2019 DELAWARE STATE
EPIDEMIOLOGICAL PROFILE

SUBSTANCE USE AND RELATED ISSUES

Executive Summary

prepared for

Director Elizabeth Romero and the
Delaware Division of Substance Abuse and Mental Health

&

The Delaware State Epidemiological Outcomes Workgroup

with funding from the

Strategic Prevention Framework - Partnerships for Success Program

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Introduction:
The Role of the Delaware State Epidemiological Outcomes Workgroup and the Purpose of the Epidemiological Profile

All states, including Delaware, have received support from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) to establish a Statewide Epidemiological Outcomes Workgroup (SEOW). Some SEOWs, including Delaware’s, are incorporated as part of a SAMHSA Strategic Prevention Framework-State Incentive Grant (SPF-SIG) or Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grant. The Division of Substance Abuse and Mental Health (DSAMH) in the Delaware Health and Social Services has been the recipient of an SPF-SIG grant and, more recently, of a SPF-PFS grant. The SEOW is a group of people and organizations in the state that have and use analytical data concerning drug and alcohol use and abuse and related behaviors and consequences; this information can be used to establish and monitor indicators related to substance abuse prevention. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), Delaware’s SEOW mission is to bring data on substance abuse and related behavioral problems to the forefront of the prevention planning process by pursuing the following goals:

• To build monitoring and surveillance systems to identify, analyze, and profile data from state and local sources
• To provide current benchmarks, trends, and patterns of substance abuse consumption and consequences
• To create data-guided products that inform prevention planning and policies
• To train agencies and communities in understanding, using, and presenting data effectively

This report, the Delaware State Epidemiological Profile, was developed by the SEOW to disseminate data for strategic planning, decision-making, and evaluation. Using indicators that are available on an ongoing basis, the report briefly describes Delaware-specific patterns of consumption, context, consequences, and trends of substance use, especially among young people.

This is the Executive Summary of the 2019 Delaware Epidemiological Profile. The entire report and individual chapters are available, along with all SEOW data products, on the Center for Drug and Health Studies at the University of Delaware website.
SEOW Collaborators

Thank you for your participation and commitment to data-driven prevention planning, practice, and evaluation! We are especially grateful for the support from Director Elizabeth Romero and the team at the Delaware Division of Substance Abuse and Mental Health for their guidance and collaboration.

atTAcK Addiction
Christiana Care Health System
Delaware Academy of Medicine
Delaware Afterschool Network
Delaware Criminal Justice Council
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Courts - Office of the Child Advocate
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 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 Information and Analysis Center
Delaware Multicultural and Civic Organization
Delaware Prevention Coalition
Delaware State Police
Department of Safety and Homeland Security
Division of Alcohol and Tobacco Enforcement
Division of Forensic Science
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
Nemours Health and Prevention Services
Office of Controlled Substances
  Delaware Division of Professional Regulation
  Delaware Prescription Monitoring Program
Open Door Inc.
Wesley College
West End Neighborhood House
University of Delaware
  Student Health & Wellness Promotion

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Executive Summary

Each year, the Center for Drug and Health Studies at the University of Delaware, the facilitator of the State Epidemiological Outcomes Workgroup (SEOW), releases the Delaware State Epidemiological Profile, a project funded under the federal Strategic Prevention Framework-Partnerships for Success initiative. This report (2019) highlights the most recently available data on substance use among various populations across both Delaware and nationwide. Its information is intended to help decision-makers and stakeholders across the state accomplish goals related to needs assessments, strategic planning, and evaluation. This report includes the following chapters:

1. State Demographic Background
2. Tobacco and Electronic Cigarettes
3. Alcohol
4. Marijuana
5. Opioid Use and Other Trends
6. Other Illegal Drugs
7. Substance-Exposed Infants
8. Gambling
9. Mental Health
10. Persons with Disabilities (new to the report this year)
11. Adverse Childhood Experiences
12. Lesbian, Gay, Bisexual, and Questioning Youth
13. Transgender Youth
14. Protective Factors

State Demographic Background: Delaware is the United States’ second-smallest state; it has three counties (New Castle, Kent, and Sussex) and an estimated population of just under one million people. The northern part of the state is more densely populated than the two southern counties, which are largely rural. The median age of Delaware residents is slightly older than the national average, and the median household income is slightly higher, as well. Just over two-thirds of Delaware residents are white, nearly a quarter are African American, and almost 10% are Hispanic or Latinx (U.S. Census Bureau, n.d.). Much of Delaware is considered a Medically Underserved Area (Health Resources and Services Administration [HRSA], n.d.), with the entirety of Kent and Sussex counties fitting this criteria, as well as communities in southern and eastern New Castle County.

Tobacco/Electronic Cigarettes: While tobacco use is still a serious national and local issue that warrants substantial funding for education and prevention programming, data from five major
survey sources show that Delaware youth and adults have been reporting a steady decline in cigarette use since the late 1990s. Data from the Delaware School Survey (DSS) show that 20 years ago, more than a third of Delaware’s 11th graders reported regularly using cigarettes; today, only about 3% of 11th graders report current past-month cigarette usage. Youth report a greater use of e-cigarettes and other electronic vaping devices than traditional tobacco products. While the perception may be that these devices are safer alternatives to cigarette smoking and other forms of tobacco use, e-cigarette use can still lead to health complications, including an increased likelihood of using other tobacco products (Office of the Surgeon General, 2016).

**Alcohol:** Alcohol use is a major concern that presents real public health risks and social costs. Data from the most recent DSS and Youth Risk Behavior Surveys (YRBS) show that alcohol remains the most commonly reported substance used by students across the state. Driving while intoxicated is a major public health concern associated with alcohol. Alcohol was involved in a substantial number of fatal car crashes across all three counties in Delaware (Delaware State Police, 2018). In 2018, nearly 15% of 11th graders reported that they had driven a car after drinking (Delaware School Survey [DSS], 2018). Heavy drinking can also lead to serious health complications, including diseases of the liver and pancreas and various cancers. Adults in the 18-25-year-old age range have the highest rate of binge drinking of any age group (National Survey on Drug Use and Health [NSDUH], 2018). Overall, adults in Delaware tend to report drinking alcohol at rates comparable to national estimates (NSDUH, 2018; Behavioral Risk Factor Surveillance System [BRFSS], 2018).

**Marijuana:** Over the past couple decades, states have enacted various laws that have changed the legal status of marijuana. Delaware currently permits medical marijuana for certain conditions and, since 2015, has decriminalized the possession of small amounts of marijuana by adults. Lawmakers have proposed legislation to legalize adult recreational marijuana use, although it has not yet passed (Bittle, 2019). Given the shifting legal status of marijuana, the perception of risk of harm from marijuana usage has declined among students surveyed by the DSS over the past decade, while rates of use among high school students have increased. Alternate methods of ingesting marijuana have become more popular among youth in Delaware, including vaping, edibles, and marijuana concentrates. The use of marijuana concentrates is particularly concerning because of the high potency of tetrahydrocannabinol (THC) in these products (Carlini, Garrett, & Harwick, 2017). To date, there is little data that measures the use of these concentrates.

**Opioid Use and Other Trends:** Delaware has been hit hard by the opioid epidemic. In 2017, Delaware had the fifth-highest overdose death rate of the 50 states and District of Columbia (CDC, n.d.), and overdose deaths in the state have increased since that time. Treatment data from the U.S. Department of Health and Human Services indicate that heroin was the primary drug used in half of all substance use treatment admissions in Delaware in 2018 (Treatment Episode Data Set, 2018). Among students surveyed by the DSS, prescription painkillers are the second-most misused category of illicit drugs, after marijuana. DSS data from 2018 indicate a slow decline in both 8th and 11th graders’ self-reported past-month misuse of prescription
painkillers. Roughly 5% of Delaware 11th graders in 2018 reported ever misusing prescription painkillers.

**Other Illegal Drugs:** The bulk of this epidemiological report focuses on the four major substances outlined above: alcohol, tobacco, marijuana, and opiates. These are not the only drugs misused by Delawareans; illicit drug use also includes cocaine and crack, hallucinogens, inhalants, and the nonmedical use of other prescription drugs. When excluding marijuana, the largest category of illicit drugs used by Delaware students remains any prescription drug used in ways other than prescribed, including stimulants, benzodiazepines, opioids, sleeping medications, and other prescription drugs that are commonly abused. Cocaine is a specific illicit drug of concern, and nationally, nearly one in five drug overdose deaths involved cocaine in 2017 (Centers for Disease Control and Prevention [CDC], n.d.). There are increasing reports of fentanyl, a potent synthetic opiate, being found in cocaine and other pills sold illicitly (Hedegaard, Warner, & Menio, 2017).

**Substance-Exposed Infants:** Infants are a special population that can be uniquely impacted by substance use. Substance-exposed infants (SEI) are babies born after exposure to illicit drugs or alcohol. Heavy prenatal substance exposure can lead to conditions such as neonatal abstinence syndrome, fetal alcohol spectrum disorders, or other developmental delays. Prenatal exposure has the potential to create additional health issues during infancy and later in life, especially if the child’s parents or caregivers engage in continued substance use after birth. In 2017, there were 450 prenatally exposed infants reported to the Delaware Division of Family Services. Among infants exposed to a single substance, marijuana exposure was the most prevalent. For those infants exposed to two or more substances, opioids were the most commonly identified substance.

**Gambling:** Gambling has become an area of interest. Most forms of gambling are legal in Delaware, with three casinos across the state and sports betting recently legalized. While many people can enjoy gambling harmlessly, for others, problem gambling and gambling disorders can present numerous challenges and negative consequences. There is evidence that gambling disorders often co-occur with other mental health and substance use disorders among adults (Petry, Stinson, & Grant, 2005; Martin, Usdan, Cremeens, Vail-Smith, 2014). Data from the Delaware YRBS suggest that there may be a correlation between gambling behavior and youth substance use as well: among both middle and high school students, those who reported gambling in the past year tended to report using substances at higher rates than their non-gambling peers.

**Mental Health:** With respect to the overall mental health of Delaware residents, nearly 16% of adults report receiving mental health care in the past year, while close to 19% report experiencing some symptoms of mental illness in this time (SAMHSA, 2018). Sussex County in particular has been recognized as a high-priority area, with a shortage of mental health facilities (HRSA, n.d.). Data from the latest YRBS survey show that more than a quarter of Delaware high school students reported feeling sad or hopeless for at least two weeks in the past year, and about 14% had purposefully cut or hurt themselves in the past year. Among adults, approximately 4% report seriously considering suicide in the past year (Substance Abuse and
Mental Health Services Administration [SAMHSA], 2018). These data indicate that there is a need for mental health services across all age groups.

Persons with Disabilities: New to the epidemiological report this year is a chapter on persons with disabilities. It is likely that Delaware’s behavioral health systems come into contact with a disproportionate number of people with disabilities. Data related to disability status, however, are not routinely collected in prevention, treatment, and mental health service settings, so it is difficult to estimate the true prevalence of disabilities across the population. Most available data are self-reported and come from statewide and national surveys; these estimates suggest that people with disabilities experience increased rates of substance use in Delaware and exhibit poorer indicators of mental health. Young people with disabilities report experiencing bullying in school at higher rates than their peers without disabilities.

Adverse Childhood Experiences: The role of adverse childhood experiences (ACEs) on health and life course outcomes is a topic of concern within the prevention field. ACEs are traumatic events or conditions such as abuse, neglect, or parental separation that, when experienced in childhood, can have long-lasting negative impacts on individuals. Furthermore, experiencing one type of trauma increases the risk of experiencing additional traumas, and multiple individual ACEs can have a compounded impact. The National Survey of Children’s Health found that nearly half of all Delaware children have experienced at least one ACE: the three most common are divorce/parental separation, economic hardship, and parental incarceration. Results from the 2017 YRBS survey indicate that high school students who have experienced trauma report higher rates of all substance use, as well as indicators of poor mental health such as self-harm and suicide attempts.

Lesbian, Gay, Bisexual, and Questioning Youth: In 2017, 14% of high school students identified as lesbian, gay, bisexual, questioning (LGBQ). Survey results indicate that LGBQ-identifying youth report significantly higher rates of past-month substance use than their peers who identify as heterosexual. LGBQ students are also at elevated risk for self-harm and suicide.

Transgender Youth: In 2017, for the first time, the YRBS asked students whether they identified as transgender. Just over 1% of students reported that they identified as transgender. While this population sample size is too small at present to conduct further analysis, compiling multiple years of data, or partnering with other states, may provide enough data to look at the health behaviors of this population in future years.

Protective Factors: While childhood trauma can function as a risk factor for substance use and other health risk behaviors, it is important to recognize other conditions that can function as protective factors against risky behavior for young people. A special section of the report focuses specifically on the role of protective factors at the individual, family, peer, and community level. Data from the 2017 YRBS indicate that middle and high school students who reported the following characteristics—good grades in school, feelings of support and connectedness at school, consistent discipline and structure at home, engaged parents, and a peer group that believes substance use is wrong—also reported lower consumption of substances. Prevention
programming in schools and communities may be more successful if it focuses on bolstering these types of protective factors among youth.

The Delaware State Epidemiological Profile is a comprehensive and robust document containing a wealth of information originating from primary data collected by the Center for Drug and Health Studies and other state and national resources. The findings from this report can serve as a powerful tool for stakeholders to make informed decisions and to implement policies and interventions that are responsive to the health needs of Delaware’s residents.
References

About Delaware


Tobacco


Centers for Disease Control and Prevention. (n.d.). [Table]. Age-adjusted percentages (with standard errors) of current cigarette smoking status among adults aged 18 and over, by selected characteristics: United States, 2016. *Summary Health Statistics: National*


**Alcohol**


Fentiman, Linda C. "In the Name of Fetal Protection: Why American Prosecutors Pursue Pregnant Drug Users (and Other Countries Don’t)." Columbia Journal of Gender and Law, Summer 2009.


Substance Abuse and Mental Health 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 October 1, 2019 from https://wwwdasis.samhsa.gov/webt/newmapv1.htm#


**Marijuana**


Substance Abuse and Mental Health 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 October 1, 2019 from https://wwdasis.samhsa.gov/webt/newmapv1.htm#


**Opioids**


Substance Abuse and Mental Health 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 October 1, 2019 from https://wwwdasis.samhsa.gov/webt/newmapv1.htm#

https://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf


**Other Illicit Drugs**


Substance Abuse and Mental Health 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 October 1, 2019 from https://wwwdasis.samhsa.gov/webt/newmapv1.htm#

**Substance Exposed Infant Births**


**Gambling**


**Mental Health**


**Persons with Disabilities**


Hong, Y, Geraci, M., Turk, M. A., Love, B. L., McDermott, S. (2019). Opioid prescribing patterns for adults with longstanding disability and inflammatory conditions compared to other
users, using a nationally representative sample. *Archives of Physical Medicine and Rehabilitation, 100.*


**Adverse Childhood Experiences**


**Lesbian, Gay, Bisexual and Questioning Youth**


**Transgender Youth**


**Risk and Protective Factors**


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<td>Monitoring the Future</td>
<td>University of Michigan</td>
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<td>National Poisoning Data System</td>
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<td>Performance Measures, Delaware</td>
<td>National Highway Safety Administration</td>
<td>2017</td>
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In addition to the data sources for the figures and tables in the 2019 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- Delaware Health Tracker
- Health Resources and Services Administration
- Kaiser Family Foundation
- PolicyMap
- Prescription Behavior Surveillance System at Brandeis University
- Tobacco21.org
- U.S. Department of Health and Human Services
- U.S. Census Bureau