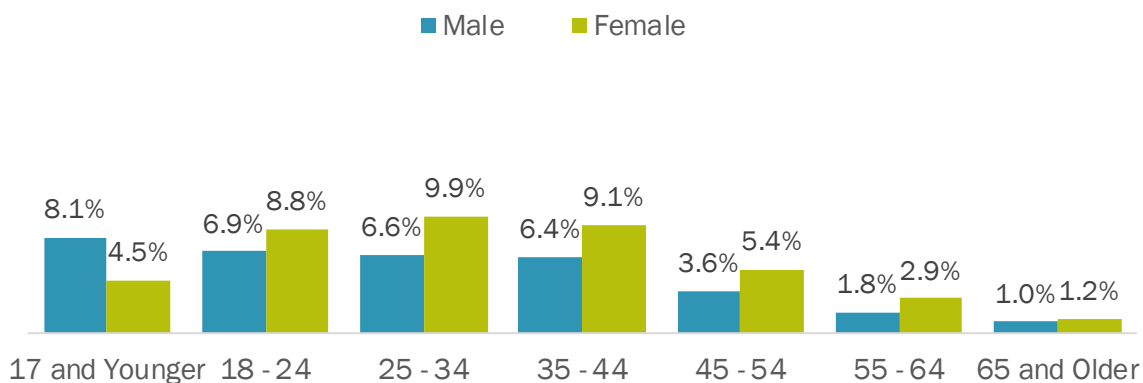


Many of the developing trends to watch involve the dispensation of stimulant prescriptions. For the first time, the number of stimulant prescriptions per 100 Vermont residents was higher than that of prescriptions for opioid analgesics, previously the most dispensed drug class. This is driven by a 10% increase in the number of stimulant prescriptions for the second year in a row.

The percent of the Vermont population receiving stimulants has risen 24% since 2018, with a rise of 4.7% between 2021 and 2022 (Fig. 6).

## Females are dispensed stimulant prescriptions at a higher rate than males in almost every age group

Percent of Population Receiving At Least One Stimulant Prescription by Age and Gender (Fig. 7)



Demographic trends for the receipt of stimulant prescriptions also reflect these increases. With the increase in the percentage of females 18-24 receiving at least one stimulant prescription, females are now dispensed stimulant prescriptions at higher percentages than males in every age group except 17 and under (Fig. 7).

## Other Resources:

This report contains only the highlights and trends to watch from VPMS data in 2022. However, additional data and information can be found in the following resources:

- Other reports, including VPMS Quarterly Reports and data briefs, can be found on the [VPMS website](#). Reports that include VPMS data, including the *Vermont Social Autopsy Project*, can be found on the Division of Substance Use Program's [data and reports page](#).
- Additional data, including measures from previous [Annual Reports](#), are available upon request.
- VPMS information, data definitions and disclaimers can be found [here](#) and on the [website](#).

For more information, please contact the VPMS Program at [ahs.vdhvpms@vermont.gov](mailto:ahs.vdhvpms@vermont.gov)