Overdose Data to Action (OD2A) Data Product Planning

OD2A Surveillance Team

VERMONT
DEPARTMENT OF HEALTH

Outline

- Introduction
- Overdose Surveillance Strategies
- PDMP surveillance
- Open discussion

Introduction: Why are we here today?

- Overdose is a serious issue in Vermont.
- We have data that can inform community approaches to overdose response and prevention.
- We want to hear what data products (reports, briefs, regular updates, etc.) would be helpful to **YOUR** community?

What is the OD2A Grant?

- OD2A grant includes various strategies to address overdose in Vermont.
- The first 3 strategies are strictly surveillance strategies.
- Strategy 4 involves Vermont's prescription drug monitoring program.
- The remaining strategies are focused on overdose prevention through trainings, community action grants, quality improvement initiatives, naloxone distribution etc… All informed by the surveillance strategies!

Overdose Data 

Action!

Strategy 1: Nonfatal Overdose Surveillance

Main objective: Collect and disseminate timely emergency department (ED) data on suspected any drug, opioid, heroin and stimulant overdoses.

In VT, non-fatal overdose data is obtained from the syndromic surveillance system ESSENCE, (BioSense platform).

OD2A Surveillance Strategy 1: Overview of the VT Nonfatal Overdose data extracted from ESSENCE

- Emergency Department and urgent care visits
  - There are 13 emergency departments onboarded (last hospital to be onboarded this year!)
  - 2 urgent cares

- About 800-900 total emergency/urgent care visits per day

- Database feeds every 1-24 hours
  - Some health centers have a lag in time of submission, but most are received within 48 hours.

OD2A Surveillance Strategy 1 Data

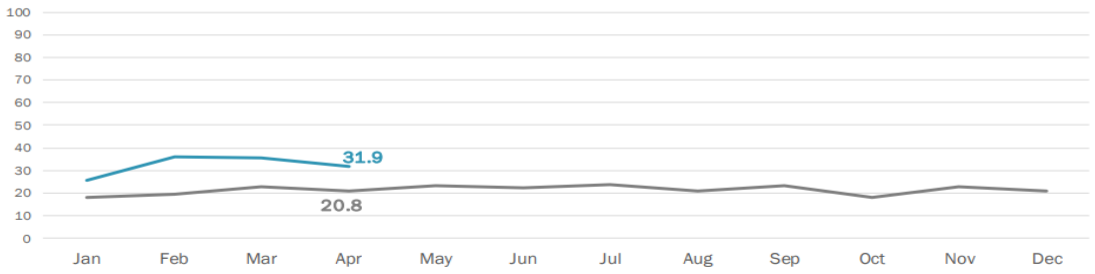
Where does this data go? Reported to CDC and two monthly reports include state averages and comparisons to previous years.

Syndromic Surveillance

As of May 10th, emergent care visits for opioid overdose have increased for 2021 compared to the average rate over the last 3 years. This data is preliminary and subject to change. The higher rates may be influenced by several factors, including fewer people visiting the ED/ Urgent Care. More recently in March, ED visit volumes were approximately 16% lower than average, which is an improvement from ~30% lower in January and February. This data is preliminary and subject to change.

Rate of Emergent Care Visits for Opioid Overdose by Month

2021 and 3-year Average Rates of Opioid Overdose Visits per 10,000 ED and Urgent Care Visits



Source: Electronic Notification for the Early Notification of Community-based Epidemics, 2018-2020.
Opioid overdose is determined using the patient's chief complaint and/or discharge diagnosis.

Overdoses (Accidental)

January Current and Previous Year Comparison

	2021	2020
Opioid related fatalities	11	12
% of fatalities involving fentanyl	100%	100%
Nonfatal rate per 10,000 ED Visits	25.7	15.2

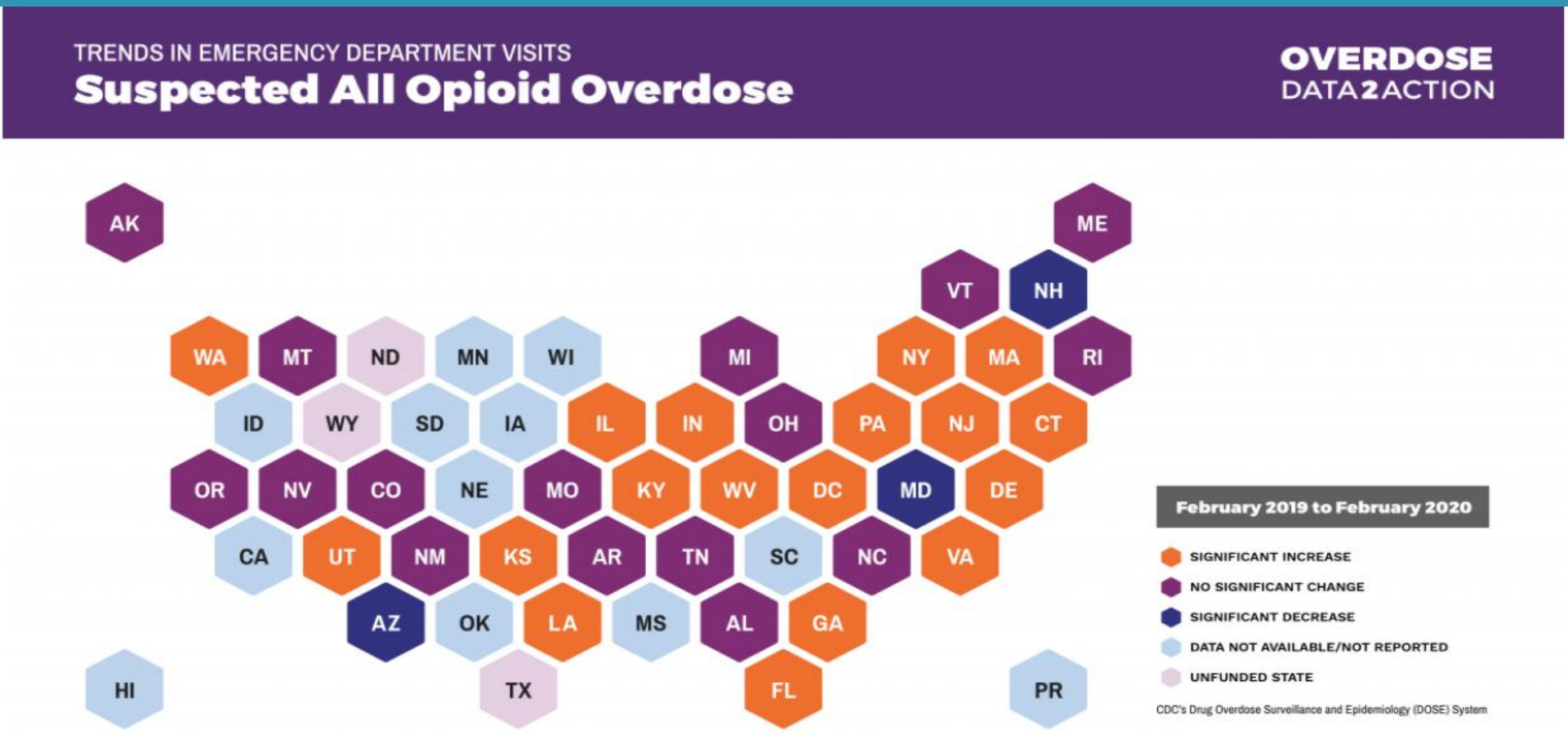
All data are preliminary and subject to change. People who die from accidental overdoses may have more than one substance in their system.

Sources: Vital Statistics; ESSENCE; VPMS; SATIS; program repo
Data are preliminary and subject to change.

Monthly Opioid Report (healthvermont.gov)

PowerPoint Presentation (healthvermont.gov)

OD2A Surveillance Strategy 1 Data

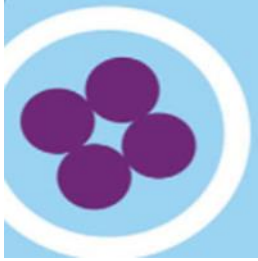


OD2A Surveillance Strategy 2
Drug Overdose Circumstances Data

- Main objective: collect and report more timely and more complete data on overdose-related deaths
- The data system is the State Unintentional Drug Overdose Reporting System (SUDORS)
- SUDORS is a part of a CDC hosted data system, the National Violent Death Reporting System (NVDRS).

OD2A Surveillance Strategy 2

The National Violent Death Reporting System (NVDRS) is the only state-based reporting system that links information from multiple sources in a usable, anonymous database.



NVDRS brings together data on the **WHO, WHEN, WHERE, and HOW** of violent deaths to help us better understand **WHY** they occurred.

OD2A Surveillance Strategy 2

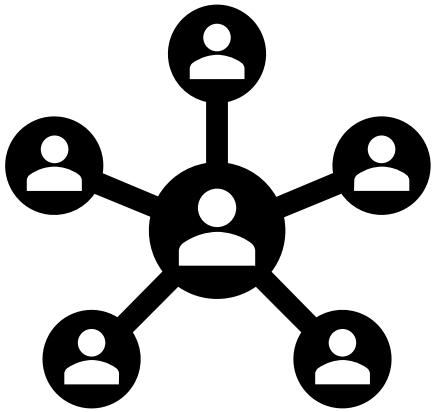
- SUDORS collects drug overdose death circumstance data from:
  - -Law enforcement reports
  - -Medical examiner reports
  - -Toxicology reports

- SUDORS is the best data source we have for answering the “WHY” questions about fatal overdoses.

OD2A Surveillance Strategy 2 Data Analyses

- Naloxone status of those who died of a fatal drug overdose
- Large section in the Social Autopsy
- Substance use disorder treatment history of those who died of a fatal drug overdose

OD2A Surveillance Strategy 3: Innovative Surveillance Project



- VDH decided to continue with the Social Autopsy Project as our innovative surveillance project for Strategy 3.
- We have completed 2 iterations and are currently working on a combined 2019 and 2020 report.
- Looking for input for future reports.

OD2A Strategy 4

- Although Strategy 4 is not one of the surveillance strategies, it does involve data analysis of Vermont's Prescription Drug Monitoring Program. You may know it better as VPMS which has a variety of routine data products.

- VPMS is a clinical tool to promote appropriate prescribing while deterring the misuse and diversion of controlled substances.

- It is also a surveillance tool that is used to monitor trends in the dispensing of controlled substances.

OD2A Strategy 4

- There are a variety of routine data products using VPMS data.
- There are annual and quarterly reports and a large section in the social autopsy reports.
- From time-to-time analysts of VPMS can do topic specific briefs.

Where are the gaps? How can we help?

- Survey coming to give anonymous feedback to be sent after this meeting.
- Suggest and discuss new ideas for data products that we would prioritize that could be useful in your work.
- Do you have a question you want answered?
- We WILL take the feedback and provide what we can!

Who are we?

Strategy 1: Gretchen Mertes and Lucia Orantes

Strategy 2: Mallory Staskus, Grace Yu and Lindsay Bonesteel

Strategy 3: Jeffrey Trites, Rachel Newton, Amanda Jones

Strategy 4: Lela Kretzer and Dagmar Zentrichova

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Thank you!
Any questions?

See more data: Data and Reports | Vermont Department of Health (healthvermont.gov)

Vermont Cannabis Data

Substance Misuse Prevention Oversight and Advisory Committee Presentation

Jeffrey Trites
Public Health Analyst
Vermont Department of Health
January 2022

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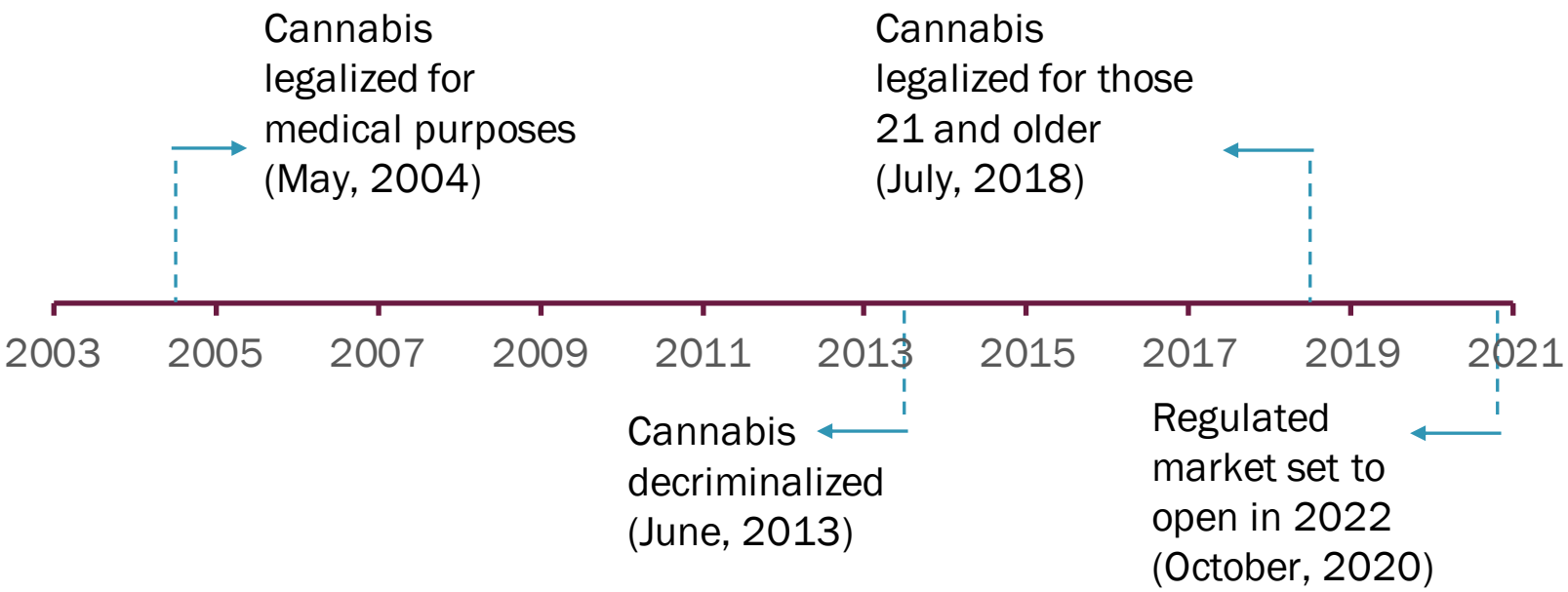
Overview

- History of Cannabis Legislation in Vermont
- Available Data Sources
- Existing Data Products
- Upcoming Data Products (with a preview!)
- Data Gaps, Limitations, and Wishes
- Questions?

History of Cannabis Legislation in Vermont



Available Data Sources

- Surveys measuring use/risk behaviors
  - Behavioral Risk Factor Surveillance System (BRFSS)
  - Youth Risk Behavior Survey (YRBS)
  - Pregnancy Risk Assessment Monitoring System (PRAMS)
  - Policy and Communication Evaluation (PACE) Vermont
  - Young Adult Survey (YAS)
  - Local Opinion Leaders Survey (LOLS)
  - National Survey on Drug Use and Health (NSDUH)
- Morbidity
  - Vermont Uniform Hospital Discharge Data System (VUHDDS)
  - Electronic Surveillance System for the Early Notification of Community- based Epidemics (ESSENCE)
- Mortality
  - Vermont State Highway Safety Office
  - Vital Statistics
  - State Unintentional Drug Overdose Reporting System (SUDORS)
- Treatment
  - Substance Abuse Treatment and Information System (SATIS)
  - Medicaid

Existing Data Products

- Marijuana Use in Vermont
  - Prevalence of use (adults and high schoolers)
  - Perceptions of use
  - Cannabis use and mental health/life circumstances
  - Cannabis use and driving
- Marijuana Use Highlights
  - Prevalence of use (adults, high schoolers, and pregnant Vermonters)
  - Cannabis use and driving
  - Treatment
- Health Impact Assessment
- Substance Use in Vermont During COVID-19: 2019-2020 Report
- Alcohol and Other Drug Use Scorecard
- Regional Prevention Partnerships (RPP) Community Profiles
- Maternal Substance Use Presentation, 2016-2017 Births (PRAMS)
- BRFSS
- YRBS
- YAS
- NSDUH

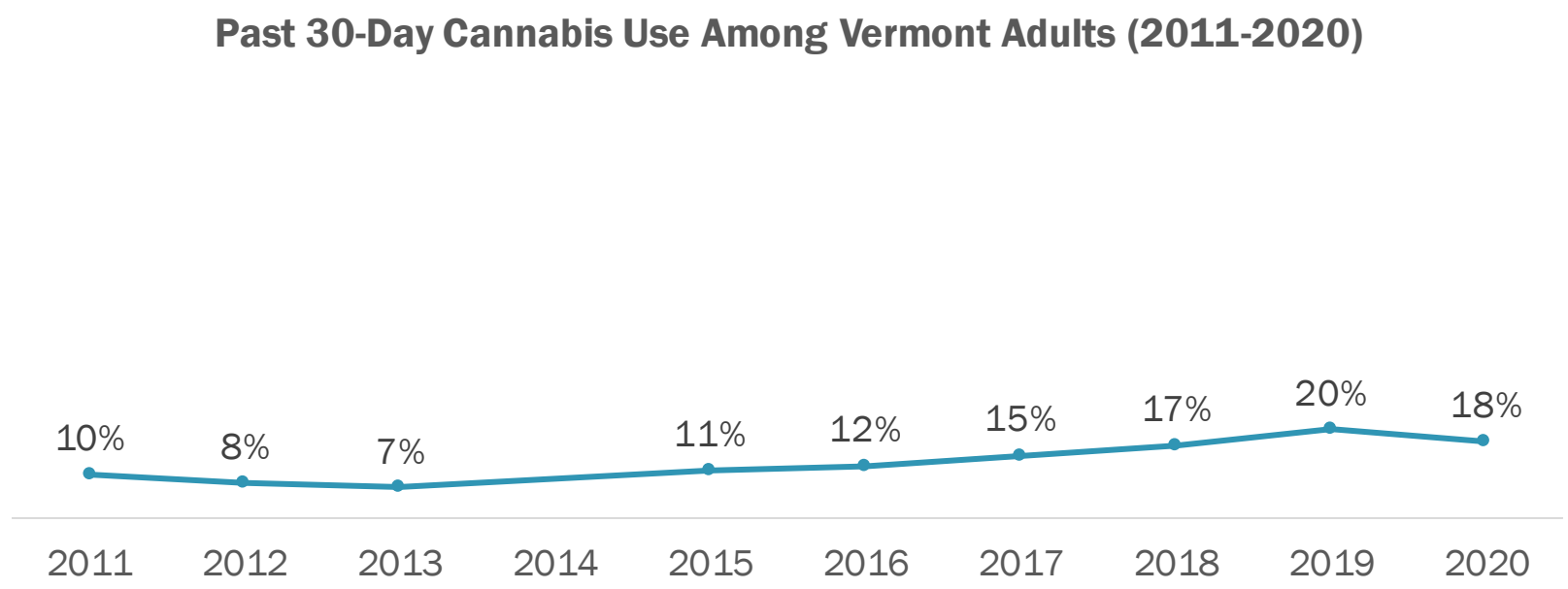
Upcoming Data Products

- Cannabis Data Pages
  - Prevalence among middle schoolers, high schoolers, adults, and pregnant Vermonters
  - Hospitalizations and emergency department visits
  - Cannabis use and driving
  - Treatment for cannabis use
  - Demographic breakdowns
  - County-level data and comparisons to state
- Cannabis Use and Mental Health
- "Young adults' knowledge of state cannabis policy: Implications for studying the effects of legalization." in *Cannabis*

Preview of Cannabis Data Pages

Preview: Adult Cannabis Use

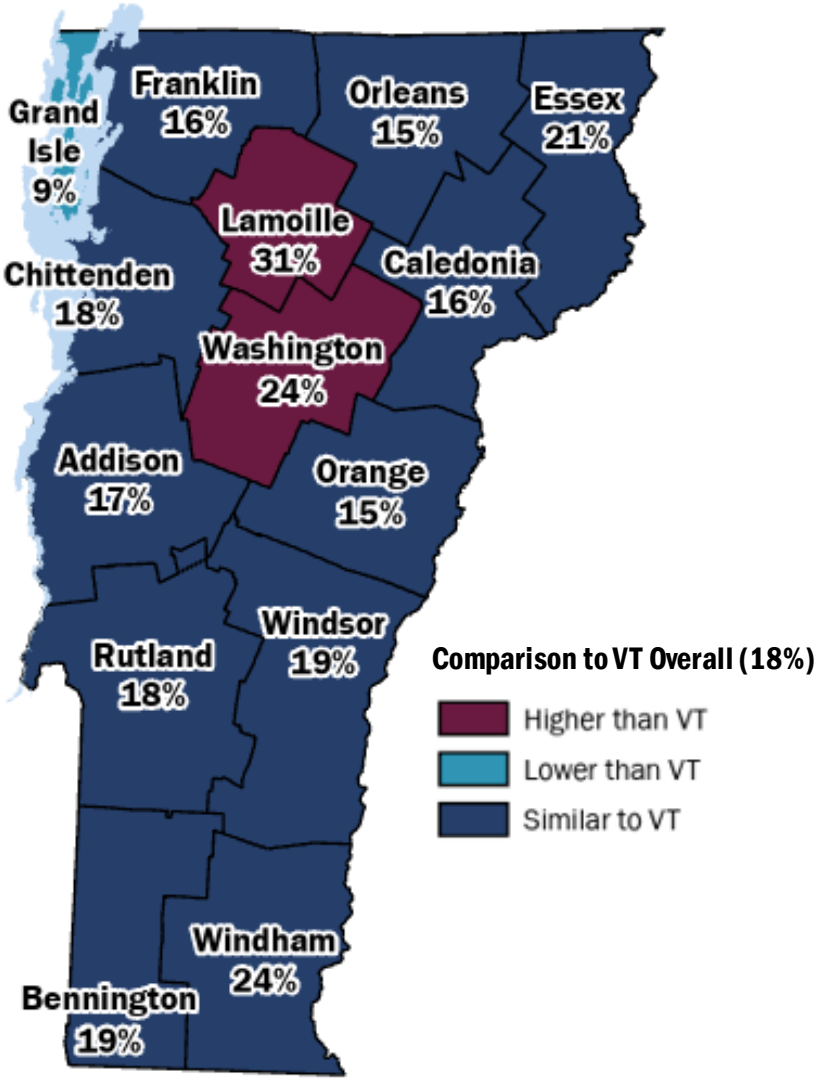
Past 30-day cannabis use among Vermont adults significantly increased between 2013 and 2019. Use decreased slightly between 2019 and 2020, although not significantly.



Data source: Vermont Behavioral Risk Factor Surveillance System

Preview: Past 30-Day Cannabis Use by County (2019-2020)

- More Vermonters in Lamoille and Washington Counties used cannabis than Vermont overall.
- Past 30-day cannabis use was lower in Grand Isle County than Vermont overall.

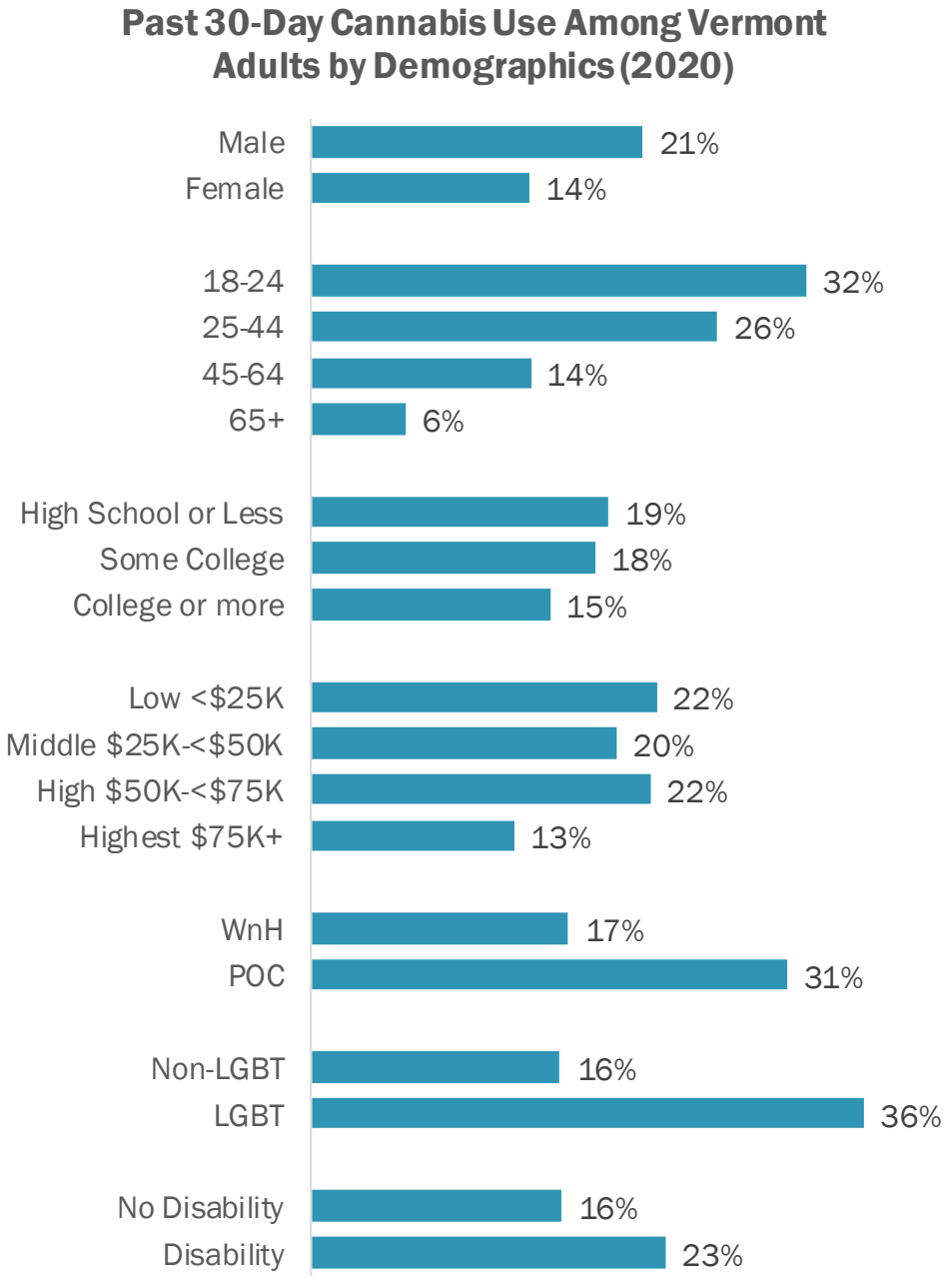


Data source: Vermont Behavioral Risk Factor Surveillance System

Preview: Adult Cannabis Use

Past 30-day cannabis use is significantly higher among males, people of color, Vermonters identifying as LGBT, and those with a disability compared to females, white, non-Hispanic Vermonters, heterosexual/cisgender adults, and those without a disability, respectively. Use is significantly higher among 18- to 44-year-olds compared to those 45 and older and Vermonters making less than $75K per year versus those making more than $75K.

Data source: Vermont Behavioral Risk Factor Surveillance System



Data Gaps, Limitations, and Wishes

- Limited staff time
- Small sample sizes
- Existing data might not include all fields of interest
- Differing data collection schedules
- Sales data

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Thank you!

Any questions?

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