



## UVM Medical Students Complete Public Health Projects

Members of the Class of 2019 at the University of Vermont Larner College of Medicine (LCOM) completed 16 public health projects during fall 2016, among them one on “Patient Perspectives on Medication Assisted Therapy in Vermont” that was guided and sponsored by the UVM Office of Primary Care and AHEC Program.

Medication-Assisted Therapy (MAT) for opioid addiction has dramatically increased in Vermont, supported by a novel statewide system that integrates specialty treatment centers (“Hubs”) with primary care office-based opioid therapy (“Spokes”). Previous studies focused on health care providers and their perspectives of the barriers to offering MAT in their practices. The project’s goal was to elicit patient perspectives on barriers and enablers of successful MAT to further inform system refinement.

An interview guide was developed based on recent literature as well as discussions with MAT leaders, staff and clinicians, and community stakeholders. Responses were organized using thematic content analysis with consensus across seven interviewers and two analysts. The interviews were conducted in October 2016 with 44 patients enrolled in MAT at two Hub sites in Burlington, VT. The median age of subjects was 34 years, 34% were employed at least part-time, and 72% were female. Half reported a mental health condition and 20% reported chronic pain. Barriers to addiction treatment included transportation (25%), lack of stable housing (34%), and stigma (41%). Other findings included:

- Patients reported confidence in the Hub and Spoke system and high levels of self-efficacy.
- Sobriety, family support, and developing independence motivated patients to succeed in the program.
- Patients reported that some



*Medical students who carried out the UVM Office of Primary Care and AHEC Program-mentored public health project on “Patient Perspectives on Medication-Assisted Therapy in Vermont” are, left to right: Holly Bachilas, Florence DiBiase, JP Nsubuga, Curan Uppaluri, and Michael Marallo. Absent are: Lloyd Pataschnick and Ashley Adkins.*

interactions with health providers were perceived as disrespectful and dismissive of pain complaints. Understanding health care provider and patient perspectives in these situations is needed to develop effective solutions.

The project concluded that patients in MAT have complex medical and mental health needs, social, personal, and work lives. A comprehensive system that addresses this wide range of domains is critical to achieving optimal outcomes. It is important to include patient experiences and perspectives in system improvements. Possible next steps include:

- Develop a quantitative questionnaire for deployment across the statewide MAT system.
- Assess and understand common comorbid conditions and how they affect success in the program.
- Compare patient and provider perspectives to further inform system improvement and allocate resources effectively.
- Explore ways to integrate social support services with substance

abuse programs to create a unified system.

- Offer provider education on effective approaches to meet the needs of patients.
- Work to reduce stigma and increase empathy among both providers and communities.

The student researchers were Ashley Adkins, Holly Bachilas, Florence DiBiase, Michael Marallo, JP Nsubuga, Lloyd Pataschnick, and Curan Uppaluri. They were advised by Charles D. MacLean, MD, Jan Carney, MD, MPH, and Elizabeth Cote, director of the Office of Primary Care and AHEC Program. The poster has been submitted to the American Public Health Association for consideration at its annual conference, and can be seen inside this newsletter. ■

### INSIDE

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# Human Trafficking in Vermont: What Caregivers Should Look For

One hundred ninety-six medical professionals and health professions students learned about “Human Trafficking in Vermont: Recognition and Response” at the University of Vermont’s annual Cultural Awareness Conference held in February. Guest speaker Rachel DiSanto, MD, who practices family medicine in Newport, VT, described trafficking as humans who are trafficked through force, fraud, or coercion for the purposes of exploitation. She called it the fastest growing trade in the world and said it is highly profitable because forced labor in the private economy generates about \$150 billion in illegal profits per year.

The National Human Trafficking Hotline reports that last year alone, human trafficking rose 35.7 percent from the previous year; there were five calls from Vermont. Since 2007, the Hotline has received 201 calls from Vermont.

Medical students at the UVM Larner College of Medicine, in partnership with Give Way to Freedom, conducted a public health project to look at “Barriers to Identifying Trafficked Youth in Vermont.” Field surveys with 98 at-risk youth in

four Vermont counties and with 104 health care providers across the state revealed over 19 percent of the health care providers reported having seen between one and five patients whom the provider believed to be victims of sex trafficking. Twenty-two percent of Vermont youth in foster care reported being forced to have sex to obtain something; 13 percent reported being compelled to do something they did not want to do other than sex. The study concluded that youth with a history in the foster care system appear to be at greater risk for trafficking, survival sex, and fear of accessing medical care.

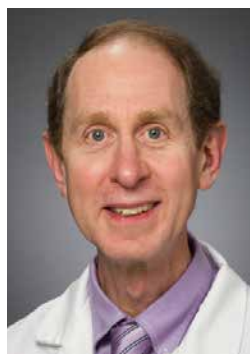
Vermont established a Human Trafficking Task Force in 2010, and passed the first state anti-trafficking legislation in 2011. The collaborative task force has a response protocol and victim services available (see Resources box).

Healthcare professionals are encouraged to become educated about the problem, learn to recognize indicators of potential victimization, and work with others to form a plan.

Patient behaviors that suggest human trafficking:

- Worry about getting back to work
- Fear of boss
- Lack of social/family support
- Vague responses
- No money, no ID
- Reluctant to share information
- Hopelessness
- Number of sexual partners
- Past history of childhood traumas
- Discounting severity of symptoms/disconnect with physical symptoms
- Fearful demeanor
- Vague knowledge of geographic location now and in recent past ■

**RESOURCES:** To report confirmed or suspected cases of trafficking: **First point of contact:** Vermont 2-1-1 (United Way of Vermont) and Department for Children and Families (1-800-649-5289) if victim is a minor (this does not initiate law enforcement contact). **Second point of contact:** Vermont Human Trafficking Hotline (law enforcement): 888-984-8626. **Third point of contact:** National Human Trafficking Hotline (Polaris Project): 888-373-7888. **Visit the Vermont Center for Crime Victim Services at [ccvs.vermont.gov](http://ccvs.vermont.gov)**



## Mark Levine, MD named Vermont Commissioner of Health

Mark Levine, MD, former associate dean for graduate medical education at the Larner College of Medicine and designated

institutional official at the UVM Medical Center, is the state’s new health commissioner.

In March, Dr. Levine succeeded Harry Chen, MD, who served as commissioner since 2011.

A primary care physician and professor of Medicine, Dr. Levine also served as vice chair for Education in the Department of Medicine. He has practiced general internal medicine for more than

30 years, with special interests in solving complex diagnostic dilemmas, health promotion/disease prevention, screening and clinical nutrition.

“My passions include the integration of medical care with public health, population health, and health policy,” Levine said. “This position will allow me to get involved in important priority setting and planning to improve the health of all Vermonters. I am excited about being able to work every day to help improve people’s health.”

His priorities as commissioner include addressing chronic disease – “the most expensive part of health care” – the opioid epidemic, mental health services and social determinants of health.

Dr. Levine received his medical degree from the University of Rochester,

completed his Internal Medicine Residency and a Chief Resident year at the University of Vermont. He joined the UVM Faculty in 1992. ■

### PRIMARYLY VERMONT

Primarily Vermont is published by The University of Vermont Larner College of Medicine Office of Primary Care, sponsor of the Vermont AHEC Program ([www.vtahec.org](http://www.vtahec.org)).

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## Spring Briefs

### NATIONAL

#### Physician Compensation Report 2017

The Physician Compensation Report for 2017, published by Medscape, reveals the average salary for those surveyed is \$217,000 for primary care and \$316,000 (46% higher) for specialty physicians. The average salary for all physicians surveyed was \$294,000. The average salary has shown a steady increase from 2011 when the overall average salary for physicians was \$206,000.

The report is available at [medscape.com](http://medscape.com).

#### CDC Finds No Adverse Events in Fluoride Varnish Treatment

The Centers for Disease Control and Prevention (CDC) released a first prospective systematic assessment of adverse events related to fluoride varnish treatment in young children this spring. In the three year study there were no adverse events in a 10,249 applications in 2,424 children. The conclusion is that evidence shows fluoride varnish to be safe and effective for prevention of the most common infectious disease in children: dental caries. The complete study can be viewed at [cdc.gov](http://cdc.gov).

### VERMONT

#### Vermont Medical Society Updates Guide to Health Care Law

The Vermont Guide to Health Care Law has been updated to a 2017 edition that is available on the Vermont Medical Society web site at [vtmd.org](http://vtmd.org). The Guide is designed to provide physicians and health care facilities an understanding of legal and regulatory requirements that affect the delivery of health care in Vermont.



#### Stephen Leffler, MD Named to UVM Health Network Position

Stephen Leffler, MD has been named UVM Health Network Chief Health and Quality Officer. He is currently Chief Medical Officer and Chief Quality Officer at the UVM Medical Center. In his new role, Dr. Leffler will work with clinical and administrative leaders on coordination of quality, patient safety, care management, and population health programs.

#### Primary Care Workforce Snapshot 2016

The UVM Larner College of Medicine Office of Primary Care and AHEC Program has published the 2016 Vermont Primary Care Workforce Snapshot. The report indicates a statewide shortage in adult primary care practitioners, and that since the 2013 report, the number of physicians has decreased while the supply of APRNs and PAs has increased. Family medicine practitioners showed the most growth in numbers. The full report is available at [vtahec.org](http://vtahec.org).



#### Community Health Dental Coordinators

A recent article in the online dental newsletter [drbicuspid.com](http://drbicuspid.com) quotes Charles Seleen, DMD, director of the non-profit Vermont Dental Care, about the clinic's employment of a community health dental coordinator (CDHC). The CDHC assisted children who did not have a dental home, coordinated transportation from a local school to Vermont Dental Care for treatment. Two of the clinic's staff are currently enrolled in an online course to become CDHCs, according to the article.

(continued on page 6)

## Med Mentors Student Interest Group Hosts Health Career Exploration Day



The Med Mentors Student Interest Group at the UVM Larner College of Medicine hosted an annual Health Careers Exploration Day for high school students interested in a health career. About 60 high school students from Winooski, South Burlington, Mount Mansfield Union, Essex, Colchester High Schools, and Burlington Technical Center participated in hands-on workshops arranged by medical student volunteers with help from College of Medicine faculty and staff. The Med Mentors are led by first-year medical students Megan Kawasaki, Arjun Patel, Michael Nilo, and Jake Lehman, and advised by Laurie Loveland, UVM Office of Primary Care and AHEC Program, and Charles D. MacLean, MD, Associate Dean for Primary Care. In the photo, attendees listen intently to a question and answer session with a panel of health care professionals. ■



The Robert Larner, M.D.  
College of Medicine

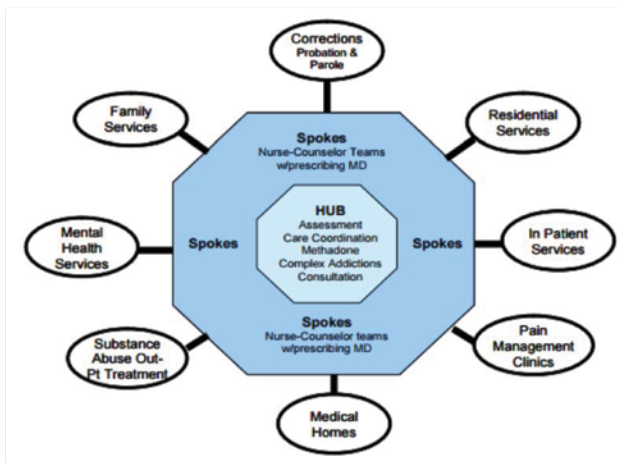
THE UNIVERSITY OF VERMONT

# Patient Perspectives on Medication-Assisted Therapy

Ashley Adkins, Holly Bachilas, Florence DiBiase, Michael Mar  
Elizabeth Cote, Charles MacL  
The Robert Larner, MD College of Medicine

## BACKGROUND

- Medication-Assisted Therapy (MAT) for opioid addiction has increased in Vermont over the past 10 years, supported by a novel "Hub and Spoke" system that integrates specialty treatment centers ("Hubs") with primary care offices ("Spokes").<sup>1</sup>
- Vermont has the highest per capita use of buprenorphine-based MAT in the US.<sup>1</sup>
- Barriers to successful MAT include: transportation, stigma, waiting time, insurance coverage, and others.<sup>2</sup>
- Studies of patient perspectives of MAT have identified social barriers (interference of treatment with work, school, or life obligations); rigid program rules; concerns about withdrawal and relapse as common causes of premature discontinuation of treatment.<sup>3</sup>
- In contrast, patients have reported a high-level of satisfaction with primary care office-based MAT.<sup>4</sup>



### Project goal

To elicit patient perspectives on barriers and enablers of successful MAT in Chittenden County, Vermont

## METHODS

- Guided interviews of 44 patients enrolled in MAT for opioid addiction at the 2 hubs of the Chittenden Clinic in Burlington, VT were conducted in October 2016.
- Questionnaire items were developed based on previous literature and discussion with program leadership, staff and clinicians and community stakeholders.
- Responses were organized using thematic content analysis with consensus across seven interviewers and two analysts.

## RESULTS

Table. Patient Characteristics	N=44
Age, median (range)	34 (21-61)
Sex, % female	72%
Education	
Less than high school diploma	23%
High school diploma	43%
Some college or greater	34%
Duration in treatment, median (range)	42 mo (2 wks - 25 yrs)
Multiple treatment attempts, %	52%
Time on waitlist, median	11 mo
Non-pregnant	0 mo
Pregnant	
Dependent children, %	41%

### Comorbidities

- 22/44 (50%) of patients cited a comorbid mental health conditions, most commonly depression, anxiety, ADD/ADHD, PTSD
- 9/44 (20%) cited chronic pain
- 5/44 (11%) cited a physical disability or musculoskeletal injury

### Patient Perspectives

*Access, housing and financial problems were important barriers to successful treatment*

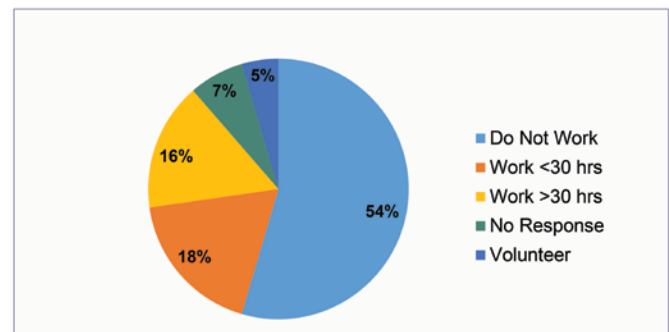
#### 1. Access

- 11/44 (25%) reported access issues, most commonly transportation or time commitment

#### 2. Housing

- 27/44 (61%) have permanent housing, of which 7/44 (16%) are in section 8 housing
- 15/44 (34%) are transitory or live with relatives

#### 3. Employment



*"Sober Housing is crucial"*

*"It is easier to stay clean with good finances"*

# Integrated Assisted Therapy in Vermont

Dr. John Paul Nsubuga, Lloyd Patashnick, Curran Uppaluri,  
Sean MD, Jan Carney MD MPH  
at the University of Vermont, Burlington, VT



## RESULTS

### 4. System

*Having a highly functioning treatment system and good social supports were important enablers of success*

- 31/44 (70%) felt they understood the MAT system, though navigating the system was difficult when initiating treatment
- 30/44 (68%) had no issues with clinician availability
- 10/44 (23%) reported some negative experiences

### 5. Social Support & Stigma

- 36/44 (82%) felt well-supported to prevent relapse
- 23/44 (52%) felt they were supported by healthcare professionals
- 16/44 (36%) did not feel supported by healthcare professionals, feeling disrespected at times (both at MAT centers and other settings such as the Emergency Department)
- 18/44 (41%) highlighted at least one source of stigma

*"Depends on the person. Sometimes they treat you like a dirt bag. Sometimes they respect you"*

### 6. Self-Efficacy



### 7. Success

- 26/44 (59%) defined success as staying sober
- 12/44 (27%) defined success with feeling a sense of independence

### 8. Motivators

- 12/44 (27%) identified family as a major motivator
- 12/44 (27%) reported that being healthy, free from numerous hospitalizations was a motivator to continue treatment

*"My loved ones"*  
*"Getting a good job and having a better life"*

## DISCUSSION

- Patients in MAT have complex medical, mental health, social, personal, and work lives, all of which need attention to maximize treatment success.
- Patients reported confidence in the Hub and Spoke system and high levels of self-efficacy.
- Sobriety, family support and developing independence motivated patients to succeed in the program.
- In this sample, patients felt well-supported by family, friends and the treatment system, but feelings of stigma remain.
- Some interactions with health providers were perceived as disrespectful and dismissive of pain complaints. Understanding health care provider and patient perspectives in these situations has the potential to suggest solutions.

## FUTURE DIRECTIONS

- Develop a quantitative questionnaire for deployment across the statewide MAT system.
- Assess and understand common comorbid conditions and how they affect success in the program.
- Compare patient and provider perspectives to further inform system improvement and allocate resources effectively.
- Explore better ways to integrate social support services with substance abuse programs to create a unified system.
- Offer provider education on effective approaches to meet the needs of patients.
- Work to reduce stigma and increase empathy among both providers and communities.

## REFERENCES

- <sup>1</sup>Integrated Treatment Continuum for Substance Use Dependence. Vermont Agency for Human Services. 2012.  
<sup>2</sup>Peterson 2010. Why don't out-of-treatment individuals enter methadone treatment programmes? Int J Drug Policy. Jan;21(1):36-42.  
<sup>3</sup>Bentzley 2015. Patient Perspectives Associated with Intended Duration of Buprenorphine Maintenance Therapy. Journal of Substance Abuse Treatment. Vol. 56: 48-53  
<sup>4</sup>Barry 2007. Patient Satisfaction with Primary Care Office-Based Buprenorphine/Naloxone Treatment. Journal of General Internal Medicine. 22(2):242-245.  
Hub & Spoke graphic: <http://www.healthvermont.gov/adap/documents/HUBSPOKEBriefingDocV122112.pdf>

## Cannabis Science and Medicine

Translational Cannabis Science and Medicine at the University of Vermont Department of Pharmacology offers educational programs, including Continuing Medical Education (CMEs) courses, and a Medical Professional Certificate, developed and taught by leading faculty in medicine, botany, and pharmacology. The UVM Larner College of Medicine is at the forefront of research and academic health care in cannabis for therapeutic use.

Learn more at [go.uvm.edu/uvmcannabis](http://go.uvm.edu/uvmcannabis).

## Vermont Hospitals Issue Mental Health Report

A report issued by Vermont hospitals through the Vermont Association of Hospitals and Health Systems addresses the hospital perspective and proactive initiatives regarding long Emergency Department (ED) wait times for those in mental health crisis, symptomatic of a system-wide issue. The paper aims to prompt further data collection, identify best practices, and propose improved partnering with patients and community providers as a holistic approach to affectively address the crisis.

To view the report: [vahhs.org/mental-health.html](http://vahhs.org/mental-health.html).

## Vermont Health System Ranked #1 by Commonwealth Fund

Vermont's health care system has been ranked first in the U.S. by the Commonwealth Fund, after coming in second in 2015. Results are detailed in the *Commonwealth Fund Scorecard on State Health System Performance*, which looks to "compare and evaluate trends in health care access, quality, avoidable hospital use and costs, health outcomes, and health system equity across all 50 states and the District of Columbia." Highlights of the Vermont results include; third lowest percentage of uninsured adults; strong outcomes on children's health measures; second lowest percentage of adults who went without care because of cost; percentage of obese adults below the national average (25% versus 29%).

An area in need of improvement includes the suicide rate, which is above the national average. The full report can be seen at [commonwealthfund.org](http://commonwealthfund.org) under State Scorecard.

## Brattleboro Memorial Hospital & CCV Collaborate on Medical Assistant Training

Brattleboro Memorial Hospital responded to its need for medical assistants in outpatient practices through an agreement with Community College of Vermont, which tailored an accelerated medical assistant training program to meet that need. The hospital offered free tuition to eight students and all were hired at the end of the 14-week program. The students are also continuing their studies toward an associate degree.

## VDH Offers Radon Test Kits

The Vermont Department of Health offers free long-term radon in air test kits that can be requested at (800) 439-8550 or via email at

[radon@vermont.gov](mailto:radon@vermont.gov). Radon is a gas that cannot be smelled, tasted, or seen that occurs naturally in rocks, soil, and groundwater. It enters homes through cracks and gaps in buildings and homes. Information is available at [healthvermont.gov/radon](http://healthvermont.gov/radon).

## VDH Midterm Healthy Vermonters 2020 Report

The Vermont Department of Health's *Healthy Vermonters 2020* midterm report card was released by outgoing Commissioner Harry Chen, MD. The report card indicates how well Vermont is doing in relation to where the state started and measured against 2020 targets, and includes new objectives, with a focus on determinants of health and equity. The information is available at [healthvermont.gov](http://healthvermont.gov), click on "How Healthy Are We?" at the top of the web site home page.

## SUBSTANCE USE DISORDER

### Substance Use Disorder Trainings Available from SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains an Integrated Health Solutions site that posts announcements for provider training on substance abuse use disorders at [integration.samhsa.gov/clinical-practice/substance\\_use/trainings](http://integration.samhsa.gov/clinical-practice/substance_use/trainings).

### Vermont Rules Regulating Opioid Prescriptions go into Effect July 1

The revisions to existing rules are meant to minimize opportunities for opioid misuse, addiction, and overdoses. They also require prescribers to assess non-opioid and non-drug treatments before opioids are prescribed and to talk through treatment decisions with their patients.

According to the Vermont Department of Health, the rules set a framework for prescribing opioids to deal with pain. Each level of the framework limits the number of pills that can be prescribed to the minimum amount that would be effective in managing pain.

The new rules are available at [healthvermont.gov](http://healthvermont.gov)

### Oral Health an Issue for Former Addicts

New research shows dental hygiene is the number three chronic health effect from which former addicts suffer. The Chittenden County Opioid Alliance (CCOA) has partnered with Delta Dental of Northern New England to not only provide basic services to the community but to also take a closer look at how Suboxone, a drug used to aid the recovery process, is affecting dental health. Katera Hopkins, DDS, dental site leader for the University of Vermont Medical Center Dental and Oral Health, states "There is not a lot of literature on patients on medication-assisted treatment but anecdotally, we see significant side effects from the medication and oral health implications." A \$150,000 grant from Delta Dental will advance research into how Suboxone may be causing oral damage during the recovery process.

## UVM Study on Interim Buprenorphine

A recent study published in the *New England Journal of Medicine* suggests that the interim use of buprenorphine without formal counseling while patients are on clinic waiting lists may mitigate the risk of addiction-related premature death during the wait. The study's lead author, Stacey C. Sigmon, PhD, Associate Professor of Psychiatry at the UVM Larner College of Medicine, notes that interim treatment with buprenorphine may be suitable for patients in rural areas where there are limited treatment options.

## Opioid Abuse Link to Childhood Trauma

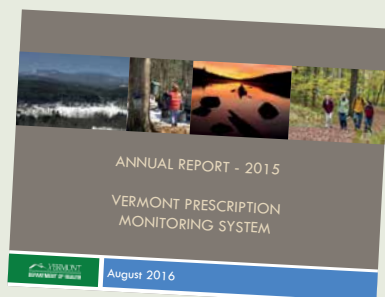
Results of a study by UVM published in *Addictive Behaviors* reveals a link between adult opioid misuse and childhood emotional abuse. In the study, emotional abuse was much more strongly correlated with survey participants' problem opioid use than childhood sexual and physical abuse or other kinds of maltreatment such as neglect. In the study, children who had been emotionally abused were more likely to engage in rash, risky behavior in adolescence and to suffer posttraumatic stress disorder (PTSD) as adults, with opioids offering a refuge from the PTSD. The severity of the PTSD was directly linked to the severity of the opioid-related problems. The study results suggest that the emotional and drug problems should be treated in an integrated approach rather than separately.

## Prescription Drug Monitoring Cuts "Doctor-Shopping" for Painkillers

A recent study in the journal *Addictive Behaviors* found that in states where doctors were required to check an electronic database before writing an opioid prescription, the odds that two or more physicians would be giving pain relievers for nonmedical purposes to a single patient were reduced by 80%. The study surveyed drug use in the years 2004-2014 when 36 states had prescription monitoring programs (today all states except Missouri have one).

One of the study's authors, Stephen W. Patrick, MD, of Vanderbilt University School of Medicine, said "Overall, this, as well as other studies, suggests there's promise for prescription drug monitoring programs. But they aren't a panacea. We really need a comprehensive approach. It isn't one thing that will help us get out of the opioid epidemic."

The Vermont Prescription Monitoring Program (VPMS) became operational eight years ago; during the 2010-2015 period, the number of recipients of opioid prescriptions in Vermont decreased from 193,035 to 176,355. (Vermont Department of Health. *Annual Report 2015 Vermont Prescription Monitoring System*, August 2016: 6.)



## Dental Clinic at Turning Point Center in Burlington

This spring the UVM Medical Center hosted a dental clinic at the Turning Point Center of Chittenden County in Burlington in which dentists screened patients, referred them for treatment for urgent needs, and offered education about oral health. The clinic came about after a 2016 survey showed Turning Point participants were struggling with a combination of medical issues, the most common being anxiety, depression, and dental problems. The UVM Medical Center provided supplies for the clinic. Center Director Gary De Carolis states they hope to host more clinics in the future. The Turning Point Center provides peer-based support services for those in recovery. Learn more at: [turningpointcentervt.org/](http://turningpointcentervt.org/).

## Disposing Unused Medications

Vermonters disposed of more than 2.5 tons of unused prescriptions on the National Prescription Drug Take Back Day in late April. The 5,552 pounds of unused prescriptions that were collected at 71 sites across the state exceeded the 3,934 pounds turned in on last fall's collection day.

Disposing of unused prescription medications has gotten easier in Chittenden County because the University of Vermont Medical Center's three Outpatient Pharmacies (at 1 S. Prospect Street, the Fanny Allen Rehabilitation Campus, and the Ambulatory Care Center on the main campus) have added MedSafe containers where those medications can be discarded safely.

## Governor's Summit on Vermont's Substance Use Disorder Workforce

Over 160 participants from state government, higher education, treatment and recovery service provider networks, elected officials, and private practitioners attended the Governor's Summit on Vermont's Substance Use Disorder Workforce in April. Two Substance Use Disorder Workforce Working Groups are being formed on Affordability/Professional Development, and Higher Education and Licensure. Those interested in serving on a Working Group can contact Rose Gowdey, Community Engagement Liaison at [rose.gowdey@vermont.gov](mailto:rose.gowdey@vermont.gov).

## About the Inserts

In this issue of *Primarily Vermont*, two educational inserts provided by the Vermont Department of Health highlight the important issues of **Opioid Drugs Prescribed for Pain**, and **Supporting Breastfeeding after Medical and Dental Procedures**. The former is meant to be a handout for patients as well as a reminder to be posted in provider offices. **Supporting Breastfeeding after Medical and Dental Procedures** to minimize "Pump and Dump" is intended for prescribing providers and should be circulated practice-wide.



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## PRIMARILY VERMONT

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### ADDRESS SERVICES REQUESTED

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## Calendar

### MAY-JUNE

31-4 *Women in Medicine\**, Hilton Hotel, Burlington, VT

### JUNE

6-9 *Family Medicine Review Course\**, Sheraton Hotel,  
Burlington, VT

6 *Community Medical School: Facilitated Book  
Discussion, When Breath Becomes Air by Paul  
Kalanithi*, Carpenter Auditorium, UVM Larner  
College of Medicine.  
Contact [www.UVMHealth.org](http://www.UVMHealth.org) or (802) 847-2886

### AUGUST

17 *New School Nurse Training*, UVM Rowell Building.  
Call 802-656-2179 for information.

### SEPTEMBER

14-15 *Transforming Primary Care and Behavioral Health\**,  
The Essex, Essex, VT

27-29 *Primary Care Sports Medicine\**, DoubleTree Hotel,  
Burlington, VT

### OCTOBER

20 *Neurology for the Non-Neurologist\**, Stoweflake  
Conference Center, Stowe, VT

\* For more information call: UVM Larner College of Medicine Continuing Medical Education at (802) 656-2292, or go online to <http://cme.uvm.edu>.

# Supporting Breastfeeding After Medical and Dental Procedures

## *Minimize “Pump and Dump”*



What advice do you give to breastfeeding moms when you must prescribe medication? It may seem like the safest route to take is to suggest the mom stop breastfeeding or “pump and dump” her milk; but most medications are safe to take while breastfeeding and pumping and dumping is usually unnecessary. When a mom hears she must stop breastfeeding temporarily, she needs reliable guidance so that she may return to breastfeeding as soon as possible. Most moms leave their practitioners’ offices without this guidance. Other factors to consider when counseling: mothers may not be able to pump enough to maintain milk supply, the baby may become reluctant to return to the breast, and even refuse the breast altogether. Many times, the mom may be so discouraged that she weans her baby prematurely.

There are risks associated with feeding formula to babies and this risk must be weighed when counseling a mother to “pump and dump” her milk.

**The good news is that, in most cases, you don’t need to advise mom to stop breastfeeding.**

A well-referenced [journal article](#) by Frank J. Nice, BSP Pharm, DPA, CPHP describes ways to minimize infant dose. Two databases for professionals offer information on drugs and other substances, including information on the levels in breast milk and infant blood, and a synopsis of the possible adverse effects in the nursing infant. Where appropriate, suggested alternatives to drugs are provided. All data are derived from the scientific literature and fully referenced.

Access the following links for more information:

- [LactMed](#): A peer review panel reviews the data to assure scientific validity and currency; free app is available for iPhone and Android.
- [Medications and Mother's Milk Online](#): Subscription required; updated regularly and printable.
- [Infant Risk](#): Information and resources for both health care providers and parents, including a hotline for immediate access to experts.

Thank you for helping Vermont women continue to breastfeed. Breastmilk is the best way to feed a baby according to all national and international health authorities (WHO, CDC, AAP, AAFP). The Vermont Department of Health recommends exclusive breastfeeding for the first 6 months of life, and to continue offering breastmilk after the baby starts solid foods for as long as mother and baby desire.



# Your provider is prescribing an opioid drug to treat pain.

Anyone can get addicted to these powerful drugs.

## Ask your provider: Do I really need this?

Talk with your provider about risks, side effects and other ways to treat your pain.

If you decide to take this drug, here's what you need to know:

### Using this drug may cause addiction.

- Opioid addiction is a lifelong problem. It can start with just one prescription.
- Children and youth have a higher risk of future addiction if they take opioids when they are young.

### Take only what you need.

- You do not have to use it all.

### An overdose can happen to anyone.

- Don't take more medication than your provider prescribed.
- Taking too much or taking it with alcohol or other drugs can cause an overdose. You might stop breathing, go into a coma, have brain damage, or die.
- Tell your provider if you use alcohol or other medications or drugs. Tell your provider if you have used alcohol or drugs in the past.
- If you think you are at high risk of an overdose, talk to your provider about your options.

### Do not drive or use heavy machinery.

- Opioids can slow your reaction time. They can also cause drowsiness and confuse your judgment.

### Store prescriptions properly.

- Keep prescription drugs locked up. Make sure kids, family, and guests can't get to them. Know where your medication is at all times. Keep it in the original bottle. Make sure the label is clear. Never share or give away your prescription drug, even to family or friends.

### Dispose of leftover medicine safely.

- Don't flush prescription drugs down the toilet or wash them down the sink. Flushing drugs or throwing them away can harm drinking water, wildlife, pets and people. In Vermont, you can drop off your unused medications at a permanent drug disposal site.