



National and Vermont Perspective on the Opioid Crisis and Substance Misuse February 25, 2019

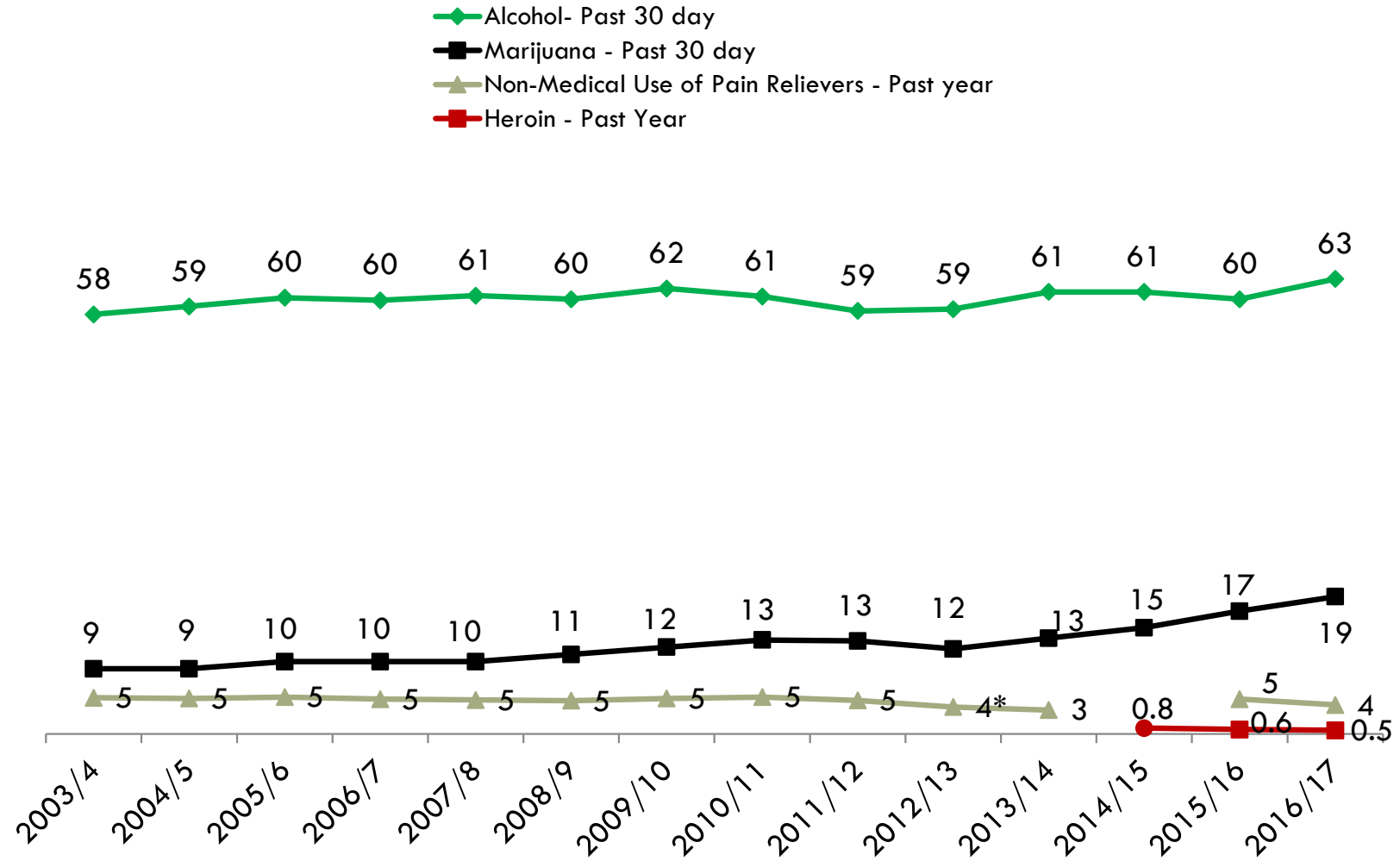
Objectives

- Highlight data and statistics and trends.
- Focus on the basic three components of response any state must prioritize.
- Provide an overview of opportunities to be innovative in treatment, recovery and prevention.

Epidemiology

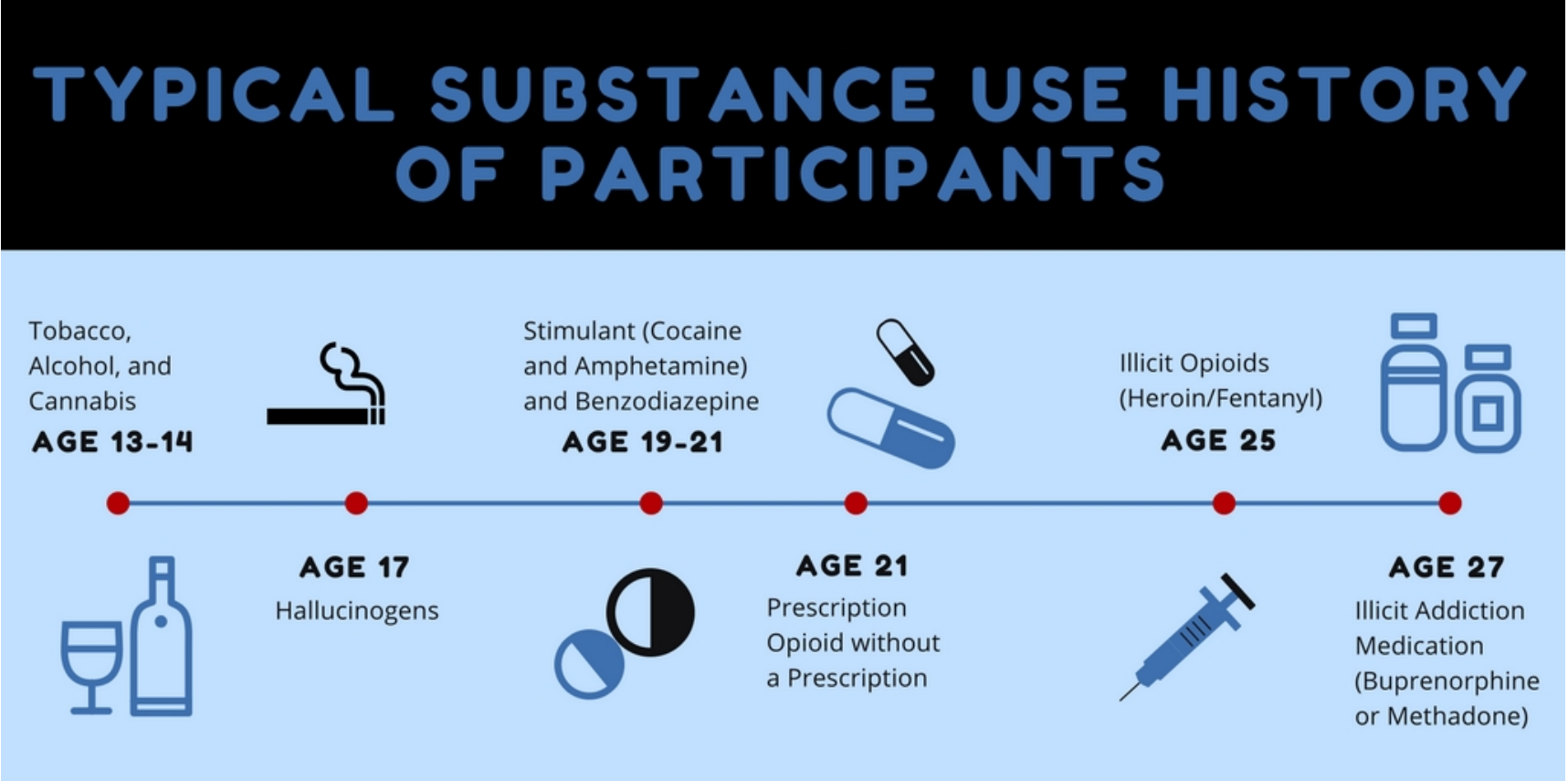
- In 2017, 19.7 million people aged 18+ had a substance use disorder (NSDUH, US)
 - ▣ 30.3 million people have diabetes (CDC, 2015)
 - ▣ 16 million have COPD (CDC)
 - ▣ 1.7 million are diagnosed with cancer (CDC)
- 11.4 million report misusing opioids (NSDUH, 2017)
 - ▣ 11.1 million reported misusing Rx Pain Relievers
 - ▣ 886,000 report misusing heroin
 - ▣ 562,000 million report misusing both heroin and Rx Pain Relievers
- 28.6% of people with Opioid Use Disorder Received Treatment (NSDUH, 2017)

Substances Used by Vermonters ages 12+ by Substance Type

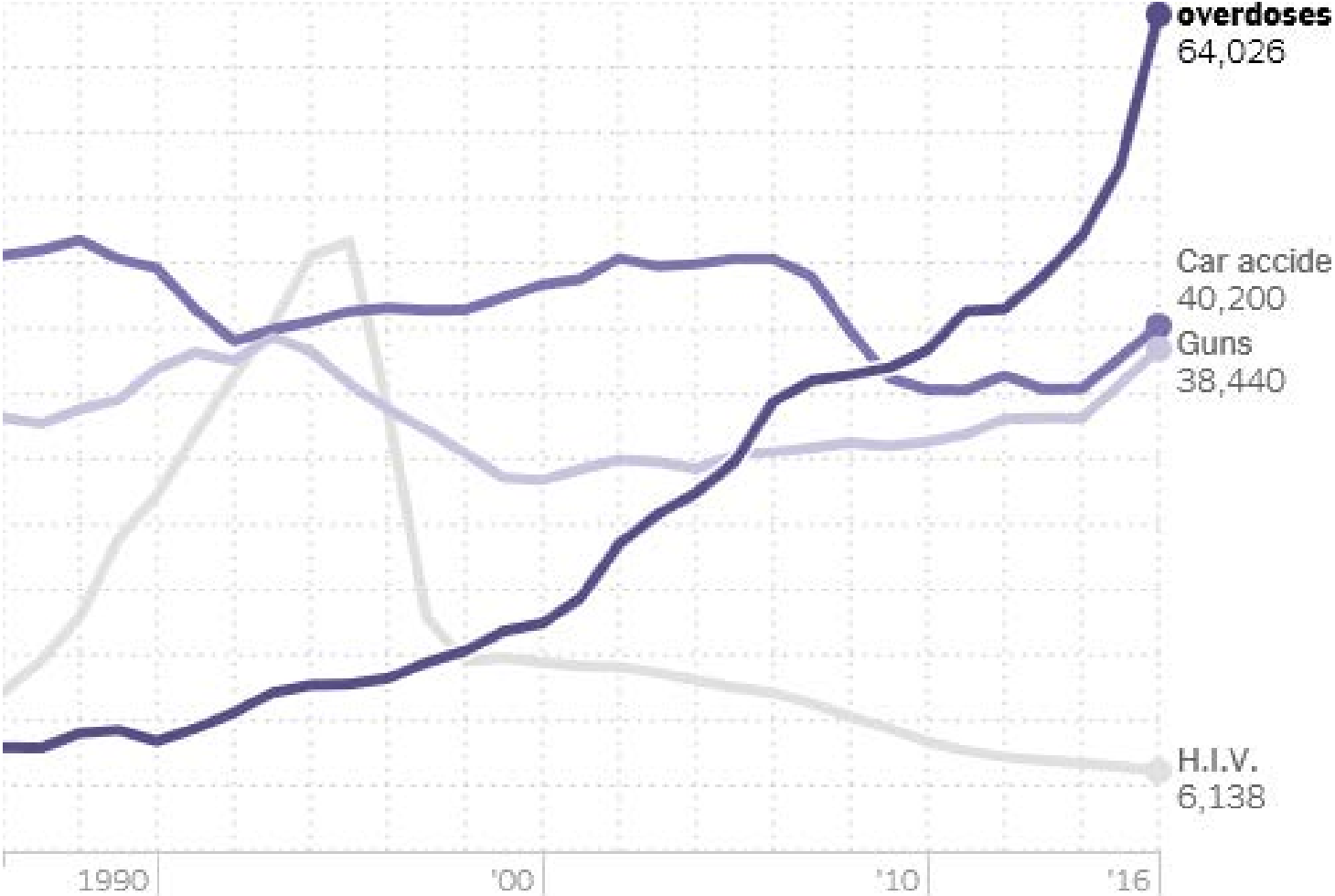


Source: National Survey on Drug Use and Health, 2002-2016. Methodology changes for Rx drug occurred in 2015
 Note: * delineates a significant drop since 2011/2012 (p<0.05)

Hub & Spoke Evaluation: Participants

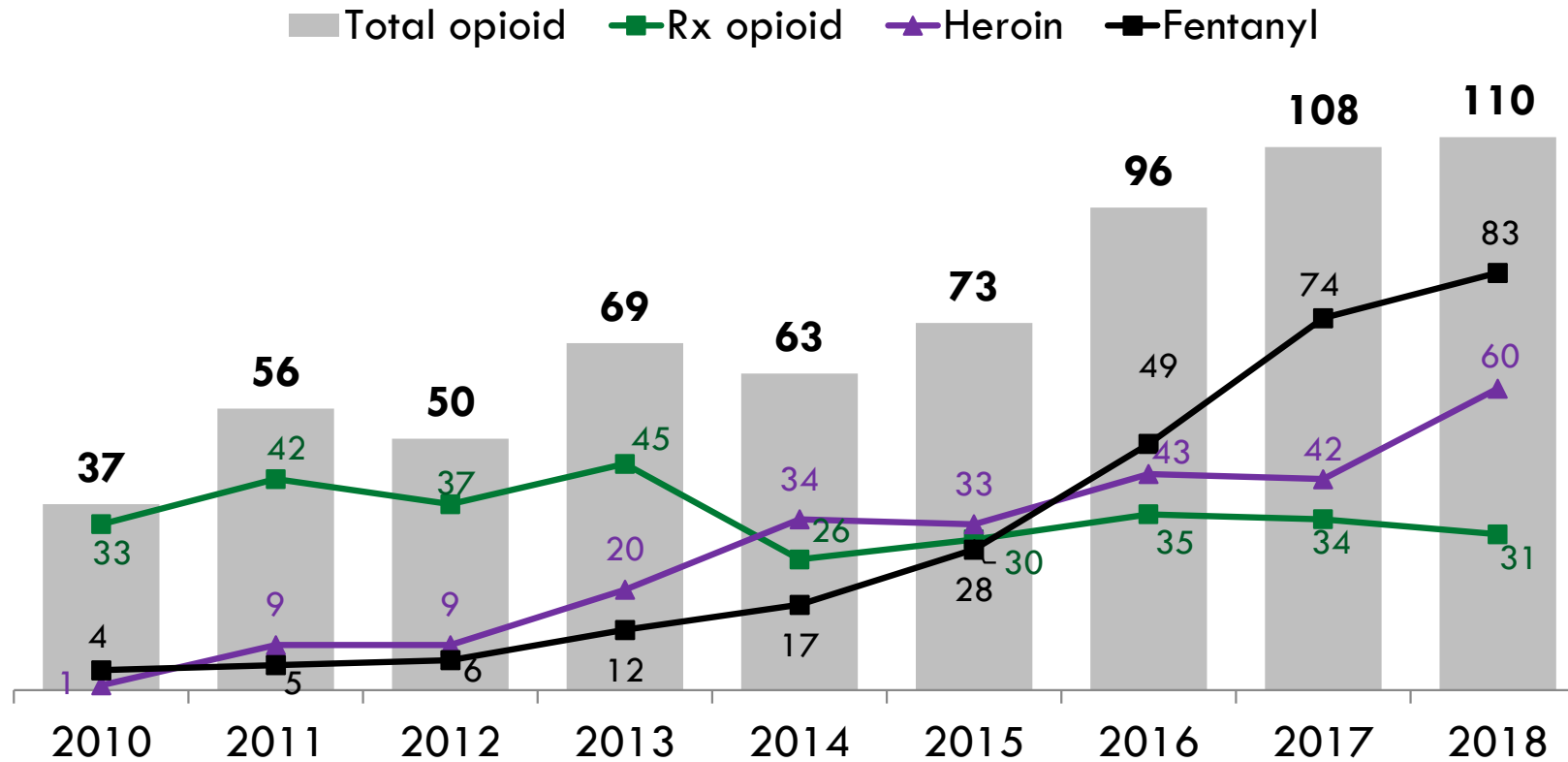


US Drug overdoses have overtaken car accidents, guns and HIV as cause of death and are leading cause under age 50

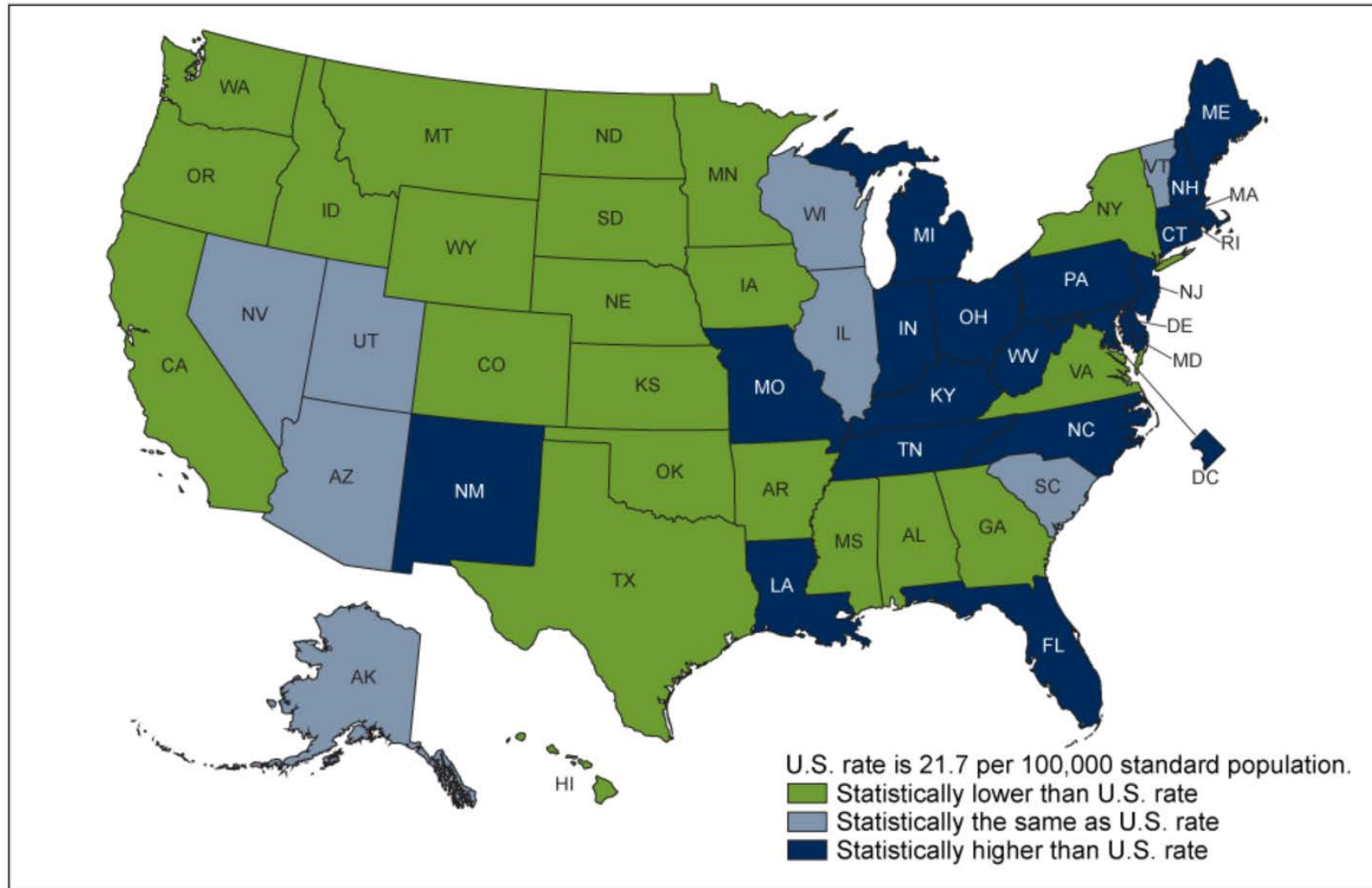


Drug-Related Fatalities Involving Opioids

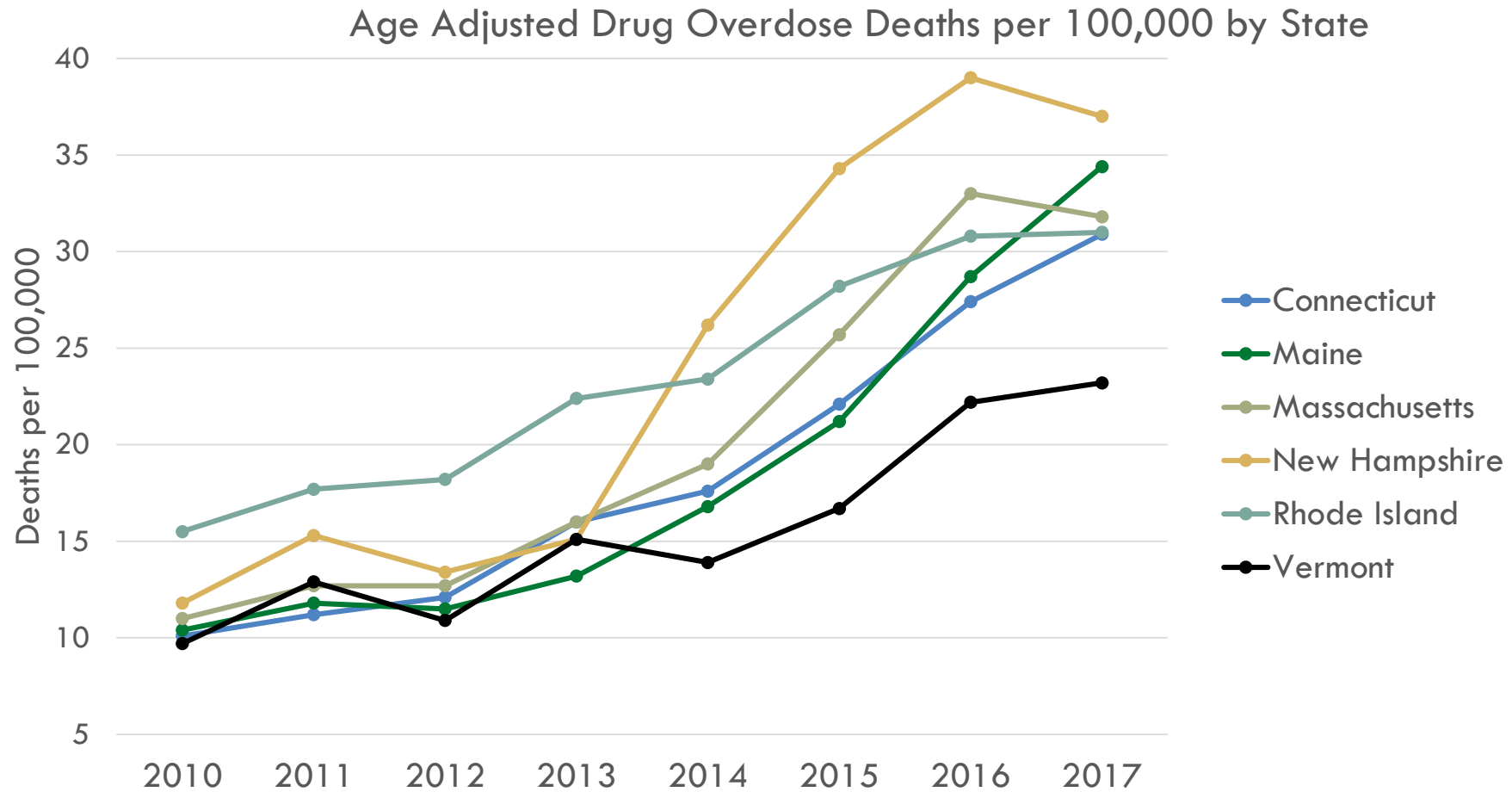
Total number of accidental and undetermined manner drug-related fatalities involving an opioid
(categories not mutually exclusive)



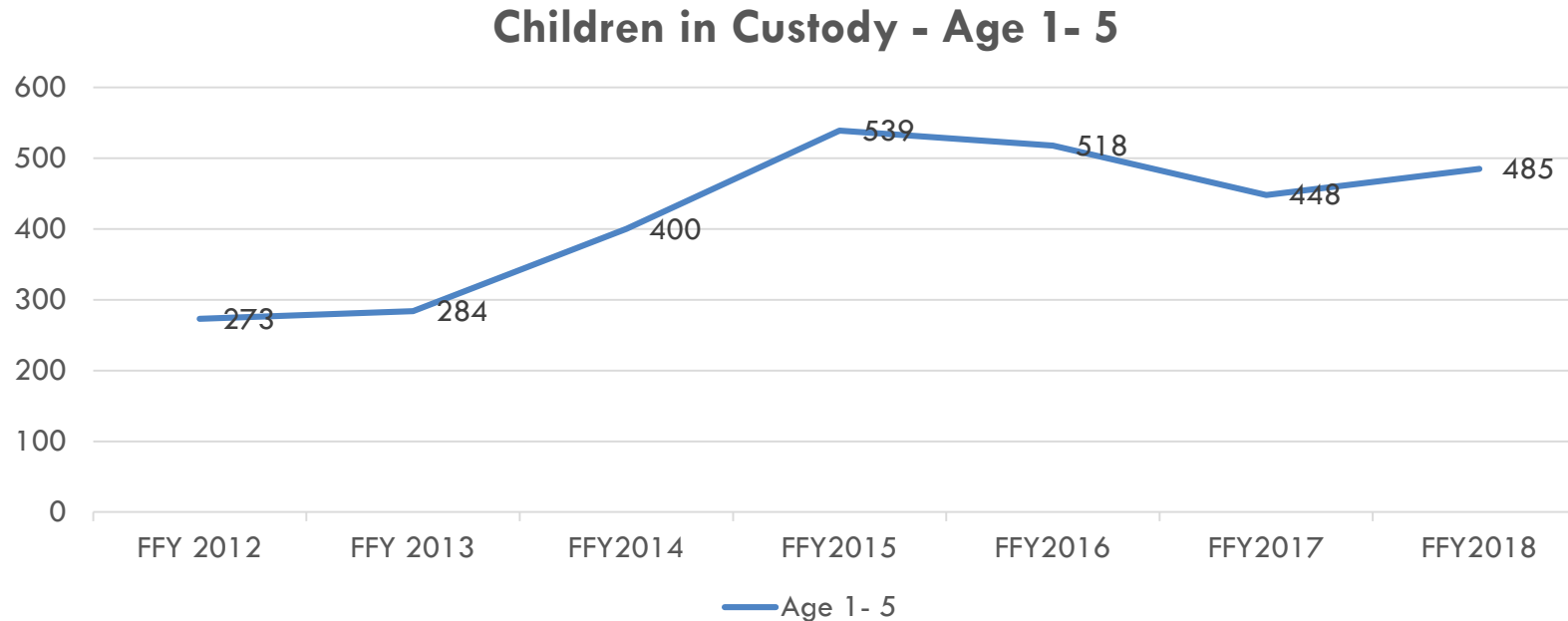
VT was statistically similar to the US rate in 2017: Age Adjusted Drug OD Death Rates



New England - Any Drug Overdose Deaths



DCF Family Services Division



- ❑ The age group that has increased most dramatically is 0-5 which has increased by 78% since 2012 due to the opioid crisis
- ❑ Between 2015-2018, 50% of children aged 0-5 in DCF custody was attributed to opiate abuse issues in the family

The Basic Three Components that any State Must Prioritize

1. Prescriber-focused prevention: decrease circulating supply, develop clinical and surveillance tools.
2. Harm reduction-focused: improve naloxone availability.
3. Treatment-focused: expand access to Medication-Assisted Treatment.

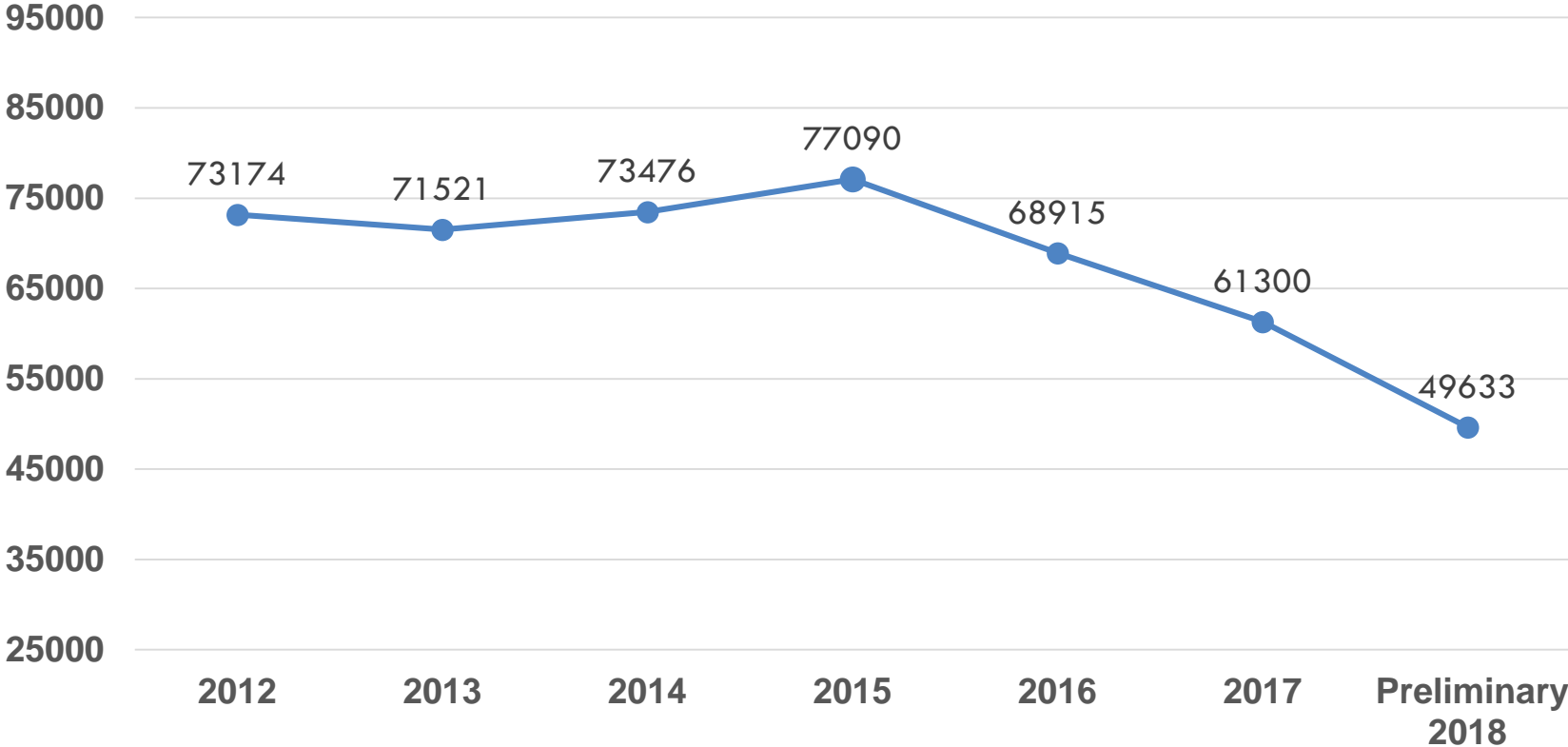
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Prevention

- Pain management and prescribing practices:
 - Pain management core competency education for practicing clinicians, students, graduate medical education, dental students and practitioners.
 - Prescriber rules, guidelines and tools
 - Prescription Drug Monitoring Program – clinical, surveillance, and self-monitoring system. Enhancements include interstate data sharing and quality improvement tools.

Fewer Opioid Pain Relievers are Being Dispensed in Vermont - Total MME Opioid Analgesics per 100 Residents

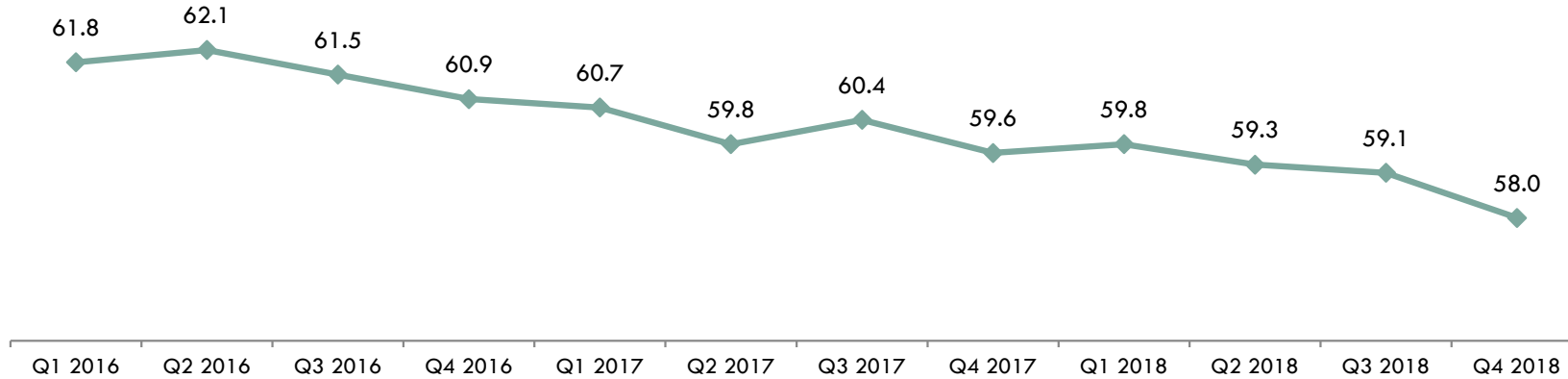


Note: Prior to rescheduling tramadol was not reported to VPMS. On August 14, 2014 tramadol was changed from a schedule V to a schedule IV drug. There was a 36% decrease in dispensed opioids between 2015 and 2018, years that include tramadol.

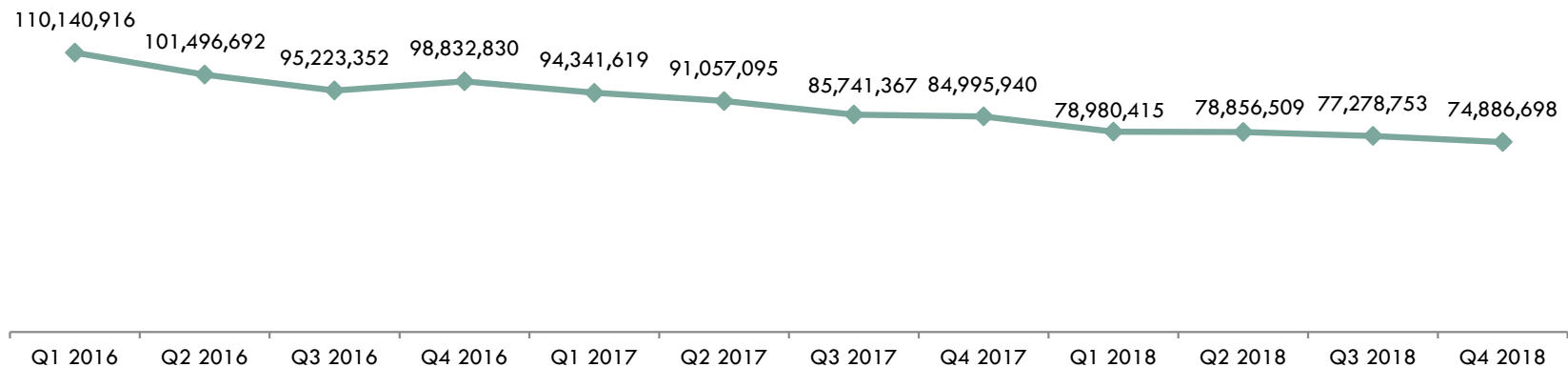
Data Source: VPMS

Statewide VPMS Quarterly Trends

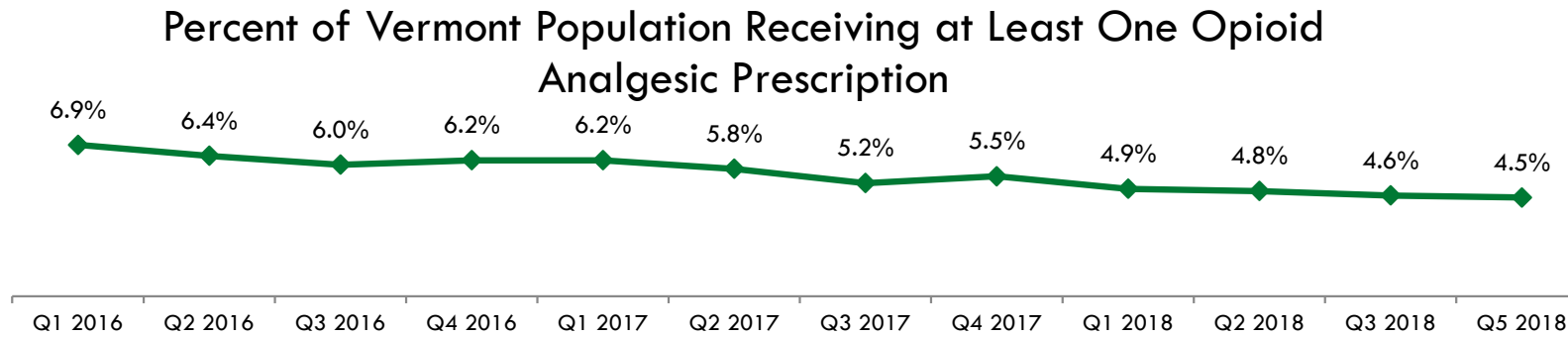
Vermont Average Daily MME by quarter and year



Vermont Total MME Dispensed by Quarter and Year



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Harm-reduction strategies:

- ❑ Drug disposal systems; safe storage guidelines
- ❑ Sharps collection and disposal programs
- ❑ Naloxone distribution programs/training for first responders and the public
- ❑ Statewide Naloxone standing order
- ❑ Good Samaritan Law
- ❑ Syringe services programs
- ❑ Increase screening and treatment for co-occurring depression, suicidal ideation, anxiety, PTSD
- ❑ Emerging but not yet widely adopted initiatives: fentanyl test strips, safe injection facilities

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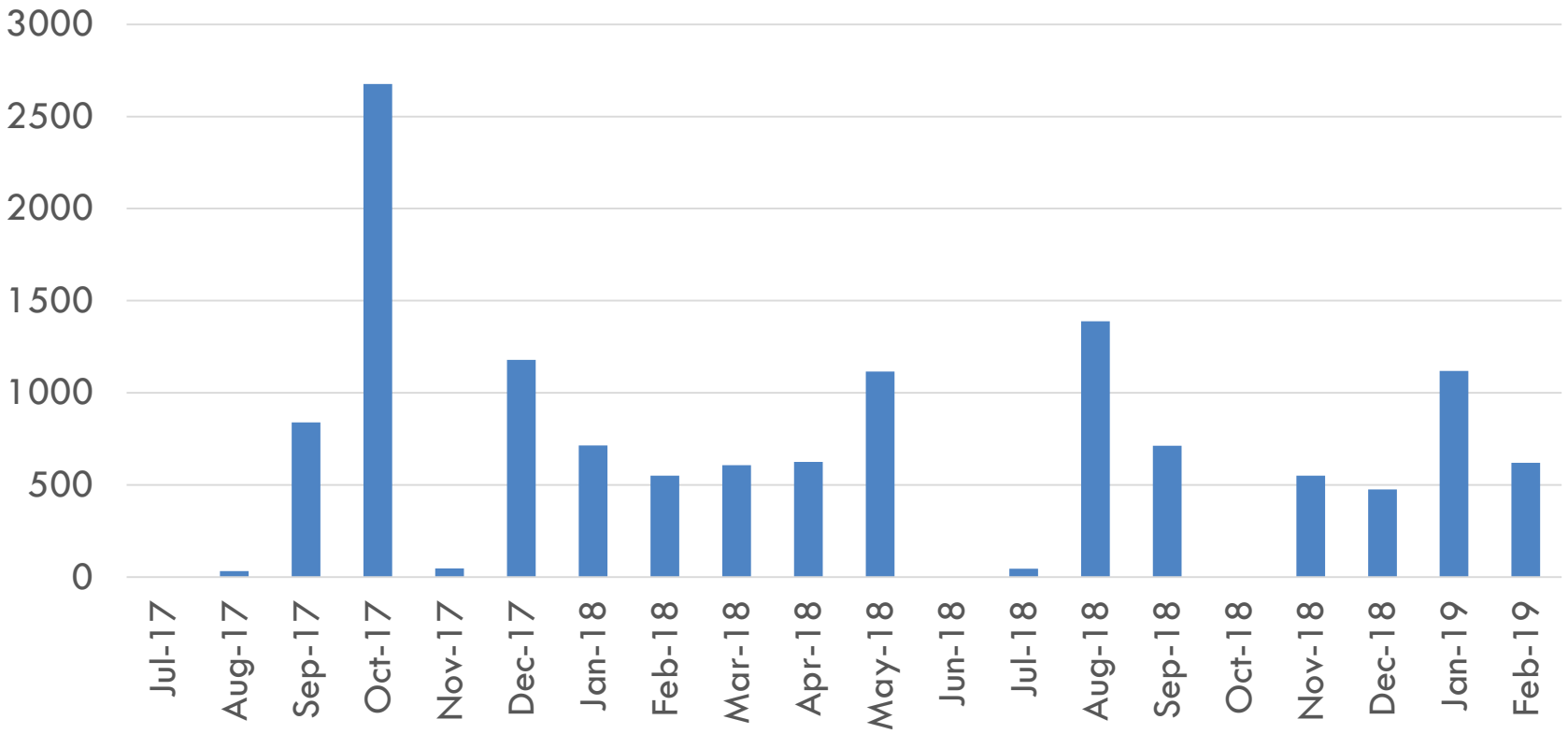
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Drug Disposal Totals

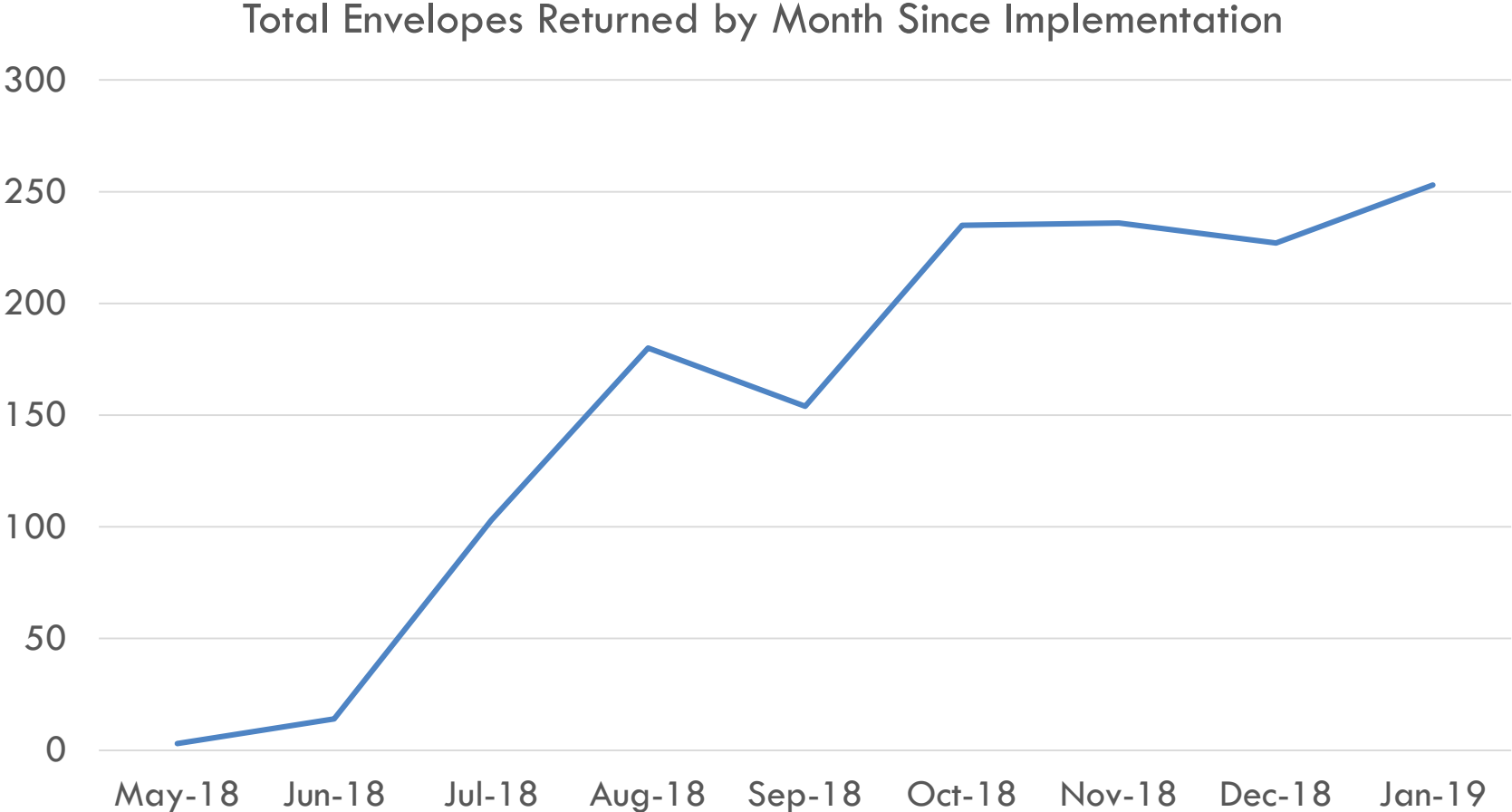
Number	Program	Date(s)
23	Drug Disposal Kiosks available statewide	As of 1/2019
2025	lbs of drugs collected	Between 2/18 & 1/19
12,680	lbs collected by Lamoille County Drug Disposal Pilot Project	Between 7/17 and 1/19

Lamoille County Sheriffs' Drug Disposal Project Collection Trend

Total Pounds Collected from Local Law Enforcement Agencies by
Month Since Implementation



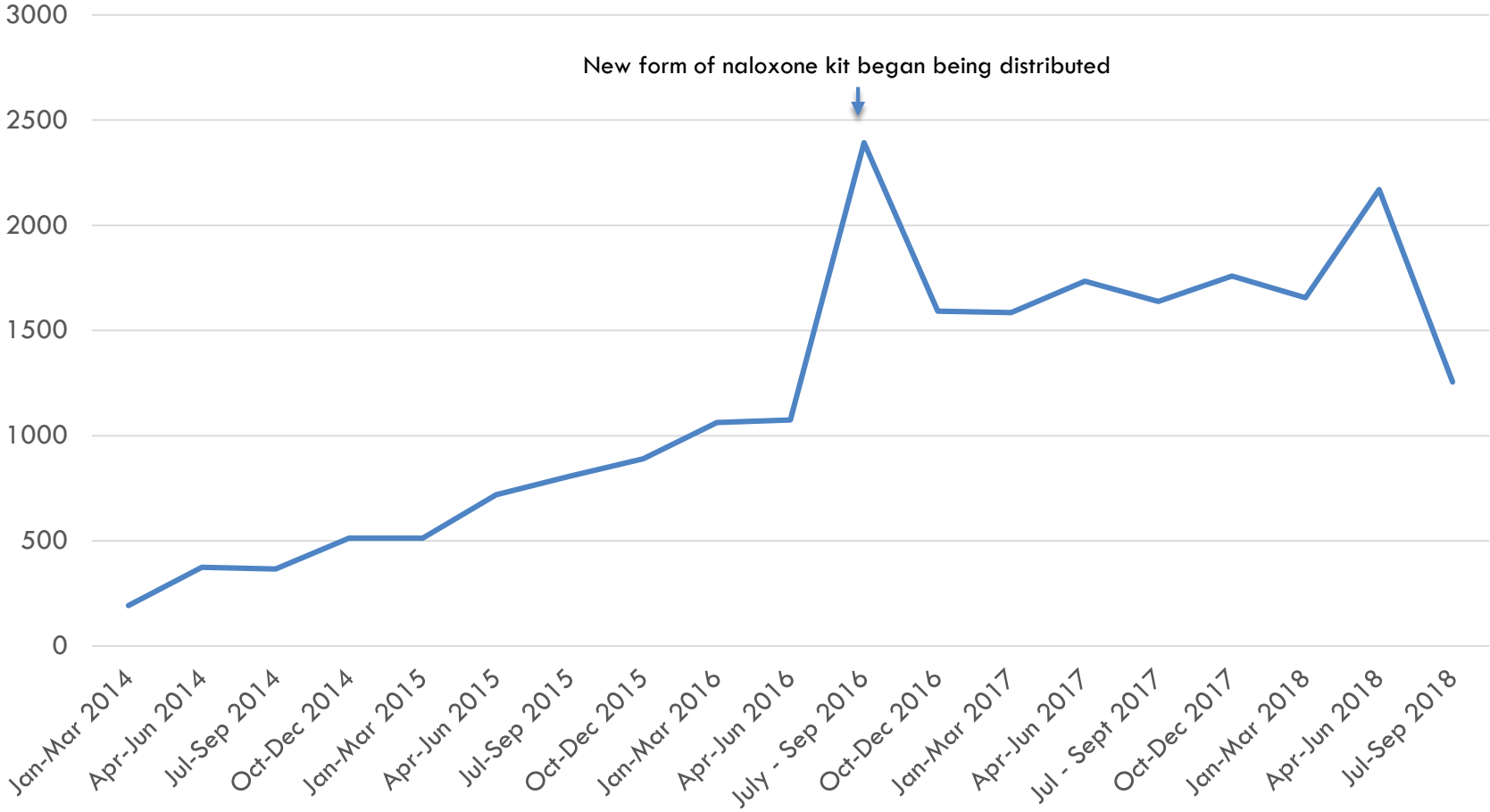
Drug Take Back Envelopes Returned



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Number of naloxone kits distributed to community members



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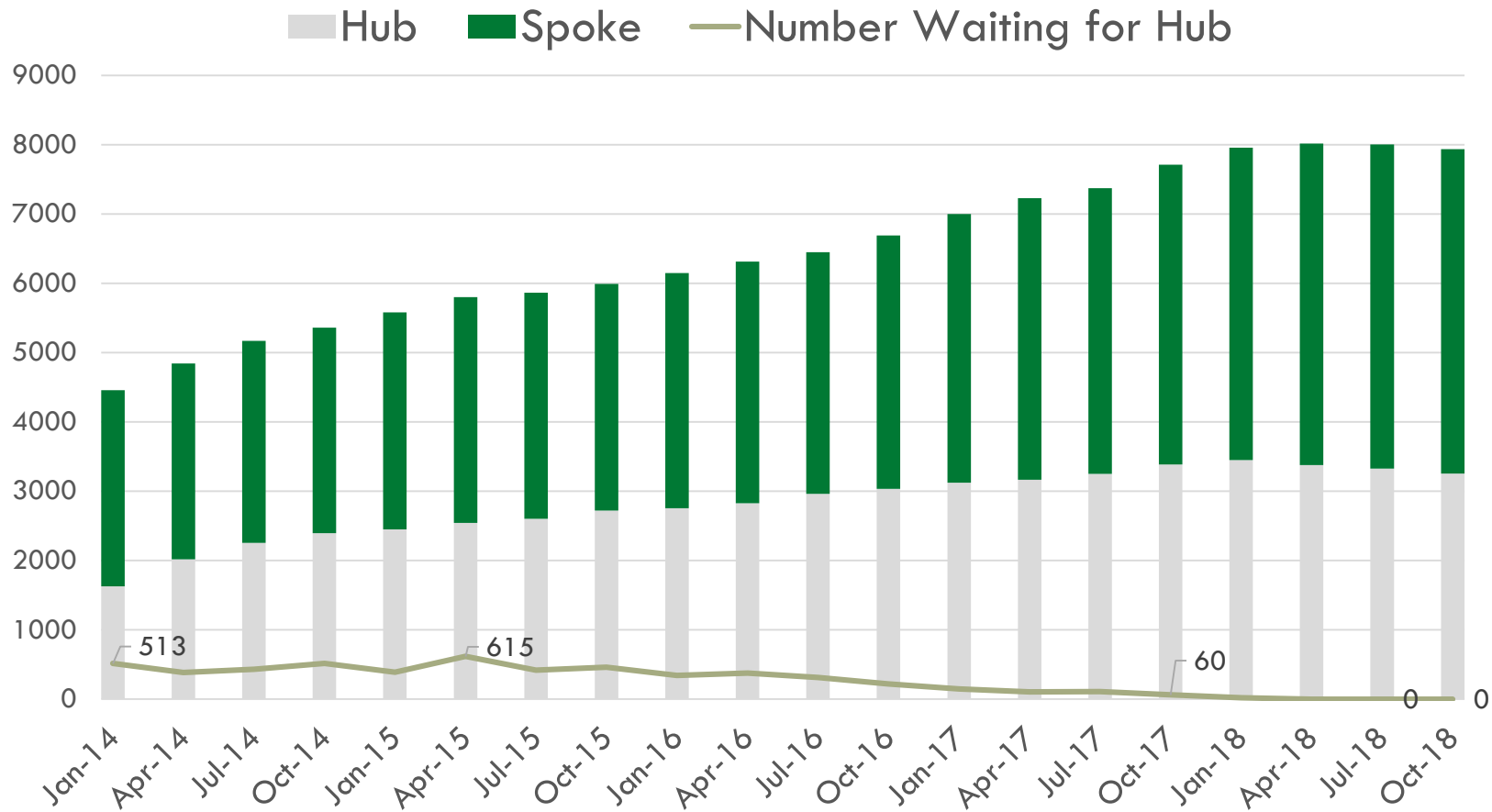
The Importance of Syringe Service Programs (SSP)

- ❑ The actual “exchange”
- ❑ Continuity of care and conversations
- ❑ Naloxone distribution point
- ❑ HIV/Hep C prevention and screening
- ❑ A social community behind every client
- ❑ Referral to treatment opportunity
- ❑ Rapid Access to Medication-Assisted Treatment (RAM)

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Number of Vermonters Age 18-64 receiving MAT in hubs and spokes and number waiting for services over time



Source: SATIS, Provider Waitlist, VPMS

Self-Reported Changes in Opioid Use: T1 to T2

Opioid use decreased substantially for people in both hubs and spokes. Those not in treatment continued to use at high levels.

Measure	In Treatment		Out of Treatment	
	Change in Ave Days Used	Percent Using at T ₂	Change in Ave Days Used	Percent Using at T ₂
Days of Opioid Use	-96% ↓	15%	+12%	100%
Days of Opioid Injection	-92% ↓	11%	-1%	85%

↓ Designates statistically significant change

“The hub was really good in a lot of ways because of the structure, the discipline. It makes you get back on track if you want to get back on track.” – Hub Patient

“The main support is always they focus on your health and your wellbeing. They always try to make sure you’re safe. That’s the number one thing, and then your substance abuse, to not using.” – Spoke Patient

Self-Reported Changes in Functioning: T1 to T2

There were significant decreases in the number of ED visits, arrests, and days of illegal activity. No study participants overdosed in the 90 days prior to the interview. Days of school or training increased but there was not a significant change in days of work.

Measure	In Treatment Group (n=80)
Number of ED Visits	-89% ↓
OD in the previous 90 days	-100% ↓
Days of school or training	+257% ↑
Days of work	+8%
Number of police stops or arrests	-90% ↓
Days of illegal activity	-90% ↓

Percent of People Reporting Overdose: In-Treatment Group



The out of treatment group is excluded because there were no significant changes

Opportunities to be Innovative in Treatment

- Vermont may be the only state that has capacity to treat all who seek treatment.
- Rapid access to MAT
 - ▣ In Emergency Departments
 - ▣ In Syringe Service Programs
- MAT in Corrections – currently 668 of incarcerated population of 1746 = 364 inducted in DOC, 304 continued from community
- Peer recovery coaches in ED's and hospitals– in ED pilot, almost 400 served in first 6 months – 62% ETOH, 26% Opioids
- Specialty treatment services for pregnant women and their infants.

Opportunities to be Innovative in Treatment

- Expand team-based care, licensed counseling and case management workforce.
- Drug courts as vehicle to MAT.
- Develop telehealth programs for rural areas.

Opportunities to be Innovative in Recovery

- Statewide network of recovery centers with a wide variety of supports and services – over 4,000 served = more than double 2014
- Peer recovery coach training and use – Academy, certification, workforce
- Access to stable recovery housing
- Employment supports and opportunities for individuals in recovery


Our Future is in Prevention-Across the Lifespan

- Messaging campaigns and education to raise awareness, address stigma.
- Evidence-based nurse practitioner home visiting models – ACEs reduction.
- Afterschool curricula and activities for adolescents – the “third space”.
- Iceland model – community activation, parental investment, youth voice.
- School-based primary prevention programs.
- Community mobilization – developing and expanding community coalitions.

Opioid Use Disorder = A Disease of the Brain



In my experience, stigma can be distilled down to a lack of understanding of brain chemistry.



Addictions are chronic conditions, like asthma or diabetes, with similar rates of relapse and opportunities for recovery.