Marijuana

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: lrapp@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 marijuana 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.
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

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

Table of Figures  
Notes on Data Reporting and Interpretation  

1. **Marijuana**  
   1-1  
   National Overview  
   Delaware Overview  
   Data in Action: Marijuana Use During the COVID-19 Pandemic  

2. **References**  
   Marijuana  
   Data Sources  

Table: n/a
Table of Figures

Figure 1: Marijuana use, past year, past month, perceived risk, by age group ........................................... 1-5
Figure 2: Marijuana use, 8th graders ............................................................................................................. 1-6
Figure 3: Average age of onset for marijuana use, 8th ................................................................................. 1-7
Figure 4: Method of consumption for marijuana, 8th grade ......................................................................... 1-7
Figure 5: Trends in past month marijuana use, 8th and 11th grade ............................................................. 1-8
Figure 6: Trends in marijuana use, past month, HS ..................................................................................... 1-9
Figure 7: Marijuana use, past year, by age group and region ................................................................. 1-10
Figure 8: Marijuana use, past month, by age group and region ................................................................. 1-11
Figure 9: National trends in past month marijuana use, 8th, 10th, 12th grade ............................................. 1-12
Figure 10: Trends in perception, “lot of risk” using marijuana weekly, 5th grade ........................................ 1-13
Figure 11: Trends in perception, “great risk” using marijuana regularly ..................................................... 1-14
Figure 12: Perception of “great risk” in smoking marijuana once a month, by age and region .. 1-15
Figure 13: Trends, smoking marijuana & driving, 11th graders ................................................................. 1-16
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. Marijuana

National Overview

Over the past two decades, the majority of states have enacted laws that change the status of marijuana. According to the National Conference of State Legislatures, 36 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands allow for medical use of cannabis products and 18 states, the District of Columbia, and two territories have approved nonmedical cannabis use for adults (National Conference of State Legislatures, n.d.). These changes to policy at the state level are at odds with federal law, which classifies marijuana as a Schedule I drug (Drug Enforcement Administration, n.d.). Drugs in this category are regarded as dangerous, likely to be abused, and have no medical value. A recent report by the National Academies of Sciences, Engineering, and Medicine (NASEM, or the Academies) was based on the review of more than 10,700 studies on the health impacts of marijuana. The report shows there is strong evidence for various medical uses of marijuana, but it also notes that there are health concerns linked to use, including: the risk of driving while intoxicated, respiratory symptoms associated with smoking, and evidence that links frequent and/or heavy use of marijuana to schizophrenia or other psychotic disorders in people who are predisposed (National Academies of Sciences, Engineering, and Medicine [NASEM], 2017).

As the laws have changed around the use of marijuana, so have public perceptions of risk. This is particularly problematic because marijuana potency has increased dramatically over the past decades. Since 1995, the amount of tetrahydrocannabinol (THC), the main psychoactive component of marijuana, increased nearly 200% in marijuana confiscated by the Drug Enforcement Agency (ElSohly et al., 2016; NASEM, 2017). Nationally, approximately 18% of individuals aged 12 and over report past year marijuana use and 12% report past month use, while only one in five consider regular marijuana use to be a great risk (National Survey on Drug Use and Health [NSDUH], 2018-2019).

When young people use marijuana, they are doing so at a critical period of brain development. Neuroscientists have found that brain development continues through the mid-20s. The last part of the brain to develop is the prefrontal cortex, which is associated with decision-making, impulse control, risk-taking, and other executive functioning tasks (Weir, 2015). Research using brain imaging of youth show significant differences in brain development between youth who frequently use marijuana and those who abstain, even after comparing for demographic, behavioral, and other key variables (Lisdahl et al., 2013). Comparisons of cognitive functioning (IQ, memory, processing, impulse control, etc.) also reveal significant differences between youth who use marijuana and those who do not (Lisdahl et al., 2013). Early use of marijuana...
(before the age of 16) has been linked to more frequent and heavier use of marijuana over time than users who began smoking later in life (Gruber et al., 2017). Several studies have also tied early marijuana use to a greater risk of becoming dependent on other substances later in life (NASEM, 2017).

Similar to other aspects of behavioral health, there is concern regarding how the COVID-19 pandemic may have affected marijuana use. Despite social distancing measures, Monitoring the Future data indicate that although there was a perceived decrease in availability of marijuana, youth prevalence rates for marijuana as well as alcohol remained stable among high school teens in the U.S. during this time (Miech et al., 2021). Among college age youth, these are the highest levels recorded by the survey since the 1980s (National Institute on Drug Abuse, 2021). A rapid response study conducted in the Netherlands among self-identified cannabis users showed an increase in both frequency and quantity of use during the country’s lockdown (van Laar et al., 2020). It is too soon to know how pervasive these trends may be or how pandemic-related challenges to prevention programs and treatment may impact consumption patterns over time.

**Delaware Overview**

Delaware School Survey (DSS) data continues to show that the perception of risk has declined among youth since 1999, when half of 11th graders and 60% of 8th graders perceived a great risk in using marijuana regularly. By 2019 the rate of 11th graders who perceived regular use as great risk had dropped to 23%. By 2020, only one in three 8th graders perceived great risk in regular use. Marijuana remains a popular substance for youth; trends in past-month use among Delaware students have remained relatively stable in recent years. In 2019, 24% of 11th grade students reported past month use and an average age of first use of 15.2 years (Center for Drug and Health Studies, 2020). Eighth grade students responding to the 2020 DSS reported the age of first use as 12.3 years of age, a 15% lifetime rate of use, 12% rate of past year use, and 7% rate of past month use. Two percent reported heavy use (defined as using marijuana six times or more in the previous month).

Increasingly, youth are finding alternate ways to ingest marijuana other than smoking, including consuming edibles and concentrates, and vaping. Because vaping eliminates much of the strong odor associated with the use of marijuana and many vape devices are small and easy to hide, there may now be a greater potential for use in schools and other settings where smoking marijuana would previously have been harder to conceal. The same concerns are also relevant for marijuana edibles. In 2020, 4% of 8th graders reported smoking marijuana, 2% reported vaping it, and 2% reported using edibles (DSS, 2020).

Youth who drive while under the influence of marijuana put themselves and others in danger. Fourteen percent of 11th graders responding to the 2019 DSS reported that at some point in
their lives they had driven a car after smoking marijuana, and 7% reported that they had done so in the month prior to taking the survey (Center for Drug and Health Studies, 2020).

As the National Survey of Drug Use and Health (NSDUH) charts indicate, Delawareans use marijuana at slightly higher rates than the national average. This is particularly true among young adults aged 18 to 25, who reported a past year use rate of 41% and a monthly rate of nearly 27%. The Treatment Episode Data Set (TEDS) tracking system indicates that marijuana was listed as the primary substance in approximately 8% of all publicly funded treatment admissions in Delaware in 2019, and 22% of admissions among those aged 21 to 25 (more detailed TEDS data can be found in Chapter 6 of this report).

Delaware allows medical marijuana for specific conditions. It has also decriminalized the possession of small amounts of nonmedical marijuana; if someone is in possession of less than one ounce of marijuana, they will pay a $100 fine rather than face arrest and prosecution (Delaware Code, n.d.). In March 2021, House Bill 150 was introduced to allow adults age 21 and over to legally possess, for personal use, under one ounce of marijuana. The legislation was voted out of Committee and is on the Ready List with the potential to be taken up in the next legislative session that will begin in January 2022.
Data in Action: Marijuana Use During the COVID-19 Pandemic

As a response to the coronavirus pandemic, many local and state governments in the U.S. enacted stay-at-home orders to attempt to curb the spread of the virus. As a result, a number of individuals have experienced increased isolation, unemployment, and difficulty accessing healthcare and support networks. Mental health has been a primary concern throughout the pandemic as many people have reported increased mental distress, such as anxiety, depression, and self-isolation (Horigian et al., 2020; Czeisler et al., 2020; Czeisler et al., 2021). To cope with stress and uncertainty, some use marijuana, either recreationally or for medical purposes. Studies reflect an increase in marijuana consumption in the U.S. in the early phase of the pandemic (The Economist, 2020; Vidot et al., 2020), and a spike in marijuana sales at the start of the pandemic across hundreds of dispensaries in the U.S, which were classified as “essential” businesses (Banzali, 2021).

People with underlying medical conditions have been advised by the CDC to take special precautions in avoiding exposure to COVID-19 due to being at increased risk for severe health complications. One such group includes individuals who use medicinal cannabis to address an underlying health condition. This presents a paradox with regards to maintaining physical and mental health during the pandemic. In addition to increased risk due to underlying health conditions, certain cannabis consumption methods such as smoking and vaping, as well as marijuana sharing habits, increase risk for contracting and spreading COVID-19. Vidot and colleagues (2020) found that over 40% of adult medical cannabis users reported an increase in consumption in the early days of the pandemic. The same study indicated that use of edible and tincture consumption of marijuana increased while smoking and vaping methods decreased among the respondents (Vidot et al., 2020).

While these increases in use and risk behaviors reflect an early response to the pandemic, it will be important to monitor whether these trends continue throughout the U.S., particularly as more individuals receive COVID-19 vaccines and social gatherings resume.
**National Survey on Drug Use and Health**  
**Marijuana Use and Perception of Risk in Delaware by Age Group, 2018-2019**

*(annual average percentages)*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total 12 or Older</th>
<th>AGE GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>12-17</td>
</tr>
<tr>
<td>Past Year Marijuana Use</td>
<td>18.18</td>
<td>14.43</td>
</tr>
<tr>
<td>Past Month Marijuana Use</td>
<td>12.26</td>
<td>8.26</td>
</tr>
<tr>
<td>Perceived of Great Risk of Smoking Marijuana Once a Month</td>
<td>21.76</td>
<td>21.60</td>
</tr>
</tbody>
</table>

Figure 1: Marijuana use, past year, past month, perceived risk, by age group

Note:

a Estimates are based on a survey-weighted hierarchical Bayes estimation approach.

# 2020 Delaware School Survey

Marijuana Use among Delaware 8th Graders

(in percentages)

![Bar chart showing marijuana use among Delaware 8th graders](chart.png)

<table>
<thead>
<tr>
<th></th>
<th>Lifetime Use</th>
<th>Past Year Use</th>
<th>Past Month Use</th>
<th>Heavy Use(^a)</th>
<th>Perceived Great Risk from Regular Use(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>15</td>
<td>12</td>
<td>7</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>14(^*)</td>
<td>11</td>
<td>6(^*)</td>
<td>3(^*)</td>
<td>28</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>16(^*)</td>
<td>13</td>
<td>7(^*)</td>
<td>2(^*)</td>
<td>37</td>
</tr>
</tbody>
</table>

Figure 2: Marijuana use, 8th graders

Notes:

- \(^a\) “Heavy Use” indicates more than six times in the past month.
- \(^b\) “Regular use” is self-defined in the survey.
- * Estimates were not statistically significant at the p<.05 level.


[Back to table of figures]
### 2020 Delaware School Survey

#### Students’ Average Age of Onset\(^1\) for Marijuana Use

<table>
<thead>
<tr>
<th>8th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.3 years</td>
<td>-</td>
</tr>
</tbody>
</table>

Figure 3: Average age of onset for marijuana use, 8th grade

### 2020 Delaware School Survey

#### Method of Consumption for Past Month Marijuana Use (in percentages)

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never used or not in past month</td>
<td>86%</td>
</tr>
<tr>
<td>Smoked it</td>
<td>4%</td>
</tr>
<tr>
<td>Vaped it</td>
<td>2%</td>
</tr>
<tr>
<td>Ate it</td>
<td>2%</td>
</tr>
</tbody>
</table>

Figure 4: Method of consumption for marijuana, 8th grade

Notes:
\(^1\) Average age of onset is calculated among students who report ever using marijuana.

*In 2020, Delaware School Survey data was unavailable for 11th grade students*


[Back to table of figures](#)
Delaware School Survey
Trends in Delaware Students’ Past Month Marijuana Use by Grade, 1999-Present (in percentages)

Figure 5: Trends in past month marijuana use, 8th and 11th grade

Notes:
These statistics contribute to the National Outcome Measures (NOMs).
11th grade data not available for the 2020 Delaware School Survey.

Back to table of figures
Youth Risk Behavior Survey
National and Delaware, 1999-2019
Trends in High School Students’ Past Month Use of Marijuana
(in percentages)

<table>
<thead>
<tr>
<th>Year</th>
<th>National</th>
<th>Delaware</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>27</td>
<td>29</td>
</tr>
<tr>
<td>2001</td>
<td>24</td>
<td>26</td>
</tr>
<tr>
<td>2003</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>2005</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>2007</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>2009</td>
<td>21</td>
<td>26</td>
</tr>
<tr>
<td>2011</td>
<td>23</td>
<td>28</td>
</tr>
<tr>
<td>2013</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>2015</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>2017</td>
<td>20</td>
<td>26</td>
</tr>
<tr>
<td>2019*</td>
<td>22</td>
<td>-</td>
</tr>
</tbody>
</table>

Figure 6: Trends in marijuana use, past month, HS

Notes:
*National YRBS data is weighted, Delaware YRBS data weighted except for in 2019, which is unavailable.

Back to table of figures
## National Survey on Drug Use and Health
### Past Year Marijuana Use by Age Group and Region
#### 2017-2018 and 2018-2019 NSDUH
##### (in percentages) 

<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>Total U.S.</td>
<td>15.47</td>
<td>16.71</td>
<td>.000</td>
<td>12.45</td>
</tr>
<tr>
<td>Northeast</td>
<td>15.97</td>
<td>17.70</td>
<td>.000</td>
<td>13.00</td>
</tr>
<tr>
<td>Delaware</td>
<td>17.11</td>
<td>18.18</td>
<td>.156</td>
<td>14.03</td>
</tr>
</tbody>
</table>

Figure 7: Marijuana use, past year, by age group and region

Notes:

- Estimates are based on a survey-weighted hierarchical Bayes estimation approach.
- p value: Bayes significance levels for the null hypothesis of no change between the 2017-2018 and 2018-2019 population percentages.

National Survey on Drug Use and Health
Past Month Marijuana Use by Age Group and Region
2017-2018 and 2018-2019
(in percentages) \(^a\)

<table>
<thead>
<tr>
<th>AGE GROUP (Years)</th>
<th>12 or Older</th>
<th>12-17</th>
<th>18-25</th>
<th>26 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total U.S.</td>
<td>9.83</td>
<td>10.80</td>
<td>.000</td>
<td>6.56</td>
</tr>
<tr>
<td>Northeast</td>
<td>10.25</td>
<td>11.42</td>
<td>.000</td>
<td>6.82</td>
</tr>
</tbody>
</table>

Figure 8: Marijuana use, past month, by age group and region

Notes:
\(^a\)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 2017-2018 and 2018-2019 population percentages.


Back to table of figures
Monitoring the Future
National Trends in Past Month Marijuana Use among
8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students, 1999-2020
(in percentages)

**Figure 9**: National trends in past month marijuana use, 8<sup>th</sup>, 10<sup>th</sup>, 12<sup>th</sup> grade

Sources: "National Survey Results on Drug Use, 1975-2020." Monitoring the Future Study (MTF), University of Michigan.

[Back to table of figures]
Delaware School Survey
(in percentages)

Figure 10: Trends in perception, “lot of risk” using marijuana weekly, 5th grade

Note: In 2020, Delaware School Survey data was unavailable for 5th grade students.

Back to table of figures
Delaware School Survey
Trends in 8th and 11th Graders’ Perceptions of “Great Risk” in Using Marijuana Regularly, 1999-2020
(in percentages)

Figure 11: Trends in perception, “great risk” using marijuana regularly

Note:
* “Regularly” is self-defined in the survey.
* In 2020, Delaware School Survey data was not available for 11th grade data students
National Survey on Drug Use and Health
Perceptions of “Great Risk” in Smoking Marijuana Once a Month by Age Group and Region
2017-2018 and 2018-2019
(in percentages)^

<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>Total U.S.</td>
<td>25.54</td>
<td>24.39</td>
<td>.000</td>
<td>23.61</td>
</tr>
<tr>
<td>Northeast</td>
<td>24.58</td>
<td>23.78</td>
<td>.053</td>
<td>23.23</td>
</tr>
<tr>
<td>Delaware</td>
<td>21.60</td>
<td>21.76</td>
<td>.883</td>
<td>22.00</td>
</tr>
</tbody>
</table>

Figure 12: Perception of “great risk” in smoking marijuana once a month, by age and region

Notes:
^ Estimates are based on a survey-weighted hierarchical Bayes estimation approach.
*p value: Bayes significance levels for the null hypothesis of no change between the 2017-2018 and 2018-2019 population percentages.

Back to table of figures
Delaware School Survey
Trends in Delaware
11th Graders Who Reported Smoking Marijuana and Driving in the Past Month, 1999-2019
(in percentages)

Figure 13: Trends, smoking marijuana & driving, 11th graders

Note: In 2020, Delaware School Survey data was unavailable for 11th grade students.

Back to table of figures
2. References

Marijuana


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


### 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>
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<tr>
<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>2019</td>
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<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>
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<tr>
<td>Delaware Youth Risk Behavior Survey (YRBS) – Middle School</td>
<td>2019</td>
<td>1999 - 2019</td>
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<tr>
<td>DOMIP (Delaware Opioid Metric Intelligence Program)</td>
<td>2020</td>
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<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>
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</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