Vermont Opioid Crisis Overview

July 2017
Extent of the Opioid Crisis in Vermont

Pictured Above: Rolling Stone feature story in April of 2014

Pictured Right: National Geographic Feature Story on the most “Drug infested State”
Vermont Health Department: 2016 Was a Record Year for Opiate Deaths

POSTED BY MARK DAVIS ON WED, FEB 8, 2017 AT 4:45 PM
FENTANYL

Vermont Forensics Lab Cases of Fentanyl

- 2014: 18
- 2015: 32
- 2016: 88
Vermont is one of the top 5 states for heroin use (by percentage of adult population).

**Heroin Use Age 12+ (NSDUH 2014/2015)**
The heroin increase is an offshoot of the opioid epidemic

3 out of 4 people who used heroin in the past year misused opioids first

7 out of 10 people who used heroin in the past year also misused opioids in the past year


Vermont Department of Health
Opioids account for approximately 48% of the controlled substances dispensed in VT on an annual basis. Sedatives account for approximately 26%.

The adjusted opioid prescription total indicates that fewer opioid prescriptions were dispensed in 2015. (See the note below for details.)

**Total Number of Controlled Substance Prescriptions by Drug Type and Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Opioids</th>
<th>Sedatives</th>
<th>Stimulants</th>
<th>Adjusted Opioids</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>482,572</td>
<td>281,624</td>
<td>111,203</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>502,566</td>
<td>284,571</td>
<td>128,169</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>513,773</td>
<td>287,121</td>
<td>150,617</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>509,057</td>
<td>289,756</td>
<td>164,655</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>538,403</td>
<td>291,011</td>
<td>173,199</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>601,506</td>
<td>291,833</td>
<td>185,315</td>
<td></td>
</tr>
</tbody>
</table>
Effect on Vermont Families

• The number of children in DCF custody increased from 982 to 1,323 in federal FY 2016.

• During 2016, 53% of children in DCF care under the age of 6 were in DCF care due to opioid use issues.

• Termination for parental rights petitions increased 93% between 2011 and 2016.

• Petitions for ‘children in need of supervision’, increased from 553 to 1,070 cases between 2011 and 2016.
Outstanding Issues

• Altering Prescribing Practices
• Coordinated Statewide Prevention/Messaging Strategy
• Timely OD Data Collection
• Treatment/Recovery
Progress

☐ Large parts of the state do not have wait lists for treatment
☐ Deaths from prescription opioids appear to be flattening
☐ Naloxone is getting into the hands of those who need it most
☐ Youth use is trending downward over time
The number of Vermonters treated for opioid addiction continues to increase.

Number of people treated in ADAP Preferred Providers by substance

- Alcohol
- Marijuana/Hashish
- Heroin/Other Opioids
- All Others

Source: Alcohol and Drug Abuse Treatment Programs

Vermont Department of Health
The statewide number of people waiting for opioid use disorder treatment in hubs has trended downward over time; the number of people served in hubs has increased.
New England Drug Overdose Deaths

Drug Overdose Deaths per 100,000 by State

Source: CDC/NCHS, National Vital Statistics System, mortality data. Includes opioids and other drugs

Vermont Department of Health
Scope and Impact of the Opioid Crisis

• The accurate number of the opioid dependent individuals in Vermont is unknown.
• It is likely 15,000-20,000 people (3%-4% of the adult population).
• An opioid addiction epidemic is not a “flash in the pan” phenomenon (eg. the 1970s heroin epidemic).
• The current group of addicted individuals will impact the healthcare, social service, criminal justice and other aspects of Vermont society for decades.
• Treatment for these individuals far exceeds the capability of the specialty care (addiction) treatment system.
• Primary care networks will be the principal source of ongoing care for the treatment of these individuals.
Vermont’s response to the opioid crisis is based on the most current science

- Vermont’s response to the opioid crisis includes:
  - Expanded access to evidence-based treatment;
  - Narcan distribution;
  - Syringe exchange;
  - Prescription opioid monitoring;
  - Community mobilization;
  - Prevention activities.
- This response is in full agreement with the:
  - 2017 Surgeon General’s Report on Alcohol Drugs and Health
  - Major policy papers and recommendations by:
    - National Institute of Drug Abuse,
    - Substance Abuse and Mental Health Services Administration
    - American Society of Addiction Medicine
    - The United Nations
    - The World Health Organization
- At least 8 states are currently making major investments to replicate Vermont’s response to the opioid crisis.
Goals for 2017

- St. Albans hub opening summer 2017
- New pain rules in place July 1, 2017
- Implementation of peer recovery support services in three Vermont hospital emergency departments
- Public information, social marketing, and messaging about use of opioids
  - Awareness about the responsible use of prescription pain relievers
  - Encourage patients to talk with their doctor about the risks of opioids
  - Address expectations of zero pain
  - Increase the perception of risk associated with prescription pain reliever misuse and transitioning to other opioids such as heroin.
  - Outreach to prescribers with support tools and resources

Vermont Department of Health
Goals for 2017 – “State Targeted Response to Opioid Crisis” Grant - $2M

- Training for NPs/PAs to prescribe buprenorphine
- Drug disposal system implementation & evaluation
- Community/parent education & prevention grants
- Telephone recovery support
- Improve treatment system capacity management
- Workforce development
  - Recovery Coach Academy
  - Counselor competencies

Vermont Department of Health