

Overview of Opioid Overdoses in Vermont

Preliminary data indicates there were 231 accidental or undetermined opioid-related fatalities among Vermont residents in 2023, a decrease from previous years. Fentanyl is involved in 95% of these fatalities, while cocaine is involved in 61%, and xylazine in 32%¹. As more adulterants are present in the drug supply and involved in overdose fatalities, access to naloxone is becoming more important. Naloxone, an opioid antidote medication, is often known by the brand name Narcan®.

Naloxone Distribution in Vermont

As one piece of the State of Vermont's coordinated effort to reduce opioid-related fatalities, the program trains first responders and the public in overdose response. The goal of the Health Department's Opioid Overdose Prevention and Reversal Program (OOPRP) is to distribute naloxone overdose rescue kits to Vermonters at risk of overdose, family members of those at risk, and anyone who may be able to help in the event of an overdose. As fentanyl is being found in many illicit substances, it is important for anyone using any powder or pill, not purchased at a pharmacy, to have naloxone on hand and teach loved ones where it is kept and how to use it in case of an opioid overdose. Fentanyl and xylazine test strips are also available to test substances prior to use. Learn where to access naloxone at VTHelpLink.org.

The OOPRP supports naloxone distribution to the community through three pathways:

- Community distribution accessible to the public by:
 - Narcan® Kit Program and
 - Harm Reduction Pack (HRP) Program
- **First responder distribution by the leave behind kit (LBK) program** - first responders distribute LBKs to anyone on scene who may be in a position to prevent an opioid overdose.

Further information on opioid overdose prevention can be found at HealthVermont.gov.

This data brief focuses on the **first responder leave behind kit (LBK) program** and EMS naloxone administration. Read the [quarterly community naloxone distribution and administration is presented in a separate data brief](#).

KEY POINTS

Between January 1 and March 31, 2024, EMS:

- **Administered naloxone to 167 patients.**
- **Documented distributing 84 naloxone Leave Behind Kits to patients and their families.**

¹ [Vermont Department of Health - Opioid-Related Fatal Overdoses Among Vermonters](#)

First Response Naloxone Leave Behind Kits (LBKs)

Leave behind kits are provided to people following an interaction with a first responder such as law enforcement or emergency medical services (EMS). EMS are required to offer LBKs to people who refuse transportation to the hospital following an opioid overdose. EMS are also encouraged to provide LBKs in any circumstance in which opioid use might be indicated, even if the original call to the first responder was not opioid-related. These kits include two doses of 4 mg naloxone, instructions for use, information on harm reduction, treatment, recovery services and information on [Vermont 211](#). For more information on LBKs contact: naloxone@vermont.gov.

Naloxone Distribution by the Vermont Department of Health – 2024

The following table contains data on LBKs and naloxone doses for EMS use distributed to the Vermont Department of Health’s EMS partners in 2024. EMS receives both 2mg and 4mg doses and may titrate doses to effect in the field to reduce potential for severe withdrawal symptoms. Historic data may change due to delays in reporting.

Distribution of Naloxone Doses from the Vermont Department of Health – 2024					
	Q1	Q2	Q3	Q4	Total
Leave behind kits: Number of doses provided to EMS and law enforcement agencies (984 doses in 492 kits)	984				984
For EMS Use: Number of 4 mg doses provided to EMS	441				441
For EMS Use: Number of 2 mg doses provided to EMS	401				401
Doses of naloxone distributed to first responders	1,826				1,826

Naloxone Distribution by Emergency Medical Services – 2024

The following table contains data from EMS providers who reported leaving **naloxone kits** behind with people who are at higher risk of overdose due to opioid misuse. These data are updated on a quarterly basis.

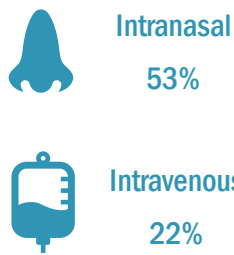
EMS Naloxone Leave Behind Kit Distribution – 2024					
	Q1	Q2	Q3	Q4	Total
Number of incidents where EMS left naloxone (in a Leave Behind Kit) with people who are at higher risk of overdose due to opioid misuse	69				69
Number of kits left at EMS scenes with people who are at higher risk of overdose due to opioid misuse (2 doses/kit)	84				84

Naloxone Administration by Emergency Medical Services – 2023

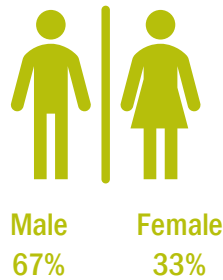
Naloxone is administered by EMS personnel when medically indicated in several scenarios, including perceived overdoses and cardiac arrests. These administrations are captured in Vermont’s State Incident Reporting Network (SIREN) database. In 2023, Vermont EMS agencies administered naloxone to 886 patients (10 patients were administered naloxone out of state).

Demographic Breakdown of Individuals Administered Naloxone by EMS (2023)

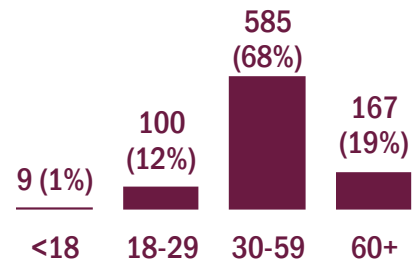
Route of Administration



Sex



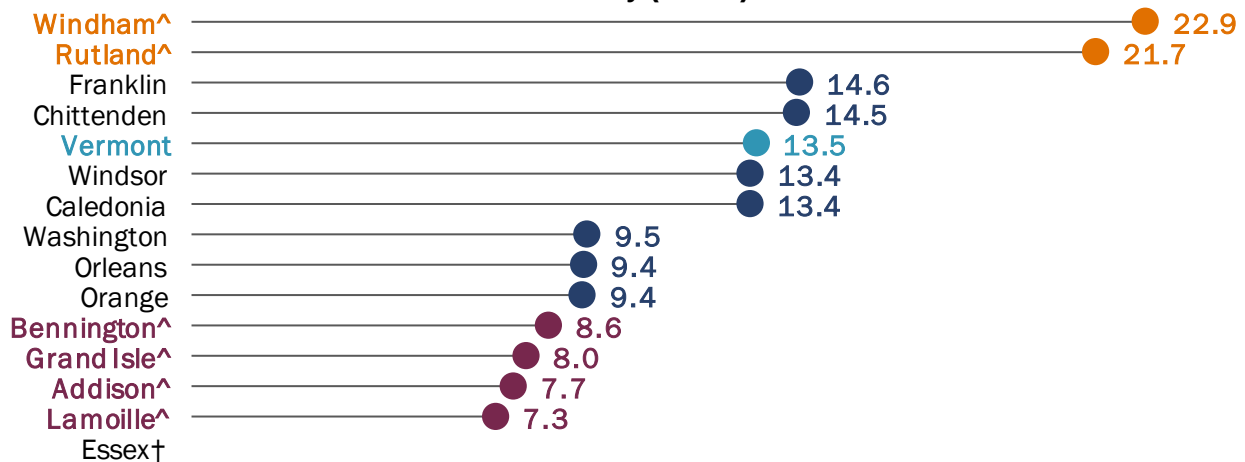
Age



Source: Vermont State Incident Reporting Network (SIREN), 2023

In 2023, Windham and Rutland Counties had significantly **higher** rates of naloxone administration (22.9 and 21.7 per 10,000 residents respectively), while Bennington, Grand Isle, Addison and Lamoille Counties had significantly **lower** rates of administration (8.6, 8.0, 7.7, and 7.0 per 10,000 residents respectively). Data for Essex County are suppressed due to insufficient data. All other counties have statistically similar rates to **Vermont**.

Rate of EMS Calls Involving Naloxone Administration Per 10,000 Residents in County (2023)



Source: Vermont Statewide Incident Reporting Network (SIREN), 2023, Vermont Population Statistics (2022)

† Essex and Grand Isle Counties have been suppressed due to insufficient data

[^] Statistically significant at 0.05 level, compared to Vermont rate (12.5 per 10,000 Vermonters)

Naloxone Distribution and Administration: EMS

Naloxone Administration by Emergency Medical Services – 2024

The following tables contain 2024 data on the use of naloxone by emergency medical services personnel in Vermont. These data are updated quarterly using the Statewide Incident Reporting Network (SIREN). Historic data may change if there are delays in reporting. Note – EMS agencies do not administer a ‘standardized’ 4 mg dose of naloxone.

Number of Patients Administered Naloxone via EMS by County of Incident – 2024					
	Q1	Q2	Q3	Q4	Total
Addison	7				7
Bennington	9				9
Caledonia	10				10
Chittenden	42				42
Essex	*				*
Franklin	12				12
Grand Isle	*				*
Lamoille	*				*
Orange	6				6
Orleans	7				7
Rutland	25				25
Washington	9				9
Windham	11				11
Windsor	20				20
Missing County	0				0
Out of State (administered by VT agency)	2				2
Total	167				167

Number of Patients Administered Naloxone via EMS by Sex and Age – 2023					
	Q1	Q2	Q3	Q4	Total
Sex					
Female	65				65
Male	101				101
Age					
≤17	*				*
18 – 29	26				26
30 – 59	97				97
60+	37				37

Naloxone Distribution and Administration: EMS

Number of Patients Administered Naloxone via EMS by milligrams (mg) Received – 2024 (Preliminary)

Number of mg Received	Q1	Q2	Q3	Q4	Total
2 or fewer	76				76
2.1 – 4	55				55
4.1 – 8	31				31
8.1 – 12	4				4
More than 12	1				1

Number of Naloxone Administrations via EMS by Route of Administration – 2023

	Q1	Q2	Q3	Q4	Total
Intranasal	103				103
Intravenous (IV)	33				33
Intramuscular (IM)	17				17
Intraosseous (IO)	18				18
Other/Miscellaneous/Missing	7				7

Key Takeaways:

First responders, including emergency medical services (EMS) providers play a critical role in addressing the opioid epidemic. EMS provide services to people who are using drugs, their loved ones, or others that may be able to help in the event of an opioid overdose. In addition to reversing overdoses, EMS agencies across the state are helping to build community networks and employ a comprehensive response to the opioid epidemic.

For more information on the OOPRP: www.HealthVermont.gov/naloxone

For more information on SIREN: www.HealthVermont.gov/siren

For more information on overdose prevention strategies: www.KnowODVT.com

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

For questions about this data brief: naloxone@vermont.gov

Naloxone Distribution and Administration: EMS

