

In Vermont, nonfatal opioid overdose emergency department (ED) visits have been increasing since 2018. The annual opioid overdose rate for 2021 increased 44% compared to the annual rate in 2018. This analysis is the first-time repeat visits to emergency departments for opioid related overdoses has been completed using Vermont data. For this analysis, a repeat visit is defined as one or more visits following an initial visit by the same person at the same emergency department in Vermont. Emergency department data reported through [ESSENCE](#), which is an electronic surveillance system used to track real-time healthcare encounter data, are used in this analysis.

From 2018 to 2021, 1,631 people visited an emergency department for an opioid overdose. The median age of these individuals is 38 and 60% are male. Of these individuals, 15% experienced at least one repeat visit between 2018 and 2021, and 4% had more than one repeat visit during that time.

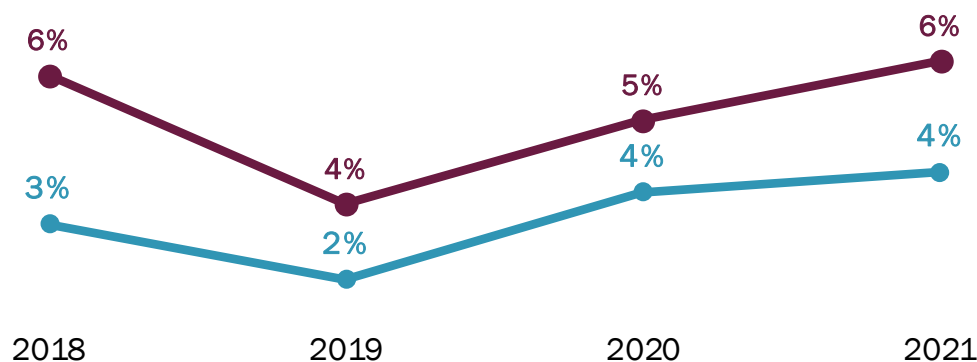
KEY POINTS

- Nearly a quarter of all repeat nonfatal opioid ED visits happened within 30 days of the 1st visit.
- Females aged 30-39 have the highest rate of repeat opioid overdose visits.
- The rate of repeat visits within 30 and 90 days of the initial visit have been increasing since 2019.

Repeat Overdose Rates Over Time

The rate of repeat overdose emergency department visits within **30 days** and **90 days** of the initial visit has slightly increased since 2019. This rate is calculated by taking the number of people with more than one opioid overdose visit and dividing it by the total number of people with an opioid overdose. Both the **30** and **90 days** return rate decreased from 2018 to 2019; since 2019 the **90 days** return rate has been slightly increasing.

The rate of repeat overdoses within 30 and 90 days has increased since 2019.

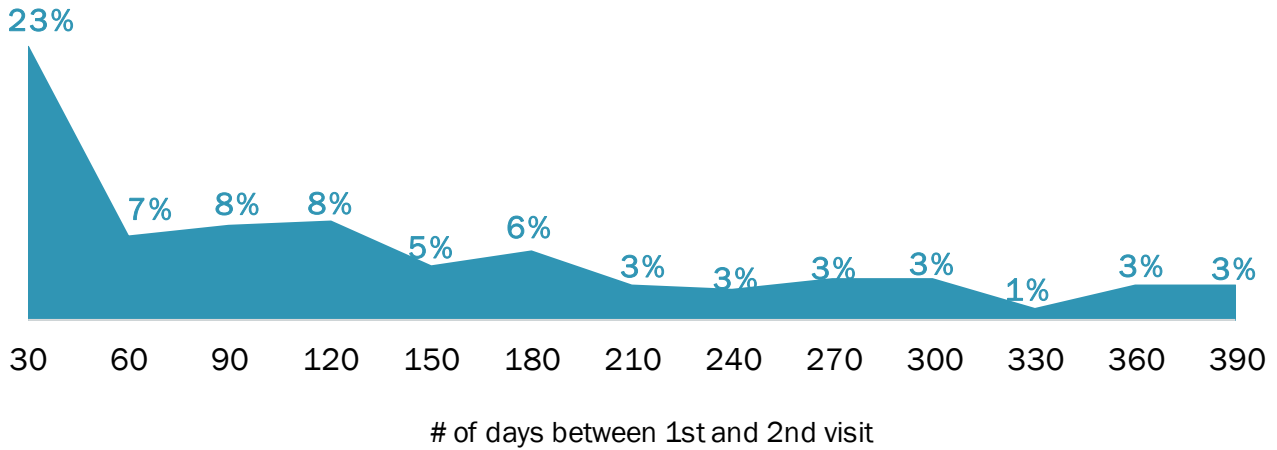


Repeat Opioid Overdose Emergency Department Visits

When are people most likely to have a repeat opioid related visit?

Nearly one quarter of repeat visits between 2018-2021 happened within 30 days of the first visit. An additional quarter of repeat visits happened between 60 and 120 days after the first visit. The remaining half occurred after four months to well over a year from the first visit.

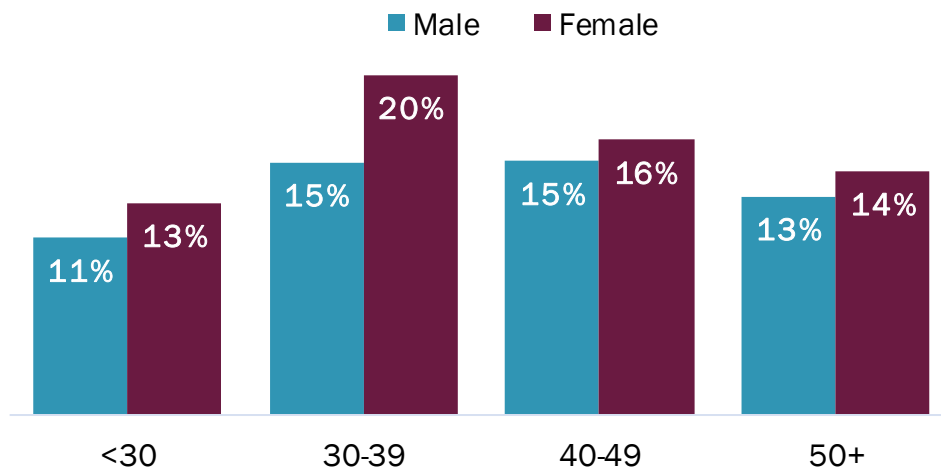
Nearly half of all opioid overdose repeat visits occur within 4 months of the first visit.



Who is most likely to have an opioid overdose repeat visit?

While males in the 30- to 39-year-old age group are most likely to visit the emergency department for an opioid overdose, females in the 30- to 39-year-old age group have the highest percentage of repeat opioid overdose visits. In all the age groups, females have higher rates of repeat visits compared to males, although differences are not statistically significant. The rate of repeat opioid overdose visits by black, indigenous, or people of color is statistically similar to white, non-Hispanic populations.

Females are more likely to have a repeat opioid overdose visit in all age categories.

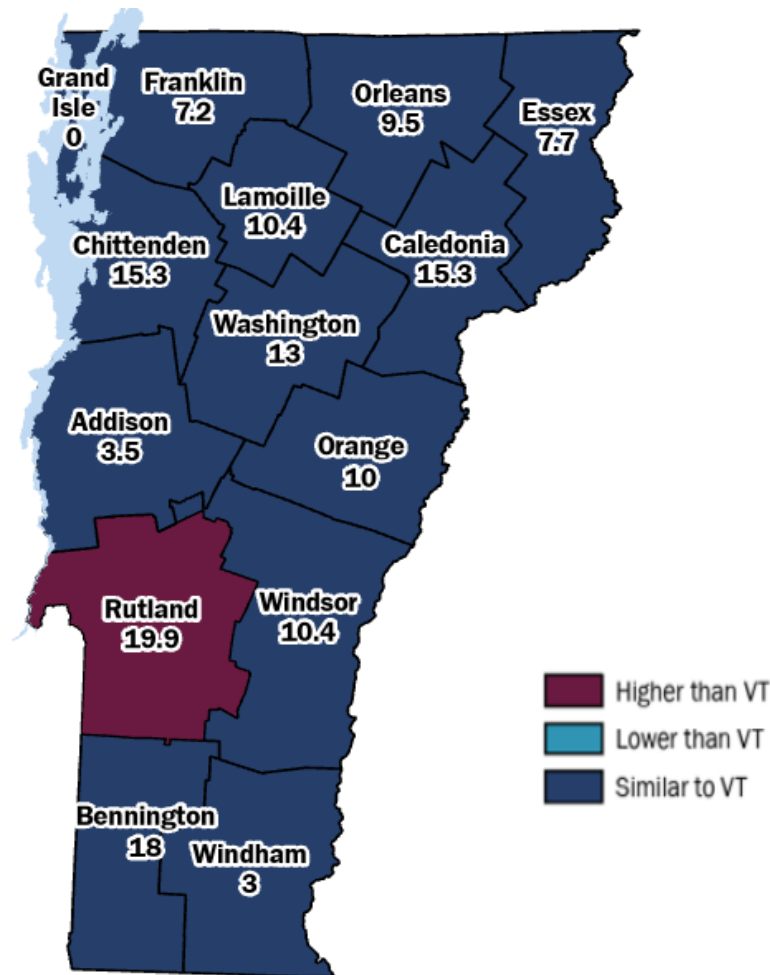


Repeat Opioid Overdose Emergency Department Visits

Where are people most likely to have an opioid overdose repeat visit?

People who are residents of **Rutland County** have the highest rate of repeat opioid overdose visits (19.9) and this rate is significantly higher than the overall state rate (14.5). Rutland County also has the highest rate of nonfatal opioid overdose emergency department visits¹. Rates are the number of repeat visits per 100 opioid emergency department visits. It is important to note Brattleboro Memorial Hospital in Windham County did not report into the ESSENCE system during the analysis time frame (2018-2021), so it is possible rates are lower in counties which utilize this hospital regularly.

Rate of repeat visits to the ED for an opioid overdose by county compared to statewide rate (14.5)



¹ This data can be found in the [Monthly Opioid Morbidity and Mortality Report](#).

Purpose of This Report

This report provides a picture of what is currently happening to inform strategies and policies. The goal is for the overall number of overdoses to decline in the state, not to see an immediate reduction in visits to the ED. When a person overdoses, the best course of action is to call 9-1-1 to be assessed by emergency medical services, and transported to the ED for evaluation, stabilization, and referral to additional resources as appropriate. With the lethality of fentanyl and increased likelihood of novel substances such as [xylazine](#) in the drug supply, follow-up care is important.

Actions to Help Support Overdose Prevention

Emergency departments serve as an important point of connection with people and their loved ones regarding fatal and non-fatal opioid overdose prevention. The Health Department will continue to partner with Vermont's emergency departments, Emergency Medical Services (EMS) and recovery partners to further expand resources and tools for Vermonters at risk of an opioid overdose.

1. Expand utilization of Leave Behind Kits (which include doses of Narcan®) by EMS to increase the amount of Narcan® available to Vermonters.
2. Expand Narcan® distribution at emergency departments to allow an additional Narcan® access point for patients who overdosed, those who are at high risk of overdose, and family members to Narcan® following a medical emergency.
3. Support the utilization of Rapid Access to Medication for Opioid Use Disorder (RAM) programs by patients who have experienced an opioid overdose.
4. Provide peer support to opioid overdose patients and their loved ones through the Recovery Coaching in the Emergency Department program to ensure patients and their loved ones are provided with wraparound supports following their medical emergency.
5. Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk of an opioid overdose.

With consideration of the data outlined in this data brief, community partners including emergency departments, healthcare systems, and EMS may consider implementing one or more of the following potential action steps to further support people experiencing an opioid overdose:

1. Explore ways to include overdose educational information as part of standard discharge paperwork for people who experienced an opioid overdose. This could include [VT Helplink](#) or [KnowOD](#) resources, or other relevant materials.
2. Integrate follow-up procedures for people who overdosed within 30 days of their discharge from emergency department for an overdose.
3. Hospitals examine commonalities among patients who experience repeat overdoses and visit their emergency department to inform protocols and procedures. For example, determine if the individual was offered medication to treat opioid use disorder during the visit.

Limitations

1. These data only capture people who visited the same Vermont hospital more than once and cannot capture repeat visits to multiple different hospitals. These data also do not capture any visit outside of Vermont as ESSENCE only includes Vermont hospital data.
2. These data do not include Brattleboro Memorial Hospital data as the facility did not report to ESSENCE until 2022.
3. Repeat visits occurring after December 31st, 2021, are not included in this analysis.

References:

Electronic Surveillance System for the Early Notification of Community-based Epidemics ([ESSENCE](#)), 2018-2021.

This report was adapted from the 'Repeat Visitors to the Emergency Department for Suicide-Related Reasons' released in April 2022. [HSRV-Injury-Repeat-Visitors-to-ED-Suicide-Related.pdf](#)

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