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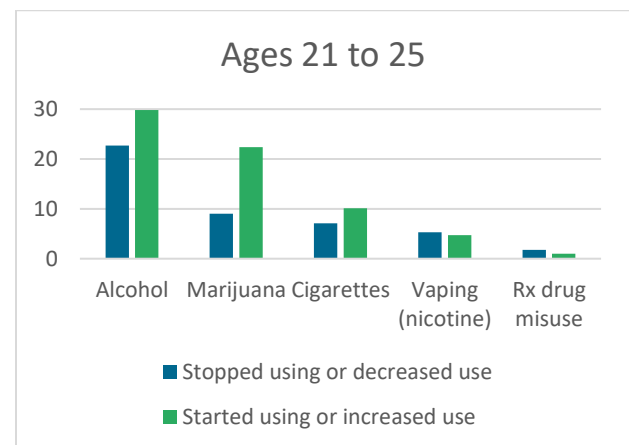
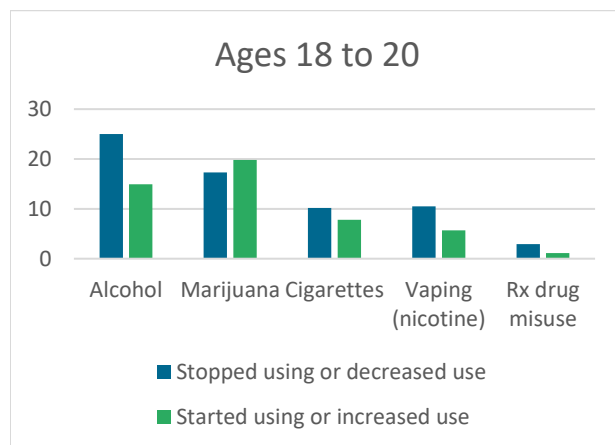
Substance Use, Emotional Distress, Health, and Well-Being among Vermont Young Adults during the First Two Months of the COVID-19 Emergency

In response to the emerging COVID-19 pandemic, Vermont’s governor declared a state of emergency on March 13, 2020, and proceeded to limit activity in the state over the coming weeks. This included the March 15th order to close all Prek-12 schools and to close all bars and restaurants the following day. Throughout the Spring of 2020, further restrictions were put in place through a “Stay Home, Stay Safe” order that limited travel, non-essential gatherings, non-essential businesses, and all in-person education, including higher education.

The pandemic and the public health actions taken by Vermonters in response to it profoundly affected everyday life. Many public health practitioners and researchers warned of the potential for increased misuse of alcohol and other substances as a result of the disruption, social isolation, economic hardships, and emotional distress caused by the pandemic. Data from other studies have confirmed higher rates of alcohol and other drug use in adult populations, although less is known about how the pandemic may have influenced these behaviors among adolescents and young adults. To examine this issue, questions regarding the effects of the COVID emergency on substance use and well-being were added to a survey of 2340 Vermont young adults aged 18 to 25 conducted in March through May of 2020.¹

The survey results show that while some young adults started or increased use and/or misuse of alcohol and other substances, others did just the opposite. The only substance in which a substantially higher percentage of young adults overall reported starting or increasing use, compared to decreasing or stopping use, was marijuana. Importantly, notable differences were found between underage adults (ages 18 to 20) and young adults aged 21 to 25.

COVID-19 emergency influences on the use of alcohol and other drugs, by age group. Percent of respondents reporting changes in use.



¹ More information about the Vermont Young Adult Survey is available on the VDH/ADAP website or at <http://www.vt-rpp-evaluation.org/>.

The findings reveal very different patterns for these two age groups. Younger respondents were notably more likely to report stopping/decreasing use versus starting/increasing use of alcohol, cigarettes, and vaping, and prescription drug misuse. Respondents in the older group, on the other hand, were more likely to start/increase use of alcohol and cigarettes and were about equally likely to start/increase versus stop/decrease vaping and prescription drug misuse. Both groups reported higher rates of starting/increasing marijuana use compared to stopping/ decreasing use, but this difference was substantially greater for those aged 21-25. One explanation for this may be that younger respondents were more likely to be living at home with their parents and had less opportunity to be outside the home and in settings that could encourage substance use or facilitate access to substances.

The survey also asked about various forms of emotional distress before and again during the emergency. The percentages of young adults reporting various types of emotional distress before and after the COVID-19 emergency began are shown below. For all four measures, not surprisingly, the values were higher at the time the survey was taken (i.e., within the two months after the emergency began). The increases were more pronounced for the first two measures, which are indicators for depression, as compared to the two anxiety-related measures.

Emotional distress reported in the two weeks before the COVID-19 emergency and now (i.e., in the past two weeks). Percent of respondents reporting various types of emotional distress.

Emotional distress indicators:	Before COVID	Now
Little interest or pleasure in doing things	26.5	41.5
Felt down, depressed, or hopeless	32.7	50.1
Felt nervous, anxious, or on edge	48.7	58.8
Was not able to stop or control worrying	23.9	32.6
None of the above	41.8	26.1

To gain additional insights about the effects of the emergency on young adults, survey respondents were invited to enter anything else they would like to share regarding how the COVID-19 emergency has affected their health, well-being, or health-related behaviors. Of the 2340 respondents to the survey, 647 provided a response in the open-ended text field provided. Responses were first coded into 34 specific response types, and then grouped into seven broader categories.² The following table shows the percentage of respondents who provided one or more comments within each main category of the coded comments, broken out by age group and by sex. Patterns reveal differences between age groups related to economic hardships, with the older group (ages 21-25) reporting economic hardships more than the younger group (ages 18-20) and the younger group reporting negative effects on lifestyle or routine activities more than the older group. Differences by sex are also evident, with young adult women being more likely than young adult men to experience negative impacts on mental health. To a lesser extent, young adult women were also more likely to mention economic hardships, more likely to have concerns about their own health or the health of others, and were less likely to report positive effects on their lifestyle or health as a result of COVID.

² The complete list of 34 response types are provided in a more detailed version of this report, available at <http://www.vt-rpp-evaluation.org/>.

Open-ended categories in response to COVID-19 effects question, by age group and sex.

	Percent of respondents offering one or more comments within each category (N=647) ¹						Total
	Age Group			Sex			
Category:	18-20	21-25	Sig ²	Males	Females	Sig ³	
Negative impacts on mental health	31.3	26.7		20.3	37.4	**	28.6
Economic hardships	10.8	19.1	**	12.5	18.9	*	15.6
Negative effects on lifestyle or routine activities	40.1	28.9	**	34.7	32.5		33.6
Concerns about health of self or others	20.7	23.5		18.4	26.5	*	22.3
Concerns or complaints about response to the virus	6.4	8.9		7.2	8.5		7.8
Positive effects on lifestyle or health	11.0	18.0	*	18.2	11.7	*	15.0
Other	11.8	10.7		14.9	7.2	**	11.2

¹ The percentages sum to over 100 because some responses included comments that fell into more than one category.

² Statistical significance level for difference between age groups (**p<.01; *p<.05).

³ Statistical significance level for difference between young adult men and women (**p<.01; *p<.05).

Although this in no way downplays the hardships and sometimes tragic consequences of the pandemic for many people, it is notable that 15 percent of the comments received reflect positive impacts. These responses (see adjoining table) indicate the presence of resiliency and adaptation even in the face of the changes and challenges created by the pandemic. As such, they serve as examples of young adults turning adversity into opportunities for reflection and self-improvement.

**Positive effects on lifestyle or health.
Percent of respondents reporting each (N=647)**

Increase in positive health behaviors (e.g., exercise, yoga)	7.9
Decrease in alcohol and/or drug use	3.0
More time to myself and/or to be at home or with family	4.8
Other positive effects on health or well-being	1.7
Total	15.0

This report was prepared by the Pacific Institute for Research and Evaluation (PIRE) for the Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP). The data presented here were collected in conjunction with the evaluation of Vermont's Partnerships for Success (PFS) 2015 grant, also known in Vermont as Regional Prevention Partnerships (RPP), administered by the Vermont Department of Health, Division of Substance Abuse Prevention. PIRE served as the evaluator. Funding for RPP and its evaluation was provided by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). Additional information about the Young Adult Survey or this report is available by contacting Amy Livingston, PIRE, at alivingston@pire.org.