Report to
The Vermont Legislature

Drug Poisoning (Overdose) Fatalities Report

In Accordance with Act 75, Section 18a (b)
An Act Relating to Strengthening Vermont's Response to Opioid Addiction and Methamphetamine Abuse

Submitted to:	**House Committees on Human Services and on Health Care;** **Senate Committee on Health and Welfare; and** **House and Senate Committees on Judiciary**
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VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF HEALTH

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Drug Poisoning (Overdose) Fatalities Report
March 1, 2015

Introduction

In accordance with **Act 75**, **Section 18a (b),** the Vermont Department of Health submits the following annual report on the:

- Number of persons who died during the preceding calendar year from an overdose of a Schedule II, III, or IV controlled substance;
- Number of those whose deaths involved an opioid; and
- Number of persons whose deaths involved an opioid who were administered an opioid antagonist, and if so, who administered the antagonist.

This report utilizes information from Vermont Office of the Chief Medical Examiner in order to address the legislative request. This report is being submitted after its due date because the 2014 data were not available before March 1, 2015. The Department notified the committees of jurisdiction about this need for an extension. The time period of this report is January 1, 2014 through December 31, 2014. During that period there were 50 drug poisoning (overdoses) fatalities involving a Schedule II, III or IV drug, 43 of which involved a prescription opioid.

In addition, this report uses data from the Office of Emergency Medical Services Statewide Incident Reporting Network (SIREN). According to data from SIREN, of the 43 drug poisoning (overdoses) fatalities involving a Schedule II, III or IV and a prescription opioid, 7 received naloxone from medical personnel.

Drug poisoning (overdose) fatalities involving a Schedule II, III or IV drug

Data Analysis Methodology

The Vermont Office of the Chief Medical Examiner (OCME) has statutory authority under 18 V.S.A. § 5205 to investigate deaths when a person dies from:

- Violence; suddenly, when in apparent good health; unattended by a physician or a recognized practitioner of a well-established church; by casualty; by suicide; as a result of injury; in jail or prison or in a mental institution; in any unusual, unnatural or suspicious manner; or
- Circumstances involving a hazard to public health, welfare, or safety.

The data presented in this report come directly from the OCME and are based on deaths that occurred in Vermont. Most drug-related fatalities in Vermont are due to combinations of substances (e.g., a prescription opioid and cocaine), not a single drug. The circumstances under which each fatality occurs are unique. In addition, not all drug-related fatalities can be attributed to addiction and/or dependence.

These fatalities include accidents, suicides and undetermined drug fatalities. This report does *not* include deaths that are due to the consequences of chronic substance use such as HIV, liver disease, or infection. This report also does *not* include deaths that are due to injury such as car crashes related to substance use or abuse. In this report, the term "drug fatalities" refers to drug poisoning (overdose) fatalities involving a Schedule II, III or IV drug (this does not include Schedule I drugs such as heroin or cocaine).

Analysis

Figure 1 presents the number of drug fatalities in Vermont that were due to accident or undetermined intention (non-suicide). Figure 2 depicts the number of drug fatalities in Vermont that were due to suicides.

Figure 1 **Number of fatalities resulting from accidental drug poisoning (overdose) from Schedule II, III or IV drugs in Vermont.** Source: OCME

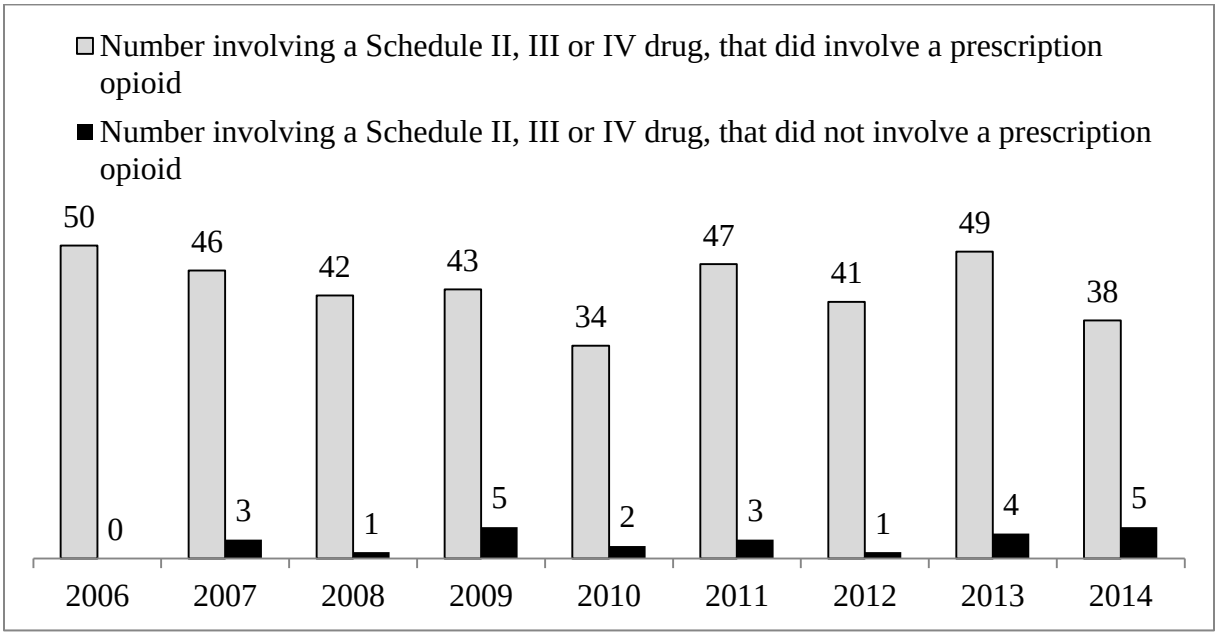
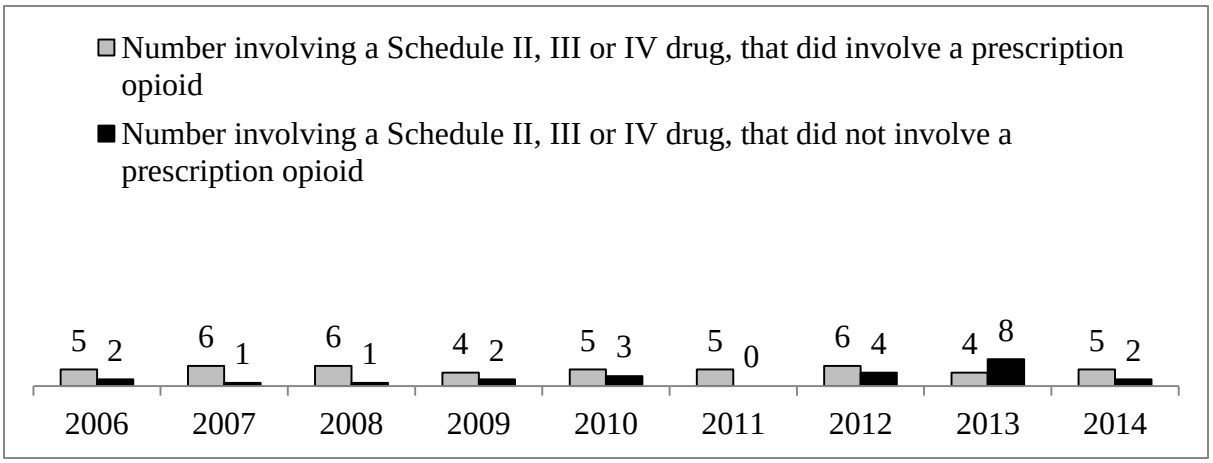


Figure 2 **Number of suicides resulting from drug poisoning (overdose) from Schedule II, III or IV drugs in Vermont.** Source: OCME



The 2013 numbers changed slightly from previous reports due to case clarification or additional information on a specific case. The 2014 numbers may also change for similar reasons in future reports. More up-to-date information on drug-related fatalities in Vermont can be found here: http://healthvermont.gov/research/index.aspx#subabepi.

While data on who administered naloxone cannot be obtained from the OCME or death certificates, the Vermont Office of Emergency Medical Services and Injury Prevention Statewide Incident Reporting Network (SIREN) tracks whether emergency personnel administer naloxone. According to data from SIREN, of the 43 drug fatalities involving a prescription opioid in 2014, 7 received naloxone from medical personnel.

The Naloxone Pilot Project collects data on the number of Overdose Rescue Kits (nasal naloxone) that are distributed, as well as the number of kits that are refilled because the client reported using the kit in an overdose situation. In 2014, no client reported that the kit was used in a situation where the individual died; however, client reporting on this topic is not comprehensive and relies on the client reporting back to the pilot site. More information on these data can be found in the data brief here: http://healthvermont.gov/adap/treatment/naloxone/index.aspx.

Conclusion

According to data from the OCME, the number of drug poisonings (overdose) fatalities involving a Schedule II, III or IV drug does not show any specific trend since 2006. In addition, the number of drug poisonings (overdose) fatalities involving a Schedule II, III or IV drug as well as a prescription opioid has not shown any specific trend since 2006.

Appendix A

No. 75. An act relating to strengthening Vermont's response to opioid addiction and methamphetamine abuse.

Sec. 18a. 18 V.S.A. § 5208 is amended to read:

§ 5208. HEALTH DEPARTMENT; REPORT ON STATISTICS

(b) In addition to the report required by subsection (a) of this section and notwithstanding the provisions of 2 V.S.A. § 20(d), beginning March 1, 2014 and annually thereafter, the Department shall report to the House Committees on Human Services and on Health Care, the Senate Committee on Health and Welfare, and the House and Senate Committees on Judiciary regarding the number of persons who died during the preceding calendar year from an overdose of a Schedule II, III, or IV controlled substance. The report shall list separately the number of deaths specifically related to opioids, including for each death whether an opioid antagonist was administered and whether it was administered by persons other than emergency medical personnel, firefighters, or law enforcement officers. Beginning in 2015, the report shall include similar data from prior years to allow for comparison.

Appendix B

Definition of Controlled Substance Schedules

Drugs and other substances that are considered controlled substances under the federal Controlled Substances Act (CSA) are divided into five schedules. An updated and complete list of the schedules is published annually in **Title 21 Code of Federal Regulations (C.F.R.) §§ 1308.11 through 1308.15**. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused. Some examples of the drugs in each schedule are listed below.

Schedule I Controlled Substances

Substances in this schedule have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.

Some examples of substances listed in Schedule I are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxymethamphetamine ("Ecstasy").

Schedule II Controlled Substances

Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

Examples of Schedule II narcotics include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Other Schedule II narcotics include: morphine, opium, and codeine.

Schedule III Controlled Substances

Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.

Examples of Schedule III narcotics include: combination products containing less than 15 milligrams of hydrocodone per dosage unit (Vicodin®), products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine®), and buprenorphine (Suboxone®).

Schedule IV Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances in Schedule III.

Examples of Schedule IV substances include: alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).