



**Division of Alcohol and Drug Abuse Programs
Annual Overview 2017**



What are our priorities?

What are we doing?

Prevention

Reduce:

- underage drinking
- drinking habits that result in ill effects on people's health and safety
- youth marijuana use
- prescription drug misuse



Addressing the risks of alcohol and other drug misuse and promoting healthy lifestyles by:

- providing community education, parenting programs, and youth leadership opportunities
- partnering with law enforcement and retailers to prevent underage drinking
- promoting safe ways to get rid of unused prescription drugs, increasing drop-off locations and helping people find the closest location
- supporting community forums that bring people together to talk about the challenges of substance misuse and how to create healthy communities

Intervention

Increase:

- screening for substance misuse in primary care settings, including for older adults, and in schools
- alcohol and drug use education for youth, older adults, pregnant women and mothers, and people convicted of driving under the influence

Decrease:

- prescription drug sharing

Improve:

- drug-prescribing practices and use of non-opioid alternatives

Identifying early signs of and addressing alcohol and other drug misuse by:

- screening for substance misuse in primary care settings and schools
- reviewing drug-prescribing practices and encouraging non-opioid alternatives
- providing safe spaces for intoxicated people when jail and hospitalization are not necessary
- supporting education programs for pregnant women and mothers
- providing opportunities for people convicted of driving under the influence to receive alcohol and other drug use education

Treatment



Increase:

- available treatment options and locations
- percentage of people who engage in treatment
- percentage of people who complete treatment

Providing support for comprehensive treatment by:

- addressing underlying mental health disorders that often occur with substance use disorders
- enhancing treatment services to meet the needs of adults, adolescents and their families, such as:
 - outpatient services
 - Medication-Assisted Treatment (MAT)
 - residential services



Recovery

Increase:

- number of people continuing in recovery
- peer-led recovery support services
- number of peers trained to lead recovery support
- access to safe housing to support recovery



Promoting support services to help people maintain healthy lifestyles through:

- recovery centers
- temporary housing
- peer recovery support programs
- peer leadership and recovery coach training



How well are we doing?

Health Dept. Cost

Nearly 90% of Vermonters received **prevention messaging**.

- Regionally coordinated prevention efforts expanded to cover the entire state.
- Over 9,000 people viewed information on how parents can influence their kids' choices around alcohol and other drug use.
- About 4,000 people viewed information about drug disposal.
- Parents and students in over 100 schools received prevention education.

Fewer high school students used substances in 2015 than in 2013.

New statewide drug disposal pilot program run by Lamoille County Sheriff's Department has collected over 3,500 lbs of medications.



\$4,837,075

604,079 people served
\$8 per person served

Every \$1 invested in substance misuse prevention saves \$10–18 in costs associated with health care, criminal justice, and lost productivity.



Alcohol and other drug use is being addressed.

- About 1,400 health care workers were trained to provide screening, brief intervention, and referral to treatment (SBIRT).
- Doctors have been trained to review drug prescribing.
- Over 30 health care providers received training on the relationship between trauma and substance use.
- Nearly 1,200 students were screened for substance use and, if identified as needing support services, received intervention and/or were referred for additional services.

People who received intervention services through SBIRT reported a decrease in substance use.



\$4,654,338

34,753 people served
\$134 per person served

Treatment capacity has increased.

- A women's residential facility opened in Vergennes and a provider in Wallingford added treatment beds.
- A new MAT facility opened in St. Albans, with the capacity to treat 400 adults.
- A program to meet the needs of adults age 60 and over opened in Rutland.
- Availability of MAT increased for those in — and exiting — correctional facilities.



\$37,609,665

11,745 people served
\$3,202 per person served

Every \$1 invested in addiction treatment saves \$4–7 in costs associated with drug-related crime, criminal justice, and theft.



People using recovery centers report decreased criminal activity and improved health, sobriety, and family relationships.

Support for those in recovery has increased.

- Recovery center staff worked closely with people in MAT and their families.
- Fifty-five recovery coaches were trained to help other people navigate treatment and recovery.
- People looking for recovery support made over 170,000 visits to recovery centers for social events, support groups, and wellness activities.

\$2,444,249

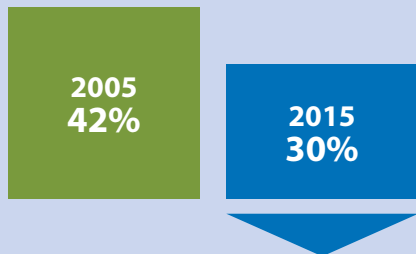
4,304 people served
\$568 per person served

Vermont key data by substance

Alcohol

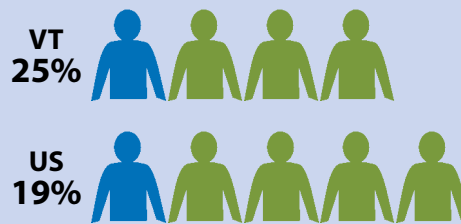
Students

The percentage of Vermont students having at least one drink of alcohol in the past month has **decreased significantly since 2005**.



Adults 65+

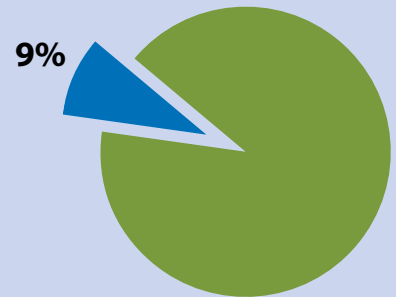
In 2016, nearly **one in four** Vermonters age 65 and over engaged in risky alcohol drinking,* higher than the U.S. average.



* Three or more drinks on one occasion in the past month for men, two for women

AUD

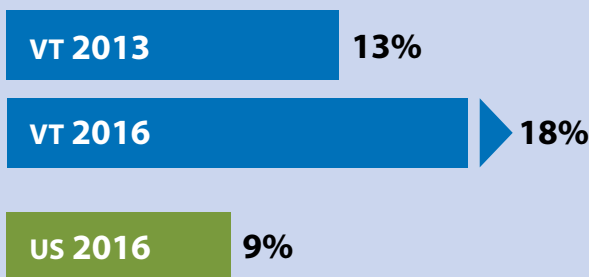
In 2016, of over 37,000 Vermonters with Alcohol Use Disorder (AUD), **3,326 sought treatment**.



Marijuana

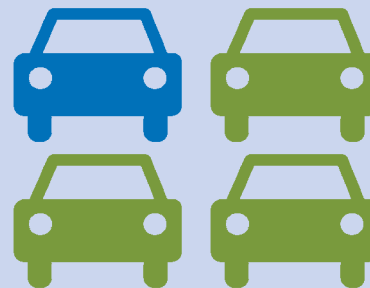
Adults 18+

In 2016, the number of Vermont adults who were current users of marijuana was **up from 2013 and twice the U.S. average**.



Motor vehicle crashes

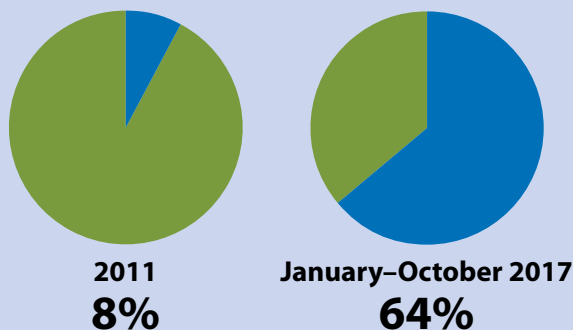
Of Vermont's 63 fatal motor vehicle crashes in 2017, **one in four had the presence of THC**, the main mind-altering ingredient found in the cannabis plant.



Opioids

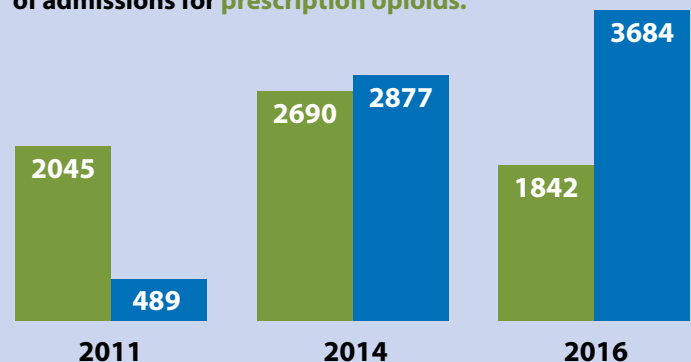
Fentanyl-related deaths

In Vermont, **fentanyl-related deaths** have increased eightfold since 2011 and were the leading cause of **opioid-related deaths** in 2017.



Heroin vs. prescription drugs

In Vermont, the number of treatment admissions for **heroin** is increasing — in 2016, it was double the number of admissions for **prescription opioids**.



See ADAP performance measures using the Health Department Scorecard: healthvermont.gov/scorecard-alcohol-drugs

Division of Alcohol & Drug Abuse Programs

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