

The Scope of the Opiate Crisis in Vermont

By The Vermont Association for Mental Health and Addiction Recovery

I. The Crisis

In 2014, Governor Peter Shumlin devoted his entire State of the State Address to what he called a “full-blown heroin crisis” gripping Vermont.¹ His focus on this single topic – the only State of the State in the country to focus solely on drug addiction – served as a sign of how drastic and urgent the opiate addiction crisis in Vermont had become. “In every corner of our state, heroin and opiate drug addiction threatens us,” he said. He also said he wanted to reframe the public debate to encourage officials to respond to addiction as a chronic disease, with treatment and support, rather than focusing solely on punishment and incarceration. “The time has come for us to stop quietly averting our eyes from the growing heroin addiction in our front yards while we fear and fight treatment facilities in our backyards.”²

In his 2016 State of the State Address, Governor Shumlin brought up the issue once again; pointing out that the problem still lurks among us. He drew a direct connection to addiction caused by the over-prescribing of pain medication. He has called for limits on what can be prescribed for minor procedures, and made plans to further expand treatment statewide to meet the goal of eliminating waiting lists,³ as some of the steps Vermont must take to fight the persisting opiate crisis in the coming years.

II. What Vermont Is Doing to Address the Opiate Crisis

The state of Vermont has undergone steps to address the opiate crisis and has several effective programs and resources.

- **Governor’s Office** We are lucky to live in a state where the governor has made it a priority to address the crisis and to strengthen and develop resource for combating opiate abuse around the state.
- **Governor’s Community Forum on Opiate Addiction** On June 16, 2014, Governor Shumlin held this forum to discuss the opiate crisis with Vermonters. It was very well-attended, with a number of major outcomes:
 - A broad recognition that opiate addiction is a chronic disease.
 - Many presenters and attendees told honest stories about their personal experience with being in recovery and having family members involved.
 - Recognition that harm reduction, among other approaches, is a valid idea.

¹ <http://governor.vermont.gov/newsroom-state-of-state-speech-2013>

² Seelye, K. Q. (Jan 8, 2014). “In Annual Speech, Vermont Governor Shifts Focus to Drug Abuse.” *The New York Times*. http://www.nytimes.com/2014/01/09/us/in-annual-speech-vermont-governor-shifts-focus-to-drug-abuse.html?_r=0

³ <http://governor.vermont.gov/node/2598>

- Each region in Vermont would be held responsible to hold follow up forums for community members.
 - How we can start to change the culture in Vermont to allow a person with addiction and/or a mental illness to be viewed as an asset with valued experience instead of a broken human.
 - United Ways of Vermont volunteered to host public education forums and said they would be a group to call to look for volunteer positions for community members. They also talked about getting education pieces in local places like the *Front Porch Forum* or *Seven Days*.
 - Information about upcoming community forums around the state available by contacting VDH district offices: <http://governor.vermont.gov/newsroom-drug-forum-announcement>
- **Shumlin’s “Second Phase”** The Governor called for each VDH district to do two things:
 1. Hold a community organizing event, hopefully with a strong community partner.
 2. Come up with a Community Action Plan.

This has been very successful so far, with a great deal of activity and interest. One of the strongest community partners working with this call to action is United Ways of Vermont.

- **Coalition of Northeastern Governors (CONEG)** Governor Shumlin asked fellow governors to coordinate on the opiate crisis on such issues as working on best practices and how to share pharmaceutical monitoring system data.
- **Vermont State Fair** The governor was one of the speakers at the *Vermonters for Vermonters Benefit Concert* on September 7, 2014.
- **Policy** What people who are addicted to opiates are facing is a public health issue, not a crime issue, and public policy in the state should reflect this.
- **VADIC** The Vermont Alcohol and Drug Information Clearinghouse (VADIC) is part of the Vermont Association for Mental Health and Addiction Recovery. VADIC distributes public information about addiction-related public health issues, including heroin and prescription drug addiction. These services are free for all Vermonters. VADIC can be easily accessed online at <http://store.pear-vt.org>, or by phone at (802) 223-6263 or (802) 769-2798 (toll free).
- **Vermont Recovery Network (VRN)** 9 of Vermont’s 12 recovery centers are joined together to form the VRN. These recovery centers are independent, local, non-residential facilities that provide peer support, sober recreation activities, volunteer opportunities, community education, evidence-based practices and recovery support services that assist people in maintaining alcohol and other drug-free lifestyles while providing opportunities to improve their quality of life.
- **Pathways to Recovery** is a federally-funded project of VRN that provides recovery supports for people on medication assisted treatment through so-called “**Pathway**

Guides” working out of each VRN member center. Pathways Guides, who are employees of VRN, create recovery supports for people receiving Medication Assisted Treatment in Vermont's Hub and Spoke system. These Guides encourage Individuals in MAT to consider the benefits of making a personal commitment to participate in peer recovery support as a means to improve their lives, while attending medication assisted recovery-specific groups, spending time in recovery centers, and connecting with others in recovery. Guides are also available to help individuals who want to transition toward abstinence-based recovery by introducing them to the peer-to-peer recovery communities who use this approach.

- **SBIRT grant through ADAP and UVM** The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) and committed partners proposed the statewide Screening, Brief Intervention and Referral to Treatment (SBIRT VT) initiative to increase identification, early intervention, and treatment of adults, ages 18 and older, at risk for substance misuse or abuse and/or dependence. SBIRT VT will accomplish this by adopting, implementing, and sustaining evidence based initial screening, secondary screening, the brief negotiated intervention, brief treatment and active referral to specialty treatment. The University of Vermont is the first educational institute to implement SBIRT but they are one of five institutions that will be using the program to battle drugs and alcohol.
- **Court Diversion** A restorative alternative for individuals charged with a crime. After police issue a citation for violating the law, the state’s attorney decides whether to refer the person out of the court system to the community-based Court Diversion program. This completes a contract designed to repair the harm done to the victim and the larger community and address underlying factors in the individual’s life that contributed to the crime, which includes screening and/or counseling in substance abuse cases.
- **Prevention Coalitions** Currently, 23 community coalitions are working with thousands of Vermonters to build relationships that increase understanding of alcohol, tobacco and other drug issues and coordinate comprehensive community-wide solutions to substance use issues. A list of Vermont’s Community Coalitions can be found here: <http://healthvermont.gov/adap/prevention/vermontpreventioncoalitions.aspx>
- **Evidence Based Information** In Fiscal Year 2012, in partnership with the Division of Health Promotion and Disease Prevention (HPDP), ADAP funded 16 community-based coalitions/partnerships to support the continuation of at least one evidence-based substance abuse prevention strategy. Evidence-based programs and practices are specific techniques and intervention models that have shown to have positive effects on outcomes through rigorous evaluations.
- **A Health Based Approach** In his Address, Governor Shumlin advocated going beyond a merely criminal approach and proposed a rigorous addiction prevention programs in schools and doctors’ offices, as well as more rehabilitation options for those with a substance use disorder. “We must address it as a public health crisis,” Shumlin said, “providing treatment and support rather than simply doling out punishment, claiming victory and moving on to our next conviction.”

- **The Family Angle** There are Vermont programs offering support and counseling for families of those with a substance-abuse disorder, from Health Care and Rehabilitation Services (HCRS) and Vermont's Recovery Centers.
- **Legislation** The VDH has implemented a pilot program to study the effectiveness of making Narcan, a drug that counters opiate overdoses, widely available to possibly reduce deaths from overdose. Since 2013, Vermont has had Good Samaritan laws to protect people from lawsuits if they attempt to save another from a drug overdose
- **Training and Education** Vermont is recognized as a national leader in training and education programs on substance abuse. We invest heavily in peer support programs, professional development and training events. Organizations dedicated to this include Friends of Recovery Vermont and the New England Institute of Addictions Studies.
- **ADAP and their support** In addition to the above, ADAP also offers information and programs to help people affected by the opiate crisis, including guiding prospective counselors towards Alcohol and Drug Abuse Counselor Certification and Licensing.⁴
- **Continuum of Care** Vermont has resources to provide support for the full continuum of care, from public awareness, education, prevention, screening, referral, treatment and recovery.

III. Hub and Spoke

Vermont's system for providing Medication Assisted Treatment (MAT) in a cost-effective and accountable way is called the Hub-and-Spoke System:

Hub

A Hub is a specialty treatment center responsible for coordinating the care of individuals with complex addictions and co-occurring substance abuse and mental health conditions across the health and substance abuse treatment systems of care. A Hub is designed to do the following:

- Provide comprehensive assessments and treatment protocols.
- Provide methadone treatment and supports.
- For clinically complex clients, initiate buprenorphine treatment and provide care for initial stabilization period.
- Coordinate referral to ongoing care.
- Provide specialty addictions consultation and support to ongoing care.
- Provide ongoing coordination of care for clinically complex clients.

Spoke

A Spoke is the ongoing care system comprised of a prescribing physician and collaborating health and addictions professionals who monitor adherence to treatment, coordinate access to recovery supports, and provide counseling, contingency management and case management services. Spokes can be:

- Blueprint Advanced Practice Medical Homes

⁴ <http://healthvermont.gov/adap/training/training.aspx>

- Outpatient substance abuse treatment providers
- Primary care providers
- Federally Qualified Health Centers
- Independent psychiatrists

IV. What Can I Do To Help?

Further Reading and News Coverage

The opiate crisis in Vermont has attracted national and international news coverage. Not only have Vermont news outlets devoted much attention to the opiate epidemic in the past few years,⁵ but the *New York Times*^{7 8}, *Politico*,⁹ *Rolling Stone*,¹⁰ *NPR*¹¹ and even *Al Jazeera America*^{12 13} have also reported on Vermont's struggle. The journalism on the issue has provided a large amount of useful information and statistics, as well as studies of cases of individual towns and people, on the development and present condition of the opiate crisis in Vermont.

The Hungry Heart, a documentary by Bess O'Brien on the opiate crisis in Vermont, is a particularly good source for information, and its website has a number of suggestions for how Vermonters can take action against opiate abuse:

In your own backyard....

- **Ask** your child what he or she already knows about drug use.
- **Discuss** the potential for problems from opiates, prescription drugs and alcohol use with your children, neighbors, and friends.
- **Dispose** of medications no longer in use.
- **Lock up** all medications in your home.
- **Seek help** if you are struggling with your own addiction.

⁵ Ibid

⁶ <http://www.burlingtonfreepress.com/article/20110724/NEWS02/107240308/Prescription-drug-abuse-Vermont-problem-epidemic-proportions->

⁷ <http://www.nytimes.com/2014/03/06/us/bulwark-in-revolutionary-war-town-in-vermont-faces-heroin-scourge.html>

⁸ <http://www.nytimes.com/2014/02/28/us/a-call-to-arms-on-a-vermont-heroin-epidemic.html>

⁹ http://www.politico.com/magazine/story/2014/02/vermont-heroin-capital-of-america-103280.html#.U_3gikg_6SM

¹⁰ <http://www.rollingstone.com/culture/news/the-new-face-of-heroin-20140403>

¹¹ <http://www.npr.org/2014/02/27/283456108/in-parts-of-vermont-heroin-is-the-easiest-drug-to-get>

¹² <http://america.aljazeera.com/watch/shows/america-tonight/america-tonight-blog/2014/3/13/heroin-crisis-rutlandvermont.html>

¹³ <http://america.aljazeera.com/watch/shows/america-tonight/america-tonight-blog/2014/3/12/new-england-townrippedapartbyheroin.html>

¹⁴ <http://america.aljazeera.com/watch/shows/america-tonight/america-tonight-blog/2014/3/13/vermont-heroin-residentialcutdays.html>

- **Support someone** you suspect is in trouble and let him or her that you are concerned. Avoid judgment as you approach them and offer to help find a solution.
- **Exhibit** positive coping skills.
- **ParentUp** (<http://parentupvt.org/>) has information written for parents on how to talk with your child about Alcohol and other Drug issues.

In your community....

- **Ask** at your local doctor if he/she would consider treating patients with opiate addiction.
- **Interview** your dentist, doctor and pharmacists about what they think needs to be done to address over-prescribing.
- **Visit** and/or volunteer at your local recovery center.
- **Locate** the closest recovery center to your community (<https://vtrecoverynetwork.org/>).
- **Launch** a recovery center in your community if there isn't one already
- **Inspire** your school to show *The Hungry Heart* to students, teachers and staff.
- **Motivate** your local hospital to show *The Hungry Heart* to doctors and medical staff.
- **Explore** local resources for help with addiction – is treatment available?
- **Educate** yourself on the multiple paths to recovery which include: recovery support and coaching; 12 step approaches; faith based approaches; and the use of medication (methadone/suboxone) in combination with therapy and recovery supports.
- **Mentor** a child/adult who would benefit from support in finding recovery. Check out Mobius Mentors, Windsor County Partners or Mercy Connections website to find out more.
- **Create** a new community group or **collaborate** with an existing one to consider innovative ways to help with this epidemic in your community – “all politics are local.”
- **Express** your concerns to town managers, select people, mayors, police, emergency responders and other local officials.

In our state....

- **Express** your concerns to your local legislators and ask them to take action.
- **Connect** with Friends of Recovery Vermont.
- **Recognize** moments when the legislature or policy makers are seeking input and take responsibility for making a difference – governing bodies value input from citizen advocates and everyone thinks someone else will step up.

Help us meet the demand for information services. Vermonters are seeking great evidence based resources in addition to VADIC to help raise awareness and understanding of the opiate crisis.

- Adding a more **narrowly focused information clearinghouse initiative** that is specifically about opiate addiction and the opiate crisis in Vermont. This initiative would be customized to actively reach out to the correct audience for this topic. Its information and news alerts would also be electronically-based and would automatically send notifications to its audience about new updates through whichever source of opiate and addiction-related news they use, VRN, treatment centers, Prevention Coalitions, listservs or specific forum lists for each VDH District Office, as well as through social media, such as Facebook and Twitter.

More information and opportunities at:

The National Institute on Drug Abuse

- **Pain Management:** <http://www.drugabuse.gov/opioid-pain-management-cmesces>
- **Overdose Prevention:** <http://www.drugabuse.gov/about-nida/noras-blog/2014/06/what-can-we-do-about-heroin-overdose-epidemic>

V. The Situation in Vermont

History

- **OxyContin and other prescription opiates:**
 - In the late 2000s, the opiate of choice was OxyContin: more people were prosecuted in federal court in Vermont in 2010 for illicit trafficking in prescription opiates than for any other drug, including marijuana, heroin and cocaine.¹⁵
 - Vermont ranked second in the country in per-capita admissions for treatment for addiction to prescription opiates.¹⁶
 - The number of Vermonters seeking treatment for opiate addiction in 2010 was up 21 percent from 2008 and up 300 percent from 2005.¹⁷
- **Heroin**
 - To combat abuse of prescription opiates, OxyContin's delivery system and regulation was redesigned in 2010, making it highly resistant to being crushed for the purposes of getting a high, and making it far more expensive.¹⁸ However, this made things worse, as users simply switched to heroin, which is more dangerous as it is unregulated, but is also only 1/8th as expensive as OxyContin.¹⁹

¹⁵<http://www.burlingtonfreepress.com/article/20110724/NEWS02/107240308/Prescription-drug-abuse-Vermont-problem-epidemic-proportions->

¹⁶ Ibid

¹⁷ Ibid

¹⁸ <http://www.npr.org/2014/02/27/283456108/in-parts-of-vermont-heroin-is-the-easiest-drug-to-get>

¹⁹ <http://www.rollingstone.com/culture/news/the-new-face-of-heroin-20140403>

- There are claims that heroin is easier to find than marijuana in many parts of Vermont.²⁰
- In 2014, the state treated 2,258 people for heroin use, a 64 percent increase over 2013 and more than three times the 623 people treated in 2010.²¹

Statistics

• Deaths

- In 2013, the number of people who have died from heroin overdoses nearly doubled from 2012, according to ADAP.²²
- More than 50 Vermonters die every year from opioid poisoning.²³

• Reporting

- Since 2000, Vermont has seen an increase of more than 770 percent in people seeking treatment for opiate addictions, up to 4,300 people in 2012.²⁴
- For people receiving heroin treatment specifically, there was an over 250% increase in Vermont between 2000 and 2014, the greatest increase being a nearly 40% spike in just 2013.²⁵
- Rutland, Vermont also has the highest rate of opiate-addicted pregnant women in the United States.²⁶

• Crime and Prosecution

- In 2013, there were twice as many federal indictments against heroin dealers than in the prior two years, and over five times as many as had been obtained in 2010.²⁷
- Close to 80 percent of the state's inmates "are either addicted or in prison because of their addiction."²⁸

Theories

Some areas have been used as case studies to gather evidence about the causes of the severity of the problem.

²⁰ http://www.politico.com/magazine/story/2014/02/vermont-heroin-capital-of-america-103280.html#.U_3u7Ug_6SM

²¹ <https://www.bostonglobe.com/metro/2015/04/05/gains-are-small-hard-won-vermont-war-against-heroin/PWDpaxNnTOq2H275WmdBmK/story.html>

²² http://healthvermont.gov/adap/treatment/opioids/documents/OpioidChallengeBrief_June2014.pdf

²³ Ibid

²⁴ <http://governor.vermont.gov/newsroom-state-of-state-speech-2013>

²⁵ Ibid

²⁶ <http://america.aljazeera.com/watch/shows/america-tonight/america-tonight-blog/2014/3/14/suboxone-babies-heroinnewborns.html>

²⁷ Ibid

²⁸ Ibid

- Some areas have seen as high as an 800 percent surge in drug incidents between 2000 and 2013.²⁹
- Many officials believe that “part of the drug problem lies in the high conversion rate of single-family homes into multiunit rentals,” which can be breeding grounds for drugs because of a well-established network of buyers that host out-of-town dealers.³⁰
- Not all local treatment and anti-drug efforts in the state are equal, for example, Bennington is claimed to be four years behind Rutland’s efforts.³¹

Motivations in the Current Heroin Crisis

- **Profits for dealers** Vermont attracts heroin dealers for its high profit margins. A dealer can buy heroin in Springfield, Massachusetts for as little as \$6 a bag and sell it in Vermont for \$30, and they do, for \$2 million in heroin is trafficked every week in Vermont.³²
- **Convenience for dealers** The state has convenient highways that feed directly into big cities such as Montreal, Boston, New York and Philadelphia, so dealers can easily travel a few hours on the interstate to Vermont and sell drugs at a price 500% higher than in out-of-state major cities.³³

²⁹ <http://www.rutlandherald.com/article/20140317/THISJUSTIN/703179881>

³⁰ <http://www.nytimes.com/2014/02/28/us/a-call-to-arms-on-a-vermont-heroin-epidemic.html>

³¹ <http://www.nytimes.com/2014/03/06/us/bulwark-in-revolutionary-war-town-in-vermont-faces-heroin-scourge.html>

³² <http://www.sevendaysvt.com/vermont/powder-trail-tracing-vermonts-heroin-epidemic-to-its-sources/Content?oid=2243560>

³³ Ibid