

## National Institute on Drug Abuse (NIDA) Vermont Opioid Summary

Last Updated March 2019

<https://www.drugabuse.gov>

# Vermont Opioid Summary

## Opioid-Involved Overdose Deaths

In 2017, there were 114 drug overdose deaths involving opioids in Vermont—a rate of 20.0 deaths per 100,000 persons, compared to the national rate of 14.6 deaths per 100,000 persons. The greatest increase was among deaths involving synthetic opioids other than methadone (mainly fentanyl) with 77 deaths in 2017 (Figure 1). Heroin-involved deaths also rose from 10 deaths in 2012 to 41 deaths in 2017. Overall, deaths involving prescription opioids have not changed since 2013.

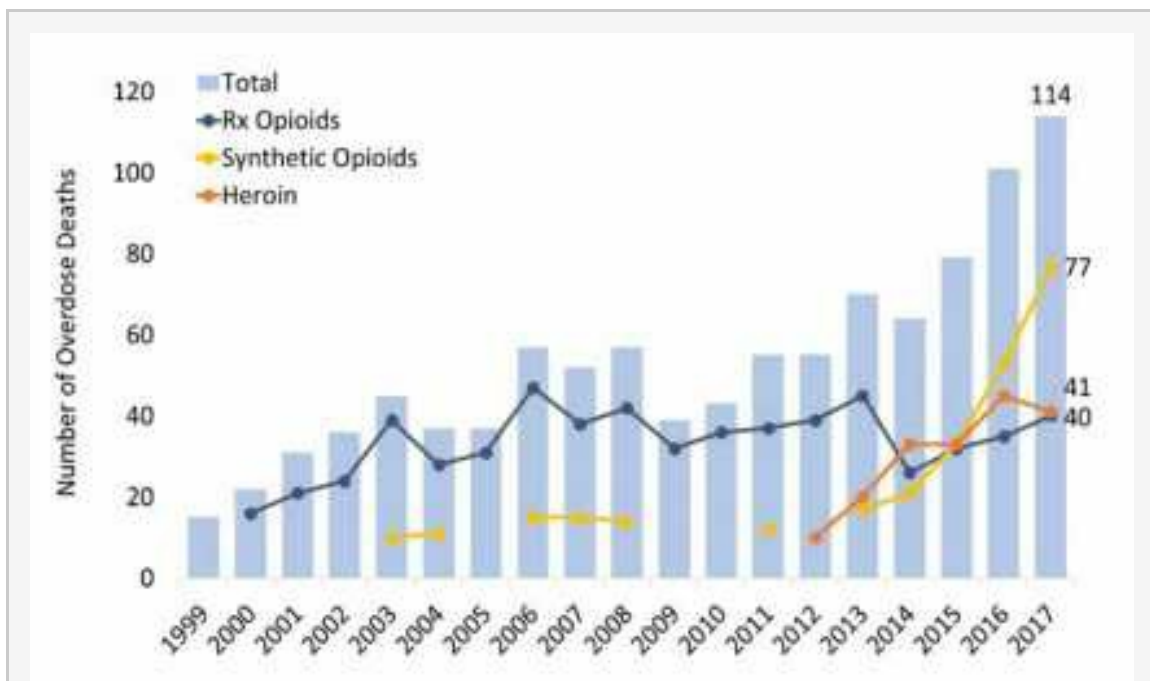


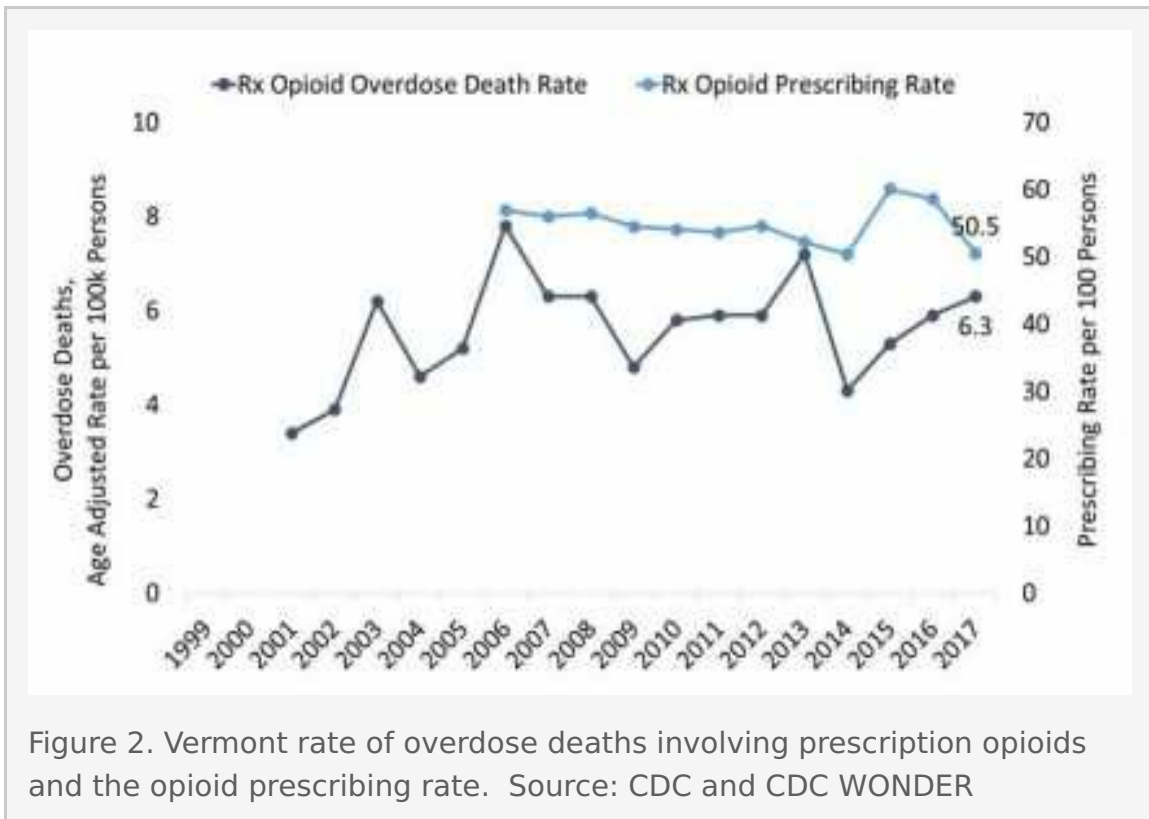
Figure 1. Number of overdose deaths involving opioids in Vermont, by opioid category. Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.

## Opioid Pain Reliever Prescriptions

In 2017, Vermont providers wrote 50.5 opioid prescriptions for every

100 persons (Figure 2). This was among the lowest prescribing rates in the country and lower than the average U.S. rate of 58.7 prescriptions (CDC). However, while most states have seen a decreasing trend since data collection began in 2006, the opioid prescribing rate in Vermont has declined marginally, by 10 percent, over the last decade.

The rate of overdose deaths involving opioid prescriptions increased steadily beginning in 2014 from 4.3 deaths per 100,000 to 6.3 deaths per 100,000 persons (Figure 2).

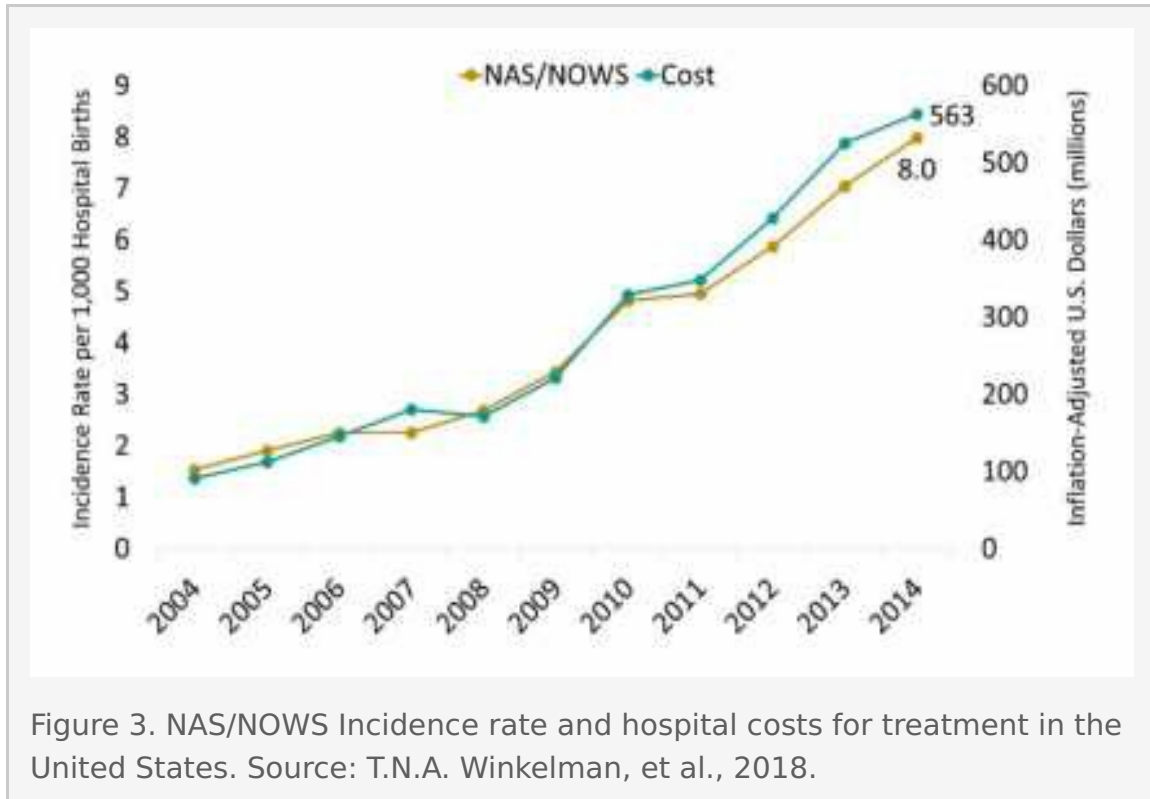


## Neonatal Abstinence Syndrome (NAS)

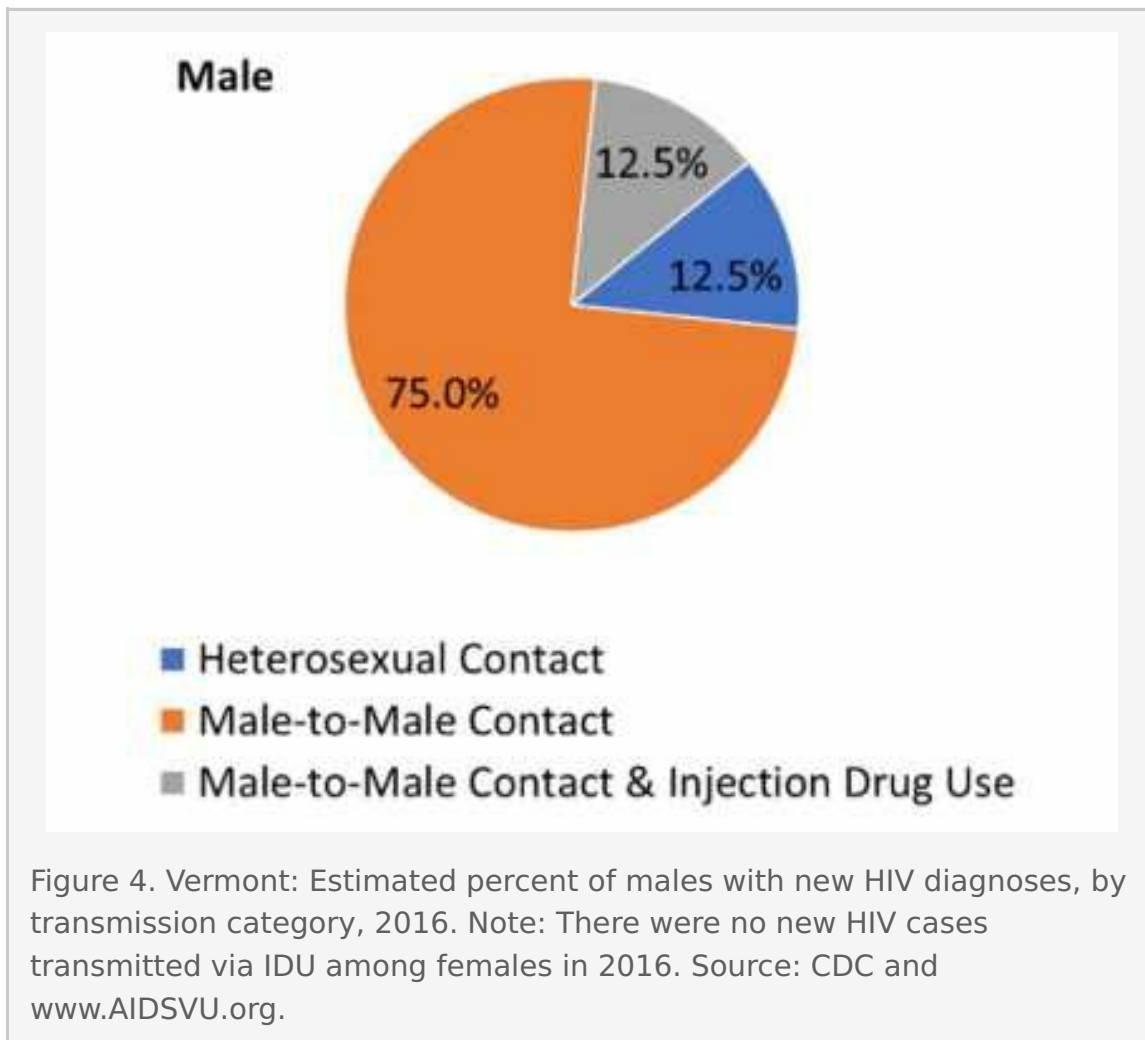
NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of one baby born with symptoms of NAS/NOWS every 15 minutes in the United States. During the same period, hospital costs for NAS/NOWS

births increased from \$91 million to \$563 million, after adjusting for inflation (Figure 3).

To date, there is no standard in NAS/NOWS provider and hospital coding practices ([CDC](#)). As a result, there is variability in trends and in the rate reported by states. The rate of NAS/NOWS in Vermont ranged from a low of 28.3 to a high of 59.4 cases per 1,000 hospital births in 2016 ([Vermont Uniform Hospital Discharge Dataset](#)).



## HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)



- U.S. Incidence:** In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU ([CDC](http://www.CDC.gov)).
- U.S. Prevalence:** In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,466) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU ([CDC](http://www.CDC.gov)).
- State Incidence:** Of the new HIV cases in 2016, 8 occurred in Vermont. Among males, 12.5 percent of new HIV cases were attributed to male-to-male contact and IDU. Among females, no new cases of HIV were attributed to IDU (Figure 4) ([AIDSVU](http://www.AIDSVU.org)).

- **State Prevalence:** In 2015, an estimated 671 persons were living with a diagnosed HIV infection in Vermont—a rate of 123 cases per 100,000 persons. Of those, 19 percent of male cases were attributed to IDU or male-to-male contact and IDU. Among females, 32.3 percent were living with HIV attributed to IDU ([AIDSVu](#)).

## Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use<sup>1</sup>

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV<sup>2</sup> ([CDC](#)). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs ([CDC](#)).
- **U.S. Prevalence:** An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages ([CDC](#)).
- **State Incidence:** There were approximately 5 new cases of acute HCV (0.8 per 100,000 persons) reported in Vermont in 2016 ([CDC](#)).
- **State Prevalence:** In Vermont, there are an estimated 3,700 persons living with Hepatitis C (2013-2016 annual average), a rate of 730 cases per 100,000 persons ([HepVu](#)).

## Additional Resources

- Vermont Department of Health, [Alcohol and Drug Abuse](#)
- Centers for Disease Control and Prevention, [Opioid Overdose](#)



NIH RePORTER

**FY2018 NIH-funded projects related to opioid use and use disorder in Vermont: 2**

[VIEW RESULTS](#)

[Find treatment in Vermont \(SAMHSA\)](#)

## Notes

1. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
2. Actual acute cases are estimated to be 13.9 times the number of reported cases in any year.