Opioids and Prevention: How we share the focus in our Vermont Communities

ROBIN RIESKE, MS, CPP AND MATTHEW WHALEN

NPN CONFERENCE AUGUST 2018

Upon completion of this course participants will be able to:

- Explain a variety of prevention approaches/strategies utilized for Opioid prevention
- Share research findings about the trajectory of use and the role of prevention in the Opioid crisis
- Advocate for the voice of prevention in the community and
- Gain tools to share with the community that connect to best practices

PAIR SHARE

What strategies or tactics has your community used in opioid prevention?

Continuum of Care

SAMHSA, https://www.samhsa.gov/prevention
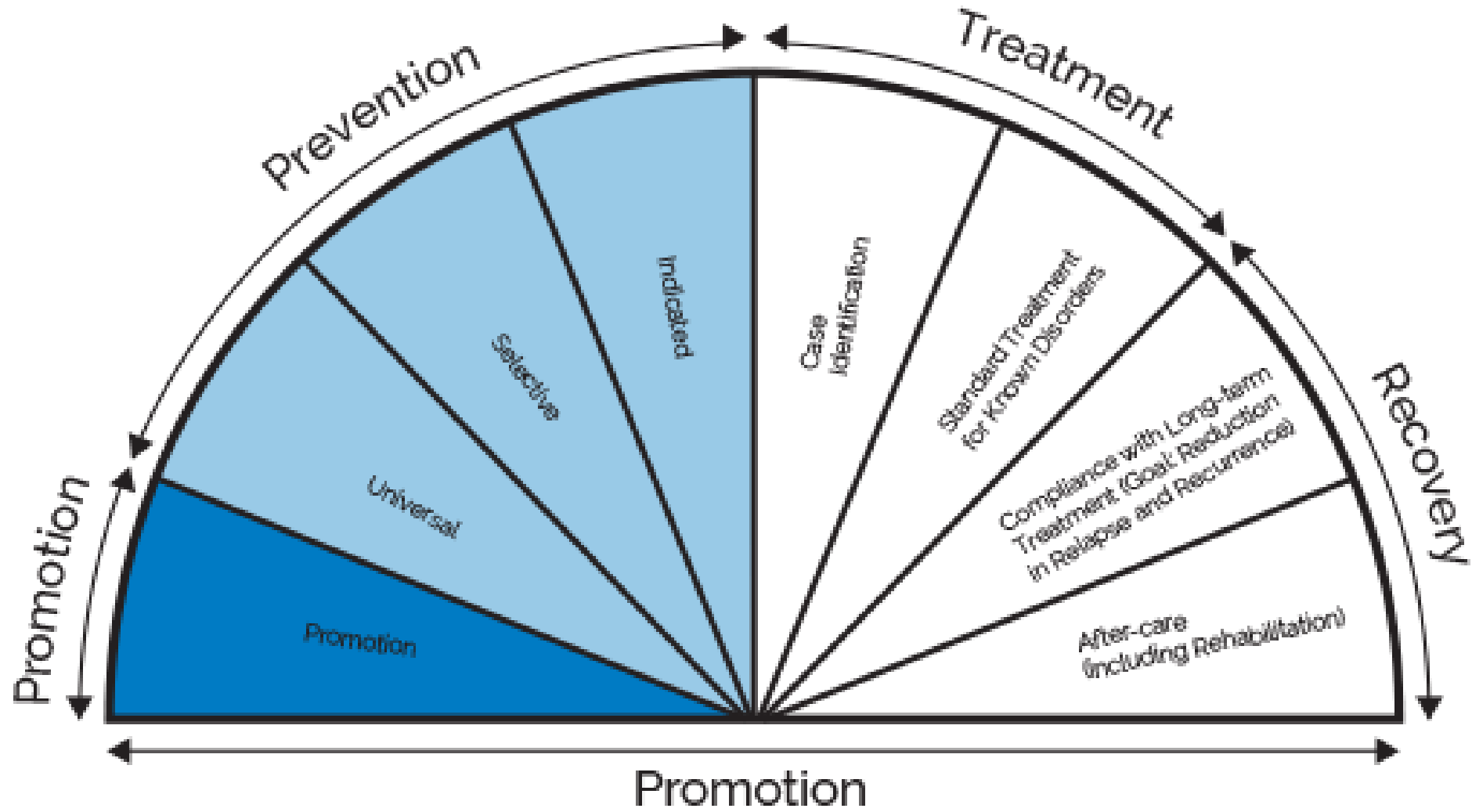
NDEWS HOTSPOT REPORT

UNDERSTANDING OPIOID OVERDOSES IN NEW HAMPSHIRE

Phase II of a National Drug Early Warning System (NDEWS) HotSpot Rapid Epidemiological Study

Andrea Meier, MS, LADC, LCMHC, Sarah K. Moore, PhD, Elizabeth C. Saunders, MS,

Stephen A. Metcalf, MPhil, Bethany McLeman, BA, Samantha Auty, BS, and Lisa A. Marsch, PhD

NDEWS Coordinating Center. February 2017. NDEWS New Hampshire HotSpot Studies: Overview and Initial Results.

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TRAJECTORY OF OPIOID USE

The initial results suggest that consumers' path to opioid use was typically associated with:

- Early recreational substance use,

- Intergenerational substance use among nuclear family members,

- Severe injuries warranting a prescription opioid, sometimes followed by an abrupt taper, and/or

- Self-medication of mental health conditions.

TABLE 2. LIFETIME SUBSTANCE USE AND AGE OF FIRST USE

Substance	Lifetime Use n(%)		Age at First Use m(sd)	
	Full Sample (n=76)	Subsample (n=20)	Full Sample (n=76)	Subsample (n=20)
Alcohol[a]	74 (98.7%)	19 (100%)	13.7 (3.8)	14.5 (5.6)
Cannabis	75 (98.7%)	19 (95.0%)	13.9 (2.8)	13.9 (3.6)
Inhalants	25 (32.9%)	7 (35.0%)	16.1 (4.6)	16.3 (3.2)
Hallucinogens	52 (68.4%)	13 (65.0%)	16.6 (2.9)	16.2 (3.2)
Cocaine	71 (93.4%)	19 (95.0%)	17.9 (3.5)	18.5 (4.4)
Prescription opioids	75 (98.7%)	20 (100%)	21.1 (7.1)	23.5 (8.7)
Stimulants	51 (67.1%)	13 (65.0%)	21.2 (7.7)	20.5 (8.9)
Sedatives	24 (31.6%)	6 (30.0%)	21.4 (7.3)	25.8 (6.2)
Benzodiazepines	53 (69.7%)	12 (60.0%)	22.1 (7.1)	22.6 (6.7)
Heroin	70 (92.1%)	18 (90.0%)	24.1 (7.0)	24.1 (7.1)
Fentanyl	64 (84.2%)	19 (95.0%)	28.1 (7.3)	28.3 (7.4)
Other	4 (5.3%)	1 (5.0%)	28.5 (14.4)	22.0 (--)[b]

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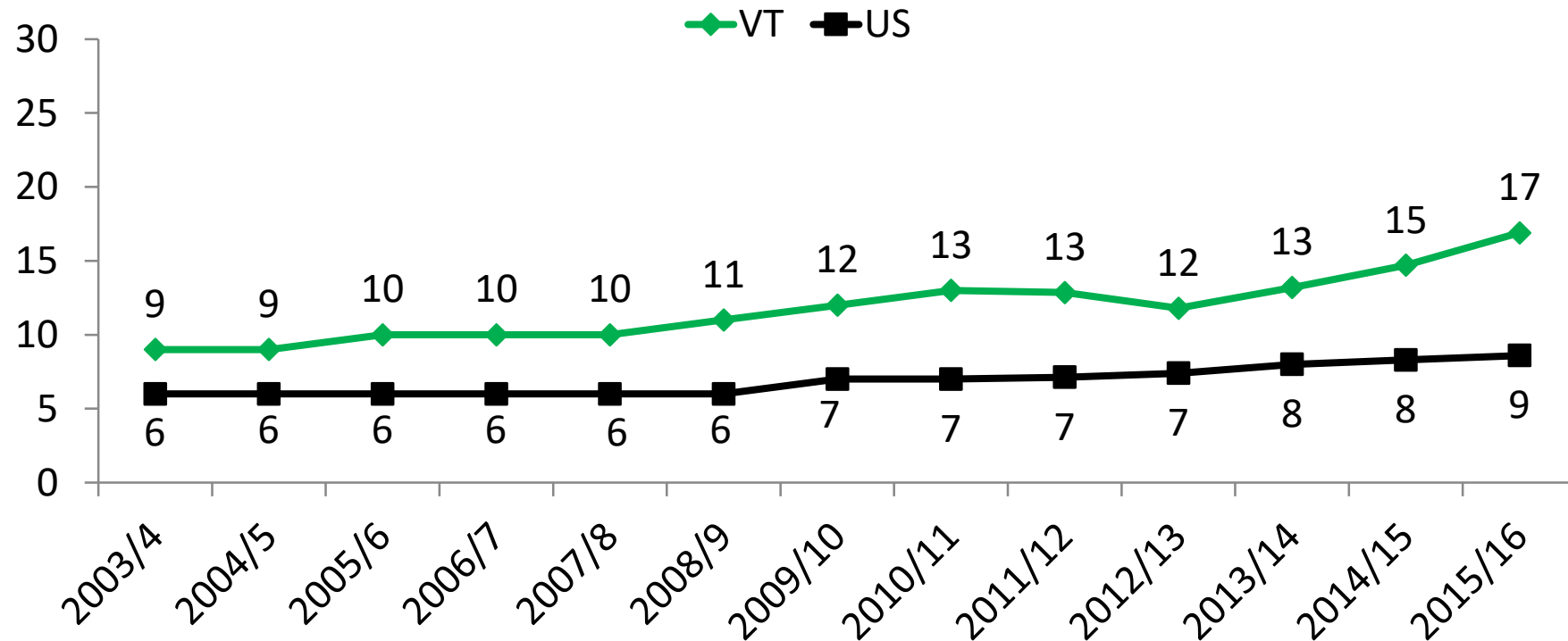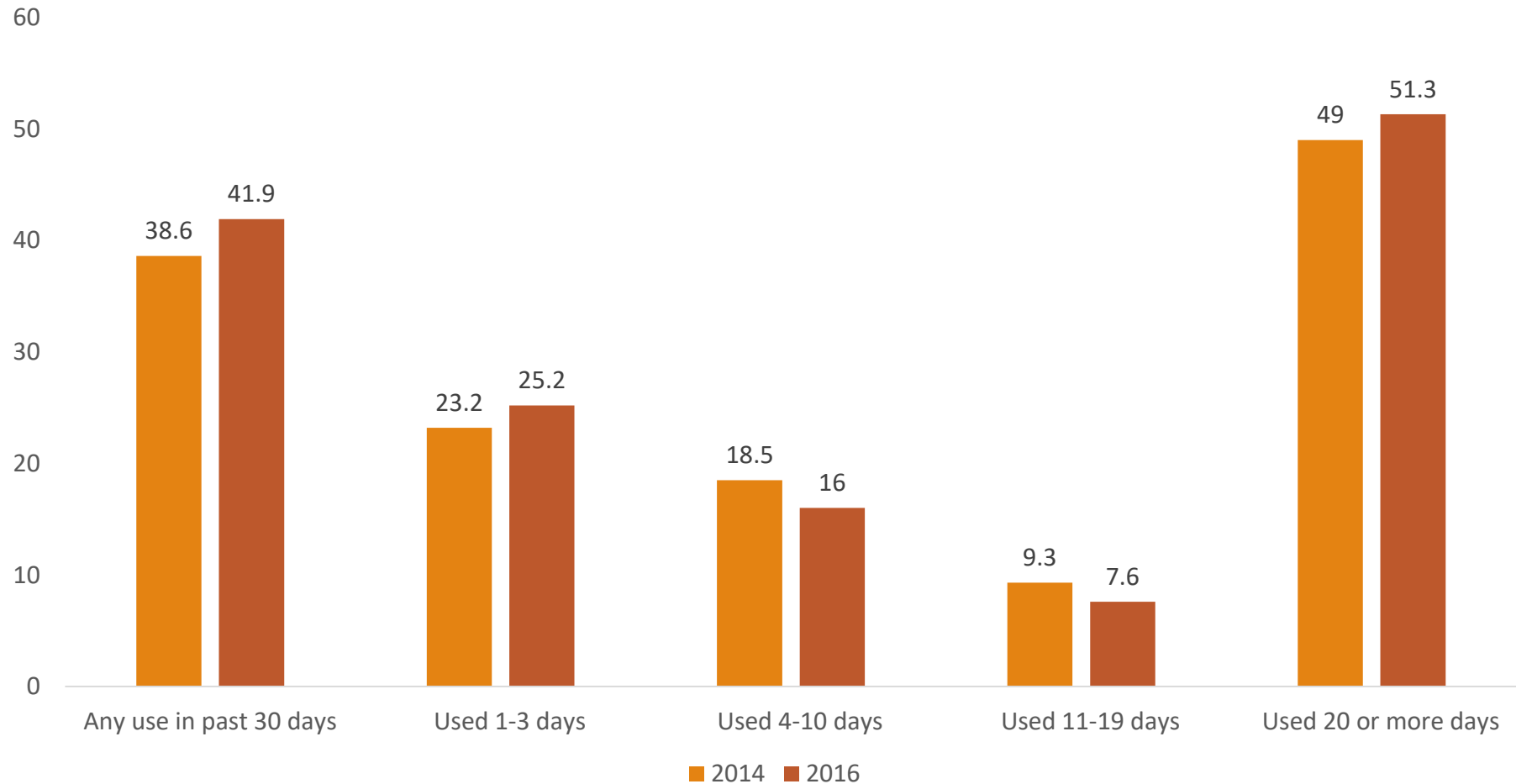| Substance	Lifetime Use n(%)		Age at First Use m(sd)	
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AGE OF INITIATION BY OPIOID TYPE
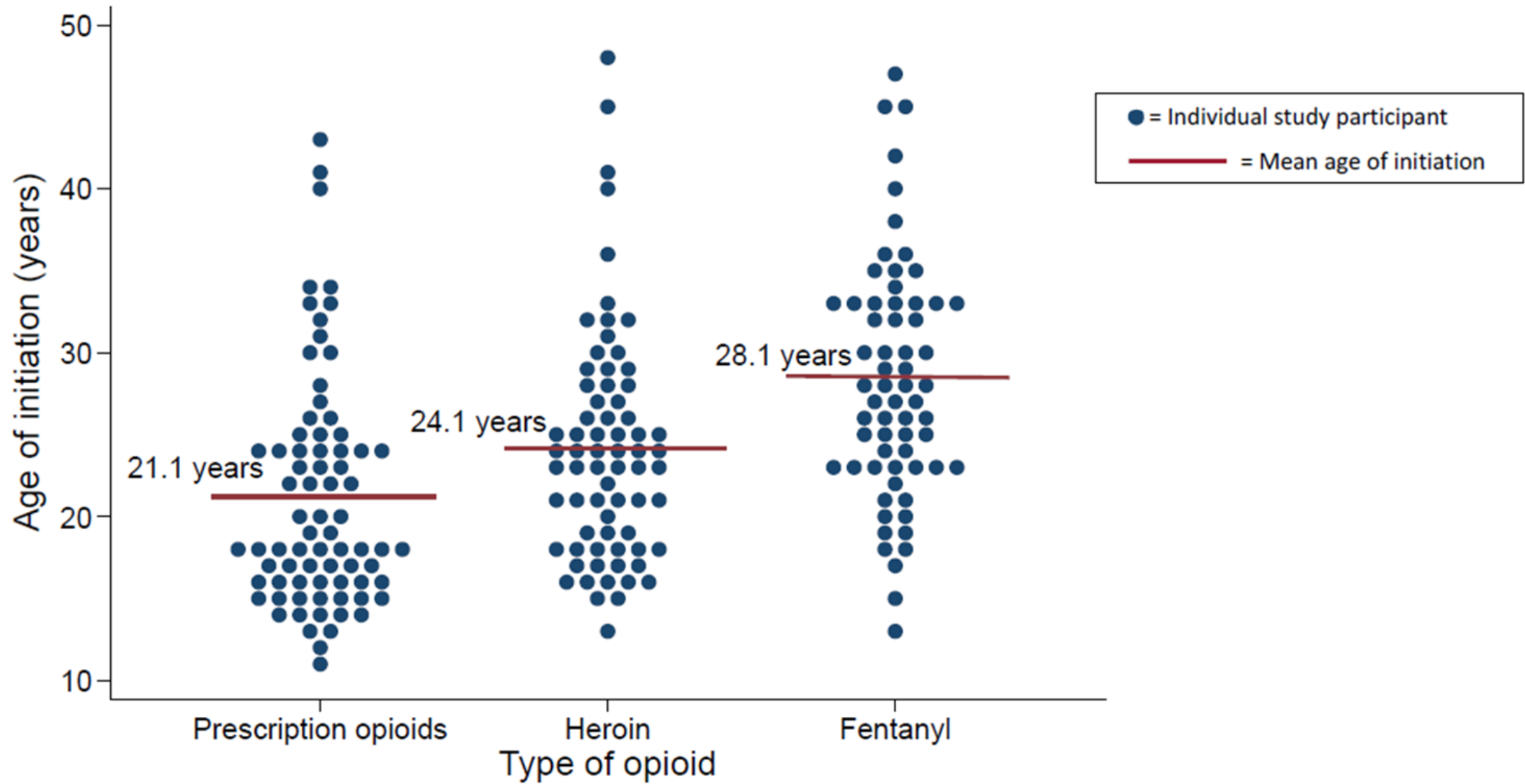
The Marijuana Correlation

People ages 12+ in Vermont have a statistically higher prevalence of past 30 day marijuana use compared to the U.S. average.
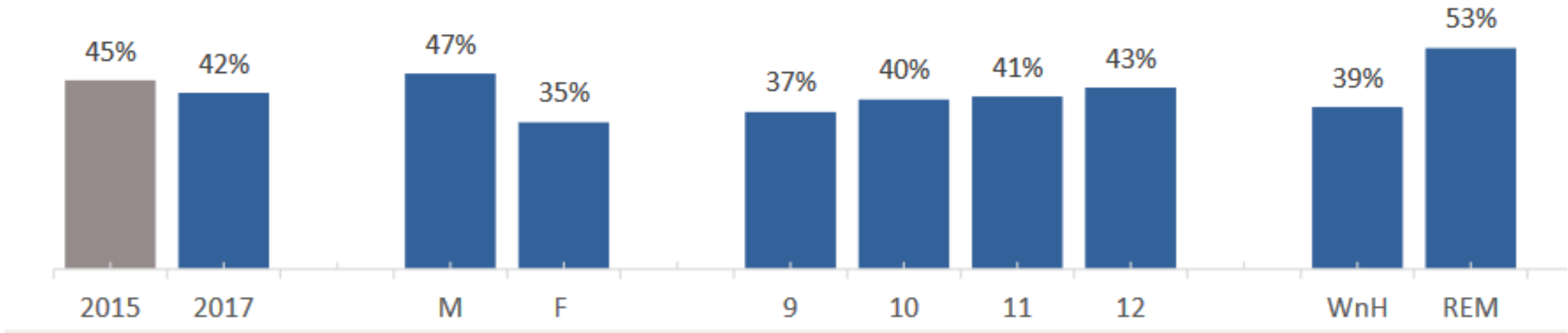
Percent of population reporting past 30 day marijuana use (ages 12+),
Vermont compared to the U.S.

Legend: VT (green), US (black)

Year	VT	US
2003/4	9	6
2004/5	9	6
2005/6	10	6
2006/7	10	6
2007/8	10	6
2008/9	11	6
2009/10	12	7
2010/11	13	7
2011/12	13	7
2012/13	12	7
2013/14	13	8
2014/15	15	8
2015/16	17	9

Young Adult Survey - Marijuana

PIRE & Vermont Department of Health – Young Adult Survey, 2014-2016

Use Marijuana 10+ Times, Among Current Users

2015	2017		M	F		9	10	11	12		WnH	REM
45%	42%		47%	35%		37%	40%	41%	43%		39%	53%

"Cannabis use was a consistent risk factor, more than any other substance, that increased the likelihood of NMPDU initiation, and cannabis (particularly the early onset and frequency) was the only substance that increased the likelihood of sedative/tranquilizer persistence.

These findings suggest that cannabis use may play a role in the progression of opioid and sedative/tranquilizer use" - Arteberry et al. (2016)

2017 Vermont High School Youth Risk Behavior Survey
Marijuana Use Frequency and Other Substance Use Behaviors

	Marijuana Use Frequency, past 30 days	Vermont
Ever misused a prescription drug	None	4%
	1-2 times	13%
	3-9 times	22%
	10 or more times	44%
Used marijuana before age 13	None	2%
	1-2 times	6%
	3-9 times	14%
	10 or more times	34%
Smoked cigarettes before age 13	None	4%
	1-2 times	11%
	3-9 times	14%
	10 or more times	29%
Drank 5+ drinks in a row, past 30 days	None	7%
	1-2 times	40%
	3-9 times	50%
	10 or more times	59%
Used any tobacco past 30 days	None	7%
	1-2 times	38%
	3-9 times	57%
	10 or more times	82%

*All differences between frequency of use are significant except cigarette use before age 13: marijuana use 1-2 times and 3-9 times in the past 30 days.

Vermont Youth Risk Behavior Survey, 2017 – High School

2017 Vermont High School Youth Risk Behavior Survey
Marijuana Use Frequency and Other Substance Use Behaviors

	Marijuana Use Frequency, past 30 days	Vermont
Ever misused a prescription drug	None	4%
	1-2 times	13%
	3-9 times	22%
	10 or more times	44%

2017 Vermont High School Youth Risk Behavior Survey Marijuana Use Frequency and Other Substance Use Behaviors		
	Marijuana Use Frequency, past 30 days	Vermont
Used marijuana before age 13	None	2%
	1-2 times	6%
	3-9 times	14%
	10 or more times	34%
Smoked cigarettes before age 13	None	4%
	1-2 times	11%
	3-9 times	14%
	10 or more times	29%

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Adolescent (<18) Treated by Substance of Abuse and Fiscal Year by Percent of Adolescent Treatment Population
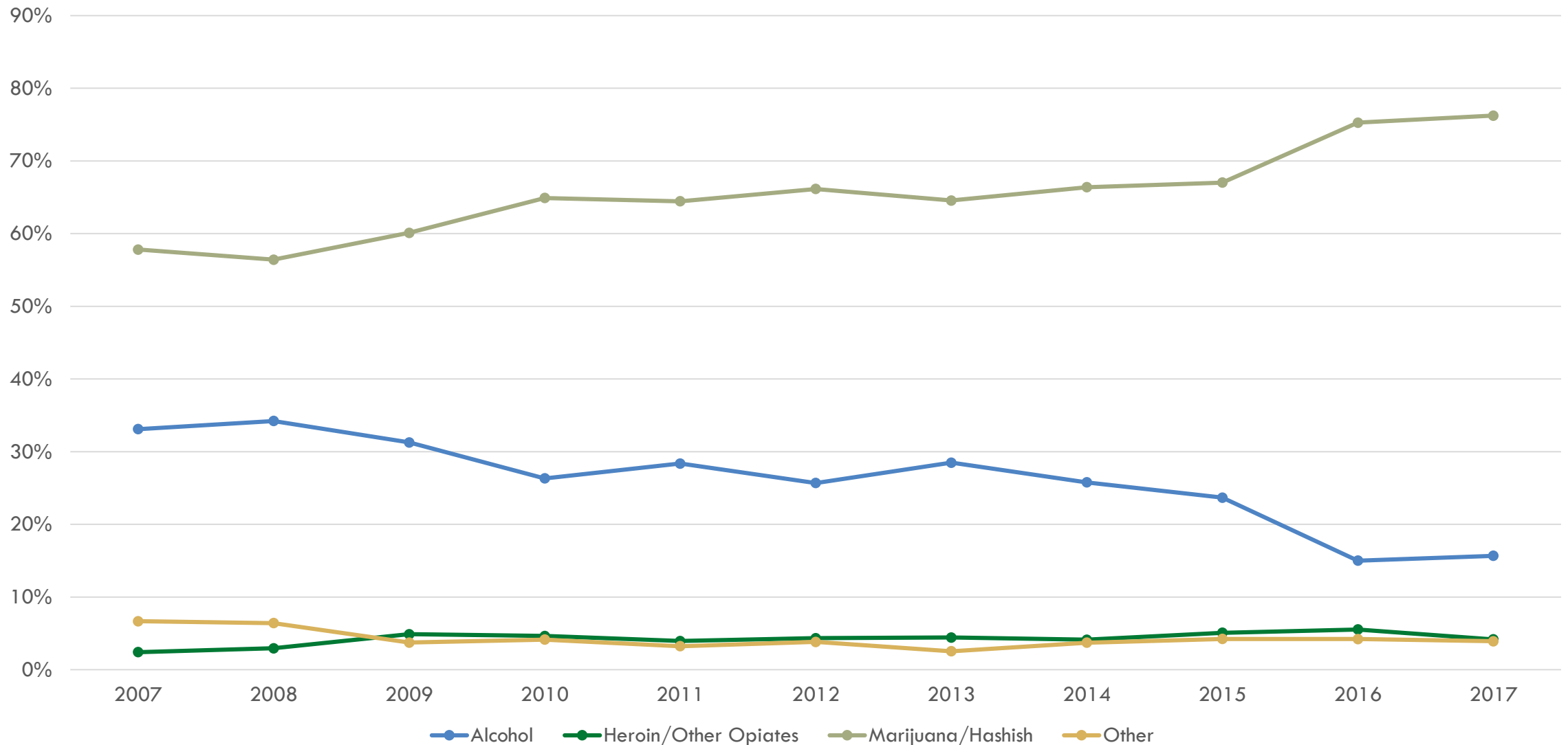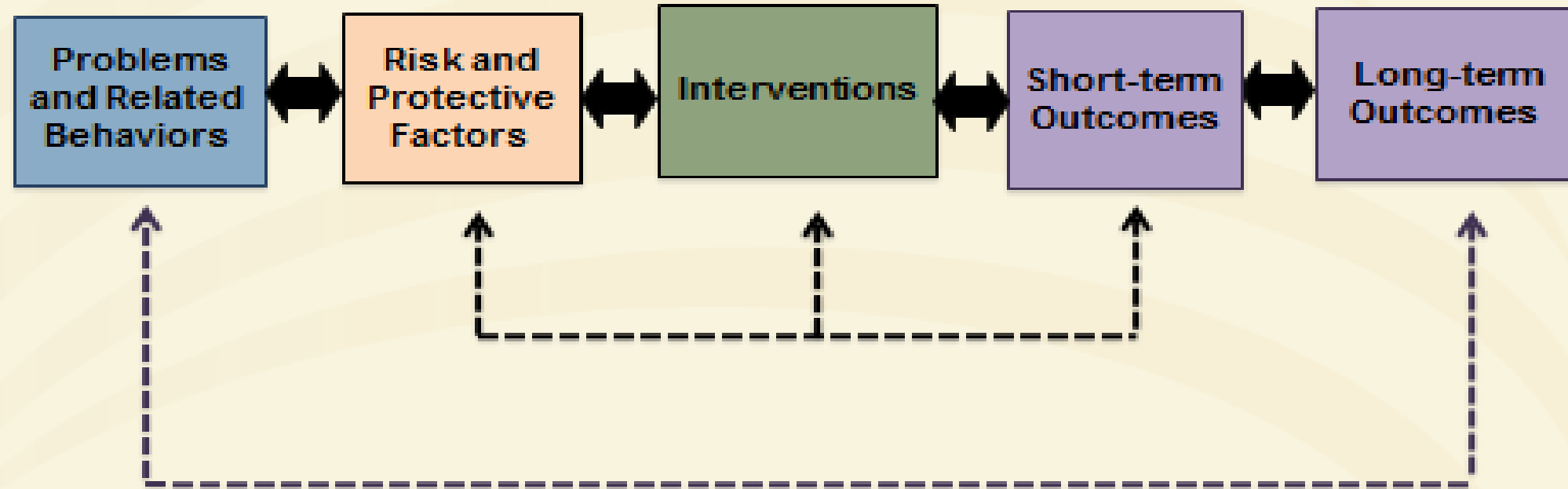
Vermont's Approach and Tools We Use

Logic Model: Short- and Long-term Outcomes

CADCA Seven Strategies

Providing Information

Enhancing Skills

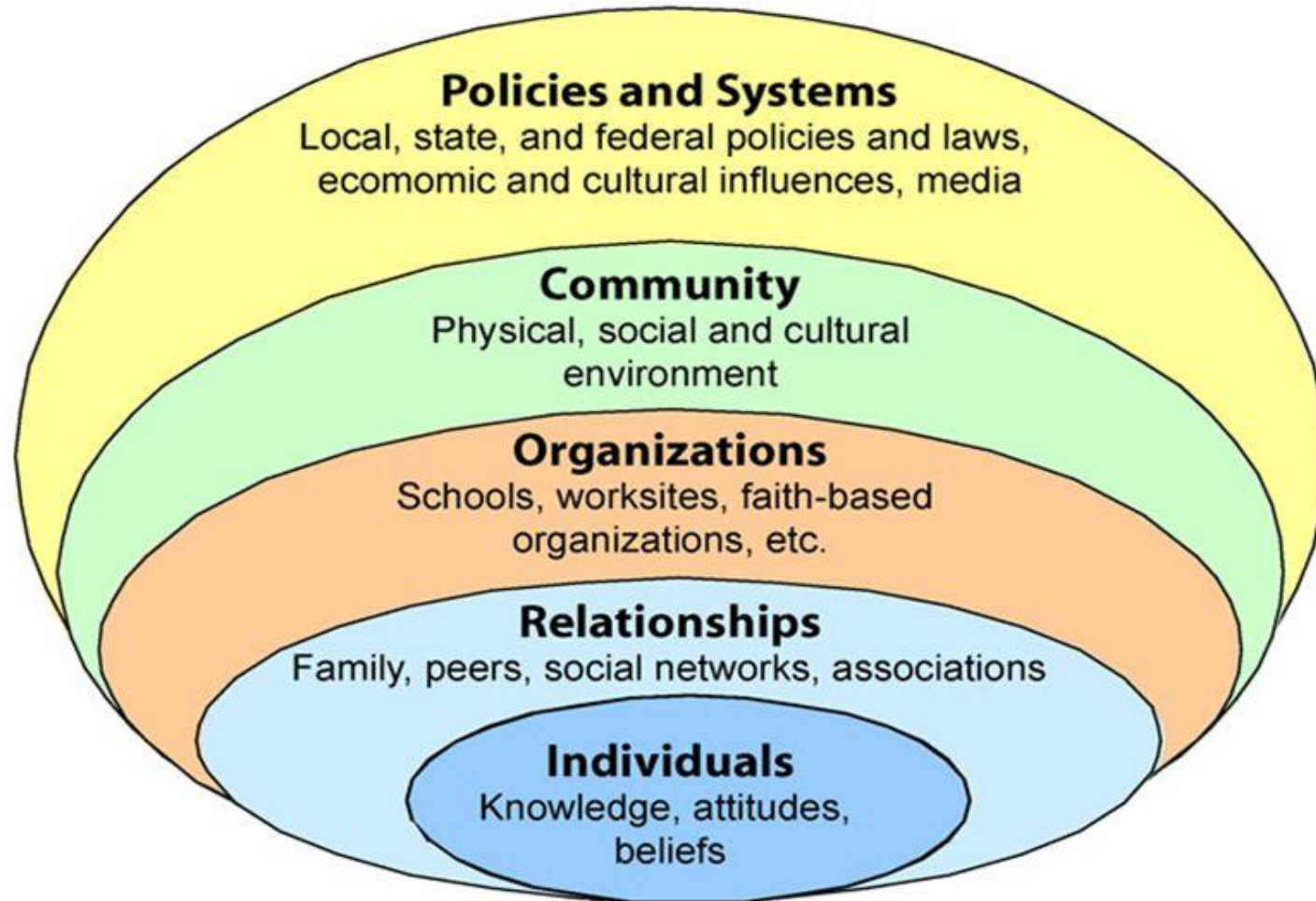**Providing Support**

Enhancing Access/Reducing Barriers

Changing Consequences (Incentives/Disincentives)

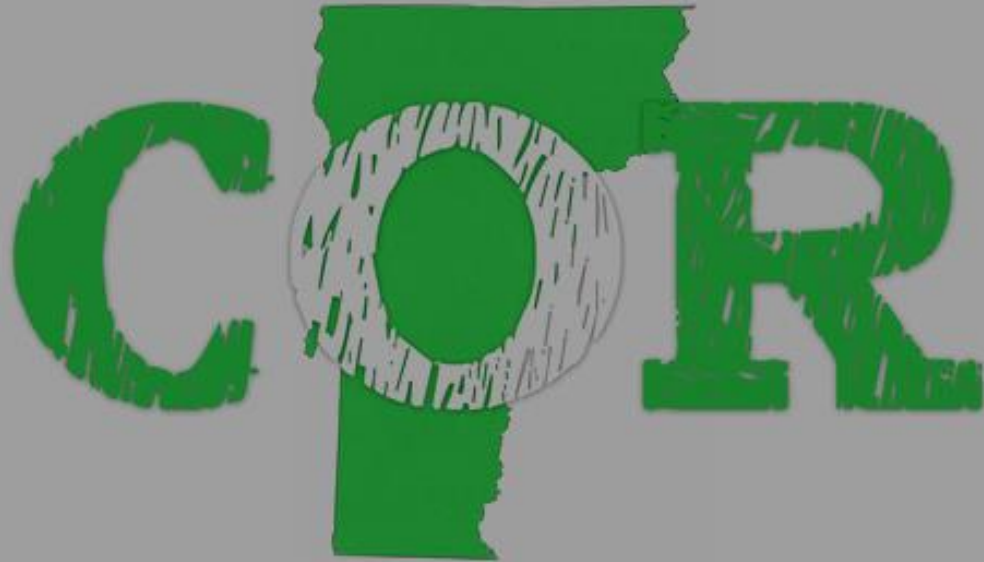**Changing Physical Design**

Modifying/Changing Policies

Vermont Prevention Model

Policies and Systems
Local, state, and federal policies and laws, ecomomic and cultural influences, media

Community
Physical, social and cultural environment

Organizations
Schools, worksites, faith-based organizations, etc.

Relationships
Family, peers, social networks, associations

Individuals
Knowledge, attitudes, beliefs

Source: Vermont Department of Health

Example from Vermont:

COR

The Community Opioid Response Committee

COR's mission is to engage the community to reduce opioid misuse, addiction and stigma. We promote awareness and involvement across the continuum of prevention, intervention, treatment, and recovery.

cortalks.org

Questions, Comments, and Feedback

REFERENCES and RESOURCES:

Arteberry et al. (2016). The Effects of Alcohol, Cannabis, and Cigarette Use on the Initiation, Reinitiation, and Persistence of Non-Medical Use of Opioids, Sedatives, and Tranquilizers in Adults. Drug and Alcohol Dependence, 159, 86-92.

Governor's Marijuana Advisory Commission Education and Prevention Subcommittee (Executive Order No. 15-17) November 13, 2017 Report on Existing Primary Research on Key Health and Safety Endpoints.

Hasin et al. (2015). Prevalence of Marijuana Use Disorders in the United states Between 2001-2002 and 20122013. JAMA Psychiatry, 72, 1235-1242

Olfson et al. (2017). Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States. American Journal of Psychiatry, epub ahead of print, September 26.

Meier, Moore, Saunders, Metcalf, McLeman, Auty, and Marsch, 2017. Understanding Opioid Overdoses in New Hampshire: A National Drug Early Warning System (NDEWS) HotSpot Rapid Epidemiological Study. Center for Technology and Behavioral Health, Dartmouth College.

Vermont Department of Health Data and Reports: http://www.healthvermont.gov/alcohol-drugs/reports/data-and-reports Health Impact Assessment: http://www.healthvermont.gov/sites/default/files/documents/2016/12/ADAP_HIA_Marijuana_Regulation_in_Vermont.pdf

Presenter Contact Information:

Robin Rieske, MS, CPP Robin.Rieske@Vermont.gov
(802) 257-2885   Brattleboro, VT

Matt Whalen Matthew.Whalen@Vermont.gov
(802) 479-4250   Barre, VT