

The 2018/2019 National Survey on Drug Use and Health (NSDUH) reported that 9.8% of Vermonters aged 12 and above have a substance use disorder.¹ Alcohol use disorder is most common (6.8%) while 4.8% of people surveyed have a drug use disorder, sometimes found in combination with alcohol use disorder. Illicit drugs, as defined in NSDUH, include cannabis, misused prescription drugs such as pain relievers and stimulants, and drugs such as heroin, illicit fentanyl, cocaine, methamphetamines, and other drugs.

Stimulants are drugs that can boost alertness, attention and energy. They can also raise your blood pressure and make your heartbeat faster. Stimulants include cocaine, methamphetamine and prescription stimulants such as dextroamphetamine (Dexedrine®), dextroamphetamine/amphetamine combination product (Adderall®) and methylphenidate (Ritalin®, Concerta®). The prescription stimulants noted here are generally used to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy. Though nicotine is a stimulant, it is not included in the data presented in this report.

Stimulant misuse is defined as using illicit stimulants (cocaine, methamphetamine), using prescription medication in higher amounts, for longer than prescribed, or in a way other than a prescriber recommends such as using for recreational purposes or using prescription medication prescribed to someone else.² Stimulant misuse can cause serious health effects, addiction and death.

Stimulants are often used with other substances. In a 2020 evaluation of harm reduction practices used by Vermonters who use opioids and used Syringe Service Programs, over 90% had also used a stimulant in the past 30 days.³ Two-thirds of participants reported using cocaine and over 45% reported using crack cocaine. One participant said “...it’s kind of like whichever one I can get.” Use of crack or cocaine was reported by 75% of evaluation participants who were receiving medication for opioid use disorder treatment.

Prevalence of stimulant misuse in the US and Vermont

Most people who misuse prescription stimulants do so to increase alertness or concentration and they most often get them from friends or relatives.⁴ The 2021 NSDUH found that nearly 1.3% or 3.7 million people aged 12 or older in the US misused prescription stimulants in the past year.⁵ The percentage was highest among young adults aged 18-25 (3.7% or 1.2 million people) and lower among adolescents aged 12-17 (1.2% or 288,000 people) and adults aged 26 or older (1.2% or 304,000 people). That same year, 0.5% (1.5 million people) had a stimulant use disorder.

KEY POINTS

- **Overdose deaths involving stimulants are increasing.**
- **More people are seeking treatment for stimulants.**
- **Nationally, stimulant overdose trends and stimulant seizure trends have also increased.**
- **Vermont is employing a comprehensive public health response to address stimulant misuse.**

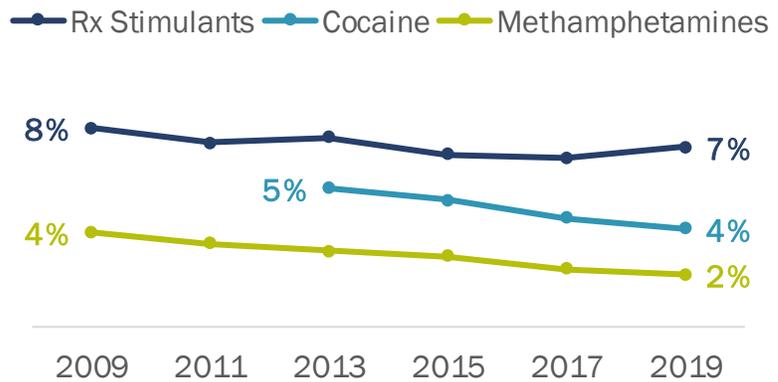
Vermont's 2018/2019 NSDUH past year cocaine use is statistically higher than the U.S. overall and methamphetamine use is statistically similar to the U.S.⁶ Nearly 45% of Vermonters between 18 and 25 years old do not perceive casual use (once per month) of cocaine to be a great health risk. Past year cocaine use is more common than methamphetamine use in all age groups.

Stimulant use among Vermont high schoolers has decreased

The Vermont Youth Risk Behavior Survey shows that since 2009, lifetime misuse of **prescription stimulants**, **cocaine** and **methamphetamine** has decreased among Vermont high schoolers. However, prescription stimulant misuse has increased slightly since 2017, though not significantly. Bennington County reported significantly higher rates of cocaine use and prescription stimulant misuse in 2019 compared to Vermont overall. Chittenden County reported significantly lower rates of cocaine and methamphetamine use compared to all Vermont high schoolers while high school students in Franklin County misused prescription stimulants at a significantly lower rate.⁷

Stimulant use among Vermont high schoolers has decreased since 2009.

Lifetime Use



Source: Vermont Youth Risk Behavior Survey (YRBS).

Hospital visits related to stimulant use have increased

In Vermont, the rate per 10,000 hospital visits due to **non-fatal stimulant overdoses** has increased from 2017 to 2021. **Diagnoses related to misuse and stimulant use disorder** have also increased significantly over time.⁸ Hospital visits that involve stimulants may also involve other substances such as opioids.

The rate of hospital visits related to stimulant misuse, stimulant use disorder, and non-fatal stimulant overdoses have increased since 2017.

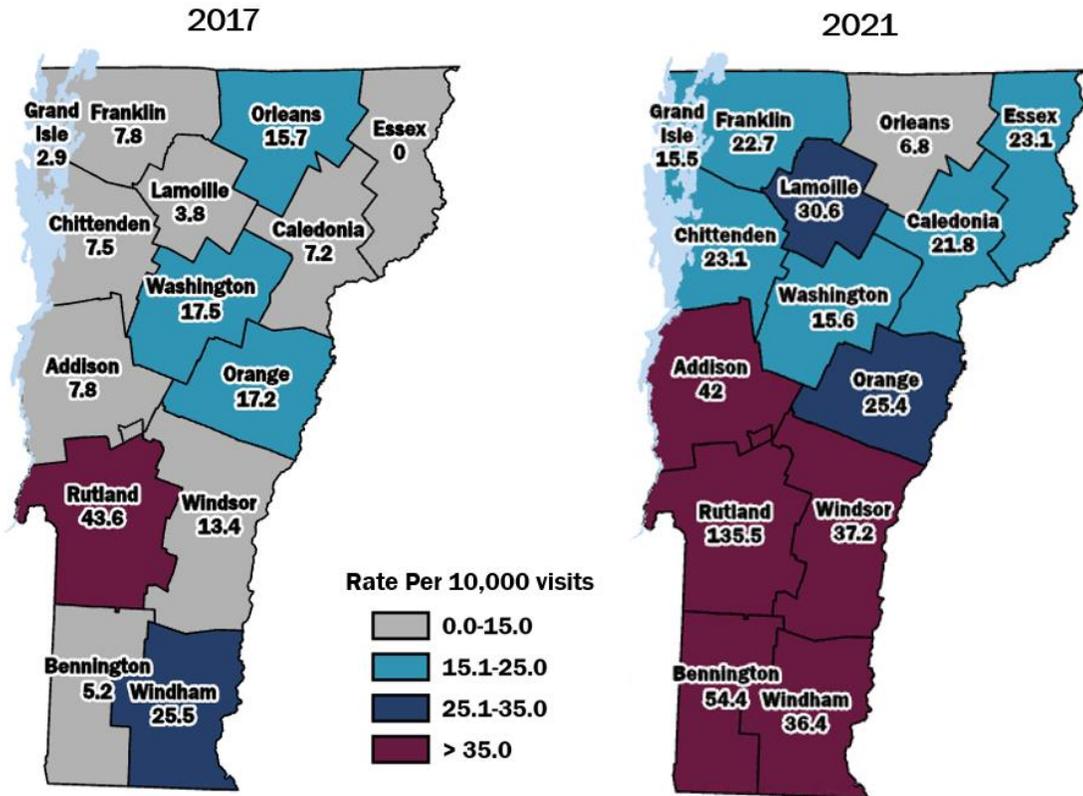


Source: Vermont Syndromic Surveillance (ESSENCE).

Stimulant Trends

Nearly all counties showed an increase in the rate of hospital visits associated with stimulant misuse. Bennington, Lamoille and Addison Counties had the greatest increase in hospital visits. Rutland County has the highest 2021 rate of hospital visits overall. Orleans and Washington Counties are the only counties to experience a decrease.

Stimulant-related diagnoses per 10,000 visits has increased in most counties.

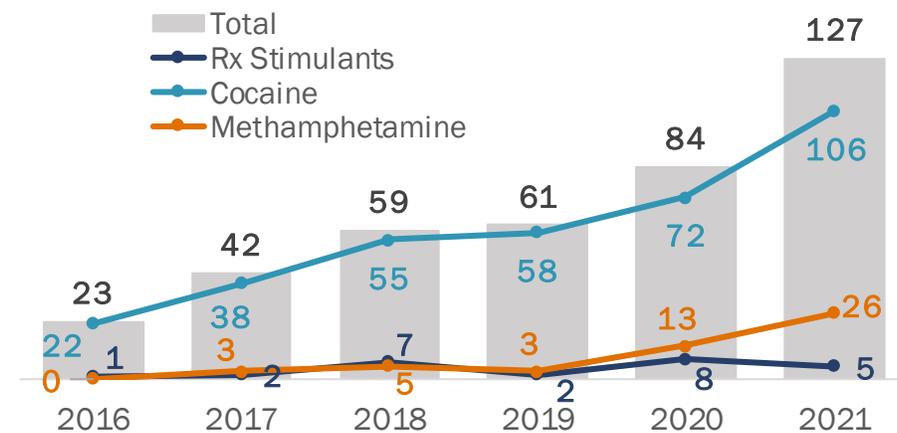


Fatal drug overdoses involving stimulants have increased among Vermonters

Vermont death records show that from 2016 to 2021, the number of fatal overdoses in which stimulants contributed to death increased.⁹ In this period, there were 396 fatal overdoses involving stimulants. Most (86%) stimulant-related fatal overdoses also involve an opioid. The combination of cocaine and fentanyl account for nearly one-half of opioid-related overdoses in 2021. From 2016 to 2021, 42% of all fatal drug overdoses involved a stimulant. The percent of fatal overdoses that involve a stimulant increased during this time, from 21% in 2016 to 52% in 2021.

Nearly all stimulant-involved deaths (89%) involved **cocaine**. These stimulant categories are not mutually exclusive as fatal overdoses often include more than one substance. Deaths involving **prescription stimulants** have increased but remained low. Deaths involving **methamphetamine** increased during that time, a trend that continued in 2021.

The number of stimulant-involved fatal overdoses have increased among Vermont from 2016 through 2021.



Source: Vital statistics.

From January to October 2022, there have been 18 overdoses involving methamphetamine, which is greater than the number in all of 2020 but less than the total number of overdoses involving methamphetamine in 2021. Opioids were also involved in 15 out of 18 of these overdoses.

Most fatal stimulant overdoses also involve an opioid (86%).

Vermonters between 40 and 49 years old have the highest rate of stimulant-related overdoses (54.0 per 100,000 residents). Males comprise nearly 75% of stimulant-related overdose deaths among Vermont residents in 2021. This is slightly more than opioid-related overdose deaths where males comprise 69%.

The counties with 10 or more stimulant-related overdose deaths are similar to the geographic distribution of fatal opioid overdoses.

More Vermonters are being diagnosed with stimulant use disorder

People may be diagnosed with a substance use disorder in an agency that treats mental health and substance use disorders, where most people receive treatment. They may also be diagnosed by other types of providers and systems including, but not limited to, hospitals and primary care physicians. Not everyone who is diagnosed with a stimulant use disorder pursues treatment and people who are in treatment may also be receiving treatment for other substances, most frequently opioid use disorder.

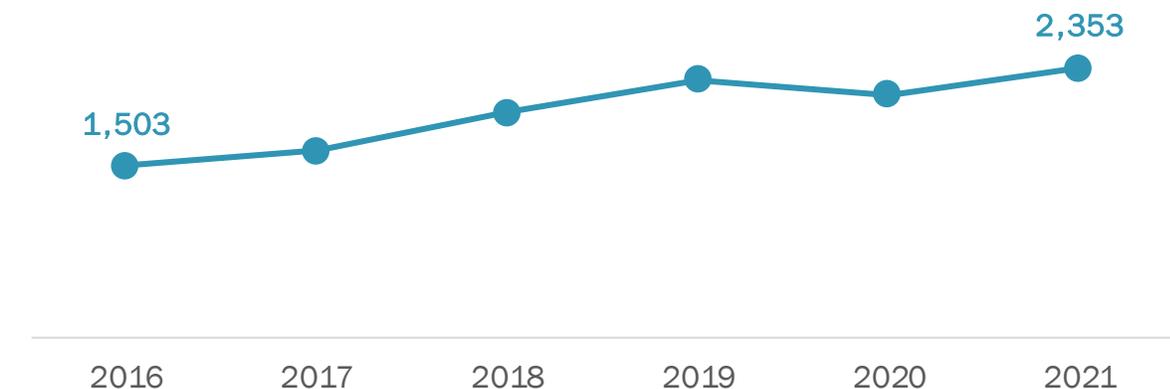
Current practices to treat stimulant disorder include motivational interviewing, contingency management, community reinforcement approach and cognitive behavioral therapy.¹⁰

Stimulant Trends

The number of people enrolled in Medicaid who had a stimulant diagnosis increased from 2016 to 2019, decreased in 2020 (which is consistent with decreases in overall healthcare access during the COVID-19 pandemic), then increased in 2021.¹¹

Of Medicaid recipients with a stimulant diagnosis, over 60% also had an opioid use diagnosis in 2019, 2020 and 2021.

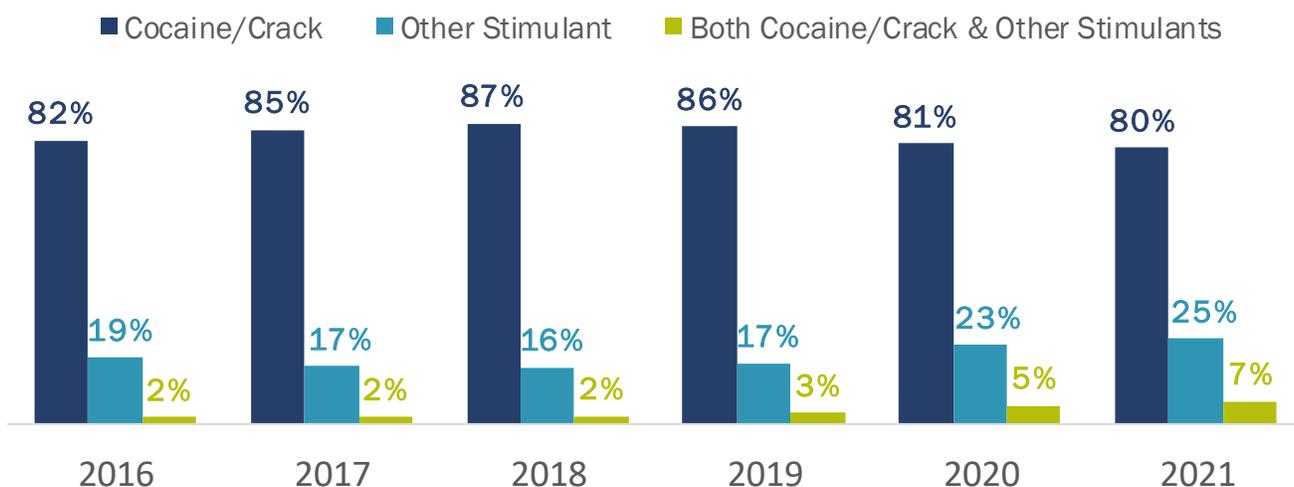
The number Medicaid recipients with stimulant-related diagnoses on claims has been increasing since 2016.



Source: Medicaid claims.

Most stimulant-related diagnoses are for cocaine/crack use although there was an increase in other stimulant use, which is the category that includes methamphetamine and misused prescription stimulants in 2020 and 2021.

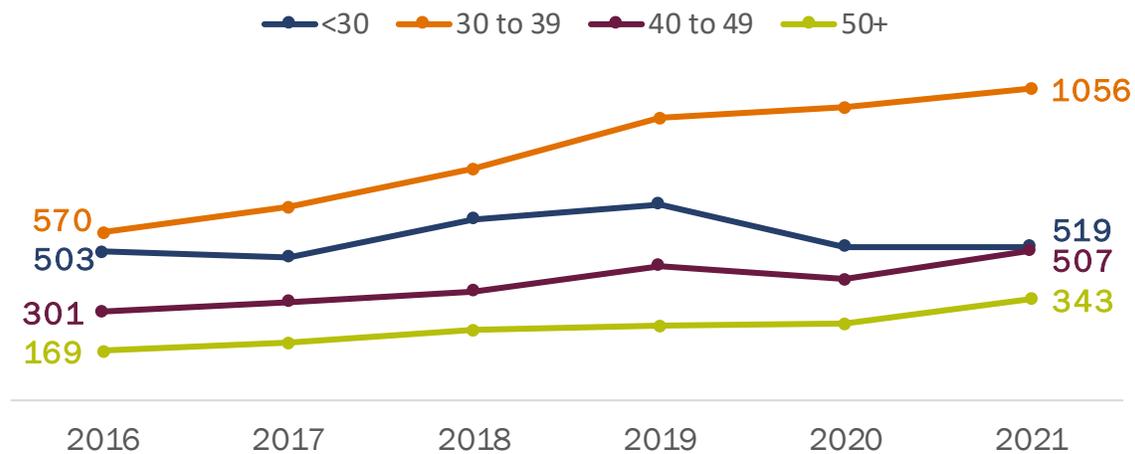
Cocaine is the most frequently diagnosed stimulant and the portion including both cocaine/crack and other stimulants is increasing.



Source: Medicaid claims. Totals may not round to 100% due to rounding.

The number of people receiving Medicaid with a diagnosis related to stimulant misuse has been increasing among people aged 30 and older.

Stimulant diagnoses have been increasing among people receiving Medicaid age 30 and older since 2016.



Source: Medicaid claims.

When a person accesses [VT Helplink](#) they are asked their primary substance of concern for themselves or for the person on whose behalf they are accessing services.¹² VT Helplink began providing information in March 2020 and between March and December 2020, 9.15% of contacts reported stimulants as the primary substance of concern. In 2021, this number was similar, at 8.2%, and increased slightly to 11.7% in 2022.¹³

National Context

Nationally, overdose deaths involving illicit stimulants have continued to increase. Between 1999 and 2021 there were:

- 97 times more deaths involving synthetic opioids (excluding methadone)
- 59 times more deaths involving psychostimulants with misuse potential (primarily methamphetamine)
- Six times more deaths involving cocaine
- Five times more deaths involving prescription opioids¹⁴

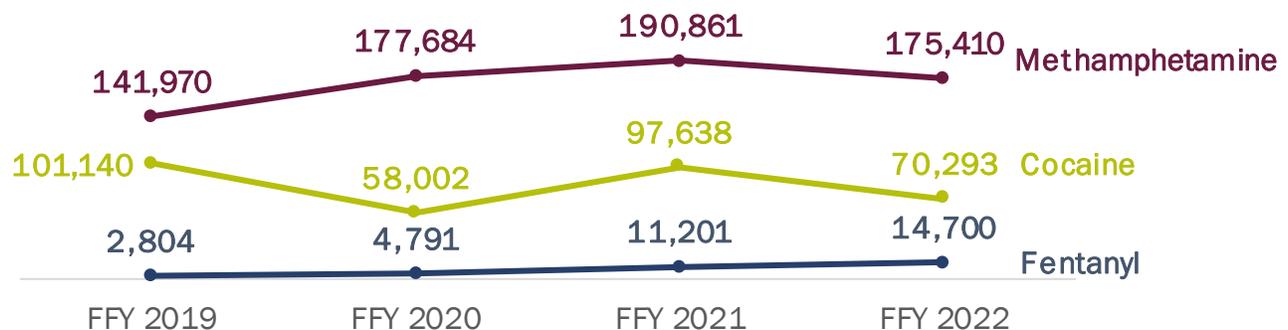
In 2019, the Northeast had a higher portion of overdose deaths involving cocaine and an opioid (83%) compared to the rest of the country (76%), and a higher portion of overdose deaths involving prescription stimulants with misuse potential or methamphetamine and an opioid (80%) than nationally (54%).¹⁵

From 2019 to 2020, the rate of drug overdose deaths involving cocaine increased 22% and the rate of drug overdose deaths involving psychostimulants (e.g., methamphetamine, MDMA, Ritalin, etc.) increased 50%.¹⁶

Stimulant Trends

In a September 2021 public safety alert, the Drug Enforcement Administration (DEA) reported an “alarming increase in the lethality and availability of fake prescription pills containing fentanyl (a synthetic opioid) and methamphetamine.” More counterfeit pills were seized in 2021 than the past two years combined, with an increase of almost 430% in the number of pills seized with fentanyl compared to 2019. Lab testing indicated that 40% of (or 2 out of 5) pills with fentanyl could have potentially deadly doses of fentanyl. The DEA report states that “methamphetamine is increasingly being pressed into counterfeit pills.”¹⁷ Similarly, the U.S. Customs and Border Protection (CBP) has reported an increase in the pounds of drugs seized by weight of methamphetamine and fentanyl in 2022 compared to 2019, while the number of pounds of cocaine seized has varied.¹⁸

The number of pounds of methamphetamine and fentanyl seized by CBP increased between 2019 and 2022, while the number of pounds of cocaine has varied.



Source: U.S. Customs and Border Protection. Note: FFY = federal fiscal year.

Vermont's Response

While there has been a significant focus on the harms of opioid use disorder, it is critical to not lose sight of trends in other substance use. Treatment for substance use disorder can address all substances a person is misusing.

Stimulant availability, use, misuse, dependence and death are all increasing.

The Vermont Department of Health utilizes a comprehensive public health response to address substance misuse in Vermont that includes needs assessment, surveillance, education, prevention, intervention, treatment and recovery supports. Please see the Division of Substance Use Program's [Opioid and Stimulant Response Initiatives](#) for more information.

If you or someone you know needs help for stimulant use – treatment is available! Treatment is effective and people can recover. For free and confidential alcohol and drug support and referral services, call 802-565-LINK (5465) or visit [VTHelpLink.org](https://www.vt.gov/help).

For more information on stimulants visit [healthvermont.gov/stimulants](https://www.healthvermont.gov/stimulants) or contact the Division of Substance Use Programs at AHS.VDHDSU@vermont.gov.

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- ¹¹ Vermont Medicaid Claims. Department of Vermont Health Access. dvha.vermont.gov
- ¹² VT Helplink. Vermont Helplink for Alcohol & drug support center. vthelplink.org
- ¹³ VT Helplink data in this report were updated in August of 2023 to remove nicotine and tobacco calls, bringing these data into alignment with data in the rest of the report.
- ¹⁴ Overdose Prevention Strategy. (2021, September 14). Overdose Prevention Strategy. U.S. Department of Health and Human Services. hhs.gov/overdose-prevention
- ¹⁵ Hedegaard, H., Miniño, A. M., & Warner, M. (2021). Co-involvement of opioids in drug overdose deaths involving cocaine and psychostimulants. NCHS Data Brief, 406, 1–8. Centers for Disease Control and Prevention. [cdc.gov/nchs/data/databriefs/db406-H.pdf](https://www.cdc.gov/nchs/data/databriefs/db406-H.pdf)
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