State Level Data
National Survey on Drug Use and Health

2019 - 2020

June 2022

VERMONT
DEPARTMENT OF HEALTH

National Survey on Drug Use and Health (NSDUH)

- **The Federal Government conducts this survey.**
- **The Vermont Department of Health does not have input on this survey.** This presentation is intended to provide the Vermont level data, with comparisons to the regional and national data.
- Comments or questions related to the survey can be directed to the Substance Abuse and Mental Health Services Administration (SAMHSA): NSDUH website link.

Table of Contents (clickable links)

What is NSDUH?

Table of Contents

National Survey on Drug Use and Health (NSDUH)

- Comprehensive household interview survey of substance use, substance use disorders, mental health, and the receipt of treatment services for these disorders
- Collected face-to-face by field interviewers (FI) who read less sensitive questions to respondents and transition respondents to audio computer assisted self-interviewing for sensitive items
  - The 2020 survey collected data through face-to-face interviews at the respondent's place of residence or via the web because of the COVID-19 pandemic
- NSDUH covers the civilian, noninstitutionalized population, aged 12 or older:
  - Includes: Households, college dorms, homeless in shelters, civilians on military bases
  - Excludes: Active military, long-term hospital residents, prison populations, homeless not in shelters
- Sample includes all 50 states and DC
- Approximately 67,500 persons are interviewed annually
  - In 2020, NSDUH collected data from 36,284 respondents aged 12 or older
  - Across 2019 and 2020 combined, NSDUH collected data from 103,909 respondents aged 12 or older
- Data collected from January to December
  - Because of the coronavirus disease 2019 (COVID-19) pandemic, NSDUH data were collected in only Quarters 1 and 4 of 2020 (i.e., January to March and October to December, respectively)

What is NSDUH?

- Conducted by Substance Abuse and Mental Health Services Administration (SAMHSA) - states do NOT have the ability to add or change questions
- Data summarized for the US, States, and Substate Areas
- Methodology is described here – it is complex and survey data are adjusted in many ways prior to reporting
- Probability sampling methods are used
- Reported numbers are estimates and sampling errors are included in the data tables
- Participants are given $30 for participating in the study
- NSDUH underwent a partial redesign in 2015 resulting in broken trends, and again in 2020

Sample size and age distribution for NSDUH

Number of interviews per state

State	Target Number of Completed Interviews, 2013	Target Number of Completed Interviews per Year, 2014 to 2022
California	3,600	4,560
Florida	3,600	3,300
New York	3,600	3,300
Texas	3,600	3,300
Illinois	3,600	2,400
Michigan	3,600	2,400
Ohio	3,600	2,400
Pennsylvania	3,600	2,400
Georgia	900	1,500
New Jersey	900	1,500
North Carolina	900	1,500
Virginia	900	1,500
Hawaii	900	967
Remaining States, Each	900	960

Sample Age Distribution

Age Group	2013	2014-2022
12-17	33%	25%
18-25	33%	25%
26+	33%	50%
26-34	9%	15%
35-49	13%	20%
50+	11%	15%

Source: NSDUH Methodology

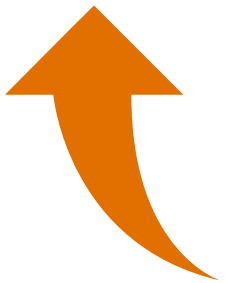
Recent changes to the survey

Planned changes and changes due to COVID-19

Table of Contents

Do you have questions about the changes to the 2020 NSDUH? There is a Frequently Asked Questions section on the NSDUH website.

Link to Frequently Asked Questions (FAQs)



2020 NSDUH Frequently Asked Questions

1. Why does SAMHSA caution against comparing 2020 estimates with prior years' estimates?

2. Are some 2020 estimates clearly not comparable with those from prior years? Why did substance use disorder (SUD) estimates, for example, change dramatically from 2019?

3. The DSM-IV and DSM-5 estimates are so different. Which set is right?

4. In 2020, were the data collected in Quarter 1 (January to March) different from the data collected in Quarter 4?

5. What impact did adding a new data collection mode (web) have on the estimates?

6. The number of completed interviews for the 2020 NSDUH is much lower than it was in previous years. What impact does a smaller sample size have on the estimates?

7. Is SAMHSA still planning to release state-level estimates using 2020 NSDUH data?

8. If SAMHSA is asking us to exercise caution when comparing 2020 data with prior years, why then can the 2020 data be combined with prior year data to generate the state-level estimates?

Use caution when comparing 2020 to previous years.

The National Survey on Drug Use and Health (NSDUH) underwent some major methodological changes for 2020, including a shift to web-based interviewing in Quarter 4 (i.e., October to December). In addition, 2020 marked the first year in which substance use disorders (SUDs) were evaluated using criteria defined in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5), as opposed to criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV). Additional changes were made to the questionnaire itself. **Therefore, care must be taken when attempting to disentangle the effects on estimates due to real changes in the population (e.g., the coronavirus disease 2019 [COVID-19] pandemic and other events) from the effects of these methodological changes.**

Source: Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data

Use caution when comparing 2020 to previous years.

The methodological changes for the 2020 NSDUH also can affect the 2020 estimates. Therefore, direct comparison of NSDUH estimates in 2020 with those from prior years can be misleading. An additional caveat is that events in the United States related to the COVID-19 pandemic were not the only ones in 2020 that could have affected people's substance use and mental health. To that end, NSDUH estimates principally *describe* conditions in the population but may not *explain* the reasons behind the estimates.

...

The methodological changes in 2020 because of the COVID-19 pandemic have created major challenges for survey researchers and other data users in interpreting estimates from the 2020 NSDUH. **Particular caution must be taken for multiyear trend analysis and the comparison of the results from 2020 with those from any prior survey years.**

Source: Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data

Why does SAMHSA caution against comparing 2020 estimates with prior years' estimates?

- The coronavirus disease 2019 (COVID-19) pandemic necessitated methodological changes in data collection. The COVID-19 pandemic could have affected both the true prevalence of a behavior (or mental health issue) and the behavior's measurement through the necessitated methodological changes. The primary methodological changes were:
  (1) virtually no data collection from mid-March through September 2020,
  (2) introduction of web data collection in October 2020 with very limited in-person data collection, and
  (3) questionnaire changes beginning in October 2020.

  These changes could result in data collection mode effects or other effects on the estimates. Because these changes in data collection coincided with the spread of the COVID-19 pandemic and any related behavioral or mental health changes, we cannot fully separate the effects of methodological changes from true changes in the outcomes.

- Cautioning against comparisons does not necessarily mean the data are not comparable. For most estimates, comparability is unknown.

Source: State Data Tables and Reports from the 2019-2020 NSDUH, 2020 NSDUH Frequently Asked Questions. Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020

What impact did adding a new data collection mode (web) have on the estimates?

Because the introduction of the web mode to NSDUH coincided with the effects of the COVID-19 pandemic on people's behavior and mental health, it currently is not possible to quantify the effects of the web mode on the estimates.

Source: State Data Tables and Reports from the 2019-2020 NSDUH, 2020 NSDUH Frequently Asked Questions. Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020

If SAMHSA is asking us to exercise caution when comparing 2020 data with prior years, why then can the 2020 data be combined with prior year data to generate the state-level estimates?

At issue here are two separate but seemingly similar concepts; comparing and combining. We ask that people use caution when comparing 2020 with any single prior year since there were changes in how we collected the data (i.e. going from solely in-person interviewing to a combination of web-based and in-person interviewing). For example, suppose we see an apparent increase from 2019 to 2020 in the percentage of major depressive episodes (MDEs) in a particular group. It may be that the difference we are seeing reflects an actual change in that population regarding MDE. Or it may be that simply asking the questions by a different method (e.g. web vs in-person) influenced the way respondents answered the depression questions, and that there is no actual increase in MDE in that group. At this point, there is no way for us to tell which of these things happened. Therefore, we ask that people use caution when making that comparison.

But when we are talking about combining the data, that is a different concept. Combining data from multiple years is necessary to provide enough data to calculate precise estimates at the state and sub-state level. So, back to our MDE example, the methods we used to collect that data have changed, but the scales we use to assess MDE have not. Also, since we are interested in the average across those years, any effect that the method change may have had will be lessened to a negligible level, and the resulting estimate will still be valid.

One measure, i.e. substance use disorder, not only was subject to the same methodology change as described above, but also was subject to a change in the scales that we use to assess them (going from DSM-IV criteria to DSM-5 criteria). Because of this change, it would not be valid to combine the data to calculate estimates for substance use disorder (or any other estimates that are reliant on substance use disorder). And in fact, these estimates were not calculated and will not be part of the state and sub-state report.

Source: State Data Tables and Reports from the 2019-2020 NSDUH, 2020 NSDUH Frequently Asked Questions. Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020

Notable Questionnaire Changes for 2020: Quarter 4

- Two questions were added to the drug treatment section to measure the use of telehealth services for alcohol or drug use issues in the past 12 months
- A question was added to the health section to measure the use of telehealth services for health care in the past 12 months. Respondents who reported telehealth service use in the past 12 months were eligible to be asked subsequent questions in the health section that asked whether health care providers obtained information about substance use (i.e., the use of tobacco, alcohol, or specific illicit drugs) or offered health care advice related to respondents substance use.
- A question was added to the adult mental health service utilization section and to the youth mental health service utilization section to measure use of telehealth services for mental health or behavioral services in the past 12 months.
- All adult respondents received questions about suicide plans or attempts in the past 12 months, regardless of whether they reported having serious thoughts of suicide in the past 12 months. (In Quarter 1 and in prior years, respondents needed to report serious thoughts of suicide to be asked questions about suicide plans or attempts.)

Source: Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data

Notable Questionnaire Changes for 2020: Quarter 4

- Follow-up questions were added after each adult suicidality item in the mental health section if respondents reported serious thoughts of suicide, suicide plans, or suicide attempts in the past 12 months. These follow-up questions asked whether these thoughts of suicide, suicide plans, or suicide attempts were because of the COVID-19 pandemic.
- Suicide items were added for youths in the youth mental health service utilization section.
- A series of self-administered questions related to the COVID-19 pandemic were added toward the end of the interview for adults and youths. These questions asked about respondents' perceptions of effects of the COVID-19 pandemic on their mental health, substance use, finances, living situation, and access to services.
- For the in-person interview, instructions were changed at the end of the interview to limit contact between the FI (field interviewer) and respondent during the quality control and incentive procedures.

Source: Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data

COVID-19 data can be found in the full report, at the national level. State-level data was not published.

Sample size for 2020 NSDUH was smaller than previous years.

	Total US	Northeast	Vermont
Approximate target number of completed interviews per year, 2014-22	67,507	12,960	960
Survey Sample Size, Total Responded **2019**	67,630	12,870	940
Survey Sample Size, Total Responded **2020**	36,280	7,190	720

Calculated from: 2019 NSDUH Methodology

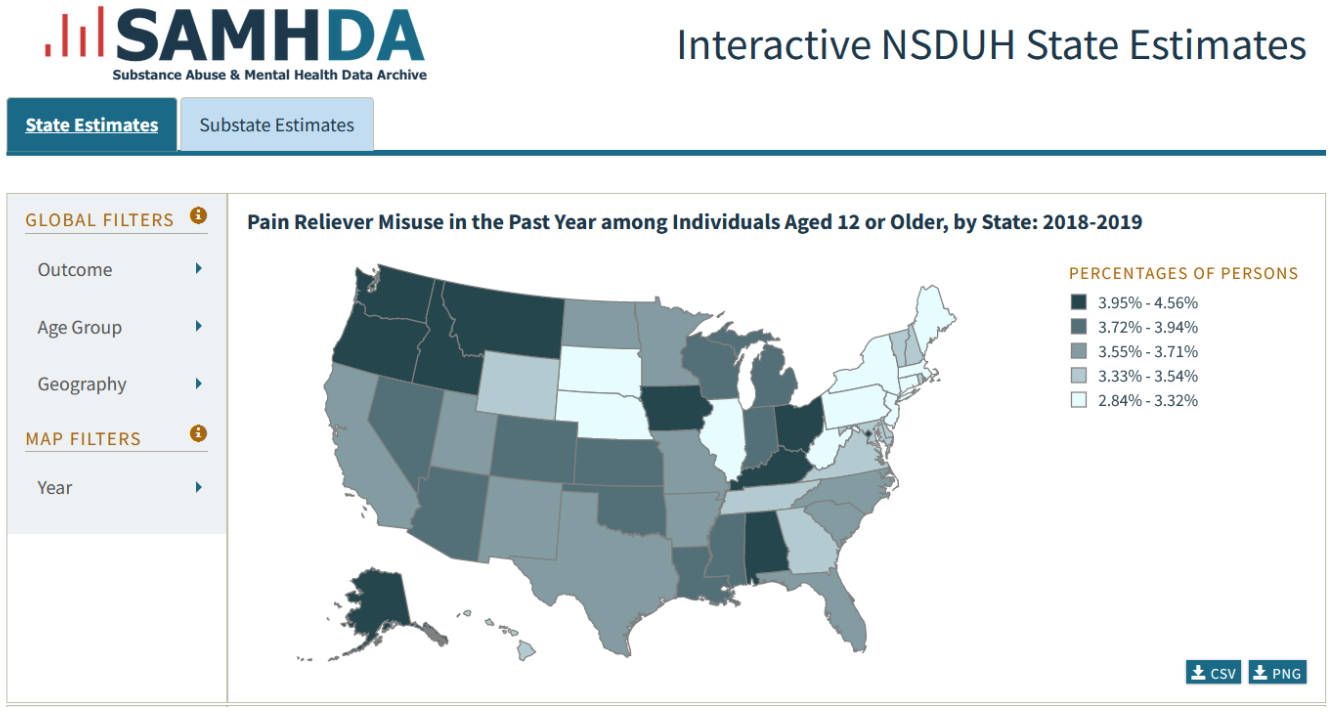
	Age Group	2019	2020
Total US	12-17	16,890	6,340
	18-25	16,670	8,980
	26+	34,070	20,970
Northeast	12-17	3,310	1,300
	18-25	3,040	1,800
	26+	6,520	4,090
Vermont	12-17	240	120
	18-25	250	220
	26+	460	380

Source: 2020 NSDUH Guide to State Tables and Summary of Small Area Estimation Methodology

Additional resources: interactive tool

There is an interactive tool for state and sub-state estimates for various measures. This allows selection by year, measure, state, and age group.

Example:



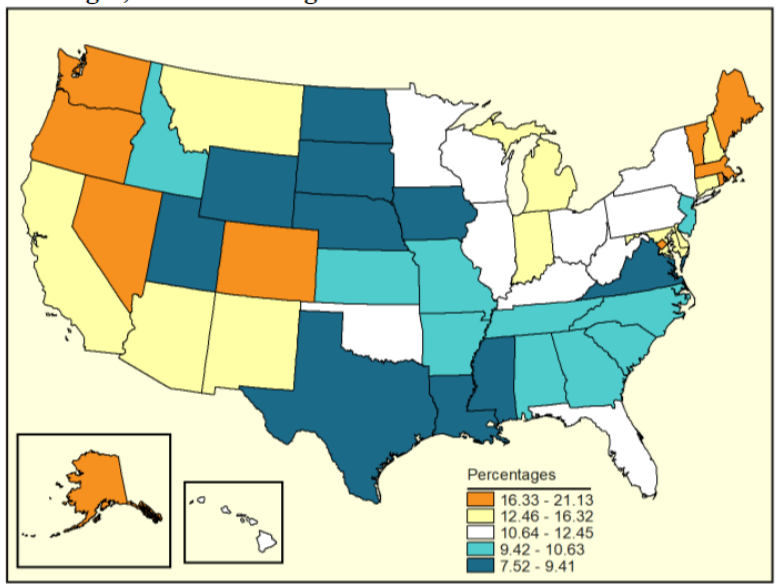
Additional resources: national maps of prevalence estimates, by state

SAMHSA maps – these show state level rates for more measures and age groups than included in this presentation.

- 2019-2020
- 2018-2019
- 2017-2018
- 2016-2017
- 2015-2016
- 2014-2015
- 2013-2014

Example:

Figure 1a ***Illicit Drug Use in the Past Month among Individuals Aged 12 or Older,*** **by State: Percentages, Annual Averages Based on 2018 and 2019 NSDUHs**



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2018 and 2019.

Additional resources: comparisons of population percentages

Statistical significance data:

- This is not available for 2018-2019 to 2019-2020
- Change from 2017-2018 to 2018-2019
- Change from 2016-2017 to 2017-2018
- Change from 2015-2016 to 2016-2017
- Change from 2014-2015 to 2015-2016
- Change from 2013-2014 to 2014-2015
- Change from 2012-2013 to 2013-2014
- Change from 2011-2012 to 2012-2013
- Change from 2010-2011 to 2011-2012
- Change from 2009-2010 to 2010-2011
- Significance for earlier years is not readily available

Example:

Table 1 *Illicit Drug Use in the Past Month*, by Age Group and State: Percentages, Annual Averages, and *P* Values from Tests of Differences between Percentages, 2017-2018 and 2018-2019 NSDUHs

State	12+ (2017-2018)	12+ (2018-2019)	12+ (*P* Value)	12-17 (2017-2018)	12-17 (2018-2019)	12-17 (*P* Value)	18-25 (2017-2018)	18-25 (2018-2019)	18-25 (*P* Value)	26+ (2017-2018)	26+ (2018-2019)	26+ (*P* Value)	18+ (2017-2018)	18+ (2018-2019)	18+ (*P* Value)
Total U.S.	11.43[a]	12.34	0.000	7.96[a]	8.37	0.033	24.04	24.40	0.275	9.82[a]	10.90	0.000	11.78[a]	12.73	0.000
Northeast	11.88[a]	12.86	0.000	8.31	8.56	0.502	26.53	26.58	0.944	9.96[a]	11.21	0.000	12.20[a]	13.25	0.000
Midwest	11.01[a]	11.87	0.000	7.90	8.15	0.374	23.80	24.37	0.356	9.29[a]	10.30	0.000	11.32[a]	12.25	0.000
South	9.60[a]	10.34	0.000	7.24	7.38	0.598	20.94	20.84	0.866	8.08[a]	9.05	0.000	9.84[a]	10.64	0.000
West	14.39[a]	15.54	0.000	8.93[a]	10.03	0.007	27.29	28.44	0.141	12.95[a]	14.14	0.000	14.95[a]	16.10	0.000
Alabama	10.74	10.59	0.800	7.77	7.02	0.325	21.12	20.58	0.711	9.43	9.44	0.994	11.04	10.94	0.886
Alaska	18.05	18.78	0.389	9.19	9.81	0.504	27.48[b]	30.90	0.064	17.66	18.02	0.734	19.02	19.76	0.431
Arizona	12.46	12.67	0.782	7.42	7.71	0.722	22.20	22.20	0.999	11.47	11.71	0.791	12.98	13.17	0.815
Arkansas	10.69[a]	9.45	0.035	6.75	6.52	0.749	18.76	17.14	0.234	9.87[b]	8.58	0.074	11.11[a]	9.76	0.036
California	13.44[a]	15.20	0.000	8.53[a]	10.41	0.002	26.81[b]	28.83	0.066	11.82[a]	13.57	0.000	13.94[a]	15.68	0.000
Colorado	19.64	19.24	0.639	10.92	11.55	0.574	36.37	35.68	0.713	18.00	17.56	0.676	20.51	20.00	0.583
Connecticut	14.34	14.17	0.827	10.45[b]	8.81	0.087	32.64[a]	28.94	0.042	11.83	12.42	0.509	14.71	14.69	0.974
Delaware	13.13[b]	14.32	0.084	9.90	9.94	0.970	28.48	29.73	0.455	11.25[b]	12.62	0.100	13.43[b]	14.73	0.083
District of Columbia	19.91	19.06	0.345	10.51	10.56	0.964	35.08	33.35	0.382	17.75	17.06	0.535	20.44	19.54	0.342
Florida	10.71[b]	11.45	0.076	8.35	7.90	0.429	24.51	23.20	0.219	9.08[a]	10.24	0.022	10.91[b]	11.75	0.063
Georgia	9.51[b]	10.29	0.089	6.89	6.80	0.885	21.74	20.97	0.523	7.82[a]	9.00	0.040	9.80[b]	10.68	0.082
Hawaii	10.26[a]	11.81	0.021	6.50	7.09	0.437	18.62	20.89	0.137	9.52[a]	11.11	0.048	10.60[a]	12.24	0.024
Idaho	9.44	10.15	0.160	7.45	7.50	0.943	17.49[b]	20.04	0.072	8.38	8.90	0.400	9.68	10.47	0.157
Illinois	11.01[a]	12.04	0.017	8.27	8.28	0.989	24.51	23.57	0.444	9.19[a]	10.68	0.005	11.29[a]	12.42	0.017
Indiana	11.85	12.53	0.250	7.79	8.60	0.309	24.66	26.93	0.170	10.15	10.57	0.566	12.28	12.95	0.308
Iowa	9.39	9.17	0.654	7.30	7.83	0.469	20.04	18.95	0.476	7.77	7.64	0.829	9.60	9.31	0.580
Kansas	8.81[a]	10.05	0.022	6.49	6.84	0.605	17.44	18.83	0.344	7.59[a]	8.93	0.040	9.07[a]	10.40	0.024
Kentucky	10.22[a]	11.43	0.050	7.18	6.99	0.803	18.75	19.66	0.520	9.21[b]	10.64	0.061	10.53[a]	11.87	0.046
Louisiana	9.64	9.41	0.629	6.59	6.33	0.712	21.53	21.03	0.732	8.10	7.96	0.812	9.96	9.73	0.664
Maine	17.53	18.88	0.130	11.32	12.28	0.395	36.55	36.54	0.997	15.64	17.25	0.125	18.05	19.42	0.152
Maryland	11.55[b]	12.73	0.053	8.82	8.26	0.503	26.51	28.03	0.390	9.62[b]	10.98	0.059	11.82[a]	13.17	0.042
Massachusetts	15.84	16.94	0.142	11.30	11.03	0.807	34.16	33.58	0.756	13.19[b]	14.74	0.089	16.25	17.46	0.136
Michigan	14.38[a]	15.45	0.035	9.44	8.87	0.426	30.15	31.86	0.173	12.35[b]	13.54	0.058	14.87[a]	16.09	0.028
Minnesota	10.65	11.34	0.179	7.70	8.18	0.555	23.41	24.24	0.603	9.01	9.73	0.225	10.96	11.67	0.205
Mississippi	8.71	9.17	0.329	6.45	6.66	0.775	18.13	19.17	0.478	7.40	7.83	0.446	8.96	9.45	0.348
Missouri	10.22	10.61	0.471	7.62	7.52	0.892	21.61	22.72	0.443	8.72	9.08	0.580	10.49	10.92	0.454
Montana	15.80	16.32	0.479	10.99	11.58	0.583	29.03	31.39	0.198	14.25	14.51	0.763	16.25	16.77	0.520

See notes at end of table.

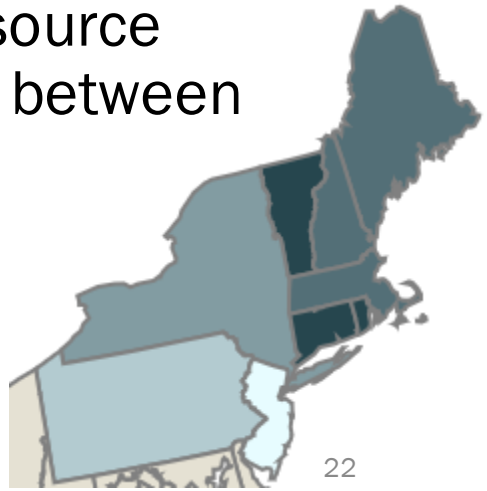
(continued)

Additional resources: 2019-2020 NSDUH State Estimates Of Substance Use And Mental Disorders

https://www.samhsa.gov/data/report/2019-2020-nsduh-state-estimates-substance-use

General Notes

- When the trend data isn't available for the full period 2011/12 forward it means either the data aren't available (heroin, methamphetamine) or the question changed and is no longer comparable (pain reliever misuse, binge drinking, risk of smoking marijuana, illicit drug use disorder, substance use disorder).
- When the data label has a **red** box around it, it means there is a statistically different change that is undesirable. When it is **green**, it is a desirable change. The change may be at the 0.05 or 0.10 level. Refer to the source data if that information is needed. Significance prior to the changes between 2009/2010 and 2010/11 are not readily available.
- Northeast states include: CT, ME, MA, NH, NJ, NY, PA, RI, and VT



Summary data

Table of Contents

Takeaways – Vermont compared to the US and Northeast 2019/2020

Measure	Compared to the Northeast, Vermont is:	Compared to the US, Vermont is:
Past month alcohol use age 12+	Same	Higher
Past month binge alcohol use age 12+	Same	Same
Past month marijuana use age 12+	Higher	Higher
Perceived great risk from smoking marijuana once a month age 12+	Lower	Lower
Trying marijuana for the first time age 12+	Higher	Higher
Past year cocaine use age 12+	Same	Same
Past year methamphetamine use age 12+	Same	Same
Past year heroin use age 18+	Same	Same
Past year pain reliever misuse age 12+	Same	Same

Bold red label means VT is significantly worse than indicated geographic region; green label indicates VT is significantly better

Takeaways – Vermont compared to the US and Northeast 2019/2020

Measure	Compared to the Northeast, Vermont is:	Compared to the US, Vermont is:
Past month tobacco use age 12+	Same	Same
Past month cigarette use age 12+	Same	Same
Alcohol use disorder in the past year age 12+	Same	Same
Any substance use disorder in the past year age 12+	Same	Same
Any illicit drug use disorder in the past year age 12+	Same	Same

Bold red label means VT is significantly worse than indicated geographic region; green label indicates VT is significantly better

US – general information

Table of Contents

Epidemiology of Substance Use – United States (population 329.5 million)

In 2020 40.3 million people aged 12+ had a substance use disorder (NSDUH)

For comparison

- 37.3 million people have diabetes (CDC)
- 15 million have COPD (CDC, 2018)
- 1.8 million estimated new cases of cancer in 2020 (NIH, 2020)

9.5 million report misusing opioids (NSDUH, 2020)

- 8.6 million reporting misusing prescription pain relievers only
- 902,000 report using heroin
- 667,000 report both using heroin and misusing prescription pain relievers

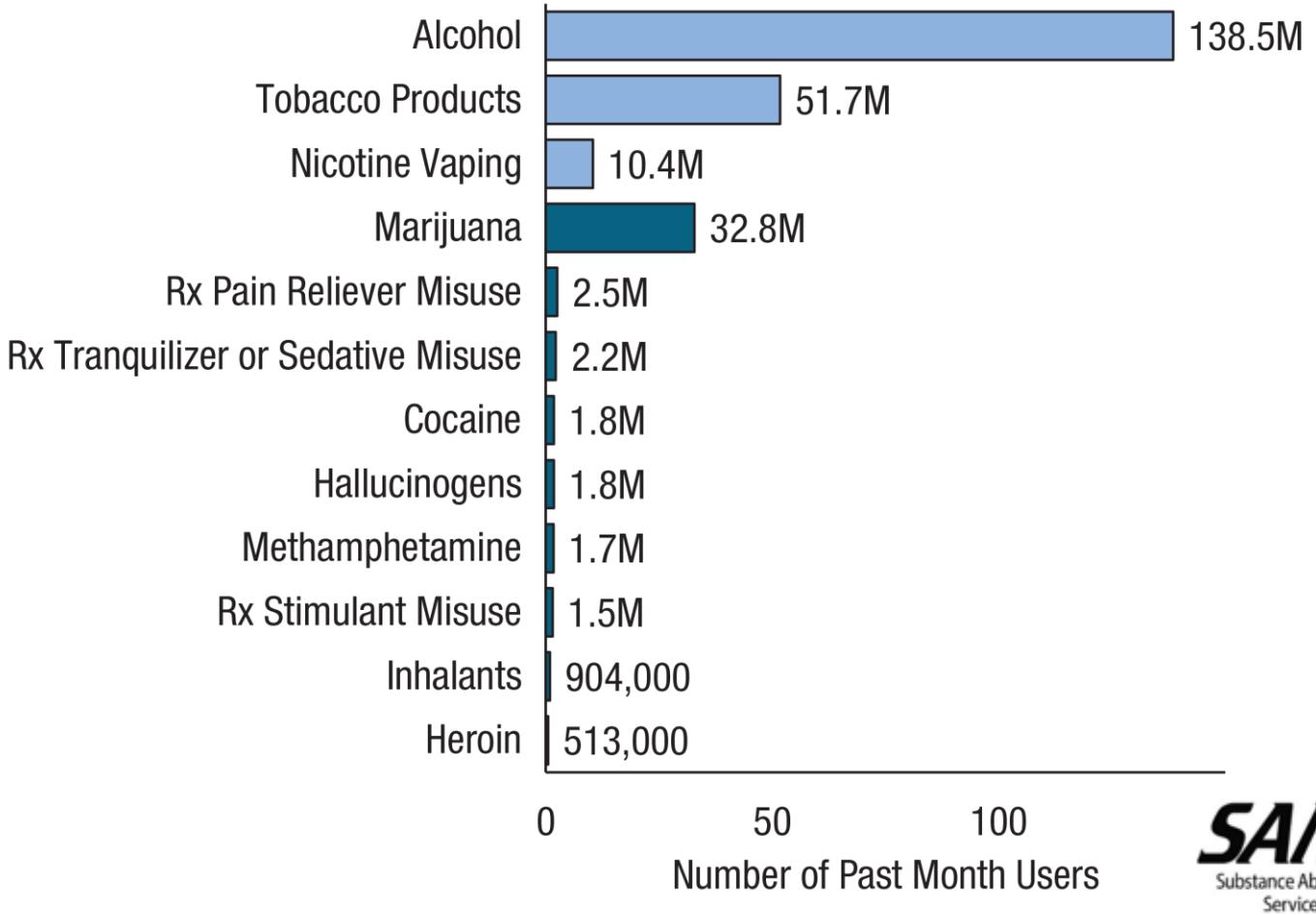
Treatment for Substance Use Disorders (NSDUH, 2020)

- 6.5% of people with a substance use disorder in 2020 received treatment
- 97.5% of people with a substance use disorder who did not receive treatment in 2020 did not feel they needed treatment

Alcohol was the most used substance in the past month, among people age 12 and older in the US in 2020.

Rx = prescription.

Note: General Substance Use includes any illicit drug, alcohol, and tobacco product use. Tobacco products are defined as cigarettes, smokeless tobacco, cigars, and pipe tobacco. The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.



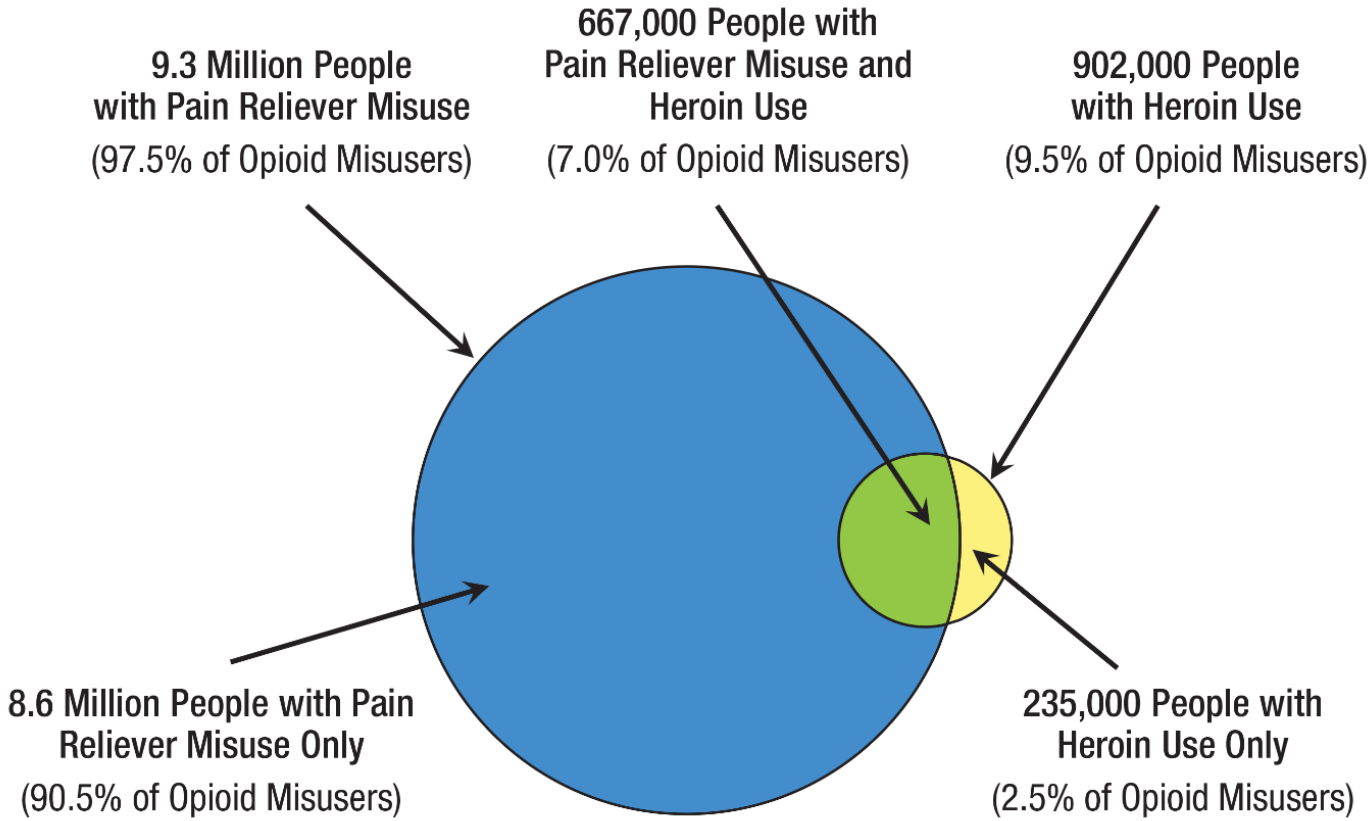
SAMHSA
Substance Abuse and Mental Health Services Administration

Source: Past Month General Substance Use and Nicotine Vaping: Among People Aged 12 or Older; 2020. National Survey on Drug Use and Health, 2020

Progress on the opioid epidemic: prevalence continued to decrease in 2020.

Estimated People Misusing Opioids - US

2016	11.8M
2017	11.4M
2018	10.3M
2019	10.1M
2020	9.5M

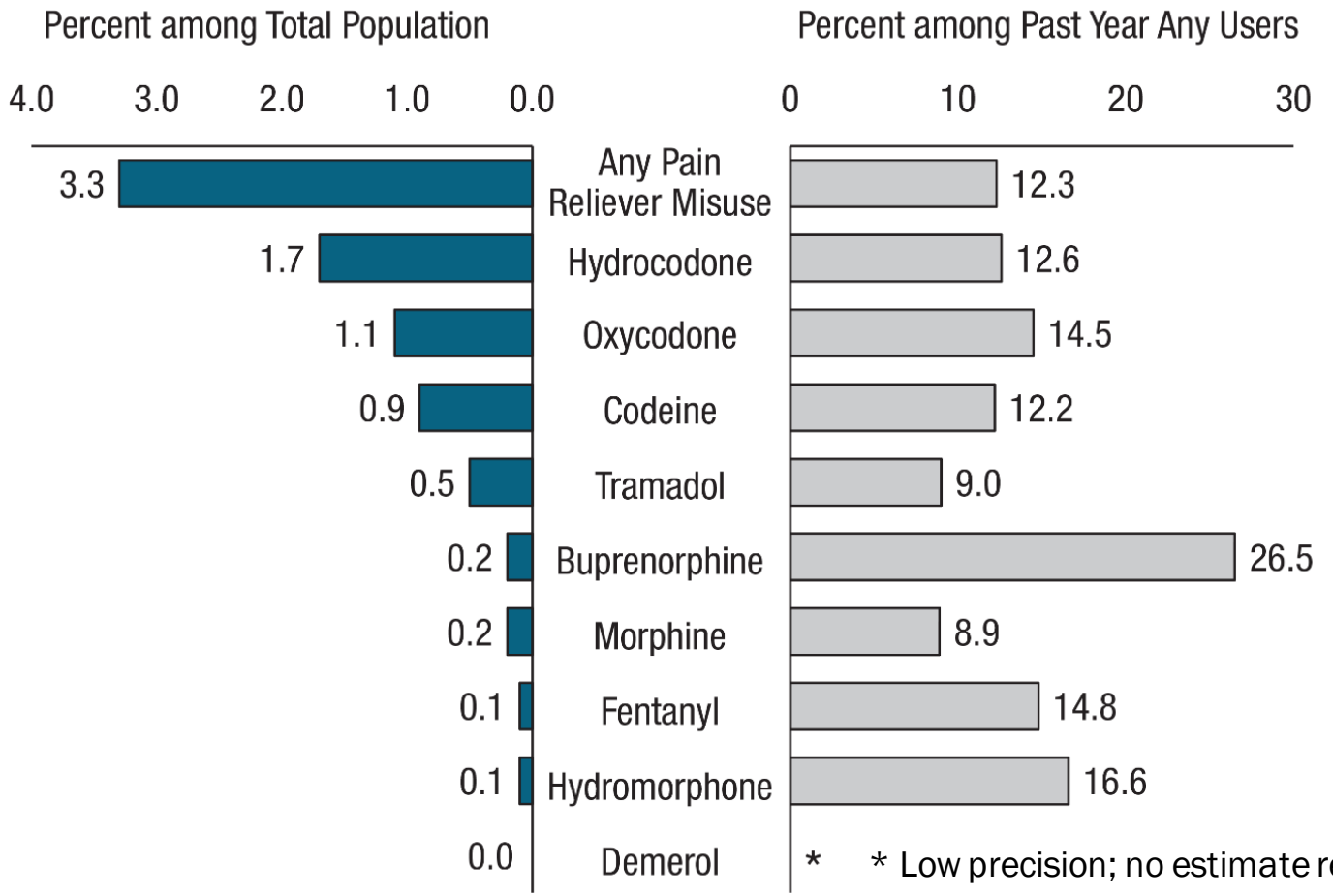


9.5 Million People Aged 12 or Older with Past Year Opioid Misuse
(3.4% of 12+ population)

Source: National Survey on Drug Use and Health, 2020

SAMHSA
Substance Abuse and Mental Health Services Administration

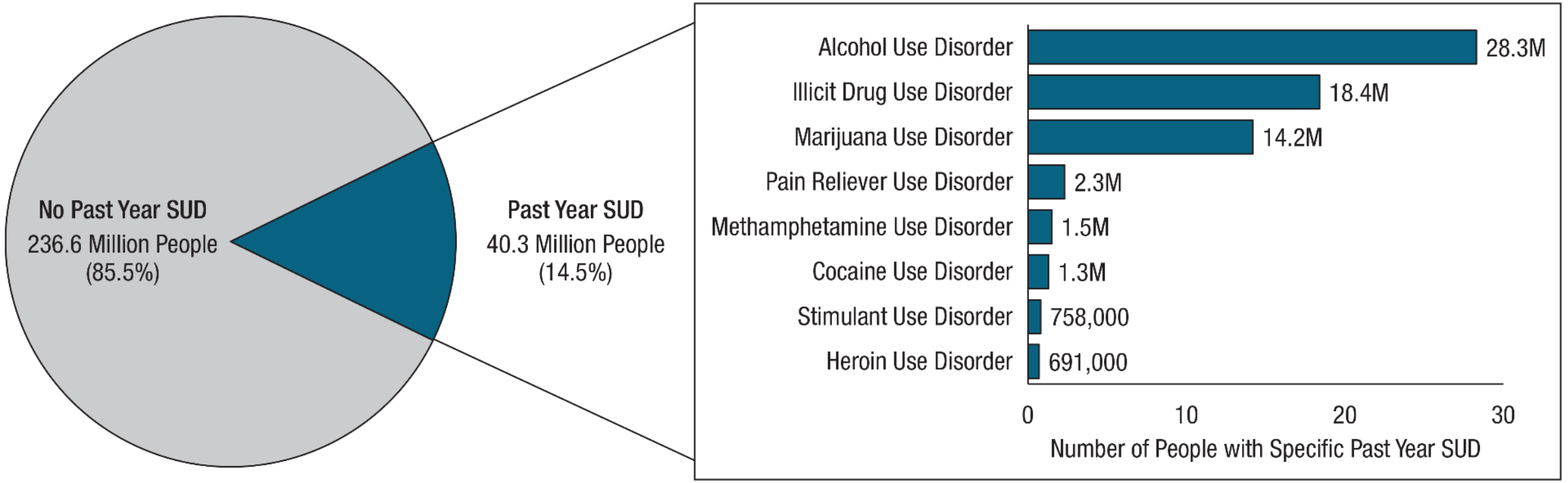
Among people 12+ who misused prescription pain relievers in the past year, buprenorphine was the most commonly misused subtype (2020).



SAMHSA
Substance Abuse and Mental Health Services Administration

Data Source: National Survey on Drug Use and Health, 2020

Alcohol use disorder was the most common past year substance use disorder among people 12+ (2020).

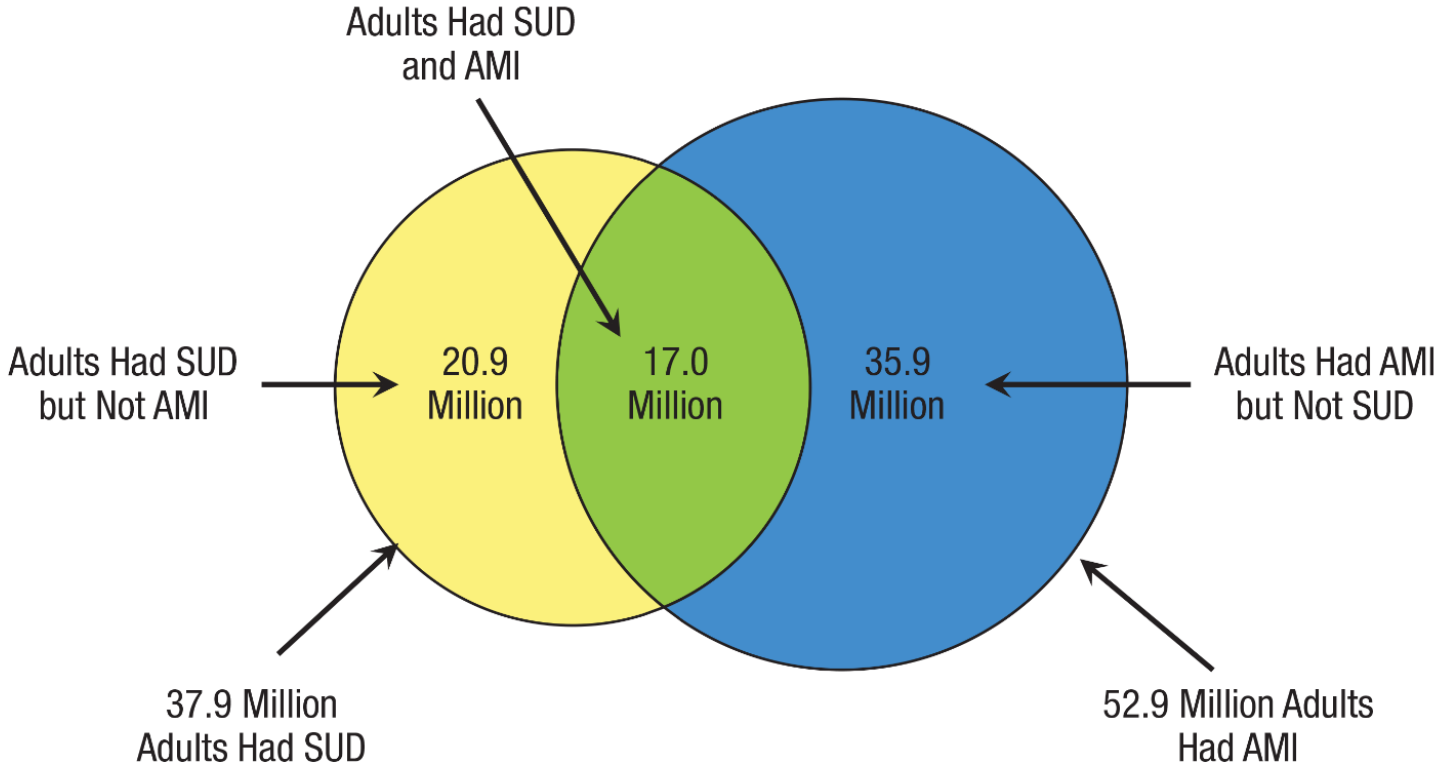


SAMHSA
Substance Abuse and Mental Health Services Administration

Data Source: National Survey on Drug Use and Health, 2020

Substance use disorder and mental illness are common in the US.

Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI): Among Adults Aged 18 or Older; 2020



73.8 Million Adults Had Either SUD or AMI

Data Source: National Survey on Drug Use and Health, 2020

SAMHSA
Substance Abuse and Mental Health Services Administration

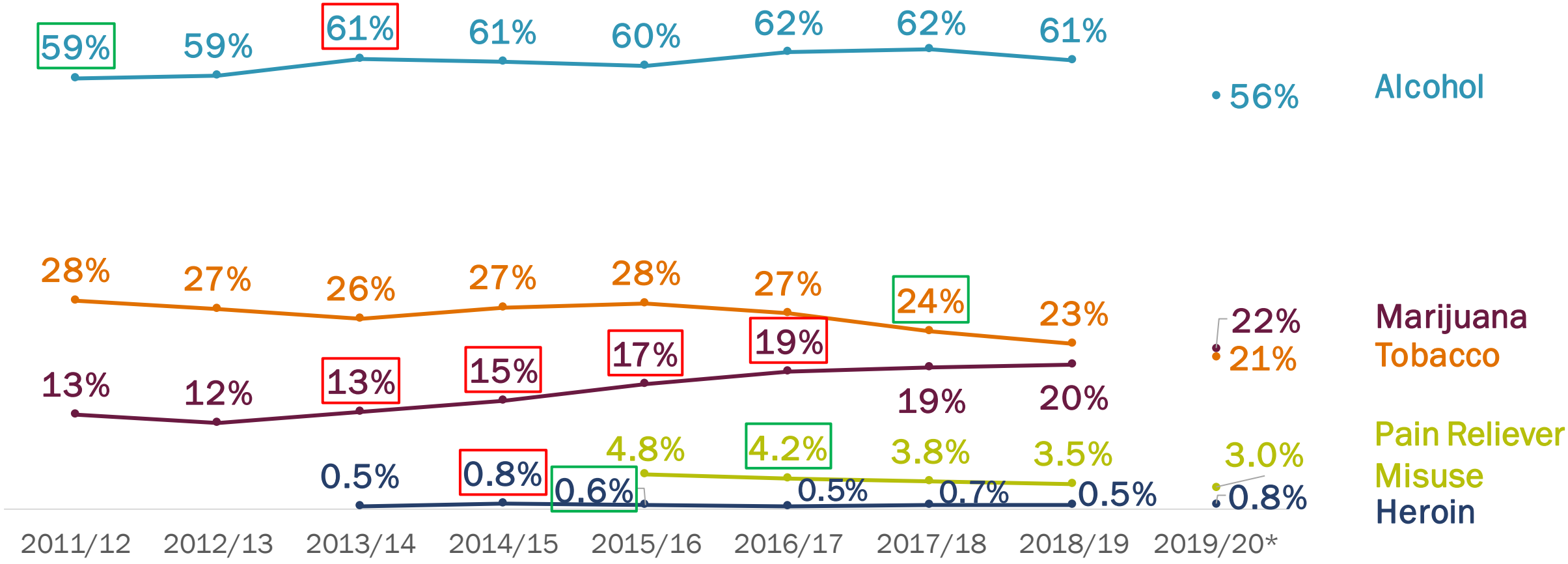
Vermont Data

Table of Contents

Of Vermonters age 12+ using selected substances, alcohol was the mostly commonly used substance.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.
Alcohol, marijuana, and tobacco are reported past month use. Pain reliever misuse and heroin are reported past year use.

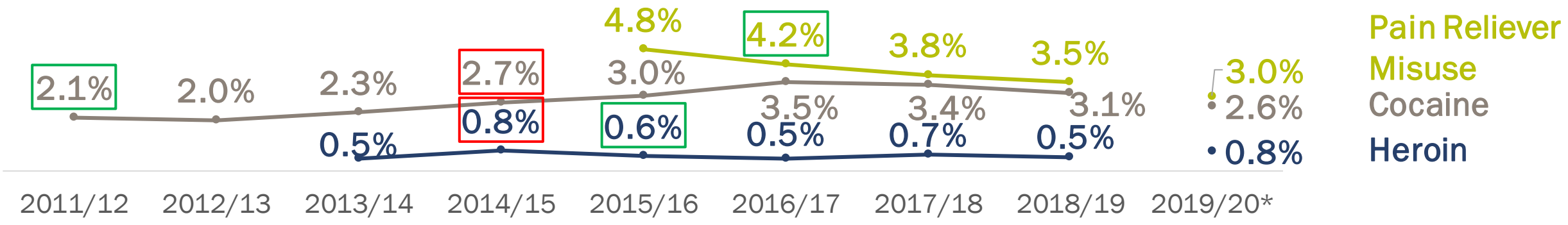


Source: National Survey on Drug Use and Health, 2011-2020

Fewer than five percent of Vermonters age 12+ used cocaine or opioids in the last year.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.
Pain reliever misuse, heroin, and cocaine are reported past year use.

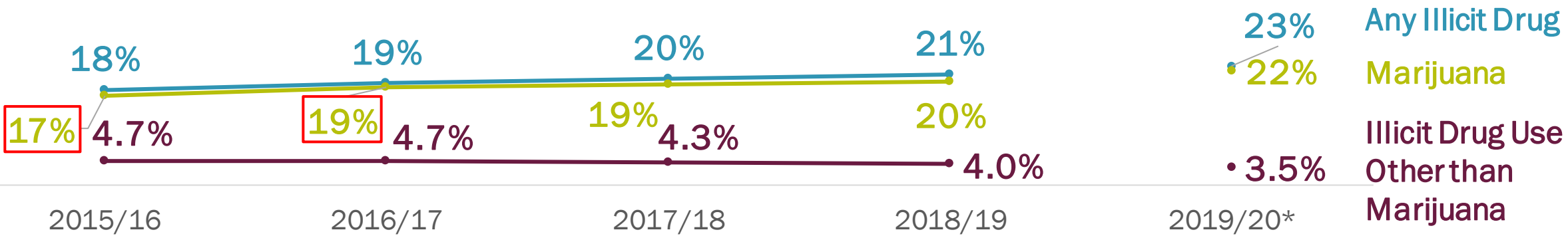


Source: National Survey on Drug Use and Health, 2011-2020

High rates of past month drug use by Vermonters age 12+ aligns closely with rates of marijuana use.

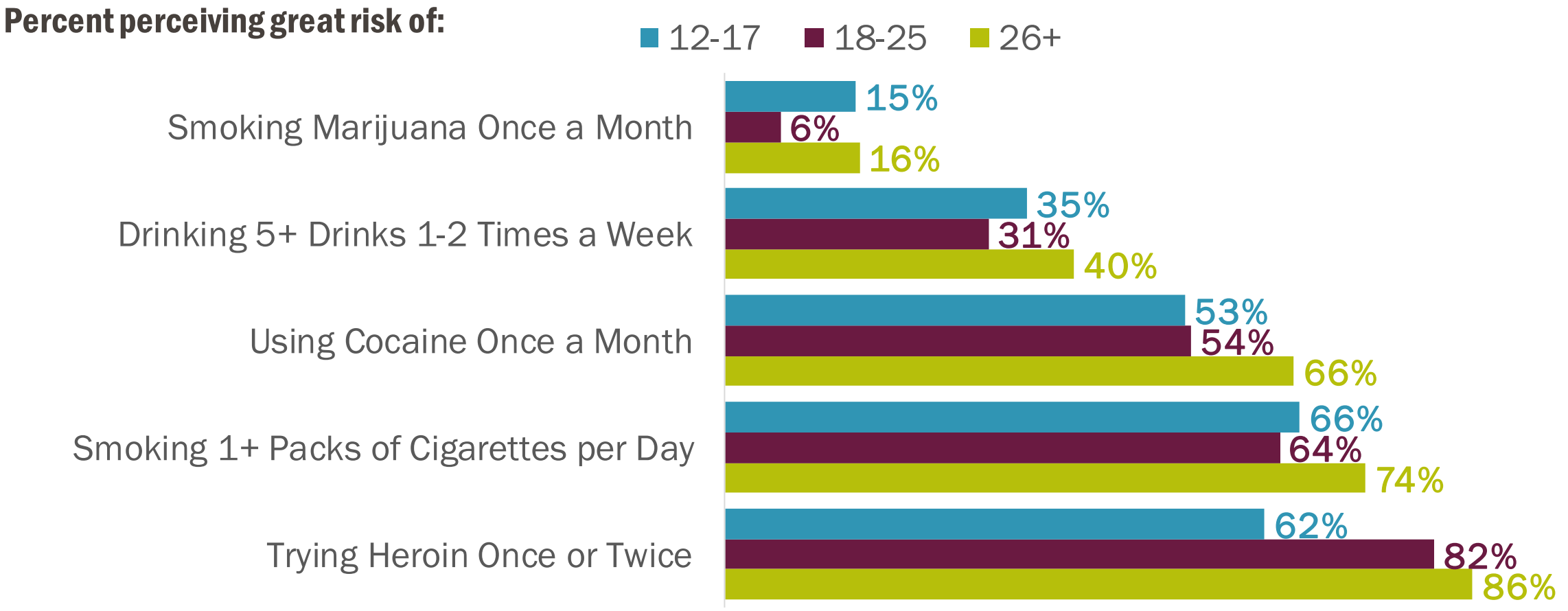
*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.



Source: National Survey on Drug Use and Health, 2015-2020

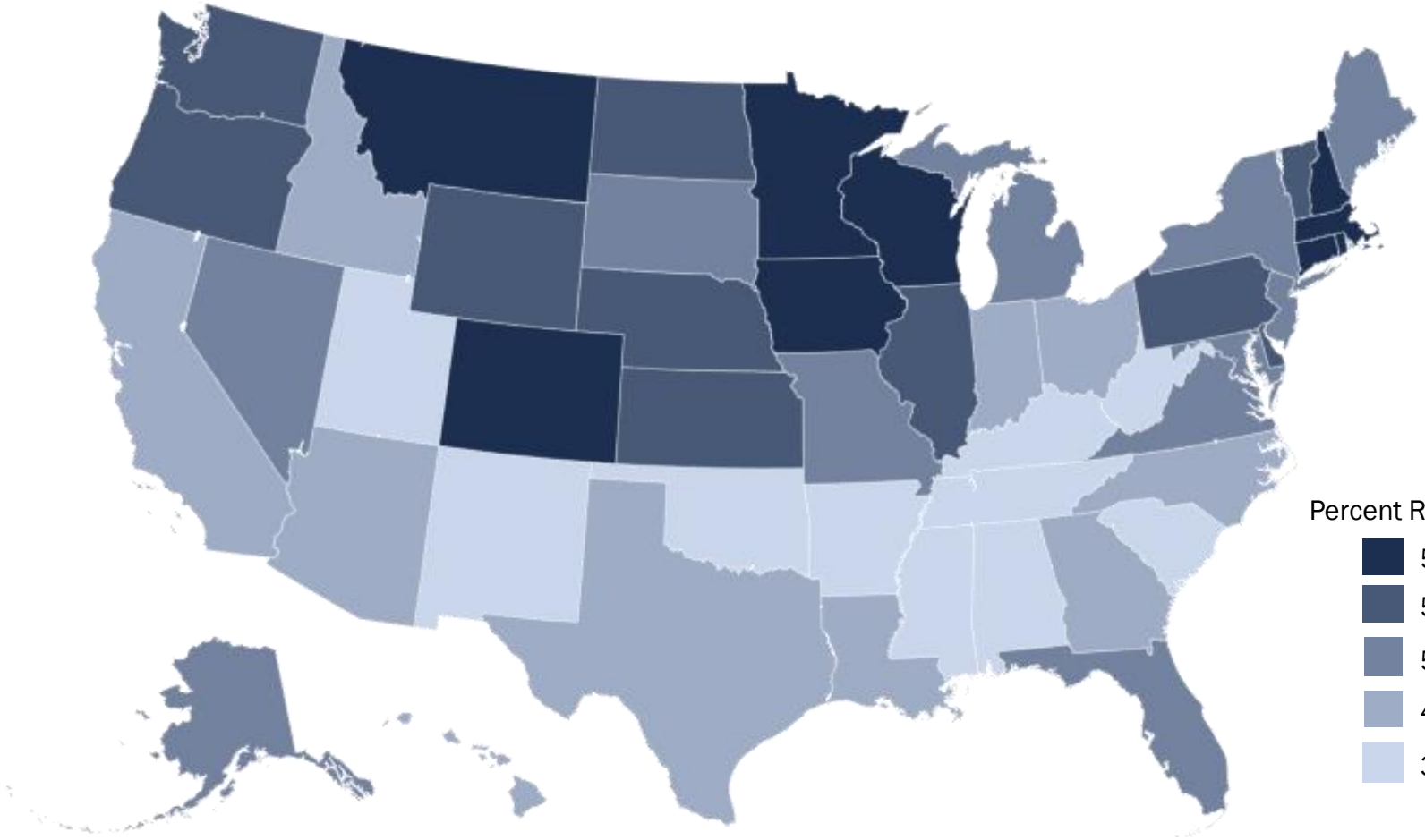
The percentage of Vermonters perceiving great risk of using substances in 2019/2020 varied by age and substance, with marijuana being lowest for all age groups. Perception of great risk of trying heroin was lowest among those age 12-17.



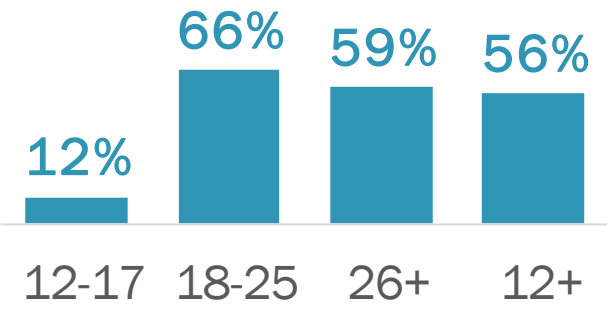
Source: National Survey on Drug Use and Health, 2019-2020

Alcohol

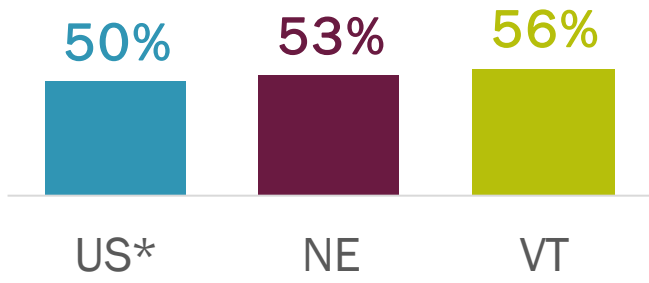
Vermont past month alcohol use among people age 12+ was high compared to other states in the US (2019-2020). This is true for all age groups.



Vermont Rates by Age



US, Northeast, VT Comparison



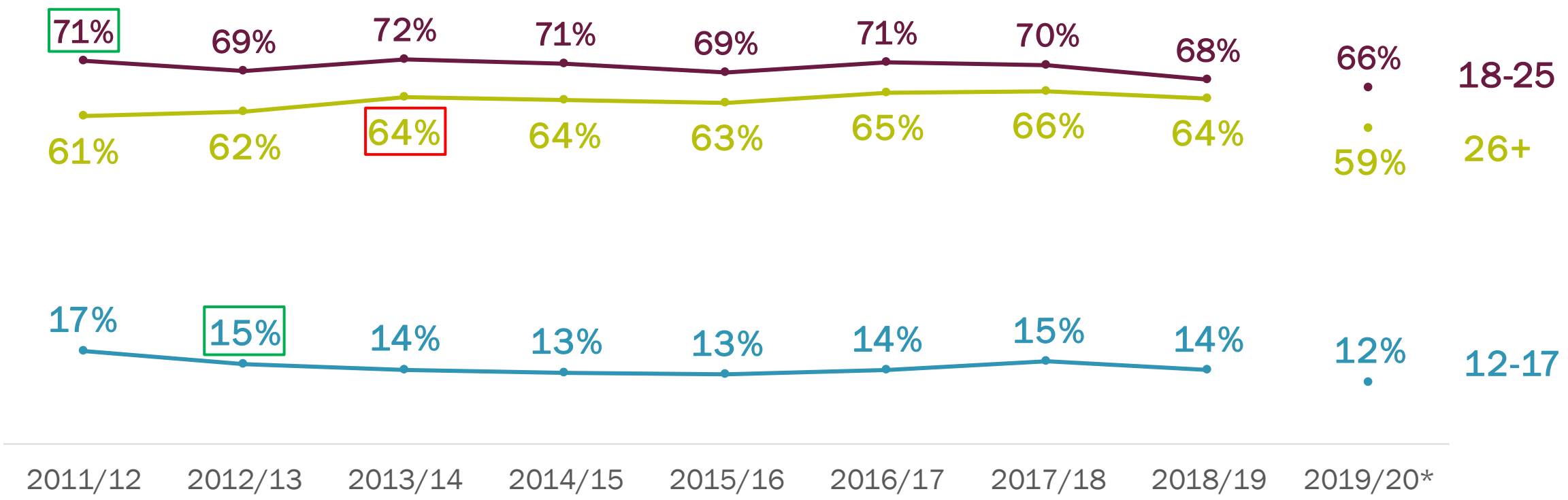
*VT is statistically higher than the US

Source: National Survey on Drug Use and Health, 2019-2020

The percentage of Vermonters age 18-25 who used alcohol in the past month is consistently higher than that of other age groups.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

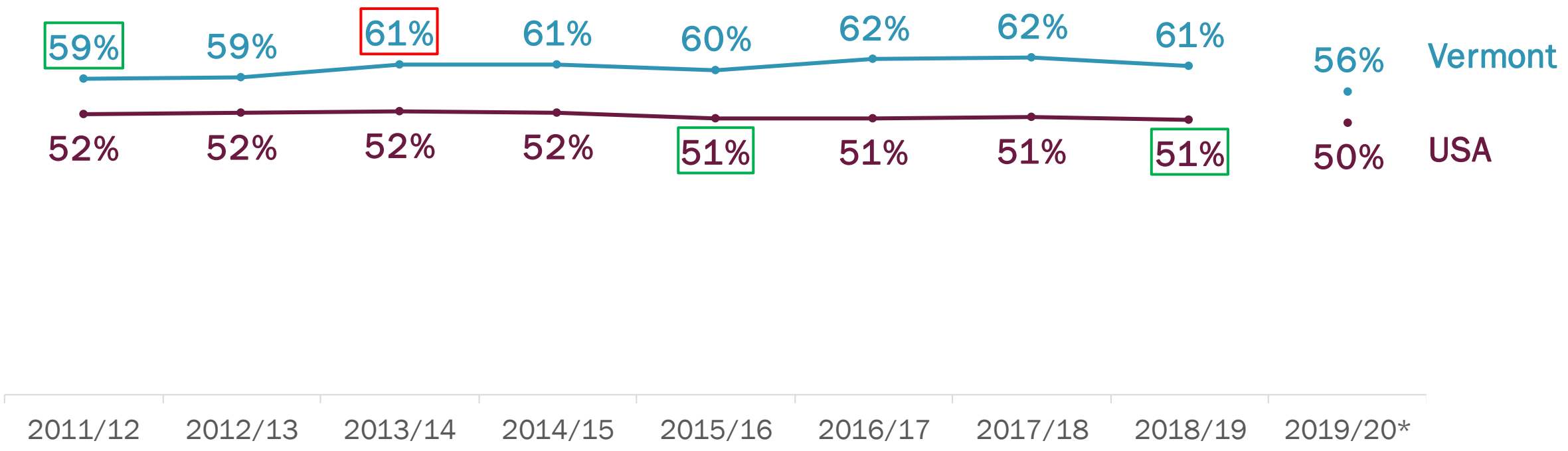


Source: National Survey on Drug Use and Health, 2011-2020

The percentage of Vermonters age 12+ who used alcohol in the past month is consistently higher than the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

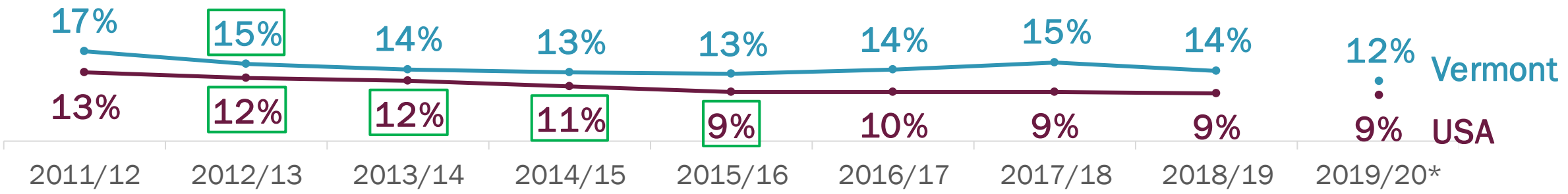


Source: National Survey on Drug Use and Health, 2011-2020

The percentage of Vermonters age 12-17 who used alcohol in the past month is consistently higher than the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

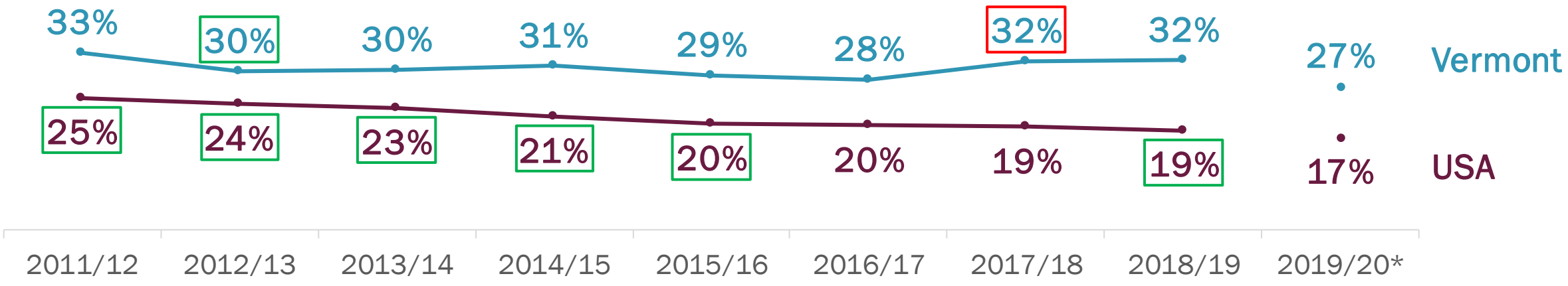


Source: National Survey on Drug Use and Health, 2011-2020

The percentage of underage (12-20) Vermonters who used alcohol in the past month is consistently higher than the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

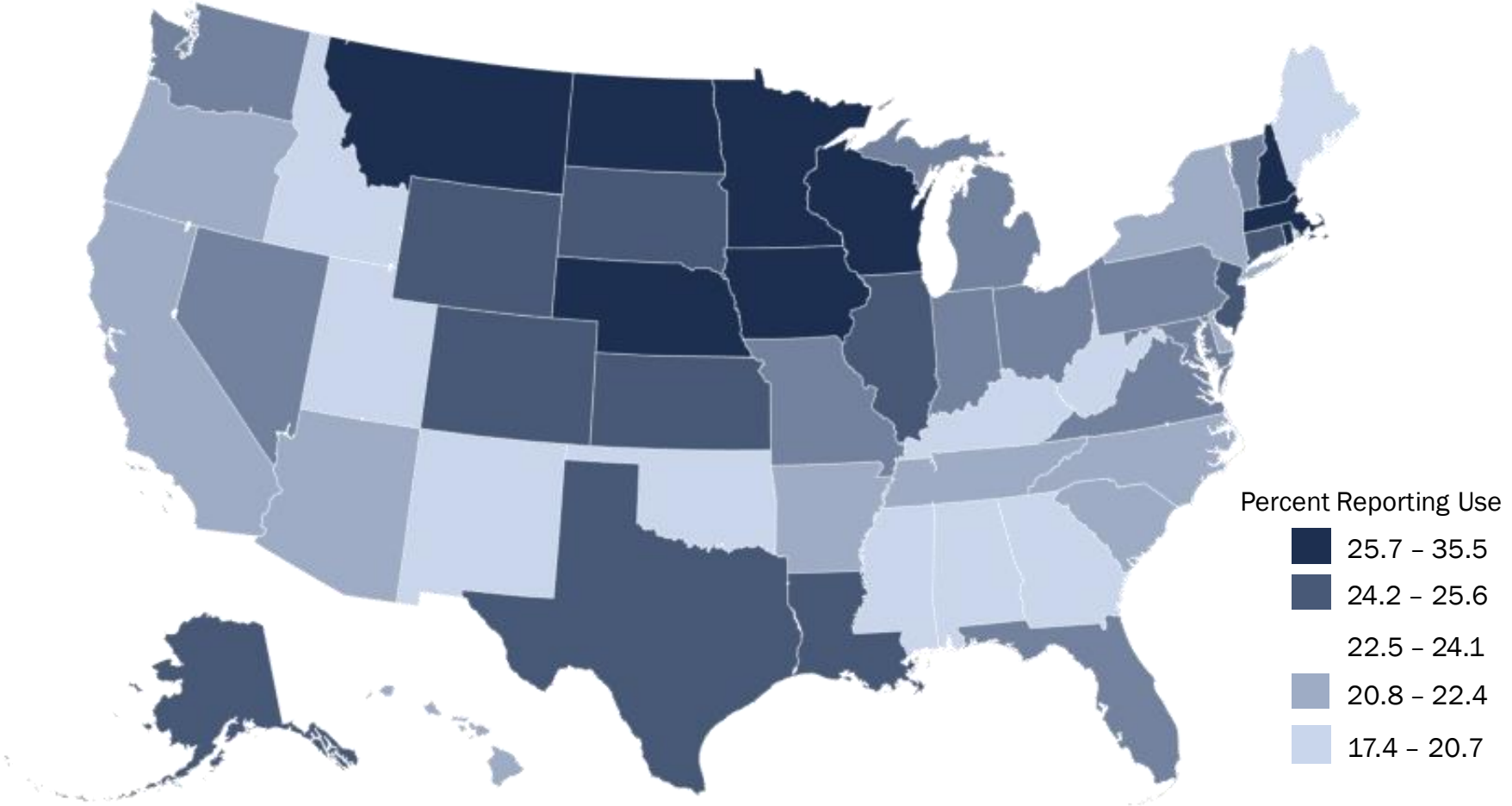
Red or green box around the label indicates a significant change from the previous year.



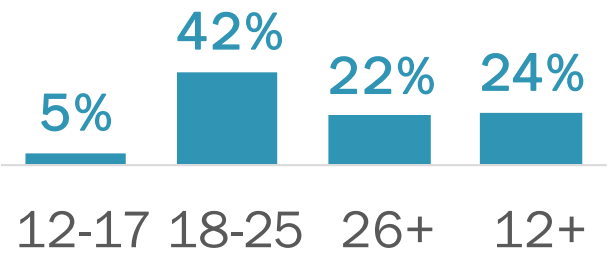
Source: National Survey on Drug Use and Health, 2011-2020

Past month binge alcohol use among people age 12+ in Vermont was similar to the US (2019-2020).

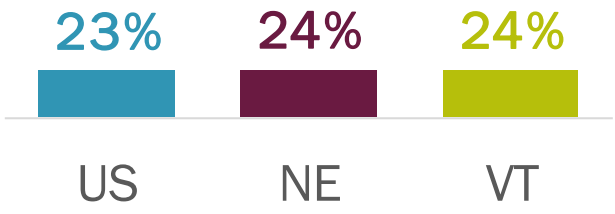
NOTE: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.



Vermont Rates by Age



US, Northeast, VT Comparison



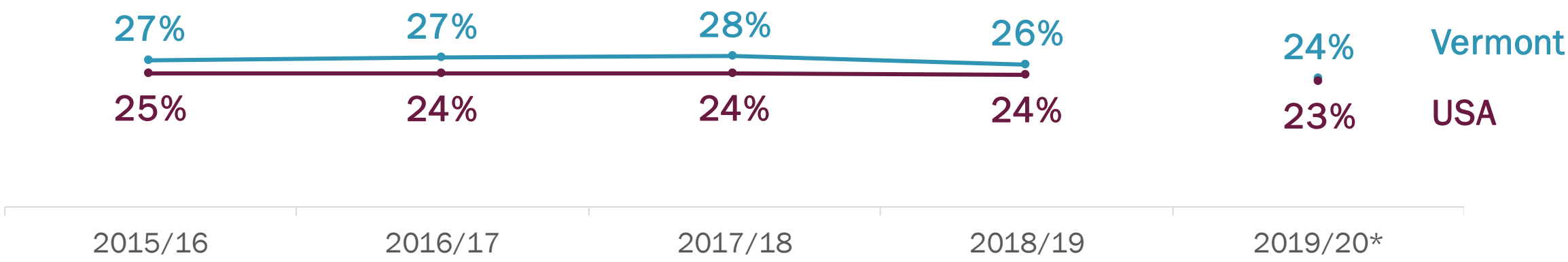
Vermont is statistically similar to the US and Northeast

Source: National Survey on Drug Use and Health, 2019-2020

The percentage of Vermonters age 12+ who binge drank in the past month is consistently higher than the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

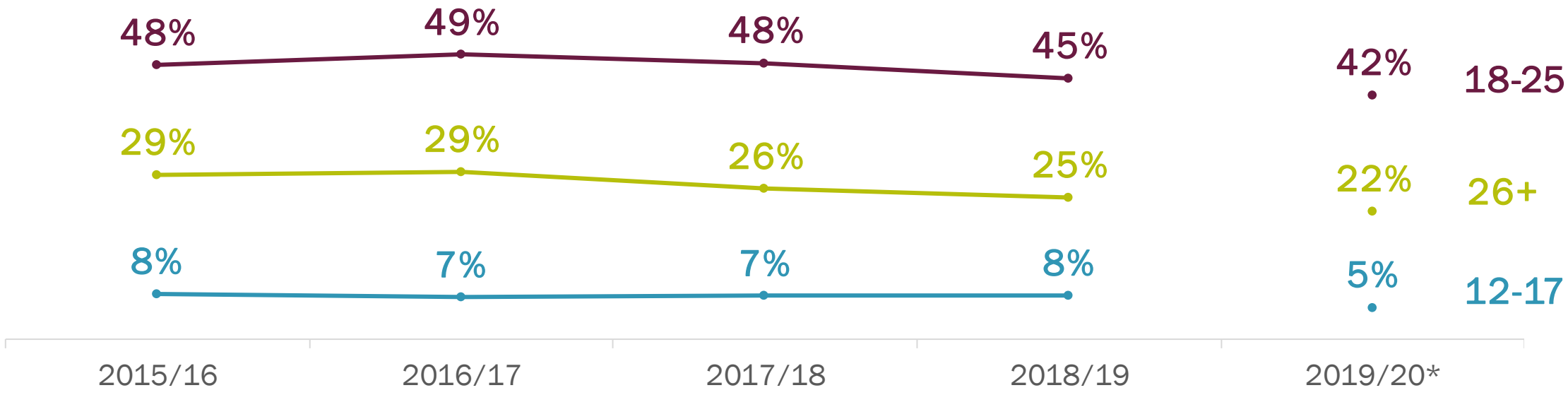


Source: National Survey on Drug Use and Health, 2015-2020

The percentage of Vermonters age 18-25 who binge drank in the past month is consistently higher than that of other age groups.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.



Source: National Survey on Drug Use and Health, 2015-2020

The percentage of underage (12-20) Vermonters who binge drank in the past month is consistently higher than the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

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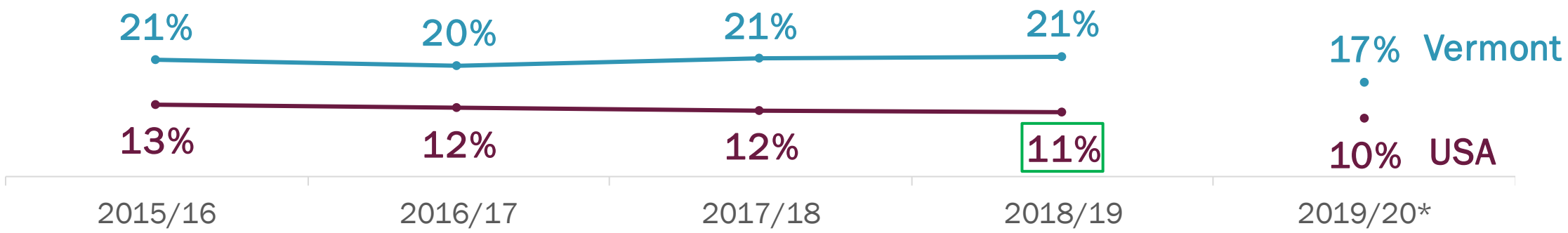
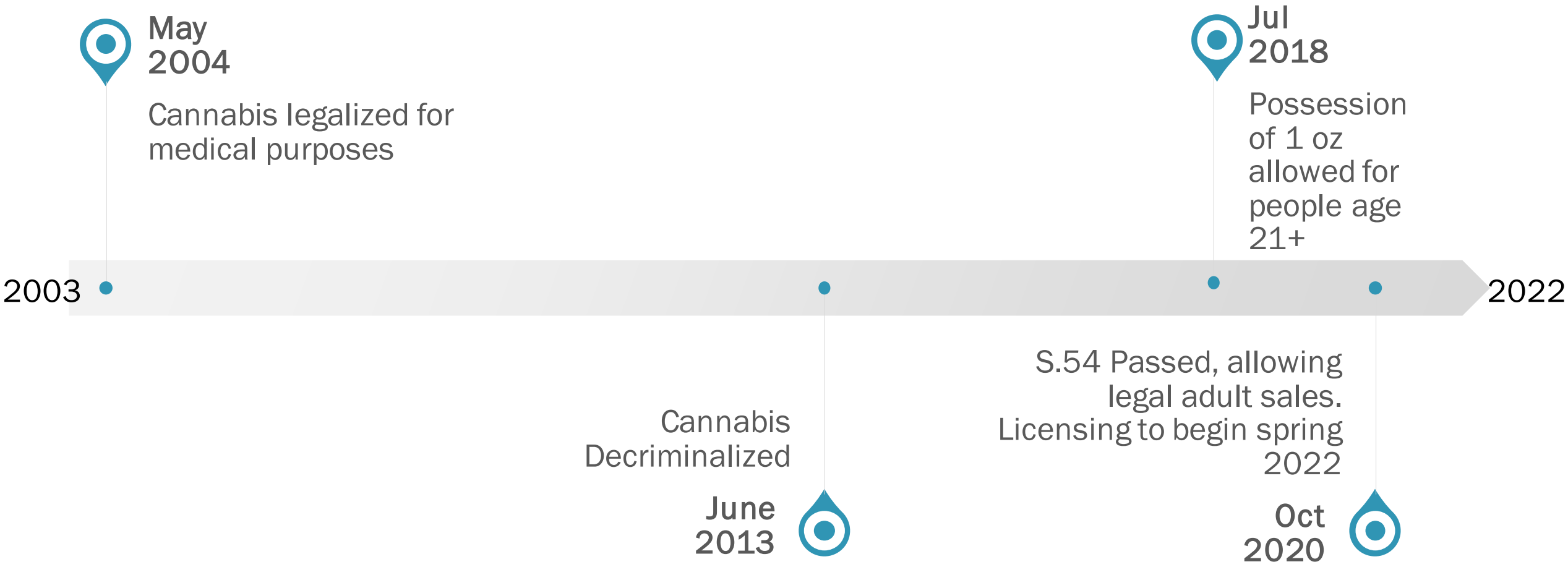


Source: National Survey on Drug Use and Health, 2015-2020

Marijuana

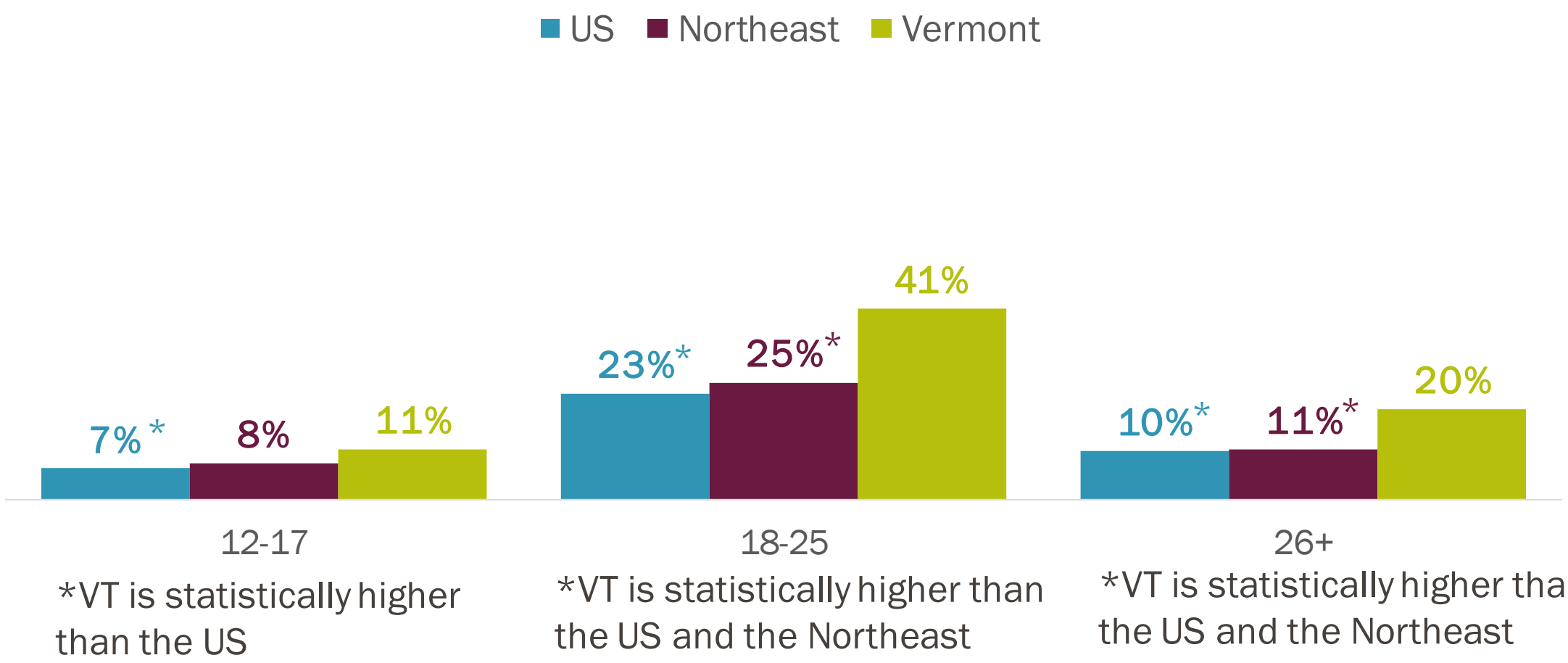
Cannabis-related legislation in Vermont



Note: NSDUH uses the term “marijuana” in the survey, but “cannabis” is used here to reflect updated terminology used by the Vermont Department of Health.

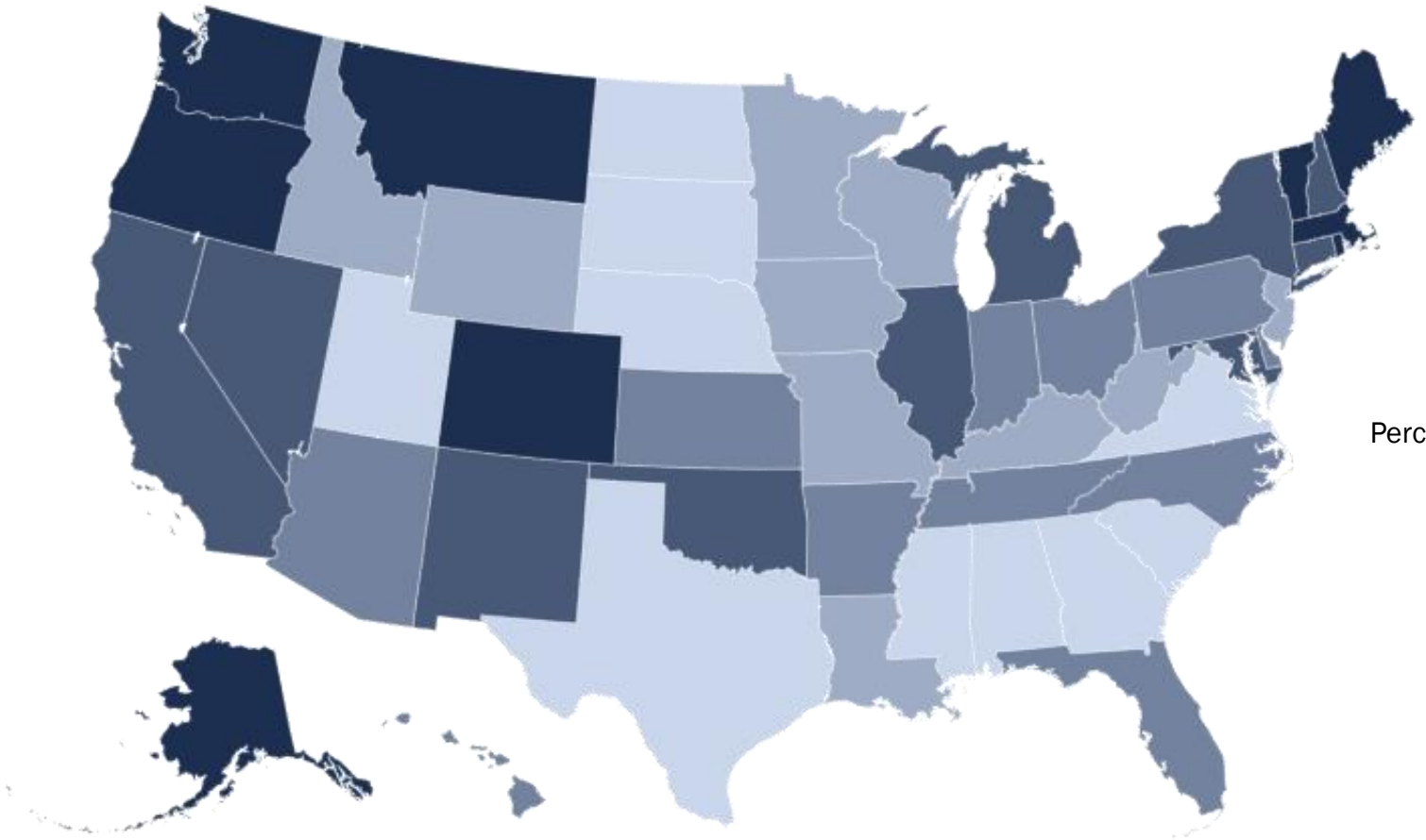
Table of Contents

In 2019/2020 a significantly higher percentage of Vermonters used marijuana in the past month compared to the US, in each age group.

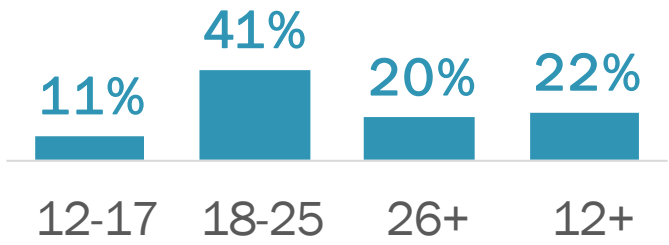


Source: National Survey on Drug Use and Health, 2019-2020

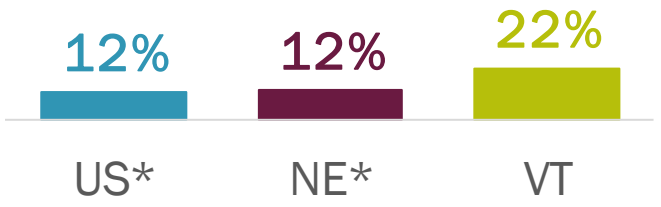
Vermont past month marijuana use among people age 12+ was the highest in the US (2019-2020).



Vermont Rates by Age



US, Northeast, VT Comparison



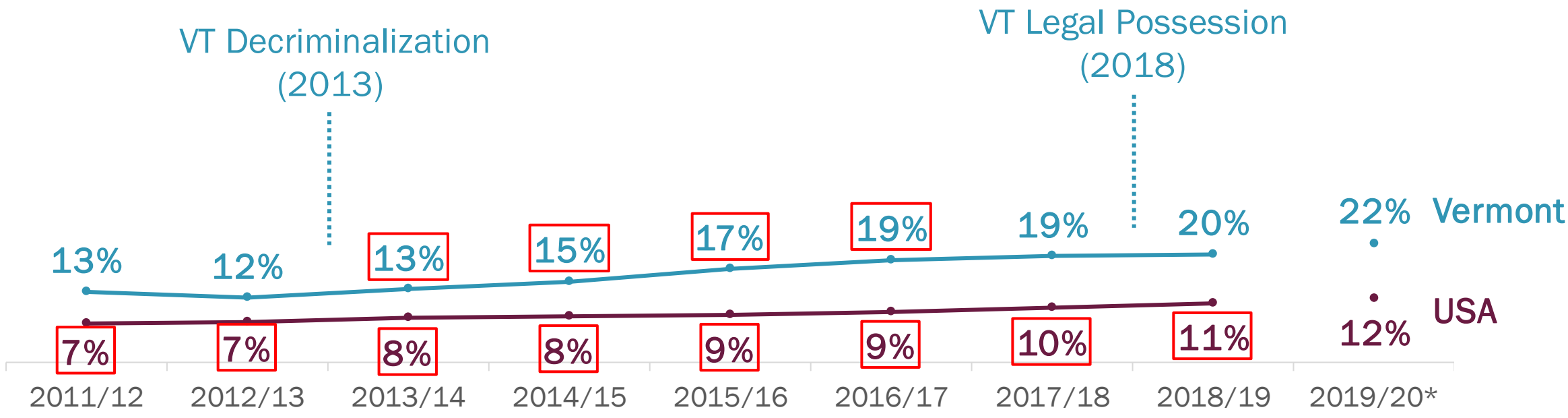
*VT is Statistically Higher than both the Northeast and US

Source: National Survey on Drug Use and Health, 2019-2020

The percentage of Vermonters age 12+ who used marijuana in the past month is consistently higher than the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

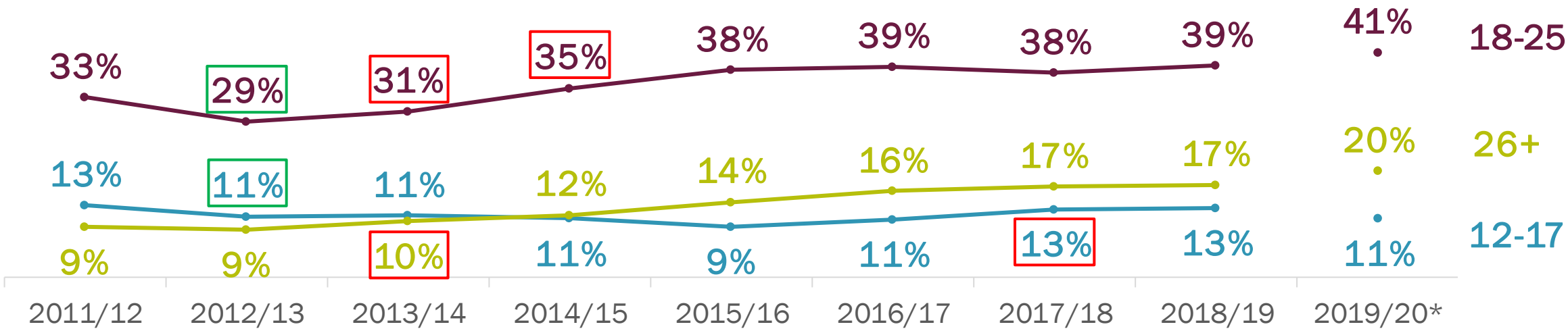


Source: National Survey on Drug Use and Health, 2011-2020

The percentage of Vermonters age 18-25 who used marijuana in the past month is consistently higher than other age groups.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

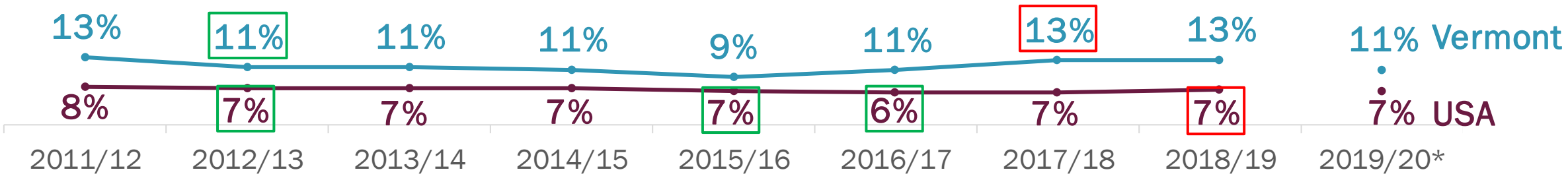


Source: National Survey on Drug Use and Health, 2011-2020

The percentage of Vermonters age 12-17 who used marijuana in the past month is consistently higher than the national average.

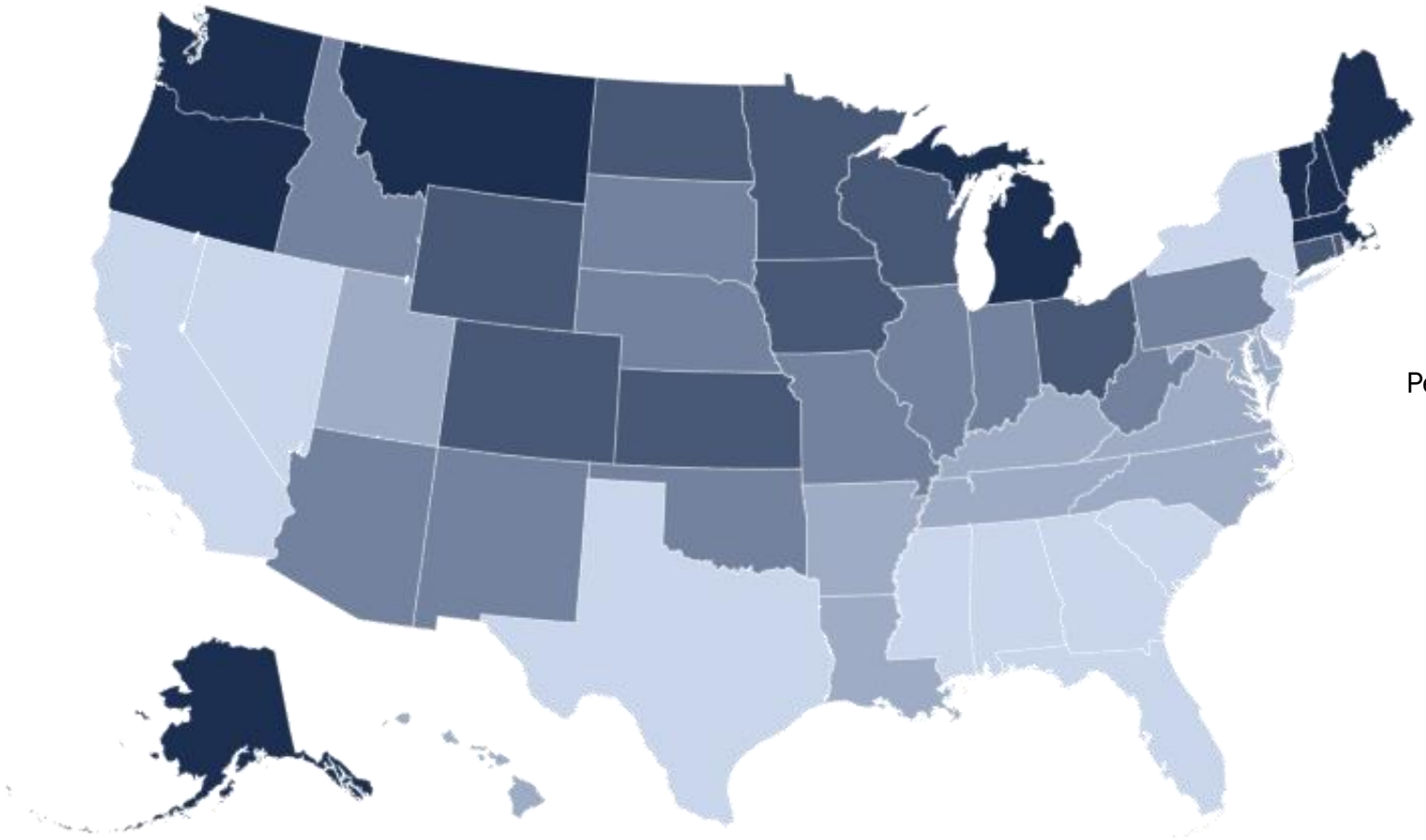
*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

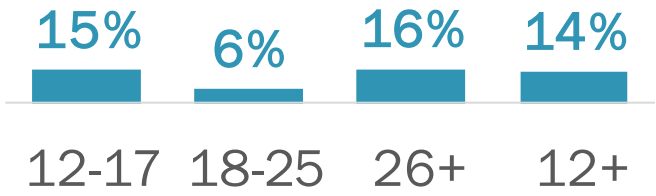


Source: National Survey on Drug Use and Health, 2011-2020

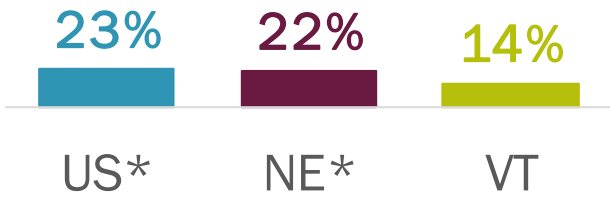
Vermonters age 12+ were less likely to perceive great risk from smoking marijuana once a month than other US states. This was true for all age groups (2019-2020).



Vermont Rates by Age



US, Northeast, VT Comparison



*VT is statistically different than both the Northeast and US

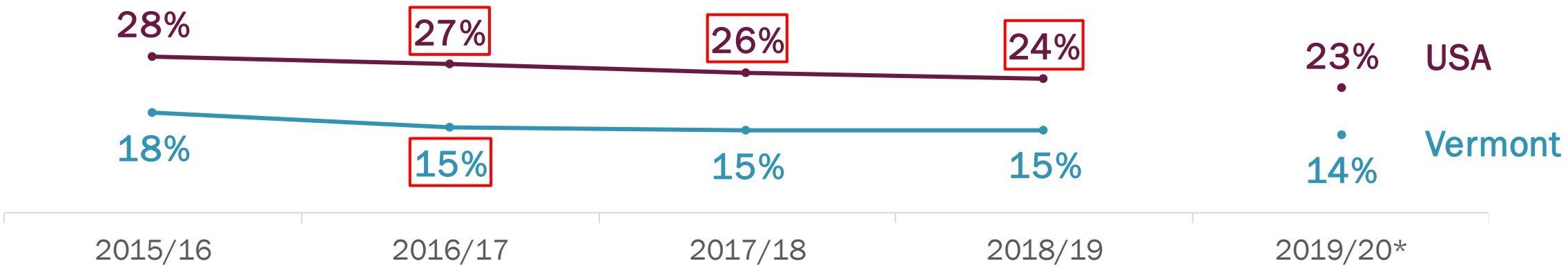
Vermont Department of Health

Source: National Survey on Drug Use and Health, 2019-2020

Vermonters age 12+ were less likely to perceive great risk from smoking marijuana once a month than the US as a whole.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

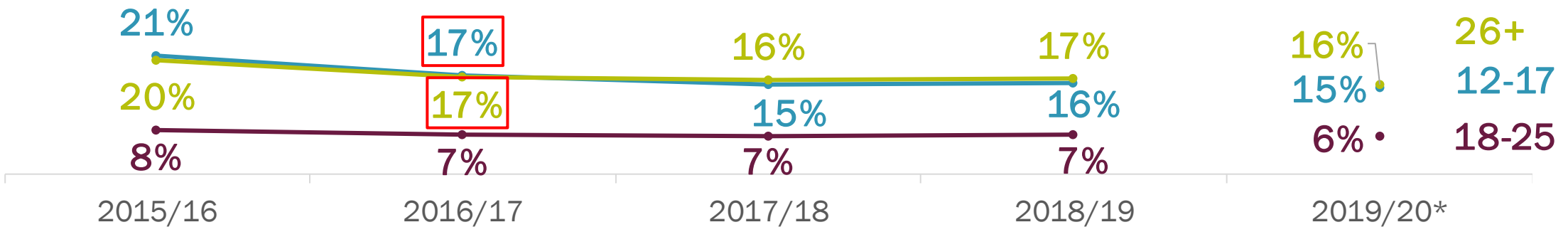


Source: National Survey on Drug Use and Health, 2015-2020

The percentage of Vermonters age 18-25 perceiving great risk from smoking marijuana once a month is consistently lower than that of other age groups.

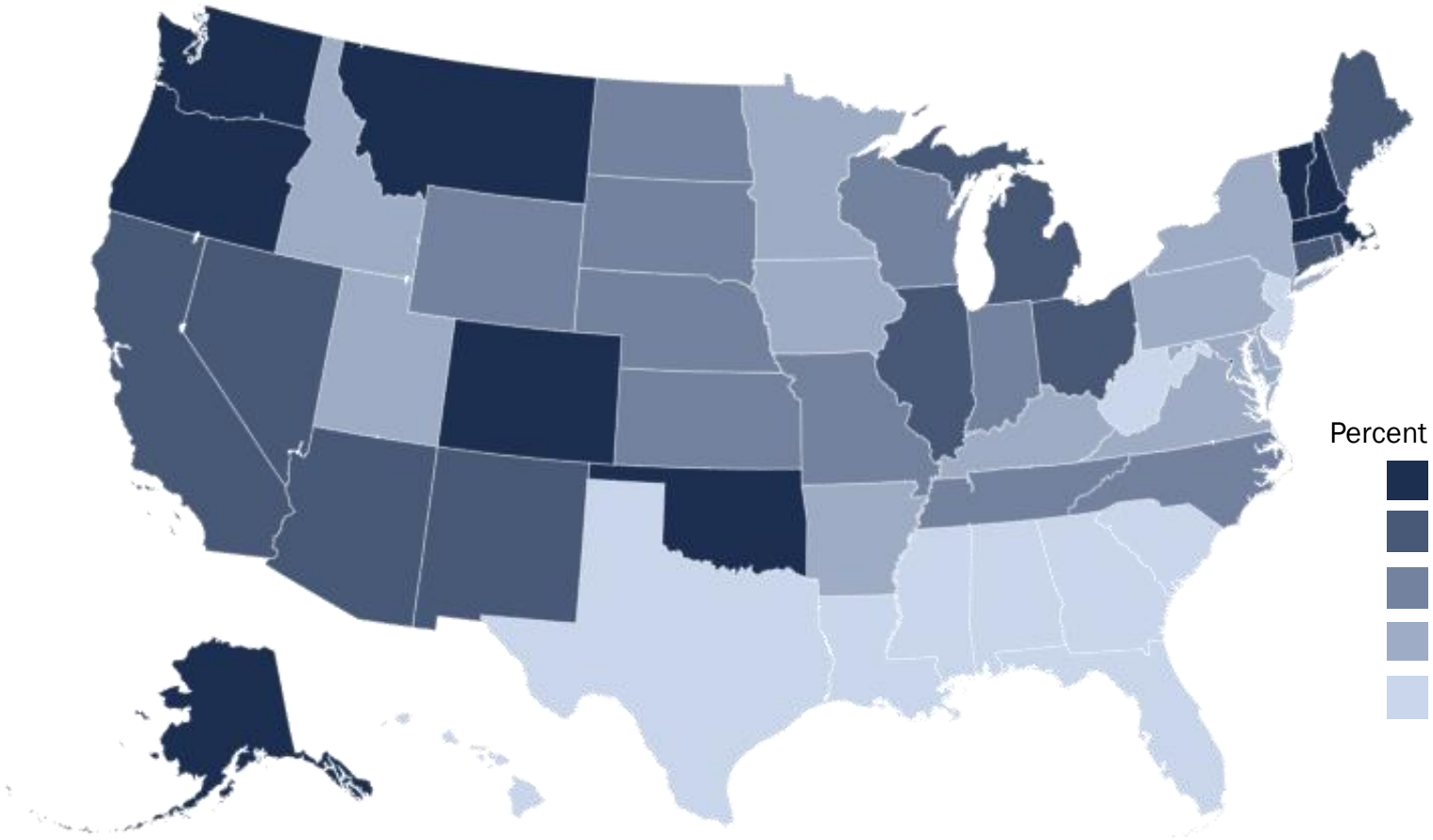
*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

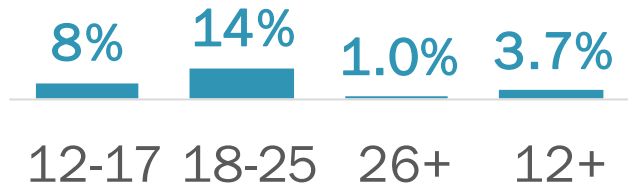


Source: National Survey on Drug Use and Health, 2015-2020

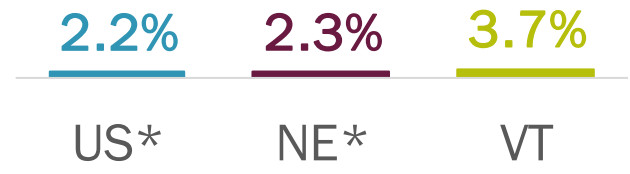
Vermonters age 12+ were more likely to try marijuana for the first time than people age 12+ in other US states (2019-2020).



Vermont Rates by Age



US, Northeast, VT Comparison



*VT is Statistically higher than both the Northeast and US

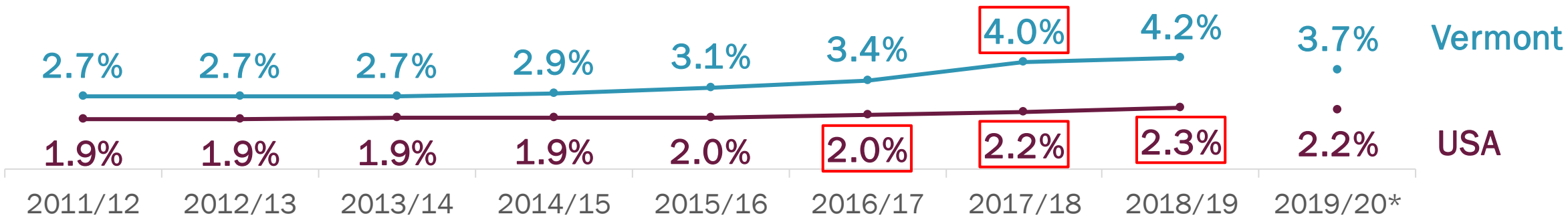
Vermont Department of Health

Source: National Survey on Drug Use and Health, 2019-2020

The percentage of Vermonters age 12+ who tried marijuana for the first time is consistently higher than the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

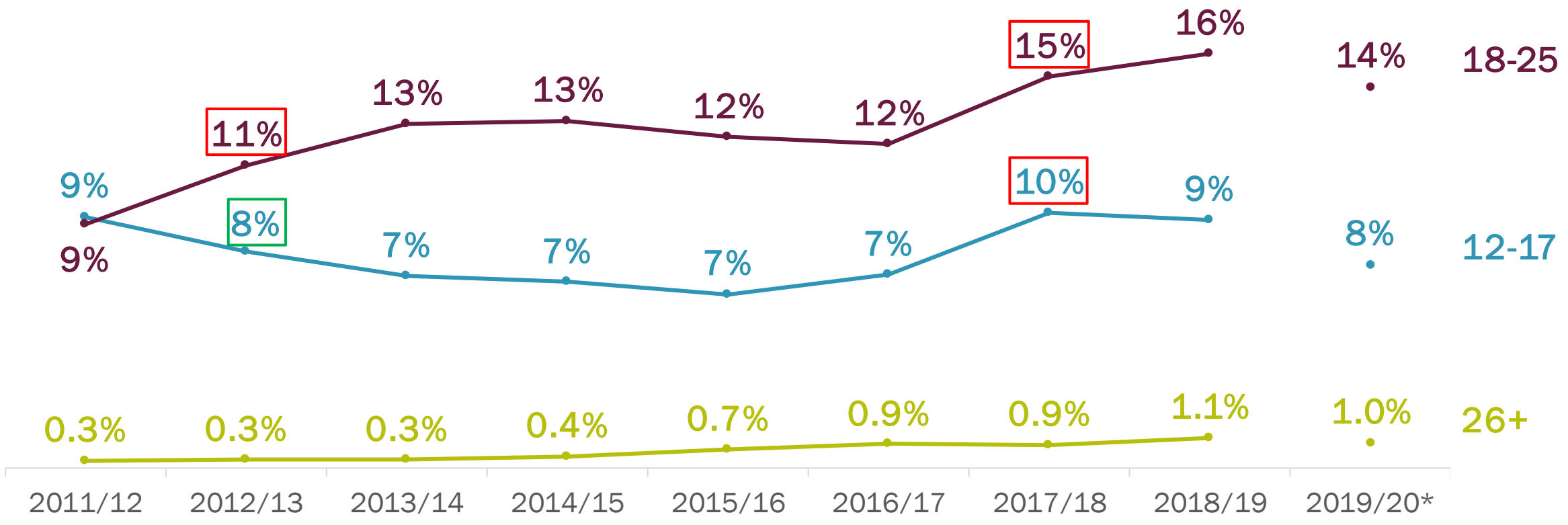


Source: National Survey on Drug Use and Health, 2011-2020

Vermonters aged 18-25 tried marijuana for the first time at a higher rate than other age groups (2019/2020).

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

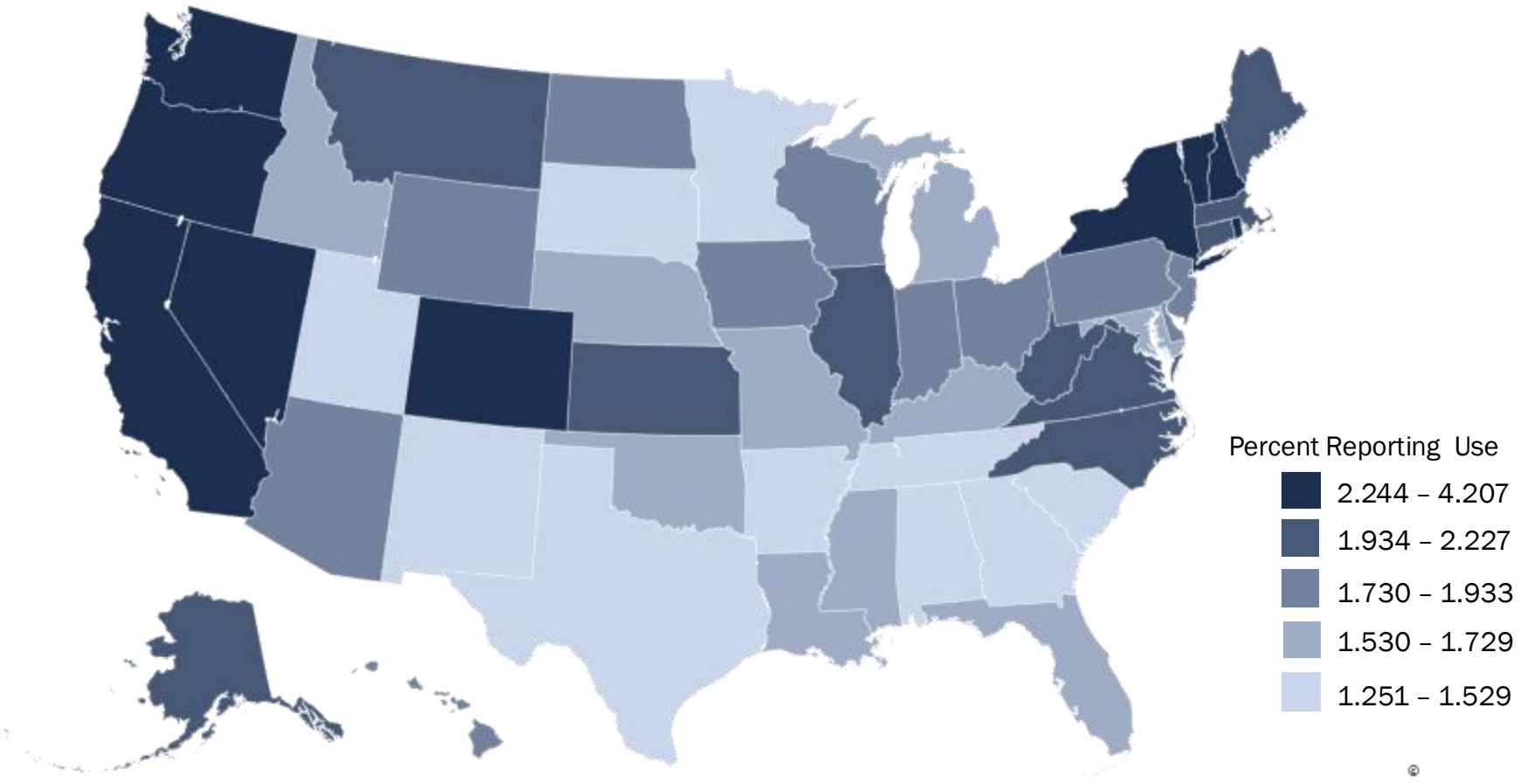
Red or green box around the label indicates a significant change from the previous year.



Source: National Survey on Drug Use and Health, 2011-2020

Stimulants

Cocaine use in the past year among Vermonters age 12+ was among the highest in the US (2019-2020), but statistically similar to the US.



Vermont Rates by Age

12-17	18-25	26+	12+
0.3%	8%	1.9%	2.6%

US, Northeast, VT Comparison

US	NE	VT
1.9%	2.2%	2.6%

VT is statistically similar to the Northeast and the US.

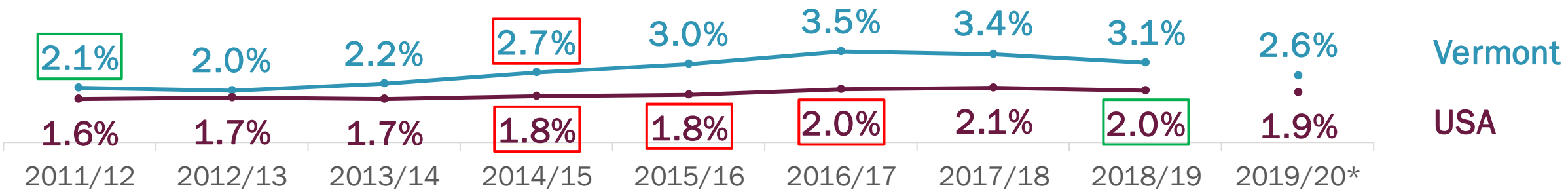
Vermont Department of Health

Source: National Survey on Drug Use and Health, 2019-2020

The percentage of Vermonters age 12+ who used cocaine in the past year is consistently higher than the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

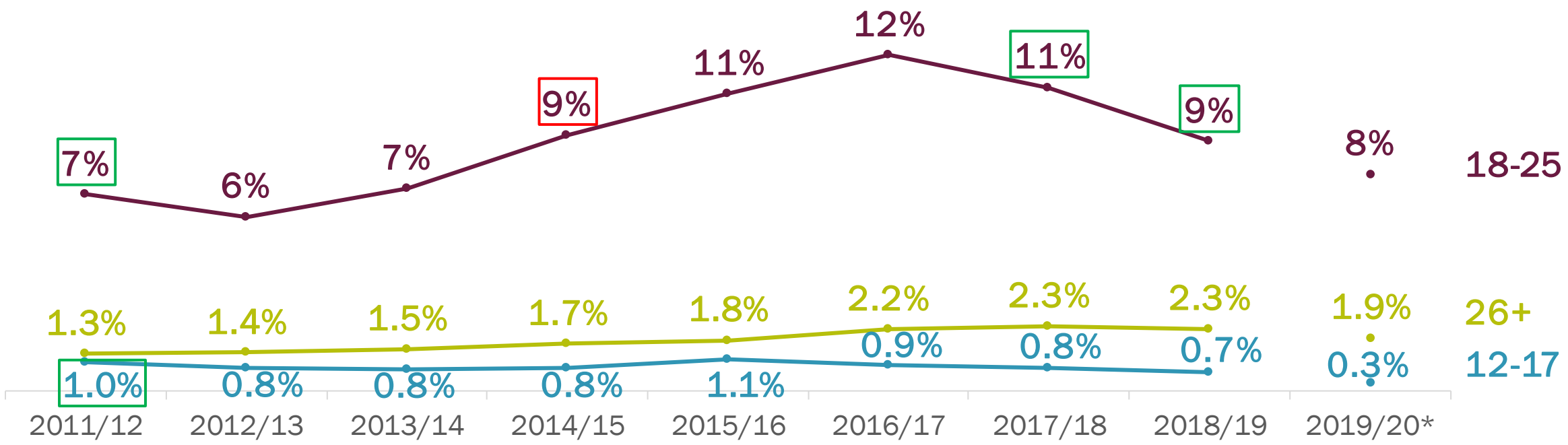


Source: National Survey on Drug Use and Health, 2011-2020

Vermonters age 18-25 were most likely to have used cocaine in the past year.

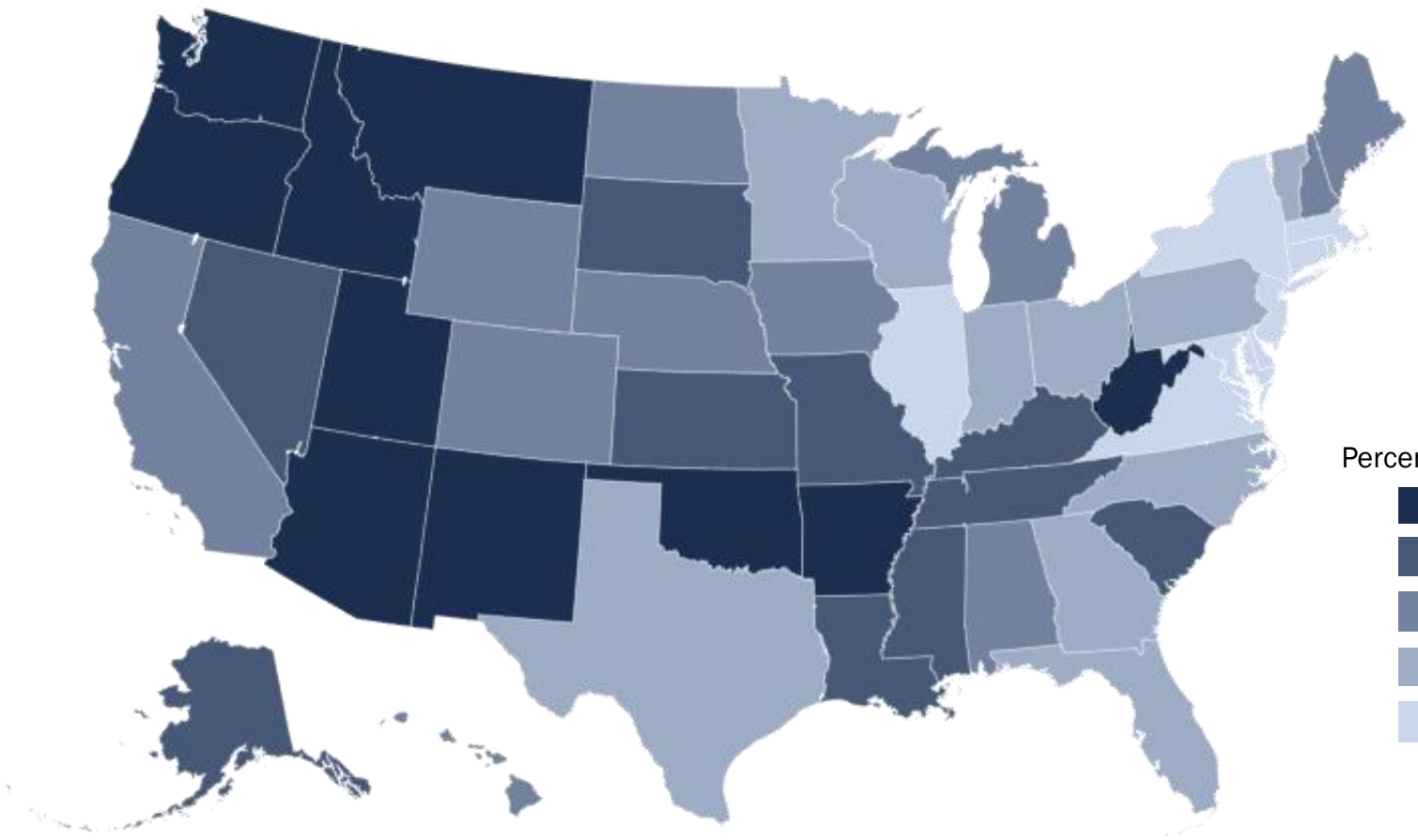
*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.



Source: National Survey on Drug Use and Health, 2011-2020

Vermont past year methamphetamine use among people age 12+ is statisically similar to US and Northeast rates (2019-2020).



Vermont Rates by Age

12-17	18-25	26+	12+
0.1%	0.7%	0.7%	0.7%

US, Northeast, VT Comparison

US	NE	VT
0.8%	0.4%	0.7%

Vermont is statistically similar to the US and Northeast

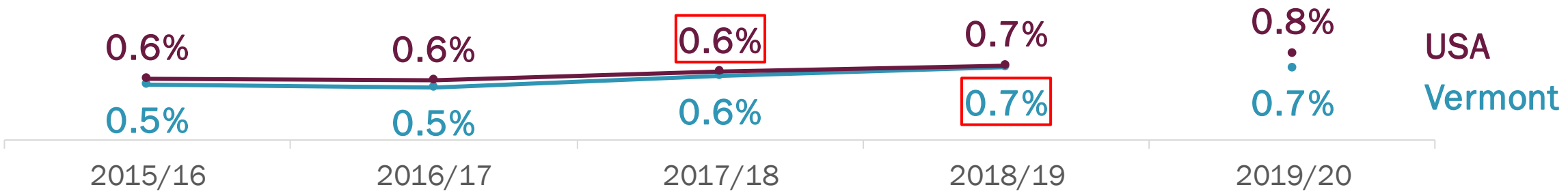
Vermont Department of Health

Source: National Survey on Drug Use and Health, 2019-2020

The percentage of Vermonters age 12+ who used methamphetamine in the past year is similar to the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

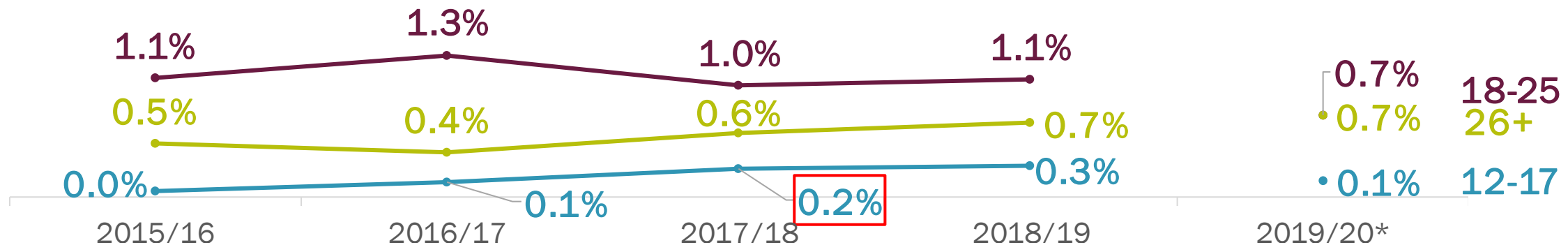


Source: National Survey on Drug Use and Health, 2015-2020

The percent of Vermonters who use methamphetamine in the past year is low in all age groups compared to other substances.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

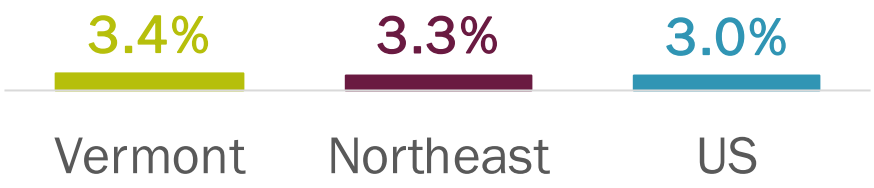


Source: National Survey on Drug Use and Health, 2015-2020

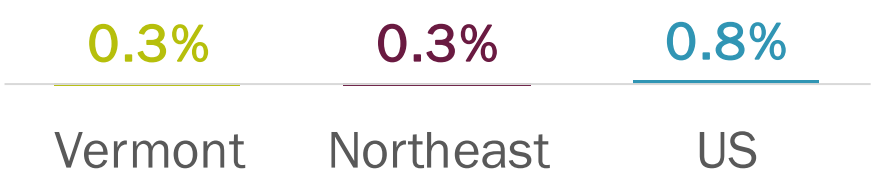
Opioids

Vermont's 2019 - 2020 past year pain reliever misuse and heroin use is statistically similar to US and the Northeast .

Past Year Pain Reliever Misuse (among people age 12+)



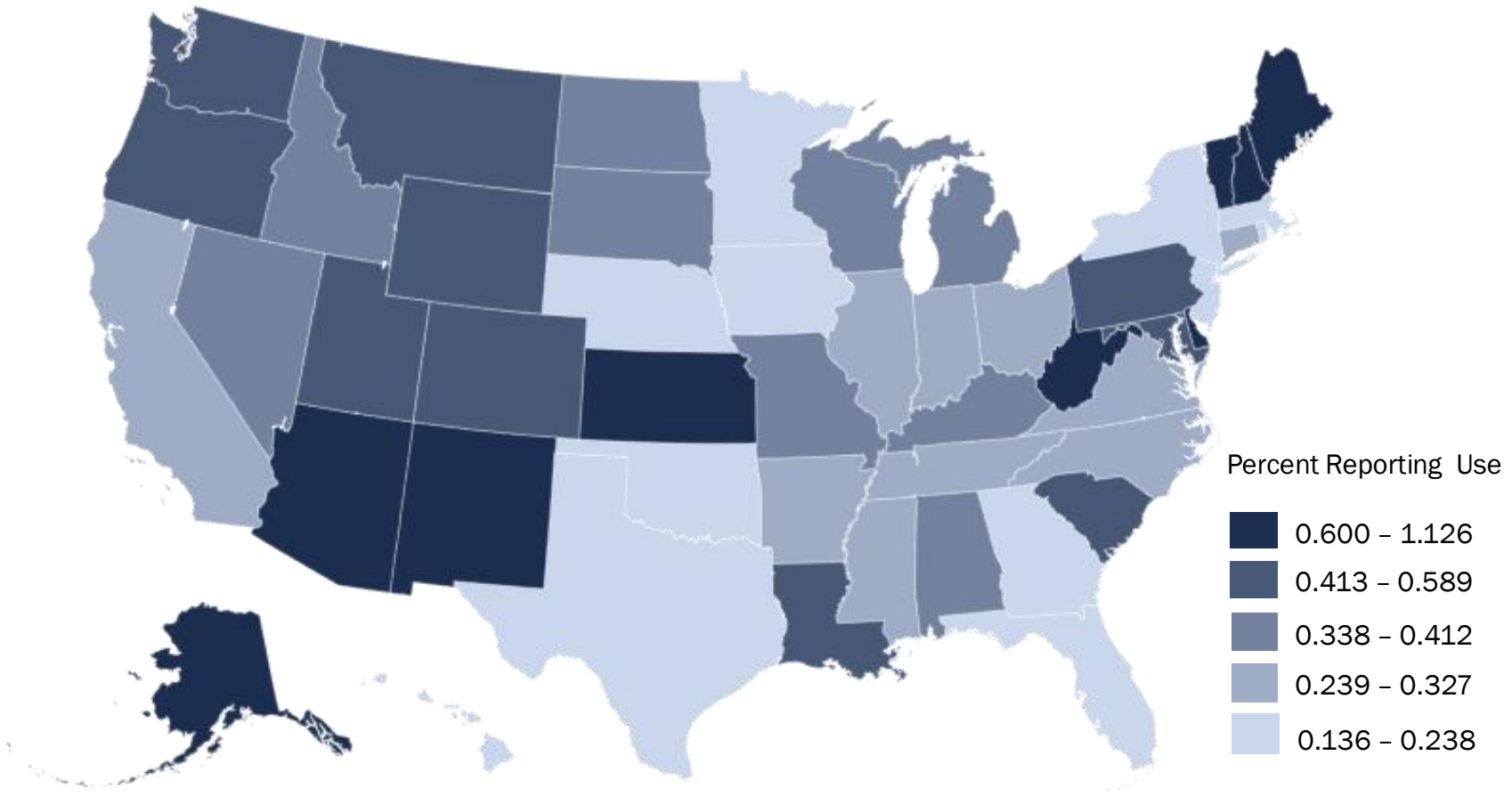
Past Year Heroin Use (among people age 18+)



Source: National Survey on Drug Use and Health, 2019-2020

Table of Contents

While Vermont appears to have one of the highest rates of past year heroin use in the US, it is statistically similar to both the US and Northeast (2019-2020).



Vermont Rates by Age

12-17	18-25	26+	18+
No data	0.4%	0.8%	0.8%

US, Northeast, VT Comparison

US	NE	VT
0.3%	0.3%	0.8%

Vermont is statistically similar to both the US and Northeast

Vermont Department of Health

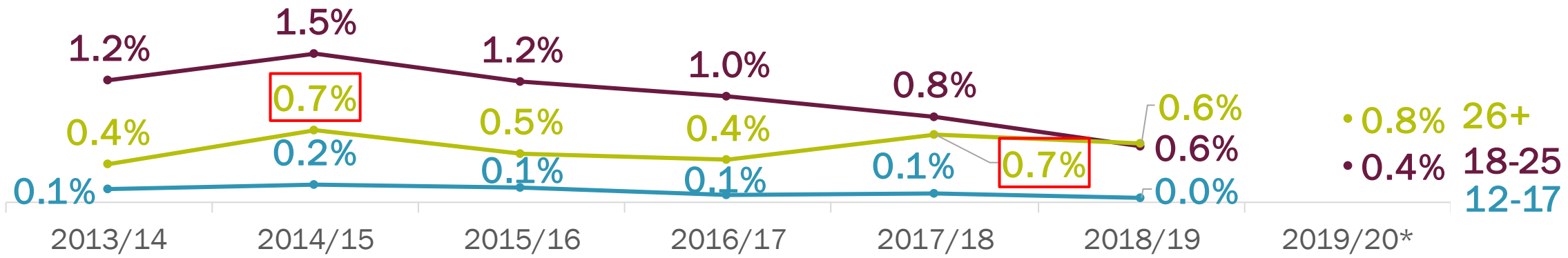
Source: National Survey on Drug Use and Health, 2019-2020

Vermonters age 26+ were more likely to use heroin in the past year compared to other age groups.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

NOTE: Estimates for youths aged 12 to 17 are not available for past year heroin use because no respondents aged 12 to 17 used heroin in the past year in the 2019 or 2020 NSDUHs.



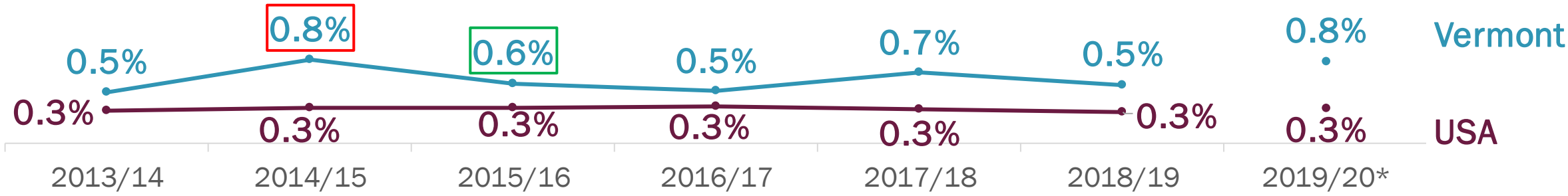
Source: National Survey on Drug Use and Health, 2013-2020

The percentage of Vermonters age 12+ (2013-2019) or 18+ (2019/20) who used heroin in the past year is similar to the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

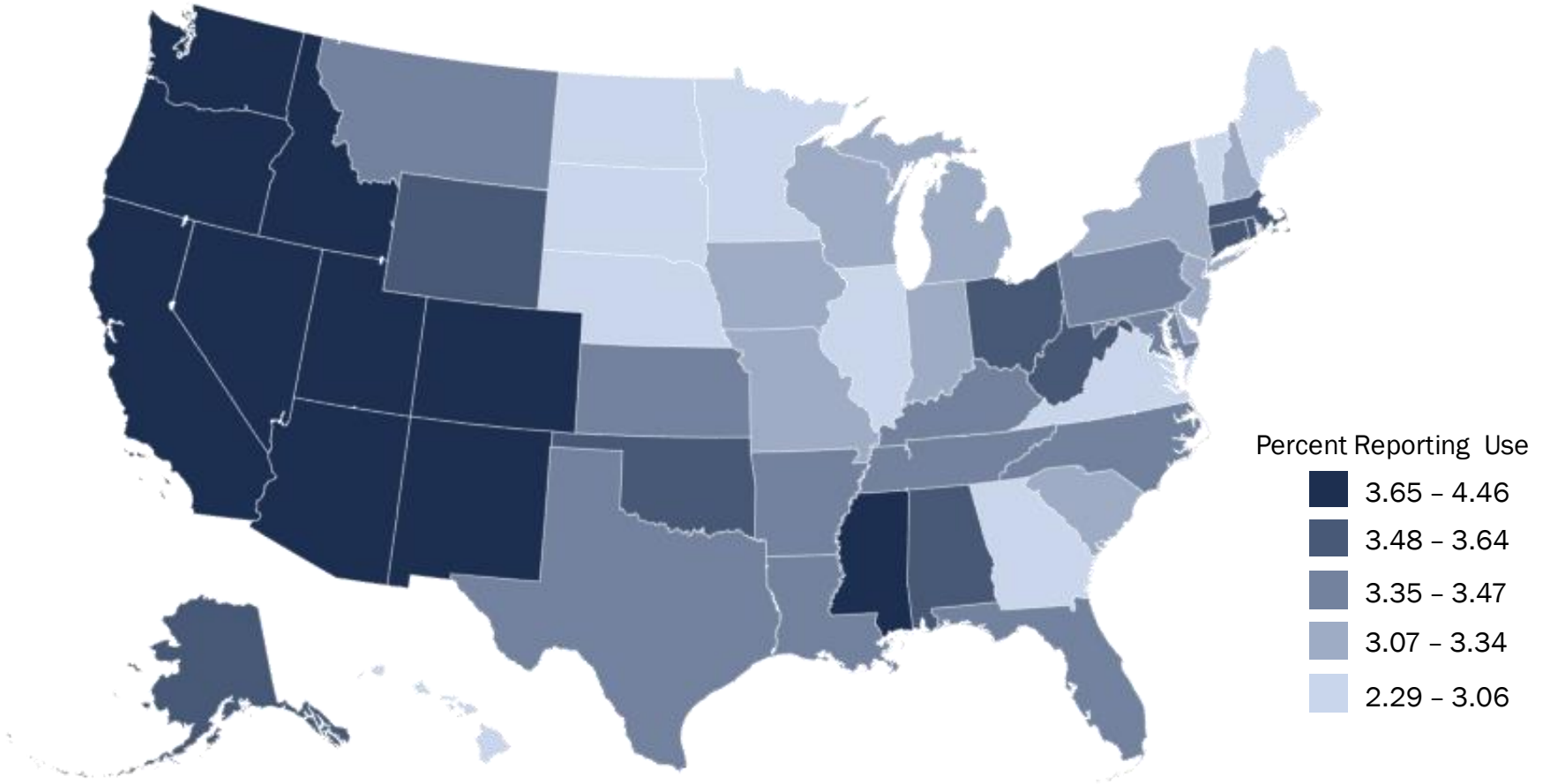
Red or green box around the label indicates a significant change from the previous year.

NOTE: Estimates for youths aged 12 to 17 are not available for past year heroin use because no respondents aged 12 to 17 used heroin in the past year in the 2019 or 2020 NSDUHs. As a result, estimates for people aged 12 or older are also not produced.



Source: National Survey on Drug Use and Health, 2013-2020

Vermont past year pain reliever misuse among people age 12+ is similar to US and Northeast (2019-2020).



Vermont Rates by Age

12-17	18-25	26+	12+
1.4%	4.2%	2.9%	3.0%

US, Northeast, VT Comparison

US	NE	VT
3.4%	3.3%	3.0%

Vermont is statistically similar to both the US and Northeast

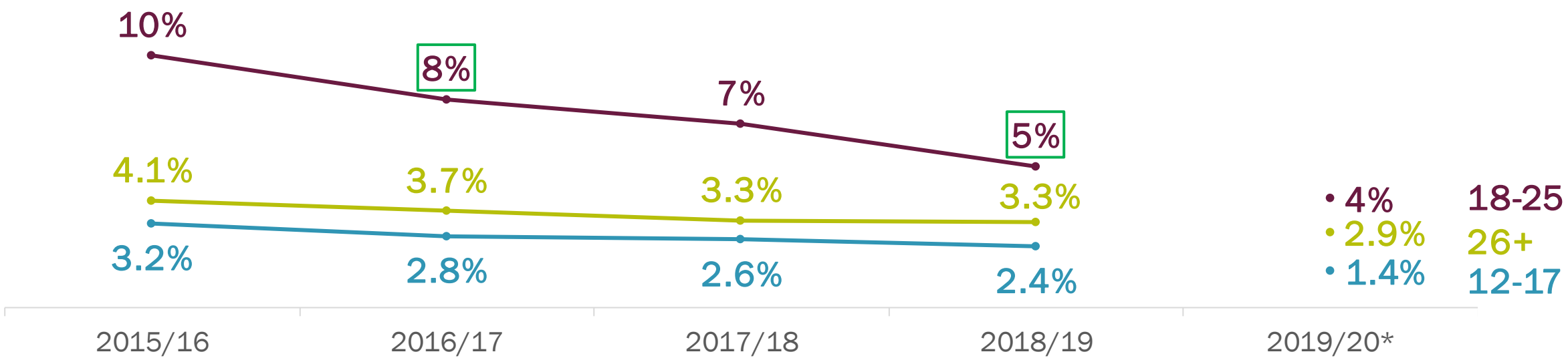
Vermont Department of Health

Source: National Survey on Drug Use and Health, 2019-2020

Vermonters age 18-25 were more likely to have misused pain relievers in the past year than other age groups.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

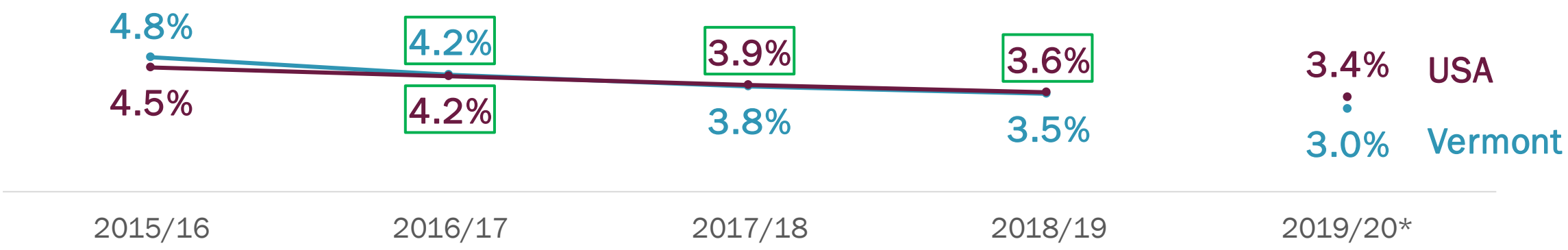


Source: National Survey on Drug Use and Health, 2015-2020

The percentage of Vermonters age 12+ who misused pain relievers in the past year is similar to the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.



Source: National Survey on Drug Use and Health, 2015-2020

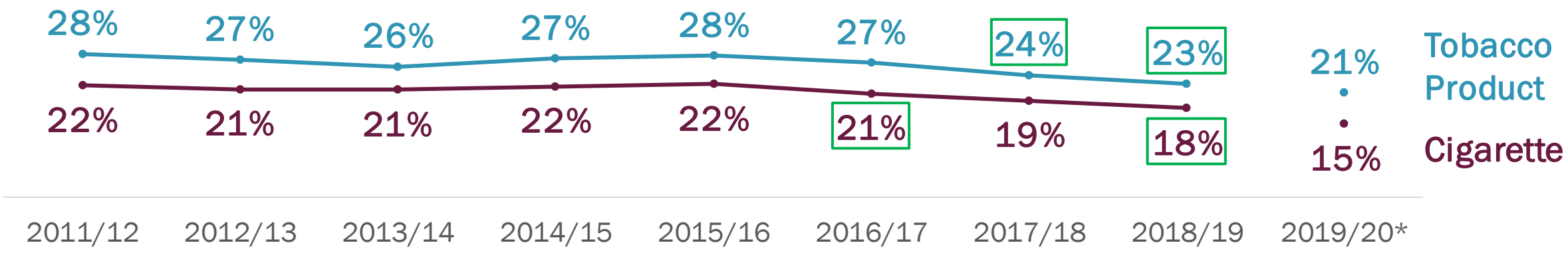
Tobacco

There have been decreases in the percent of Vermonters age 12+ who used tobacco products and cigarettes in the past month.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

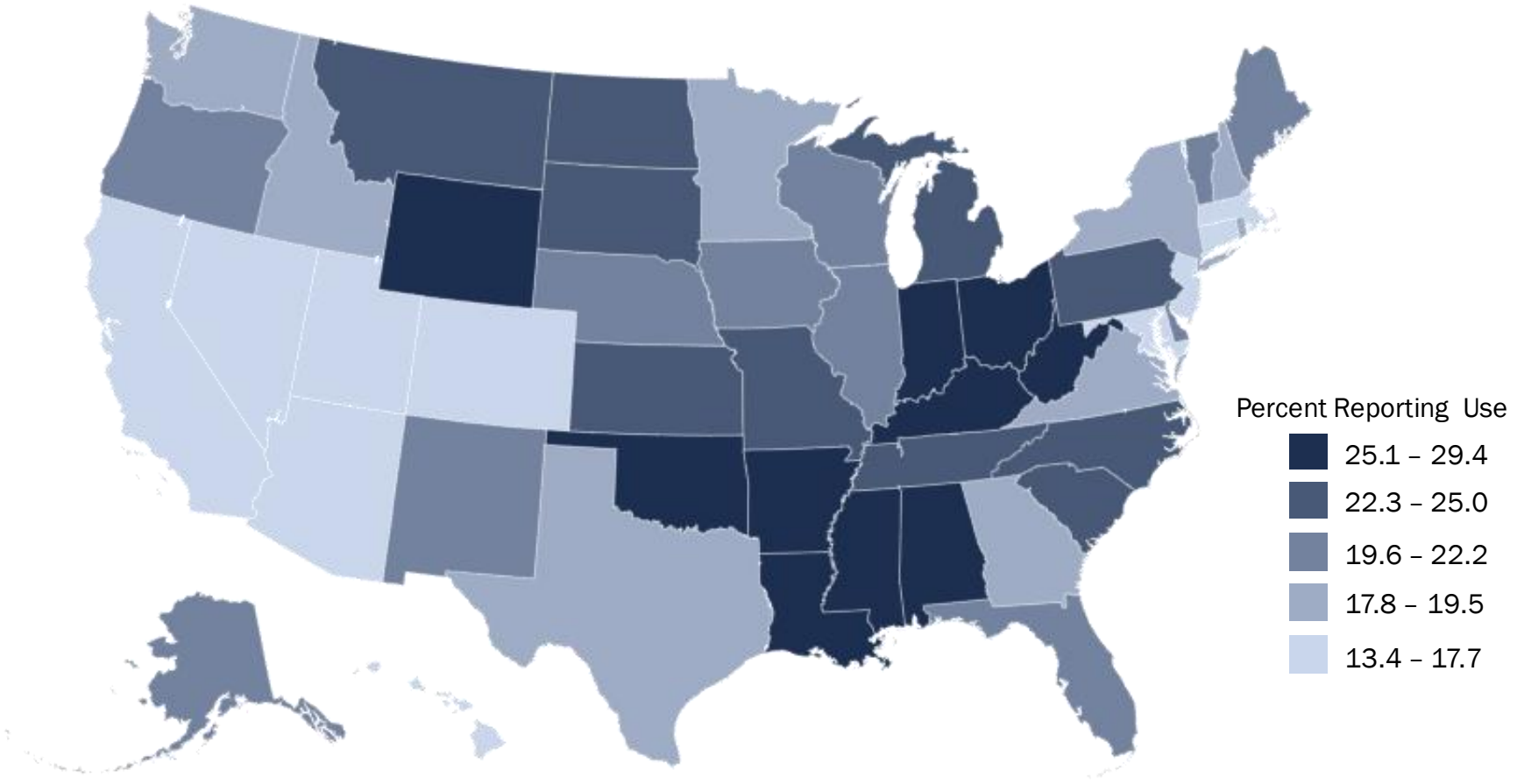
Tobacco products include cigarettes, smokeless tobacco (i.e., snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.



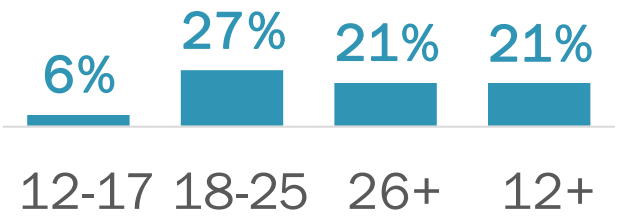
Source: National Survey on Drug Use and Health, 2011-2020

Vermont past month use of any tobacco products among people age 12+ is similar to the Northeast and US (2019-2020).

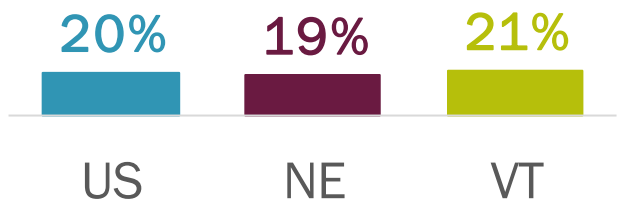
Tobacco Products include cigarettes, smokeless tobacco (i.e., snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.



Vermont Rates by Age



US, Northeast, VT Comparison



VT is statistically similar to the US and the Northeast

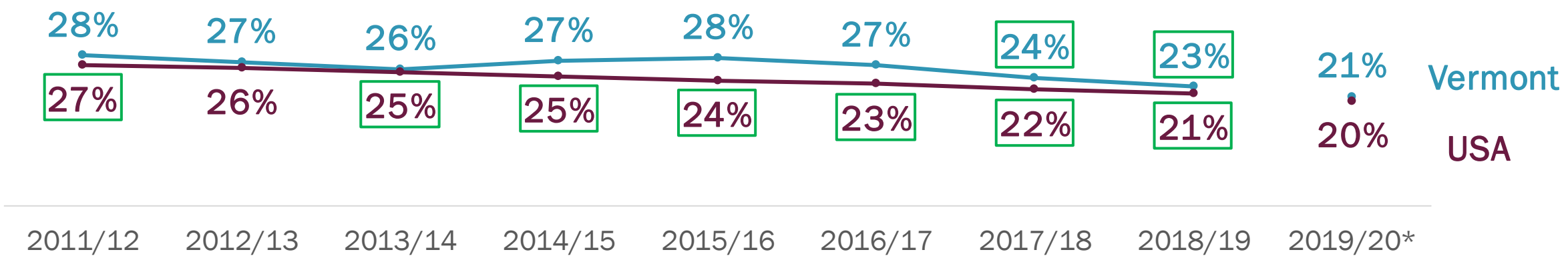
Source: National Survey on Drug Use and Health, 2019-2020

The percentage of Vermonters age 12+ who used any tobacco in the past month is similar to the national average.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

Tobacco products include cigarettes, smokeless tobacco (i.e., snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.



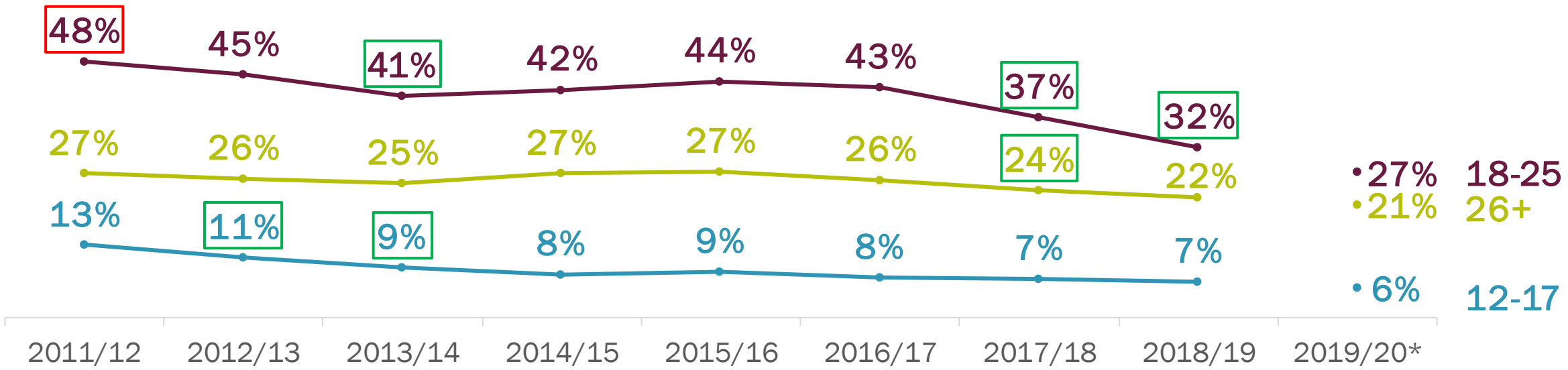
Source: National Survey on Drug Use and Health, 2011-2020

The percentage of Vermonters age 18-25 who used any tobacco product in the past month was consistently higher than other age groups, but rates of use among all ages groups continued to decrease.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

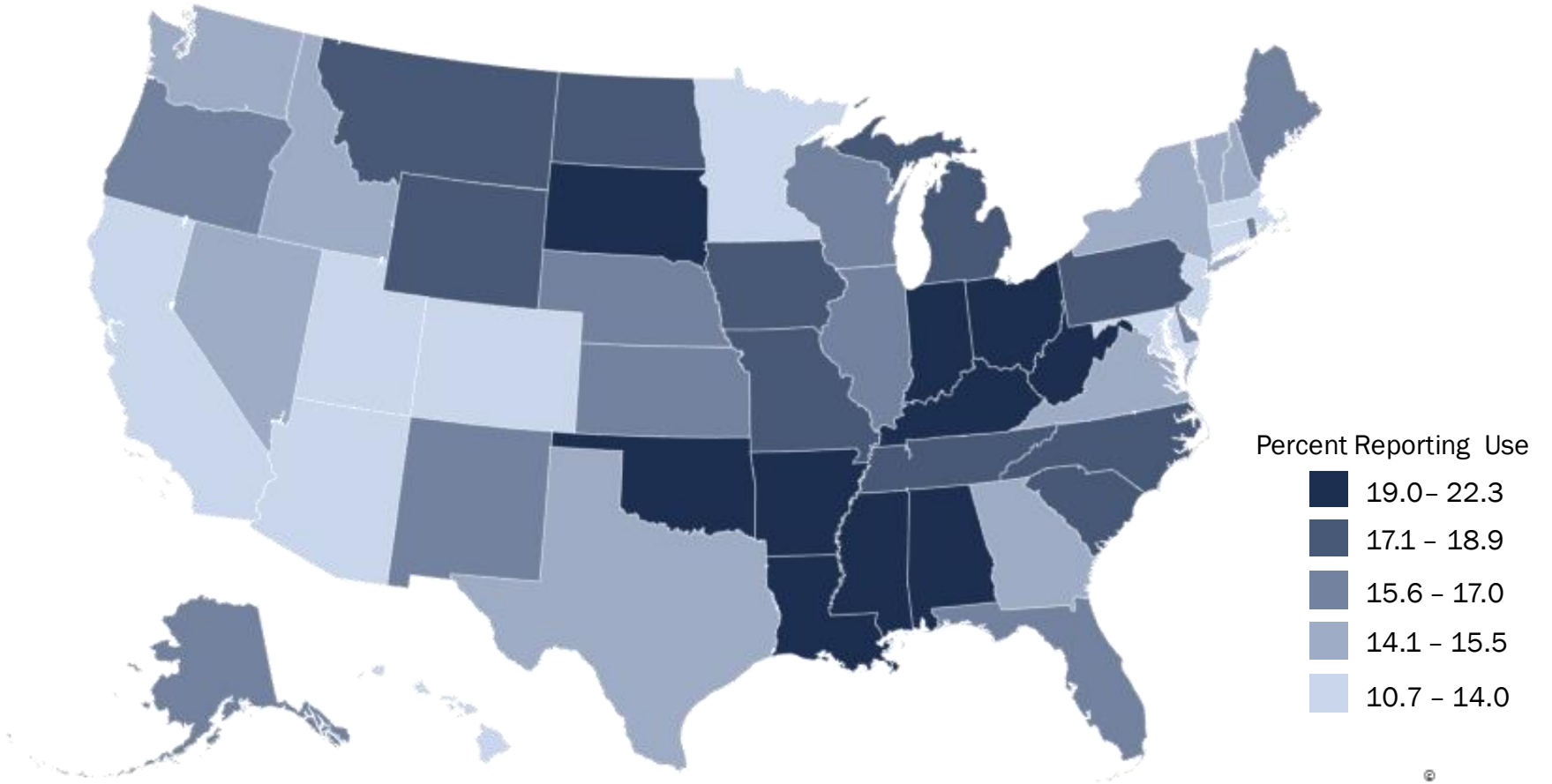
Red or green box around the label indicates a significant change from the previous year.

Tobacco products include cigarettes, smokeless tobacco (i.e., snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.

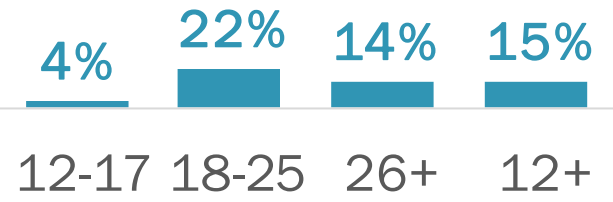


Source: National Survey on Drug Use and Health, 2011-2020

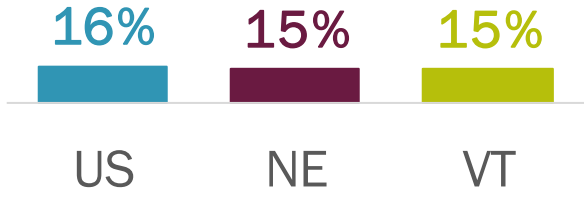
Vermont past month use of cigarettes among people age 12+ is similar to Northeast and US (2019-2020).



Vermont Rates by Age



US, Northeast, VT Comparison



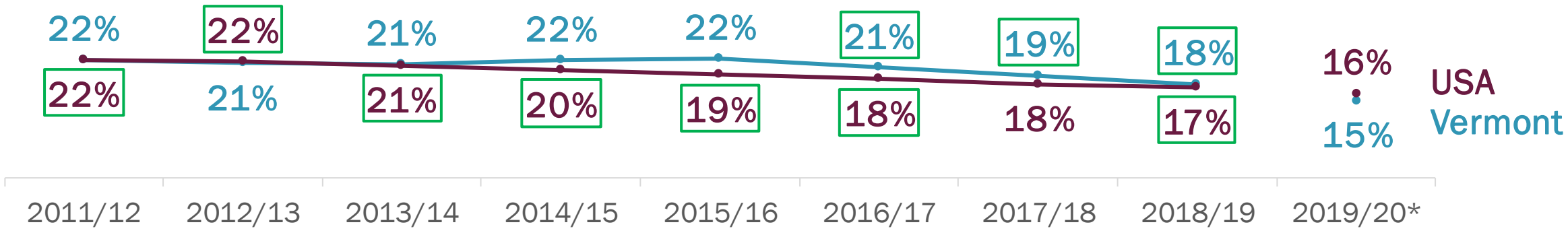
VT is statistically similar to the Northeast and US

Source: National Survey on Drug Use and Health, 2019-2020

The percentage of Vermonters age 12+ who used cigarettes in the past month is slightly lower than the national average. Both are trending down.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.

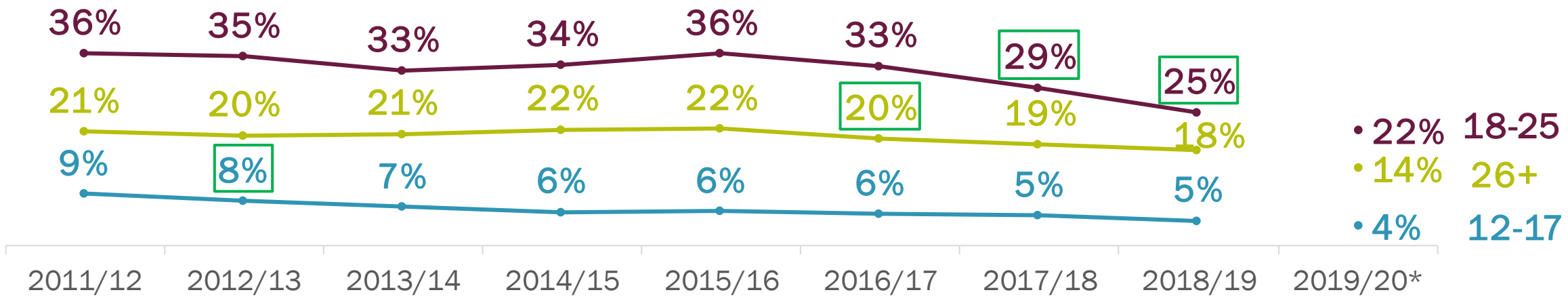


Source: National Survey on Drug Use and Health, 2011-2020

The percentage of Vermonters age 18-25 who used cigarettes in the past month is consistently higher than that of other age groups but has been trending down.

*There were changes in how NSDUH collected data in 2020, so use caution when comparing 2020 with prior years.

Red or green box around the label indicates a significant change from the previous year.



Source: National Survey on Drug Use and Health, 2011-2020

Substance Use Disorder

Table of Contents

Changes to Substance Use Disorder (SUD) Measures (very important information!)

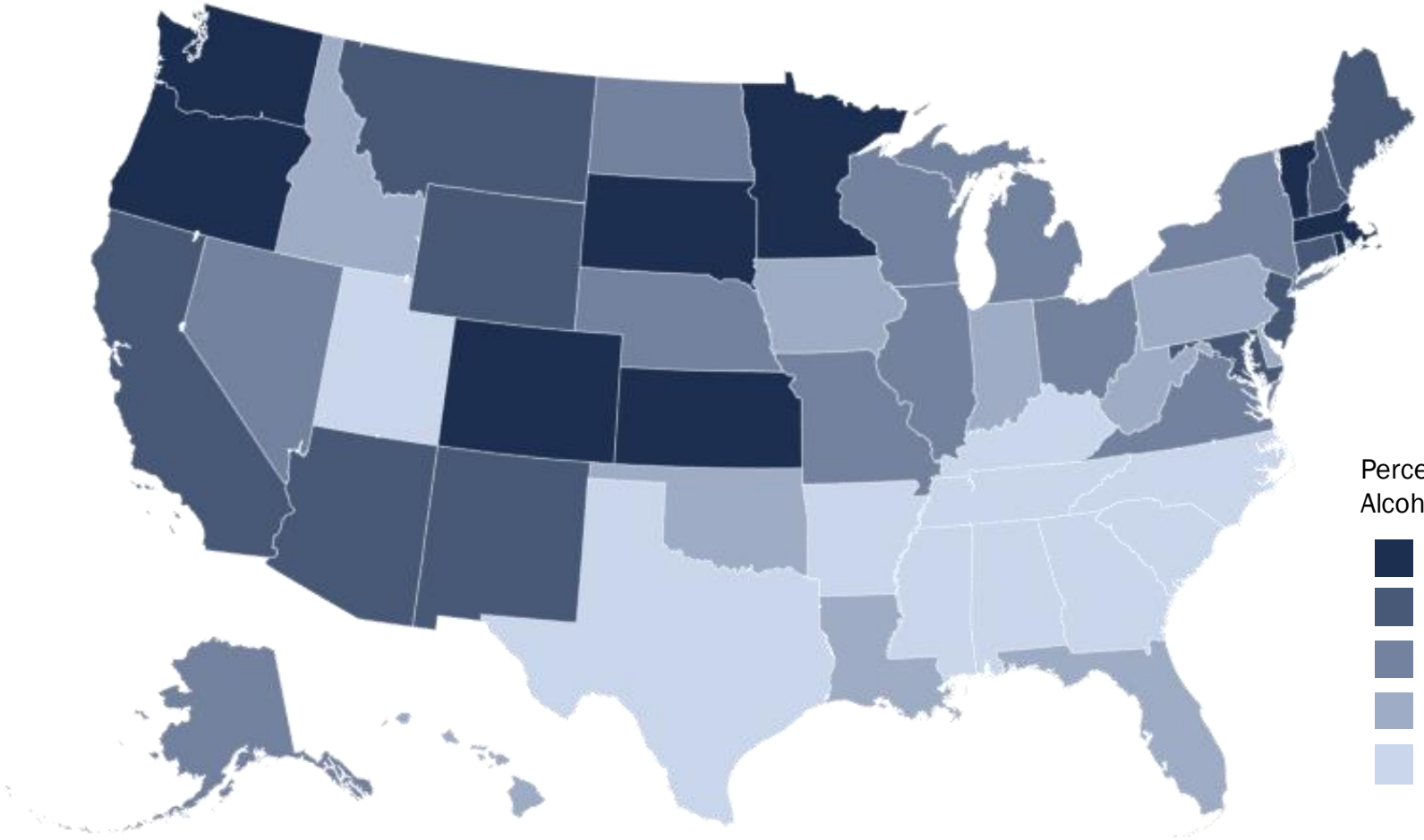
Beginning with the 2020 NSDUH, SUD estimates for alcohol and illicit drugs were based on criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5).[10] Illicit drugs included marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and the misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives). Prior to the 2020 NSDUH, SUD estimates for alcohol and illicit drugs were based on criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV).[11,12]

People were classified under the DSM-5 criteria as having an SUD for a given substance if they met two or more of the criteria for that substance. In contrast, people were classified as having an SUD based on the DSM-IV criteria according to whether they met criteria for dependence or abuse. People were classified as having dependence if they met three or more of the DSM-IV dependence criteria for a given substance. People were classified as having abuse if they did not meet criteria for dependence but met one or more of the abuse criteria. For more information on the DSM-5 criteria including the imputation method used to replace missing values in the DSM-5 data and differences between the former DSM-IV SUD criteria and the DSM-5 criteria, see Section 3.4.3 of the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions*.[13]

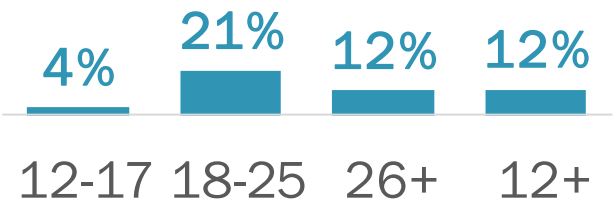
Preliminary analyses of 2020 data suggested that these differences would yield higher SUD estimates in 2020 based on the DSM-5 criteria. SAMHSA concluded that the change from DSM-IV to DSM-5 criteria for estimating SUD would lead to breaks in the comparability of 2020 SUD estimates with estimates from prior years. Consequently, detailed tables for the 2020 NSDUH present SUD estimates only for 2020. SUD estimates for 2019 and earlier in the 2020 detailed tables are noted as not comparable due to methodological changes.

Source: Center for Behavioral Health Statistics and Quality. (2021). *Results from the 2020 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Pages 6-7. Retrieved from https://www.samhsa.gov/data/report/2020-nsduh-detailed-tables

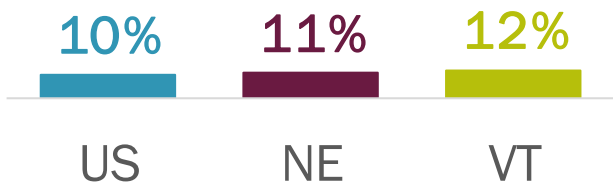
Alcohol use disorder in the past year among Vermonters age 12+ is among the highest in the US (2020), but it is statistically similar to the US.



Vermont Rates by Age



US, Northeast, VT Comparison



VT is statistically similar to the Northeast and the US

Vermont Department of Health

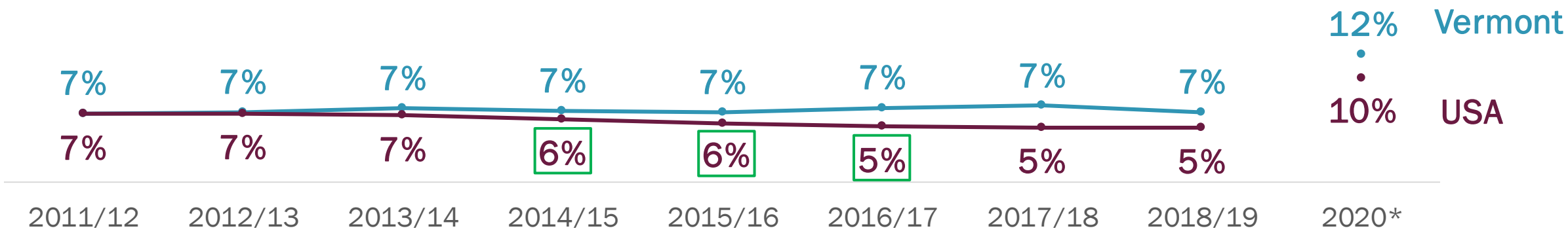
Source: National Survey on Drug Use and Health, 2020

The way alcohol use disorder (AUD) was assessed in 2020 was different than previous years, so 2020 is not comparable to previous years.

*NOTE: Alcohol Use Disorder (AUD) data in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). AUD estimates are based on only 2020 data because prior years' AUD data were based on DSM-IV criteria.

Red or green box around the label indicates a significant change from the previous year.

Why is it so different in 2020? Read more here



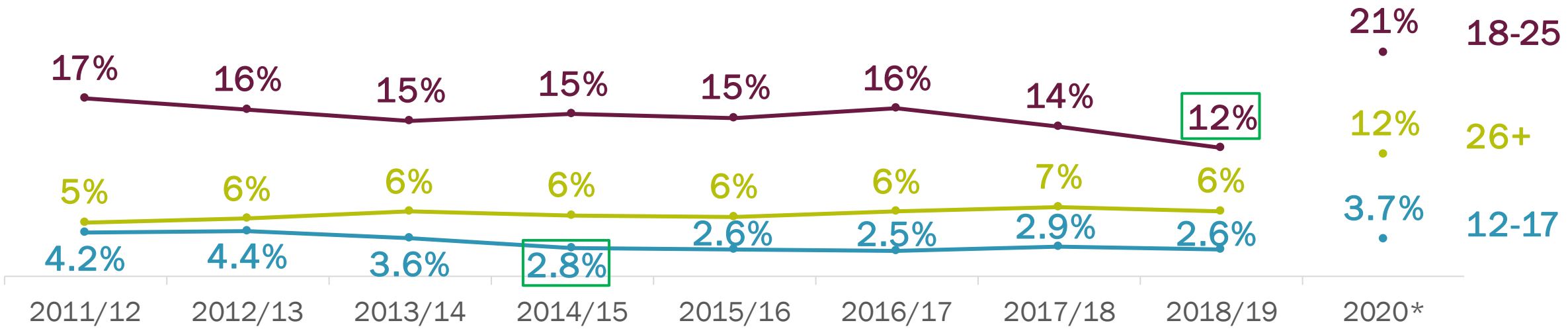
Source: National Survey on Drug Use and Health, 2011-2020

The percentage of Vermonters age 18-25 with alcohol use disorder is consistently higher than other age groups.

*NOTE: Alcohol Use Disorder (AUD) data in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). AUD estimates are based on only 2020 data because prior years' AUD data were based on DSM-IV criteria.

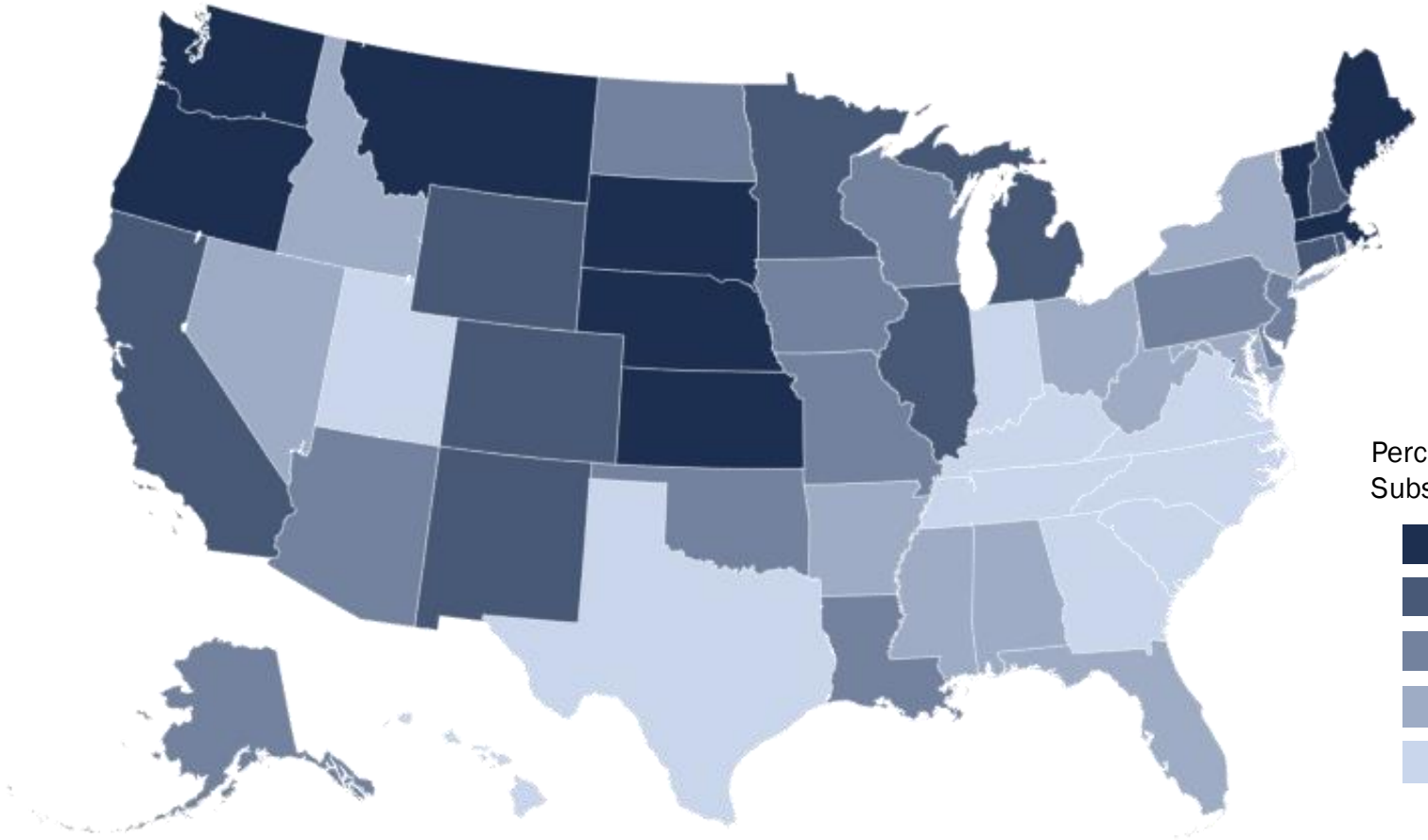
Red or green box around the label indicates a significant change from the previous year.

Why is it so different in 2020? Read more here

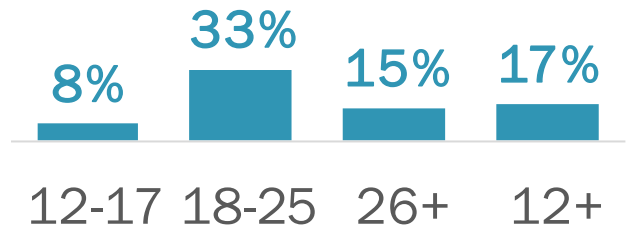


Source: National Survey on Drug Use and Health, 2011-2020

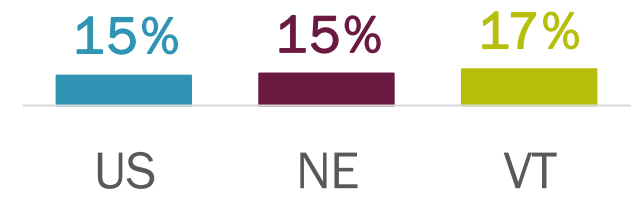
Past year any-substance use disorder among Vermonters age 12+ is among the highest in the US (2020), but statistically similar to the US.



Vermont Rates by Age



US, Northeast, VT Comparison



VT is statistically similar to the Northeast and US

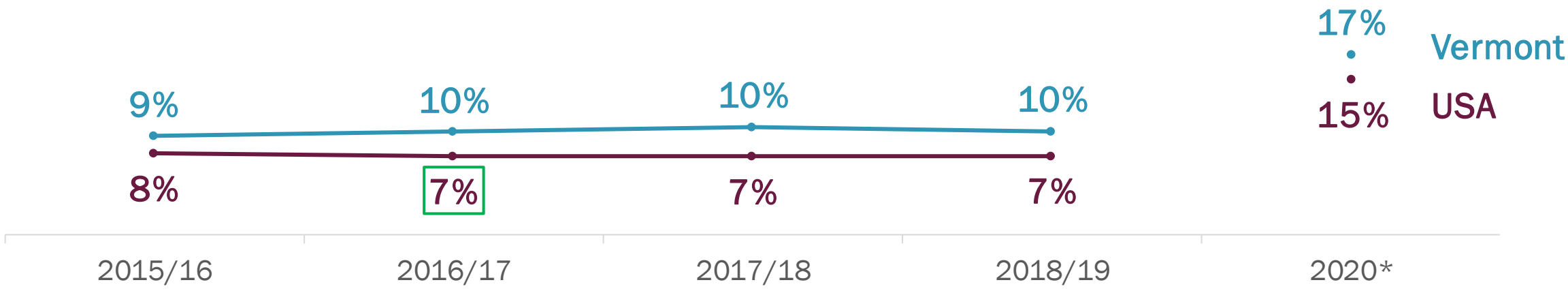
Source: National Survey on Drug Use and Health, 2020

The percentage of Vermonters age 12+ with any substance use disorder in the past year is consistently higher than the national average.

*NOTE: Substance Use Disorder (SUD) data in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). SUD estimates are based on only 2020 data because prior years' SUD data were based on DSM-IV criteria.

Red or green box around the label indicates a significant change from the previous year.

Why is it so different in 2020? Read more here

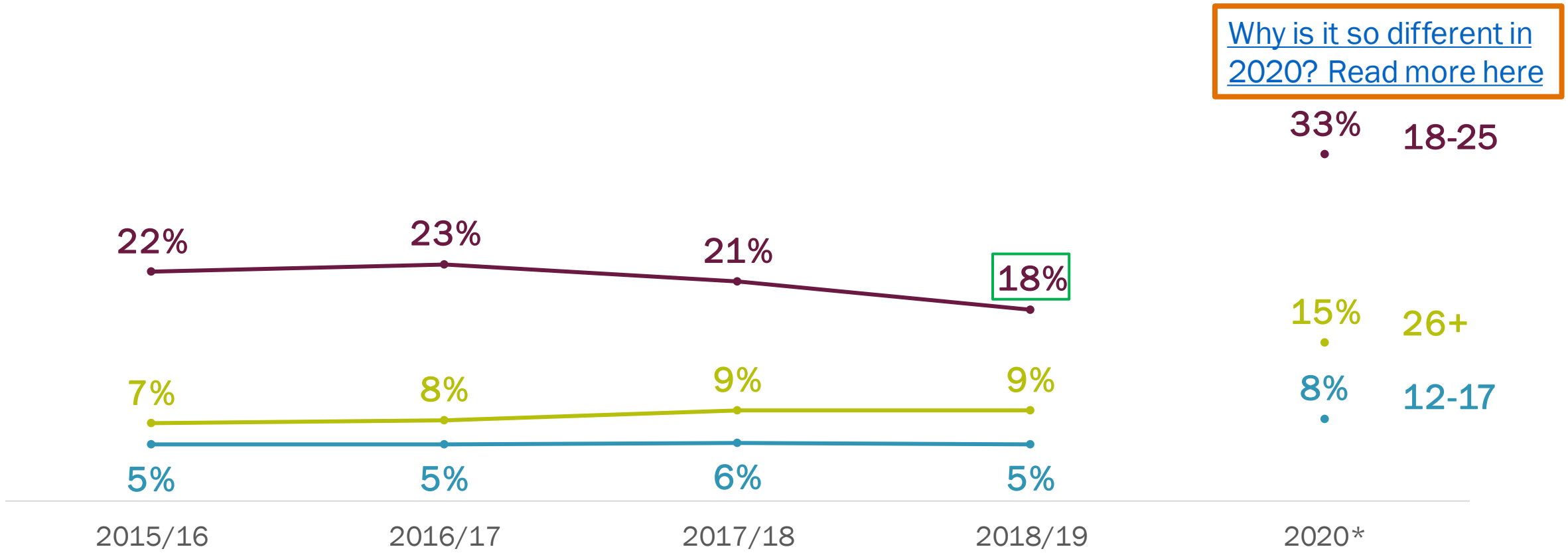


Source: National Survey on Drug Use and Health, 2015-2020

Vermonters age 18-25 were most likely to have a substance use disorder in the past year.

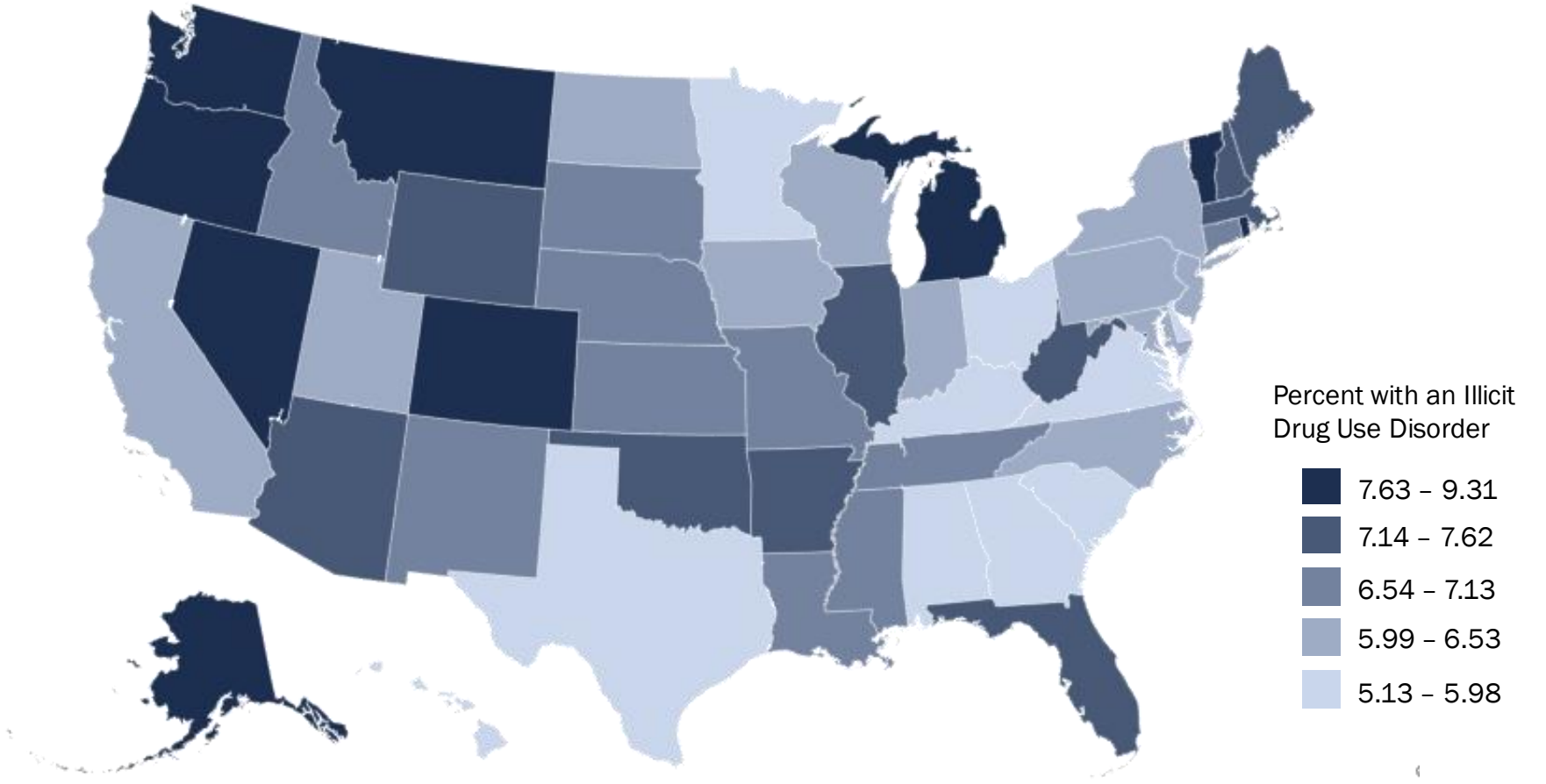
*NOTE: Substance Use Disorder (SUD) data in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). SUD estimates are based on only 2020 data because prior years' SUD data were based on DSM-IV criteria.

Red or green box around the label indicates a significant change from the previous year.

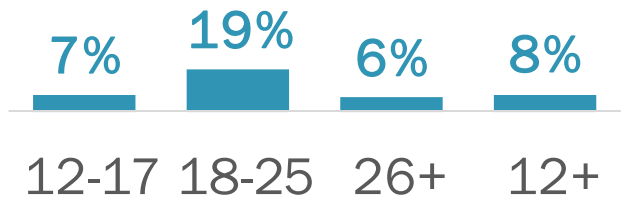


Source: National Survey on Drug Use and Health, 2015-2020

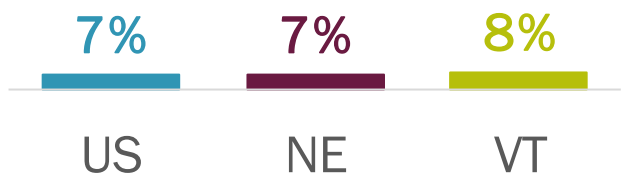
Past year illicit drug use disorder among Vermonters age 12+ is among the highest in the US (2020), but statistically similar to the US.



Vermont Rates by Age



US, Northeast, VT Comparison



VT is statistically similar to the Northeast and US

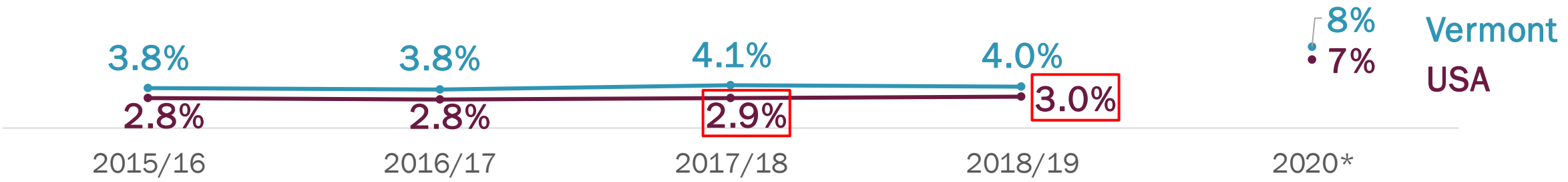
Source: National Survey on Drug Use and Health, 2020

The percentage of Vermonters age 12+ with illicit drug use disorder in the past year is consistently higher than the national average.

*NOTE: Illicit Drug Use Disorder (IDUD) data in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). IDUD estimates are based on only 2020 data because prior years' IDUD data were based on DSM-IV criteria.

Red or green box around the label indicates a significant change from the previous year.

Why is it so different in 2020? Read more here



Source: National Survey on Drug Use and Health, 2015-2020

Vermonters age 18-25 are consistently most likely to have an illicit drug use disorder in the past year.

*NOTE: Illicit Drug Use Disorder (IDUD) data in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). IDUD estimates are based on only 2020 data because prior years' IDUD data were based on DSM-IV criteria.

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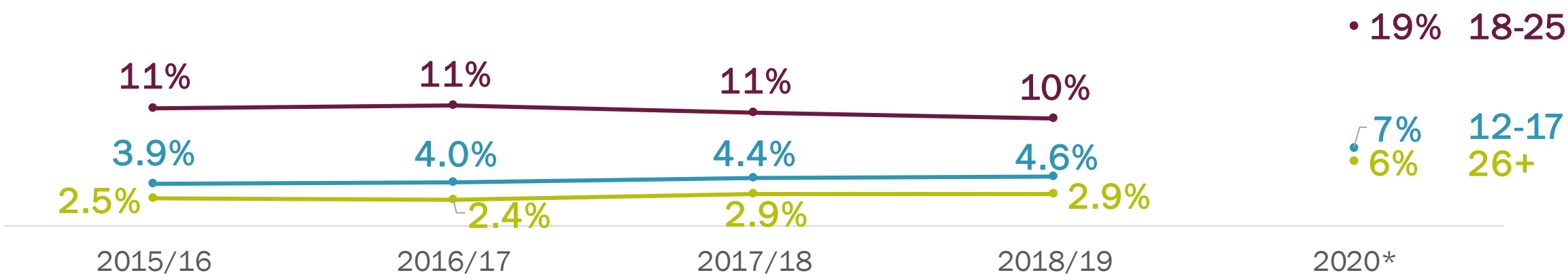

Source: National Survey on Drug Use and Health, 2015-2020

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DEPARTMENT OF HEALTH

Thank you!

Let's stay in touch.

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