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Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the virus that causes coronavirus disease (COVID-19). This virus, identified in early 2020, rapidly spread around the world causing a global pandemic. Nearly every aspect of daily life was disrupted as the world struggled to respond to this highly contagious virus. Throughout the United States there was a varied response, with some states entering “lock-down” in an attempt to decrease the rate of transmission. Through a series of [executive orders](#) from Vermont Governor Phil Scott and a declaration of a state of emergency on March 13, 2020 Vermonter’s lives changed in many ways. A few key changes were:

- [Closing of schools](#) and childcare centers
- [Stay Home, Stay Safe](#) order
- Suspension of many in-person activities (including non-essential surgeries and close contact businesses)
- [Mask mandate](#)
- Travel and testing requirements
- Suspensions of multi-household gatherings
- Limited capacities for businesses and restaurants
- Closures of bars and clubs
- Suspension of recreational sports
- Telework requirements
- [Be Smart, Stay Safe](#)

KEY POINTS

There was an increase in nonfatal and fatal overdoses in 2020. Fewer naloxone kits were also distributed.

Vermont substance use disorder treatment providers were able to maintain access to their services throughout the pandemic.

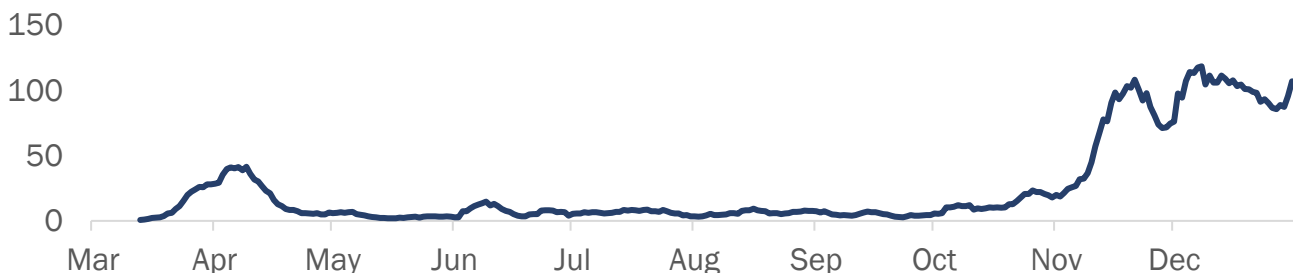
Services responded to substance use trends and the additional challenges posed by COVID-19 in innovative ways, often by providing remote options when interacting in-person was not feasible.

COVID-19 policies have changed over time as Vermont learned more about this novel virus.

Vermont has focused on COVID-19 response activities while also continuing to provide services for individuals with SUD (substance use disorder). This report summarizes Vermont trends in substance-related measures for calendar year 2020. Please note that in most cases it is not possible to determine if COVID-19 caused the trends shown below.

In Vermont, there was an initial small peak of COVID-19 cases in early Spring. Relatively few cases were reported during the remainder of the Spring and Summer. In October cases began to rise, and this trend continued through the Fall, Winter, and into the Spring of 2021. For this report mid-March 2020 is considered the beginning of the COVID-19 pandemic in Vermont.

In 2020 the Vermont seven-day average number of COVID-19 cases began to increase in the Fall and continued into the winter.



Source: Vermont Department of Health, 2020.

Prevalence of Substance Use

The [Young Adult Survey \(YAS\)](#) collected responses from 2,340 Vermont young adults ages 18-25 from March 25th through May 20th of 2020. 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 increases in their emotional distress:

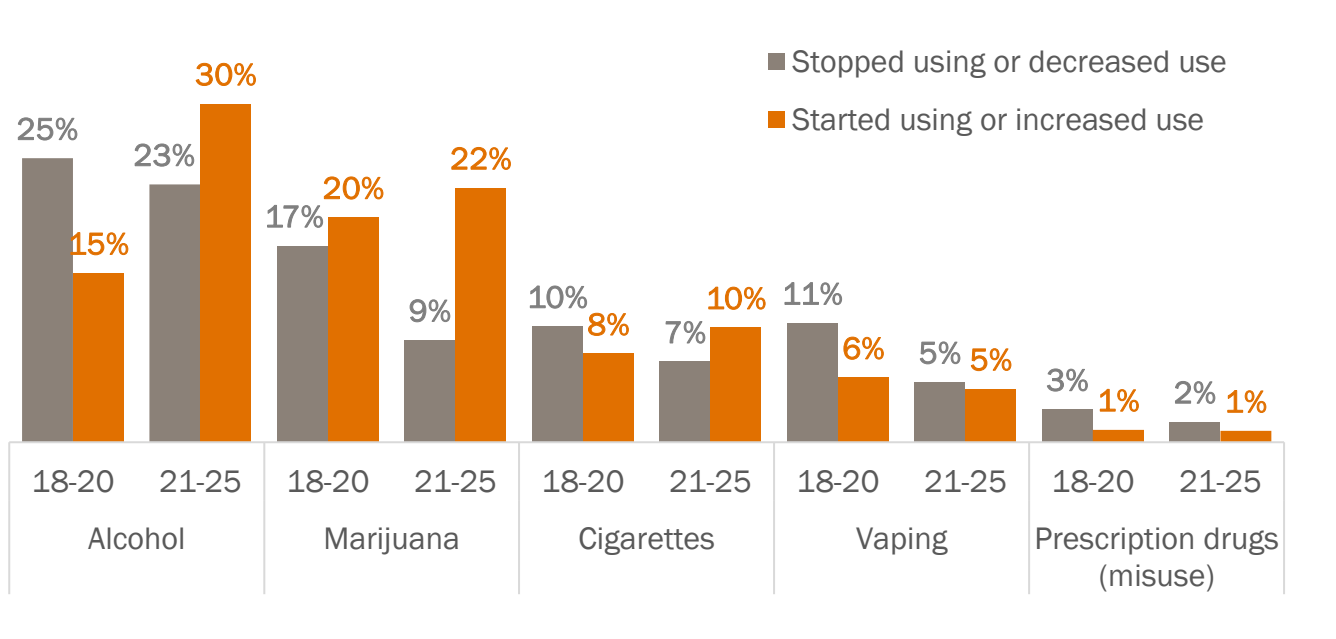


Emotional distress indicators	Before	Now
Little interest or pleasure in doing things	27%	42%
Felt down, depressed, or hopeless	33%	50%
Felt nervous, anxious, or on edge	49%	59%
Was not able to stop or control worrying	24%	33%
None of the above	42%	26%

Source: Young Adult Survey, 2020.

Young adults were also asked about how the emergency influenced their use of substances. Marijuana use (either starting use or increasing use) was the only substance reported to increase in both age groups 18-20 and 21-25. 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. More young adults started using or increased use of marijuana.



Source: Young Adult Survey, 2020.

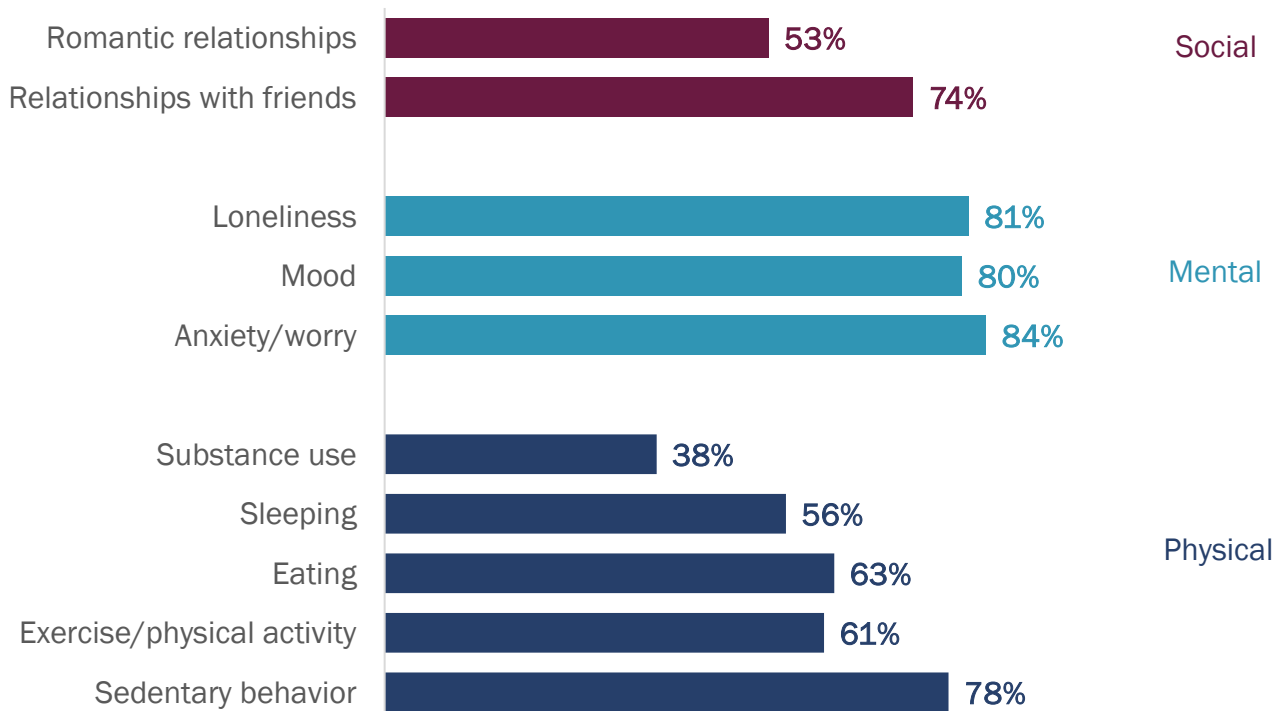


[The Policy and Communication Evaluation \(PACE\) Vermont](#) survey collected responses from 874 Vermont youth (212 youth ages 12-17) and young adults (622 young adults aged 18-25) in September 2020. The goal of PACE is to assess the impact of state-level policies and communication campaigns on substance use beliefs and behaviors in Vermont youth and young adults.

In an effort to understand the impact of COVID-19, the Fall 2020 survey included 21 items on COVID-related stress. These items were adapted from “COVID-19 Exposure and Family Impact Survey for Adolescents and Young Adults” and “National Institutes of Health’s Coronavirus Health Impact Survey,” mental health screening questions for depressive and generalized anxiety disorder symptoms, and questions about past 30-day substance use.

The survey asked a question about how the COVID-19 pandemic affected various aspects of well-being, and the responses were grouped into physical, mental, and social well-being. High percentages of youth and young adults reported the pandemic caused many aspects of their life to be “a little” or “a lot” worse, especially relationships with friends (74%), loneliness (81%), mood (80%), anxiety/worry (84%), and sedentary behavior (78%).

Youth and young adults reported the COVID-19 pandemic negatively impacted many portions of their life, with high percentages reporting it made it “a little” or “a lot” worse.

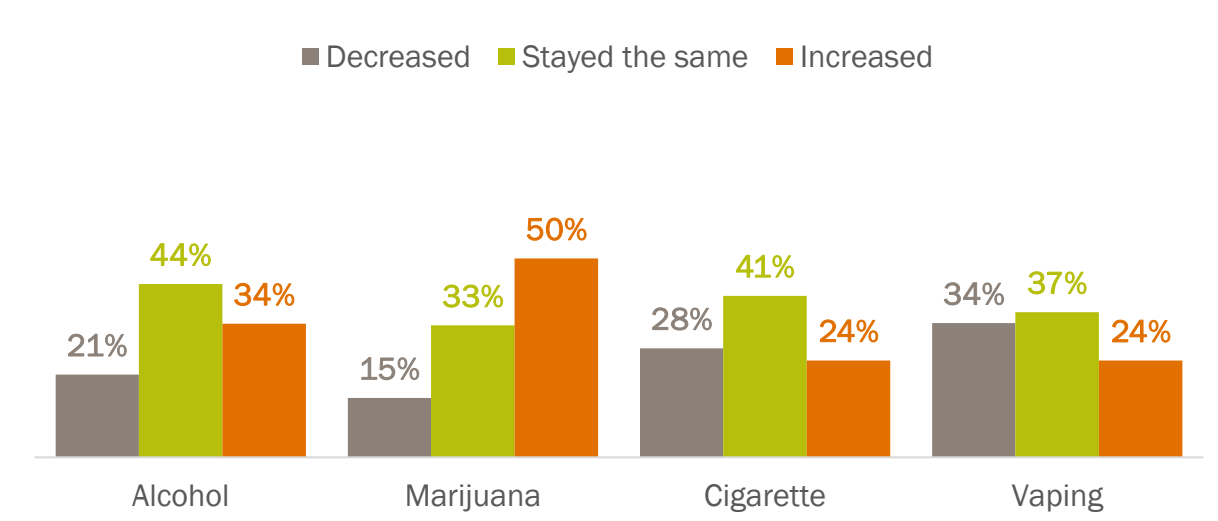


Source: PACE Vermont, 2020.

COVID-19 and Substance Use in Vermont

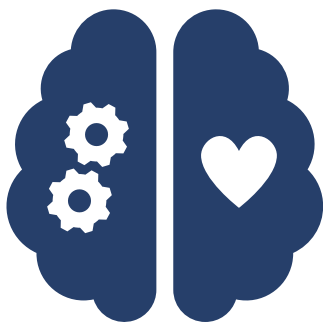
Of the youth and young adults who reported using substances in the past month, there were changes in how much they used each substance. For those who reported using marijuana in the past month, 50% reported increasing their use since the beginning of the pandemic. The youth and young adults who reported vaping in the past month, 34% reported decreasing their use since the beginning of the pandemic.

Youth and young adults who used substances in the past month reported changes in their substance use since the beginning of the COVID-19 pandemic, with the highest increase in marijuana use.



Source: PACE Vermont, 2020.

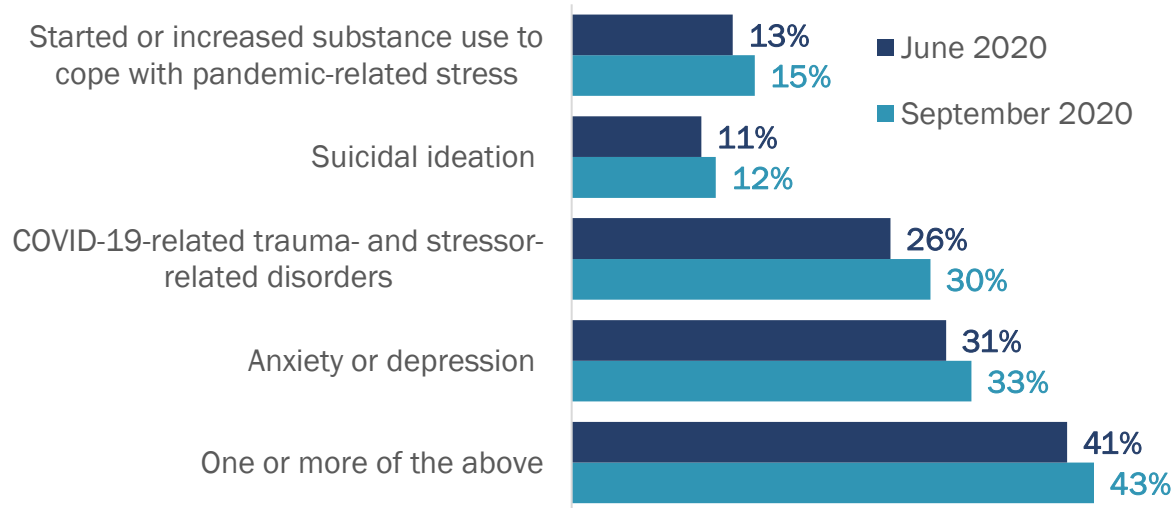
Note: values for each substance do not add up to 100% as there is an “other” category. This question was asked of people who reported ever using the substance, and then how their use in the past month changed since the beginning of the COVID-19 pandemic.



National data indicates that adults also experienced distress related to COVID-19 in 2020. The COVID-19 Outbreak Public Evaluation Initiative used online surveys to ask adults aged 18 or older about their mental health and substance use. This survey was first administered June 24-30, 2020, and then again from August 28 to September 6, 2020. At both points, adults reported elevated levels of adverse mental health outcomes, substance use, and suicidal ideation related to COVID-19. Of the people who took the survey at both time points, there were not significant changes in their symptoms between June and September 2020.

This national survey also found that adults younger than 65 years old reported worse outcomes compared to those over 65 years old, in both June and September 2020.

Prevalence of adverse mental health and substance use were elevated in June and September of 2020 in adults in the United States, compared to estimates of these before the pandemic.



Sources: Czeisler MĒ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057.; Czeisler MĒ, Lane RI, Wiley JF, Czeisler CA, Howard ME, Rajaratnam SMW. Follow-up Survey of US Adult Reports of Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic, September 2020. *JAMA Netw Open*. 2021;4(2):e2037665.

Substance Use Prevention

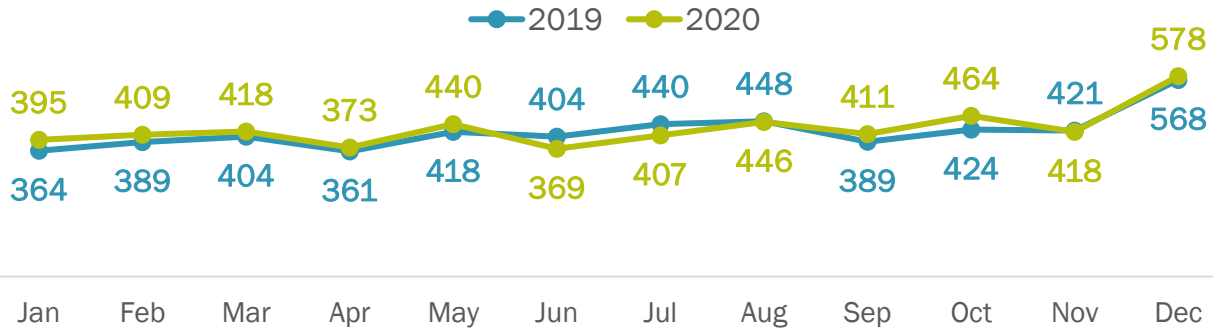
[Prevention programs in Vermont](#) responded in varied ways to the pandemic challenges. Many prevention program activities for 2020 were initially planned to be offered in person; these were either altered in format to be offered remotely or were paused. Accessing youth and their parents became a challenge when schools moved to a virtual format. However, some programs were able to adapt or be modified to generate resources that could be included in material that was sent home to students. One important prevention program, [the Prescription Drug Disposal Program](#) was able to sustain operations, as the opportunity to dispose of medication at contactless drop-off points and via mail-back envelopes was continuously offered.

New and different needs for prevention were identified, as both the [protective and risk factors](#) changed as the pandemic created a sense of isolation along with increased stress and anxiety. At the same time, the pandemic response from the Department of Health required a significant involvement in time and energy from staff, thereby decreasing the available time to focus on prevention activities and functions. In addition, access to substances changed. For example, alcohol can now be accessed through take-out from restaurants or residential delivery. This presented new methods of access for prevention specialists to consider and evaluate in terms of their potential impact on underage use or their contribution to increased use among adults.

Liquor and Alcoholic Beverage Sale Trends

Vermont made changes in the way alcohol could be bought or sold in response to COVID-19, beginning on March 20, 2020. This included allowing takeout of alcoholic beverages from bars and restaurants and alcohol delivery services. Liquor sales in Vermont increased from 2019 to 2020.

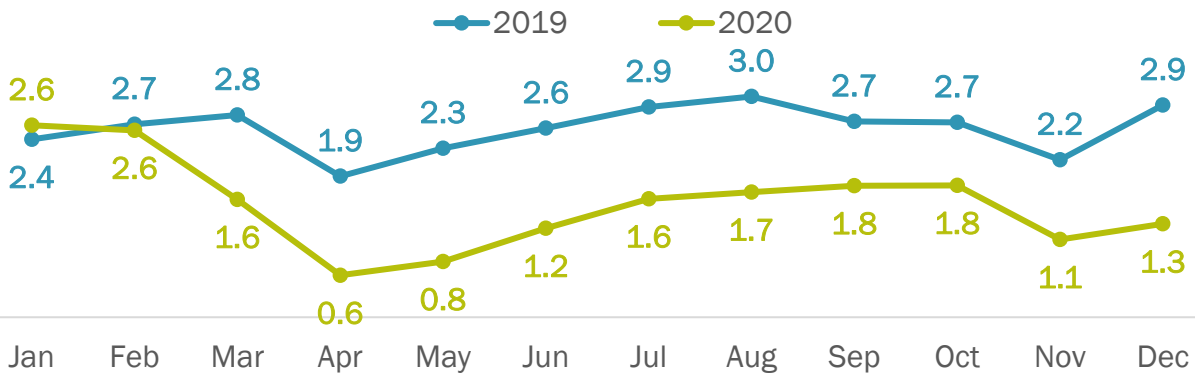
Liquor sales were 2% higher in 2020 than 2019 although the number of bottles of liquor sold each month was similar (in thousands of bottles).



Source: Vermont Department of Liquor and Lottery, Division of Liquor Control, 2019-2020.

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 from 2019 and 2020. The state Sales and Use tax includes alcoholic beverages from grocery and convenience stores, but this cannot be separated from other types of sales associated with this tax and is **not** included in the data below. The decrease in taxes due in 2020 is due to 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 by 60% between 2019 (\$31.1 million) and 2020 (\$18.7 million).



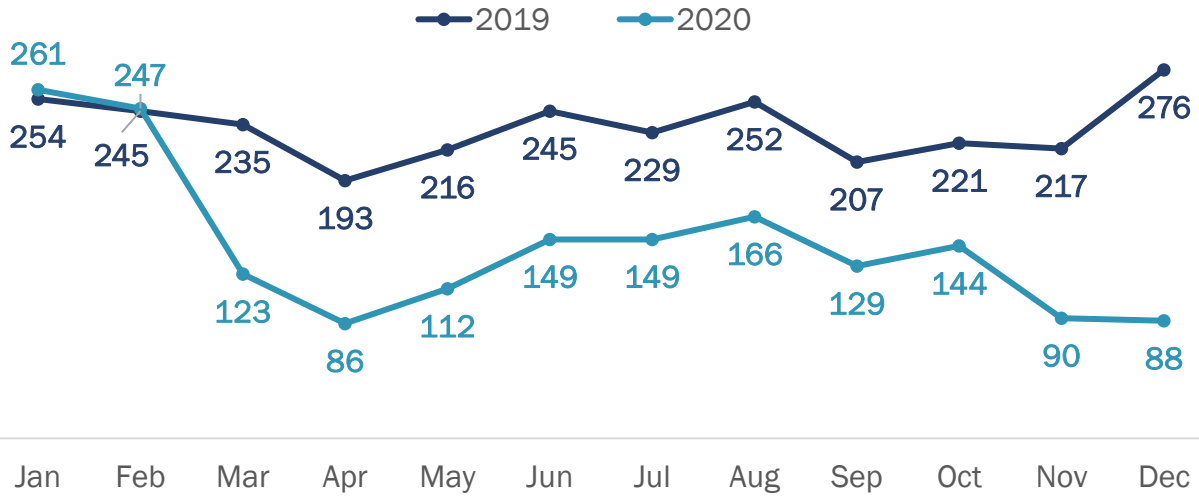
Source: Vermont Department of Taxes MRT-441 return data and MVB-612 return data run 2/9/21.

Note: taxes from alcoholic beverages sold from grocery and convenience stores are **not** included in this figure.

Driving Under the Influence (DUI) Offences and Alcohol Compliance Checks

There were fewer Driving Under the Influence (DUI) offences in 2020 than in 2019.

The number of DUI offences in Vermont decreased in 2020 with the onset of the pandemic.



Source: Vermont Department of Liquor and Lottery, Division of Liquor Control, 2019-2020.

Traffic counters record the number of vehicles that pass by them in each direction. A sample of traffic counters throughout Vermont indicated the monthly average daily traffic volumes decreased beginning in March of 2020, when compared to 2019.

Monthly average daily traffic volume in Vermont was lower in 2020 than in 2019.

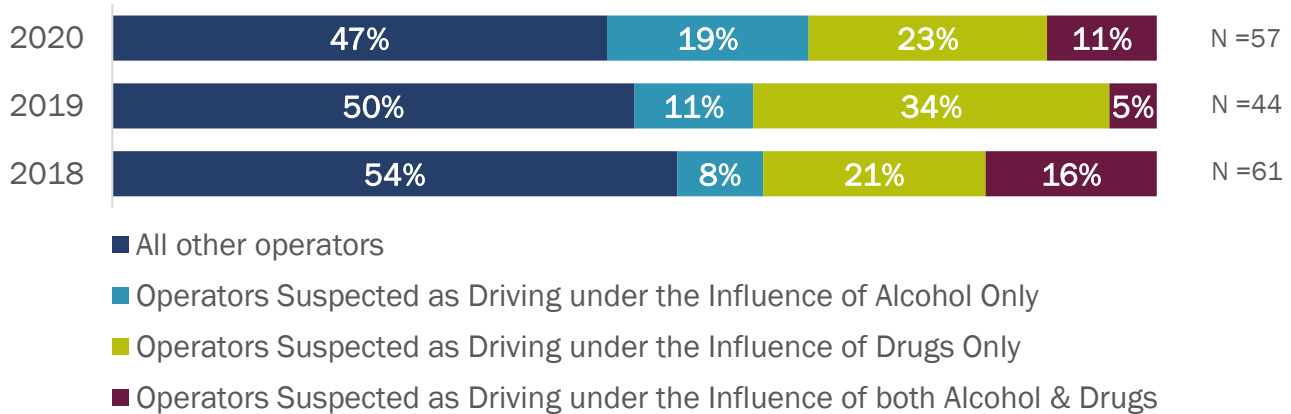


Source: Vermont Agency of Transportation, 2019-2020.

COVID-19 and Substance Use in Vermont

Even though the daily average traffic was lower in 2020 than 2019 there were more road fatalities in 2020 (57 crashes with 61 total fatalities) than 2019 (44 crashes with 47 total fatalities). Of these fatal crashes, a higher percentage had operators suspected of driving under the influence of alcohol in 2020. The increase in percentage of operators suspected of driving under the influence is a continuation of the trend from 2018.

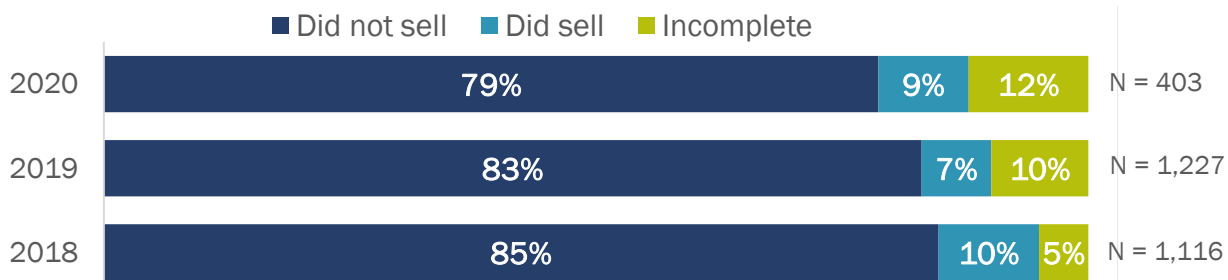
In 2020 the percent of fatal road crashes with operators suspected of driving under the influence (alcohol, drugs, or alcohol and drugs) increased compared to the previous two years.



Source: Vermont Agency of Transportation, Vermont State Highway Safety Office, 2018-2020.

An alcohol compliance check is when an underaged individual is employed by the Division of Liquor Control to enter licensed establishments (stores, restaurants, bars, manufacturing locations) to attempt to purchase alcohol using their valid driver’s license or permit. Under Division of Liquor Control supervision, they attempt to purchase alcoholic beverages in the establishment or, based on the changes allowed by 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 through May 8, and in November and December of 2020, so the number of checks in 2020 was less than half of those in 2018 or 2019. The percent of incomplete checks increased in 2020 compared to the previous two years, but the percent of checks when alcohol was sold to a minor remained similar.

In 2020, the percent of alcohol compliance checks when alcohol was sold to a minor was similar to the previous two years.



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 either 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

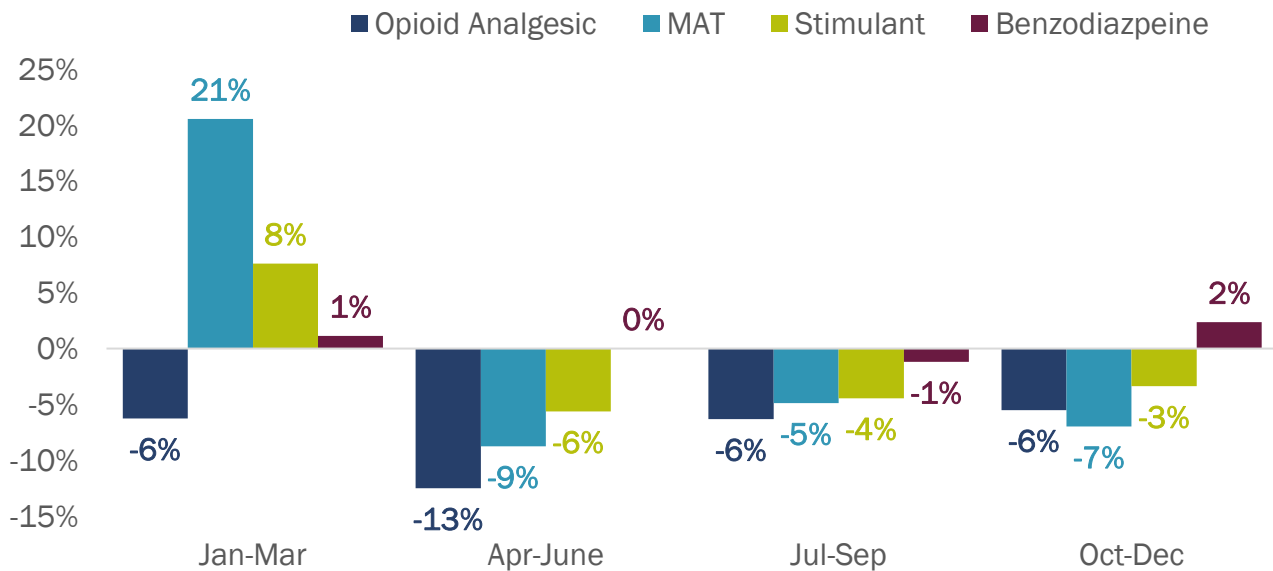
The [Vermont Prescription Monitoring System](#) collects information about controlled substances dispensed by Vermont-licensed pharmacies. Providers look up patients to support appropriate prescribing and clinical decision making.



The number of times providers looked up patients increased in 2020, even as prescriptions decreased.

The percent change per quarter of number of prescriptions dispensed by drug class shows decreases in most quarters in the rate per 100 residents. However, the average rate per year in 2020 is the same for all drug classes except opioid analgesic (opioids prescribed for the treatment of pain), suggesting quarterly fluctuations do not impact an annual view of dispensing compared to 2019.

Compared to 2019, controlled substance dispensing decreased in 2020, especially for opioid analgesics.



Source: The Vermont Prescription Monitoring System, 2019 & 2020.

Please note that some changes in medication assisted treatment (MAT) prescribing are due to changes in Vermont Medicaid policy. Prior to the pandemic, Vermont Medicaid limited prescriptions to a 14-day supply; during the pandemic, this was expanded to a 30-day supply to minimize potential COVID-19 spread. Because Vermont Medicaid pays for 60% of MAT prescriptions in Vermont this resulted in a decrease in the number of prescriptions, even though the number of people receiving MAT increased between 2019 and 2020.

Substance Use Disorder Treatment Challenges

Substance use disorder treatment providers were challenged by the COVID-19 pandemic in several ways. The “Stay Home, Stay Safe” order led to many in-person treatment services transitioning to telemedicine to prevent staff and client exposure to COVID-19. Some clients and counselors found that counseling through screen interactions was less effective than in-person interactions. Telemedicine is also prone to privacy concerns and technology issues. When in-person services resumed, people had to maintain social distancing and use appropriate personal protective equipment (PPE), both of which can impact the dynamics of treatment. Pandemic-related personal stressors such as job insecurity/loss, fear of catching COVID-19, childcare/home schooling, and housing stability impacted both treatment staff and clients which increases treatment complexity. Residential treatment service providers reduced census in the buildings and had to test/isolate/quarantine patients and use PPE to protect staff and clients.

Resources for Substance Use Disorder Treatment Providers

Vermont has a treatment continuum of care. Outpatient (OP) services are provided individually or in group settings. Intensive outpatient treatment is a combination of services for people who need more than a weekly service but less than a residential service. Vermont’s residential programs are short-term acute treatment for individuals who require intensive care and support due to their substance use. Medication assisted treatment (MAT) for opioid use disorder is an outpatient level of care that includes the use of methadone or buprenorphine to reduce cravings and prevent relapse.

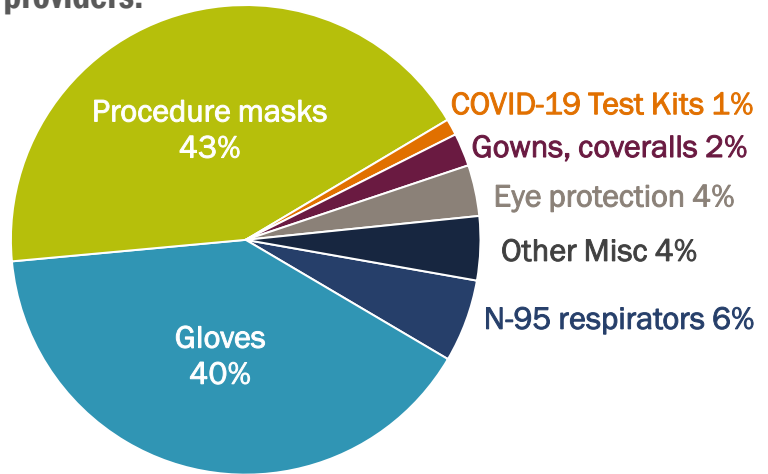
MAT providers changed protocols in response to COVID-19. To decrease in-person contact, federal requirements temporarily allowed physicians to do physical exams via telemedicine instead of the previously required in-person physicals for people being treated with buprenorphine. They also expanded the allowance of exceptions for take-home doses of medication in opioid treatment programs as clinically appropriate. Vermont Medicaid increased the allowable buprenorphine supply from 14 days to 30 days.

No Vermont treatment providers closed due to the COVID-19 pandemic – other states lost providers.

Vermont substance use disorder treatment providers were able to maintain treatment access at all times. In some cases, provider income from reimbursements was reduced and costs increased due to COVID-19-related expenses. Vermont established a [Health Care Provider Stabilization Grant Program](#) using [Federal Coronavirus Relief Funds](#) to support many health care providers, including substance use disorder treatment providers, for COVID-19-specific incurred expenses between March 1 and September 15, 2020. Providers were also able to apply for Federal Coronavirus relief funds to provide hazard pay to front-line essential workers. All SUD treatment providers that receive state funds for provision of substance use disorder treatment services are still in business.

Providers were able to acquire personal protective equipment (PPE), hand sanitizer and rapid COVID-19 test kits through the Vermont Medical Countermeasures (MCM) Warehouse. This supplemented PPE the providers had on hand or were able to purchase and allowed them to continue to provide treatment services. Specialty substance use disorder treatment providers received over 55,000 PPE items from the MCM warehouse. Procedure masks and gloves were the items most commonly requested items, accounting for over 80% of all items delivered.

MCM Warehouse provided PPE to treatment providers.

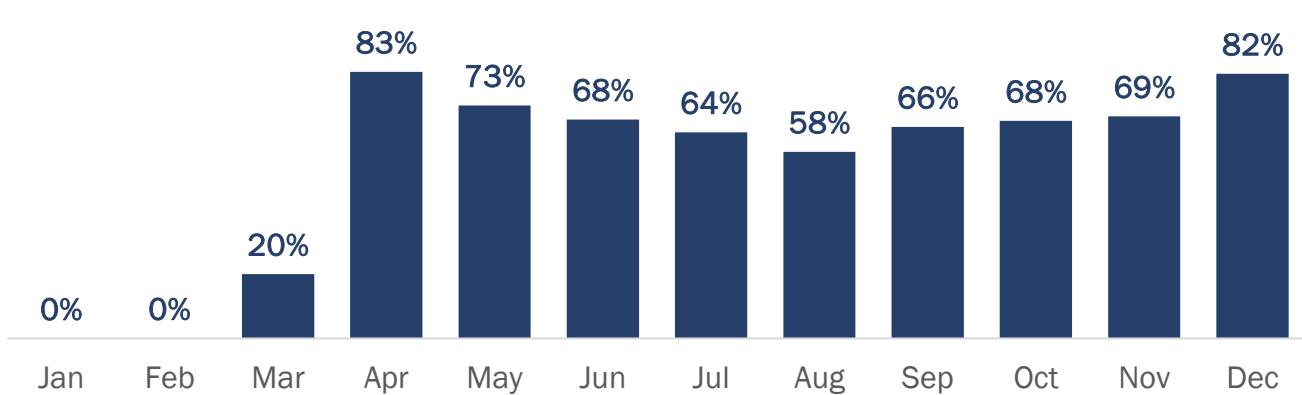


Source: Vermont Medical Countermeasures Warehouse order system, 2020.

Substance Use Disorder Treatment Trends

Medicaid claims data were used to compare substance use disorder treatment services provided in 2019 and 2020. Treatment providers began using telemedicine extensively beginning in April of 2020, which allowed access and continuity of care when in-person visits were discouraged to prevent spread of COVID-19. Over 80% of expenditures for non-Hub outpatient services were coded as being provided through telemedicine or by telephone at the peak of the pandemic in April and again in the second peak in December. Outpatient providers reintroduced in-person services when COVID-19 caseloads were lower and provided outreach to individuals who identified telemedicine services as not meeting their needs.

The percentage of non-Hub outpatient Services* provided to Medicaid recipients through telemedicine/telephone increased in 2020 when COVID-19 became prevalent.



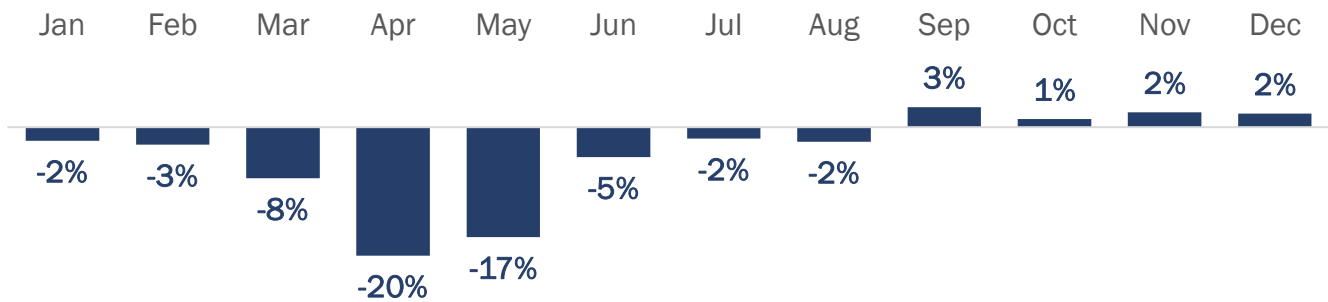
Source: Vermont Medicaid Claims, 2020.

* Defined as procedure codes H0001, H0004, H0005, H0015, T1006, T1016

COVID-19 and Substance Use in Vermont

The total number of Medicaid recipients receiving any services in a month was calculated and the percent change in people served per month in 2020 was compared to people served per month in 2019.

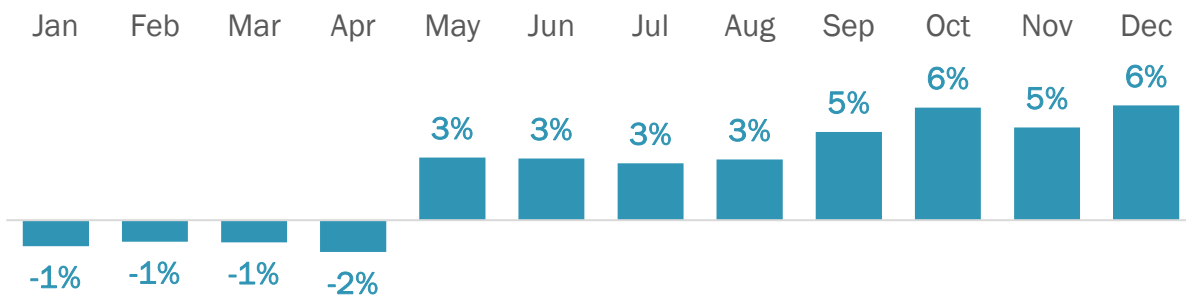
From January to August 2020, fewer Medicaid recipients received any service than the same month in 2019, ranging from a 20% reduction in people receiving services in April to a 2% reduction for several months.



Source: Vermont Medicaid Claims, 2019-2020.

Similarly, the total number of Medicaid recipients receiving services to treat substance use disorders (SUD) was determined and the percent change in people served per month in 2020 was compared to people served per month in 2019.

Comparing 2020 to 2019, the change in the percent of Medicaid recipients receiving SUD treatment decreased in January through April, and then increased in May through the remainder of 2020.



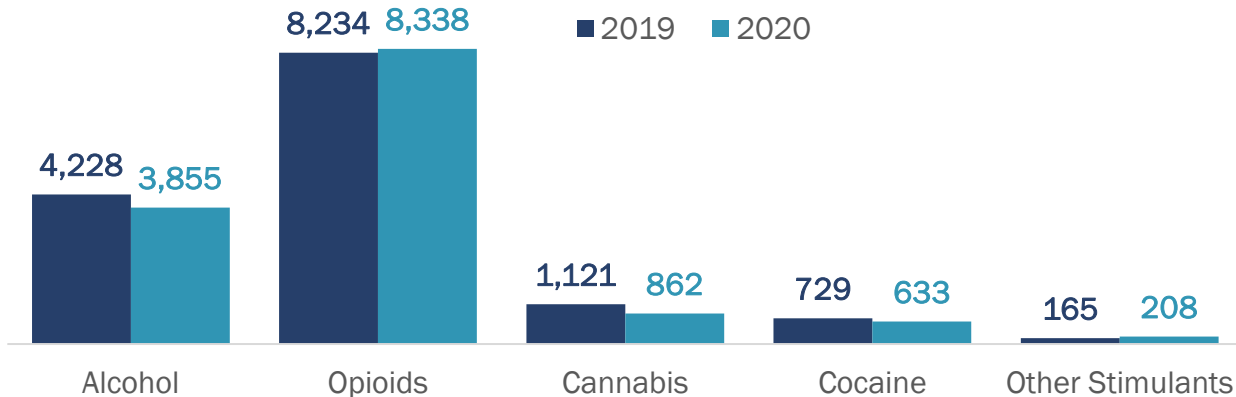
Source: Vermont Medicaid Claims, 2019-2020.

The percent change in the number of people accessing any type of Medicaid-paid service was consistently lower than the change for people accessing specialty SUD treatment. This indicates that people receiving SUD treatment were more likely to continue to receive treatment than the total Medicaid population were to receive any type of care. More Medicaid recipients received SUD treatment in May-December 2020 than in the same period in 2019 – these increases were primarily associated with increases in MAT in physicians’ offices.

COVID-19 and Substance Use in Vermont

While there was a slight increase in the number of Medicaid recipients who received care for opioids and for other stimulants in 2020, treatment for other substances was lower, with a 9% decrease in people receiving care for alcohol use disorder. Alcohol use disorder is often provided in residential and intensive outpatient settings, both of which had significant decreases in capacity due to COVID-19.

More Medicaid recipients received care for opioid and other stimulants in 2020 than 2019. Care for other substances decreased.

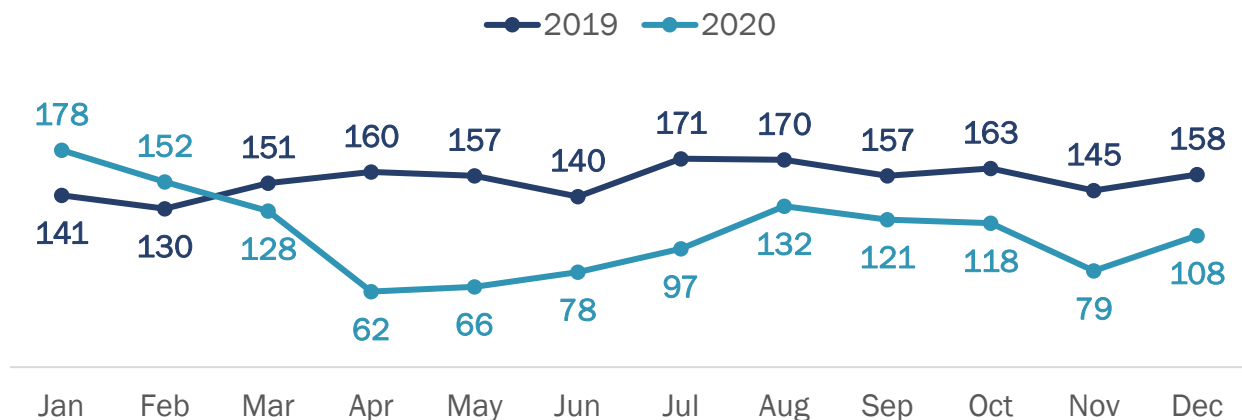


Source: Vermont Medicaid Claims, 2019/2020.

The total number of Medicaid recipients receiving treatment varied by level of care. Intensive outpatient treatment was 47% lower in 2020 than 2019, residential treatment was 24% lower, outpatient services was 17% lower, and MAT increased by 2%.

Some residential providers had clients who tested positive for COVID-19, requiring the facility to implement containment measures for the safety of clients and staff. The largest drop in people treated occurred in April, when COVID-19 cases were high, and providers had just begun implementing procedures to allow care to continue.

Fewer Medicaid recipients received residential services in 2020 than in 2019.

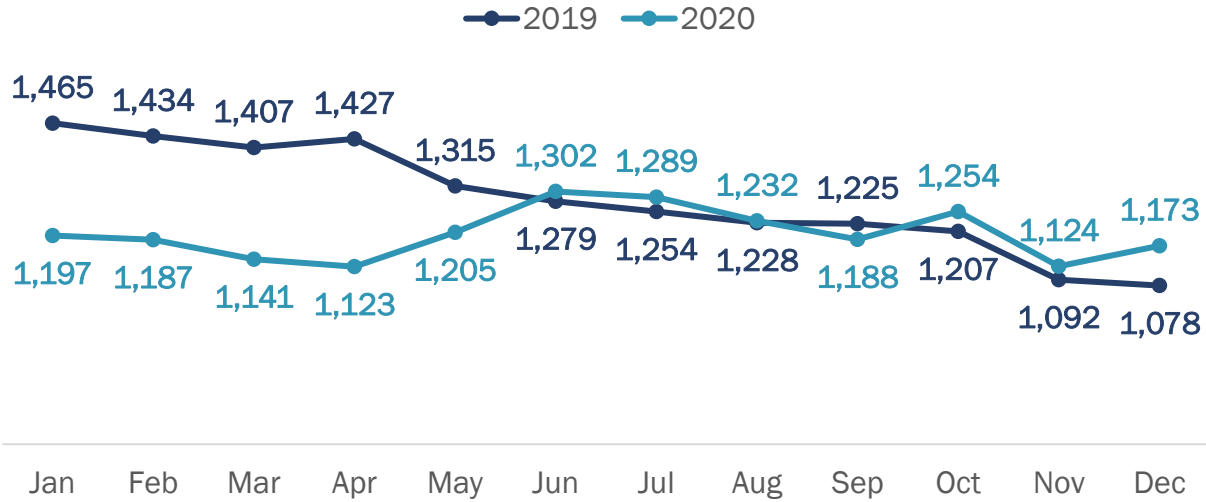


Source: Vermont Medicaid Claims, 2019/2020.

COVID-19 and Substance Use in Vermont

Outpatient care recovered more quickly, at least in part due to the ability to provide services through telemedicine. Please note that outpatient services decreased throughout 2019 so the decreases at the beginning of 2020 is a continuation of that trend – they were lower before COVID-19 impacted the system of care.

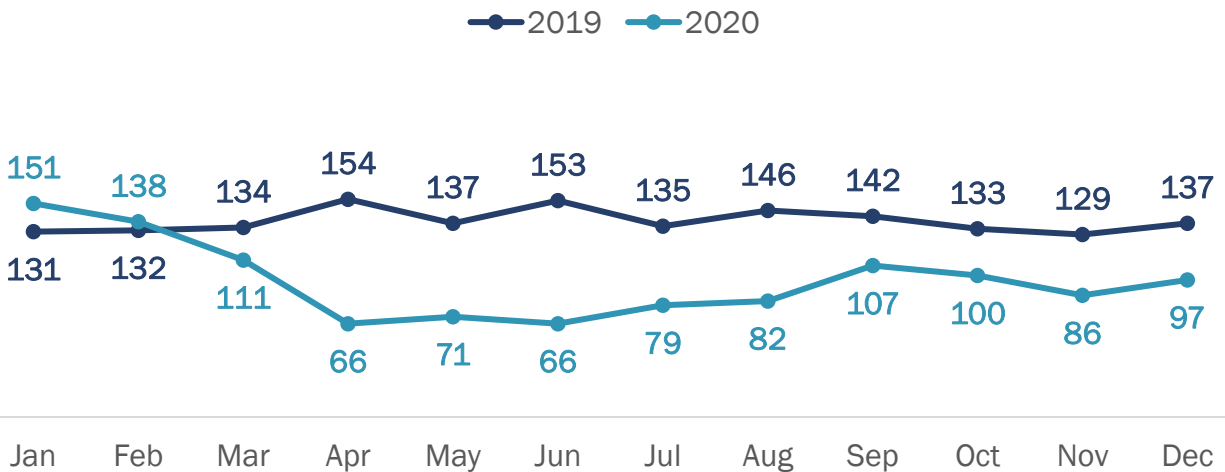
Medicaid recipients receiving outpatient services recovered to 2019 levels by mid-year 2020.



Source: Vermont Medicaid Claims, 2019/2020.

Intensive outpatient services dropped in March and never regained 2019 levels. This is a group-based service that is difficult to provide through telemedicine.

Fewer Medicaid recipients received intensive outpatient services in 2020 than in 2019.

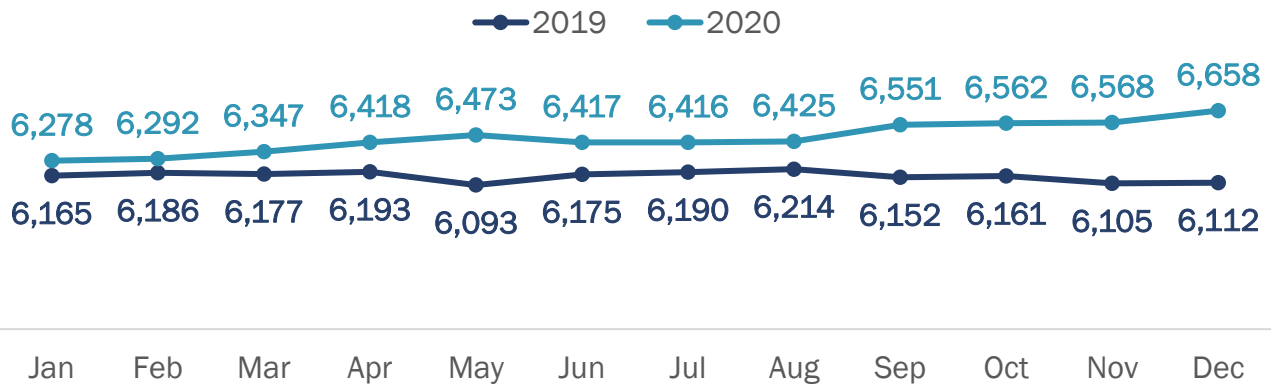


Source: Vermont Medicaid Claims, 2019/2020.

COVID-19 and Substance Use in Vermont

The number of Medicaid enrollees receiving MAT for opioid use disorder was consistently higher in 2020 than 2019. 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.

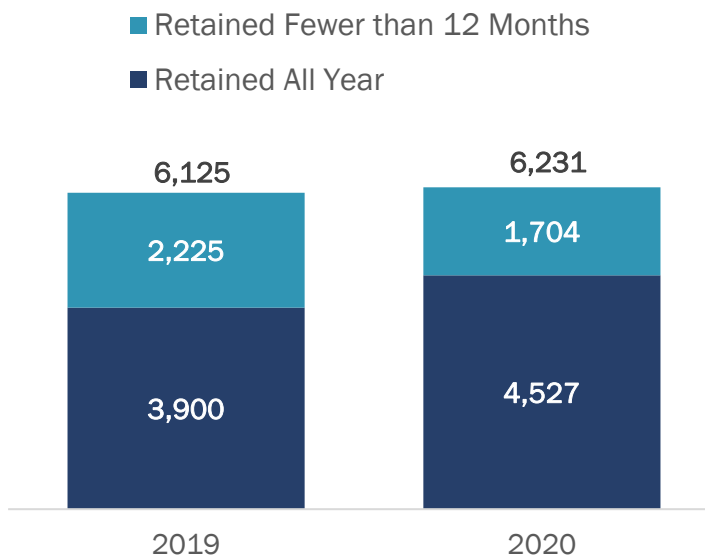
More Medicaid recipients received MAT services for OUD in 2020 than in 2019.



Source: Vermont Medicaid Claims, 2019/2020.

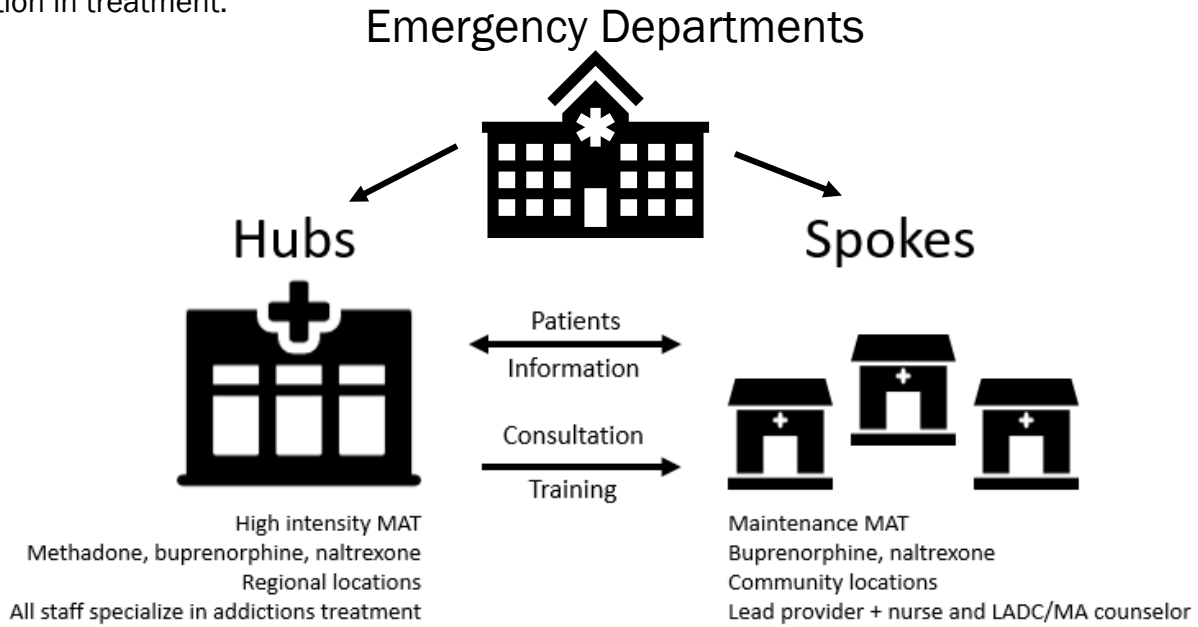
People on MAT stayed on MAT through the pandemic. Of Medicaid recipients who were receiving MAT in January of the year, more people, and a higher percentage of people received MAT for the full year in 2020 than in 2019. In 2020, 73% of people stayed on MAT for the full year compared to 64% in 2019. The total number of Medicaid recipients receiving any MAT increased 2% between 2019 and 2020.

Of people receiving MAT in January of each year, more people were retained in MAT for the full year in 2020 than in 2019.



Source: Vermont Medicaid Claims, 2019/2020.

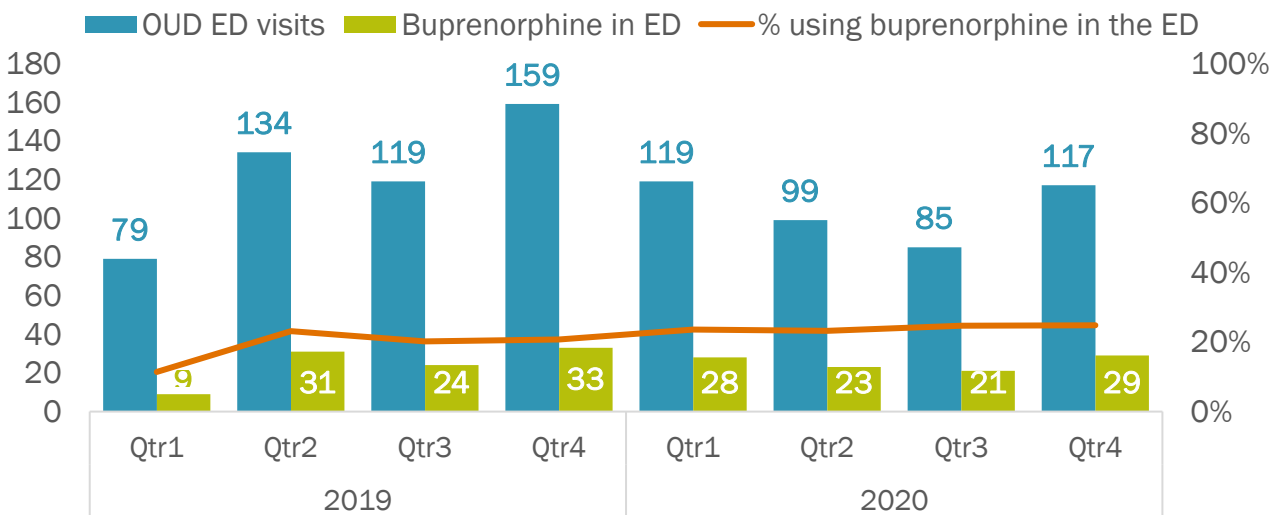
Vermont has an ongoing effort to provide rapid access to buprenorphine to treat opioid use disorder in [hubs, spokes](#), and emergency departments (ED) with a long-term goal of increasing initiation and retention in treatment.



Source: modified infographic from Blueprint for Health, State of Vermont

Many Vermont hospital EDs are participating in this effort to provide access to buprenorphine. Between 2019 and 2020 there was a decrease of 22% in the number of Medicaid-paid ED visits with a primary opioid use disorder diagnosis, from 531 to 415. However, during the same period, the percentage of total ED patients with an OUD diagnosis that received buprenorphine increased from 22% to 25%. So, while the number of ED patients with an OUD diagnosis who would potentially need buprenorphine decreased, the share of those patients receiving buprenorphine increased.

Total OUD ED visits decreased in 2020 while the percentage of ED visits where buprenorphine was used increased.

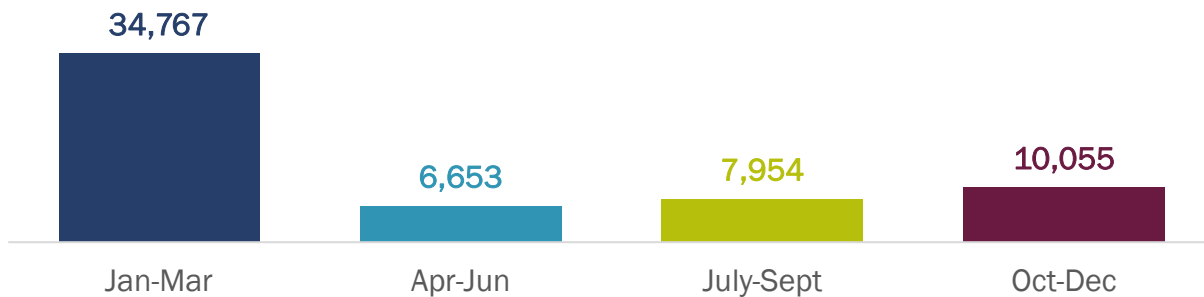


Source: Vermont Medicaid Claims, 2019/2020.

Recovery Services from Peer-Based Recovery Centers

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 services such as recovery coaching, yoga, parenting groups, and more in March 2020. Limited in-person services resumed in May 2020 at eleven sites; by the end of the year all twelve centers were open, but in person access of Recovery Centers remained much lower than the beginning of the year.

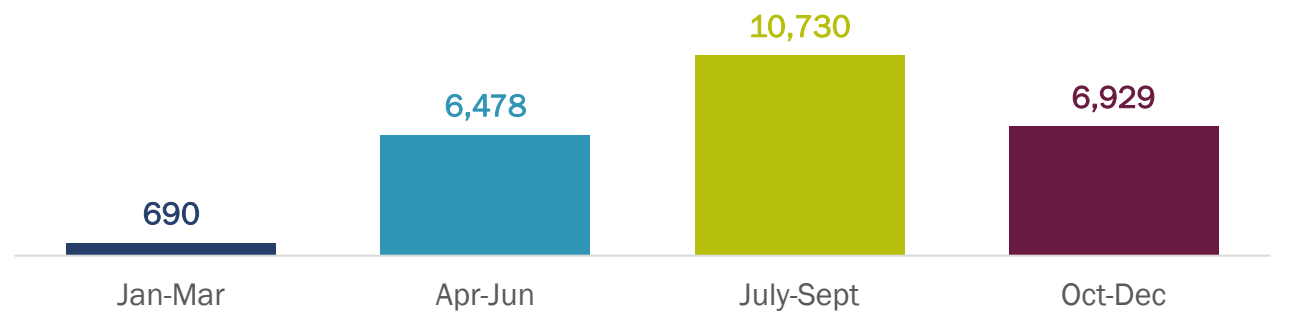
The number of times people accessed Recovery Centers in person decreased after the "Stay Home, Stay Safe" order and gradually increased through the remainder of 2020.



Source: Vermont Peer Recovery Centers, 2020.

Recovery services went remote to assure that services remained accessible to all Vermonters engaged in recovery. The number of times people were served remotely in July-September 2020 was more than 15 times higher than January-March and remained 10 times higher than the beginning of the year in October-December.

The number of times people accessed services remotely peaked in July-September of 2020.

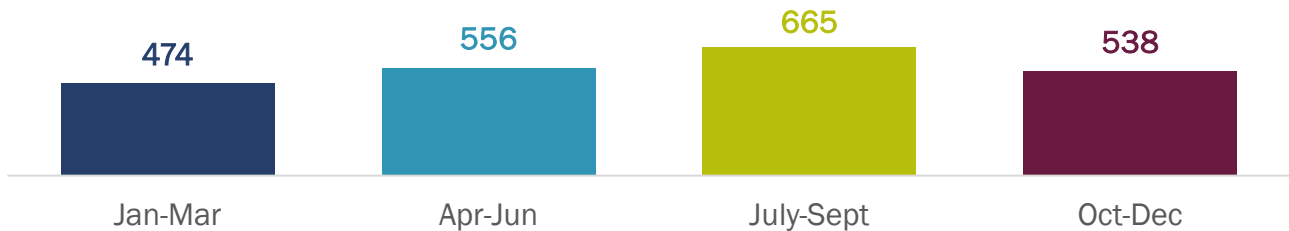


Source: Vermont Peer Recovery Centers, 2020.

Peer recovery coaches are people in stable recovery who have received certification and assist people in defining and achieving recovery. These services are provided directly through the recovery centers, but recovery coaches may also work with other provider types to help individuals navigate and access available services through the lens of a person with lived experience.

Despite the challenges of the pandemic, the number of people accessing Recovery Coaching continued to increase through September 2020, before decreasing in the last quarter of the year. This is a similar pattern to earlier years, where the number of people accessing services in the last quarter of the year decreased compared to the middle of the year.

The number of people accessing Recovery Coaching increased to above pre-pandemic levels.



Source: Vermont Peer Recovery Centers, 2020.

Recovery Coaches are available in most Vermont Emergency Departments. When an individual presents with an overdose, substance-related issue, or diagnosis of substance use disorder, a recovery coach can support the individual in seeking treatment, recovery, and referrals for services such as housing, transportation, and mental health care. The Recovery Coach follows up after the initial discussion to continue supporting the person in accessing further care. When hospitals decreased access to their facilities, these services also went remote. This may have contributed to the decrease in Recovery Coach contacts per person from four in the first quarter of 2020 to three in the second quarter. The average number of contacts rebounded to four contacts per person for the second half of the year, when services were offered through a mix of in-person and remotely. This program expanded from 10 Emergency Departments at the beginning of 2020 to 12 at the end of the year.

Harm Reduction

[Harm reduction](#) is a group of practical strategies intended to reduce negative consequences of substance use. Examples of [harm reduction services and programs](#) offered in Vermont include: distribution of harm reduction packs, naloxone distribution and education, fentanyl test strip education and distribution, Syringe Services Programming (including syringe exchange and case management services), and harm reduction education. Beyond these services, the Vermont Department of Health works to integrate the concept of harm reduction into many other programs.

[Harm Reduction Packs](#) were created prior to the pandemic to reduce opioid overdose risk. These packs include naloxone overdose reversal nasal spray (Narcan®), information about treatment and recovery options, and additional self-care products. They are distributed throughout the state to Vermonters at highest risk of overdose.



In an effort to reduce the risk of COVID-19 transmission, the Department of Children and Families (DCF) expanded eligibility for the motel voucher program to [provide safe and stable housing for those experiencing homelessness or housing insecurity](#). This included changes that allowed Vermonters identified as “hyper-vulnerable” to COVID-19 to access temporary housing, and potentially prevent outbreaks among those experiencing homelessness or housed in congregate shelters.

[Isolation housing](#) is temporary housing for people who need to isolate or quarantine due to testing positive for COVID-19, reported exposure to COVID-19, or traveled to Vermont from out of state. In some of the housing locations in Chittenden, Rutland, Washington, and Windham counties, recovery-supportive housing options are available. These include recovery supports, such as recovery coaches to support individuals in their recovery and reduce their risk of returning to use.

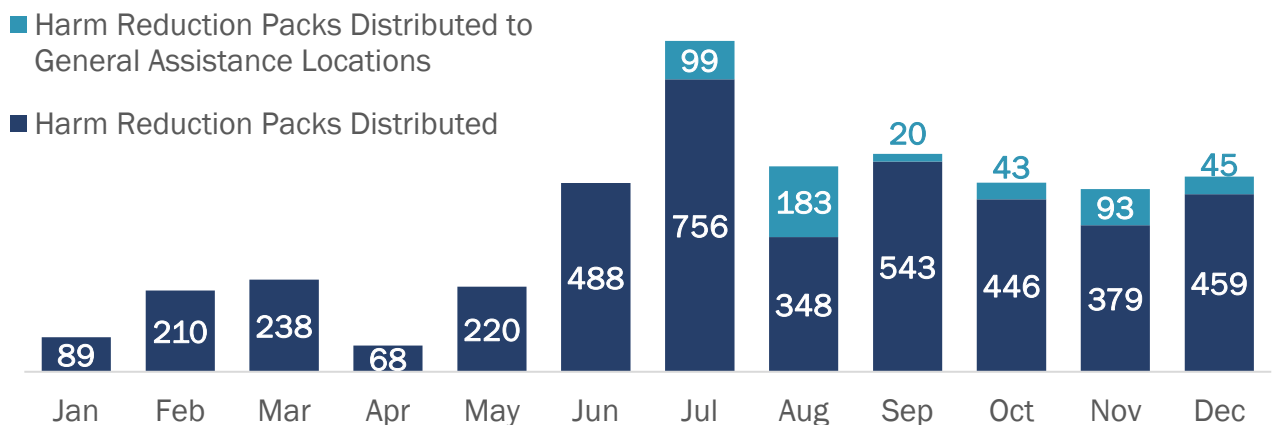
The daily number of [General Assistance Program motel vouchers](#) in use increased substantially during the pandemic to provide safe housing to decrease the risk of COVID-19 transmission.



Source: Vermont Department for Children and Families, General Assistance Program, March-December 2020.

In March of 2020, people experiencing homelessness that were being housed in shelters were transitioned to local hotels and motels, in order to accommodate COVID-19 prevention practices. As the services provided in shelters became decentralized, Harm Reduction Packs were identified as a viable way to deliver information and lifesaving supplies to individuals at higher risk of overdose. In late Spring of 2020, in partnership with DCF’s Economic Services Division, points of contact were established at the temporary housing sites for ordering and dispersal of the Harm Reduction Packs. After the initial distribution, local recovery centers and syringe services programs managed the ongoing delivery of the Harm Reduction Packs in these settings.

There was an increase in the number of Harm Reduction Packs distributed during the pandemic. This expansion included [locations where General Assistance vouchers could be used](#).



Source: Vermont Department of Health, Harm Reduction Pack Program, 2020.

Syringe Service Programs (SSPs)

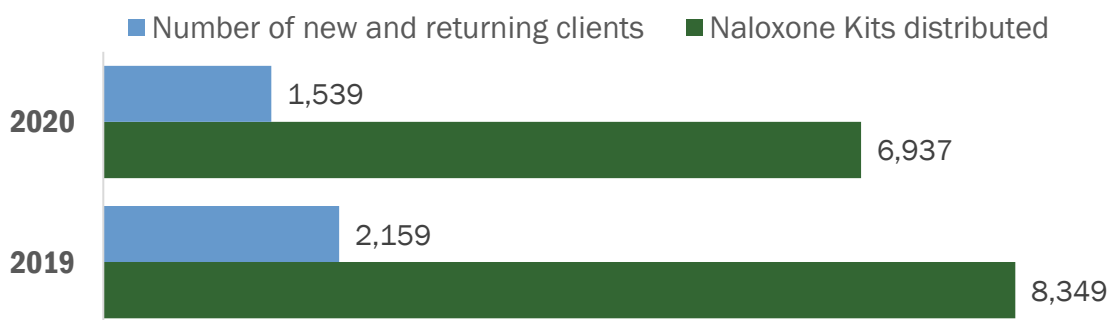
[Syringe Service Programs \(SSPs\)](#) are effective community-based interventions that help prevent infectious diseases, link clients to treatment for substance use disorders, and reduce overdose deaths among people who inject drugs. As a result of COVID-19, SSPs increased mobile services to offer services to people experiencing homelessness and being housed at local hotels, and to those who could not access sites that were closed due to COVID-19. Mobile services allowed staff to meet clients at times and locations convenient to the client. Some dispensed procedure masks, cloth masks, and hand sanitizer as part of their routine service delivery. SSP staff packed harm reduction supplies for socially distanced pick-up by clients, and clients received extra supplies to reduce risk of spreading COVID-19. Staff spent even more time educating clients on how to use safely during a time of social distancing, provided new tools and resources, and distributed more Naloxone.

Additionally, a new project to have both SSPs and treatment providers in the same building was initiated. This allows the SSP provider to walk an individual interested in engaging in treatment to the MAT provider in the same building, thereby creating a direct connection between the SSP and treatment provider. The goal is to increase initiation and engagement in treatment services and reduce the number of opioid-related overdoses.

Naloxone Distribution

The [Opioid Overdose Prevention and Reversal Project](#) (OOPRP) collaborates with community-based organizations to distribute naloxone and provide overdose response training and referrals to treatments. In 2020, there was a 29% percent decrease in new and returning clients to OOPRP sites and a 17% decrease in naloxone kits distributed compared to 2019. In order to further harm reduction work during COVID-19, the Naloxone Leave-Behind Program was launched in mid-2020. This program allows Emergency Medical Services to distribute a single dose of 4mg intranasal Narcan to patients who may be at risk of an opioid overdose, particularly those who are not transported to the ED. This allows people who might not otherwise engage with naloxone distribution sites to receive access to harm reduction services, treatment referral and training for responding to an opioid overdose. During 2020, 68 naloxone leave-behind kits were distributed by Emergency Medical Services; from January through April 2021, 60 kits were distributed. Please note that the Naloxone data is preliminary and subject to change.

Comparing 2020 to 2019, fewer clients visited OOPRP sites and fewer naloxone kits distributed.

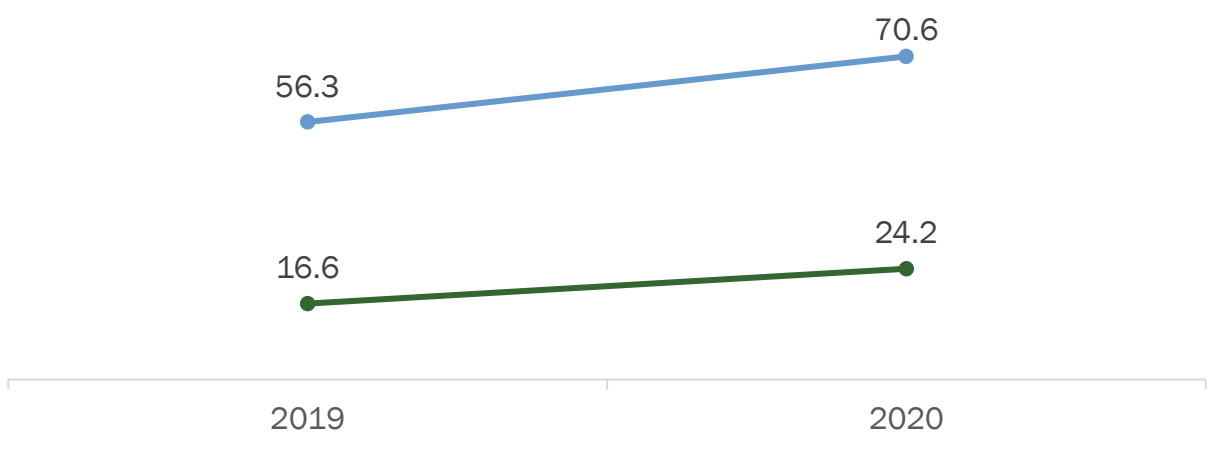


Source: OOPRP, 2019/2020.

Morbidity Trends

Comparing 2019 and 2020, the rate of nonfatal opioid overdose visits per 10,000 emergency department visits **increased by 46%**. Of note, there was also a reduction in the total number of ED visits, regardless of cause, in 2020. This data is preliminary and subject to change.

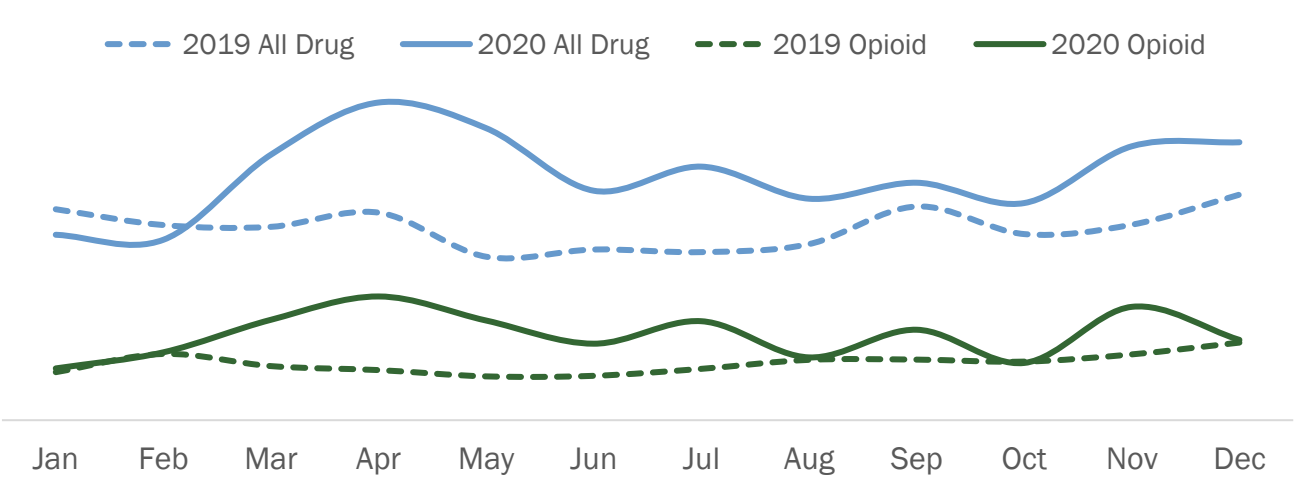
The rate of nonfatal drug and opioid overdoses per 10,000 ED visits were higher in 2020 compared to 2019.



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

Most months in 2020 had higher rates of nonfatal overdoses compared to 2019 for both opioids, in particular, and drug overdoses as a whole. There was also a reduction in ED visits overall in 2020. This data is preliminary and subject to change.

Month to month comparisons show the rate of nonfatal overdoses for opioids and drug overdoses as a whole per 10,000 ED visits were usually higher in 2020 compared to 2019.



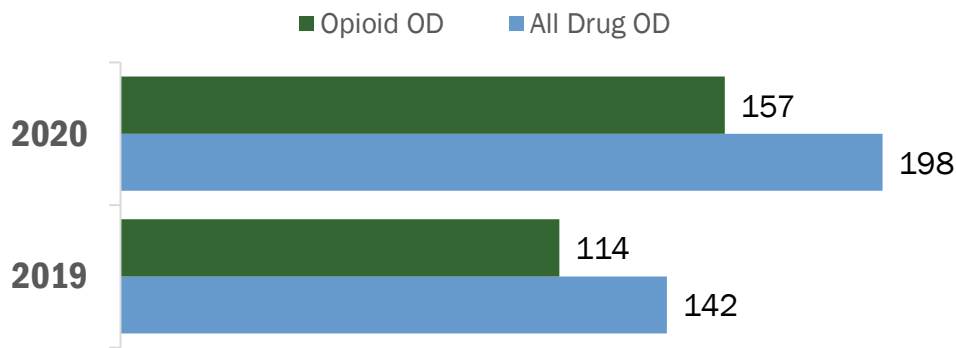
Source: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), 2020.

Mortality Trends

Comparing 2020 to 2019, the number of fatal overdoses increased for both opioids in and drug overdoses as a whole. The number of fatal opioid overdoses in 2020 is **38% higher** than the number of opioid overdoses in 2019. The types of drugs involved in opioid overdoses were slightly different in 2020 compared to 2019. The percentage involvement of fentanyl slightly increased (86% vs 88%), heroin decreased (33% vs. 25%) and prescription opioids stayed the same (25%).

One additional difference in 2020 overdoses compared to 2019 was the locations where the overdose occurred. Compared to 2019, there was a small increase in the proportion of overdoses which occurred in hotels/motels, homeless shelters and cars. When deaths occurred in cars, it is unknown whether the individual was a driver/passenger or whether the car was moving.

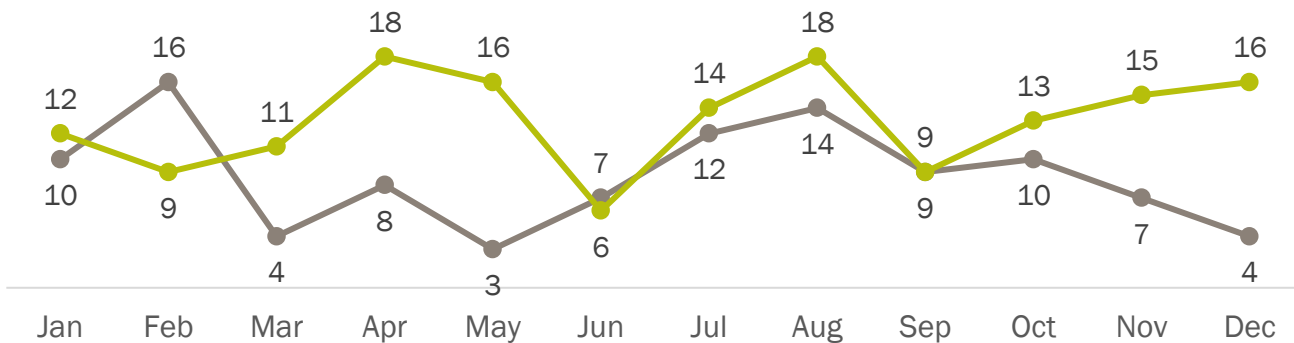
The number of fatal overdoses has increased for both opioids in particular and all drugs as a whole in 2020 compared to 2019.



Source: Vermont Vital Statistics, 2020.

Most months in 2020 had more deaths compared to the same month in 2019. This is most apparent between March and May 2020 and may be related to lockdown and the “Stay Home, Stay Safe” order in place in these months.

Month to month comparisons show the number of opioid overdoses were usually higher in 2020 compared to 2019.



Source: Vermont Vital Statistics, 2020.

Overdose Messaging

In response to increased overdoses occurring during COVID-19, messaging was developed and shared on social media to raise awareness of opioid overdose, how to respond, and how to access free naloxone throughout the state. This messaging shares the [VDH naloxone webpage](#) as well as [VT Helplink](#) as resources for those looking for overdose prevention support, and it is being promoted by our State of Vermont partners as well.

The Department also coordinated with Vermont’s Syringe Service Programs and Recovery Center partners to develop [KnowOD](#), a new overdose prevention and harm reduction messaging campaign. Primary audiences include people who use opioids, and family and friends of those at risk of overdose. The goal of this campaign is to increase awareness and utilization of overdose prevention methods and naloxone for overdose reversal. *KnowOD* launched in June 2021.

Communications

Media campaigns produced prior to the pandemic continued in 2020, and ADAP (division of Alcohol & Drug Abuse Programs at the Vermont Department of Health) saw similar audience engagement with campaign resources compared to the previous two years.



In 2020 the [ParentUp](#) website was optimized to provide parents with an easier user experience. ADAP saw a total of 152 hours spent on the ParentUp website during the year. Digital and social media assets were developed to provide clear and actionable tips for parents to help monitor and prevent teen substance use. Two new [OutLast](#)

alcohol and cannabis prevention messaging videos for teens ran on digital media in the spring and fall with a combined total of over 1 million video views. The [RxAware](#) campaign featured “Four Things” messaging, providing tips for safely managing opioid prescriptions. [Do Your Part](#) medication storage and disposal messaging continued in the summer, promoting safe,

easy and convenient methods for properly disposing of unused medications. A new

[Check Yourself](#) binge-drinking prevention video for young adults ran early in 2020 with messaging on the social consequences of binge drinking. New messaging produced an increase in video views for the RxAware, Do Your Part, and Check Yourself campaigns in 2020 compared to prior years.

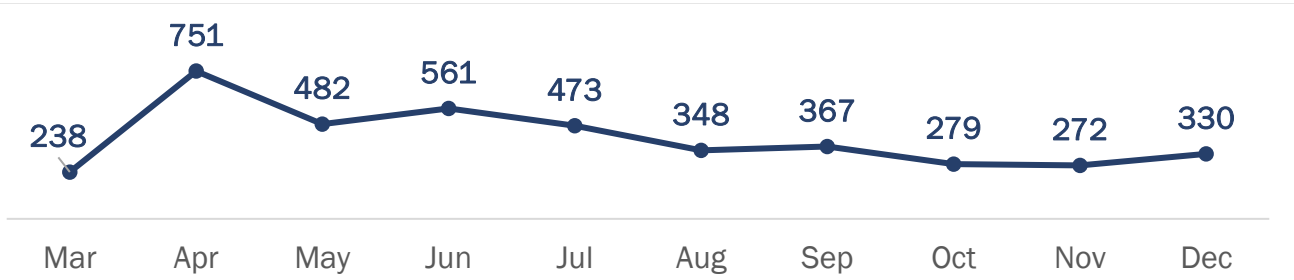
+1 million views of alcohol and cannabis prevention videos in 2020



VT Helplink
Alcohol & drug support center

[VT Helplink](#) is a statewide, public resource for finding substance use treatment and recovery services in Vermont. This program launched in March of 2020, and engagement with the program was measured by self-screening on the website, a direct search on the website, online chats, and total calls. From March through June VT Helplink was included on the VT 211 menu, and a number of calls were connected to VT Helplink that were intended for 211, likely causing the number of calls for these months to be artificially increased.

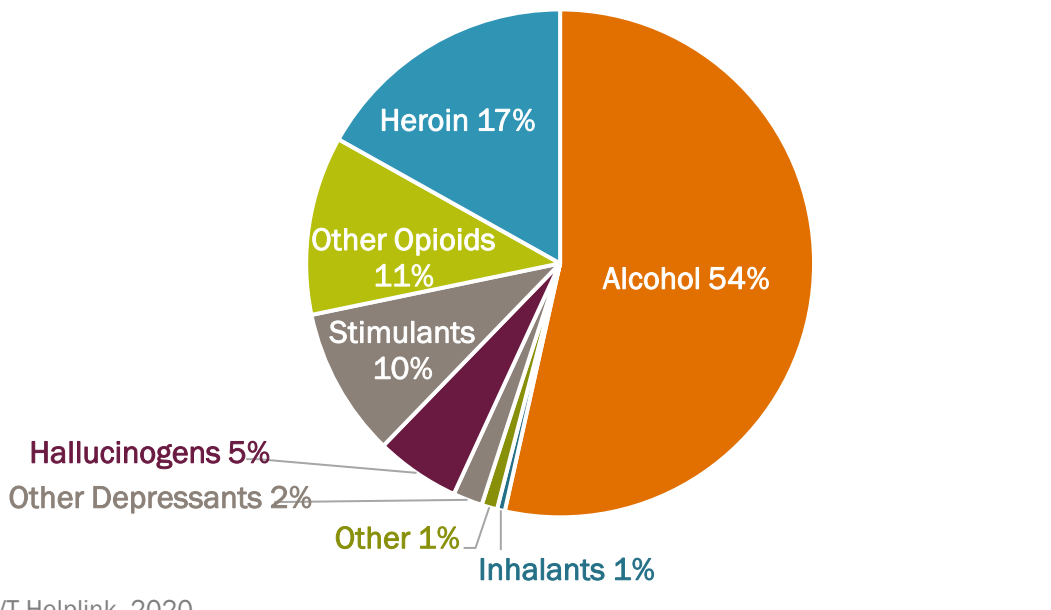
VT Helplink was launched in March 2020, and engagement fluctuated throughout the year.



Source: VT Helplink, 2020.

When a person accesses VT Helplink they are asked their primary substance of concern for themselves or the person they are accessing services for. People can list multiple substances of concern. Alcohol stood out as more than half of people reported it as a concern - more than three times higher than the next substance (heroin, 17%). If all opioids are considered (heroin plus other opioids, 28%), alcohol remains almost twice as high (54%).

Among people who accessed VT Helplink, **alcohol was most frequently listed as the substance of concern in 2020.**



Source: VT Helplink, 2020.

Note: The hallucinogens category includes cannabis.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has provided a 25-month emergency grant to address the impact of COVID-19 on substance use and mental health in Vermont. The Department of Health is funding the increased promotion of VT Helplink, as well as enhanced 24/7 substance use disorder emergency services in Bennington, Lamoille, Rutland and Windham/Windsor counties; increased funding for recovery support outreach and services; and delivery of Medication Assisted Treatment (MAT).

Key Takeaways

Vermont youth and young adults reported increases in stress and anxiety, as well as changes in substance use during the pandemic. This was also observed at the national level in adults. Services responded to these changes and the additional challenges posed by COVID-19 in innovative ways, often by providing remote options when interacting in-person was not feasible.

The COVID-19 pandemic presented unique challenges to individuals with SUD in Vermont.

Importantly, Vermont substance use disorder treatment providers were able to maintain access to their services throughout the pandemic. Greater harm reduction and prevention messaging was provided in response to increases in overdose morbidity and mortality.

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.

Recommendations

Vermont's unmet service needs, and critical gaps identified in the context of COVID-19 are as follows:

- It is important to continue messaging and prevention activities to address substance use and binge alcohol use.
- Opioid overdose fatalities increased 38% during the pandemic; it is vital to address underlying causes and continue to focus on this population.
- The system must be responsive to the continually changing impacts of COVID-19 on substance use and service delivery.
- Services provided must be appropriate to the population being served and consistent with health equity goals.
- Alcohol use increased during the pandemic but treatment for alcohol use disorder decreased. It is important to focus on ways to get people to initiate and continue treatment for alcohol use disorder.
- Substance use is interrelated with mental health and the stresses COVID-19 has placed on individuals and families; both must be addressed during treatment.
- Continue to support providers struggling with the changes in census and increases in processes and procedures needed to keep staff and clients safe to maintain needed service capacity in the state.

Acknowledgements

The State of Vermont, led by Governor Scott, worked tirelessly through 2020 to implement safety measures in an effort to reduce transmission of COVID-19.

Funding sources include [the Centers for Disease Control and Prevention](#) (CDC), [the Substance Abuse and Mental Health Services Administration](#) (SAMHSA), and [the Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#). This funding helped to support the Vermont Department of Health (VDH), contractors, and providers throughout the state.

Thank you to other State of Vermont departments and agencies for providing data to aid in understanding the context of response efforts.

Data Sources

Current COVID-19 Activity in Vermont: [Department of Health Data Dashboard](#)

Prevalence: [YAS](#), [PACE](#); Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>; Czeisler MÉ, Lane RI, Wiley JF, Czeisler CA, Howard ME, Rajaratnam SMW. Follow-up Survey of US Adult Reports of Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic, September 2020. *JAMA Netw Open*. 2021;4(2):e2037665. doi:10.1001/jamanetworkopen.2020.37665

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

Fatal overdoses: [Vital Statistics](#)

Nonfatal overdoses: [ESSENCE](#)

Naloxone distribution: [OOPRP](#)

Treatment: [Vermont Medicaid claims](#)

Dispensing: [The Vermont Prescription Monitoring System](#)

Hub and Spoke infographic: [State of Vermont Blueprint for Health](#)

Recovery: Vermont Recovery Center Program Reporting

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

VT Helplink and Communications: [VT Helplink](#), [Alcohol and Drug Abuse Programs](#) Reporting

General Assistance Program: [Vermont Department for Children and Families](#)

Harm Reduction Packs: [Alcohol and Drug Abuse Programs](#) Reporting

Traffic Volume: Vermont Agency of Transportation, [Transportation Data Management System](#)

Fatal crashes: Vermont Agency of Transportation, [Vermont State Highway Safety Office](#), accessed [5/21/2021](#)

PPE: Vermont Medical Countermeasures Warehouse

For more information:

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

<https://www.healthvermont.gov/covid-19>

State response to COVID-19. <https://governor.vermont.gov/covid19response>

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