

Public Health Strategies to Reduce Opioid Use Disorders • 2017-2020

In Vermont, like other states, the use of heroin and misuse of other opioids (e.g. prescription narcotics) is a major public health challenge. Such disorders increase pressure on our health care, child protection, and criminal justice systems, and has far-reaching effects on families and communities.

Vermont is taking a multi-faceted approach to addressing opioid addiction that involves multiple community partners. The Health Department has a leading role in the State's comprehensive strategy.

Following is a snapshot of interventions for which the Health Department has responsibility, with public information, social marketing and messaging; pain management and prescribing practices; prevention and community mobilization; drug disposal; early intervention; overdose prevention and harm reduction; expanded access to treatment and recovery services; and recent legislation enacted.

For more detailed information about prevalence, risks, and program impact:

- Data & Reports – healthvermont.gov/alcohol-drugs/reports/data-and-reports
- Opioid Performance Scorecard – healthvermont.gov/scorecard-opioids

Public Information, Social Marketing & Messaging -----

Vermont's Most Dangerous Leftovers

Vermont's Most Dangerous Leftovers campaign launched in 2014 with a goal of increasing awareness of the safe use, safe storage, and proper disposal of prescription drugs. In 2016, regional substance abuse prevention consultants coordinated with Office of Local Health staff to systematically distribute Vermont's Most Dangerous Leftovers materials to health care provider offices across the state – hospitals and emergency departments, private practices, specialty providers, and dental offices. The campaign also promotes Vermont 2-1-1 as a source to find local permanent drug disposal sites.

Public Service Announcements

Two Public Service Announcements (PSAs) produced in 2015 feature Harry Chen, MD, former health commissioner and emergency department physician. One PSA promotes the safe use, safe storage, and safe disposal of prescription drugs. The second promotes naloxone (Narcan®) to prevent opioid overdose deaths. Both were shared with local media outlets and aired for approximately six months.

ParentUpVT.org

Vermont youth report that parents have the most influence on their substance use decisions. ParentUpVT.org provides strategies and actions for parents and caregivers to help prevent drug and alcohol use among youth. This social marketing campaign and website features interactive tools designed for differing parenting styles. The website focuses on helping parents talk about expectations concerning alcohol and drug use with kids, tips on monitoring their teen, making connections with other parents, and knowing the warning signs of a problem.

At-Risk Young Adults

We are now in the process of working with a creative agency to research, develop, implement, and evaluate an educational campaign to increase the perception of risk associated with prescription pain reliever misuse and of transitioning to other opioids such as heroin. Campaign messaging and strategies are designed to reach young adults age 18-25 at high risk for opioid misuse or opioid use disorder.

Patients

We are also planning a campaign on the responsible use of prescription pain relievers for adults age 18 and older who are receiving an opioid prescription. Messaging objectives will encourage patients to talk with their doctor about the risks of prescription pain relievers, and promote shared decision-making, including pain management expectations.

Pain Management and Prescribing Practices -----

Prescriber Quality Improvement Projects

In 2015, the Health Department received a four-year grant from the Centers for Disease Control & Prevention (CDC) for opioid overdose prevention. This grant has a special focus on medical provider education and quality improvement related to opioid prescribing practices.

Trainers and quality improvement specialists from the University of Vermont Office of Primary Care have engaged with prescribers to improve opioid prescribing and increase the prescribers' use of evidence based, non-opioid pain treatment options. They have also trained 12 Vermont Department of Health Access' Blueprint practice facilitators on opioid prescribing quality improvement. Next steps include identifying additional training needs, and finding solutions for barriers identified by providers as they engage in safer prescribing practices.

Vermont Prescription Monitoring System (VPMS)

The Vermont Prescription Monitoring System (VPMS) collects information on dispensed schedule II-IV prescriptions in Vermont. Under current state law, prescribers and pharmacists are required to be registered and regularly use VPMS as a clinical tool to best support their patients' needs and health concerns.

Currently data is shared between Vermont and New Hampshire, Massachusetts and New York on patients being queried within VPMS. Because Vermont residents may have medical providers and pharmacies in neighboring states, this allows prescribers to have a more accurate picture of what prescriptions their patients are receiving from providers.

Enhancements to the VPMS platform are scheduled for 2017. As of January 2017, a new policy reduces the amount of time from seven days to 24 hours between when a prescription is dispensed to a patient and when the required information about that prescription is uploaded into VPMS. This will provide more accurate and up-to-date information for prescribers and pharmacists. Prescribers will be able to more easily view data that describes their own prescribing practices, and receive data about at risk patients in a more effective way. The VPMS team at the Health Department works to regularly ensure pharmacies' compliance with data uploading and data quality. The team also produces annual reports that document trends in schedule II-IV drug prescribing at the state and county level, available on the Health Department's website.

Medical Professionals

A campaign is being planned aimed at improving prescriber practices among health care providers. Messaging objectives will align with concurrent opioid campaign messages, promote the proper use of the Vermont Prescription Drug Monitoring System (VPMS) as a clinical tool, and provide other actionable tools and resources to support prescribers with the substance abuse referral process.

The Health Department's divisions of Alcohol and Drug Abuse Programs and Maternal Child Health are developing informational materials for parents and adolescents on the risks of prescription drug misuse. These will be distributed to pediatric health care practices around the state for use during patient well-care visits.

Pain Management Council

Act 173 created the Pain Management Council to advise the Department of Health on policies, programs and evaluation efforts surrounding pain management and opioid prescribing. They met during the summer of 2016 to advise Health Commissioner, Harry Chen, M.D., on the drafting of guidelines for prescribing opioids for acute and chronic pain. The Council is currently available to meet on an ad hoc basis.

Prescribing Guidelines Issued

Under the Health Commissioner's guidance and advisement from the Pain Management Council, rules on how to responsibly prescribe opioids for chronic and acute pain were finalized in December 2016. The prescribing rules provide information for prescribers on how to appropriately treat their patients' pain, while also minimizing the risk of dependency on opioids for their patients. Additional materials are being created to support these rules, such as informed consent and educational documents outlining the potential risk of opioid misuse.

Prevention and Community Mobilization -----

Regional Prevention Partnerships

The Regional Prevention Partnerships (RPP) is a five year \$12.4 grant from the Substance Abuse & Mental Health Services Administration (SAMHSA). The goal of the Vermont RPP is to apply the Strategic Prevention Framework (SPF) model to reduce underage/binge drinking among 12- to 20-year-olds, prescription drug misuse and abuse among 12- to 25-year-olds, and marijuana use among 12-to 25-year-olds, statewide. The grant also strengthens the prevention infrastructure at the state, regional, and community levels. RPP grantees support prevention efforts in all 12 health districts of the state.

Grant activities include: assessments and planning; local policy enhancements; education and outreach on the proper storage and safe disposal of prescription drugs; and promotion of statewide media campaigns. Optional grant activities include a focus on youth and schools, and supporting family education programs.

Community Initiatives

City and law enforcement leadership in multiple communities are trying different responses to opioids, embracing the idea that arrest and prosecution do not address risk factors contributing to opioid misuse. Community initiatives like Rutland's *Project Vision*, Montpelier's *Project Safe Catch*, and the *Chittenden County Opioid Alliance* have launched progressive new ways of responding to opioid-related issues in Vermont.

School-Based Substance Abuse Services

Twenty-one supervisory unions have a School-based Substance Abuse Services (SBSAS) grant of \$40,000 to support a menu of substance abuse prevention, education, and early intervention services. Training and evaluation services are supported statewide with up to \$30,000. In FY16, SBSAS grant-funded initiatives reached approximately 18,000 students.

Drug Disposal -----

Development and Implementation of a statewide Drug Disposal Program

Act 173 charges the Health Department to oversee creation and implement a statewide drug disposal system. This is supported with funds for a drug disposal information campaign and unused medication envelopes for a mail-back program. Local Health Office Prevention Consultants (PCs) and Regional Prevention Partnerships (RPP) grantees coordinate with law enforcement agencies and pharmacies to provide education, resources, and best practices for creating permanent drug disposal options in their communities. These existing drug disposal options will be supported and included in the developing statewide program.

A review of the Drug Enforcement Administration (DEA) rules and regulations is currently underway in conjunction with an assessment of state and local laws relating to waste management and drug disposal. Stakeholder meetings with local coalitions, law enforcement agencies, pharmacies, and other state agencies are ongoing. A Drug Disposal Advisory Committee will review best practices and preexisting programs in other states to create a uniquely Vermont solution to drug disposal.

Recommendations will be submitted to the legislature in May 2017.

Early Intervention -----

Screening, Brief Intervention, & Referral to Treatment (SBIRT)

In 2013, the Health Department was awarded a five-year grant from the Substance Abuse & Mental Health Services Administration (SAMHSA) to begin Screening, Brief Intervention, & Referral to Treatment. The purpose of the grant is to screen individuals for substance abuse in medical health settings. Trained clinicians and medical providers use evidence-based tools to screen for risk of substance abuse. If a person screens at a high-risk level, the clinician will make an assertive referral to a treatment option in which the client is interested.

Thirteen sites around the state are funded. These include emergency departments, primary care offices, a women's health clinic, and free clinics. As of October 2016, 62,909 people have been screened as a part of SBIRT, with a goal of screening 91,000 people by July 2018. SBIRT is developing a sustainability plan to ensure the work continues at grant sites beyond the end of the federal grant.

Substance Abuse Treatment Coordination (SATC) Screening

The Agency of Human Services Substance Abuse Treatment Coordination Initiative trains AHS staff on how to screen people for substance abuse, and make referrals for further assessment for people whose screens indicate this as a need. From July 2015 to July 2016, 11,266 people were screened. Of these, 925 needed further assessment. Ninety-six percent of the people who were screened and identified as needing additional substance abuse assessment received a referral to an organization to complete the assessment.

Overdose Prevention and Harm Reduction -----

Syringe Exchange Programs

Syringe Exchange Programs are active in several communities around the state. As of January 2017, there are seven current programs in the state, and one in development. Possession of syringes and injection equipment as part of a syringe exchange program is not in violation of Vermont's paraphernalia law. Syringe exchange in these locations is free, legal, and anonymous.

Naloxone (Narcan®) Distribution Sites

In 2013, the Health Department developed a statewide pilot program for distributing emergency overdose rescue kits to people at risk of an opioid overdose, and to family members and others who may be able to help in the event of an overdose. The naloxone (Narcan®) project has expanded emergency use kits by providing them free of charge at 22 distribution sites across the state. Since December 2013, more than 15,000 kits have been distributed through these sites, and more than 1,000 have been reported back to the site as having been used in a perceived overdose. State police officers, community correctional officers, and more than half the law enforcement agencies in Vermont also carry emergency rescue kits. Since 2016, this has been at no charge to the local agencies.

In 2013, the Scope of Practice and statewide protocols for Emergency Medical Services (EMS) personnel were changed to allow providers at all four license levels to administer nasal naloxone. Before that only the more highly trained, and therefore fewer, personnel could do so. In 2016, pursuant to legislation, all Vermont EMS agencies are now provided with naloxone at no charge. Emergency use kits are also offered to individuals released from a correctional facility, who have identified previous opioid use or dependency. Naloxone is also currently available by prescription and stocked by many pharmacies, and is also available over the counter.

Standing Order for the Sale of Naloxone (Narcan®)

In August 2016, the Health Department issued a standing order for the opioid overdose rescue drug naloxone (brand name Narcan®) for all of Vermont. This allows any pharmacy to dispense the life-saving drug to anyone – without a prescription. The standing order is designed to ensure people who are addicted to opioids, as well as their friends and family members, have easy access to naloxone in the event of an overdose. The order also allows insurers and Medicaid to cover the cost so people who want to have the drug will not have to pay out of pocket.

Expanded Access to Treatment and Recovery Services -----

Care Alliance for Opioid Addiction – Hub & Spoke System

The Care Alliance for Opioid Addiction (also called the Hub & Spoke System) is a statewide partnership of specialty treatment centers and medical practices that provide comprehensive Medication Assisted Treatment (MAT) services to Vermonters who are diagnosed with opioid use disorders.

Regional treatment centers (Hubs) located around the state treat patients with complex needs, while physicians lead a team of nurses and clinicians to treat opioid use disorders in their own medical practice and according to their own medical specialty (Spokes). Spokes include primary care, OB-GYN, or psychiatry practices.

The Hubs and Spokes – treatment facilities and physician practices in a region – work together to provide chronic disease model-based management of a person’s treatment. Specialists on one end of the spectrum work to stabilize people who need the most care, and primary care physicians manage a patient’s ongoing needs over the long term. The Care Alliance has allowed Vermont to dramatically increase the number of people who receive MAT services. Still, demand for opioid treatment all around the state has continued to rise.

Actions to improve access to care continue. A new Hub is scheduled to open in the St. Albans region in 2017. Recruiting new and supporting existing MAT providers is an ongoing focus of both the Health Department’s Alcohol and Drug Abuse Programs, and the Blueprint for Health. An outreach plan is being developed to engage with nurse practitioners and physician assistants in advance of a law change that allows them to prescribe. The training parameters will be released by the federal Substance Abuse & Mental Health Services Administration (SAMHSA) in January 2018. Hub & Spoke learning collaboratives focused on psychosocial treatments, co-occurring disorders, contingency management, and MAT in primary care and community settings are offered to clinicians to strengthen workforce skills and improve coordination.

An evaluation of the Hub & Spoke system of care is in process, with a report anticipated January 2018.

Specialty Coordination for Pregnant Women

Communities around the state have formed collaborative groups that bring treatment providers, the Department of Children and Families (DCF), and supportive programming (housing, transportation, Reach Up, etc.) together to provide wrap-around supports for women who receive MAT services in both Hubs and Spokes. The goal is to provide comprehensive support to improve long and short term outcomes for both mothers and babies.

Regional Coordinated Referral System

The state supports multiple initiatives to foster regional collaborations that will result in better service delivery and improved outcomes. The initiatives include: Referrals and information sharing with community providers through the AHS Substance Abuse Treatment Coordination (SATC) Initiative; staff to offer regional services navigation and develop Patient Centered Medical Neighborhoods through the Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) grants; and the Lund Regional Partnership Program, which serves families involved with the DCF.

Recent Legislation Enacted -----

Act 195

In 2014, Act 195 was signed into law to strengthen pretrial services, risk assessments, and alternatives to incarceration for Vermonters at risk of entering the criminal justice system.

Act 173

In 2016, Act 173 was signed into law to combat opioid abuse by strengthening prescribing guidelines and requirements in the Vermont Prescription Monitoring System. This legislation also funds a drug take-back system and access to naloxone statewide. To reflect legislative changes, the Health Department updated rules governing *Medication-Assisted Therapy for Opioid Dependence* for 1) Office-Based Opioid Treatment Providers Prescribing Buprenorphine; and 2) Opioid Treatment Providers.

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