Alcohol & Drug Abuse Prevention in the Northeast Kingdom

The Vermont Department of Health addresses substance abuse issues with a comprehensive approach that includes prevention, intervention, treatment and recovery.

Prevention
Prevention strategies promote healthy lifestyles and discourage alcohol and drug use.

Through New Directions and other grants, the Department of Health enlists whole communities in working to reduce the use of alcohol, marijuana and other drugs among youth. Grant-funded coalitions and regional partnerships are made up of parents, youth, teachers, school officials, law enforcement officers, and other concerned community members.

Prevention Activities • mentoring • family education programs • drug-free social and recreational events • local information campaigns • youth initiatives • parenting and family education • school drug and alcohol policies • school prevention curricula • peer leadership

In the Northeast Kingdom:
- St. Johnsbury Community Coordinating Council
- St. Johnsbury Academy Community of Concern Halo Project
- St. Johnsbury 2004 Youth Town Meeting
- Project Rockinghorse Circle of Support
- Tri-County Substance Abuse Services
- Orleans County Prevention Partnership
- Northern Essex Governance Board
- NEK Youth Services Bureau

Consultation • Department of Health Prevention Consultant Richard Taylor works with schools, coalitions, parent and youth organizations, and other community groups throughout the Northeast Kindgom to educate people about substance abuse issues and support local prevention efforts.
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Early Intervention
Directed at individuals or groups at highest risk for substance abuse, intervention activities aim to intercede to change behaviors before substance abuse begins or becomes habitual.

Student Assistance Professionals (SAPs) work in schools to educate students and staff about substance abuse issues, identify students who may have substance abuse problems, coordinate support groups and refer students to treatment providers.

START Teams (Stop Teen Alcohol Risk Teams) are funded through the Department of Health. These are local law enforcement teams that conduct proactive party patrols at "high risk" times like prom night, respond to tips about teenage drinking parties, and work with local coalitions to educate community members about risks of alcohol use.

In the Northeast Kingdom:
- 16 schools have Student Assistance Professionals
- Orleans County Sheriff's START Team
- Newport Police START Team

HEALTHY VERMONTERS 2010

Vermont Department of Health
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Youth Risk Behaviors in the Northeast Kingdom • 2003
A survey of all students in grades 8 through 12.

	Orleans County		Caledonia County		Essex County	
	Grade 8-12	Grade 12	Grade 8-12	Grade 12	Grade 8-12	Grade 12
Percent of students who drank alcohol in past 30 days	39%	56%	41%	59%	38%	76%
Percent of students who binged (5 drinks or more) in past 30 days	25%	39%	24%	36%	22%	60%
Percent of students who used marijuana in past 30 days	23%	36%	25%	35%	18%	48%
Percent of students who used inhalants in their lifetime	16%	19%	16%	15%	12%	20%
Percent of students who used heroin in their lifetime	**4%**	**4%**	**3%**	**3%**	**2%**	**4%**
Percent of students who used IV drugs in their lifetime	3%	4%	2%	2%	2%	4%
Percent of students who think it is a health risk to use marijuana regularly	50%	32%	47%	40%	56%	32%
Percent of students who report that marijuana is easy to get	53%	81%	58%	76%	52%	76%
Percent of students who know an adult who used marijuana, cocaine or another illegal drug in past year	59%	74%	59%	75%	59%	80%
Percent of students who know an adult who has sold drugs in the past year	39%	50%	35%	49%	32%	56%

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Alcohol & Drug Abuse

Heroin Addiction Treatment

Background

Since the mid-1990s, Vermont has experienced a dramatic increase in opiate addiction. In the last six years, the number of Vermonters dependent on heroin and other opiates who sought treatment in programs that receive state funding increased from less than 200 to over 1,100 people. In addition to those seeking treatment, up to 2,000 additional Vermonters are believed to have opiate dependence problems.

In the Northeast Kingdom:

- There are currently more than 200 residents who are actively seeking medical treatment for opiate dependence.
- An additional 400 to 600 people may be struggling with opiate dependence problems.
- The need for local services is especially critical as many people now travel up to 5 hours daily for treatment.

Effects of Heroin

Heroin dependence has a devastating effect on communities, individuals and families. These effects can be felt through increased crime, families and relationships in turmoil, increased medical needs and drug overdoses.

In the Northeast Kingdom (2003):

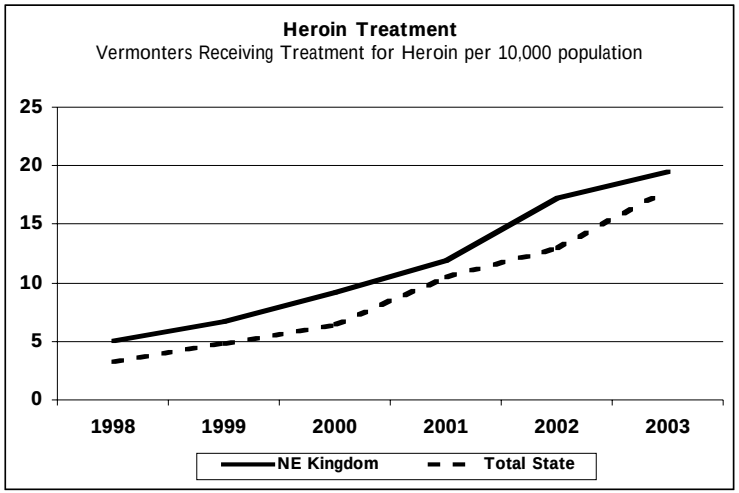
- Caledonia - 221 drug-related crimes
- Orleans - 125 drug related crimes
- Essex - 13 drug-related crimes

Treatment reduces crime. On average, a person dependent on heroin commits 300 days of crime per year.

In addition to treatment for their drug dependence, people who are addicted to heroin often require treatment for other serious health problems like Hepatitis C and HIV/AIDS, which they acquired as a result of their drug use. They may also need housing, transportation, and social support services.

Addiction Treatment

The goals of treatment for heroin or opiate addiction are similar in many ways to the goals of treating other chronic illnesses. Like people with diabetes or heart disease, people in treatment for drug addiction must change their behaviors and often take medications to control their illness. With the aid of medical treatment, behavioral counseling, psychotherapy, support groups and community services, patients can reclaim healthy, productive lives.



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Methadone Medication

People receiving medical treatment for heroin addition take methadone, a prescription medicine, orally every day. This alleviates the symptoms of withdrawal and the craving for heroin. The medication corrects a metabolic imbalance in the brain, helps restore hormones, and increases blood flow to the brain.

Buprenorphine Medication

Buprenorphine is a relatively new medication for the treatment of opiate addictions. While it is not appropriate for all patients, it can be used successfully to treatment at least half of the population with opiate dependence. Unlike methadone, buprenorphine can be prescribed by a primary care physician who has received training in the use of this medication. Several physicians in Vermont have been trained, and efforts are being made by the Vermont Department of Health to train more.

Abstinence-Based Treatment

this method of treatment does not use prescription medications following detoxication. Staying free of drugs following detoxification is highly dependent on significant behavioral changes and intensive support. Many patients remain drug-free without the assistance of prescription medications, but the rate of success in remaining drug-free is usually less than half the rate for those who receive therapy with medication.

Availability of Treatment in Vermont

Until 2002, methadone medication treatment was not available in Vermont. Today, the state has one methadone clinic, the Chittenden Center, which is located in Burlington at Fletcher Allen Health Care. It serves about 100 people and has a consistent waiting list of over 100 Vermonters who want to end their drug dependence.

In the Northeast Kingdom:

- Approximately 10 residents are receiving treatment at the Chittenden Center.
- At least 66 residents receive methadone medication at treatment centers in New Hampshire or Massachusetts.
- The State of Vermont pays $526,805 in transportation costs for people receiving methadone treatment; 80 percent (or $451,348) pays for transportation of Northeast Kingdom residents.

Given that patients need to attend clinics daily, long travel time makes it virtually impossible for people to live a normal, productive life.

Mobile Treatment Facility

For the past two years, the Department of Health has been talking to hospitals, community leaders, substance abuse treatment providers and citizens around the state about Vermont's lack of treatment options for people dependent on heroin.

There is wide agreement that more treatment is needed. However, for a variety of reasons, no single community has offered to locate a second methadone clinic.

As an alternative, the Department of Health is seeking a contractor to provide mobile substance abuse treatment services throughout Vermont. This would bring a range of treatment options, including methadone, to communities that do not currently have treatment available.

A mobile facility is typically a van that follows the same route every day, stopping for a few hours in each predetermined site. It serves clients right in their own community, and then moves on to another community. The van provides medication to patients who have received a comprehensive physical exam and who have had an extensive assessment to determine all of their treatment needs. In addition to receiving medical services from the mobile clinic, they receive referrals to local health care providers and social services as needed.

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