



PRESCRIPTION DRUG OVERDOSE PREVENTION *in* **VERMONT**

THE STATE RESPONSE:

- ▶ In 2006, the Vermont legislature authorized creation of the Vermont Prescription Monitoring System (VPMS), the state's prescription drug monitoring program, which became operational in early 2009. The VPMS is open to Vermont-licensed healthcare providers and medication dispensers and generates automatic reports on patients who exceed established thresholds for the number of providers or pharmacies they use.
- ▶ Vermont's Unified Pain Management System Advisory Council was established in June 2012 to advise the state health commissioner on matters related to controlled substance misuse. In February 2013, the council released a set of recommendations including (1) guidelines for management of non-cancer pain and addiction, (2) guidelines for use of the VPMS, including data thresholds, (3) VPMS enhancements, and (4) suggested training/continuing medical education for prescribers.
- ▶ In 2013, the Vermont legislature passed a comprehensive bill addressing prescription opioid abuse. The law, known as Act 75, (1) charges the Vermont Department of Health with developing and implementing a statewide pilot program to distribute emergency overdose rescue kits—including the opioid “antidote,” naloxone—to individuals at high-risk of opioid overdose and to those who might be in a position to help high-risk individuals in the event of an overdose, (2) confers legal immunity upon those who administer naloxone in “good faith” efforts to reverse an opioid overdose, (3) calls upon the state to assure delivery of community training and to improve linkage to addiction treatment, (4) requires physicians to register for the VPMS and to consult the system for all new patients and periodically for patients receiving pain management treatment, and (5) requires positive identification to pick up a controlled substance prescription.
- ▶ The Vermont Department of Health has developed naloxone training resources for community members, prescribers and emergency medical services and has launched public education campaigns on the risks of prescription drug abuse and the appropriate use, storage and disposal of prescription drugs.
- ▶ In 2012, health officials released minimum requirements for a system of state-funded opioid addiction treatment centers. The requirements are based on guidelines issued by the US Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, and also apply to office-based opioid treatment and to prescribers with at least 30 patients on narcotic replacement therapy. The state is now implementing its Care Alliance for Opioid Addiction, which uses a “hub and spoke” system linking specialty substance abuse treatment centers (the hubs) to the broader care community, including outpatient substance abuse treatment providers, medical homes, federally qualified health centers, correctional facilities, mental health services, etc. The projected caseload for state fiscal year 2014 is 5,323 patients at an estimated cost of \$18,365,000.
- ▶ The state injury prevention and drug treatment programs—co-located in the Vermont Department of Health—funds overdose prevention activities primarily through a federal substance abuse prevention/treatment block grant.

SUCCESSES:

- ▶ The total number of providers and dispensers registered with the VPMS rose from 836 in July 2010 to 1,304 in June 2011.
- ▶ In 2012, 37 percent of Vermont residents receiving treatment at state-funded treatment facilities were addicted to prescription or nonprescription opioids, compared with just 6 percent in 2000, demonstrating that while rates of opioid users continue to rise, the state is making progress on its goal to expand treatment access.
- ▶ In 2013, 11 percent of Vermont high school students reported ever misusing a prescription pain reliever without a prescription, a substantial decrease from 34 percent in 2011 (based on Youth Risk Behavior Survey data).

THE PROBLEM:

- ▶ **Vermont has seen a steady increase in deaths involving prescription opioids, from 8.07 per 100,000 in 2004 to 14.84 per 100,000 in 2013. In, 2012, Vermont had the second highest per capita rate for admissions to treatment for prescription opiate abuse for 20- to 29- year olds.**
- ▶ **In 2011, 14% of high school students reported ever misusing a prescription opiate or stimulant.**

“Addiction services are in the public health department in Vermont. I think that unique arrangement has worked to our advantage.”

“Our medical community has really stepped up to the plate and said, We want to be part of the solution.”

— **Barbara Cimaglio, Deputy Commissioner, Alcohol & Drug Abuse Programs, Vermont Department of Health**