Executive Summary

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 LGBTQ 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!

atatK 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 (DELJIS)
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 Alcohol and Tobacco Enforcement
Division of Forensic Medicine
Delaware Department of Services for Children, Youth and their Families
Division of Prevention and Behavioral Health
Trauma Informed Care
Delaware Information and Analysis Center
Delaware Office of Controlled Substance Division of Professional Regulation, Prescription Monitoring Program
Mental Health Association of Delaware
Delaware Prevention Coalition
Delaware State Police
DEMCOC
La Esperanza
KIDS COUNT in Delaware, University of 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

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Introduction: The Role of the Delaware SEOW and the Purpose of the Epidemiological Profile

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- 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 to support prevention efforts.

This annual report highlights the most recently available data on substance use and related issues in Delaware. The information is intended to help decision makers and stakeholders throughout Delaware accomplish their goals related to needs assessments, strategic planning, and evaluation. Individual chapters present narrative summaries for each substance category, which highlight select findings, followed by graphs and charts detailing reported trends and use. The report also features special topics, including overviews of gambling, mental health issues, substance exposed...
infant births, LGBQ youth, Transgender youth, and adverse childhood experiences (ACES) and their association with substance use. Finally, the report includes data related to protective factors, which are key to prevention efforts. References are included at the end of the report, alphabetized within chapter groups.

**Delaware Data: State Demographic Background**

As the second-smallest state in the country and comprised of only three counties (New Castle, Kent, and Sussex), Delaware is a unique state. The population is estimated at just under a million people. The northern part of the state is more densely populated than the two southern counties, which are largely rural. The median age of Delaware residents is slightly older than the national average, and the median household income is slightly higher as well. Just over two-thirds of Delaware residents are white, nearly a quarter are African American, and almost ten percent are Hispanic or Latino (US Census Bureau, n.d.). Much of Delaware is also considered to be a Medically Underserved Area (Health Resources and Services Administration [HRSA], n.d.), with the entirety of Kent and Sussex counties fitting this criteria, as well as communities in southern and eastern New Castle County.

**Tobacco and Electronic Cigarettes (Vaping)**

While tobacco use is still a serious national and local issue that warrants substantial funding for education and prevention programming, data from five major survey sources show that Delaware youth and adults have reported a steady decline in cigarette use since the late 1990s. Data from the Delaware School Survey (DSS) show that twenty years ago over a third of Delaware 11th graders reported regularly using cigarettes; today, only about 4% of 11th graders report current past month cigarette usage. Although declines in cigarette smoking rates are well documented, many Delaware youth continue to be exposed to second hand smoke. Findings of the 2016 Delaware Youth Tobacco Survey indicate that 21% of high school and middle school students report someone smoking in
their home in the past seven days. One in four high school students and one in five middle school students report riding in a car within the past seven days with someone who was smoking. An emerging trend of concern is “vaping” or the use of e-cigarettes. Youth report greater use of e-cigarettes and other electronic vaping devices than traditional tobacco products. While the perception may be that these devices are safer alternatives to cigarette smoking and other forms of tobacco use, e-cigarette use can still lead to health complications, including an increased likelihood of using other tobacco products (Office of the Surgeon General, 2016). Fortunately, according to the 2017 Delaware Youth Risk Behavior Survey, high school youth reports of ever trying vaping and current use have declined in the past two years (from 41% to 38% and from 24% to 14%, respectively). The Delaware School Survey, conducted annually, while generally reporting lower rates of vaping, has also showed slight declines.

**Alcohol**

Alcohol use also is a major concern that presents real public health risks and social costs. Data from the 2017 DSS and Youth Risk Behavior Surveys (YRBS) show that alcohol remains the most commonly reported substance used by students across the state. According to the DSS, 28% of 11th graders and 8% of 8th graders reported that they drank alcohol in the past month. Though alcohol use among Delaware students declined over the past five years, mirroring national trends, student surveys show that too many students still do not adequately understand the risks involved with alcohol misuse. Driving while intoxicated is a major public health concern associated with alcohol. More than a third of fatal car crashes in Delaware involved alcohol in 2016 (Delaware State Police, 2017); nearly one in eight 11th graders report that they have driven a vehicle after drinking at least once. Heavy drinking can also lead to serious health complications, including diseases of the liver and pancreas, and various cancers. According to data from the 2015-2016 National Survey on Drug Use and Health (NSDUH), young adults between the ages of 18-25 have the highest rates of binge drinking; nearly 40% of adults in this age range reported binge drinking in the past 30 days. Data from the Delaware BRFSS show a decrease in adult past month drinking, from a high of 60% in 2011 to 56% in 2015, although Delaware adults drink at a slightly higher rate.
than the national average. Nearly one in six Delaware adults surveyed by BRFSS in 2016 reported binge drinking; and 17% met the criteria for heavy drinking.

**Marijuana**

Over the past two decades, states enacted various laws that changed the legal status of marijuana. Delaware currently permits medical marijuana for certain conditions, and since 2015 has decriminalized the possession of small amounts of marijuana by adults. In the context of the shifting legal status of marijuana, the perception of risk of harm from marijuana usage has declined among students surveyed by the DSS over the past decade, while rates of use among high school students have increased. A comparison of the latest available national YRBS data and the Delaware YRBS data of the same year indicates that in 2017, Delaware high school youth smoked marijuana at a higher rate (26%) than the national average (20%) (CDC, 2017). The 2017 Delaware High School YRBS results indicate that both the rates of lifetime and past month use have increased in the past two years, from 42% to 44% and from 23% to 26%, respectively. Alternate methods of ingesting marijuana have also become more popular among youth in Delaware, including vaping, edibles, and marijuana concentrates. The use of marijuana concentrates is particularly concerning because of the high potency of THC in these products (Carlini, Garrett, & Harwick, 2017). To date, there is little data that measures the use of these concentrates.

**Opioids and other Trends**

Delaware has been hit hard by the opioid epidemic. Delaware had the 9th highest overdose death rate of the 50 states and District of Columbia in 2016 (CDC, n.d.), and overdose deaths in the state have increased since that time. Treatment data from the U.S. Department of Health and Human Services indicate that heroin was the primary drug at admission in almost half (48%) of all substance use treatment admissions in Delaware in 2017 (Treatment Episode Data Set [TEDS], 2017). Among students who responded to the 2017 DSS, prescription painkillers are the second most misused category of illicit drugs, after marijuana. DSS data from 2017 indicates a slow decline in both 8th and 11th graders self-reported past month misuse of prescription pain...
medicine. Still, according to the 2017 Delaware High School YRBS, nearly one in ten high school students report misusing prescription pain medications at least once in their lifetime.

**Other Illicit Drug Use**

The majority of the epidemiological report focuses on the four major substances outlined in the paragraphs above: alcohol, tobacco, marijuana, and opioids. These are not the only drugs misused by Delawareans; illicit drug use also includes cocaine and crack, hallucinogens, inhalants, and the misuse of other prescription drugs. According to the National Survey on Drug Use and Health (NSDUH) 2015-2016 estimates, in Delaware, approximately 10% of all people over the age of 12 used an illicit drug in the past year (with illicit drugs defined in the NSDUH as: marijuana/hashish, cocaine/crack, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically). NSDUH findings indicate that 10% of Delaware youth under the age of 18, nearly a quarter of adults age 18-25, and 8% of adults over the age of 26 used illicit drugs during the past year. Data from the 2017 DSS shows that 5% of 5th grade students, 4% of 8th grade students, and 9% of 11th grade students report use of illicit drugs, other than marijuana, during the past year. This analysis includes questions regarding student use of “street uppers,” “downers,” Ecstasy, hallucinogens, synthetic marijuana, heroin, and cocaine/crack. Cocaine is a specific illicit drug of concern, with 13% of drug overdose deaths linked to cocaine nationwide and reports of fentanyl, a potent opiate, being found mixed in with cocaine bought on the street (Hedegaard, Warner, & Menio, 2017). Over 4% of all drug treatment admissions in the Delaware were due to cocaine dependence (TEDS).

**Substance Exposed Infants**

Infants are a special population that can be uniquely impacted by substance use. Substance-exposed infants (SEI) are babies born after exposure to illicit drugs or alcohol. Heavy prenatal substance exposure can lead to conditions such as neonatal abstinence syndrome, fetal alcohol spectrum disorders, or other developmental delays as a result of prenatal substance exposure. Prenatal exposure has the potential to create additional health issues during infancy and later in life, especially if the child’s parents or caregivers engage in continued substance use after birth.
As of 2017, 450 substance exposed infant births that had been reported in recent years to the Delaware Division of Family Services were analyzed. Among infants exposed to a single substance, marijuana exposure was the most prevalent. For those infants exposed to two or more substances, opioids were the most commonly identified substance.

**Gambling**

While many people can enjoy gambling harmlessly, for others, problem gambling and gambling disorders can present numerous challenges and negative consequences. There is evidence that gambling disorders are often co-occurring with other mental health and substance use disorders among adults (Petry, Stinson, & Grant, 2005; Martin, Usdan, Cremeens, Vail-Smith, 2014). According to the 2015 YRBS data, half of middle school students and approximately 40% of high school students who responded to the gambling question indicated that they had gambled at least once in the past year. Among both middle and high school students, those that reported gambling in the past year were more likely to report using substances at higher rates than their non-gambling peers.

**Mental Health**

In Delaware, nearly 4% of adults reported having serious mental health problems (Substance Abuse and Mental Health Services Administration, [SAMHSA], 2017). Data from the latest YRBS shows that more than a quarter of Delaware high school students reported feeling sad or hopeless for a period of at least two weeks, about 14% had purposefully cut or hurt themselves, and approximately 7% reported having attempted suicide *in the past year*. These data indicate that there is a need for mental health services across all age groups. Yet less than half of the adults who report having a mental illness also report receiving any treatment or counseling in the past year. This suggests that there are barriers to accessing mental health treatment for many in Delaware. Sussex County has been recognized as a high priority area, with a shortage of mental health facilities (HRSA, n.d.).
Adverse Childhood Experiences (ACEs)

The role of adverse childhood experiences (ACEs) on health and life course outcomes is a topic of concern within the prevention field. ACEs are traumatic events or conditions such as abuse, neglect, or parental separation that, when experienced in childhood, can have long-lasting negative impacts on individuals. Furthermore, experiencing one type of trauma increases the risk of experiencing additional traumas, and multiple individual ACEs can have a compounded impact. The National Survey of Children’s Health found that nearly half of all Delaware children have experienced at least one ACE; the three most common being divorce/parental separation, economic hardship, and parental incarceration. Results from the 2017 YRBS indicate that high school students who have experienced trauma report higher rates of all substance use as well as indicators of poor mental health such as self-harm and suicide attempts.

Lesbian, Gay, Bisexual, and Questioning (LGBQ) and Transgender Youth

Eleven percent of Delaware high school youth who responded to a 2017 YRBS question about sexual orientation reported that they identified as lesbian, gay, or bisexual (LGB). An additional three percent indicated that they were not sure of their sexual orientation (Q or questioning). Although when compared to data from the 2015 YRBS it appears the gap is narrowing across several measures, LGBQ youth continue to appear to be at disproportionate risk for substance use and poorer mental health than their straight peers. It is important to note that being gay, lesbian, or bisexual is not the cause of increased risk behaviors; rather, interpersonal and internal conflicts very likely contribute to the heightened risk that these teens experience. In 2017, the Delaware YRBS included a question on transgender status for the first time; just over 1% of students reported that they identified as transgender. While this population sample size is too small at present to conduct further analysis, compiling multiple years of data or partnering with other states may provide enough data to look at risk behaviors of this group of students in future years.
Protective Factors

While childhood trauma can function as a risk factor for substance use and other health risk behaviors, it is also important to recognize conditions that can function as protective factors against risky behavior for young people at the individual, family, peer, and community levels. Data from the 2017 Delaware YRBS indicates that middle and high school students who reported the following characteristics also reported lower consumption of substances: good grades in school; feelings of support and connectedness at school; consistent discipline and structure at home; engaged parents; and a peer group that believes substance use is wrong. Knowledge of protective factors can bolster the effectiveness of community and school prevention programming.
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](https://wwwdasis.samhsa.gov/webt/quicklink/DE17.htm)


Marijuana


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
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Mental Health


Adverse Childhood Experiences


Lesbian, Gay, Bisexual and Questioning Youth


Transgender Youth


Risk and Protective Factors


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<td>Delaware Household Health Survey</td>
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<td>Delaware Prescription Monitoring Program (PMP)</td>
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<td>Delaware School Survey (DSS) – 5th, 8th, and 11th grades</td>
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<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health and the CDC)</td>
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<td>Delaware Youth Tobacco Survey (YTS) – 6th =12th grades</td>
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<td>Department of Public Instruction</td>
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<td>1994</td>
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<td>Monitoring the Future</td>
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<td>National Poison Data System</td>
<td>American Association of Poison Control Centers</td>
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<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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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