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 (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
Delaware Department of Homeland Security
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
DEMC0
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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Figure 11 Past month painkiller use map, 8th grade

Source:
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Source:

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Opioid Use and Other Trends

National Overview
Across the nation, communities are struggling with a devastating increase in the number of people misusing opioid drugs, leading many to identify the current situation as a public health epidemic. The opioid class of drugs includes prescription pain medications as well as heroin. Opioids can be highly addictive and potent; their use often leads to tragic outcomes including drug overdose deaths, infants born with neonatal abstinence syndrome, criminal behavior, and countless hours of lost time that could otherwise be devoted to productive work, family relationships, or skill-building. This public health crisis impacts people across all age groups and all communities, and comes with high social and public costs; the US Department of Health and Social Services reports over $75 billion in costs related to opioid dependency and misuse in a single year (DHHS, 2016). According to data from the NSDUH, the use of prescription pain medications without a prescription was the second most abused category of drugs in the United States, after marijuana, with an estimated 3.8 million people in the United States using these drugs within the past month (Center for Behavioral Statistics and Quality, 2016).

Deaths due to drug overdoses have consistently increased across the United States; between 2014-2015 overdose deaths increased by 11%. In 2014, six out of every ten overdoses were associated with the use of opioids (Rudd et al. 2016). The CDC reports that 91 Americans die as a result of an opioid overdose every day (CDC, n.d.). Heroin makes up an increasing proportion of all drug overdose deaths that occur nationally; in 2010, 8% of drug overdose deaths were attributable to heroin, and by 2015 nearly a quarter of drug overdose deaths were due to heroin. Heroin overdoses tripled between 2010 and 2015 (Hedegaard, Warner, & Minio, 2017), though misidentification of fentanyl (another potent synthetic opioid) and heroin-fentanyl mixes account for some of this increase.

In 2015, about 62 deaths per day were attributed to prescription opioids. The risk of overdose increases when opioids are used at the same time with benzodiazepine medications, such as Valium.
or Xanax. Methadone, Oxycodone, and Hydrocodone are the drugs most often attributed to overdose in this category. In addition, the CDC reports that over 1,000 people visit an emergency room each day as a result of misusing prescription opioids, (CDC n.d.). According to the National Safety Council, 1.9 million people in the United States are addicted to prescription opioids, 4.3 million use these drugs for nonmedical purposes, and four out of five current heroin users report that they transitioned to heroin after using prescription opioids (National Safety Council/NSC, 2016). Significantly rethinking prescribing practice and policy should have an effect on the number of people who misuse and overdose on prescription opioids, as well as reduce the number of people transitioning to dangerous illicit opioid use.

The CDC estimates that about a third of the deaths attributed to prescription opioids are a result of fentanyl. Fentanyl, a powerful synthetic opioid often prescribed to patients during end of life care or with advanced cancer, is increasingly accessible to users. Much of the fentanyl on the street has been illegally imported from China or illegally manufactured in China, the U.S., and Mexico, and is not derived from pharmaceutical supplies. The CDC reports that fentanyl is 50 times more potent than heroin, and is frequently found mixed with heroin or cocaine, with often deadly results. From 2014 to 2015, the death rate associated with people who overdosed on synthetic opioids including fentanyl increased over 70% (CDC, n.d.). A recent troubling trend identified by the Drug Enforcement Agency are reports of illegally manufactured pills inscribed with prescription brand names that are instead primarily made with fentanyl. In 2016, communities in Florida and California had high numbers of overdose deaths associated with counterfeit pills that contained fentanyl (DEA, 2016).

Additional health complications can arise from the misuse of opioids. People who inject drugs and share or reuse needles risk spreading infectious diseases such as HIV and Hepatitis C, in addition to other health complications. In response, many communities and states have enacted needle-exchange programs that allow drug users to drop off used needles and receive either free or reduced cost needles. In addition, many of these programs provide resources about substance use disorder treatment, infectious disease control, and other health information.

Neonatal abstinence syndrome (NAS) is another public health concern linked to the use of opioids. A study of 28 states between 1999 and 2013 found over a 300% increase in the number of babies born
with NAS (Ko et al., 2016). Babies born with this condition experience symptoms of withdrawal, which complicates regular healthy development, and often leads to additional time spent in the hospital after delivery. Infants born to mothers who use opioids are also at higher risk of smaller birth weight, birth defects, difficulty feeding, developmental delays, future behavioral problems, and Sudden Infant Death Syndrome (DHHS, 2016). In Delaware, 450 cases of substance exposed infants, or SEI, had been reported to the Division of Family Services and analyzed in 2017 (Donahue, 2018), many of whom were exposed to opioids (see the SEI chapter in this publication).

**Delaware Context**

Delaware has been hit hard by the opioid epidemic. In 2014, Delaware had the 8th highest heroin fatality rate in the US (NSC, 2016). This rate has not substantially improved relative to other states; in 2016, Delaware had the 9th highest drug overdose death rate of the 50 states and District of Columbia (Hedegaard, Warner, & Minio, 2017). Delaware's drug overdose rate, across all categories of drugs, has increased in the past few years. In 2017, 61% of overdose deaths involved fentanyl, 39% involved heroin, and 29% involved other opioids, often in combination with other opioids or other types of substance (Delaware Division of Forensic Science, 2018). Fentanyl-related overdoses are a major public health concern; fentanyl was identified in 210 deaths in 2017, up from 32 in 2015 (Delaware Division of Forensic Science, 2018). Emergency responders in Delaware have addressed the increase in opioid-related overdoses by carrying the opioid antagonist, Naloxone, which can reverse the effects of an opioid overdose and potentially save the life of a person suffering an overdose. Emergency responders used Naloxone on 2,714 occasions in 2017 (DHSS, 2018). Yet, even with increased access to potentially life-saving medication, fatal overdoses still occur frequently in Delaware. In May 2018, the Delaware Online News Journal reported in just one weekend there were 47 suspected overdoses that emergency responders were called to; seven of those people died (Horn, 2018).

In 2017, heroin was the primary drug at admission in approximately 48% of publicly funded treatment center stays in Delaware (TEDS, 2018). A SWOT (Strengths, Weaknesses Opportunities, Threats) analysis by the Opiate and Heroin Dependency Committee, prepared for New Castle County Executive
Matt Meyer, showed a significant gap between treatment need and access to services, partly due to lack of public knowledge about already existing resources, but also due to limitations in available services (Anderson et al., 2016). National research has shown that women with children often resist accessing treatment services out of fear that their children may be taken into state custody. Treatment programs that accommodate mothers with children have higher success rates with this population than those that do not. Nationally, up to 70% of women who enter treatment do have children (DHHS, 2016). Expanding treatment options that are responsive to the needs of caregivers may help improve treatment outcomes across the state.

### Data in Action: Safe Injection Sites

With overdose death rates across many states in the northeast, including Delaware, continuing to rise, more organizations are starting to advocate for harm reduction strategies to reduce the rate of overdose deaths. One such strategy that is being considered in Philadelphia and New York currently is the implementation of supervised injection services (SIS) (Gordon, 2018; Neuman, 2018). Also known as “safe injection sites” or “comprehensive user engagement sites” (CUES), these are sites where drug users can go to inject drugs in a safe and clean environment without fear of prosecution. SIS programs are designed to promote safer drug injection practices and health behaviors among people who inject drugs (PWID), as well as connect them with external health and social services. Programs such as these have been in operation in Canada, Australia, and Western Europe with various levels of success. While SIS programs are often controversial and opponents have expressed concerns that sites will encourage drug use and drug trafficking, a meta analysis of research conducted on SIS has found that, in general, these programs reduce needle sharing and other drug-related harms including the spread of infectious diseases, as well as reduce overdose deaths, emergency calls, and hospital costs related to drug overdose. These sites also functioned as access points for PWID to access treatment services for their opioid dependence. SISs have not been found to increase drug use or crime in any of the areas where they have been implemented (Potier, Laprevote, Dubois-Arber, Cottencin, & Rolland, 2014).
Prescription drug overdoses account for a larger portion of drug overdose deaths in Delaware than heroin (Prescription Behavior Surveillance System, 2016). Prescription Monitoring Programs have been established in many states, including Delaware, to provide data on prescribing patterns, as well as patient use. These data can help to identify “pill mills” (doctors that prescribe disproportionate amounts of opioids to patients) as well as “doctor shoppers” (individuals who change doctors frequently in order to obtain prescribed opioids). These data can also help doctors identify whether patients are already taking prescriptions that may interfere with opioids, such as benzodiazepines. A recent analysis of the Prescription Drug Monitoring Program conducted by University of Delaware researchers found that only 1% of doctors wrote a quarter of opioid prescriptions in the state (Anderson, Martin, Fang, & Li, 2016). Additional analyses of the data by UD researchers were used to create hotspot maps that identified areas of the state with higher rates of opioid prescriptions (CDHS, 2017). Identifying potential points of access should help reduce some of the flow of pills to recreational users. Delaware has already made some progress in targeting pill mills; early in 2017, three doctors in Delaware were sanctioned as a result of over-prescribing (Goss, 2017).

Changes in prescribing policy and public education strategies that were put in place over the past several years may also be having an effect. Delaware data from the Prescription Behavior Surveillance System (PBSS) at Brandeis University’s Center of Excellence, which reports to the CDC, shows a 26% decline between 2012-2015 in opioid prescriptions with high dosages (over 100 morphine milligram equivalents, or MMEs) that have been associated with greater risk of overdose and death. During the same period, there was a decline of over 50% in the rate of multiple provider episodes, which corresponds with “doctor shopping.” Despite these significant improvements, Delaware still has the highest rate of patients with prescriptions of over 100 MMEs, compared to other states also analyzed by the PBSS, which suggests that there is still much room for improvement in this area, and that successful intervention should include prescribers (Prescription Behavior Surveillance System, 2016).

Data from the 2017 DSS show that in the past year, less than 1% of 8th and 11th grade students in school reported using heroin, and only 2% of 8th graders and 3% of 11th grade students reported misusing prescription pain medications. Data from the 2015-2016 NSDUH show that for adults in
Delaware, age 18 to 25, past year use of pain relievers without a prescription or in ways other than prescribed was comparable to the national average. In Delaware approximately 7.3% of adults in this age range reported misusing these drugs in the past year, while nationally approximately 7.8% of 18-25 year olds reported misusing pain relievers in the past year. The 2017 Youth Risk Behavior Survey (YRBS) indicates that while rates of heroin use among high school students has declined to 1.6% over the past twenty years, nearly one in ten students report using prescription pain medications that they were not prescribed or in ways that were not prescribed at least once in their lifetime, and 5.8% report such misuse in the previous month.
## 2017 Delaware School Survey

### Prescription painkiller use among Delaware 8th graders (in percentages)

<table>
<thead>
<tr>
<th>STATE</th>
<th>Lifetime</th>
<th>Past Year</th>
<th>Past Month</th>
<th>Perceived Great Risk of Using Prescription Drugs without a Prescription</th>
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<tr>
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<tr>
<td>Females</td>
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**Source:** "2017 Delaware School Survey." Center for Drug and Health Studies, University of Delaware.

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## 2017 Delaware School Survey

### Prescription painkiller use among Delaware 11\textsuperscript{th} graders

(in percentages)

<table>
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### Figure 97: Prescription painkiller use among Delaware 11\textsuperscript{th} graders

Source:

“2017 Delaware School Survey.” Center for Drug and Health Studies, University of Delaware.

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2017 Delaware School Survey
Trends in monthly use of prescription painkillers among Delaware 8th and 11th graders, 2002- present
(in percentages)

Figure 98 Trends in monthly use of prescription painkillers among Delaware 8th and 11th graders, 2002- present

Source:
“2017 Delaware School Survey.” Center for Drug and Health Studies, University of Delaware.

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2017 Youth Risk Behavior Survey
Percentage of high school students who took an RX pain medicine without a doctor’s prescription or differently than prescribed in their lifetime
(in percentages)

Figure 99 Percentage of high school students who ever took an RX medicine without a prescription or differently than prescribed

Note:
Weighted 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
Percentage of high school students who took an RX pain medicine without a doctor’s prescription or differently than prescribed in the past month
(in percentages)

Figure 100 Percentage of high school students who in the past 30 days took an RX medicine without a prescription or differently than prescribed

Note:
Weighted 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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## National Survey of Drug Use and Health (NSDUH)

### Pain reliever misuse in past year, by age group and state: 2014-2015 and 2015-2016 NSDUH (in percentages) \(^a\)

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<td>Pennsylvania</td>
<td>3.93</td>
<td>4.38</td>
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<td>4.48</td>
</tr>
</tbody>
</table>

**Figure 101** Pain reliever misuse in the past year by age group and state, 2014-2016

**Notes:**

\(^a\) Estimates are based on a survey-weighted hierarchical Bayes estimation approach.

\(^b\) p value: Bayes posterior probability of no change.

“--” Data not available

Source:

“2015-2016 National Survey on Drug Use and Health: Model-Based Prevalence Estimates.” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration

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Rate of Opioid Prescriptions by Delaware Census Tracts

Notes:
Map was designed and created by the Delaware Prescription Monitoring Program (PMP). Delaware’s PMP is a system that collects daily information on all controlled substance (schedules II-V) prescriptions within the State. All practitioners who hold an active Delaware Controlled Substance Registration (with the exception of veterinarians) are required, by Delaware law, to register with the PMP.
The map highlights the differences in opioid prescription rates by census tract.
Between 2013 and the 1st quarter of 2015, Delaware neighborhoods averaged 2,113.8 opiate prescriptions per 1,000 residents. The map shows 3% of the neighborhoods – shaded red- where opiate prescription rates were 50% to 300+% larger than the state average.
Source:
Office of Controlled Substances, Division of Professional Regulation DE. Funding for this project has been provided by the Department for Health and Social Services, Division of Substance Abuse and Mental Health - State Delaware through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA, SP020704).

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


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


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 RIPAIID* [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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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