PREVENTION

Mark A. Levine MD
Commissioner

Vermont Department of Health
Primary Prevention Strategies

- Education and accurate information for prescribers on pain management and risks of addiction
- Provide guidelines for safe prescribing: CDC, VT, EHRs
- Promote evidence-based strategies for non-opioid pain management options
- Decrease ACEs/toxic stress on children, strengthen parenting skills
- Raise public awareness about dangers of opioids
The Problem

- As many as four out of five heroin users begin by abusing prescription drugs.
- Of those who abuse prescription opioids, seven out of 10 received these drugs through methods of diversion.
- Opioids are overprescribed. They are prescribed:
  - Too often
  - At too high a dose
  - For too long
- Prescribers play a role in the supply and use of opioids in communities.

Vermont's Most Dangerous Leftovers.

Vermont Department of Health
Dartmouth Hitchcock researchers examined opioid prescribing patterns after general surgery outpatient procedures. Results:

- Wide variation in quantity provided for each operation
- An average of only 28% of pills were used
- To satisfy 80% of patient needs, could reduce prescription amounts by 43%
Patient-level surveys of opioid use after surgery

- UVM study (Nov. 2016), after general and orthopedic surgery, same wide variation found even within a practice. Results:
  - 7% did not receive an opioid
  - Of the 93% who received an opioid
    - 12% did not fill the prescription
    - 30% that filled the prescription didn’t use any
    - The overall median proportion used = 26%
The amount of opioids prescribed per person varied widely among counties in 2015.
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nebraska</td>
<td>1,497,183</td>
<td>1,470,605</td>
<td>1,378,816</td>
<td>1,325,382</td>
<td>0.7</td>
<td>-11.5%</td>
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<tr>
<td>Nevada</td>
<td>2,436,691</td>
<td>2,467,414</td>
<td>2,393,881</td>
<td>2,276,188</td>
<td>0.8</td>
<td>-6.6%</td>
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<tr>
<td>NH</td>
<td>970,834</td>
<td>937,024</td>
<td>886,243</td>
<td>764,009</td>
<td>0.6</td>
<td>-21.3%</td>
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<td>New Jersey</td>
<td>5,160,965</td>
<td>5,082,090</td>
<td>4,917,404</td>
<td>4,593,494</td>
<td>0.5</td>
<td>-11.0%</td>
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<tr>
<td>New Mexico</td>
<td>1,422,434</td>
<td>1,436,906</td>
<td>1,409,482</td>
<td>1,299,762</td>
<td>0.6</td>
<td>-8.6%</td>
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<tr>
<td>New York</td>
<td>10,957,729</td>
<td>10,450,786</td>
<td>10,164,060</td>
<td>9,534,858</td>
<td>0.5</td>
<td>-13.0%</td>
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<tr>
<td>North Carolina</td>
<td>9,482,526</td>
<td>9,232,288</td>
<td>8,717,746</td>
<td>8,276,712</td>
<td>0.8</td>
<td>-12.7%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>505,227</td>
<td>495,555</td>
<td>466,131</td>
<td>441,930</td>
<td>0.6</td>
<td>-12.5%</td>
</tr>
<tr>
<td>Ohio</td>
<td>11,261,528</td>
<td>10,794,842</td>
<td>9,955,858</td>
<td>9,057,498</td>
<td>0.8</td>
<td>-19.6%</td>
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<tr>
<td>Oklahoma</td>
<td>4,666,575</td>
<td>4,242,737</td>
<td>3,972,838</td>
<td>3,765,607</td>
<td>1.0</td>
<td>-19.3%</td>
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<tr>
<td>Oregon</td>
<td>3,456,129</td>
<td>3,389,575</td>
<td>3,145,023</td>
<td>2,897,444</td>
<td>0.7</td>
<td>-16.2%</td>
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<tr>
<td>Pennsylvania</td>
<td>11,330,259</td>
<td>11,031,159</td>
<td>10,394,466</td>
<td>9,496,052</td>
<td>0.7</td>
<td>-16.2%</td>
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<tr>
<td>Rhode Island</td>
<td>871,892</td>
<td>823,219</td>
<td>732,367</td>
<td>655,736</td>
<td>0.6</td>
<td>-24.8%</td>
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<tr>
<td>South Carolina</td>
<td>4,866,458</td>
<td>4,797,342</td>
<td>4,490,916</td>
<td>4,296,073</td>
<td>0.9</td>
<td>-11.7%</td>
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<tr>
<td>South Dakota</td>
<td>570,917</td>
<td>565,432</td>
<td>581,513</td>
<td>554,246</td>
<td>0.6</td>
<td>-2.9%</td>
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<tr>
<td>Tennessee</td>
<td>8,525,017</td>
<td>8,239,110</td>
<td>7,800,947</td>
<td>7,366,191</td>
<td>1.1</td>
<td>-13.6%</td>
</tr>
<tr>
<td>Texas</td>
<td>18,569,734</td>
<td>17,959,748</td>
<td>15,903,061</td>
<td>15,444,180</td>
<td>0.6</td>
<td>-16.8%</td>
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<tr>
<td>Utah</td>
<td>2,364,661</td>
<td>2,308,830</td>
<td>2,186,792</td>
<td>2,070,481</td>
<td>0.7</td>
<td>-10.9%</td>
</tr>
<tr>
<td>Vermont</td>
<td>418,161</td>
<td>415,687</td>
<td>388,108</td>
<td>348,511</td>
<td>0.6</td>
<td>-16.7%</td>
</tr>
<tr>
<td>Virginia</td>
<td>6,346,359</td>
<td>6,047,580</td>
<td>5,608,460</td>
<td>5,240,314</td>
<td>0.6</td>
<td>-17.4%</td>
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<tr>
<td>Washington</td>
<td>5,163,236</td>
<td>5,121,469</td>
<td>4,881,633</td>
<td>4,607,428</td>
<td>0.6</td>
<td>-10.8%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>2,420,990</td>
<td>2,369,802</td>
<td>2,076,883</td>
<td>1,752,690</td>
<td>1.0</td>
<td>-27.6%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>4,326,683</td>
<td>4,224,158</td>
<td>3,984,693</td>
<td>3,655,386</td>
<td>0.6</td>
<td>-15.5%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>413,701</td>
<td>405,626</td>
<td>382,837</td>
<td>374,192</td>
<td>0.6</td>
<td>-9.6%</td>
</tr>
<tr>
<td>All States</td>
<td>251,814,801</td>
<td>244,462,569</td>
<td>227,780,920</td>
<td>215,051,279</td>
<td>0.7</td>
<td>-14.6%</td>
</tr>
</tbody>
</table>

Source: Xponent, QuintilesIMS, Danbury, CT Copyright 2017
Table 1. Comparison of opioid prescriptions/quarter 2016-2017 - UVMMC Inpatient locations

<table>
<thead>
<tr>
<th></th>
<th>FY16 Q1</th>
<th>FY17 Q1</th>
<th>FY17 Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tabs, Caps - prescriptions</td>
<td>7393</td>
<td>6529</td>
<td>6395</td>
</tr>
<tr>
<td>&gt; 50 Tabs, Caps - prescriptions</td>
<td>1352</td>
<td>895</td>
<td>806</td>
</tr>
<tr>
<td>Number of Providers &gt; 50</td>
<td>147</td>
<td>124</td>
<td>131</td>
</tr>
</tbody>
</table>

Table 2. Comparison of opioid prescriptions per quarter 2016-2017, UVMMC Outpatient Practices

<table>
<thead>
<tr>
<th></th>
<th>FY16 Q1</th>
<th>FY17 Q1</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total prescribed for</td>
<td>3442</td>
<td>3138</td>
<td>-9%</td>
</tr>
<tr>
<td>Prescriptions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># prescriptions</td>
<td>8837</td>
<td>8180</td>
<td>-7%</td>
</tr>
<tr>
<td>Average strength of prescription MME</td>
<td>1983</td>
<td>1900</td>
<td>-4%</td>
</tr>
<tr>
<td>Total MME</td>
<td>20.5M</td>
<td>18.5M</td>
<td>-10%</td>
</tr>
</tbody>
</table>
If you remember nothing else…

- First consider non-opioid and nonpharmacologic treatments
- Upon first prescription, prescribers must:
  - discuss risks and safe storage and disposal
  - provide a patient education sheet, and
  - receive an informed consent for all first opioid prescriptions
Prescribed Opioid Informed Consent

Your provider has prescribed opioids to treat your pain. It is important for you to understand the risks associated with this medication. While opioids can be effective at treating acute (sudden or short term) pain, using them even for a short time can increase your chances for addiction in the future, especially if taken daily or in large amounts. Many patients find that there are other methods, such as exercise and acetaminophen, as well as physical therapy, massage, or acupuncture, to treat their pain and that they do not need opioid medications. Talk to your provider about other options for pain relief.

Take time to review the included patient information sheet and be sure to discuss any questions or concerns with your provider. Once you have been informed of the risks, please sign the bottom of this form.

I , have been counseled by my provider and understand the risks associated with opioid use. I have been provided with information on the following:

- The potential of misuse, abuse, diversion, and addiction with opioid medication.
- Side effects including feeling dizzy, drowsiness, constipation, nausea, vomiting, itching, dry mouth, difficulty breathing, respiratory depression, hypotension, and changes in urine output. Also effects on bowel patterns, changes in urination, sleep patterns, including worsening sleep apnea, and effects on hormones.
- Building up tolerance—meaning having to take more medication to get the same pain relief effect.
- Time-threatening respiratory depression—meaning you can stop breathing.
- Accidental overuse can lead to potentially fatal overuse, especially in children. You must safely store your drugs to avoid accidental exposure or theft.
- Use while pregnant may cause neonatal opioid withdrawal syndrome in newborns.
- Combining opioids with alcohol and/or other psychoactive medication can cause a fatal overdose. This includes, but is not limited to, combining with benzodiazepines and barbiturates.

I have also received a patient education sheet on opioids.

[signature]

[signature]

[signature]

Disclaimer: This Client's Informed Consent is provided by the Department of Health pursuant to an information request and is not to be used for any commercial or legal purposes. This information is not intended for the treatment of the patient. It does not create an attorney-client relationship and should not be used to substitute for professional legal advice. If you need legal advice, you should consult with a competent, licensed attorney who is aware of the law of the State in which you live. This information does not create an attorney-client relationship and is not a substitute for legal advice from an attorney or competent legal resources.

[Name of facility]
# MME Limits for First Prescription for Opioid Naïve Patients Ages 18+

<table>
<thead>
<tr>
<th>Pain</th>
<th>Average Daily MME (allowing for tapering)</th>
<th>Prescription TOTAL MME based on expected duration of pain</th>
<th>Common average DAILY pill counts</th>
<th>Commonly associated injuries, conditions and surgeries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minor pain</strong></td>
<td>No Opioids</td>
<td>0 total MME</td>
<td>0 hydrocodone 0 oxycodone 0 hydromorphone</td>
<td>molar removal, sprains, non-specific low back pain, headaches, fibromyalgia, un-diagnosed dental pain</td>
</tr>
<tr>
<td><strong>Moderate pain</strong></td>
<td>24 MME/day</td>
<td>0-3 days: <strong>72 MME</strong> 1-5 days: <strong>120 MME</strong></td>
<td>4 hydrocodone 5mg or 3 oxycodone 5mg or 3 hydromorphone 2mg</td>
<td>non-compound bone fractures, most soft tissue surgeries, most outpatient laparoscopic surgeries, shoulder arthroscopy</td>
</tr>
<tr>
<td><strong>Severe pain</strong></td>
<td>32 MME/day</td>
<td>0-3 days: <strong>96 MME</strong> 1-5 days: <strong>160 MME</strong></td>
<td>6 hydrocodone 5mg or 4 oxycodone 5mg or 4 hydromorphone 2mg</td>
<td>many non-laparoscopic surgeries, maxillofacial surgery, total joint replacement, compound fracture repair</td>
</tr>
</tbody>
</table>

For patients with severe pain and extreme circumstance, the provider can make a clinical judgement to prescribe up to 7 days so long as the reason is documented in the medical record.

| Extreme Pain | 50 MME/day | 7 day MAX: 350 MME | 10 hydrocodone 5mg or 6 oxycodone 5mg or 6 hydromorphone 2mg | similar to the severe pain category but with complications or other special circumstances |
What is the Vermont Prescription Monitoring System?

- A statewide **electronic database** of controlled substance prescriptions dispensed from Vermont-licensed pharmacies that became operational in January 2009
- A **clinical tool** to promote the appropriate use of controlled substances and deter misuse, abuse, and diversion of controlled substances
- A **surveillance tool** used to monitor statewide prescribing, dispensing, and use of controlled substances trends

Source: Vermont Prescription Monitoring System
Primary Prevention Strategies

- Education and accurate information for prescribers on pain management and risks of addiction
- Provide guidelines for safe prescribing: CDC, VT, EHRs
- Promote evidence-based strategies for non-opioid pain management options
- Decrease ACEs/toxic stress on children, strengthen parenting skills
- Raise public awareness about dangers of opioids
Media, Marketing, & Communications

Substance Abuse and Misuse Prevention
Build upon the CDC prescription drug awareness campaign addressing the risks of prescription opioids.

**Messaging Objectives**
- Encourage Vermont adults to talk with their doctor about pain management, including:
  - The risks of using prescription pain relievers
  - Alternative options to prescription pain relievers
  - Expectations of zero pain

**Strategy**
- Television, radio PSAs, and digital ads available through the CDC. Television broadcast spots will be customized with Vermont specific messaging. Substantial media buys are planned to support saturation and visibility of this campaign.
Targeting Vermont young adults (18-25) experimenting with nonmedical use of opioids, or at heightened risk for nonmedical opioid use.

**Messaging Objectives**
- Increase perception of risk associated with prescription pain reliever misuse
- Increase knowledge of transition from prescription pain reliever misuse to heroin

**Strategy**
- Campaign website, creative concepts (videos), social media content, and social and digital media advertisements. Highly targeted to at-risk young adults (less visible to non-target audience).
Prescriber Outreach Campaign

Outreach campaign to promote pain prescribing best practices among Vermont prescribers, including tools and resources for patients

**Messaging Objectives**
- Pain prescribing best practices
- Overdose prevention strategies

**Strategy**
- Utilize research-based channels, content, and media and marketing tactics to effectively reach key segments of Vermont prescribers.
- Tools and resources are available for Vermont prescribers to support the new pain rule effective July 1, 2017

**Timeline**
Outreach campaign assets and materials estimated fall 2017
Prescription Drug Disposal Campaign

Build on the existing “Vermont’s Most Dangerous Leftovers” campaign to increase awareness and promote positive behaviors around prescription medications.

**Messaging Objectives**

- Increase the safe use, safe storage, and proper disposal of medications

**Strategy**

- Evaluate public awareness and opinions of Vermont’s Most Dangerous Leftovers campaign. Assess public perceptions, key drivers, or barriers to safe storage and disposal of medications. Results will inform media and marketing strategy.

**Timeline**

Media buy planned for January through April 2018
Fentanyl Messaging

Highly targeted harm reduction messaging for current heroin users, advising of Fentanyl risks, and how to get into treatment.

**Messaging Objectives**
- To Stay Alive – don’t use alone; don’t mix with other substances; use less at one time

**Strategy**
- Distributed in 2016 to community partners and agencies that work directly with this high-risk population.
- Additional targeted Fentanyl materials were developed for Law Enforcement (what to do when handling an unknown substance in the field), and for current heroin users (how do I test for Fentanyl?)
ParentUp Campaign

Continued promotion of ParentUpVT.org as the go-to resource for parents on how to help prevent alcohol or other drug use among youth.

**Messaging Objectives**

- All youth are at risk for substance use, and parents are the #1 influence on their kid’s decision to use substances or not

**Strategy**

- Tips and resources – including asset development tools – available through ParentUp apply across all substances (alcohol, marijuana, prescription drug misuse, and illicit substance use).
- Additional marijuana-specific messaging planned to increase parent awareness and risk perceptions about adolescent marijuana use.

**Timeline**

Media buy planned for January through April 2018
Marijuana-specific messaging spring 2018
Youth Campaign

Development of a “substance-free” campaign for youth, targeting teens at heightened risk for marijuana or alcohol use.

**Messaging Objectives**
- Promote a substance-free lifestyle
- Increase perception of risk associated with marijuana use

**Strategy**
- Campaign website, social media content, and social and digital media advertisements. Highly targeted to high-risk teens (less visible to non-target audience).

**Timeline**
- Formative research and creative concepts by January 2018.
- Estimated launch late spring/early summer 2018.
Check Yourself Campaign

Digital campaign to educate Vermont young adults (ages 21-25) about the unintended effects of binge drinking, and how to prevent these by modifying their drinking habits to more moderate, responsible levels.

**Messaging Objectives**
- High-risk drinking facts
- Tips on how to avoid going overboard

**Strategy**
- Continue to develop the Check Yourself brand over the next 2-3 years. Campaign materials focus on common, realistic consequences of drinking and practical tips for reducing the risk. Information is delivered in a culturally relevant and memorable way.

**Timeline**
- “Water tonight to wake up alright” spring 2017
- “Fun, not dumb” fall 2017
- “That guy” winter 2017
- “Missed fun” spring 2018

Vermont Department of Health
Continued support of the Screening, Brief Intervention & Referral to Treatment (SBIRT) program, building on initiatives to further engage key stakeholders and partners to raise awareness about the SBIRT approach.

**Messaging Objectives**
- SBIRT offers clinical tools for effective and efficient risk stratification, brief motivational interventions, and warm referrals to follow-up treatment

**Strategy**
- Produce sustainable outreach materials and content that increase awareness of SBIRT in the primary care provider setting, and among the general public.

**SBIRT Sustainability Toolkit**
- Developed by August 2017

Vermont Department of Health
But education and awareness are not enough

- Reduce and control access to opioids, including harm reduction strategies:
  - Prescriber rules, op-ed planned
  - Medication take-back and disposal programs
  - Safe storage and disposal at pharmacies and homes
  - Effective use of PDMPs
  - Naloxone – distribution, access, standing order
    - More than 20,000 doses have been distributed to the public through community sites since the program began
  - Syringe exchange programs (7), sharps disposal boxes
Other examples of prevention

- Regional Prevention Partnership Grants
- ParentUpVT.org
- Public service announcements, office posters
- Academic detailing and Blueprint QI Opioid Prescribing
- Vermont’s Most Dangerous Leftovers
- School based prevention education, student assistance programs
- Prevention consultants
- Secondary prevention = VT Recovery Network
- Community initiatives: Project VISION, CCOA and others
CURES Grant Funding until 5/18 Prevention Areas

- Drug disposal law enforcement pilot project (Sheriff’s depts.)
- Pharmacy/hospital/LTC facility collection and disposal program (kiosks)
- VT Adult Technical Education Association (curriculum development)
- VT Parent Child Centers – family education and screening
- VPMS enhancement (reporting capability)
- Community Prevention Capacity Building (Community teams)
Vermont Prevention Model

Vermont Department of Health

Policies and Systems
Local, state, and federal policies and laws, economic and cultural influences, media

Community
Physical, social and cultural environment

Organizations
Schools, worksites, faith-based organizations, etc

Relationships
Family, peers, social networks, associations

Individual
Knowledge, attitudes, beliefs