2018 DELAWARE STATE EPIDEMIOLOGICAL PROFILE: SUBSTANCE USE AND RELATED ISSUES

Prepared by the

University of Delaware Center for Drug and Health Studies
&
Its State Partners
for

The Delaware SPF-PFS Program,
The Delaware Division of Substance Abuse and Mental Health,
&
The State Epidemiological Outcomes Workgroup
(SEOW, formerly the Delaware Drug and Alcohol Tracking Alliance/DDATA)

Sponsored by Award SP020704 to the Division of Substance Abuse and Mental Health, Delaware Health and Social Services, from the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Please address all inquiries to: Laura Rapp, PhD, University of Delaware Center for Drug and Health Studies, Department of Sociology and Criminal Justice: lrapp@udel.edu.
Introduction:
The Role of the Delaware SEOW and the Purpose of the Epidemiological Profile

All States, including Delaware, have received support from the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Substance Abuse Prevention (CSAP) to establish a statewide epidemiological workgroup or SEOW. In Delaware, the Division of Substance Abuse and Mental Health (DSAMH) in the Delaware Department of Health and Social Services is the recipient of a Strategic Prevention Framework-Partnerships for Success Grant (SPF-PFS) and the SEOW is part of this initiative. The SEOW (formerly known as the Delaware Drug and Alcohol Tracking Alliance, or DDATA) is a group of stakeholders representing organizations that collect and use data on substance use, associated behaviors, and their consequences in order to establish and monitor indicators related to substance abuse prevention. The SEOW’s mission is to bring this data to the forefront of the prevention planning process. Its goals are:

- To build monitoring and surveillance systems to identify, analyze, and profile data from state and local sources;
- To provide current benchmarks, trends, and patterns of substance consumption and its consequences;
- To create data-guided products that inform prevention planning and policies;
- To train agencies and communities in understanding, using, and presenting data effectively in order to support prevention efforts.

This annual report highlights the most recently available data on substance use and related issues in Delaware. It also includes special topics, such as populations that experience disproportionate risk for substance use or related behaviors. The information is intended to help decision makers and stakeholders throughout Delaware accomplish their goals related to needs assessments, strategic planning, and evaluation. The 2018 report consists of twelve sections: a state demographic background; tobacco and electronic cigarettes; alcohol; marijuana; opioid use; other illegal drugs; substance exposed infants; gambling; mental health; substance use and adverse childhood experiences (ACEs); substance use among the LGBQ population and new data on Transgender youth in Delaware; and protective factors.

The 2018 Delaware Epidemiological Profile is available, along with all SEOW data products, from the Center on Drug and Health Studies at the University of Delaware website.
Thank You, SEOW Collaborators

for your participation and commitment to data-driven prevention planning, practice, and evaluation!

atTAcK Addiction
Christiana Care Health Systems
Delaware Academy of Medicine
Delaware Criminal Justice Council
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Criminal Justice Information System (DELIJS)
Delaware Afterschool Network
Delaware Courts – Office of the Child Advocate
Delaware Department of Education
Delaware Department of Health and Social Services
Division of Medicaid and Medical Assistance
Division of Public Health
Division of Services for the Aging and Persons with Disabilities
Division of Substance Abuse and Mental Health
Division of Tobacco and Alcohol Enforcement
Division of Forensic Medicine
Division of Prevention and Behavioral Health
Division of Trauma Informed Care
Division of Services for Children, Youth and their Families
Division of Prevention and Professional Regulation, Prescription Monitoring Program
Division of Trauma Informed Care
Department of Alcohol and Tobacco Enforcement
Delaware Information and Analysis Center
Delaware Office of Controlled Substance Division of Professional Regulation,
Mental Health Association of Delaware
Delaware Prevention Coalition
DEMCO
La Esperanza
KIDS COUNT in Delaware, University of Delaware
Delaware Center for Community Research & Service
Latin American Community Center
Nemours Health and Prevention Services
Open Door, Inc.
Wesley College
West End Neighborhood House
University of Delaware
Student Health and Wellness Promotion

SEOW Facilitator Team, University of Delaware Center for Drug and Health Studies: Laura Rapp, Sharon Merriman-Nai, James Highbarger, Dana Holz, David Borton, Brandie Pugh, Kai Lin, Luye Li, Lin Liu, Meisje Scales, Rachel Ryding, Roberta Gealt, Dan O’Connell, and Steve Martin
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</table>
Adverse Childhood Experiences (ACES)

Overview

Adverse Childhood Experiences (ACEs) are traumatic events or conditions, such as abuse, neglect, homelessness, etc., that have been associated with toxic stress, health risk behaviors, and lifelong impacts. The research indicates that youth who experience significant traumas are likely to experience poorer health outcomes throughout the lifespan, and even premature death. The number of ACES that an individual experiences have an agglomerate impact; a recent analysis indicates that individuals who experience six or more ACES have a shorter life expectancy by up to 20 years. However, the presence of a supportive and caring adult has been associated with higher rates of resiliency among those who’ve experienced childhood trauma. In short, without intervention and support, children who experience traumatic events are likely to have increased health problems throughout their lives – lives which are likely to be shorter than the lives of others (CDC, n.d.).

In the original ACEs study, conducted in the mid-90s, more than 17,000 adults in an outpatient healthcare setting were asked to report on their childhood experiences regarding the following ten indicators:

- Emotional, Physical, Sexual Abuse
- Emotional and Physical Neglect
- Parental Divorce/Separation
- Living in a household with a person who has a mental illness
- Living in a household with a person who abuses substances
- Parental Incarceration
- Exposure to Domestic Violence

Nearly two out of three respondents reported experiencing one or more ACE, with one in eight participants experiencing four or more (Kaiser/CDC, n.d.). Since then, various researchers have
examined additional indicators, such as bullying, discrimination, economic hardship, and violence within the community (as distinct from domestic violence). The more ACEs an individual experiences, the greater the likelihood he or she will experience poorer health status (Hussaini, K. et al., 2016).

**Delaware Context**

In 2015, the Delaware Public Health Institute conducted the Delaware Household Health Survey, which asked respondents about their experiences with childhood trauma. When considering the original ten ACE indicators, half of adults in Delaware reported experiencing one or more ACE, with 13.8% reporting four or more. The most commonly identified ACEs were parental divorce or separation (31.7%), followed by living in a household with someone who had abused substances (20.6%). When factoring in being bullied and/or experiencing discrimination, two indicators added to the Delaware survey, 59% of adults reported having at least one ACE, with 16% reporting four or more (Public Health Management Corporation, 2016).

For the second time, in an effort to assess the prevalence of ACEs among youth, the 2016 National Survey of Children’s Health (NSCH) included a number of indicators relating to trauma and resiliency within the household. However, the survey, administered to parents who report on the health of their children, did not include questions on abuse or neglect. As in 2011-2012, the 2016 cohort indicates that 48% of children in Delaware experience at least one ACE, most commonly divorced/separated parents (25%) and economic hardship (23%). The third most commonly ACE, which impacts one in ten children in Delaware, is parental incarceration. Findings also suggest that nearly 8% of Delaware youth live with someone in the household who suffers from a mental illness, and the same number live with a household member who a drug or alcohol problem. Almost one in four experience one ACE, and more than one in five are exposed to 2 or more (Hussaini, 2017).

The CDC Youth Risk Behavior Survey (YRBS), administered to Delaware middle school and high school students in odd-numbered years, includes a number of questions that address trauma, such as parental incarceration, being bullied, and exposure to various types of violence. Because the YRBS also includes questions regarding substance use and mental health, the data provides us an
opportunity to explore the association between trauma and a spectrum of risk behaviors. The results of the 2017 YRBS again illustrate that youth who report experiencing trauma have higher rates of all substance use as well as symptoms of depression, including self-harm and suicide attempts. For example, high school students who experience homelessness are nearly twice as likely to be current alcohol drinkers (46%) than students who were not homeless (28%), and six times as likely to abuse prescription pain medication in the past month (30% compared to 5%). They are also at greater risk for symptoms of depression than those who are not homeless (36% compared to 27%), and four times as likely to have attempted suicide within the past year (24% compared to 6%). As illustrated by the following graphs, these patterns are extremely similar when we consider all types of trauma.

By examining these associations, policy analysts and practitioners can begin to consider how early interventions and universally employed trauma informed approaches may improve lifelong health consequences and the associated costs for individuals, families, and society.
Reported Risk Behaviors for Students who have had Adverse Childhood Experiences:

Data Notation:

The data in the following section deals with small subcategories of Delaware public high school student sample population and because of that will not be weighted. Applying weights to small categories can led to inaccuracies in analyses.

The following adverse childhood experiences have been shown to have a statistically significant relationship with both substance use and mental health. The significance is at \( p < .05 \).
Adverse Childhood Experiences…

…have lifelong consequences in regards to substance use and risk behavior. The Delaware Public Health Institute conducted a household survey of Delaware adults and found that over half of Delaware residents (n=2506) have experienced one or more ACE in their lifetime.

![Pie chart showing percent distribution of ACEs]  

Figure 138 Adverse childhood experiences

Source:  
“2015 Delaware Household Health Survey (DHHS).” The Delaware Public Health Institute.
### Percent of Delaware Adults 18 and Older Who Indicated Having a Dysfunctional Household, 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental separation/divorce (n = 751)</td>
<td>32.6</td>
</tr>
<tr>
<td>Witnessing maternal/caregiver violence...</td>
<td>8.7</td>
</tr>
<tr>
<td>Substance abuse (n = 528)</td>
<td>21.1</td>
</tr>
<tr>
<td>Mental illness (n = 274)</td>
<td>12.1</td>
</tr>
<tr>
<td>Incarceration (n = 181)</td>
<td>7.9</td>
</tr>
</tbody>
</table>

*Figure 139 Delaware adults who indicated having a dysfunctional household, 2015*

**Source:**


[Back to table of figures]
Adverse Childhood Experiences and Health

- **Poor or Fair Health**
- **Mental Health**
- **Substance Abuse**

<table>
<thead>
<tr>
<th>Category</th>
<th>Poor or Fair Health</th>
<th>Mental Health</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexposed</td>
<td>10.5</td>
<td>7.9</td>
<td>4.5</td>
</tr>
<tr>
<td>Exposed to one adverse experience</td>
<td>16.1</td>
<td>12.4</td>
<td>8.7</td>
</tr>
<tr>
<td>Exposed to two or three adverse experiences</td>
<td>22.5</td>
<td>27.0</td>
<td>18.6</td>
</tr>
<tr>
<td>Exposed to four or more adverse experiences</td>
<td>31.6</td>
<td>40.7</td>
<td>22.1</td>
</tr>
</tbody>
</table>

Figure 140 Breakdown of adverse childhood experience

Sources:

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Adverse Childhood Experiences Among Children 0-17 Years of Age in the U.S. and Delaware, 2016


*Adverse Childhood Experiences (ACE)

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Adverse Childhood Experiences Among Children 0-17 Years of Age in the U.S. and In Delaware, 2016

**US**  **Delaware**

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>Delaware</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexposed</td>
<td>53.7</td>
<td>51.7</td>
</tr>
<tr>
<td>One adverse childhood experience</td>
<td>24.6</td>
<td>25.7</td>
</tr>
<tr>
<td>Two or more adverse childhood experiences</td>
<td>21.7</td>
<td>22.6</td>
</tr>
</tbody>
</table>

Figure 142 Adverse childhood experience at the state and national level.

Source: National Survey of Children's Health (NSCH), 2016;

*Adverse Childhood Experiences (ACE)
Figure 143 Adverse childhood experience by age and race and ethnicity.


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Figure 144 Adverse childhood experience by poverty status.

2017 High School Youth Risk Behavior Survey

Homelessness\(^a\): where do you typically sleep at night? (in percentages)

<table>
<thead>
<tr>
<th></th>
<th>At home with your parents or guardian</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>95</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>98</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: \(^a\)“Homeless” defined here as usually sleeping anywhere other than at home with parents/guardians

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

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2017 High School Youth Risk Behavior Survey

Incarceration: In the past year has either your mother or father been incarcerated? (in percentages)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>93</td>
<td>7</td>
</tr>
<tr>
<td>Female</td>
<td>91</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>8</td>
</tr>
</tbody>
</table>

Figure 147 Parental incarceration and substance use

Figure 148 Parental Incarceration and mental health

Note:
Unweighted data
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).
2017 High School Youth Risk Behavior Survey

Exposure to violence indicators (in percentages)

<table>
<thead>
<tr>
<th></th>
<th>I have been in a fight in the past year</th>
<th>I have been threatened or injured with a weapon on school property in the past 12 months</th>
<th>I have been bullied on school property in the past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>24</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>5</td>
<td>14</td>
</tr>
</tbody>
</table>

Fighting and past month substance use

<table>
<thead>
<tr>
<th></th>
<th>Past 30 Day Alcohol Use</th>
<th>Past 30 Day Cigarette Use</th>
<th>Past 30 Day Marijuana Use</th>
<th>Past 30 Day Prescription Drug Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fight past year</td>
<td>47</td>
<td>17</td>
<td>48</td>
<td>16</td>
</tr>
<tr>
<td>Haven't fought past year</td>
<td>25</td>
<td>4</td>
<td>19</td>
<td>3</td>
</tr>
</tbody>
</table>

Figure 149 Fighting and substance use

Fighting and past year mental health

<table>
<thead>
<tr>
<th></th>
<th>Depressed for Two Weeks</th>
<th>Self-Harm</th>
<th>Attempt Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fight past year</td>
<td>39</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>Haven't fought past year</td>
<td>25</td>
<td>12</td>
<td>5</td>
</tr>
</tbody>
</table>

Figure 150 Fighting and mental health

Note:
Unweighted data
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

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Figure 151 Threatened at school and substance use

Figure 152 Threatened at school and mental health

Note:
Unweighted data
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

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Figure 153 Bullying and substance use

Figure 154 Bullying and mental health

Note:
Unweighted data
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

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2017 High School Youth Risk Behavior Survey

Teen dating violence (TDV) and sexual violence indicators (in percentages)

<table>
<thead>
<tr>
<th></th>
<th>Did someone you were dating or going out with say things to you or say things to other people about you to purposely hurt you? (Emotional TDV)</th>
<th>Did someone you were dating or going out with physically hurt you on purpose? (Physical TDV)</th>
<th>Did someone you were dating or going out with force you to do sexual things that you did not want to do? (Sexual TDV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>10</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

Emotional teen dating violence and past month substance use

<table>
<thead>
<tr>
<th>Past 30 Day Alcohol Use</th>
<th>Past 30 Day Cigarette Use</th>
<th>Past 30 Day Marijuana Use</th>
<th>Past 30 Day Prescription Drug Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have experienced Emotional DV</td>
<td>Have NOT experienced Emotional DV</td>
<td>Have experienced Emotional DV</td>
<td>Have NOT experienced Emotional DV</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Past 30 Day Alcohol Use</th>
<th>Past 30 Day Cigarette Use</th>
<th>Past 30 Day Marijuana Use</th>
<th>Past 30 Day Prescription Drug Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>26</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>15</td>
<td>5</td>
<td>37</td>
<td>22</td>
</tr>
<tr>
<td>17</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 155 Emotional teen dating violence and substance use

Emotional teen dating violence and past year mental health

<table>
<thead>
<tr>
<th>Depressed for Two Weeks</th>
<th>Self-Harm</th>
<th>Attempt Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have experienced Emotional DV</td>
<td>Have NOT experienced Emotional DV</td>
<td>Have experienced Emotional DV</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depressed for Two Weeks</th>
<th>Self-Harm</th>
<th>Attempt Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>22</td>
<td>33</td>
</tr>
<tr>
<td>22</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 156 Emotional teen dating violence and mental health

Note:
Unweighted data
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

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Physical teen dating violence and past month substance use

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Experienced DV</th>
<th>NOT Experienced DV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past 30 Day Alcohol Use</td>
<td>52</td>
<td>28</td>
</tr>
<tr>
<td>Past 30 Day Cigarette Use</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Past 30 Day Marijuana Use</td>
<td>55</td>
<td>22</td>
</tr>
<tr>
<td>Past 30 Day Prescription Drug Use</td>
<td>30</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: Unweighted data

Source: "2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

Physical teen dating violence and past year mental health

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Experienced DV</th>
<th>NOT Experienced DV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed for Two Weeks</td>
<td>58</td>
<td>25</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>42</td>
<td>12</td>
</tr>
<tr>
<td>Attempt Suicide</td>
<td>28</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: Unweighted data

Source: "2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

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Figure 159 Sexual teen dating violence and substance use

Figure 160 Sexual teen dating violence and mental health

Note:
Unweighted data
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

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2017 Youth Risk Behavior Survey
Forced sexual intercourse and contact
(in percentages)

<table>
<thead>
<tr>
<th></th>
<th>Did someone you were dating or going out with force you to do sexual things that you did not want to do?</th>
<th>Have you ever been physically forced to have sexual intercourse when you did not want to?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Female</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

![Figure 161 Forced intercourse and substance use]

![Figure 162 Forced Intercourse and mental health]

Note:
Unweighted data; sexual things refer to kissing, touching, or being physically forced to have sexual intercourse
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).
Figure 163  Forced intercourse and substance use

Figure 164  Forced Intercourse and mental health

Note:
Unweighted data; sexual things refer to kissing, touching, or being physically forced to have sexual intercourse

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

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2017 High School Youth Risk Behavior Survey\textsuperscript{a}

Aggregated adverse childhood experiences (ACEs\textsuperscript{b})

(in percentages)

<table>
<thead>
<tr>
<th></th>
<th>0 Aces</th>
<th>1 ACE</th>
<th>2 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>57</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>Males</td>
<td>60</td>
<td>24</td>
<td>16</td>
</tr>
<tr>
<td>Females</td>
<td>54</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td>New Castle</td>
<td>57</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>Males</td>
<td>61</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Females</td>
<td>54</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td>Kent</td>
<td>57</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>Males</td>
<td>57</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td>Females</td>
<td>56</td>
<td>21</td>
<td>23</td>
</tr>
<tr>
<td>Sussex</td>
<td>55</td>
<td>23</td>
<td>22</td>
</tr>
<tr>
<td>Males</td>
<td>59</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>Females</td>
<td>52</td>
<td>24</td>
<td>25</td>
</tr>
</tbody>
</table>

Figure 165 Aggregated adverse childhood experiences

Notes:
\textsuperscript{a}Unweighted data
\textsuperscript{b}Students who confirmed experiencing any of the events above such as homelessness, incarcerated parent, fighting, being threatened, being bullied, or teen dating violence or sexual violence, were placed in either “1 ACE” or “2 or More ACEs” category depending on the number of different experiences they reported.

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS),” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).
2017 High School Youth Risk Behavior Survey\textsuperscript{a}  
ACEs\textsuperscript{b} and past month substance use  
(in percentages)

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Past 30 Day Cigarette Use</th>
<th>Past 30 Day Alcohol use*</th>
<th>Past 30 Day Marijuana Use*</th>
<th>Past 30 day Rx Pain Medication Use other than prescribed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 ACEs</td>
<td>3</td>
<td>22</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>1 ACE</td>
<td>6</td>
<td>33</td>
<td>31</td>
<td>5</td>
</tr>
<tr>
<td>2 or more ACEs</td>
<td>17</td>
<td>45</td>
<td>43</td>
<td>17</td>
</tr>
</tbody>
</table>

Aggregated ACEs and past month substance use

Figure 166 Aggregated adverse childhood experiences and substance use

Notes:
\textsuperscript{a} Unweighted data
\textsuperscript{b} Students who confirmed experiencing any of the events above such as homelessness, fighting, being threatened, being bullied, or experience teen dating violence or sexual violence, were placed in either “1 ACE” or “2 or More ACEs” category depending on the number of different experiences they reported.

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).  
Back to table of figures
2017 Youth Risk Behavior Survey\(^a\)

**ACEs\(^b\) and past year mental health – self-report (in percentages)**

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Depressed for Two Weeks</th>
<th>Self-Harm</th>
<th>Attempt Suicide</th>
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<tbody>
<tr>
<td>0 ACEs</td>
<td>15</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>1 ACE</td>
<td>33</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>2 or more ACEs</td>
<td>54</td>
<td>35</td>
<td>20</td>
</tr>
</tbody>
</table>

**Figure 167 Aggregated adverse childhood experiences and mental health**

Notes:

\(^a\) Unweighted data

\(^b\) Students who confirmed experiencing any of the events above such as homelessness, fighting, being threatened, being bullied, or experience teen dating violence or sexual violence, were placed in either “1 ACE” or “2 or More ACEs” category depending on the number of different experiences they reported.

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).
References
About Delaware


Tobacco


**Alcohol**


Substance Abuse and Mental Health Services Administration. (n.d.). [Table of data from the Treatment Episode Data Set]. *Substance Abuse Treatment Admissions by Primary Substance of Abuse, According to Sex, Age Group, Race, and Ethnicity among Admissions Aged 12 and Older, Year = 2017*. Retrieved May 14, 2018 from https://wwwdasis.samhsa.gov/webt/quicklink/DE17.htm


Marijuana


2018 Delaware State Epidemiological Profile – prepared for the SEOW by the Center for Drug and Health Studies

Substance Abuse and Mental Health Services Administration. (n.d.). [Table of data from the Treatment Episode Data Set]. *Substance Abuse Treatment Admissions by Primary Substance of Abuse, According to Sex, Age Group, Race, and Ethnicity among Admissions Aged 12 and Older, Year = 2017*. Retrieved May 14, 2018 from https://wwwdasis.samhsa.gov/webt/quicklink/DE17.htm


**Opioids**


Anderson, Tammy L., Martin, Steve, Fang, Yiqian and Jiamin Li. (2016). *Report to the Delaware PDAC on Criteria of High Risk Prescribing for RIPAID* [Centers for Disease Control Grant].


Neuman, W. (May 3, 2018). De Blasio moves to bring safe injection sites to New York City. *New York Times*. Retrieved from Figure 8 Percentage of high school students who reported smoking in the past 30 days, by sexual orientation


Substance Abuse and Mental Health Services Administration. (n.d.). [Table of data from the Treatment Episode Data Set]. Substance Abuse Treatment Admissions by Primary Substance of Abuse, According to Sex, Age Group, Race, and Ethnicity among Admissions Aged 12 and Older, Year = 2017. Retrieved May 14, 2018 from https://wwwdasis.samhsa.gov/webt/quicklink/DE17.htm


Other Illicit Drugs


Substance Abuse and Mental Health Services Administration. (n.d.). [Table of data from the Treatment Episode Data Set]. Substance Abuse Treatment Admissions by Primary Substance of Abuse, According to Sex, Age Group, Race, and Ethnicity among Admissions Aged 12 and Older, Year = 2017. Retrieved May 14, 2018 from https://wwwdasis.samhsa.gov/webt/quicklink/DE17.htm
Gambling


Mental Health


Adverse Childhood Experiences


**Lesbian, Gay, Bisexual and Questioning Youth**


**Transgender Youth**


**Risk and Protective Factors**


## 2018 Data Sources

<table>
<thead>
<tr>
<th>Data Instrument</th>
<th>Administered/Compiled by</th>
<th>Most Recent Data</th>
<th>Data Range</th>
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<tr>
<td>Data Base/Diagnostics Plus</td>
<td>-</td>
<td>-</td>
<td>1989-1993</td>
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<td>Delaware Criminal Justice Information System (DEJIS)</td>
<td>DEJIS</td>
<td>2016</td>
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<tr>
<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>DE Division of Public Health (sponsored by the CDC)</td>
<td>2015</td>
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<tr>
<td>Delaware Courts</td>
<td>Office of the Child Advocate</td>
<td>2017</td>
<td>-</td>
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<tr>
<td>Delaware Department of Health and Social Services</td>
<td>DE Division of Substance Abuse and Mental Health</td>
<td>-</td>
<td>2012 – 2017</td>
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<td>Delaware Department of Safety and Homeland Security</td>
<td>Medical Examiner, Division of Forensic Medicine</td>
<td>2016</td>
<td>2014 – 2016</td>
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<tr>
<td>Delaware Household Health Survey</td>
<td>Delaware Public Health Institute</td>
<td>2015</td>
<td>-</td>
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<tr>
<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>Delaware Office of Controlled Substance, Division of Professional Regulation</td>
<td>2015</td>
<td>2013 – 2015</td>
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<tr>
<td>Delaware School Survey (DSS) – 5th, 8th, and 11th grades</td>
<td>Center for Drug and Health Studies, UD</td>
<td>2017</td>
<td>1995 – 2017</td>
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<tr>
<td>Delaware Youth Risk Behavior Survey (YRBS) – High School</td>
<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health and the CDC)</td>
<td>2017</td>
<td>1999 – 2017</td>
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<td>Delaware Youth Risk Behavior Survey (YRBS) – Middle School</td>
<td>Center for Drug and Health Studies, UD (sponsored by Nemours)</td>
<td>2017</td>
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<tr>
<td>Delaware Youth Tobacco Survey (YTS) – 6th =12th grades</td>
<td>Center for Drug and Health Studies, UD (sponsored by the DE Division of Public Health and the CDC)</td>
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<tr>
<td>Department of Public Instruction Monitoring the Future</td>
<td>University of Michigan</td>
<td>1994</td>
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<tr>
<td>National Poison Data System</td>
<td>American Association of Poison Control Centers</td>
<td>2012</td>
<td>2012-2017</td>
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<tr>
<td>Treatment Admissions Data</td>
<td>US Substance Abuse and Mental Health Services Administration, DE Division of Substance Abuse and Mental Health</td>
<td>2017</td>
<td>2003 – 2017</td>
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</tbody>
</table>
In addition to the data sources for the figures and tables in the 2018 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- Delaware Health Tracker
- Delaware State Police/Delaware Statistical and Analysis Center
- Health Resources and Services Administration
- Kaiser Family Foundation
- KIDS COUNT in Delaware
- PolicyMap
- Prescription Behavior Surveillance System at Brandeis University
- Tobacco21.org
- U.S. Department of Health and Human Services
- U.S. Census Bureau