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The State of the Opioid Crisis in Vermont Today

This report offers a wide-ranging analysis of the current issues related to opioid use in Vermont. The report discusses the emerging syndemic crises, medically assisted treatment options, and community centered harm reduction options. This report will also detail the ways in which state governments, including Vermont, are attempting to address issues arising from opiate usage.

Definitions

Opiates/Opioids

Opioids are substances that interact with the opioid-receptors on the nerve cells in the human body, with the intended effect of reducing pain.[1] The term opioid is commonly used to encompass all substances with this effect, whereas opiate is typically used to refer to natural opioids alone such as heroin and codeine.[2] These terms are used interchangeably in scholarly writing on the topic, particularly due to their similar usages and population of users. As a result, this report will also use these terms interchangeably.

Opioid Receptor Antagonists

Opioid receptor antagonists are substances used to block one or more of the opioid receptors on nerve cells in the human body.[3] There are many different opioid receptor antagonists, but Naloxone (often referred to as "NARCAN") is the most commonly used in the recent past.[4] In the use of opioids cut with Xylazine, however, Naloxone does not reverse its effects.[5] Therefore, we provide information on the use of naloxone in this report, as well as information on the

[1] Centers for Disease Control and Prevention, "Commonly Used Terms," Centers for Disease Control and Prevention, January 26, 2021, https://www.cdc.gov/opioids/basics/terms.html.
[2] Centers for Disease Control and Prevention, "Commonly Used Terms."
[3] Jonathan Theriot, Sarah Sabir, and Mohammadreza Azadfard, "Opioid Antagonists," *StatPearls* [Internet], July 21, 2023, https://www.ncbi.nlm.nih.gov/books/NBK537079/.
[4] Vermont Department of Health, "Fatal Overdoses Among Vermonters," Vermont Department of Health, April 2023, https://www.healthvermont.gov/sites/default/files/document/DSUfatalopioidoverdosebrief2022.pdf.
[5] United States Drug Enforcement Administration, "DEA Reports Widespread Threat of Fentanyl Mixed with Xylazine," United States Drug Enforcement Administration, November 2022, https://www.dea.gov/alert/dea-reports-widespread-threat-fentanyl-mixed-xylazine#:~:text=Because%20xylazine%20is%20not%20an,be%20suffering%20a%20drug%20poisoning.

growing threat of Xylazine and precautions taken towards its usage.

Emerging Syndemic Crises

The CDC defines a syndemic simply as "synergistically interacting epidemics,"[6] with other leaders in the field of epidemiology defining it as "[t]he aggregation of two or more concurrent or sequential epidemics or disease clusters in a population with biological interactions, which exacerbate the prognosis and burden of disease."[7] This term has been used to characterize recent developments in the opiate crisis due to the use of Xylazine and adulterated fentanyl.

Xylazine, colloquially known as "tranq," is a nonopioid sedative used for veterinary practices.[8] It is not approved for human use, and as a central nervous system depressant, can cause dangerously low blood pressure, amnesia, and drowsiness. The literature also suggests it is linked to general body deterioration, as well as skin ulcerations, but because it is not approved for human use, the full effects of it on the human body are yet to be fully understood.[9] When Xylazine is taken with other depressants, such as alcohol or benzodiazepines, it can greatly increase the chance of a lethal overdose occurring.[10] Those experiencing opiate addiction may unknowingly take Xylazine thinking it will relieve their withdrawal symptoms, but because it is not an opioid, it will sedate them without relieving their withdrawal symptoms, increasing the likelihood that the user will take too much to alleviate said symptoms.[11]

Government agencies are struggling to keep up with the pace of the crisis. In September 2021, the Drug Enforcement Agency (DEA) issued a Public Safety Alert detailing the increased lethality and availability of fentanyl-laced, and fentanyl-analog-laced fake prescription pills. [12] In November 2022, the DEA updated this Alert to warn that as much as 6 out of 10 fentanyl-laced fake prescription pills contain a lethal dose, and at the beginning of 2023, they updated the alert once again to warn that 23% of fentanyl powder, and 7% of fentanyl laced pills contain Xylazine, further complicating the existing health crisis.[13] From January 2019 to June 2022, the CDC noted a 276% increase in the presence of Xylazine in overdose deaths nationwide, noting

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[6] Centers for Disease Control and Protection, "Definitions," Centers for Disease Control and Prevention, January 13, 2022, https://www.cdc.gov/nchhstp/programintegration/definitions.htm.

[7] David T. Zhu, Joseph Friedman, Philippe Bourgois, Fernando Montero, and Suzanne Tamang, "The Emerging Fentanyl–Xylazine Syndemic in the USA: Challenges and Future Directions," *The Lancet*, August 24, 2023, https://doi.org/10.1016/S0140-6736(23)01686-0.

[8] Bhavani Nagendra Papudesi, Srikrishna Varun Malayala, and Angela C. Regina, "Xylazine Toxicity," *StatPearls*, July 17, 2023, https://www.ncbi.nlm.nih.gov/books/NBK594271/.

[9]Kazandra Ruiz-Colón, Carlos Chavez-Arias, José Eric Díaz-Alcalá, and Maria A. Martínez, "Xylazine Intoxication in Humans and its Importance as an Emerging Adulterant in Abused Drugs: A Comprehensive Review of the Literature," *Forensic Science International* 240 (July 2014):1-8, doi: 10.1016/j.forsciint.2014.03.015.

[10] Zhu et. al, "The Emerging Fentanyl–Xylazine Syndemic."

[11] Jolanta B. Zawilska, Katarzyna Kuczyńska, Wiktoria Kosmal, Katarzyna Markiewicz, and Piotr Adamowicz, "Carfentanil - from an Animal Anesthetic to a Deadly Illicit Drug," *Forensic science international* 320, March 2021, https://doi.org/10.1016/j.forsciint.2021.110715.

[12]Amber N. Edinoff, David Martinez Garza, Stephen P. Vining, Meghan E. Vasterling., Eric D. Jackson, Kevin S. Murnane, Adam M. Kaye, et. al, "New Synthetic Opioids: Clinical Considerations and Dangers," *Pain and therapy* 12, no. 2(2022): 399–421, https://doi.org/10.1007/s40122-023-00481-6.

[13] United States Drug Enforcement Administration, "DEA Reports Widespread Threat of Fentanyl."

particularly high levels of it in the Northeast U.S.[14] In November 2022, the FDA alerted healthcare professionals of the health risks associated with Xylazine being laced into the drug supply, specifically noting that Naloxone is likely ineffective against Xylazine overdose, that Xylazine is difficult to discern in toxicology reports, and that it can cause serious, necrotic skin ulcerations.[15]

In July 2023, The White House Office of National Drug Control Policy rolled out a framework for addressing the fentanyl adulterated or associated with xylazine syndemic crisis, emphasizing that state and local government involvement in harm-reduction efforts is crucial in meeting the needs of those impacted by this ever-escalating crisis.[16]

Opioid Mortality Rate

Opiate use and opiate overdoses are a continuing problem in Vermont. According to the Vermont Department of Health, there were 158 opioid-related fatal overdoses in 2020.[17] This rose 33% in 2021, with 210 opioid-related fatal overdoses documented in the state.[18] Some of the substances which are evaluated as threats by the Vermont Department of Health include fentanyl, opioids, and heroin. Figure 1 shows the number of accidental and undetermined opioid related fatal overdoses containing these substances specifically among Vermont residents, as provided by the Vermont Department of Health.

As Figure 1 shows, the trend in the number of opioid-related fatalities has changed over time, depending on the specific drug used. The number of deaths from fentanyl overdoses specifically continues to climb through the years, with 4 opioid-related fatalities in 2010 growing to 196 in 2021.[19] Conversely, heroin-specific fatalities peaked with 69 deaths in 2018, declining to 20 by 2021. Prescription (labeled "RX" in the chart) opiate numbers have remained relatively stable, dipping from 45 fatalities in 2013 to 34 in 2014, but ultimately rising back to 48 fatalities in 2021. While the level of usage for each individual substance varies, the clear spike in fentanyl usage represents the main threat of opiate usage in Vermont.

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[14] Kariisa Mbabazi, Julie O'Donnell, Sagar Kumar, Christine L. Mattson, and Bruce A. Goldberger, "Illicitly Manufactured Fentanyl–Involved Overdose Deaths with Detected Xylazine," Centers for Disease Control and Prevention, June 29, 2023, http://dx.doi.org/10.15585/mmwr.mm7226a4.

[15] United States Food and Drug Administration, "FDA Alerts Health Care Professionals of Risks to Patients Exposed to Xylazine in Illicit Drugs," United States Food and Drug Administration, November 8, 2022, https://www.fda.gov/drugs/drug-safety-and-availability/fda-alerts-health-care-professionals-risks-patients-exposed-xylazine-illicit-drugs.

[16] The White House Office of National Drug Control Policy "Fentanyl Adulterated or Associated with Xylazine Response Plan," Executive Office of the President of the United States, July 2023, https://www.whitehouse.gov/wp-content/uploads/2023/07/FENTANYL-ADULTERATED-OR-ASSOCIATED-WITH-XYLAZINE-EMERGING-THREAT-RESPONSE-PLAN-Report-July-2023.pdf.

[17] Vermont Department of Health, "Opioid Related Fatal Overdoses Among Vermonters," Vermont Department of Health, April 2023, https://www.healthvermont.gov/sites/default/files/document/DSUfatalopioidoverdosebrief2022.pdf.

[18] Vermont Department of Health, "Opioid-related Fatal Overdoses Among Vermonters."

[19] Vermont Department of Health, "Opioid-related Fatal Overdoses."

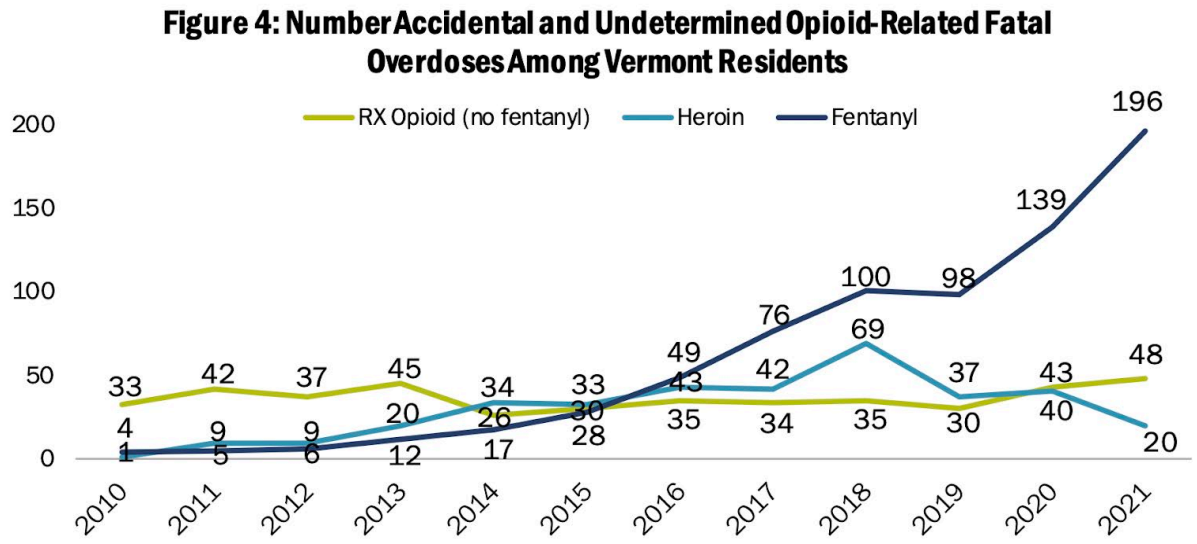

Figure 1: The Number of Accidental and Undetermined Opioid-Related Fatal Overdoses Among Vermont Residents between 2010 and 2021

Source: Vermont Department of Health, "Opioid Related Fatal Overdoses Among Vermonters," April 2023, https://www.healthvermont.gov/sites/default/files/document/DSUfatalopioidoverdosebrief2022.pdf.

These statistics do not provide the whole story, however, as drug overdoses typically stem from a combination of substances, though the Vermont Department of Health's report attributes any drug death with an opiate present as an opiate death, regardless of the other drug.[20] The most common drug combinations present in fatal overdoses have changed over time in Vermont. In 2010, prescription Opioids and Benzodiazepines were the first most common, followed by prescription Opioids and Alcohol, and finally prescription Opioids and Cocaine. In 2021, however, Fentanyl and Cocaine were the most common overdose combination, followed by Fentanyl and Xylazine, and lastly Xylazine and Cocaine. The rise of xylazine as an emergent threat is demonstrated in these trends and identified by the Vermont Department of Health, who cites that "in the first seven months of 2021, xylazine-involved opioid overdoses already accounted for more than twice the total opioid overdose deaths involving xylazine for 2019 and three times as many in 2020."[21] The "non-opioid" element plays a key part in how Xylazine is reported in statistics. While there is not an overwhelming body of research on how xylazine effects the body, it has been identified to have similar effects to opioid and ultimately is used by a similar population as a result.[22] This difference in categorization of Xylazine, despite

[20] Vermont Department of Health, "Opioid-related Fatal Overdoses."
[21] Vermont Department of Health, "Role of Xylazine in Fatal Opioid Overdoses," Vermont Department of Health, October 2021, https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP-XylazineBrief.pdf.
[22] United States Drug Enforcement Administration, "The Growing Threat of Xylazine and Its Mixture with Illicit Drugs," United States Drug Enforcement Administration, October 2022, https://www.dea.gov/sites/default/files/2022-12/The%20Growing%20Threat%20of%20Xylazine%20and%20its%20Mixture%20with%20Illicit%20Drugs.pdf.

similarity, ultimately skews statistics away from an accurate representation potential trend among users.

Opioid effects on Vermont population

Opioid addiction in Vermont is more prevalent in some demographic groups. There are many patterns which can be identified by examining specific demographic groups, particularly the disproportionate impact of the Opioid crisis on communities of color in Vermont.

- Sixty-eight percent of all accidental and undetermined manner of opioid-related fatalities occurring among Vermont residents in 2019 were male.[23]
- Thirty-two percent [24] of all accidental and undetermined manner of opioid-related fatalities occurring among Vermont residents in 2019 were female.
- The largest percentage of opioid-related fatalities occurred among individuals ages 30-39 in Vermont.[25]
- Ninety-four percent occur among white, non-Hispanic individuals.[26]
- Six percent of opioid-related fatalities afflicted racial or ethnic minority groups.[27]
- The rate of overdose per 100k individuals of each racial demographic is similar with seventeen-point nine percent of white non-Hispanic individuals affected and sixteen-point one percent of racial or ethnic minority groups affected. [28]

One way to measure the opiate abuse trend is by observing the admittances into rehabilitation centers within Vermont, which the Substance Abuse and Mental Health Services Administration (SAMHSA) tracks. Admittances may not encompass the entirety of the opioid epidemic, but patterns of growth in this area may represent trends in usage as well. SAMHA's Treatment Episode Data Set (TEDS) contains data for each state in monitoring admittance to their substance abuse treatment systems. In 2020, TEDS documented a total of 2,056 admittances to treatment facilities for the use of opiates including heroin in Vermont (individuals aged twelve and up).[29] By contrast, 2019 documented 3,334 admittances for this same demographic.[30] This is compared to data from 2009 that records 1877 admittances for opiate usage in Vermont.[31]

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[23] Vermont Department of Health, "Opioid-Related Fatalities among Vermonters," Vermont Department of Health, March 2020.
[24] Vermont Department of Health, "Opioid-Related Fatalities among Vermonters."
[25] Vermont Department of Health, "Opioid-Related Fatalities among Vermonters."
[26] Vermont Department of Health, "Opioid-Related Fatalities among Vermonters."
[27] Vermont Department of Health, "Opioid-Related Fatalities among Vermonters."
[28] Vermont Department of Health, "Opioid-Related Fatalities among Vermonters."
[29] Drug and Alcohol Services Information System, "Treatment Episode Data Set 2020: Admissions to and Discharges from Publicly Funded Substance Use Treatment Facilities," Substance Abuse and Mental Health Services Administration, November 4, 2022.
[30] Drug and Alcohol Services Information System, "Treatment Episode Data Set 2019: Admissions to and Discharges from Publicly Funded Substance Use Treatment Facilities," Substance Abuse and Mental Health Services Administration, July 16, 2021.
[31] Drug and Alcohol Services Information System, "Treatment Episode Data Set 1999-2009: State Admissions to Substance Abuse Treatment Services," Substance Abuse and Mental Health Services Administration, September 30, 2011.

There are limits to SAMHSA's Treatment Episode Data Sets. The data does not include data from many private for-profit rehabilitation centers as TEDS "includes admissions to facilities that are licensed or certified by the State substance abuse agency to provide substance abuse treatment."[32] This means that many TEDS are collected through state agencies alone, omitting private institutions that do not have a requirement for state certification. In addition, "TEDS is an admissions-based system, and TEDS admissions do not represent individuals. An individual admitted to treatment twice within a calendar year would be counted as two admissions."[33] There is limited clarity of the total number of individuals admitted as a result, impacting data interpretation.

Naloxone Access in Vermont

As of August 2023, the Vermont Department of Health has submitted a "standing order" for Naloxone Hydrochloride (which includes Narcan, and Evzio, the two most common opioid antagonists used to prevent and reverse overdose) through August 2025. This standing order can be used in substitution for another form of prescription and authorizes pharmacies and other providers to dispense it to anyone so long as the individual reviews guidelines for its administration and either uses drugs or interacts with people who use drugs.[34]

In 2021, 176 overdoses were successfully halted by the administration of an opioid antagonist in Vermont. This data only represents *reported* incidents. The Vermont Department of Health has estimated that between the beginning of this program in 2014, and 2021, 2,392 lives have been saved in the state. The efficacy of Naloxone in mitigating the deadly outcomes of the opioid crisis are self-evident, and there is a direct inverse relationship between overdose rates and naloxone availability.[35]

According to the Vermont Department of Health, the Good Samaritan Law protects individuals administering naloxone on people who they deem in good faith to be experiencing an opioid overdose from civil or criminal penalties, so long as the person administering doesn't act with "gross negligence" or "intentional misconduct".[36]

The Minnesota Department of health notes that Naloxone doesn't reverse the effects of Xylazine, as it is not an opioid, which is a critical gap in available medical interventions, but says in the

[32] Drug and Alcohol Services Information System, "Treatment Episode Data Set 2001-2011: State Admissions to Substance Abuse Treatment Services," Substance Abuse and Mental Health Services Administration, June 2013.
[33] Drug and Alcohol Services Information System, "Vermont Treatment Episode Data Sets: 2001-2011."
[34] Vermont Department of Health, "Standing Order for Distribution of Naloxone Prescription for Overdose Prevention," Vermont Department of Health, n.d., https://www.healthvermont.gov/sites/default/files/documents/pdf/RESP_Naloxone_standingorder.pdf.
[35] Vermont Department of Health, "Naloxone Distribution and Administration Opioid Misuse in Vermont," Vermont Department of Health, December 2021, https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAPNaloxoneDataBrief.pdf.
[36] Vermont Department of Health, "Opioid Overdose Prevention," Vermont Department of Health, October 18, 2023, https://www.healthvermont.gov/emergency/injury/opioid-overdose-prevention#:~:text=Good%20Samaritan%20State%20Law%20Protects.

event of a suspected Xylazine overdose, Naloxone should still be administered, as it is often laced with or taken with opioids that will respond to Naloxone, lessening the risk of mortality.[37]

MAT (Medically Assisted Treatment) in Vermont

The main medications used in assisting opioid users in recovery through medically assisted treatment are Buprenorphine and Methadone. Buprenorphine is a partial opioid agonist, which means that it partially activates opiate receptors in the brain.[38] Buprenorphine is a common and effective treatment medication for opioid use disorder because it diminishes the withdrawal effects and cravings characteristic to physical dependency on opioids, increases safety of the user in the case of an overdose, and reduces the likelihood of overdoses as it reduces misuse. Methadone is also an opioid-receptor antagonist used to treat Opioid Use Disorder by reducing withdrawal symptoms, general craving, and by limiting the feelings produced by taking opioids.[39] Methadone is regarded as a generally effective solution, as represented by a 2009 study which found patients treated with methadone had 33 percent fewer drug tests that were positive for opioids.[40] Both Methadone and Buprenorphine have been approved for use by the U.S. Food and Drug Administration, specifically when prescribed by a provider for medically assisted treatment.[41] However, Methadone is a full opioid-receptor antagonist, meaning there is no ceiling for respiratory depression, making overdose more likely, whereas buprenorphine may have the respiratory depressive effect at higher doses limiting the possibility of overdose.[42]

People seeking medically assisted treatment have several options in accessing medication in treatment. Buprenorphine is unique in that it is available through prescription, allowing it to be more easily accessed.[43] Methadone must be administered under the supervision of a practitioner.[44] Due to the variability in modes through which patients can receive medically

[37] Minnesota Department of Health, "Xylazine," Minnesota Department of Health, September 11, 2023, https://www.health.state.mn.us/communities/opioids/basics/xylazine.html.
[38] Rachna Kumar, Omar Viswanath, and Abdolrezza Saadabadi, "Buprenorphine," *StatPearls*, April 29, 2023, https://www.ncbi.nlm.nih.gov/books/NBK459126/.
[39] Substance Abuse and Mental Health Services Administration, "Methadone," Substance Abuse and Mental Health Services Administration, September 18, 2023, https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/methadone.
[40] National Institute on Drug Abuse, "How Effective Are Medications to Treat Opioid Use Disorder?", National Institutes of Health, December 3, 2021, https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder.
[41] Substance Abuse and Mental Health Services Administration, "Medications for Substance Use Disorders," Substance Abuse and Mental Health Services Administration, October 3, 2023, https://www.samhsa.gov/medications-substance-use-disorders.
[42] Paul J. Whelan, and Kimberly Remski, "Buprenorphine vs Methadone Treatment: A Review of Evidence in Both Developed and Developing Worlds," *Journal of Neurosciences in Rural Practice* 3(January 2012): 45-50, https://doi.org/10.4103%2F0976-3147.91934.
[43] Substance Abuse and Mental Health Services Administration, "Buprenorphine," Substance Abuse and Mental Health Services Administration, September 18, 2023, https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/buprenorphine.
[44] Substance Abuse and Mental Health Services Administration, "Methadone."

assisted treatment, there are 32 different treatment programs offered throughout the state of Vermont.[45]

Community-Centered Harm Reduction

Fentanyl test strips are now widely available at community health centers and places that dispense Naloxone. However, Xylazine test strips are not yet commonplace, and can be very difficult to find, especially in populations with limited resources. A study published in *The International Journal on Drug Policy* showed that two-thirds of drug users would use a Xylazine test strip if one was available.[46] Experts in the field have argued that Emergency Medical Services (EMS) are uniquely positioned to disperse harm reduction materials, such as fentanyl and xylazine test strips, as well as safe needle exchange kits, safe snort kits, and the ability to test drugs for users onsite. Making the testing of drugs for users as accessible as possible is a crucial step in combatting the crisis.[47]

While Naloxone has proven to have a crucial role in combatting opioid overdoses in the US, rural communities often lack access to community health centers, and sometimes even lack pharmacies where they would be able to access Naloxone and other harm-reduction materials. This has created a healthcare disparity in rural communities, exacerbated by the fact that many drug users lack reliable transportation to get to more well-served areas.[48]

Drugs to reverse the effects of Xylazine overdose in animals exist and are classified as Alpha-2 antagonist, meaning they block the receptors that Xylazine bind to.[49] Alpha-2 antagonists such as Yohimbine and Atipamezole are not approved for use in humans, but further research to assess their efficacy in combatting Xylazine overdose in humans could prove a useful tool in the fight against the escalating crisis.[50]

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[45] Vermont Department of Health, "How Do I Find Treatment Services?", Vermont Department of Health, August 2, 2023, https://www.healthvermont.gov/alcohol-drugs/how-get-help/find-treatment.

[46] Thomas Quijano, Jason Crowell, Kathryn Eggert, Katie Clark, Marcus Alexander, Lauretta Grau, Robert Heimer, "Xylazine in the Drug Supply: Emerging Threats and Lessons Learned in Areas with High Levels of Adulteration," *The International Journal on Drug Policy* 120 (October 2023): 104-154, https://doi.org/10.1016/j.drugpo.2023.104154.

[47] Nicholas M.G. Friedman, Caitlin A. Molina, Melody J. Glenn, "Harm Reduction and Emergency Medical Services: Opportunities for Evidence-Based Programming," *American Journal of Emergency Medicine* 72 (October 2023):85-87, doi: 10.1016/j.ajem.2023.07.025.

[48] Mark Faul, Michael W. Dailey, David E. Sugerman, Scott M. Sasser, Benjamin Levy, Len J. Paulozzi, "Disparity in Naloxone Administration by Emergency Medical Service Providers and the Burden of Drug Overdose in US Rural Communities," *American Journal of Public Health* 105, no. 3 (July 2015):32, https://doi.org/10.2105%2FAJPH.2014.302520.

[49] Bhavani Nagendra Papudesi, Srikrishna Varun Malayala, and Angela C. Regina, "Xylazine Toxicity," *StatPearls*, July 17, 2023, https://www.ncbi.nlm.nih.gov/books/NBK594271/.

[50] Tina Jansson, B. Vijitha Perera, Anna Edner, and Åsa Fahlman, "Standing Sedation with Xylazine and Reversal with Yohimbine in Juvenile Asian Elephants (Elephas Maximus)," *Journal of Zoo and Wildlife Medicine* 52, no. 2 (June 2021): 437–44, https://doi.org/10.1638/2020-0170.

Government Activity

Over the course of the past decade as the opioid epidemic has worsened states have increasingly acted in several ways to address the problem of opioid addiction and overdose. States have been able to innovate and quickly disseminate strategies to help other jurisdictions in their opioid response. Between 2016 and 2019, the number of states that enacted opioid limitation laws increased from ten to thirty-nine.[51] Similarly, forty-seven states and Washington, D.C. had passed both good Samaritan laws and Naloxone access laws.[52]

Minnesota

Recently, the state of Minnesota passed two bills to combat the opioid epidemic in their state. In 2019, bill HB19-400 took a multilateral approach to opioid abatement. It allowed the state to collect money from drug manufacturers, distributors, and prescribers to fund other projects to fight the opioid crisis through an opiate product registration fee.[53] Additionally, it established the Opioid Stewardship Fund and the Opioid Addiction Advisory Council.[54] Among the council's purposes include reviewing standing initiatives, establishing priorities to guide the states' response, and developing and recommending specific projects, all while consulting local officials.[55] Minnesota is expected to raise around $20 Million annually to fund the initiatives laid out in HB19-400. In 2021, the state legislature also passed SB21-4045, which divided funds collected to respond to the opioid epidemic into two separate accounts; a registration and licensing fee account and a settlement account.[56] Additionally, it sets new requirements for municipalities which receive funds directly from state opioid settlements.[57]

Colorado

The state of Colorado has received over $740 million in monetary damages from opioid producers and distributors.[58] In the Regular Session of 2019, the State of Colorado passed HB19-1009 to ensure that their settlement money is used to support Coloradans suffering or recovering

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[51] Corey S. Davis and Amy Judd Lieberman, "Laws Limiting Prescribing and Dispensing of Opioids in the United States, 1989–2019," *Addiction* 116, no. 7 (November 27, 2020): 1817–27, https://doi.org/10.1111/add.15359.
[52] U.S. Government Accountability Office, "Drug Misuse: Most States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects," U.S. Government Accountability Office, March 29, 2021, https://www.gao.gov/products/gao-21-248.
[53] Minnesota Legislature, House, HB 400, 2019.
[54] Erika Parkinson, "A Dose of Relief: How States Are Spending Opioid Settlement Money," *National Conference of State Legislatures*, July 31, 2023, https://www.ncsl.org/state-legislatures-news/details/a-dose-of-relief-how-states-are-spending-opioid-settlement-money.
[55] Minnesota Department of Health, "Opioid Epidemic Response Advisory Council (OERAC)," Minnesota Department of Health, October 20, 2022, https://www.health.state.mn.us/communities/opioids/mnresponse/oerac.html.
[56] Minnesota Legislature, Senate, SB 4045, 2021.
[57] Erika Parkinson, "A Dose of Relief: How States Are Spending Opioid Settlement Money."
[58] Colorado Attorney General, "Attorney General Phil Weiser Is Fighting the Opioid Crisis on Many Fronts," Office of the Attorney General, August 29, 2023, https://coag.gov/opioids/.

from substance abuse disorder.[59] The program expands the State Department of Local Affairs' housing voucher program to those with a substance abuse disorder. Additionally, this bill establishes new standards for treatment and recovery programs, and bars facilities from using the terms "recovery residence," "sober living facility," or "sober home" unless they meet the determined conditions.[60] Finally, HB19-1009 creates the recovery resilience certification grant program and the opioid crisis recovery funds advisory committee. This committee is charged with assisting and advising the department of law on any funds the state receives in settlements or damages from opioid related litigation. In a memorandum in 2021, Attorney General Phil Weiser announced the state would distribute 60% of funds to regional opioid abatement, 20% to participating local governments, 10% to specific infrastructure abatement projects, and 10% directly to the state.[61]

Alabama

In 2016, the State of Alabama passed HB379 which allowed the State Health Officer and/or any county health officer to issue a standing order allowing the dispersion of Naloxone.[62] In 2021, State Health Officer Scott Harris issued a standing order that essentially allowed anyone who wanted a Naloxone prescription to be able to get one. The order included those who identify as an "individual in a position to assist another individual at risk of experiencing an opioid-related overdose" as eligible for a prescription.[63]

Idaho

Idaho offers an example of using federal money to formulate an approach to the opioid epidemic. The states' Department of Health and Welfare received over $10 Million from the federally run Substance Abuse and Mental Health Service Administration through the administration's State Opioid Response Grant Program from 2017 to 2019.[64] These grants allowed Idaho to expand their medication assisted treatment program, expand the distribution of Naloxone, and provide Naloxone training to first responders and others who may encounter an overdose.[65] Another aspect of the DHW approach was the development of a program called Law Enforcement Assisted Diversion (LEAD), which allowed for offenders to opt for treatment instead of jail and quickly access recovery coach services and referrals to community treatment centers.[66]

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[59] Colorado Department of Local Affairs, "Housing Voucher Programs," Colorado Department of Local Affairs, n.d., https://cdola.colorado.gov/office-of-rental-assistance/housing-voucher-programs.
[60] Colorado General Assembly, House, HB 1009, 2019.
[61] Colorado Attorney General, "Attorney General Phil Weiser Is Fighting the Opioid Crisis on Many Fronts."
[62] Alabama Legislature, House, HB 379, 2016.
[63] Scott Harris, "Standing Order of State Health Officer Naloxone Distribution for Overdose Problem," Alabama Department of Public Health, 2021, https://mh.alabama.gov/wp-content/uploads/2021/09/Naloxone-Standing-Order-September-2021.pdf.
[64]National Association of State Alcohol and Drug Abuse Directors, "Idaho STR/SOR Profile," National Association of State Alcohol and Drug Abuse Directors, September 2019, https://www.opioidlibrary.org/wp-content/uploads/2019/10/FINAL-ID-Profile.pdf.
[65] Idaho Department of Health and Welfare, "Idaho's Response to the Opioid Crisis," Idaho Department of Health and Welfare, n.d., https://healthandwelfare.idaho.gov/providers/behavioral-health-providers/idahos-response-opioid-crisis.
[66] Idaho Department of Health and Welfare, "Idaho's Response to the Opioid Crisis."

Additionally, the program sought to raise awareness, begin prevention programs, and connect individuals in need with the appropriate services through a slate of community-based education initiatives through local schools, universities, the Boys and Girls Club, and other local treatment providers and sober living facilities.[67] A 2019 report from the National Association of State Alcohol and Drug Abuse Directors found that over a thousand Idahoans were able to access recovery support services through on of the states' nine treatment centers, and an additional 919 people received psychosocial therapy, medication assisted treatment, or other recovery support outside of the states' treatment centers as a result of the SOR grant received for Idaho's response to the opioid crisis.[68]

Kentucky

Kentucky is also taking a multipronged approach in its Kentucky Opioid Response Effort (KORE). The state has laid out several initiatives in the areas of Harm Reduction and Prevention, Treatment, Recovery, and Infrastructure.[69] In 2015, Kentucky's legislature passed SB192 which has allowed counties and local governments to engage in and administer a number of harm reduction practices in their state opioid response effort.[70] Some aspects of the state's harm reduction program include syringe service programs, overdose prevention through naloxone distribution, and primary prevention through a number of community-based programs through regional collaborators.[71] In the area of treatment, KORE has pioneered integrated primary care and opioid use disorders in hospitals around the state.[72] KORE has also expanded access to methadone treatment, mobile health services, established and supported recovery community centers and recovery support services to facilitate the housing, employment, and continued access to services of individuals recovering from an opioid use disorder.[73]

Vermont

Like many other states, Vermont has developed a holistic state response to the opioid epidemic. The state's Department of Health has engaged in an array of prevention initiatives including overdose outreach through syringe service programs, the distribution of Narcan, overdose messaging and an overdose prevention program.[74] Additionally, four counties in the state have

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[67] Idaho Department of Health and Welfare, "Idaho's Response to the Opioid Crisis."
[68] National Association of State Alcohol and Drug Abuse Directors, "Idaho STR/SOR Profile."
[69] Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities, "Kentucky Opioid Response Effort (KORE)," Kentucky Cabinet for Health and Family Services, 2023, https://www.chfs.ky.gov/agencies/dbhdid/Pages/kore.aspx.
[70] Kentucky Department of Public Health, "Harm Reduction Program," Kentucky Cabinet for Health and Family Services, accessed October 3, 2023, https://www.chfs.ky.gov/agencies/dph/Pages/harmreduction.aspx#:~:text=Syringe%20Services%20Program%20(SSP)%20Expansion,targeting%20vulnerable%20populations%20for%20services.
[71] Kentucky Cabinet for Health and Family Services, "Harm Reduction Program."
[72] Olivia Ramirez, "UK's First Bridge Clinic Offers Immediate Access to Opioid Treatment," *UKNow | University of Kentucky News,* April 24, 2019, https://uknow.uky.edu/research/uks-first-bridge-clinic-offers-immediate-access-opioid-treatment.
[73] Kentucky Cabinet for Health and Family Services, "Kentucky Opioid Response Effort (KORE)."
[74] Vermont Department of Health, "Vermont's Response to Opioids," accessed October 4, 2023, https://www.healthvermont.gov/alcohol-drugs/opioid-overdose-response/vermonts-response-opioids.

received Community Action Grants from the Center for Disease Control, and initiated community level rapid response for areas experiencing acute strain from the opioid epidemic.[75] The Department of Health also utilizes a hub and spoke method to facilitate the distribution of medication for opioid use disorder and better provide treatment through promoting coordination between providers.[76] This hub and spoke method allows smaller providers to access needed resources from larger institutions in the state in order to increase the mobility of opioid treatment response. In 2022, the state passed Act 118 to establish the Opioid Settlement Advisory Committee and Opioid Abatement Settlement Fund to better determine and disperse the money the state collects in damages from opioid producers and distributors. The committee brought its first set of recommendations to the legislature in March of 2023.[77] Furthermore, Governor Phil Scott created the Governor's Opioid Coordination Council by executive order in 2017 to better facilitate the coordination of state and local governments with organizations, agencies, and providers across the state to create a unified front in fighting the opioid crisis in Vermont.[78]

Conclusion

This report provides an overview of the current state of the opioid crisis in Vermont. The statistics on opioid-related fatalities highlight the urgency of the situation. The analysis also explores the effectiveness of measures such as Naloxone access, medically assisted treatment, and community-centered harm reduction. Government activities in states across the nation showcase diverse approaches to tackling the epidemic, emphasizing the importance of comprehensive, multifaceted strategies.

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[75] Vermont Department of Health, "Vermont's Response to Opioids."
[76] State of Vermont Blueprint for Health, "Hub and Spoke," n.d., https://blueprintforhealth.vermont.gov/about-blueprint/hub-and-spoke.
[77] Vermont Department of Health, "Vermont's Response to Opioids," Vermont Department of Health, June 22, 2023, https://www.healthvermont.gov/alcohol-drugs/opioid-overdose-response/vermonts-response-opioids.
[78] Office of Governor Phil Scott, "Governor's Opioid Coordination Council (Executive Order 09-17)," State of Vermont Office of Governor Phil Scott, May 8, 2017, https://governor.vermont.gov/content/governors-opioid-coordination-council-executive-order-09-17.