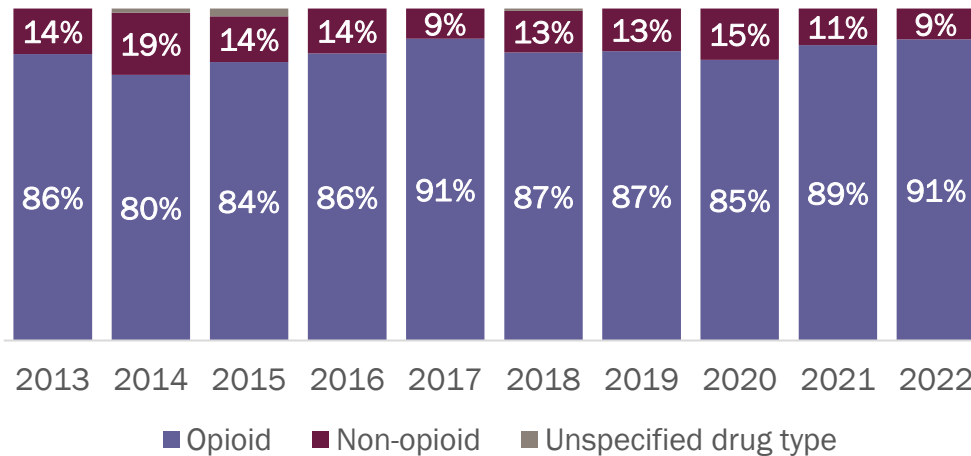


Non-Opioid-Related Fatal Overdoses Among Vermonters, 2013-2022

January 2024

Over the last decade, most accidental and undetermined manner drug overdose deaths among Vermont residents involved opioids.¹ Of the 1,462 drug overdose deaths that occurred from 2013 to 2022 among Vermonters, 181 did not involve opioids (12%). There were four deaths that involved an unspecified drug type. The data in this brief are about non-opioid-related accidental and undetermined deaths, unless otherwise specified.

There are fewer accidental and undetermined manner drug overdose deaths that do not involve opioids than do involve opioids.

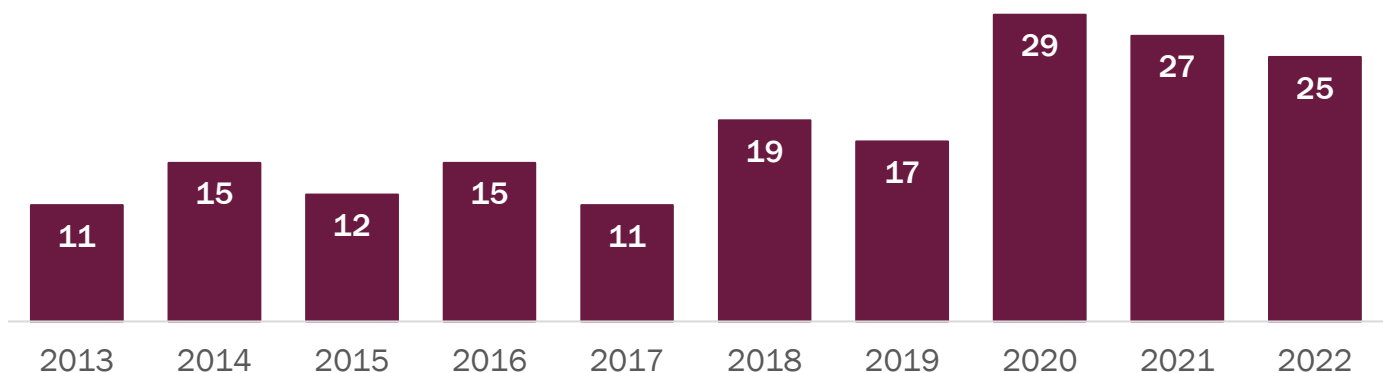


KEY POINTS

- **One in eight drug overdose deaths do not involve opioids.**
- **Of those who die of an overdose that does not involve opioids:**
 - Nearly half are people ages 50 and older.
 - Most have only one substance contributing to their death, most commonly cocaine.

The number of overdose deaths involving drugs other than opioids peaked at 29 in 2020 and is now declining.

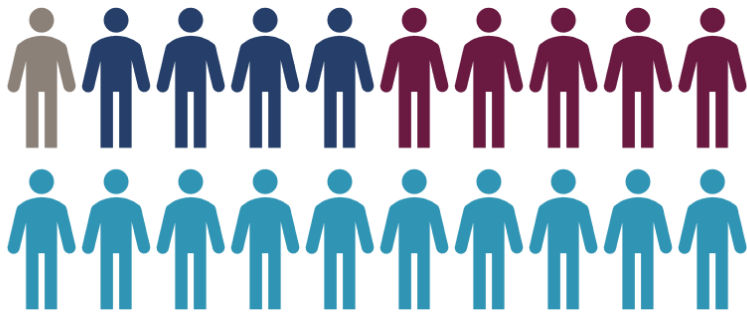
Between 2013 and 2022, the number of non-opioid drug overdose deaths increased by 127%.



¹ Deaths are classified as undetermined when it is not clear if the overdose was accidental or intentional.

Non-Opioid Fatal Overdoses

Nearly half of non-opioid-related drug overdoses are among people 50 and older.



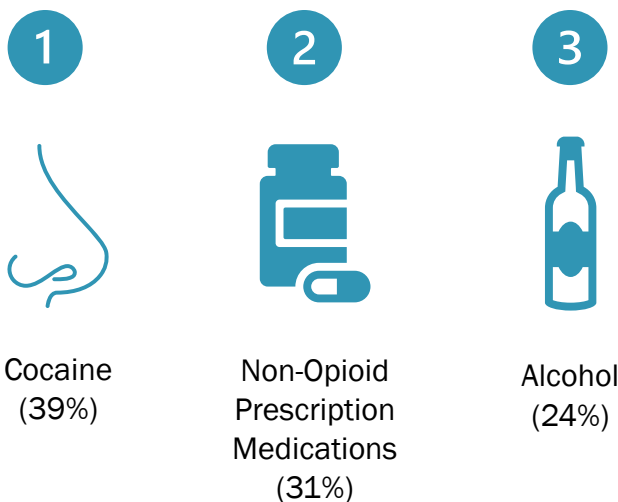
■ Under 30 ■ 30-39 ■ 40-49 ■ 50 and older

People who die of a non-opioid-involved drug overdose are more likely to be white, non-Hispanic, and male, similar to opioid-related overdoses. Men comprise 62% of non-opioid overdose deaths from 2013-2022. Ninety-three percent are among white, non-Hispanic Vermont residents, while seven percent are among Vermonters who are Black, Indigenous, and People of Color. The average age of people who die of a drug overdose not involving opioids is 49 years and nearly half of the deaths occur in people ages 50 and older (48%).

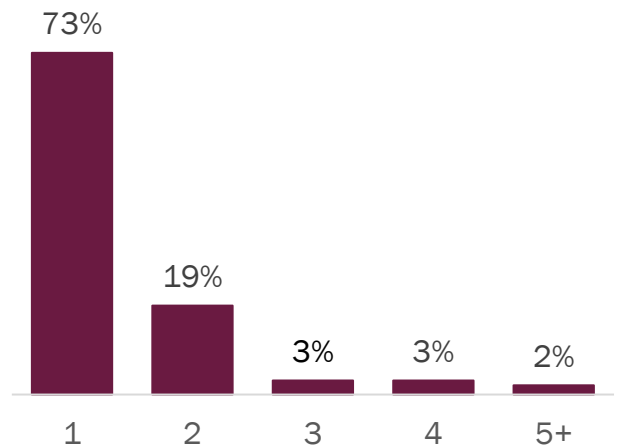
Drug Involvement

Cocaine is the most commonly involved substance in non-opioid overdoses, followed by prescription medications and alcohol. Vermont’s first methamphetamine-involved, non-opioid fatal overdose was in 2019, increasing to four deaths in both 2021 and 2022. From 2013 to 2022, 73% of people who died of a non-opioid overdose had only one substance contributing to their death. Of the 71 cocaine-related deaths without opioid involvement, most (79%) had cocaine as the only contributing substance.

Most common substances, 2013-2022



Most people have only one substance contributing to their death.



Non-Opioid Fatal Overdoses

Cocaine and prescription medications are the most common non-opioid substances contributing to death in most Vermont counties. *

The rate of non-opioid overdose deaths from 2013 to 2022 is highest among residents of Essex County. Essex County is the only county in Vermont that is statistically higher than the state rate.

Cocaine is the most common substance contributing to death in residents of these counties:

- Addison
- Bennington
- Chittenden
- Grand Isle
- Windham

Prescription medication (e.g., benzodiazepines, antidepressants, antipsychotics, and muscle relaxants) is most common among residents of these counties:

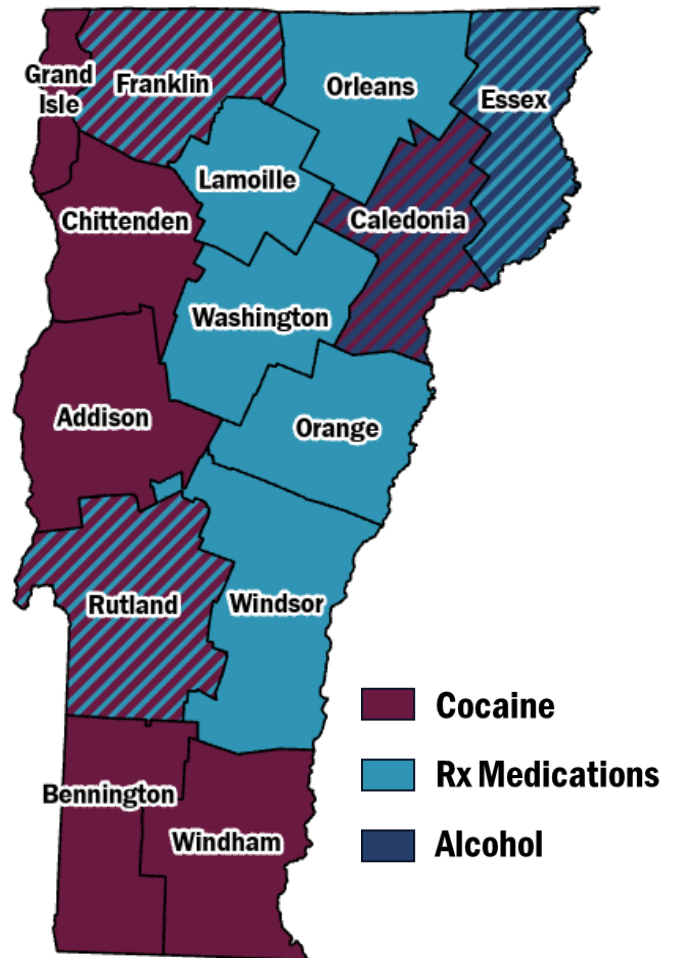
- Lamoille
- Orange
- Orleans
- Washington
- Windsor

In Franklin and Rutland counties, **cocaine and prescription medications** each contribute to an equal number of deaths. In Essex County, **alcohol and prescription medications** contribute to an equal number of deaths, while **cocaine and alcohol** contributed to death in the same number residents of Caledonia County.

Key Takeaways

Most overdose deaths among Vermont residents involve opioids. However, in the past ten years, the number of non-opioid-involved fatal overdoses has increased. Non-opioid overdose deaths occur more often in people ages 50 and older (48%) and most involve only one substance (73%). The most common non-opioid substance contributing to death is cocaine, followed by prescription medications and alcohol.

For more detailed data on opioid-related overdoses in Vermont, read the most recent update of the ["Annual Fatal Overdose" brief](#).



* The map depicts the individual substances, not combinations, that most commonly contribute to death. Stripes indicate that two substances contribute to an equal number of deaths.

Actions to Help Support Overdose Prevention

The data presented in this report show some trends that should be considered when developing or implementing overdose prevention strategies in the state.

- 1. Most fatal overdoses involve an opioid.** It is imperative that opioid-specific overdose prevention and response initiatives, such as administering naloxone, are deployed any time an overdose is suspected. Naloxone is safe to use even if an opioid is not present and can be used safely when drug involvement is unknown. Our website provides more information on [how to use and where to get naloxone](#).
- 2. Nearly half of overdose deaths that do not involve opioids are among people ages 50 and older.** Many overdoses for older Vermonters involve prescription medications. In collaboration with the Department of Disabilities, Aging and Independent Living, we have developed substance use [resources for older adults](#). Overdose risk for this population should be included in messaging and outreach and considered in combination with other services provided to Vermonters 50 and older.
- 3. Cocaine is the most common non-opioid substance contributing to death in Vermont.** Cocaine involvement in overdoses has increased overall, including in overdoses that do not include an opioid. The [“Stimulant Misuse in Vermont” data brief](#) provides additional context around stimulant trends in Vermont. Additional outreach to people who use stimulants is important, especially when it is the primary or only substance being used. Ways to increase outreach and engagement with stimulant users could include providing safe smoke kits or safe snorting supplies, which are evidence-based harm reduction strategies for infectious disease prevention and overdose prevention engagement.
- 4. Most people who died of an overdose that did not involve opioids had only one substance contributing to their death.** This is different than fatal overdoses involving opioids, which usually include multiple substances. While polysubstance involvement is less common in non-opioid fatalities, messaging should indicate potential harms of cross substance use and that using substances other than opioids can result in overdose and death.
- 5. Consider geographic differences in substance involvement.** The southern and western parts of the state tended to have more deaths related to cocaine while the eastern part of the state tended to have more deaths related to prescription medications. These are small numbers and only account for fatal overdoses that do not include an opioid. While the geographic differences could be useful and should be considered, other factors should also be taken into account when developing overdose prevention strategies and responses. Communities should identify and implement strategies that fit their own population and needs, as there is no one-size-fits-all approach.

References:

Vermont Department of Health Vital Statistics System. The 2022 data are considered preliminary.

For more information on harm reduction, treatment, and recovery services: www.vthelplink.org

For more information about overdose prevention programming: AHS.VDHod2a@vermont.gov

For questions about this data brief: AHS.VDHOVerdoseDataVT@vermont.gov