



Delaware Drug and Alcohol Tracking Alliance (DDATA)

Gap Report 1 for Continuation Year



A Summary of Previous Findings on Delaware Youth at Disproportionate Risk (YDR)

and

Substance Use: Youth Sub-populations in Alternative Schools and Detention Centers

September 2014

Our Charge:

The Delaware Drug and Alcohol Tracking Alliance (DDATA) is charged with providing a quarterly assessment of gaps in services and programs. This is interpreted in two ways:

1. Are services/programs targeting the correct populations, as per data analyses, and
2. Are services/programs targeting the correct behaviors, as per data analyses.

Previous Gap Report Analyses and Findings:

Since this is the first Gap Report in the continuation Contract Year, a summary of previous Gap Report findings is presented here. With regards to sub-populations within the youth population, a previous gap-analysis report discussed relative need among students by race, gender, subs-state planning area, disability type, family situation (military or corrections involvement) and sexual orientation.

Among Delaware 8th graders there is not much difference in use of alcohol, marijuana or illicit prescription drugs across the four Sub-state Planning Areas. Hispanic/Latino 8th grade students appear to have somewhat higher rates of alcohol consumption and marijuana consumption than other racial/ethnic sub-populations. Students who have been identified by a health or education professional as having a physical, emotional or learning disability also are more likely to report substance use, as do students sharing some family contextual characteristic—children who had a family member in the military in the past year, children who had a family member incarcerated in the past year, and children who witnessed domestic violence in their homes within the

past year. Among 8th graders, each of these groups constitute a YDR (Youth at Disproportionate Risk) sub-population with children having a family member incarcerated in the past year at greatest risk level.

Among 11th graders, there appears to be even greater homogeneity in substance use behaviors across the four Sub-state Planning Areas. The sub-population which appears to be at greatest risk in both 8th and 11th grade is students who report they have had a family member incarcerated in the past year. Another YDR sub-population at significantly higher risk of substance use, identified at the high school level through analysis of the Delaware Youth Risk Behavior Survey (YRBS), is youth with a minority sexual orientation.

In summary, previous analyses of Delaware-specific data indicate that, while substance use is a universal problem among school-aged youth and all are in need of prevention services, there are some identifiable sub-populations which consistently demonstrate higher levels of need and may not be receiving services commensurate with that need. These include sexual minority students, students with disabilities, and students exposed to stressful home situations which include children of the incarcerated, children who have witnessed domestic violence and to a lesser degree, children in military families.

New Analyses for Current Gap Report:

Some YDR populations may be pre-identified by the rule that “people who engage in high risk behaviors engage in high risk behaviors,” which is to say that there is long-standing research supporting what was assumed as “common sense” before the research was done, that youth (and their elders as well) who are found to participate in one high risk behavior such as drinking alcohol, are, for whatever reasons, much more likely to report participating in other high risk behaviors such as drug use and/or violence and/or sexual risk behaviors than peers who do not drink alcohol. Therefore, those middle school and high school students who attend Delaware alternative schools and those being held in Delaware youth detention centers are expected to be more likely to report substance use than those in regular schools.

Although alternative school and detention center samples are small and hence analyses of their survey responses are inherently less reliable, this assumption is borne out by analyses of the Youth Risk Behavior Surveys administered across all three environments (statewide, alternative schools, detention centers). At the middle school level, prevalence rates for past 30 day alcohol use are two to three times higher for students in alternative schools and detention centers than those in regular schools; the increases are even greater for past 30 day marijuana use and for lifetime prescription

drug abuse. At the high school level, similar increases are noted in past 30 day marijuana use and lifetime prescription painkiller use. Alcohol rates do not increase at similar rates, and both past 30 day alcohol use and past 30 day marijuana use are higher in the alternative schools than in the detention centers—there is no known reason, but it is possible these substances are more difficult to obtain, use, and keep in these more restricted environments.

Middle School YRBS 2013	30-Day Alcohol	30-Day Marijuana	30-day Rx Drug Abuse (pain killer)	Lifetime use of Rx Drugs
State MS (n=3591)	9.6%	5.3%	N/A	4.4%
Alternative Schools MS(n= 40)	22.9%	17.1%	N/A	8.6%
Detention Centers MS (n=18)	35.7%	35.7%	N/A	37.5%

High School YRBS 2013	30-Day Alcohol	30-Day Marijuana	Lifetime Rx Drug Abuse (pain killer)	Past year use of Rx Drugs
State HS (n=2766)	37.5%	25.6%	15.5%	N/A
Alternative Schools HS (n=60)	47.3%	52.6%	35.8%	N/A
Detention Centers HS (n= 78)	33.8%	43.7%	52.3%	N/A

Since these students in alternative schools and detention centers do not have access to school nurses, Wellness Centers (school-based health centers) or, in some cases, health teachers, they do not have access to prevention programming provided through these outlets and yet they appear to have greater need of such programming.

Obstacles are imposed by need for parental permission or contact with parents (which in many cases is difficult to achieve), as well as by the temporary nature of the placement—students may be placed for days, weeks or months.

Non-sequential modular programming, allowing students to begin at any point and leave at any point, still benefiting from the program, might prove helpful. Another possibility might be to provide positive behavioral reinforcement commenced *in situ* and carried on through follow-up after the student returns to the home school/community. A third possibility might be to ensure that these students engage in positive community-based alternative activities during and after their placements in these environments where they are more likely to be surrounded by other students more at risk of substance use.

From the perspective of addressing the correct behavior within populations, the data suggest that attention be focused on prescription painkiller abuse, as one in three high schoolers in alternative schools and one in two in detention centers have used them without a prescription. The ratios of use of marijuana and painkillers for these alternative/detention students compared to students in regular schools is much higher than the ratio for alcohol use, and, in the case of painkillers, can be more deadly.