

Learn the Signs of an Overdose

LIKE UNRESPONSIVENESS
AND ABNORMAL
BREATHING,
SO YOU
CAN TAKE
ACTION



KNOW THE
SIGNS



KNOW OD

Recovery Partners of Vermont

Overview of Vermont's Social Autopsy Examining 2021 Data

Nicole Rau Mitiguy, MPH
Division of Substance Use Programs
October 2023



Objectives

- Increased knowledge of the types of data included in the Social Autopsy
- Increased knowledge of the trends from the 2021 Social Autopsy
- Report Increased skill in utilizing this information to inform recovery efforts

“The purpose of the Social Autopsy Report is to identify trends in how Vermonters who died of a drug overdose interacted with state systems prior to death to identify opportunities for intervention.

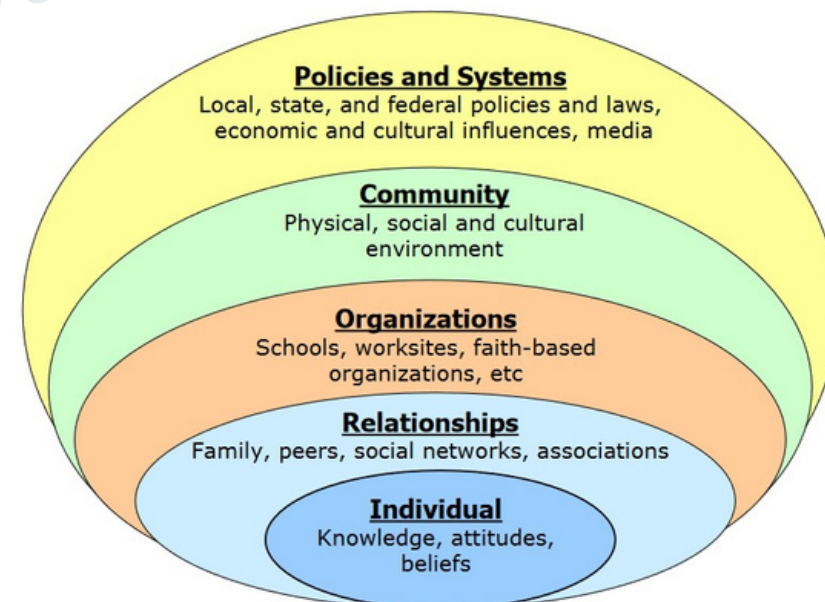
These reports are dedicated to the people who died of overdose and their loved ones. While the work is data-driven, we must not lose sight of the fact that each data point is far more than that. These are Vermonters who unnecessarily lost their life.

The Vermont Department of Health, along with the partner departments and people that contributed to this project, analyze these data in the context of this humanity. We believe that the findings and recommendations within these documents are valuable assets for informing our collective work to prevent future losses of life due to overdose.”

Some Quick Framing

- This data is intended to support system modifications and enhancements to further integrate overdose prevention into the services Vermont State and local programs provide.
- Substance use is complex –there is no “quick fix” –it will take a system evolving together to make the greatest impact
- Substance use doesn’t happen in a silo –how can we use this information to mitigate impacts and risks for future generations

Vermont Prevention Model



Adapted from: McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:361-377, 1988.

Over 11 data sets are included in this report.

- Death Certificate Information (Vital Statistics System)
- History and Circumstances Surrounding Overdose (State Unintentional Drug Overdose Reporting System)
- Interactions with Emergency Medical Services (Statewide Incident Reporting Network)
- Controlled Substance Prescription History (Vermont Prescription Monitoring System)
- Medicaid Enrollment and Utilization (Department of Vermont Health Access)
- Interactions with Family and Economic Services (Department for Children and Families)
- Interactions with Vermont State Police (Department of Public Safety)











Two new data sets were included in the 2021 analysis.

- Incarceration History (Department of Corrections)
- Impaired Driving Offenses (Impaired Driver Rehabilitation Program)
- Interactions with Department of Mental Health (Department of Mental Health)
- Employment Rates and Unemployment Claims (Vermont Department of Labor)
- Homelessness Among Vermonters who Died of Overdose (Institute for Community Alliances)

Recovery Partners of Vermont

2021 Data and Findings

Interactions with Individual Agencies/Datasets Among Vermonters Who Died of Overdose in 2021

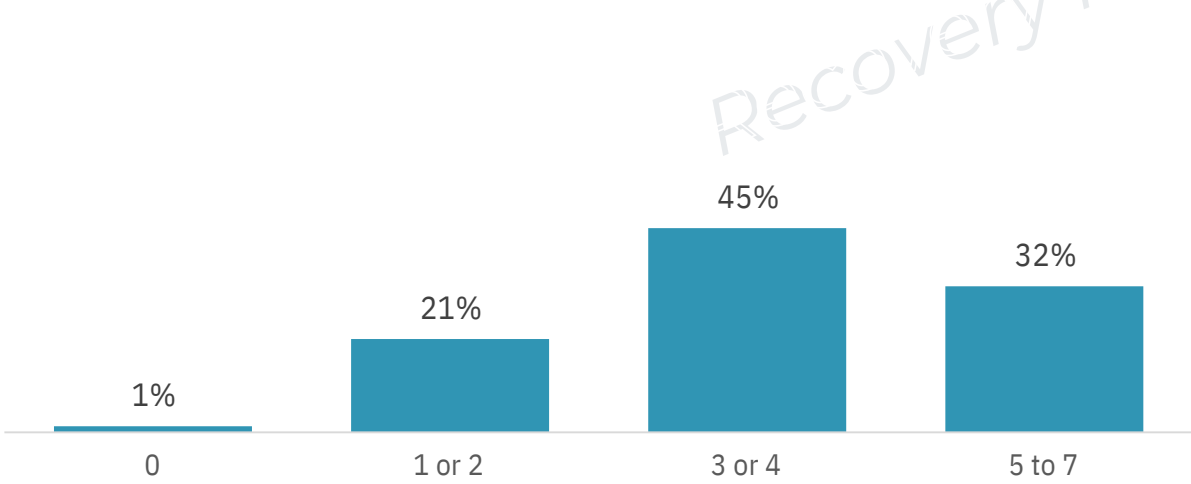
Agency/Dataset Description	Percent
 Interacted with Vermont State Police between 1988 and date of death.	84
 Had at least one prescription for a controlled substance in the 6 years prior to death.	84
 Vermont Health Access Were enrolled in Medicaid in year prior to death.	78
 Interacted with EMS between 2015 and date of death.	77
 Children and Families of death.	71
 Had an impaired driving offense between 2000 and date of death.	67
 ICA Were without housing in year prior to death.	67
 Filed a claim for unemployment benefits in year prior to death.	67
 Mental Health	67
 Corrections Were incarcerated within one year of their death.	24

%

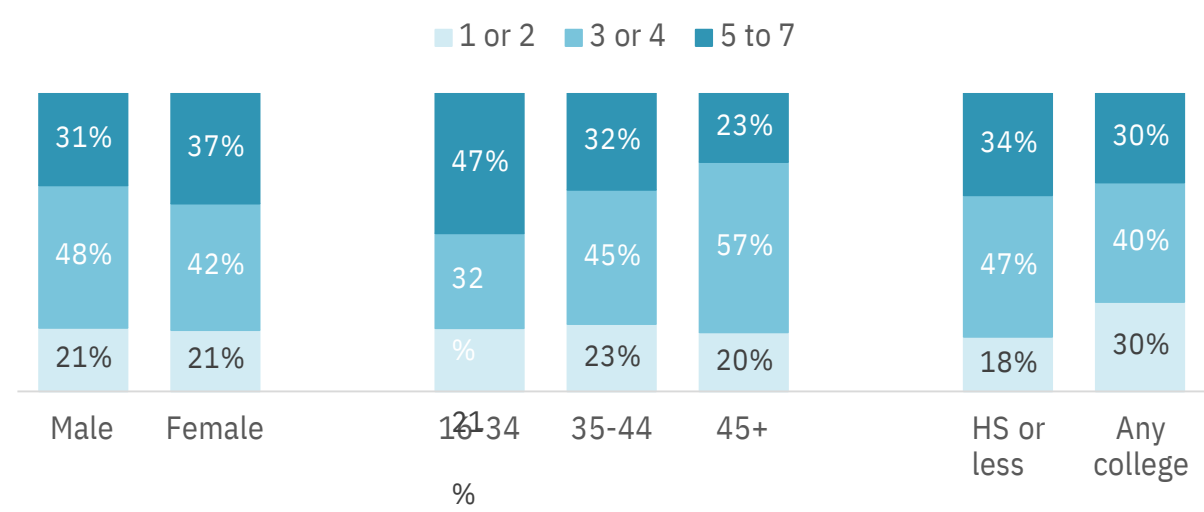
24

There are multiple opportunities for overdose education and resources through organizations included in this analysis.

Most Vermonters who died of an overdose in 2021 interacted with three or more agencies or datasets.

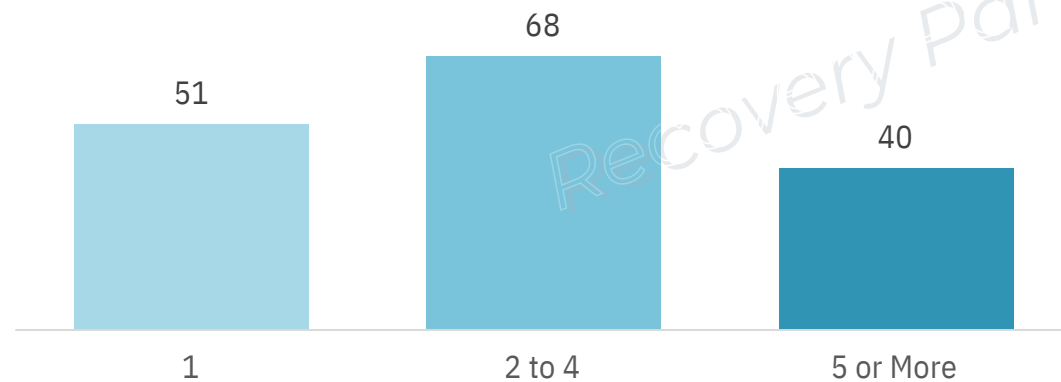


Women, people between the ages of 16 and 34, and people with a high school education or less interacted with the most agencies or datasets.

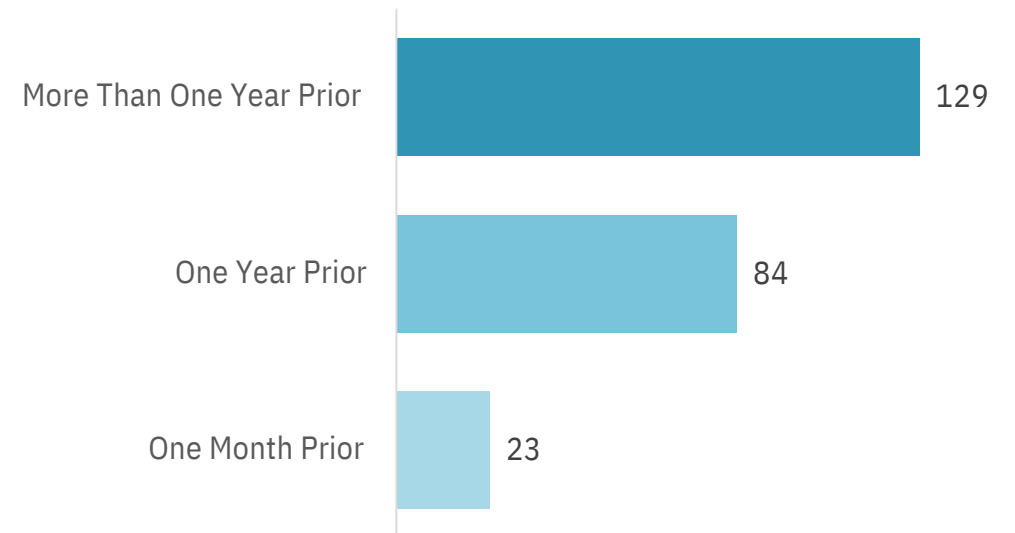


Among the 231 people who died in 2021, 159 (69%) had a previous interaction with EMS before they died. The numbers presented below include only people who had an interaction with EMS prior to the call that resulted in a fatal overdose.

Most Vermonters who died of an overdose who previously interacted with EMS interacted with EMS 2-4 times between 2015 and the date of their death.



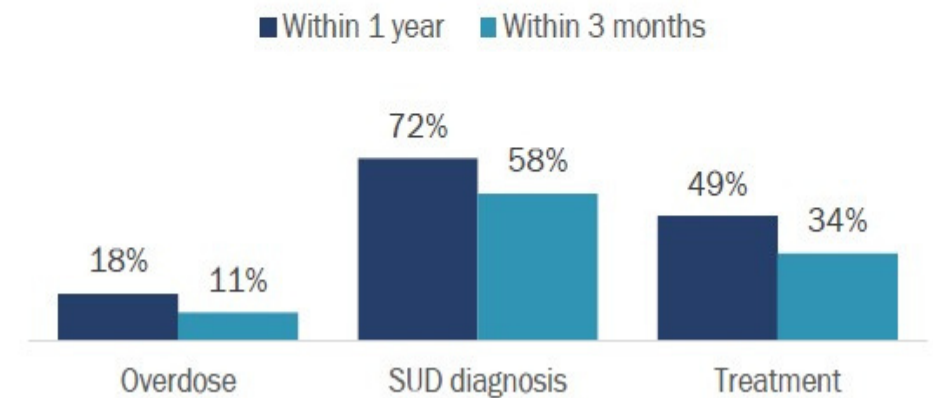
Most Vermonters who died of an overdose who previously interacted with EMS interacted with EMS more than one year prior to their death.



More than two-thirds of people who died of an overdose in 2021 were enrolled in Medicaid within 90 days of death.

- 71% enrolled in the year prior to death
- 68% within the three months prior to death
- 69% actively enrolled at their time of death
- Most people had claims within three months of their death.

Nearly half of Vermonters who died of an overdose in 2021 who had a Medicaid claim in the year before they died had a claim related to substance use treatment.



Information from DCF helps inform multi-generational approaches to mitigating risk and impact.

Of the 92 people born in and after 1982 who died of an overdose in 2021:

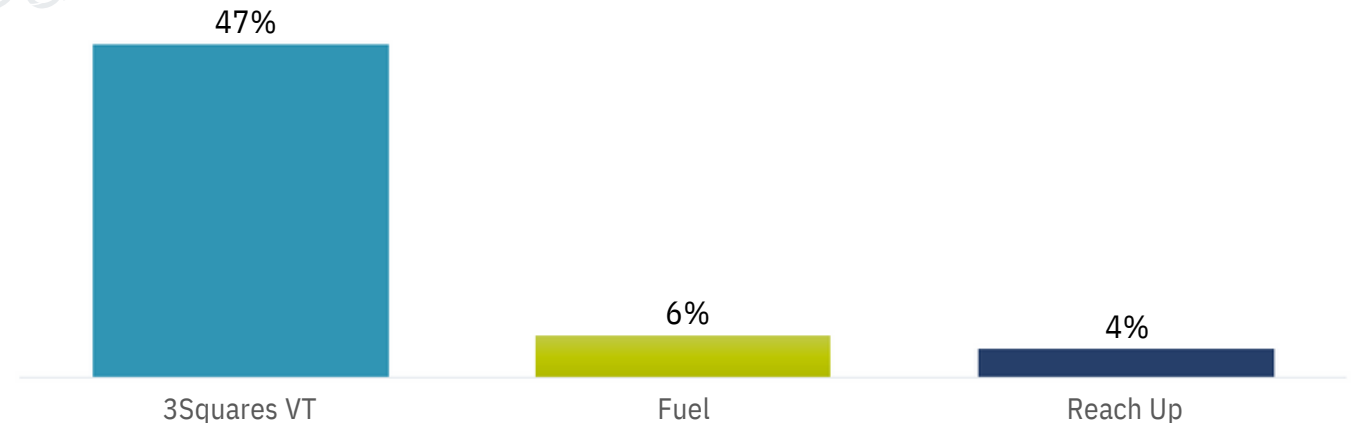
49% were involved with FSD as children.

28% were involved with FSD as parents.

In 2020, 31% were involved with FSD as children.

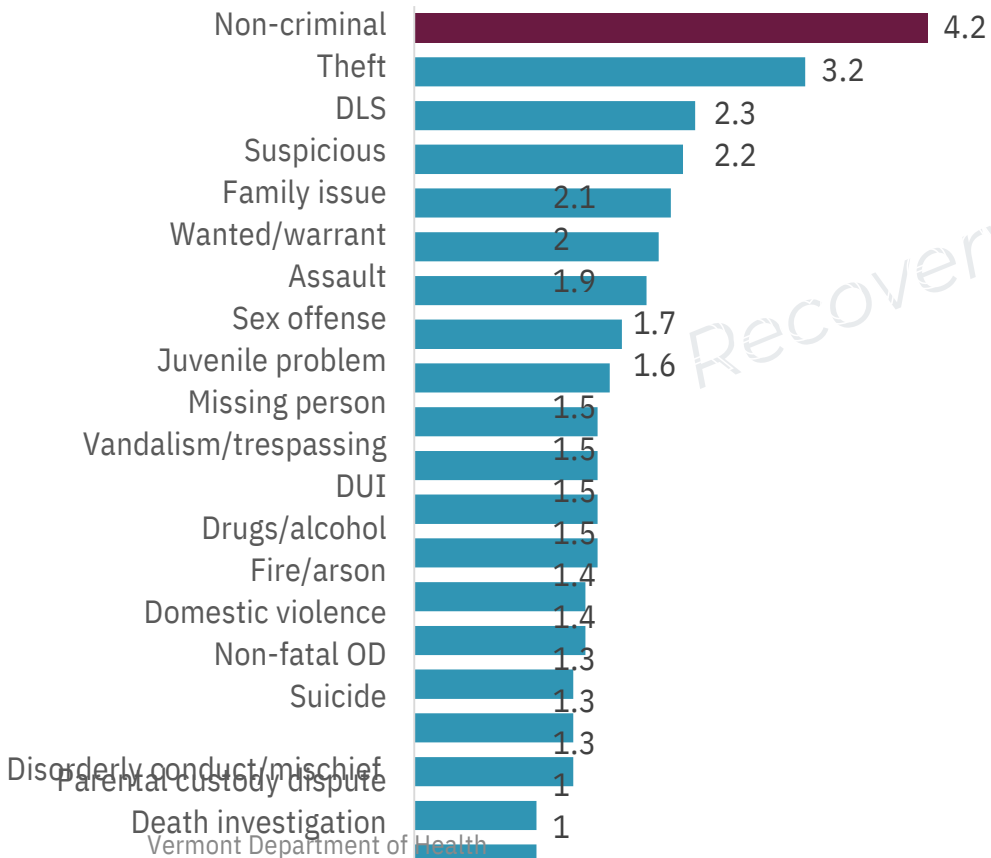
In 2020, 25% were involved with FSD as parents.

3Squares Vermont is used more by people who died of an overdose in 2021 compared to fuel benefits or Reach Up.



Of the 231 people who died of an overdose in 2021, 195 (84%) had interacted with Vermont State Police between 1988 and their death in 2021.

The most common type of interaction between VSP and people who died of an overdose in 2021 was **non-criminal**, based on the average number of interactions.

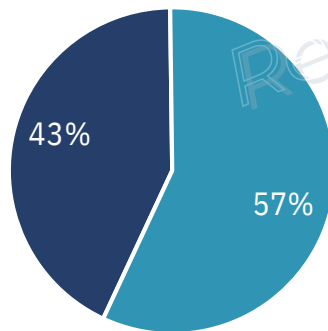


Category of Police Interaction	Number of Interactions
Non-criminal/other	590
Theft/larceny/fraud	308
t/burglar Suspicious	249

Of the 231 people who died of an overdose in 2021, 21 (9%) had been incarcerated within one year of their death, with a median length of stay of 52 days (1.7 months) for their most recent incarceration.

Most Vermonters who died of an overdose in 2021 who had been incarcerated within one year of their death died **four or more months after release** from incarceration.

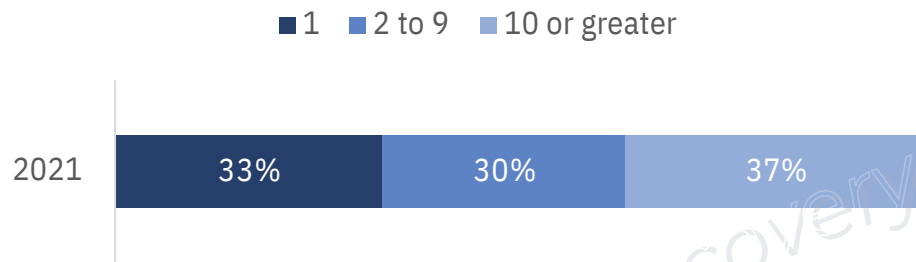
■ 3 or fewer months ■ 4+ months



- Nearly two-thirds of those who were incarcerated a year before their death received MOUD while incarcerated
- The remaining third were not provided MOUD for a variety of reasons including:
 - Not screening positive for SUD
 - Screening positive but being released before induction
 - Being released within 24 hours of admission

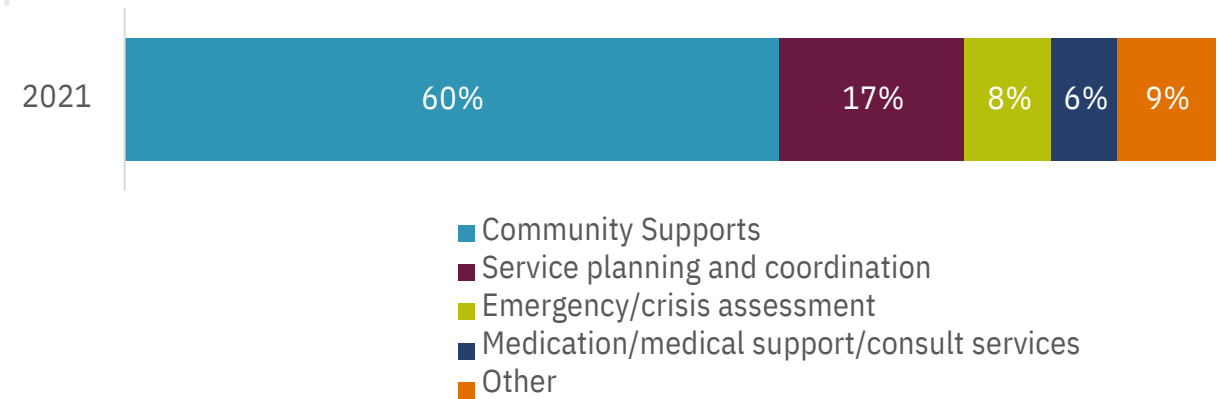
30 of the 231 (13%) Vermonters who died of an overdose interacted with a Vermont Designated Agency (DA) or Specialized Service Agency (SSA) in the year before they died.

More than one-third of Vermonters who died of an overdose in 2021 and previously interacted with a DA or SSA had 10 or more interactions.



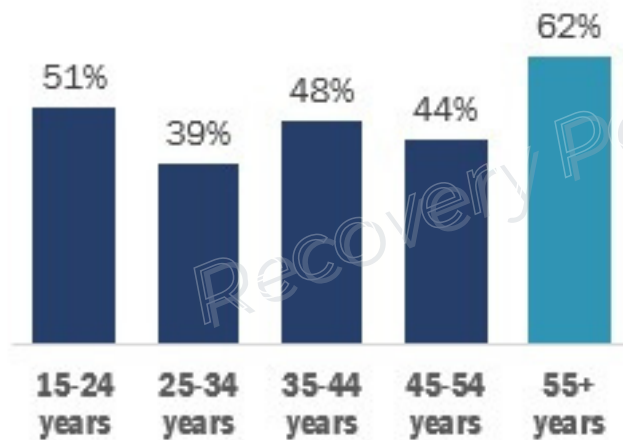
Location of Services Received by Vermonters who Died of an Overdose in 2021 who Interacted with a DA or SSA	
	2021
Community	34%
Office	33%
Telemedicine	27%
Home	3%
Other (ER, schools, hospitals)	3%

Community supports were the most commonly used service among Vermonters who died of an overdose in 2021 who interacted with a DA or SSA.

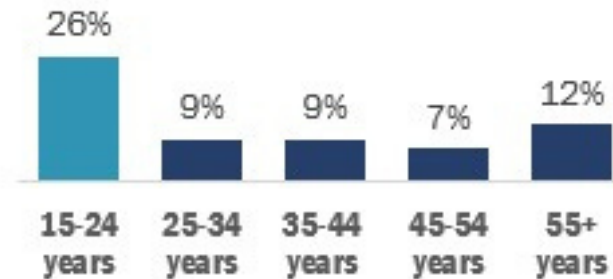


Fatal Overdoses in Vermont by Age and Circumstance Data Brief

People ages 55 and older were the most likely to have a known mental health diagnosis.*



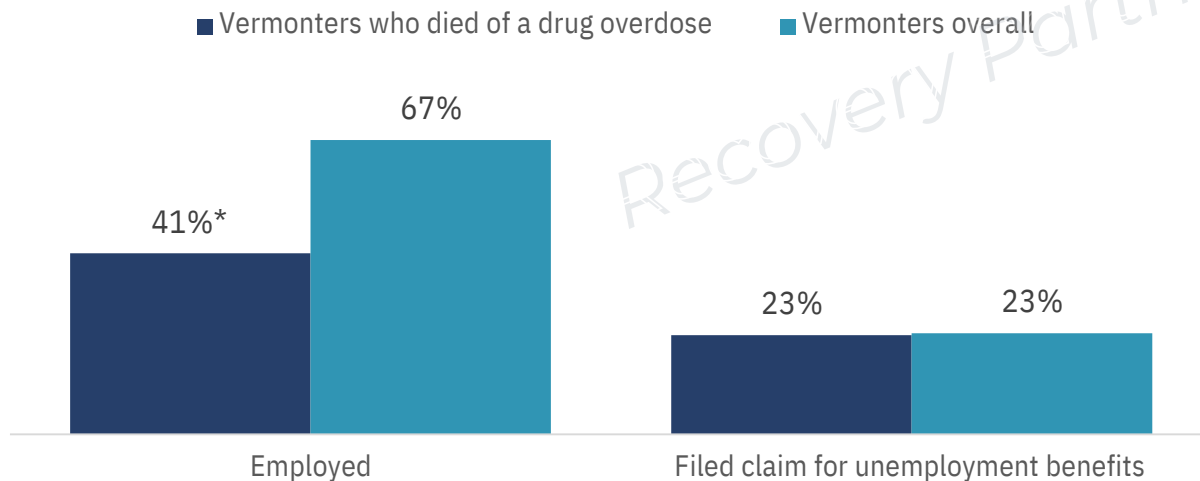
A history of suicidal thoughts, plans or attempts was most prevalent among the youngest age group.*



*Differences are statistically significant ($p < .05$).

Construction continues to be the top industry in which people experiencing a fatal overdose worked prior to their death.

Vermonters who died of an overdose in 2021 were statistically less likely to be employed but had a similar rate of unemployment insurance claims as Vermonters overall in 2020.



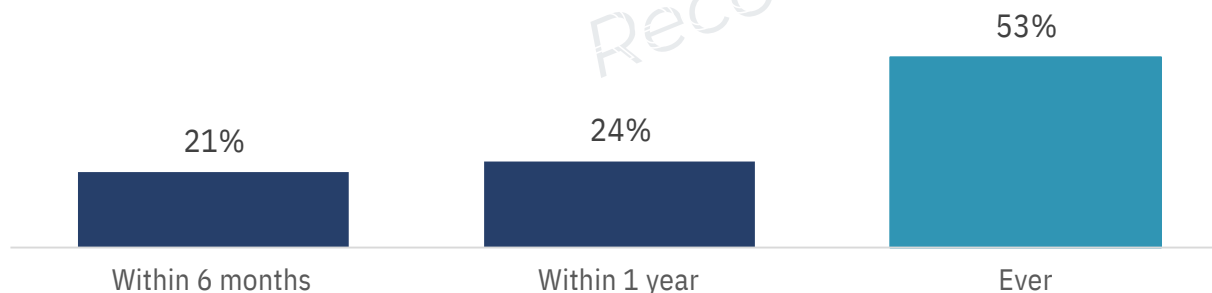
Industry of Vermonters Who Died of an Overdose Compared to Vermont Overall in 2021		
	People Who Died of an Overdose	Vermont Overall
Construction	23%*	5%
Accommodation and Food Services	12%	9%
Manufacturing	9%	10%

*Indicates a statistically significant difference.

Those who were without housing in the year prior to their date of death had 1,133 total contacts with CoCs at any point in their lives, with a median of 13 contacts per person, and they were without housing for a median of 1,498 days –or about four years.

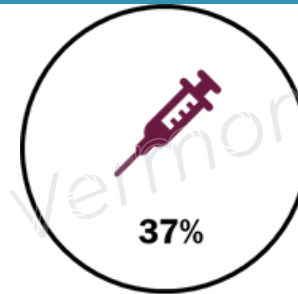
More than half of Vermonters who died of an overdose in 2021 were **unhoused at some point in their lives**.

- In 2021, 33,545 Vermonters – about 5% –experienced homelessness.
- This was statistically lower than the 24% of people who died of an overdose that were without housing in the year before they died.

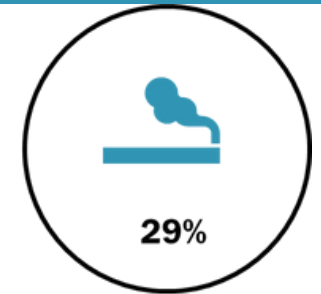


Fentanyl continues to be the individual substance most frequently involved in overdose fatalities.

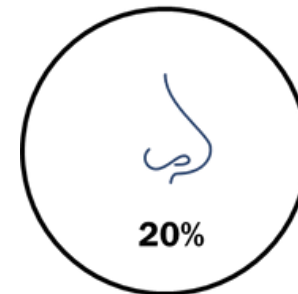
Five Most Common Drugs and Drug Combinations Identified in Vermonters Who Died of an Overdose	
Individual Drugs	Drug Combinations
1. Fentanyl (83%)	1. Fentanyl and Cocaine (41%)
2. Cocaine (45%)	2. Fentanyl and Prescription Opioids (15%)
3. Prescription Opioids (excludes Fentanyl) (20%)	3. Fentanyl and Alcohol (13%)
4. Alcohol (16%)	4. Fentanyl and Xylazine (13%)
5. Xylazine (13%)	5. Fentanyl and Heroin (10%)



Intravenous



Smoking



Snorting



Ingestion

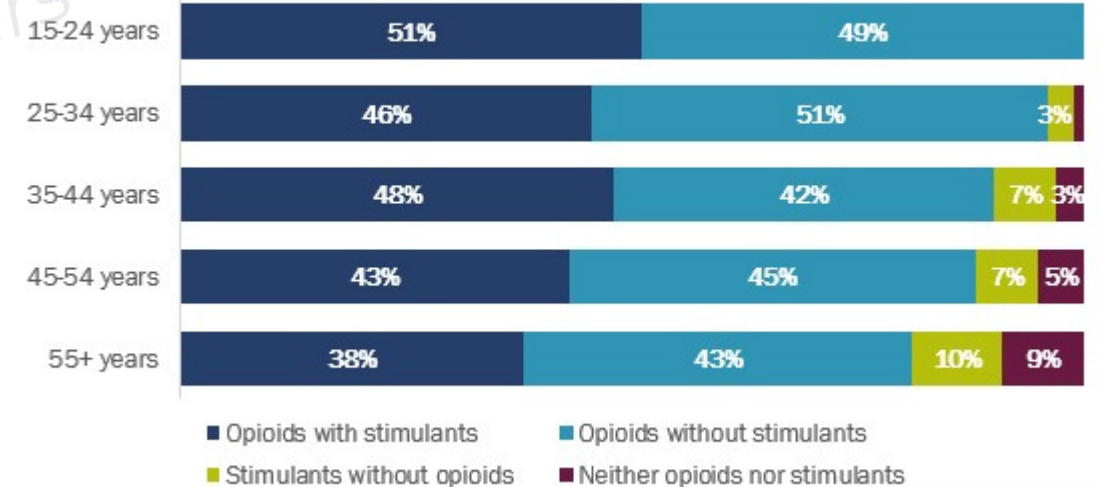
Information collected at a death scene investigation and input into SUDORS.

Fatal Overdoses in Vermont by Age and Circumstance Data Brief

Injection was the most common route of use for people between the ages of 25 and 54 years.



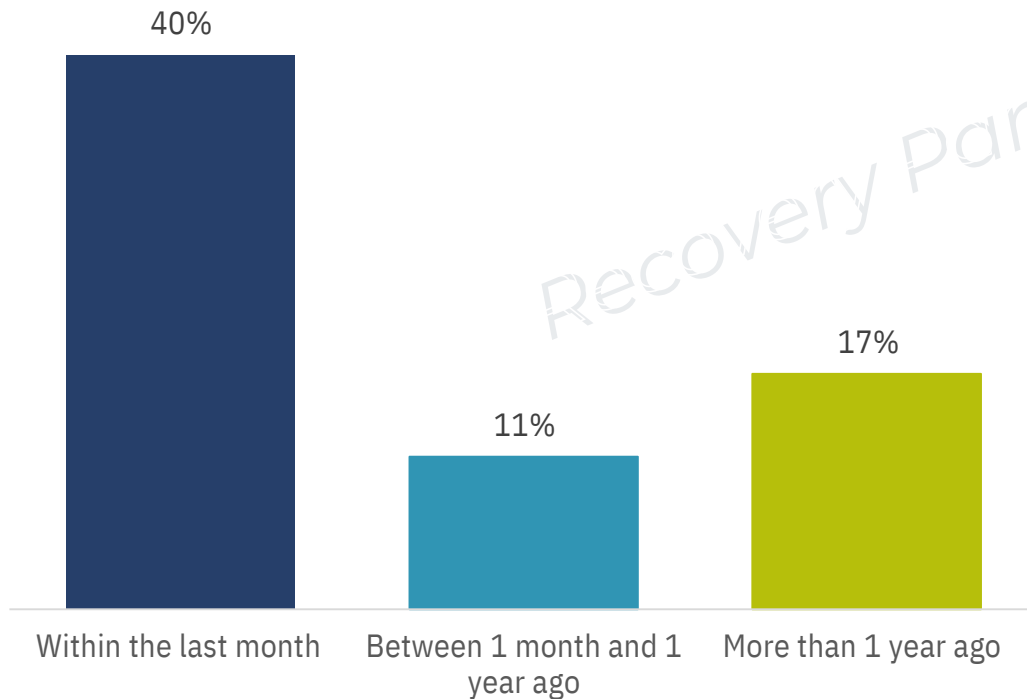
Opioids contributed to most overdose deaths in each age category. The percentage of deaths involving opioids was lowest among people aged 55 and older.



Sources: SUDORS; Vermont Vital Statistics

Overview of previous overdoses and some social determinants of health measures related to those who died of an overdose in 2021.

Among the 16% of Vermonters who had experienced an overdose in the past, most overdosed within the last month before they died.

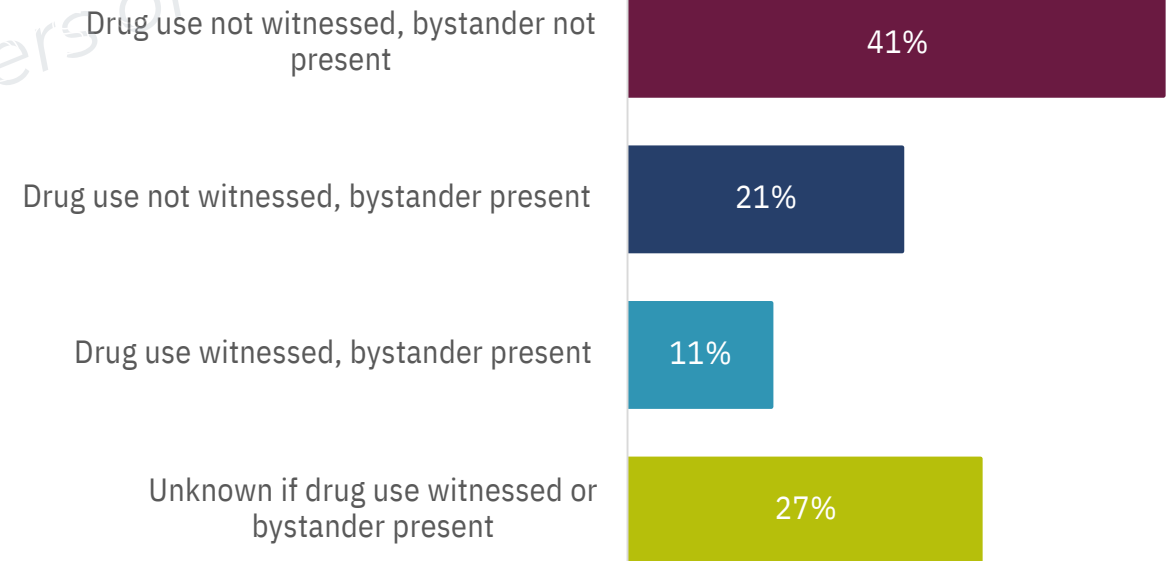


Social Determinants of Health Among Vermonters Who Died of an Overdose		
	Vermonters who Died of an Overdose	VT Adults Overall
Substance use disorder	93%	22%
Alcohol use disorder	36%	13%
Last heard from two or more days before their death	16%	-

The majority of fatal overdoses occur at home.

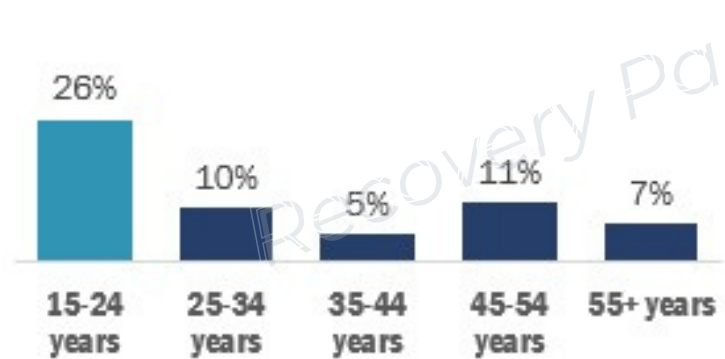
Place of Injury Among Vermonters Who Died of an Overdose		
	Frequency	Percent
At a home	166	72%
Motel	31	13%
Other	8	3%
Unknown	26	11%
Place of Death Among Vermonters Who Died of an Overdose		
	Frequency	Percent
At a Home	140	61%
Emergency Room	11	5%
Inpatient	5	2%
Hospital Intensive Care Unit	4	2%
Other	71	31%

Most people who overdosed **did not have a bystander present.**

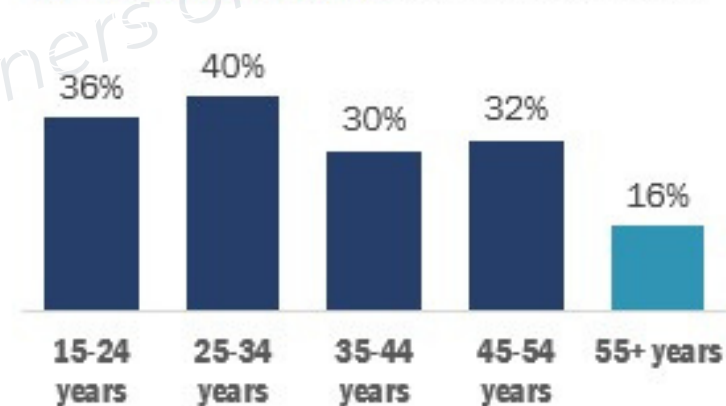


Fatal Overdoses in Vermont by Age and Circumstance Data Brief

15-24-year-olds were most likely to have a witness to the drug use that led to the fatal overdose.*



People 55 and older were less likely to be administered naloxone during the overdose.*



Recovery Partners of Vermont

Recommendations from this year's report

- First responder training and support: First responders serve our communities, responding to many emergencies including drug overdoses. The difficult nature and feelings that can come from this work can create moral injury and negatively affect first responder mental and emotional health, which can lead to burnout and potentially leaving the profession. As such, it is critical to assess impacts on first responders, implement recommendations from the [Emergency Service Provider Wellness Commission Report](#) and ensure supports and training are available to limit this occupational stress and promote resiliency.
- Support youth and family-focused intervention opportunities: Youth and early childhood intervention programs are vital for supporting families where the parents or children may be at increased risk. The Family Services Division (FSD) of the Department for Children and Families (DCF) found that 49% of the people born in and after 1982 who died of an overdose in 2021 were connected with FSD as a child. Both DCF and the Vermont Department of Health (VDH) can focus on ways to support and expand work that addresses adverse childhood experiences (ACEs) and trauma, and increases protective factors for children and their families. Example initiatives are [Strong Families Vermont](#) home visiting, [Parent Child Center Network](#), [Developmental Understanding and Legal Collaboration for Everyone \(DULCE\)](#), and [Children and Recovering Mothers Team \(CHARM\)](#).

- Increase awareness of mental health supports: The Department of Mental Health (DMH) oversees mental health services primarily through the [Designated Agencies and Special Service Agencies](#). Supported by findings of the [Mental Health Integration Council](#), DMH and VDH can further strengthen mental health integration efforts to co-manage co-occurring disorders in [Hubs and Spokes](#) and [Certified Community Behavioral Health Clinics](#), and reach Vermonters where they are to increase access and awareness of mental health services through telehealth, in primary care settings, and with 9-8-8 Suicide and Crisis Lifeline.
- Enhance prevention and early intervention in the Impaired Driver Rehabilitation Program (IDRP): Enhance prevention and early intervention service offerings to people referred to the IDRP for any substance. Most people who died in 2021 who ever utilized IDRP were first time or juvenile offenders, indicating IDRP may be the first, or only, intervention opportunity some people receive.

- Expand public/private partnerships at the community level.
- Explore additional data enhancements: The OD2A Program will seek feedback on and consider how to evolve the Social Autopsy Project to continue providing meaningful, actionable data. This could include changes such as releasing more frequent and smaller-scale data products that provide detailed analysis of topics of interest.
- Engage with client-facing staff as experts: Client-facing staff of organizations that serve people who are at risk of overdose are in a unique position to recognize how trends identified in this report play out in everyday interactions with clients. To acknowledge this expertise, departments, organizations, and programs could create ongoing opportunities for their client-facing staff to discuss challenges, brainstorm solutions, and identify practical innovations to connect and retain people at risk of overdose with services, screening, and treatment.
- Measure community overdose and harm reduction awareness to develop relevant messaging and trainings
- Consider demographic patterns when planning and implementing new interventions: This report has identified some demographics disproportionately represented in overdose deaths year after year. Although these characteristics do not account for all people who die of an overdose, special consideration should be given to white non-Hispanic males aged 25-44, unmarried or divorced/separated, with high school education or less because this specific demographic represented 25% of all those who died in 2021. All agencies should consider how effective current outreach efforts are at reaching these demographics and consider new methods of outreach or partnerships. This represents a prime opportunity for interagency collaboration and sharing lessons learned.

How do we integrate this information into our recovery service planning?

Recovery Partners of Vermont



Thank you!

Recovery Partners of Vermont

Let's stay in touch.

Email: Nicole.Rau@Vermont.gov

Web: www.healthvermont.gov

Social: [@healthvermont](https://twitter.com/healthvermont)