

Background

Vermont has a network of substance use prevention, intervention, treatment, and recovery services. COVID-19, a new disease caused by a virus not previously seen in humans, has impacted access to some services due to the actions taken in Vermont to control the virus. Governor Scott declared a state of emergency March 13, 2020 and issued a “Stay Home, Stay Safe” order effective March 25, 2020. Diagnosed cases of COVID-19 in Vermont peaked April 3, 2020.

This data brief summarizes Vermont trends in substance-related measures for January through March 2020 (Quarter 1). Please note that just one month in the quarter, March, was impacted by COVID-19 so most of the data presented is pre-COVID-19. This data brief will be updated as new data is received to include April through June 2020 (Quarter 2). Quarter 2 data analysis may be more informative because the whole quarter will have been impacted by COVID-19. Please note that in most cases it is not possible to determine if COVID-19 caused the trends shown below.

Various data sources are used in this data brief to learn as much as possible about the relationship between COVID-19 and substance use in Vermont.

Prevalence of Substance Use During COVID-19

The Young Adult Survey (YAS) collected responses from 2,340 Vermont young adults ages 18-25 from March 25th through May 20th of this year. Although this survey includes data from Quarters 1 and 2 it is included here as this data is one of the only sources of Vermont substance use prevalence data available for Quarter 1. A question about emotional stress related to COVID-19 was asked in the survey. It asked young adults to compare how they felt two weeks before the emergency began (before) to how they felt on the day they answered the survey (now).

Compared to before the COVID-19 emergency began, young adults reported changes in their emotional distress:



Emotional distress indicators

	Before	Now
Little interest or pleasure in doing things	27%	42%
Felt down, depressed, or hopeless	33%	50%
Felt nervous, anxious, or on edge	49%	59%
Was not able to stop or control worrying	24%	33%
None of the above	42%	26%

KEY POINTS

Young adults reported increases in emotional distress and changes in substance use.

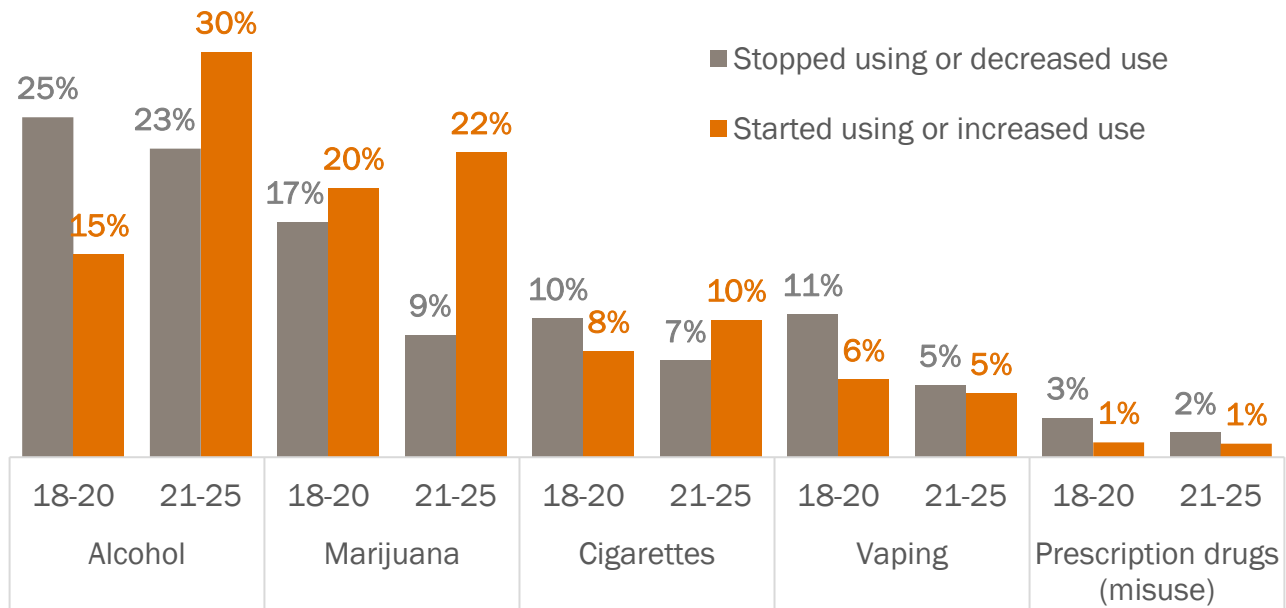
There were more nonfatal overdoses and fewer naloxone kits distributed Jan-Mar 2020 than for the same period in 2019. However, fatal overdoses for this period were stable.

The number of people receiving MAT increased but there was a decrease in people receiving other outpatient and residential services.

The Health Department will monitor these trends quarterly.

Young adults were also asked about how the emergency influenced their use of substances, by comparing their use when they answered the survey to their use the month before the emergency began. Marijuana use (either starting use or increasing use) was the only substance reported to increase in in both age groups of young adults. Vaping in this survey referred to products with nicotine.

Substance use varied by age group (18-20 versus 21-25 years old) and by substance type

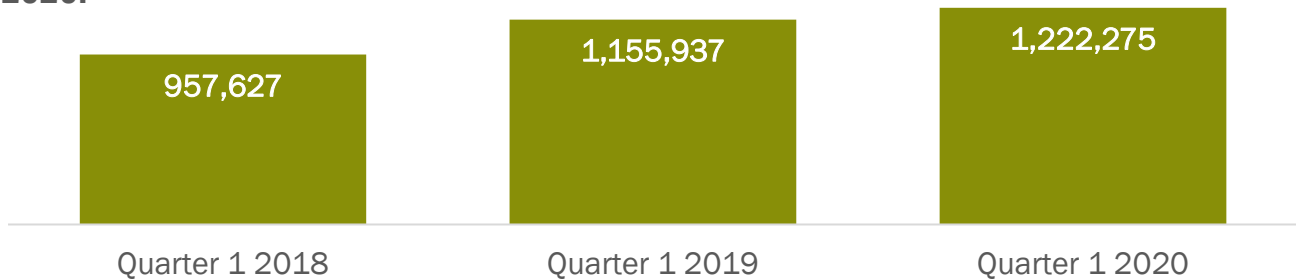


Source: Young Adult Survey, 2020.

Liquor and Alcoholic Beverage Sales Trends During COVID-19

[Changes in the way alcohol could be bought or sold in Vermont](#) were made in response to COVID-19 through Executive Orders, beginning on March 20th. This included allowing for takeout of alcoholic beverages from bars and restaurants and allowing alcohol delivery services. Liquor sales in Vermont have increased since 2018, and this trend continued into the first quarter of 2020, so the role of the changes in the way alcohol could be bought or sold are unclear.

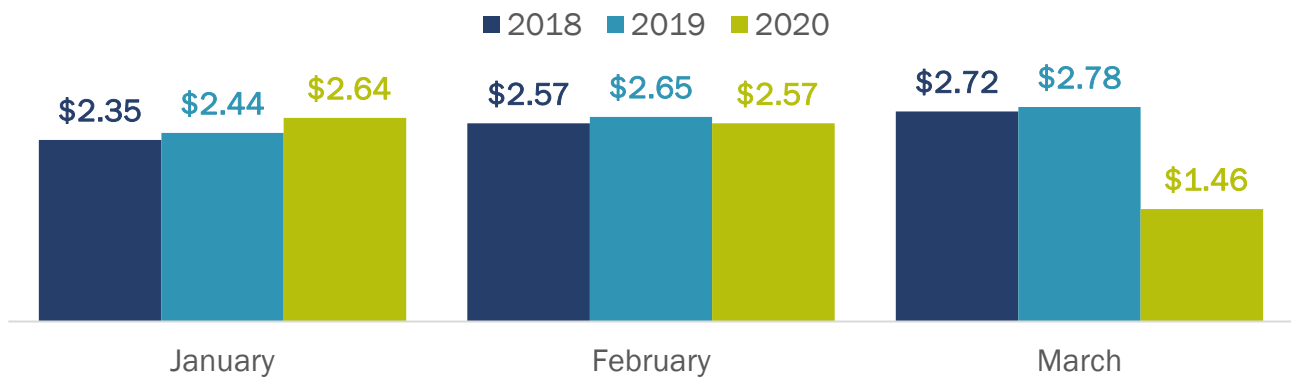
The number of bottles of liquor sold in Quarter 1 continued to increase in 2020.



Source: Vermont Department of Liquor and Lottery, Division of Liquor Control, January-March, 2018-2020.

Sales data from other alcoholic beverages (wine, beer, cider, and mead) are collected by the Department of Taxes and there are [multiple alcoholic beverage taxes](#). The alcohol portion of the Meals, Rooms, and Alcohol tax was combined with the Malt and Vinous Beverage tax to examine the sales trends in Quarter 1 from 2018-2020. The state sales tax includes alcoholic beverages from grocery and convenience stores, but this cannot be separated out from other types of sales associated with this tax and are **not** included in the data below. The decrease in taxes due in March 2020 is accounted for by a decrease in the taxes from the Meals and Room Tax alcohol portion.

Total taxes due for beer, wine, cider, and mead decreased in March 2020, compared to previous years (in millions)*



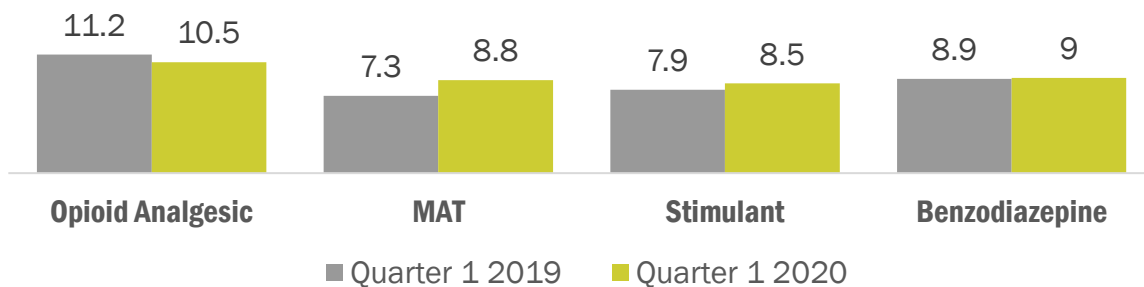
Source: Vermont Department of Taxes MRT-441 return data and MVB-612 return data run 6/29/20.

*excluding from grocery and convenience stores

Controlled Substance Dispensing Trends During COVID-19

The Vermont Prescription Monitoring System (VPMS) collects information about controlled substances dispensed by Vermont-licensed pharmacies. Opioid analgesic pain relievers dispensed decreased and Medication Assisted Treatment (MAT) to treat opioid use disorder dispensed increased between Quarter 1 2019 and Quarter 1 2020. These trends have been constant and continuing since 2016. Dispensing of stimulants increased slightly in Quarter 1 2020.

The rate of prescriptions per 100 residents decreased for opioid analgesics and increased for MAT in Quarter 1 2020 compared with Quarter 1 2019. This continues the trend since 2016.

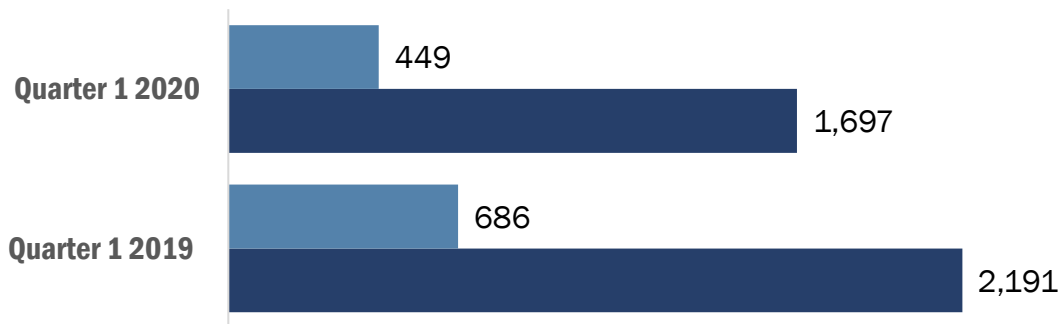


Source: VPMS, 2020.

Naloxone Distribution and Naloxone Administration by EMS During COVID-19

Comparing Quarter 1 2020 to Quarter 1 2019, nearly the same number of patients were administered naloxone by Emergency Medical Services (EMS) (122 VS. 120). However, there was a 35% percent decrease in new and returning clients visiting Opioid Overdose Prevention and Reversal Project (OOPRP) sites and a 23% decrease in naloxone kits distributed. Of note, the Naloxone data is preliminary and subject to change.

In Quarter 1 2020 there were fewer naloxone kits distributed and fewer clients visited sites, compared with Quarter 1 2019.

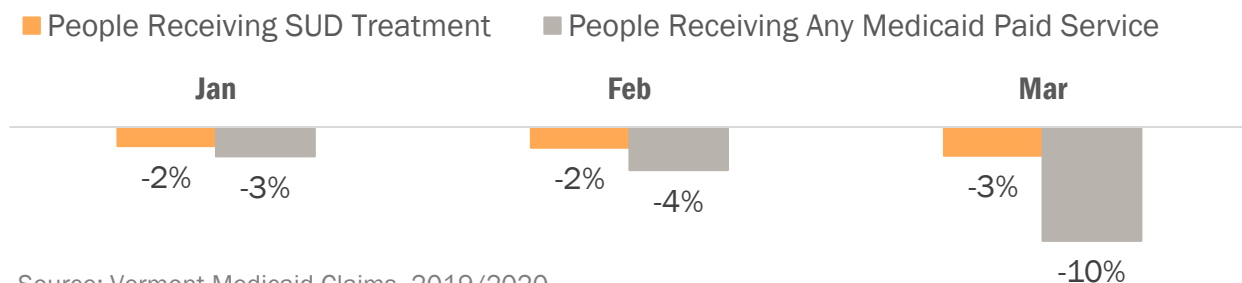


Source: OOPRP, 2020.

Treatment Trends During COVID-19

Medicaid claims data were used to compare the amount of treatment services provided between Quarter 1 2019 and Quarter 1 2020. The total number of Medicaid recipients receiving services to treat substance use disorders was determined and for each month, the percent change in people served in 2020 was compared to people served in 2019. This was repeated for all Medicaid recipients receiving any services. There was a smaller percentage decrease in the number of people accessing substance use disorder specialty treatment than the decrease in people accessing any type of Medicaid-paid service. This is especially apparent in March, when COVID-19 began to impact the system.

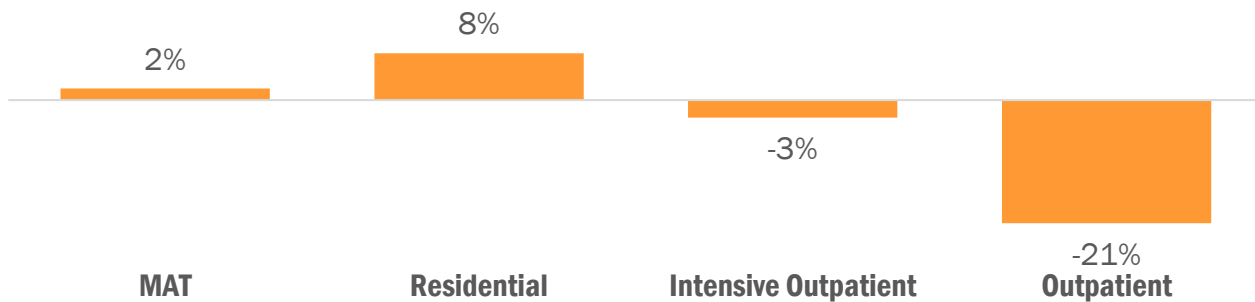
The percent decrease in the number of Medicaid-enrolled people receiving specialty substance use disorder treatment each month in 2020 compared to 2019 is less than the percent change in people receiving any Medicaid-paid service.



Source: Vermont Medicaid Claims, 2019/2020.

The number of Medicaid enrollees receiving MAT increased 2% and residential treatment increased 8% in Quarter 1 2020 compared to Quarter 1 2019. Please note the increase in residential services may be due in part to low treatment rates in the first quarter 2019. The number of people receiving outpatient services decreased by an average of 3% per month throughout 2019 so the 21% reduction between Quarter 1 2020 and Quarter 1 2019 is a continuation of that trend. The reduction in intensive outpatient is similar to the decrease in people enrolled in Medicaid.

Comparing Quarter 1 2020 to Quarter 1 2019, the number of people receiving MAT and residential treatment has increased, whereas the number of people receiving outpatient services has decreased.



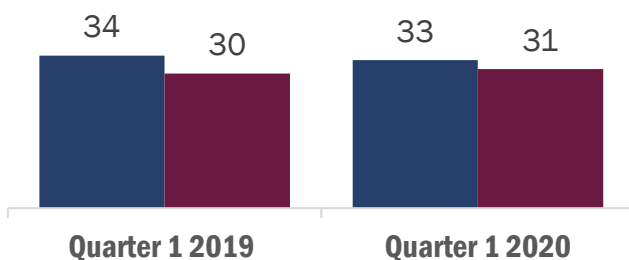
Source: Vermont Medicaid Claims, 2019/2020.

To put these changes into perspective, fewer people were enrolled in Medicaid in 2020 than in 2019 – 4% fewer in both January and February and 2% fewer in March, which may be a contributing factor to fewer people receiving treatment services.

Morbidity and Mortality Trends During COVID-19

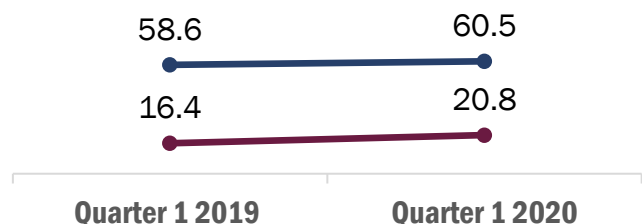
Comparing the first quarter of 2020 to the first quarter of 2019, the number of fatal all drug and opioid overdoses are nearly the same. However, there were more opioid overdoses in March 2020 (10) compared to March 2019 (4). Additionally, in quarter 1 2020 the rate of nonfatal opioid overdoses per 10,000 emergency department visits increased by 27% and nonfatal all drug overdoses increased slightly (3%) compared to quarter 1 2019. The largest driver of the increase in the nonfatal opioid overdose rate increase was March, where the opioid overdose rate was nearly double the rate of nonfatal opioid overdoses in January. There was also a reduction in total number of ED visits in March. Of note, this data is preliminary and subject to change.

Comparing Quarter 1 2020 to Quarter 1 2019, the number of fatal all drug and opioid overdoses have remained stable.



Source: Vermont Vital Statistics, 2020.

Comparing Quarter 1 2020 to Quarter 1 2019, the 3 month average rate per 10,000 visits increased for nonfatal all drug and opioid overdoses.



Source: ESSENCE, 2020.

Key Takeaways

In Quarter 1 2020, only March 2020 was directly impacted by COVID-19. Changes between Quarter 1 2019 and Quarter 1 2020 may be caused by a variety of factors, including factors unrelated to COVID-19. It will be important to continue to monitor trends to learn more about the impact of COVID-19 to inform how the Health Department can respond to help address substance use in Vermont through prevention, intervention, treatment, and recovery services.

In the first quarter of 2020 some substance use trends were negatively impacted. VDH will continue to monitor trends quarterly.

Data Sources

Prevalence: [YAS](#)

Sales: [Department of Liquor Control and Lottery](#), [Department of Taxes](#)

Fatal overdoses: [Vital Statistics](#)

Nonfatal overdoses: [ESSENCE](#)

Naloxone distribution: [OOPRP](#)

Naloxone administration: [SIREN](#)

Treatment: [Vermont Medicaid claims](#)

Dispensing: [VPMS](#)

For more information:

<https://www.healthvermont.gov/alcohol-drugs>

<https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus>

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