2019 DELAWARE STATE
EPIDEMIOLOGICAL PROFILE

SUBSTANCE USE AND RELATED ISSUES

CHAPTER 5: Opioid Use and Other Trends

prepared for

Director Elizabeth Romero and the

Delaware Division of Substance Abuse and Mental Health

&

The Delaware State Epidemiological Outcomes Workgroup

with funding from the

Strategic Prevention Framework - Partnerships for Success Program

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 State Epidemiological Outcomes Workgroup 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) Center for Substance Abuse Prevention (CSAP) to establish a Statewide Epidemiological Outcomes Workgroup (SEOW). Some SEOWs, including Delaware’s, are incorporated as part of a SAMHSA Strategic Prevention Framework-State Incentive Grant (SPF-SIG) or Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grant. The Division of Substance Abuse and Mental Health (DSAMH) in the Delaware Health and Social Services has been the recipient of an SPF-SIG grant and, more recently, of a SPF-PFS grant. The SEOW is a group of people and organizations in the state that have and use analytical data concerning drug and alcohol use and abuse and related behaviors and consequences; this information can be used to establish and monitor indicators related to substance abuse prevention. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), Delaware’s SEOW mission is to bring data on substance abuse and related behavioral problems to the forefront of the prevention planning process by pursuing the following goals:

- 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 abuse consumption and consequences
- To create data-guided products that inform prevention planning and policies
- To train agencies and communities in understanding, using, and presenting data effectively

This report, the Delaware State Epidemiological Profile, was developed by the SEOW to disseminate data for strategic planning, decision-making, and evaluation. Using indicators that are available on an ongoing basis, the report briefly describes Delaware-specific patterns of consumption, context, consequences, and trends of substance use, especially among young people.

Chapter 5 describes the rate of opioid use in Delaware and other trends. To review the complete Delaware Epidemiological Profile, other chapters, or SEOW data products, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page.
SEOW Collaborators

Thank you for your participation and commitment to data-driven prevention planning, practice, and evaluation! We are especially grateful for the support from Director Elizabeth Romero and the team at the Delaware Division of Substance Abuse and Mental Health for their guidance and collaboration.

atTAcK Addiction
Christiana Care Health System
Delaware Academy of Medicine
Delaware Afterschool Network
Delaware Criminal Justice Council
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Courts - Office of the Child Advocate
Delaware Criminal Justice Information System
Delaware Department of Education
Delaware Department of Services for Children, Youth and their Families
  Division of Prevention and Behavioral Health Services
Delaware Health and Social Services
  Division of Medicaid and Medical Assistance
  Division of Public Health
  Division of Services for Aging and Adults with Physical Disabilities
  Division of Substance Abuse and Mental Health
Delaware Information and Analysis Center
Delaware Multicultural and Civic Organization
Delaware Prevention Coalition
Delaware State Police
Department of Safety and Homeland Security
  Division of Alcohol and Tobacco Enforcement
  Division of Forensic Science
KIDS COUNT in Delaware, University of Delaware Center for Community Research & Service

La Esperanza Community Center

Latin American Community Center

Mental Health Association in Delaware

Nemours Health and Prevention Services

Office of Controlled Substances
  - Delaware Division of Professional Regulation
  - Delaware Prescription Monitoring Program

Open Door Inc.

Wesley College

West End Neighborhood House

University of Delaware
  - Student Health & Wellness Promotion

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Delaware State Epidemiological Profile Overview

Each year, the Center for Drug and Health Studies at the University of Delaware, the facilitator of the State Epidemiological Outcomes Workgroup (SEOW), releases the Delaware State Epidemiological Profile, a project funded under the federal Strategic Prevention Framework-Partnerships for Success initiative. This report (2019) highlights the most recently available data on substance use among various populations across both Delaware and nationwide. Its information is intended to help decision-makers and stakeholders across the state accomplish goals related to needs assessments, strategic planning, and evaluation.

In its entirety, this report includes the following chapters:

1. State Demographic Background
2. Tobacco and Electronic Cigarettes
3. Alcohol
4. Marijuana
5. Opioid Use and Other Trends
6. Other Illegal Drugs
7. Substance-Exposed Infants
8. Gambling
9. Mental Health
10. Persons with Disabilities (new to the report this year)
11. Adverse Childhood Experiences
12. Lesbian, Gay, Bisexual, and Questioning Youth
13. Transgender Youth
14. Protective Factors
Chapter 5: Opioid Use and Other Trends

National Overview

The opioid class of drugs includes prescription painkillers such as morphine, hydrocodone, and oxycodone, 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. Starting in the late 1990s, changes in opioid prescribing practices helped contribute to increased accessibility and misuse of these drugs; the resulting rise in opioid dependency has led to alarming increases in overdose death rates across the county in what is now known as the opioid epidemic (Jones et al., 2018). This public health crisis impacts people across all age groups and all communities and comes with high social and public costs: the United States Department of Health and Social Services reports more than $75 billion in costs related to opioid dependency and misuse in a single year (Department of Health and Social Services [DHSS], 2016). According to data from the National Survey of Drug Use and Health (NSDUH), the use of prescription painkillers without a prescription was the second most abused category of drugs in the United States, after marijuana, with an estimated 10 million adults reporting misuse of these drugs in the past year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018).

Deaths due to drug overdoses have consistently increased across the United States: the number of overdose deaths involving opioids in 2017 was six times higher than in 1999 (Centers for Disease Control and Prevention [CDC], n.d.). Approximately two-thirds of all overdose deaths in 2017 involved an opioid, and the CDC estimates that 130 people die each day in the United States as the result of an opioid overdose. 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. Between 2010 and 2015, heroin overdoses tripled (Hedegaard, Warner, & Minio, 2017), though misidentification of fentanyl (another potent synthetic opioid) and heroin-fentanyl mixes account for some of this increase.

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 more than 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.
Fentanyl, a powerful, synthetic opioid often prescribed to patients during end-of-life care or with advanced cancer, is increasingly accessible to users. The CDC estimates that about a third of the deaths attributed to opioids are a result of fentanyl; in recent years, the prevalence of fentanyl has increased dramatically. 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 often found mixed with heroin or cocaine, often with deadly results. In just one year, 2014-2015, the death rate associated with people who overdosed on synthetic opioids, which includes fentanyl, increased more than 70% (CDC, n.d.). The Drug Enforcement Administration reports a troubling trend of illegally manufactured pills inscribed with prescription brand names that are, in fact, primarily made with fentanyl that can result in overdose (Drug Enforcement Administration [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 human immunodeficiency virus (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. Between 1999 and 2013, a study of 28 states found more than a 300% increase in the number of babies born with NAS (Ko et al., 2016). Babies born with this condition experience symptoms of withdrawal that complicate regular, healthy development and often lead to additional time spent in the hospital after delivery. Infants born to mothers who use opioids are at higher risk of smaller birth weight, birth defects, difficulty feeding, developmental delays, future behavioral problems, and sudden infant death syndrome (DHSS, 2016). In 2017, there were 450 cases of substance-exposed infants (SEI) reported to the Delaware Division of Family Services (Donahue, 2018), many of whom were exposed to opioids (see Chapter 7 in this report). For pregnant women with opioid dependency, medication-assisted treatment remains the recommended therapy to improve health outcomes for both the mother and child (American College of Obstetricians and Gynecologists [ACOG], 2017).

**Delaware Overview**

Delaware has been hit hard by the opioid epidemic. In 2014, Delaware had the 8th highest heroin fatality rate in the U.S. (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). The most recently available data from the CDC estimate Delaware’s overdose mortality rate as 37 deaths per 100,000 residents, which is substantially higher than the national rate (21.7 deaths per 100,000). Per these estimates, Delaware now has the 5th highest overdose death rate in the country (CDC, 2019).
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 substances (Delaware Division of Forensic Science [DFS], 2018). Fentanyl-related overdoses are a major public health concern: fentanyl was identified in 210 deaths in 2017, up from 32 in 2015 (Delaware DFS, 2018). Emergency responders in Delaware have responded to 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. An estimated 338 people died in Delaware due to drug overdose in 2017 (CDC, 2019).

In 2018, approximately 48% of individuals admitted to publicly funded treatment programs in Delaware listed heroin as their primary drug. An additional 6% in treatment admissions reported primarily using other opiates (Treatment Episode Data Set [TEDS], 2018). A strengths, weaknesses, opportunities, and threats (SWOT) 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 women with children than those that do not. Nationally, up to 70% of women who enter treatment do have children (DHSS, 2016). Expanding treatment options that are responsive to the needs of caregivers may help improve treatment outcomes across the state.

Prescription drug overdoses account for a larger portion of drug overdose deaths in Delaware than heroin (Prescription Behavior Surveillance System [PBSS], 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 who prescribe disproportionate amounts of opioids to patients), as well as “doctor shoppers” (individuals who change doctors frequently 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 (PDMP) 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 (Center for Drug and Health Studies [CDHS], 2017). Identifying potential points of access should help reduce 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 PBSS at Brandeis University’s Center of Excellence, which reports to the CDC, show a 26% decline between 2012-2015 in opioid prescriptions with high dosages (more than 100 morphine milligram equivalents, or MMEs), which have been associated with greater risk of overdose and death. During the same period, there was a decline of more than 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 more than 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 (PBSS, 2016).

Data from the 2018 Delaware School Survey show that less than 1% of 8th and 11th grade students in school reported using heroin, while 3% of 8th graders and 4% of 11th grade students reported misusing prescription painkillers in the past year. Data from the 2016-2017 NSDUH estimate that around 7% of Delaware adults aged 18-25 have misused prescription pain relievers in the past year, a figure that is comparable to national averages. 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 20 years, nearly one in 10 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.
Data in Action: Post-Overdose Response Teams

To address the high rate of overdose deaths, many communities across the country are implementing post-overdose response teams (PORT), sometimes referred to as rapid response teams or quick response teams. The goal of these programs is to ensure that after being treated for an overdose, individuals are given access to resources that may help prevent future overdose death and link them to treatment and other medical care where appropriate. Typically, after first responders are called to the scene of an overdose, that patient’s contact information is then passed on to the response team coordinator. These coordinators are often people with social work degrees or lived experience with substance use disorders (so they function as peers to the patient); they may call on or even visit the homes of patients within a couple of days of their overdose. Many PORT programs are modeled after the Quick Response Team implemented in 2014 in Colerain Township, Ohio, which has since won statewide awards and been credited with a substantial reduction in overdose death (WCPO, 2018).

In Delaware, the HERO Help Program, a collaboration of the Division of Police, the Delaware Department of Justice, and the State Division of Substance Abuse and Mental Health, provides outreach and engagement services to individuals who have overdosed. Following the hiring of a full-time coordinator on March 1, 2018, the team provided outreach services and formally enrolled 64 people into the program and trained 123 individuals to use naloxone to reverse overdose. In this program, eligible adults may be connected with substance abuse treatment in lieu of incarceration or other criminal arrests (New Castle County Police Department, n.d.).
2018 Delaware School Survey
Reported Prescription Painkiller Use among Delaware 8th Graders
(in percentages)

Figure 98: Prescription painkiller use, 8th graders, 2018
Source: “2018 Delaware School Survey.” Center for Drug and Health Studies, University of Delaware.

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## 2018 Delaware School Survey
### Reported Prescription Painkiller Use among Delaware 11th Graders (in percentages)

<table>
<thead>
<tr>
<th></th>
<th>Lifetime</th>
<th>Past-Year</th>
<th>Past-Month</th>
<th>Perceived Risk of Using Prescription Drugs without a Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>64</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>61</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>67</td>
</tr>
<tr>
<td><strong>Wilmington</strong></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>62</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>55</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>68</td>
</tr>
<tr>
<td><strong>New Castle</strong></td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>64</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>61</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>67</td>
</tr>
<tr>
<td><strong>Kent</strong></td>
<td>7</td>
<td>4</td>
<td>2</td>
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<td><strong>Females</strong></td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>68</td>
</tr>
</tbody>
</table>

Figure 99: Prescription painkiller use, 11th graders, 2018
Source: “2018 Delaware School Survey.” Center for Drug and Health Studies, University of Delaware.

[Back to table of figures]
2018 Delaware School Survey
Trends in Monthly Use of Prescription Painkillers among Delaware 8th and 11th Graders, 2002-2018
(in percentages)

Figure 100: Trends in prescription painkillers, 8th and 11th graders, 2002-2018
Source: “2018 Delaware School Survey.” Center for Drug and Health Studies, University of Delaware.

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## 2017 Youth Risk Behavior Survey

**High School Students Who Took a Prescription Painkiller Without a Doctor’s Prescription or Differently than Prescribed in their Lifetime (in percentages)**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>9th</th>
<th>10th</th>
<th>11th</th>
<th>12th</th>
<th>Non-Hispanic Black</th>
<th>Hispanic/Latino</th>
<th>Non-Hispanic White</th>
</tr>
</thead>
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<tr>
<td></td>
<td>10</td>
<td>9</td>
<td>11</td>
<td>7</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>11</td>
<td>10</td>
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</tbody>
</table>

**Figure 101: Prescription painkiller w/o prescription or differently than prescribed, lifetime**

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.
### 2017 Youth Risk Behavior Survey

High School Students Who Took a Prescription Painkiller Without a Doctor’s Prescription or Differently than Prescribed in the Past Month (in percentages)

![Bar Chart](chart.png)

**Figure 102**: Prescription painkiller w/o prescription, differently than prescribed, past-month

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.
## National Survey of Drug Use and Health
### Pain Reliever Misuse in Past Year, by Age Group and State
#### 2015-2016 and 2016-2017
##### (in percentages)\(^a\)

<table>
<thead>
<tr>
<th>State</th>
<th>12 or Older</th>
<th>12-17</th>
<th>18-25</th>
<th>26 or Older</th>
<th>12 or Older</th>
<th>12-17</th>
<th>18-25</th>
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<th>26 or Older</th>
<th>12 or Older</th>
<th>12-17</th>
<th>18-25</th>
<th>26 or Older</th>
<th>12 or Older</th>
<th>12-17</th>
<th>18-25</th>
<th>26 or Older</th>
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<tr>
<td>Total U.S.</td>
<td>4.46</td>
<td>4.17</td>
<td>.000</td>
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<td>3.31</td>
<td>.002</td>
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<td>7.13</td>
<td>.000</td>
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<td>3.79</td>
<td>.025</td>
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<td>7.13</td>
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<td>4.16</td>
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<td>Pennsylvania</td>
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<td>.516</td>
<td>7.65</td>
<td>7.18</td>
<td>.454</td>
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<td>3.95</td>
<td>.805</td>
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<td>4.03</td>
<td>3.95</td>
<td>.805</td>
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Figure 103: Pain reliever misuse, past year, by age group and state

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: “National Survey on Drug Use and Health: Comparison of 2015-2016 and 2016-2017 Population Percentages.” 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

Figure 104: Map of rate of opioid Rx, Delaware Census Tracts, 2013-2015
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 of Delaware through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA, SP020704).

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Opioid Use and Other Trends


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Substance Abuse and Mental Health Administration. (n.d.) [Table of data from the Treatment Episode Data Set]. Delaware TEDS admissions aged 12 years and older, by primary substance use and gender, age at admission, race, and ethnicity: Percent, 2018. Retrieved October 1, 2019 from https://wwwdasis.samhsa.gov/webt/newmapv1.htm#


## Data Sources for the 2019 Delaware State Epidemiological Profile

<table>
<thead>
<tr>
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<th>Administered/Compiled by</th>
<th>Most Recent Data</th>
<th>Trend Range</th>
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<td>Data Base/ Diagnostics Plus</td>
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<td>1989-1993</td>
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<td>Delaware Annual Traffic Statistical Report</td>
<td>Delaware State Police/Delaware Statistical and Analysis Center</td>
<td>2015</td>
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<td>Delaware Criminal Justice Information System (DELIJS)</td>
<td>DEJIS</td>
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<td>Delaware Behavioral Risk Factor Surveillance System (BRFFS)</td>
<td>DE Division of Public Health (sponsored by the CDC)</td>
<td>2017</td>
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<td>Delaware Household Health Survey</td>
<td>Delaware Public Health Institute</td>
<td>2015</td>
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<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>Delaware Office of Controlled Substance, Division of Professional Regulation</td>
<td>2017</td>
<td>2013 - 2017</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>2018</td>
<td>1995 - 2016</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>
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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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<td>Department of Public Instruction</td>
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<td>Monitoring the Future</td>
<td>University of Michigan</td>
<td>2018</td>
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<tr>
<td>National Poisoning Data System</td>
<td>American Association of Poison Control Centers</td>
<td>2014</td>
<td>2012-2017</td>
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<td>Performance Measures, Delaware</td>
<td>National Highway Safety Administration</td>
<td>2017</td>
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<td>Data Source</td>
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<td>Range(s)</td>
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<tr>
<td>National Survey on Drug Use and Health (NSDUH)</td>
<td>US Substance Abuse and Mental Health Services Administration</td>
<td>2017</td>
<td>2002 - 2017</td>
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<td>Tobacco Free Kids Organization</td>
<td>Tobacco Free Kids Organization</td>
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<td>Treatment Admissions Data</td>
<td>US Substance Abuse and Mental Health Services Administration, collected by Delaware Division of Substance Abuse and Mental Health</td>
<td>2018</td>
<td>2002 - 2018</td>
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</tbody>
</table>

In addition to the data sources for the figures and tables in the 2019 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
- Health Resources and Services Administration
- Kaiser Family Foundation
- PolicyMap
- Prescription Behavior Surveillance System at Brandeis University
- Tobacco21.org
- U.S. Department of Health and Human Services
- U.S. Census Bureau