

Monthly Opioid Update – November 2019

Vermont’s multi-faceted approach to addressing substance use disorder involves coordination between multiple state agencies and community partners in the areas of prevention, treatment, recovery and law enforcement.

Access to Treatment

8831 Estimated Vermonters age 18+ receiving MAT in **hubs and spokes** Q3 2019*

0 People waiting for hub services**

15-20k Estimated people with OUD in need of treatment (includes people in treatment)

Research shows that MAT is the most effective treatment for OUD.

Drug Disposal

85 Drug disposal locations available statewide*

17,307 Pounds of drugs collected in state-funded programs between Nov 2018 and Oct 2019**

Most people who misuse prescription opioids get them from friends or family. Convenient disposal options may decrease misuse of unused prescriptions.

Overdoses (Accidental)

Fatal Overdoses

79 2019 opioid fatalities as of Sept 2019 compared to 83 as of Sept 2018**

86% Of 2019 fatal overdoses involve fentanyl, through Sept 2019**

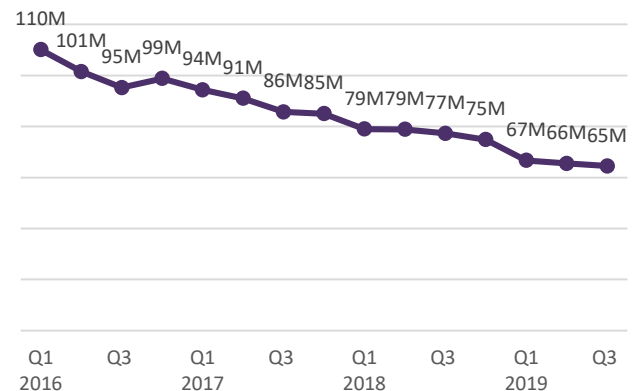
Nonfatal Overdoses

15.9 Rate of nonfatal opioid overdoses per 10,000 ED visits in Oct. 2019** compared to the Oct. 2018 rate of 18.7

People who die from accidental overdoses may have more than one substance in their system.

Prescription Monitoring

Vermont Total MME Dispensed



41% Reduction in opioid analgesics dispensed between Q1 2016 and Q3 2019*

4.2% Of Vermont population received opioid analgesics in Q3 2019

Nearly 80% of people who use heroin had previously misused prescription opioids. Limiting use to the minimum medically necessary amount is best practice.

Recent Highlights

- Vermonters set a record on the 18th nationwide Prescription Drug Take Back Day, turning in more than 3.5 tons of unused, unwanted and expired medication
- New Prescriber Insight Reports were issued. These go to prescribers of Schedule II-IV drugs and summarize prescriber prescribing patterns.
- New/updated reports are available on the ADAP website include the [Q3 VPMS report](#) and [Marijuana use highlights](#).

Messaging

- New messaging on the risks of sharing prescription opioids
- New messaging on safely using and storing prescriptions

Acronyms

ADAP – Alcohol & Drug Abuse Programs
CDC – Centers for Disease Control & Prevention
ED – Emergency Department
MAT – Medication Assisted Treatment
MME – Morphine Milligram Equivalent
OD – Overdose
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SAMHSA – Substance Abuse & Mental Health Services Administration
VPMS – Vermont Prescription Monitoring System

Definitions

Hub – Regional programs that provide intensive opioid use disorder treatment options, including high intensity Medication Assisted Treatment, and maintain strong connections to area Spokes. There are nine Hubs in Vermont.

Medication Assisted Treatment (MAT) – The use of methadone, buprenorphine, or naltrexone, in combination with counseling and behavioral therapies, to treat opioid use disorder.

Morphine Milligram Equivalent (MME) – The amount of morphine equivalent to the strength of the opioid dispensed. Using MME allows comparison between types and strengths of opioids.

Opioid Analgesic – Narcotic pain medication

Opioid Use Disorder (OUD) – Recurrent use of opioids causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

Spoke – Office-based opioid treatment settings located in communities across Vermont. At many Spokes, opioid use disorder treatment is fully integrated into general healthcare and wellness services.

More Information

healthvermont.gov/scorecard-opioids
healthvermont.gov/RxAware
healthvermont.gov/opioids
healthvermont.gov/ADAPReports
healthvermont.gov/YRBS

References

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www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use