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 (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
Division of Prevention and Behavioral Health
Trauma Informed Care
Delaware Department of Services for Children, Youth and their Families
Division of Professional Regulation, Prescription Monitoring Program
Mental Health Association of Delaware
Delaware Prevention Coalition
Delaware State Police
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 Highberger, 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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### Executive Summary

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<td>Overview</td>
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</tr>
</tbody>
</table>
Protective Factors

Prevention research and work is grounded in the identification of risk factors that increase the probability of substance abuse, and protective factors that help reduce the risk of substance abuse in the future. Targeted interventions that decrease risk factors, increase protective factors, or combine both approaches, have been shown to be effective in decreasing problem substance use. Risk and protective factors are relevant at all stages of life, and across several domains. Generally, researchers identify several levels, or domains, for intervention: the individual level, family level, peer level, and community level. At different stages in a person’s life, one domain may play a larger role in comparison to another. Cleveland et al. (2008) found that peers and the school environment had a greater influence on older adolescents’ substance abuse, than younger adolescents. In contrast, families and the outside community had a greater impact on younger children than peers or schools. Effective prevention programming should target risk and protective factors that are most salient at each life stage, and best suited for the domain in which the intervention will be implemented.

The National Institute on Drug Abuse makes the case that prevention programs should target risk and protective factors that have been shown to have the most impact at each developmental level (2003). Early interventions, even at the preschool level, can play a powerful role in reducing risk throughout the “developmental risk trajectory” (p. 6). Similarly, the Substance Abuse and Mental Health Services Administration website notes that risk factors are “correlated and cumulative” – that is, having a risk factor early in life increases the likelihood of having more risk factors later in life. Many of the risk and protective factors that are associated with problem substance misuse or abuse are also associated with mental health conditions, so efforts to reduce risk factors and increase protective factors associated with substance abuse should also have an impact on future mental health status.

Individual risk factors include personality traits, such as impulsivity, risk-taking, antisocial behaviors, and emotional problems. Protective factors include traits such as adaptability, empathy, and good social skills. Attitudes about life are also important: academic achievement, hopes for the future,
self-efficacy, and the willingness to follow rules, to name a few. Data from the 2017 Delaware Youth Risk Behavior Survey illustrates the importance of academic achievement in relationship to substance abuse and mental health status. In Delaware, students that do well academically, and have higher grades, use substances at a lesser rate, and have lower rates of depression, self-harm, and planning and attempting suicide than students who have low grades in school.

Family protective factors include: consistent discipline, parental involvement, family stability, and clear expectations. Child abuse, parental substance abuse, lack of supervision, and poor relationships with parents (which are also ACEs, previously discussed) are a few of the risk factors that have been associated with future substance abuse. The Delaware YRBS asks a number of questions about students’ relationships with their parents. Data from the 2017 survey show that the way parents interact with their children has significant impact on not only youth substance abuse, but also their mental health status. Youth in Delaware high schools who reported that their parents never or almost never told them they are proud of them used substances at higher rates and had higher rates of depression, self-harm, and planning and attempting suicide, than youth whose parents told them they were proud of them sometimes or always. This same pattern emerged when youth were asked, “How often do you get along well with your parents,” and “I can count on my parent(s) to be there when I need them.” Better mental health status and reduced substance abuse is also consistent with questions concerning parental monitoring and supervision. Youth who have parents who ask them where they are going and who they are going with use substances at a lesser rate, and have better mental health status than youth who do not. Youth who reported that their parents have consistent rules and expectations also have better outcomes than youth who did not.

Relationships with peers can also reduce or increase the risk of substance abuse. Maintaining friendships with peers that use substances, and/or minimize the risk associated with the use of substances, increases the likelihood of future substance use; however, friendships with youth who do not use substances, or participating in pro-social afterschool activities with friends, can reduce the likelihood of future substance abuse. The 2017 Delaware YRBS asks students to report whether their friends would think it was wrong if they smoked marijuana, used prescription drugs, smoke tobacco,
or have one or two drinks nearly every day. Across all categories, the students who reported that their friends would think that it was wrong used substances at a lesser rate than students whose friends did not think substance abuse was wrong.

Schools operate at the intersection of the peer and community level—they are the location where most peer interactions occur, but can also provide a powerful protective function if school leaders find ways to enhance school connectedness and promote healthy norms (Centers for Disease Control and Prevention, 2009). Community-level factors include social disorganization, norms favorable or unfavorable to substance abuse, and community safety. A report from the CDC (2009) explains how school connectedness— that is, the extent to which youth feel connected to the school community—can reduce the risk of mental health and substance abuse problems in youth. Schools can promote school connectedness by providing adult support, supporting the formation of positive peer groups, promoting the importance of education, and creating a safe and positive school environment.

The literature on risk and protective factors is extensive, and these are just a few examples at each level of intervention (see: CDC; SAMSHA; Cleveland, et al., 2008; etc.). In sum, clear and consistent limits, discipline, and rules from caregivers are important components that support healthy youth development. Further, the feeling of connectedness through positive family, peer, and social relationships builds resilience in youth. Healthy relationships and social supports promote mental wellness and life skill development.

The Delaware data on protective factors from various youth surveys are provided here for use in strengthening and developing strategies for the prevention of youth substance abuse throughout the state.
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 lead to inaccuracies in analyses.

The following protective factors have been shown to have a statistically significant relationship with both substance use and mental health. The significance is at $p<.05$, unless specifically noted.
### 2017 High School Youth Risk Behavior Survey

Which of the following people would you say give you a lot of support and encouragement?

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents (2106)</td>
<td>72%</td>
</tr>
<tr>
<td>Friends (1776)</td>
<td>61%</td>
</tr>
<tr>
<td>Siblings &amp; Other Relatives</td>
<td>47%</td>
</tr>
<tr>
<td>(1376)</td>
<td></td>
</tr>
<tr>
<td>Grandparents (999)</td>
<td>34%</td>
</tr>
<tr>
<td>Teachers (887)</td>
<td>30%</td>
</tr>
<tr>
<td>Friends' Parents (589)</td>
<td>20%</td>
</tr>
<tr>
<td>Neighborhood Adults (587)</td>
<td>20%</td>
</tr>
<tr>
<td>School Adults (428)</td>
<td>15%</td>
</tr>
<tr>
<td>No One (214)</td>
<td>7%</td>
</tr>
</tbody>
</table>

Figure 191 Breakdown of reported sources of support students receive.

Notes:
Unweighted Data, each column in the graph represents the percentage of students use a type of substance among all students receiving the same grade. Binge drinking is defined as having 5 or more drinks in a row within a couple hours in the past month.

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

If you had a personal problem with drinking, drug use, violence you have seen or that has affected you, or sexual behavior, who would you *most likely* talk to?

- Friends' Parents -
- Teachers 1%
- Grandparents 2%
- School Adults 3%
- Siblings & Other Relatives 10%
- Friends 20%
- No One 31%
- Parents 31.3%

![Chart showing the percentage of students who would most likely talk to different people when having a problem.]

Notes:
- "-" represent less than 1%
- 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\textsuperscript{a}

### Individual protective factors and past month substance use\textsuperscript{b} (in percentages)

#### Academic achievement

<table>
<thead>
<tr>
<th></th>
<th>Mostly As</th>
<th>Mostly Bs</th>
<th>Mostly Cs</th>
<th>Mostly Ds or Fs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>30%</td>
<td>38%</td>
<td>22%</td>
<td>6%</td>
</tr>
<tr>
<td>Male</td>
<td>22%</td>
<td>38%</td>
<td>27%</td>
<td>8%</td>
</tr>
<tr>
<td>Female</td>
<td>38%</td>
<td>38%</td>
<td>16%</td>
<td>4%</td>
</tr>
</tbody>
</table>

![Bar Chart](Chart.png)

Figure 193 Individual protective factors and substance use

Notes:
\textsuperscript{a}Unweighted Data, each column in the graph represents the percentage of students use a type of substance among all students receiving the same grade.

\textsuperscript{b}Binge drinking is having 5 or more drinks in a row within a couple hours in the past month.

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$^a$

Family protective factors and past month substance use$^b$ (in percentages)

*There are clear rules/consequences in my home*

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree/Agree</th>
<th>Unsure</th>
<th>Strongly Disagree/Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>81%</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>81%</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>81%</td>
<td>12%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Notes:

$^a$ Unweighted Data

$^b$ Binge drinking is having 5 or more drinks in a row within a couple hours in the past month

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}

Peer protective factors and past month substance use\textsuperscript{b} (in percentages)

How wrong do your friends feel it would be for you to have one or two drinks of alcohol nearly every day?

<table>
<thead>
<tr>
<th></th>
<th>Not Wrong</th>
<th>A little Wrong</th>
<th>Wrong/ Very Wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>15%</td>
<td>23%</td>
<td>62%</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>19%</td>
<td>25%</td>
<td>57%</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>11%</td>
<td>22%</td>
<td>66%</td>
</tr>
</tbody>
</table>

Figure 195 Peer protective factors and substance use

Notes:
\textsuperscript{a} Unweighted Data
\textsuperscript{b} Binge drinking is having 5 or more drinks in a row within a couple hours in the past month
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

**Peer protective factors and past month substance use** (in percentages)

*How wrong do your friends think it would be to use a prescription drug without a prescription?*

<table>
<thead>
<tr>
<th></th>
<th>Not Wrong</th>
<th>A little Wrong</th>
<th>Wrong/ Very Wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>7%</td>
<td>12%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>11%</td>
<td>14%</td>
<td>75%</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>4%</td>
<td>11%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Figure 196 Peer protective factors and substance use

Notes:

a. Unweighted Data

b. Binge drinking is having 5 or more drinks in a row within a couple hours in the past month

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
Individual protective factors and past year mental health: Academic achievement
(in percentages)

<table>
<thead>
<tr>
<th></th>
<th>Depressed for two weeks at a time</th>
<th>Self-Harm</th>
<th>Attempt Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>27%</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>Male</td>
<td>17%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Female</td>
<td>37%</td>
<td>19%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Figure 197 Individual protective factors and past year 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

### Family protective factors and past year mental health (in percentages)

*There are clear rules/consequences in my home*

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree/Agree</th>
<th>Unsure</th>
<th>Strongly Disagree/Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depressed for two weeks at a time</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>25</td>
<td>31</td>
<td>47</td>
</tr>
<tr>
<td>Females</td>
<td>15</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td><strong>Self-Harm</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>12</td>
<td>17</td>
<td>30</td>
</tr>
<tr>
<td>Females</td>
<td>7</td>
<td>11</td>
<td>27</td>
</tr>
<tr>
<td><strong>Attempt Suicide</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>6</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Females</td>
<td>3</td>
<td>5</td>
<td>17</td>
</tr>
</tbody>
</table>

![Figure 198: Family protective factors and mental health](chart)

**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

Peer protective factors and past year mental health (in percentages)

*How wrong do your friends feel it would be for you to have one or two drinks of alcohol nearly every day?*

<table>
<thead>
<tr>
<th></th>
<th>Not Wrong</th>
<th>A little Wrong</th>
<th>Wrong/Very Wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depressed for two weeks at a time</strong></td>
<td>33</td>
<td>32</td>
<td>24</td>
</tr>
<tr>
<td>Males</td>
<td>20</td>
<td>20</td>
<td>14</td>
</tr>
<tr>
<td>Females</td>
<td>51</td>
<td>43</td>
<td>31</td>
</tr>
<tr>
<td><strong>Self-Harm</strong></td>
<td>17</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Males</td>
<td>11</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Females</td>
<td>25</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td><strong>Attempt Suicide</strong></td>
<td>10</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Males</td>
<td>7</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Females</td>
<td>15</td>
<td>10</td>
<td>7</td>
</tr>
</tbody>
</table>

Figure 199 Peer protective factors and past year 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

Peer protective factors and past year mental health (in percentages)

*How wrong do your friends feel it would be to use prescription drugs without a prescription?*

<table>
<thead>
<tr>
<th></th>
<th>Not Wrong</th>
<th>A little Wrong</th>
<th>Wrong/ Very Wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed for two weeks at a time</td>
<td>32</td>
<td>32</td>
<td>26</td>
</tr>
<tr>
<td>Males</td>
<td>22</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>Females</td>
<td>55</td>
<td>47</td>
<td>34</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>17</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>Males</td>
<td>14</td>
<td>10</td>
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<td>Attempt Suicide</td>
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<td>Males</td>
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<td>5</td>
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<tr>
<td>Females</td>
<td>13</td>
<td>11</td>
<td>8</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.
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


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 RIPAI D [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>
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<td>Delaware Criminal Justice Information System (DEJIS)</td>
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<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>DE Division of Public Health (sponsored by the CDC)</td>
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<td>Delaware Courts</td>
<td>Office of the Child Advocate</td>
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<td>Delaware Department of Health and Social Services</td>
<td>DE Division of Substance Abuse and Mental Health</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>
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<tr>
<td>Delaware Household Health Survey</td>
<td>Delaware Public Health Institute</td>
<td>2015</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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<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>
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<td>Center for Drug and Health Studies, UD (sponsored by Nemours)</td>
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<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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<td>Department of Public Instruction Monitoring the Future</td>
<td>University of Michigan</td>
<td>1994</td>
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<td>National Poison Data System</td>
<td>American Association of Poison Control Centers</td>
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<td>2012-2017</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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</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