2020 DELAWARE STATE EPIDEMIOLOGICAL PROFILE
SUBSTANCE USE AND RELATED ISSUES

Opioid 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 opioid use in Delaware. 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>
<tr>
<th>Survey Administration</th>
<th># of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DSS</strong></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td><strong>Delaware YRBS</strong></td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>1,162</td>
</tr>
<tr>
<td>High School</td>
<td>2,186</td>
</tr>
</tbody>
</table>
1. 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, challenges in maintaining personal relationships, and challenges meeting educational or employment goals. Changes in opioid prescribing practices beginning in the 1990s contributed to increased accessibility and misuse of these drugs. The resulting rise in opioid misuse has led to alarming increases in overdose death rates across the country in what is now known as the opioid epidemic (Jones et al., 2018). Societal costs associated with this public health crisis are staggering. A study published in 2016 by researchers at the Centers for Disease Control and Prevention (CDC) estimates the annual economic burden of the opioid epidemic at $78.5 billion (Florence et al., 2016). According to results from the 2018 National Survey of Drug Use and Health (NSDUH), prescription pain reliever misuse was the second most abused category of drugs in the U.S., after marijuana (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). NSDUH findings also estimate that 10.3 million people aged 12 and over misused opioids (including heroin as well as prescription pain relievers) within the year before the survey (SAMHSA, 2019).

Deaths due to drug overdoses have increased in the U.S. over the past two decades. In 2018, there were 63,367 overdose deaths and nearly 70% involved opioids (National Institute on Drug Abuse [NIDA], 2020). Although deaths involving all opioids, prescription opioids, and heroin decreased from 2017 to 2018, deaths involving synthetic opioids (except methadone), such as fentanyl, continue to rise dramatically. Fentanyl-related overdose deaths during the same time frame increased by almost 10%, accounting for two-thirds of all opioid overdose deaths. (Hedegaard, Minino, & Warner, 2020; NIDA, 2020).

Fentanyl, a powerful, synthetic opioid often prescribed to patients during end-of-life care or with advanced cancer, is increasingly accessible to users. 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. 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], 2019).

The risk of overdose also 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. 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.

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). 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. The most recently available data from the CDC estimate Delaware’s overdose mortality rate as 43.8 deaths per 100,000 residents, which is substantially higher than the national rate of 20.7 deaths per 100,000 (Hedegaard, Minino, & Warner, 2020). In 2018, 355 of the 401 overdose deaths in Delaware were attributed to opioids (National Institute on Drug Abuse, 2020). Fentanyl was identified in 341 of 431 overdose deaths in 2019 (Delaware Division of Forensic Science, 2020). In 2018, Delaware emergency responders administered 3,728 doses of naloxone, the opioid antagonist which can reverse the effects of opioid overdose and potentially save lives. This represents an increase of 30% from doses administered in 2017 (Delaware Department of Health and Social Services, 2019).

In 2019, almost half of individuals admitted to publicly funded treatment programs in Delaware listed heroin as their primary drug. An additional 7% of treatment admissions were attributed to use of other opiates (Treatment Episode Data Set, 2019; see Figure 135). 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 among women with children than those that do not. Nationally, up to 70% of women who enter treatment have children (DHSS, 2016), and expanding treatment options that are responsive to the needs of caregivers may help improve treatment outcomes across the state.

The Prescription Monitoring Program (PMP) in Delaware records information on all prescriptions for controlled substances, with the goal of reducing the misuse of prescription drugs and improving patient care. 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. UD researchers analyzed this data 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). Figures included in this chapter illustrate a four-year decline among the rate of people filling opioid prescriptions in Delaware, from 204 per 1,000 people in 2015 to 151 per 1,000 people in 2018. Additionally, the rates of instant relief and high-dose opioid prescriptions being filled have declined since 2012.

Data from the 2017-2018 NSDUH estimate that 4.23% of Delawareans aged 12 and over and 6.9% of adults aged 18-25 have misused prescription pain relievers in the past year. Both figures are comparable to national averages.

Among Delaware youth, 2019 Delaware School Survey data show that approximately 4% of 8th and 5% of 11th grade students report rates of lifetime misuse of prescription pain medications; students of both grades report a past year misuse rate of 3%. The 2019 Youth Risk Behavior Survey (YRBS) indicates slightly higher rates; one in ten high school students report using prescription medications that they were not prescribed or in ways that were not prescribed at least once in their lifetime, and 5% report such misuse in the previous month. Middle school students responding to the 2019 YRBS report 7% lifetime and 4% past month rates of misuse.

In 2019, there were 705 cases of substance-exposed infants (SEI) reported in Delaware (Donahue and Parker, 2020), many of whom were exposed to opioids. SEI is discussed in more detail in Chapter 7 of this report.

Although Delaware continues to experience the impact of the opioid crisis, a policy analysis recently conducted by the National Safety Council indicates that the state has made progress in five of six key actions needed to end the opioid crisis: mandating prescriber education; implementing prescriber guidelines; implementing prescription drug monitoring programs; treating opioid overdoses; and increasing availability of opioid use disorder treatment (National Safety Council, 2020).
Data in Action: Easing MAT Restrictions During the Pandemic

Medication-Assisted Treatment (MAT) combines FDA-approved medications with counseling and other social supports for patients. For patients with opioid use disorder (OUD), there are three medications available: methadone, buprenorphine, and naltrexone. Methadone works by reducing opioid cravings and blocking the effects of other opioids. The typical length of a methadone maintenance program is at least 12 months, though some patients may require even longer-term maintenance (SAMHSA, n.d.). Buprenorphine (also known as Suboxone) and naltrexone also help to reduce cravings and block patients from getting high if they do take other opioids, but their pharmacological mechanisms for doing so vary slightly from methadone, making them less prone to misuse. Buprenorphine can be prescribed in an office-setting rather than an opioid treatment program (OTP), and as a partial opioid agonist can reduce withdrawal symptoms and cravings for opioids (SAMHSA, n.d.). Naltrexone is available as a pill or as an injection and also works by completely blocking the opioid receptors, reducing cravings and preventing patients from getting high if they take other opioids. Naltrexone has a very low misuse potential, but patients must undergo a complete medical withdrawal from all opioids prior to initiating naltrexone use, which makes it a less favorable option for many (SAMHSA, n.d.).

Due to misuse potential, the prescribing and administration of medications as part of a MAT program is subject to highly structured regulations, particularly for methadone and buprenorphine. For methadone, patients must receive their daily dose under the supervision of a physician at an Opioid Treatment Program (OTP), though after a period of time and under special circumstances certain patients may be allowed to take home a small number of doses in-between visits to the treatment program rather than being required to come in-person each day to the program for supervision. The requirement of visiting the program daily to receive their dose can place a burden on methadone patients, who may need to travel a long distance to get to the clinic each day and may also face problems related to jobs, childcare, and transportation. Buprenorphine does not require daily visits to the clinic, but there are still restrictions on how much can be prescribed at one time and requirements for in-office visits for prescriptions.

As many states and local municipalities issued stay-at-home orders to slow the spread of the novel coronavirus and limit in-person interactions, many MAT protocols and regulations also needed to change (Partnership to End Addiction, 2020). In March of 2020, SAMHSA issued new federal guidelines regarding both methadone and suboxone prescribing in order to reduce office and clinic visits for patients during the COVID-19 pandemic. The new guidelines allow for patients to bring home 28 days of methadone doses if they are considered stable, and 14 day supplies of medication for patients who are less stable (SAMHSA, 2020). New guidelines from the Drug Enforcement Administration (DEA) regarding prescribing controlled substances during the pandemic now allow patients receiving buprenorphine to see their providers via telehealth appointments rather than requiring in-person office appointments for initial evaluations and follow-up appointments (DEA, 2020).
2019 Delaware School Survey
Reported Prescription Painkiller Misuse\(^a\)
among Delaware 8\(^{th}\) Graders
(in percentages)

<table>
<thead>
<tr>
<th></th>
<th>Lifetime</th>
<th>Past Year</th>
<th>Past Month</th>
<th>Perceived Great Risk from Using Prescription Drugs without a Prescription</th>
</tr>
</thead>
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<tr>
<td>STATEWIDE</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>59</td>
</tr>
<tr>
<td>Males</td>
<td>3*</td>
<td>-</td>
<td>-</td>
<td>56</td>
</tr>
<tr>
<td>Females</td>
<td>5*</td>
<td>-</td>
<td>-</td>
<td>61</td>
</tr>
</tbody>
</table>

Figure 1: Prescription painkiller misuse, 8\(^{th}\) graders

Note:
\(^a\) Misuse is defined in the DSS as use of prescription painkillers without a doctor’s prescription or in ways other than prescribed.
“…” indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.
*Estimates were not statistically significant at the p<.05 level.

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2019 Delaware School Survey
Reported Prescription Painkiller Misuse\textsuperscript{a} among Delaware 11\textsuperscript{th} Graders
(in percentages)

![Prescription painkiller use, 11\textsuperscript{th} graders](image)

<table>
<thead>
<tr>
<th></th>
<th>Lifetime</th>
<th>Past Year</th>
<th>Past Month</th>
<th>Perceived Great Risk from Using Prescription Drugs without a Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>5</td>
<td>3</td>
<td>-</td>
<td>65</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>5*</td>
<td>3*</td>
<td>-</td>
<td>58</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>5*</td>
<td>3*</td>
<td>-</td>
<td>72</td>
</tr>
</tbody>
</table>

Figure 2: Prescription painkiller use, 11\textsuperscript{th} graders

Note:
\textsuperscript{a}Misuse is defined in the DSS as use of prescription painkillers without a doctor’s prescription or in ways other than prescribed.
“-” indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.
*Estimates were not statistically significant at the p<.05 level.

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Delaware School Survey
Trends in Past Year Misuse* of Prescription Painkillers among Delaware 8th and 11th Graders, 2002-2019
(in percentages)

Figure 3: Trends in past year prescription painkiller misuse, 8th and 11th graders

Note: * Misuse is defined in the DSS as use of prescription painkillers without a doctor’s prescription or in ways other than prescribed.

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## 2019 Delaware Youth Risk Behavior Survey

### Middle School Prescription Pain Medicine Misuse

*(in percentages)*

<table>
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<th>Past Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Male</td>
<td>6*</td>
<td>-</td>
</tr>
<tr>
<td>Female</td>
<td>8*</td>
<td>-</td>
</tr>
</tbody>
</table>

Figure 4: Prescription painkiller misuse, lifetime and past month, MS

Note:

- Misuse is defined as the use of prescription painkillers without a doctor’s prescription or in ways other than prescribed
- ‘-‘ indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.
- *Estimates were not statistically significant at the p<.05 level.


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## 2019 Delaware Youth Risk Behavior Survey

### Lifetime Prescription Pain Medicine Misuse\(^a\) among High School Students

(in percentages)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino/a/x(^*)</td>
<td>11</td>
</tr>
<tr>
<td>Non-Hispanic White(^*)</td>
<td>10</td>
</tr>
<tr>
<td>Non-Hispanic Black(^*)</td>
<td>10</td>
</tr>
<tr>
<td>11th/12th grade(^*)</td>
<td>10</td>
</tr>
<tr>
<td>9th/10th grade(^*)</td>
<td>11</td>
</tr>
<tr>
<td>Female</td>
<td>12</td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
</tr>
</tbody>
</table>

Figure 5: Prescription painkiller misuse, lifetime, HS

Note:
*Misuse is defined in the YRBS as use of prescription painkillers without a doctor’s prescription or in ways other than prescribed.
*Estimates were not statistically significant at the p<.05 level.

2019 Delaware Youth Risk Behavior Survey
Past Month Prescription Pain Medicine Misuse\textsuperscript{a} among High School Students
(in percentages)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
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<tr>
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</tr>
<tr>
<td>9th/10th grade</td>
<td>5</td>
</tr>
<tr>
<td>Female\textsuperscript{*}</td>
<td>6</td>
</tr>
<tr>
<td>Male\textsuperscript{*}</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
</tr>
</tbody>
</table>

Note:
\textsuperscript{a}Misuse is defined in the YRBS as use of prescription painkillers without a doctor’s prescription or in ways other than prescribed.
\textsuperscript{*}Estimates were not statistically significant at the p<.05 level.
-Estimates of differences by race and ethnicity were too small (n<30) to report.

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# National Survey of Drug Use and Health
## Pain Reliever Misuse* in Past Year, by Age Group and Region
### 2016-2017 and 2017-2018
#### (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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016-2017</td>
<td>2017-2018</td>
<td>(p) value (^b)</td>
<td>2016-2017</td>
</tr>
<tr>
<td>Total U.S.</td>
<td>4.17</td>
<td>3.85</td>
<td>.000</td>
<td>3.31</td>
</tr>
<tr>
<td>Northeast</td>
<td>3.77</td>
<td>3.42</td>
<td>.008</td>
<td>2.63</td>
</tr>
<tr>
<td>Delaware</td>
<td>4.23</td>
<td>3.77</td>
<td>.141</td>
<td>2.89</td>
</tr>
</tbody>
</table>

Figure 7: Pain reliever misuse, past year, by age group and region

Note:
* Misuse is defined in the NSDUH as: “use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor”

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

\(^b\) \(p\) value: Bayes significance levels for the null hypothesis of no change between the 2016-2017 and 2017-2018 population percentages.

Source: “National Survey on Drug Use and Health: Comparison of 2016-2017 and 2017-2018 Population Percentages,” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration

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Figure 8: National trends in annual prevalence of Vicodin misuse, 8th, 10th, and 12th grade

Monitoring the Future
National Trends in Annual Prevalence: OxyContin
8th, 10th, and 12th Grade
(in percentages)

Figure 9: National trends in annual prevalence of OxyContin misuse, 8th, 10th, and 12th grade


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Delaware Prescription Monitoring Program, 2012-2018
Trends in People Filling Opioid Prescriptions in Delaware
(as a rate per 1000 people)

Figure 10: Trends in people filling opioid prescriptions in Delaware, any opioid prescription

Source: Data collected for the Delaware Prescription Monitoring Program (PMP) and reported on the Delaware Department of Health and Social Services My Healthy Community Data Dashboard.

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Delaware Prescription Monitoring Program, 2012-2018
Trends in People Filling Opioid Prescriptions in Delaware,
by Prescription Category
(as a rate per 1000 people)

Figure 11: Trends in people filling opioid prescriptions in Delaware, by prescription category

<table>
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<tr>
<th></th>
<th>2012</th>
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<td>High-dose*</td>
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<td>42</td>
<td>39</td>
<td>32</td>
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<td>Extended Release (ER)</td>
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<td>17</td>
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<td>Treatment-related</td>
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<td>4</td>
<td>5</td>
<td>5</td>
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Notes:
*High-dose refers to prescriptions of greater than or equal to 90 MMEs (Morphine Milligram Equivalents).
Source: Data collected by the Delaware Prescription Monitoring Program (PMP) and reported on the Delaware Department of Health and Social Services My Healthy Community Data Dashboard.

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2. References

Opioids


Anderson, T. L., Martin, S., Fang, Y., and Jiamin, L. (2016). Report to the Delaware PDAC on criteria of high risk prescribing for RIPAID.


## Data Sources

<table>
<thead>
<tr>
<th>Data Instrument</th>
<th>Administered/Compiled by</th>
<th>Most Recent Data</th>
<th>Trend Range</th>
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<tbody>
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<td>Delaware Annual Traffic Statistical Report</td>
<td>Delaware State Police/Delaware Statistical and Analysis Center</td>
<td>2019</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>
<td>2018</td>
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<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>DE Department of State, Division of Professional Regulation</td>
<td>2018</td>
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<td>Delaware School Survey (DSS) – 5th, 8th, and 11th grades</td>
<td>Center for Drug and Health Studies, UD</td>
<td>2019</td>
<td>1999-2019</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>
<td>2019</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>
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<td>Delaware Youth Tobacco Survey – 6th – 12th grades</td>
<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health)</td>
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<td>Monitoring the Future – 8th, 10th, and 12th grades</td>
<td>University of Michigan (sponsored by the National Institute on Drug Abuse)</td>
<td>2019</td>
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<td>Performance Measures, Delaware</td>
<td>National Highway Safety Administration</td>
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<td>National Survey on Children’s Health (NSCH)</td>
<td>US Health Resources &amp; Services Administration</td>
<td>2018</td>
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<td>National Survey on Drug Use and Health (NSDUH)</td>
<td>US Substance Abuse and Mental Health Services Administration</td>
<td>2016-2018</td>
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<td>Substance-Exposed Infant Program</td>
<td>Office of the Child Advocate</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>
</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