



DSU Strategies to Reduce Opioid Use Disorder & Overdose

Opioid Settlement Committee

October 5, 2022

Introduction

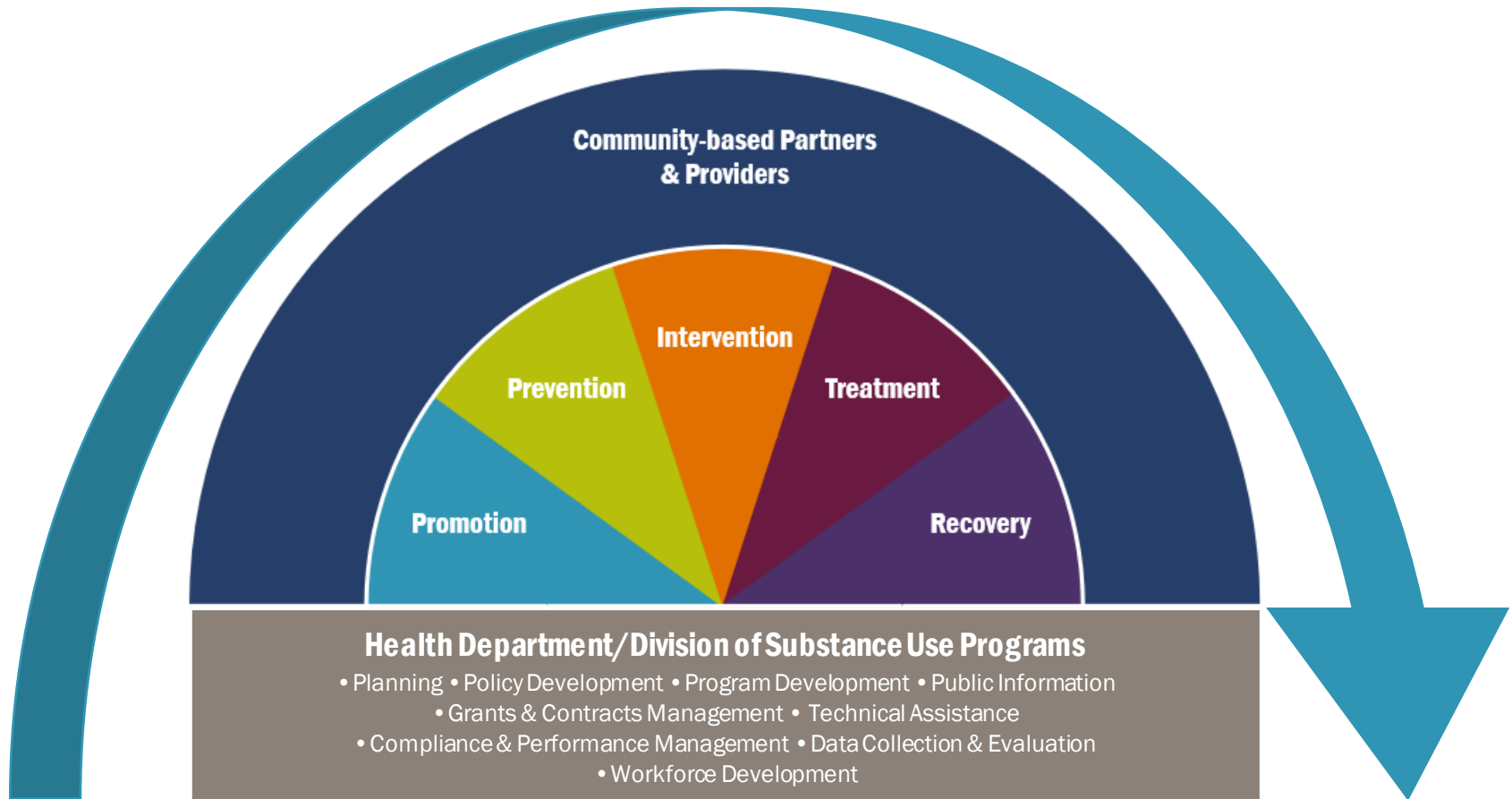
Strategies and overview

National Drug Control Strategy

Office of National Drug Control Policy

Strategy	Focus Area	Strategies Vermont is Addressing
1. Prevention & Early Intervention		✓
2. Harm Reduction	Expanding access to naloxone, an opioid overdose reversal medication, which could save tens of thousands of lives in a short period of time.	✓
3. Substance Use Disorder Treatment	Expanding access to high-quality treatment, including medications for opioid use disorder (MOUD), to prevent overdoses and put recovery within reach.	✓
3. Building a Recovery-Ready Nation		✓
5. Domestic Supply Reduction		
6. International Supply Reduction	Disrupting illicit finance networks to commercially disrupt drug trafficking operations and prevent illicit substance from reaching communities in the United States.	
7. Criminal Justice and Public Safety		✓
8. Data and Research	Improving data collection, particularly for non-fatal overdoses, to obtain a full picture of overdoses in America and identify people who need substance use treatment.	✓

System of Care



Acronyms:

DSU – Division of Substance Use Programs

DEPRIP – Division of Emergency Preparedness and Injury Prevention

MCH – Division of Maternal and Child Health

HPDPTCP – Division of Health Promotion and Disease Prevention Tobacco Control Program

EH – Division of Environmental Health

CDC – Centers for Disease Control and Prevention

SAMHSA – Substance Abuse and Mental Health Services Administration

PAARI – The Police Assisted Addiction and Recovery Initiative

MOUD – Medication for Opioid Use Disorder (*formerly MAT*)

Grants to address opioid use

Funding sources

State Opioid Response (SOR)

Source: SAMHSA

Time period: 2018 – 2024

Funding: \$26mil

Focus: Increasing access to medication for opioid use disorder (MOUD), reducing unmet treatment need and reducing opioid overdose.

Activity examples:

- VT Helplink
- Recovery coach academy
- End Addiction Stigma
- Prescription drug disposal
- Buprenorphine provision (Dept. of Corrections)
- Prevention hubs and capacity grants
- Cultural brokers
- Recovering coaching in Emergency Departments
- Harm Reduction To-Go Packs

Overdose Data to Action (OD2A)

Source: CDC

Time period: 2019 – 2023

Funding: \$12mil

Focus: Expanding overdose surveillance in Vermont and identifying ways to lower overdose rates in a data-informed way.

Activity examples:

- Harm reduction & overdose trainings
- Syringe Service Programs
- Naloxone distribution
- KnowOD
- 4 Community Action Grants
- Social Autopsy Report

COVID Emergency Response

Source: SAMHSA

Time period: 2020 – 2023

Funding: \$4.9mil

Focus: Increasing statewide access and capacity for mental health and substance use disorder treatment, recovery services and crisis/emergency services.

Activity examples:

- Medication delivery
- Peer support
- Services for healthcare workers
- Mental health crisis support

State Targeted Response (Opioid STR)

Source: SAMHSA

Time period: 2017 – 2020

Funding: \$4mil

Focus: Increasing access to medication for opioid use disorder (MOUD), reducing unmet treatment need and reducing opioid overdose.

Activity examples:

- Recovery coach academy
- Prescription drug disposal
- Family education and screenings
- VT Helplink
- Recovering coaching in Emergency Departments
- Community prevention capacity
- Cultural brokers
- Rapid Access to MOUD (RAM)

Activities to address opioid use

Descriptions, successes and funding

Prevention Consultants

Funding:

SFY 2018: \$1,133,621

SFY 2019: \$1,165,230

SFY 2020: \$1,342,746

SFY 2021: \$788,627

SFY 2022: \$1,349,988

Description

Prevention consultants offer the following services that help people, families and communities to achieve behavioral health and wellness:

- Community organizing
- Program planning and consultation
- Presentations and training
- Community grants information and guidance
- Information and referral

Successes

- 12 prevention consultants have statewide coverage
- Successful implementation of the Strategic Prevention Framework statewide
- Increased number of Vermonters trained in prevention

Evidence-based practice



Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

Communication/Promotion

Funding:

2018: \$1,256,108

2019: \$1,114,118

2020: \$762,998

2021: \$1,469,560

2022: \$1,453,738

Description

Message development and implementation for topics such as:

- services and supports
- opioid misuse and overdose prevention
- stigma reduction
- risks of mixing substances
- prescription drug storage and disposal

Successes

- 13 messaging strategies:
 - KnowOD
 - Over the Dose
 - Check Yourself
 - One More Conversation (MCH & HPDP TCP)
 - VT Helplink
 - Aging & Mixing Benzos & Opioids brochure
 - RxAware/CDC RxAwareness
 - Leave behind kit videos (DEPRIP)
 - Naloxone & HRP materials (DEPRIP)
 - End Addiction Stigma
 - Do Your Part
 - Healthy at Home (EH)

Evidence-based practice



Source: *various*

Recovery Coaching in the Emergency Department

Funding: STR and SOR

2019: \$158,730

2020: \$1,779,793

2021: \$2,166,243

2022: \$1,606,056

Description

The Recovery Coaching in the Emergency Department program is designed to provide recovery coaching services to those who are in a Vermont emergency department. About a third of the participants in this program report using opioids.

Successes

- Implemented in 13 out of 14 Vermont hospitals – the final hospital will have the program implemented by January 2023
- Over 2,700 Vermonters were served in 2020-2021

Evidence-based practice



Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

Narcan[®] (naloxone)

Funding: (VDH Total)

2018: \$699,125

2019: \$1,016,437

2020: \$835,111

2021: \$1,433,882

2022: \$2,071,681

Description

Narcan[®] (naloxone) is a medicine that can reverse opioid overdose. It has been included in three pathways for distribution to the public by DSU and DEPRIP:

- Narcan[®] Kits
- Harm Reduction Packs
- Leave Behind Kits

There are additional sites providing Narcan[®] to their clients directly.

Successes

- Over 100 community distribution sites
- EMS are distributing Leave Behind Kits during emergency responses
- State police have begun a soft roll out of Leave Behind Kit distribution with hopes to expand
- 2021 data indicated 47,683 naloxone kits have been distributed since 2014 and
- 2392 lives have been saved

Evidence-based practice



Source: Centers for Disease Control and Prevention (CDC)

Fentanyl Test Strips

Funding:

2020: \$45,240

2021: \$45,240

2022: \$91,672

Description

Fentanyl test strips can be used to detect the presence of fentanyl, a synthetic opioid. Fentanyl is currently the most prevalent substance involved in opioid-related deaths. They are included in Harm Reduction Packs and are often offered through Syringe Service Programs.

Plans have been developed to include test strips into Leave Behind Kits as well.

Successes

- Over 100 community distribution sites
- In 2021 over 83,000 test strips were distributed through Harm Reduction Packs

Evidence-based practice



Source: Centers for Disease Control and Prevention (CDC)

Syringe Service Programs

Funding: (DSU)

2018: \$66,421

2019: \$61,755

2020: \$46,712

2021: \$120,519

2022: \$226,062

Description

Syringe Service Program (SSP) provide a variety of harm reduction and overdose prevention tools and support including injection equipment, Narcan[®], safe sex supplies, case management and referrals to services.

SSPs are developing programs to identify Vermonters at risk of an opioid overdose who are not connected to services. Through designated outreach workers, SSPs connect with community organizations to develop direct referrals between clients and the SSPs.

Successes

- Building trust with the community
- Expanding Narcan[®] distribution through proactive outreach

Evidence-based practice



Source: Centers for Disease Control and Prevention (CDC)

Law Enforcement Pilot Program

Funding:
2022: \$150,000

Description

The Law Enforcement Pilot Program is designed to provide recovery coaching services to those who have experience an opioid overdoses and other substance related concerns as a wrap around support. This program is being developed in partnership with Vermont's New England High Intensity Drug Trafficking Area (HIDTA) team.

Successes

- Funding in place with recovery centers in Rutland, Washington and Bennington counties
- Turning Point Centers of Springfield and Windham County working with High Intensity Drug Trafficking Areas (HIDTA) program to provide services
- Developing standards for equitable implementation

Evidence-based practice



Source: The Police Assisted Addiction and Recovery Initiative (PAARI)

Rapid Access to MOUD (RAM) Project

Funding:

2020: \$95,900

2021: \$428,116

Description

Project focused on enhancing treatment access for individuals with OUD including access to treatment medication within 3 days or less, ensuring no gap in level of care or provider to provider transfers and addressing real or perceived barriers to access.

Successes

- Hospital emergency departments administer MOUD
- Majority of participant organizations surveyed agreed the services they provided to people with OUD improved because of the changes developed/implemented at their organization

Evidence-based practice



Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

VT Helplink

Funding:

2018: \$5,000

2019: \$22,870

2020: \$611,981

2021: \$951,622

2022: \$873,465

Description

VT Helplink is a statewide, public resource for finding substance use treatment and recovery services in Vermont.

Successes

- From 3/27/2020-9/21/2022 Helplink has received:
- 4,346 calls
- 97,397 website visits
- 777 online chats

Evidence-based practice

 Yes

Source:

Complete list of programs

- Communication efforts
- Contingency management
- Cultural Brokers
- Curbside dosing and guest dosing support
- Direct SUD treatment services
- Drug disposal and medication takeback
- E-COVID grant activities
- Elder care, SUD and aging brochure
- Fentanyl test strips
- Good Samaritan laws
- Hepatitis C treatment in the Hubs
- Infrastructure
- Justice involved/Dept. of Corrections
- Law enforcement pilot
- Medication lock boxes
- Narcan®
- New \$3 Million for Prevention
- Overdose Data to Action (OD2A) activities
- Rapid Treatment Access (RTA)/Rapid Access to Medication for Opioid Use Disorder(RAM)
- Recovery Coaching including in emergency departments
- Recovery housing
- SABG prevention activities - prevention consultants
- School-based health
- Syringe Service Programs—services and outreach
- Transitional beds, recovery, detox beds
- Vermont Prescription Monitoring System (VPMS)
- VT Helplink
- Workforce (education, recruitment and retention bonuses, etc.)
- Youth and family engagement services

Funding

PROGRAM	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Prevention Consultants	\$ 1,133,621	\$ 1,165,230	\$ 1,342,746	\$ 788,627	\$ 1,349,988
Communication	\$ 1,256,108	\$ 1,114,118	\$ 762,998	\$ 1,469,560	\$ 1,453,738
Recovery Coaching in the Emergency Department	\$ -	\$ 158,730	\$ 1,779,793	\$ 2,166,243	\$ 1,606,056
Narcan® (naloxone) (VDH total spend)	\$ 636,300	\$ 965,550	\$ 771,300	\$ 1,358,400	\$ 1,984,860
Fentanyl Test Strips	\$ -	\$ -	\$ 45,240	\$ 45,240	\$ 91,672
Syringe Service Programs	\$ 66,421	\$ 61,755	\$ 46,712	\$ 120,519	\$ 226,062
Law Enforcement Pilot Program	\$ -	\$ -	\$ -	\$ -	\$150,000 <i>Obligated</i>
Rapid Access to MOUD (RAM) Project	\$ -	\$ -	\$ 95,900	\$ 428,116	\$ -
VT Helplink	\$ 5,000	\$ 22,870	\$ 611,981	\$ 951,622	\$ 873,465

NOTE: Funding totals are actuals unless otherwise noted.

Sources

Evidence-based practices

1. [Centers for Disease Control and Prevention \(CDC\) - Evidence-based Strategies](#)
2. [The Police Assisted Addiction and Recovery Initiative \(PAARI\)](#)
3. [Substance Abuse and Mental Health Services Administration \(SAMHSA\) - Recovery Peer Support](#)
4. [Substance Abuse and Mental Health Services Administration \(SAMHSA\) - Strategic Prevention Framework](#)

Main takeaways

- 1** Opioid response is ongoing, responsive and data-informed
- 2** Focuses include prevention, harm reduction and access to services
- 3** Work is collaborative with other Health Department divisions, state agencies and community organizations



Thank you!

Let's stay in touch

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