

# Monthly Opioid Update – March 2021

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

**9,088**

Estimated Vermonters age 18+ receiving MAT in **hubs and spokes** Q3 2020\*

**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\*

**9318**

Pounds of drugs collected in state-funded programs between March 2020 and February 2021\*\*

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

## Overdoses (Accidental)

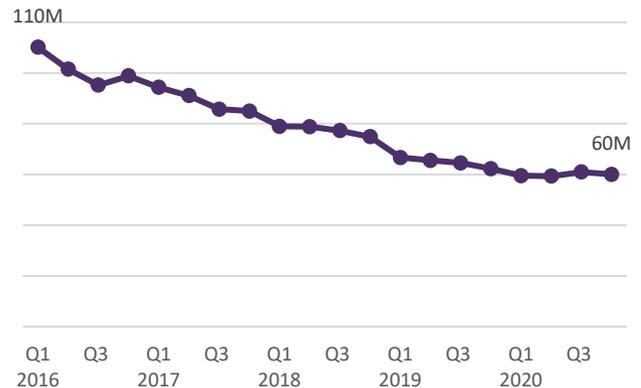
**December** Current and Previous Year Comparison

	2020	2019
Opioid related fatalities	<b>157</b>	<b>114</b>
% of fatalities involving fentanyl	<b>89%</b>	<b>86%</b>
Nonfatal rate per 10,000 ED Visits	<b>24.2</b>	<b>16.5</b>

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

## Prescription Monitoring

Vermont Total MME Dispensed



**45%**

Reduction in opioid analgesics dispensed between Q1 2016 and Q4 2020\*

**3.9%**

Of Vermont population received opioid analgesics in Q4 2020.

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

- The [2020 final fatalities data brief](#) shows Vermont has seen a 38% increase in accidental and undetermined opioid-related fatalities from 114 deaths in 2019 to 157 in 2020. All 2020 are preliminary and subject to change. Fentanyl was involved in 88% of 2020 fatalities compared to 25% for heroin and 27% prescription opioids. Cocaine was present in 37%. Note that 75% of people who died of an opioid overdose had multiple substances in their system at time of death so the numbers above are not mutually exclusive.
- The [Q4 VPMS report](#) is now available.

## Messaging

- New [VT Helplink](#) messaging reinforces that free and confidential referral services are available to connect people to substance use treatment and recovery support.

## Acronyms

**ADAP** – Alcohol & Drug Abuse Programs  
**BRFSS** – Behavioral Risk Factor Surveillance System  
**CDC** – Centers for Disease Control & Prevention  
**ED** – Emergency Department  
**MAT** – Medication Assisted Treatment  
**MME** – Morphine Milligram Equivalent  
**OD** – Overdose  
**SAMHSA** – Substance Abuse & Mental Health Services Administration  
**VPMS** – Vermont Prescription Monitoring System  
**YRBS** – Youth Risk Behavior Survey

## 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](https://healthvermont.gov/scorecard-opioids)

[healthvermont.gov/RxAware](https://healthvermont.gov/RxAware)

[healthvermont.gov/opioids](https://healthvermont.gov/opioids)

[healthvermont.gov/ADAPReports](https://healthvermont.gov/ADAPReports)

[healthvermont.gov/YRBS](https://healthvermont.gov/YRBS)

## References

[healthvermont.gov/DoYourPart](https://healthvermont.gov/DoYourPart)

[www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm](https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm)

[www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use](https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use)