

# Vermont Legislative Research Service

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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.

Opioids are substances that interact with the opioid-receptors on the nerve cells in the human body, with the intended effect of reducing pain.

<sup>1</sup> 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.<sup>2</sup> 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 are substances used to block one or more of the opioid receptors on nerve cells in the human body.<sup>3</sup> There are many different opioid receptor antagonists, but Naloxone (often referred to as “NARCAN”) is the most commonly used in the recent past.<sup>4</sup> In the use of opioids cut with Xylazine, however, Naloxone does not reverse its effects.<sup>5</sup> Therefore, we provide information on the use of naloxone in this report, as well as information on the

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<sup>1</sup> Centers for Disease Control and Prevention,

growing threat of Xylazine and precautions taken towards its usage.

The CDC defines a syndemic simply as “synergistically interacting epidemics,”<sup>6</sup> 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.”<sup>7</sup> 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.<sup>8</sup> 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.<sup>9</sup> When Xylazine is taken with other depressants, such as alcohol or benzodiazepines, it can greatly increase the chance of a lethal overdose occurring.<sup>10</sup> 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.<sup>11</sup>

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.<sup>12</sup> 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

particularly high levels of it in the Northeast U.S.<sup>14</sup> 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.<sup>15</sup>

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.<sup>16</sup>

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.<sup>17</sup> This rose 33% in 2021, with 210 opioid-related fatal overdoses documented in the state.<sup>18</sup> 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.<sup>19</sup> 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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<sup>14</sup> 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>.

<sup>15</sup> 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>.

<sup>16</sup> 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>.

<sup>17</sup> 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>.

<sup>18</sup> Vermont Department of Health, “Opioid-related Fatal Overdoses Among Vermonters.”

<sup>19</sup> Vermont Department of Health, “Opioid-related Fatal Overdoses.”



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

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.

- x Sixty-eight percent of all accidental and undetermined manner of opioid-related fatalities occurring among Vermont residents is



event of a suspected Xylazine overdose, Naloxone should still be administered, as it is often

assisted treatment, there are 32 different treatment programs offered throughout the state of Vermont.<sup>45</sup>

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.<sup>46</sup> 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.<sup>47</sup>

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.<sup>48</sup>

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.<sup>49</sup> 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.<sup>50</sup>

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<sup>45</sup> 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>.

<sup>46</sup> Thomas Quijano, Jason Crowell, Kathryn Eggert, Katie Clark, Marcus Alexander, Laretta 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,



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.<sup>51</sup> Similarly, forty-seven states and Washington, D.C. had passed both good Samaritan laws and Naloxone access laws.<sup>52</sup>

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.<sup>53</sup> Additionally, it established the Opioid Stewardship Fund and the Opioid Addiction Advisory Council.<sup>54</sup> Among the council's purposes include reviewirddi Cdees2 (ddi)cteen ep C5 (n)b.1 ( )sheddirpnps in cddiu8 (es)2 (e)6 (mih)2 (e)6 ( )

from substance abuse disorder.<sup>59</sup> 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.<sup>60</sup> 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.<sup>61</sup>

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.<sup>62</sup> 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.<sup>63</sup>

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.<sup>64</sup> 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.<sup>65</sup> 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.<sup>66</sup>

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<sup>59</sup> 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>.

<sup>60</sup> Colorado General Assembly, House, HB 1009, 2019.

<sup>61</sup> Colorado Attorney General, "Attorney General Phil Weiser Is Fighting the Opioid Crisis on Many Fronts."

<sup>62</sup> Alabama Legislature, House, HB 379, 2016.

<sup>63</sup> 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>.

<sup>64</sup> 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>.

<sup>65</sup> 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>.

<sup>66</sup> Idaho Department of Health and Welfare, "Idaho's Response to the Opioid Crisis."



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.<sup>75</sup> 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.<sup>76</sup> 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.<sup>77</sup> Furthermore, Governor M-10 (e)4to (l)-2 (i)-2