State Demographic Background

The 2021 Delaware Epidemiological Profile

Substance Use, Mental Health, and Related Issues

prepared for

Director Joanna Champney and the Delaware Division of Substance Abuse and Mental Health & The Delaware State Epidemiological Outcomes Workgroup

The annual Delaware Epidemiological Profile is a publication of the Delaware State Epidemiological Outcomes Workgroup (SEOW) project. Funding for the SEOW has been provided by the Department of Health and Social Services, Division of Substance Abuse and Mental Health through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Please address all inquiries to Laura Rapp, PhD, University of Delaware Center for Drug and Health Studies, Department of Sociology and Criminal Justice: trapp@udel.edu.
The Role of the Delaware State Epidemiological Outcomes Workgroup and the Purpose of the Epidemiological Profile

All states, including Delaware, 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 initially supported the SEOW through SAMHSA Strategic Prevention Framework grants and continues to sponsor the SEOW with SAMHSA funding. The SEOW is facilitated by a team at the Center for Drug and Health Studies at the University of Delaware that convenes a network of representatives from over 50 State and nonprofit agencies, community organizations, advocacy groups, and other entities. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), the SEOW’s mission is to bring data on behavioral health and associated issues to the forefront of prevention and treatment 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 and treatment planning and policies;
- To train agencies and communities in understanding, using, and presenting data effectively.

The annual Delaware State Epidemiological Profile is a valuable data resource for strategic planning, decision-making, and evaluation. Using data that are available on an ongoing basis, the report highlights indicators of mental health and wellbeing, patterns of substance use and its consequences, and risk and protective factors for 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 Delaware demographics and a snapshot of substance use throughout the state. To review the complete report, slides, infographics, and other SEOW data products, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page. Video recordings of select SEOW presentations referenced in this report are also available online.
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 Guidance Services  
Delaware Information and Analysis Center  
Delaware Multicultural and Civic Organization  
Delaware Prevention Coalition  
Delaware State Board of Education  
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  
NAMI Delaware  
Nemours Health and Prevention Services  
New Castle County Police Department  
Planned Parenthood of Delaware  
Red Clay Consolidated School District  
Sun Behavioral Delaware  
Sussex County Health Coalition  
Transitions Delaware  
Trauma Matters Delaware  
United Way of Delaware  
University of Delaware  
  College of Health Sciences  
  College of Arts and Sciences  
  Partnership for Healthy Communities  
  Student Health & Wellness Promotion  
Wesley College  
West End Neighborhood House  
Wilmington University  

**SEOW Facilitator Team at the University of Delaware Center for Drug and Health Studies:** Cheryl Ackerman, Jessica Arnold, Rochelle Brittingham, David Borton, Darryl Chambers, Miller Finkelstein, Bill Gratton, Stephanie Ha, James Highberger, Dana Holz, Steve Martin, Sharon Merriman-Nai, Dan O’Connell, Laura Rapp, Rachel Ryding, Meisje Scales, Rachael Schilling, Eileen Sparling, Wenjin Wang.

*If your organization is interested in becoming an SEOW Collaborator, please contact Meisje Scales at: mjscales@udel.edu.*
Table of Contents

Table of Figures vi
Notes on Data Reporting and Interpretation vii

1. About Delaware: State Demographic Background and a Snapshot of Substance Use 1-1

   1-1
   State Overview 1-1
   New Castle County Overview 1-2
   Kent County Overview 1-2
   Sussex County Overview 1-3
   Medically Underserved Areas 1-3
   COVID-19 in Delaware 1-4
   Snapshot: 1-5
   Substance Use in Delaware 1-5
   2020 Delaware School Survey 1-7

2. References 2-1

   About Delaware: State Demographic Background and a Snapshot of Substance Use 2-1
   Data Sources 2-3
# Table of Figures

Figure 1: Selected substance use, past year, 8th grade .......................................................... 1-6
Figure 2: Selected substances used in past 30 days, 8th grade .................................................. 1-7
Figure 3: Polysubstance use, past year, 11th graders ................................................................. 1-8
Figure 4: Map of past month cigarette use, 8th grade .............................................................. 1-9
Figure 5: Map of past month vaping, 8th grade ........................................................................... 1-10
Figure 6: Map of past month alcohol use, 8th grade ............................................................... 1-11
Figure 7: Map of binge drinking, 8th grade ................................................................................ 1-12
Figure 8: Map of past month marijuana use, 8th grade ............................................................ 1-13
Figure 9: Map of past year prescription painkiller misuse, 8th grade .......................................... 1-14
Figure 10: Map of past year prescription drug misuse, 8th grade ................................................ 1-15
Figure 11: Map of past month cigarette use, 11th grade .......................................................... 1-16
Figure 12: Map of past month vaping, 11th grade ...................................................................... 1-17
Figure 13: Map of past month alcohol use, 11th grade ............................................................ 1-18
Figure 14: Map of binge drinking, 11th grade ............................................................................ 1-19
Figure 15: Map of past month marijuana use, 11th grade ......................................................... 1-20
Figure 16: Map of past year prescription painkiller misuse, 11th grade ..................................... 1-21
Figure 17: Map of past year prescription drug misuse, 11th grade ............................................. 1-22
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 has established a set of guidelines for reporting and interpreting data from surveys that it administers to students across the state. As a result, in the Delaware State Epidemiological Profile, data in some tables and figures may be aggregated or otherwise reported differently than in years prior. The following notes summarize the guidelines for interpreting data presented in this report and provide an overview of changes relevant to this year:

- **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 (DSS) 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**: In some instances, there may be slight differences in estimates reported by the Center for Drug and Health Studies compared to those reported by other state or federal entities for the same data source. In most cases this is due to differing practices in rounding or handling 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.
  
  o **A note about 2019 Youth Risk Behavior Survey (YRBS) Data:** In previous years, Delaware received weighted Delaware YRBS survey data from the CDC for both middle and high school samples. However, during the 2019 administration, participation rates for the Delaware high school survey did not meet the required threshold for weighting the data. Therefore, this report only includes 2019 middle school findings from the YRBS. Whenever available, trend data from the CDC Youth Online Data Portal is also reported. Additional high school YRBS data from previous years may be requested by following the Delaware Division of Public Data Information & Request Process.

• **Pandemic Impacts on Data Collection:** In 2020, the advent of the COVID-19 pandemic and subsequent school closures and shifts to remote learning greatly impacted our ability to collect school survey data. As a result, in 2020, we are unable to report any data from the Youth Tobacco Survey (YTS) for middle or high school, or from the Delaware School Survey (DSS) for 5th and 11th graders. We are, however, able to report figures from the 8th grade Delaware School Survey, based on responses from 3,799 respondents.
2021 DELAWARE STATE EPIDEMIOLOGICAL PROFILE
SUBSTANCE USE AND RELATED ISSUES
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 Kent and Sussex counties, which are primarily rural. According to the 2020 Census¹, the state population is 989,948, representing a 10% growth in the last decade, exceeding the national increase (U.S. Census, n.d.). Approximately one in five residents are under the age of 18, with a similar percentage aged 65 and older. The population has become more diverse since 2010; three out of five residents identify as White, 22.1% as Black or African American, 4.3% as Asian, .5% as American Indian and Alaska Native, 7.7% as two or more races, and 8.9% as some other race alone or in combination. One in ten report their ethnicity as Hispanic or Latino/a/x, and 14% report speaking a language other than English at home (U.S. Census Bureau, n.d.). Based on the 2015-2019 American Community Survey estimates, median household income in Delaware is $68,287 with 11.3% of residents living in poverty (U.S. Census Bureau, n.d.). Approximately 93% of state residents have some form of health insurance (America’s Health Rankings, 2020). In November 2020, 60,582 Delaware families received assistance from the Supplemental Nutrition Assistance Program (SNAP) (KIDS COUNT in Delaware, Annie E. Casey Foundation, 2021). According to the U.S. Bureau of Labor Statistics, in July 2021, Delaware’s seasonally adjusted unemployment rate was 5.6%, down from 10.5% at the same time in 2020 when the state experienced a dramatic rise in unemployment due to the onset of the COVID-19 pandemic.

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

¹ Throughout this report, 2020 Census data is used if it is available; population data are supplemented with the most recent American Community Survey (ACS) rolling estimates which are also published by the U.S. Census Bureau.
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 570,719, representing an increase of 6% since 2010 (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 a surge 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. 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, such as Middletown and Townsend, have seen explosive growth in the past two decades.

**Kent County Overview**

An estimated 181,851 residents live in centrally located Kent County, which experienced an overall 12% increase in population between 2010-2020 (U.S. Census Bureau, n.d.). Dover, the state’s capital and second largest city, is located in Kent County. 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. Although the county rate of poverty is 12.7%, the rate is nearly double for residents of Dover (U.S. Census Bureau, n.d.).

Recent residential developments have attracted more people to Kent County. Cheswold and Clayton are two towns where population has increased dramatically since 2000.
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 a smaller year-round population. According to 2020 Census results, the population of Sussex County is an estimated 237,378 residents, demonstrating the highest rate of growth (20%) in the state since 2010 (U.S. Census Bureau, n.d.). As of July 2019, 12.1% of the population live in poverty (U.S. Census, n.d.).

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. These official numbers may still reflect an undercount of total population growth, as migrant and immigrant workers are often uncounted by 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.). Delaware is currently ranked 10th throughout the U.S. with 287.5 primary care providers per 100,000 population. Multiple chronic conditions, adverse childhood experiences (ACEs), premature death, obesity, low birth weight, violent crime, and preventable hospitalizations are core measures with negative impacts on Delaware’s health (United Health Foundation [UHF], n.d.).

According to America’s Health Rankings, in 2019, 13.5% of Delaware adults reported they experienced frequent mental distress (United Health Foundation [UHF], n.d.). These data were collected before the COVID-19 pandemic; therefore, behavioral health issues may be even greater. Coupled with under-resourced service areas, this amplifies the need for preventive health services, including strategies to bolster behavioral health.
COVID-19 in Delaware

Delaware continues to face significant health, economic, and social challenges related to the ongoing COVID-19 pandemic which resulted in a stay-at-home order in March 2020 that lasted through much of the past year. Positive cases peaked in early January 2021. The availability of vaccines and federal COVID relief measures have enabled many businesses and institutions to re-open or remain operational to some degree, some with telecommuting components. In August 2021, schools resumed in person learning and are operating with the Governor’s recent mask requirement in place (which also applies to child care centers and state facilities).

According to the My Healthy Community COVID-19 Dashboard, as of August 30th, 2021, 60% of the eligible population were fully vaccinated in Delaware, and three out of four residents aged 18 and over had received at least one vaccination (State of Delaware, 2021). However, the emergence of COVID-19 variants has resulted in recent increases of infections, hospitalizations, and deaths – predominantly among the unvaccinated – throughout the U.S. and in Delaware. From mid-July through mid-August, the new case rate increased throughout the state from 38.4 to 235.7 per 100,000 of population (My Healthy Community, n.d.). While this is not currently among the highest rates of infection (compared, for example, to Florida with a new case rate of 543 per 100,000 at that time), it is well above the 100 cases per 100,000 of population that is considered a high rate of transmission. The rise in COVID cases and subsequent demands on the health care system may also indirectly impact the availability and accessibility of routine and other health care resources, which is likely to be exacerbated if health care professionals continue to feel overwhelmed. A recent KFF/Washington Post survey indicates that 29% of health care workers have considered leaving their profession as a result of the pandemic (2021).

As mentioned previously, the state’s seasonally adjusted unemployment rate has improved dramatically since July 2020. But other economic factors that were temporarily relieved by emergency measures, such as the national moratorium on evictions and deferment of student loan payments, have already expired or are scheduled to. These may have an impact on Delaware rates of poverty and other indicators of financial stability, which interact with health and wellbeing.
Snapshot:

Substance Use in Delaware
2020 Delaware School Survey
Reported Use of Selected Substances in the Past Year
among Delaware 8th Grade Students
(in percentages)

Figure 1: Selected substance use, past year, 8th 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), painkillers, and other prescription drugs used without a prescription or in a way other than prescribed. Other illegal drugs include ecstasy, hallucinogens, street uppers, inhalants, cocaine, crack, heroin, and synthetic marijuana used to get high.

Back to table of figures
2020 Delaware School Survey

Reported Use of Selected Substances in the Past 30 Days among Delaware 8th Grade Students (in percentages)

Figure 2: Selected substances used in past 30 days, 8th 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.
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 of Past-Year Substance Use

<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 3: 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.


Back to table of figures
Figure 4: Map of past month cigarette use, 8th grade
Figure 5: Map of past month vaping, 8th grade
Figure 6: Map of past month alcohol use, 8th grade
Figure 7: Map of binge drinking, 8th grade

Back to table of figures
Figure 8: Map of past month marijuana use, 8th grade
Figure 9: 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.


Back to table of figures
Figure 10: 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.


Back to table of figures
Figure 11: Map of past month cigarette use, 11th grade

Back to table of figures
Figure 12: Map of past month vaping, 11th grade

Back to table of figures
Figure 13: Map of past month alcohol use, 11th grade

Back to table of figures
Reported Past Two Week Binge Drinking Among Delaware 11th Grade Public School Students: 2018-2019

Figure 14: Map of binge drinking, 11th grade


Back to table of figures
Reported Past Month Marijuana Use Among Delaware 11th Grade Public School Students: 2018-2019

Legend
- New Castle County
- Kent County
- Sussex County
- PO Box/Company Zip Codes
- Too Few to Estimate (N<30)

Rate of Marijuana Use
- 13-15.9%
- 16-21.9%
- 22-26.9%
- 27-33.9%
- 34-44%

State Rate: 23%

Data Note:
Certain zip codes were combined to protect the confidentiality of the participating schools and districts.

Source:
2018-2019 Delaware School Survey
Center for Drug and Health Studies
University of Delaware
www.cdhs.udel.edu/seow

Figure 15: Map of past month marijuana use, 11th grade

Back to table of figures
Figure 16: 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.


Back to table of figures
Figure 17: 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.
2. References

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


United Health Foundation, America’s Health Rankings. (n.d.) [Table]. *Frequent mental distress, Delaware, United States.* Retrieved on August 20, 2021 from https://www.americashealthrankings.org/explore/annual/measure/mental_distress/state/DE

United Health Foundation, America’s Health Rankings. (n.d.) [Table]. *Primary Care Providers, Delaware, United States.* Retrieved on August 20, 2021 from https://www.americashealthrankings.org/explore/annual/measure/mental_distress/state/DE


Data Sources

<table>
<thead>
<tr>
<th>Data Instrument</th>
<th>Most Recent Data</th>
<th>Trend Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware’s Annual Traffic Statistical Report</td>
<td>2020</td>
<td>-</td>
</tr>
<tr>
<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>2019</td>
<td>-</td>
</tr>
<tr>
<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>2020</td>
<td>2012- 2020</td>
</tr>
<tr>
<td>Delaware School Survey (DSS) – 5th and 11th grades 8th grade*</td>
<td>*2019 2020</td>
<td>*1999 - 2019 1999 - 2020</td>
</tr>
<tr>
<td>Delaware Youth Risk Behavior Survey (YRBS) – High School</td>
<td>2017</td>
<td>1999 - 2017</td>
</tr>
<tr>
<td>Delaware Youth Risk Behavior Survey (YRBS) – Middle School</td>
<td>2019</td>
<td>1999 - 2019</td>
</tr>
<tr>
<td>DOMIP (Delaware Opioid Metric Intelligence Program)</td>
<td>2020</td>
<td>-</td>
</tr>
<tr>
<td>Monitoring the Future – 8th, 10th, and 12th grades</td>
<td>2020</td>
<td>1999 - 2020</td>
</tr>
<tr>
<td>Performance Measures, Delaware</td>
<td>2018</td>
<td>2014-2019</td>
</tr>
<tr>
<td>National Survey on Children’s Health (NSCH)</td>
<td>2019</td>
<td>2016 - 2019</td>
</tr>
<tr>
<td>National Survey on Drug Use and Health (NSDUH)</td>
<td>2018-2019</td>
<td>2002 - 2019</td>
</tr>
<tr>
<td>Delaware Infants with Prenatal Substance Exposure</td>
<td>2020</td>
<td>2015-2020</td>
</tr>
<tr>
<td>Treatment Admissions Data</td>
<td>2019</td>
<td>-</td>
</tr>
</tbody>
</table>
In addition to the data sources for the figures and tables in the 2021 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- American Psychological Association
- Bureau of Labor Statistics
- Center for Drug and Health Studies, University of Delaware
- Crisis Text Line
- Delaware Department of Education
- Delaware Department of Health and Social Services, Division of Public Health, My Healthy Community
- Delaware Department of Safety and Homeland Security, Division of Forensic Science
- Delaware Household Health Survey
- Drug Enforcement Administration
- KIDS COUNT in Delaware
- KFF
- National Academies of Sciences, Engineering, and Medicine
- National Center for Health Statistics
- National Conference of State Legislatures
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
- National Institutes of Health
- National Institute on Mental Health
- Rapid Assessment of Pandemic Impact on Development – Early Childhood
- RTI International
- State of Delaware Economic Development Office
- The Trevor Project
- U.S. Census Bureau
- U.S. Centers for Disease Control and Prevention
- U.S. Health Resources and Services Administration