2020 DELAWARE STATE
EPIDEMIOLOGICAL PROFILE
SUBSTANCE USE AND RELATED ISSUES

About Delaware: State Demographic Background and a Snapshot of Substance Use

prepared for

Acting Director Alexis Teitelbaum 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.
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). The Division of Substance Abuse and Mental Health (DSAMH) in the Department of Health and Social Services supported the establishment of the Delaware SEOW through SAMHSA Strategic Prevention Framework grants awarded previously. The SEOW is a group of people and organizations that have and use analytical data concerning substance use and related behaviors and consequences; this information can be used to establish and monitor indicators related to substance use prevention. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), Delaware’s SEOW mission is to bring data on substance use and associated issues to the forefront of the prevention 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

The annual 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 describes patterns of consumption, context, consequences, and trends of substance use, as well as other risk and protective factors, especially among young people in Delaware. The report also highlights crosscutting issues that warrant attention as well as populations that may experience disproportionate risk for these concerns.

This chapter provides an overview of state demographics and consumption rates for various substances. To review the complete Delaware Epidemiological Profile, other chapters, infographics, 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 to the team at the Delaware Division of Substance Abuse and Mental Health for their guidance and collaboration.

atTAcK Addiction
Bellevue Community Center
Christiana Care Health System
Colonial School District
Delaware Academy of Medicine/Delaware Public Health Association
Delaware Afterschool Network
Delaware Center for Justice
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Courts - Office of the Child Advocate
Delaware Criminal Justice Council
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 Department of 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 Department of Safety and Homeland Security
  Delaware State Police
  Division of Alcohol and Tobacco Enforcement
  Division of Forensic Science
Delaware Department of State
  Delaware Office of Controlled Substances
  Division of Professional Regulation, Prescription Monitoring Program
Delaware Domestic Violence Coordinating Council
Delaware Information and Analysis Center
Delaware Multicultural and Civic Organization
Delaware Prevention Coalition
Holcomb BHS/Open Door, Inc.
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
Milford School District
Nemours Health and Prevention Services
Planned Parenthood of Delaware
Red Clay Consolidated School District
Sussex County Health Coalition
Transitions Delaware
Trauma Matters Delaware
United Way of Delaware
Wesley College
West End Neighborhood House
University of Delaware
   College of Health Sciences
   College of Arts and Sciences
   Student Health & Wellness Promotion
Wilmington University

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*If your organization is interested in becoming an SEOW Collaborator, please contact Meisje Scales at: mjscales@udel.edu.*
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Notes on Data Reporting and Interpretation

In order to protect the anonymity of respondents and to ensure that the data reported meet certain statistical standards, the Center for Drug and Health Studies (CDHS) at the University of Delaware recently updated its guidelines for reporting and interpreting data from surveys that it administers to students across the state of Delaware. As a result, in the 2020 Delaware State Epidemiological Profile, data in some tables and figures have been aggregated or otherwise reported differently than in years prior. The following notes summarize the guidelines for interpreting data presented in this report:

- **Reporting small numbers:** For any estimate where the raw number of responses is less than 30, no statistical estimates are reported. Statistics computed from such a small proportion of the total number of students may be unreliable, inflating the significance of existing relationships in the data, and among some special populations, may put individuals at risk of being identified. In some data products such as our heat maps, multiple years of data have been combined in order to increase the sample sizes to a reportable figure.

- **Rounding:** All figures from Delaware school survey data (DSS, YRBS, YTS) are rounded to the nearest whole percent. As such, in some cases the cells in a table may add up to slightly more or less than 100%.

- **Missing Observations:** In our analysis, any missing observations (responses) are not calculated into the total percentages. Because different questions have varying numbers of missing responses, the total sample size and percent missing may fluctuate slightly from question to question. This is due to a few factors:
  - Students may not answer all questions on a survey, particularly those towards the end if they run out of time or they tire of answering questions.
  - Students may also skip or decide not to respond to certain questions for various reasons (e.g., if they fear their responses will not be kept confidential; if they consider the question too personal or sensitive; if they do not understand the question; etc.)

- **Discrepancies in Reporting:** With respect to the Delaware YRBS survey, there may be slight discrepancies in how CDHS reports some data points compared to how the Centers for Disease Control and Prevention (CDC) and their national technical advisors (Westat, Inc.) report the data. This is largely due to differing practices when conducting analysis with missing observations in the data and does not substantially impact the overall prevalence estimates, trends, and relationships among these data points.

- **Statistical Significance:** Unless otherwise indicated, all reported correlations between variables are statistically significant at the p < .05 level. Null hypothesis testing, used to estimate statistical significance, provides an estimate of the likelihood that the relationship between two indicators is not due to random chance. If the p-value for a given crosstab is less than .05, this suggests that in 95% of cases, the correlation between the relevant variables is because there is a relationship between them.
**Weighted Data:** Weighting data is a correction technique that compensates for nonresponses, helps correct for unequal probabilities of being selected within the sample, and helps ensure that the sample drawn is representative of the Delaware student population. If data is weighted there will be a notation indicating the data is weighted for the specific fact, figure, or table. Prevalence data from the Youth Risk Behavior Survey and Youth Tobacco Survey are usually weighted, however, data is not weighted when exploring small subpopulations to ensure an accurate analysis that is not influenced due to the small number of individuals in those subpopulations.

- **2019 Weighted Data:** In previous years, advisors to the CDC have provided weights with the Youth Risk Behavior Survey data, and frequencies have been estimated using weighted data. In 2019, the YRBS sample population in Delaware did not meet threshold requirements for weighting data, so any prevalence estimates relying on YRBS data for this year are unweighted.

In 2019, a total of 10,765 Delaware students responded to either the Delaware School Survey (DSS) or the Delaware Youth Risk Behavior Survey (YRBS). By survey, the total number of respondents are as follows:

<table>
<thead>
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<th>Survey Administration</th>
<th># of Respondents</th>
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<tr>
<td><strong>DSS</strong></td>
<td></td>
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<tr>
<td>5th Grade</td>
<td>2,992</td>
</tr>
<tr>
<td>8th Grade</td>
<td>2,126</td>
</tr>
<tr>
<td>11th Grade</td>
<td>2,299</td>
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<td><strong>Delaware YRBS</strong></td>
<td></td>
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<tr>
<td>Middle School</td>
<td>1,162</td>
</tr>
<tr>
<td>High School</td>
<td>2,186</td>
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1. About Delaware: State Demographic Background and a Snapshot of Substance Use

State Overview

Delaware is the second smallest state in the United States, with total landmass of 1,949 square miles (U.S. Census Bureau, n.d.). There are three counties: New Castle, the most populated, and Sussex and Kent counties, which are primarily rural. The U.S. Census Bureau QuickFacts reports the state population at 973,764 residents as of July 2019. Approximately one in five residents (20.9%) are under the age of 18, with a similar percentage (19.4%) age 65 and older. The demographic snapshot for this period indicates that approximately 69.2% of the state population reports their race as White, 23.2% as Black or African American, 4.1% as Asian, 2.7% as two or more races, and the remaining population identifies as Pacific Islander/Native Hawaiian, American Indian/Alaska Native, or Other. Almost one in ten Delawareans (9.6%) report their ethnicity as Hispanic or Latino/a/x, and 13% report speaking a language other than English at home (U.S. Census Bureau, n.d.).

Based on the 2014-2018 American Community Survey estimates, median household income in Delaware is $65,627 with 12.5% of residents living in poverty (U.S. Census Bureau, n.d.). The Delaware Health Tracker (2020) reports that 93.2% of state residents have some form of health insurance. In November 2019, 60,761 Delaware families received assistance from the Supplemental Nutrition Assistance Program (SNAP) (KIDS COUNT in Delaware, Annie E. Casey Foundation, 2020). According to the U.S. Bureau of Labor Statistics, in July 2020, the seasonally adjusted unemployment rate was 10.5%. It should be noted that in March 2020, Delaware along with most of the U.S. experienced an unprecedented “shutdown” due to the COVID-19 pandemic and this unemployment rate reflects a dramatic increase from the pre-pandemic levels.

Due to unique tax and corporate policies and access to the Delaware Court of Chancery, Delaware has attracted more than half of all U.S. publicly traded companies to incorporate in the state. For this reason, Delaware is often named the “corporate capital of the world.” Two of Delaware’s major industries are corporate financing and banking. Delaware’s economy is also driven by chemical manufacturing, aviation, health services, tourism, and agriculture. In Kent and Sussex counties, agriculture has greater predominance. The state’s largest agricultural output is broiler chickens, followed by soybeans and corn. Many thousands of people from across the country visit Delaware’s beach resort towns every year, making tourism a great driver of economic development in Sussex County (Division of Small Business Development and Tourism, n.d.). However, both of these industries have been affected by the COVID-19 pandemic.
New Castle County Overview

The northernmost and most densely populated county, New Castle, has an estimated population of 558,753 (U.S. Census Bureau, n.d.) Delaware’s largest city, Wilmington, is located in the county, with an estimated 70,166 people living in the city as of July 2019 (U.S. Census Bureau, n.d.). There is an upsurge in the number of people in the downtown business district during the day, with much of that population leaving the city for homes in the suburban outlying areas at night. Recent residential and business developments along the waterfront in the city were designed, in part, to attract more working professionals to the city to live, dine, and find entertainment. Efforts to motivate locals to dine and entertain in the city are hampered by concerns over high crime rates, and more recently by the COVID-19 pandemic. In 2014, Newsweek featured an article on the troubling homicide rate within the city, which was nicknamed Murder Town USA (Jones, 2014). Attention to increasing homicide rates led local residents and policymakers to call gun violence a public health epidemic, and epidemiologists from the CDC treated it as such and spent several months in 2015 identifying risk factors that led to gun violence within the city (Sumner et al., 2015). One in four Wilmington resident experiences poverty, which is double the rate of the state’s overall population (U.S. Census Bureau, n.d.)

Newark, the state’s third largest city, with an estimated 33,515 people in 2019, is also located in New Castle County (U.S. Census Bureau, n.d.). Delaware’s flagship university, the University of Delaware, is located in Newark. Towns in lower New Castle County have seen explosive growth in the past two decades. Between the 2000 and 2010 census reporting periods, Middletown grew by 206%, and Townsend by 492%.

Kent County Overview

An estimated 180,786 residents live in Kent County. Dover, the state’s capital and second largest city, is located in Kent County and with a currently estimated population of 38,166 (U.S. Census Bureau, n.d.). The city is home to the Dover Air Force Base and the Dover Downs International Speedway. Delaware State University and Wesley College are based in Dover, and Delaware Technical Community College and Wilmington University also have locations in the city. Recent residential developments have attracted more people to Kent County. Two towns saw large increases in population from 2000-2010: Cheswold increased by 341% during this time period and Clayton by 129%. Kent County had an overall 28% increase in population between 2000-2010.

Sussex County Overview

Sussex County, the southernmost county, is home to several beach resort towns that support a large influx of people during the warmer months but do not host a large year-round population. As of July 2019, the population of Sussex County is an estimated 234,225 residents. During the tourist season, tremendous congestion and traffic are evident in these coastal towns. Milford, Georgetown, and Seaford are the three largest cities in the county, all of which are inland from the coast and have primarily year-round populations. Poultry processing is a major industry in Sussex County, and a significant immigrant and migrant worker population is associated with the industry. From 2000-2010, Sussex County experienced a 26% increase in its population. These
official numbers may still reflect an undercount of total population growth, as migrant and immigrant workers are often uncounted on the U.S. Census.

**Medically Underserved Areas**

The Health Resources and Services Administration (HRSA) uses existing data to determine areas of the country that are medically underserved and lack access to primary care doctors. Occasionally, areas do not fit official criteria for being medically underserved, but local stakeholders, aware of local context and realities, can petition to designate the area as medically underserved if additional data show that the population has difficulty in accessing primary care.

In Delaware, much of the southern and eastern communities in New Castle County are currently considered a Medically Underserved Area (MUA) under the Governor’s Exception Criteria, with several census tracts within the city of Wilmington considered an MUA using the HRSA coding criteria. All of Kent County is considered an MUA under the Governor’s Exception Criteria. Sussex County is considered an MUA under the HRSA coding criteria (Health Resource and Services Administration, n.d.).

According to America’s Health Rankings, in 2019, 12.4% of all adults in Delaware experienced frequent mental distress. (United Health Foundation [UHF], n.d.). Coupled with under-resourced service areas, this amplifies the need for preventive health services, including strategies to bolster behavioral health. (For an interactive map of areas of need within the state, visit the [Delaware Health Tracker 2020 SocioNeeds Index.](#))
Snapshot: Substance Use in Delaware

The following figures have been updated to provide an overview of substance use in Delaware. Rates of use among specific substances are detailed in subsequent chapters throughout the annual profile.

What’s New in the 2020 Edition?

- Vaping is an increasing public health concern particularly among youth. The State Epidemiological Outcomes Workgroup (SEOW) has produced new heat maps that depict past month vaping rates among Delaware 8th and 11th graders.

- The SEOW also continues to examine shared risk and protective factors in order to support integrated and comprehensive prevention efforts. The 2017 Shared Risk Factor Venn Diagram illustrates the overlap of substance use, sexual risk behaviors, and mental health issues experienced by Delaware high school students. Nearly two-thirds of surveyed students reported the presence of at least one of these risk factors, and more than one in ten (12%) reported experiencing all three.
2019 Delaware School Survey
Reported Use of Selected Substances in the Past Year
among Delaware 8th and 11th Grade Students
(in percentages)

Figure 1: Selected substance use, past year, 8th and 11th grade

Notes: Medication used not as prescribed includes steroids, over-the-counter medication, prescription uppers (diet pills, Ritalin, Concerta, Adderall), downers (Xanax and other benzodiazepines), and painkillers.
Other illegal drugs include ecstasy, hallucinogens, street uppers, inhalants, cocaine, crack, heroin, and synthetic marijuana used to get high.

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2018 Delaware School Survey
Reported Polysubstance Use in the Past Year among Delaware 11th Grade Students

This Venn diagram illustrates the prevalence of past-year polysubstance use among 11th grade students in Delaware. Each circle has been scaled relative to the number of students who report using that substance in the past year, and the areas where circles overlap are accurate to the proportion of students who reported using multiple substances. Overall, 55% of students report using at least one substance in the past year, meaning that 45% of students did not report past-year substance use.

As in previous years, alcohol remains the most commonly used substance, with marijuana as the second most used substance. Most students who reported using a different substance were also using alcohol or marijuana, if not both. Also of note, every student who reported smoking cigarettes also reported the use of an e-cigarette or vaping device. Two percent of students reported using substances from all five categories of drugs here.

<table>
<thead>
<tr>
<th>Substance</th>
<th>% Reporting Past-Year Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>45%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>34%</td>
</tr>
<tr>
<td>E-cigarette/Vape</td>
<td>17%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>7%</td>
</tr>
<tr>
<td>At least one other drug</td>
<td>12%</td>
</tr>
<tr>
<td>All of the above categories</td>
<td>2%</td>
</tr>
</tbody>
</table>

Figure 2: Polysubstance use, past year, 11th graders

Note: This includes ecstasy, hallucinogens, steroids, over-the-counter drugs, amphetamines, crack, cocaine, heroin, synthetic marijuana, and/or any prescription medication used in ways other than prescribed.


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This Venn Diagram uses 2017 high school Youth Risk Behavior Survey data to illustrate shared risk factors among students in Delaware. Each circle has been scaled relative to the number of people who reported that risk factor, and the areas where circles overlap are accurate to the proportion of students who reported at least one of each type of risk factor.

Substance use\(^1\) is the most common type of risk factor, followed by sexual risk factors\(^2\), then mental health concerns\(^3\). More than one in three students reported two or more of these types of risk factors. Of note, more than one in ten (12%) students reported all three types of risk factors.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percentage</th>
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<tr>
<td>At least 1 risk factor</td>
<td>64%</td>
</tr>
<tr>
<td>Used at least one substance, past month</td>
<td>41%</td>
</tr>
<tr>
<td>At least one mental health concern, past year</td>
<td>32%</td>
</tr>
<tr>
<td>At least one sexual risk behavior, lifetime</td>
<td>37%</td>
</tr>
<tr>
<td>At least two types of risk factors</td>
<td>35%</td>
</tr>
<tr>
<td>Reported all three types of risk factors</td>
<td>12%</td>
</tr>
</tbody>
</table>

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1 Substance use is defined as the student reporting that they used at least one of the following in the past month: alcohol, marijuana, cigarettes, or e-cigarettes.

2 Sexual Risk Behavior is defined as the student reporting at least one of the following: having had sex under the age of 16; having had three or more sexual partners, or not having used a birth control method the last time they had intercourse.

3 Mental Health Concern is defined as the student reporting at least one of the following in the past year: that they have felt sad or hopeless most days for two or more weeks, or experienced suicidal ideation.

Figure 4: Selected substances used in past 30 days, 8th and 11th grade

Note: Past month cigarette use among 8th grade students is too small (n<30) to report here.
“Medication used not as prescribed” includes steroids, over-the-counter medication, prescription uppers (diet pills, Ritalin, Concerta, Adderall), downers (Xanax and other benzodiazepines), and painkillers.
“Other illegal drugs” include ecstasy, hallucinogens, street uppers, inhalants, cocaine, crack, heroin, and synthetic marijuana used to get high.

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Figure 5: Map of past month cigarette use, 8th grade


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Figure 6: Map of past month cigarette use, 11th grade

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Figure 7: Map of past month alcohol use, 8th grade


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Figure 8: Map of past month alcohol use, 11th grade

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Figure 9: Map of binge drinking, 8th grade

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Figure 10: Map of binge drinking, 11th grade

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Figure 11: Map of past month marijuana use, 8th grade

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Figure 12: Map of past month marijuana use, 11th grade

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Figure 13: Map of past year prescription painkiller misuse, 8th grade
Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.
Figure 14: Map of past year prescription painkiller misuse, 11th grade

Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.

Figure 15: Map of past year prescription drug misuse, 8th grade

Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.


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Figure 16: Map of past year prescription drug misuse, 11th grade

Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.


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Figure 17: Map of past month vaping, 8th grade

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Figure 18: Map of past month vaping, 11th grade

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About Delaware: State Demographic Background and a Snapshot of Substance Use


## Data Sources

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<th>Most Recent Data</th>
<th>Trend Range</th>
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<td>Delaware State Police/Delaware Statistical and Analysis Center</td>
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<td>DE Division of Public Health (sponsored by the CDC)</td>
<td>2018</td>
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<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>DE Department of State, Division of Professional Regulation</td>
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<td>Monitoring the Future – 8&lt;sup&gt;th&lt;/sup&gt;, 10&lt;sup&gt;th&lt;/sup&gt;, and 12&lt;sup&gt;th&lt;/sup&gt; grades</td>
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<td>National Highway Safety Administration</td>
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<td>National Survey on Children’s Health (NSCH)</td>
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<td>2019</td>
<td>2017-2019</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>2019</td>
<td>2002 - 2019</td>
</tr>
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</tr>
</tbody>
</table>

In addition to the data sources for the figures and tables in the 2020 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 Department of Education
- Delaware Department of Safety and Homeland Security, Division of Forensic Science
- Delaware Health Tracker
- Delaware Household Health Survey
- Drug Enforcement Administration
- Health Resources and Services Administration
- KIDS COUNT in Delaware
- National Center for Health Statistics
- National Conference of State Legislatures
- National Institute on Drug Abuse
- National Institute on Mental Health
- RTI International
- State of Delaware Economic Development Office
- The Trevor Project
- U.S. Census Bureau