Opioid Use

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 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 opioid 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  
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  Student Health & Wellness Promotion  
Wesley College  
West End Neighborhood House  
Wilmington University

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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 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:
  o 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.
  o 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 $0.05$, 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.
  - **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. Opioid Use

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 may lead 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 use of these drugs. The resulting rise in opioid use 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 2019 National Survey of Drug Use and Health (NSDUH), prescription pain relievers were the second most commonly misused illicit drugs after marijuana (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). NSDUH findings also estimate that 10.1 million people aged 12 and over misused opioids (including heroin as well as prescription pain relievers) within the year before the survey (SAMHSA, 2020).

Deaths due to drug overdoses have increased in the U.S. over the past two decades. In 2019, there were 49,860 overdose deaths involving opioids (Centers for Disease Control and Prevention, n.d.). Overdose deaths involving synthetic opioids (except methadone), such as fentanyl, continued to rise dramatically to an age-adjusted rate of 11.4 per 100,000 of population in 2019. Fortunately, that rate of increase has slowed in recent years (Hedegaard, Minino, & Warner, 2020; NIDA, 2020). The age-adjusted overdose death rate involving heroin was 4.4 per 100,000 of population the same year representing a slight decline from 4.7 per 100,000 in 2018 (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 commonly 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 primarily made with fentanyl that can result in overdose (Drug Enforcement Administration [DEA], 2019). The 2020 National Drug Threat Assessment reports that fentanyl availability remains high in the U.S. and increased in 2019 (DEA, 2021).

The risk of overdose also increases when opioids are used at the same time with other substances, such as benzodiazepine medications (e.g., 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.

There has been a substantial rise in overdose deaths involving opioids with the use of cocaine and/or other psychostimulants. The age-adjusted rate of overdose involving both opioids and psychostimulants rose from 0.3 per 100,000 population in 2013 to 2.8 in 2019 (Hedegaard, Minino, & Warner, 2021).

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, and other health information.

1 In the same report, the DEA also notes that seven of its field divisions reported that the availability of fentanyl had decreased by June 2020, while 10 field divisions reported price increases for heroin. The agency suggests that these fluctuations may be related to the pandemic and supply uncertainty due to state lockdowns, border restrictions, and other factors.
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 CDC estimates Delaware’s 2019 drug overdose mortality rate as 48 deaths per 100,000 residents, (CDC, n.d.), ranking second among the states and substantially higher than the national rate of 21.6 deaths per 100,000 (Hedegaard, Minino, & Warner, 2020). In 2020, fentanyl was identified in 372 of 447 overdose deaths and 94 involved heroin (Delaware Division of Forensic Science, 2021). 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 the previous year (Delaware Department of Health and Social Services, 2019).

Almost half of individuals admitted to publicly funded treatment programs in Delaware in 2019 listed heroin as their primary drug. An additional 7% of treatment admissions were primarily attributed to use of other opiates (Treatment Episode Data Set, 2019).

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. University of Delaware researchers have analyzed this data to create hotspot maps identifying areas in the state with higher rates of opioid prescriptions to help reduce the flow of pills to recreational users (Center for Drug and Health Studies [CDHS], 2017). 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). On a positive note, the rate of Delawareans filling opioid prescriptions has continued to decline since 2015, when it was 204 per 1,000 people to the 2020 rate of 120 per 1,000. Additionally, the rates of instant relief and high-dose opioid prescriptions being filled have declined since 2012 (Delaware Department of Health and Social Services, n.d.).

Data from the 2018-2019 NSDUH estimate that 3.45% of all Delawareans aged 12 and older and 3.28% of adults aged 26 and older have misused prescription pain relievers in the past year. The highest rate of misuse occurs among adults aged 18 to 25 (5.43%). These figures are comparable to national averages.

The 2020 Delaware School Survey data show that approximately 4% of 8th grade students report rates of lifetime misuse of prescription pain medications, a past year misuse rate of 3%,
and a past month misuse rate of 2%. Results from the same survey indicate that less than half (46%) of 8th graders perceive a great risk in misusing pain medications in ways other than prescribed. The 2019 Middle School Youth Risk Behavior Survey (YRBS) results show an increase in the rate of misuse between 2017 and 2019 from 2.5 to 3.5%, which should be monitored.

In 2020, there were 702 cases of infants with prenatal substance exposure (IPSE) reported in Delaware (Parker and Donahue, 2020), many of whom were exposed to opioids. (The topic of IPSE 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, 2018).
Data in Action: Overdose Deaths During the Pandemic

The pandemic has created conditions that can cause individuals with a substance use disorder to experience greater challenges than normal to their health and wellbeing. They may have decreased access to healthcare and housing and may be more vulnerable to exposure to COVID-19. The pandemic has produced other social conditions such as economic instability, social isolation, and mental health concerns that may contribute to vulnerability for substance misuse and overdose (Baumgartner and Radley, 2021).

The pandemic has also raised concerns regarding accessibility to medication-assisted treatment (MAT), with potential negative consequences for persons with substance use disorders. Since many stay-at-home orders were issued throughout the U.S. to slow the spread of the novel coronavirus and limit in person interactions, many MAT protocols and regulations also required changes (Partnership to End Addiction, 2020). In March of 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) eased some restrictions on MAT for opioids to reduce the number of in person visits for patients during the pandemic (SAMHSA, 2020). DEA-registered practitioners in the U.S. were permitted to issue prescriptions to patients, even if they had not conducted a face-to-face evaluation, as long as certain conditions were satisfied (SUNY Upstate Medical University, 2020). However, it was discovered that while existing patients could be served remotely, new patients had difficulty accessing MAT through telehealth (Bronfeld, 2021).

In addition, the pandemic appears to be associated with a disruption in the trade of illicit drugs, such as heroin. Patients who relapse may use strong or contaminated opioids with life threatening consequences (SUNY Upstate Medical University, 2020).

These factors likely contributed to the spike in overdose deaths in the U.S., which occurred after the start of the pandemic. In December 2020, the Health Alert Network issued a notification regarding a substantial acceleration in overdose deaths, many involving fentanyl and other synthetic opioids, occurring between March 2020 and May 2020. These coincided with the early days of stay-at-home orders and other COVID-19 mitigation measures. Although at a slower than national rate, drug overdose deaths also increased in Delaware with 450 occurring in 2020 (Ahmad et al., 2021). Similar to national overdose deaths, opioids account for the majority of drug overdose deaths in Delaware. The Delaware Division of Forensic Science 2020 Annual Report indicates that 372 fatal overdoses in 2020 involved the use of fentanyl and 94 involved the use of heroin. The opioid crisis clearly remains a significant issue in Delaware, especially as the pandemic continues. Looking forward, it is necessary to continue monitoring overdose rates as well as the potential impact of COVID-19.
2020 Delaware School Survey
Reported Prescription Painkiller Misusea
among Delaware 8th Graders
(in percentages)

Figure 1: Prescription painkiller misuse, 8th graders

<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>
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</thead>
<tbody>
<tr>
<td>STATEWIDE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>46</td>
</tr>
<tr>
<td>Females</td>
<td>3</td>
<td>2</td>
<td>-</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>50</td>
</tr>
</tbody>
</table>

Notes:
“.” indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.
a Misuse is defined in the DSS as use of prescription painkillers without a doctor’s prescription or in ways other than prescribed.
* Unless otherwise noted, all estimates are 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, 2002-2020
(in percentages)

Figure 2: Trends in past year prescription painkiller misuse, 8th and 11th graders

Notes:
* Misuse is defined in the DSS as use of prescription painkillers without a doctor’s prescription or in ways other than prescribed.
** In 2020, Delaware School Survey data was unavailable for 11th grade students.


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2019 Middle School Youth Risk Behavior Survey
Students Who Currently Took Prescription Pain Medicine Without a Doctor’s Prescription or Differently than Prescribed, * 2019

Figure 3: Students who misused prescription drugs, MS

Notes:
*Counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, during the 30 days before the survey
†B > W, H > W (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
This graph contains weighted results.

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2019 Middle School Youth Risk Behavior Survey
Students Who Currently Took Prescription Pain Medicine Without a Doctor’s Prescription or Differently than Prescribed,* 2017-2019 (in percentages)

Figure 4: Trends in students who misused prescription drugs, MS

Notes:
*Counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, during the 30 days before the survey
†Increased 2017-2019 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05).]


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# National Survey of Drug Use and Health

## Pain Reliever Misuse* in Past Year, by Age Group and Region

### 2017-2018 and 2018-2019

(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>
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<tr>
<td>Total U.S.</td>
<td>3.85</td>
<td>3.58</td>
<td>.000</td>
<td>2.93</td>
</tr>
<tr>
<td>Northeast</td>
<td>3.42</td>
<td>3.10</td>
<td>.014</td>
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<tr>
<td>Delaware</td>
<td>3.77</td>
<td>3.45</td>
<td>.253</td>
<td>2.79</td>
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</table>

Figure 5: Pain reliever misuse, past year, by age group and region

Notes:

* 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 2017-2018 and 2018-2019 population percentages.


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

Figure 6: National trends in annual prevalence of Vicodin misuse, 8th, 10th, and 12th grade

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

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

Figure 7: National trends in annual prevalence of OxyContin misuse, 8th, 10th, and 12th grade

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

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Delaware Prescription Monitoring Program, 2012-2020
Trends in People Filling Opioid Prescriptions in Delaware
(as a rate per 1,000 people)

Figure 8: 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, 2012-2020

Trends in People Filling Opioid Prescriptions in Delaware, by Prescription Category

(as a rate per 1,000 people)

![Graph showing trends in people filling opioid prescriptions in Delaware, by prescription category.]

<table>
<thead>
<tr>
<th>Year</th>
<th>High-dose*</th>
<th>Extended Release (ER)</th>
<th>Instant Release (IR)</th>
<th>Treatment-related</th>
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<td>2012</td>
<td>48</td>
<td>17</td>
<td>188</td>
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<td>2013</td>
<td>42</td>
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<td>2014</td>
<td>39</td>
<td>17</td>
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<td>2015</td>
<td>32</td>
<td>17</td>
<td>201</td>
<td>5</td>
</tr>
<tr>
<td>2016</td>
<td>28</td>
<td>15</td>
<td>192</td>
<td>5</td>
</tr>
<tr>
<td>2017</td>
<td>23</td>
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<td>2019</td>
<td>12</td>
<td>10</td>
<td>134</td>
<td>7</td>
</tr>
<tr>
<td>2020</td>
<td>9</td>
<td>8</td>
<td>119</td>
<td>7</td>
</tr>
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</table>

**Note:**
* 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


Substance Abuse and Mental Health Services Administration. (n.d.). [Table]. Delaware TEDS admissions aged 12 years and older, by primary substance use and gender, age at admission, race, and ethnicity: Percent, 2019.


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### Data Sources

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<td>Delaware Prescription Monitoring Program (PMP)</td>
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<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