
**Report to
The Vermont Legislature**

**Substance Misuse Prevention Oversight and Advisory Council Annual Report
2025 Report to the Legislature**

In Accordance with Act 82 (2019), Section 3

Submitted to: Governor Phil Scott
House Committee on Appropriations
House Committee on Human Services
Senate Committee on Appropriations
Senate Committee on Health and Welfare

Submitted by: The Substance Misuse Prevention Oversight and Advisory Council

Report Date: January 1, 2025

Table of Contents

Introduction.....	3
Measurable Goals for Prevention Programming.....	3
Performance Measures.....	3
Policy Recommendations.....	4
Recommendations for the Health Department.....	5
Evaluation Results of State Funded Prevention Programs.....	5
Explanation of State-Funded Prevention Program Budgets.....	5
Appendix I:.....	8

Substance Misuse Prevention Oversight and Advisory Council Annual Report 2025 Report to the Legislature

Introduction

The Substance Misuse Prevention Oversight and Advisory Council (SMPC) was created through Act 82 (2019). The SMPC is charged with reviewing the current prevention policies and initiatives in Vermont and providing advice to the Governor and General Assembly on the prevention system throughout the state, ensuring that data and evidence-based strategies are at the forefront of all policy determinations.

As required by 18 V.S.A. §4803, this report includes the following:

- (1) measurable goals for the effectiveness of prevention programming statewide;
- (2) three to five performance measures for all substances at risk of misuse that demonstrate the system's results;
- (3) the results of evaluations of State-funded programs; and
- (4) an explanation of State-funded program budgets.

Measurable Goals for Prevention Programming

The Substance Misuse Prevention Oversight and Advisory Council identified the following three goals as necessary for effective substance misuse prevention statewide:

1. Increase protective factors and build resilience and feelings of connectedness in Vermont communities, across all ages, cultures, and socioeconomic conditions.
2. Decrease risk factors for substance misuse in Vermont for individuals of all ages, cultures, and socioeconomic conditions.
3. Increase efficiency and collaboration on prevention efforts across all state, public, and private entities, through a consolidated and holistic approach to prevention that is sustainable, scalable, and equitable.

The SMPC utilizes the Performance Measures below to measure these three goals.

Performance Measures

The SMPC tracks the population outcome measures below using data from the Youth Risk Behavior Survey (YRBS), Behavioral Risk Factors Surveillance System (BRFSS), and the National Survey on Drug Use and Health (NSDUH) to inform the effectiveness of prevention programming statewide. The SMPC also utilizes additional measures from these surveys to inform their review and recommendations about Vermont's prevention system.

1. Percent of high school and middle school students who believe they matter to their community. (Measures Goal #1 and is measured through the Youth Risk Behavior Survey).
2. Percent of high school and middle school students who perceive harm in using substances (marijuana, alcohol, and tobacco). (Measures Goal # 1 and is measured through the Youth Risk Behavior Survey).
3. Percent of Vermonters who used alcohol, cannabis, stimulants (prescription and illicit), opioids (prescription and illicit), tobacco/nicotine products in the last 30 days. (Measures

Goal #2 and is measured through the National Survey on Drug Use and Health, YRBS, BRFSS).

4. Percentage of the cannabis excise tax, opioid settlement funds, Tobacco Master Settlement Agreement, and other state revenue allocated to prevention programming (Measures Goal #3 and is measured through review of state and federal investments in prevention).
5. At least annually, the full SMPC will meet with the four Vermont Prevention Lead Organizations (VPLOs) and community-based organizations funded by the Vermont Tobacco Control Program or review their materials such as their coalition needs assessments, strategic planning documentation, health equity plans, or workplans. The SMPC will utilize this information shared by these entities to identify continued challenges related to the work of prevention in Vermont to inform ongoing SMPC recommendations to the General Assembly and the Health Department (Measures Goal #3 and is measured through SMPC meeting agendas, minutes, and annual reports).

Performance Measures #4 and #5 were added by the SMPC in calendar year 2024. Progress on these performance measures will be provided in future annual reports.

Updates on performance measures 1-3 can be found in Appendix I.

Policy Recommendations

1. Ensure the statutorily required percentage of cannabis revenue (and any revenue generated by substances newly legalized in the future) is allocated annually to the Department of Health for substance use prevention efforts.
 - a. This recommendation supports the SMPC's 3rd goal and would allow the Department to reach specific populations, including additional capacity to work with community partners to implement more focused prevention initiatives to reduce the inequities seen in Vermont's data for priority populations.
2. To promote support for the SMPC's 1st and 2nd goals, develop, review, and update statutes to regulate all substances at risk for misuse, as defined by 18 V.S.A. § 4803(a), such as but not limited to, alcohol, cannabis, and nicotine/tobacco products, to ensure parity, decrease risk factors, and increase protective factors. Parity efforts could include, but not be limited to, addressing the following:
 - a. Requiring retailers to hold and to pay for a retail license for each substance the retailer sells, eliminating waivers for licensees who already hold a license to sell another substance (e.g., retail establishments licensed to sell alcohol currently do not have obtain a license to sell tobacco and vice versa);
 - b. Mandating regular youth enforcement checks of retail alcohol and cannabis establishments;
 - c. Require all retailers selling substances with potential for misuse to adhere to the Drug Free School Zone (18 V.S.A. §4237) requirements by implementing and enforcing buffer zones of at least 500 feet from schools and childcare centers;
 - d. Establishing and maintaining concentration limits on substances for safety purposes (i.e., maintaining current THC potency levels and establishing potency levels for cannabis products without set levels, and establishing nicotine levels for tobacco and vaping products);

- e. Decreasing youth physical access to all substances (e.g., by requiring placement of substances behind the counter, similar to requirements for tobacco products; by reducing retail density; by increasing enforcement of online sales of substances that violate state law);
 - f. Banning price discounting for all substances, similar to the prohibition for alcohol (e.g., buy-one-get-one free, coupons); and,
 - g. Prohibiting packaging and promotions aimed at youth, similar to prohibitions in place for cannabis products.
3. Restrict flavors in all tobacco and nicotine products.

Recommendations for the Health Department

1. Capture robust substance use data including data for underserved populations, including but not limited to, older Vermonters.
 - a. To achieve the SMPC's goals, it is critical to ensure there is robust data for all of Vermont's populations to measure success and gaps in the prevention system in Vermont.
2. Capture robust substance use data for newly identified substances of concern, such as psilocybin.
 - a. It is critical to have health and drug-use data on all substances of concern to ensure Vermont's prevention system can remain data driven; this will support the SMPC's 3rd goal in ensuring a comprehensive prevention system.

Evaluation Results of State Funded Prevention Programs

The following evaluations are the comprehensive list to date of state-funded prevention program evaluations. The most recent evaluations for the following programs can be found at the following links:

- [School-based Substance Abuse Services Evaluation](#)
- [Law Enforcement Drug Disposal Program](#)
- [Tobacco Control Program](#)
- [Prevention Inventory](#)

Explanation of State-Funded Prevention Program Budgets

The following substance misuse prevention programs within the Department of Health receive funding through general fund or special funding:

- Community Substance Use Prevention;
- School-based Substance Abuse Services;
- Statewide Drug Disposal Program;
- Substance Misuse Prevention Oversight and Advisory Council;
- Tobacco Control Program Global Commitment Funding State-Share; and
- Tobacco Master Settlement Agreement Funding.

The amounts spent from these programs in State Fiscal Year 2024 (July 1, 2023-June 30, 2024), are as follows:

Program	General Fund FY24 Spend	Special Fund FY24 Spend	Total Actual Spend
Community Substance Use Prevention	\$2,206,091	\$0	\$2,206,091
School Based Substance Abuse Services	\$322,201	\$0	\$322,201
Statewide Drug Disposal Program	\$0	\$536,938	\$536,938
Substance Misuse Prevention Oversight and Advisory Committee	\$0	\$198,074	\$198,074
Tobacco Control Program Global Commitment	\$636,886	\$0	\$636,886
Tobacco Master Settlement Agreement	\$0	\$1,690,360	\$1,690,360

Spending overview:

- Community Substance Misuse Prevention: \$2,206,091
 - Four regional Vermont Prevention Lead Organizations (VPLOs) were established July 2023 covering the state, to lead substance misuse prevention efforts and allocate substance misuse prevention funding within their region. The overarching goals of this funding are to sustain existing substance misuse prevention coalitions, build additional community substance misuse prevention capacity, and reach gap areas to ensure statewide substance misuse prevention coverage of all 12 health districts. This flexible state funding for prevention targets substance misuse coalitions and community substance misuse prevention partners and has allowed DSU to expand Vermont’s substance misuse prevention system to reach all age groups, all substances, to include both primary and secondary prevention and more. In FY24, VPLOs in total funded over 54 substance misuse prevention projects and initiatives. The regional/VPLO structure came out of a robust 11-month prevention systems planning process in 2023 that included state and community substance misuse prevention partners and the Public Consulting Group with a focus on enhancing and expanding prevention in Vermont and is funded with cannabis excise tax dollars to support ‘substance misuse prevention programming’ as established and directed in Act 164 of 2020.
- School based substance misuse prevention programming: \$322,201
 - Funding is provided to 21 (of 54) Vermont school supervisory unions/districts to fund screening and referral to substance misuse and mental health services, while supporting the Whole School, Whole Community, Whole Child model. Additionally, schools may choose to implement any of the following evidence-based activities: evidence-based classroom health curriculum, advising and training of peer leadership groups, delivery of parent information and

implementation of educational programs, teacher and support staff training and educational support groups for students. It should be noted that additional federal funding was provided in addition to the \$322,201 state funding.

- Statewide Drug Disposal Program: \$536,938
 - In fidelity with Act 173 (2016), sections 14 and 17, this funding is used to support the statewide prescription drug disposal system. This system includes drug disposal kiosks at police, pharmacy and hospital locations; free mail-back envelopes provided to Vermonters; support of Drug Enforcement Administration (DEA) National Take-Back Days; the Do Your Part media campaign that informs Vermonters about safe storage and disposal of unused prescription drugs; and partially funds the salary of the Substance Abuse Program Manager at the Department of Health who is responsible for developing, maintaining and managing the statewide drug disposal system.
- Substance Misuse Prevention Oversight and Advisory Council: \$198,074
 - Consistent with Act 82 (2019), this funding is used to fund the salary, indirect and fringe benefit costs of the Substance Misuse Prevention Manager.
- Tobacco Control Program Global Commitment Funding State-Share: \$636,886
 - This funding supported the Tobacco Control Program's youth engagement programs, Our Voices Exposed and Vermont Kids Against Tobacco, for annual training summit and prevention activities. The Global Commitment funding is also instrumental for implementing community-based prevention strategies with 12 tobacco community coalitions. Tobacco coalitions work on increasing perception of harm, reducing youth access, promotion of tobacco prevention strategies, and engaging stakeholders for creating protective town level policies, including those that reduce smoking/vaping in public places and around multi-unit housing. The program collaborated with the Pride Center in addition to Outright Vermont to increase awareness of harm caused by tobacco, promote cessation among those that identify as LGBTQ+, and provide cultural sensitivity training among providers. Importantly, this funding also supports counter marketing against tobacco industry's promotions to youth/young adults and other populations at risk for industry targeting including those with disability, Medicaid insured, Native Americans, and BIPOC. The funds also support performing evaluation of programs for quality improvement and outcome monitoring.
- Tobacco Master Settlement Agreement (MSA) Funding: \$1,690,360
 - The MSA funded the Tobacco Control Program's infrastructure by supporting a 4.5 FTE staff positions. A more significant share of the funds went toward funding the Quitline and Quit Online services offered by 802Quits and supporting behavioral health facilities and populations. The program also engaged providers with 802Quits materials and conducted mass media and social media to reach Vermonters with quit resources.

Appendix I:

Youth Risk Behavior Survey (YRBS) Measures		
Measure	<u>2023 Data</u>	<u>2021 Data</u>
Percent of high school students who believe they matter to their community	<ul style="list-style-type: none"> • 54% of all students • 42% LGBTQ students • 48% BIPOC students 	<ul style="list-style-type: none"> • 52% of all students • 36% LGBTQ students • 46% BIPOC students
Percent of middle school students who believe they matter to their community	<ul style="list-style-type: none"> • 54% of all students • 42% LGBTQ students • 48% BIPOC students 	<ul style="list-style-type: none"> • 55% of all students • 35% LGBTQ students • 50% BIPOC students
Percent of high school students who perceive great risk of harm in using substances (at these frequencies)	<i>Binge Alcohol Every Weekend:</i> <ul style="list-style-type: none"> • 51% of all students • 42% LGBTQ students • 48% BIPOC students 	<i>Binge Alcohol Every Weekend:</i> <ul style="list-style-type: none"> • 42% BIPOC students
	<i>Use Marijuana Regularly:</i> <ul style="list-style-type: none"> • 24% of all students • 20% LGBTQ students • 28% BIPOC students 	<i>Use Marijuana Regularly:</i> <ul style="list-style-type: none"> • 25% of all students • 20% LGBTQ students • 30% BIPOC students
	<i>Use Electronic Vapor Products (EVP) Regularly:¹</i> <ul style="list-style-type: none"> • 51% of all students • 46% of LGBTQ students • 49% of BIPOC students 	<i>Use Electronic Vapor Products (EVP) Regularly:²</i> <ul style="list-style-type: none"> • 39% of all students • 41% of LGBTQ students • 40% of BIPOC students
Percent of middle school students who perceive great risk of harm in using substances (at these frequencies)	<i>Binge Alcohol Every Weekend:</i> <ul style="list-style-type: none"> • 39% of all students • 39% of LGBTQ students • 42% of BIPOC students 	<i>Binge Alcohol Every Weekend:</i> <ul style="list-style-type: none"> • 40% of all students • 40% of LGBTQ students • 43% of BIPOC students
	<i>Use Marijuana Regularly:</i> <ul style="list-style-type: none"> • 45% of all students • 39% of LGBTQ students • 43% of BIPOC students 	<i>Use Marijuana Regularly:</i> <ul style="list-style-type: none"> • 48% of all students • 42% of LGBTQ students • 47% of BIPOC students
	<i>Use EVP Regularly³:</i> <ul style="list-style-type: none"> • 51% of all students • 46% of LGBTQ students • 49% of BIPOC students 	<i>Use EVP Regularly⁴:</i> <ul style="list-style-type: none"> • 51% of all students • 47% of LGBTQ students • 49% of BIPOC students

¹ This study was limited to EVP products that contain nicotine.

² This study was limited to EVP products that contain nicotine.

³ This study was limited to EVP products that contain nicotine.

⁴ This study was limited to EVP products that contain nicotine.

Comparisons of the 2021 data to other years’ of YRBS data are complicated by the impacts of the COVID-19 pandemic; the 2021 YRBS survey was conducted in the fall semester, rather than the spring semester as in previous years, which likely contributed to a younger population taking the survey than seen in previous YRBS surveys which could impact what health behaviors and beliefs they are engaged in and have. For example:

- For Middle school respondents:
 - In 2019, the survey was conducted in the spring semester when 12% of students were 11 years of or younger and 20% were 14 or older
 - In 2021, the survey was conducted in the fall semester when 20% of students were 11 years of age or younger and 8% were 14 or older
- For High School respondents:
 - In 2019, the survey was conducted in the spring semester when 13% of students were 14 years old or younger, and 11% were 18 years old or older
 - In 2021, the survey was conducted in the fall semester when 23% of students were 14 years old or younger, and 5% were 18 years old or older

Additionally, school looked distinctly different in 2021 than other years in which the YRBS survey was completed, including the impact of COVID-19 on hybrid and in-person learning and ability to engage in afterschool activities.

While it is important to look at the 2021 YRBS data to inform the work of prevention, these differences highlight the importance of tracking this work over many years to understand trends in youth behavior. Find out more information on the considerations for the 2021 YRBS data [here](#) on the Health Department’s website.

<u>Behavioral Risk Factors Surveillance System (BRFSS) Measures</u>		
Measure	<u>2022</u>	<u>2021</u>
Binge drinking in the past month	<i>Age:</i> <ul style="list-style-type: none"> • 18-24: 31% • 25-44: 26% • 45-64: 17% • 65+: 5% 	<i>Age:</i> <ul style="list-style-type: none"> • 18-24: 26% • 25-44: 27% • 45-64: 14% • 65+: 6%
	<i>Education level:</i> <ul style="list-style-type: none"> • High school or less: 18% • Some college: 20% • College or more: 17% 	<i>Education level:</i> <ul style="list-style-type: none"> • High school or less: 15% • Some college: 20% • College or more: 16%
	<i>Income level:</i> <ul style="list-style-type: none"> • Less than \$25K: 17% • \$25-\$50K: 15% • \$50- less than \$75K: 17% • \$75K or more: 22% 	<i>Income level:</i> <ul style="list-style-type: none"> • Less than \$25K: 16% • \$25-\$50K: 16% • \$50- less than \$75K: 17% • \$75K or more: 20%
	<i>LGBTQ community:</i> <ul style="list-style-type: none"> • Non-LGBTQ+: 17% • LGBTQ+: 25% 	<i>LGBTQ community:</i> <ul style="list-style-type: none"> • Non-LGBTQ+: 16% • LGBTQ+: 23%
	<i>Race and Ethnicity:</i>	<i>Race and Ethnicity:</i>

	<ul style="list-style-type: none"> • Black, Indigenous, People of Color: 21% • White, non-Hispanic: 18% 	<ul style="list-style-type: none"> • Black, Indigenous, People of Color: 17% • White, non-Hispanic: 17%
	<i>Disability:</i> <ul style="list-style-type: none"> • No disability: 19% • Any disability: 15% 	<i>Disability:</i> <ul style="list-style-type: none"> • No disability: 19% • Any disability: 12%
Heavy drinking in the Past month	<i>Age:</i> <ul style="list-style-type: none"> • 18-24: 13% • 25-44: 11% • 45-64: 11% • 65+: 6% 	<i>Age:</i> <ul style="list-style-type: none"> • 18-24: 8% • 25-44: 13% • 45-64: 8% • 65+: 6%
	<i>Education level:</i> <ul style="list-style-type: none"> • High school or less: 10% • Some college: 9% • College or more: 10% 	<i>Education level:</i> <ul style="list-style-type: none"> • High school or less: 7% • Some college: 10% • College or more: 8%
	<i>Income level:</i> <ul style="list-style-type: none"> • Less than \$25K: 8% • \$25-\$50K: 9% • \$50 - less than \$75K: 11% • \$75K or more: 11% 	<i>Income level:</i> <ul style="list-style-type: none"> • Less than \$25K: 9% • \$25-\$50K: 8% • \$50- less than \$75K: 8% • \$75K or more: 100%
	<i>LGBTQ community:</i> <ul style="list-style-type: none"> • Non-LGBTQ+: 9% • LGBTQ+: 16% 	<i>LGBTQ community:</i> <ul style="list-style-type: none"> • Non-LGBTQ+: 8% • LGBTQ+: 10%
	<i>Race and Ethnicity:</i> <ul style="list-style-type: none"> • Black, Indigenous, People of Color: 10% • White, non-Hispanic: 10% 	<i>Race and Ethnicity:</i> <ul style="list-style-type: none"> • Black, Indigenous, People of Color: 6% • White, non-Hispanic: 9%
	<i>Disability:</i> <ul style="list-style-type: none"> • No disability: 10% • Any disability: 9% 	<i>Disability:</i> <ul style="list-style-type: none"> • No disability: 9% • Any disability: 8%
Use of alcohol with interactive medications for people 65+	<i>Education level:</i> <ul style="list-style-type: none"> • High school or less: 41% • Some college: 37% • College or more: 35% 	No data from 2021 report as this question was added for the 2022 survey.
	<i>Income level:</i> <ul style="list-style-type: none"> • Less than \$25K: 43% • \$25-\$50K: 42% • \$50- less than \$75K: 33% • \$75K or more: 32% 	
	<i>LGBTQ community:</i> <ul style="list-style-type: none"> • Non-LGBTQ+: 39% • LGBTQ+: 34% 	
	<i>Race and Ethnicity:</i>	

	<ul style="list-style-type: none"> • Black, Indigenous, People of Color: 53% • White, non-Hispanic: 37% 	
	<i>Disability:</i> <ul style="list-style-type: none"> • No disability: 30% • Any disability: 50% 	
Cannabis use in the past month	<i>Age:</i> <ul style="list-style-type: none"> • 18-24: 36% • 25-44: 34% • 45-64: 23% • 65+: 11% 	<i>Age:</i> <ul style="list-style-type: none"> • 18-24: 36% • 25-44: 33% • 45-64: 18% • 65+: 8%
	<i>Education level:</i> <ul style="list-style-type: none"> • High school or less: 26% • Some college: 25% • College or more: 21% 	<i>Education level:</i> <ul style="list-style-type: none"> • High school or less: 26% • Some college: 22% • College or more: 18%
	<i>Income level:</i> <ul style="list-style-type: none"> • \$25K: 31% • \$25-50K: 25% • \$50 – less than \$75K: 25% • \$75K or more: 23% 	<i>Income level:</i> <ul style="list-style-type: none"> • Less than \$25K: 28% • \$25-\$50K: 25% • \$50- less than \$75K: 20% • \$75K or more: 20%
	<i>LGBTQ community:</i> <ul style="list-style-type: none"> • Non-LGBTQ+: 22% • LGBTQ+: 39% 	<i>LGBTQ community:</i> <ul style="list-style-type: none"> • Non-LGBTQ+: 20% • LGBTQ+: 37%
	<i>Race and Ethnicity:</i> <ul style="list-style-type: none"> • Black, Indigenous, People of Color: 27% • White, non-Hispanic: 23% 	<i>Race and Ethnicity:</i> <ul style="list-style-type: none"> • Black, Indigenous, People of Color: 25% • White, non-Hispanic: 22%
	<i>Disability:</i> <ul style="list-style-type: none"> • No disability: 22% • Any disability: 29% 	<i>Disability:</i> <ul style="list-style-type: none"> • No disability: 21% • Any disability: 24%
Currently using E-Cigarettes	<i>Age:</i> <ul style="list-style-type: none"> • 18-24: 22% • 25-44: 8% • 45-64: 3% • 65+: 1% 	<i>Age:</i> <ul style="list-style-type: none"> • 18-24: 16% • 25-44: 7% • 45-64: 2% • 65+: Value suppressed because sample size is too small or relative standard error (RSE) is >30.
	<i>Education level:</i> <ul style="list-style-type: none"> • High school or less: 9% • Some college: 7% • College or more: 3% 	<i>Education level:</i> <ul style="list-style-type: none"> • High school or less: 5% • Some college: 5% • College or more: 2%
	<i>Income level:</i>	<i>Income level:</i>

	<ul style="list-style-type: none"> • Less than \$25K: 8% • \$25-\$50K: 6% • \$50- less than \$75K: 5% • \$75K or more: 6% 	<ul style="list-style-type: none"> • Less than \$25K: 5% • \$25-\$50K: 6% • \$50- less than \$75K: 5% • \$75K or more: 4%
	<i>LGBTQ+:</i> <ul style="list-style-type: none"> • Non-LGBTQ+: 5% • LGBTQ+: 12% 	<i>LGBTQ+:</i> <ul style="list-style-type: none"> • Non-LGBTQ+: 5% • LGBTQ+: 10%
	<i>Race and Ethnicity:</i> <ul style="list-style-type: none"> • Black, Indigenous, People of Color: 13% • White, non-Hispanic: 5% 	<i>Race and Ethnicity:</i> <ul style="list-style-type: none"> • Black, Indigenous, People of Color: Value suppressed because sample size is too small or relative standard error (RSE) is >30. • White, non-Hispanic: 5%
	<i>Disability:</i> <ul style="list-style-type: none"> • No disability: 5% • Any disability: 8% 	<i>Disability:</i> <ul style="list-style-type: none"> • No disability: 5% • Any disability: 7%
Currently smoking cigarettes	<i>Age:</i> <ul style="list-style-type: none"> • 18-24: 8% • 25-44: 16% • 45-64: 17% • 65+: 9% 	<i>Age:</i> <ul style="list-style-type: none"> • 18-24: 8% • 25-44: 16% • 45-64: 17% • 65+: 9%
	<i>Education level:</i> <ul style="list-style-type: none"> • High school or less: 23% • Some college: 11% • College or more: 5% 	<i>Education level:</i> <ul style="list-style-type: none"> • High school or less: 23% • Some college: 11% • College or more: 5%
	<i>Income level:</i> <ul style="list-style-type: none"> • Less than \$25K: 26% • \$25-\$50K: 20% • \$50- less than \$75K: 11% • \$75K or more: 7% 	<i>Income level:</i> <ul style="list-style-type: none"> • Less than \$25K: 26% • \$25-\$50K: 20% • \$50- less than \$75K: 11% • \$75K or more: 7%
	<i>LGBTQ+:</i> <ul style="list-style-type: none"> • Non-LGBTQ+: 13% LGBTQ+: 14%	<i>LGBTQ+:</i> <ul style="list-style-type: none"> • Non-LGBTQ+: 13% LGBTQ+: 14%
	<i>Race and Ethnicity:</i> <ul style="list-style-type: none"> • Black, Indigenous, People of Color: 16% • White, non-Hispanic: 13% 	<i>Race and Ethnicity:</i> <ul style="list-style-type: none"> • Black, Indigenous, People of Color: 16% • White, non-Hispanic: 13%
	<i>Disability:</i> <ul style="list-style-type: none"> • No disability: 11% • Any disability: 19% 	<i>Disability:</i> <ul style="list-style-type: none"> • No disability: 11% • Any disability: 19%

<u>National Survey on Drug Use and Health (2021/2022)</u>			
<ul style="list-style-type: none"> Individuals 12+ who have misused prescription opioids in the last year 	<ul style="list-style-type: none"> 2.8% 	<ul style="list-style-type: none"> Individuals who have misused opioids in the last year 	<ul style="list-style-type: none"> 3.1%
<ul style="list-style-type: none"> Individuals 12+ who used cocaine in the last year 	<ul style="list-style-type: none"> 2.8% 	<ul style="list-style-type: none"> Percentage of the Vermont population receiving at least one prescription for stimulants (Vermont Prescription Monitoring System, 2022 Annual Report) 	<ul style="list-style-type: none"> 4.7%