



# Vermont Young Adult Survey 2022

## Lamoille County Rates for All Survey Items Including Comparisons to Previous Years

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# Acknowledgments

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*Questions regarding the survey or any of the data tables and reports based on the survey data should be directed to Amy Livingston at 802-490-5071, or [alivingston@pire.org](mailto:alivingston@pire.org).*

# Introduction

## Background

The 2022 Vermont Young Adult Survey (YAS) was conducted from March 7 through May 16 by the Pacific Institute for Research and Evaluation (PIRE). Surveys using similar methods were conducted by PIRE in 2014, 2016, 2018, and 2020. This document describes the methods used to conduct the survey and provides an overview of the detailed summary tables that follow.

## Methods

For each of the five survey years, Vermont residents ages 18 to 25 were recruited primarily through Facebook and Instagram ads to participate in an online survey. In addition to ads on Social Media platforms, the survey is also promoted by the Vermont Department of Health and community partners through their own social media channels, listservs, websites, and other media. In 2022, ads were also placed on TikTok and Front Porch Forum (in some counties) for a limited time.

Although Facebook and/or Instagram are widely used by the majority of young adults in the U.S.<sup>1</sup>, the use of these platforms for recruiting survey respondents combined with the self-selection by respondents to participate yields a “convenience sample” rather than a truly representative sample of all young adults in Vermont. To enhance the representativeness of the samples, the data from all five years were weighted to reflect the young adult population of Vermont in 2019 (most recent year with available population estimates) with respect to age group, sex, and county of residence.<sup>2</sup> Weighted state estimates from surveys through 2020 have generally matched closely with those obtained from the National Household Survey on Drug Abuse for the same years and age group, thus supporting the usefulness of the sample for reflecting statewide rates, patterns, and trends regarding substance use behaviors.

## Overview of Summary Tables

County-level findings from the 2014-2022 surveys have been summarized in the tables below. The tables also include 2022 results for the state. For 2022 items not included in previous years of the survey, the table cells for those items and years are shaded gray. Some items, or sets of items, are applicable only to respondents who provided a positive response to a previous question. These items are indented and apply only to the subset of respondents who answered affirmatively to the item directly preceding the indented items.

To protect the anonymity of respondents, data is suppressed when fewer than 25 people answered a particular question, or when fewer than 5 people answered a question in a particular way. These instances are noted with dashes in the cell (---). For some items, response categories have been collapsed or are not included at all in the tables because of small sample sizes. The statewide tables previously released

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<sup>1</sup> [https://www.pewresearch.org/internet/2021/04/07/social-media-use-in-2021/pi\\_2021-04-07\\_social-media\\_0-03/](https://www.pewresearch.org/internet/2021/04/07/social-media-use-in-2021/pi_2021-04-07_social-media_0-03/)

<sup>2</sup> Previous reports were weighted to reflect population estimates available at the time they were prepared (e.g., weights based on 2018 population estimates were used for generating the 2020 YAS report). Due to the updating of the weights used for this report, estimates for previous years may differ slightly from those reported here. Also note that because many measures reported in these tables are based on slightly different subsamples due to varying degrees of missing data, the demographic representativeness of these subsamples may vary slightly across measures and across years.

contain more detailed information on items that had to be collapsed or suppressed in the county-level tables.

The survey items reported in these tables are summarized as the weighted percent of respondents reporting a particular behavior or perception (i.e., the “prevalence<sup>3</sup> rate”). Using this approach required “cut-points” to be identified for items with multiple response options. For example, the prevalence rate for the perceived risk of harm from using substances was defined as the percent of respondents who perceived the risk of harm to be either no risk or slight risk. For some such items, additional prevalence rates were defined using different cut-points (e.g., no risk only). The response options used to define each of these prevalence rates are indicated in the tables.

The N shown for each column is the unweighted sample size for each year and may be lower for some measures due to missing responses or non-applicability.

A report of statewide findings and brief Summary of Key Findings from the survey is also available on the Vermont Department of Health website.

## Statistically Significant Differences

Statistically significant differences for prevalence rates between years or between the county and the rest of the state are noted with yellow shading. The cell containing the county rate for 2022 is shaded yellow if there is a difference at the  $p < .05$  level from the 2020 rate for that county. The cell containing the state rate for 2022 is shaded yellow if there is a difference at the  $p < .05$  level between the state rate (excluding the county of focus) and the 2022 county rate.

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<sup>3</sup> Note that use of the term “prevalence rate” is subject to the limitations of the YAS convenience sample discussed above.

# Summary Tables

## Lamoille County Rates for All Survey Items from 2014-2022

**TABLE A. Substance Use Prevalence Rates**

Substance category and specific behavior:	2014 (N=135)	2016 (N=110)	2018 (N=95)	2020 (N=107)	2022 (N=76)	Vermont 2022 (N=1538)
<b>Alcohol use in past 30 days</b>						
Any use	69.9	72.0	71.3	68.4	63.7	70.4
Any binge drinking <sup>4</sup>	58.1	46.8	44.3	46.8	32.6	46.0
Any use (ages 18-20 only)	60.9	62.2	55.6	41.4	42.0	52.5
<b>Cannabis use in past 30 days</b>						
Any use	35.9	45.1	44.7	46.7	41.2	45.0
Used cannabis 20 or more days	55.4	60.2	58.6	57.5	57.6	46.4
Drove after using cannabis <sup>5</sup>	15.7	24.4	20.3	16.1	11.9	12.7
Any use (ages 18-20 only)	40.5	40.9	47.2	44.1	27.8	40.4
<b>Tobacco and nicotine delivery products use in past 30 days</b>						
Used cigarettes			25.1	22.7	16.3	17.4
Used electronic vapor products containing nicotine			22.1	10.5	28.4	27.4
Used electronic vapor products containing nicotine (ages 18-20 only)			42.9	---	24.4	26.9
Used ANY product containing nicotine <sup>6</sup>			41.5	29.6	31.3	35.7
<b>Other drugs used in past year</b>						
Misuse of any Rx drug <sup>7</sup>	19.7	16.1	16.9	9.8	---	10.5
Used hallucinogens			15.1	17.9	19.1	17.4

<sup>4</sup> Asked if "yes" to 30-day alcohol use. Binge drinking is defined as having 5 or more drinks (if male) or 4 or more drinks (if female) on a single occasion.

<sup>5</sup> Wording of this question revised slightly in 2022.

<sup>6</sup> Including cigars, chewing tobacco, etc. in addition to cigarettes and electronic vapor products.

<sup>7</sup> Includes misuse of prescription pain relievers, sedatives, and/or stimulants.

**TABLE B. Substance Use Risk Factor Prevalence Rates**

<b>Risk factor:</b>	<b>2014 (N=135)</b>	<b>2016 (N=110)</b>	<b>2018 (N=95)</b>	<b>2020 (N=107)</b>	<b>2022 (N=76)</b>	<b>Vermont 2022 (N=1538)</b>
<b>Perceived ease of obtaining substances</b>						
Very easy or somewhat easy for underage persons to buy alcohol in stores	29.9	24.4	36.4	39.8	41.0	31.0
Very easy or somewhat easy for underage persons to buy alcohol in bars and restaurants	15.0	18.1	23.0	21.4	25.8	21.3
Very easy or somewhat easy for underage persons to obtain cannabis <sup>8</sup>					75.0	74.2
<u>Very easy</u> for underage persons to obtain cannabis <sup>8</sup>					48.3	45.0
Very easy or somewhat easy for underage persons to buy cigarettes				54.1	34.3	39.1
Very easy or somewhat easy for underage persons to buy e-cigarettes or other electronic vapor products				53.9	50.2	52.6
Very easy or somewhat easy for persons the age of respondent to get cocaine <sup>9</sup>					23.7	18.8
Very easy or somewhat easy for persons the age of respondent to get Rx pain relievers w/o prescription	36.1	35.4	35.4	14.4	19.7	17.9
Very easy or somewhat easy for persons the age of respondent to get stimulants w/o prescription <sup>9</sup>					37.4	33.5
Very easy or somewhat easy for persons the age of respondent to get buprenorphine w/o prescription <sup>9</sup>					15.6	10.3
<b>Low perceived risk of harm from using substances</b>						
No risk or slight risk from having five or more drinks once or twice a week	27.8	26.9	28.4	20.5	15.2	25.5
No risk or slight risk from using cannabis regularly <sup>10</sup>					78.9	69.1
<u>No risk</u> from using cannabis regularly <sup>10</sup>					33.0	28.5
No risk or slight risk from using e-cigarettes or other EVPs containing nicotine regularly <sup>11</sup>					20.5	20.7
No risk or slight risk from using Rx pain relievers that were not prescribed a few times a year	19.8	10.1	13.3	10.4	---	10.2
No risk or slight risk from using Rx stimulants that were not prescribed a few times a year <sup>12</sup>					18.2	22.1
No risk or slight risk from using buprenorphine that was not prescribed a few times a year <sup>12</sup>					---	7.9

<sup>8</sup> The wording of this item changed in 2022 (from “persons your age” to “underage persons” and from “marijuana” to cannabis”) to better address legal retail sales of cannabis for adults age 21+ in VT starting in the fall of 2022. As a result, it cannot be compared to previous years.

<sup>9</sup> This is a new item in 2022.

<sup>10</sup> The wording of this item changed in 2022 (from smoking “marijuana once or twice a week” to using “cannabis regularly”). As a result, it cannot be compared to previous years.

<sup>11</sup> The wording of this item changed in 2022 (from using “e-cigarettes or other electronic vaping devices containing nicotine once or twice a week” to using “regularly”). As a result, it cannot be compared to previous years.

<sup>12</sup> This is a new item in 2022.

**TABLE C.** Emotional distress reported in the past two weeks (data available for 2020 and 2022 only). Percent of respondents reporting various types of emotional distress...

Emotional distress indicators:	2020 (N=107)	2022 (N=76)	Vermont 2022 (N=1538)
Little interest or pleasure in doing things	38.4	39.6	39.3
Felt down, depressed, or hopeless	49.2	48.1	47.1
Felt nervous, anxious, or on edge	63.5	51.9	60.9
Was not able to stop or control worrying	36.2	35.4	33.3
None of the above	21.8	34.8	27.8
<b>For those who responded yes to any of the above: Were any of these problems caused or made worse by the ongoing COVID-19 pandemic?</b>			
Yes		72.3	65.9

**TABLE D.** Awareness of Dangers of Fentanyl (data available for 2022 only). Percent of respondents reporting having seen or heard information about the dangers of fentanyl being mixed or added to the following drugs...

Awareness of dangers of fentanyl being added to...	2022 (N=76)	Vermont 2022 (N=1538)
Cocaine	65.9	59.0
Heroin	64.9	55.3
MDMA	37.2	33.5
Methamphetamine	39.1	35.4
Pills obtained from others (rather than a pharmacy)	40.3	38.9
Other	10.3	13.6
I have not heard of fentanyl being mixed with any of these drugs	22.5	26.1

**TABLE E.** How changes in policies related to cannabis and alcohol affect use (data available for 2022 only)

Policies and related changes in use	2022 (N=76)	Vermont 2022 (N=1538)
<b>Retail cannabis availability - Cannabis may be available to purchase in stores in Vermont later this year. Do you think this will change whether you use cannabis or how much cannabis you use?</b>		
Yes	21.4	19.7
<b>Changes to alcohol policies during COVID-19 - During the COVID-19 pandemic there were changes made in the way alcohol could be sold in Vermont, for example restaurants and bars could sell alcohol "to-go". Did this policy change whether you used alcohol or how much alcohol you used?</b>		
Yes	12.1	8.8

**TABLE F. Stigma (data available for 2022 only)**

Perception of stigma toward people who have been in treatment for substance use	2022 (N=76)	Vermont 2022 (N=1538)
Agree or strongly agree that people who have been in treatment for substance use are negatively judged by others	76.2	83.6

**TABLE G. Respondent Demographics**

Characteristic:	2014 (N=135)	2016 (N=110)	2018 (N=95)	2020 (N=107)	2022 (N=76)	Vermont 2022 (N=1538)
<b>Age group</b>						
18 to 20	43.5	43.5	43.5	43.5	43.5	42.5
21 to 25	56.5	56.5	56.5	56.5	56.5	57.5
<b>Sex (as assigned at birth)</b>						
Male	51.1	51.1	51.1	51.1	51.1	51.3
Female	48.9	48.9	48.9	48.9	48.9	48.7
<b>Sexual Orientation and Gender Identity</b>						
Heterosexual/Cisgender <sup>13</sup>		83.3	78.8	72.1	59.6	60.5
Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ)		16.7	21.2	27.9	40.4	39.5
<b>Student status</b>						
Not a student	46.5	54.7	42.3	43.2	42.7	49.0
Yes, in college or vocational school, full-time	32.5	27.6	39.0	39.7	35.0	34.5
Yes, in college or vocational school, part-time	6.0	9.6	8.3	6.2	8.4	6.8
Yes, in high school or a GED program	11.2	7.5	6.7	8.9	13.1	6.5
Yes, in some other type of school	3.8	---	---	---	---	3.2
<b>Race/Ethnicity</b>						
White, non-Hispanic		95.6	91.7	88.4	84.2	82.3
Black, Indigenous, and people of color (BIPOC)		4.4	8.3	11.6	15.8	17.7
<b>Employment status</b>						
Employed for wages (full-time)	39.2	46.9	41.2	25.4	45.0	45.1
Employed for wages (part-time)	42.5	20.4	44.3	28.4	25.7	29.5
Self-employed	---	7.5	6.0	---	---	3.9
Not employed and looking for work	11.8	17.4	7.4	28.6	15.0	12.0
Not employed and not looking for work	2.8	7.8	---	13.9	---	9.6
<b>Socioeconomic status – How would you describe your overall personal financial situation?<sup>14</sup></b>						
Live comfortably					27.7	26.8
Meet needs with a little left					22.7	34.8
Just meet basic expenses					42.0	28.8
Don't meet basic expenses					7.5	9.6

<sup>13</sup> Includes those who identified as heterosexual and selected “no” for the question “Are you transgender?”

<sup>14</sup> This is a new item in 2022.