

# Opioid Coordinating Council

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# The Opioid Crisis



February 2017

- Scope of the problem
- Effect on Vermonters
- Some Positive News

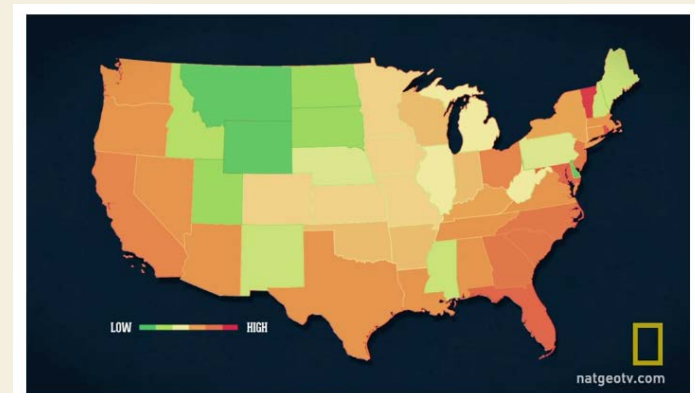


# Extent of the Opioid Crisis a.k.a., the “Bad News!”



Pictured Above: Rolling Stone feature story in  
April of 2014

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



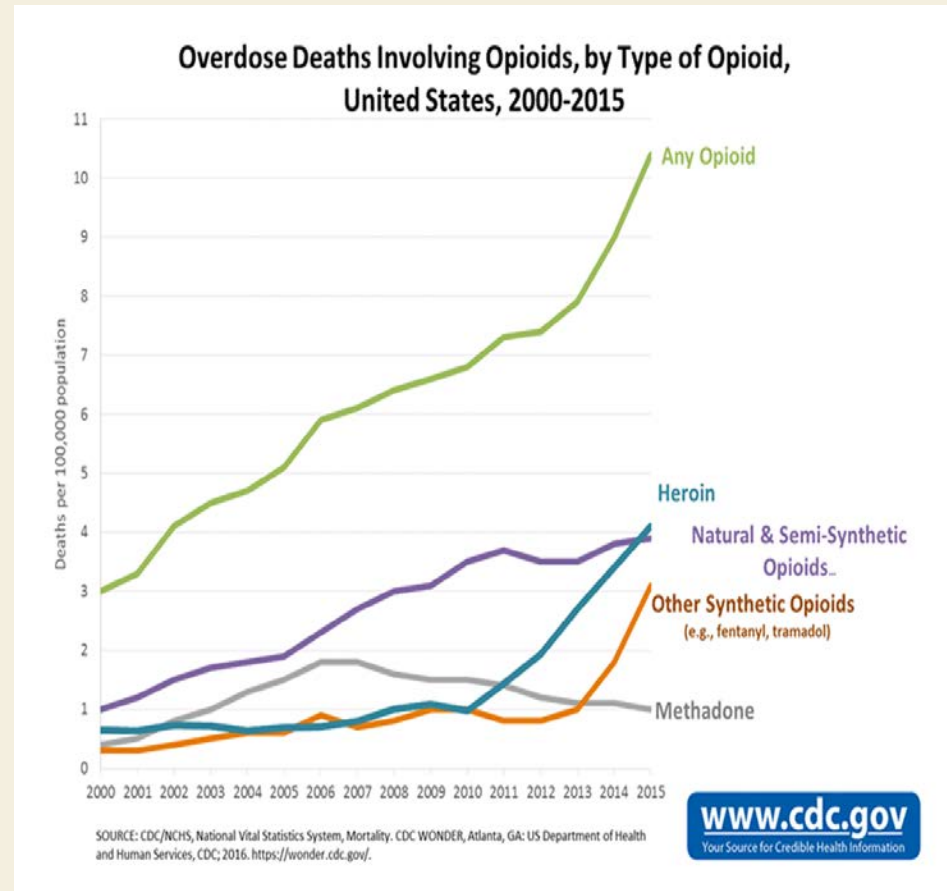
Vermont, The Green Mountain State comes in first the clear standout among what Nat Geo calls the most drug infested country/ worldwide



# 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

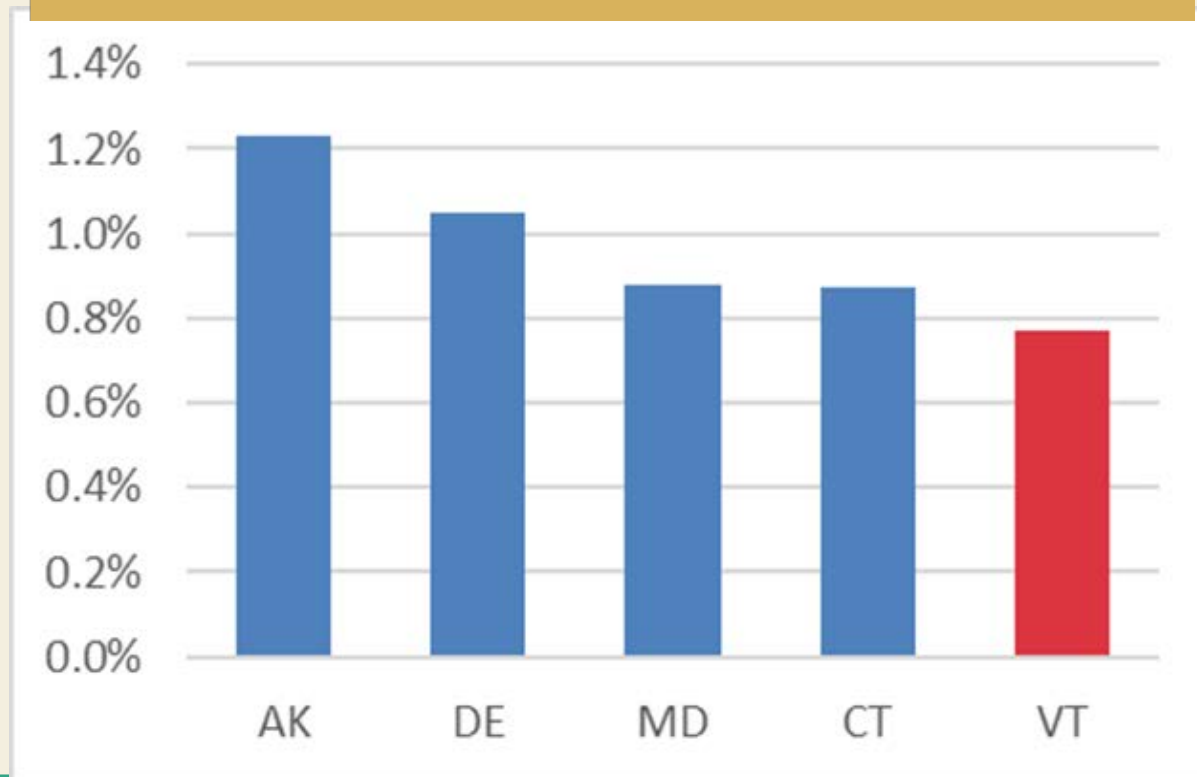


## DEATH BY DRUGS

# Vermont is one of the top 5 states for heroin use

(by percentage of adult population)

## Heroin Use Age 12+ (NSDUH 2014/2015)

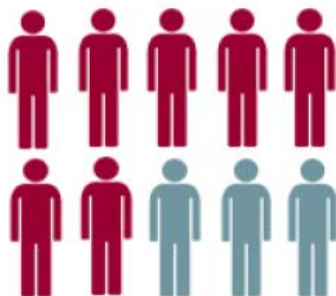




## The heroin increase is an offshoot of the opioid epidemic



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



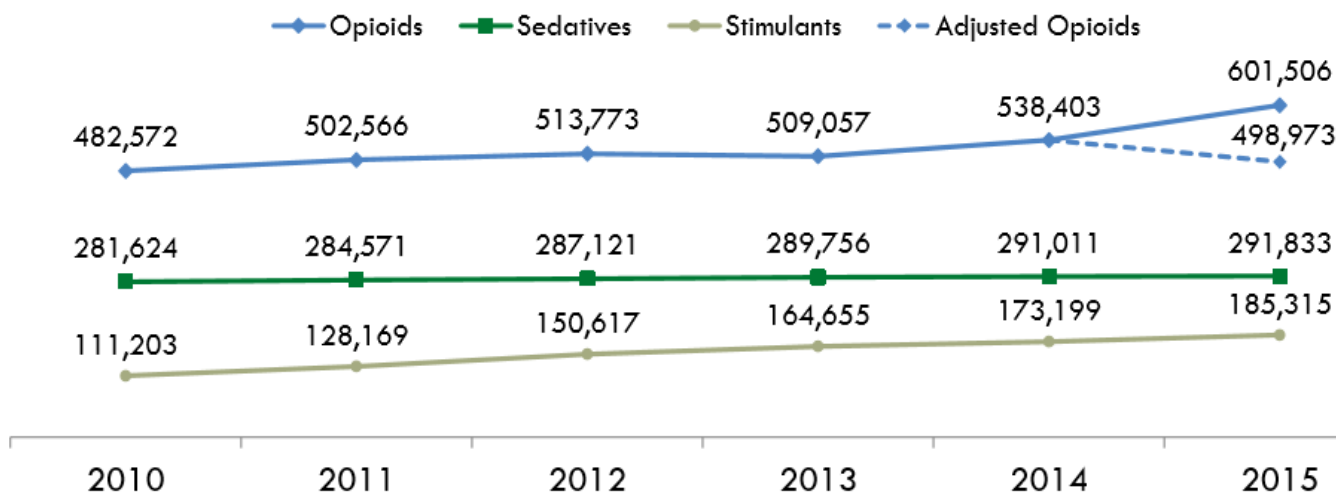
**7 out of 10 people**  
who used heroin in the  
past year also misused  
opioids in the past year

Jones, C.M., Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008–2010. Drug Alcohol Depend. (2013).

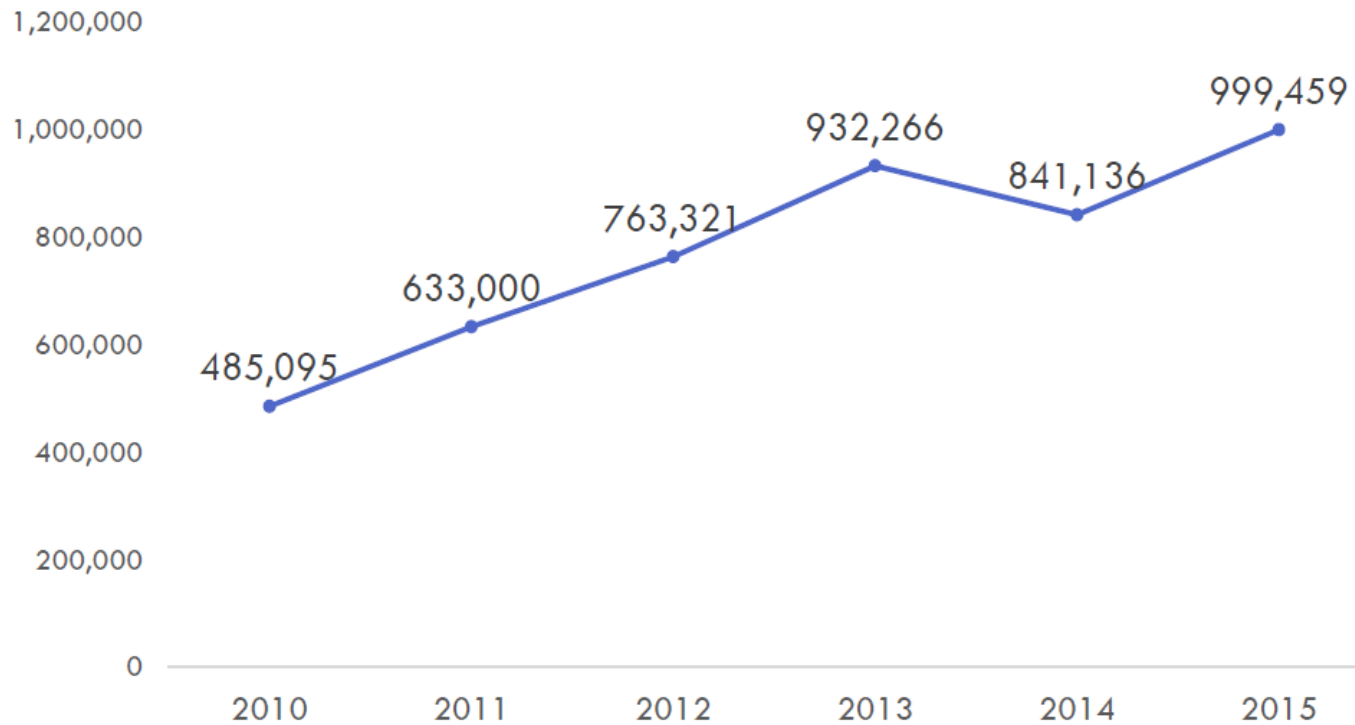
## Number of Prescriptions by Drug Type and Year

- 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.)

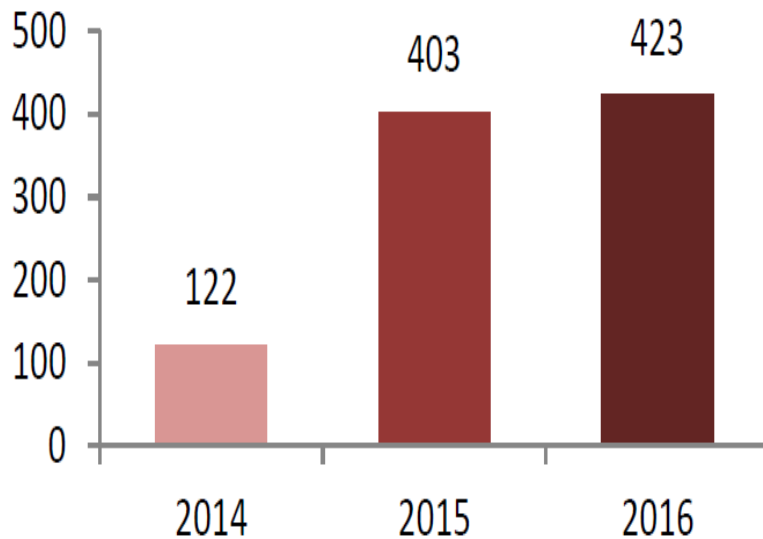
**Total Number of Controlled Substance Prescriptions by Drug Type and Year**



Total number of syringes dispensed by year



### Number of reports of naloxone use in response to a perceived overdose incident



>950

*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.
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# Law Enforcement

- **Seizure Data -- 2016**

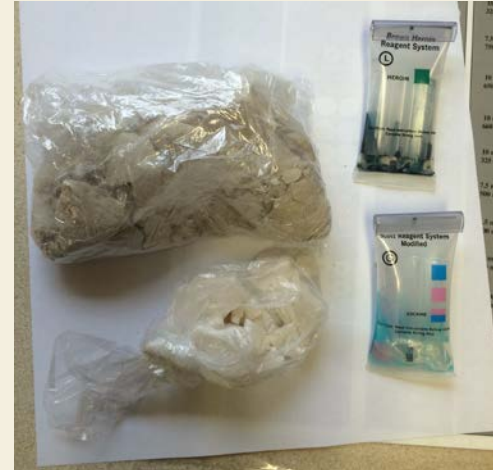
- 31,722 bags of heroin
- 1,932 grams of bulk heroin
- The street value is approximately **\$1,395,830**

- **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



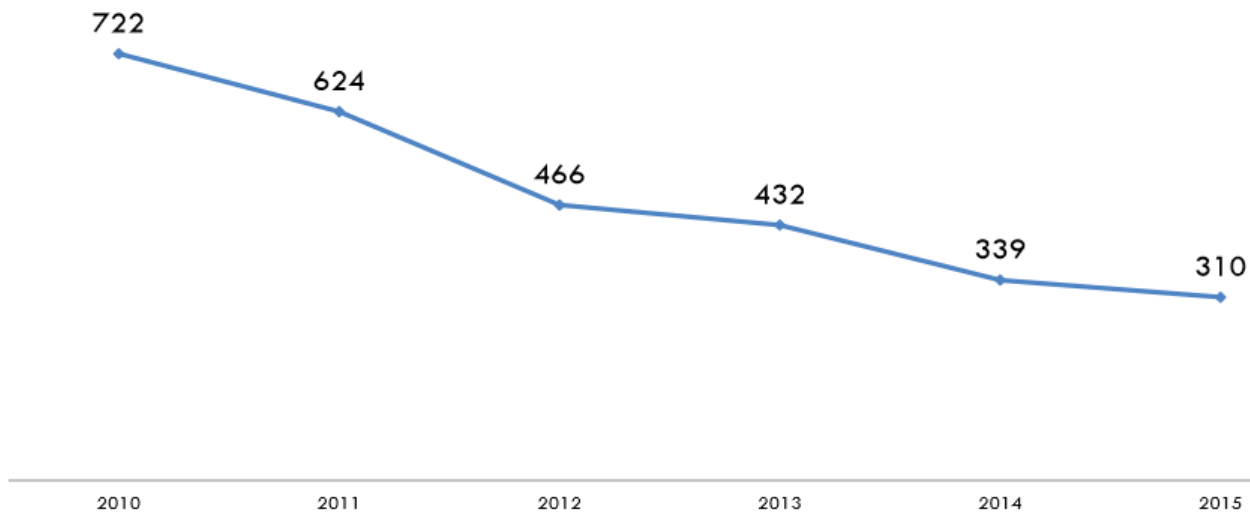
# IT'S NOT ALL BAD!

- ☐ 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
-

## VPMS Proactive Reports: Trend Data

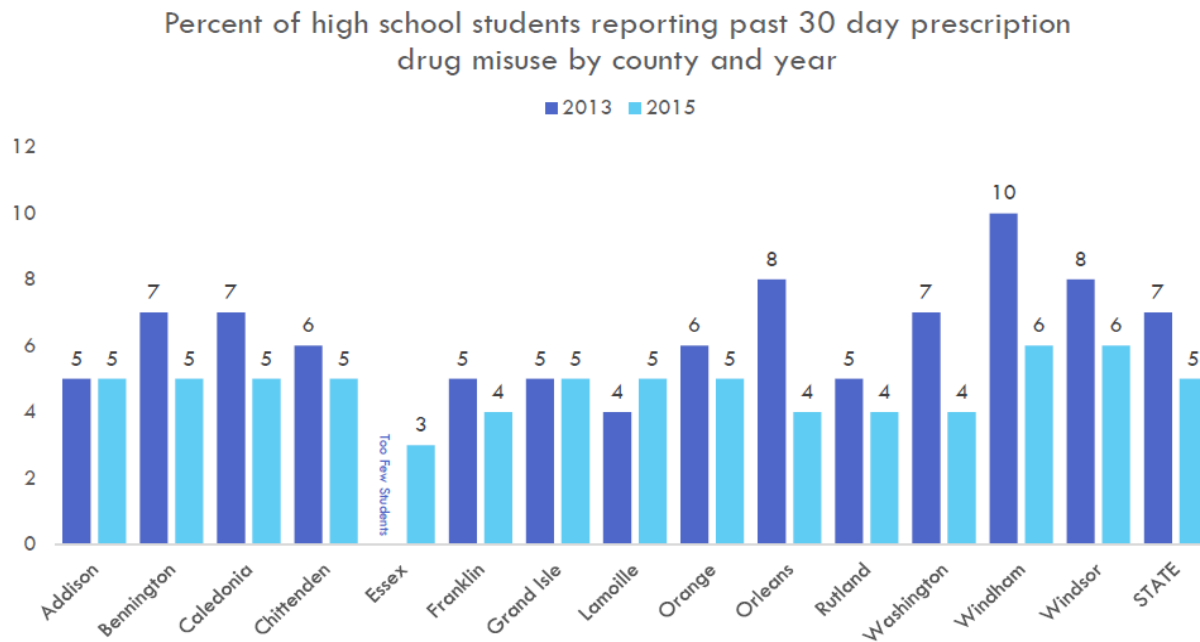
- Since 2010, the number of patients identified by VPMS as visiting multiple prescribers and/or pharmacists has declined steadily, indicating a decrease in prescribing to high-risk patients.

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



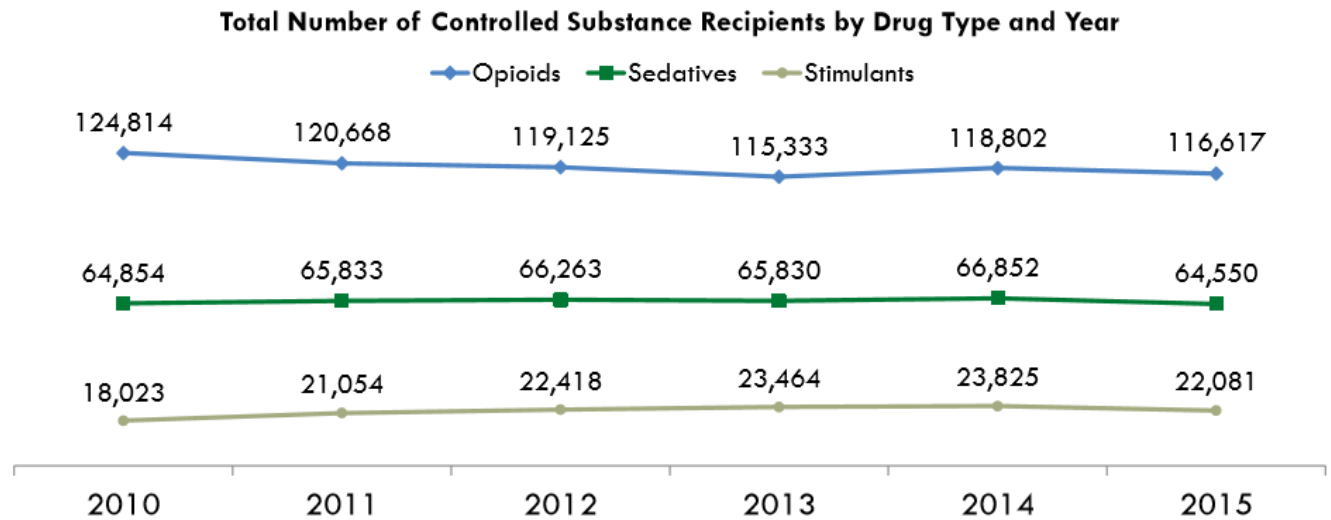


## High School prescription drug misuse decreased in almost every county from 2013 to 2015



## Number of Recipients by Drug Type and Year

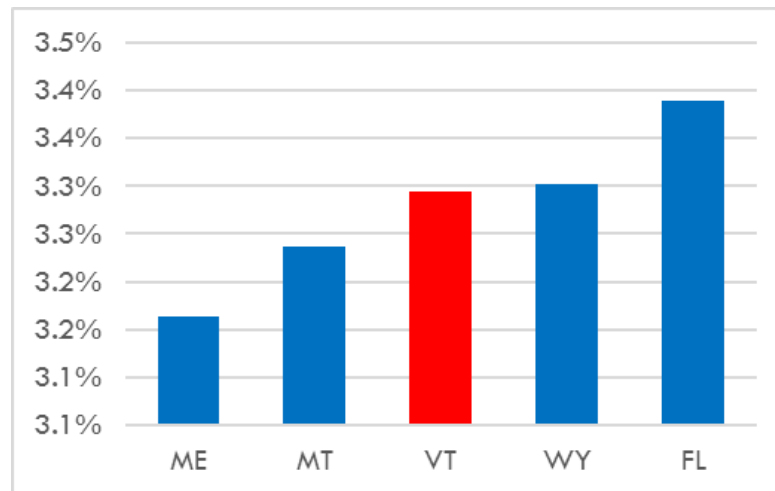
- Opioids were dispensed to more recipients than any other drug type, followed by sedatives and stimulants.



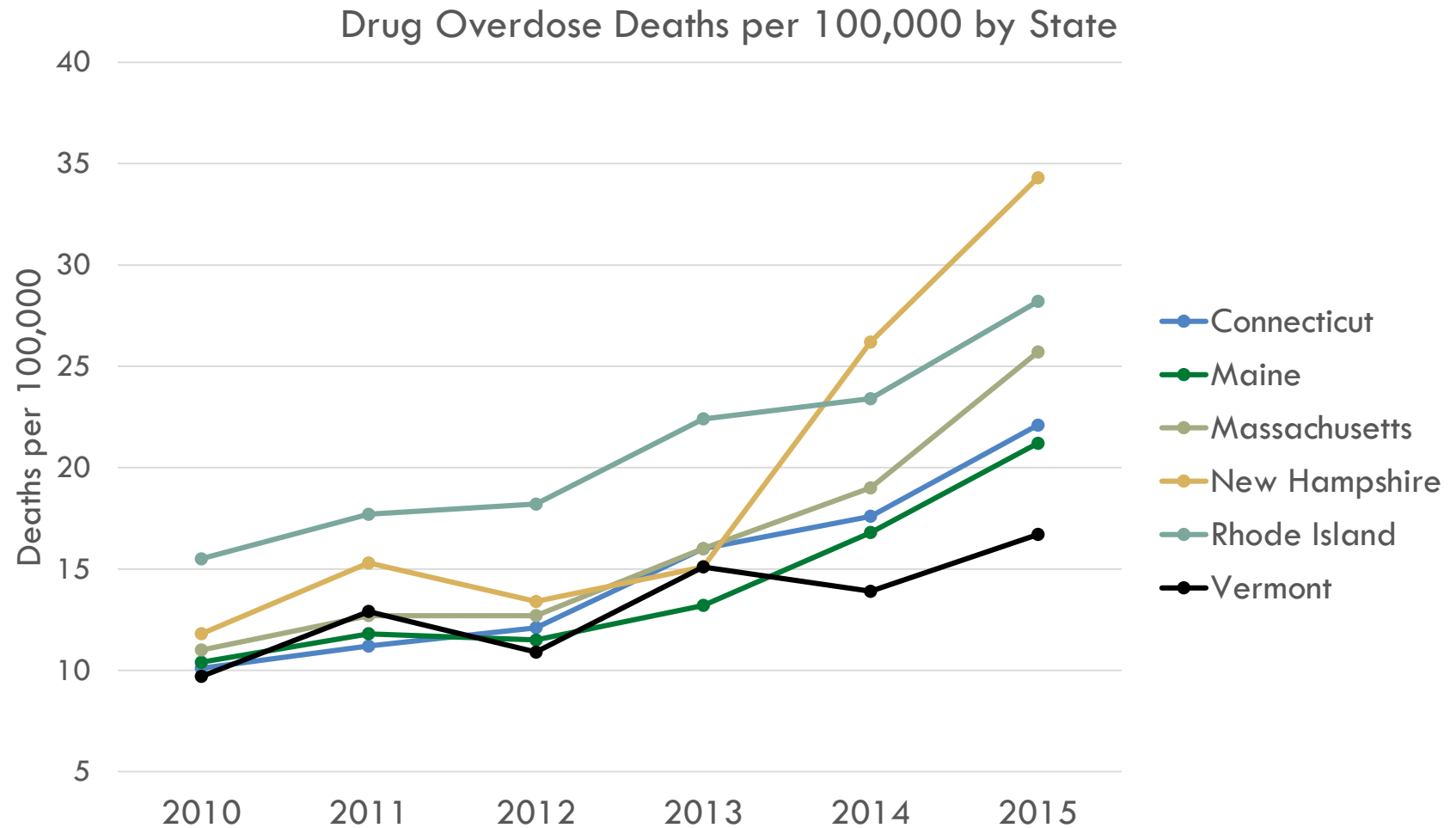
Source: Vermont Prescription Monitoring System

# Vermont is in the bottom 5 states for non-medical use of pain relievers

## Non Medical Use of Prescription Pain Relievers Age 12+ (NSDUH 2013/2014)



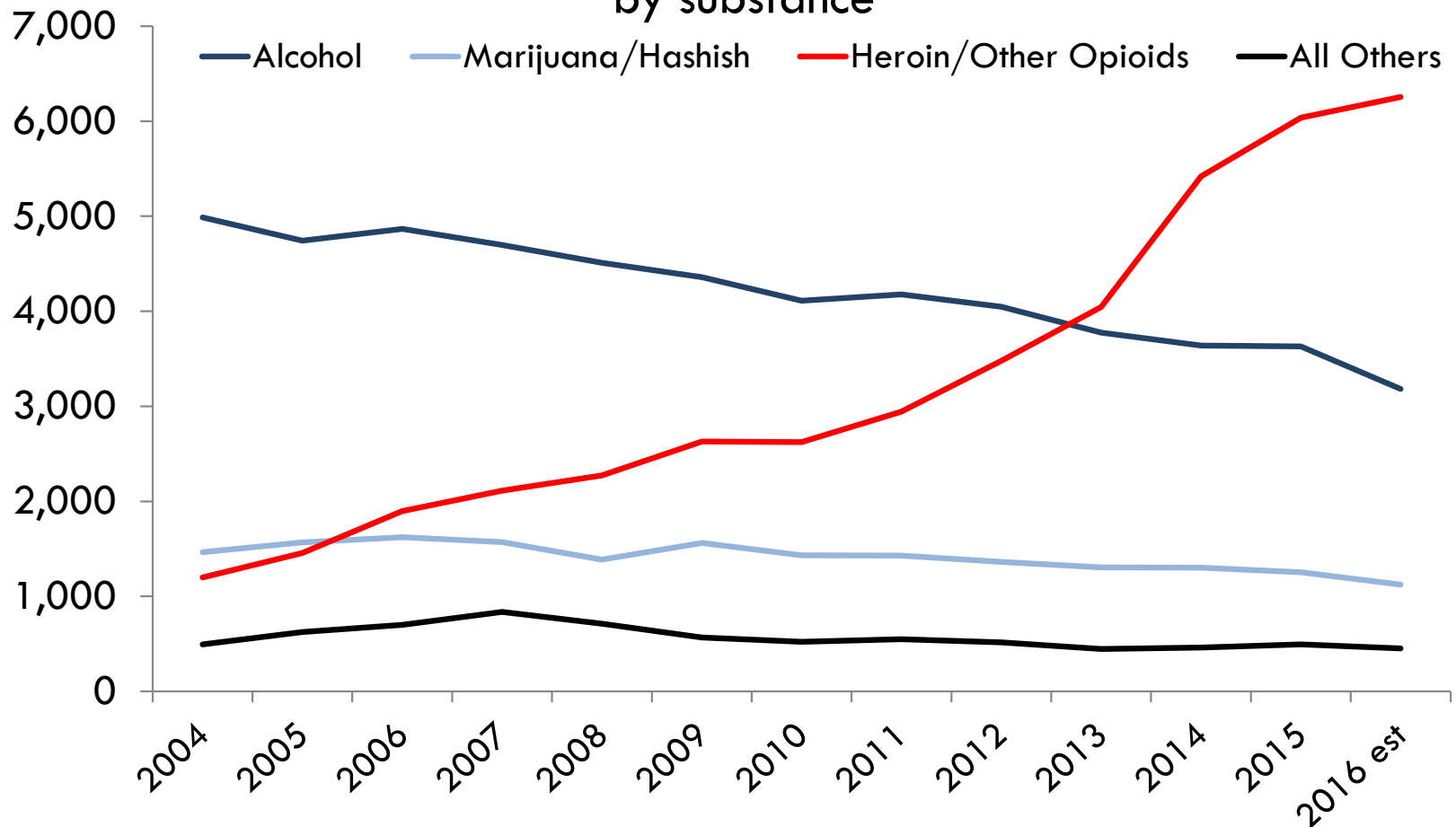
# New England Drug Overdose Deaths



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

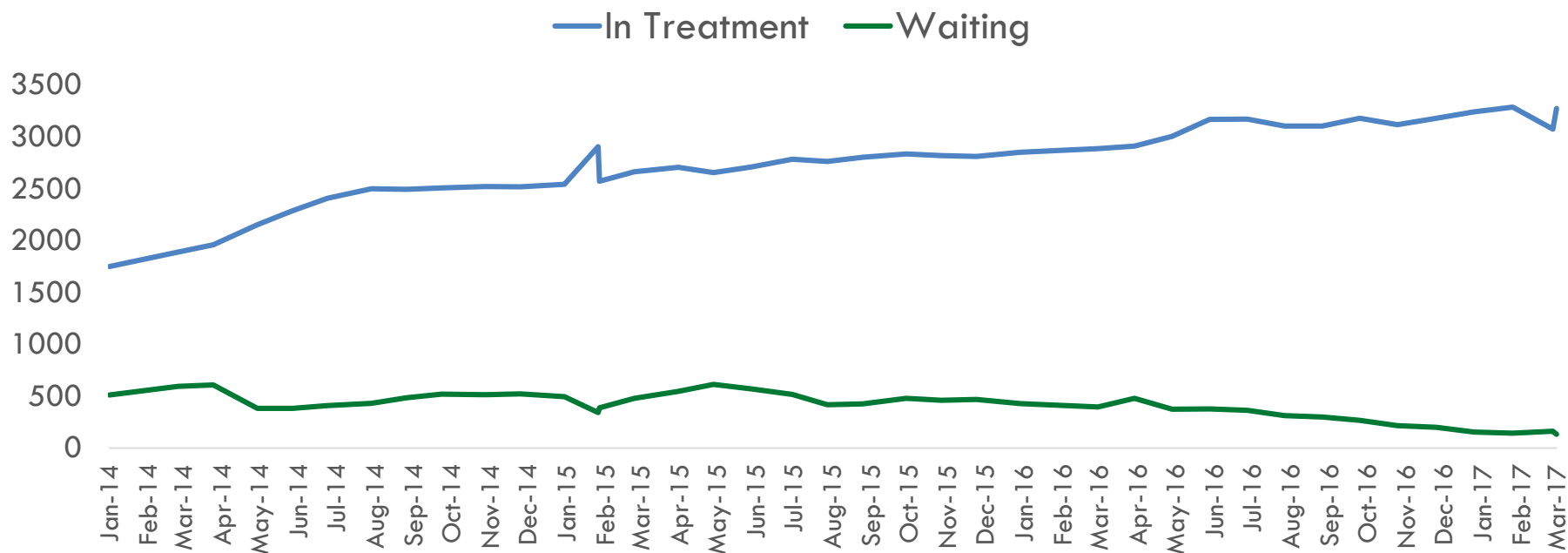


Source: Alcohol and Drug Abuse Treatment Programs

# Opioid Use Disorder Treatment Hubs

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

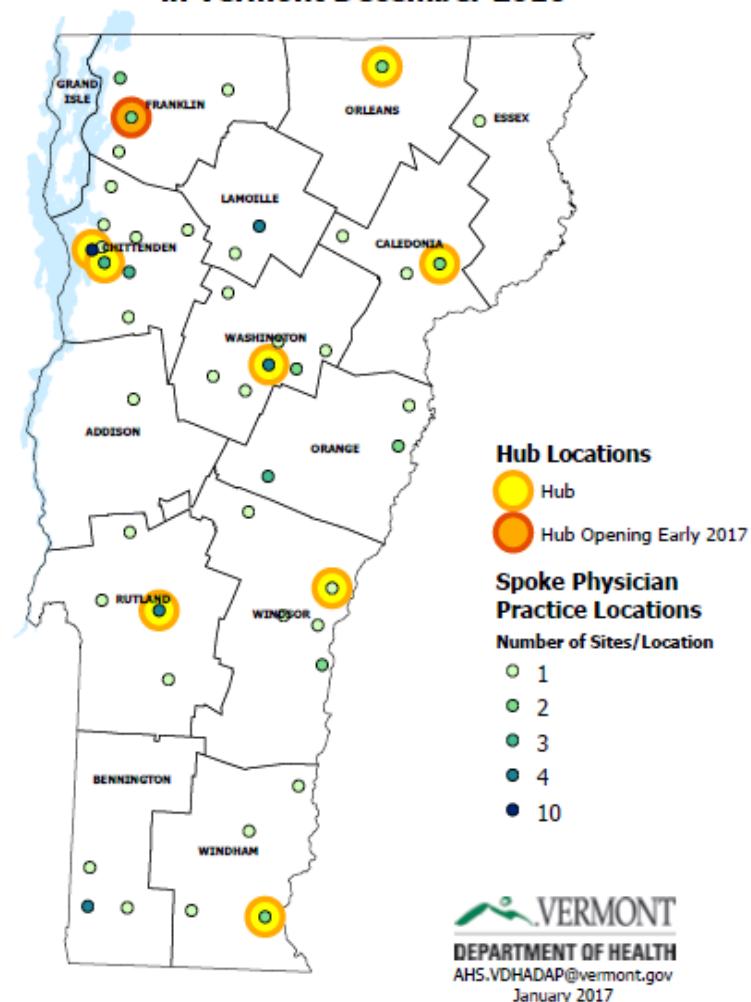
Number of People in Hubs and Waiting for Hub Services Over Time



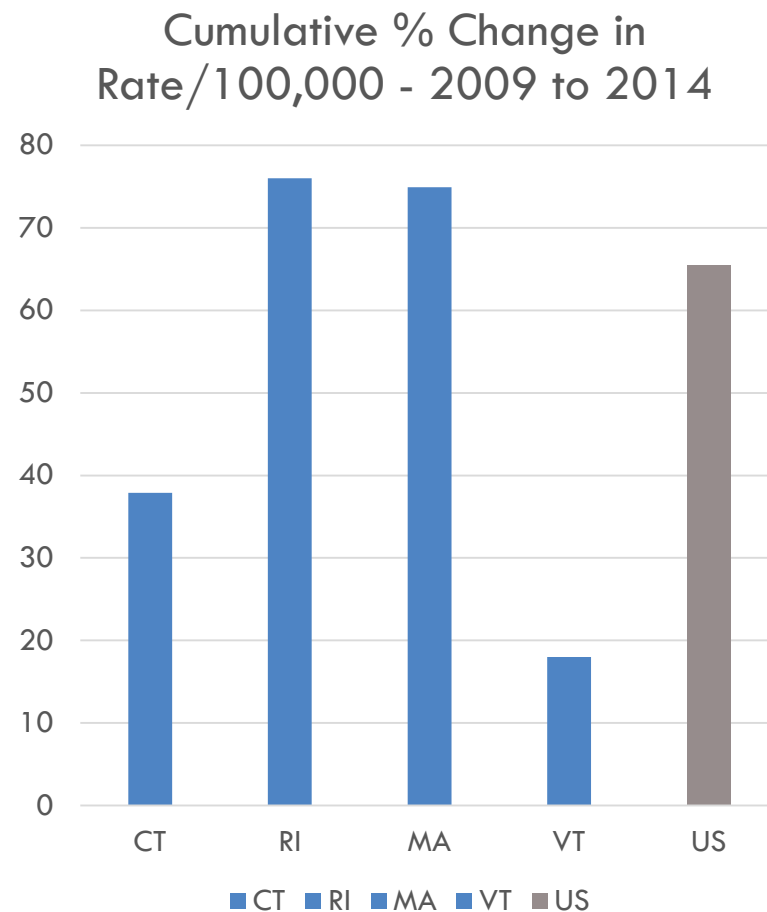
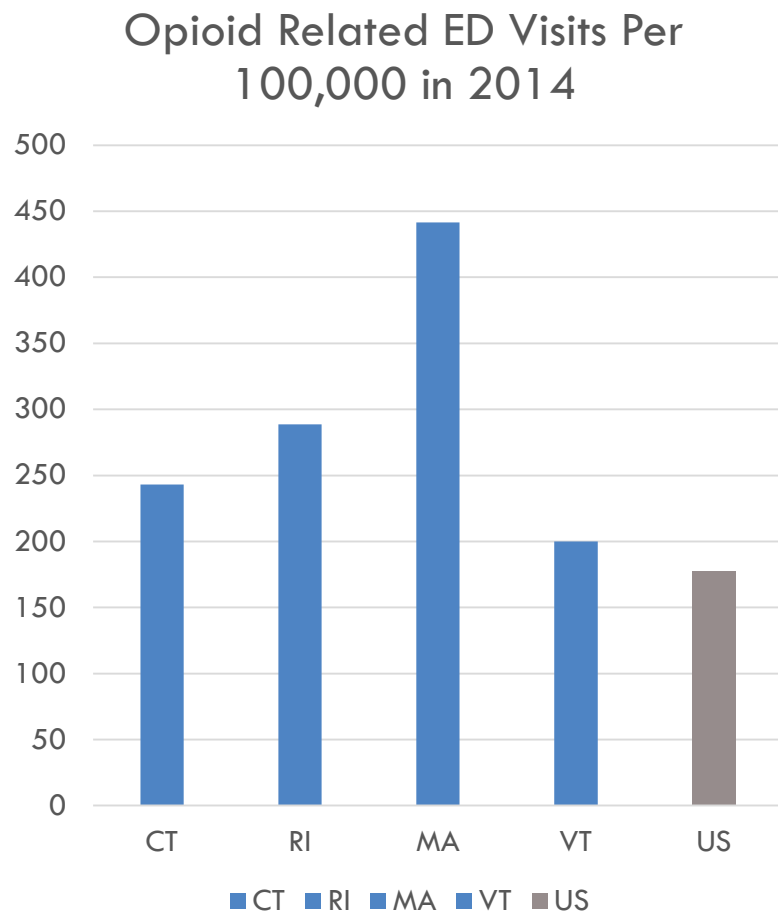
Source: Alcohol and Drug Abuse Treatment Programs

# Treatment access and rate of treatment varies by county

**Distribution of Opioid Treatment Hubs and Spokes  
in Vermont December 2016**



# Rate of opioid-related ED visits by State – VT had the smallest increase in rate and is lower than other NE states



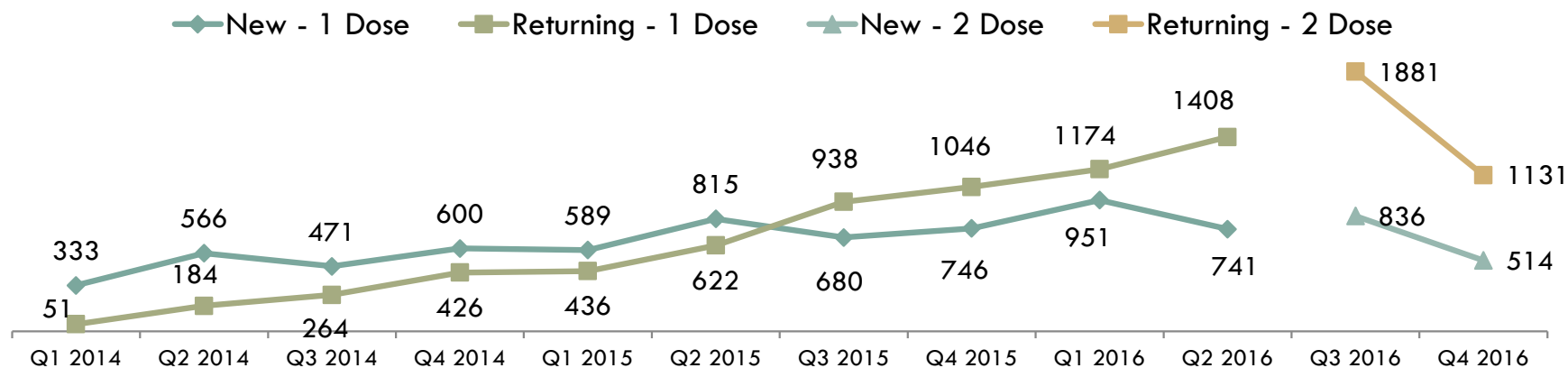
Note: NH did not report

Source: HCUP Statistical Brief #219. December 2016. Agency for Healthcare Research and Quality

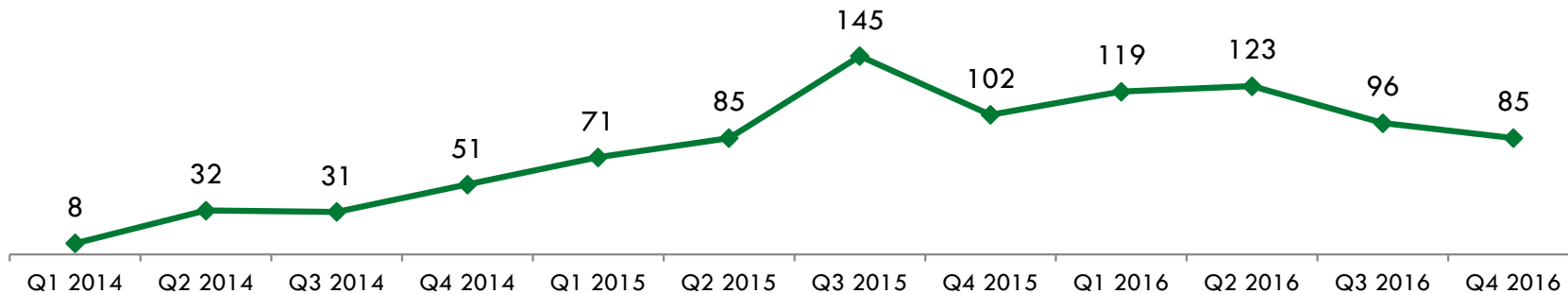


# Naloxone

**Number of doses dispensed to clients by client type, quarter and year**



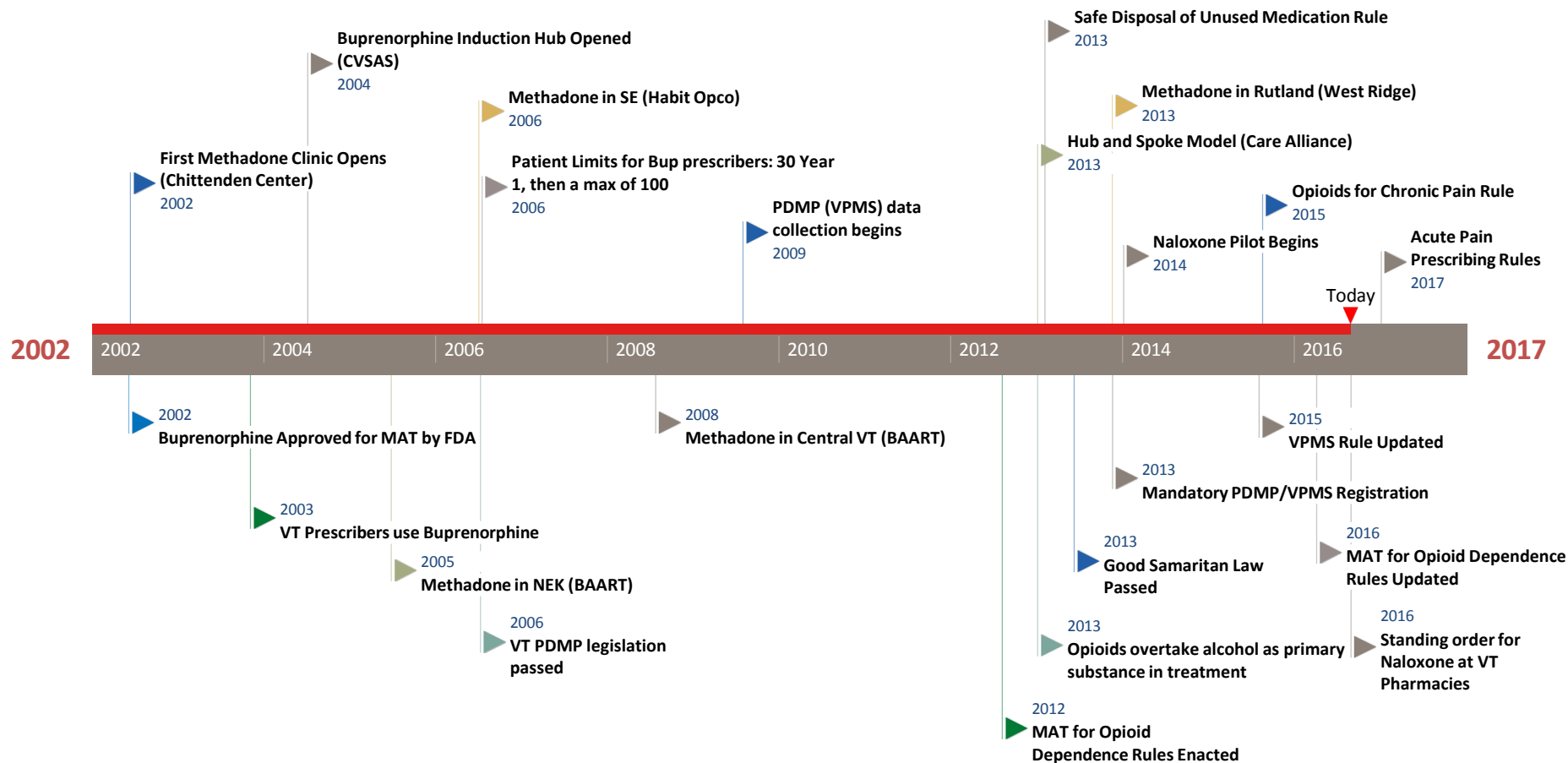
**Reports of naloxone use in response to a perceived overdose incident**



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

# Timeline: Addressing Opioid Misuse and Addiction in Vermont



# 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