

A repeat overdose visit happens when the same person comes back to the same emergency department (ED) one or more times for a nonfatal opioid overdose, after their initial overdose visit. Understanding repeat nonfatal opioid overdose patterns is critical for guiding effective overdose prevention strategies. This knowledge supports public health teams, healthcare providers, and community organizations in targeting interventions and using resources more effectively to prevent overdoses, reduce costs to healthcare systems, and save lives.

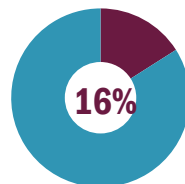
This analysis uses ED data that is reported through the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), a [syndromic surveillance](#) system that tracks real-time healthcare visit data.

KEY POINTS

- Between 2019 and 2023, about 1 in 6 people with a nonfatal opioid overdose ED visit had a repeat visit.
- 1 in 10 repeat nonfatal opioid ED visits happened within one week of the initial visit.

Vermont Data

Between 2019 and 2023, 2,389 people visited an ED for a nonfatal unintentional opioid overdose. Sixteen percent of people who went to the ED for a nonfatal opioid overdose had at least one repeat opioid overdose visit. Five percent had more than one repeat visit. For the remainder of this brief, data is focused only on the first repeat visit.



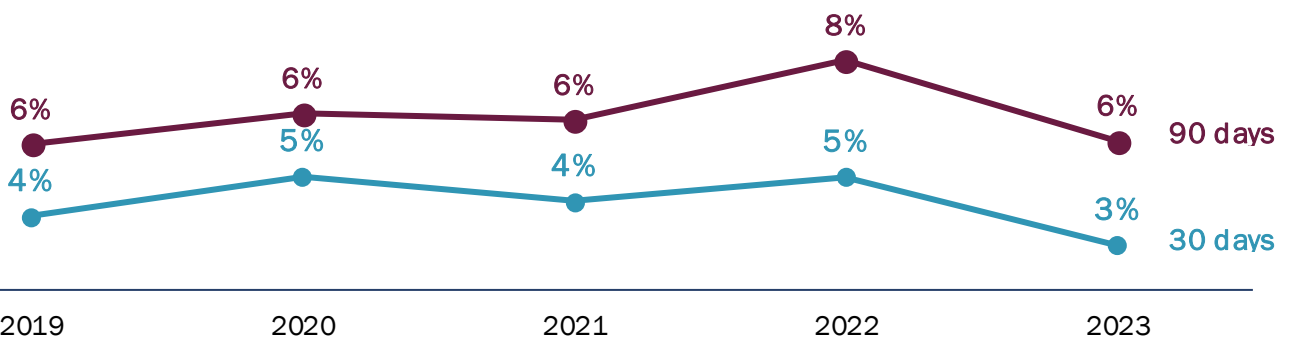
16% of people who went to the ED for a nonfatal opioid overdose had at least one repeat overdose visit.

Nonfatal Repeat Opioid Overdose ED Visit Rates Over Time

Between 2019 and 2023, repeat nonfatal overdose ED visits within 30 days and 90 days of an initial visit did not change significantly.

The occurrence of repeat opioid overdose ED visits has not changed significantly in the past five years.

Percent of repeat ED visits for an opioid overdose within 30 and 90 days in the same calendar year.

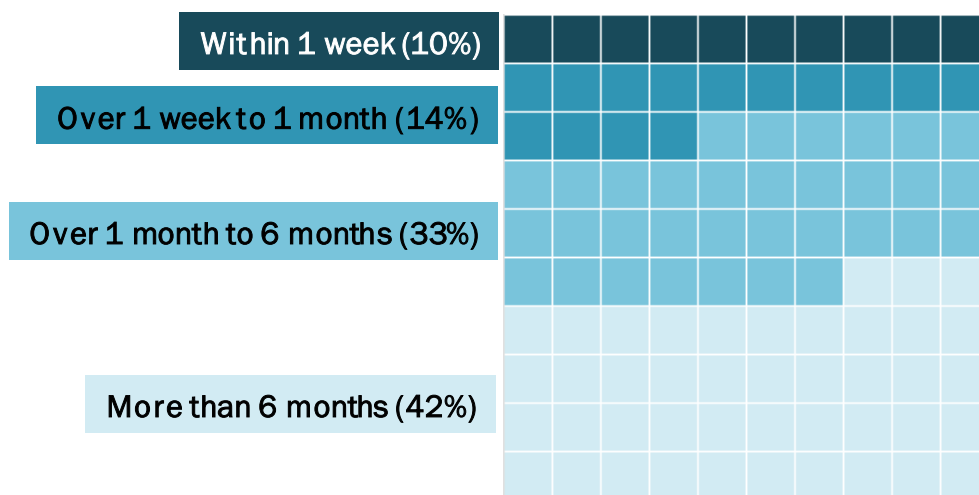


Repeat Nonfatal Opioid Overdose Emergency Department Visits

Timing of Nonfatal Repeat Opioid Overdose ED Visits

Between 2019 and 2023, one in 10 repeat opioid overdose ED visits occurred within a week of the initial visit. About one quarter (24%) of repeat visits occurred within 30 days of the initial visit. More than half (57%) of repeat visits occurred within six months of the initial visit.

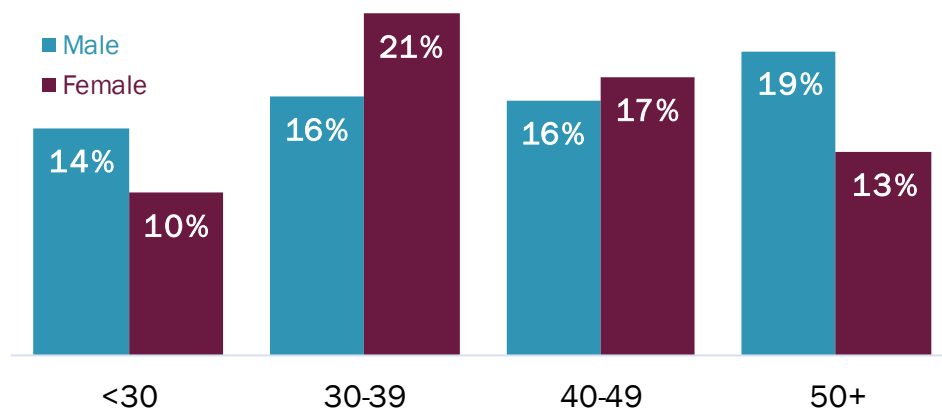
Nearly 1 in 4 repeat opioid overdose ED visits occur within the month following the initial overdose visit.



Demographics of People Who Experienced a Repeat Opioid Overdose ED Visit

When looking at overall ED visits related to opioid overdoses, males 30-39 are most likely to visit the ED.¹ However, of those who visited the ED for an opioid overdose, females 30-39 are the most likely to have a repeat overdose visit (21%).

Among people with at least one nonfatal opioid overdose ED visit, females aged 30-39 have the highest percentage with a repeat overdose visit (21%).



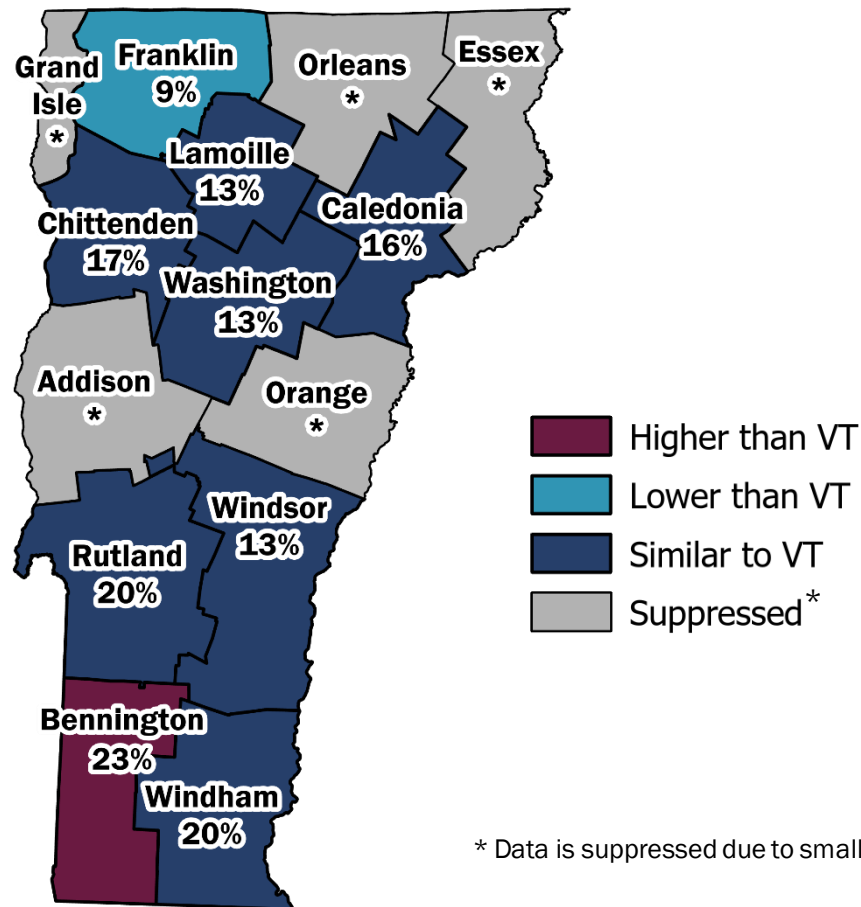
¹ These data can be found in the Vermont [Opioid Overdose Dashboard](#).

Repeat Nonfatal Opioid Overdose Emergency Department Visits

Repeat Nonfatal Opioid Overdose ED Visits by County

The percentage of people with a repeat nonfatal opioid overdose among those who experienced at least one opioid overdose ED visit was significantly higher among Bennington County residents compared to Vermont overall (23% vs. 16%). Franklin County has a significantly lower percentage compared to Vermont (9% vs. 16%).

Among people with at least one nonfatal opioid overdose ED visit, residents of Bennington County are more likely to experience a repeat overdose visit (23%) than Vermonters overall (16%).



Summary

- Nearly 1 in 6 people (16%) who experienced a nonfatal opioid overdose ED visit also had a repeat opioid overdose.
- About a quarter (24%) of the nonfatal repeat opioid overdoses occur within a month following the initial overdose.
- Females 30-39 have the highest percentage of repeat nonfatal opioid overdose ED visits.
- Among those who experienced at least one opioid overdose ED visit, a higher percentage of Bennington County residents had a repeat overdose visit than Vermont overall.

The data presented in this report are intended to inform strategies and policies to help reduce overdoses. In the event of an overdose, call 9-1-1 or visit the ED to receive medical attention.

Actions to Help Support Overdose Prevention

Emergency departments serve as an important point of connection with people and their loved ones regarding fatal and non-fatal opioid overdose prevention. The Health Department is continuing to partner with Vermont's EDs, EMS, and recovery partners to further expand resources and tools for Vermonters at risk of an opioid overdose. Current activities of the Health Department include:

1. Increasing distribution of Leave Behind Kits (which include doses of Narcan®) by EMS to increase the amount of Narcan® available to Vermonters.
2. Increasing Narcan® distribution at EDs to allow an additional Narcan® access point for patients who overdosed, those who are at high risk of overdose, and family members to Narcan® following a medical emergency.
3. Facilitating the utilization of Rapid Treatment Access (RTA) programs for patients who have experienced an opioid overdose.
4. Continuing to support the use of peer support specialists to opioid overdose patients and their loved ones through the [Recovery Coaching in the ED](#) program to ensure patients and their loved ones are provided with wraparound supports following their medical emergency.
5. Providing training opportunities for ED staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk of an overdose.

With consideration of the data outlined in this data brief, community partners including EDs, healthcare systems, and EMS may consider implementing one or more of the following potential action steps to further support people experiencing an opioid overdose:

1. Explore ways to include overdose educational information as part of standard discharge paperwork for people who experienced an opioid overdose. This could include [VT Helplink](#) or [KnowOD](#) resources, or other relevant materials.
2. Integrate follow-up procedures for people who overdosed within 30 days of their discharge from ED for an overdose.
3. Examine commonalities among patients who experience repeat overdoses and visit their ED to inform protocols and procedures. For example, determine if the individual was offered medication to treat opioid use disorder during the visit.

References:

Electronic Surveillance System for the Early Notification of Community-based Epidemics ([ESSENCE](#)), 2019-2023.

For more information:

Overdose prevention strategies: www.KnowODVT.com

Harm reduction, treatment, and recovery services: www.VTHelpLink.org

Overdose prevention: AHS.VDHod2a@vermont.gov

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