



2025 Report to the Legislature: Overdose Prevention Center Evaluation

January 15, 2026

In Accordance with Act 178 (H.72) of 2024: An act relating to a harm reduction criminal justice response to drug use.

Submitted to: Vermont General Assembly

Submitted by: Rick Hildebrant, MD, Commissioner, Vermont Department of Health

Prepared by: Pacific Institute for Research and Evaluation (PIRE)

Winnie Luseno, Senior Research Scientist

Amy Livingston, Program Evaluator

Vanessa Berman, Program Evaluator

Alan Delmerico, Evaluator

Julia Pencek, Research Associate

Vermont Department of Health

Contents

Key Takeaways	3
Introduction	3
State of Drug Overdose Deaths Across Vermont, Chittenden County, and the City of Burlington	4
Crime Rates in the City of Burlington.....	11
Rates of Syringe Litter in the City of Burlington	13
Emergency Medical Services Response Calls Related to Overdoses Across Vermont	14
Rate of Syringe Services Program (SSP) Participant Uptake of Treatment and Recovery Services	14
Rates of Opioid-Related Medical Needs Across Vermont Focusing on Endocarditis and Invasive Group A Streptococcal (Strep) Infections	15
Conclusion	18

Key Takeaways

- Vermont experienced a 12% decrease in overdose deaths in 2024, but rates remained stable in Chittenden County.
- The City of Burlington also saw a 20% decrease in overdose deaths, with overdose fatalities dropping from 35 in 2023 to 28 in 2024.
- While fentanyl remains the most common substance involved in overdose deaths, there was a 24% decrease in fentanyl-related fatalities in 2024. Cocaine and xylazine involvement in overdose deaths have continued to rise.
- The Burlington Police Department reported more drug-related incidents in 2024 compared to 2023, including in overdose-related calls, drug sale and possession incidents, and in motor vehicle-related incidents.
- Individuals served at syringe service providers also declined 27% in Vermont, while Burlington saw a decline of 12%.
- Both Vermont overall and Chittenden County experienced declines from 2023 to 2024 in endocarditis diagnoses among Medicaid recipients aged 12–64, as well as in the number of Invasive Group A Strep cases.

Introduction

The purpose of this legislative report is to satisfy requirements in [Act 178](#) of 2024, including Sec. 3 (b).¹

Pursuant to the Act, the Vermont Department of Health (Department) contracted with Pacific Institute for Research and Evaluation (PIRE) to study the impact of the overdose prevention center (OPC) pilot program authorized in Sec. 2 of the Act. Because the OPC pilot program has not yet been launched,² this report does not provide a study of the OPC's impact.

Rather, this report supplements the previously reported 2023 baseline data with additional data collected in 2024. These data are consistent with the requirements in Sec. 3(a)(1)-(6) of the Act and are presented separately by year to facilitate tracking of changes prior to the establishment of the pilot OPC.

¹ The Department of Health shall collaborate with the researcher or independent consulting entity to provide the General Assembly with interim annual reports on or before January 15 of each year with a final report containing the results of the study and any recommendations on or before January 15, 2029.

² The Burlington City Council voted to accept the grant from the Department for the OPC on Sept. 8, 2025. The city has selected Vermonters for Criminal Justice Reform (VCJR) as the vendor to operate the OPC; however, VCJR has not yet finalized the site location.

This report focuses on the following:

1. The state of overdose deaths in 2024 across the State of Vermont, in Chittenden County, and in Burlington.
2. Crime rates in 2024 in Burlington.
3. The rates of syringe litter in 2024 in Burlington.
4. The number of emergency medical services response calls in 2024 related to overdoses across Vermont and in Burlington.
5. The rate of syringe services program participant uptake of treatment and recovery services in 2024.
6. The rates of opioid related medical needs across Vermont in 2024 focusing on endocarditis and invasive Group A Strep.

For all indicators, data from 2023 are provided for comparison purposes. The data on which the measures reported below are based are collected from a variety of data systems, as noted in each section.

State of Drug Overdose Deaths Across Vermont, Chittenden County, and the City of Burlington³

In 2024, Vermont recorded 214 drug overdose deaths among Vermont residents, representing a 12% decrease from 2023. This number includes overdoses for any illicit drug, not just opioids, and includes only the drug overdose deaths of Vermont residents that occurred in Vermont. Similar to 2023, Chittenden County reported 64 deaths and remained the county with the highest number of overdose fatalities in the state (Figure 1). In 2023, Rutland had the second-highest number of deaths, and the county dropped to third in 2024. Washington County, with 26 deaths, became the second highest in 2024, up from sixth in 2023. Between 2023 and 2024, Windham County recorded the largest year-over-year decrease in overdose deaths, followed by Rutland and Bennington counties (Table 1).

³ Data Source: Vermont Vital Statistics System

Figure 1. Number of all drug overdose deaths by county in 2024

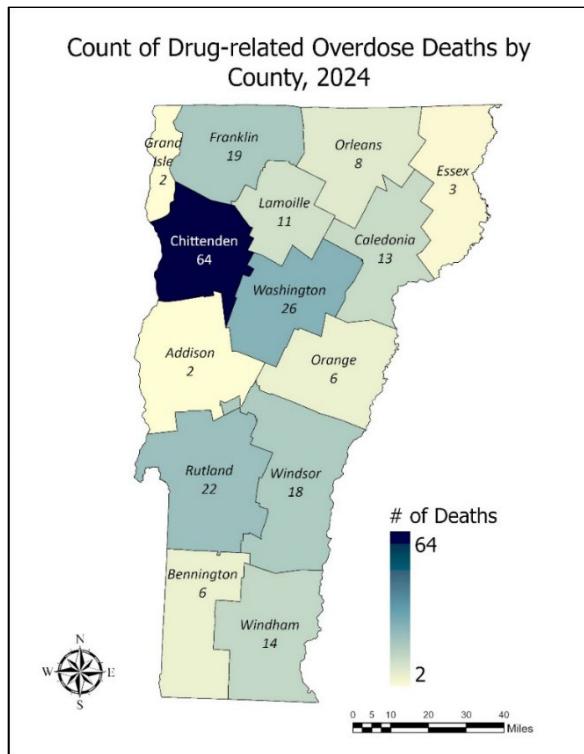


Figure 2. Change in the number of all drug overdose fatalities by County between 2023 and 2024

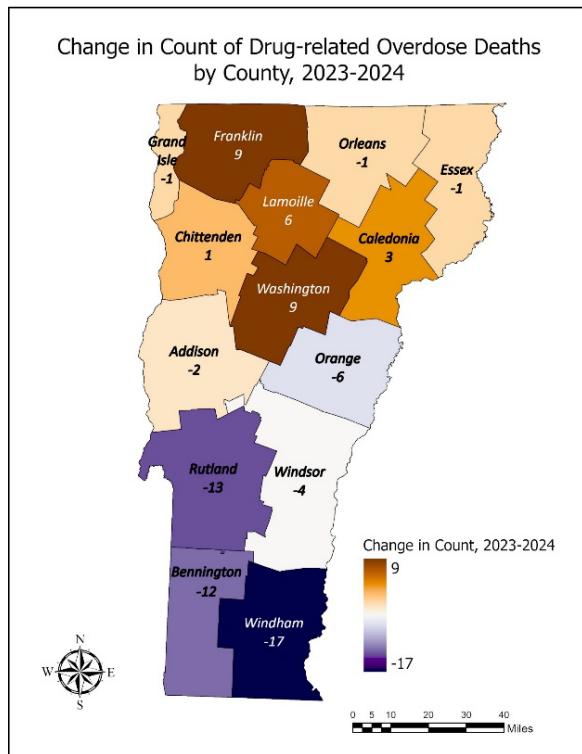


Table 1. Number and Change in Number of All Drug Overdose Deaths by County, 2023-2024

County	Number of Overdose Deaths in 2023	Number of Overdose Deaths in 2024	Change in Number of Overdose Deaths
Addison	4	2	-2
Bennington	18	6	-12
Caledonia	10	13	3
Chittenden	63	64	1
Essex	4	3	-1
Franklin	10	19	9
Grand Isle	3	2	-1
Lamoille	5	11	6
Orange	12	6	-6
Orleans	9	8	-1
Rutland	35	22	-13
Washington	17	26	9
Windham	31	14	-17
Windsor	22	18	-4
Total	243	214	-29

Between 2023 and 2024, Lamoille, Franklin, Washington, and Caledonia counties had the largest increases in overdose death rates, while Bennington, Windham, Addison, and Orange counties saw the largest decreases (Table 2 and Figure 4). In 2024, counties with the highest overdose death rate per 100,000 people included Essex, Washington, Caledonia, and Lamoille (Figure 3). However, due to the relatively small populations in counties like Essex and Grand Isle, as well as the low number of fatalities in many counties, caution is advised when interpreting these rates.

Figure 3. Rates of All Drug-Related Overdose Deaths by County in 2024

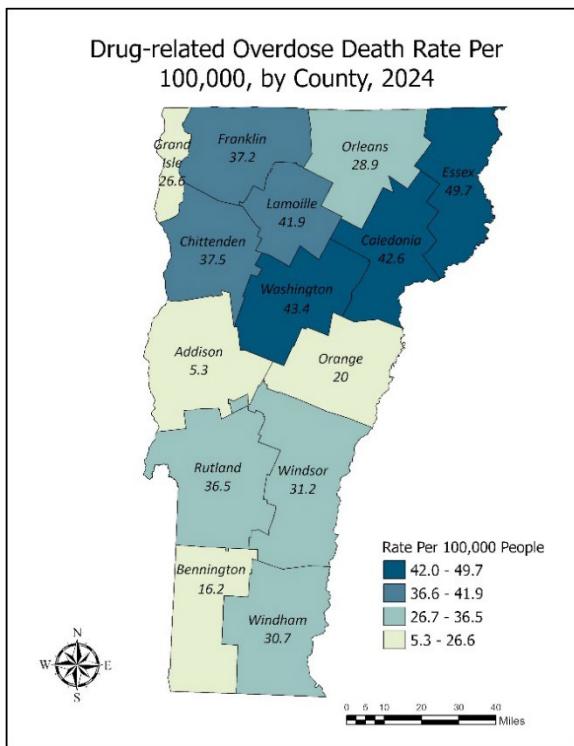


Figure 4. Change in Rates of All Drug-Related Overdose Deaths by County Between 2023 and 2024

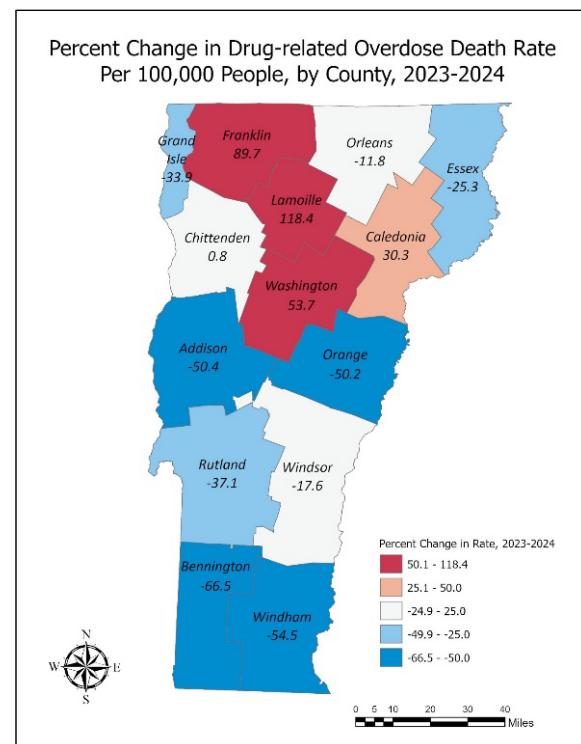


Table 2. Rates and Change in All Drug-Related Overdose Death Rates per 100,000 people, 2023-2024

County	Rates of Overdose Deaths per 100,000 people in 2023	Rates of Overdose Deaths per 100,000 people in 2024	Percent Change in Overdose Death Rate per 100,000 people, 2023-2024
Addison	10.6	5.3	-50.4
Bennington	48.4	16.2	-66.5
Caledonia	32.7	42.6	30.3
Chittenden	37.2	37.5	0.8
Essex	66.6	49.7	-25.3
Franklin	19.6	37.2	89.7
Grand Isle	40.2	26.6	-33.9
Lamoille	19.2	41.9	118.4
Orange	40.1	20.0	-50.2
Orleans	32.7	28.9	-11.8
Rutland	58.1	36.5	-37.1
Washington	28.3	43.3	53.7
Windham	67.4	30.7	-54.5
Windsor	37.9	31.2	-17.6

Overdose deaths in Vermont continue to involve multiple substances, with fentanyl and cocaine remaining the most frequently implicated.⁴ Although 2024 data show a 24% decrease in fentanyl-related fatalities compared to 2023, the overall impact of these substances remains important. Moreover, while opioid-related deaths declined by 22% in 2024 compared to 2023,⁵ deaths linked to xylazine have continued to rise, highlighting an emerging concern in the state's drug landscape. Notably, social autopsy data from 2022 and 2023 indicate that 35% of individuals who died from an overdose were alone at the time, with no bystander present to intervene.⁶

⁴ Data Source: [Substances Involved in Overdose Deaths of Vermont Residents](#)

⁵ Data Source: [Fatal Opioid Overdoses Among Vermonters](#)

⁶ Data Source: [2025 Vermont Social Autopsy Report](#)

In both 2023 and 2024, most overdose deaths in Chittenden County occurred in Burlington, followed by Colchester and Winooski (Figure 5 and Table 3). In 2024, approximately 44% of overdose deaths in Chittenden County occurred in Burlington (28 out of 64). This represents a decrease from 2023, when Burlington accounted for 56% of the county's overdose deaths (35 out of 63). In 2023 and 2024, overdose deaths in and near the City of Burlington were clustered in two locations (Figure 6).

Table 3. Overdose Deaths in Chittenden County 2023-2024, N (%)

Municipality	2023	2024
Burlington	35 (56%)	28 (44%)
Colchester	6 (9%)	10 (15%)
Essex Town	2 (3%)	1 (2%)
Essex Junction	3 (5%)	5 (7%)
Hinesburg	0 (0%)	1 (2%)
Huntington	0 (0%)	1 (2%)
Milton	2 (3%)	1 (2%)
Richmond	1 (2%)	1 (2%)
Shelburne	2 (3%)	3 (5%)
South Burlington	5 (8%)	2 (3%)
Williston	1 (2%)	2 (3%)
Winooski	6 (9%)	9 (14%)
Total	63	64

Figure 5. Locations of Overdose Deaths in Chittenden County

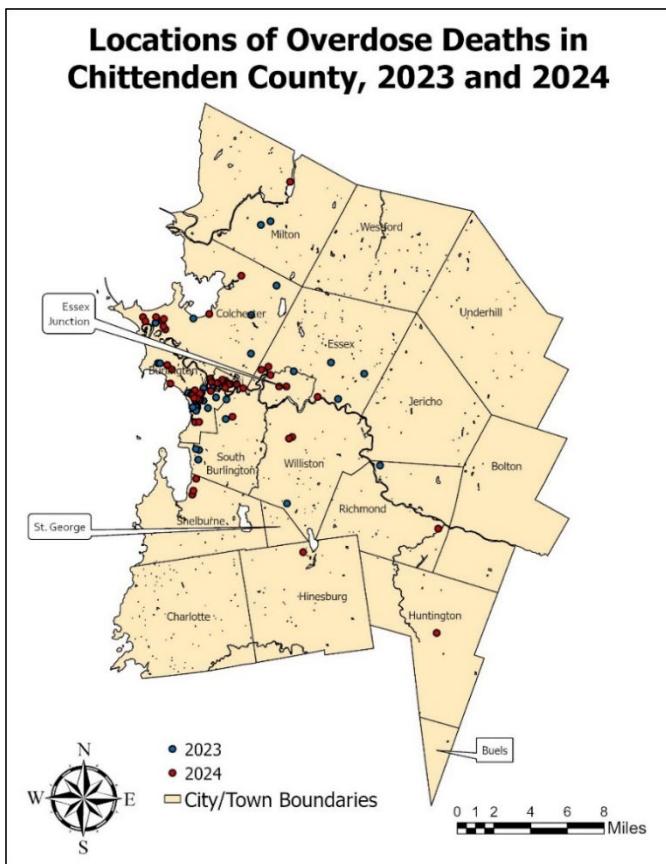
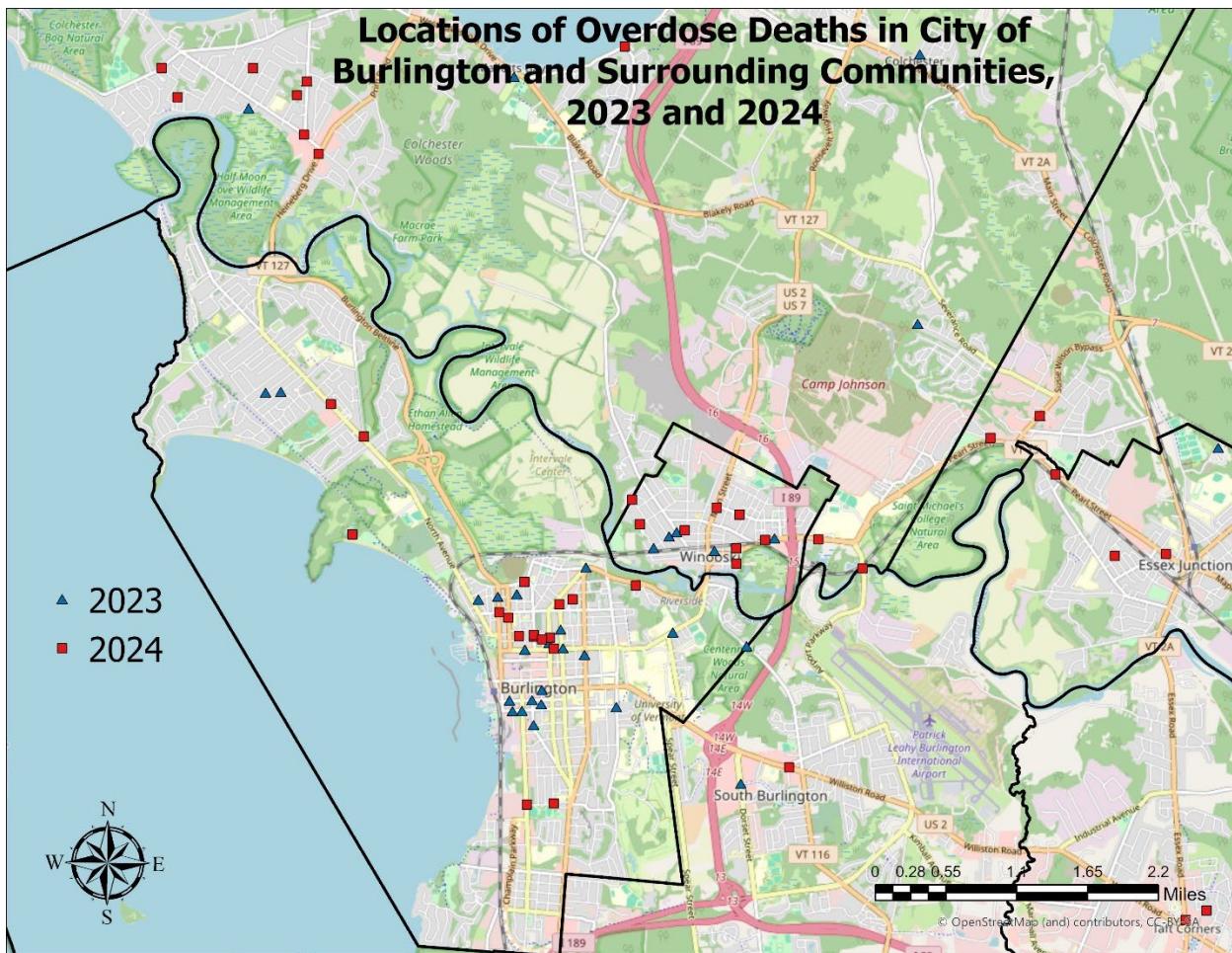


Figure 6. Locations of Overdose Deaths in the City of Burlington



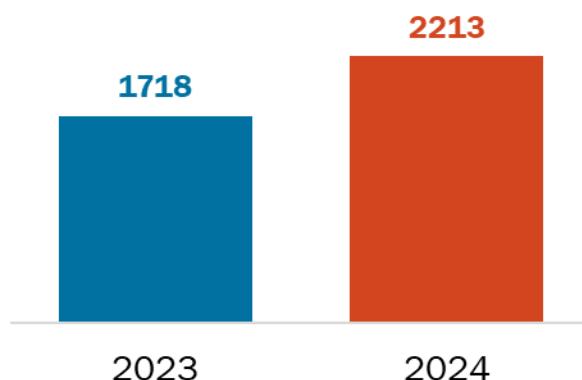
Note: There are 10 overdose deaths in 2023 and 12 in 2024 that are not included in Figures 5 and 6 Chittenden County and Burlington maps due to missing location data. In both years, 10 deaths were recorded with the location listed as "hospital" and it is unclear whether death occurred elsewhere. Additionally, in 2024, two records lacked geographically codable location data. All excluded records were overdose deaths that occurred in Burlington.

Crime Rates in the City of Burlington⁷

In 2024, the Burlington Police Department (BPD) responded to 2,213 drug-related incidents; a 29% increase compared to 2023 (Figure 7). An “incident” is any time a person encountered state or local police and includes when a person calls the police, or is a witness, victim, person of interest, or offender. For example, a 911 call for a domestic disturbance, a citizen report concerning drugs, a traffic stop, an officer logging a foot patrol, or multiple calls reporting the same suspected gun shot. Whether an incident is “drug related” is generally determined by the officers on the scene. Most incidents are not crimes and do not result in arrest.

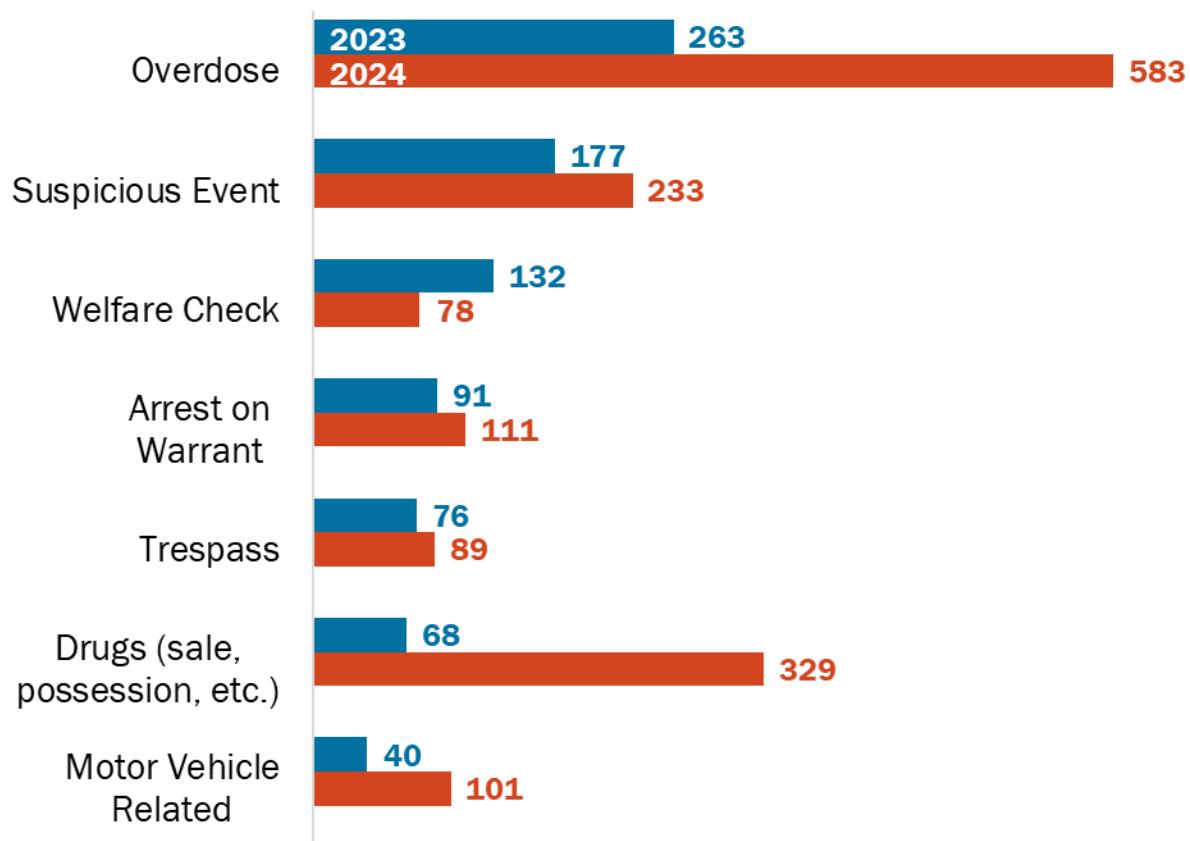
In both 2023 and 2024, the most frequent drug-related incidents reported by BPD included overdoses and drug-related offenses (sale, possession, miscellaneous) (Figure 8). Notably, the total number of incidents increased in 2024 compared to 2023, with overdose-related incidents rising by 122%, drug sale and possession incidents increasing by 384%, and motor vehicle related incidents increasing by 153%. Welfare checks were the only type of incident to decline in 2024 compared to 2023, showing a 59% decrease.

Figure 7. Number of Drug-Related Incidents in Burlington, 2023-2024



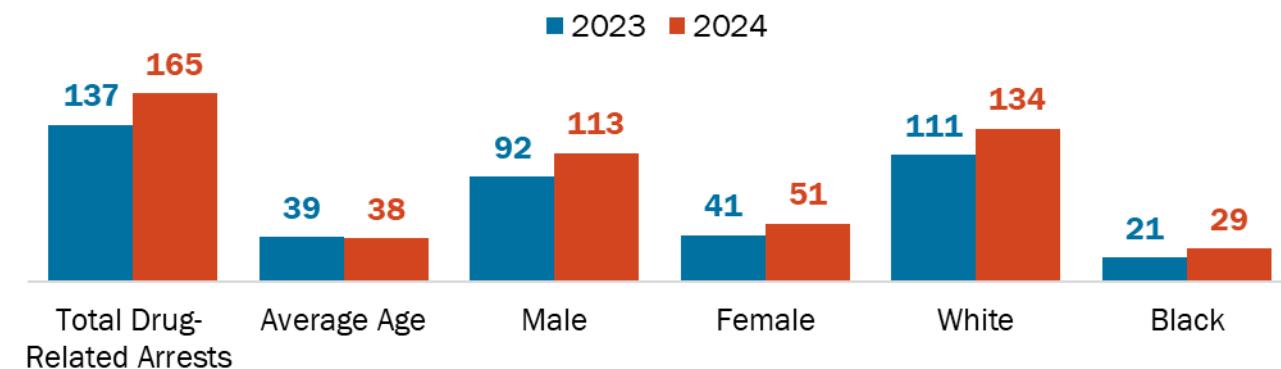
⁷ Data sources: [BPD Incidents Database](#) and [BPD Arrests Database](#)

Figure 8. Comparison of the Most Frequent Drug-Related Incidents in Burlington, 2023-2024



BPD recorded 165 drug-related arrests in 2024 (Figure 9), an increase of 20% over 2023. The average age of arrestees was 38 years with a range of 21 to 82 years. One hundred thirteen (113) were male (69%), 51 were female (31%), and 1 had missing data (1%). Regarding race and ethnicity, 134 were identified as White (81%), 29 as Black (18%), 1 as American Indian or Alaska Native (1%), and 1 had missing data (1%). Among the White individuals, 3 were Hispanic.

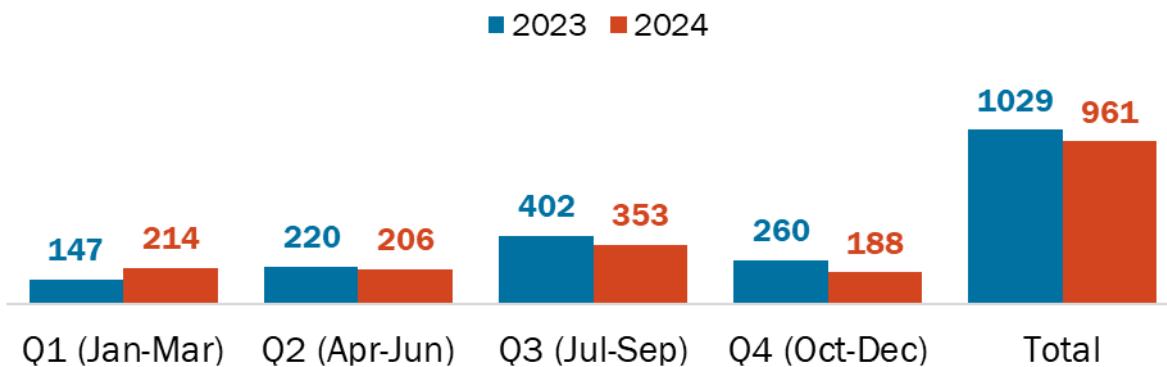
Figure 9. Demographic Data on Drug-Related Arrests in Burlington, 2023-2024



Rates of Syringe Litter in the City of Burlington⁸

From January 1 to December 31, 2024, 961 reports of discarded syringes or other drug paraphernalia were submitted to Burlington's See, Click, Fix website, a decrease from 1,029 reports in 2023 (Figure 10). See, Click, Fix is a platform that allows Burlington residents to report non-emergency issues, request repairs, share feedback, and communicate with local government officials. The data presented here includes reports describing discarded needles, syringes, or other drug paraphernalia (e.g., glass pipes) within the city. In 2024, the fewest reports occurred in Quarter 4 (October–December), with 188 submissions, while Quarter 3 (July–September) saw the highest volume, with 353 reports. As in 2023, the summer months in quarter 3 had the most reports. Key limitations of these data include underreporting and inconsistent reporting over time. Nonetheless, when integrated with other information, these data provide valuable context for understanding drug use in Burlington.

Figure 10. Syringe and Other Drug Paraphernalia Litter Reports by Quarter



⁸ Data Source: [SeeClickFix Database](#)

Emergency Medical Services Response Calls Related to Overdoses Across Vermont⁹

Statewide, emergency medical services (EMS) responded to 1,957 overdose-related calls (excluding alcohol) in 2024, a slight decrease from 1,981 calls in 2023. In Burlington, EMS responded to 313 overdose calls in 2024, down from 355 in 2023. These accounted for 16% and 18% of all EMS overdose responses in Vermont, respectively.

Note that a key limitation of this data is the potential for duplicate entries, which may occur when both a first response agency and a transporting ambulance agency document the same incident separately in the system.

Rate of Syringe Services Program (SSP) Participant Uptake of Treatment and Recovery Services¹⁰

In 2024, Vermont experienced a notable 27% decline in the number of unduplicated individuals served at syringe service programs (SSPs), decreasing from 5,328 in 2023 to 3,881 (Table 4). The proportion of individuals served at SSPs who were asked about their readiness for treatment with medications for opioid use disorder (MOUD) or substance use disorder (SUD) treatment increased from 15% to 21%. However, among those asked, fewer individuals expressed readiness and were offered referrals in 2024 compared to 2023. In 2024, 155 individuals were linked (i.e., accessed the service to which they were referred) to MOUD/SUD treatment, representing 52% of those referred.

Table 4. Uptake of Syringe Services Program (SSP) Services in Vermont and Burlington, 2023–2024

	Vermont		Burlington	
	2023	2024	2023	2024
Unduplicated individuals served at SSPs	5,328	3,881	2,107	1,849
Individuals served asked about readiness for MOUD/SUD treatment	805 (15%)	828 (21%)	165 (8%)	136 (7%)

⁹ Data Source: Vermont Statewide Incident Reporting Network (SIREN)

¹⁰ Data Source: SSPY Grant Reporting from NEO 360

	Vermont		Burlington	
	2023	2024	2023	2024
Individuals served expressing readiness for MOUD/SUD treatment, offered referral	368 (46%)	297 (36%)	105 (64%)	106 (78%)
Individuals offered referral to MOUD/SUD treatment as proportion of total served	7%	8%	5%	6%
Individuals linked* to MOUD/SUD treatment of those offered referral	N/A	155 (52%)	N/A	78 (74%)
Individuals linked to MOUD/SUD treatment as proportion of total served	N/A	4%	N/A	4%

*= Accessed the service to which they were referred; N/A = Not Available

Burlington also experienced a reduction in SSP participation, with the number of individuals served decreasing by 12% from 2,107 in 2023 to 1,849 in 2024. Among those asked about their readiness for MOUD/SUD treatment, a higher percentage expressed readiness and were offered referrals in 2024 compared to 2023. Notably, 78 individuals were linked to MOUD/SUD treatment in 2024, accounting for 74% of those referred and indicating a strong follow-through rate in connecting individuals to care.

It is not possible to identify one particular explanation for the decrease in the overall number of SSP participants between 2023 and 2024. It is expected to see numbers of participants ebb and flow from year to year with some participants engaging in treatment and recovery services and no longer needing SSP services, participants changing their use from injection to other means in which primary SSP services are no longer needed, or physically moving away from Vermont, meaning they may be engaging in services elsewhere. It is important to note that while the overall numbers decreased, the number of new participants and the number of visits among clients increased indicating both ongoing need for these services and the work SSP organizations are doing to outreach to those at risk.

Rates of Opioid-Related Medical Needs Across Vermont Focusing on Endocarditis and Invasive Group A Streptococcal (Strep) Infections

As in the 2023 report, this report focuses on endocarditis and invasive group A streptococcal (strep) infections (iGAS; often referred to as strep A) in response to the legislative directive to evaluate the impact of the OPC pilot program on opioid-related

medical needs. These two infections pose an elevated risk for individuals who inject drugs and, although rare, can be life-threatening when bacteria enter areas of the body such as the bloodstream, muscles, heart or lungs. In Vermont, strep A is a reportable disease, but endocarditis is not. Consequently, data on endocarditis in this report are drawn exclusively from Medicaid claims and does not present a complete count of all cases in the state. The tables below present the total number of endocarditis and strep A cases statewide, including both opioid-related and non-opioid-related infections.

Table 5. Number and Rate per 10,000 Medicaid Recipients of Endocarditis Diagnoses for Vermont by County and Overall¹¹

County	2023		2024	
	Endocarditis Diagnosis	Rate per 10,000	Endocarditis Diagnosis	Rate per 10,000
Addison	1	1.5	4	7.0
Bennington	10	10.3	5	5.8
Caledonia	5	6.1	3	4.1
Chittenden	23	8.2	16	6.7
Essex	1	5.7	--	0.0
Franklin	14	12.5	6	6.1
Grand Isle	--	0.0	1	7.8
Lamoille	2	3.3	4	7.7
Orange	1	1.6	1	1.8
Orleans	1	1.2	1	1.4
Rutland	15	10.0	10	7.5
Washington	7	5.7	3	2.8
Windham	6	5.8	5	5.6
Windsor	9	6.6	3	2.5
Vermont	94	6.7	61	5.0

Endocarditis. Table 5 presents the number and rate per 10,000 Medicaid recipients of endocarditis diagnoses by county of residence for individuals aged 12–64, as well as statewide totals for 2023 and 2024. Statewide, there was a decline in endocarditis

¹¹ Data source: Medicaid Claims Data

diagnoses in 2024 compared to 2023: the total number of cases dropped by 35% from 94 to 61 cases, and the rate per 10,000 recipients decreased by 25% from 6.7 to 5.0 per 10,000 Medicaid recipients. Chittenden County also experienced a reduction in both the number and rate of diagnoses from 2023 to 2024.

Strep A. In 2024, Vermont reported 136 confirmed cases of strep A, representing a decline of approximately 6% compared to 2023 (Table 6). As in the previous year, the highest number of cases occurred in Chittenden County, followed by Rutland, Windsor, and Windham Counties. While most counties experienced either a decrease or relatively stable case numbers, Bennington and Franklin Counties saw increases.

Table 6. Number of Cases and Rate per 10,000 Vermonters of Invasive Group A Strep Infections by County of Residence, 2023-2024¹²

Strep A by County	2023		2024	
	Strep A Cases	Rate per 10,000	Strep A Cases	Rate per 10,000
Addison	4	1.1	5	1.3
Bennington	2	0.5	10	2.7
Caledonia	1	0.3	3	1.0
Chittenden	51	3.0	35	2.0
Essex	–	0.0	–	0.0
Franklin	3	0.6	11	2.2
Grand Isles	5	6.7	1	1.3
Lamoille	1	0.4	4	1.5
Orange	9	3.0	3	1.0
Orleans	5	1.8	5	1.8
Rutland	23	3.8	17	2.8
Washington	12	2.0	12	2.0
Windham	15	3.3	14	3.1
Windsor	13	2.2	16	2.8
Vermont Total Strep A Confirmed Cases	144	2.2	136	2.1

¹² Data Source: The National Electronic Disease Surveillance System Base System (NBS)

Conclusion

Since the OPC pilot program has not yet been implemented, this report builds on the previous one by incorporating 2024 data into the baseline. While Vermont experienced a decline in overdose deaths from 2023 to 2024, rates remained stable in Chittenden County. Notably, the City of Burlington also saw a decrease in overdose deaths with its share of Chittenden County's overdose fatalities dropping from 56% in 2023 to 44% in 2024. Additionally, BPD reported more drug-related incidents in 2024 compared to 2023, including a 122% increase in overdose-related calls, a 384% rise in drug sale and possession incidents, and a 153% increase in motor vehicle-related incidents.

From 2023 to 2024, Vermont experienced a 27% decline in individuals served at SSPs. Despite this decrease, efforts to assess treatment readiness increased. However, fewer individuals expressed readiness for MOUD/SUD treatment in 2024 compared to 2023, with 155 individuals linked to treatment in 2024, representing 4% of individuals served at SSPs in Vermont. In Burlington, SSP participation dropped by 12%. A higher percentage of those asked expressed treatment readiness compared to 2023, and 78 individuals were linked to treatment in 2024, representing 4% of individuals served at SSPs in Burlington.

Both Vermont overall and Chittenden County experienced declines from 2023 to 2024 in endocarditis diagnoses among Medicaid recipients aged 12–64, as well as in the number of Invasive Group A Strep cases.