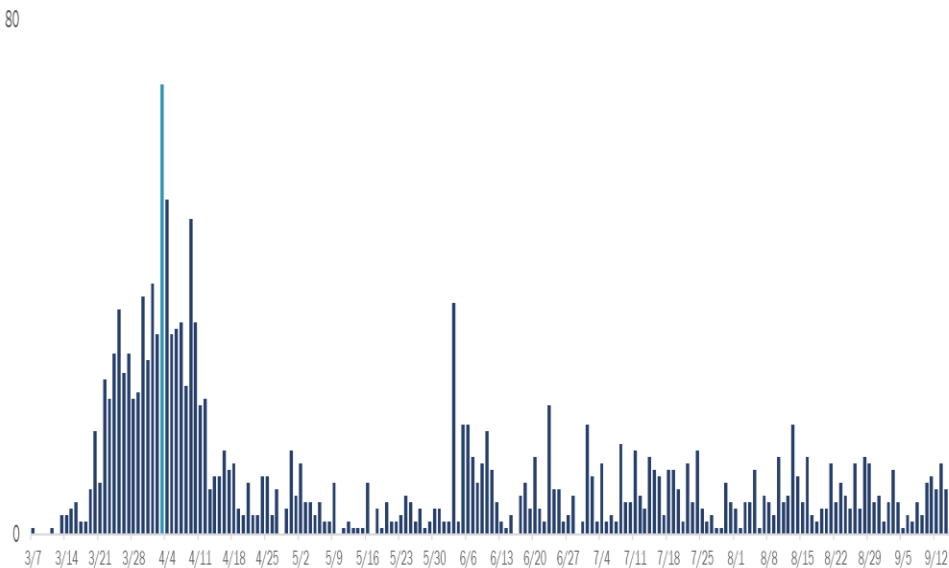


Background

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.

The daily number of COVID-19 cases in Vermont peaked on April 3.



Source: Vermont Department of Health, Current Activity in Vermont data dashboard, March-September 2020.

This data brief summarizes Vermont trends in substance-related measures for January through March (Quarter 1 or Q1) and April through June (Quarter 2 or Q2) 2020. This data brief will be updated as new data is received to include July through September 2020 (Quarter 3). Quarter 2 data analysis may be more informative because the whole quarter was impacted by COVID-19, and more data sources have been added to this analysis. Please note that in most cases it is not possible to determine if COVID-19 caused the trends shown below.

KEY POINTS

There was an increase in nonfatal and fatal overdoses in the first 6 months of 2020 compared to the same period in 2019. Fewer naloxone kits were also distributed.

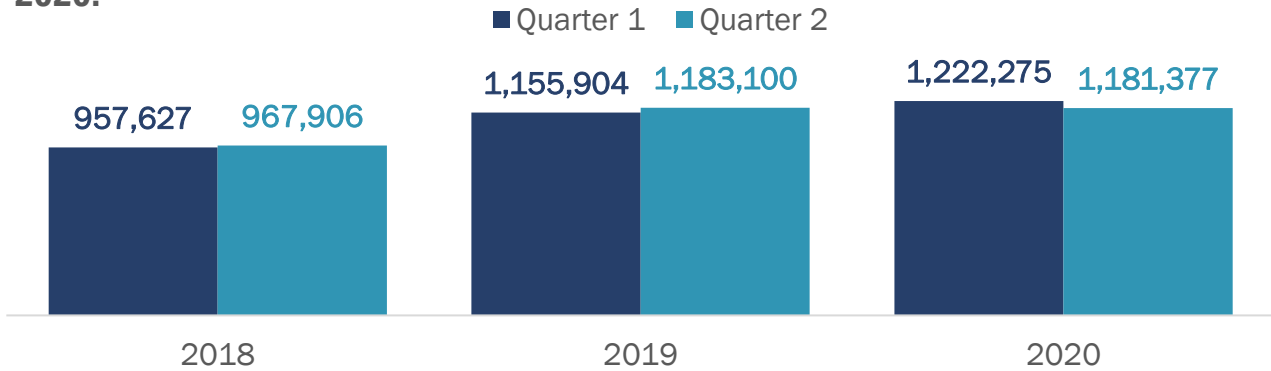
There were very significant decreases in residential and intensive outpatient treatment services for substance use disorder between first quarter 2020 and second quarter 2020.

Recovery Centers changed procedures to provide remote recovery coaching and recovery services.

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 increased from 2018 to the beginning of 2020, but then decreased in Quarter 2 2020.

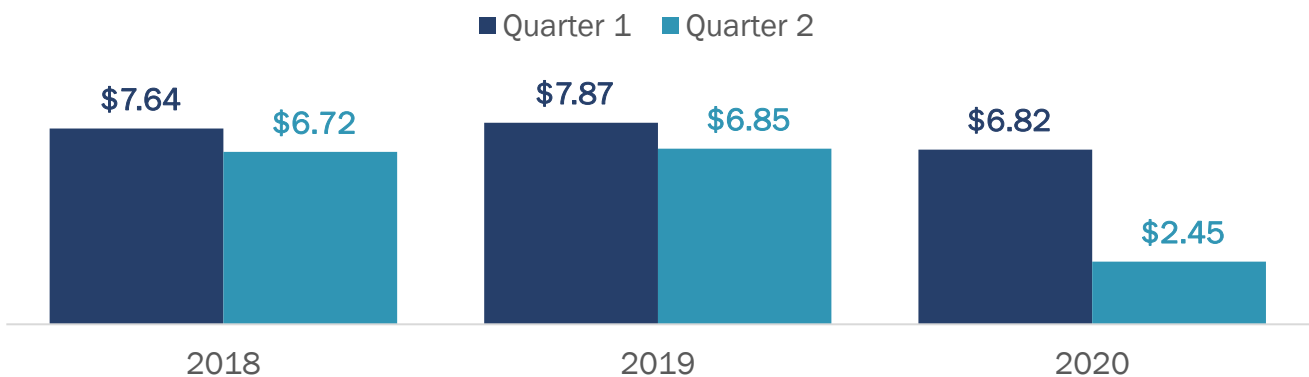
The number of bottles of liquor sold in Quarter 2 slightly decreased compared to Quarter 1 in 2020.



Source: Vermont Department of Liquor and Lottery, Division of Liquor Control, January-June, 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 Quarters 1 and 2 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 is **not** included in the data below. The decrease in taxes due in Quarter 2 2020 is accounted for by a substantial decrease in taxes associated with the alcohol portion of the meals and rooms tax. The number of entities filing Meals and Rooms taxes also decreased.

Total taxes due for beer, wine, cider, and mead decreased in Quarter 2 2020 (in millions) *



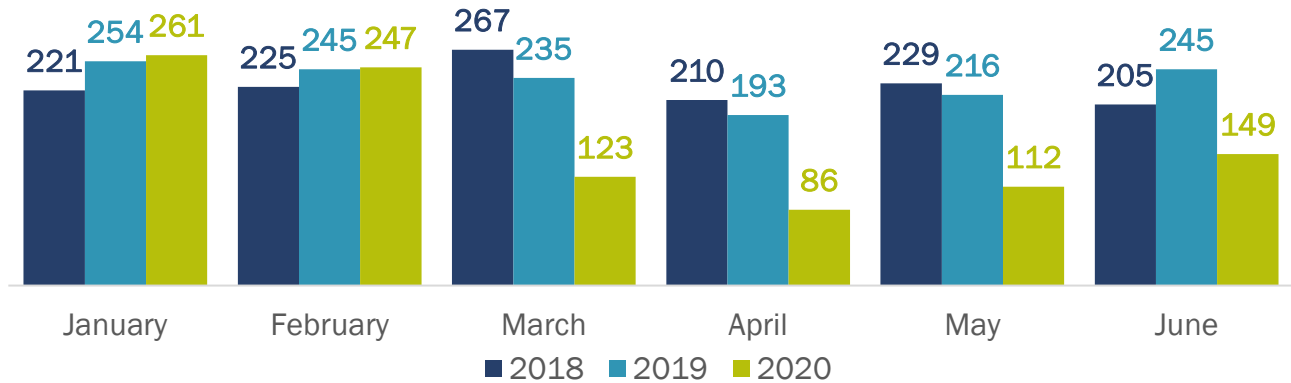
Source: Vermont Department of Taxes MRT-441 return data and MVB-612 return data run 7/28/20.

*excluding from grocery and convenience stores

Driving Under the Influence (DUI) Offences and Alcohol Compliance Checks During COVID-19

During the early months of the pandemic there were fewer drivers on Vermont roads.

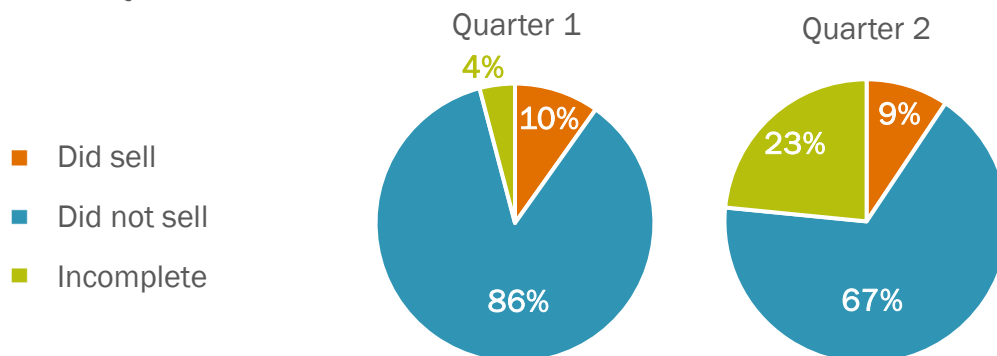
The number of driving under the influence (DUI) offences in Vermont decreased with the onset of the pandemic.



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

An alcohol compliance check is when an underaged individual is employed by the Division of Liquor Control (DLC) to enter licensed establishments (stores, restaurants, bars, manufacturing locations) to attempt to purchase alcohol using their valid driver's license or permit. Under DLC supervision, they attempt to purchase alcoholic beverages in the establishment or, now under the executive order, curbside. If the employee asks for their ID they provide their valid ID to the employee indicating that they are too young to purchase. Alcohol compliance checks were halted from March 10, 2020 through May 8, 2020. The percent of incomplete checks increased from Quarter 1 to Quarter 2.

The percent of alcohol compliance checks when alcohol was sold to a minor was similar for Quarter 1 and Quarter 2 of 2020.



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

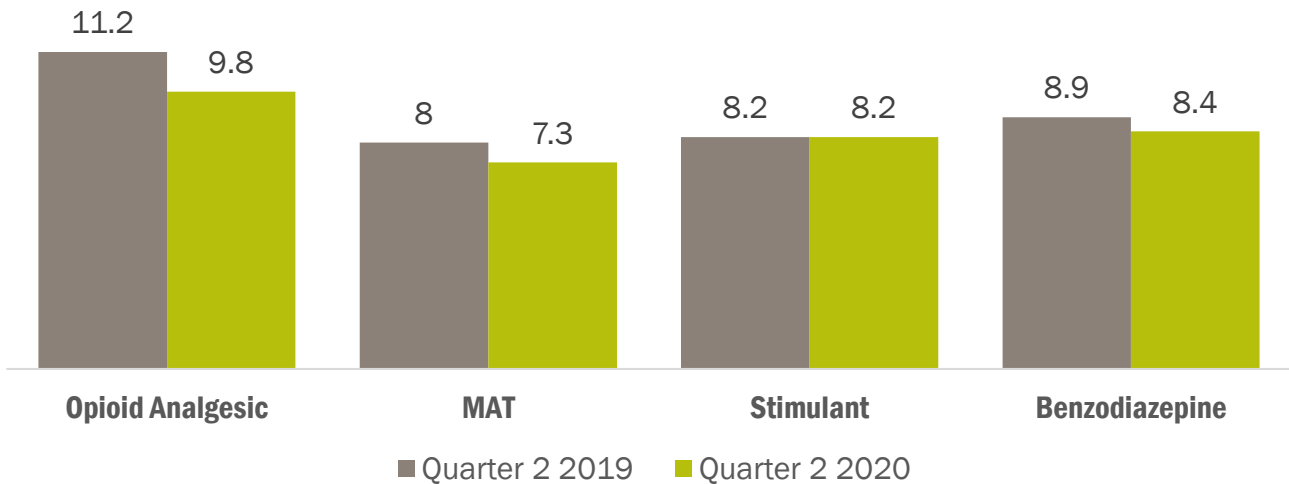
Note: A check could be incomplete for a number of reasons but most often it is an indication that the establishment was closed at the time of the check, the minor knew an employee, or the minor was not comfortable entering the establishment.

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 comparing Quarter 2 2019 to Quarter 2 2020. This trend has been constant and continuing since 2016.

Dispensing of medication assisted treatment (MAT) prescriptions decreased slightly in Quarter 2 2020 compared to the same time in 2019. Please note that the reduction in MAT prescriptions per 100 residents is not an indication that fewer people are receiving MAT. The Department of Vermont Health Access Drug Utilization Board began allowing a 30-day supply of MAT medication, up from a 14-day supply, resulting in fewer prescriptions per person per month. This contributed to a decrease in MAT prescriptions per 100 residents.

Comparing Quarter 2 2020 to Quarter 2 2019 the rate of prescriptions per 100 residents decreased for opioid analgesics. This trend has been constant since 2016.



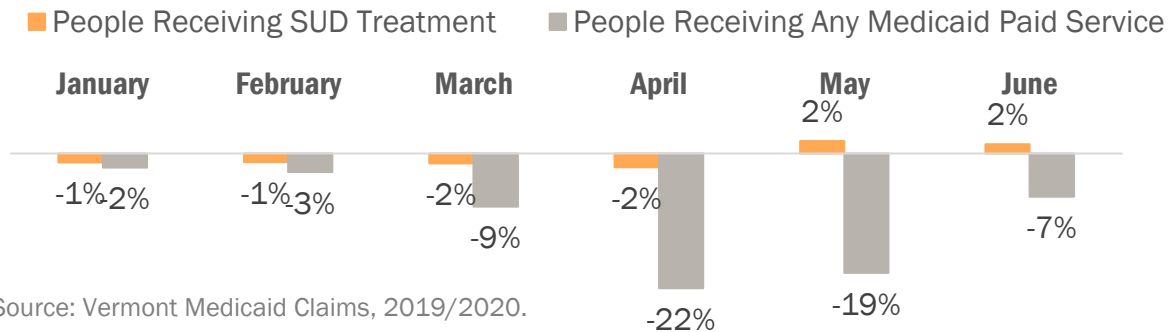
Source: VPMS, 2019 & 2020.

Substance Use Disorder Treatment Trends During COVID-19

Medicaid claims data were used to compare the amount of treatment services provided for the first six months of 2019 and 2020. The total number of Medicaid recipients receiving services to treat substance use disorders (SUD) were 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. While there was a decrease in percentage change in number of people accessing any type of Medicaid-paid service, this change was smaller for people accessing specialty SUD treatment. This indicates that people getting SUD treatment are more likely to continue to receive treatment than the total Medicaid population is likely to receive any type of care. There was an increase in people receiving SUD treatment in May and June 2020 over those same months in 2019. This is associated with increases in medication assisted treatment (MAT).

The impact of COVID-19 is much greater Quarter 2 2020 than Quarter 1 2020 because all three months of Quarter 2 were impacted when only March was impacted in Quarter 1. COVID-19 reduced providers' ability to provide in-person treatment services.

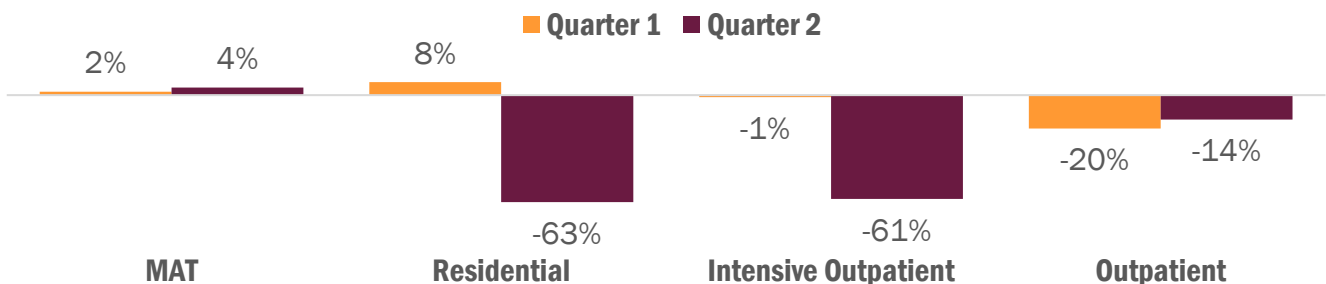
The percent decrease in the number of Medicaid-enrolled people receiving specialty substance use disorder treatment in 2020 compared to 2019 is less than the people receiving any Medicaid-paid service.



The number of Medicaid enrollees receiving MAT increased over 2019 for both Quarter 1 and Quarter 2 2020. During this time, MAT providers continually reassessed patients for take home medication based on risks of getting COVID-19, risks of overdose, and risks associated with individuals not using the take home medications as prescribed.

Residential treatment increased 8% in Quarter 1 2020 compared to 2019. It decreased 63% for Quarter 2 when treatment providers were limiting the number of people who could be treated simultaneously to prevent the spread of COVID-19. Please note the increase in residential services in Quarter 1 2020 may be due in part to the low number of people treated in Quarter 1 2019. The number of people receiving outpatient services remained lower than 2019 but outpatient services decreased throughout 2019 so the decreases between 2020 and 2019 is a continuation of that trend. Intensive outpatient treatment is typically provided in a group format which was difficult to do while under a stay-at-home order.

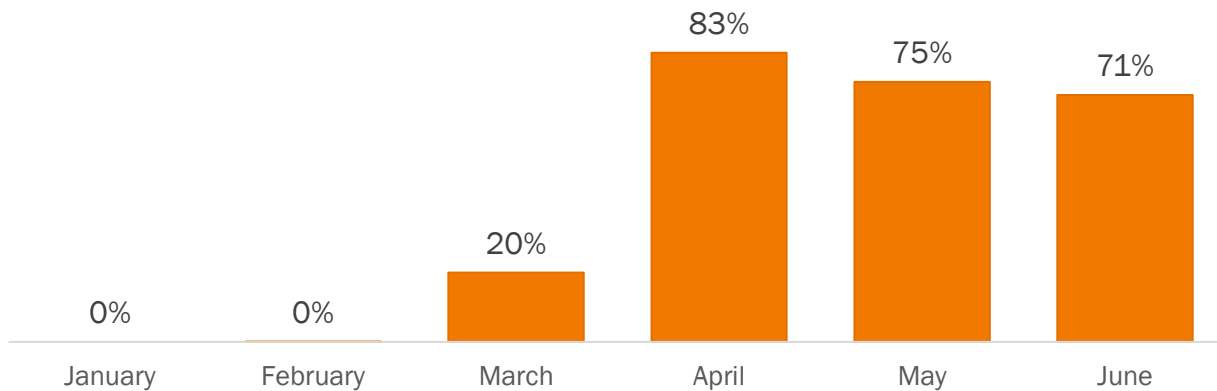
The number of people receiving intensive outpatient and residential treatment is significantly lower in Quarter 2 2020 than 2019. Outpatient services continue to be low and the number of people receiving MAT services has increased.



Source: Vermont Medicaid Claims, 2019/2020.

COVID-19 also resulted in outpatient and intensive outpatient treatment services being provided differently. Over 80% of expenditures for these services were coded as being provided through telemedicine or by telephone at the peak of the pandemic in April. Outpatient providers have begun to reintroduce in-person services and have been working to outreach to individuals who identified telemedicine services as not meeting their needs.

The percentage of Medicaid non-Hub outpatient Service* expenditures provided through telemedicine/telephone increased rapidly.

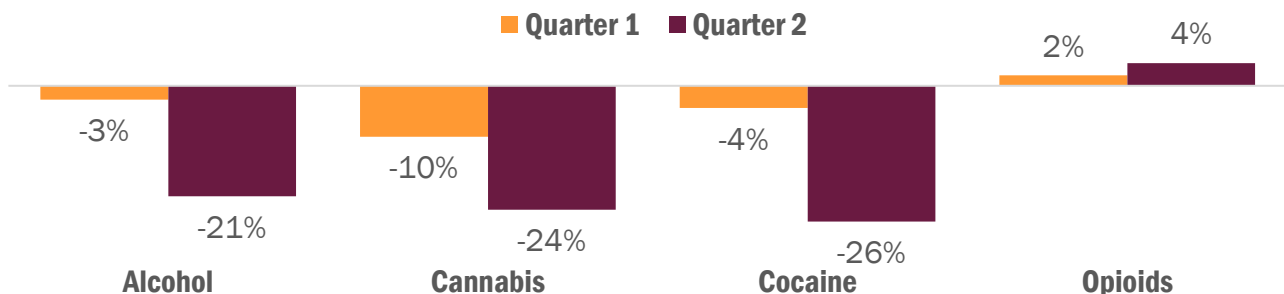


* Outpatient Services are defined as procedure codes H0001, H0004, H0005, H0015, T1006, T1016

Source: Vermont Medicaid Claims, 2019/2020.

Fewer Medicaid recipients were treated for alcohol, cannabis, and cocaine in 2020 than 2019 with larger decreases in Quarter 2 than Quarter 1; opioids increased in both time periods.

Comparing 2020 to 2019, the number of people receiving treatment for opioids increased in Quarter 1 and Quarter 2. The number receiving treatment for alcohol, cannabis, and cocaine decreased.

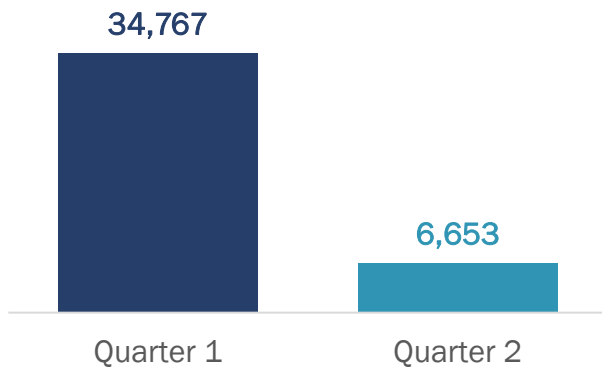


Source: Vermont Medicaid Claims, 2019/2020.

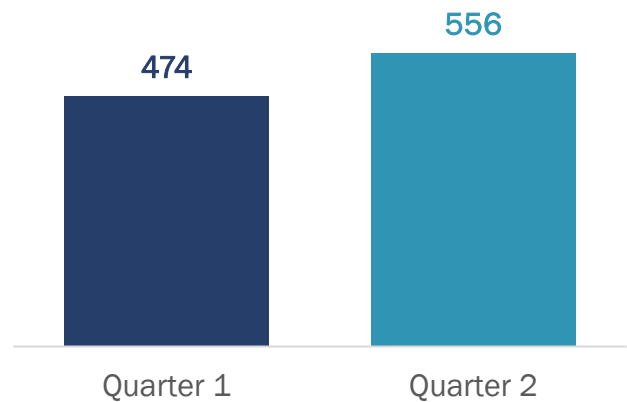
Recovery Services from Peer-Based Recovery Centers During COVID-19

In support of, and in compliance with, the State of Vermont Governor’s “Stay Home, Stay Safe” initiative, the 12 peer-based recovery centers throughout Vermont ceased on-site support between March 13th and March 18th, 2020. Within two weeks, ten of the recovery centers were fully operational and offering remote services. These services included recovery coaching, yoga, parenting groups, and more. As of May 1st, 2020, eleven of those peer-based recovery centers began to accommodate a small number of in-person visits.

The number of in-person visits in Recovery Centers decreased by 81% in Quarter 2.



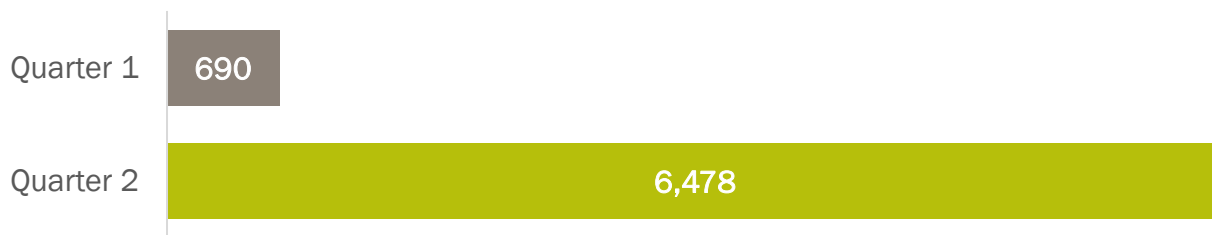
The number of people accessing Recovery Coaching increased by 17% in Quarter 2.



Source: Vermont Peer Recovery Centers, January-June 2020.

Through innovation, passion, and tremendous effort, the usual in-person activities of mutual aid groups, recreational activities, recovery coaching, and delivery of recovery support services shifted to remote services. The number of people served remotely in Quarter 2 was almost 10 times higher than Quarter 1. This ensured that the purpose, community, and connection people have come to count on remained accessible to all Vermonters engaged in recovery.

There was a significant increase in the number of people served remotely in Quarter 2.

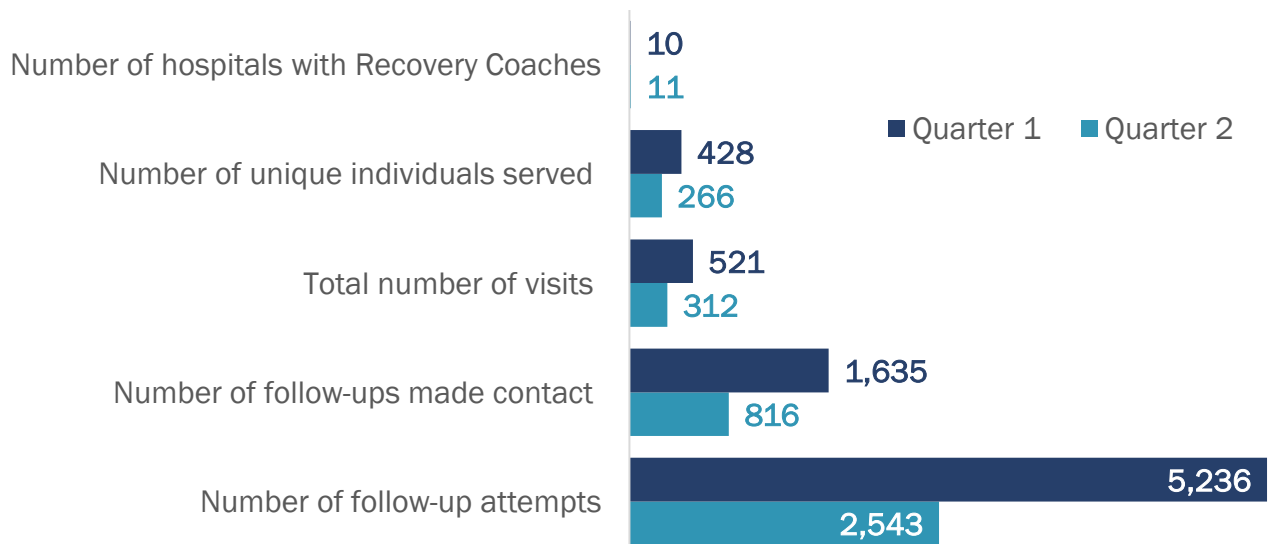


Source: Vermont Peer Recovery Centers, January-June 2020.

The Recovery Coaches in the Emergency Department (ED) program employs peer recovery coaches and dispatches them to the local EDs in response to an individual presenting with an opioid overdose, substance-related issue, or diagnosis of substance use disorder. The Recovery Coaches engage and support the individual in seeking treatment, recovery, and referrals for other services (such as housing, transportation, and mental health). The Recovery Coach attempts to make contact starting the day after the initial visit and up to ten days more.

Immediately recognizing the potential impact of closure to those who utilize services and supports, the centers began work on procedures to offer remote services in the Recovery Coaches in the Emergency Department Program. As the number of ED visits remained low, recovery centers began contacting previous individuals and establishing a connection remotely. “Attempt Made” means that the Recovery Coach called the individual and did not speak directly with that person. “Made Contact” means that a Recovery Coach was able to communicate with the individual via voice, email, text, or in-person.

As use of the Emergency Department (ED) decreased, there were fewer opportunities for Recovery Coaches to engage with people in the ED.



Source: Vermont Peer Recovery Centers, January-June 2020.

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, so this survey includes data from Quarters 1 and 2. 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).

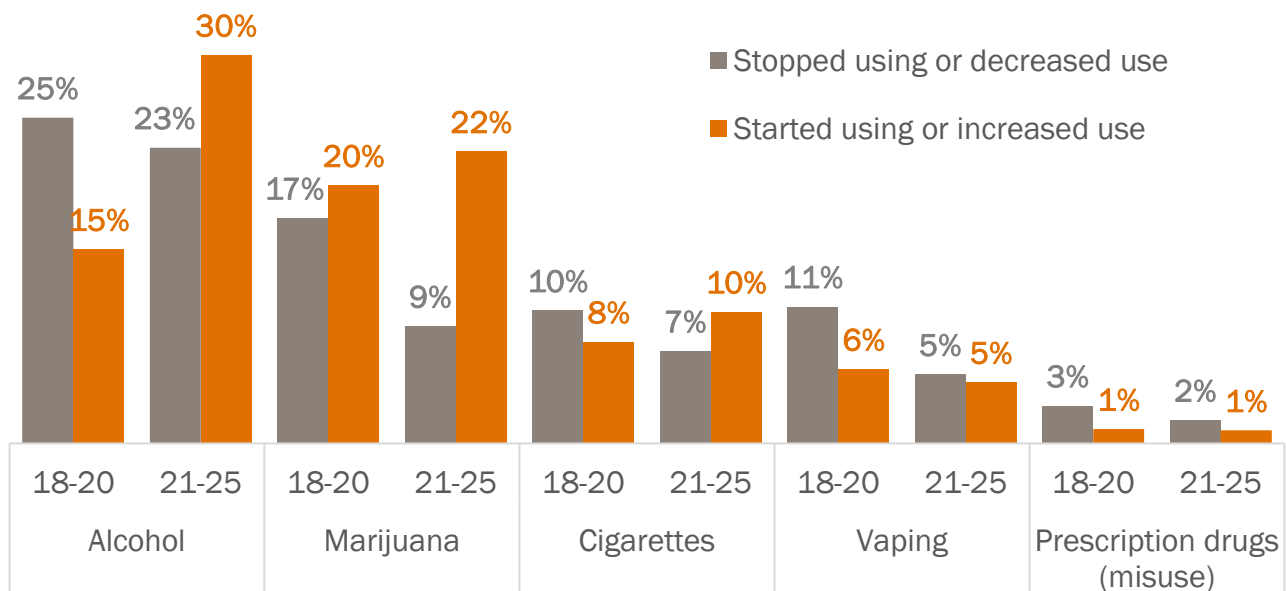
Compared to before the COVID-19 emergency began, young adults reported changes in their emotional distress:



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%

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

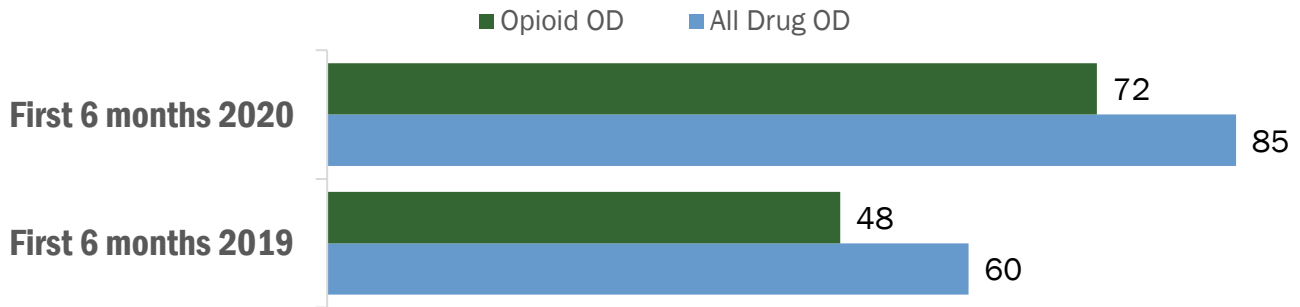


Source: Young Adult Survey, 2020.

Mortality Trends During COVID-19

Comparing the first two quarters of 2020 to the first two quarters of 2019, the number of fatal all drug and opioid overdoses have increased. The number of fatal opioid overdoses in the first 6 months of 2020 is **50% higher** than the number of opioid overdoses during the same time span in 2019.

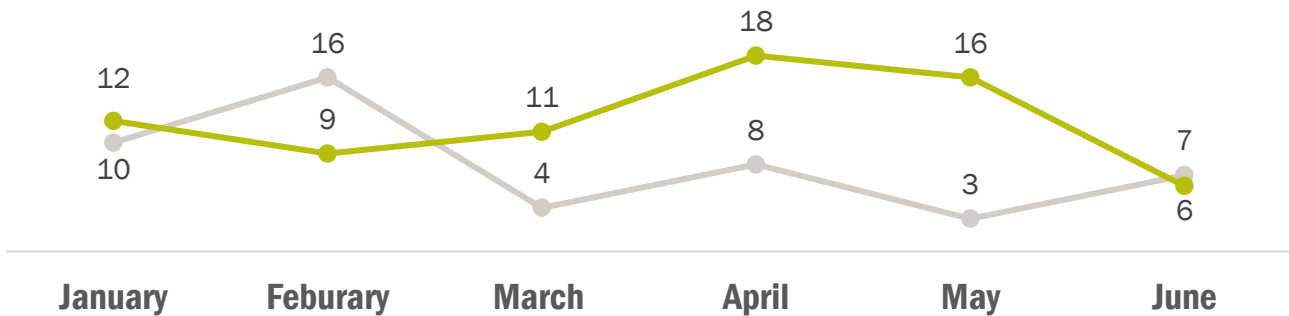
Comparing the first 6 months of 2019 to the first 6 months of 2020, the number of fatal all drug and opioid overdoses have increased.



Source: Vermont Vital Statistics, 2020.

Comparing April to June only, the number of opioid overdoses in 2020 is more than double that in April to June 2019. However, the numbers in June 2019 and 2020 are nearly the same.

Month to month comparisons show the number of opioid overdoses have been consistently higher in 2020 from March to May compared to 2019.

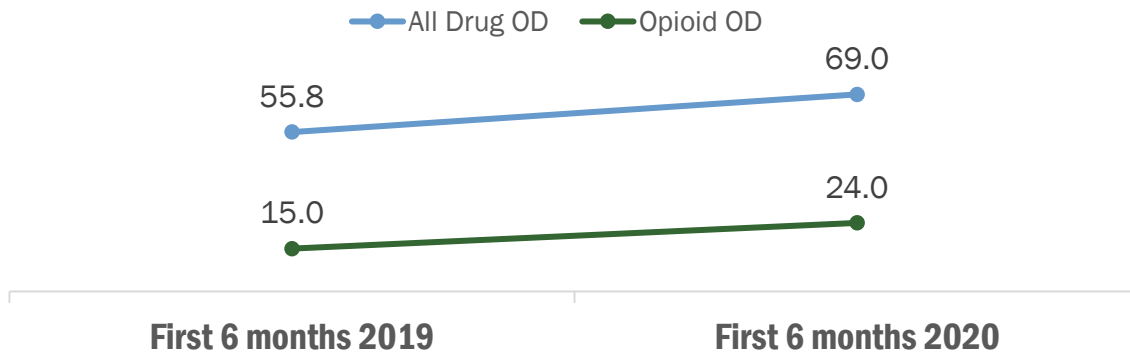


Source: Vermont Vital Statistics, 2020.

Morbidity Trends During COVID-19

Comparing the first two quarters of 2019 and 2020, in 2020 the rate of nonfatal opioid overdose visits per 10,000 emergency department visits **increased by 60%**. Of note, there was also a reduction in total number of ED visits in 2020. This data is preliminary and subject to change.

Comparing the first 6 months of 2019 to the first 6 months of 2020, the rate for per 10,000 visits increased for nonfatal **all drug and **opioid** overdoses.**

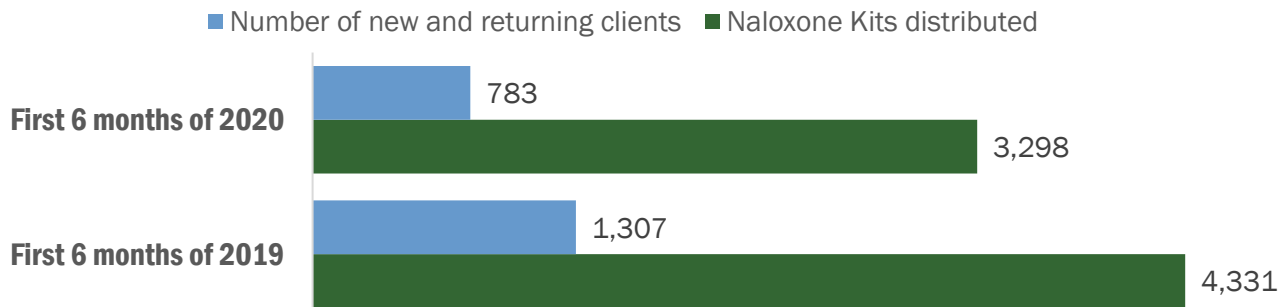


Source: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), 2020.

Naloxone Distribution and Naloxone Administration by EMS During COVID-19

Comparing the first 6 months of 2020 to the same time period in 2019, there has been an increase in the number of patients administered naloxone by Emergency Medical Services (EMS) (253 VS. 227). However, there was a 40% percent decrease in new and returning clients visiting Opioid Overdose Prevention and Reversal Project (OOPRP) sites and a 24% decrease in naloxone kits distributed. Please note that the Naloxone data is preliminary and subject to change.

Comparing the first 6 months of 2020 to the the first 6 months in 2019 there have been fewer **clients visiting OOPRP sites and fewer **naloxone kits** distributed.**



Source: OOPRP, 2019/2020.

Key Takeaways

In Quarter 1 2020, only March 2020 was directly impacted by COVID-19. In Quarter 2 2020, all three months were impacted resulting in significant changes compared to Quarter 2 2019. Changes between 2019 and 2020 may be caused by a variety of factors, including those 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. An example of this has been Recovery Services, which has offered remote programs to be responsive to the recovery needs of Vermonters.

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

Data Sources

Current Activity in Vermont: [Department of Health Data Dashboard](#)

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](#)

Recovery: Vermont Recovery Center Program Reporting

Alcohol compliance checks, DUI offences: [Division of Liquor Control project RABIT](#)

For more information:

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

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

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