

## Public Health Strategies to Reduce Opioid Use Disorders • 2019-2021

Addiction to opioids is a complex and multi-faceted public health challenge. The public health response involves six key elements: leadership; partnership and collaboration; epidemiology and surveillance; education and prevention; treatment and recovery; and harm reduction.<sup>1</sup> Following is a summary of the strategies for which the Health Department has the lead responsibility or provides major support – and legislation enacted in Vermont since 2014 that guides many of these strategies:

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### For more information:

- Data and Reports – [healthvermont.gov/alcohol-drugs/reports/data-and-reports](http://healthvermont.gov/alcohol-drugs/reports/data-and-reports)
- Opioid Performance Scorecard – [healthvermont.gov/scorecard-opioids](http://healthvermont.gov/scorecard-opioids)
- State Health Improvement Plan Scorecard – [healthvermont.gov/SHIPscorecard](http://healthvermont.gov/SHIPscorecard)
- Governor’s Coordination Council – [healthvermont.gov/OCC](http://healthvermont.gov/OCC)

## Public Information, Social Marketing and Messaging

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### For Parents and Caregivers of Adolescents and Teens – Prevent Substance Use

Vermont youth report that parents have the most influence on their decisions about substance use. ParentUp provides parents and caregivers with strategies and actions to help prevent drug and alcohol use among youth. This social marketing campaign and website features interactive tools designed for different parenting styles. [ParentUpVT.org](http://ParentUpVT.org) helps parents talk with their kids about expectations concerning alcohol and drug use, and gives tips on monitoring their teens, making connections with other parents, and knowing the warning signs of a problem. In 2018, the Health Department expanded its promotion of ParentUp to reach parents and caregivers of middle and high school age teens.

<sup>1</sup> Levine M, Fraser, M. *Elements of a Comprehensive Public Health Response to the Opioid Crisis*. *Ann Intern Med*. 2018;169(10):712-715: VT Dept. of Health: [healthvermont.gov/sites/default/files/documents/pdf/MAL-AIM-article-opioids-20181106.pdf](http://healthvermont.gov/sites/default/files/documents/pdf/MAL-AIM-article-opioids-20181106.pdf)

### **For At-Risk Young Adults – Prevent Prescription Misuse**

In 2017, the Health Department launched a highly targeted digital prevention campaign to reach young adults age 18 to 25 who are experimenting with, or at greater risk for, misusing prescription opioids. Messaging objectives are to increase the perception of risk associated with prescription opioid misuse, and increase knowledge about the transition from prescription opioid misuse to heroin use. A second phase of messaging developed in 2018 centers on the risk of using alcohol and prescription opioids together. Messaging in 2019 includes recognizing the signs of an overdose.

### **For Adults – Prescription Risks Awareness**

The Health Department promotes the Centers for Disease Control and Prevention’s RxAware campaign for adults age 25 to 54, with testimonials on the risks of addiction and overdose associated with prescription opioids. Additional messaging was developed in the spring of 2018 to support the CDC campaign and enhance awareness about risks of opioid medications. A second phase of the campaign was launched in fall 2018, encouraging patients to ask their doctor questions about addiction risks, alternatives to try first, and minimum dosage needed, before accepting an opioid prescription. A third phase of messaging on alternative pain management options is planned for spring 2019. For more information: [healthvermont.gov/RxAware](http://healthvermont.gov/RxAware).

### **For Adults – Safe Storage and Drug Disposal**

In 2018, the Health Department launched Do Your Part messaging to encourage adults to safely store and dispose of unused, unwanted, or expired medications. It provides “lock, drop, or mail” storage and disposal tips, highlighting kiosk and mail-back disposal options available in the state, and connects people to the department’s drug disposal system web page at [healthvermont.gov/DoYourPart](http://healthvermont.gov/DoYourPart) for more information. Messaging goes beyond prescription drug misuse to include protecting the environment, and preventing accidental ingestion by children and pets. A *Do Your Part* PSA launched in 2018, and will run leading up to each national prescription drug take-back day in April and October.

## **Prescribing Practices and the Vermont Prescription Monitoring System** \_\_\_\_\_

### **Prescribing Practices Quality Improvement**

Trainers and quality improvement specialists from the University of Vermont’s Office of Primary Care have engaged with prescribers to improve opioid prescribing practices, and increase use of evidence-based non-opioid pain treatment options. They have also trained 12 Department of Vermont Health Access Blueprint for Health practice facilitators on opioid prescribing quality improvement. Next, they will identify additional training needs, and work on overcoming barriers identified by providers as they engage in safer prescribing practices. This work is supported by a four-year (2015-2019) opioid overdose prevention grant from the Centers for Disease Control and Prevention.

### **Messaging on Prescribing Practices**

A campaign to improve prescribing practices is in planning. Messaging objectives will align with concurrent social marketing campaigns, promote the proper use of the Vermont Prescription Monitoring System as a clinical tool, and provide other tools and resources to support prescribers with the substance use disorder referral to treatment process. Information for parents and adolescents on the risks of prescription drug misuse will also be distributed to pediatric health care practices around the state for use during patient well-care visits.

## **Motivational Interviewing**

The Health Department has also partnered with Center for Health and Learning, Richard Pinckney, MD and Alan Rubin, MD to provide a training series on compassion and motivational interviewing for opioid prescribers. The training will focus on skills to increase positive interactions and trust between complex pain patients and medical providers when working on pain management strategies.

## **Vermont Prescription Monitoring System (VPMS)**

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

Approved VPMS users can view patient data in seven other northeastern states: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York and Rhode Island. This allows providers to have a more accurate picture of the prescriptions their patients are receiving, as Vermont residents may have prescribers and pharmacies in neighboring states.

- **Prescribers** – Prescribers can view data and get reports that detail their own prescribing practices. Prescribers receive alerts about patients with prescription histories that put them at higher risk for complications or misuse.
- **Pharmacies** – The Health Department's VPMS team works to regularly ensure pharmacies' compliance with data uploading and data quality. Pharmacies must upload required information about prescriptions dispensed within 24 hours. This provides up-to-date information for prescribers and pharmacists.

The VPMS team also produces quarterly reports that document trends in schedule II-IV drug prescribing at the state and county level, available at:

[healthvermont.gov/alcohol-drugs/reports/data-and-reports](http://healthvermont.gov/alcohol-drugs/reports/data-and-reports)

For more information about VPMS: [healthvermont.gov/VPMS](http://healthvermont.gov/VPMS).

## **Rule Governing the Prescribing of Opioids for Pain**

The *Rule Governing the Prescribing of Opioids for Chronic Pain* went into effect July 1, 2013 based on Act 75 (2013). This rule outlined requirements for screening, evaluation and reevaluation of patients receiving opioid prescriptions lasting longer than 90 days.

In 2016, Act 173 was passed, directing the Health Department to promulgate rules governing the prescribing of opioids for acute pain. The *Rule Governing the Prescribing of Opioids for Pain* went into effect July 1, 2017, and included limits on the amount of morphine milligram equivalent (MME) opioid a provider could prescribe for an initial prescription. The rule includes information for prescribers on how to appropriately treat their patients' pain, while also minimizing the risk of dependency on opioids for their patients.

The Health Department developed informational materials to support prescribers, such as informed consent and patient information sheet that outlines the potential risk of opioid misuse, found here: [healthvermont.gov/alcohol-drugs/professionals/help-me-stay-informed](http://healthvermont.gov/alcohol-drugs/professionals/help-me-stay-informed).

## Prevention and Community Mobilization ---

### **Regional Prevention Partnerships**

Regional Prevention Partnerships are a regional response to prevent and reduce alcohol and drug use among adolescents, teens and young adults. A five-year grant (2015-2020) supports 12 regional partnerships that provide statewide coverage. The goals are to reduce underage and binge drinking among young people age 12 to 20, and marijuana use and prescription drug misuse among young people age 12 to 25. The work of the partnerships is guided by decades of substance misuse and abuse prevention best practices, which are proven to be effective in preventing youth substance use and building adolescents' sense of belonging and resiliency.

Grant-supported activities are based in prevention best practices, and build on the expertise of prevention specialists: community assessments and planning; local policy enhancements; education and outreach on proper storage and safe disposal of prescription drugs; and promotion of statewide media campaigns. Optional activities include a focus on youth and schools, and supporting family education programs.

For more information:

[healthvermont.gov/alcohol-drug-abuse/programs-services/prevention-programs](http://healthvermont.gov/alcohol-drug-abuse/programs-services/prevention-programs)

### **Strengthening Families Programs**

Screening and evidence-based family support and educational programs such as Nurturing Parent Programs and Strengthening Families are offered through Vermont's 15 parent child centers. In addition, Rocking Horse, a 10-week structured program for pregnant and parenting women that explores the effects and impact of substance misuse on their health and their family. The Rocking Horse program is offered throughout the state to support parenting, life management skills and resiliency.

### **Community Initiatives**

City, law enforcement and other community leaders in several communities around the state are implementing locally tailored responses to opioids, embracing the idea that arrest and prosecution will not address the risk factors that contribute to opioid misuse. Community initiatives, for example Rutland's *Project Vision*, Montpelier's *Project Safe Catch*, and the *Chittenden County Opioid Alliance*, have launched progressive new ways of responding to opioids and related issues in Vermont. In response to an opioid overdose death of a former student, the Vermont Adult Technical Education Association developed a community education series on addiction, prevention and ways to assist people suffering from an opioid use disorder. All 16 technical education centers across the state will deliver this class to raise awareness and give communities a venue to discuss opioid use disorder.

## Safe Drug Disposal ---

### **Statewide Drug Disposal Programs**

In July 2017, the Lamoille County Sheriff Department (LCSD) began coordinating a statewide safe drug disposal effort to ensure that all state and local law enforcement agencies have a mechanism for safe disposal of unused or unwanted medications, and are trained on proper handling and transportation of disposed medications. LCSD, with the help of the multiple sheriff departments, collects disposed medication, and provides the Health Department with monthly updates. During national prescription drug take-back days, the LCSD coordinates disposal of medications stored securely at LCSD.

### **Medication Mail-Back**

The Health Department currently operates a medication mail-back envelope program. Pre-paid mail-back envelopes offer a safe, simple, and secure way to dispose of unwanted prescription medications. Envelopes are available at pharmacies, town offices, health centers, libraries, senior centers, veterinarian offices, and other locations in communities across the state. Information on specific community locations is available at each of the 12 local health offices. Vermonters can also request free mail-back envelopes online from the Health Department at: [healthvermont.gov/alcohol-drugs/services/prescription-drug-disposal](http://healthvermont.gov/alcohol-drugs/services/prescription-drug-disposal)

### **Drug Disposal Kiosks**

Through a combination of state funds and federal grants, the Health Department has issued drug disposal kiosks to pharmacies, qualifying hospitals, and long-term care facilities that submitted a requisition – a total of 22 across the state. Drug disposal kiosks ease disposal of unused prescription medications. Medications disposed of in this manner are collected and destroyed by a vendor contracted with the Health Department.

For more information:

[healthvermont.gov/alcohol-drugs/services/prescription-drug-disposal](http://healthvermont.gov/alcohol-drugs/services/prescription-drug-disposal)

## **Early Intervention**

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### **School-Based Substance Abuse Services**

Twenty supervisory unions have a School-based Substance Abuse Services (SBSAS) grant of \$40,000 to partially support a menu of substance abuse prevention, education, and early intervention services. Training and evaluation services are also supported. In Fiscal Year 2018, grant-funded initiatives reached approximately 26,135 students.

For more information:

[www.healthvermont.gov/alcohol-drug-abuse/programs-services/prevention-programs](http://www.healthvermont.gov/alcohol-drug-abuse/programs-services/prevention-programs).

### **SBIRT and SBINS**

In 2013, the Health Department was awarded a five-year grant from the Substance Abuse & Mental Health Services Administration to provide Screening, Brief Intervention and Referral to Treatment (SBIRT) in 13 sites, including emergency departments, primary care offices, a women’s health clinic, and free clinics. Trained clinicians and medical providers use evidence-based tools to screen for risk of substance misuse. 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. By the conclusion of the SBIRT grant in 2017, 91,711 people were screened – more than the original program goal.

This intervention is being continued by the Blueprint for Health as a new program, now called Screening, Brief Intervention and Navigation to Services (SBINS). Blueprint is currently designing a program of SBINS supports that will be available to every Blueprint primary care practice and all emergency departments in the state. Medicaid will fund new staff, with staffing levels adjusted for practice and department volume. The new staff will provide the brief interventions for patients and navigation services in collaboration with other Community Health Team members.

For more information: [blueprintforhealth.vermont.gov/program-design-development](http://blueprintforhealth.vermont.gov/program-design-development)

## Overdose Prevention and Harm Reduction

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### **Syringe Service Programs**

Syringe Service Programs, known as SSPs, are community-based programs that provide access to sterile needles, free of cost. SSPs also provide overdose education and prevention, naloxone (Narcan®) distribution, case management, referrals to health services, HIV and HCV testing, and facilitate safe needle disposal. As of January 2018, four SSP organizations oversee seven fixed locations, and one mobile unit. Possession of syringes and injection equipment as part of an SSP does not violate Vermont's paraphernalia law according to State Statutes 18 V.S.A. § 4475, 18 V.S.A. § 4476, and 18 V.S.A. § 4478. SSP services are free, legal, and anonymous.

For more information:

[healthvermont.gov/disease-control/hiv-std-hepatitis-community-resources/syringe-service-programs](http://healthvermont.gov/disease-control/hiv-std-hepatitis-community-resources/syringe-service-programs)

### **Naloxone (Narcan®) Distribution**

In 2013, the Health Department developed a statewide pilot program to distribute emergency overdose rescue kits to people at risk of an opioid overdose, and to family and other community members who may be in a position to help in the event of an overdose. The naloxone (Narcan®) project expanded the availability of emergency use kits by providing them free of charge at 40 distribution sites across the state.

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.

Community correctional officers, every EMS agency and nearly all law enforcement agencies are trained and equipped to administer naloxone in an emergency. Emergency use kits are also offered to individuals released from a correctional facility who have identified previous opioid misuse or dependency.

For more information:

[healthvermont.gov/response/alcohol-drugs/narcan-naloxone-overdose-rescue](http://healthvermont.gov/response/alcohol-drugs/narcan-naloxone-overdose-rescue)

### **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 that people who are addicted to opioids, as well as family and community 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.

For more information:

[healthvermont.gov/response/alcohol-drugs/narcan-naloxone-overdose-rescue](http://healthvermont.gov/response/alcohol-drugs/narcan-naloxone-overdose-rescue)

## Access to Treatment and Recovery Services

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### Hub and Spoke System of Care

Vermont's Hub and Spoke system of care 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 disorder. Regional treatment centers (Hubs) 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 expanding Hub and Spoke system has dramatically increased the number of people who receive MAT services. There are six Hubs, with a total of nine locations. (Some Hubs have multiple locations.) Hub and Spoke learning collaboratives 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.

For more information:

[healthvermont.gov/alcohol-drug-abuse/how-get-help/find-treatment](http://healthvermont.gov/alcohol-drug-abuse/how-get-help/find-treatment)

### Specialty Care Coordination for Pregnant Women

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

### Recovery Centers and Coaches

The Vermont Recovery Network includes 12 community-based recovery centers throughout the state, one located in each of the local health department districts. The recovery centers offer a wide variety of supportive services, anonymously, to people in recovery. Services include peer support, substance-free recreation, educational opportunities, and pathway guides who provide support outside of a center's operating hours. Peer recovery coaches also provide support and guidance. The Vermont Recovery Coach Academy provides training, tools, skills and resources for people to become effective recovery coaches. Vermont also contracts with community housing and recovery organizations to provide transitional, supportive housing for people in recovery.

### Recovery Coaches in Emergency Departments

Recovery centers send recovery coaches to the emergency departments of some hospitals. These coaches meet with people who come into the hospital due to an overdose or other substance use-related issue, and help them to move from crisis to recovery. Coaches are first trained at the Recovery Coach Academy, and then receive a second level of training specific to working in the ED. Coaches work with people during their hospital visit and after discharge, helping them find appropriate treatment services and recovery supports. They also provide guidance on obtaining and using naloxone, and can assist with housing and other life needs. This program is expected to expand into additional communities in 2019.

## 2019 Projects in Development

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Two related campaigns in development are designed to increase understanding of substance use disorder:

- **Listen Up!** – The Health Department is supporting this two-year project to engage youth across the state in examining the root causes of substance use disorder, and identifying actions communities can take to promote resiliency.
- **Countering Stigma** – Intended for an adult audience, this campaign aims to address and reduce stigma as a barrier to people with substance use disorder who are seeking help, and provide information on substance use disorder as a public health issue.

### **Good Samaritan Law Outreach**

Outreach to increase knowledge of, and confidence in, Vermont's Good Samaritan Law is planned for 2019. Under the Good Samaritan law, a person can call for help in the event of an opioid overdose without fear of arrest or other punitive consequences. Messaging will also focus on increasing awareness that a person is immune from civil or criminal liability for giving naloxone to another person who may be overdosing on an opioid, so long as the person administering the naloxone is not acting recklessly, with gross negligence or intentional misconduct.

### **Opioid Overdose Prevention Education**

The Health Department will partner with the Departments of Mental Health and Disability, Aging, and Independent Living to expand opioid overdose prevention training for community partners in 2019. Vermont Cares will train first responders on reducing stigma and working with people who have experienced an opioid overdose.

### **Centralized Intake and Resource Center**

Vermont is working to implement a statewide substance use disorder centralized intake and resource center (CIRC) in 2019. The CIRC will include a call center and website where residents and treatment professionals can find information on substance use disorder prevention, intervention, treatment and recovery services. Vermonters will be able to call one number to schedule an assessment with a substance use disorder treatment provider, get information and referrals to other services (transportation, mental health, economic resources), and receive counseling and education to reduce the adverse health effects of substance use and promote personal health.

### **Rapid Access: Medication Assisted Treatment (RAM)**

Rapid Access: Medication Assisted Treatment (RAM) is a pilot project to evaluate and refine processes that smooth the pathways to medication assisted treatment (MAT), by creating a time-to-treatment goal, and addressing barriers. When appropriate, RAM and the recovery coaches are integrated in the Emergency Department program to facilitate transition to treatment. Community-based outreach and engagement strategies that promote access to MAT are being developed.

### **Harm Reduction to-go Paks (HRPs)**

Harm Reduction to-go Paks (HRPs) will be provided for people who may be at risk for overdose from use of opioids. HRPs will contain a combination of overdose prevention education materials, information on treatment and recovery resources, and naloxone – with instructions for administering the overdose-reversal drug.

## Recovery Supports

- The Employment Services in Recovery Program will be launched in participating Hubs, Spokes and recovery centers. Through this program, people in recovery from substance use disorder will have access to Health Department-funded employment consultants. These consultants will help with building resumés, mock interviews, job search and placement assistance, and more.

Employment consultants will also work directly with Vermont businesses and employers to reduce barriers to hiring people who are in recovery. This program is supported through SAMHSA's State Targeted Response and State Opioid Response grants to address socioeconomic barriers to recovery. Funds will also support development of a network of certified recovery residences (e.g. Sober Homes, Oxford Homes, etc.) by establishing standards and a formalized certification process.

- Recovery Coach Pregnant and Parenting Women's Specialists will specialize in serving pregnant and parenting women who are seeking substance use disorder (SUD) treatment and recovery services, as well as the development of a family-friendly environment at Vermont recovery centers. Vermont will expand a pilot program initiated at one recovery center to five additional recovery centers.

## Enhanced Data Collection and Analysis

- The Center for Disease Control and Prevention's Enhanced State Opioid Overdose Surveillance grant, awarded in 2018, will support strategies to improve the speed and quality of data on opioid overdoses in Vermont. This will increase timeliness of reporting nonfatal drug, heroin and opioid overdoses through emergency department and EMS data; increase timeliness and comprehensiveness of reporting fatal opioid overdoses through the State Unintentional Drug Overdose Reporting System (SUDORS), which captures detailed information on toxicology, death scene investigations, route of administration, and other risk factors; and support distribution of surveillance findings to key stakeholders to inform prevention and response efforts for opioid-involved overdoses.
- The Department of Justice's Bureau of Justice Administration Comprehensive Site-Based Program grant, awarded in 2018, will support the Health Department to identify community-level data related to opioid use and associated physical, mental, environmental and social health consequences; develop a platform for communities to access data to enhance the community's data-driven planning.

## Guiding Legislation ---

### 2014

Act 195 strengthened pre-trial services, risk assessments, and alternatives to incarceration for Vermonters at risk of entering the criminal justice system.

### 2016

*Act 173* was signed into law to reduce opioid use disorder by strengthening prescribing guidelines, prescriber education and requirements in the Vermont Prescription Monitoring System. Through the pharmaceutical manufacturers' Evidence-Based Education and Advertising Fund, resources were directed to support statewide drug disposal initiatives, media campaigns on safe use, storage and disposal of prescription drugs, and purchase and distribution of overdose rescue kits.

*Rules* – To reflect legislative changes, the Health Department updated rules governing Medication-Assisted Therapy for Opioid Dependence for office-based opioid treatment providers prescribing buprenorphine, and opioid treatment providers. The legislation also created the Controlled Substances and Pain Management Advisory Council to advise the commissioner of health on matters related to the Vermont Prescription Monitoring System and the appropriate use of controlled substances in treating acute and chronic pain, and in preventing prescription drug abuse, misuse, and diversion.

### 2018

*Act 176* approved provision of medication-assisted treatment offered at, or facilitated by, a correctional facility as a medically necessary component of treatment for inmates diagnosed with opioid use disorder.