Opioid Coordinating Council

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May 2017
The Opioid Crisis

February 2017
• Scope of the problem
• Effect on Vermonters
• Some Positive News
Extent of the Opioid Crisis a.k.a., the “Bad News!”

Pictured Above: Rolling Stone feature story in April of 2014

Pictured Right: National Geographic Feature Story on the most “Drug infested State”
2015 Deaths

22,000

13,000
FENTANYL

• 100 Times More Potent than morphine
• 77 percent increase in Fentanyl cases -- 2014 to 2015
• 175 percent increase in Fentanyl cases -- 2015 to 2016

Pictured Right: 2mg potentially fatal dose of fentanyl
CRIME / DRUGS / LAW ENFORCEMENT

Vermont Health Department: 2016 Was a Record Year for Opiate Deaths

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

The autopsy report said that there were signs that he was suffering from his seas. When the police arrived, he was lying on his bed, unresponsive. He had a history of drug abuse and had been receiving treatment for his addiction. The medical examiner's report indicated that he had ingested a lethal dose of opioids.

The family had been concerned about his well-being for some time. They had reached out to their local health department for assistance, but were told that they were unable to provide the necessary support. They were forced to rely on their own resources to care for him.

The shock of losing a loved one to an opioid overdose is devastating. The Vermont Health Department has been working to raise awareness about the dangers of opioid addiction and the importance of seeking help. They are offering resources and support to those who are struggling with addiction.

The Vermont Health Department encourages anyone who is struggling with opioid addiction to seek help. They offer a variety of resources, including counseling, medication-assisted treatment, and support groups. They also encourage families and loved ones to support their loved ones in their recovery journey.

The Vermont Health Department is committed to preventing the loss of life due to opioid addiction. They are working to improve access to treatment and support for those struggling with addiction. They are also working to reduce the stigma associated with addiction and to encourage open and honest conversations about the impact of opioid addiction on individuals and communities.

DEATH BY DRUGS
Vermont is one of the top 5 states for heroin use
(by percentage of adult population)

Heroin Use Age 12+ (NSDUH 2014/2015)

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>1.2%</td>
</tr>
<tr>
<td>DE</td>
<td>1.4%</td>
</tr>
<tr>
<td>MD</td>
<td>1.0%</td>
</tr>
<tr>
<td>CT</td>
<td>0.8%</td>
</tr>
<tr>
<td>VT</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
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>

*Note: Details provided in the text above.*
Number of reports of naloxone use in response to a perceived overdose incident

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>122</td>
</tr>
<tr>
<td>2015</td>
<td>403</td>
</tr>
<tr>
<td>2016</td>
<td>423</td>
</tr>
</tbody>
</table>

That is how many incidents have been reported in which naloxone was used in a perceived overdose setting by lay people.
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 under the age of 6 in DCF care 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.
Law Enforcement

• **Seizure Data -- 2016**
  – 31,722 bags of heroin
  – 1,932 grams of bulk heroin
  – The street value is approximately **$1,395,830**

• **Interdiction Efforts**
  – Vermont State Police drug investigations have increased 70% for 2016
  – Expansion of the drug task force
  – Close cooperation with U.S. Attorney’s Office and DEA

• **Drug Monitoring Initiative**
  – Better tracking opioid data
  – Better OD tracking
IT’S NOT ALL BAD!

- 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
Since 2010, the number of patients identified by VPMS as visiting multiple prescribers and/or pharmacists has declined steadily, indicating a decrease in prescribing to high-risk patients.

Number of Patients Whose Prescribers Were Sent a Proactive Report by Year

- 2010: 722
- 2011: 624
- 2012: 466
- 2013: 432
- 2014: 339
- 2015: 310
High School prescription drug misuse decreased in almost every county from 2013 to 2015

Percent of high school students reporting past 30 day prescription drug misuse by county and year

Source: Youth Risk Behavior Survey, 2013 and 2015
Opioids were dispensed to more recipients than any other drug type, followed by sedatives and stimulants.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Opioids</th>
<th>Sedatives</th>
<th>Stimulants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>124,814</td>
<td>64,854</td>
<td>18,023</td>
</tr>
<tr>
<td>2011</td>
<td>120,668</td>
<td>65,833</td>
<td>21,054</td>
</tr>
<tr>
<td>2012</td>
<td>119,125</td>
<td>66,263</td>
<td>22,418</td>
</tr>
<tr>
<td>2013</td>
<td>115,333</td>
<td>65,830</td>
<td>23,464</td>
</tr>
<tr>
<td>2014</td>
<td>118,802</td>
<td>66,852</td>
<td>23,825</td>
</tr>
<tr>
<td>2015</td>
<td>116,617</td>
<td>64,550</td>
<td>22,081</td>
</tr>
</tbody>
</table>

Source: Vermont Prescription Monitoring System
Vermont is in the bottom 5 states for non-medical use of pain relievers.
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
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.

Source: Alcohol and Drug Abuse Treatment Programs

Vermont Department of Health
Treatment access and rate of treatment varies by county
Rate of opioid-related ED visits by State – VT had the smallest increase in rate and is lower than other NE states

Opioid Related ED Visits Per 100,000 in 2014

Cumulative % Change in Rate/100,000 - 2009 to 2014

Note: NH did not report


Vermont Department of Health
In July of 2016, VDH slowly began to incrementally switch to distributing naloxone in new packaging - clients began receiving one dose instead of two. Because of the change in standard number of doses being distributed, doses distributed before and after July 2016 cannot be compared.

Source: Vermont Department of Health Naloxone Pilot Program
What are we doing to address the problem?

- Increased Supply Side Reduction
- Public Information and Messaging
- Pain Management and Prescribing Prevention
- Community Mobilization Drug Disposal
- Early Intervention
- Vermont Prescription Monitoring System
- Expanding Access to Treatment
- Narcan
- Increase Recovery
Gaps

- Coordinated Statewide Prevention/Messaging Strategy
- Timely Data Collection (ODs, ED, Arrests)
- Improved Prosecution Coordination
- Prescribing Practices
- Workforce Shortage
- Waits for Service
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
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