

Lamoille County Profile

Regional Prevention Partnership Grant

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Purpose of this Profile

- This profile includes estimates of substance use/abuse prevalence based on National and State surveys, as well as data to assist the District Offices and sub-recipients to focus on the following priorities:
 - ▣ Increase state, regional and community capacity to prevent underage drinking and prescription drug use by implementing a targeted regional approach to Partnership for Success implementation.
 - ▣ Reduce underage and binge drinking among persons aged 12 to 20.
 - ▣ Reduce prescription drug misuse and abuse among persons aged 12 to 25.
 - ▣ Reduce marijuana use among persons aged 12-25
- This profile is provided by the Division of Alcohol and Drug Abuse Programs (ADAP), the State Epidemiological Outcomes Workgroup (SEOW) and the Research, Epidemiology, and Evaluation Unit of the Vermont Department of Health, Center for Health Statistics as a resource to the District Offices participating in the Partnership for Success Grant II (Substance Abuse and Mental Health Services Administration [SAMHSA] Grant Number: 1U79SP020787). *This grant is also known as the Regional Prevention Partnership (RPP) grant.*

Demographics: Youth by County

Youth by County (percent of 10-24 year olds)

County	# and % of VT 10-24 year olds		% of District 10-24 year olds by gender		% of District that is 10-24 years old
	Number	Percent	Female	Male	Percent
Addison	8,601	7%	48%	52%	23%
Bennington	6,958	5%	51%	49%	19%
Caledonia	6,255	5%	47%	53%	20%
Chittenden	39,134	31%	50%	50%	25%
Essex	1,036	1%	50%	50%	16%
Franklin	9,075	7%	48%	52%	19%
Grand Isle	1,161	1%	46%	54%	17%
Lamoille	4,854	4%	48%	52%	20%
Orange	5,319	4%	47%	53%	18%
Orleans	4,776	4%	48%	52%	18%
Rutland	11,879	9%	49%	51%	19%
Washington	11,285	9%	45%	55%	19%
Windham	7,976	6%	48%	52%	18%
Windsor	9,191	7%	49%	51%	16%
Vermont	127,500	100%	48%	52%	20%

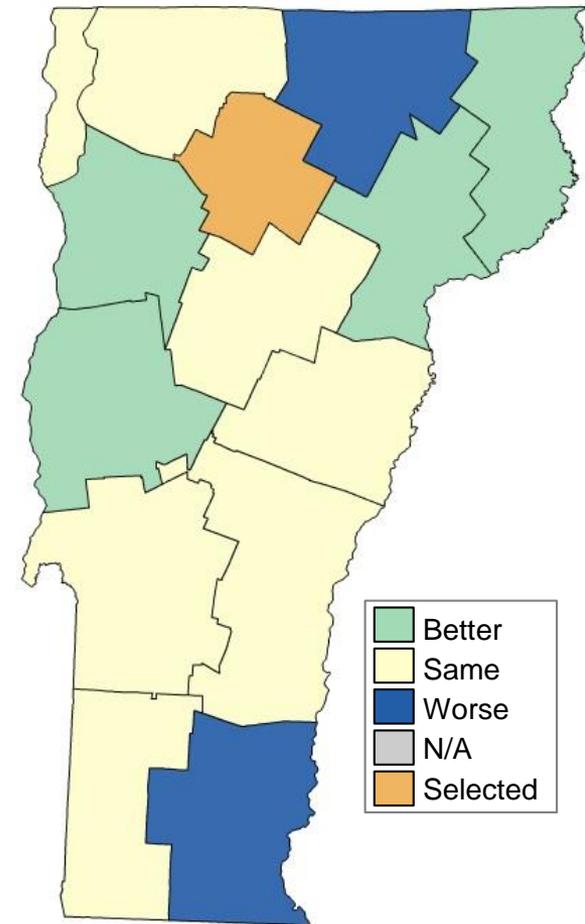
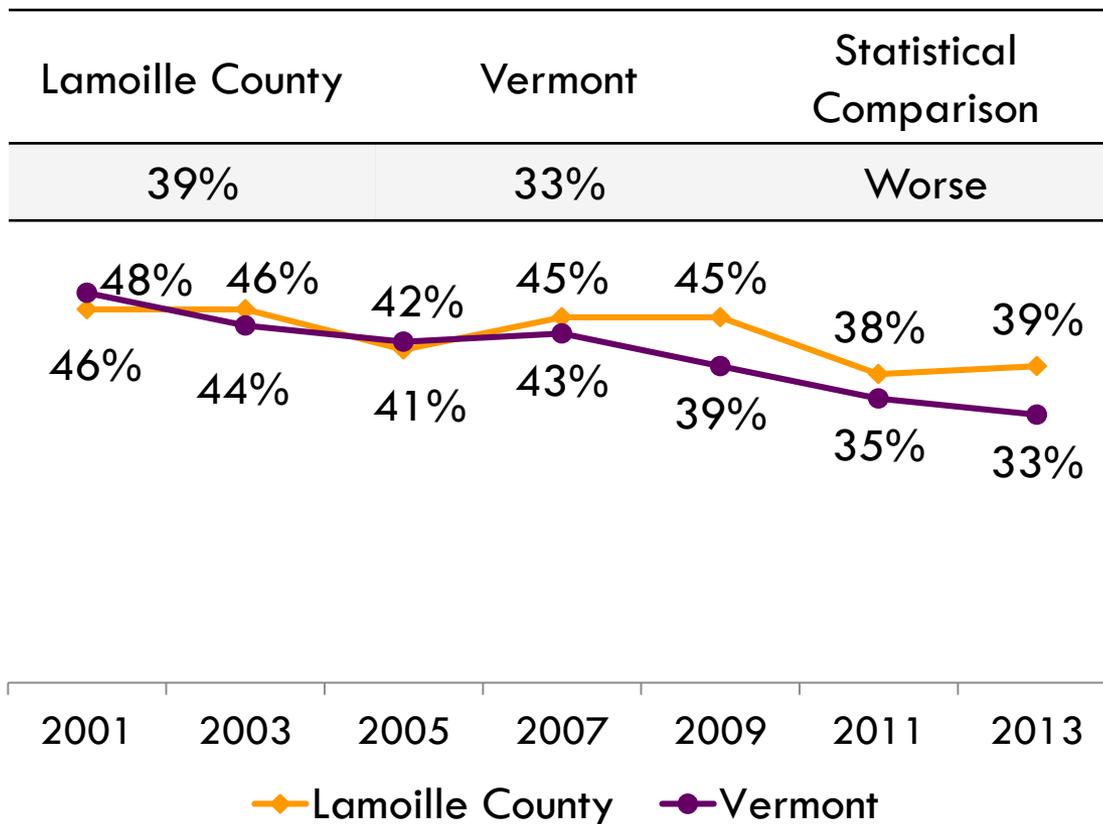
Demographics: Race by County

Race/Ethnicity by County (percent of county population)

County	White	Black	Hispanic	Asian	American Indian/ Alaskan Native
Addison	95.7%	0.9%	1.9%	1.5%	0.3%
Bennington	96.8%	0.9%	1.5%	0.7%	0.3%
Caledonia	96.5%	0.7%	1.2%	0.9%	0.5%
Chittenden	92.6%	2.2%	1.9%	3%	0.3%
Essex	97.4%	0.3%	1.1%	0.3%	0.6%
Franklin	95.8%	0.6%	1.3%	0.5%	1%
Grand Isle	95.3%	0.5%	1.3%	0.4%	1%
Lamoille	96.8%	0.8%	1.4%	0.6%	0.5%
Orange	97.2%	0.4%	1.1%	0.6%	0.3%
Orleans	96.9%	0.7%	1.2%	0.4%	0.5%
Rutland	97.3%	0.6%	1.2%	0.6%	0.3%
Washington	96.3%	0.8%	1.7%	0.9%	0.3%
Windham	95.7%	1.1%	1.9%	1.1%	0.3%
Windsor	96.4%	0.7%	1.3%	1%	0.3%
Vermont	95.5%	1.1%	1.6%	1.4%	0.4%

Prevalence: High School Youth – Alcohol Use

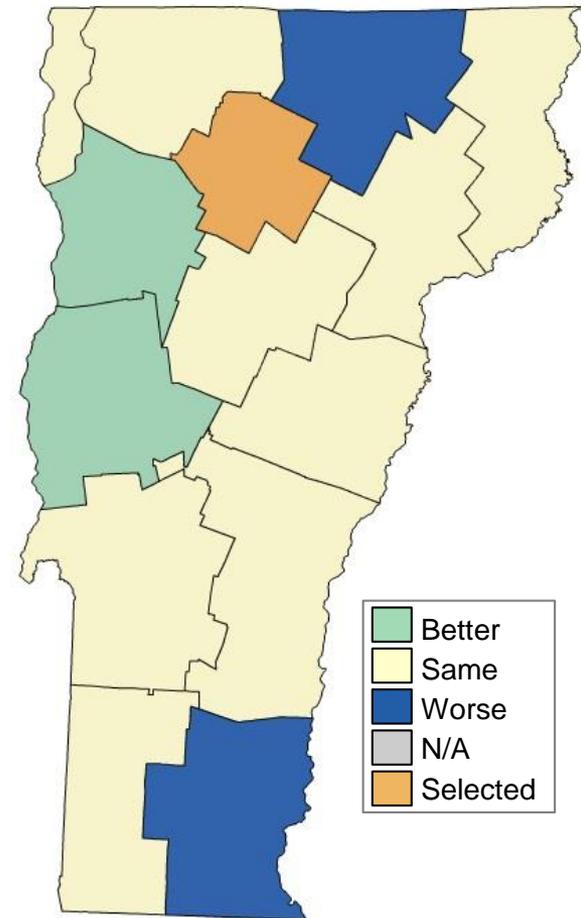
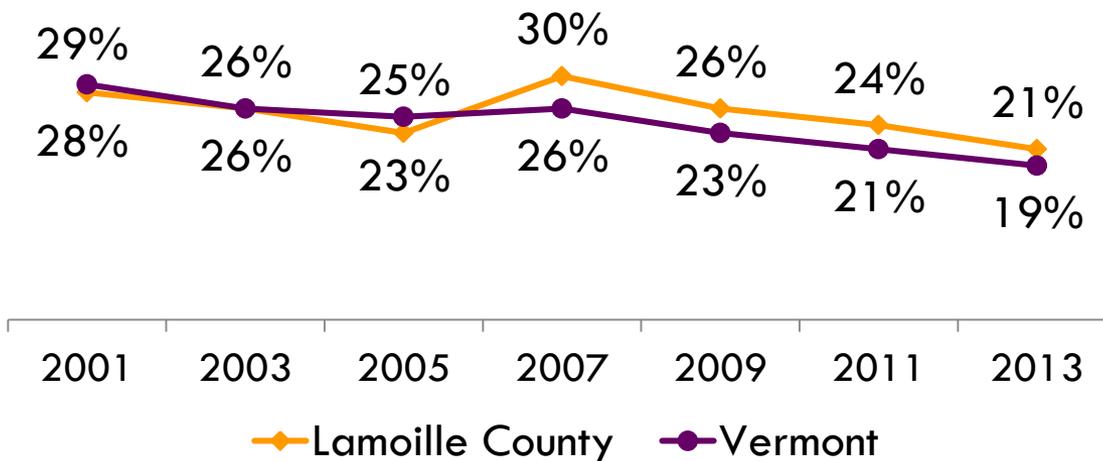
Percent of adolescents in grades 9-12 who drank any alcohol in the past 30 days



Prevalence: High School Youth – Binge Drinking

Percent of adolescents in grades 9-12 who drank five or more drinks in a row (binged), in the past 30 days

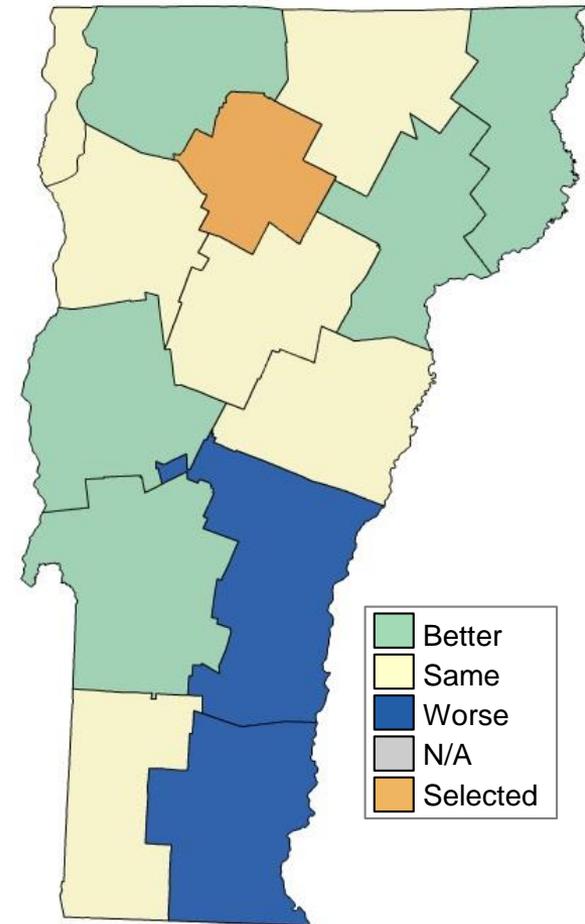
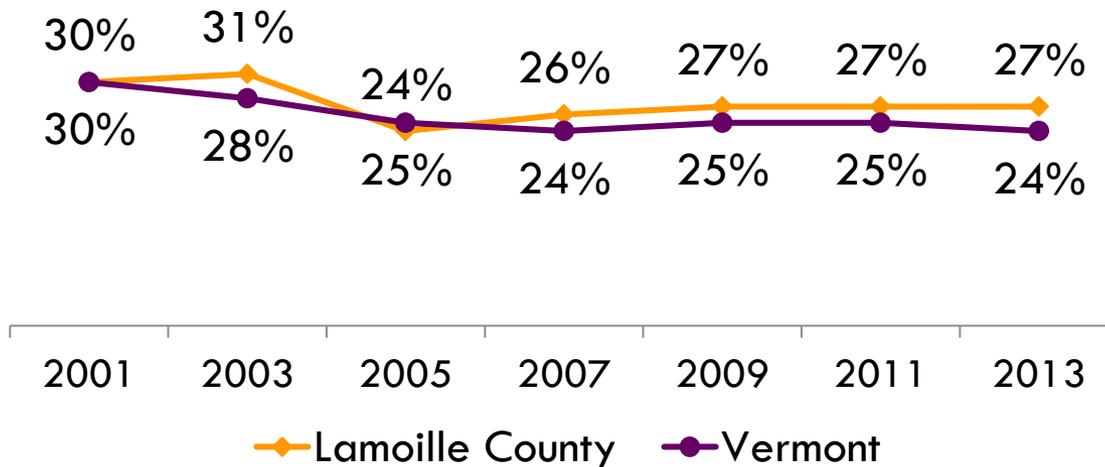
Lamoille County	Vermont	Statistical Comparison
21%	19%	Same



Prevalence: High School Youth – Marijuana

Percent of adolescents in grades 9-12 who used marijuana in the past 30 days

Lamoille County	Vermont	Statistical Comparison
27%	24%	Same

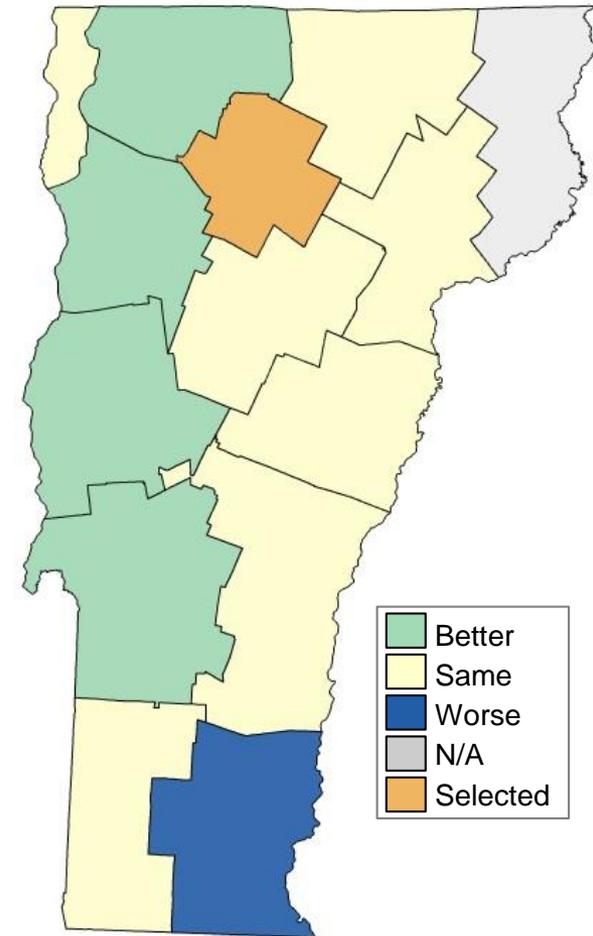


Prevalence: High School Youth – Prescription Drugs

Percent of adolescents in grades 9-12 who took a prescription drug not prescribed to them, in the past 30 days

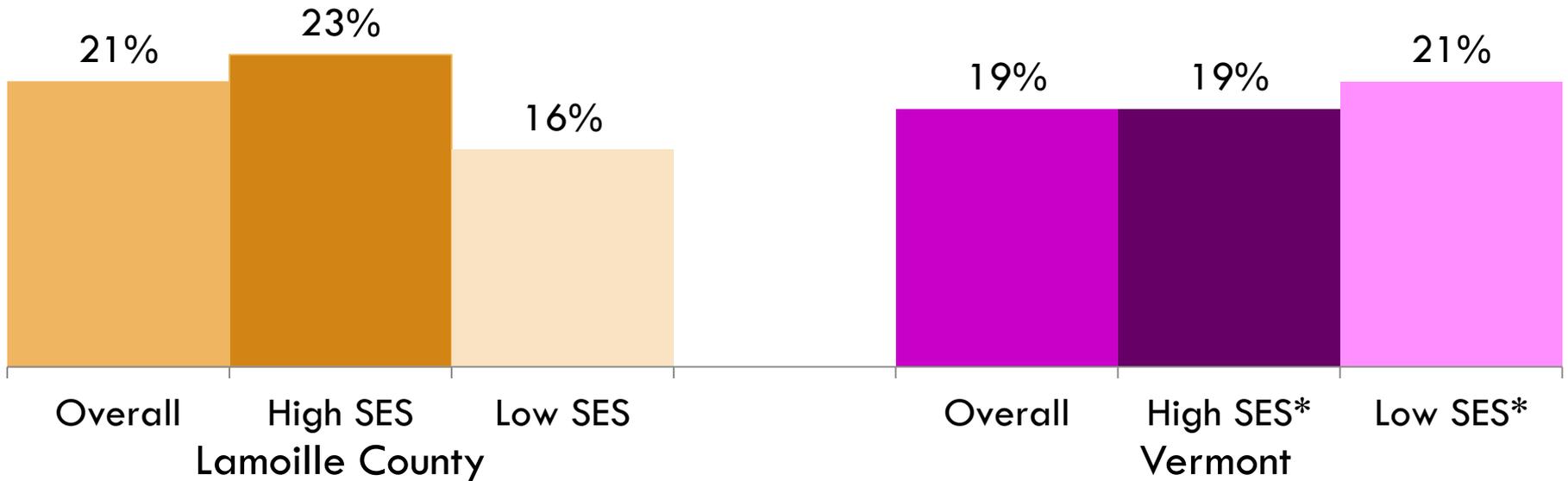
Lamoille County	Vermont	Statistical Comparison
4%	7%	Better

*Note that 2013 was the first year this question was asked on the Youth Risk Behavior Survey, so trend data is not yet available.



Disparities in Prevalence: High School Youth

Percent of students who drank five or more drinks in a row (binged) in the past 30 days by socioeconomic status for grades 9th – 12th (2013)
 (SES is maternal level of education: high school or less versus more than high school)

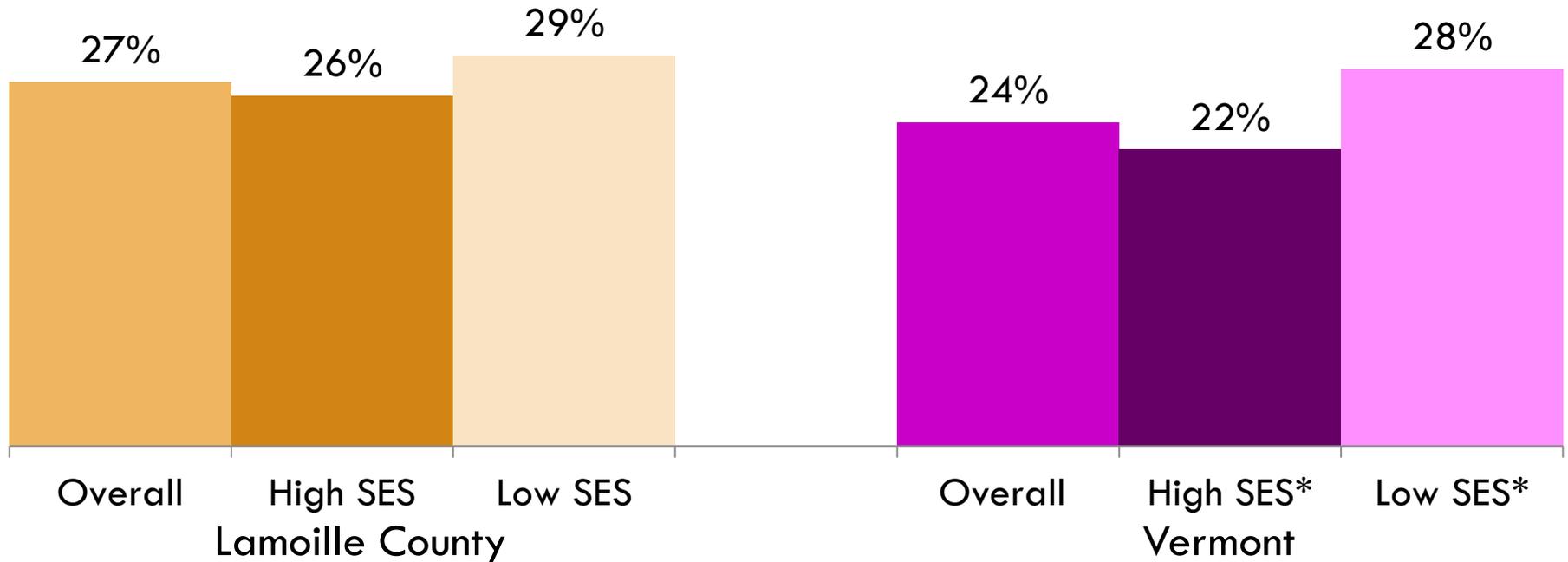


While the difference in prevalence of binge drinking by SES in Lamoille County was not statistically significant, it remains an important risk factor.

Disparities in Prevalence: High School Youth

**Percent of students who used marijuana in the past 30 days
by socioeconomic status for grades 9th – 12th (2013)**

(SES is maternal level of education: high school or less versus more than high school)

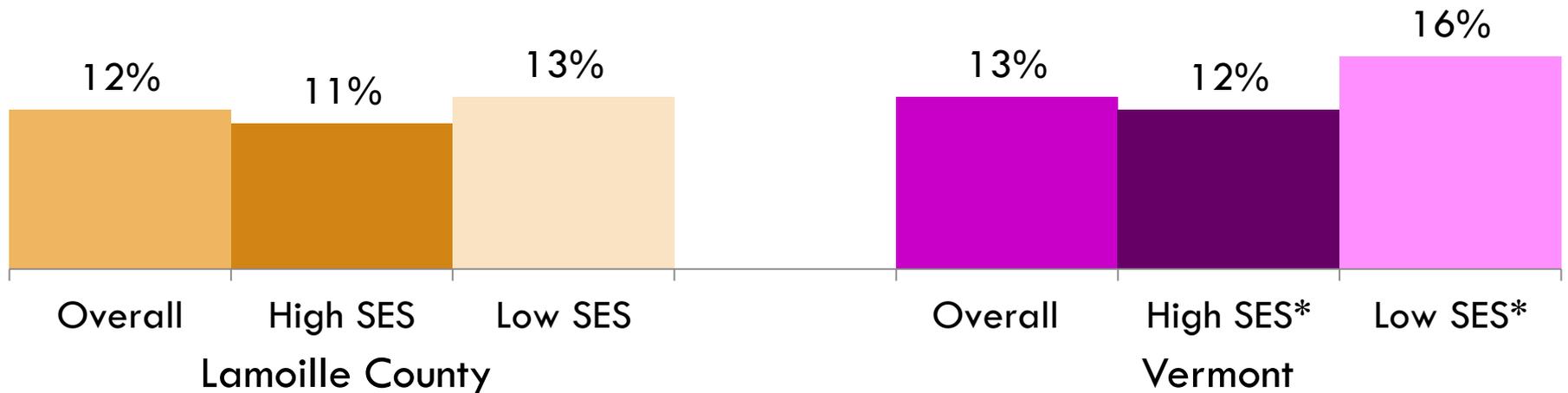


While the difference in prevalence of marijuana use by SES in Lamoille County was not statistically significant, it remains an important risk factor.

Disparities in Prevalence: High School Youth

Percent of students reporting lifetime prescription drug use by socioeconomic status for grades 9th – 12th (2013)

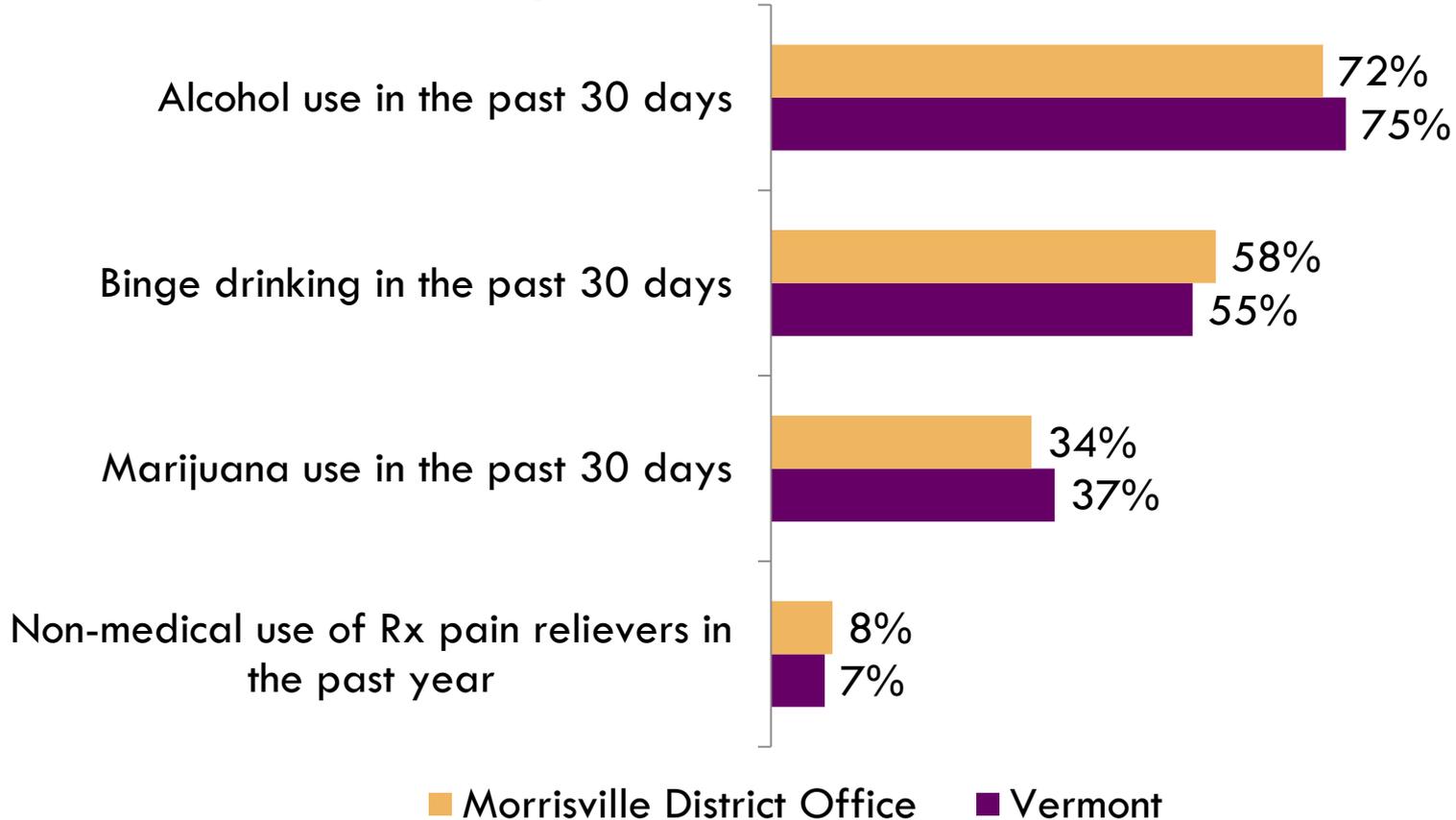
(SES is maternal level of education: high school or less versus more than high school)



While the difference in prevalence of prescription drug misuse by SES in Lamoille County was not statistically significant, it remains an important risk factor.

Prevalence: Young Adult Substance Use

Prevalence of selected substance use behaviors in young adults 18-25 (2014)



There are no statistical differences between Morrisville District Office and Vermont for the above indicators.

Vermont Prescription Drug Monitoring System

- In 2006, the Vermont Legislature passed Act 205 authorizing the Vermont Department of Health to establish and operate a Prescription Drug Monitoring Program (PDMP).
- Vermont's PDMP, known as the Vermont Prescription Monitoring System (VPMS), is a statewide electronic database of controlled substance prescriptions dispensed from Vermont-licensed pharmacies that became operational in January of 2009.
- For the purposes of this report, the following drug types were defined using the U.S. Food and Drug Administration's established pharmacologic class (EPC).
 - Opioids: Examples: oxycodone, hydrocodone, fentanyl, morphine, buprenorphine, methadone
 - Sedatives: Examples: lorazepam, clonazepam, diazepam, carisoprodol, alprazolam
 - Stimulants: Examples: methylphenidate, lisdexamfetamine, amphetamine

Vermonters Receiving At Least One Prescription

- Annually, approximately 92% of all prescriptions for controlled substances that are dispensed by Vermont licensed pharmacies are dispensed to Vermont residents.
- One quarter (27%) of Vermont residents received at least one prescription for a controlled substance in 2014.
- The range among Vermont counties was quite wide. In Essex County, 14% of residents received a controlled substance, whereas in Bennington and Rutland counties 31% did.
- In Lamoille County, 30% of residents received at least one prescription for a controlled substance in 2014, that is 3% higher than Vermont overall.

County	Recipients	% of Pop
Addison	9,878	27%
Bennington	11,297	31%
Caledonia	7,698	25%
Chittenden	41,755	26%
Essex	884	14%
Franklin	14,390	30%
Grand Isle	2,110	30%
Lamoille	7,445	30%
Orange	6,691	23%
Orleans	7,928	29%
Rutland	18,989	31%
Washington	16,346	28%
Windham	12,907	29%
Windsor	11,214	20%
Vermont	169,532	27%

Vermonters Receiving Opioid Prescriptions

- Approximately one in five (17%) Vermont residents received at least one prescription for an opioid in 2014.
- The percentage of residents having received an opioid prescription in 2014 ranged from 10% in Essex County to 22% in Rutland County.
- In Lamoille County, 20% of residents received at least one prescription for an opioid in 2014, that is 3% higher than Vermont overall.

County	Recipients	% of Pop
Addison	6,228	17%
Bennington	7,511	20%
Caledonia	5,204	17%
Chittenden	24,904	16%
Essex	610	10%
Franklin	10,249	21%
Grand Isle	1,415	20%
Lamoille	5,002	20%
Orange	4,187	14%
Orleans	5,321	20%
Rutland	13,343	22%
Washington	9,975	17%
Windham	8,078	18%
Windsor	7,363	13%
All VT	109,390	17%

Vermonters Receiving Sedative Prescriptions

- One in ten (10%) Vermont residents received at least one prescription for a sedative in 2014.
- The percentage of residents having received a sedative prescription in 2014 ranged 5% to 11%.
- In Lamoille County, 11% of residents received at least one prescription for a sedative in 2014, that is 1% higher than Vermont overall.

County	Recipients	% of Pop
Addison	3,657	10%
Bennington	4,163	11%
Caledonia	2,575	8%
Chittenden	15,904	10%
Essex	293	5%
Franklin	4,889	10%
Grand Isle	713	10%
Lamoille	2,787	11%
Orange	2,675	9%
Orleans	2,956	11%
Rutland	6,654	11%
Washington	6,536	11%
Windham	4,902	11%
Windsor	4,218	8%
All VT	62,922	10%

Vermonters Receiving Stimulant Prescriptions

- Very few (3%) Vermont residents received at least one prescription for a stimulant in 2014.
- The percent of residents having received a stimulant prescription in 2014 ranged from 2% Essex County to 6% in Windham County.
- In Lamoille County, 4% of residents received at least one prescription for a stimulant in 2014, that is 1% higher than Vermont overall.

County	Recipients	% of Pop
Addison	1,269	3%
Bennington	1,345	4%
Caledonia	1,068	3%
Chittenden	5,996	4%
Essex	95	2%
Franklin	1,289	3%
Grand Isle	200	3%
Lamoille	1,005	4%
Orange	762	3%
Orleans	854	3%
Rutland	1,919	3%
Washington	2,282	4%
Windham	2,417	6%
Windsor	1,229	2%
All VT	21,730	3%

Risk and Protective Factors for Substance Use: High School

**Percent of students in grades 9th – 12th
reporting risk or protective behavior (2013)**

Risk/Protective Factor	Lamoille County	Vermont	Statistical Comparison
Drank before age 13	18%	14%	Worse
Felt valued by Community	47%	50%	Same
Believe it is easy to get alcohol	74%	72%	Same
Think people their age risk harming themselves binge drinking	31%	38%	Worse
Believe it is easy to get marijuana	70%	63%	Worse
Think people their age risk harming themselves smoking marijuana	24%	31%	Worse

Consequences of Substance Use: High School Youth and Young Adults

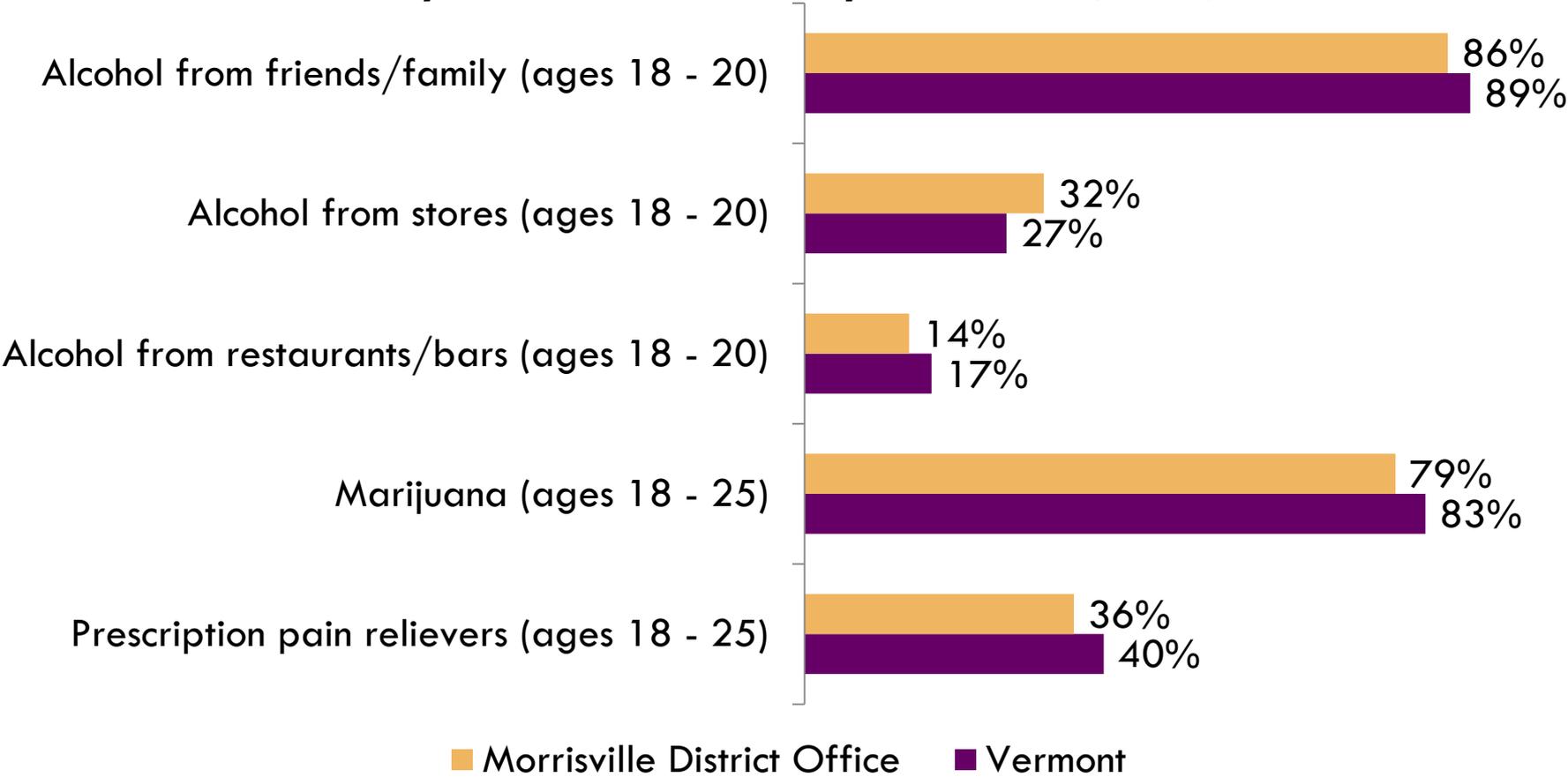
Percent of students and young adults (who drive) reporting a consequence of substance use

Risk/Protective Factor	Morrisville District Office (18-25 year olds) Lamoille County (9th-12th graders)	Vermont	Statistical Comparison
9th – 12th graders drove under the influence of marijuana in the past 30 days	15%	16%	Same
18 – 25 year olds drove under the influence of marijuana in the past 30 days	14%	15%	Same
9th – 12th graders drove under the influence of alcohol in the past 30 days	7%	8%	Same
18 – 25 year olds drove under the influence of alcohol in the past 30 days	4%	4%	Same

Take Note: the geographical areas are different for the 9th – 12th graders and the 18 - 25 year olds

Risk and Protective Factors for Substance Use: Young Adults

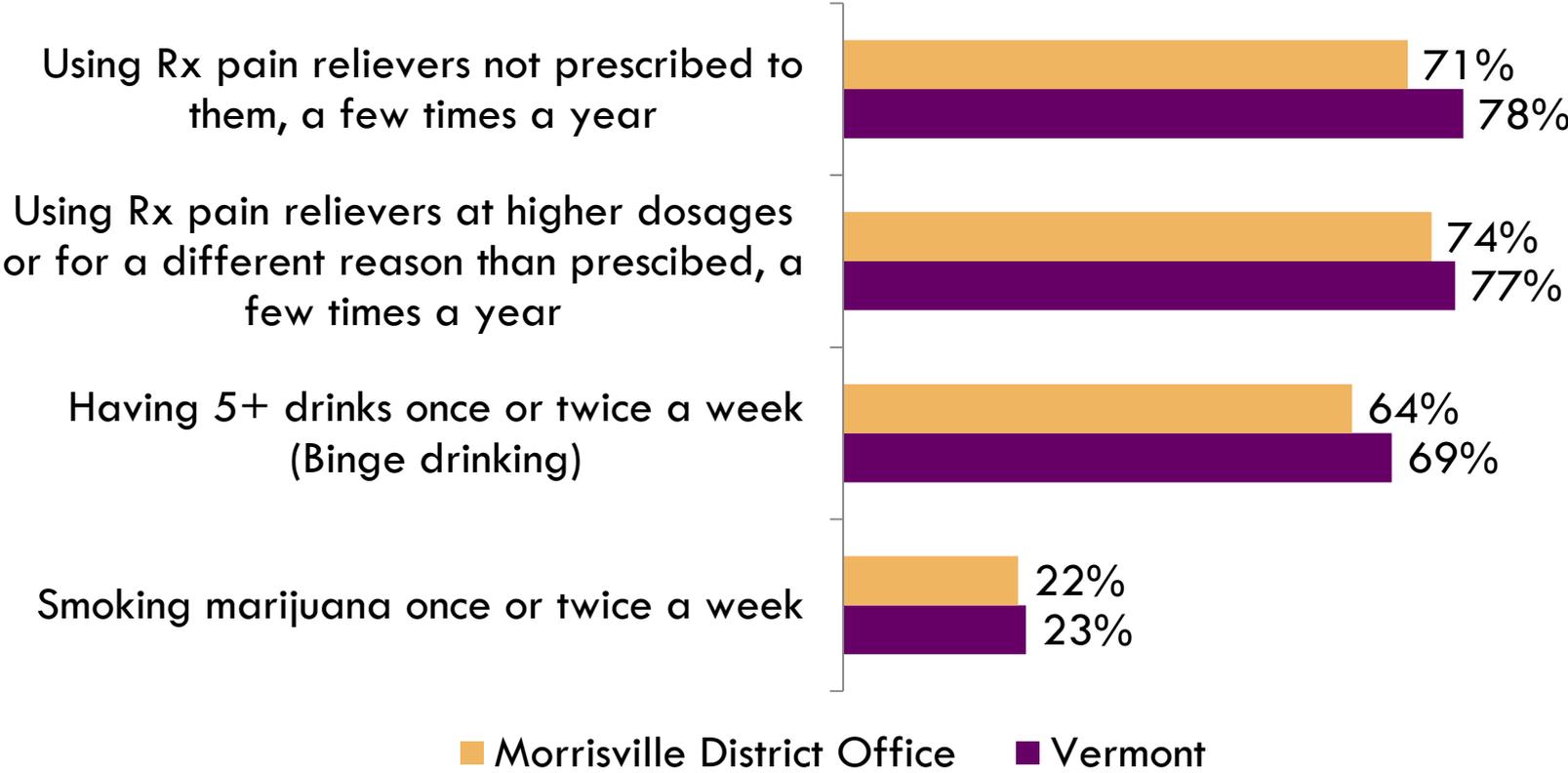
Percent of young adults perceiving “very easy” or “somewhat easy” to obtain (2014)



There are no statistical differences between Morrisville District Office and Vermont for the above indicators.

Risk and Protective Factors for Substance Use: Young Adults

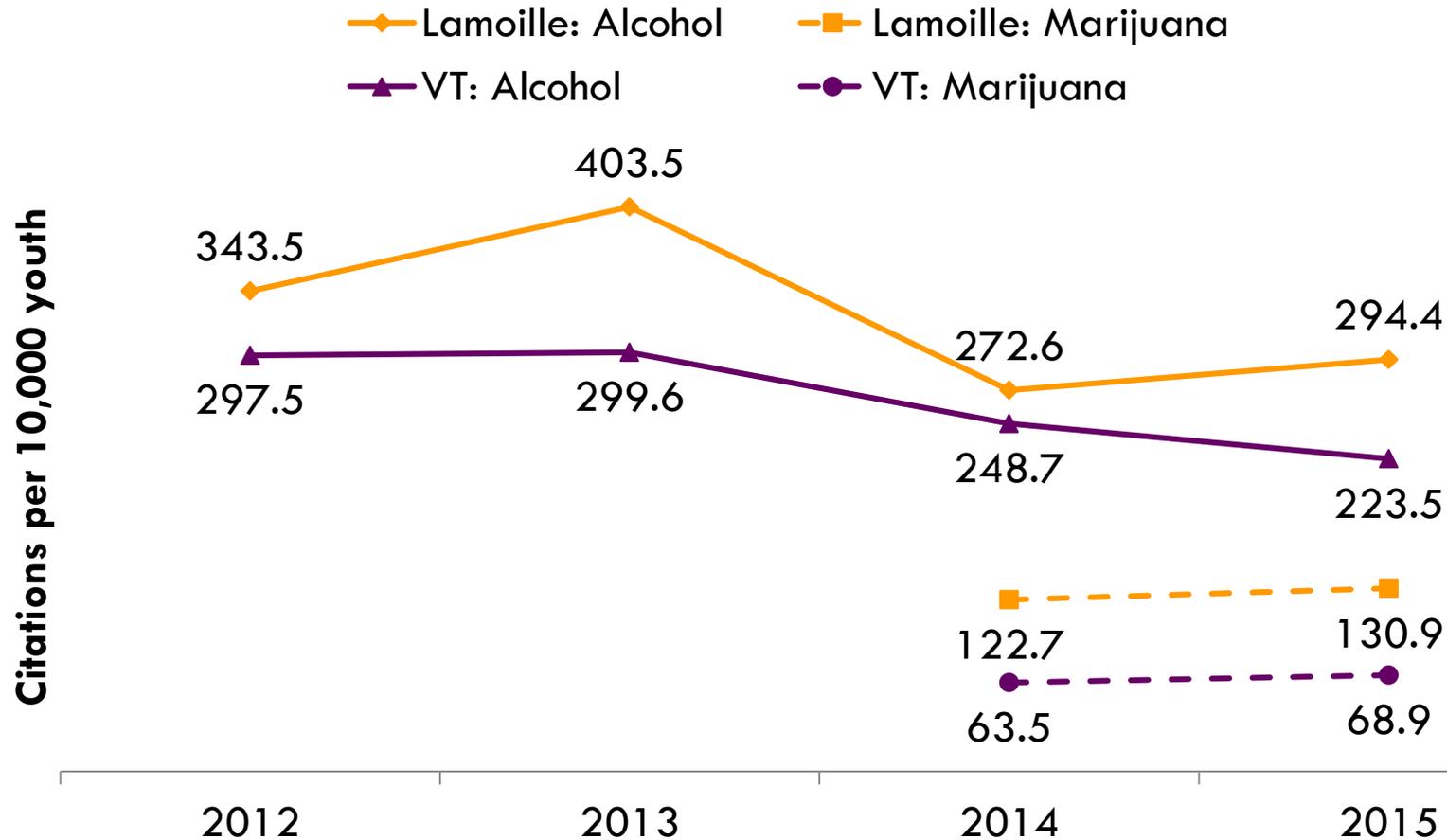
Percent of young adults 18-25 perceiving “moderate risk” or “great risk” (2014)



There are no statistical differences between Morrisville District Office and Vermont for the above indicators.

Youth Substance Abuse Safety Program Citations

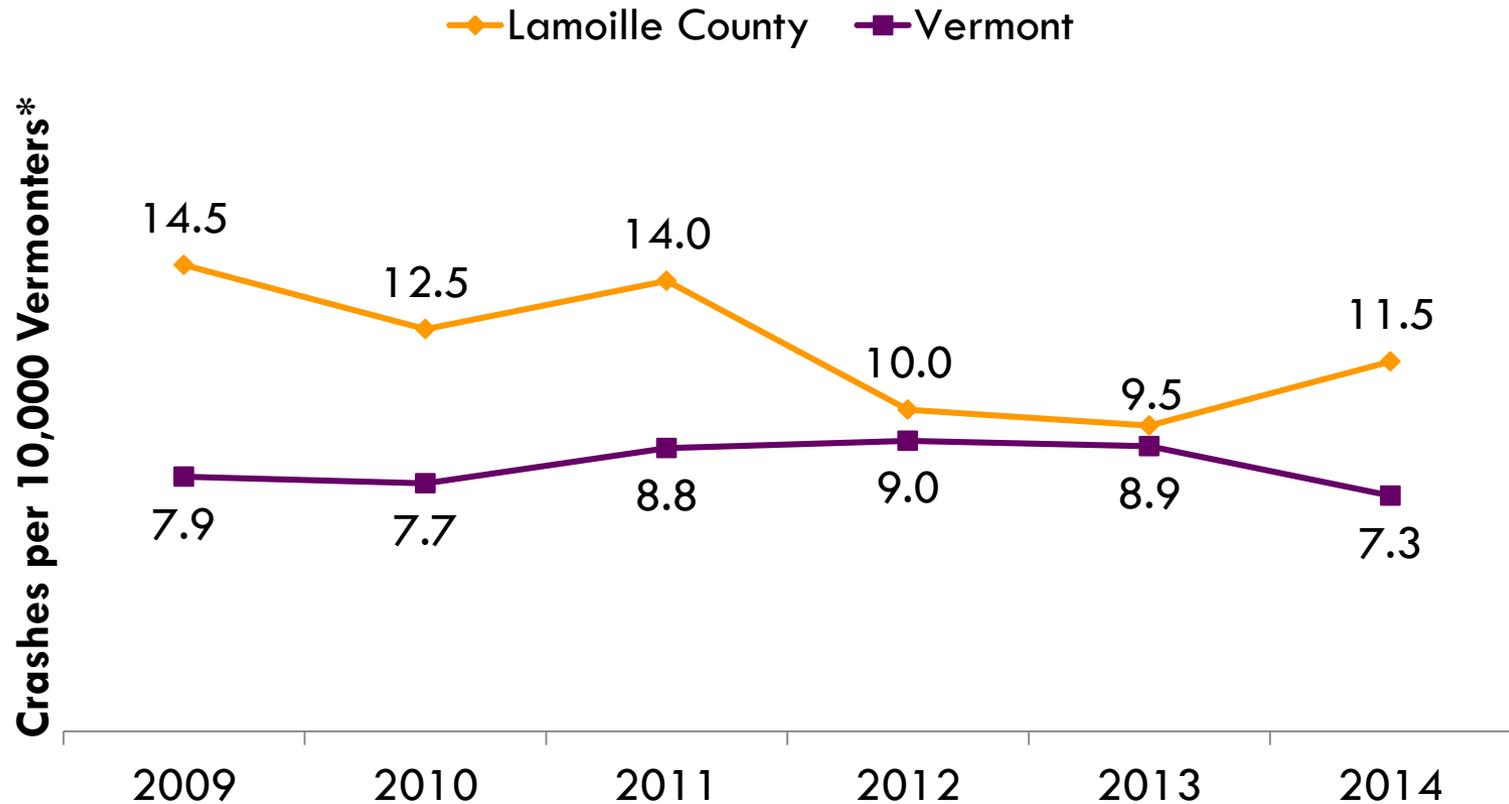
Rate of alcohol and marijuana citations for youth under 21 per 10,000 VT youth* by fiscal year



* Vermont 2010 Census data for ages 10-20

Impaired Driver Crashes

Rate of impaired driving crashes with a BAC ≥ 0.01 per 10,000 Vermonters*



* Vermont 2010 Census data for ages 15 and older

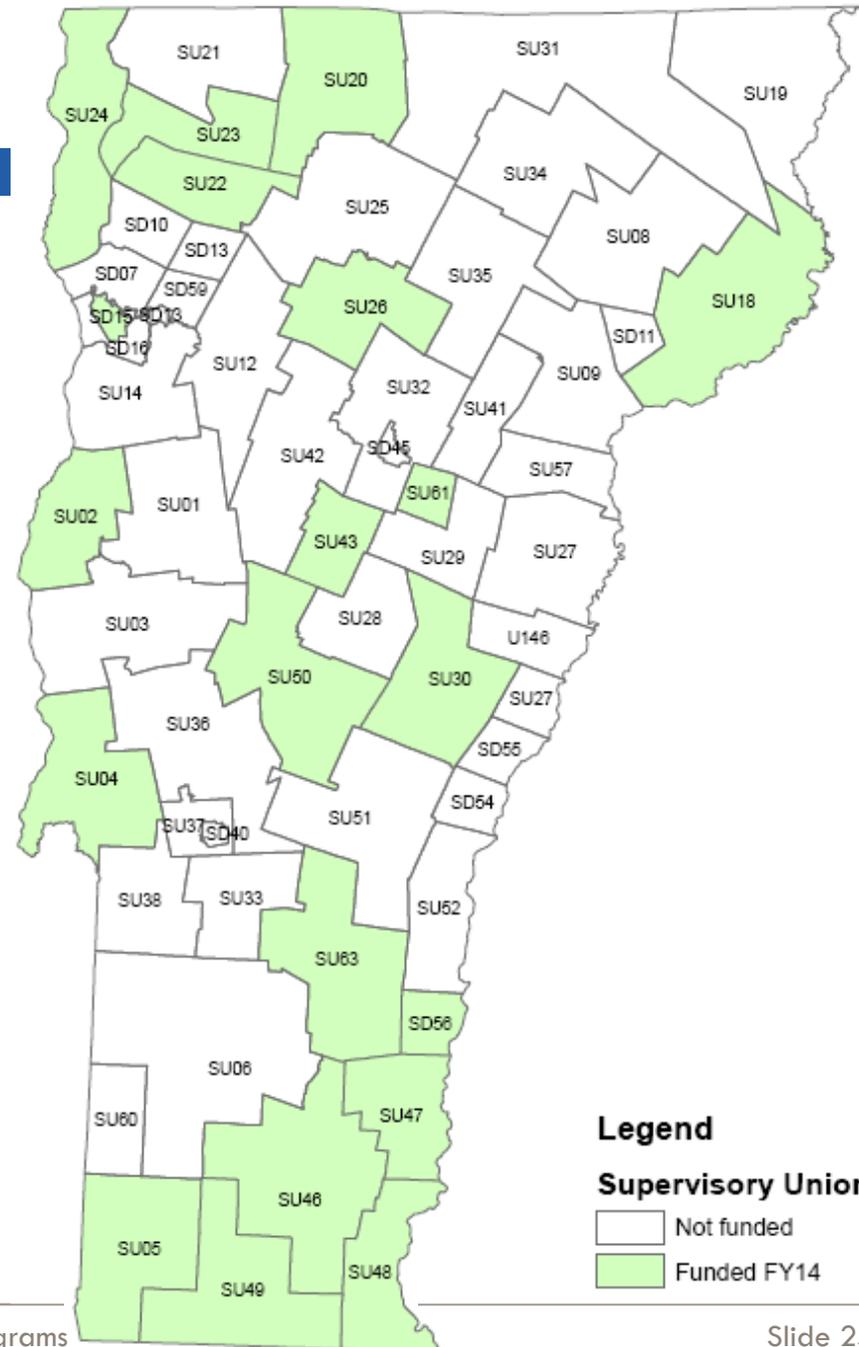
Department of Liquor Control Compliance Checks

Compliance Checks for 1st and 2nd Class Licensees, 2014

County	# Checked	# Passed	Percent Passed
Addison	26	25	96%
Bennington	55	51	93%
Caledonia	40	36	90%
Chittenden	160	141	88%
Essex	6	6	100%
Franklin	28	23	82%
Grand Isle	14	13	93%
Lamoille	15	14	93%
Orange	18	17	94%
Orleans	19	15	79%
Rutland	100	95	95%
Washington	54	47	87%
Windham	54	47	87%
Windsor	66	61	92%
Vermont	655	591	90%

School-Based Grants

- Supervisory Unions funded for Fiscal Year 2015 with School-Based Substance Abuse Service Grants (in green).
- The purpose of these three year grants is to provide and enhance substance abuse prevention and early intervention services in Vermont schools, leading to reductions in students' alcohol and other drug use.
- See the [Alcohol and Drug Abuse Prevention Dashboard](#) for information on percent of students screened and referred to treatment.



Conclusion and Contacts

- These data are presented to assist the District Offices in all types of planning, needs assessment, community outreach, and prevention work surrounding alcohol use, binge drinking and prescription drug misuse.
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