

Dr. Mark Levine, Commissioner  
Vermont Department of Health

# Alcohol & Drug Abuse Programs

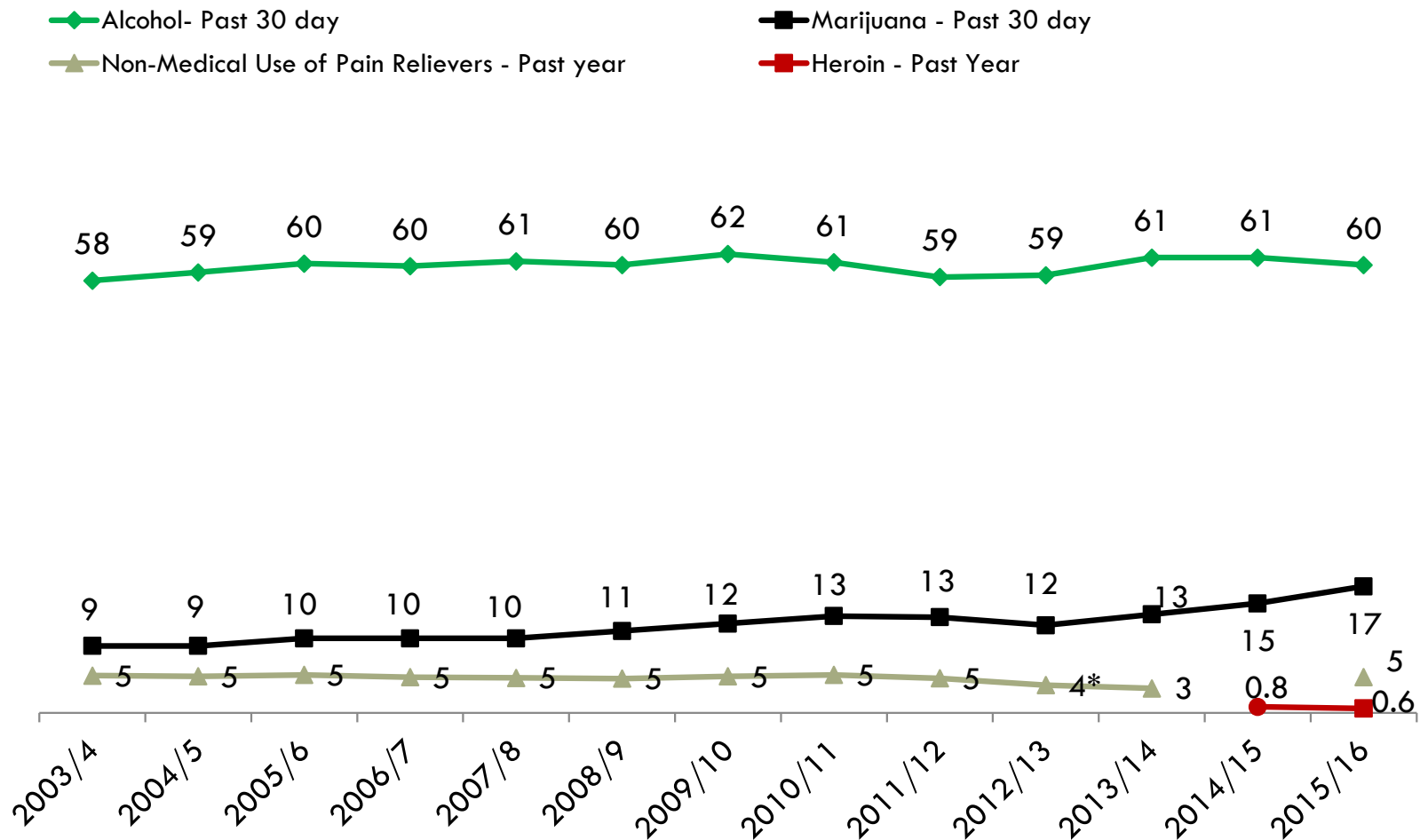
## Working together to eliminate substance abuse in Vermont



Division of  
Alcohol & Drug Abuse Programs  
108 Cherry Street • Burlington, VT 05401  
800-464-4343 • 802-651-1550



# 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: Lessons Learned

## TYPICAL SUBSTANCE USE HISTORY OF PARTICIPANTS

Tobacco,  
Alcohol, and  
Cannabis  
**AGE 13-14**



Stimulant (Cocaine  
and Amphetamine)  
and Benzodiazepine  
**AGE 19-21**



Illicit Opioids  
(Heroin/Fentanyl)  
**AGE 25**



**AGE 17**  
Hallucinogens



**AGE 21**  
Prescription  
Opioid without  
a Prescription



**AGE 27**  
Illicit Addiction  
Medication  
(Buprenorphine  
or Methadone)

# Communications & Marketing



**-CHECK-  
YOURSELF**



**IF YOU ARE USING HEROIN**

It could be stronger than you think

**To stay alive:**

- Don't use alone. Have someone with you who can give you a ride or call 9-1-1 to give you help.
- Don't mix with other drugs or alcohol.
- Cut the amount you use at one time. Fentanyl can be 50 times stronger than heroin and 100 times stronger than heroin.

If you are using – call to get help.  
Dial 2-1-1 for local treatment.

Prescription opioids can be **addictive** and **dangerous**.

It only takes a little to lose a lot.

[cdc.gov/RxAwareness](http://cdc.gov/RxAwareness)

**OVER THE DOSE**

**The best prescription for pain may be the one that's never written.**

Your pediatrician can suggest a number of options for a child's pain from a sports injury. And most of these are not your doctor and find out which pain management approach is best.

**The best prescription for pain may be the one that's never written.**

Your dentist can suggest a number of options for managing your pain when recovering from dental work. And most of these are not opioids. Talk to your dentist and find out which pain management approach is best.

**The best prescription for pain may be the one that's never written.**

Your doctor can suggest a number of options for managing your pain from injury or chronic pain. And most of these are not opioids. Talk to your doctor and find out which pain management approach is best.

**Your provider is prescribing an opioid drug to treat pain.**  
Anyone can get addicted to these powerful drugs.

**Ask yourself: Do I really need this?**  
Talk with your doctor about risks, side effects and other ways to treat your pain. If you decide to take this drug, learn what you need to know.

**Using this drug may cause addiction.**

- Opioid addiction is a lifelong problem. It can start with just one prescription.
- Children and youth have a higher risk of future addiction if they take opioids when they are young.

**Take only what you need.**

- You do not have to use all of your opioid prescription.

**An overdose can happen to anyone.**

- Don't take more medication than your provider prescribed.
- Taking too much or taking it with alcohol or other drugs can cause an overdose. You might stop breathing, go into a coma, have brain damage, or die.
- Call your provider if you use alcohol or other medications or drugs. Tell your provider if you have used alcohol or drugs in the past.
- If you think you are at high risk of an overdose, talk to your provider about your options.

**Do not drive or use heavy machinery.**

- Opioids can slow your reaction time. They can also cause drowsiness and confuse your judgment.

**Share prescriptions properly.**

- Keep your prescription drugs locked up. Make sure kids, family and guests can't get to them. Know where your medication is at all times. Keep it in the original bottle. Make sure the label is clear. Never share or give away your prescription drug, even to family or friends.

**Dispose of leftover medicine safely.**

- Don't flush prescription drugs down the toilet or wash them down the sink. Flushing drugs or throwing them away can harm drinking water, wildlife, pets and people in the future. You can drop off your unused medications at a permanent drug disposal site.

Go to this website for more information:  
[healthvermont.gov/DrugTakeBack](http://healthvermont.gov/DrugTakeBack)

**Vermont Substance Abuse Treatment & Recovery Directory**

Division of Alcohol & Drug Abuse Programs  
100 Cherry Street, Burlington, VT 05401  
(800) 484-5343 (802) 861-1555

**Alcohol & Drug Treatment Resource Guide**

Thinking about treatment?  
This guide addresses commonly asked questions for people trying to get help.

**Chittenden County**

Division of Alcohol & Drug Abuse Programs  
100 Cherry Street, Burlington, VT 05401  
(800) 484-5343 (802) 861-1555

# Enhancement: Centralized Intake System

- Centralized Intake System
  - ▣ Equal access to treatment information for all Vermonters
  - ▣ Guide and support Vermonters in accessing the type of treatment that meets their needs
  - ▣ Metrics to monitor inquiries, screenings, levels of care needs and capacity

Status:

*Request for Information (RFI) Posted*

*Request for Proposal (RFP) in Development*

# Enhancement: Treatment on Demand

- Treatment on Demand: Pilot
  - ▣ Identify and bring Vermonters with an opioid use disorder into treatment who are not actively seeking treatment
  - ▣ Medication Assisted Treatment (MAT) started within 72 hours

Status:

*Awaiting Technical Assistance: Workflow*

## Vermont Recovery Network and Recovery Centers

- Peer-based recovery supports (PRSS)
- Recovery Meetings
- Wellness and Recreational Activities
- Community Engagement and Education
- PRSS through “pathway guides” for individuals seeking or engaged with Medication Assisted Treatment (MAT)
- Supports for individuals re-entering from Corrections



# Enhancement: PRSS-ED

- Peer Recovery Support Specialists (PRSS) in Emergency Departments (ED)
  - ▣ Decrease opioid overdoses and increase use of recovery and treatment services
  - ▣ Emergency Departments: CVMC, SVMC, UVMMC
  - ▣ Recovery Centers: Turning Point Center

Status:

*Received training from Rhode Island's Anchor ED Program*

# Enhancement: Workforce

- Strengthen the workforce & increase number of qualified providers
  - ▣ Support workers in pursuing path to certification/licensure
  - ▣ Increase number of federally “waivered” prescribers trained to provide office-based opioid use disorder treatment
  - ▣ Expand opportunities for credentialed clinicians to access training

# Progress: Hub & Spoke Evaluation

## In-treatment Group:

- Opioid use decreased by 96%; other substance use, except marijuana, also decreased
- Other significant change:
  - ▣ ED visits ↓ 89%
  - ▣ Arrests/police interactions ↓ 90%
  - ▣ Illegal activity ↓ 90%
  - ▣ No overdoses
  - ▣ Family conflict ↓ 70%
  - ▣ Depression, irritability/anger ↓ >50%

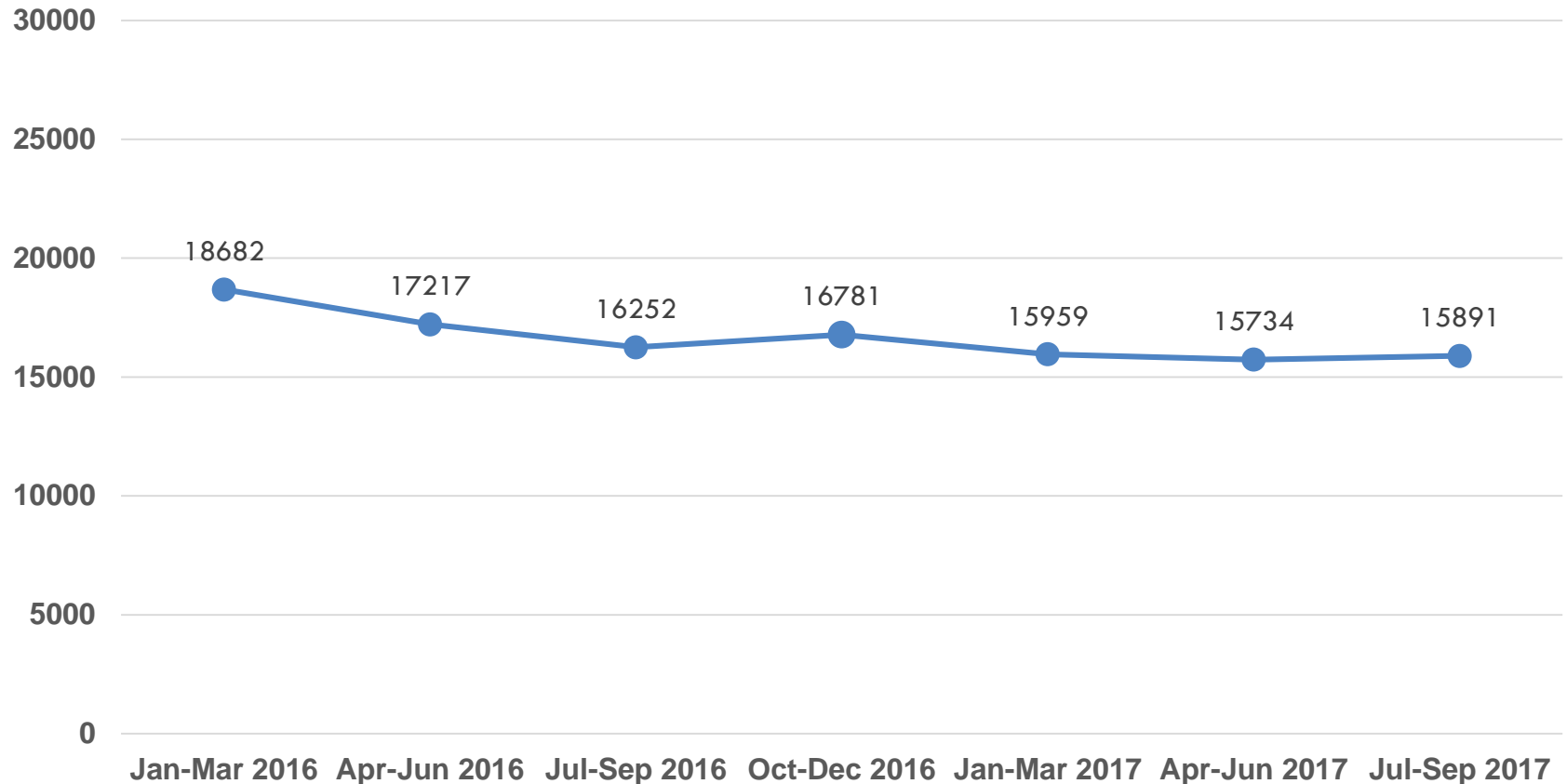
## Out-of-Treatment:

- Continued opioid and other substance use

# Recommendations: Hub & Spoke Evaluation

- Increase access to MAT in spokes
- Address crowding at high-volume hubs
- Develop an addiction workforce plan
- Establish a workgroup to improve clinical treatment
  - ▣ Increase mental health services
  - ▣ Provide services for family members/significant others
  - ▣ Provide vocational services
  - ▣ Review and update as needed system protocols and procedures

# Progress: Total MME Opioid Analgesics per 100 Residents



**There was a 15% decrease in between Q1 2016 and Q3 2017**

# Challenge: Drug-Related Fatalities Involving Opioids

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

■ Total opioid   ■ Rx opioid   ▲ Heroin   ✕ Fentanyl

