



Opioids in Vermont

Barbara Cimaglio – Deputy Commissioner

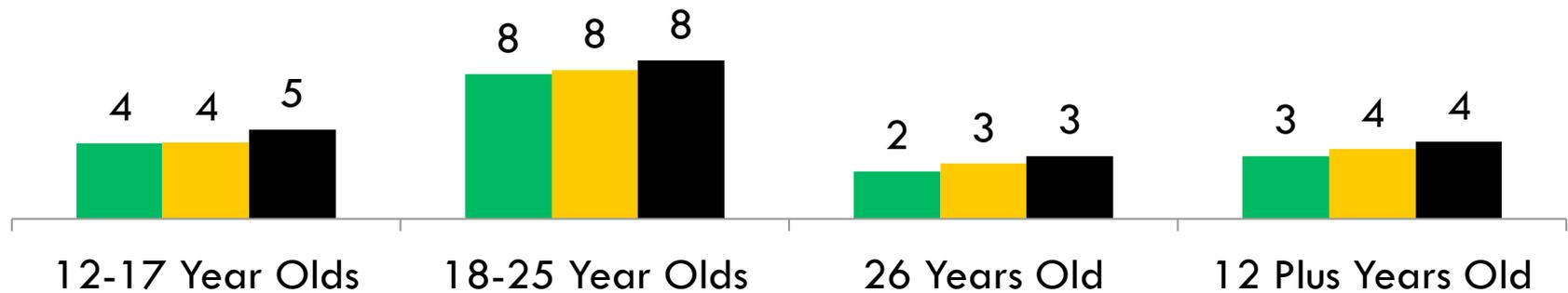
Non-medical pain relievers

- In 2013-14 prevalence for non-medical use of pain relievers (NMUPR) decreased significantly for Vermonters ages 18-25 from 2012/2013.
- Across all age groups, prevalence of NMUPR was among the lowest in the US.
- For Vermonters 26+ prevalence of NMPUR was the lowest among 50 states and the District of Columbia.
- Heroin use is <1% of the population – multiple years of data must be combined to get this number and it does not appear to accurately reflect use in Vermont

Vermont has similar past 30 day non-medical use of pain reliever prevalence to the U.S. and to the Northeast.

Percent of people reporting past year non-medical use of prescription pain relievers, 2013/2014 Vermont, U.S. Northeast and the U.S.

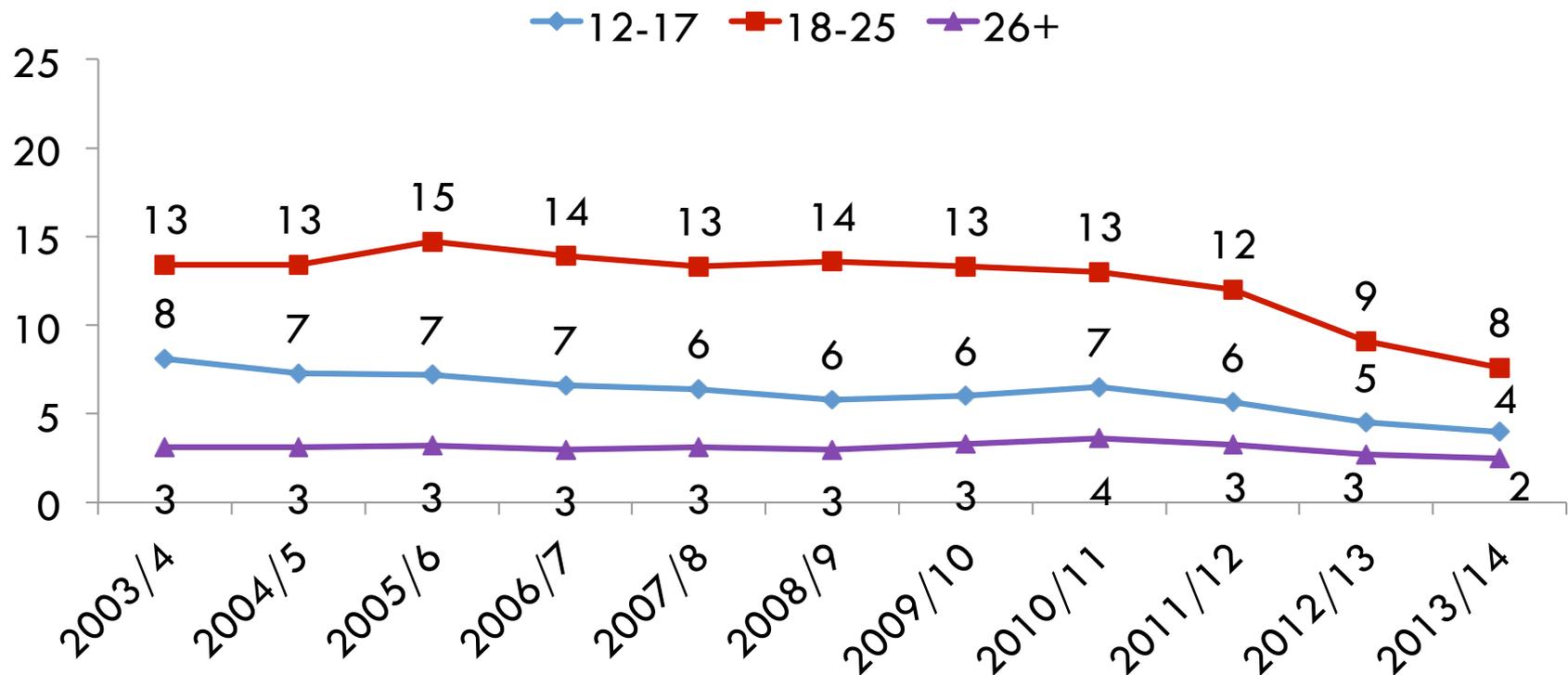
■ VT ■ NE ■ US



Note - Northeast includes: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

18-25 year olds have a statistically higher prevalence of non-medical use of pain relievers in the past year compared to those 12-17 years old and 26+ years old in Vermont.

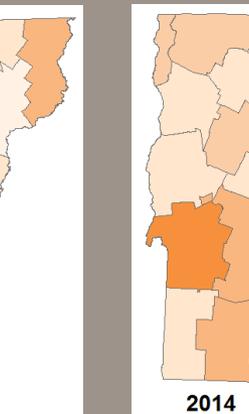
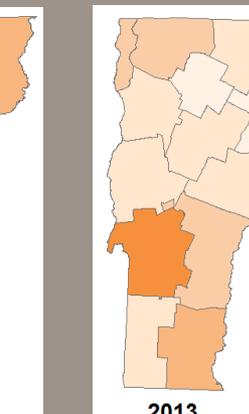
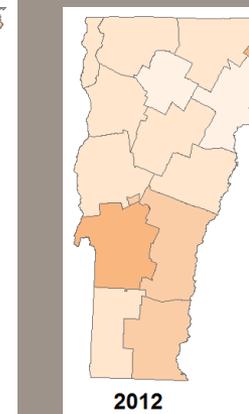
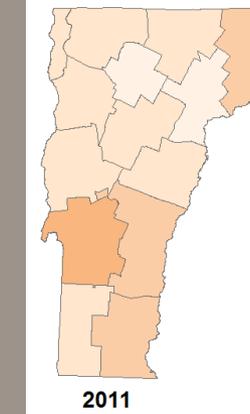
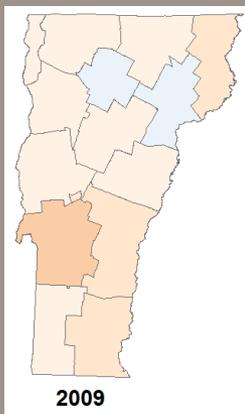
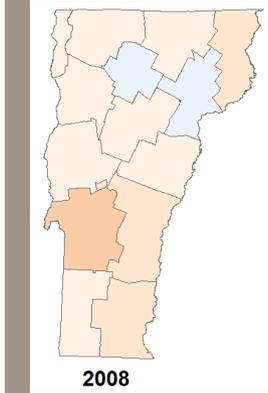
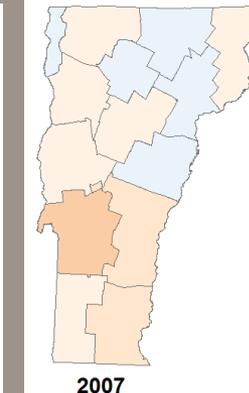
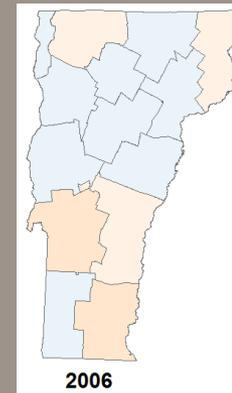
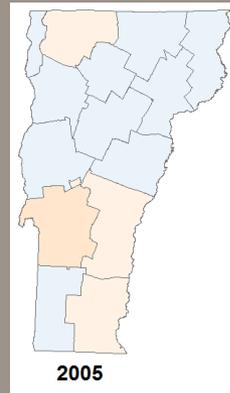
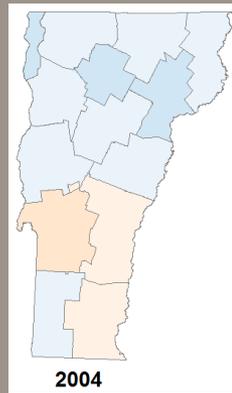
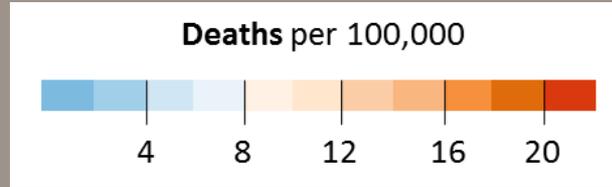
Percent of Vermont population reporting non-medical use of pain relievers in the past year by age in years.



Vermont Drug Poisoning Deaths by County

(All Drug Poisoning Deaths)

Source: Centers for Disease Control and Prevention, Drug Poisoning Mortality: United States, 2002-2014



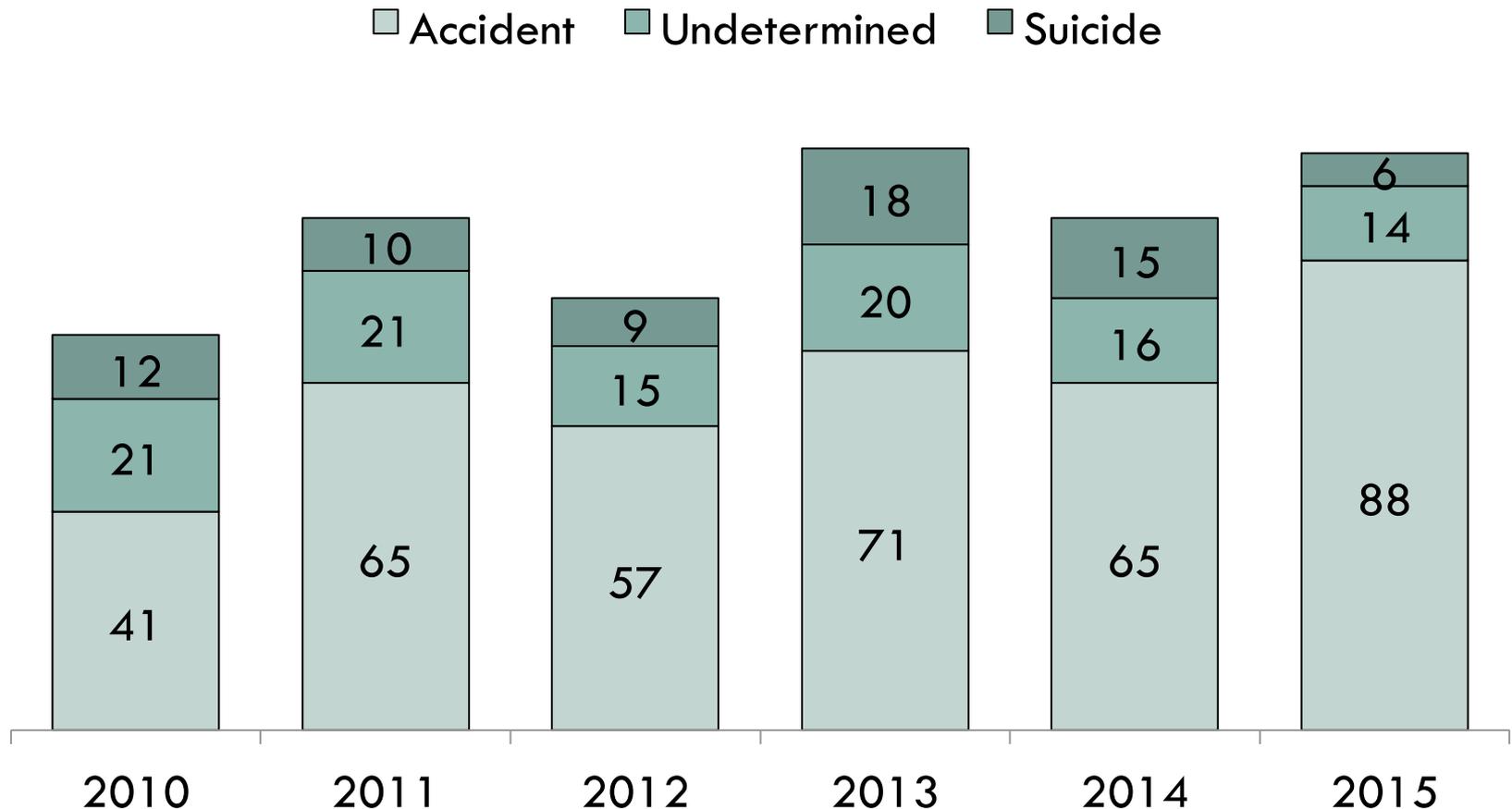
Vermont's 2014 age adjusted rate of drug poisoning deaths is the same as the U.S. average at approximately 14.7 per 100,000 Vermonters.



January 2016

Most drug-related fatalities are accidental

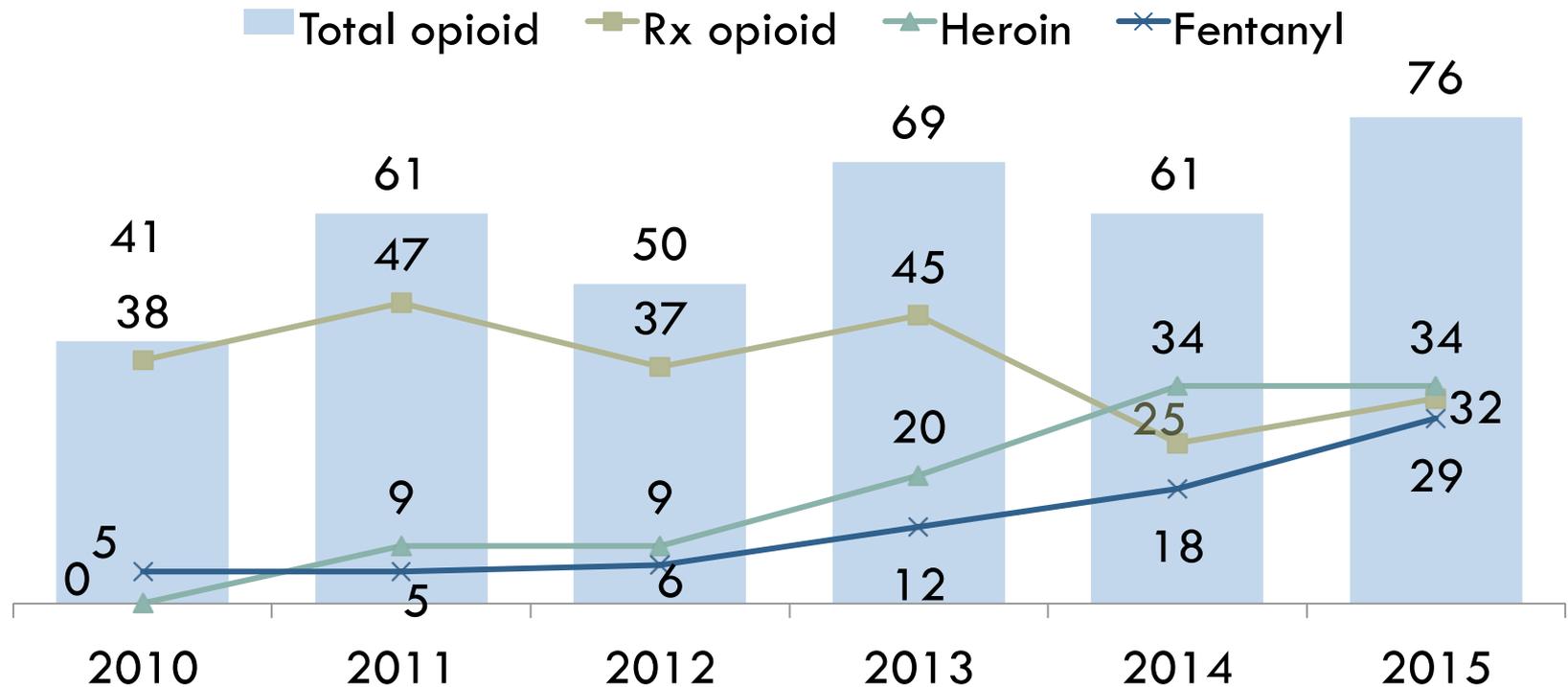
Number of drug-related fatalities by year and manner



Source: Vermont Department of Health Vital Statistics System

Opioid Deaths

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



Source: Vermont Department of Health Vital Statistics System

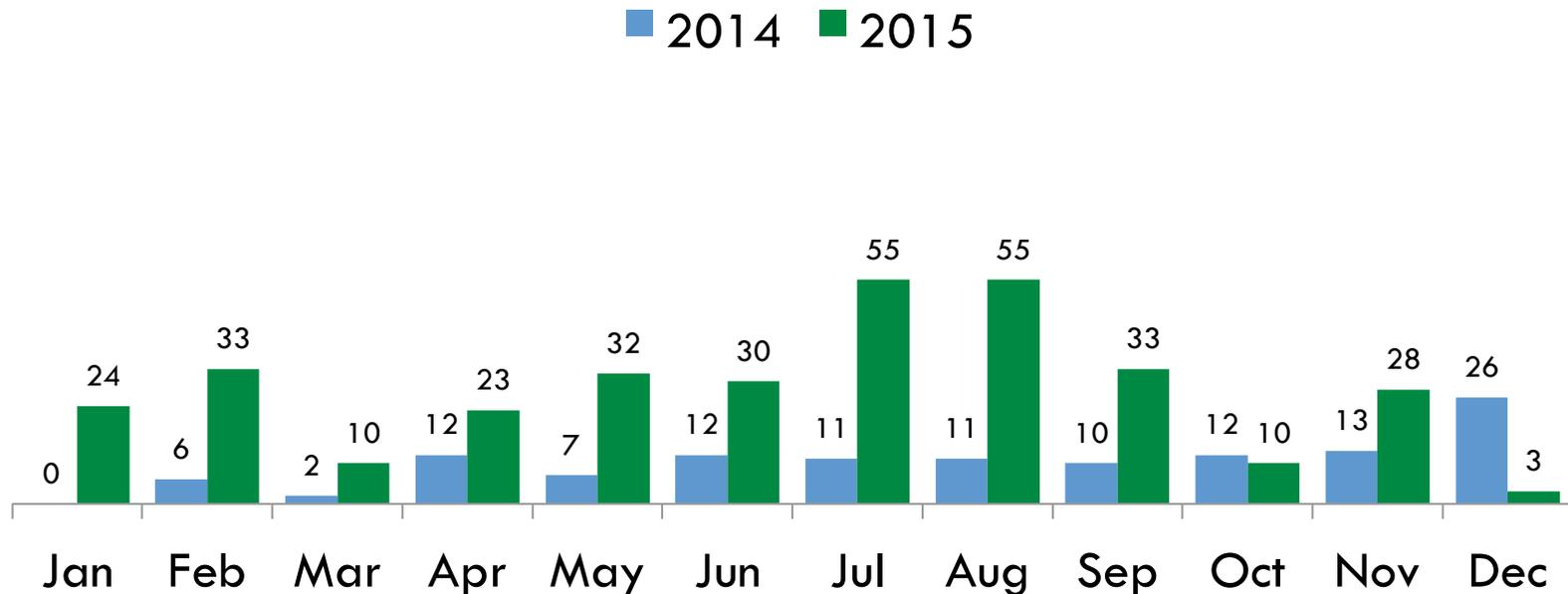
Naloxone Pilot Data

- The Vermont Naloxone Pilot Program now has 10 sites throughout Vermont
- From December 2013 – January 5, 2016
 - 4,775 doses of naloxone distributed through pilot sites to new clients
 - 3,258 doses of naloxone distributed in the form of a refill to returning clients
 - Over 465 reported cases of naloxone being used in a perceived overdose incident

NOTE: Data for September through December 2015 is incomplete due to one site not being able to enter the data due to staffing problems.

In 2015, over 330 clients have reported using naloxone in a perceived overdose incident

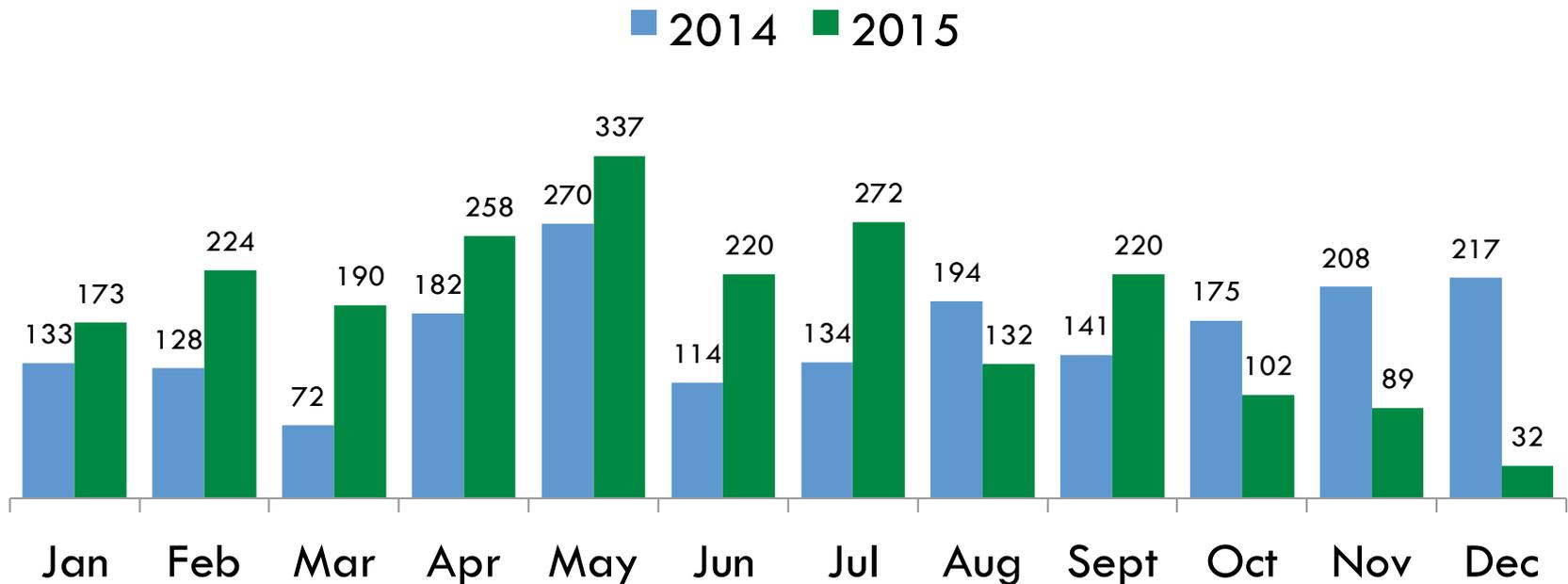
Number of reports of naloxone use in response to a perceived overdose incident



NOTE: Data for September through December 2015 is incomplete due to one site not being able to enter the data due to staffing problems.

Pilot sites have distributed 4,775 doses of naloxone to new clients since December 2013

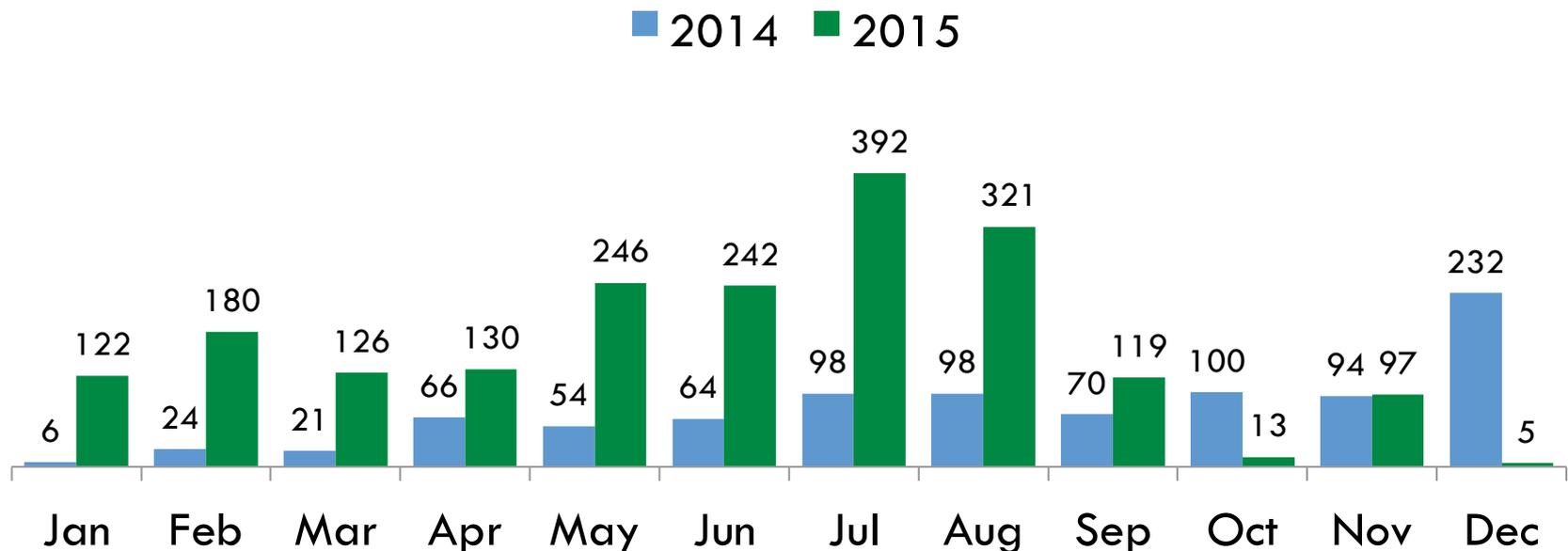
Number of doses dispensed to new clients by month



NOTE: Data for September through December 2015 is incomplete due to one site not being able to enter the data due to staffing problems.

Pilot sites have distributed 3,258 doses of naloxone to returning clients since December 2013

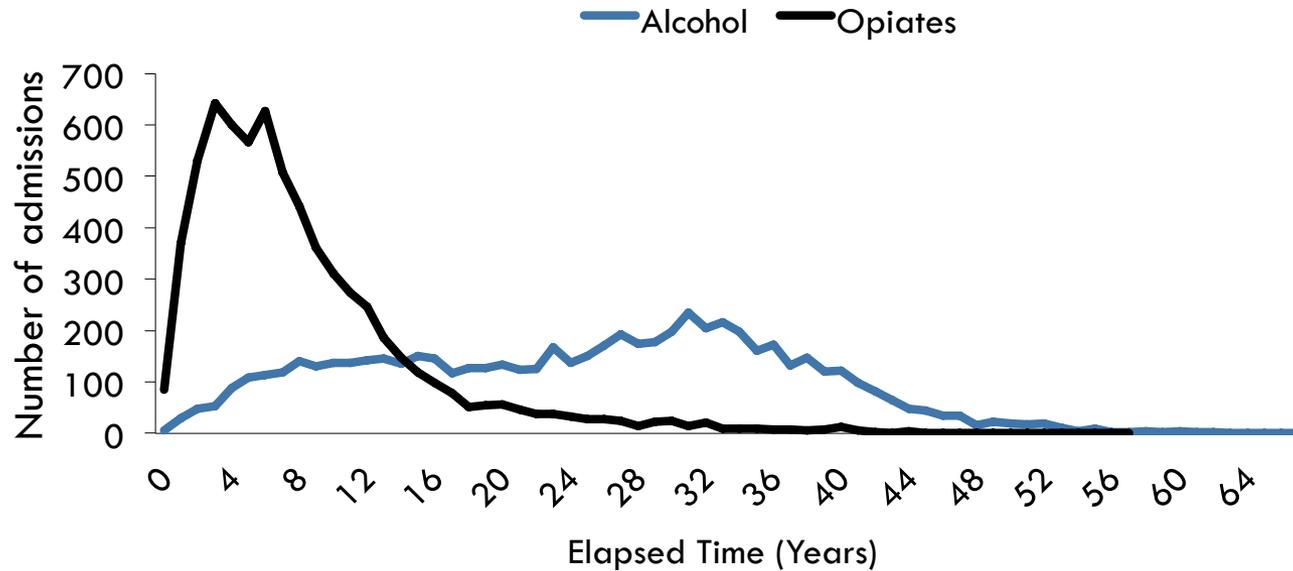
Number of doses dispensed to returning clients by month



NOTE: Data for September through December 2015 is incomplete due to one site not being able to enter the data due to staffing problems.

People seek treatment for opioid addiction much sooner after first use than with alcohol

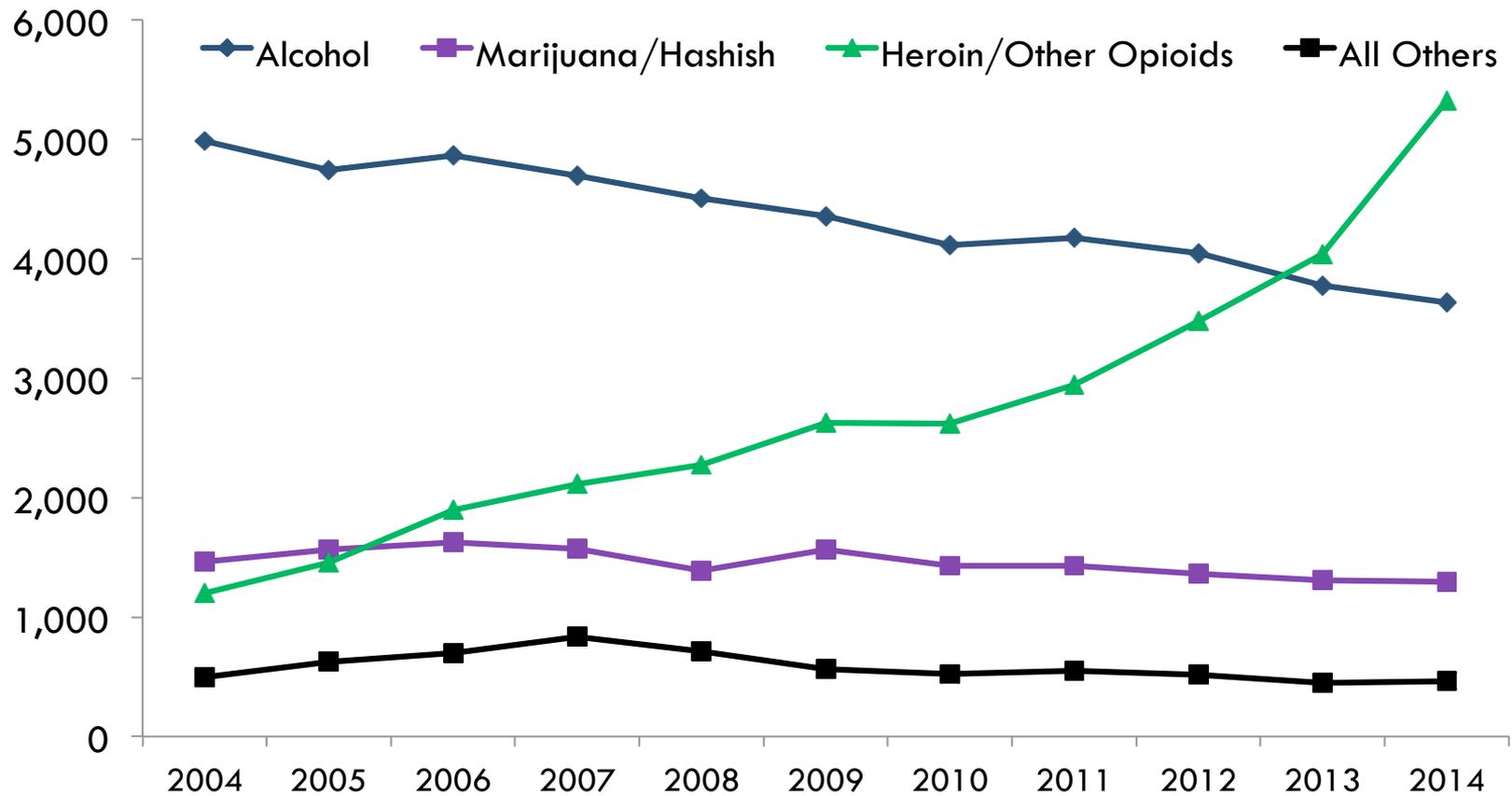
Elapsed Time (Years) Between Age of First Use and Age at Treatment Admission for Daily Users of Opioid and Alcohol



	Opioids	Alcohol
Average Elapsed Time	8.2 +/- 7 years	24.8 +/- 12 years
Number of Admissions	6776	6207

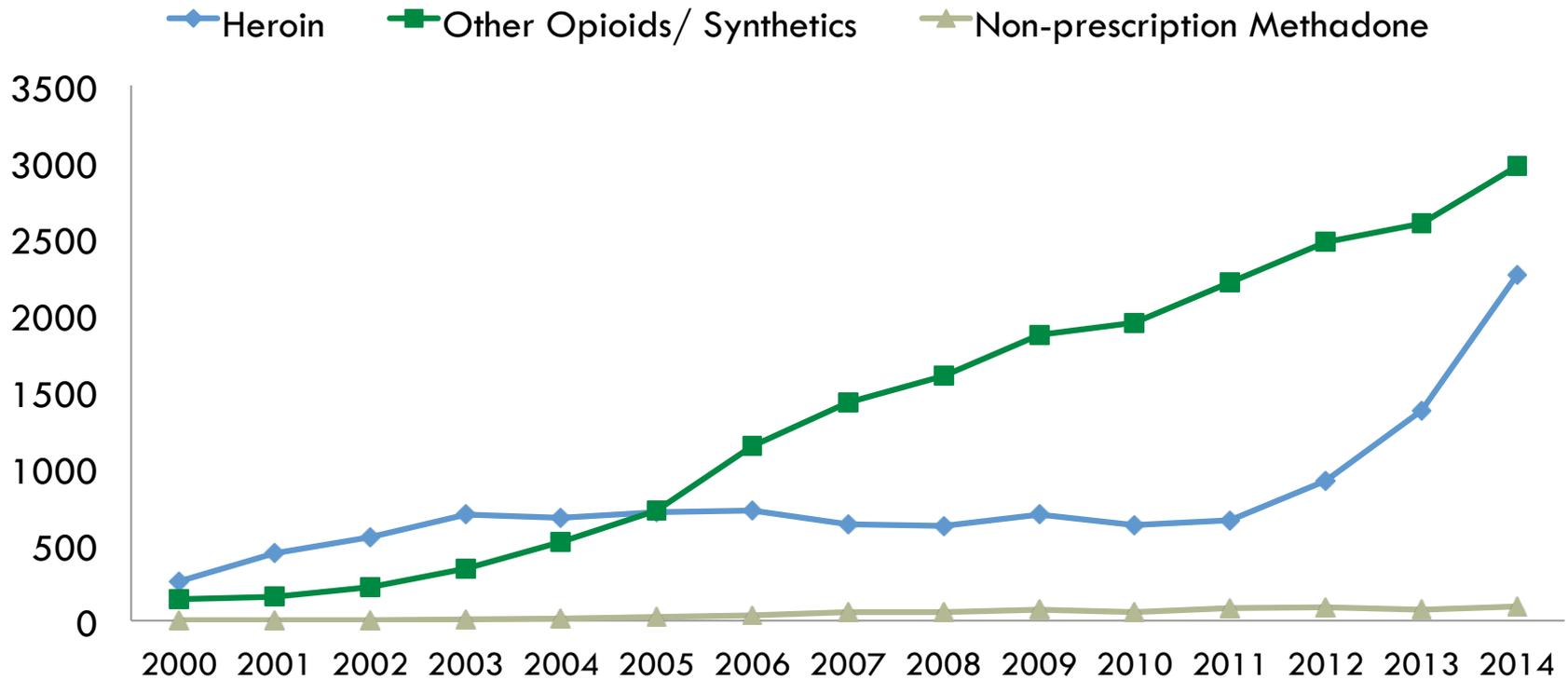
The number of individuals using heroin at treatment admission is increasing faster than for other opioids/synthetics

Number of people treated in Vermont by substance

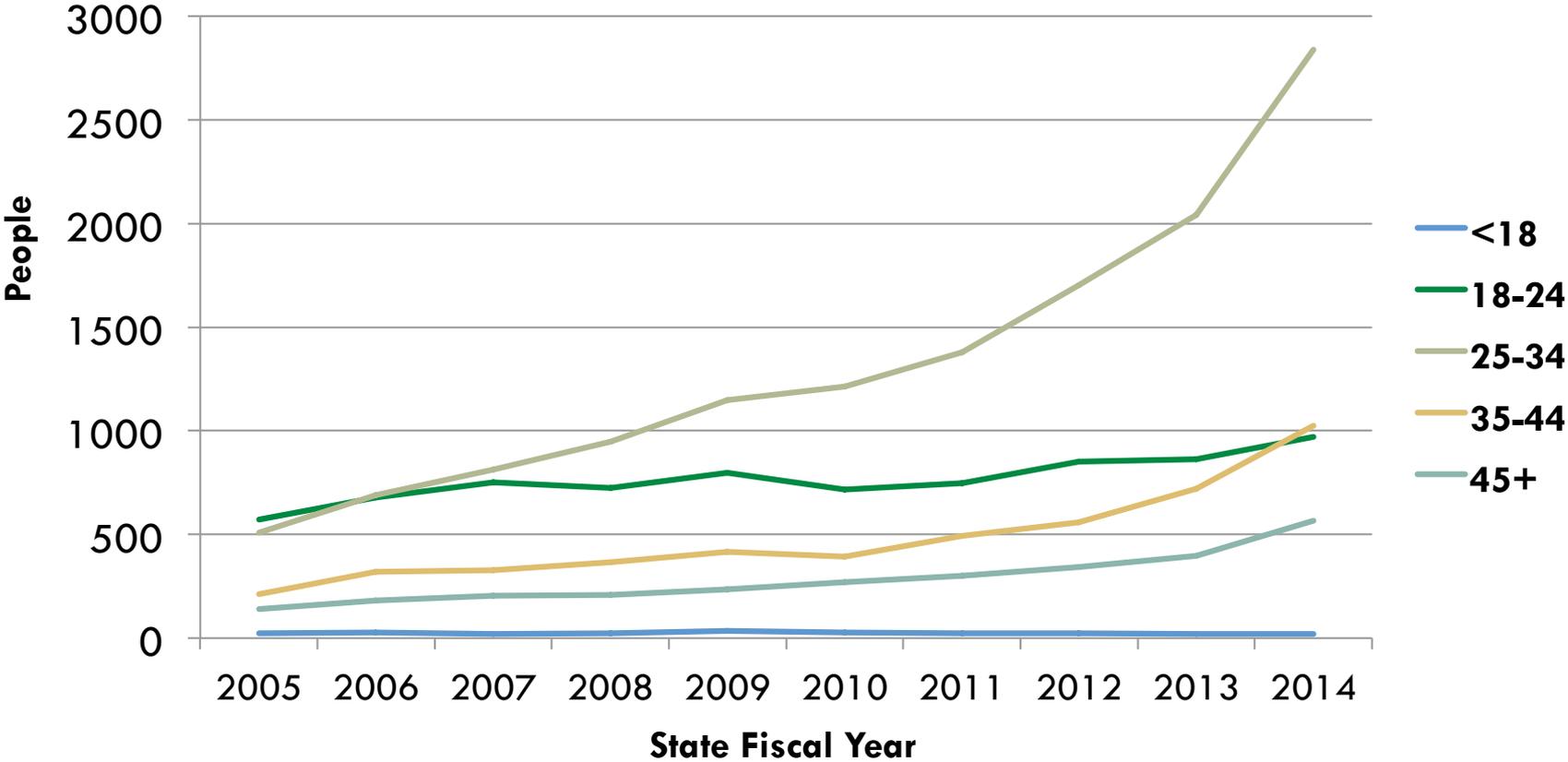


The number of individuals using heroin at treatment admission has increased in the last two years

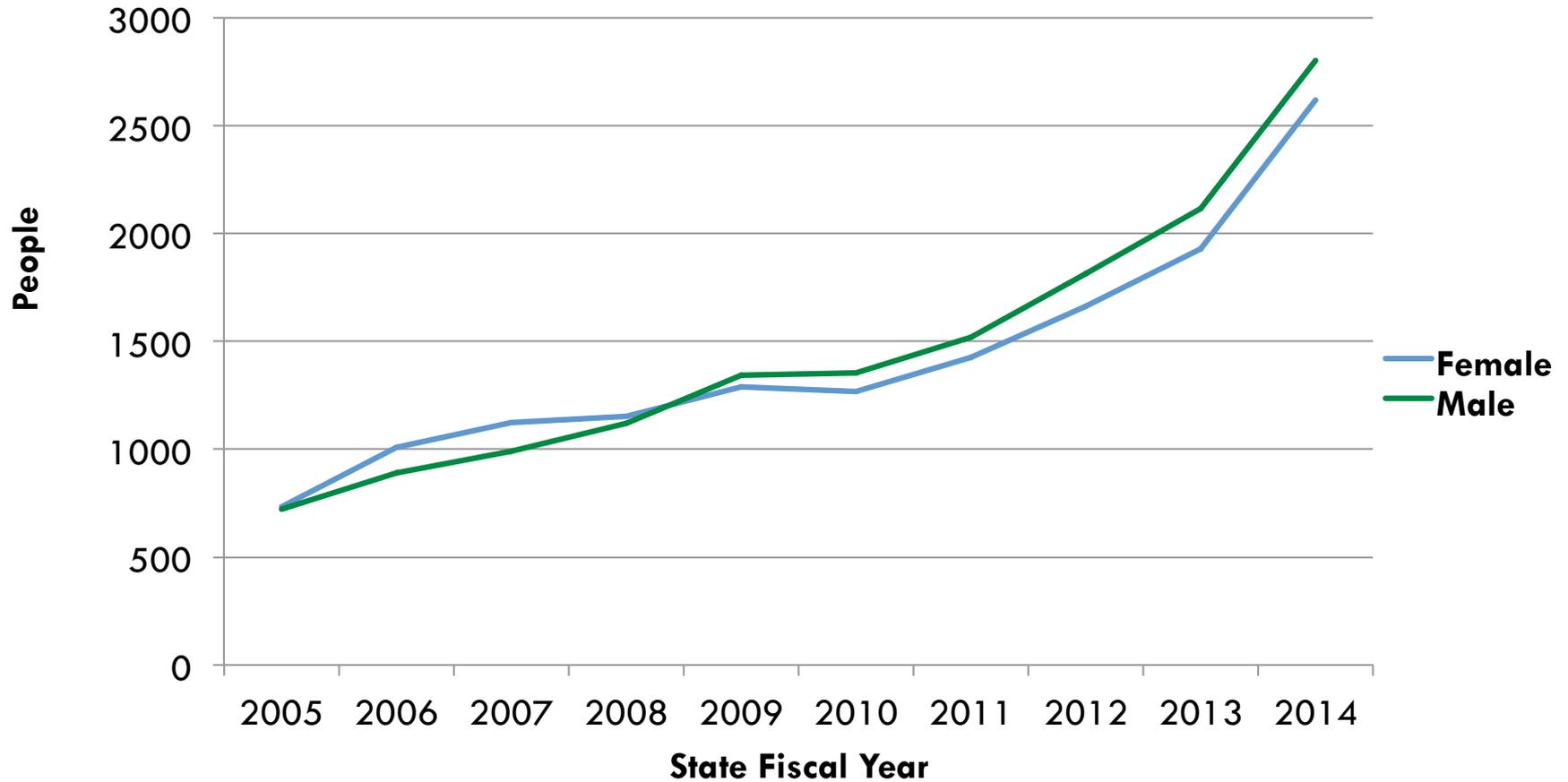
Number of People Treated by Type of Opioid Being Used on Admission to Treatment



People Treated for Opioid Abuse or Dependence by Age and Fiscal Year

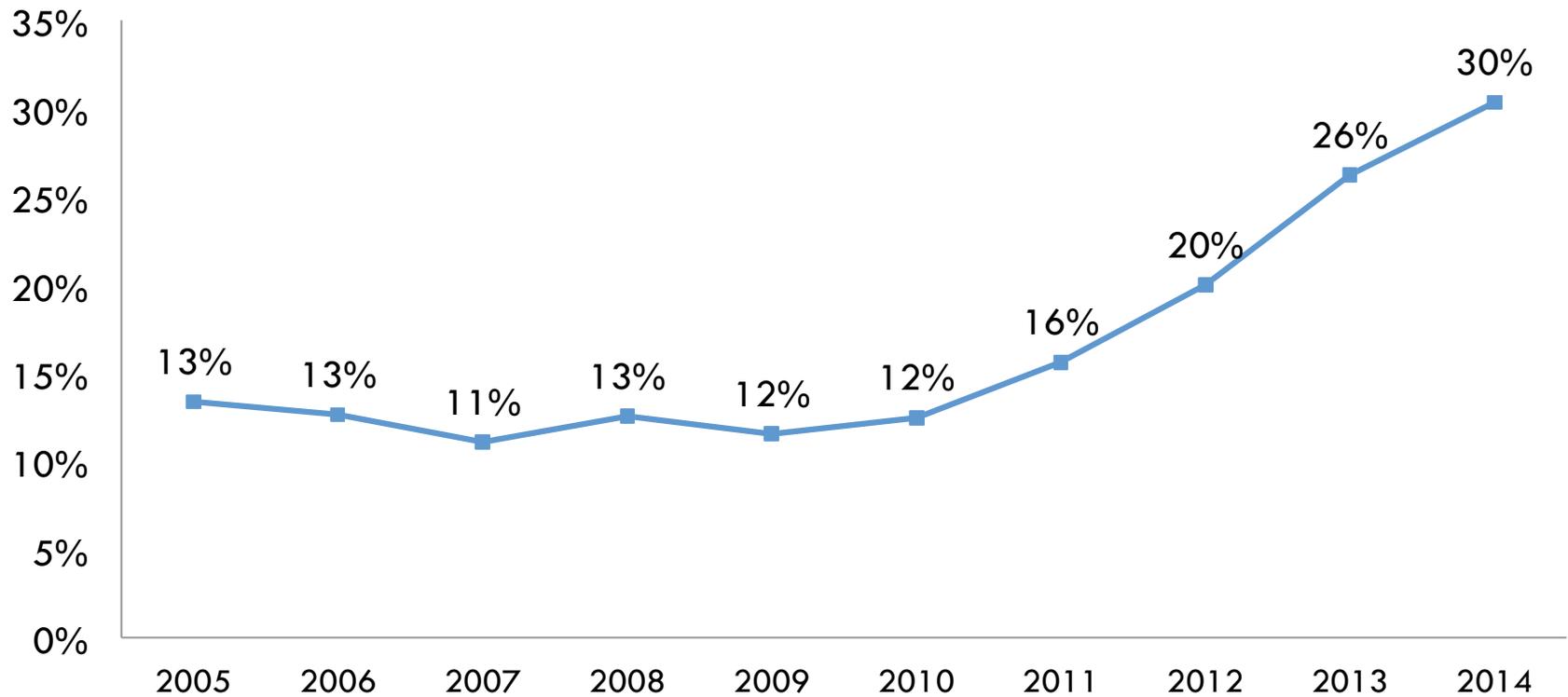


People Treated for Opioid Abuse or Dependence by Gender and Fiscal Year



IV Drug Use at Admission – OP/IOP/Residential Treatment

Percent of People with IVDU for Primary, Secondary, or Tertiary Substance of Abuse by CY



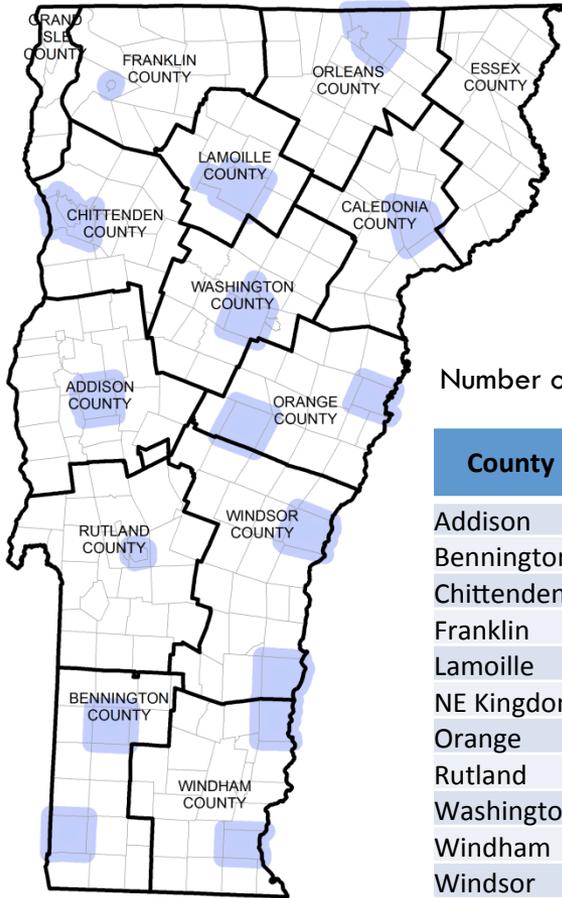
IV Drug Use for Clients Admitted to ADAP Preferred Providers in CY2014

Category	Number of Admissions	Number of Unique Individuals	Number of IV Drug Users	Percent IV Drug Users
Total CY14 Admissions	12448	8457	2197	26%
CY14 Admissions for Primary Opioids*	6570	4150	2148	52%
CY14 Admissions for Primary Heroin	3728	2306	1763	76%
CY14 Admissions for Primary prescription opioids/ non-prescribed Methadone	2842	2142	518	24%

Please note that this does not include individuals admitted before 1/1/14 who are continuing to receiving care in the ADAP system, most frequently those receiving Medication Assisted Treatment in hubs.

*Opioids include: Heroin, Prescription Opioids, Non-Prescribed Methadone

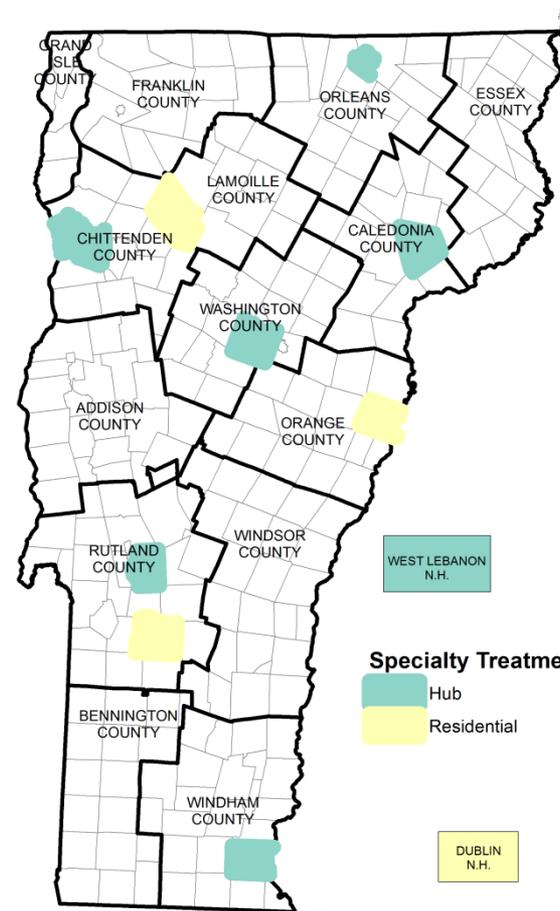
Outpatient/Intensive Outpatient Facilities



Number of Programs

County	OP	IOP
Addison	1	
Bennington	2	
Chittenden	7	3
Franklin	1	
Lamoille	2	1
NE Kingdom	2	2
Orange	2	
Rutland	2	1
Washington	2	1
Windham	1	1
Windsor	2	2

Hub and Residential Facilities



Specialty Treatment Services

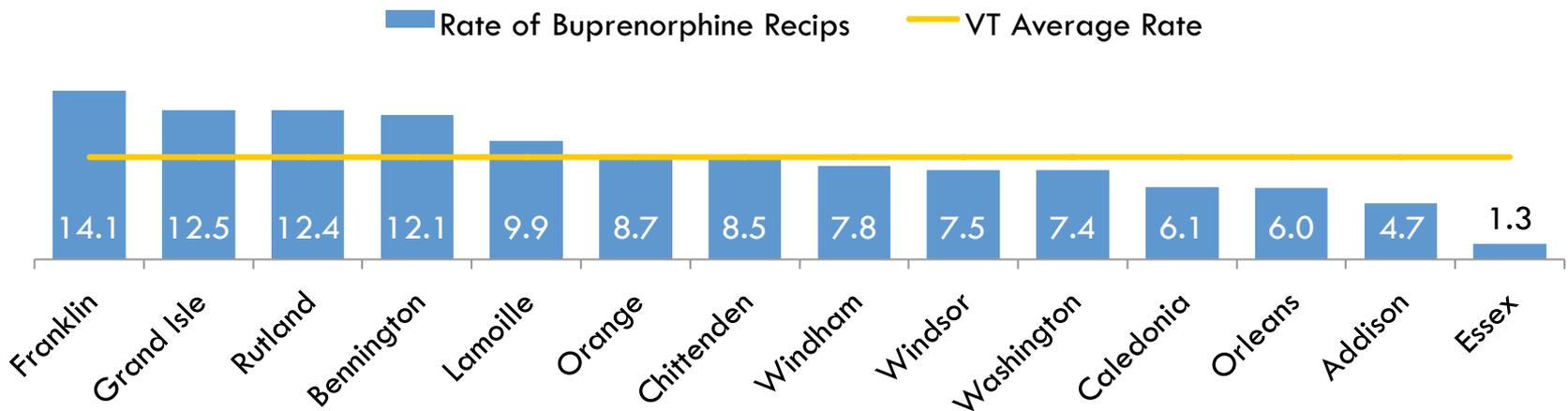
Hub
Residential

DUBLIN N.H.

Rate of Vermonters Receiving at least one Buprenorphine Prescription per 1,000 Vermonters By County

- The rate of Buprenorphine recipients varies by county.
- Buprenorphine can be used for pain relief, but is primarily used to treat individuals with opioid dependence.
- VPMS cannot track medications used to treat opioid dependence that are dispensed from opioid addiction programs (OTPs) due to Federal Regulations (42 CFR Part 2).

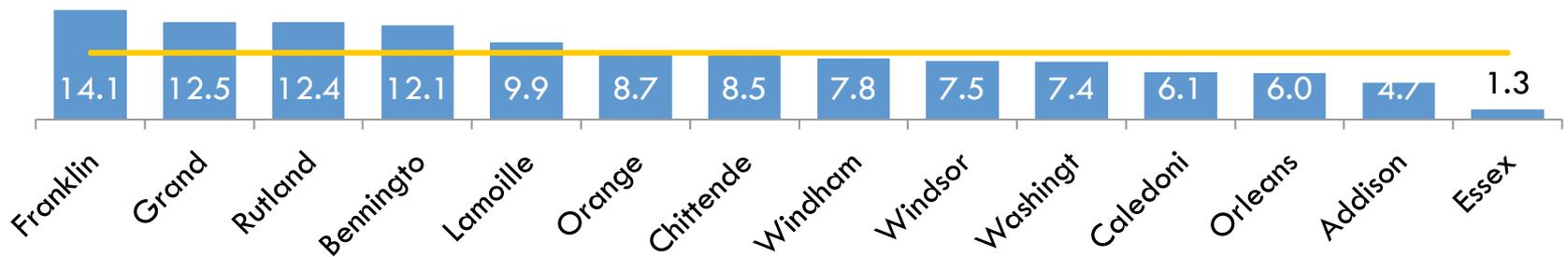
Rate per 1,000 Vermonters Receiving At Least One Buprenorphine Prescription



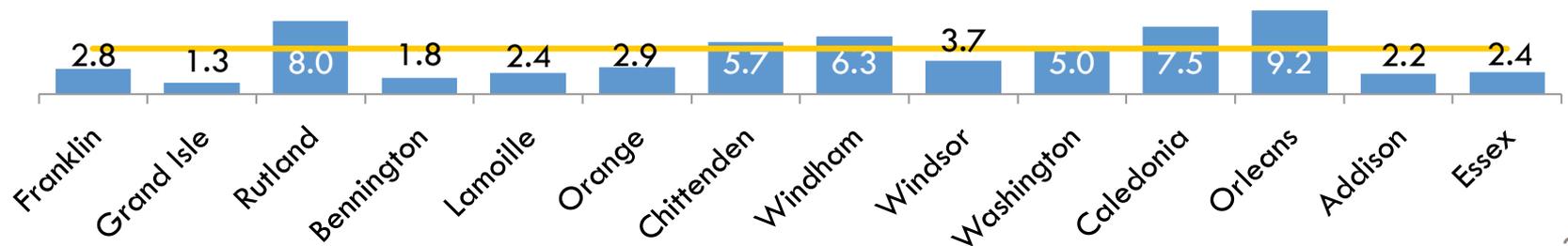
Counties with Low Buprenorphine Rates Often Have Higher Rates of Treatment in Hubs – CY2014

- Hubs dispense methadone or buprenorphine but do not report to VPMS due to Federal Regulations (42 CFR Part 2).

Rate per 1,000 Vermonters Receiving At Least One Buprenorphine Prescription

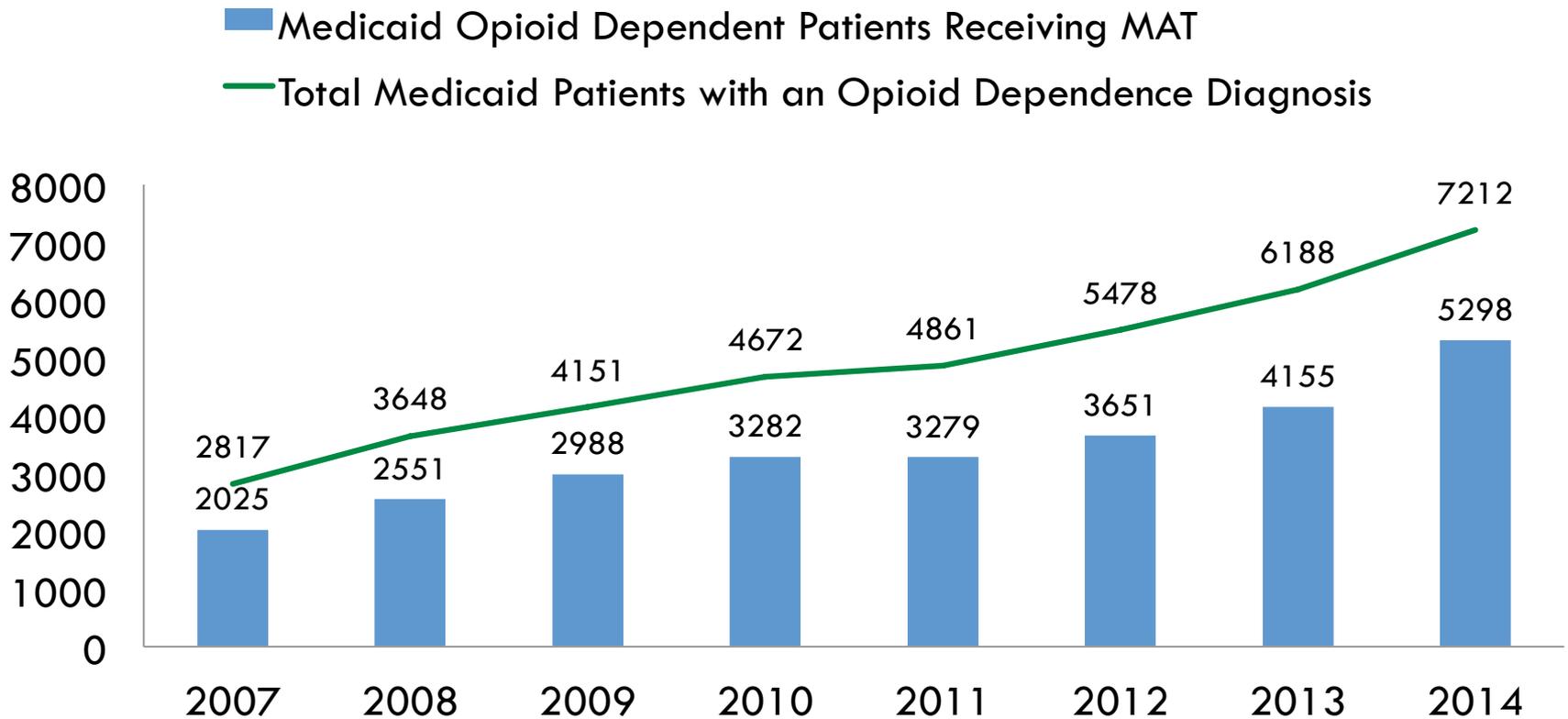


Rate per 1,000 Vermonters Receiving MAT in Hubs



Approximately 70% of Medicaid Recipients with an Opioid Dependence Diagnosis Receive MAT (Hub/Spoke)

Number of Receiving MAT vs Other Services for Opioid Dependence by Calendar Year

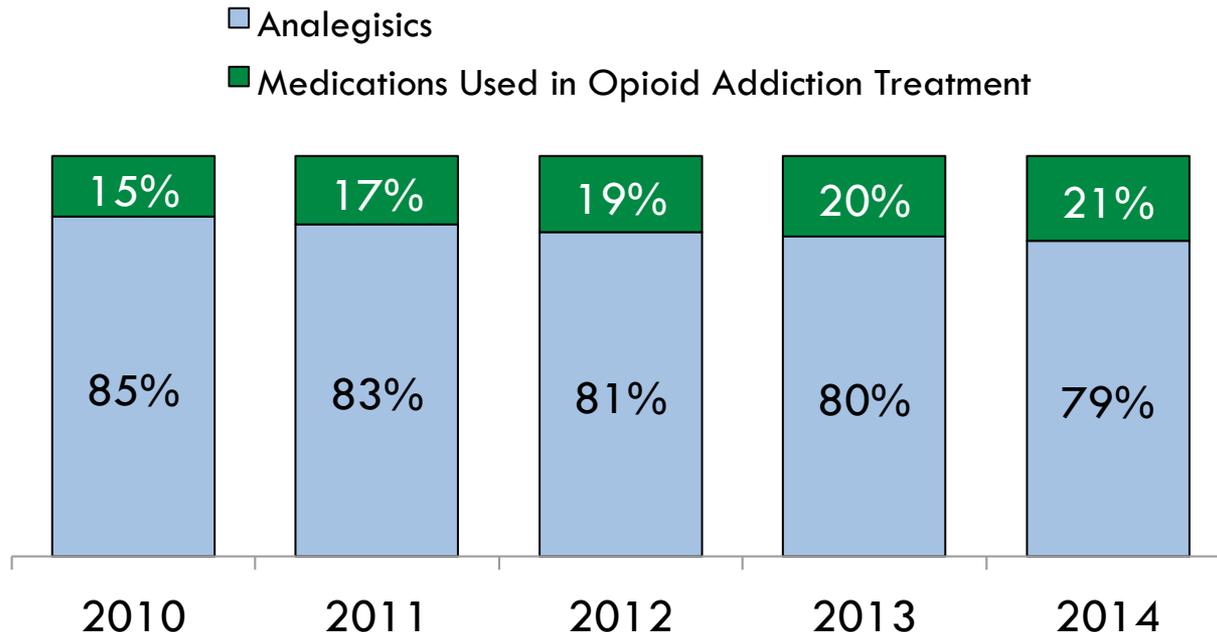


Source: Vermont Medicaid Claims

Opioid Prescriptions by Clinical Application and Year

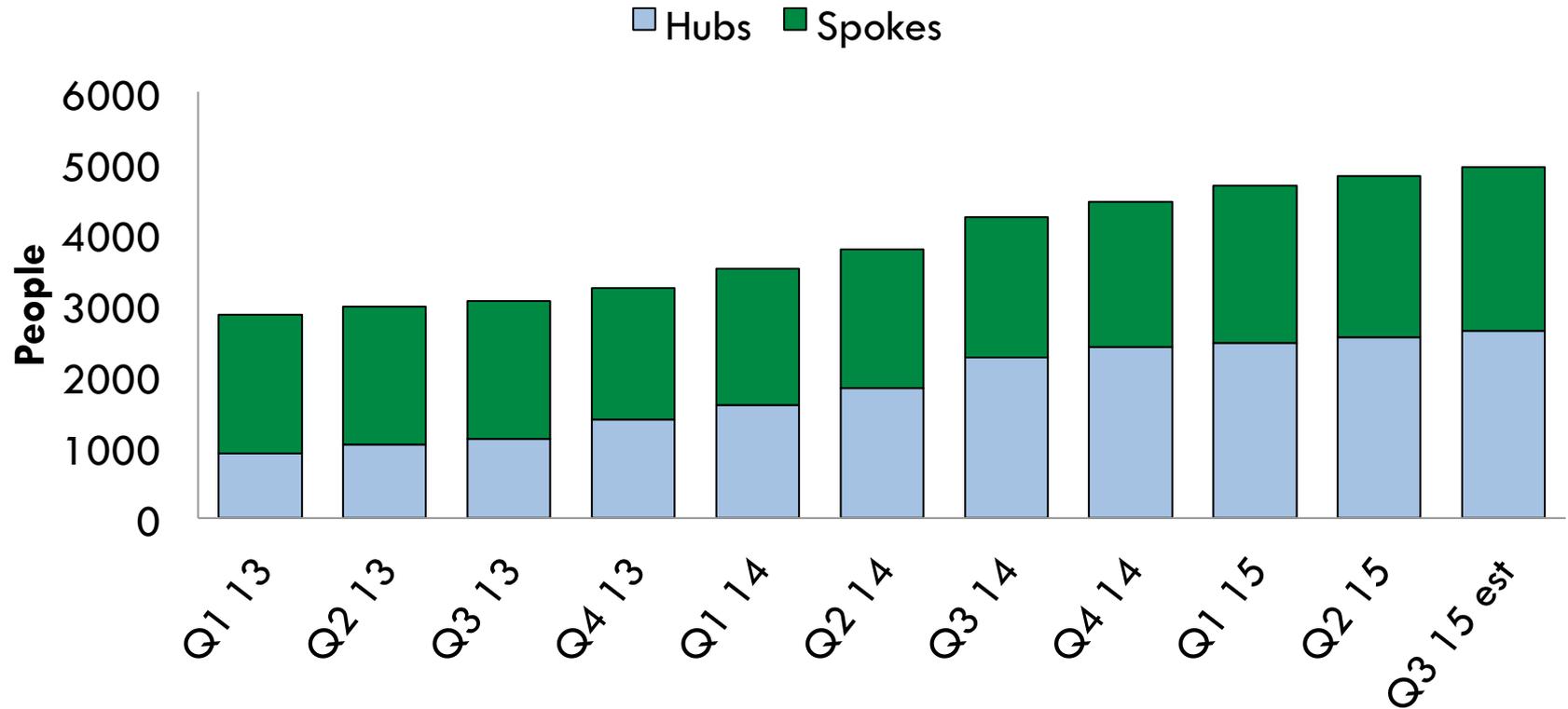
- Despite the fact that analgesics and MAT drug prescription totals have both increased in the past five years, MAT drugs represent a small but growing proportion of all opioid prescriptions.
- Nearly 80% of opioid prescriptions dispensed in 2014 were analgesics.

Percent of Opioid Prescriptions by Clinical Application and Year

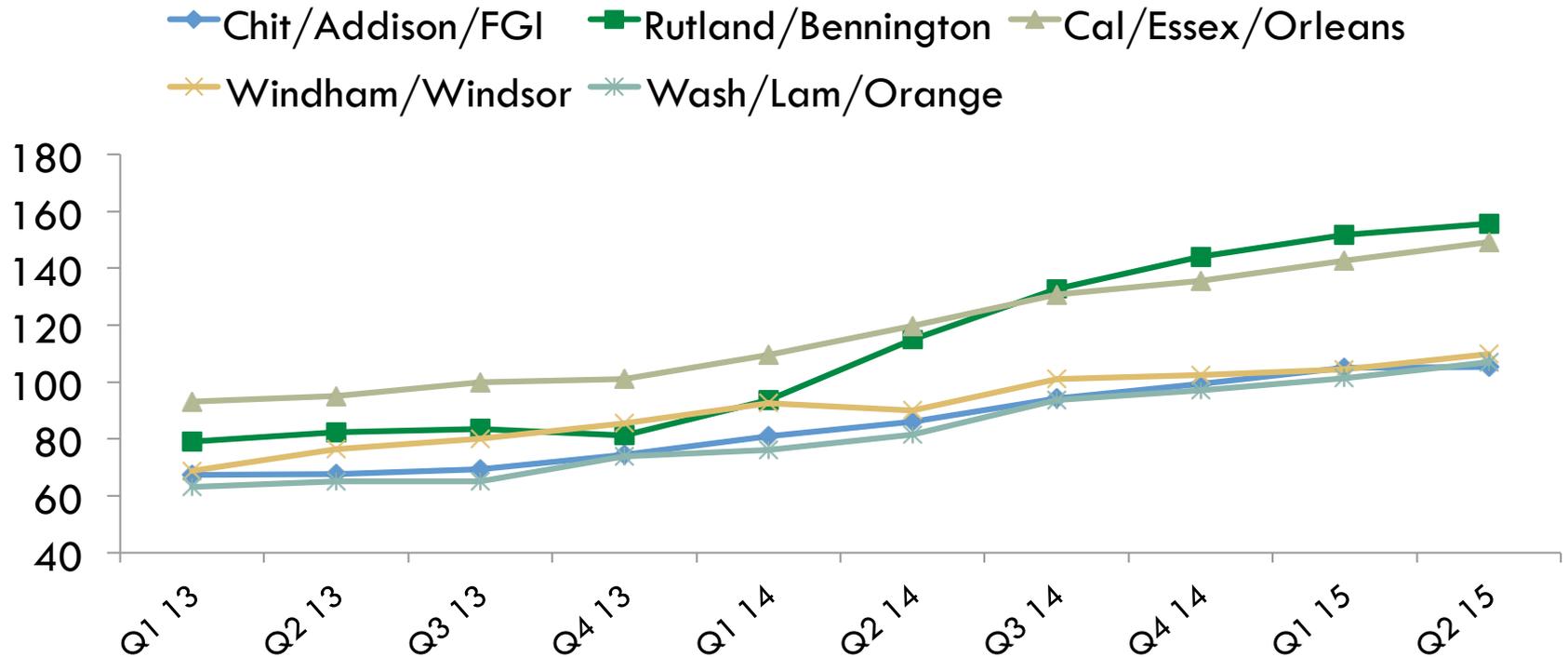


Note: The only medication used in opioid addiction treatment that is reported to VPMS is buprenorphine. Methadone is not represented in VPMS data because it is dispensed from opioid addiction treatment programs that are prohibited from reporting to VPMS.

Number of People Receiving Medication Assisted Treatment in Hubs and Spokes by Quarter

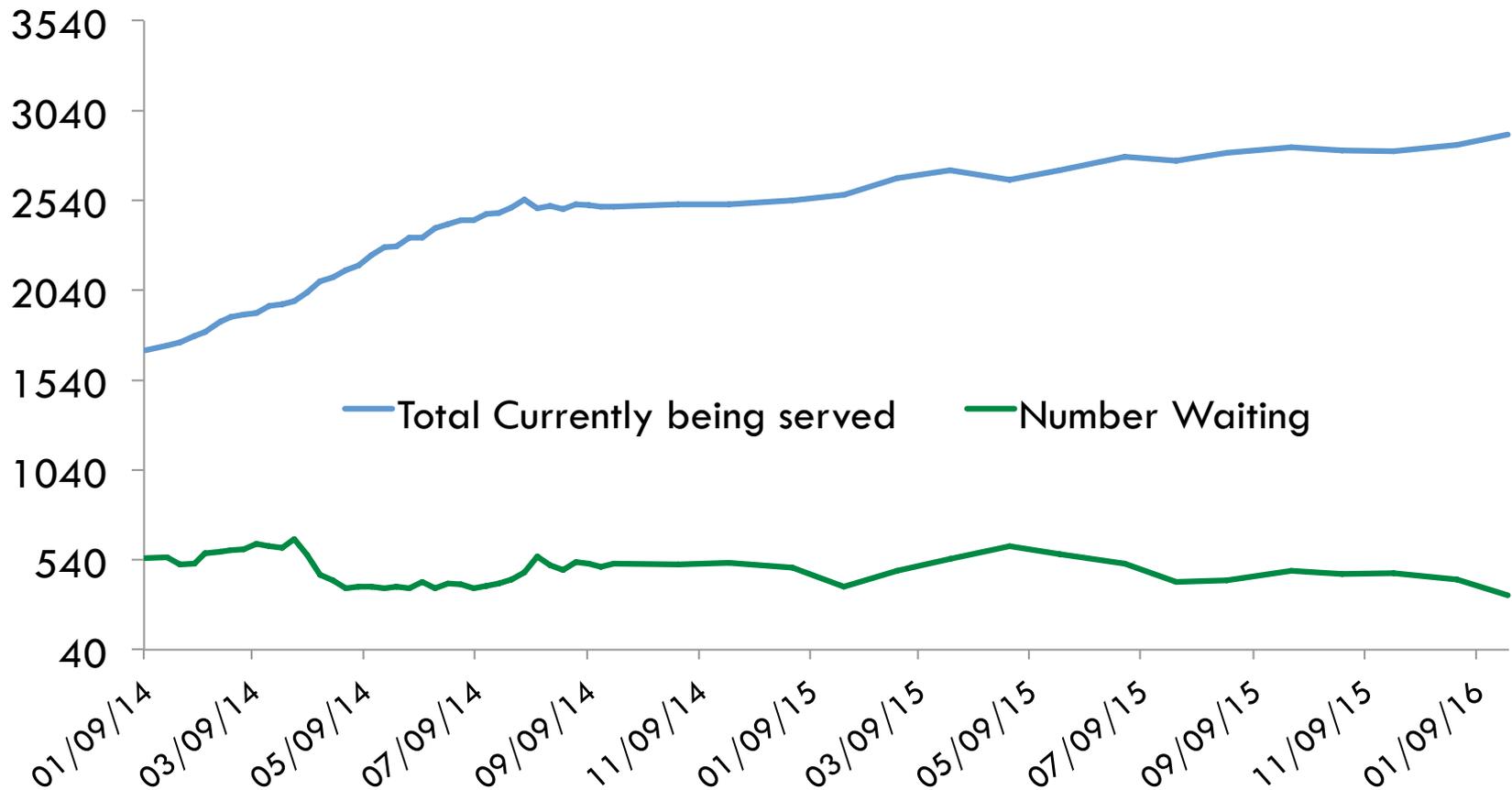


People Served in the Care Alliance by Region per 10,000 Vermonters Age 18-64



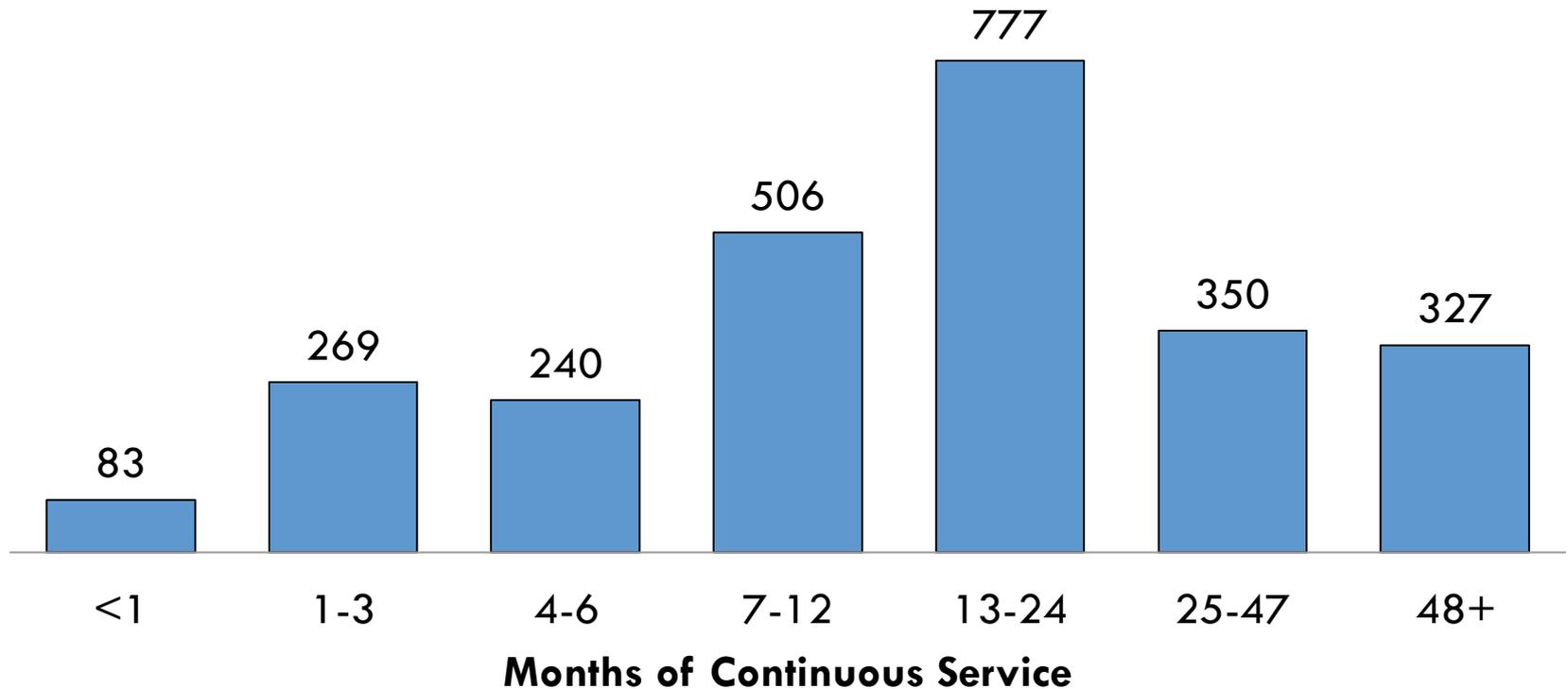
The number of people waiting for services has remained steady despite increases in capacity

Total People Served in Hubs and Total Number Waiting Over Time



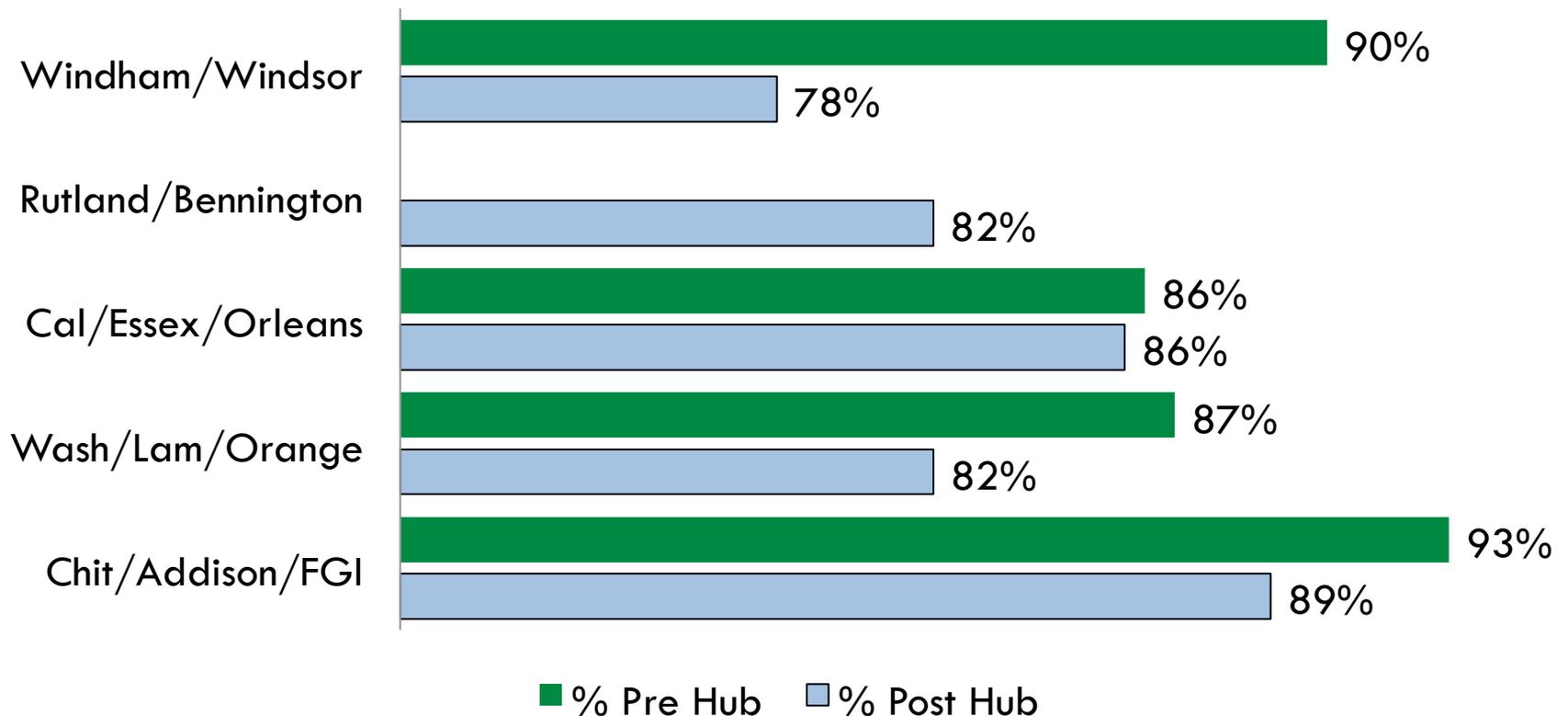
People Remain in Medication Assisted Treatment for an Extended Period

Number of Continuous Months of MAT Service in Hubs for Clients Receiving Treatment the Month of May 2015



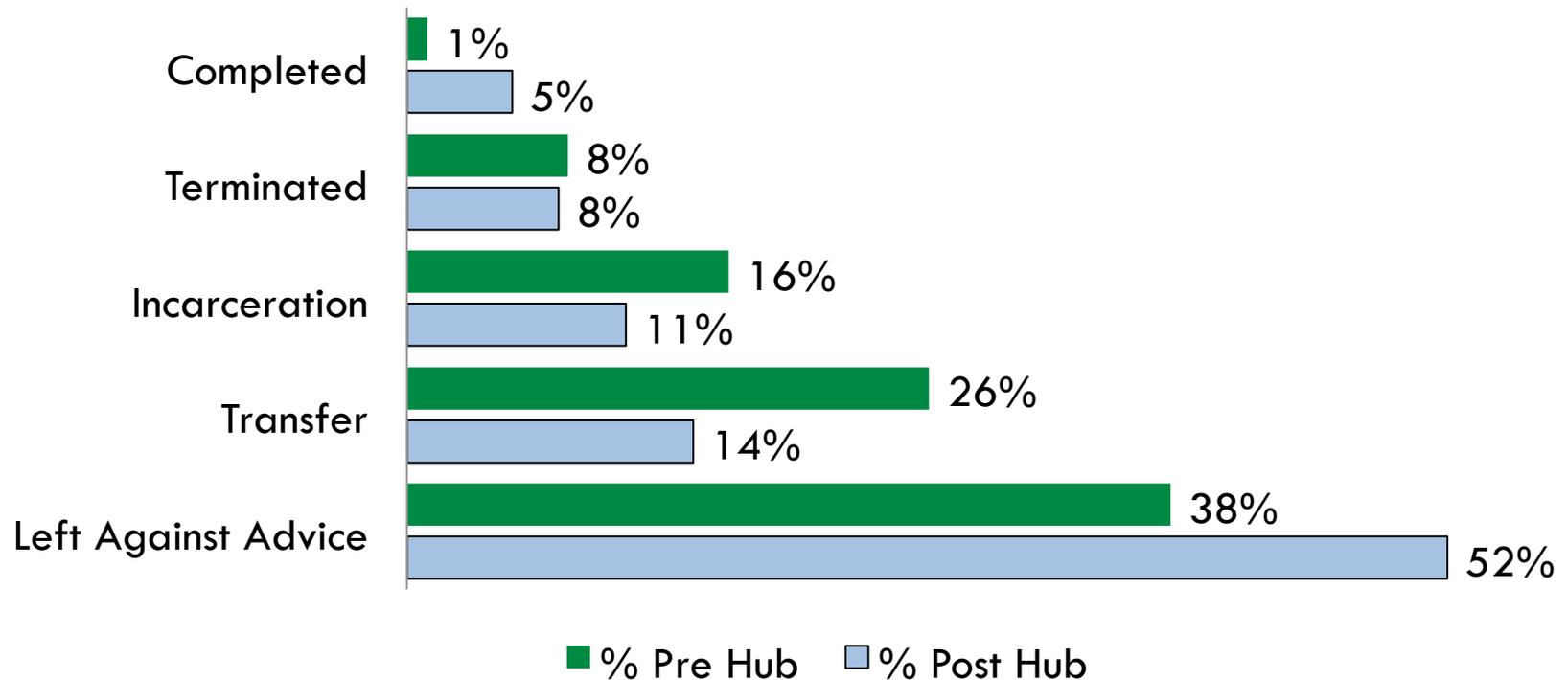
Retention – New Clients Retained 90+ Days

Percent of Hub Admissions Retained 90 Days or Longer



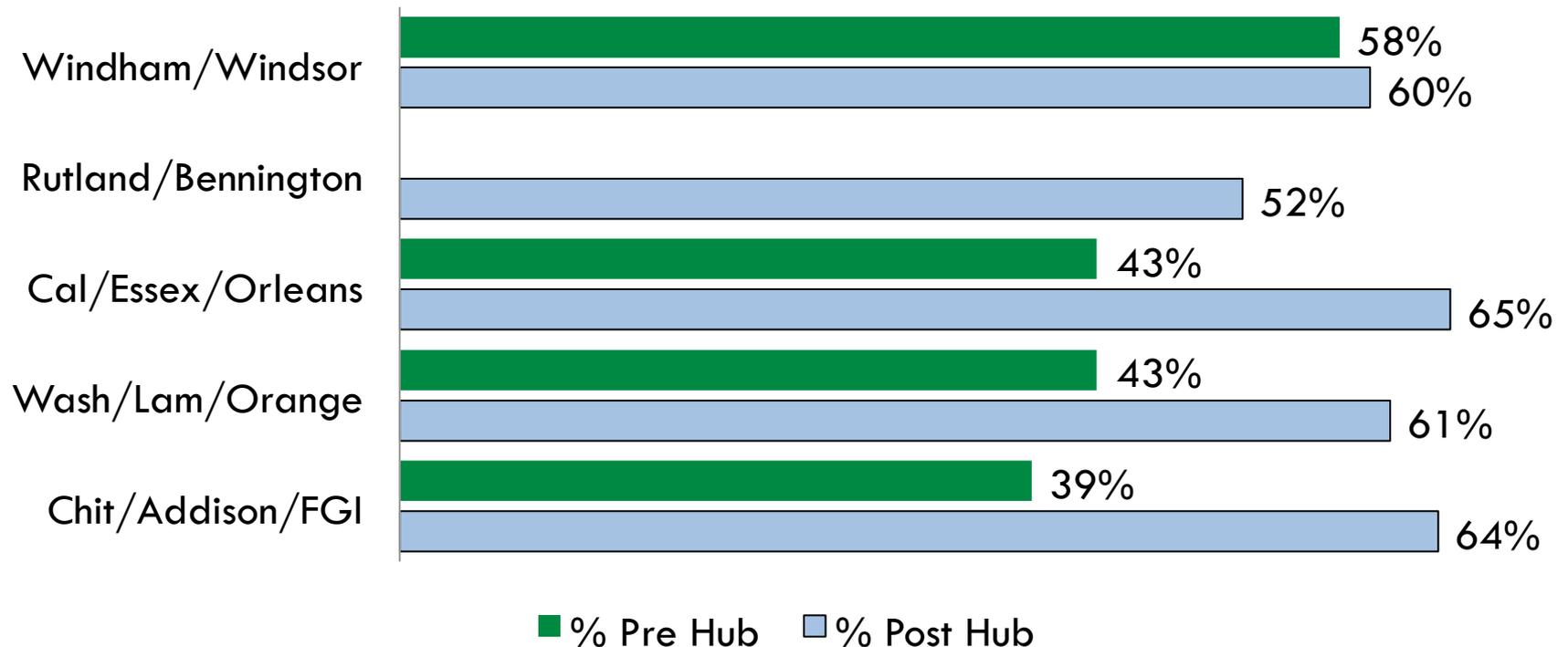
Reason for Discharge of Clients Retained <90 Days

Discharge Reason for Clients Retained Fewer than 90 Days in Hubs



Clients Retained <90 Days – Terminated or Leaving Against Advice by Provider

Percent of Discharged Patients Terminated or Left Against Advice



If you need more information

- Barbara.cimaglio@vermont.gov

- Opiate addiction & treatment:
 - ▣ <http://healthvermont.gov/adap/treatment/opioids/index.aspx>