



The 2022 Delaware Epidemiological Profile

Substance Use, Mental Health, and Related Issues

prepared for

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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 funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). Please address all inquiries to M.J. Scales, MPH, CPS, University of Delaware Center for Drug and Health Studies, Department of Sociology and Criminal Justice: mjscales@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 approximately 55 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 efforts 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.

To review the individual chapters, slides, and infographics that accompany this report as well as 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

Beebe Healthcare

Children and Families First

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 Corrections

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 Overdose System of Care

Delaware Prevention Coalition
Delaware State Board of Education
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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
Network Connect
New Castle County Behavioral Health Unit
New Castle County Police Department
Planned Parenthood of Delaware
Red Clay Consolidated School District
Sun Behavioral Delaware
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Trauma Matters Delaware
United States Department of Justice
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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.

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Notes: 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 (i.e., 30 or above).
- **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.
 - 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](#).
- The 2021 Delaware School Survey (DSS) is administered annually to students in 5th, 8th, and 11th grades of participating public schools. There is one version designed for 5th graders and a secondary version for 8th and 11th graders. These data are important for monitoring behavioral health among youth and are included throughout the report. The sample sizes for the 2021 DSS are:
 - 5th grade: 2,601
 - 8th grade: 2,896
 - 11th grade: 1,597
- Pandemic Impacts on Data Collection: Since 2020, the COVID-19 pandemic has greatly affected data collection of all kinds. This report compiles the most recently accessible state and national data available to provide a comprehensive profile of behavioral health in Delaware. Given that the timing and methods of various data survey administrations may have changed within the past several years, it will be important to consider this when interpreting trends.
 - Prior to the onset of the COVID-19 pandemic, the Delaware School Survey was administered at participating schools in person and using paper and pencil copies. To accommodate the new pandemic-related protocols that were put in place when in person learning resumed, in 2021, the survey was administered to students using an online format. Data from the 2021 survey should be interpreted with this in mind, especially when comparing trends against previous years, as changes in the survey format may impact student participation in unknown ways.

A Note on Word Choice Used in this Report:

Language frames how we collectively think about behavioral health and is continuously evolving. The SEOW Facilitator Team strives to use word choices that are accurate, respectful, free of stigma, strength-based, trauma-informed, and inclusive and culturally sensitive in our data products. However, much of the data and information we report are drawn from other sources. To preserve accuracy, whenever possible, we use the words, phrases, and data labels that are

used in the original sources even if these terms are not necessarily the terms we would use as researchers, practitioners, or prevention specialists. When it is necessary to edit an SEOW product in a way that uses different terminology from the original data source, we include the original phrasing in the accompanying notes.

2022 DELAWARE STATE EPIDEMIOLOGICAL PROFILE SUBSTANCE USE AND RELATED ISSUES

Executive Summary

Introduction

Each year, the Center for Drug and Health Studies at the University of Delaware (CDHS), the facilitator of the State Epidemiological Outcomes Workgroup (SEOW)¹, releases the Delaware State Epidemiological Profile which highlights the most recently available data on behavioral health among various populations in Delaware and nationwide. The 2022 Profile includes the following chapters:

- About Delaware: State Demographic Background and a Snapshot of Substance Use
- Tobacco and Electronic Cigarettes (Vaping)
- Alcohol
- Marijuana
- Opioid Use
- Other Illegal Drugs
- Infants with Prenatal Substance Exposure
- Gambling
- Mental Health and Wellness
- Persons with Disabilities
- Adverse Childhood Experiences and Other Trauma
- Gender and Sexuality
- Protective Factors

The Delaware State Epidemiological Profile is a comprehensive and robust document which incorporates data from approximately 45 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 responsive to the health needs of Delaware's residents. It is intended to help prevention advocates, service providers, and others secure funding and accomplish goals related to needs assessments, strategic planning, evaluation, and research.

The first chapter provides an overview of demographic and other characteristics of Delaware. Subsequent chapters provide data relevant to specific types of substance use, crosscutting issues, and populations who experience disproportionate rates of risk. This Executive Summary includes

¹ The SEOW project was originally established with funding under the federal Strategic Prevention Framework initiative on behalf of the Delaware Division of Substance Abuse and Mental Health.

a synopsis of highlights on each topic including notable trends. When observed, associations between population characteristics and rates of behaviors are reported. However, it is important to note that while there is often a strong statistical association between substance use, risk behaviors, and other measured indicators, this does not necessarily mean that there is a causal relationship between these variables in all instances, and there may be additional unobserved indicators that also influence the outcome.

Chapter Highlights

State Demographic Background: Delaware is the second-smallest state in the U.S. For the first time in July 2021 the estimated population topped 1 million people residing among its three counties, representing a 10% increase in the past decade (U.S. Census Bureau, n.d.). The northern part of the state (New Castle County) is more densely populated than the two southern counties (Kent and Sussex), which are predominantly rural. Approximately one in five residents are under the age of 18 with a similar percentage aged 65 and older. The state has become more diverse since 2010: 68.4% of residents identify as White; 23.6% as Black or African American; 0.7% as American Indian and Alaska Native; 4.2% as Asian; 0.1% as Native Hawaiian or Other Pacific Islander; 2.9% as two or more races; and 8.9% as some other race alone or in combination. One in ten Delawareans are Hispanic or Latino/a/x, and 13.4% report speaking a language other than English at home. There are 65,000 veterans living in Delaware. Nearly one in ten residents is foreign-born and nearly one in ten residents under age 65 report having a disability (U.S. Census Bureau, n.d.).

According to the U.S. Census Bureau (n.d.), the median household income for the state is \$69,110 and approximately 92% of state residents have some form of health insurance. One in ten residents lives in poverty. In November 2021, 58,034 Delaware families received assistance from the Supplemental Nutrition Assistance Program (KIDS COUNT in Delaware, Annie E. Casey Foundation, 2022). According to the U.S. Bureau of Labor Statistics, in July 2022, Delaware's seasonally adjusted unemployment rate was 4.5%, down from 5.6% at the same time in 2021 and considerably lower than when the state experienced a dramatic rise in unemployment due to the onset of the COVID-19 pandemic.

Much of Delaware is considered a [Medically Underserved Area](#) (Health Resources and Services Administration, n.d.), with all of Kent and Sussex Counties fitting the criteria, as well as communities in southern and eastern New Castle County. Delaware is currently ranked 10th throughout the U.S. with 296.2 primary care providers per 100,000 population. The state ranks 20th in access to mental health providers and 50th in access to dental care. Multiple chronic conditions, adverse childhood experiences (ACEs), premature death, obesity, low birth weight, violent crime, and preventable hospitalizations are core measures with negative impacts on Delaware's health (United Health Foundation [UHF], n.d.). According to America's Health Rankings, in 2020, 12.3% of Delaware adults reported they experienced frequent mental distress (United Health Foundation [UHF], n.d.). Coupled with under-resourced service areas, this

amplifies the need for preventive health services, including strategies to bolster behavioral health.

Tobacco/Electronic Cigarettes: While tobacco use remains a serious health issue, data from five major survey sources show that Delaware youth and adults continue reporting a steady decline in cigarette use since the late 1990s. At that time, a third of Delaware’s 11th graders and one in five 8th graders reported regularly using cigarettes (Delaware School Survey [DSS], 1999). These rates dropped to 3% among 11th graders by 2019 and 1% among 8th graders as of 2020, the most recent years for which sufficient data is available from the Delaware School Survey (DSS). Of concern, however, the perception of the risk of smoking has also decreased over time. Less than half of 8th graders perceive there is a great risk of harm from smoking a pack of cigarettes per day; this is the first time that rate has dipped to below half of all 8th graders in 20 years.

Though the decline in cigarette use is promising, over the past decade the use of e-cigarettes or vaping devices has increased, possibly due to the perception that these products are safer alternatives to cigarettes. However, Middle School Youth Risk Behavior Survey trend data as well as DSS data suggests that the rate of vaping is declining. The 2021 DSS shows a decline in past month vaping rates among 11th graders, from a peak of 18% in 2019 to 7% in 2021. Youth survey administration methods have changed from an in person to online method due to the pandemic in recent years, which may account for some changes in trends; however, the decline in vaping rates may also be due to the success of vaping prevention efforts throughout Delaware.

Alcohol: The consequences of excessive alcohol use are considerable. The CDC Alcohol-Related Disease Impact (ARDI) portal estimates that on average, between 2015 and 2019, 466 deaths in Delaware were annually attributable to chronic or acute causes related to such use. In 2021, 4% of all traffic crashes in Delaware were alcohol-related. In all, there were 42 fatalities and 650 injuries associated with alcohol involved accidents and 2,886 driving under the influence (DUI) arrests were made statewide (Delaware State Police, Delaware Information and Analysis Center, 2022).

Overall, adults in Delaware tend to consume alcohol at rates comparable to national estimates, with 51.1% reporting current use (Behavioral Risk Factor Surveillance System [BRFSS], 2020). Thirty percent of Delaware adults between the ages of 18 and 25 reported binge drinking within the previous month (National Survey on Drug Use and Health, 2019-2020). In 2019, the Treatment Episode Data Set (TEDS) indicates that alcohol was the primary substance reported at admission among 10.7 % of clients receiving publicly funded treatment in Delaware, and it was identified as a secondary substance in another 8.2% of admissions.

Data from the most recent Delaware School Survey (DSS) and Youth Risk Behavior Surveys (YRBS) illustrate that alcohol remains the most commonly reported substance used by students. The 2021 Delaware School Survey (DSS) indicates that 18% of 8th graders drank alcohol at some point in their lifetime, 12% used it in the past year, and 5% had at least one drink in the past month. Nearly four in ten 11th graders reported that they drank alcohol at some time in their life, 31% have had alcohol in the past year, and 13% in the past month. While alcohol use continues to mirror declining national trends, student surveys show that too many students still do not

adequately understand the risks involved with alcohol consumption. Only 43% of Delaware 11th graders surveyed indicated that they believed there is a great risk in binge drinking, and 4% reported recent binge drinking. In the same survey, 9% reported drinking and driving at some time in their life, while 7% reported drinking and driving in the past year. Of note, only 37% of 8th graders identified binge drinking as a great risk, a rate lower than that among 11th graders. Perhaps even more concerning is that only 13% of 5th graders perceived “a lot of risk” from trying alcohol and 39% perceived similar risk for daily use. These younger students reported a lifetime rate of 8% and a past year rate of 2%.

Marijuana: Over the past couple of decades, states have enacted various laws that have changed the legal status of marijuana. Delaware currently permits medical marijuana for certain conditions and has decriminalized the possession of small amounts of marijuana by adults but recreational marijuana has not yet been legalized. The perception of risk of harm from marijuana use has declined among Delaware students since 1999. By 2021, the rate of 11th graders who perceived regular use as a great risk had dropped to 24% and to only one in three among 8th graders.

Marijuana remains a popular substance for youth. Trends in past month use among Delaware students had remained relatively stable until 2021. For the past 20 years, rates of past month use reported by 11th graders on the Delaware School Survey (DSS) fluctuated between 22% and 28%, with a rate of 24% in 2019. In 2021, the rate dropped to 11%. Approximately one in five students reported using marijuana in the past year and 5% reported heavy use (defined as using marijuana six times or more in the previous month). The average age of first use among 11th graders dropped to 14.7 years of age, nearly half a year younger than that reported in 2019.² The past month marijuana use rate among 8th grade students also declined, dropping to 4% in 2021 from 7% in 2020. The rates of marijuana use have dropped in the past year across various age groups according to national as well as state surveys. But it is unclear if these declines reflect changes in data collection strategies, sample sizes, response rates, or other factors related to the COVID-19 pandemic. It will be necessary to monitor marijuana and other substance use rates in the coming years to determine if these are true declines or due to recent unusual circumstances.

In Delaware, young adults aged 18 to 25 reported a past year use rate of nearly 37% and a monthly rate of nearly 22% on the 2019-2020 National Survey on Drug Use and Health (NSDUH).

Opioid Use: The CDC estimates Delaware’s 2020 drug overdose mortality rate involving any opioid as 44.4 deaths per 100,000 residents, ranking third among the 29 jurisdictions reporting and substantially higher than the national rate of 25.4 deaths per 100,000 (CDC, n.d.). In 2021, fentanyl was identified in 425 of 515 overdose deaths and 68 involved heroin (Delaware Division of Forensic Science [DFS], 2022). DFS also reports that fentanyl and fentanyl analogs are the most commonly identified substances in postmortem overdose toxicology analysis (DFS, 2022). 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

² Due to the COVID-19 pandemic and subsequent shift to remote education, the Delaware School Survey was not administered to 11th grade students in 2020.

to use of other opiates (Treatment Episode Data Set, 2019). Results of the 2019-2020 National Survey on Drug Use and Health (NSDUH) estimate that 3.34% of all Delawareans aged 12 and older and 3.39% 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 (4.29%).

Among Delaware youth, in 2021, 4% of 8th grade students reported rates of lifetime misuse of pain medication and 2% reported past year misuse. Only half perceived a great risk in misuse of prescription medications in ways other than prescribed (Delaware School Survey [DSS], 2021). Eleventh graders responding to the 2021 DSS reported a 3% lifetime rate of misuse of prescription pain medications while 57% perceived a great risk for any prescription misuse.

On a positive note, the rate of Delawareans filling opioid prescriptions has declined since 2015, from 204 per 1,000 people to the 2021 rate of 124 per 1,000; however, this does represent a slight uptick since the rate of 122 per 1,000 reported in 2020. 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.).

Other Illegal Drugs: According to the National Survey on Drug Use and Health (NSDUH) 2019-2020 estimates, in Delaware, approximately 4% of all people aged 12 and over used an illicit drug in the past month.³ The NSDUH also estimates that approximately 1.75% of Delaware adults age 12 and older have used cocaine in the past year, with adults aged 18 to 25 reporting highest rates of use (6.30%). Cocaine has been increasingly identified in overdose deaths in Delaware since 2016. In 2021, 221 overdose deaths involved cocaine compared to 152 reported in 2020 and was found in more than one in five postmortem cases (Division of Forensic Science, 2022). Approximately 5% of all drug treatment admissions to publicly funded treatment programs in the state were primarily due to cocaine use (Treatment Episode Data Set [TEDS], 2019).

Three percent of 8th grade students reported using synthetic marijuana at least once in their lifetime and 2% in the past year on the 2021 Delaware School Survey. Among 11th graders, 6% reported using the substance at least once in their lifetime while 4% indicated use in the past year.

The 2021 Delaware School Survey (DSS) also indicates that 2% of 8th grade students reported use of an illicit drug other than marijuana in the past year and 4% at some time in their life. Seven percent reported misuse of prescription medication (including pain medication) within the previous year. Eleventh graders also reported 9% lifetime and 5% past year rates of illicit drug use other than marijuana in 2021. Three percent of both 8th and 11th grade students reported misusing an over-the-counter drug in the previous year.

Infants with Prenatal Substance Exposure (IPSE): Infants are a special population that can be uniquely impacted by substance use. Heavy prenatal substance exposure can lead to conditions such as neonatal abstinence syndrome, fetal alcohol spectrum disorders, or other developmental

³ The National Survey on Drug Use and Health includes the following in this calculation: misuse of prescription psychotherapeutics, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. It does not include marijuana.

delays, and has the potential to create additional health issues during infancy and later in life. In 2020, there were 702 cases of infants with prenatal exposure reported in Delaware with marijuana the most commonly identified substance in cases involving one or two substances. In cases of polysubstance exposure (three or more substances present at birth) opioids followed by methadone, fentanyl, and cocaine were most commonly identified. Fentanyl exposure has increased and was identified in 72 or approximately 10% of IPSE births in 2020. Notably, 40% of the mothers who gave birth to prenatally substance exposed infants reported that they themselves have a history of involvement with family services as a youth or a history of childhood trauma and 56% reported having a mental health condition. Early, coordinated intervention and family support are critical to ameliorating negative impacts of prenatal substance exposure. In 2020, plans of safe care were established for 653 of the 702 infants born with prenatal substance exposure; with these supports, 88% of infants were able to remain in the home with the mother at the time of discharge (Delaware Office of the Child Advocate, 2021).

According to the Agency for Healthcare Research and Quality (AHRQ), Delaware rates of neonatal abstinence syndrome have been on the decline since 2016, from 26.4 per 1,000 newborn hospitalizations to 18.8 per 1,000 in 2019. However, this is nearly three times the national rate and Delaware ranks among the highest in the U.S. (Agency for Healthcare Research and Quality, 2021).

Gambling: Gambling has become an area of interest among prevention specialists. Most forms of gambling are legal in Delaware, with three casinos across the state and legalized sports betting. 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). In 2021, 42% of 5th grade students reported on the Delaware School Survey (DSS) that they had gambled at some point in the previous year. Among 8th graders who responded to the 2020 DSS (the most recent administration of the survey to include gambling questions for this age group), approximately half (51%) reported that they gambled at least once in the past year. Male students reported higher rates of gambling than female students. Students who reported past year gambling were three times as likely to report past year rates of alcohol and marijuana use and lifetime misuse of prescription pain medicine.

Mental Health and Wellness: According to the Centers for Disease Control and Prevention (CDC), more than half of all people in the U.S. will be diagnosed with a mental illness or disorder at some time (CDC, n.d). Mental health problems and substance use disorders often co-occur (National Institute of Drug Abuse, 2020). Findings from the 2019-2020 National Survey on Drug Use and Health (NSDUH) estimates that in the year prior to the survey: approximately 20% of Delaware adults aged 18 and over experienced *any* mental illness; approximately 5.4% experienced a *serious* mental illness; approximately 8.4% experienced a major depressive episode; and one in 20 had serious thoughts of suicide (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). In 2020, 12.3% of Delaware adults experienced frequent mental distress with younger adults (aged 18 to 44) being the most affected (United Health Foundation [UHF], n.d.).

The age-adjusted suicide rate for Delaware in 2019 was 11.3 deaths per 100,000 (Delaware Department of Health and Social Services, Division of Public Health, n.d.) and there were 138 suicide deaths in the state in 2021 (Delaware Division of Forensic Science, 2022).

Among Delaware youth, in 2017, one in four high school students reported feeling sad or hopeless almost every day for two weeks or more in a row in the previous year (Delaware High School Youth Risk Behavior Survey [YRBS], 2017). Seven percent reported that they had attempted suicide the prior year, which is similar to national YRBS rates. In 2019, 11% of Delaware middle school students reported that they had purposely hurt themselves without wanting to die during the previous year (Delaware Middle School YRBS, 2019). The Delaware School Survey (DSS) also includes questions regarding students' mental health. In 2021, 28% of 8th graders reported symptoms of anxiety on more than half of the days in the previous two weeks and 22% reported feelings of depression, rates slightly higher than those reported in 2020. Eleventh grade students reported similar rates of anxiety and depression symptoms (29% and 24%, respectively). Female students reported substantially higher rates of such symptoms across both age groups.

Although comprehensive Delaware data is not yet available on mental health throughout the COVID-19 pandemic, several national studies suggest that many people have experienced higher levels of distress since the start of the pandemic, a period also marked by social and political unrest and economic uncertainty (American Psychological Association, 2021; Rapid Assessment of Pandemic Impact on Development – Early Childhood [RAPID-EC], 2021, Czeisler et al., 2021). The [Household Pulse Survey](#), a collaboration of the U.S. Census Bureau, the National Center for Health Statistics, and other federal agencies, was designed to provide “real time” data on the health and social impacts of the COVID-19 pandemic. From July 2021 through July 2022, the rates of past week anxiety among Delawareans have hovered between 22% and 30% and rates of past week depression have ranged between 16% and 26%. Both trends roughly parallel national rates for the past year.

Persons with Disabilities: Despite definitional variations and other challenges to collecting data regarding persons with disabilities and their needs, existing research indicates that these individuals often face significant health disparities in comparison to the general population, including disparate health outcomes and reduced healthcare access (Okoro, Hollis, Cyrus, & Griffin-Blake, 2018). Additional national research indicates that disparities also exist in rates of substance use (Glazier & Kling, 2013) and prescribing of opioids (Hong, Geraci, Turk, Love, McDermott, 2019). Prevalence estimates of persons with disabilities in Delaware range from 13.3% to 23.8% (U.S. Census Bureau, 2016-2020; Behavioral Risk Factor Surveillance System [BRFSS], 2020). Delaware adults with disabilities experience considerably higher rates of smoking and e-cigarette use, and depression than persons without disabilities, according to the 2020 BRFSS results (CDC, [Disability and Health Data System](#), n.d.).

The [National Survey of Children’s Health](#) (2019-2020) indicates that 14.8% of children in Delaware have one functional difficulty⁴ and 11.4% have two or more. The Delaware Department of Education (DOE, n.d.) reports that 16.86% of students currently enrolled in public schools have a disability. Youth survey data also indicate elevated risk of adverse outcomes for students who have a disability compared to students who do not. More than one-third of 8th and 11th grade students responding to the 2021 Delaware School Survey reported having a disability.⁵ Of note, females at both grade levels were more likely to report having a disability. Similar to adults, students who reported having a disability also reported higher rates of substance use and poorer mental health outcomes.⁶

Adverse Childhood Experiences (ACEs) and Other Trauma: The [American Psychological Association](#) defines trauma as an “emotional response to a terrible event like an accident, rape, or natural disaster.” It can be experienced directly or indirectly. Adverse childhood experiences (ACEs) are traumatic events or conditions such as abuse, neglect, or parental divorce or separation that, when experienced in childhood, can result in toxic stress and may have lifelong impacts (Trauma Matters Delaware, n.d.; Center on the Developing Child, Harvard University, n.d.; Brown et al., 2009). Without intervention and support, children who experience traumatic events are likely to have increased health problems throughout their lives—lives that are likely to be shorter than the lives of others (Centers for Disease Control and Prevention [CDC], n.d.).

In 2019, the Delaware Behavioral Risk Factor Surveillance System (BRFSS) survey revealed that approximately two out of three adults experienced at least one ACE, with 43.3% experiencing two or more. The most common ACE was living with divorced or separated parents (28.5%), followed by living with a problem drinker (23.5%), exposure to domestic violence (18%), and living with someone with a mental illness (17.3%).

Findings from the National Survey of Children’s Health (2016-2019) indicate that approximately 43% of Delaware youth were exposed to at least one ACE, most commonly having divorced or separated parents, experiencing economic hardship, living with a person with a substance use disorder, and having an incarcerated parent. More than one in five (21.9%) of Delaware youth have been exposed to two or more ACEs, and youth who are Black (non-Hispanic), whose parents were born outside of the U.S., who are poor, or who have special healthcare needs have

⁴ Functional difficulty, as defined by the National Survey of Children’s Health, requires one of 12 of the following conditions: frequent or chronic respiratory problems (past year); difficulty eating or swallowing (past year); stomach/intestinal problems (past year); repeated or chronic pain, including headaches (past year); difficulty using hands (0-5 years); difficulty with coordination and movement (0-5 years); serious difficulty concentrating, remembering, or making decisions (6-17 years); serious difficulty walking or climbing stairs (6-17 years); difficulty dressing or bathing (6-17 years); difficulty doing errands alone (12-17 years); deafness/hearing problems; and blindness or vision difficulties even when wearing glasses.

⁵ Disability status from the Delaware School Survey includes having a serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability.

⁶ The Delaware School Survey analysis highlighted in this report incorporates responses from students who self-identify as having a disability as well as those who reported that they have been diagnosed with a physical, mental, or emotional disability by a medical professional.

experienced higher rates of ACEs. Conversely, children in families with high levels of resilience were less likely to have been exposed to multiple ACEs⁷ (Hussaini, 2021).

In 2021, 9% of 5th grade participants in the Delaware School Survey (DSS) reported being in a fight in their neighborhood, 4% reported being in a fight at school within the previous year, and 6% reported being bullied within the past month. Seven percent of 5th graders reported that an adult family member had been in jail or prison within the past year. Two out of three 8th graders reported experiencing at least one ACE, and nearly one in four revealed having exposure to three or more. Most commonly, students reported being bullied (29%), living with someone with mental illness (25%), living with someone with a substance use disorder (24%), and witnessing violence at home (22%). Nearly one in five (19%) had been or knew someone who was the victim of gun violence; the same percentage reported being hit by another teen. Twenty-five percent of 11th grade DSS participants reported exposure to one ACE and 28% reported experiencing three or more. One in three 11th graders indicated that they had ever lived with a person with a mental illness and 29% had ever lived with someone with a substance use disorder. Nearly one in four (23%) had been or knew someone who was the victim of gun violence. Youth who reported experiencing trauma were more likely to report use of all substances as well as symptoms of depression. Students who experience multiple ACEs have even greater rates of substance use or mental health concerns.⁸

Students were also asked about their perceptions of safety at school as well as concerns regarding gun violence. The majority of 8th and 11th graders reported feeling safe in their school most of the time or often (73% and 77% respectively). However, about a third of students reported that they believe student violence is a problem at least some of the time. Approximately one in ten 8th graders worry about gun violence as a problem and gun violence in school most of the time. While 15% of 11th graders worry about gun violence as a problem only 6% reported worrying about gun violence in school most of the time.

Exposure to trauma is not limited to home and school environments and one of the more visible forms of trauma is violence in the community. The count of homicides identified in Delaware has increased from 56 in 2019 to 103 in 2021, most commonly involving firearms (Delaware Division of Forensic Science, 2022). The victims were predominantly male, black, and between the ages of 11 and 40.⁹ The Delaware Online/News Journal gun violence database documents a dramatic increase in the number of gun violence incidents as well as victims who were wounded or died between 2019 and 2020. The numbers of incidents, victims, and those wounded declined modestly between 2020 and 2021, however, the number of those who died increased from 69 to 81. It is promising that as of early September 2022 the Year-to-Date indicators suggest a

⁷ For more on the NSCH Family Resilience Index, please see Chapter 13 of this report

⁸ It is important to note that while there is a statistical association between these factors, this does not necessarily mean that there is a causal relationship between these variables in every instance, and there may be additional unobserved indicators that also influence the outcome. This holds true for all of the associations discussed in this chapter.

⁹ It bears noting that there were fewer homicides than suicides throughout the state over this same time frame, ranging from 118 in 2019 to 138 in 2021 (Delaware Division of Forensic Science Annual Reports, 2019, 2020, 2021).

continuing decline, recording approximately two-thirds as many incidents and half as many deaths when compared to one year ago.

Gender and Sexuality: It is estimated that the lesbian, gay, bisexual, and transgender (LGBT)¹⁰ population constitutes approximately 7-8% of the adult U.S. population (Gallup, 2022; U.S. Census, 2021). Members of this community have consistently faced discrimination, harassment, and violence at the interpersonal and systemic levels. Despite making up a substantial portion of the population and ample evidence of discriminatory practices and policies, historically, research on LGBTQ individuals has not been robust nor conducted on a nationally representative scale. Difficulties in data collection are due to limitations of survey instruments, a lack of a mandate to collect this information, the complexities of gender identity and expression, and for other reasons. However, most existing research provides strong evidence that the disadvantages faced by members of the LGBTQ community are also associated with disproportionate risk for substance use, poor mental health, social and emotional instability, and violent victimization. Findings from the 2020 National Survey on Drug Use and Health estimates that: 37% of LGB adults aged 18 to 25 and more than one in four adults aged 26 and over reported using marijuana in the past month; approximately 34.2% of LGB adults age 18 or older met the criteria for a substance use disorder in 2020; more than half reported a mental illness; and 23.1% had met the criteria for both a substance use disorder and a mental illness (SAMHSA, 2022). This population was also more likely to experience mental health and economic challenges due to COVID-19; LGBT respondents were twice as likely as non-LGBT adults to report symptoms of depression and anxiety during the pandemic, and also more likely to report experiencing food insecurity, loss of employment income, and difficulty paying expenses (U.S. Census, 2021). Research also indicates that LGBT persons are also more likely to experience violent crimes, including sexual assault and relationship violence, at higher rates than heterosexual people (Walters, Chen, and Breiding, 2013; Williams Institute, 2020). It is important to note that differences in these rates are not intrinsically associated with being LGBTQ but rather relate to the adversities that these individuals frequently face concerning their sexual orientation or gender identity.

Similar disparities are observed among youth. The secondary Delaware School Survey (DSS), administered to 8th and 11th grade students, includes a question about sexual orientation: *Which of the following best describes you?* Students are provided four response choices: *heterosexual (straight); gay or lesbian; bisexual; other; or not sure*. In 2021, approximately one in four 8th graders identified as other than straight (3% identified as *gay or lesbian*, 12% identified as *bisexual*, 4% as *other*, and 7% as *not sure*). These rates were relatively consistent with those

¹⁰ While the acronym LGBT explicitly references lesbian, gay, bisexual, and transgender identities, there are a variety of sexual orientations and gender identities that may be included within this community, such as pansexual, asexual, queer, non-binary, or people who are questioning their sexuality and/or gender. The letter “Q” has multiple meanings in this context. It is typically short for queer but can represent those individuals who do not feel fully represented by the adjectives of lesbian, gay, bisexual, or transgender, or those who are questioning or unsure how they identify in terms of sexual orientation, gender identity, or in terms of gender expression. While the LGBTQ acronym (or LGBT depending on the wording of the referenced data source) is used in this text, it is important to acknowledge that this is an imperfect and non-exhaustive identifier, and many sources may use variations of this acronym to refer to the community. The [Trevor Support Center](#) and [GLSEN](#) offer terminology resources on this topic.

identified by 11th graders (3% identified as *gay or lesbian*, 13% as *bisexual*, 3% as *other*, 4% as *unsure*). Similar to research and national data, across both grades, LGB students were more likely to report alcohol, marijuana, and vaping use, prescription medication misuse, and symptoms of depression and anxiety than their straight peers. Approximately half of LGB 8th and 11th graders reported recent symptoms of anxiety, and 42% of 8th graders and 48% of 11th graders reported recent symptoms of depression. Conversely, they were much more likely than straight students to rate their emotional health as poor or fair, and much less likely to rate their emotional health as excellent.

Protective Factors: While childhood trauma is associated with higher rates of health issues and risk behaviors, positive experiences and conditions can function as protective factors. The final section of this report focuses specifically on the role of protective factors at the individual, family, peer, and community levels. The National Survey of Children’s Health (NSCH) includes a number of protective factor indicators, including a series of four questions that comprise a Family Resilience Composite Measure. The questions ask parent respondents to report if the child lives in a home where family members: *talk together about what to do; work together to solve problems; know that they have strengths to draw upon; and stay hopeful even in difficult times*. Approximately four out of five parent respondents of children living in Delaware agree with all of these statements most or all of the time, commensurate with the rate among the national sample. Additionally, nearly three out of four Delaware parents reported regularly attending activities that their child was involved in during the past year. Two-thirds of parents reported that the family ate a meal together at least four days a week, and more than half of parents of younger children reported that someone in the family read to them at least four days a week. Delaware parents also reported children had high levels of school engagement; approximately half reported that their child was always engaged and another third reported that their child was usually engaged. Approximately three out of four respondents reported that their child had no difficulty making and keeping friends (NSCH, n.d.).

Results from the 2021 Delaware School Survey (DSS) highlight associations between several protective factors and rates of substance use as well as mental health indicators among 8th and 11th grade students.¹¹ Overall, 95% of 8th grade students reported having at least one person as a source of support and encouragement, most commonly a parent or guardian, followed by friends and then teachers. Eighth-graders who reported higher grades reported lower rates of vaping, alcohol, and marijuana use, and those who cared about doing well in school reported lower substance use rates as well as lower rates of anxiety and depression. Feelings of safety in the neighborhood and at school were also associated with lower rates of anxiety, depression, and substance use for 8th grade students. The most notable associations were among students’ report of getting along with their parents; students who reported never or not often getting along with their parents were approximately three times as likely to have used alcohol and nearly five times

¹¹ It is important to note that while there is a statistical association between these factors, this does not necessarily mean that there is a causal relationship between these variables in every instance, and there may be additional unobserved indicators that also influence the outcome. This holds true for all of the associations discussed in this chapter.

as likely to have used marijuana or vaped within the past year. These students were also nearly three times as likely to report experiencing anxiety and four times as likely to report symptoms of depression recently. Getting along with parents, talking with parents about school, and caring about doing well in school were also associated with lower rates of anxiety, depression, and substance use among 11th graders.

Finally, hopefulness has been identified as a protective factor for mental health (Kirby et al., 2021). As discussed in the Mental Health and Wellness chapter, several questions on the DSS are based on the Cantril Ladder, which asks the following: *Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.* More than half (56%) of 8th graders rated themselves in the top tier of the ladder (*thriving*) at the time of the survey and 69% envisioned themselves being in the top tier in five years. Half of all 11th graders saw themselves as *thriving* currently and 67% believed they would be *thriving* in five years.¹² This suggests that the majority of students are hopeful about where they will be in life in the future.

COVID-19 in Delaware

Delaware faced significant health, economic, and social challenges related to the COVID-19 pandemic which resulted in a stay-at-home order in March 2020 that lasted through much of the that year. The availability of vaccines, treatment, and federal relief measures enabled many businesses and institutions to re-open or remain operational to some degree, some with telecommuting components. In August 2021, schools resumed in person learning. However, the pandemic continues to impact healthcare and other services. According to the My Healthy Community COVID-19 Data Dashboard, positive cases and percentage of emergency department visits for COVID-19-like illnesses peaked in January 2022 with the emergence of the highly contagious Omicron variant. Although rates declined in late winter and early spring, there was an uptick in summer. At the end of July 2022, the average case rate was 247.4 per 100,000 of population. As of August 4th, 2022, 73.9% of the total population had received at least one dose of a vaccine (Delaware Department of Health and Social Services, n.d.).

The frequency of COVID cases and subsequent demands on the health care system may also indirectly impact the availability and accessibility of routine and other health care resources. This

¹² The Delaware School Survey includes two questions based on the Cantril Ladder. Students are asked to imagine a ladder with steps numbered from zero at the bottom and ten at the top. The top of the ladder represents the best possible life for the student, and the bottom of the ladder represents the worst possible life. Students are asked to respond with which step of the ladder they feel that they personally stand on now, and on which step of the ladder they think they will stand on in five years. Present and Future scales vary slightly. The Present scale categorizes steps 7-10 as *Thriving* and steps 5-6 as *Struggling*. The Future scale categorizes steps 8-10 as *Thriving* and 5-7 as *Struggling*. Both scales categorize steps 0-4 as *Suffering*.

is particularly challenging since most of Delaware is designated as a Medically Underserved Area (please see Chapter 1). This could be even more problematic if health care professionals continue to feel overwhelmed and consider leaving the workforce in response to the pandemic as a 2021 KFF/Washington Post survey indicated.¹³

As mentioned previously, the state's seasonally adjusted unemployment rate has improved dramatically since July 2020. But other economic factors that were temporarily relieved by emergency measures, such as the national moratorium on evictions and deferment of student loan payments, have already expired or are scheduled to and inflation has risen dramatically in the past several years. These factors will need to be monitored for their impact on Delaware rates of poverty along with other indicators of financial stability, which interact with health and wellbeing.

¹³ A KFF/Washington Post survey conducted in 2021 indicated that 29% of health care workers had considered leaving their profession as a result of the pandemic.

**2022 DELAWARE STATE
EPIDEMIOLOGICAL PROFILE
SUBSTANCE USE AND RELATED ISSUES**

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

State Overview

Delaware is the second smallest state in the United States, with total landmass of 1,949 square miles (U.S. Census Bureau, n.d.). There are three counties: New Castle, the most populated, and Kent and Sussex counties, which are primarily rural. According to the U.S. Census Bureau QuickFacts¹⁴, the state population estimate as of July 2021 is 1,003,384. The population grew approximately 10% between the 2010 and 2020 census, exceeding the national rate of increase during that time frame (U.S. Census, n.d.). Approximately one in five residents are under the age of 18, with a similar percentage aged 65 and older. The population has become more diverse since 2010; 68.4% of residents identify as White, 23.6% as Black or African American, 0.7% as American Indian and Alaska Native, 4.2% as Asian, 0.1% as Native Hawaiian and Other Pacific Islander, 2.9% as two or more races, and 8.9% as some other race alone or in combination. One in ten report their ethnicity as Hispanic or Latino/a/x, and 13.4% report speaking a language other than English at home. There are approximately 65,000 veterans living in the state and 9.4% of the population is estimated have been born in a foreign country (U.S. Census Bureau, n.d.). Nearly one in ten (9%) Delawareans under age 65 report having a disability.

Based on the 2016-2020 American Community Survey estimates, median household income in Delaware is \$69,110 yet one in ten residents lives in poverty. Approximately 92% of state residents have some form of health insurance (U.S. Census Bureau, n.d.). In November 2021, 58,034 Delaware families and a total population of 117,602 residents received assistance from the Supplemental Nutrition Assistance Program (SNAP) (KIDS COUNT in Delaware, Annie E. Casey Foundation, 2022). According to the U.S. Bureau of Labor Statistics, in July 2022, Delaware's seasonally adjusted unemployment rate was 4.5%. This is continuing to decline from the rate of 10.5% in 2020 when the state experienced a dramatic rise in unemployment due to the onset of the COVID-19 pandemic.

Due to unique tax and corporate policies and access to the Delaware Court of Chancery, over one million entities have incorporated in the state (Delaware Division of Corporations, n.d.) which has been nicknamed the "corporate capital of the world." Two of Delaware's major industries are corporate financing and banking. Delaware's economy is also driven by chemical manufacturing,

The population of Delaware is growing and becoming increasingly diverse.

Delaware residents continue to face health, economic, and social challenges related to the ongoing COVID-19 pandemic.

¹⁴ Throughout this report, 2020 Census data is used if it is available; population data are supplemented with the most recent American Community Survey (ACS) rolling estimates which are also published by the U.S. Census Bureau.

aviation, health services, tourism, and agriculture. In Kent and Sussex counties, agriculture has greater predominance. The state's largest agricultural output is broiler chickens, followed by soybeans and corn. Millions of people from across the country visit Delaware each year, including beach resort towns in Sussex County, making tourism a great driver of economic development (visitdelaware.com, n.d.). However, both of these industries were affected by the COVID-19 pandemic.

New Castle County Overview

The northernmost and most densely populated county, New Castle, has an estimated population of 571,708, representing an increase of approximately 6% since 2010 (U.S. Census Bureau, n.d.). Delaware's largest city, Wilmington, is located in the county, with an estimated 70,750 people living in the city as of July 2021 (U.S. Census Bureau, n.d.). There is a surge in the number of people in the downtown business district during the day, with much of that population leaving the city for homes in the suburban outlying areas at night. Recent residential and business developments along the waterfront in the city were designed, in part, to attract more working professionals to the city to live, dine, and find entertainment. Efforts to motivate locals to dine and entertain in the city are hampered by concerns over high crime rates, and more recently by the COVID-19 pandemic. Attention to increasing homicide rates led local residents and policymakers to call gun violence a public health epidemic, and epidemiologists from the CDC treated it as such and spent several months in 2015 identifying risk factors that led to gun violence within the city (Sumner et al., 2015). One in four Wilmington residents experiences poverty, which is double the rate of the state's overall population and nearly two and a half times the rate of the county's population (U.S. Census Bureau, n.d.).

Newark, the state's third largest city, with an estimated 31,155 people in 2021, is also located in New Castle County (U.S. Census Bureau, n.d.). Delaware's flagship university, the University of Delaware, is located in Newark. Towns in lower New Castle County, such as Middletown and Townsend, have seen explosive growth in the past two decades.

Kent County Overview

An estimated 184,189 residents live in centrally located Kent County, which experienced an overall population increase of approximately 12% in the past decade (U.S. Census Bureau, n.d.). Dover, the state's capital and second largest city, is located in Kent County. The city is home to the Dover Air Force Base and the Dover Downs International Speedway. Delaware State University is based in Dover, and Delaware Technical Community College and Wilmington University also have locations in the city. Although the county rate of poverty is 13%, the rate is 21.9% for residents of Dover (U.S. Census Bureau, n.d.).

Recent residential developments have attracted more people to Kent County. Cheswold and Clayton are two towns where population has increased dramatically since 2000.

Sussex County Overview

Sussex County, the southernmost county, is home to several beach resort towns that support a large influx of people during the warmer months but a smaller year-round population. The population continues to grow in this area. As of July 2021, the county's population was an estimated 247,527 residents, demonstrating the highest rate of growth (over 20%) in the state since 2010 (U.S. Census Bureau, n.d.). The rate of poverty in Sussex County is 11% (U.S. Census, n.d.).

Milford, Georgetown, and Seaford are the three largest cities in the county, all of which are inland from the coast and have primarily year-round populations. Poultry processing is a major industry in Sussex County, and a significant immigrant and migrant worker population is associated with the industry. The region is also a popular retirement destination and nearly three in ten residents are 65 and older, considerably higher than the state rate of 20.1% (U.S. Census, n.d.), which has implications for healthcare and social services. These official numbers may still reflect an undercount of total population growth, as migrant and immigrant workers are often uncouned by the U.S. Census.

Medically Underserved Areas

The Health Resources and Services Administration (HRSA) uses existing data to determine areas of the country that are medically underserved and lack access to primary care doctors. Occasionally, areas do not fit official criteria for being medically underserved, but local stakeholders, aware of local context and realities, can petition to designate the area as medically underserved if additional data show that the population has difficulty in accessing primary care. In Delaware, much of the southern and eastern communities in New Castle County are currently considered a Medically Underserved Area (MUA) under the Governor's Exception Criteria, with several census tracts within the city of Wilmington considered an MUA using the HRSA coding criteria. All of Kent County is considered an MUA under the Governor's Exception Criteria. Sussex County is considered an MUA under the HRSA coding criteria (Health Resource and Services Administration, n.d.). Delaware has a ratio of 296.2 primary care providers per 100,000 population, currently ranked 10th among states. The state ranks 20th in access to mental health providers and 50th in access to dental care. Multiple chronic conditions, adverse childhood experiences (ACEs), premature death, obesity, low birth weight, violent crime, and preventable hospitalizations are core measures with negative impacts on Delaware's health (United Health Foundation [UHF], n.d.).

According to America's Health Rankings, in 2020, 12.3% of Delaware adults reported they experienced frequent mental distress (United Health Foundation [UHF], n.d.). Coupled with under-resourced service areas, this amplifies the need for preventive health services, including strategies to bolster behavioral health.

COVID-19 in Delaware

Delaware faced significant health, economic, and social challenges related to the COVID-19 pandemic which resulted in a stay-at-home order in March 2020 that lasted through much of the that year. The availability of vaccines, treatment, and federal relief measures enabled many businesses and institutions to re-open or remain operational to some degree, some with telecommuting components. In August 2021, schools resumed in person learning. However, the pandemic continues to impact healthcare and other services. According to the My Healthy Community COVID-19 Data Dashboard, positive cases and percentage of emergency department visits for COVID-19-like illnesses peaked in January 2022 with the emergence of the highly contagious Omicron variant. Although rates declined in late winter and early spring, there was an uptick in the summer. At the end of July 2022, the average case rate was 247.4 per 100,000 of population. As of August 4th, 2022, 73.9% of the total population had received at least one dose of a vaccine (Delaware Department of Health and Social Services, n.d.).

The frequency of COVID cases and subsequent demands on the health care system may also indirectly impact the availability and accessibility of routine and other health care resources, which is likely to be exacerbated if health care professionals continue to feel overwhelmed. A 2021 KFF/Washington Post survey indicated that 29% of health care workers had considered leaving their profession as a result of the pandemic.

As mentioned previously, the state's seasonally adjusted unemployment rate has improved dramatically since July 2020. But other economic factors that were temporarily relieved by emergency measures, such as the national moratorium on evictions and deferment of student loan payments, have already expired or are scheduled to and inflation has risen dramatically in the past several years. These factors will need to be monitored for their impact on Delaware rates of poverty along with other indicators of financial stability, which interact with health and wellbeing.

Snapshot: Substance Use in Delaware

The following graphs and maps provide an overview of various rates of substance use among youth in Delaware.

2021 Delaware School Survey
Reported Use of Selected Substances in the Past Year
among Delaware 8th Grade Students
(in percentages)

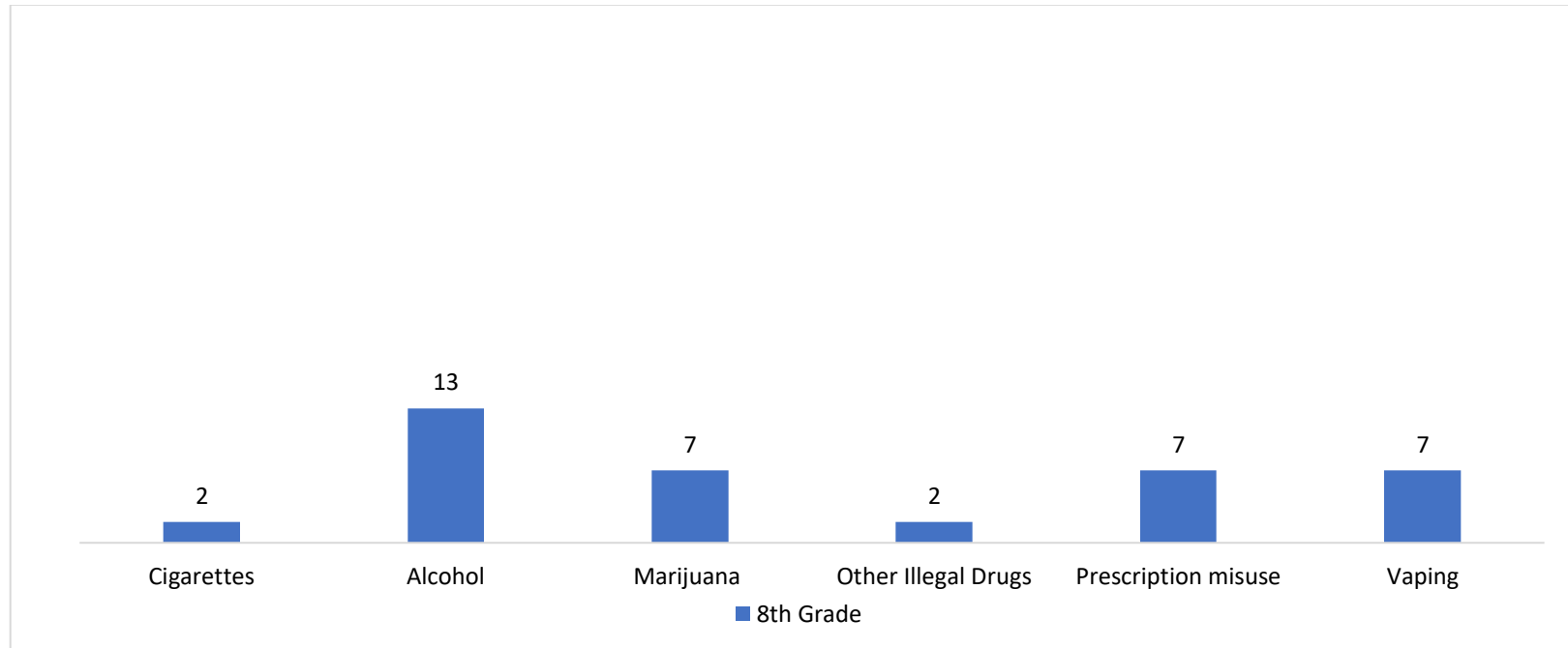


Figure 1: Selected substance use, past year, 8th grade

Prescription misuse refers to use of prescription medications without a prescription or in a way other than prescribed.

Other illegal drugs include ecstasy, hallucinogens, street uppers, inhalants, cocaine, crack, heroin, and synthetic marijuana used to get high.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey

Reported Use of Selected Substances in the Past Year among Delaware 11th Grade Students (in percentages)

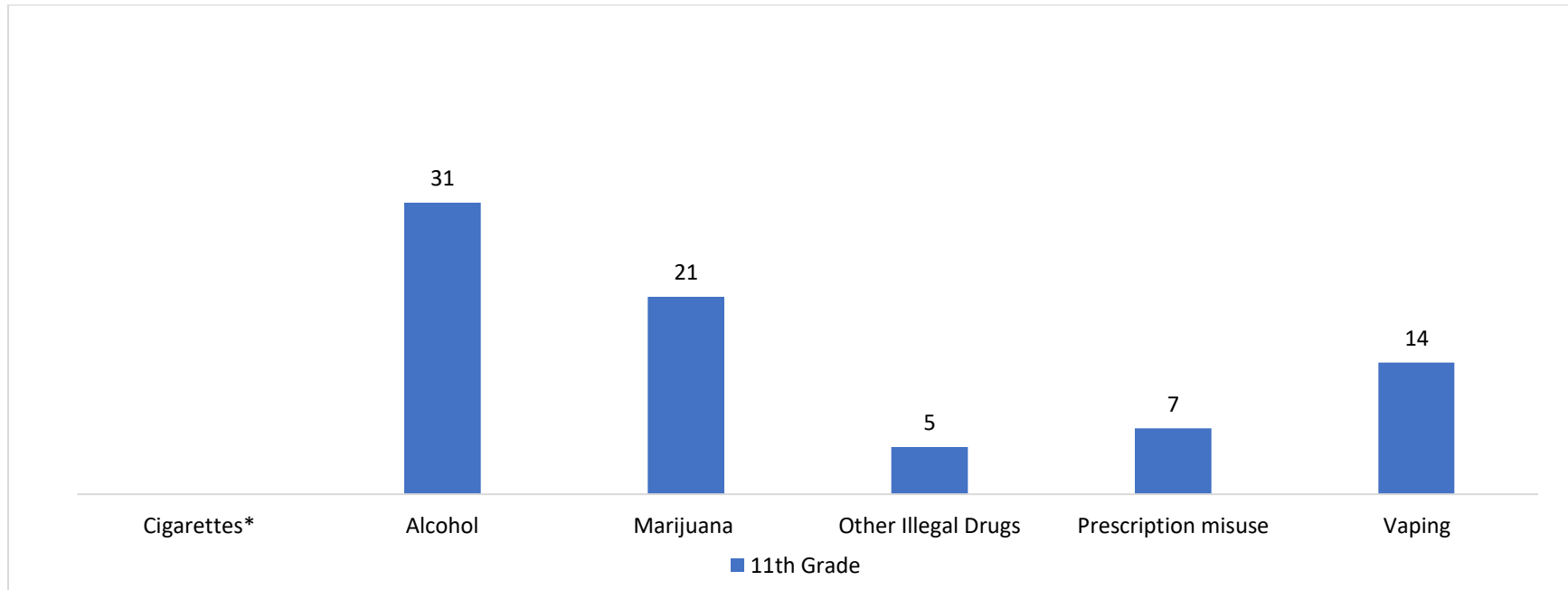


Figure 2: Selected substances used in past year, 11th grade

*The unweighted sample size of 11th grade students who used cigarettes in the past year was below the minimum threshold for reporting (n<30).

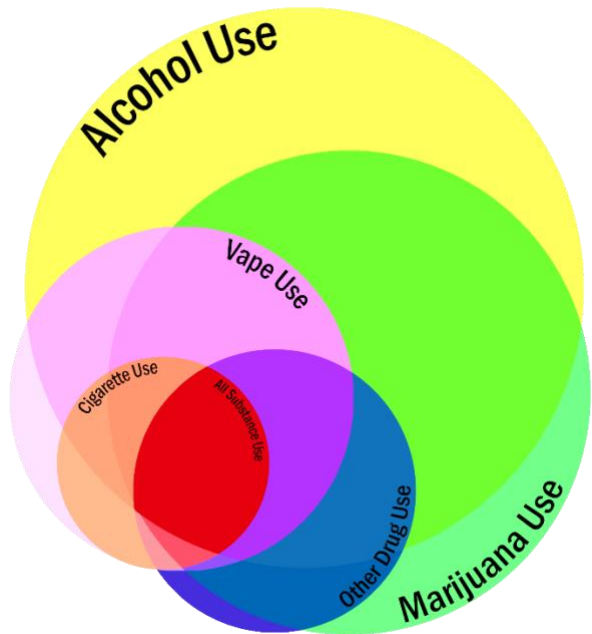
Prescription misuse refers to use of prescription medications without a prescription or in a way other than prescribed.

Other illegal drugs include ecstasy, hallucinogens, street uppers, inhalants, cocaine, crack, heroin, and synthetic marijuana used to get high.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2018 Delaware School Survey Reported Polysubstance Use in the Past Year among Delaware 11th Grade Students



This Venn diagram illustrates the prevalence of past-year polysubstance use among 11th grade students in Delaware. Each circle has been scaled relative to the number of students who report using that substance in the past year, and the areas where circles overlap are accurate to the proportion of students who reported using multiple substances. Overall, 55% of students report using at least one substance in the past year, meaning that 45% of students did not report past-year substance use.

As in previous years, alcohol remains the most commonly used substance, with marijuana as the second most used substance. Most students who reported using a different substance were also using alcohol or marijuana, if not both. Also of note, every student who reported smoking cigarettes also reported the use of an e-cigarette or vaping device. Two percent of students reported using substances from all five categories of drugs here.

Figure 3: Polysubstance use, past year, 11th graders

Note: This includes ecstasy, hallucinogens, steroids, over-the-counter drugs, amphetamines, crack, cocaine, heroin, synthetic marijuana, and/or any prescription medication used in ways other than prescribed.

Source: [Center for Drug & Health Studies. \(2018\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

Substance	% Reporting Past-Year Use
Alcohol	45%
Marijuana	34%
E-cigarette/Vape	17%
Cigarettes	7%
At least one other drug	12%
All of the above categories	2%

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Reported Past Month Cigarette Use Among Delaware 8th Grade Public School Students by Zip Code: 2019 & 2021

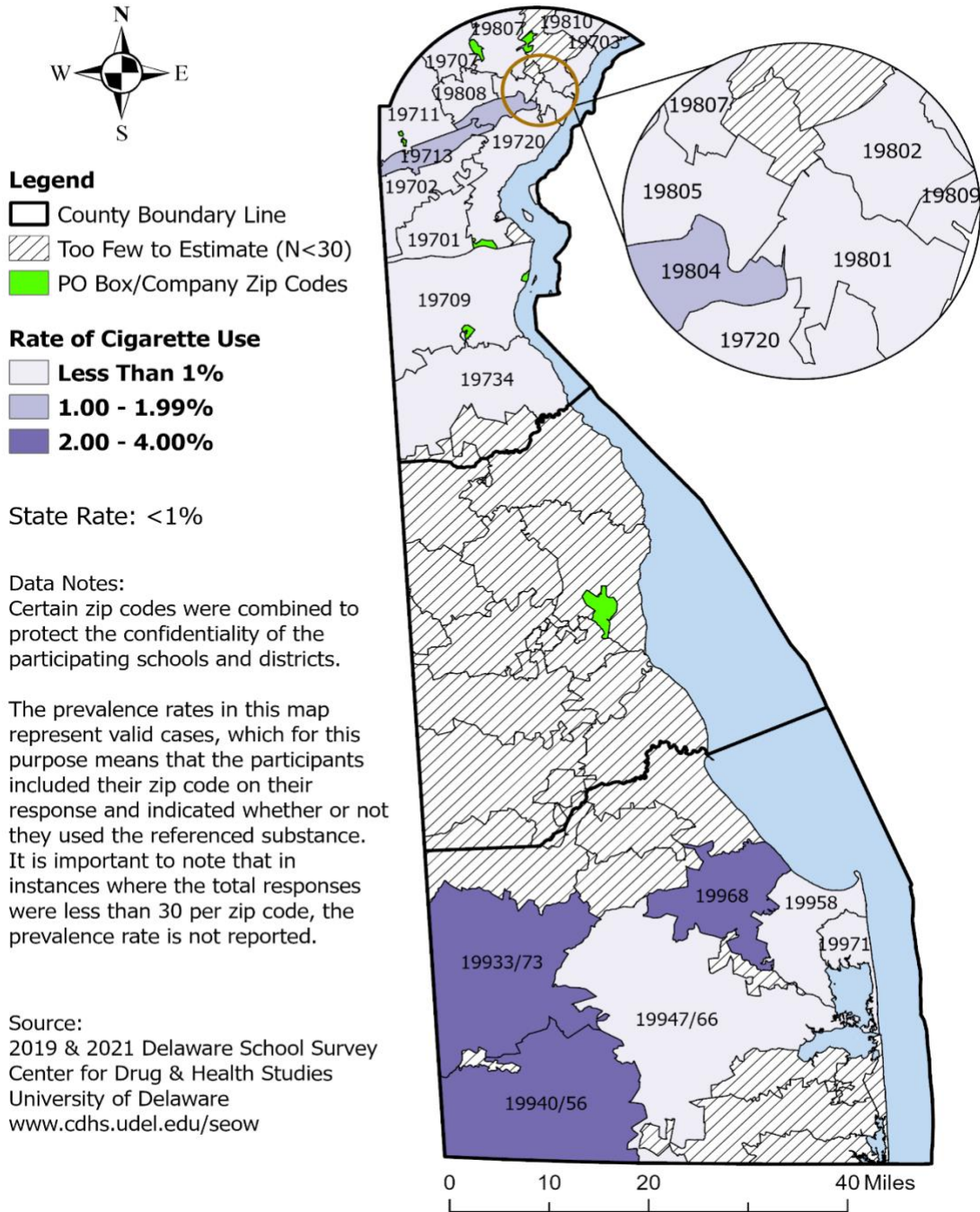


Figure 4: Map of past month cigarette use, 8th grade

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Month Vaping Device* Use Among Delaware 8th Grade Public School Students by Zip Code: 2019 & 2021

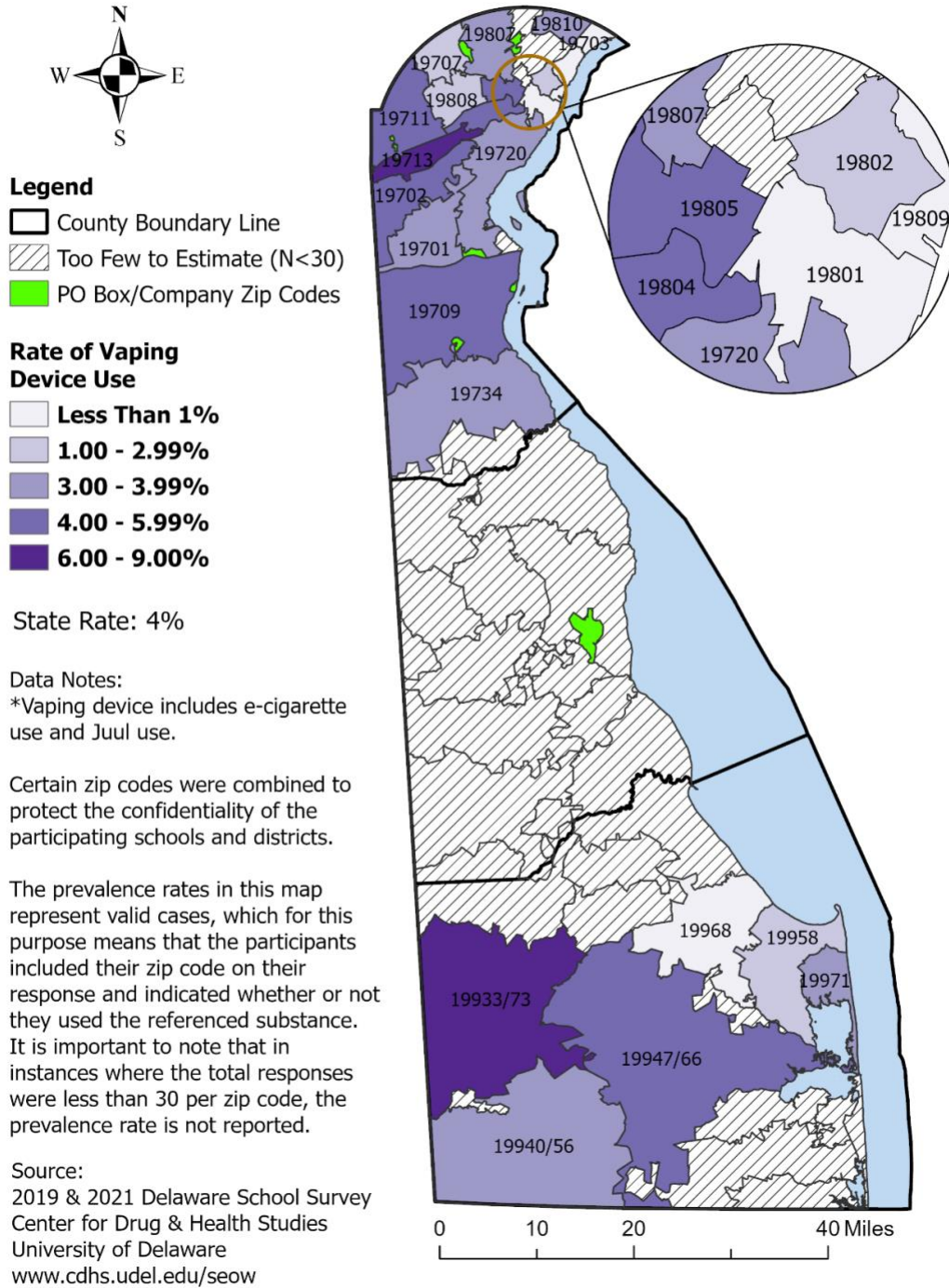


Figure 5: Map of past month vaping, 8th grade

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Month Alcohol Use Among Delaware 8th Grade Public School Students by Zip Code: 2019 & 2021

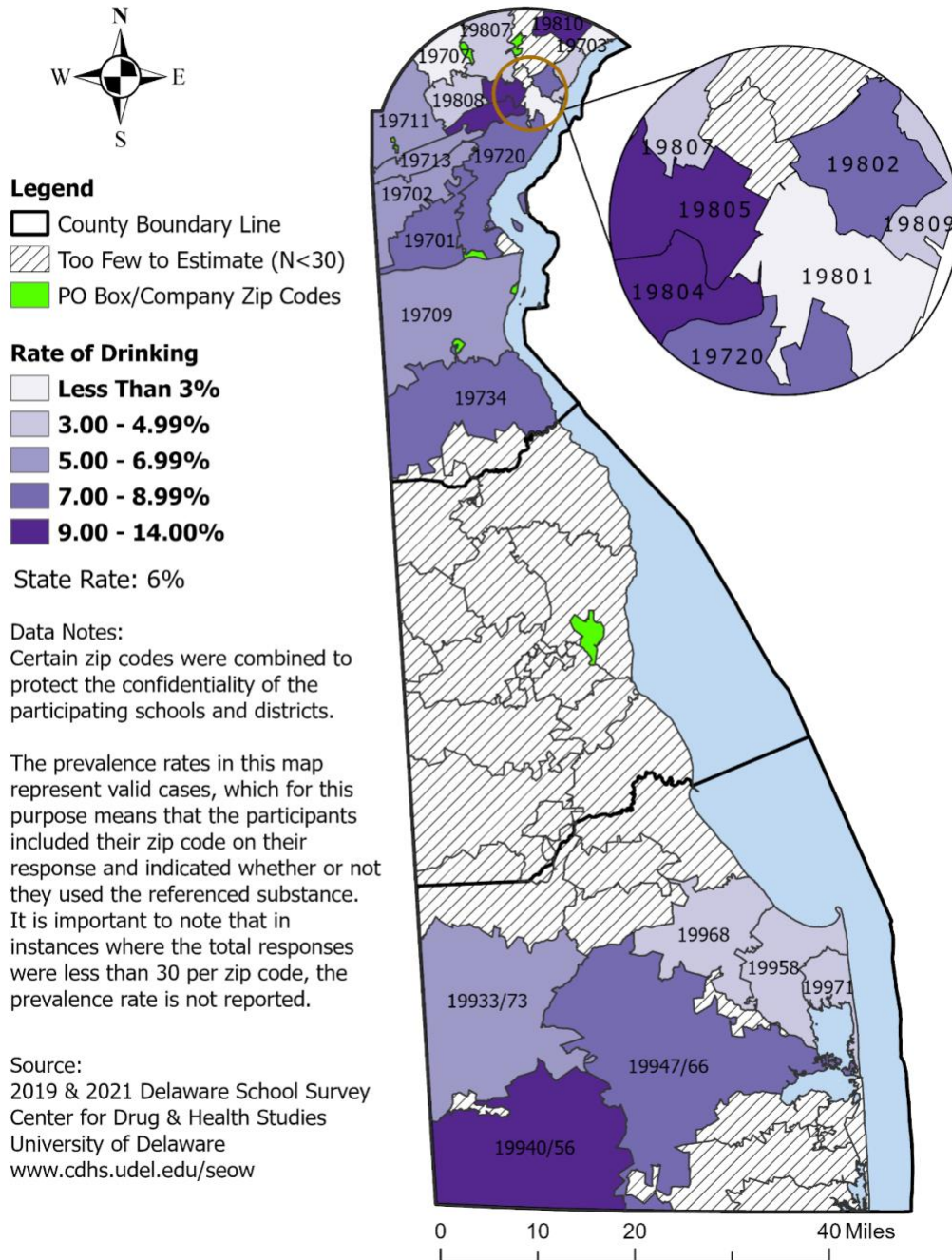


Figure 6: Map of past month alcohol use, 8th grade

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Two Week Binge Drinking* Among Delaware 8th Grade Public School Students by Zip Code: 2019 & 2021

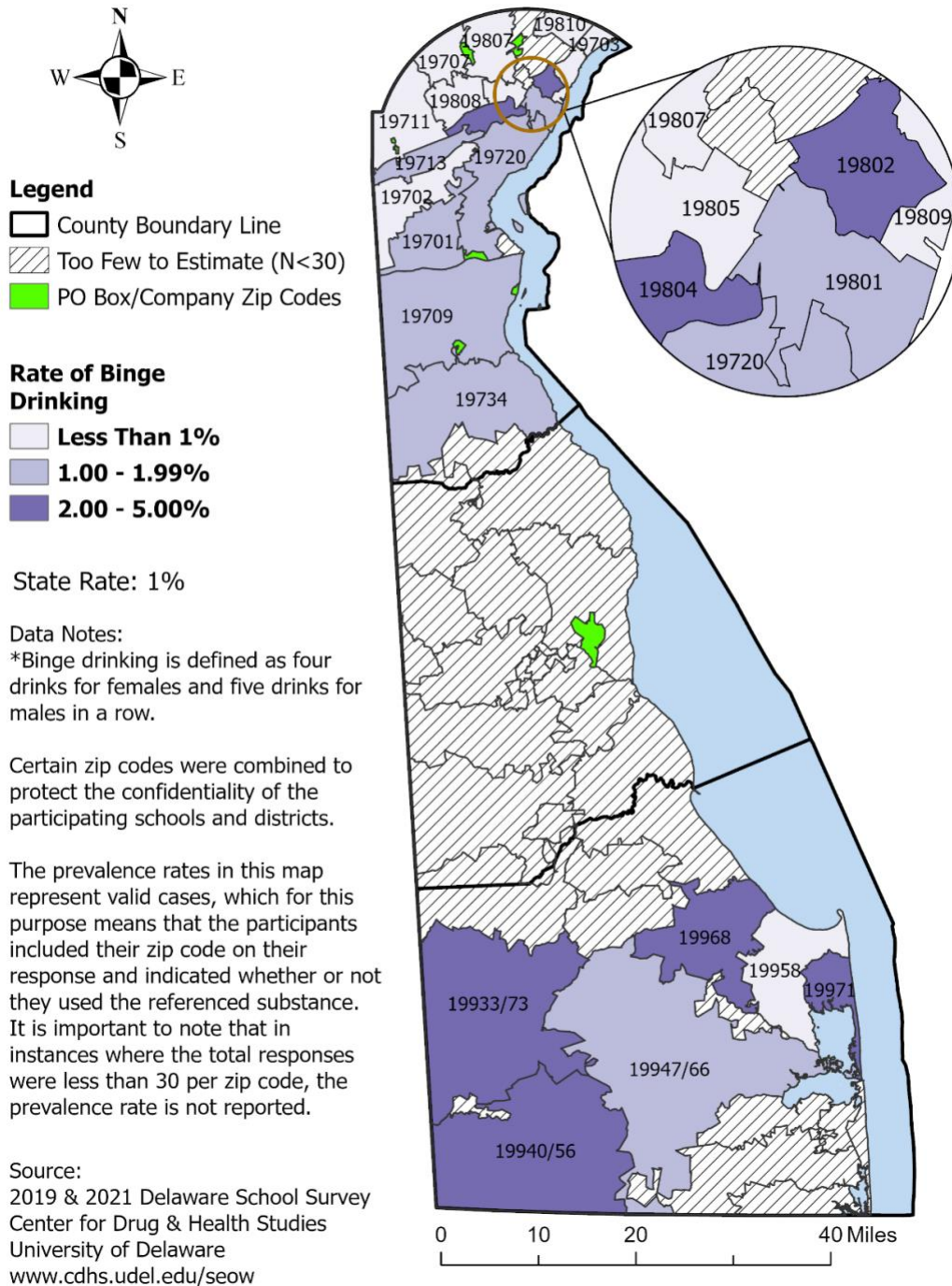


Figure 7: Map of binge drinking, 8th grade

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Month Marijuana Use Among Delaware 8th Grade Public School Students by Zip Code: 2019 & 2021

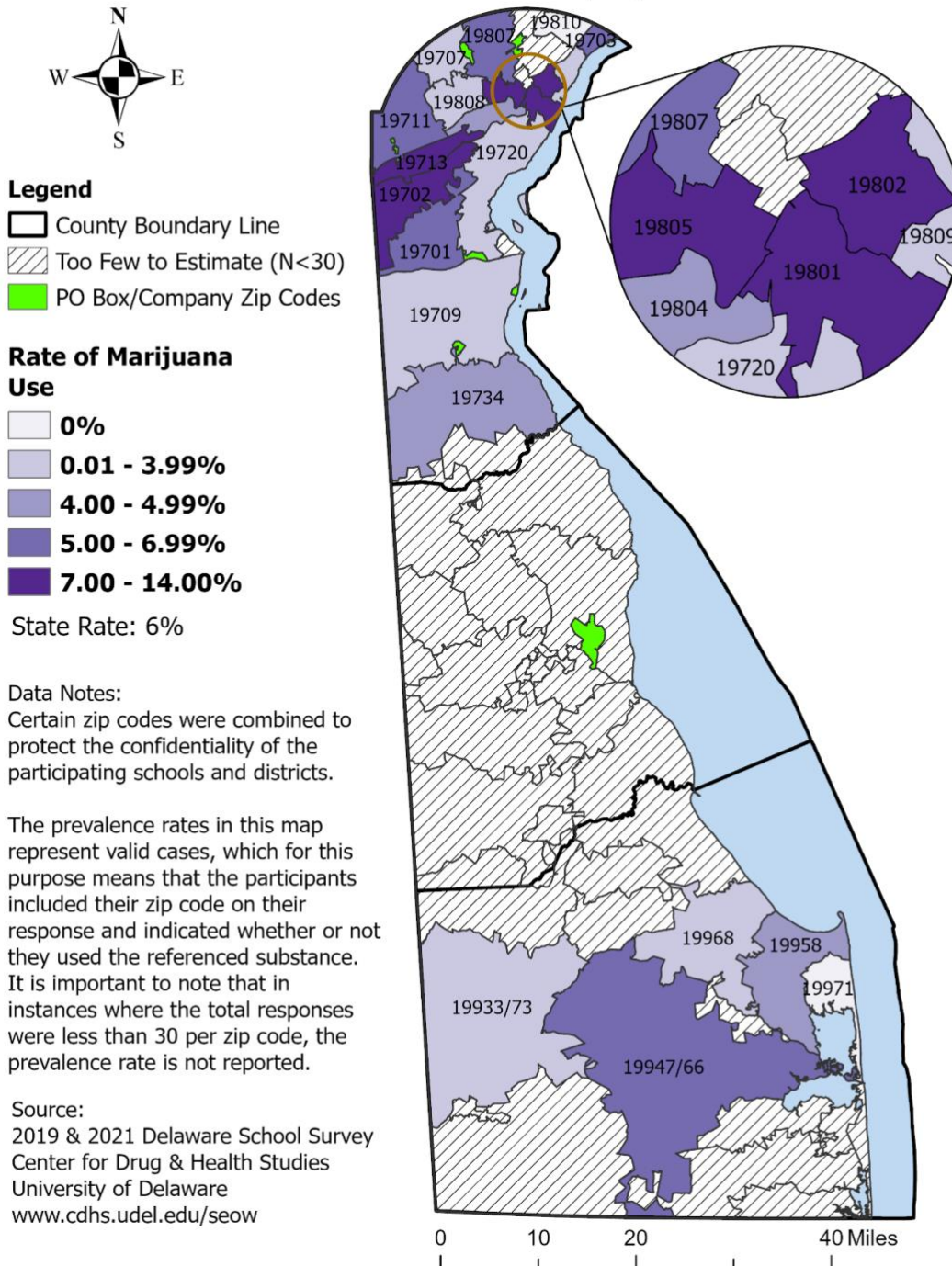


Figure 8: Map of past month marijuana use, 8th grade

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Year Prescription Painkiller Use Without a Prescription Among Delaware 8th Grade Public School Students by Zip Code: 2019 & 2021

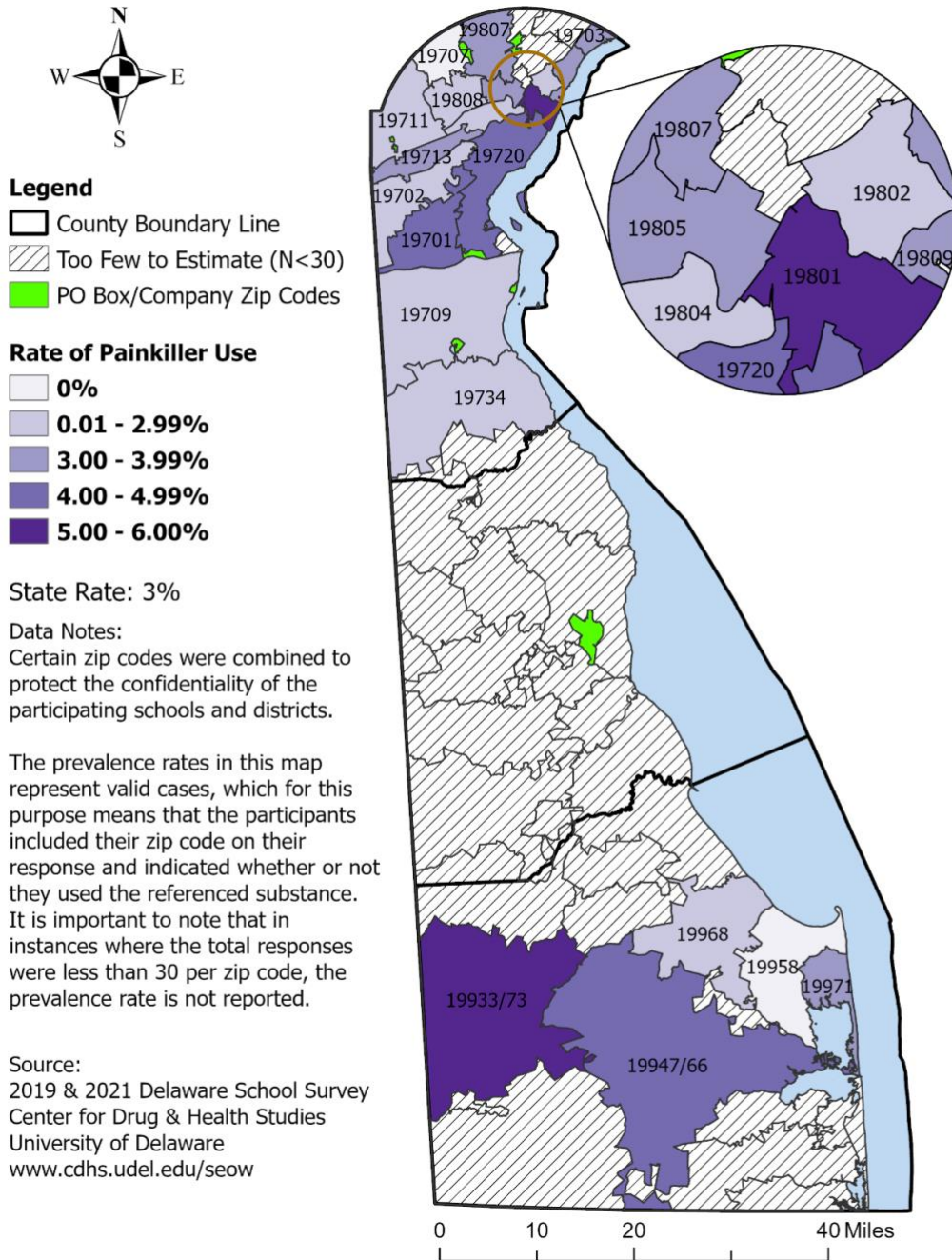


Figure 9: Map of past year prescription painkiller misuse, 8th grade

Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](https://www.cdhs.udel.edu/seow)

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Reported Past Year Prescription Drug* Use Without a Prescription Among Delaware 8th Grade Public School Students by Zip Code: 2019 & 2021

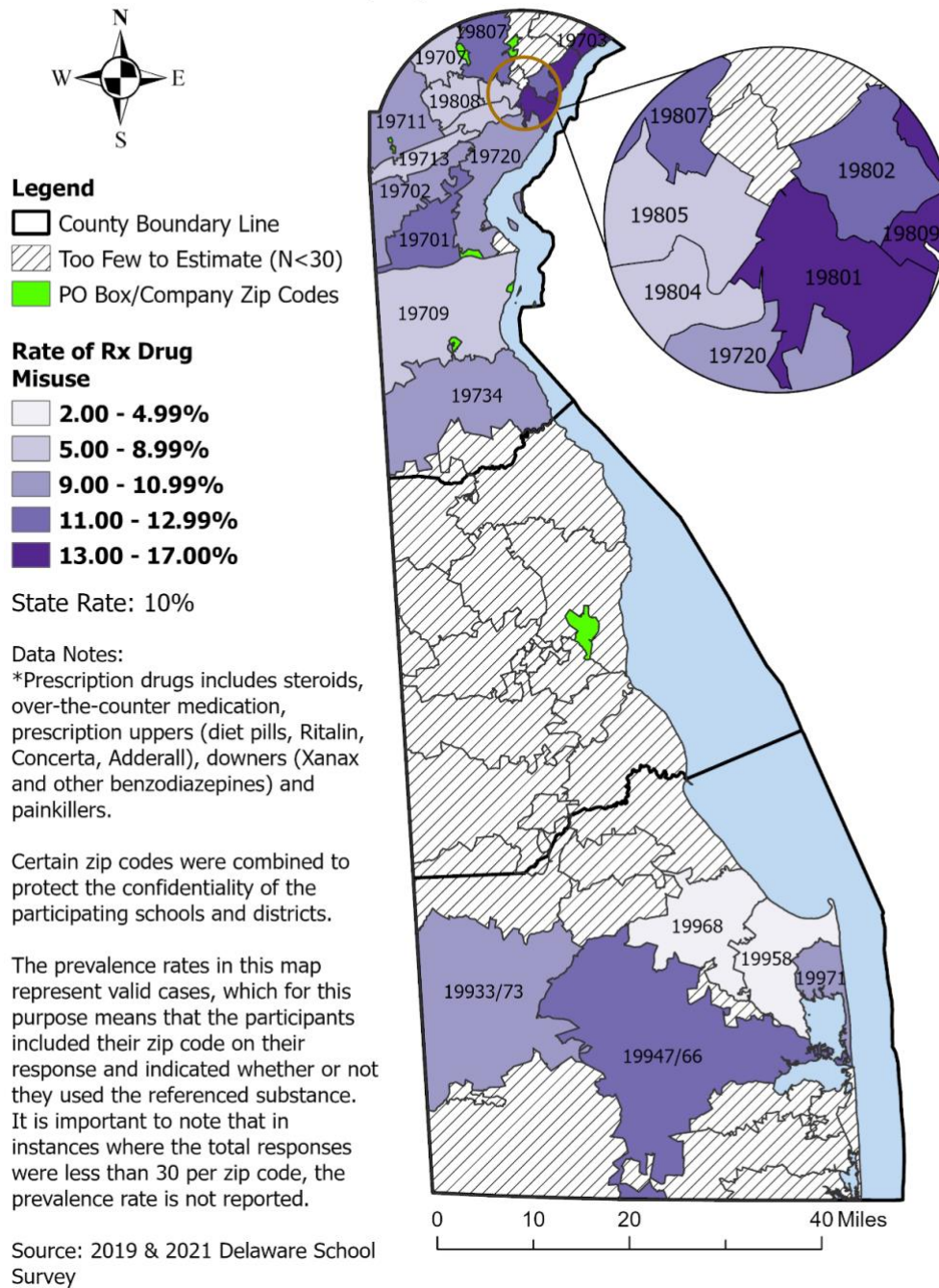


Figure 10: Map of past year prescription drug misuse, 8th grade

Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Month Cigarette Use Among Delaware 11th Grade Public School Students by Zip Code: 2019 & 2021

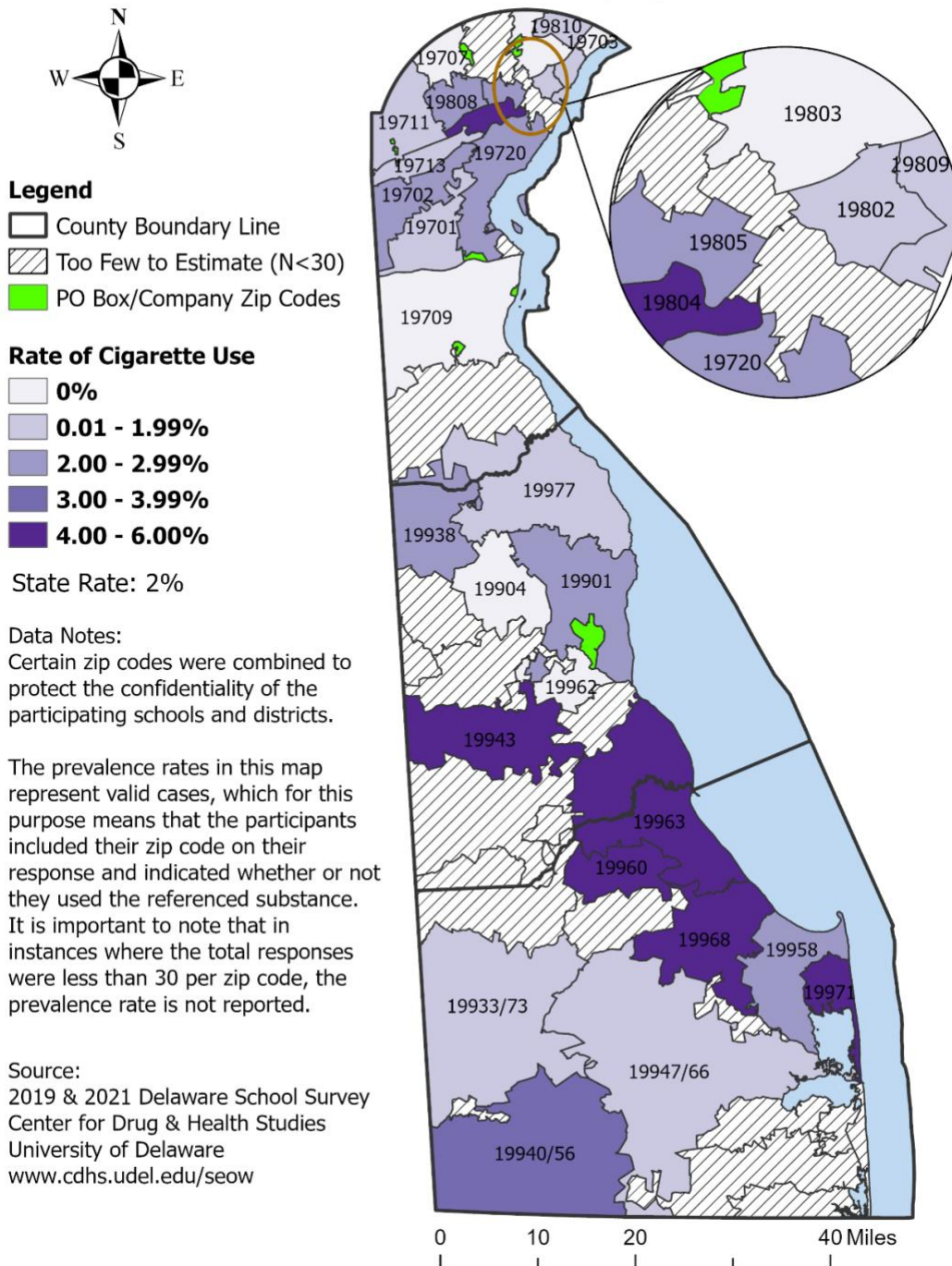


Figure 11: Map of past month cigarette use, 11th grade

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Month Vaping Device* Use Among Delaware 11th Grade Public School Students by Zip Code: 2019 & 2021

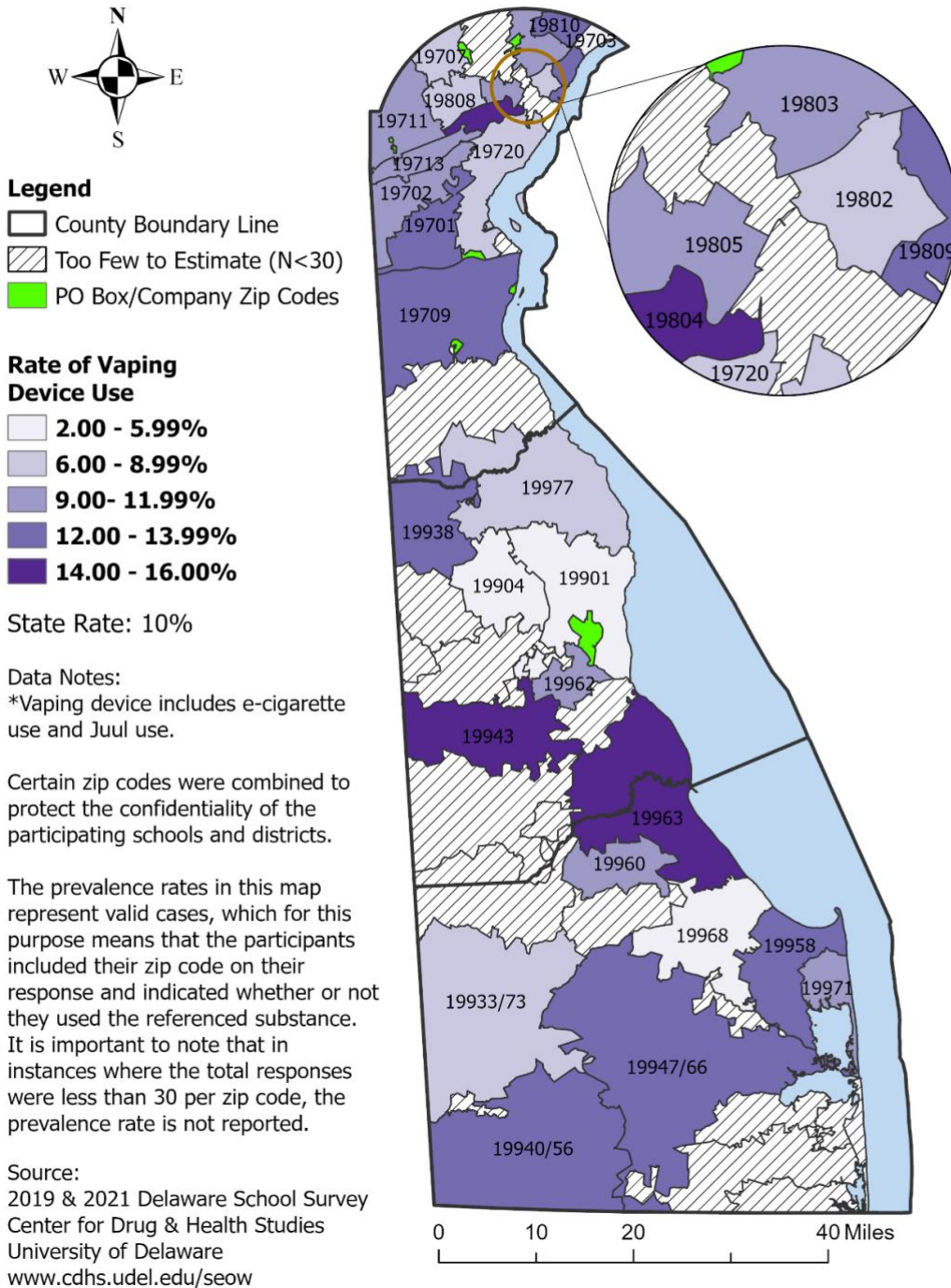


Figure 12: Map of past month vaping, 11th grade

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Month Alcohol Use Among Delaware 11th Grade Public School Students by Zip Code: 2019 & 2021

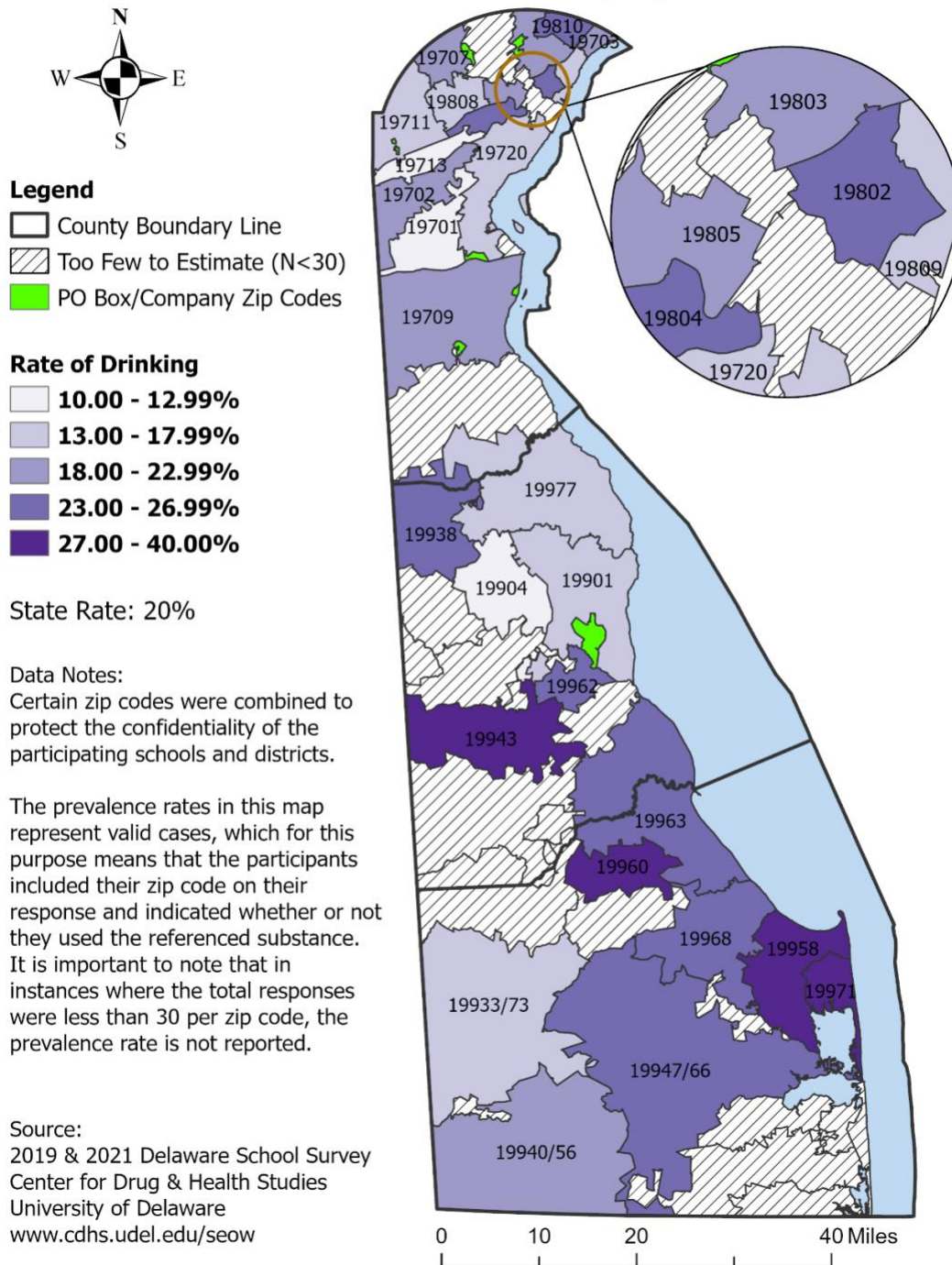


Figure 13: Map of past month alcohol use, 11th grade

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Two Week Binge Drinking* Among Delaware 11th Grade Public School Students by Zip Code: 2019 & 2021

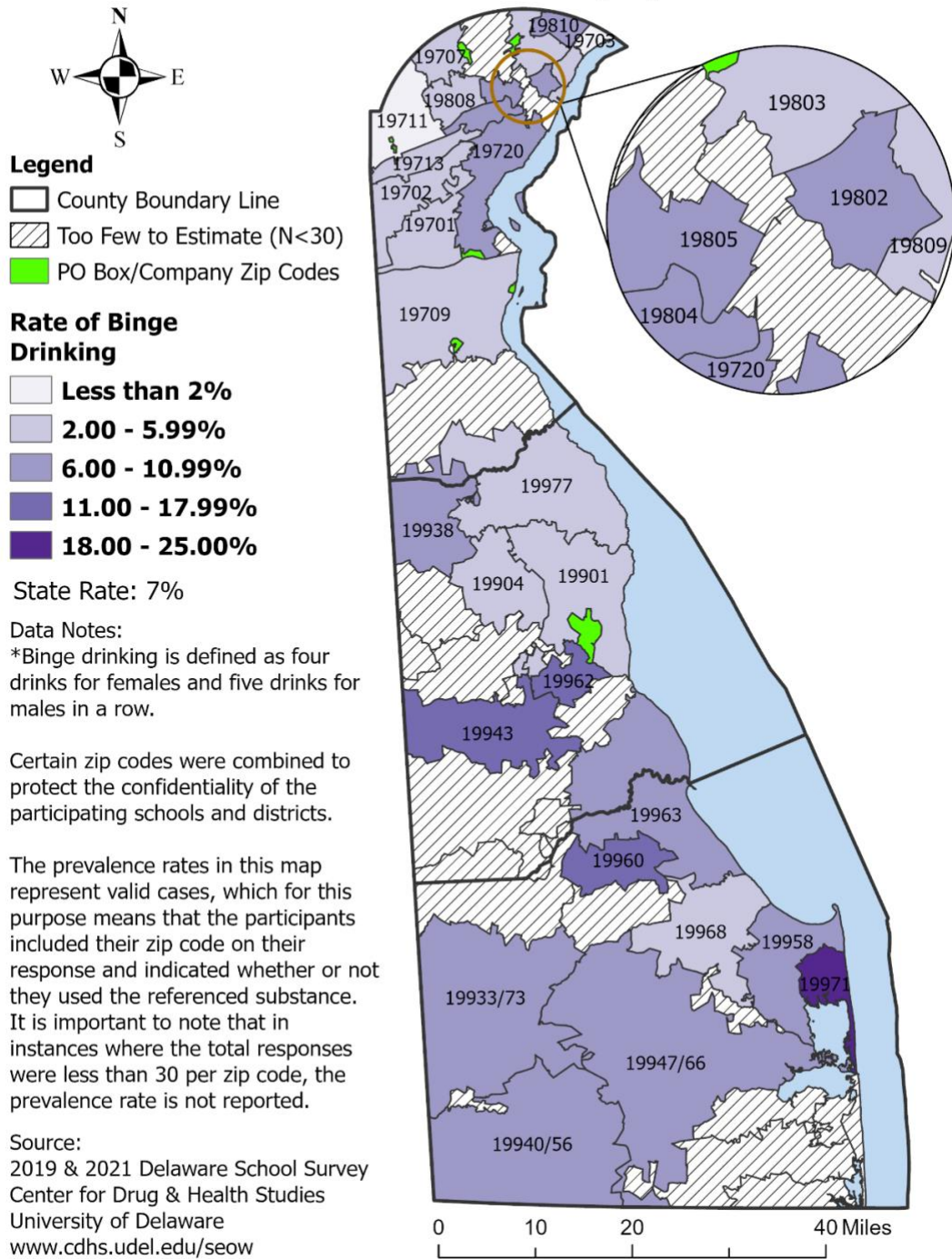


Figure 14: Map of binge drinking, 11th grade

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Month Marijuana Use Among Delaware 11th Grade Public School Students by Zip Code: 2019 & 2021

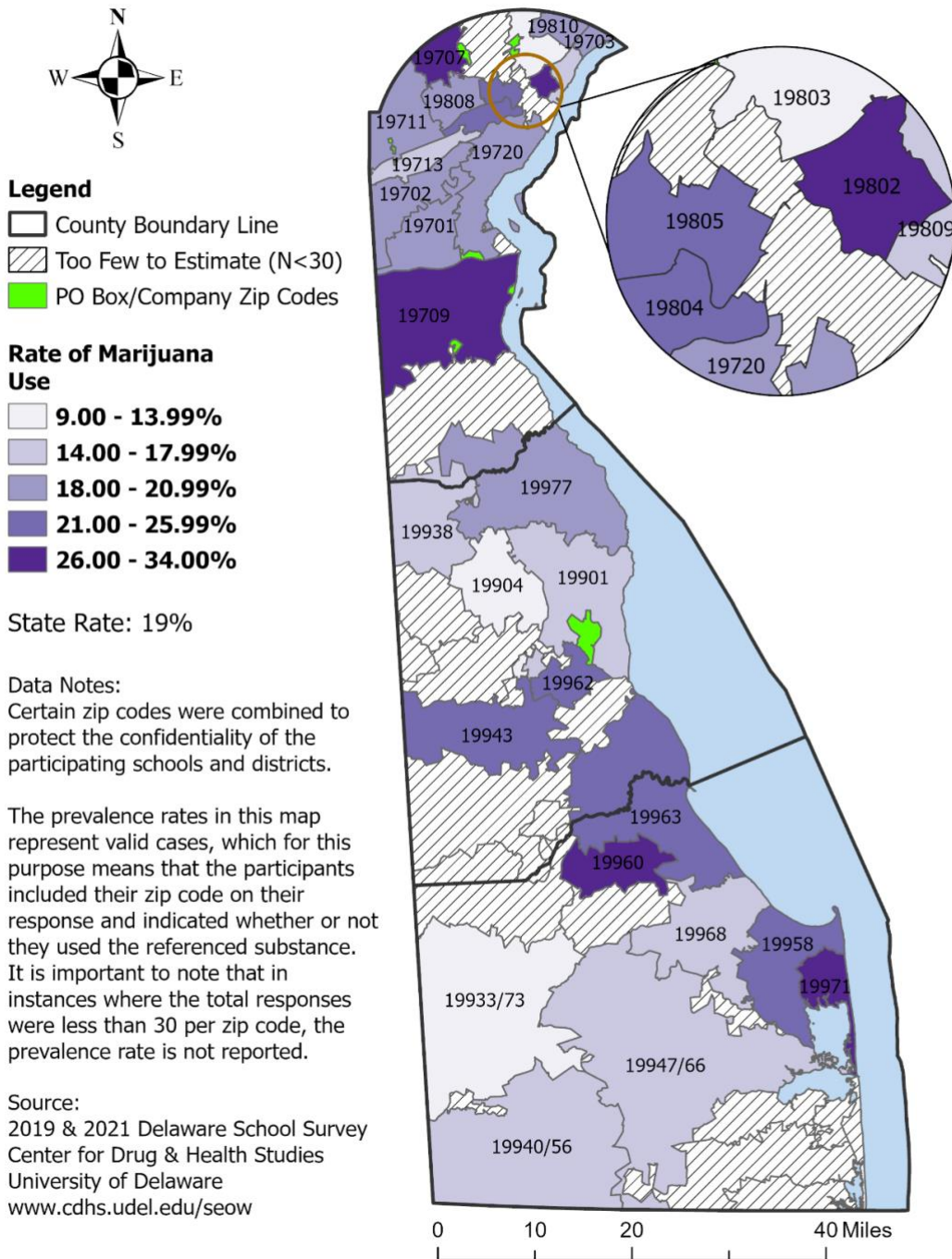


Figure 15: Map of past month marijuana use, 11th grade

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Year Prescription Painkiller Use Without a Prescription Among Delaware 11th Grade Public School Students by Zip Code: 2019 & 2021

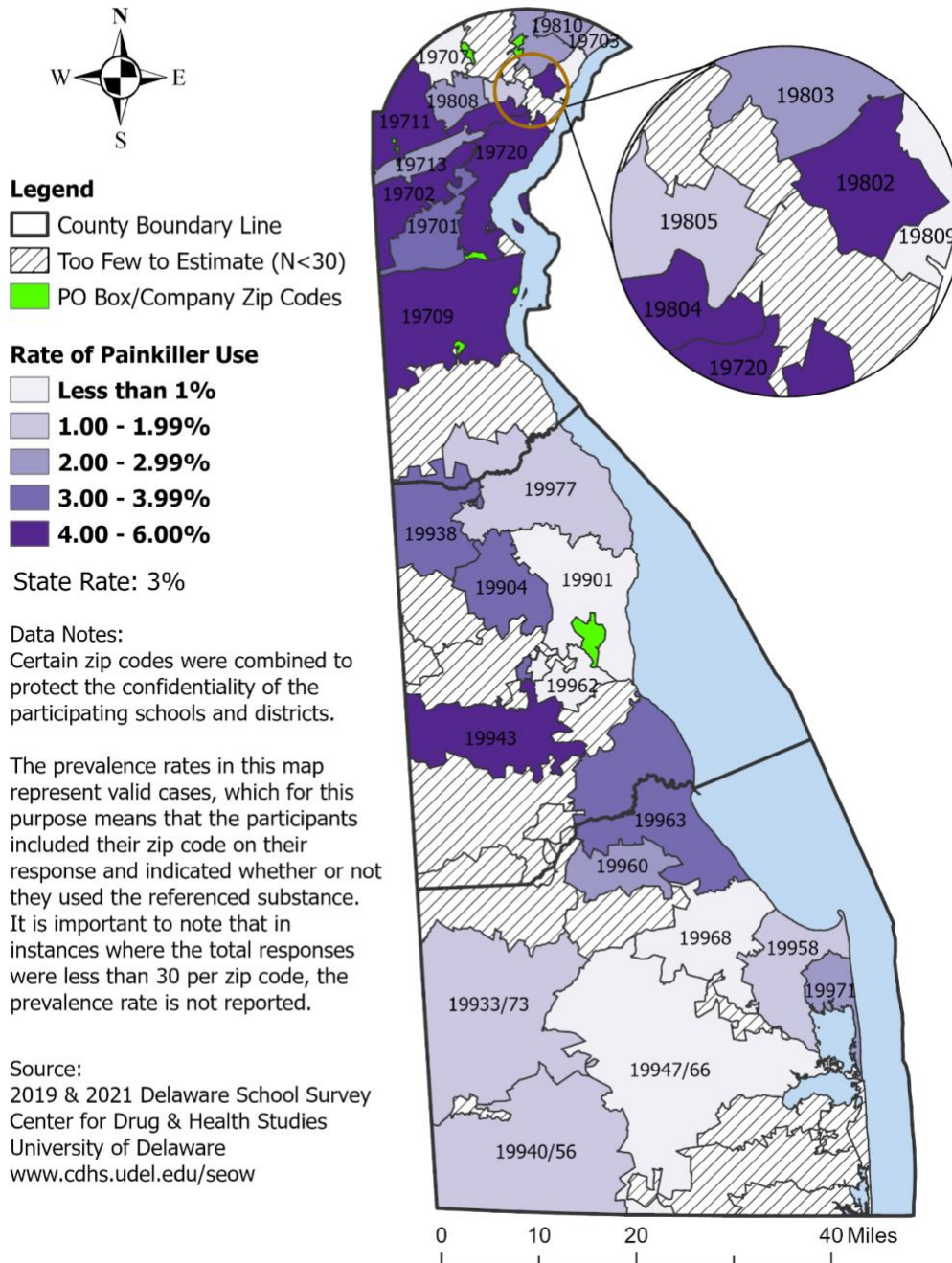


Figure 16: Map of past year prescription painkiller misuse, 11th grade

Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Reported Past Year Prescription Drug* Use Without a Prescription Among Delaware 11th Grade Public School Students by Zip Code: 2019 & 2021

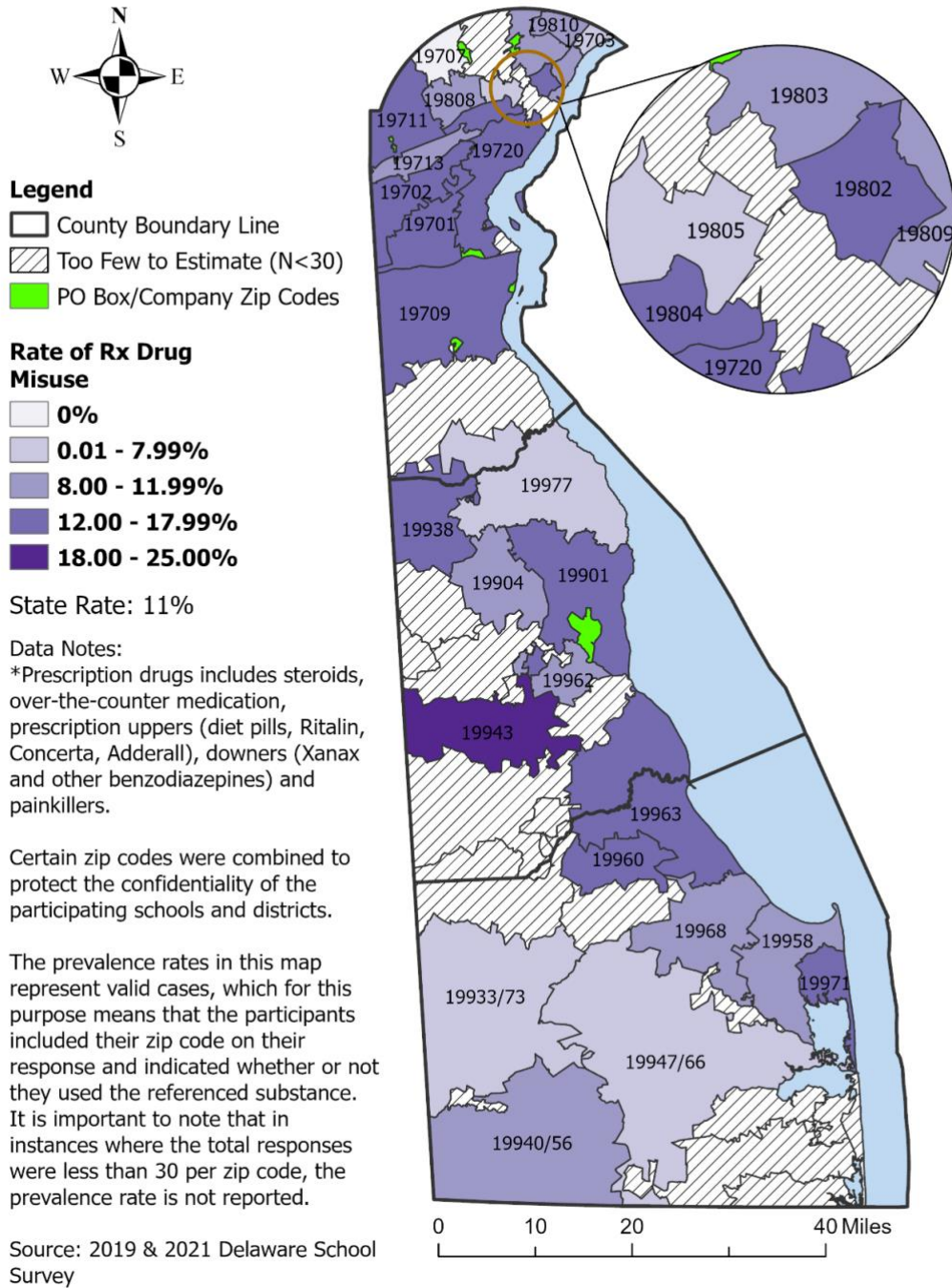


Figure 17: Map of past year prescription drug misuse, 11th grade

Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2. Tobacco and Electronic Cigarettes (Vaping)

National Overview

More than 50 years ago, the U.S. surgeon general released a [comprehensive report](#) documenting strong evidence that linked cigarette smoking to lung cancer and other conditions. In addition to cancers, tobacco use has been linked to heart and respiratory diseases, fetal

distress, and other dangerous health conditions. Over the decades, increased knowledge of the risks of smoking has had a positive impact; however, tobacco use remains an issue nationally and locally. Despite significant declines in tobacco use, more than 16 million Americans have at least one disease caused by smoking, which costs the U.S. billions of dollars annually (Centers for Disease Control and Prevention [CDC], n.d.). Yearly, almost one in five deaths in the U.S. are linked to cigarettes, and these deaths are entirely preventable (CDC, 2020).

Nationwide, there has been a decrease in the use of tobacco products over the past several decades. In 2017, roughly 14% of adults in the U.S. reported being current cigarette smokers, reflecting a 67% decrease in cigarette use since 1965 (Wang, Asman, Gentzke, et al., 2018). Among adults who smoke, more than two-thirds report that they want to quit, although rates of quitting decrease with age (Babb, Malarcher, Schauer, Asman, & Jamal, 2017). High school respondents to the National Youth Risk Behavior Survey (YRBS) reported current smoking at 27.5% in 1991 and 6% in 2019 (CDC, 2020). During that same time period, the number of high school youth who reported ever trying cigarette smoking declined from approximately 70% of respondents to 24.1% (CDC, 2020).

More recently, youth and adults are using electronic cigarettes or “vaping” in place of, or in addition to, cigarettes. Nationally, youth vape at a greater rate than they use any other tobacco product, including cigarettes (Jamal et al., 2017). Results from the 2019 National YRBS indicate that one in three high school students had vaped within the month prior to the survey (CDC, 2020). A [2016 surgeon general’s report](#) estimated a 900% increase in youth use of e-cigarettes between 2011-2015. One analysis of results from the 2016 National Youth Tobacco Survey found that the three main reasons middle and high school students give for using e-cigarettes are a friend or family member used them, there are multiple flavor options, and there is a perception of lower risk (Tsai et al., 2018). While e-cigarettes are marketed as less dangerous than regular cigarettes, they still contain nicotine, aerosol, and additional chemicals that may be toxic to the health of the user (Office of the Surgeon General, 2016). Vaping has also been linked to a greater risk of using other tobacco products, including regular cigarettes (Surgeon

Cigarette use has declined for youth and adults in Delaware over the past 20 years.

Of concern, the rate of Delaware youth who perceive great risk of harm from heavy smoking is also declining.

Delaware 8th and 11th graders report higher rates of vaping in the past month than smoking cigarettes.

General, n.d.). The health impacts of e-cigarettes are still being studied, and some risks may not be known at this time. The use of e-cigarettes is particularly problematic for youth: nicotine is addictive and has been shown to interfere with healthy brain development during adolescence and young adulthood. E-cigarette devices can also be used for marijuana and other illegal substances (Office of the Surgeon General, 2016). Newer products seem to be specifically designed to appeal to youth. The company Juul Labs, responsible for creating and marketing Juul vaping devices, has been the subject of lawsuits filed by multiple states claiming that their product was marketed to underage users. In Summer 2021, the first of these lawsuits was settled in North Carolina and the company was required to pay \$40 million as well as drastically change the advertising and sale of its products (Langmaid, 2021).¹⁵

Delaware Overview

[According to the CDC](#), 15.9% of adults in Delaware smoked cigarettes in 2019 and there are approximately 1,400 related deaths reported each year (CDC, n.d.). In 2009, an estimated \$532 million was spent throughout the state on healthcare costs related to smoking. To combat this public health threat, the CDC provided \$956K to the State of Delaware for tobacco prevention and control activities in FY2020 (CDC, n.d.).

Mirroring national trends, data from five major survey sources (Behavioral Risk Factor Surveillance System, National Survey of Drug Use and Health, Youth Risk Behavior Survey, Delaware School Survey, and Youth Tobacco Survey) illustrate a steady decline in cigarette use among Delaware residents since the late 1990s. Twenty years ago, more than a third of 11th graders reported regularly using cigarettes; in 2019, approximately 3% of 11th graders reported currently smoking cigarettes (Delaware School Survey [DSS], 2019).¹⁶ In 2020, only 1% of 8th graders reported current use of cigarettes on the DSS. Adult rates have declined as well; self-reports of past month smoking among Delaware adults decreased from 21.8% in 2011 compared to 15.1% in 2020 (Behavioral Risk Factor Surveillance System [BRFSS], 2020). However, the BRFSS also estimates that one in ten adults smoke cigarettes every day. Smoking rates are associated with being male, being aged 25-34 years old, and lower levels of educational attainment (2020).

Although rates of cigarette use alone have declined steadily over the past 20 years among Delaware youth, approximately 6% of Delaware middle school students report that they have either smoked cigarettes, cigars, used smokeless tobacco, or an electronic vaping product within the past month (Delaware Middle School Youth Risk Behavior Survey [YRBS], 2019).

¹⁵ More recently, JUUL agreed to a tentative multistate settlement of \$438.5 million; however, additional legal challenges are continuing. At the time of this report's publication, the company's application for permanent sales in the U.S. remains under review with the Food and Drug Administration (Jewett, 2022.)

¹⁶ In 2021, the number of 8th grade and 11th grade students reporting past month cigarette use on the Delaware School Survey were too small (n<30) to report.

There has also been a decline in the rate of 8th graders' perception of great risk of harm from smoking a pack of cigarettes per day over the past decade (DSS, 2011-2021). While there has been variation in this indicator over the years, it has dipped to below half of all 8th graders recently.

While the decline in cigarette use in Delaware is positive, there has been troubling concern over the past decade regarding the use of e-cigarettes or vaping devices for both youth and adults. A preference for vaping over cigarettes may be due to the perception of these products as safer alternatives to cigarettes. However, YRBS trend data indicates that the rate of vaping has steadily declined from 8.14% in 2015 to 4.6% in 2019 among Delaware middle school students. The 2021 DSS also shows a decline in past month vaping rates among 11th graders, from a peak of 18% in 2019 to 7% in 2021. It should be noted, however, that due to the pandemic the DSS was not administered to 11th grade students in 2020 and data collection challenges have persisted since students returned to school requiring changes from paper and pencil, in-person administrations to online surveys in 2021. Therefore, changes in reported consumption rates may be due, in part, to changes in survey methods or other impacts of the pandemic and subsequent school closures. Nevertheless, vaping prevention has been a focus of a number of state and community-based initiatives in recent years which may have contributed to the decline in use. It will be important to continue to monitor vaping as well as all forms of tobacco use in the future.

For a [detailed profile of vaping among Delaware youth](#) compiled by SEOW stakeholders highlighting statewide prevention efforts, please see the [Delaware Journal of Public Health August 2020](#).

Data in Action: Recent FDA Measures to Curb Vaping and Combustible Tobacco Products

Although many proponents of vaping argue that use of e-cigarettes and vaping devices have helped them to quit or avoid using combustible cigarettes, experts caution that these products are not a safe alternative, especially when considering related lung injuries. Vaping can expose an individual to nicotine and other chemicals that negatively affect lung function (Hamberger and Halpern-Felsher, 2020) and increase the risk of heart disease and respiratory infections. E-cigarettes can harm young, developing brains and impact learning, memory, and attention due to nicotine exposure (Office of the Surgeon General, 2016). In 2020, the U.S. Food and Drug Administration (FDA) banned unapproved flavored e-cigarette products such as those using fruit and mint flavors that are particularly appealing to youth. However, the ban only applied to products using tobacco. Companies such as Puff Bar began using synthetic nicotine (created in a laboratory rather than naturally derived from tobacco plants) thus exploiting a loophole in the ban. A new federal law passed in April 2022 addresses this gap by allowing the FDA to enforce regulations regarding approval and age requirements for the sale of e-cigarette products regardless of the source of nicotine.

Early this year, the FDA also proposed [a product standard](#) to limit the levels of nicotine in cigarettes and other combustible tobacco products. In addition, the agency has announced a [proposed ban](#) on the use of menthol in tobacco products. According to a recent National Institutes of Health [study](#), the longstanding, targeted marketing of menthol cigarettes to African American communities have contributed to the smoking-related health disparities born by this population (Mendez & Le, 2022).

**National Survey on Drug Use and Health
Past Month Tobacco and Cigarette Use
and Perceptions of Great Risk in Delaware
by Age Group, 2019-2020
(annual average percentages)**

Rates of past month use and perceptions of great risk in Delaware by age group: annual average percentages based on 2019-2020 NSDUH ^a				
Measure	Total 12 or Older	AGE GROUP		
		12-17	18-25	26 or Older
Tobacco products				
Past month tobacco product use ^b	20.25	2.76	18.99	22.25
Past month cigarette use	16.12	1.16	14.26	17.92
Perceived great risk of smoking one or more packs of cigarettes per day	73.14	65.93	69.09	74.43

Figure 18: Tobacco/cigarette use & perceptions of great risk

Notes:

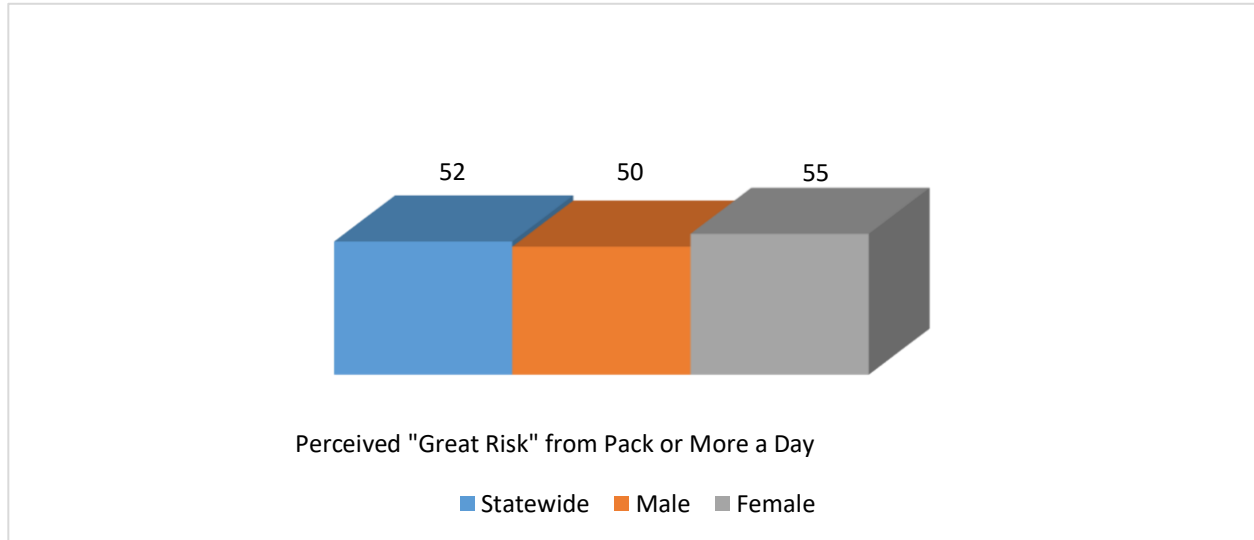
^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

^b Tobacco products include cigarettes, smokeless tobacco (i.e., snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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2021 Delaware School Survey Cigarette Use among Delaware 5th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use	Perceived "Great Risk" from Pack or More a Day
Statewide	-	-	-	52
Male	-	-	-	50*
Female	-	-	-	55*

Figure 19: Cigarette use, 5th grade

Notes:

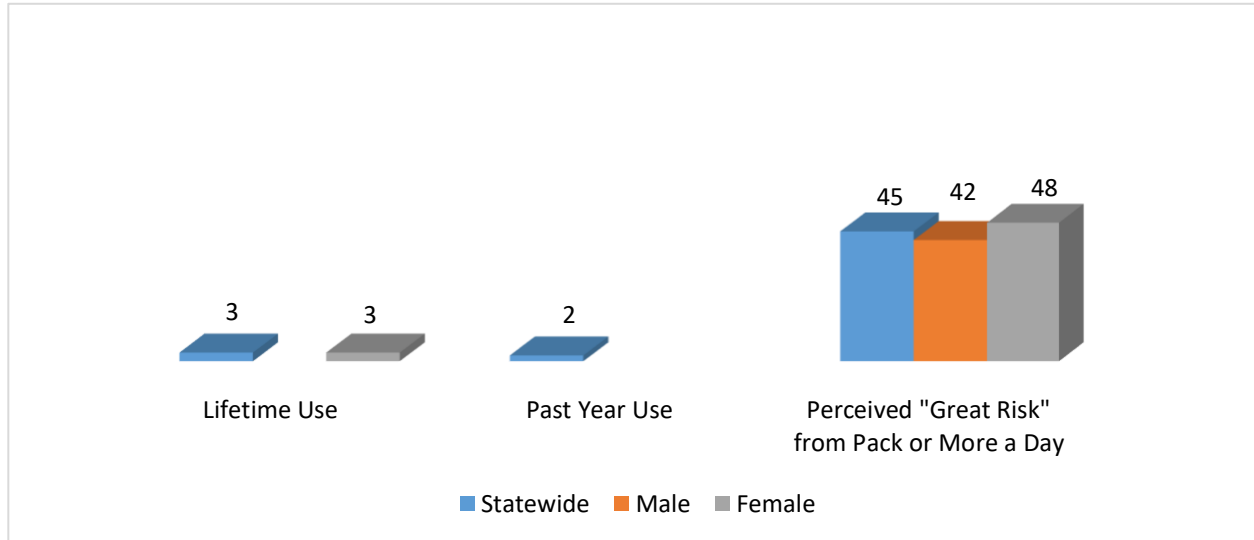
"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

* Estimates were not statistically significant at the p<.05 level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: 5th Grade \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Cigarette Use among Delaware 8th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use	Perceived "Great Risk" from Pack or More a Day
Statewide	3	2	-	45
Male	-	-	-	42
Female	3*	-	-	48

Figure 20: Cigarette use, 8th grade

Notes:

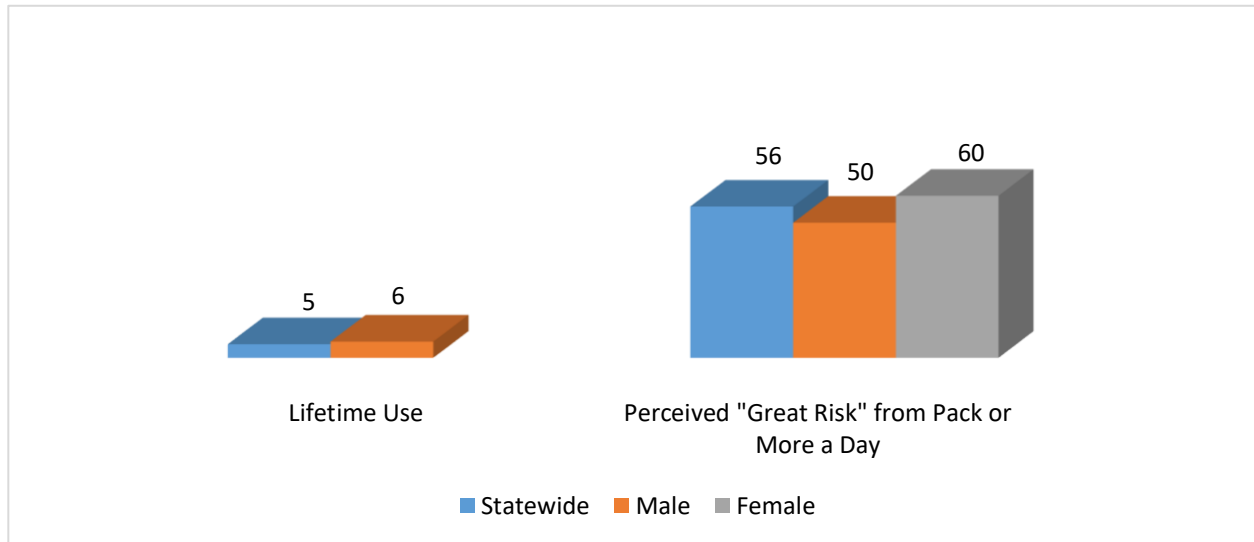
"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

* Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Cigarette Use among Delaware 11th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use	Perceived "Great Risk" from Pack or More a Day
Statewide	5	-	-	56
Male	6*	-	-	50
Female	-	-	-	60

Figure 21: Cigarette use, 11th grade

Notes:

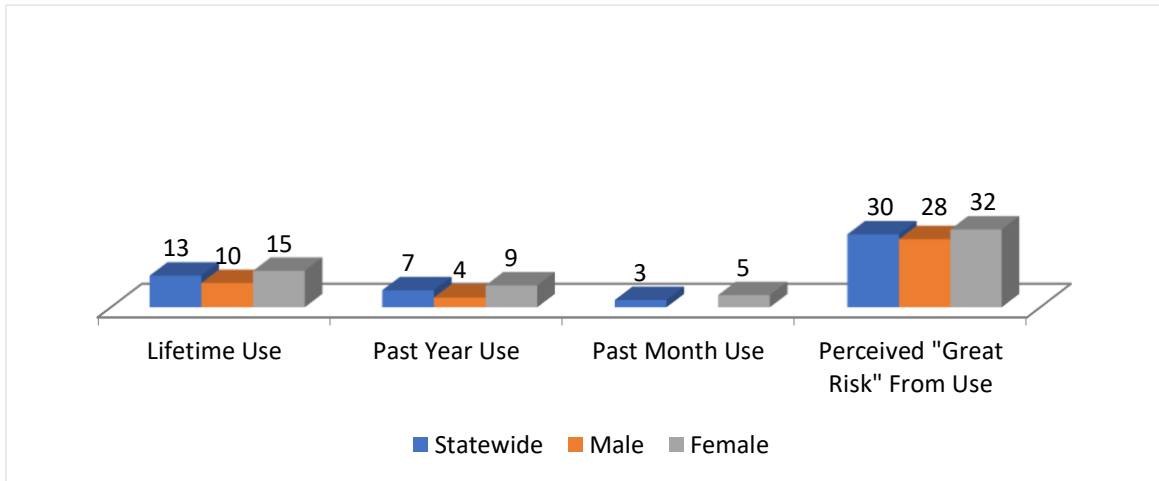
"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

* Estimates were not statistically significant at the p<.05 level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Electronic Cigarette/Vaping Device Use among Delaware 8th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use	Perceived "Great Risk" from Use
Statewide	13	7	3	30
Male	10	4	-	28
Female	15	9	5	32

Figure 22: Electronic cigarette/vaping device use, 8th grade

Note:

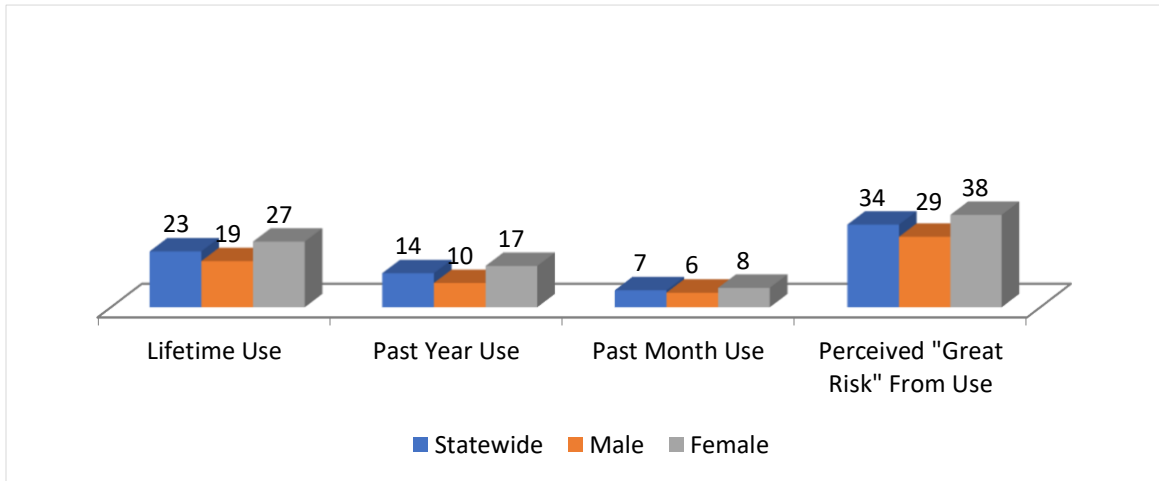
"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

* Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Electronic Cigarette/Vaping Device Use among Delaware 11th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use	Perceived "Great Risk" from Use
Statewide	23	14	7	34
Male	19	10	6*	29
Female	27	17	8*	38

Figure 23: Electronic cigarette/vaping device use, 11th grade

Note:

* Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey

Average Age of Onset for Cigarette Use

8 th Grade	11 th Grade
11.9 years	13.6 years

Figure 24: Average age of onset¹ for cigarette use, 8th and 11th grade

Note:

¹ Average age of onset calculated among students who report ever smoking a cigarette

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

2019 Middle School Youth Risk Behavior Survey

Students Who Currently Smoked Cigarettes* 2007-2019 (In Percentages)

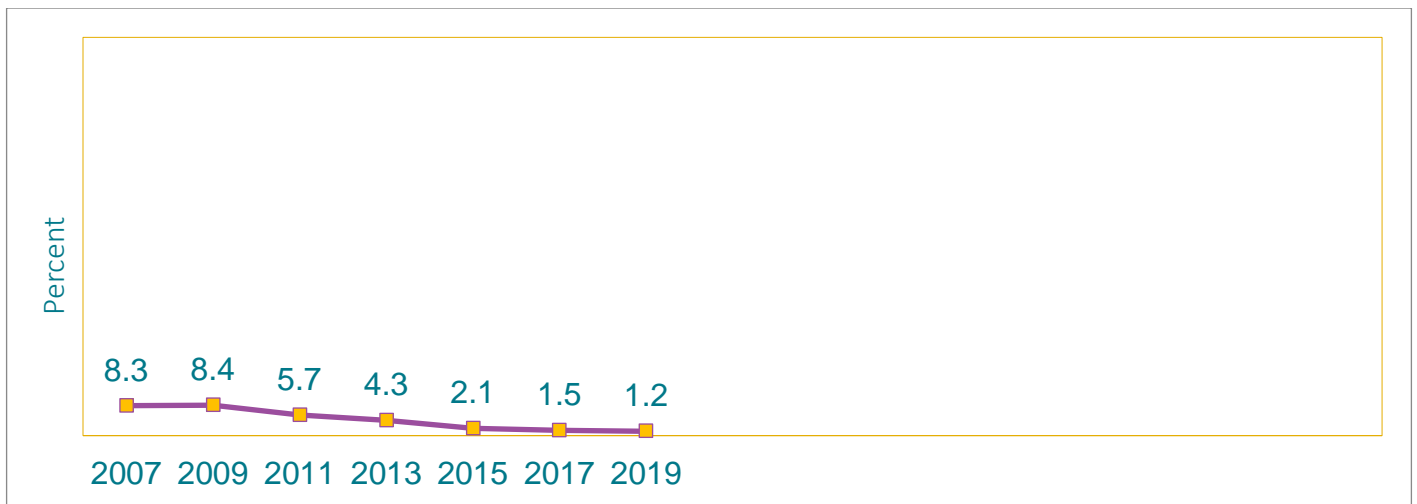


Figure 25: Trends in current cigarette use, MS

Notes:

* On at least 1 day during the 30 days before the survey

Decreased 2007-2019, decreased 2007-2011, decreased 2011-2019 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

This graph contains weighted results.

Source: ["2019 Delaware Youth Risk Behavior Survey, Middle School." Delaware Middle School Graphs. Centers for Disease Control and Prevention.](#)

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2019 Middle School Youth Risk Behavior Survey

Students Who Currently Used Vapor Products* 2015-2019 (in percentages)

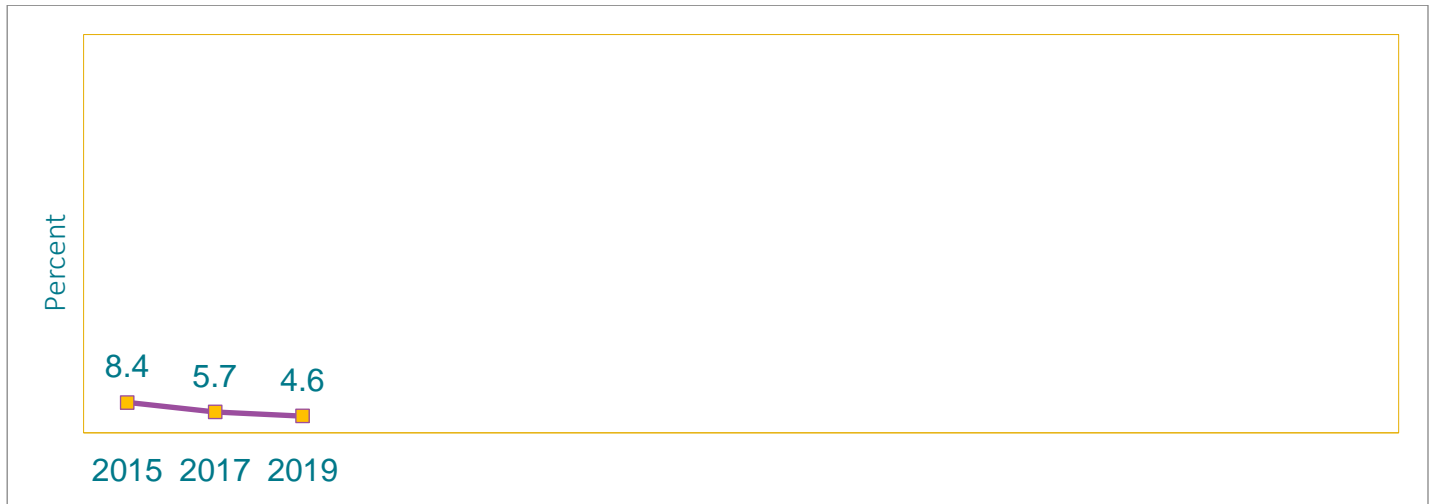


Figure 26: Trends in current vaping, MS

Notes:

* On at least 1 day during the 30 days before the survey

Decreased 2015-2019 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05).] This graph contains weighted results.

Students Who Currently Smoked Cigarettes or Cigars or Use Smokeless Tobacco or Electronic Vapor Products* (in percentages)

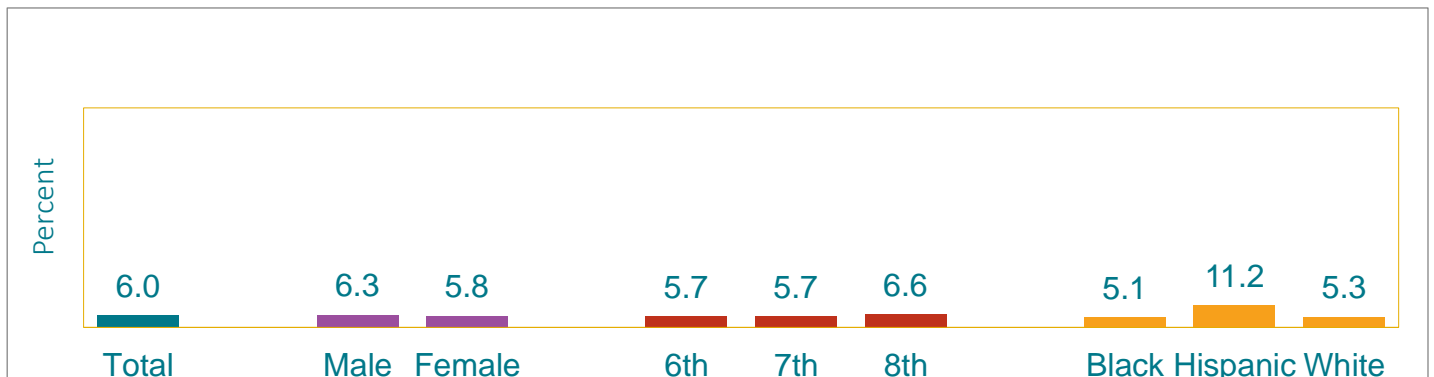


Figure 27: Current use of cigarettes, cigars, smokeless tobacco, or vape products, MS

Notes:

* On at least 1 day during the 30 days before the survey

† H > B, 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.

Source: ["2019 Delaware Youth Risk Behavior Survey, Middle School." Delaware Middle School Graphs. Centers for Disease Control and Prevention.](#)

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2020 Delaware Behavior Risk Factor Surveillance System (BRFSS) Delaware Adult Cigarette Smoking by Sex

Sex	Current Smokers	Smoke Everyday	Smoke Some Days
Overall	15.1%	10.6%	4.5%
Male	18.0%	12.3%	5.7%
Female	12.6%	9.1%	3.4%

Figure 28: Cigarette smoking by sex, Delaware adults

Delaware Adult Cigarette Smoking by Race/Ethnicity

Race/Ethnicity	Current Smokers	Smoke Everyday	Smoke Some Days
Overall	15.1%	10.6%	4.5%
White, non-Hispanic	15.4%	11.2%	4.2%
Black, non-Hispanic	16.2%	10.4%	5.8%
Hispanic	14.0%	9.8%	4.2%
American Indian or Alaskan Native, non-Hispanic	-	-	-

Figure 29: Cigarette smoking by race/ethnicity, Delaware adults

Note:

“-” indicates that the prevalence estimate was not available if the unweighted sample size for the denominator was <50 or the Relative Standard Error (RSE) is >0.3.

Source: [“2020 Delaware Behavior Risk Factor Surveillance System.” BRFSS Prevalence & Trends Data, Centers for Disease Control and Prevention.](#)

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2020 Delaware Behavior Risk Factor Surveillance System (BRFSS) Delaware Adult Cigarette Smoking by Educational Level

Educational Level	Current Smokers	Smoke Everyday	Smoke Some Days
Overall	15.1%	10.6%	4.5%
Less Than High School	27.9%	21.2%	6.7%
High School / G.E.D.	19.6%	14.2%	5.4%
Some Post-H.S.	15.7%	11.3%	4.4%
College Graduate	5.6%	2.6%	3.0%

Figure 30: Cigarette smoking by educational level, Delaware adults

Delaware Adult Cigarette Smoking by Age Group

Age Group	Current Smokers	Smoke Everyday	Smoke Some Days
Overall	15.1%	10.6%	4.5%
18 - 24	7.3%	-	-
25 - 34	23.6%	15.6%	8.0%
35 - 44	18.1%	14.6%	3.5%
45 - 54	16.9%	13.6%	3.3%
55 - 64	16.2%	10.8%	5.4%
65 and Older	9.8%	6.3%	3.5%

Figure 31: Cigarette smoking by age group, Delaware adults

Note:

“-” indicates that the prevalence estimate was not available if the unweighted sample size for the denominator was <50 or the Relative Standard Error (RSE) is >0.3.

Source: [“2020 Delaware Behavior Risk Factor Surveillance System.” BRFSS Prevalence & Trends Data, Centers for Disease Control and Prevention.](#)

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Delaware School Survey

Trends in Past Month Cigarette Use, 8th and 11th grade, 1999-present (in percentages)

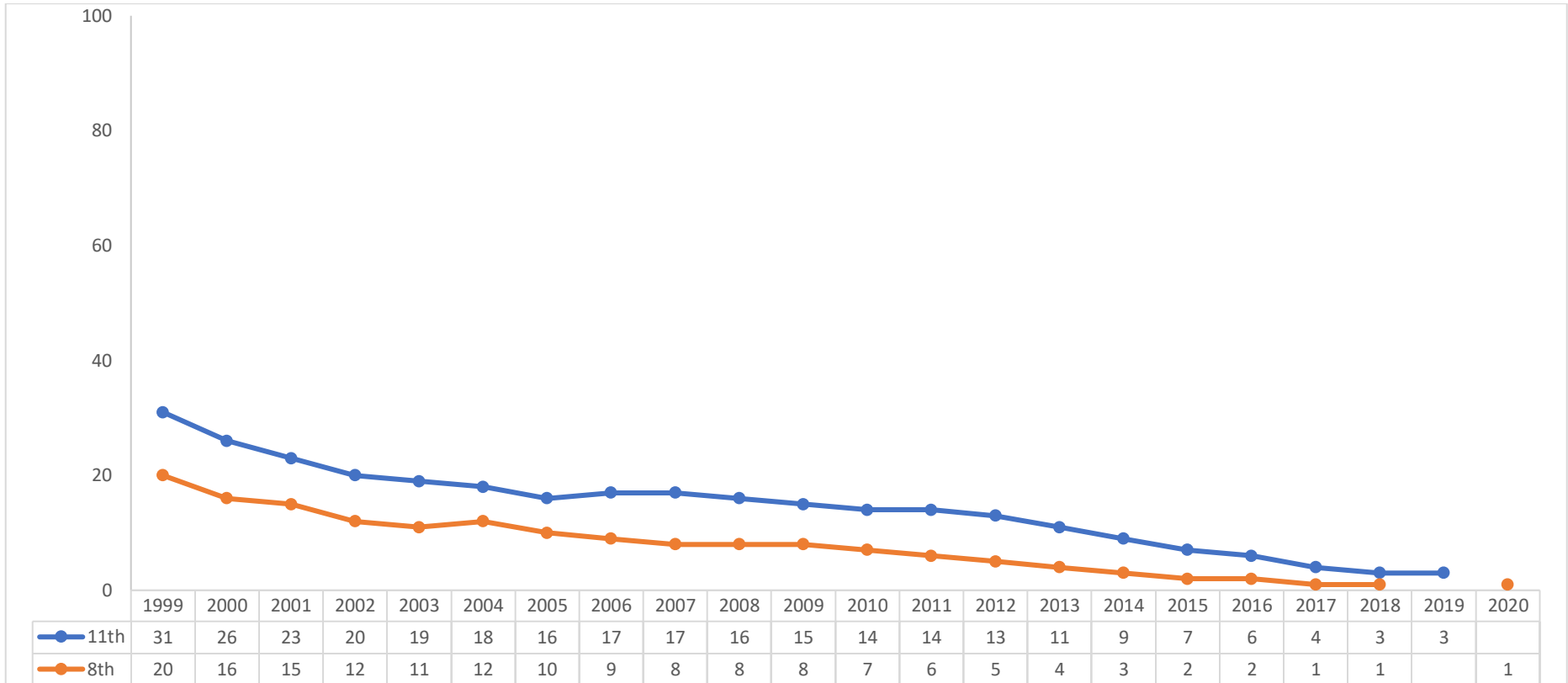


Figure 32: Trends in students' past month cigarette use, 8th and 11th grade

Notes:

In 2019, the number of 8th grade students reporting past month cigarette use was too small to report.

In 2020, 11th grade data was not available for the Delaware School Survey.

In 2021, the number of 8th grade and 11th grade students reporting past month cigarette use were too small (n<30) to report.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Delaware School Survey

Trends in Vaping among 11th Grade Students (in percentages)

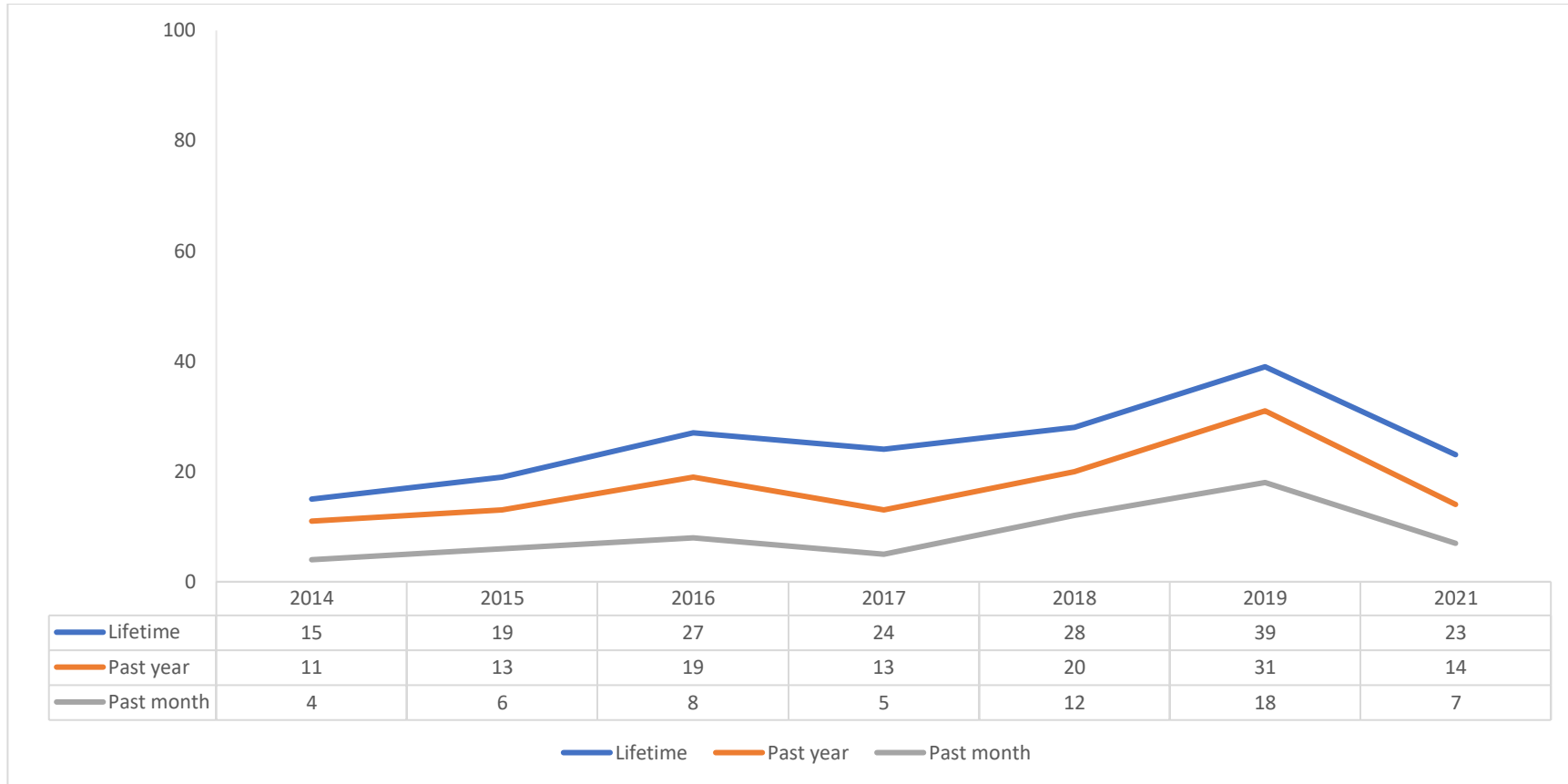


Figure 33: Trends in vaping, 11th grade

Notes:

Vaping includes use of e-cigarettes, Juul, or any other vaping device.

In 2020, 11th grade data was not available for the Delaware School Survey.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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National Survey on Drug Use and Health

Past Month Tobacco Product Use by Age Group and Region, 2018-2019 and 2019-2020 (in percentages)

	12 or Older			AGE GROUP								
				12-17			18-25			26 or Older		
	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b
Total U.S.	21.28	19.88	-	4.01	3.10	-	25.08	21.77	-	22.68	21.51	-
Northeast	19.28	18.60	-	3.59	3.06	-	24.53	20.75	-	20.12	19.88	-
Delaware	22.60	20.25	-	4.04	2.76	-	25.59	18.99	-	24.12	22.25	-

Figure 34: Tobacco product use, past month, by age group and region

Past Month Cigarette Use by Age Group and Region, 2018-2019 and 2019-2020 (in percentages)

	12 or Older			AGE GROUP								
				12-17			18-25			26 or Older		
	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b
Total U.S.	16.91	15.81	-	2.50	1.85	-	18.34	15.73	-	18.35	17.42	-
Northeast	15.43	14.55	-	2.14	1.60	-	17.65	15.83	-	16.48	15.70	-
Delaware	17.46	16.12	-	1.93	1.16	-	17.84	14.26	-	19.03	17.92	-

Figure 35: Cigarette use, past month, by age group and region

Notes:

^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

^b p value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. P values for this data were unavailable at the time of this report writing.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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National Survey on Drug Use and Health National and Delaware People (12 and Older) Reporting Cigarette Use in Past Month (in percentages)

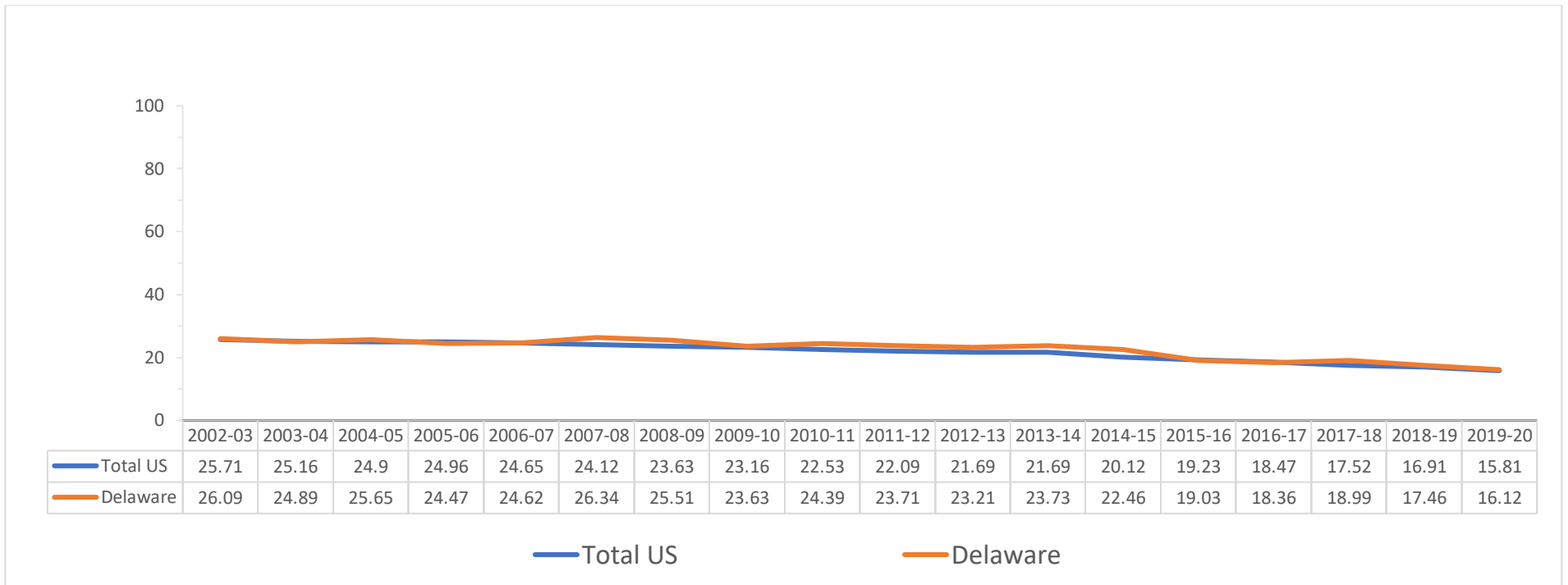


Figure 36: Trends in cigarette use, past month, national & Delaware, ages 12+

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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National Survey on Drug Use and Health National and Delaware Adolescents (12-17) Reporting Cigarette Use in Past Month (in percentages)

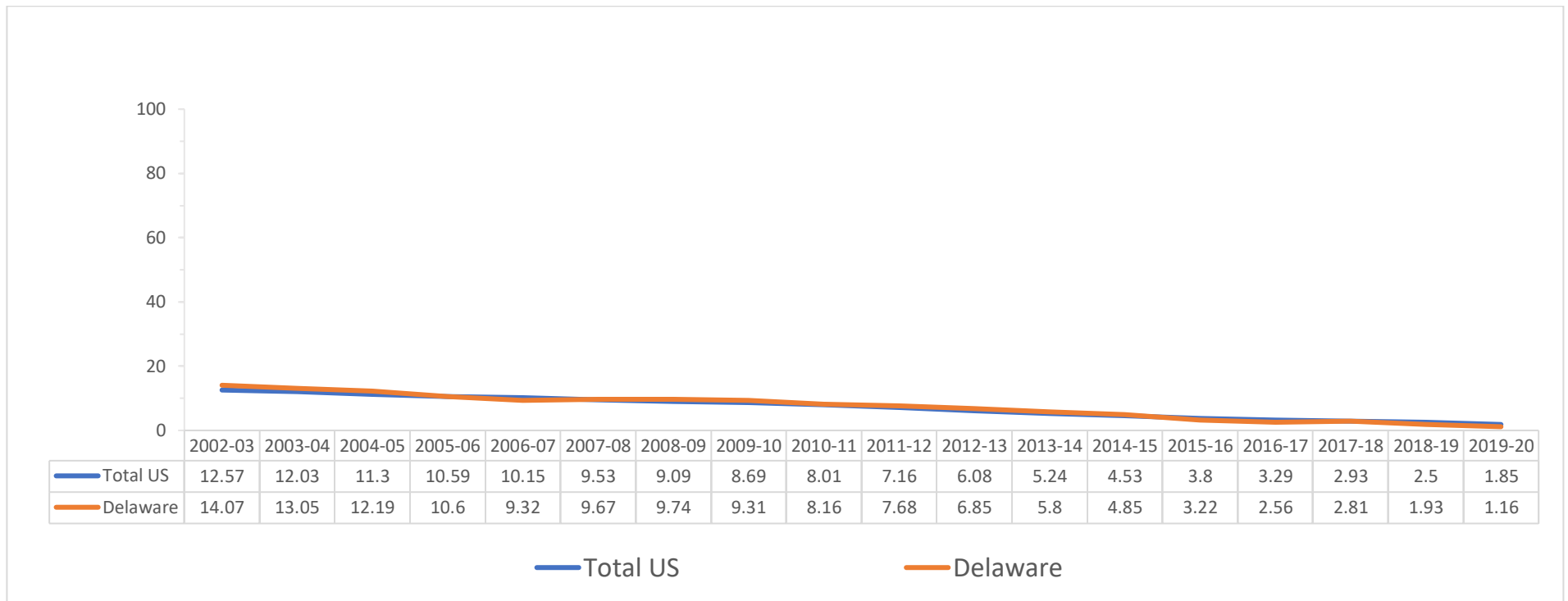


Figure 37: Trends in cigarette use, past month, national & Delaware, ages 12-17

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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Monitoring the Future, 1999-2021

National Trends in Past Month Cigarette Use among 8th, 10th, and 12th Grade Students (in percentages)

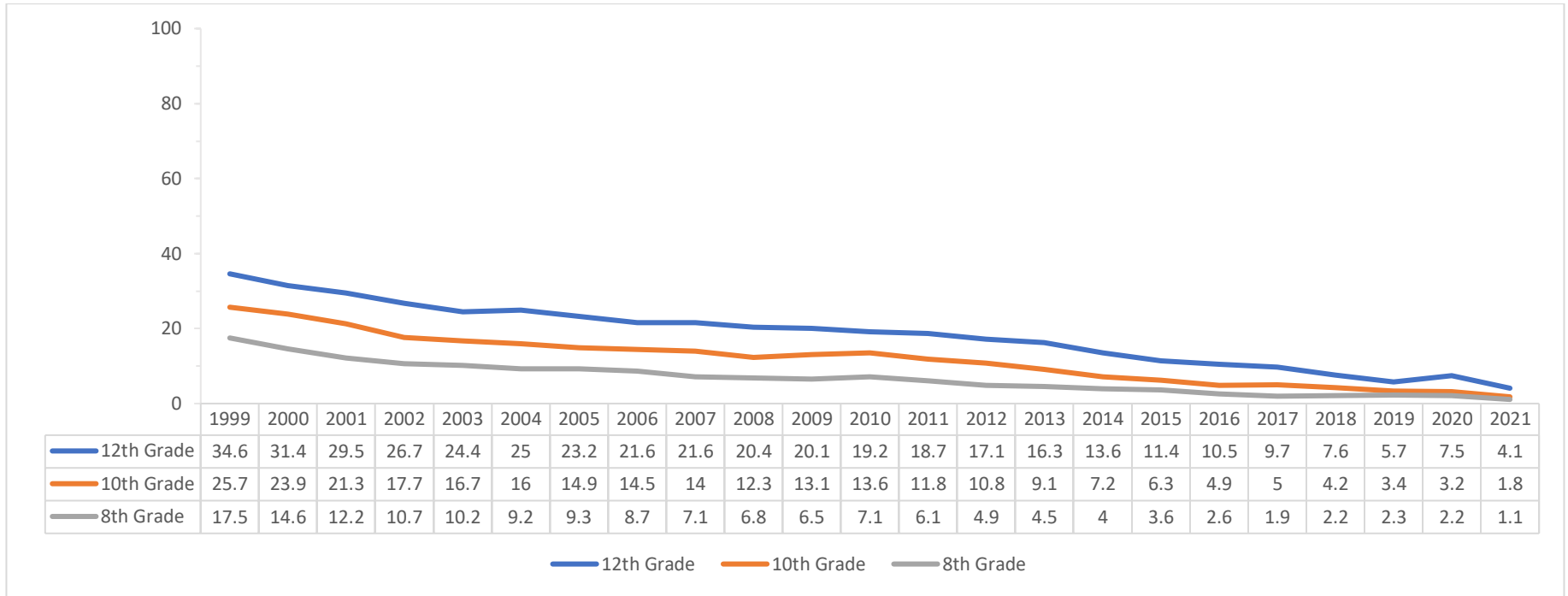


Figure 38: Trends in cigarette use, past month, national, 8th, 10th, and 12th grade

Source: [Monitoring the Future, National Survey Results on Drug Use, 1975-2021. University of Michigan.](#)

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Delaware School Survey, 2002-2021
Students' Perceptions of Great Risks
from Smoking a Pack of Cigarettes Daily
(in percentages)

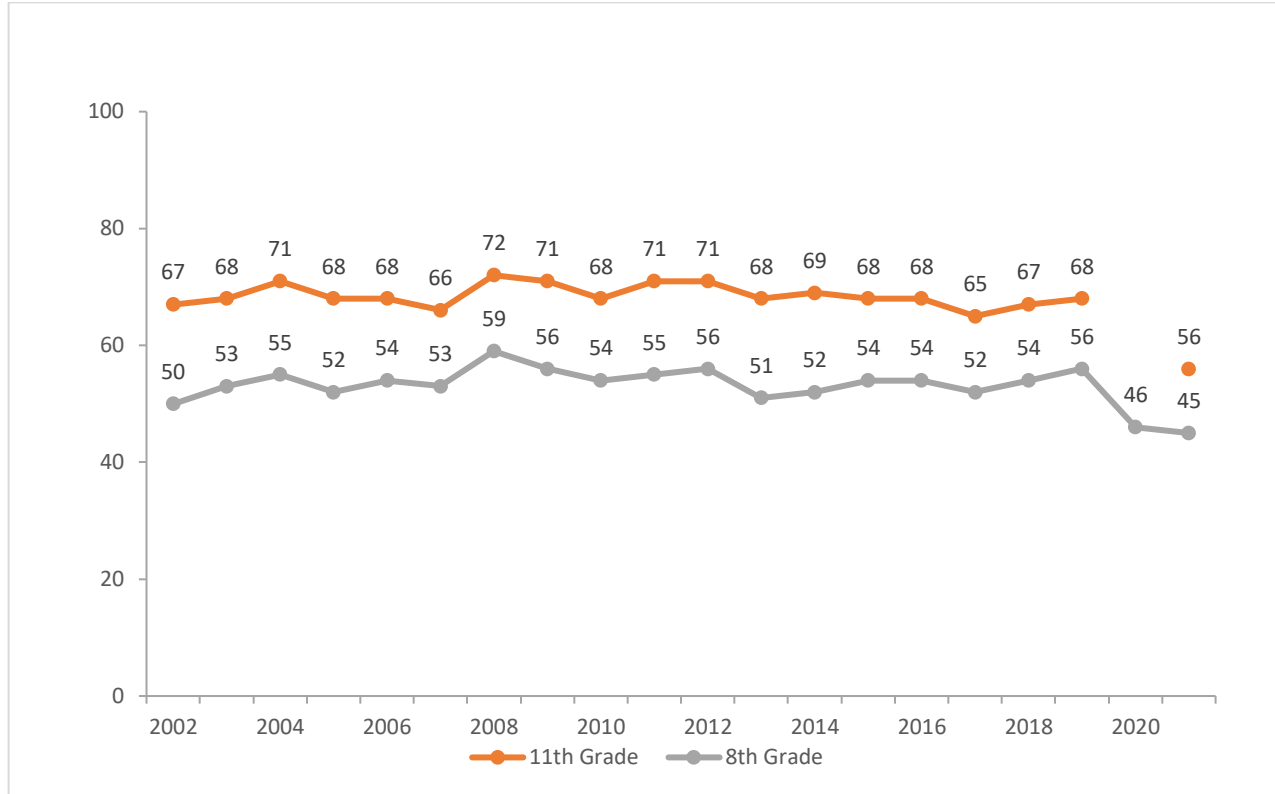


Figure 39: Trends in perceived great risk from smoking pack daily, 8th and 11th grade

Note:

In 2020, 11th grade data was not available for the Delaware School Survey.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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National Survey of Drug Use and Health
Perceptions of Great Risks
from Smoking One or More Packs of Cigarettes per Day
by Age Group and Region, 2018-2019 and 2019-2020
(in percentages)^a

State	AGE GROUP											
	12 or Older			12-17			18-25			26 or Older		
	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b
Total U.S.	71.52	70.97	-	65.16	66.12	-	66.86	66.36	-	72.98	72.24	-
Northeast	73.98	72.87	-	67.15	67.87	-	69.14	67.42	-	75.43	74.20	-
Delaware	71.81	73.14	-	64.68	65.93	-	67.31	69.09	-	73.19	74.43	-

Figure 40: Perception of risk in smoking 1+ packs/day by age group and region

Notes:

^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

^b p value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. P values for this data were unavailable at the time of this report writing.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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3. Alcohol

National Overview

Alcohol use has extensive public health, economic, and social consequences. One national study found that in 2010 nearly a quarter of a trillion dollars in costs were associated with excessive drinking in the U.S. (Sacks et al., 2015). A report by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) found that nearly one million people had died of alcohol-

related causes between 1999 and 2017 in the U.S. ([National Institutes of Health, 2020](#)). Deaths related to excessive alcohol use are on the rise; the CDC estimates that on average over 140,000 deaths were attributable to chronic or acute conditions related to excessive consumption between 2015 and 2019 (CDC, n.d.).

Frequent drinking can lead to alcohol use disorder (AUD), which can reduce daily functioning, impair social relationships, and lead to critical health outcomes. Approximately one in ten people age 12 and over in the U.S. fit the criteria for an alcohol use disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). Long-term alcohol use has been linked to a number of chronic and deadly conditions, including diseases of the liver and pancreas, various types of cancers, and risk of stroke (Rehm et al., 2009). Infants of mothers who drink during pregnancy are at great risk for developing Fetal Alcohol Spectrum Disorder which can lead to severe complications including lifelong developmental delays and disabilities (Streissguth et al., 2004). Both the National Survey on Drug Use and Health (NSDUH) and the Behavioral Risk Factor Surveillance Systems suggest that about half of adults in the U.S. have used some alcohol in the past month (SAMHSA, 2021; CDC, n.d.). Although males have reported higher rates of alcohol use than females, a research review by the National Institute of Alcohol Abuse and Alcoholism (NIAAA) indicates that women's rates of drinking and binge drinking have increased over the past several decades (NIAAA, 2021) in comparison to men's rates among certain age groups. High school youth reports of past month use declined from 50% in 1999 to 29.2% in 2019 (National Youth Risk Behavior Survey, Centers for Disease Control and Prevention, n.d.). While the downward trend of alcohol use over the past 20 years is heartening, alcohol remains a substance of choice for both teens and adults with serious public health implications.

While consumption rates appear to be declining, alcohol remains the most commonly used substance among Delaware youth.

Approximately 3 out of 10 adults aged 18-25 in Delaware report binge drinking in the past month.

9% of 11th graders reported drinking and driving at some point in their lifetime.

Early research suggests that substance use and mental health issues increased during the COVID-19 pandemic (Czeisler et al., 2020; Czeisler et al., 2021). In late 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) added questions to the NSDUH survey to assess respondents' perceptions of COVID-19's impact on their substance use and mental health. Respondents aged 12 and older were asked the following: *How much, if at all, has the COVID-19 pandemic affected the amount of alcohol you drink?* Responses included *much less, a little less, about the same, a little more, and much more* than before the pandemic began. Approximately 59.4% of respondents who reported using alcohol in the previous year indicated that they drank *about the same* as before the pandemic; a quarter of respondents indicated that they drank *a little less* or *much less* than previously; and 15.4% indicated that they drank *a little more* or *much more* than prior to the start of COVID-19 (SAMHSA, 2021).¹⁷ These patterns were generally consistent across age groups with teens under 18 more likely to report a decrease in use, possibly due to limited social activity and peer engagement during the stay-at-home orders.

Delaware Overview

Although rates have been declining, alcohol remains the most commonly reported substance used by students in the state. The 2021 Delaware School Survey (DSS) results indicate that 18% of 8th graders drank alcohol at some point in their lifetime, 12% used it in the past year, and 5% had at least one drink in the past month. Nearly four in ten 11th graders reported that they drank alcohol at some time in their life, 31% have had alcohol in the past year, and 13% in the past month. While alcohol use continues to mirror declining national trends, student surveys show that too many students still do not adequately understand the risks involved with alcohol consumption. Only 43% of Delaware 11th graders surveyed indicated that they believed there is a great risk in binge drinking, and 4% reported recent binge drinking. In the same survey, 9% reported drinking and driving at some time in their life, while 7% reported drinking and driving in the past year. Of note, only 37% of 8th graders identified binge drinking as a great risk, a rate lower than that among 11th graders. Only 13% of 5th graders perceived “a lot of risk” from trying alcohol and 39% perceived similar risk for daily use. These younger students reported a lifetime use rate of 8% and a past year rate of 2%.

The use of alcohol at an early age has been linked to future alcohol dependence and a greater likelihood of using illicit substances later in life (Barry et al., 2016). According to the 2021 DSS,

¹⁷ On pages 50 through 54 of the [Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health](#), SAMHSA includes a number of cautions when interpreting data related to the impact of COVID-19 questions that were added to the survey in the 4th quarter of 2020. These include the subjective nature of the questions, the idea that consumption rates may have been different at the start of the pandemic compared to the end of 2020, and the sensitivity of the questions.

among students who drink, the average age by which students started drinking is 12.0 years of age for 8th graders and 14.6 years of age for 11th graders.

Alcohol consumption also remains prevalent among Delaware adults, with more than half (51.1%) reporting current use (Behavioral Risk Factor Surveillance System [BRFSS], 2020). According to the National Survey of Drug Use and Health (NSDUH), more than one in five Delaware respondents aged 12 and older reported binge drinking within the past month (2019-2020). The highest rates are among adults aged 18 to 25. In 2019, the Treatment Episode Data Set (TEDS) indicates that alcohol was the primary substance reported at admission among 10.7 % of clients receiving publicly funded treatment in Delaware, and it was identified as a secondary substance in another 8.2% of admissions (for additional details on TEDS data, please see Chapter 6: Other Illegal Drugs.) The 2019 Delaware Pregnancy Risk Monitoring System findings indicate that 6.71% of respondents had at least one alcoholic drink on average per week during the last three months of their pregnancy (Delaware Health and Social Services, 2021).

The consequences of excessive alcohol use are considerable in Delaware. The CDC Alcohol-Related Disease Impact (ARDI) portal provides estimates of deaths attributable to excessive alcohol consumption at national and state levels. ARDI estimates that on average, between 2015 and 2019, 466 deaths in Delaware were annually attributable to chronic or acute causes related to such use. In 2021, 4% of all traffic crashes in Delaware were alcohol-related. Thirty percent of fatal crashes and 7% of traffic-related injuries associated with crashes involved alcohol, and 2,886 driving under the influence (DUI) arrests were made statewide. In all, 42 fatalities and 650 injuries were associated with these accidents (Delaware State Police, Delaware Information and Analysis Center, 2022).

Binge drinking, in particular, is associated with an increased risk of victimization. Data from the 2017 College Risk Behavior Survey show that approximately one out of five University of Delaware students who reported that they frequently binged on alcohol (consuming five or more drinks in a single sitting) also reported being a victim of assault, compared to approximately one in 16 students who reported abstaining from alcohol use. Students who reported binge drinking also reported higher rates of sexual assault (Center for Drug and Health Studies, 2017). Nationally, researchers have consistently shown a clear association between alcohol use and intimate partner violence (Deveries et al., 2013). However, it is important to note that this type of survey data does not allow us to draw conclusions that binge drinking causes victimization or that being victimized causes binge or frequent drinking; it simply shows that students who experience one are more likely to experience the other.

Policy Update: Permanent Allowance of Takeout Liquor Sales

In February 2022, the Governor signed [a law](#) permanently allowing food and drink establishments in Delaware to continue to sell alcohol as part of takeout, curbside, or drive-through services. The provisions were originally established as a temporary measure when restaurants and other venues with liquor licenses were closed due to the COVID-19 pandemic and the subsequent state of emergency. The temporary measures were set to expire in early 2022. Conditions of House Bill 290 include limits on the volume of alcohol that can be sold (one 750 ML bottle of wine, six servings of beer, and mixed cocktails) and a minimum requirement for a food purchase of \$10 to accompany the sale of alcohol for restaurants. The bill also allows for the use of outdoor seating to serve food and beverages provided the license meets certain conditions. The Commissioner has the authority to temporarily suspend a license and hold hearings when public safety is at risk.

**National Survey on Drug Use and Health
Alcohol Use in Delaware, by Age Group, 2019-2020
(annual average percentages)**

AGE GROUP					
Measure	Total 12 or Older				12-20 ^c
		12-17	18-25	26 or Older	
ALCOHOL					
Past Month Alcohol Use	53.86	8.35	54.97	58.43	17.23
Past Month Binge Alcohol Use ^b	21.72	3.35	30.08	22.48	8.35
Perceived Great Risk of Drinking 5 or More Drinks Once or Twice a Week	43.24	43.46	37.88	43.94	--

Figure 41: Alcohol use in Delaware by age group

Notes:

“--” Not available, estimates have not been released by NSDUH.

^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

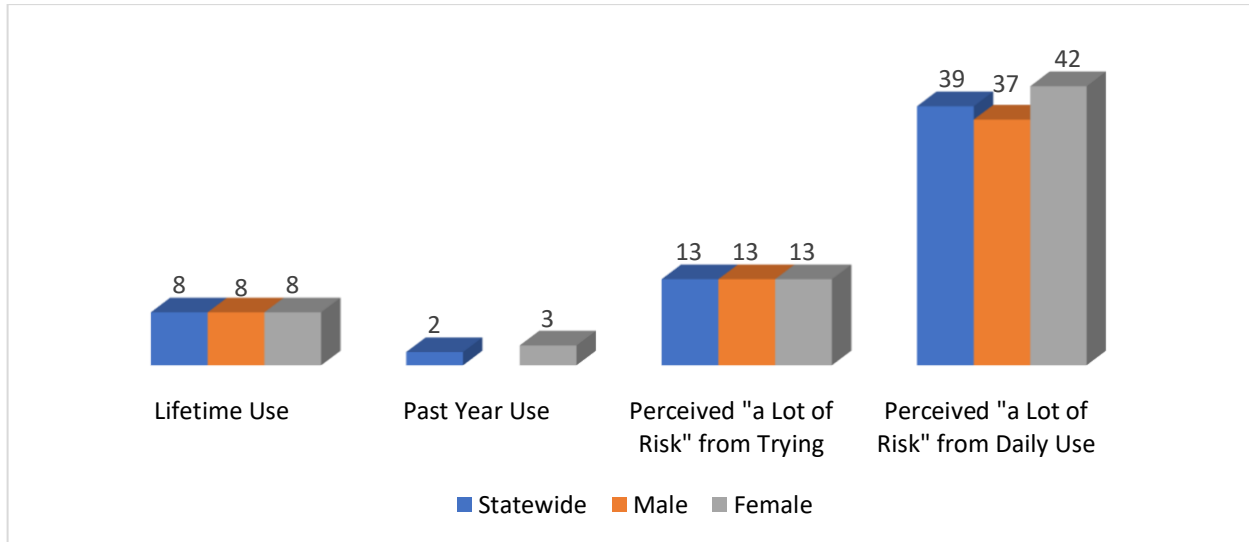
^b Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days. In 2015, the definition for females changed from five to four drinks.

^c Underage drinking is defined for persons aged 12 to 20.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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2021 Delaware School Survey Alcohol Use among Delaware 5th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use	Perceived "a Lot of Risk" from:	
				TRYING	DAILY USE
Statewide	8	2	-	13	39
Male	8*	-	-	13*	37*
Female	8*	3*	-	13*	42*

Figure 42: Alcohol use, 5th grade

Notes:

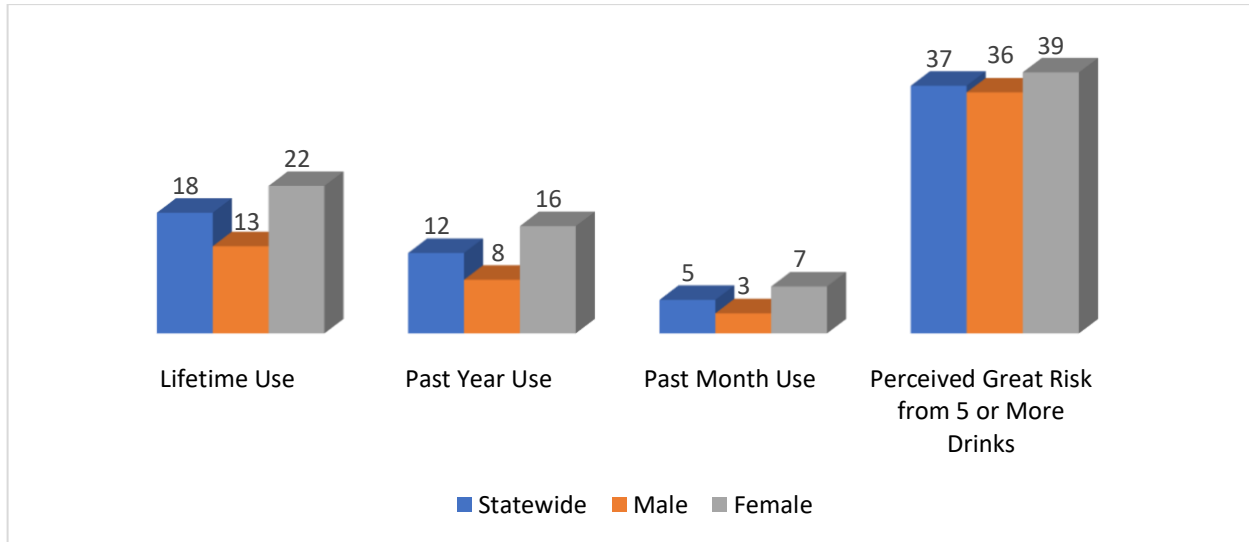
"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

* Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: 5th Grade \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Alcohol Use among Delaware 8th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use	Binge Use ^a	Perceived Great Risk from 5 or More Drinks
Statewide	18	12	5	-	37
Male	13	8	3	-	36
Female	22	16	7	-	39

Figure 43: Alcohol use, 8th grade

Notes:

“-” indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

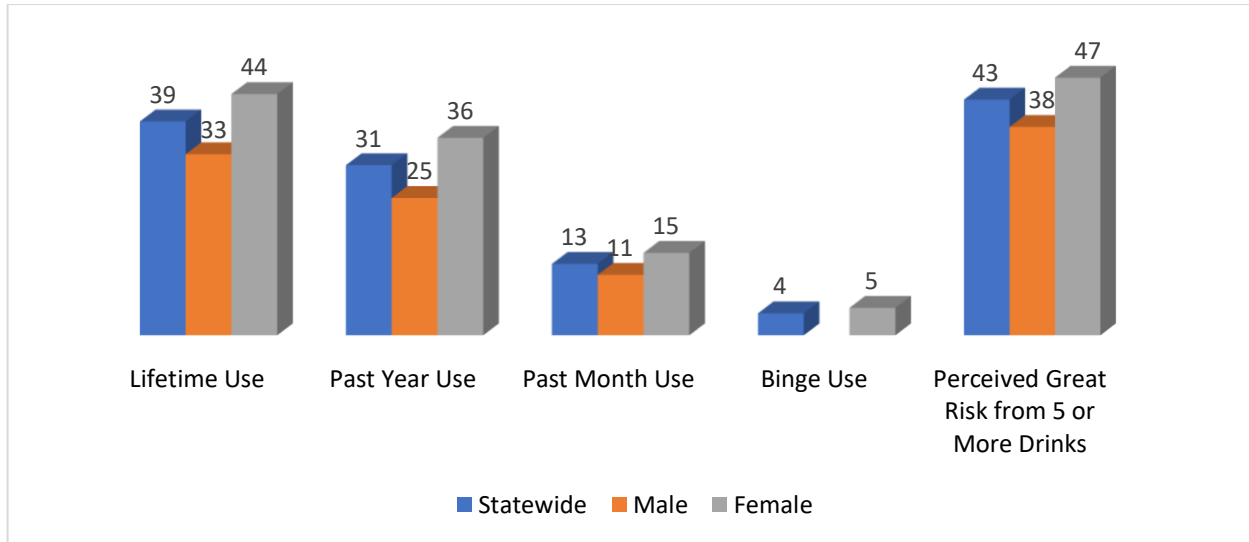
^a Binge drinking defined as 4 or more drinks of alcohol in a row for female students and 5 or more drinks of alcohol in a row for male students in the past two weeks (Previously binge use was reported as 3 or more drinks).

* Estimates were not statistically significant at the p<.05 level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Alcohol Use among Delaware 11th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use	Binge Use ^a	Perceived Great Risk from 5 or More Drinks
Statewide	39	31	13	4	43
Male	33	25	11*	-	38
Female	44	36	15*	5*	47

Figure 44: Alcohol use, 11th grade

Notes:

“-” indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

^a Binge drinking defined as 4 or more drinks of alcohol in a row for female students and 5 or more drinks of alcohol in a row for male students in the past two weeks (Previously binge use was reported as 3 or more drinks).

* Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Average Age of Onset for Alcohol Use

8 th Grade	11 th Grade
12.0 years	14.6 years

Figure 45: Average age of onset¹ of alcohol use, 8th and 11th grade

Note:

¹ Age of onset calculated among students who report ever drinking alcohol

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2020 Delaware Behavior Risk Factor Surveillance System (BRFSS)

Alcohol Use by Sex among Delaware Adults

Sex	Current Drinking	Binge Drinking	Heavy Drinking
Overall	51.1%	14.3%	5.9%
Male	57.1%	19.3%	6.3%
Female	45.8%	9.8%	5.6%

Figure 46: Alcohol use by sex, Delaware adults

Alcohol Use by Race and Ethnicity among Delaware Adults

Race/Ethnicity	Current Drinking	Binge Drinking	Heavy Drinking
Overall	51.1%	14.3%	5.9%
White, non-Hispanic	54.5%	15.8%	6.9%
Black, non-Hispanic	48.4%	11.5%	-
Hispanic	37.8%	12.3%	-
American Indian or Alaskan Native, non-Hispanic	-	-	-

Figure 47: Alcohol use by race and ethnicity, Delaware adults

Notes:

Prevalence estimate not available if the unweighted sample size for the denominator was <50 or the Relative Standard Error (RSE) is >0.3 or if the state did not collect data for that calendar year.

Current drinking is defined by the BRFSS as at least one drink of alcohol within the past 30 days.

Binge drinking is defined in the BRFSS as 4 or more drinks for a woman or 5 or more drinks for a man on an occasion during the past 30 days.

Heavy drinking is defined by the BRFSS as more than 7 drinks per week for women or more than 14 drinks per week for men.

Source: ["2020 Delaware Behavior Risk Factor Surveillance System." BRFSS Prevalence & Trends Data, Centers for Disease Control and Prevention.](#)

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2020 Delaware Behavior Risk Factor Surveillance System (BRFSS) Alcohol Use by Educational Attainment among Delaware Adults

Educational Level	Current Drinking	Binge Drinking	Heavy Drinking
Overall	51.1%	14.3%	5.9%
Less Than High School	28.3%	10.6%	-
High School / G.E.D.	44.0%	14.4%	6.0%
Some Post-H.S.	56.5%	17.2%	6.3%
College Graduate	61.7%	12.8%	6.1%

Figure 48: Alcohol use by educational attainment, Delaware adults

Alcohol Use by Age Group among Delaware Adults

Age Group	Current Drinking	Binge Drinking	Heavy Drinking
Overall	51.1%	14.3%	5.9%
18 - 24	50.2%	24.8%	10.4%
25 - 34	54.1%	18.5%	6.0%
35 - 44	57.4%	21.7%	6.7%
45 - 54	53.5%	13.0%	5.6%
55 - 64	52.5%	12.4%	5.7%
65 and Older	43.9%	5.0%	3.9%

Figure 49: Alcohol use by age group, Delaware adults

Notes:

Prevalence estimate not available if the unweighted sample size for the denominator was <50 or the Relative Standard Error (RSE) is >0.3 or if the state did not collect data for that calendar year.

Current drinking is defined by the BRFSS as at least one drink of alcohol within the past 30 days.

Binge drinking is defined in the BRFSS as 4 or more drinks for a woman or 5 or more drinks for a man on an occasion during the past 30 days.

Heavy drinking is defined by the BRFSS as more than 7 drinks per week for women or more than 14 drinks per week for men.

Source: ["2020 Delaware Behavior Risk Factor Surveillance System." BRFSS Prevalence & Trends Data, Centers for Disease Control and Prevention.](#)

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Delaware School Survey

Trends in Delaware Students' Self-Reported Past Month Use of Alcohol Use by Grade, 1999-Present (in percentages)

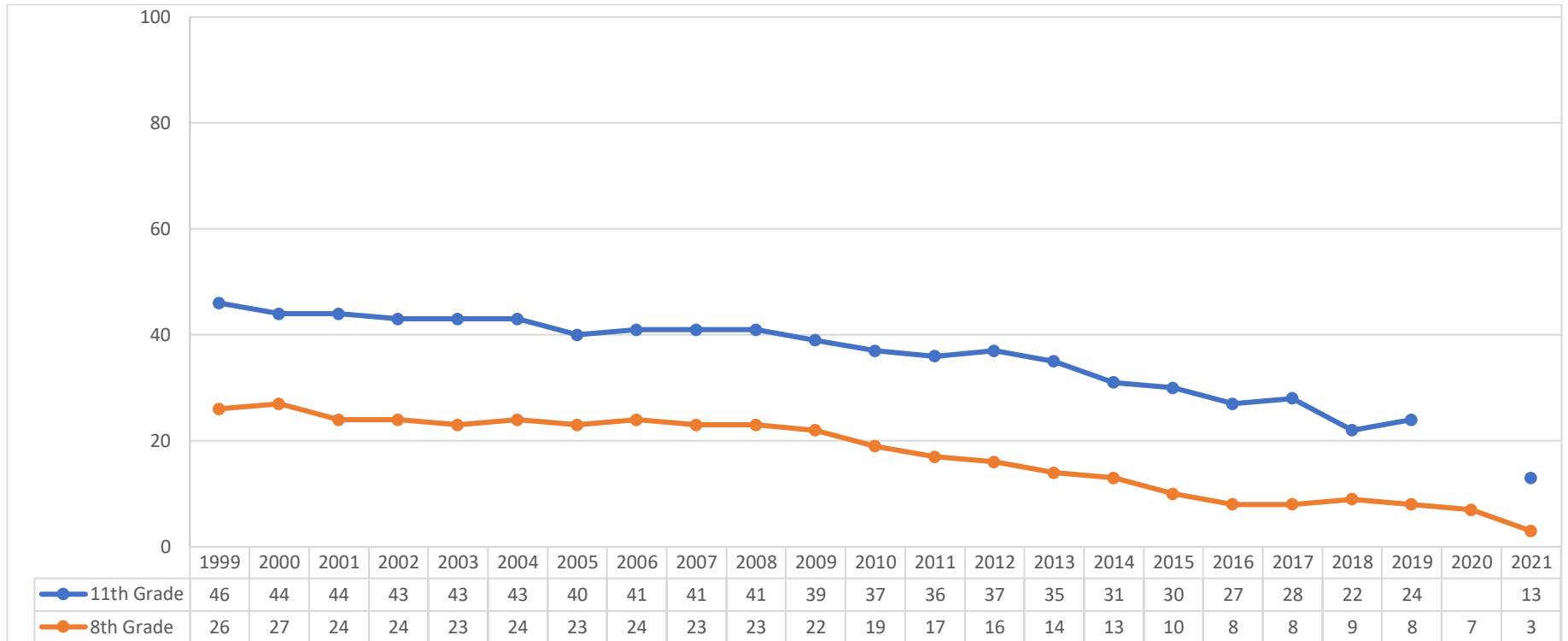


Figure 50: Trends in past month alcohol use, 8th and 11th grade

Notes:

Prevalence estimates for past month alcohol use by 5th graders were too small (n<30) to report.

In 2020, 11th grade data was not available for the Delaware School Survey.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Delaware School Survey

Trends in Students' Self-Reported Binge Drinking^a, 2002-2021 (in percentages)

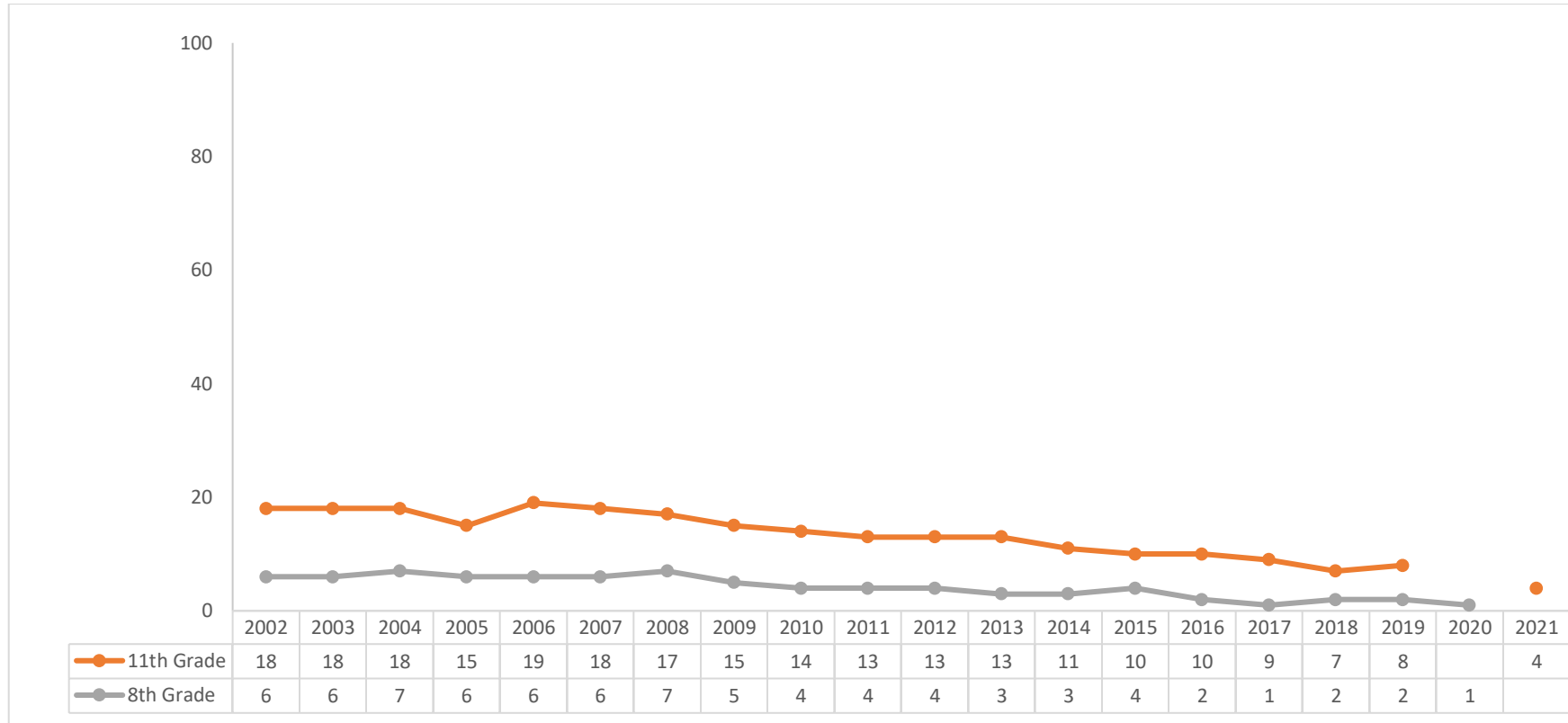


Figure 51: Trends in binge drinking, 8th and 11th grade

Notes:

In 2020, 11th grade data was not available for the Delaware School Survey.

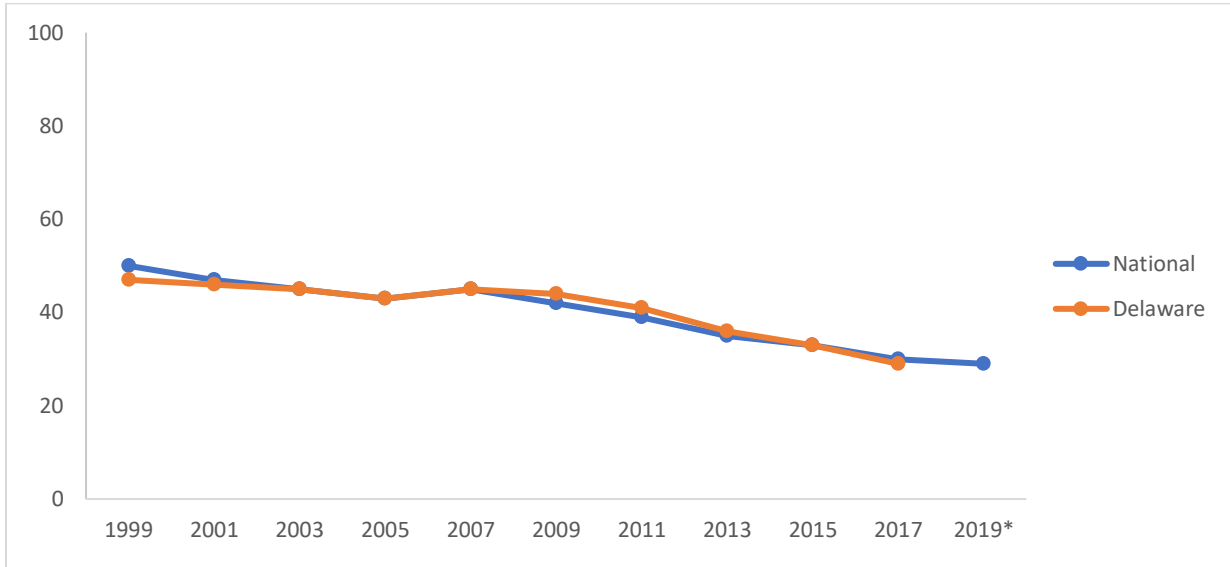
In 2021, prevalence estimates for self-reported binge drinking by 8th graders were too small (n<30) to report.

^a Binge drinking defined as 4 or more drinks of alcohol in a row for female students and 5 or more drinks of alcohol in a row for male students in the past two weeks (Previously binge use was reported as 3 or more drinks).

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Youth Risk Behavior Survey National and Delaware High School Students' Past Month Use of Alcohol, 1999-2019 (in percentages)



Year	National	Delaware
1999	50	47
2001	47	46
2003	45	45
2005	43	43
2007	45	45
2009	42	44
2011	39	40
2013	35	36
2015	33	31
2017	30	29
2019*	29	-

Figure 52: Trends in alcohol use, past month, HS

Note:

* National data is weighted; Delaware data is weighted except for in 2019, which is unavailable.

Source: [Centers for Disease Control and Prevention \(CDC\). 1991-2019 High School Youth Risk Behavior Survey Data.](#)

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**National Survey on Drug Use and Health
Past Month Alcohol Use by Age Group and Region
2018-2019 and 2019-2020
(in percentages)^a**

Age Group (Years)												
State	12 or Older			12-17			18-25			26 or Older		
	2018-2019	2019-2020	<i>p</i> value ^b	2018-2019	2019-2020	<i>p</i> value ^b	2018-2019	2019-2020	<i>p</i> value ^b	2018-2019	2019-2020	<i>p</i> value ^b
	Total U.S.	50.92	50.40	-	9.19	8.83	-	54.72	52.93	-	55.15	54.77
Northeast	53.97	53.13	-	9.80	9.68	-	58.93	55.51	-	57.84	57.03	-
Delaware	56.44	53.86	-	10.09	8.35	-	59.09	54.97	-	60.93	58.43	-

Figure 53: Alcohol use, past month, by age group and region

Notes:

^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

^b *p* value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. P values for this data were unavailable at the time of this report writing.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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National Survey on Drug Use and Health
Past Month Binge* Alcohol Use by Age Group and Region
2018-2019 and 2019-2020
(in percentages)^a

State	12 or Older			AGE GROUP (Years)								
				12-17			18-25			26 or Older		
	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b
Total U.S.	24.21	23.08	-	4.78	4.50	-	34.58	32.82	-	24.82	23.70	-
Northeast	25.17	23.69	-	5.04	4.95	-	39.69	35.97	-	25.05	23.78	-
Delaware	24.17	21.72	-	4.50	3.35	-	34.86	30.08	-	24.73	22.48	-

Figure 54: Alcohol use, binge drinking, past month, by age group and region

Notes:

* Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days. In 2015, the definition for females changed from five to four drinks.

^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

^b p value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. P values for this data were unavailable at the time of this report writing.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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**National Survey on Drug Use and Health
Past Month Alcohol Use and Binge* Alcohol Use
among Persons Ages 12 to 20, by Region
2018-2019 and 2019-2020
(in percentages)^a**

State	Alcohol Use in Past Month			Binge Alcohol Use in Past Month		
	2018-2019	2019-2020	<i>p</i> value ^b	2018-2019	2019-2020	<i>p</i> value ^b
Total U.S.	18.67	17.32	-	11.24	10.14	-
Northeast	20.33	18.72	-	12.83	10.91	-
Delaware	20.59	17.23	-	11.03	8.35	-

Figure 55: Alcohol use, binge drinking, past month, ages 12-20 by region

Notes:

* Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days. In 2015, the definition for females changed from five to four drinks.

^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

^b *p* value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. *P* values for this data were unavailable at the time of this report writing.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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Monitoring the Future

National Trends in Past 30-day Alcohol Use 8th, 10th, and 12th Grade (in percentages)

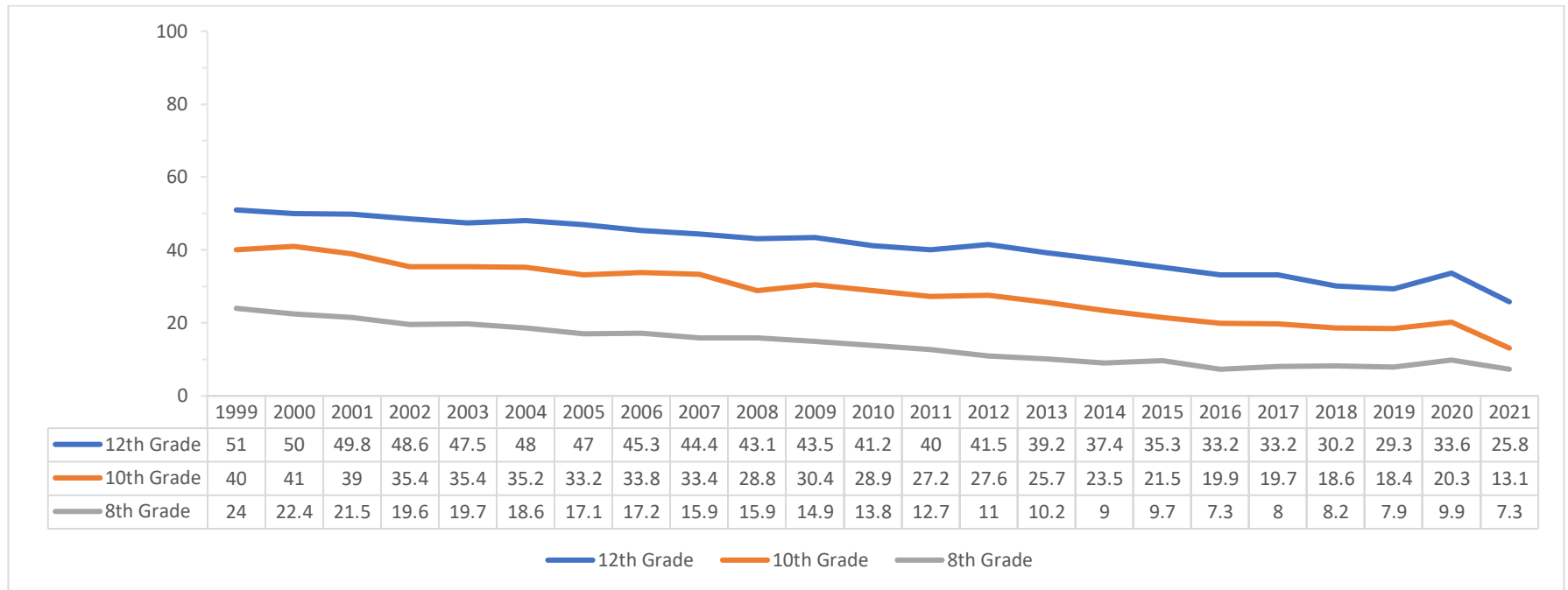


Figure 56: National trends in past 30-day alcohol use, 8th, 10th, and 12th grade

Source: ["National Survey Results on Drug Use, 1975-2021." Monitoring the Future \(MTF\). University of Michigan.](#)

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Delaware School Survey, 1999-2021
Students' Perception of "a Lot of Risk" from Drinking Daily, 5th Grade
(in percentages)

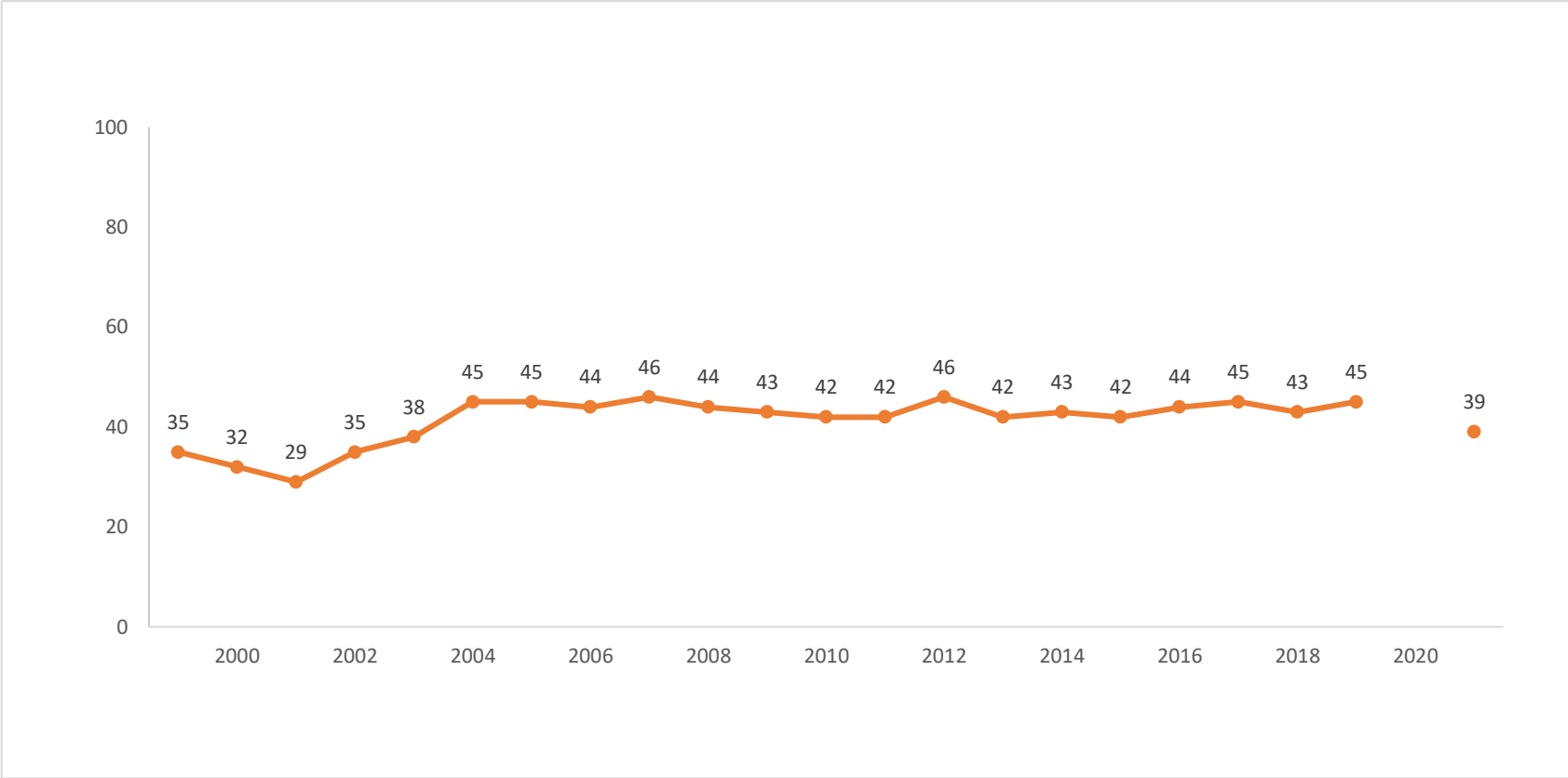


Figure 57: Trends in perception of "a lot of risk" from drinking daily, 5th grade

Note: In 2020, 5th grade data was not available for the Delaware School Survey.

Source: [Center for Drug & Health Studies. \(2019\). Delaware School Survey: 5th Grade \[Annual Survey\]. University of Delaware.](#)

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Delaware School Survey, 1999-2021

Students' Perception of "Great Risk" from Having 5 or More Drinks Once or Twice a Week (in percentages)

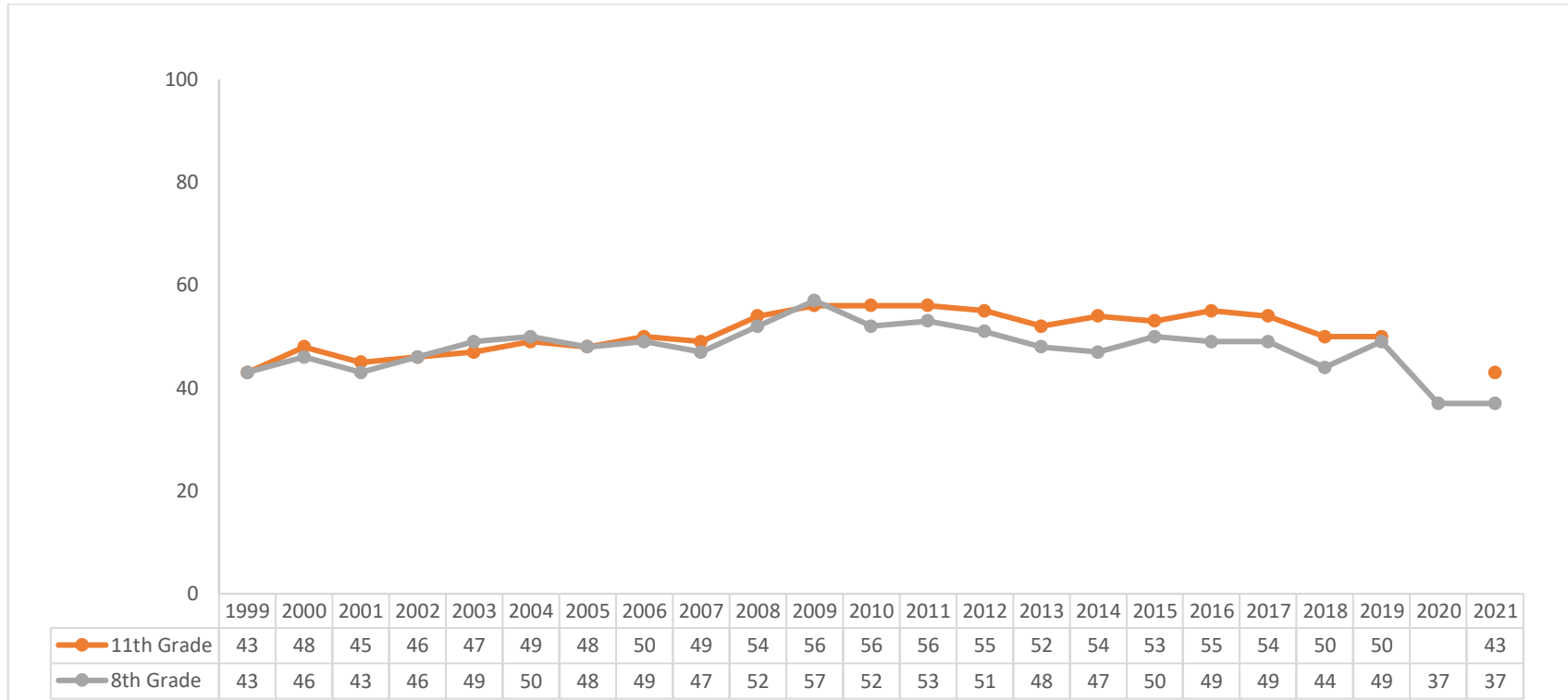


Figure 58: Trends in perception, "great risk" from having 5 or more drinks, 8th and 11th grade

Note: In 2020, 11th grade data was not available for the Delaware School Survey.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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National Survey of Drug Use and Health
Perceptions of Great Risk from Having 5 or More Drinks Once or Twice a Week
by Age Group and Region
2018-2019 and 2019-2020
(in percentages)^a

State	12 or Older			AGE GROUP (Years)								
				12-17			18-25			26 or Older		
	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b
Total U.S.	44.83	43.92	-	43.11	43.00	-	38.02	37.65	-	46.10	45.00	-
Northeast	44.41	44.25	-	42.56	42.89	-	35.62	36.11	-	45.95	45.61	-
Delaware	42.85	43.24	-	42.58	43.46	-	37.57	37.88	-	43.62	43.94	-

Figure 59: Perception of great risk from having five or more drinks once or twice a week, age group and region

Notes:

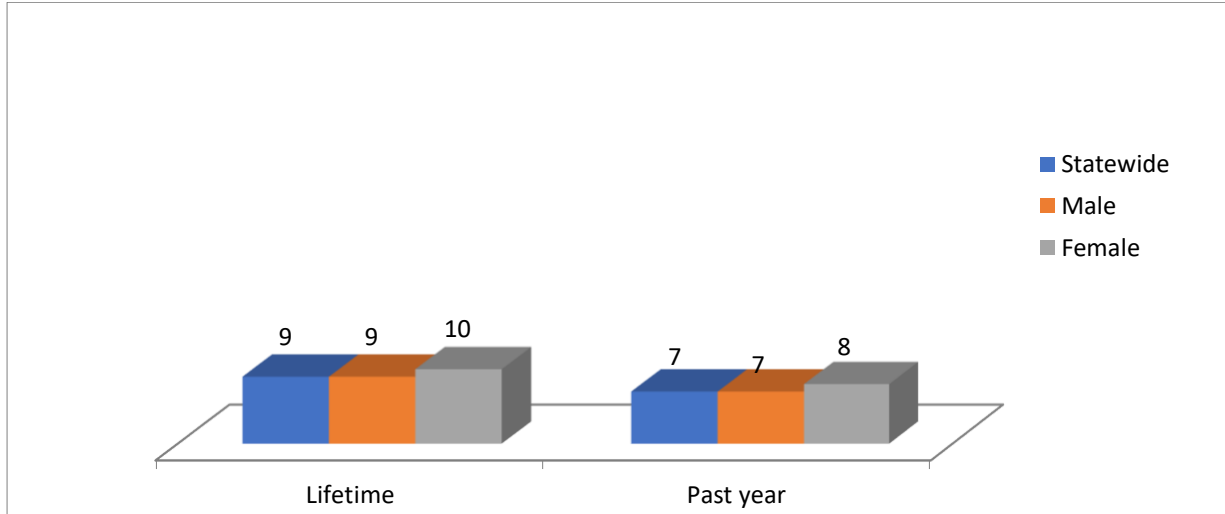
^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

^b p value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. P values for this data were unavailable at the time of this report writing.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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2021 Delaware School Survey Students' Reported Drinking and Driving among Delaware 11th Graders (in percentages)



	Lifetime	Past Year	Past Month
Statewide	9	7	-
Male	9*	7*	-
Female	10*	8*	-

Figure 60: Drinking and driving, 11th grade

Notes:

"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

* Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2019 Middle School Youth Risk Behavior Survey

Students Who Ever Rode with a Driver Who Had Been Drinking*, 2007-2019 (in percentages)

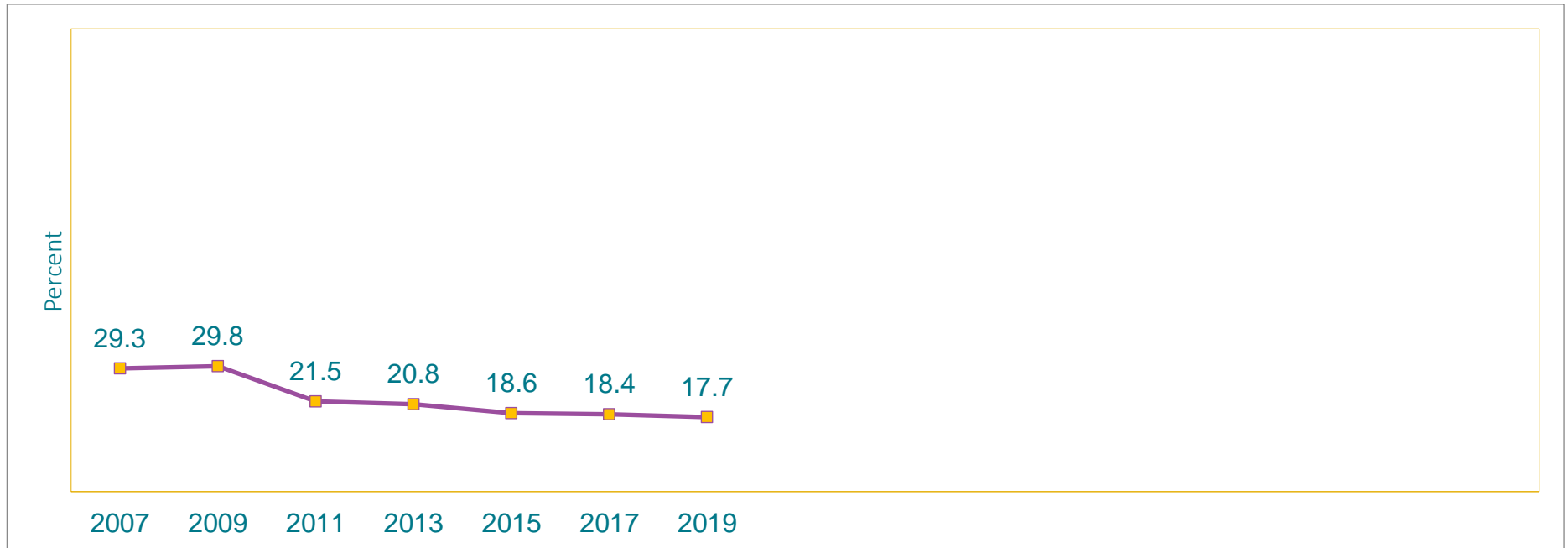


Figure 61: Trends in students who ever rode with a driver who had been drinking, MS

Notes:

* In a car

† Decreased 2007-2019 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).] This graph contains weighted results.

Source: ["2019 Delaware Youth Risk Behavior Survey, Middle School." Delaware Middle School Graphs. Centers for Disease Control and Prevention.](#)

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Delaware School Survey

Trends in Delaware Students' Past Month Reports of Drinking and Driving among Delaware 11th Graders, 1999-2019 (in percentages)

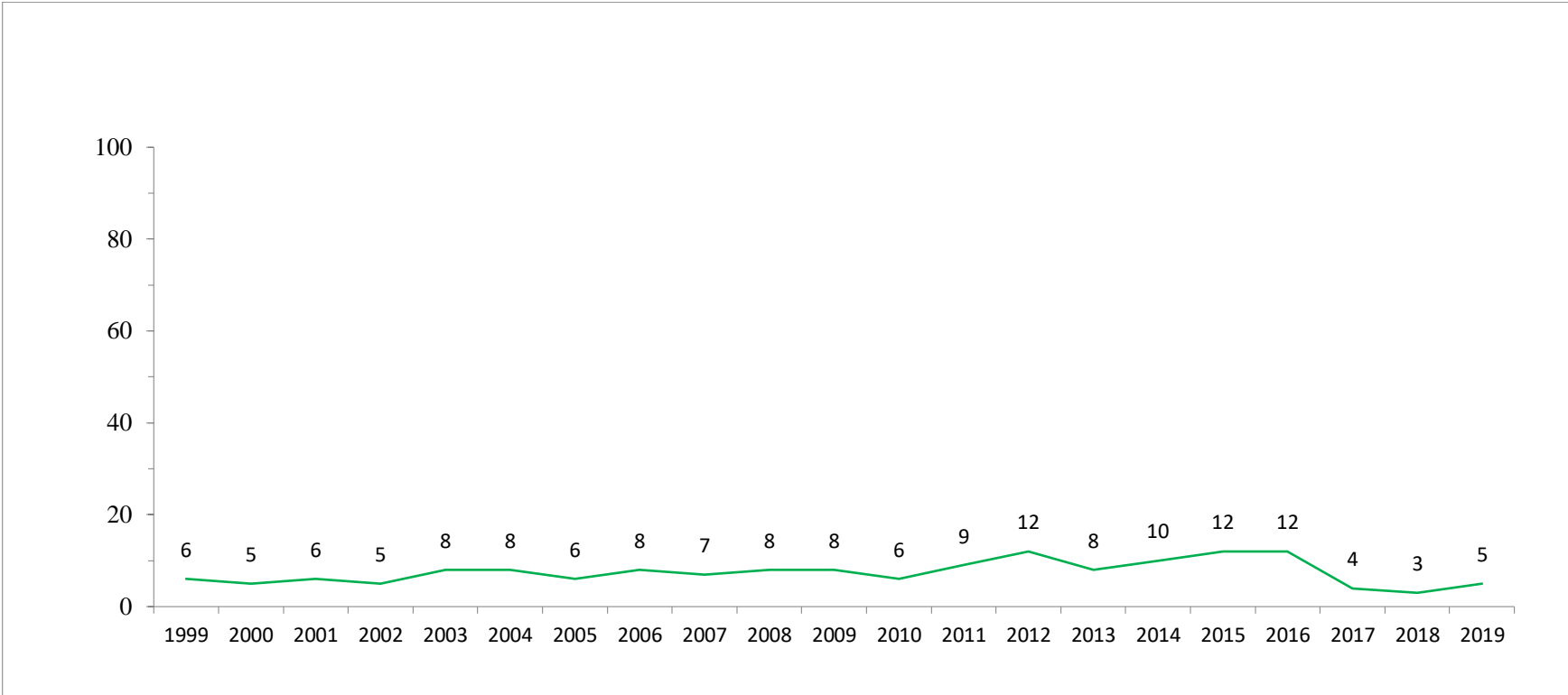


Figure 62: Trends in reported drinking and driving in past month, 11th grade

Notes:

In 2020, 11th grade data was not available for the Delaware School Survey.

In 2021, prevalence estimates for past month reports of drinking and driving by 11th graders were too small (n<30) to report.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Delaware State Police

Driving Under the Influence Arrests, 2021

Age Range	Male	Female	Total
15 and under	0	0	0
16	2	0	2
17	13	3	16
18	22	13	35
19	41	10	51
20	33	12	45
21-24	284	101	385
25-34	714	234	948
35-44	486	150	636
45-54	295	97	392
55-64	228	55	283
65 & older	76	17	93
Total	2,194	692	2,886

Figure 63: Delaware DUI arrests by age and sex

Source: [Delaware's Annual Traffic Statistical Report. 2021. Delaware State Police, Delaware Information and Analysis Center.](#)

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**National Highway Traffic Safety Administration
Trends in Alcohol-Involved Traffic Fatalities
in Delaware by County, 2014-2020
(in percentages)**

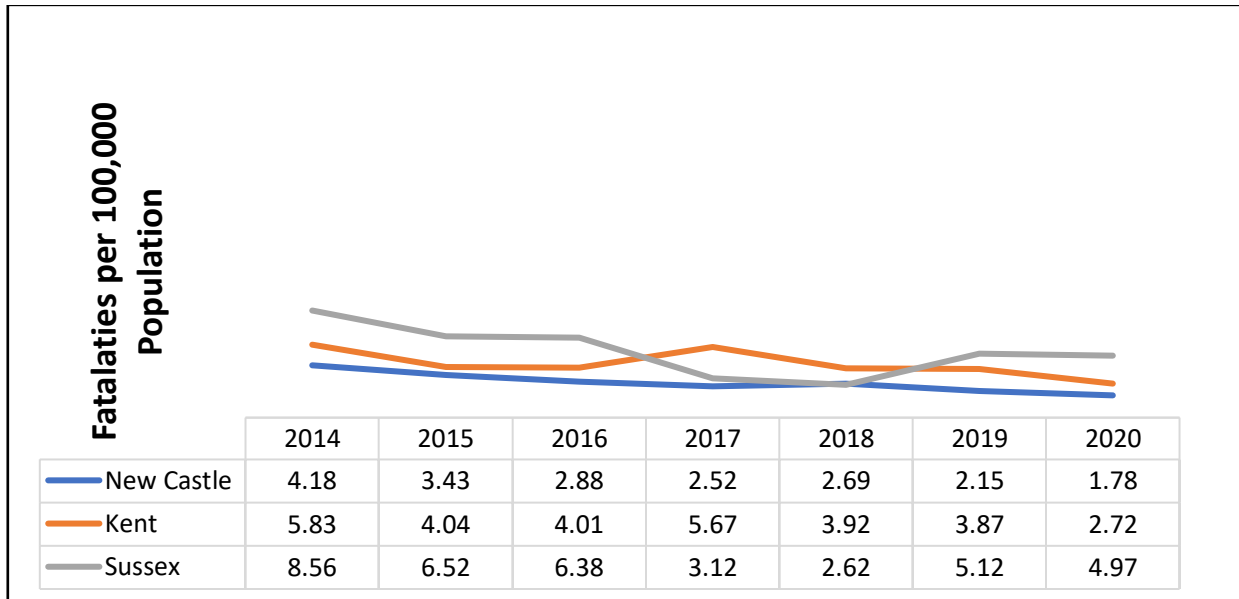


Figure 64: Trends in Delaware traffic fatalities/alcohol use by county

Note: Fatalities per 100,000 population

Source: [National Highway Traffic Safety Administration. Performance Measures, Delaware.](#)

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4. 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](#), 37 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands

allow for medical use of cannabis products. Nineteen 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 17% of individuals aged 12 and over report past year marijuana use and 10% 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], 2019-2020).

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

Approximately 22% of young adults in Delaware (aged 18-25) report using marijuana in the past month.

Only 1 in 3 Delaware 8th graders perceive great risk in using marijuana regularly, a trend that has been on the decline for over 20 years. Even fewer (1 in 4) 11th graders perceive such risk.

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 using 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. Although the 2021 Monitoring the Future graphs included in this report indicate that there was a decrease in marijuana use among 8th, 10th, and 12th grade students between 2020 and 2021, rates of use among young adults (aged 19 to 30) were at the highest levels reported since the survey has been administered (National Institute on Drug Abuse, 2022). 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 2021, the rate of 11th graders who perceived regular use as a great risk had dropped to 24% and to only one in three among 8th graders. Marijuana remains a popular substance for youth; trends in past month use among Delaware students had remained relatively stable until 2021. For the past 20 years, rates of past month use reported on the Delaware School Survey (DSS) fluctuated between 22% and 28%, with a rate of 24% in 2019. In 2021, the rate dropped to 11%. Approximately one in five students reported using marijuana in the past year and 5% reported heavy use (defined as using marijuana six times or more in the previous month). The average age of first use among 11th graders dropped to 14.7 years of age, nearly half a year younger than that reported in 2019.¹⁸ Similar to their older counterparts, according to the DSS, the past month marijuana use rate among 8th grade students dropped to 4% in 2021 from 7% in 2020.

Increasingly, youth are finding alternate ways to ingest marijuana other than smoking, including consuming edibles and concentrates and vaping it. 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 2021, 8% of 11th graders reported smoking marijuana, 4% reported vaping it, and 3% reported using edibles.

¹⁸ Due to the COVID-19 pandemic and subsequent shift to remote education, the Delaware School Survey was not administered to 11th grade students in 2020.

Youth who drive while under the influence of marijuana put themselves and others in danger. Four percent of 11th graders responding to the 2021 DSS reported that they had done so in the previous year.

In Delaware, young adults aged 18 to 25 reported a past year use rate of nearly 37% and a monthly rate of nearly 22% on the 2019-2020 National Survey on Drug Use and Health (NSDUH). While these numbers also reflect small decreases in consumption, data reported for this time frame should be viewed with caution due to challenges with data collection. 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).

The rates of marijuana use have dropped in the past year across various age groups according to national and local surveys. But it is unclear if these declines reflect changes in data collection strategies, sample sizes, response rates, or other factors related to the COVID-19 pandemic. It will be necessary to monitor marijuana use along with other substance use rates in the coming years to determine if these rates have truly decreased or are due to recent unusual circumstances.

Policy Update: Recreational Marijuana Remains Illegal in Delaware

In March 2022, [House Bill 371](#) was introduced in the Delaware legislature. The bill proposed to amend existing law in order to legalize the possession and gifting of up to one ounce of marijuana for recreational use among adults aged 21 and over. A companion bill to regulate the marijuana industry throughout the state was also introduced. Although the bill to regulate the state's marijuana industry did not pass on its initial vote, the measure to legalize recreational marijuana was passed by both chambers in May and sent to the Governor's office for signature. Governor Carney vetoed the bill, reiterating his concerns over the long-term effect of marijuana and law enforcement challenges (PBS Newshour, 2022). On June 7th the House held a roll call vote but failed to override the Governor's veto (Delaware General Assembly, n.d.).

Delaware regulates a medical marijuana program for specific health 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.). Among the surrounding states, New Jersey recently legalized the use of recreational marijuana while Pennsylvania and Maryland have limited legalization to regulated medical marijuana programs (National Conference of State Legislatures, n.d.). However, Maryland will include a question regarding the legalization of recreational marijuana on its ballot in the November 2022 general election (NBC, 2022).

**National Survey on Drug Use and Health
 Marijuana Use and Perception of Risk in Delaware
 by Age Group, 2019-2020^a
 (annual average percentages)**

Measure	Total 12 or Older	AGE GROUP		
		12-17	18-25	26 or Older
Past Year Marijuana Use	16.79	10.00	36.66	14.76
Past Month Marijuana Use	10.29	5.45	22.26	9.15
Perceived of Great Risk of Smoking Marijuana Once a Month	21.87	24.19	10.90	23.14

Figure 65: Marijuana use, past year, past month, perceived risk, by age group

Note:

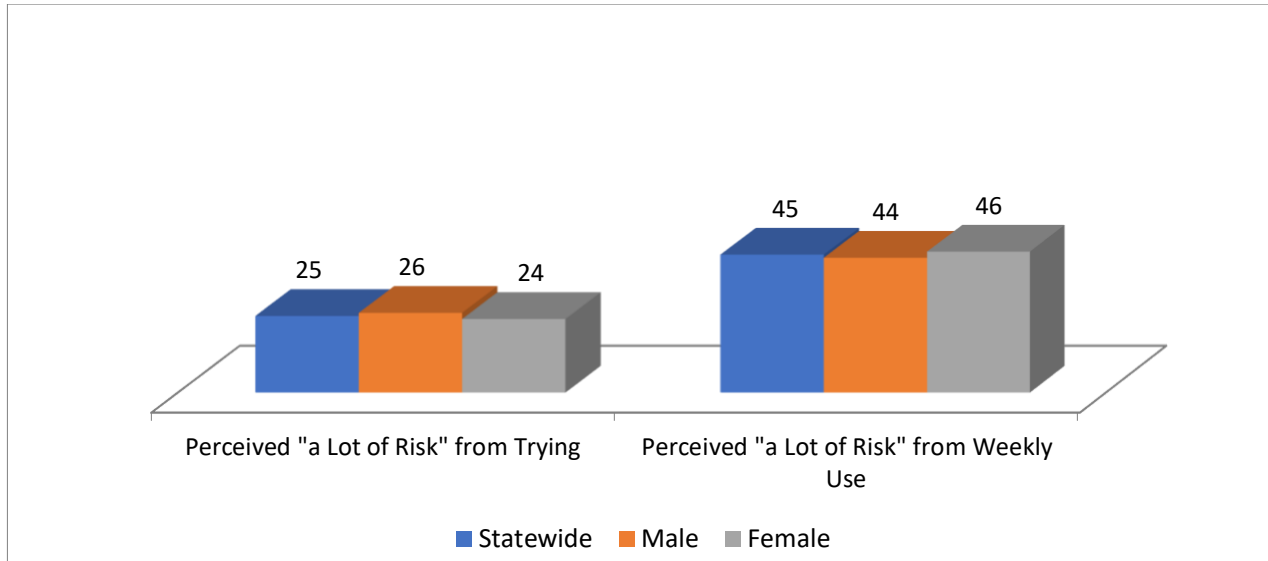
^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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2021 Delaware School Survey

Marijuana Use among Delaware 5th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use	Perceived "a Lot of Risk" from:	
				TRYING	WEEKLY USE
Statewide	-	-	-	25	45
Male	-	-	-	26*	44*
Female	-	-	-	24*	46*

Figure 66: Marijuana use, 5th grade

Notes:

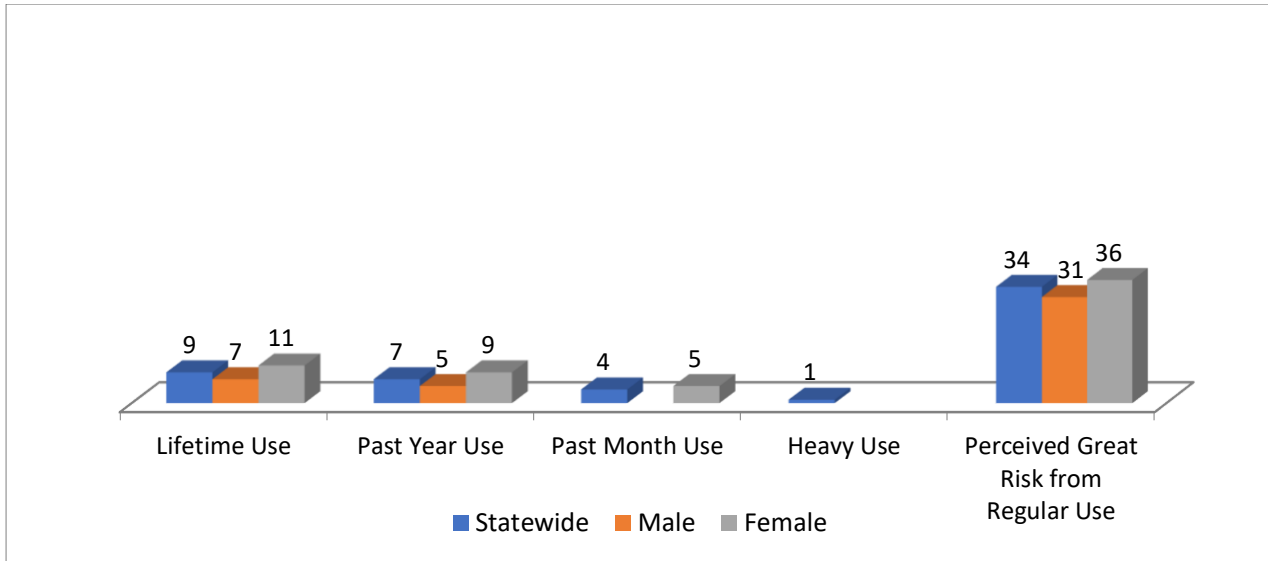
"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

* Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: 5th Grade \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Marijuana Use among Delaware 8th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use	Heavy Use ^a	Perceived Great Risk from Regular ^b Use
Statewide	9	7	4	1	34
Male	7	5	-	-	31
Female	11	9	5	-	36

Figure 67: Marijuana use, 8th grade

Notes:

^a “Heavy Use” indicates more than six times in the past month.

^b “Regular use” is self-defined in the survey.

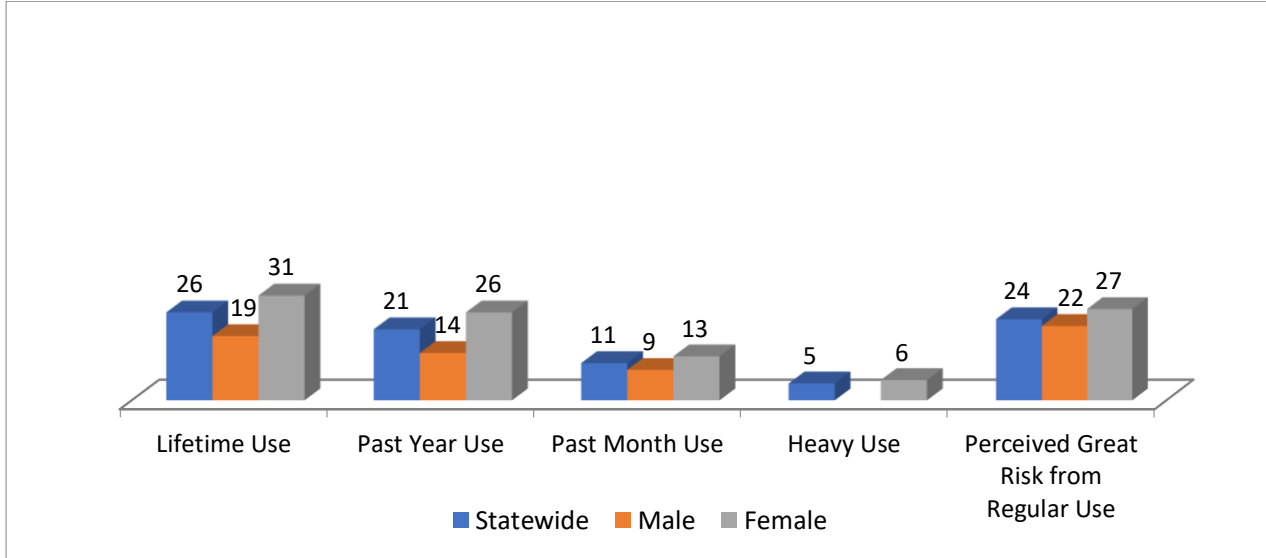
“-” indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

* Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Marijuana Use among Delaware 11th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use	Heavy Use ^a	Perceived Great Risk from Regular ^b Use
Statewide	26	21	11	5	24
Male	19	14	9	-	22
Female	31	26	13	6*	27

Figure 68: Marijuana use, 11th grade

Notes:

^a “Heavy Use” indicates more than six times in the past month.

^b “Regular use” is self-defined in the survey.

“-” indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

* Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey

Students' Average Age of Onset¹ for Marijuana Use

8 th Grade	11 th Grade
12.6 years	14.7 years

Figure 69: Average age of onset for marijuana use, 8th and 11th grade

2021 Delaware School Survey

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

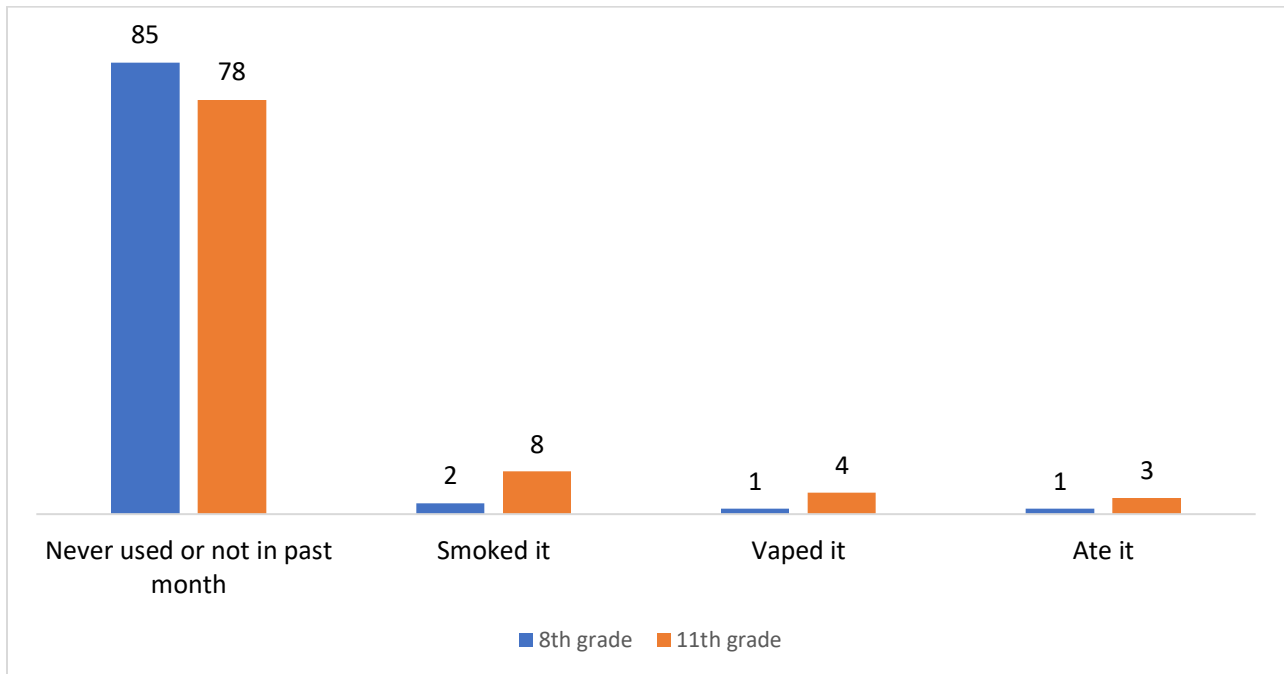


Figure 70: Method of consumption for marijuana, 8th and 11th grade

Note:

¹ Average age of onset is calculated among students who report ever using marijuana.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Delaware School Survey

Trends in Delaware Students' Past Month Marijuana Use by Grade, 1999-Present (in percentages)

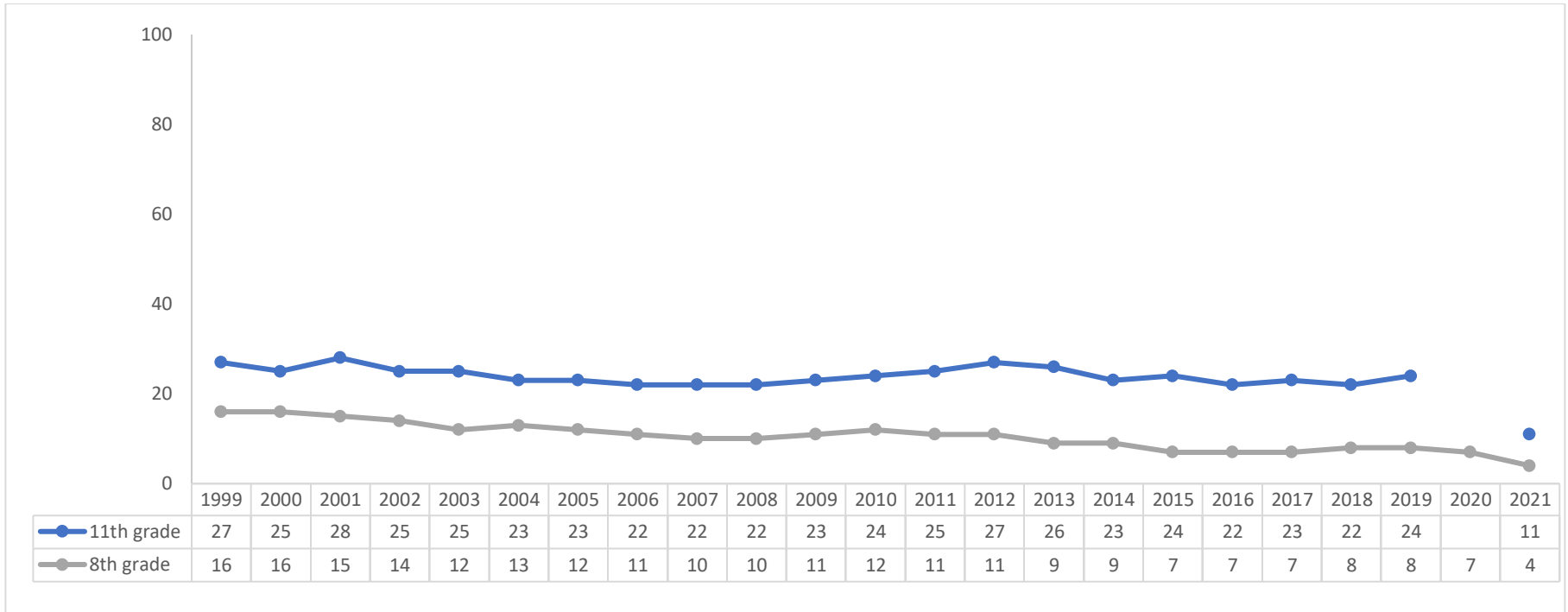


Figure 71: Trends in past month marijuana use, 8th and 11th grade

Notes:

These statistics contribute to the National Outcome Measures (NOMs).

In 2020, 11th grade data was not available for the Delaware School Survey.

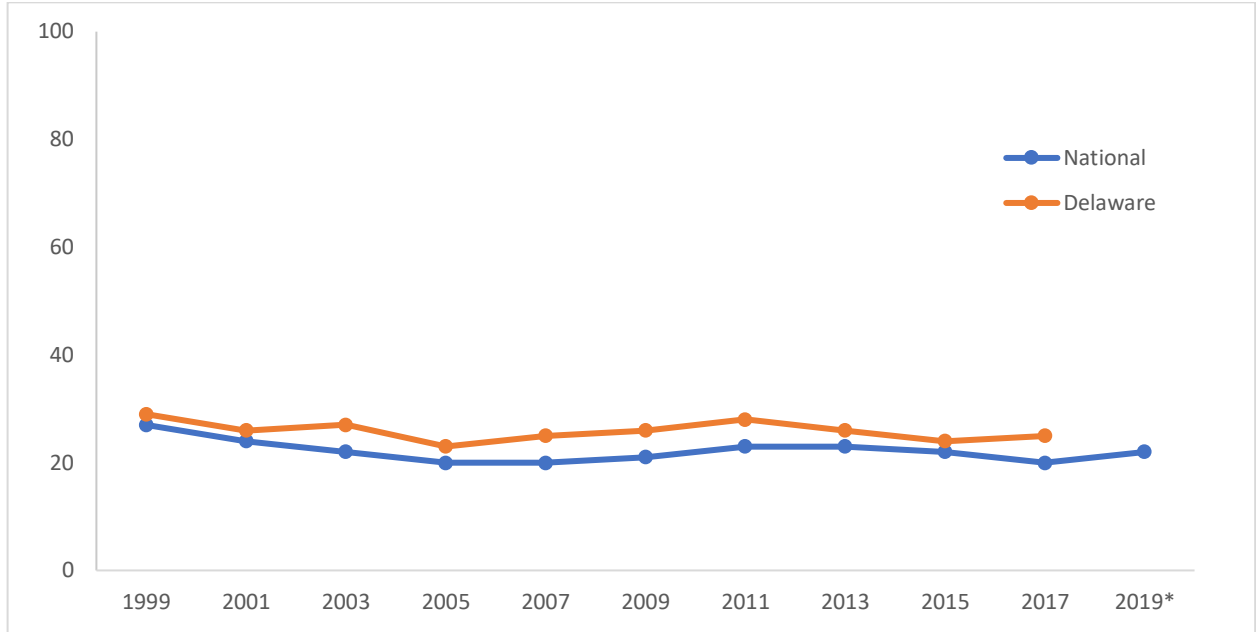
Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Youth Risk Behavior Survey

National and Delaware, 1999-2019

Trends in High School Students' Past Month Use of Marijuana (in percentages)



Year	National	Delaware
1999	27	29
2001	24	26
2003	22	27
2005	20	23
2007	20	25
2009	21	26
2011	23	28
2013	23	26
2015	22	23
2017	20	26
2019*	22	-

Figure 72: Trends in marijuana use, past month, HS

Note:

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

Source: [Centers for Disease Control and Prevention \(CDC\). 1991-2019 High School Youth Risk Behavior Survey Data.](#)

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**National Survey on Drug Use and Health
Past Year Marijuana Use by Age Group and Region
2018-2019 and 2019-2020 NSDUH
(in percentages) ^a**

AGE GROUP (Years)												
State	12 or Older			12-17			18-25			26 or Older		
	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b
	Total U.S.	16.71	17.73	-	12.84	11.66	-	35.09	34.98	-	14.27	15.76
Northeast	17.70	18.70	-	13.30	12.42	-	39.12	36.62	-	14.88	16.66	-
Delaware	18.18	16.79	-	14.43	10.00	-	41.57	36.66	-	15.29	14.76	-

Figure 73: Marijuana use, past year, by age group and region

Notes:
^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.
^b p value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. P values for this data were unavailable at the time of this report writing.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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**National Survey on Drug Use and Health
Past Month Marijuana Use by Age Group and Region
2018-2019 and 2019-2020
(in percentages) ^a**

AGE GROUP (Years)												
State	12 or Older			12-17			18-25			26 or Older		
	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b
	Total U.S.	10.80	11.66	-	7.02	6.63	-	22.54	23.02	-	9.39	10.48
Northeast	11.42	12.33	-	7.37	7.86	-	24.88	25.46	-	9.78	10.82	-
Delaware	12.26	10.29	-	8.26	5.45	-	27.58	22.26	-	10.53	9.15	-

Figure 74: Marijuana use, past month, by age group and region

Notes:

^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

^b p value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. P values for this data were unavailable at the time of this report writing.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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Monitoring the Future

National Trends in Past Month Marijuana Use among 8th, 10th, and 12th grade students, 1999-2021 (in percentages)

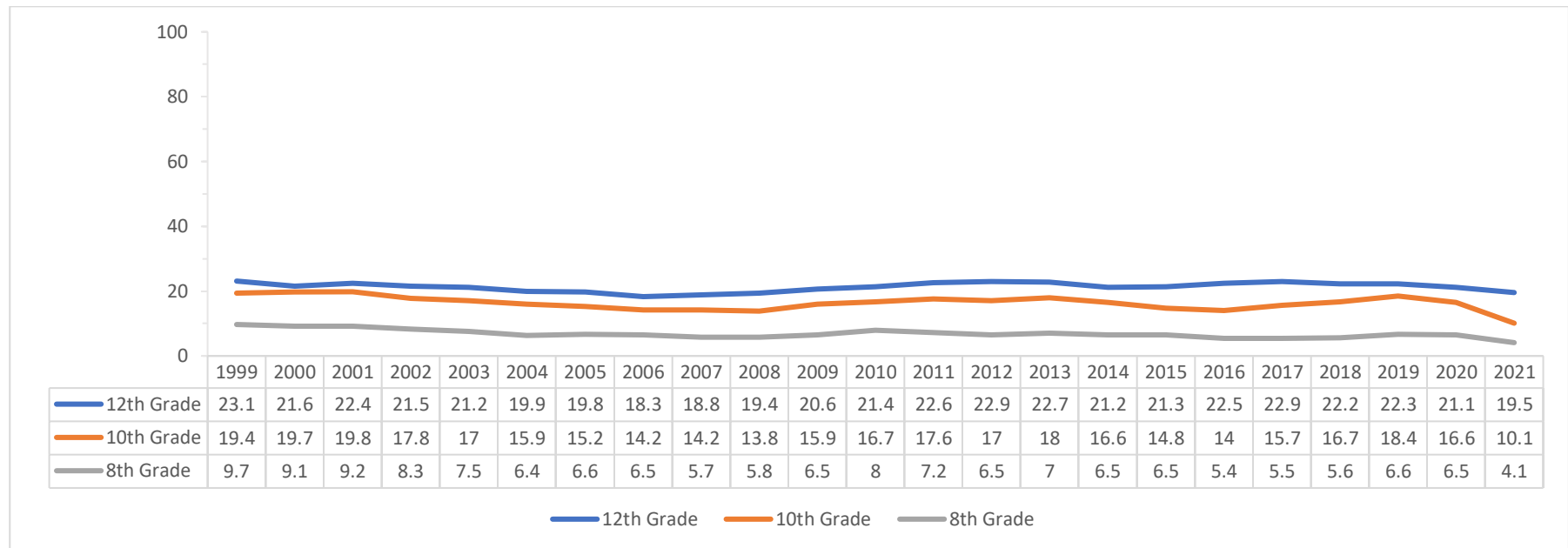


Figure 75: National trends in past month marijuana use, 8th, 10th, and 12th grade

Source: [“National Survey Results on Drug Use, 1975-2021.” Monitoring the Future Study \(MTF\), University of Michigan.](#)

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Delaware School Survey

Trends in 5th Graders' Perception of "a Lot of Risk" in Using Marijuana Weekly, 1999-2021 (in percentages)

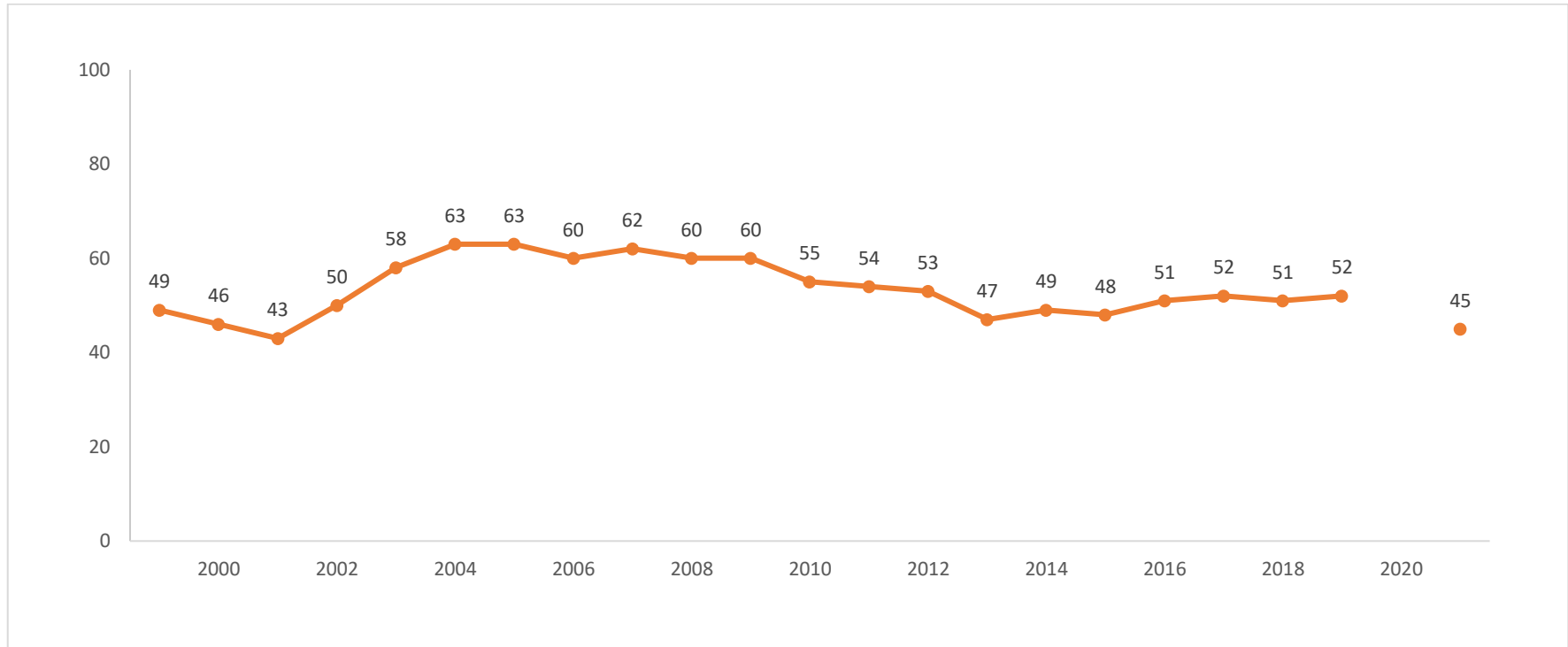


Figure 76: Trends in perception, "lot of risk" using marijuana weekly, 5th grade

Note: In 2020, 5th grade data was not available for the Delaware School Survey.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: 5th Grade \[Annual Survey\]. University of Delaware.](#)

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Delaware School Survey

Trends in 8th and 11th Graders' Perceptions of "Great Risk" in Using Marijuana Regularly, 1999-2021^a (in percentages)

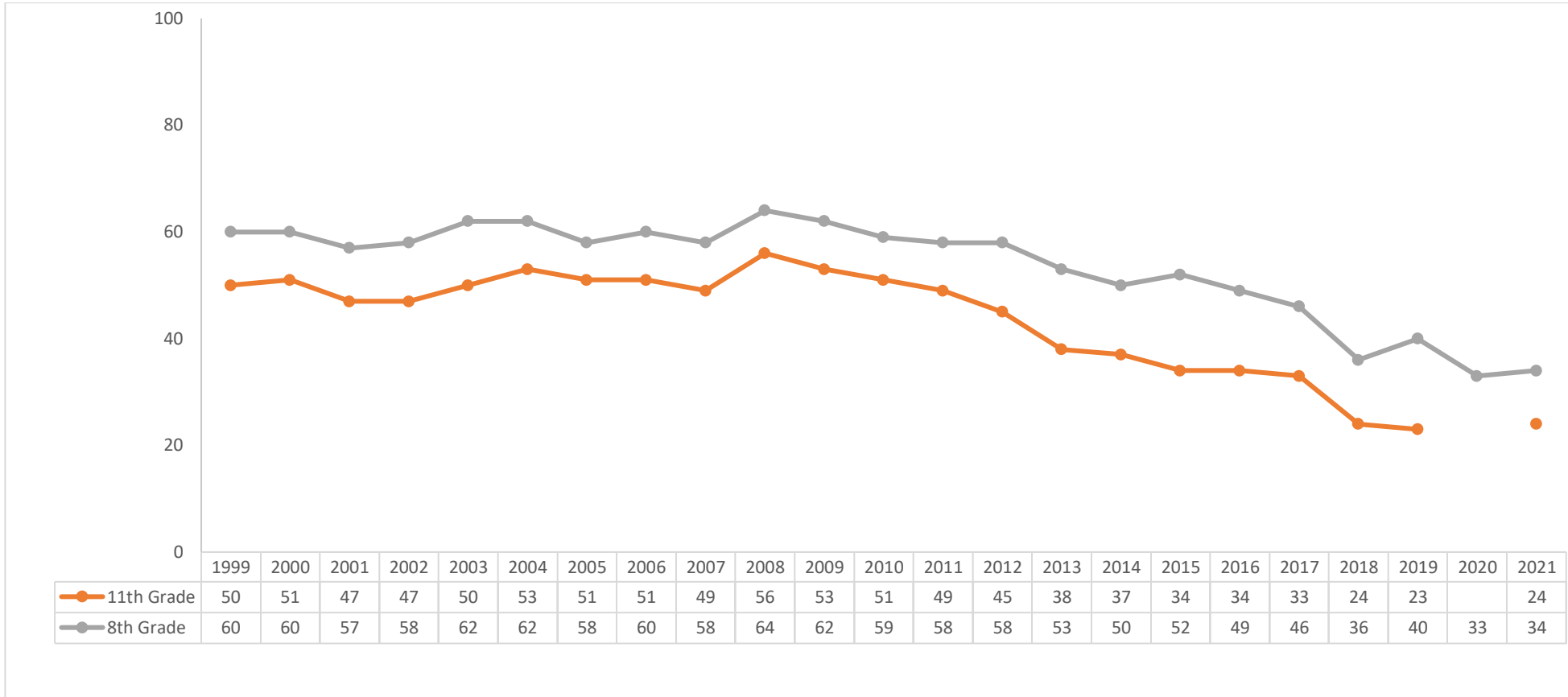


Figure 77: Trends in perception, "great risk" using marijuana regularly, 8th and 11th grade

Notes:

^a "Regularly" is self-defined in the survey.

In 2020, 11th grade data was not available for the Delaware School Survey.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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National Survey on Drug Use and Health
Perceptions of “Great Risk” in Smoking Marijuana Once a Month
by Age Group and Region
2018-2019 and 2019-2020
(in percentages)^a

State	Age Group (Years)											
	12 or Older			12-17			18-25			26 or Older		
	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b
Total U.S.	24.39	22.69	-	22.67	22.81	-	11.87	11.80	-	26.56	24.37	-
Northeast	23.78	21.64	-	22.71	22.27	-	11.59	11.26	-	25.78	23.14	-
Delaware	21.76	21.87	-	21.60	24.19	-	9.51	10.90	-	23.51	23.14	-

Figure 78: Perception of “great risk” in smoking marijuana once a month, by age and region

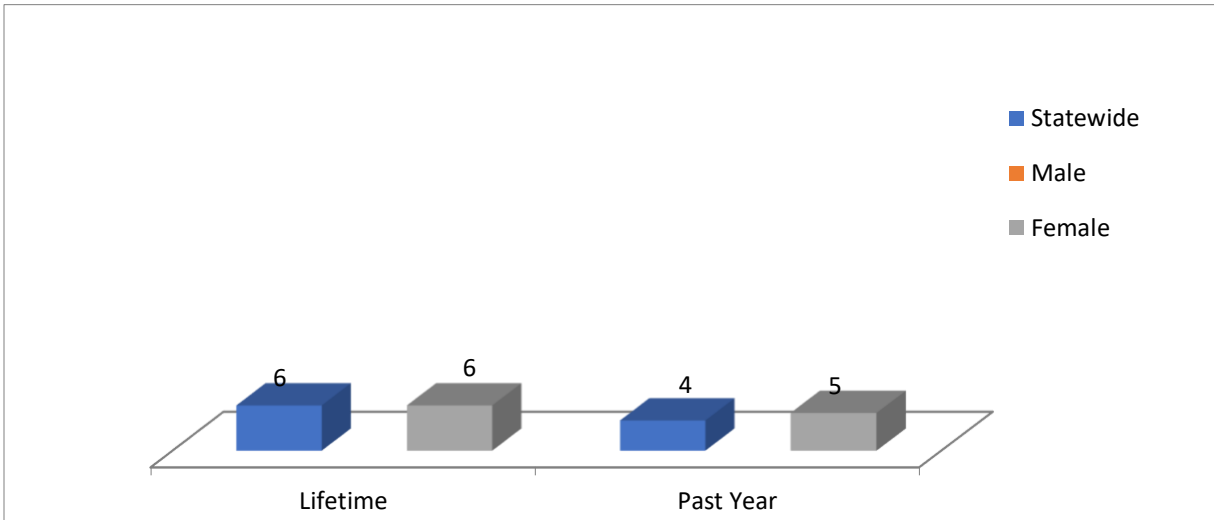
Notes:
^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.
^b p value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. P values for this data were unavailable at the time of this report writing.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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2021 Delaware School Survey

11th Graders Who Reported Smoking Marijuana and Driving (in percentages)



	Lifetime	Past Year	Past Month
Statewide	6	4	-
Male	-	-	-
Female	6*	5*	-

Figure 79: Marijuana use and driving, 11th grade

Notes:

“-” indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

* Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Delaware School Survey

Trends in Delaware 11th Graders Who Reported Smoking Marijuana and Driving in the Past Month, 1999-2019 (in percentages)

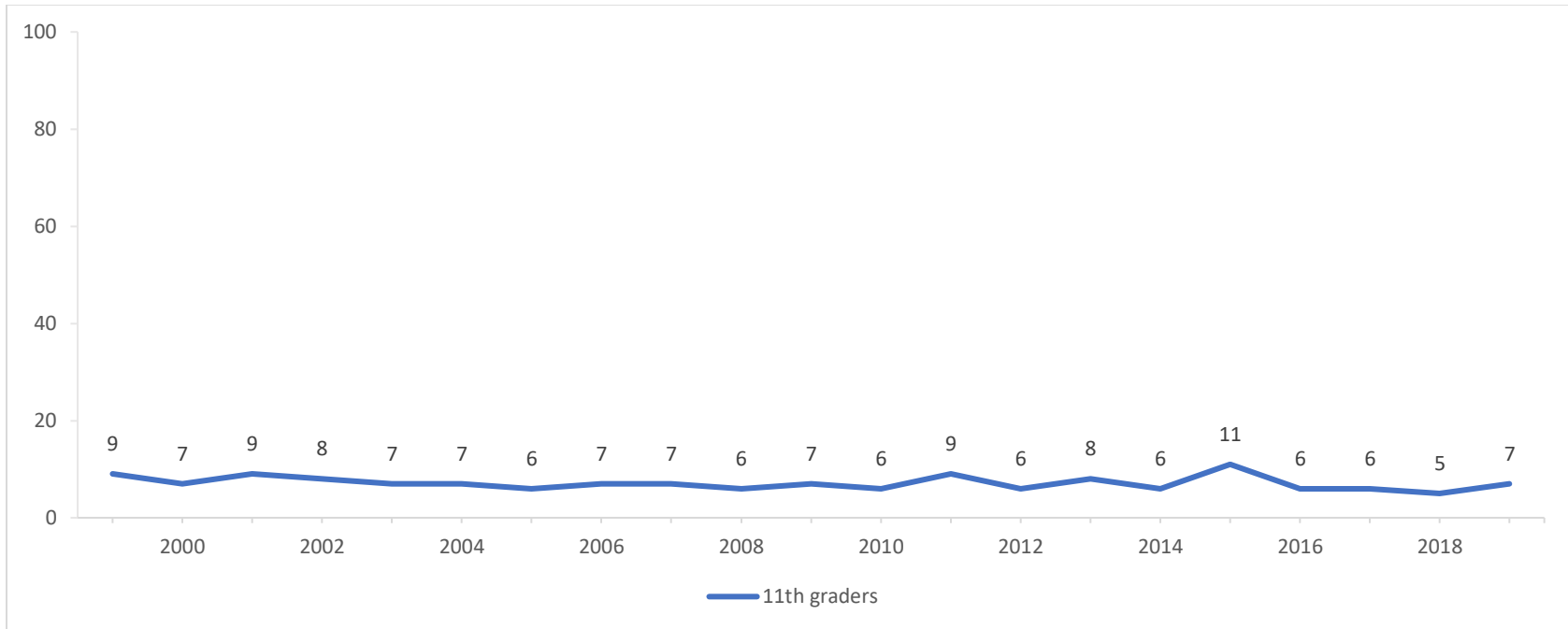


Figure 80: Trends, smoking marijuana & driving, 11th grade

Notes:

In 2020, 11th grade data was not available for the Delaware School Survey.

In 2021, prevalence estimates for past month reports of smoking marijuana and driving by 11th graders were too small (n<30) to report.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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5. 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 misuse may lead to negative outcomes including drug overdose deaths, infants born with neonatal abstinence syndrome, challenges in maintaining personal relationships,

and challenges meeting educational or employment goals. Aggressive marketing and 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 2021 by researchers at the Centers for Disease Control and Prevention (CDC) estimated the economic burden of the opioid use disorder and fatal opioid overdoses to be \$1,021 billion in 2017 (Luo, Li & Florence, 2021). According to results from the 2020 National Survey of Drug Use and Health (NSDUH), prescription pain relievers were the second most commonly misused illicit drugs after marijuana; 9.3 million people aged 12 and over misused opioids (including heroin as well as prescription pain relievers) within the year before the survey (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021).

Deaths due to drug overdoses have increased in the U.S. over the past two decades. Nationally, the opioid-involved overdose death rate increased by 38% between 2019 and 2020. Of the nearly 92,000 overdose deaths in the U.S. in 2020, three out of four (68,630) involved opioid use (Centers for Disease Control and Prevention, n.d.). Opioid-involved overdose deaths related to the presence of synthetic opioids (other than methadone) such as illicitly manufactured fentanyl have surged since 2014 with a 56% increase among these deaths between 2019 and 2020 (CDHS, 2022). Fentanyl, a powerful synthetic opioid often prescribed to patients during end-of-life care or with advanced cancer, is increasingly accessible to users. The CDC reports that fentanyl is 50 times more potent than heroin and commonly mixed with other drugs. Much of the fentanyl on the street has been illegally manufactured to look like prescription medication such as Oxycontin and other pharmaceuticals. The Drug Enforcement Administration (DEA) seized over 20.4 million “fake” prescription pills in 2021, many containing lethal doses of fentanyl (Drug Enforcement Agency [DEA], 2021).

According to the CDC, the opioid-related overdose death rate for Delaware is 44.4 per 100,000 residents, third highest among reporting jurisdictions.

Fentanyl and fentanyl analogs are the most common substances identified in postmortem overdose death analysis by the Delaware Division of Forensic Science.

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). There has been a rise in the prevalence of xylazine in combination with fentanyl and other illicit drugs and in overdoses (Bebinger, 2022; Reed et al., 2022). Commonly referred to as “tranq,” xylazine is an animal tranquilizer that is particularly dangerous because it is resistant to naloxone, the opioid antagonist used to reverse the effects of an overdose. In a study by Friedman and colleagues (2022), the presence of xylazine in overdose deaths rose from 0.36% in 2015 to 6.7% in 2020, with fentanyl being detected in 98% of these deaths.

Recently, there has been a substantial rise in overdose deaths involving opioids with the use of cocaine and/or other psychostimulants. Between 2009 and 2019 the rate of overdose deaths involving both cocaine and opioids increased nearly 5.5 times, from 0.7 to 3.8 per 100,000 population. In 2019, three out of four deaths involving cocaine also involved an opioid (Hedegaarde, 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.

An additional public health concern is neonatal abstinence syndrome (NAS), a condition linked to maternal use of opioids. Infants 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. Health risks include lower birth weight, birth defects, difficulty feeding, developmental delays, future behavioral problems, and sudden infant death syndrome. Between 1999 and 2013, a study of 28 states found more than a 300% increase in the number of infants born with NAS (Ko et al., 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 continues to suffer the impact of the opioid epidemic. According to the CDC’s State Unintentional Drug Overdose Reporting System (SUDORS), Delaware’s 2020 drug overdose mortality rate involving any opioid was 44.4 deaths per 100,000 residents, (CDC, n.d.). Delaware ranks third among the 29 jurisdictions reporting and substantially higher than the national rate of 25.4 deaths per 100,000 (CDC, n.d.). In 2021, fentanyl was identified in 425 of 515 overdose deaths and 68 involved heroin (Delaware Division of Forensic Science [DFS], 2022). Fentanyl and fentanyl analogs were the most commonly identified substances in postmortem overdose

toxicology analysis (DFS, 2022). In 2021, Delaware Emergency Medical Services (EMS) had 2,327 patient contacts in which they administered 3,512 doses of naloxone, the opioid antagonist which can reverse the effects of opioid overdose and potentially save lives. This represents an increase of 4.9% among patient contacts and 7.8% among administrations from 2020 by EMS (Delaware Drug Monitoring Initiative, 2022). For a more comprehensive discussion on overdoses throughout the state, please see the State Epidemiological Outcomes Workgroup short report, [Drug Overdoses in Delaware](#) (2022).

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 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 declined since 2015, from 204 per 1,000 people to the 2021 rate of 124 per 1,000; however, this does represent a slight uptick since the rate of 122 per 1,000 reported in 2020. 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 2019-2020 NSDUH estimate that 3.34% of all Delawareans aged 12 and older and 3.39% of adults aged 26 and older have misused prescription pain relievers in the past year. Although slightly lower than rates reported in 2018-2019, adults aged 18 to 25 continue to report the highest rates (4.29%). These figures are comparable to national averages.

Among Delaware youth, in 2021, 4% of 8th grade students reported rates of lifetime misuse and 2% reported past year misuse while only half perceived a great risk in misuse of pain medications in ways other than prescribed (Delaware School Survey [DSS], 2021). The Middle School Youth Risk Behavior Survey (YRBS) show similar rates of misuse of prescription pain medicine, with a slight increase between 2017 and 2019 from 2.5% to 3.5%. Eleventh graders responding to the 2021 DSS reported a 3% lifetime rate of misuse of prescription pain medications while 57% perceived a great risk for such misuse.

In 2020, there were 702 cases of infants with prenatal substance exposure (IPSE) reported in Delaware (Donahue and Parker, 2020), many of whom were exposed to opioids. (The topic of IPSE is discussed in more detail in Chapter 7 of this report.)

Policy Update: Recent Legislation Related to Opioids

Delaware legislators have responded to the opioid crisis by introducing or enacting a number of laws to reduce harm associated with use, to facilitate treatment, and to provide other resources for individuals and families who are impacted:

[Senate Bill 161](#) allows law enforcement officers to share information with the Delaware Division of Substance Abuse and Mental Health regarding individuals who have experienced a behavioral health crisis or overdose in order to connect them with treatment services. The bill was signed into law in August 2019.

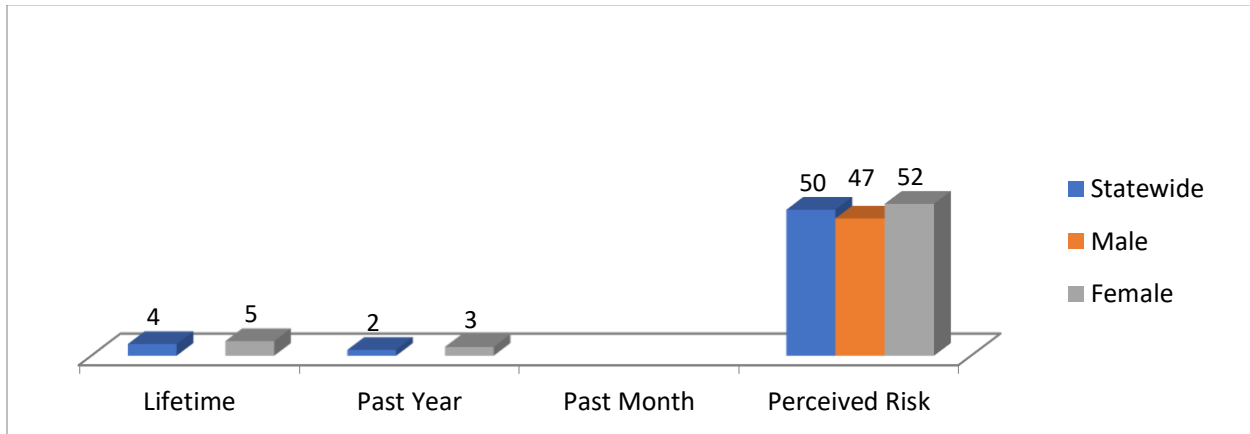
[Senate Bill 76](#), enacted in 2021, authorizes the distribution of fentanyl testing strips to detect the presence of fentanyl or fentanyl-related substances and exempts them from the drug paraphernalia statute.

[Senate Bill 166](#) establishes the Prescription Opioid Settlement Fund and the Prescription Opioid Distribution Commission to ensure that settlement funds from opioid manufactures, distributors, and pharmacies are used “to remediate and abate the opioid crisis and not diverted to other purposes....” The Commission is part of the state’s broader Behavioral Health Consortium and is intended to ensure that consensus is reached regarding the use of these funds and reflects and addresses the needs of communities most impacted by the crisis. The bill was signed into law in October 2021.

[Senate Bill 292](#), introduced in May 2022, has passed and is awaiting Governor’s action. The bill will allow the Delaware Department of Health and Social Services to expand its existing naloxone program to include additional opioid antagonists as they may become available and approved by the Food and Drug Administration.

[House Bill 421](#) would codify the standards for certification of recovery houses and establish a registry through the Division of Substance Abuse and Mental Health. An amendment was introduced and placed with the bill in late June 2022 and it awaits consideration.

2021 Delaware School Survey Reported Prescription Painkiller Misuse^a among Delaware 8th Graders (in percentages)



	Lifetime	Past Year	Past Month	Perceived Great Risk from Using Prescription Drugs without a Prescription
STATEWIDE	4	2	-	50
Males	-	-	-	47
Females	5	3	-	52

Figure 81: Prescription painkiller misuse, 8th grade

Notes:

"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

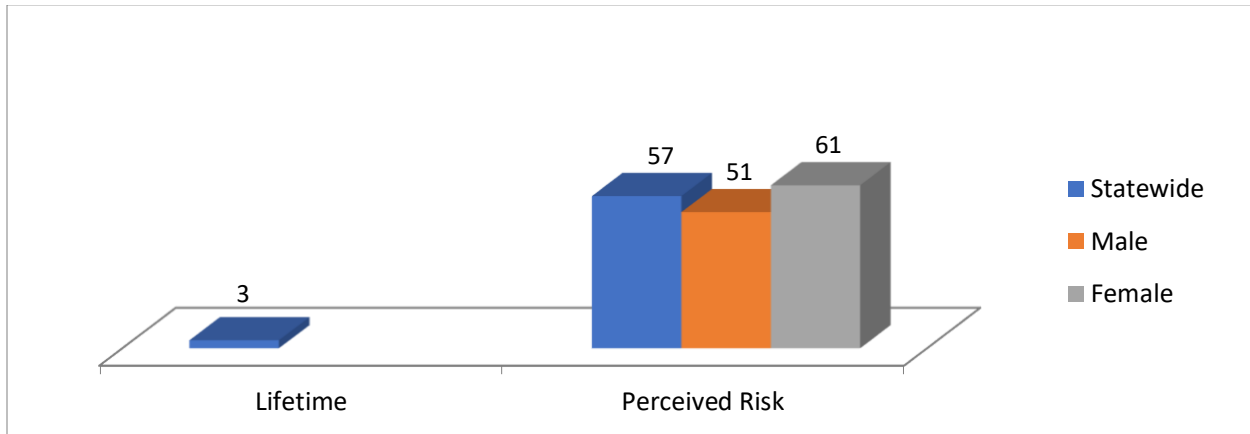
^a Misuse is defined in the DSS as use of prescription painkillers without a doctor's prescription or in ways other than prescribed.

* Unless otherwise noted, all estimates are statistically significant at the p<.05 level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Reported Prescription Painkiller Misuse^a among Delaware 11th Grade (in percentages)



	Lifetime	Past Year	Past Month	Perceived Great Risk from Using Prescription Drugs without a Prescription
STATEWIDE	3	-	-	57
Males	-	-	-	51
Females	-	-	-	61

Figure 82: Prescription painkiller misuse, 11th grade

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.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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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)

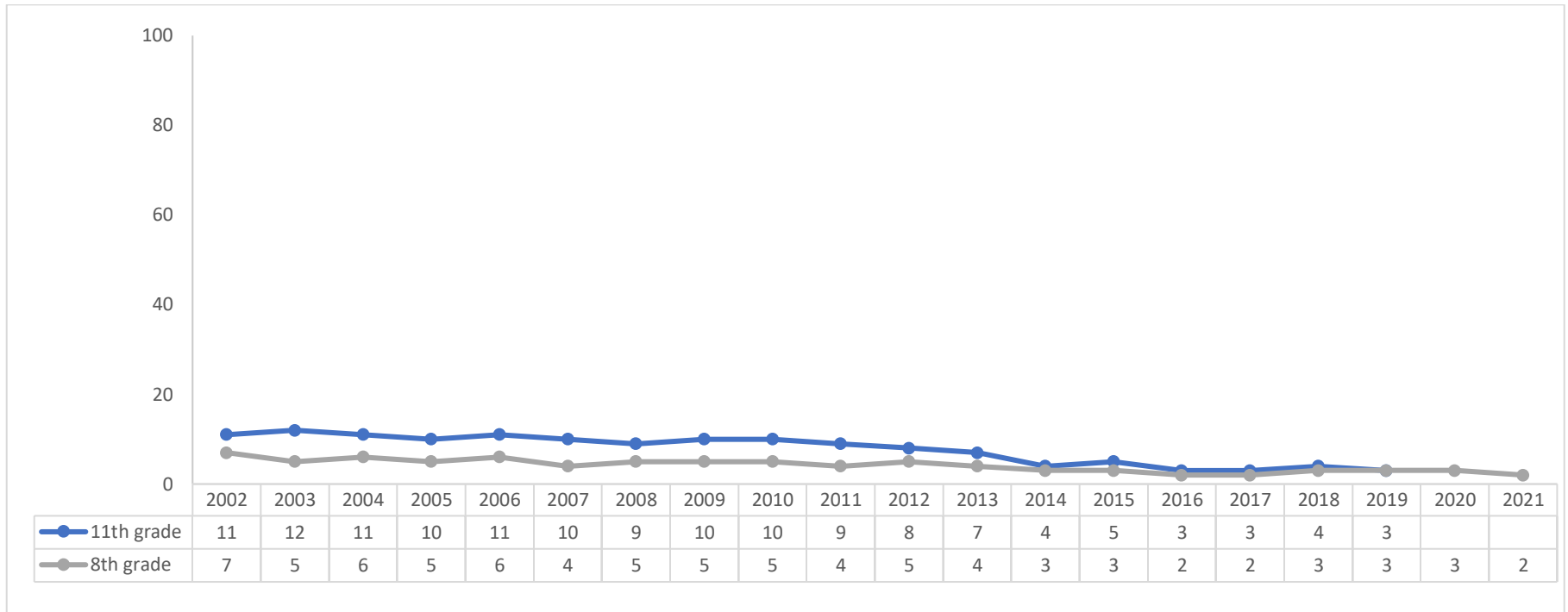


Figure 83: Trends in past year prescription painkiller misuse, 8th and 11th grade

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, 11th grade data was not available for the Delaware School Survey. In 2021, the raw number of 11th grade students reporting past year painkiller misuse was smaller than the threshold for reporting (n<30)

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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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

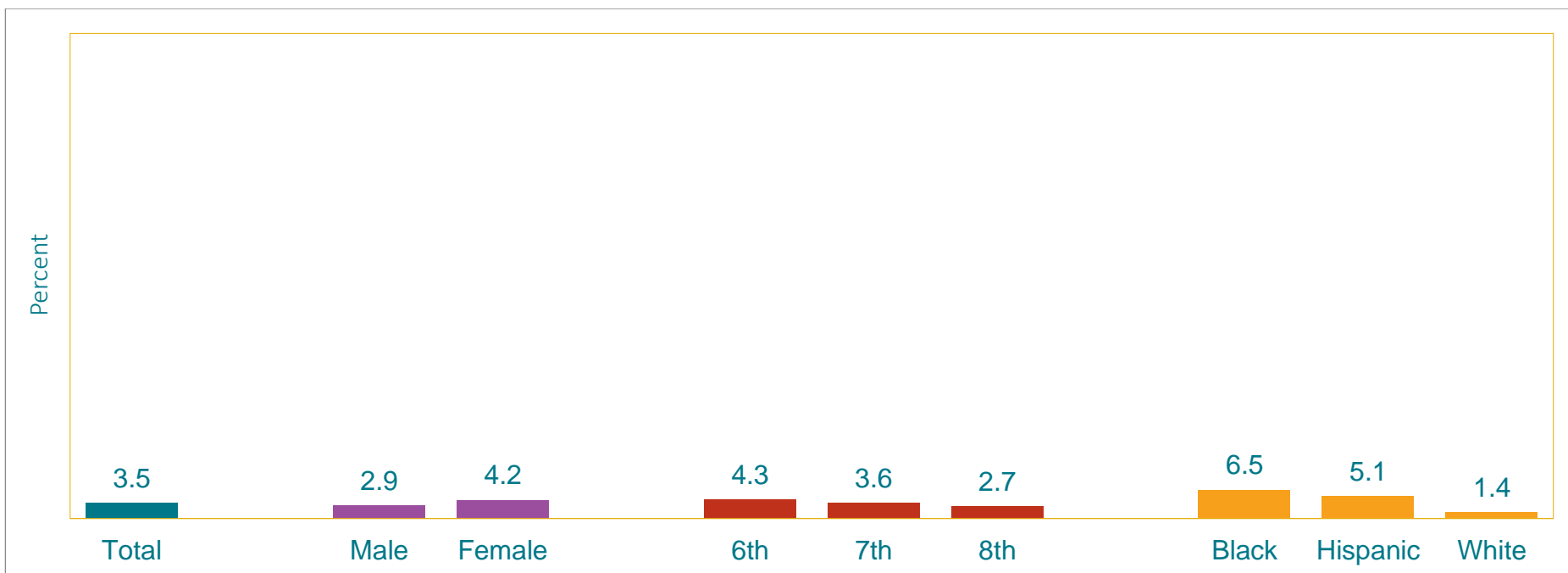


Figure 84: Current prescription pain medicine misuse, MS

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.

Source: ["2019 Delaware Youth Risk Behavior Survey, Middle School." Delaware Middle School Graphs. Centers for Disease Control and Prevention.](#)

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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)

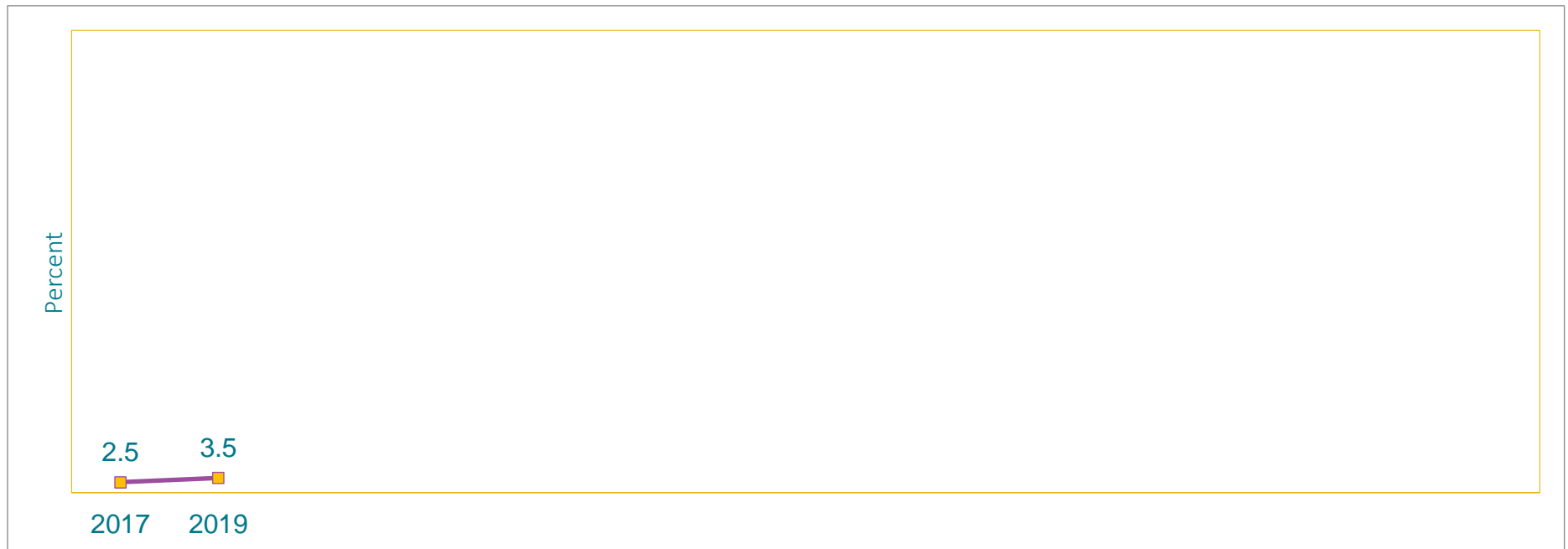


Figure 85: Trends in current prescription drug misuse, MS

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 ($p < 0.05$).]

Source: ["2019 Delaware Youth Risk Behavior Survey, Middle School." Delaware Middle School Graphs. Centers for Disease Control and Prevention.](#)

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National Survey of Drug Use and Health
Pain Reliever Misuse* in Past Year, by Age Group and Region
2018-2019 and 2019-2020
(in percentages)^a

State	AGE GROUP (Years)											
	12 or Older			12-17			18-25			26 or Older		
	2018-19	2019-20	p value ^b	2018-19	2019-20	p value ^b	2018-19	2019-20	p value ^b	2018-19	2019-20	p value ^b
Total U.S.	3.58	3.44	-	2.53	1.93	-	5.33	4.63	-	3.43	3.43	-
Northeast	3.10	3.34	-	1.90	1.51	-	4.67	4.58	-	2.98	3.35	-
Delaware	3.45	3.34	-	2.40	1.54	-	5.43	4.29	-	3.43	3.39	-

Figure 86: 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 and generated by Markov Chain Monte Carlo techniques.

^b p value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. P values for this data were unavailable at the time of this report writing.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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

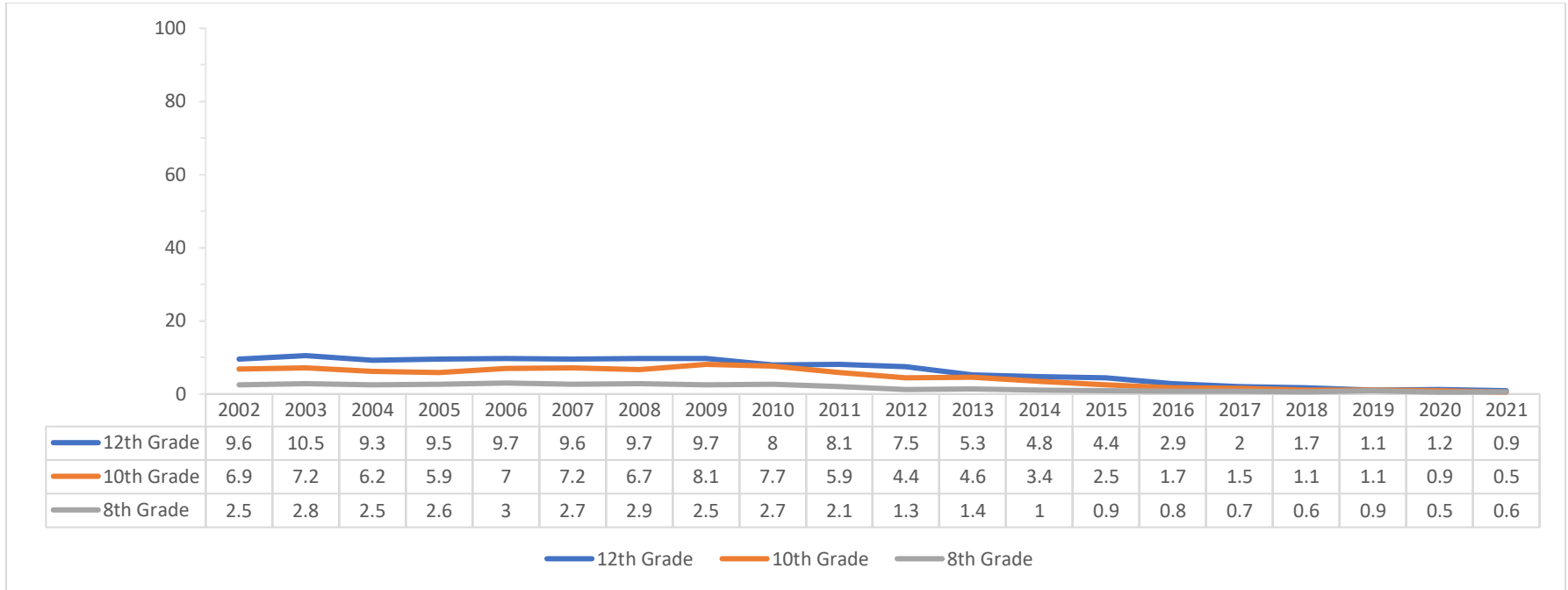


Figure 87: National trends in annual prevalence of Vicodin misuse, 8th, 10th, and 12th grade

Source: ["National Survey Results on Drug Use, 1975-2021." 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)

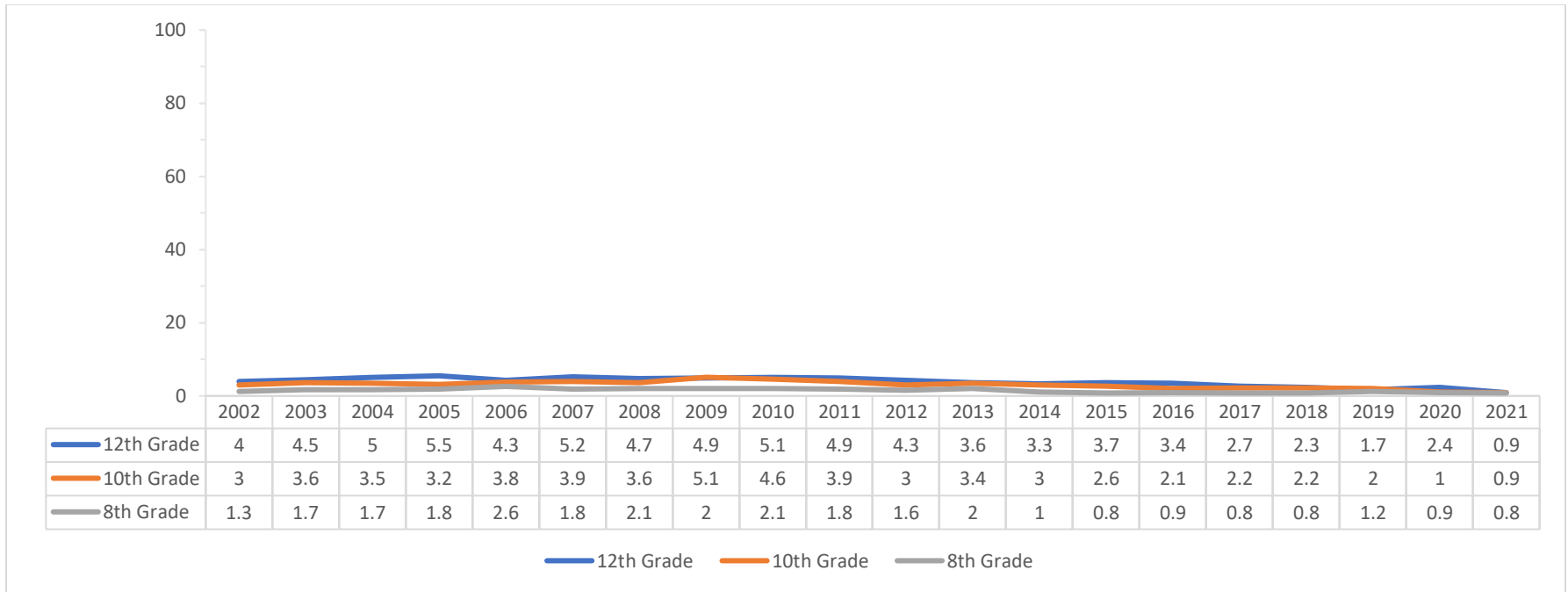


Figure 88: National trends in annual prevalence of OxyContin misuse, 8th, 10th, and 12th grade

Source: ["National Survey Results on Drug Use, 1975-2021." Monitoring the Future \(MTF\). University of Michigan.](#)

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Delaware Prescription Monitoring Program, 2012-2021

Trends in People Filling Opioid Prescriptions in Delaware (as a rate per 1,000 people)

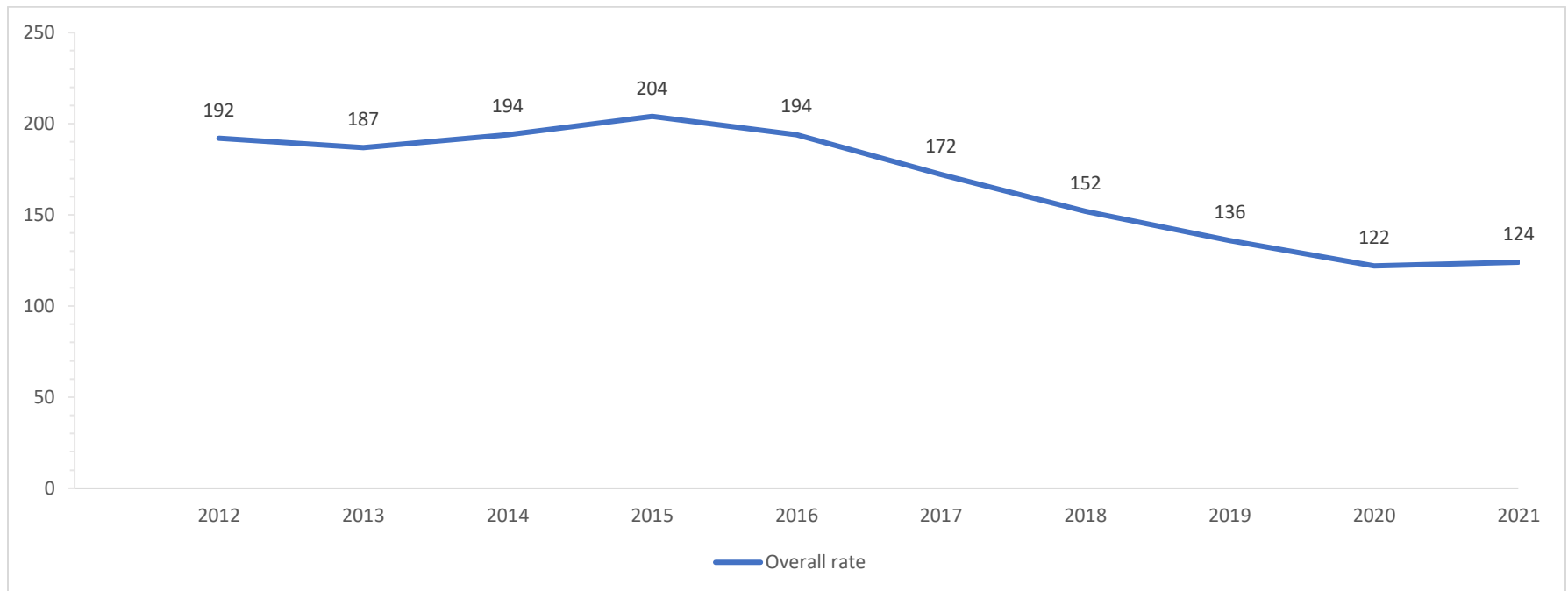


Figure 89: Trends in people filling opioid prescriptions in Delaware, any opioid prescription

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, 2012-2021

Trends in People Filling Opioid Prescriptions in Delaware, by Prescription Category (as a rate per 1,000 people)

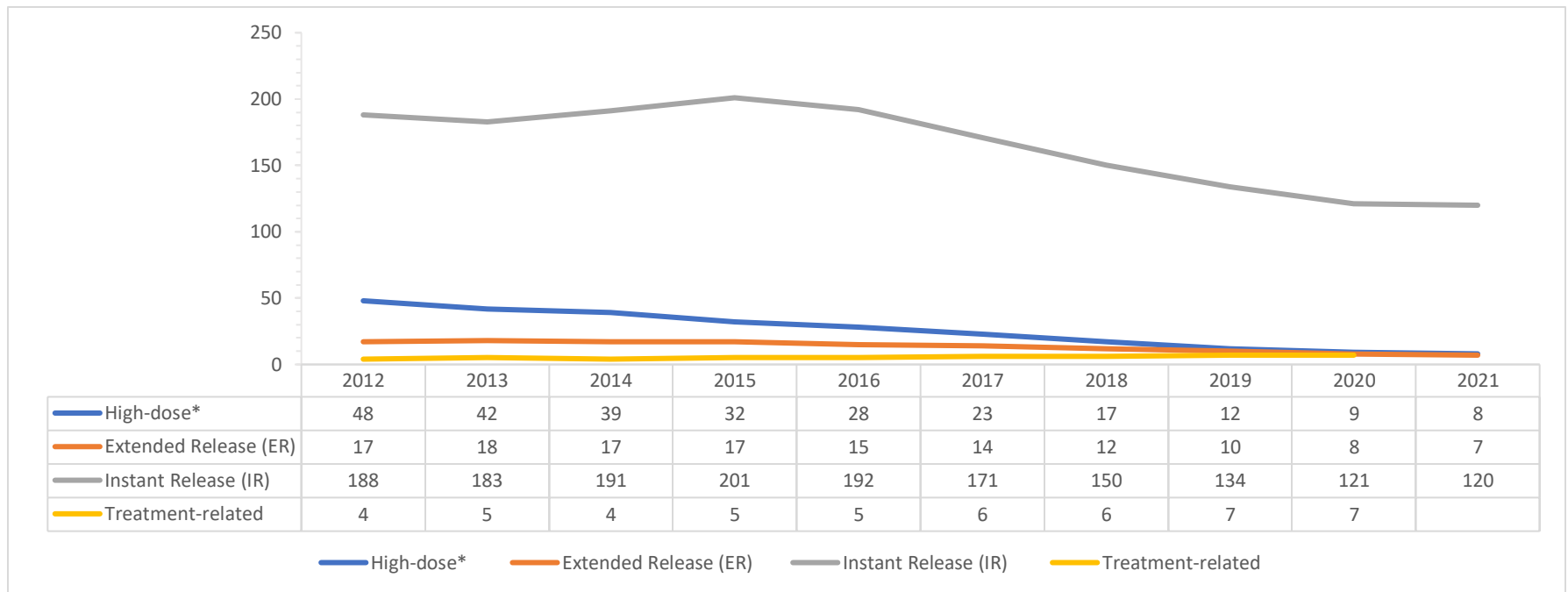


Figure 90: Trends in people filling opioid prescriptions in Delaware, by prescription category

Note:

* High-dose refers to prescriptions of greater than or equal to 90 MMEs (Morphine Milligram Equivalents).

In 2021, data was not available for people who filled treatment-related opiate prescriptions.

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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6. Other Illegal Drugs

National Overview

The substance use rates examined in this report focus primarily on the four most commonly used substances in Delaware today (tobacco, alcohol, marijuana, and opioids). However, many other illicit and prescription drugs are also misused. This list of examples is not exhaustive:

- Depressants: barbiturates, benzodiazepines, gamma hydroxybutyrate (GHB), Rohypnol
- Stimulants: cocaine, methamphetamine, Adderall, Ritalin
- Hallucinogens: lysergic acid diethylamide (LSD), mescaline, salvia, “mushrooms”
- New psychoactive substances (NPS): synthetic cannabinoids
- Other drugs: ecstasy, ketamine, bath salts, dextromethorphan (DXM), steroids, inhalants

Although these are not used as commonly as alcohol, marijuana, and opioids and consequently do not receive as much attention, use of these substances comes with steep risks, including the potential for: overdose; addiction; mixing with other dangerous products (such as fentanyl in cocaine); drug interactions; and serious mental impairment that may lead to the increased likelihood of victimization, physical altercations, dangerous accidents, and/or criminal behavior.

Crack/cocaine has particularly troubling health implications. Cocaine is very addictive and may lead to various long-term health concerns as well as possible overdose. According to the U.S. Centers for Disease Control and Prevention (CDC), the age-adjusted rate of overdose deaths involving cocaine and are on the rise in the U.S., from 1.4 per 100,000 people in 2012 to 6.0 per 100,000 in 2020 (Hedegaard, Minino, Spencer & Warner, 2022). In 2019, more than three out of four drug overdose deaths involving cocaine also involved one or more opioid (Hedegaard, Minino & Warner, 2021). In addition to cocaine, overdoses involving other psychostimulants, such as methamphetamines and amphetamines, are also increasing. (Heedegaard, Minino, Spencer & Warner, 2022).

As noted in the Opioids Chapter of this report, xylazine is an animal tranquilizer that is being increasingly identified in illicit drugs and overdoses (Friedman et al., 2022). Frequently identified with fentanyl, it is sometimes combined as an adulterant with heroin and cocaine to create “speedballs” but is used on its own as well (McAward, 2021).

Synthetic cannabinoids, referred to as synthetic marijuana or “fake weed,” are human-made chemicals that are similar to those found in the marijuana plant. Although they are sometimes

3.5% of Delawareans aged 12 and over report using an illicit drug other than marijuana in the past month, and 1.75% report using cocaine in the past year.

7% of Delaware 8th and 11th grade students reported misusing a prescription medication and 3% reported misusing an over-the-counter drug in the past year.

In 2021, 221 overdose deaths in Delaware involved cocaine.

mistakenly considered safe alternatives to marijuana, they are unsafe and may have more powerful, unpredictable, and possibly life-threatening effects. Synthetic cannabinoids can be sprayed on dried plant material to be smoked, mixed with marijuana, or brewed as tea, or sold as liquid that can be vaporized and used in electronic cigarettes or similar devices (National Institute on Drug Abuse, 2020).

Delaware Overview

The National Survey on Drug Use and Health (NSDUH, 2019-2020) estimates that approximately 3.5% of all people in Delaware aged 12 and older have ever used an illicit drug, not including marijuana, in the past month. Broken down by age, 1.9% of Delaware youth ages 12 to 17, 6.30% of adults ages 18 to 25, and 3.28% of adults aged 26 and over reported using an illicit drug (misuse of prescription psychotherapeutics, cocaine, including crack, heroin, hallucinogens, inhalants, or methamphetamine) in the past month. The 2021 Delaware School Survey (DSS) indicates that 2% of 8th grade students reported use of an illicit drug other than marijuana in the past year and 4% at some time in their life. Seven percent reported misuse of prescription medication (including pain medication) within the previous year. Concurrently, only half of 8th graders perceived a great risk in misusing prescription medication. Among 11th graders, 57% perceived great risk of misusing prescription medication and 7% reported past year prescription drug misuse. Eleventh graders also reported 9% lifetime and 5% past year rates of illicit drug use other than marijuana in 2021. Three percent of both 8th and 11th grade students reported misusing an over-the-counter drug in the previous year.

The 2019-2020 NSDUH estimates that approximately 1.75% of Delaware adults age 12 and older used cocaine in the past year, with adults aged 18 to 25 reporting the highest rate of use (6.30%). Cocaine has been increasingly identified in overdose deaths in Delaware since 2016. In 2021, 221 overdose deaths involved cocaine compared to 152 reported in 2020 and was found in more than one in five postmortem cases (Division of Forensic Science, 2022). Approximately 5% of all drug treatment admissions to publicly funded treatment programs in the state were primarily due to cocaine use (Treatment Episode Data Set [TEDS], 2019).

Three percent of 8th grade students reported using synthetic marijuana at least once in their lifetime and 2% in the past year on the 2021 Delaware School Survey. Among 11th graders, 6% reported using the substance at least once in their lifetime while 4% indicated use in the past year.

**National Survey on Drug Use and Health
Selected Drug Use in Delaware, by Age Group
Annual Averages Based on 2019-2020
(in percentages)^a**

Measure	Total 12 or Older	AGE GROUP		
		12-17	18-25	26 or Older
ILLICIT DRUGS				
Past Month Illicit Drug Use^b	12.20	6.67	24.12	11.13
Past Month Use of Illicit Drugs Other Than Marijuana	3.50	1.90	6.30	3.28
Past Year Cocaine Use	1.75	0.12	4.28	1.57

Figure 91: Selected drug use, Delaware, by age group

Notes:

^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

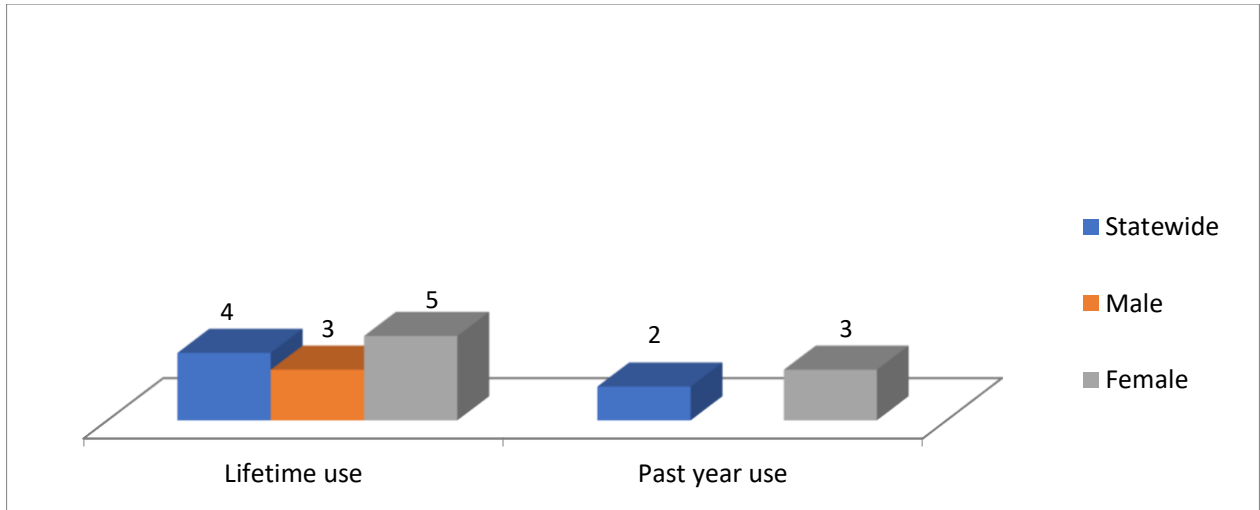
^b “Illicit Drug Use” includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without 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. Prescription psychotherapeutics do not include over-the-counter drugs.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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2021 Delaware School Survey

Other Illegal Drug^a Use among Delaware 8th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use
Statewide	4	2	-
Male	3	-	-
Female	5	3	-

Figure 92: Other illegal drug use, 8th grade

Notes:

"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

^a "Other illegal drugs" includes ecstasy, hallucinogens, street uppers, inhalants, cocaine, crack, heroin, and synthetic marijuana used to get high.

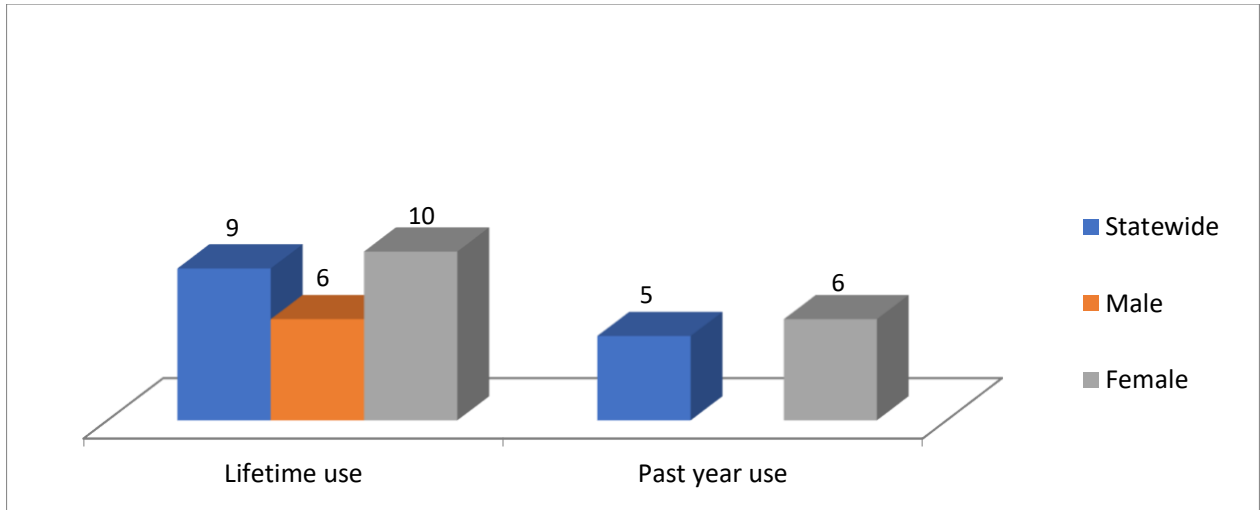
*The relationship between sex and other illegal drug use was not statistically significant at the p<.05 level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey

Other Illegal Drug^a Use among Delaware 11th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use
Statewide	9	5	-
Male	6	-	-
Female	10	6	-

Figure 93: Other illegal drug use, 11th grade

Notes:

"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

^a "Other illegal drugs" includes ecstasy, hallucinogens, street uppers, inhalants, cocaine, crack, heroin, and synthetic marijuana used to get high.

*Unless otherwise noted, estimates are statistically significant at the p<.05 level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Monitoring the Future

National Trends in Annual Prevalence: Any Illicit Drug (other than marijuana) 8th, 10th, and 12th Grade (in percentages)

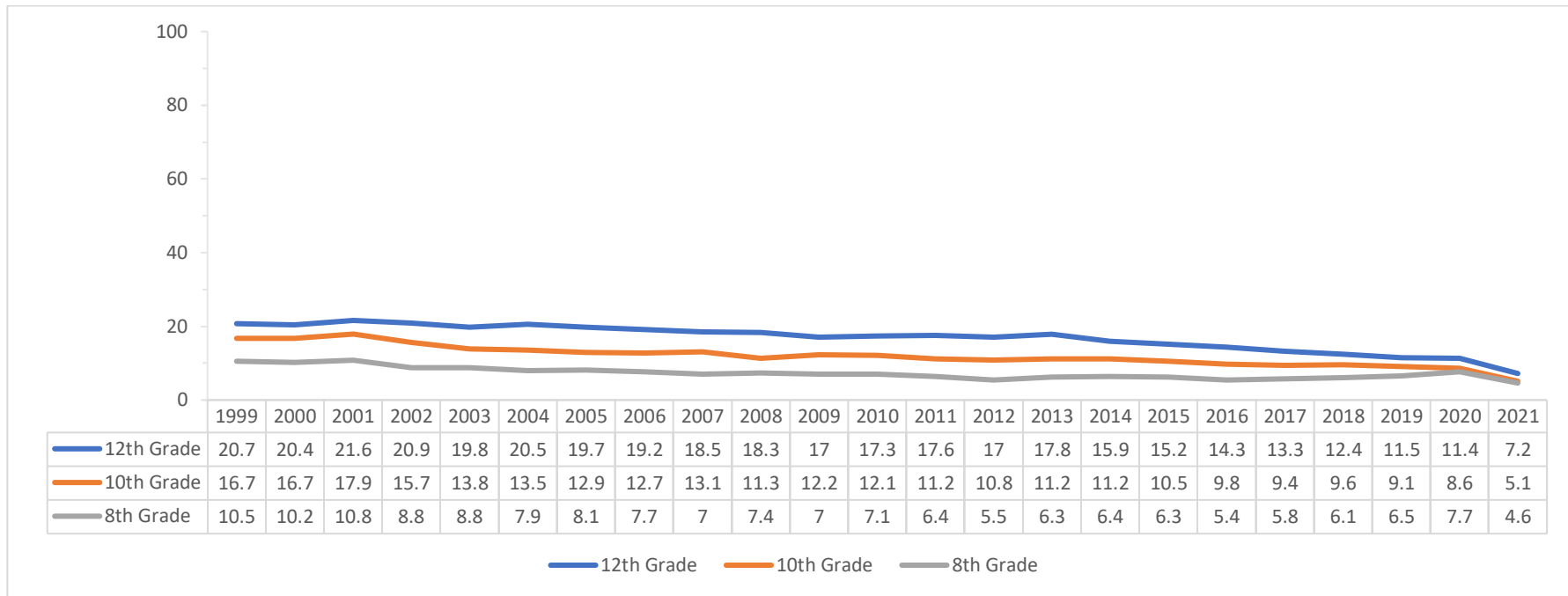


Figure 94: National trends in annual prevalence of any illicit drug use (other than marijuana), 8th, 10th, and 12th grade

Note: Any illicit drug is defined by the Monitoring the Future study as LSD, other hallucinogens, crack, cocaine, heroin, or any use of other narcotics, amphetamines, sedatives, or tranquilizers not under a doctor's orders.

Source: ["National Survey Results on Drug Use, 1975-2021." Monitoring the Future \(MTF\). University of Michigan.](#)

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National Survey of Drug Use and Health
Illicit Drug Use Other than Marijuana in Past Month, by Age Group and State
2018-2019 and 2019-2020
(in percentages)^a

State	AGE GROUP (Years)											
	12 or Older			12-17			18-25			26 or Older		
	2018-2019	2019-2020	<i>p</i> value ^b	2018-2019	2019-2020	<i>p</i> value ^b	2018-2019	2019-2020	<i>p</i> value ^b	2018-2019	2019-2020	<i>p</i> value ^b
Total U.S.	3.31	3.38	-	2.37	1.81	-	6.07	5.44	-	2.99	3.24	-
Northeast	3.14	3.49	-	2.12	1.73	-	6.26	5.88	-	2.77	3.32	-
Delaware	4.00	3.50	-	2.44	1.90	-	6.67	6.30	-	3.79	3.28	-

Figure 95: Illicit drug use other than marijuana, past month, by age group and state

Notes:

^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

^b *p* value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. P values for this data were unavailable at the time of this report writing.

“Illicit Drug Use Other Than Marijuana” includes the misuse of prescription psychotherapeutics or the use of cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined 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. Prescription psychotherapeutics do not include over-the-counter drugs.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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National Survey of Drug Use and Health
Illicit Drug Use in Past Month, by Age Group and State
2018-2019 and 2019-2020
(in percentages)^a

State	AGE GROUP (Years)											
	12 or Older			12-17			18-25			26 or Older		
	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b	2018-2019	2019-2020	p value ^b
Total U.S.	12.34	13.24	-	8.37	7.71	-	24.40	24.43	-	10.90	12.15	-
Northeast	12.86	13.83	-	8.56	9.18	-	26.58	27.33	-	11.21	12.28	-
Delaware	14.32	12.20	-	9.94	6.67	-	29.73	24.12	-	12.62	11.13	-

Figure 96: Illicit drug use, past month, by age and state

Notes:

^a Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

^b p value: Bayes significance levels for the null hypothesis of no change between the 2018-2019 and 2019-2020 population percentages. P values for this data were unavailable at the time of this report writing.

“Illicit Drug Use” includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined 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. Prescription psychotherapeutics do not include over-the-counter drugs.

Source: [“2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\).” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.](#)

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Monitoring the Future

National Trends in Annual Prevalence: Inhalants

8th, 10th, and 12th Grade

(in percentages)

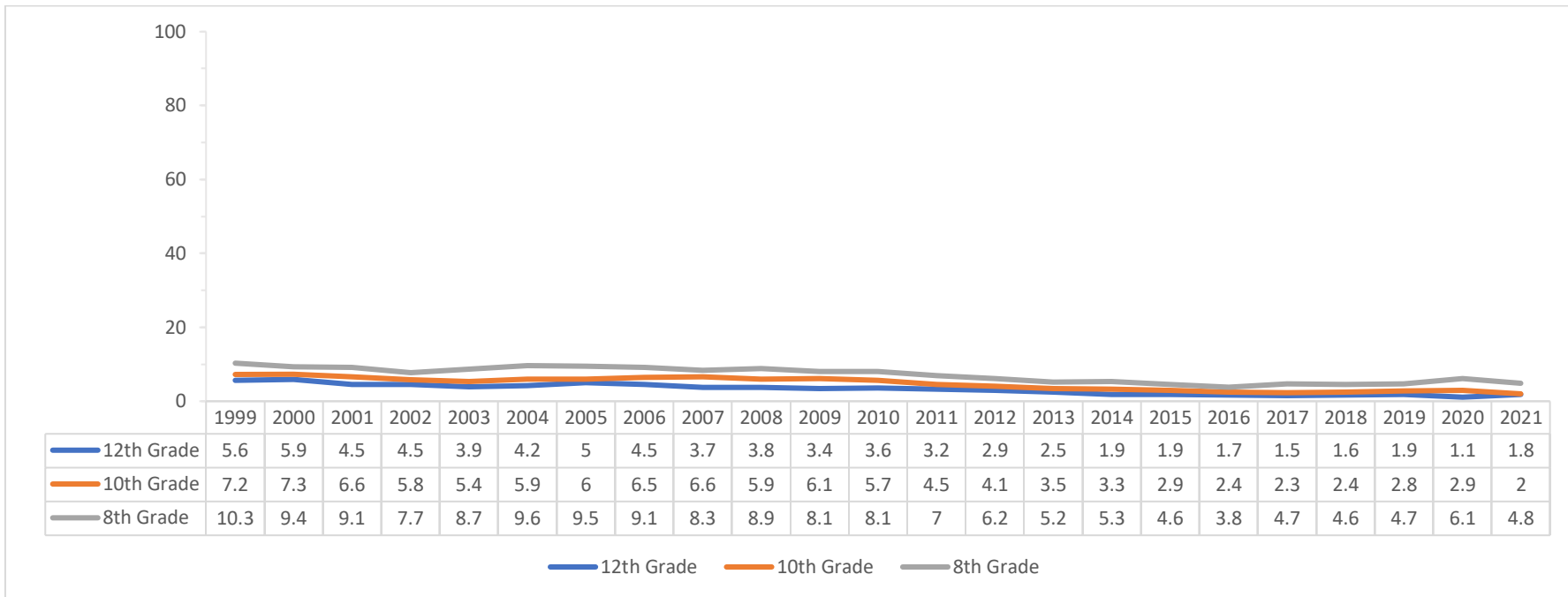
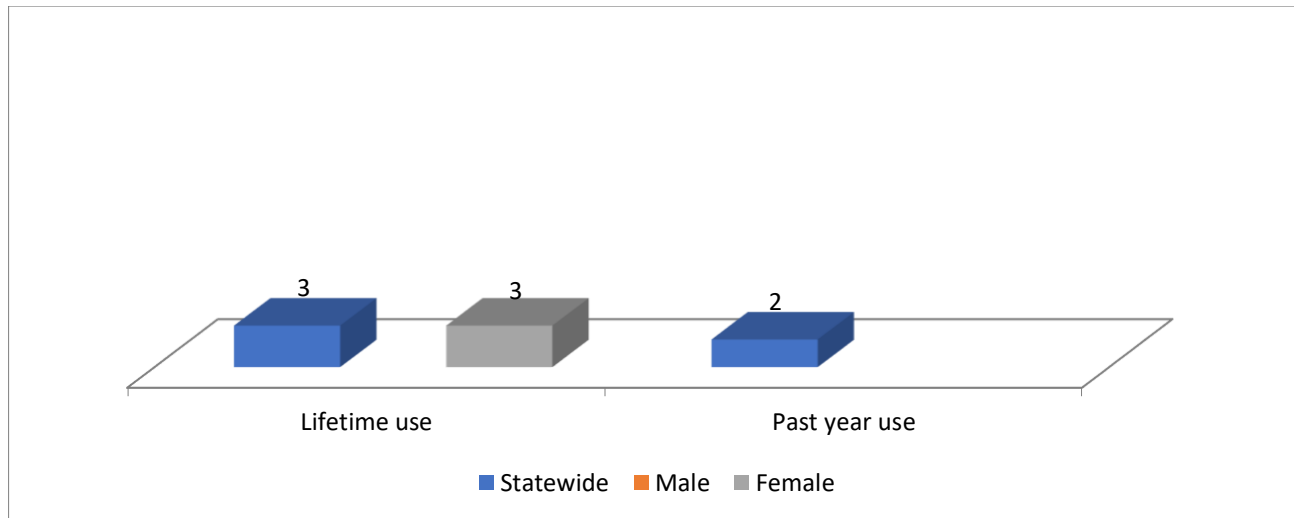


Figure 97: National trends in annual prevalence of inhalant use, 8th, 10th, and 12th grade

Source: ["National Survey Results on Drug Use, 1975-2021." Monitoring the Future \(MTF\). University of Michigan.](#)

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2021 Delaware School Survey Synthetic Marijuana Use among Delaware 8th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use
Statewide	3	2	-
Male	-	-	-
Female	3	-	-

Figure 98: Synthetic marijuana use, 8th grade

Notes:

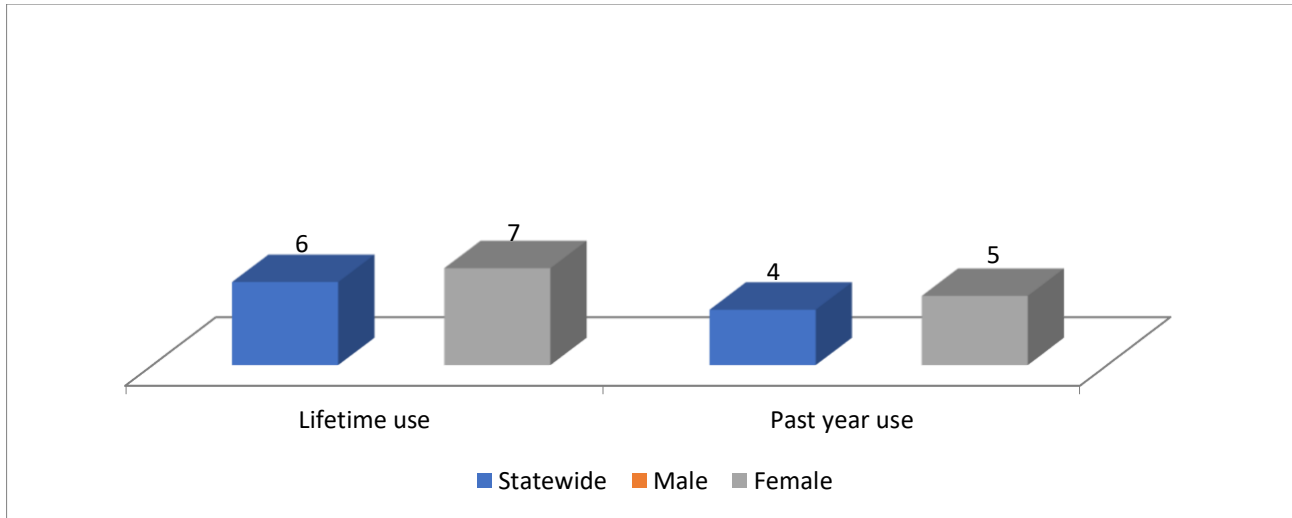
"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

*The relationship between sex and synthetic marijuana use was not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Synthetic Marijuana Use among Delaware 11th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use
Statewide	6	4	-
Male	-	-	-
Female	7	5	-

Figure 99: Synthetic marijuana use, 11th grade

Notes:

"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

*Unless otherwise noted, all estimates are statistically significant at the p<.05 level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Monitoring the Future

National Trends in Annual Prevalence: Synthetic Marijuana 8th, 10th, and 12th Grade (in percentages)

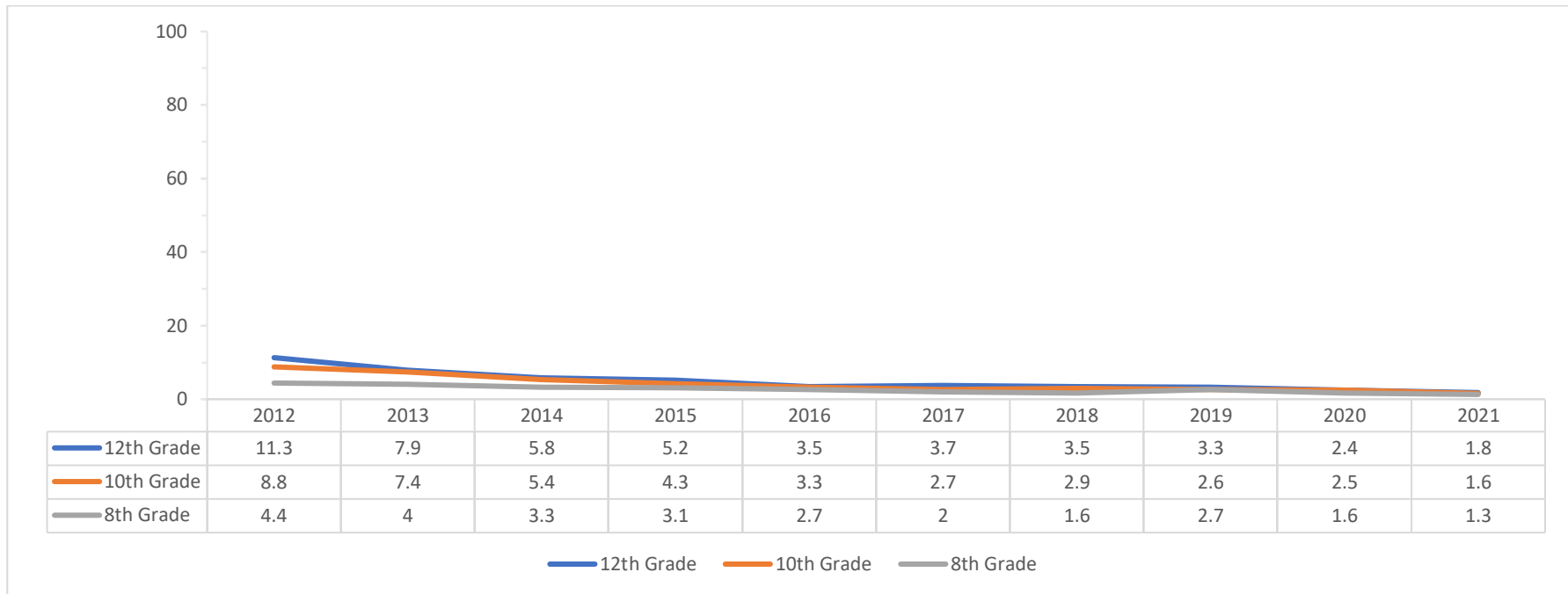
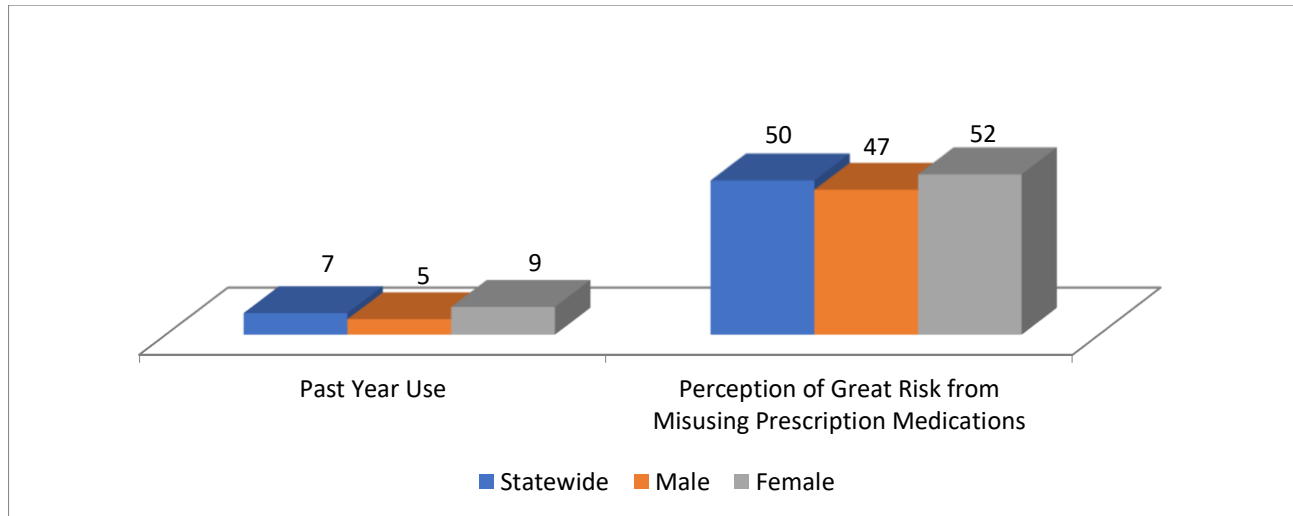


Figure 100: National trends in annual prevalence of synthetic marijuana use, 8th, 10th, and 12th grade

Source: ["National Survey Results on Drug Use, 1975-2021." Monitoring the Future \(MTF\). University of Michigan.](#)

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2021 Delaware School Survey Prescription Misuse^a among 8th Grade Students (in percentages)



	Past Year Use	Perception of Great Risk from Prescription Misuse
Statewide	7	50
Male	5	47
Female	9	52

Figure 101: Medication Misuse and Perceptions of Great Risk, 8th grade

Notes:

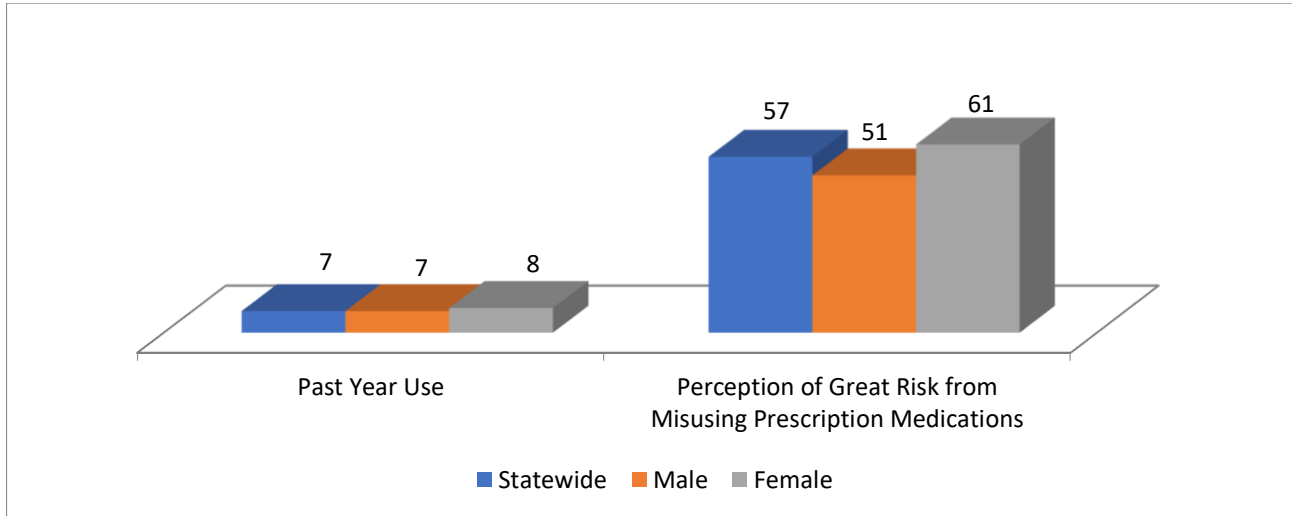
^a Prescription misuse is defined as the use of any prescription medications such as painkillers, stimulants (ADHD medications and diet pills), tranquilizers, sleeping pills in a way other than prescribed.

* Unless otherwise noted, all estimates are statistically significant at the p<.05 level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Prescription Misuse^a among 11th Grade Students (in percentages)



	Past Year Use	Perception of Great Risk from Prescription Misuse
Statewide	7	57
Male	7	51
Female	8	61

Figure 102: Medication Misuse and Perceptions of Great Risk, 11th grade

Notes:

^a Prescription misuse is defined as the use of any prescription medications such as painkillers, stimulants (ADHD medications and diet pills), tranquilizers, sleeping pills in a way other than prescribed.

* Unless otherwise noted, all estimates are statistically significant at the p<.05 level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Monitoring the Future

National Trends in Past Month Prevalence: Prescription Misuse among 12th Grade Students (in percentages)

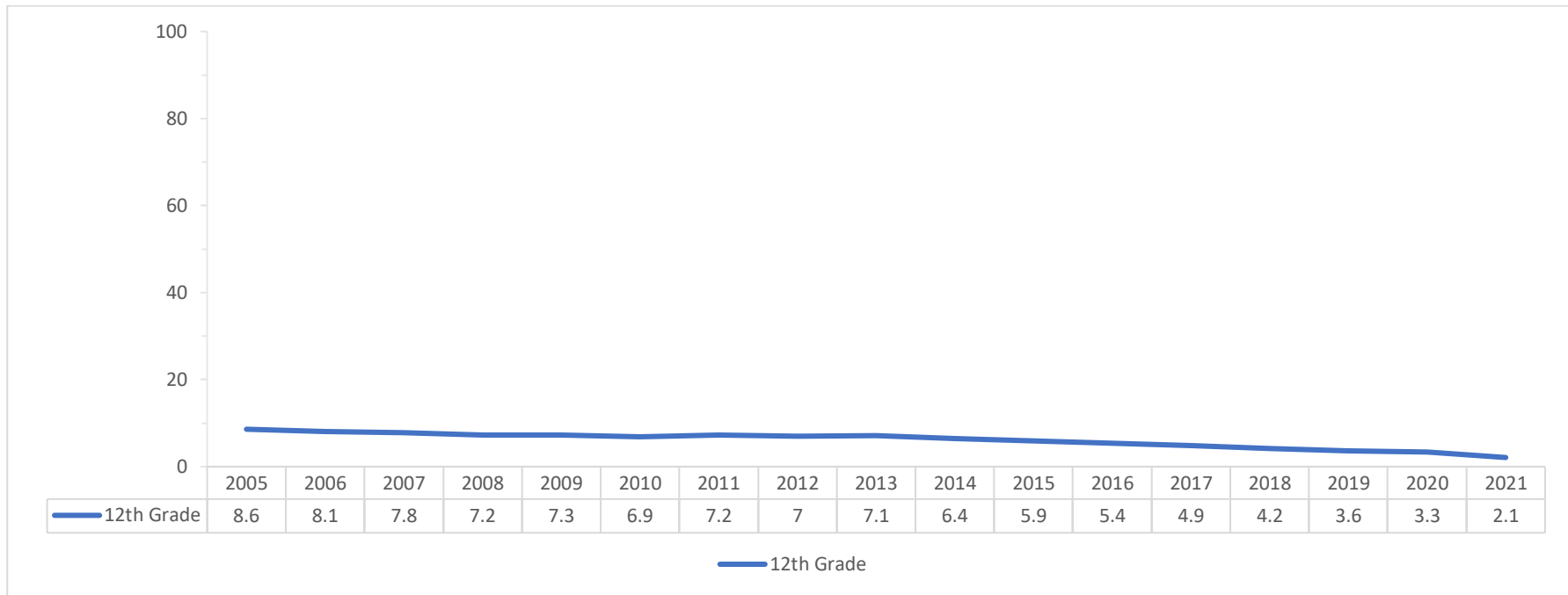


Figure 103: National trends in past month prevalence of prescription misuse, 12th grade

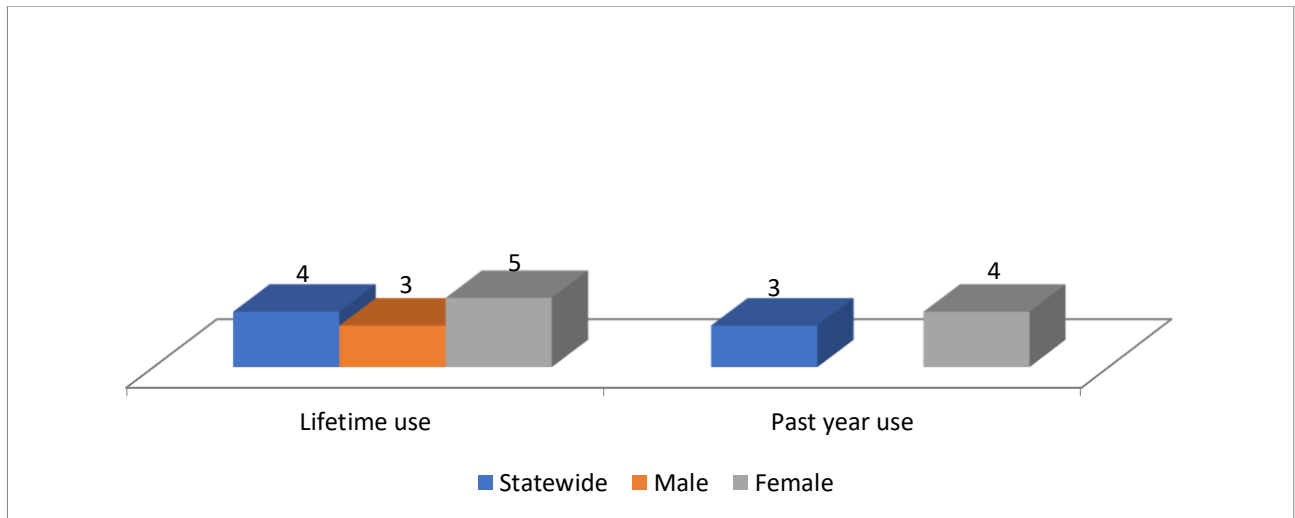
Note: According to the Monitoring the Future survey, prescription misuse includes use of any of the following: amphetamines, sedatives (barbiturates), narcotics other than heroin, or tranquilizers “...without a doctor telling you to use them.”

Source: ["National Survey Results on Drug Use, 1975-2021." Monitoring the Future \(MTF\). University of Michigan.](#)

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2021 Delaware School Survey

Over-the-Counter Drug Misuse among Delaware 8th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use
Statewide	4	3	-
Male	3	-	-
Female	5	4	-

Figure 104: Over-the-Counter Drug Misuse, 8th grade

Notes:

“-” indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

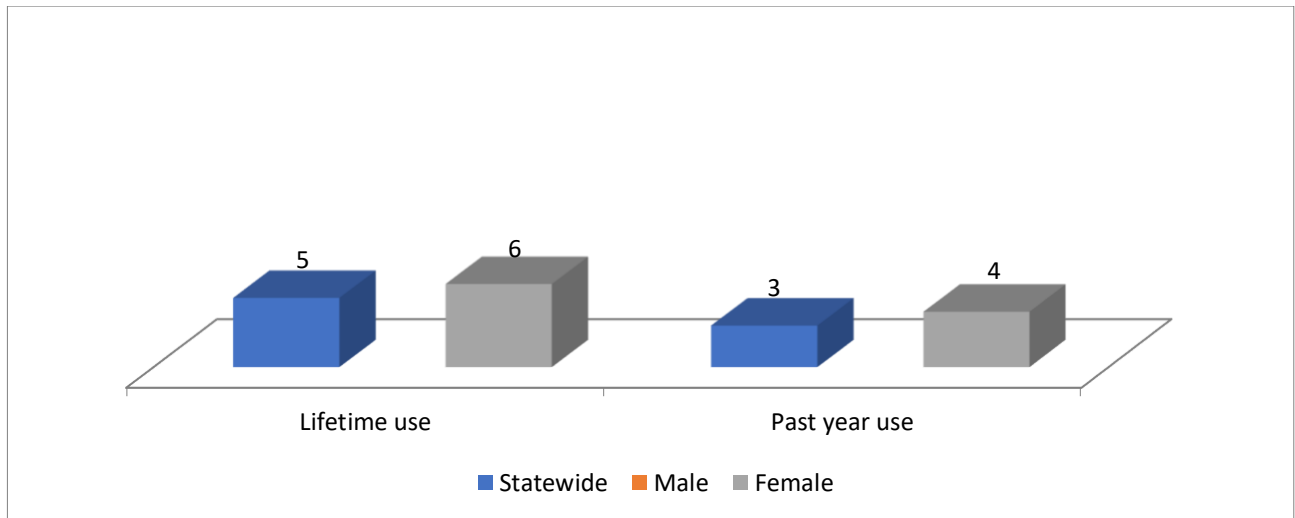
*Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey

Over-the-Counter Drug Misuse among Delaware 11th Graders (in percentages)



	Lifetime Use	Past Year Use	Past Month Use
Statewide	5	3	-
Male	-	-	-
Female	6	4	-

Figure 105: Over-the-Counter Drug Misuse, 11th grade

Notes:

“-” indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

*The relationship between sex and over the counter drug misuse was not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Delaware Treatment Episode Dataset (TEDS), Admissions, 2019

Treatment Admissions by Primary Substance at Admission

Primary Substance at Admission	% of Admissions
Alcohol Only	10.7
Alcohol with Secondary Drug	8.2
Heroin	48.8
Other Opiates	7.1
Cocaine (smoked)	3.2
Cocaine (other route)	1.9
Marijuana	8.1
Amphetamines	0.7
Other Stimulants	0.0
Tranquilizers	0.4
Sedatives	0.1
Hallucinogens	0.3
PCP	0.3
Inhalants	0.0
Other/Unknown	10.2

Figure 106: Delaware treatment admissions by primary substance

Source: [“Delaware TEDS admissions aged 12 years and older, by primary substance use and gender, age at admission, race, and ethnicity: Percent, 2019.” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set \(TEDS\). Based on administrative data reported by states to TEDS through July 1, 2020.](#)

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Delaware Treatment Episode Dataset (TEDS), Admissions, 2019

Primary Substance at Admission by Sex

Primary Substance at Admission	% Male	% Female
All Admissions	64.1	35.9
Alcohol Only	73.4	26.6
Alcohol with Secondary Drug	73.2	26.8
Heroin	62.5	37.5
Other Opiates	54.7	45.3
Cocaine (smoked)	58.4	41.6
Cocaine (other route)	65.0	35.0
Marijuana	69.5	30.5
Amphetamines	63.6	36.4
Other Stimulants	100.0	0.0
Tranquilizers	46.6	53.4
Sedatives	33.3	66.7
Hallucinogens	77.1	22.9
PCP	70.4	29.6
Inhalants	80.0	20.0
Other/Unknown	59.1	40.6

Figure 107: Delaware treatment admissions by primary substance and sex

Source: [“Delaware TEDS admissions aged 12 years and older, by primary substance use and gender, age at admission, race, and ethnicity: Percent, 2019.” Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set \(TEDS\). Based on administrative data reported by states to TEDS through July 1, 2020.](#)

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Delaware Treatment Episode Dataset (TEDS), Admissions, 2019
Primary Substance at Admission by Age Group
(in percentages)

Primary Substance at Admission	12-17	18-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66 and older
All Admissions	0.5	2.4	10.5	20.8	18.1	14.6	8.4	8.1	7.6	5.3	2.3	1.3
Alcohol Only	0.0	0.3	4.5	7.4	11.1	11.3	9.7	13.8	17.1	13.7	6.5	4.7
Alcohol with Secondary Drug	0.1	1.6	7.6	12.8	13.2	14.5	11.4	14.3	13.5	7.0	3.2	0.8
Heroin	0.0	1.1	9.9	25.8	21.9	15.9	8.4	6.8	5.1	3.3	1.2	0.5
Other Opiates	0.0	1.0	100.1	22.1	23.5	15.8	6.9	5.3	6.6	4.8	1.9	1.9
Cocaine (smoked)	0.0	0.4	5.6	14.1	14.7	12.7	8.4	12.7	14.5	11.4	5.0	0.4
Cocaine (other route)	0.0	0.7	8.6	15.8	12.2	21.8	11.2	9.6	10.9	5.3	3.3	0.7
Marijuana	4.3	12.2	22.9	22.0	12.4	11.3	4.3	3.4	3.2	2.2	1.2	0.4
Amphetamines	0.0	3.4	7.6	14.4	23.7	13.6	8.5	15.3	5.9	5.9	1.7	0.0
Other Stimulants	0.0	0.0	0.0	0.0	0.0	0.0	50.0	50.0	0.0	0.0	0.0	0.0
Tranquilizers	0.0	5.2	12.1	31.0	12.1	13.8	6.9	8.6	3.4	5.2	1.7	0.0
Sedatives	0.0	0.0	22.2	33.3	0.0	22.2	22.2	0.0	0.0	0.0	0.0	0.0
Hallucinogens	0.0	0.0	12.5	31.3	16.7	20.8	6.3	8.3	2.1	2.1	0.0	0.0
PCP	0.0	0.0	1.9	18.5	37.0	27.8	5.6	5.6	1.9	0.0	1.9	0.0
Inhalants	0.0	0.0	0.0	0.0	20.0	80.0	0.0	0.0	0.0	0.0	0.0	0.0
Other/Unknown	1.4	5.3	14.4	18.6	13.8	11.9	8.8	7.2	6.8	6.1	3.1	2.7

Figure 108: Delaware treatment admissions by primary substance and age group

Source: [Delaware TEDS admissions aged 12 years and older, by primary substance use and gender, age at admission, race, and ethnicity: Percent, 2019. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set \(TEDS\). Based on administrative data reported by states to TEDS through July 1, 2020.](#)

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Delaware Treatment Episode Dataset (TEDS), Admissions, 2019
Primary Substance at Admission by Race and Ethnicity
(in percentages)

Primary Substance at Admission	White	Black or African-American	American Indian or Alaskan Native	Asian or Native Hawaiian or Other Pacific Islander	Unknown		Hispanic or Latino	Not Hispanic or Latino
All Admissions	67.2	26.6	0.6	2.0	3.6		6.0	92.2
Alcohol Only	72.4	21.8	0.8	2.2	2.8		6.9	92.7
Alcohol with Secondary Drug	61.8	31.1	0.9	1.6	4.5		4.0	94.4
Heroin	78.0	17.7	0.3	1.7	2.3		5.9	93.6
Other Opiates	65.8	29.3	0.4	2.0	2.5		5.6	93.5
Cocaine (smoked)	45.8	50.6	0.4	0.6	2.6		4.6	93.0
Cocaine (other route)	53.8	38.9	0.3	2.0	5.0		5.6	90.1
Marijuana	36.8	52.1	1.5	3.7	5.9		8.2	89.4
Amphetamines	86.4	10.2	0.8	0.0	2.5		0.0	98.3
Other Stimulants	100.0	0.0	0.0	0.0	0.0		0.0	100.0
Tranquilizers	62.1	27.6	0.0	5.9	3.4		6.9	89.7
Sedatives	77.8	11.1	0.0	0.0	11.1		0.0	100.0
Hallucinogens	62.5	31.3	2.1	2.1	2.1		6.3	93.8
PCP	3.7	85.2	3.7	5.6	1.9		9.3	90.7
Inhalants	100.0	0.0	0.0	0.0	0.0		0.0	100.0
Other/Unknown	49.5	38.1	1.0	2.9	8.5		6.7	84.6

Figure 109: Delaware treatment admissions by primary substance and race and ethnicity

Source: [Delaware TEDS admissions aged 12 years and older, by primary substance use and gender, age at admission, race, and ethnicity: Percent, 2019. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set \(TEDS\). Based on administrative data reported by states to TEDS through July 1, 2020.](#)

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Drug Overdose Deaths in Delaware by County and Select Demographic Characteristics

2020 Drug Overdose Deaths by County (count)	
Kent	123
New Castle	50
Sussex	274
Total	447

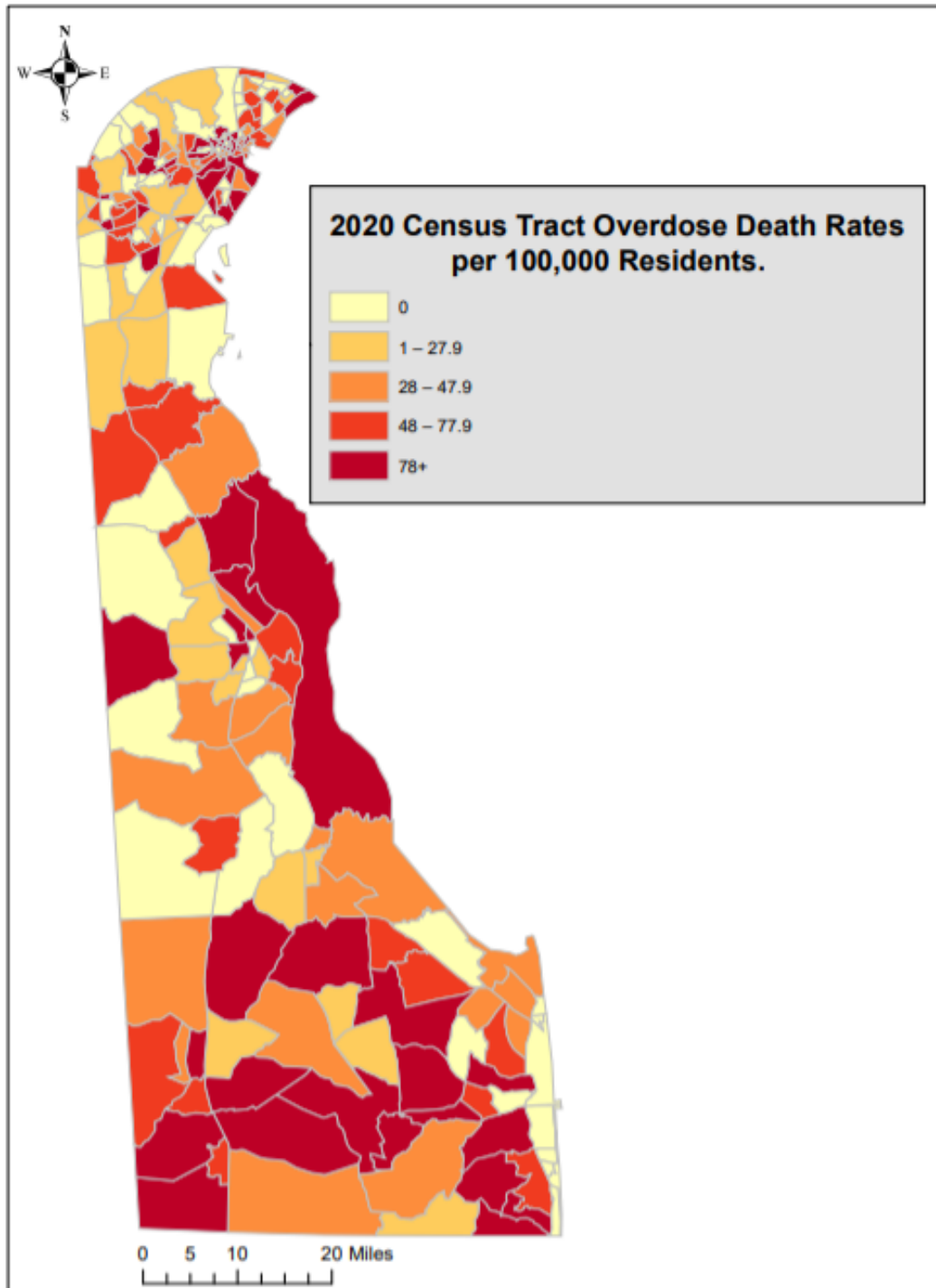
	2016 N=308	2017 N=345	2018 N=400	2019 N=431	2020 N=447
SEX:					
MALE	69%	69%	71%	72%	68%
FEMALE	31%	31%	29%	28%	32%
RACE:					
WHITE	87%	75%	81%	77%	77%
BLACK	13%	19%	15%	17%	19%
HISPANIC	-	5%	4%	6%	4%
OTHER	-	1%	-	-	-
AGE:					
40 OR YOUNGER	42%	50%	51%	54%	46%
41-50	n/a	23%	22%	22%	23%
51 AND OLDER	n/a	27%	27%	24%	31%

Figure 110: Drug overdose deaths in Delaware by demographic

Source: Office of the Chief Medical Examiner, Division of Forensic Medicine, Department of Safety and Homeland Security, State of Delaware
Includes overdose deaths for opioids and other drugs.

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2020 Delaware Census Tract Overdose Death Rates



Overdose death data was provided by the Delaware Department of Forensic Science.
2010 data from the US Census Bureau was used for age adjustments.
The Delaware Opioid Metric Intelligence Project (DOMIP) is funded by the NIJ.

Figure 111: Map of drug overdose deaths in Delaware by census tracts

Source: [Delaware Opioid Metric Intelligence Project \(DOMIP\)](#)

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7. Infants with Prenatal Substance Exposure

National Overview

Infants with prenatal substance exposure (IPSE) to opioids and other drugs are at increased risk for a host of challenges to healthy development. In addition to physical health risks related to direct substance exposure, continued substance use by the parent or caregiver may likely contribute to an unstable home life for the infant. Substance use is often identified among child abuse and neglect cases within child welfare systems (Child Welfare Information Gateway,

2014). Parental substance use disorders, in turn, are associated with increases in risk behaviors and negative health outcomes for the child throughout their lifespan. After peaking in 2017 at 7.3 cases of neonatal abstinence syndrome per 1,000 newborn hospitalizations, national rates declined to 6.8 cases per 1,000 in 2018 and declined again to 6.3 per 1,000 in 2019 (Agency for Healthcare Research and Quality, 2022).

Although Delaware rates of neonatal abstinence syndrome cases have declined steadily since 2016, they are among the highest in the U.S. at 18.8 per 1,000 newborn hospitalizations.

In 2020, 702 cases of infants with prenatal substance exposure were reported in Delaware. Plans of Safe Care (POSC) were established for 653 cases.

Marijuana was the most commonly identified substance among infants with exposure to one or two substances, and opioids were most commonly identified in cases of polysubstance exposure. Fentanyl exposure has increased over time and was present in 92 cases.

Delaware Overview

In Delaware, the Office of the Child Advocate tracks notifications of infants with prenatal substance exposure (IPSE) and examines associated characteristics. In October 2016, Delaware received a Substance-Exposed Infants In-Depth Technical Assistance (SEI-IDTA) grant from the National Center on Substance Abuse and Child Welfare. Governor Carney's "Action Plan for Delaware," published in January 2017, included the reduction in number of children born exposed to substances as one of his administration's primary policy objectives (Transition Team Report, 2017). In Spring 2018, the Delaware General Assembly passed "Aiden's Law," which requires healthcare professionals to notify the Delaware Division of Family Services (DFS) of substance-exposed births and to provide for a collaborative, coordinated, and multidisciplinary Plan of Safe Care (POSC) for the infant and their affected family or caregivers. As of August 2018, Delaware became the first state with universal implementation of POSCs at all birthing hospitals (Delaware Office of the Child Advocate, 2021).

IPSE notifications increased from 2015 through 2019. According to the most recently available program data, in 2020, 702 notifications were made, three fewer than reported in 2019 (Delaware Office of the Child Advocate, 2021). Two out of three cases involved a single substance exposure, with marijuana the most commonly identified substance. Among the 129 births involving exposure to two substances, marijuana was most prevalent followed by methadone and opioids. In cases of polysubstance exposure (three or more substances present at birth) opioids followed by methadone, fentanyl, and cocaine were most commonly identified. Fentanyl exposure has increased over time and was identified in 92 cases of IPSE births.

Among the more dramatic findings, 40% of the mothers who gave birth to prenatally substance exposed infants report that they themselves have a history of involvement with family services as a youth or a history of childhood trauma. More than half (56%) of mothers report a mental health condition.

According to the Agency for Healthcare Research and Quality (AHRQ), Delaware rates of neonatal abstinence syndrome have been on the decline since 2016, from 26.4 per 1,000 newborn hospitalizations to 18.8 per 1,000 in 2019. However, this is nearly three times the national rate and Delaware ranks among the highest in the U.S. (Agency for Healthcare Research and Quality, 2021).

Early, coordinated intervention and family support are critical to ameliorating negative impacts of prenatal substance use. In 2020, POSCs were established for 653 cases with the father identified as a plan participant in 371 of them. Pediatric referrals were made in 346 of these cases, and child safety agreements were made in 189. DFS provided 288 referrals for services for mothers and 57 referrals for fathers. With these supports, in 88% of 2020 IPSE notifications, the infant remained in the home with the mother at the time of discharge. The following figures highlight the most recently available key findings from the 2020 program review by the Office of the Child Advocate. ¹⁹

¹⁹ The Delaware Infants with Prenatal Substance Exposure 2020 Program in Review data was provided by Jennifer Donahue, Esq., Investigation Coordinator, Office of the Child Advocate and Trenee Parker, MA, Director, Division of Family Services, Delaware Department of Services for Children, Youth & Their Families.

Five Year Comparison of SEI Notifications to DFS, 2015-2020

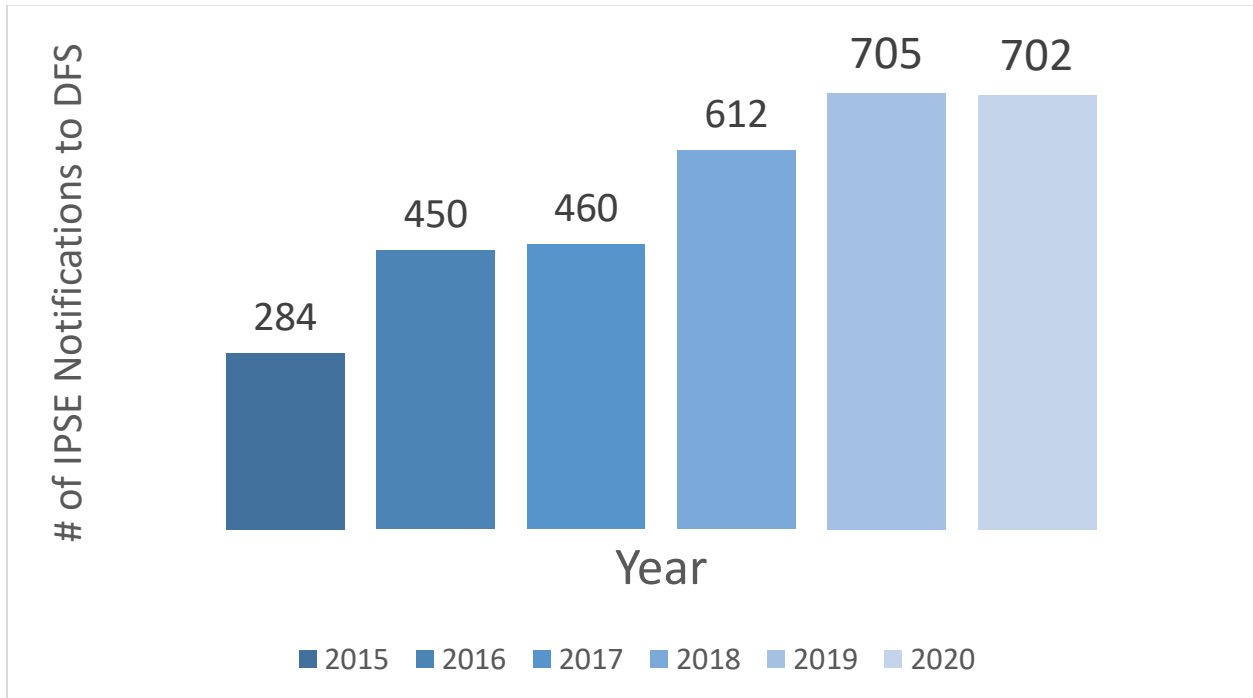


Figure 112: Comparison of IPSE birth notifications to DFS

Note: The figure depicts the annual count of IPSE notifications made to the Division of Family Services from 2015 to 2020.

Source: Delaware Infants with Prenatal Substance Exposure 2020 Year in Review, Division of Family Services, State of Delaware, Office of the Child Advocate.

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2020 IPSE Notifications by County (count and percentage)

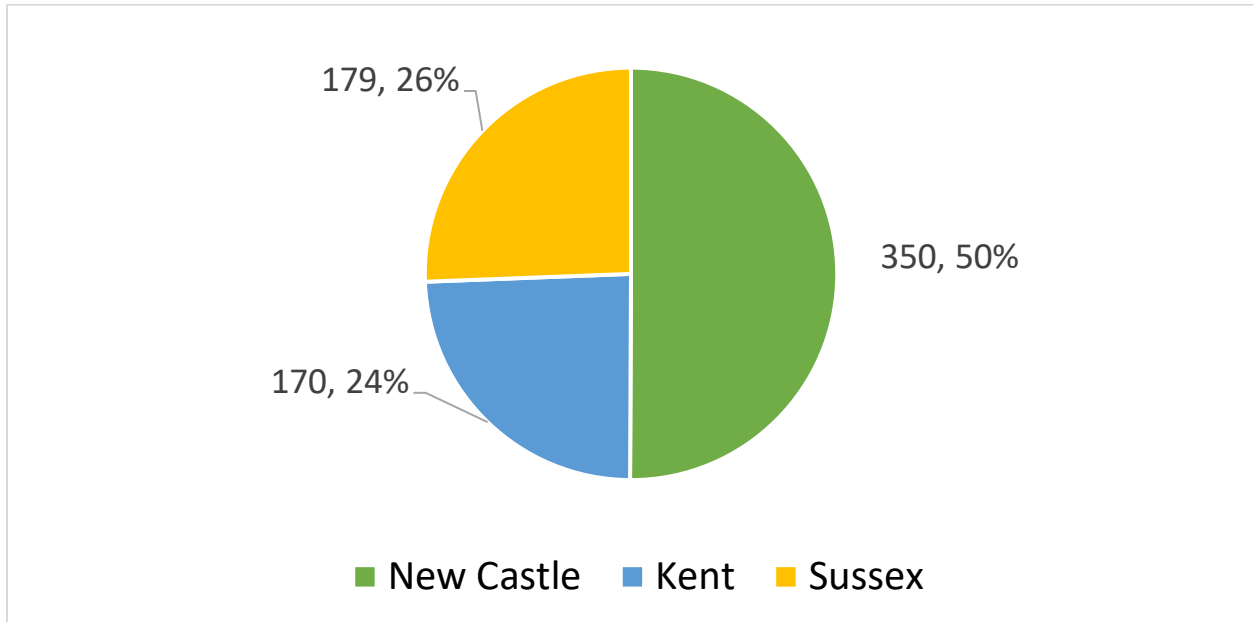


Figure 113: IPSE birth notifications by county, 2020

2020 Extent of Substance Exposure (count and percentages)

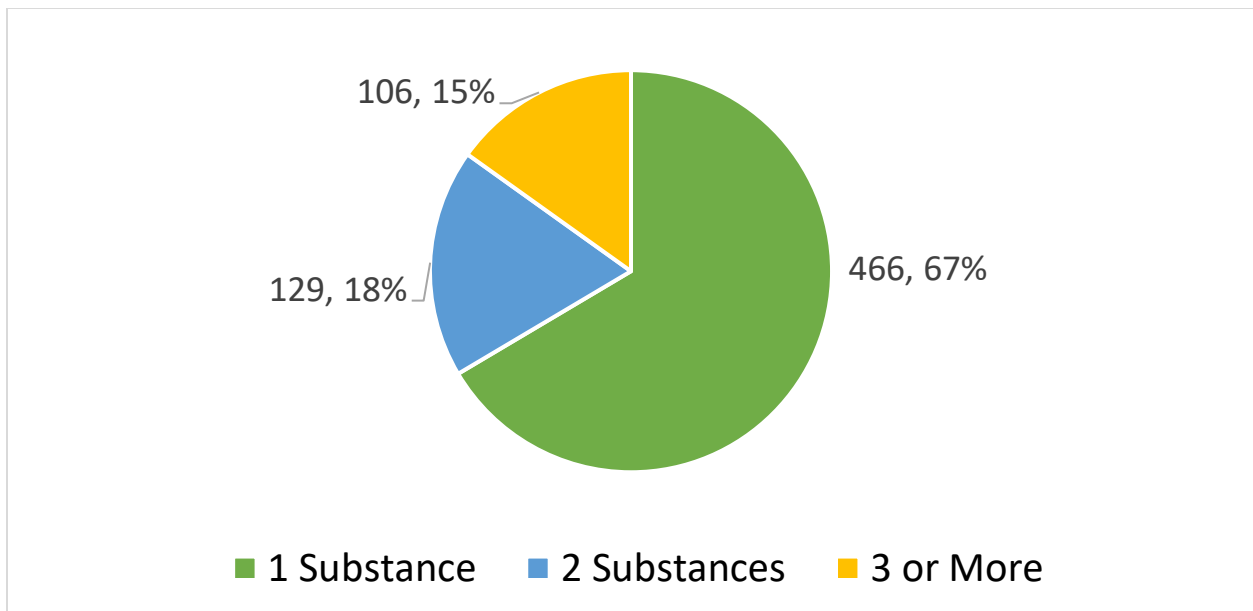


Figure 114: IPSE birth notifications by 1, 2, or more substances

Note: The figures include both the count and percentage of a given category.

Source: Delaware Infants with Prenatal Substance Exposure 2020 Year in Review, Division of Family Services, State of Delaware, Office of the Child Advocate.

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2020 IPSE Notifications Prevalence of Substances in Single Substance Exposure (n=466)

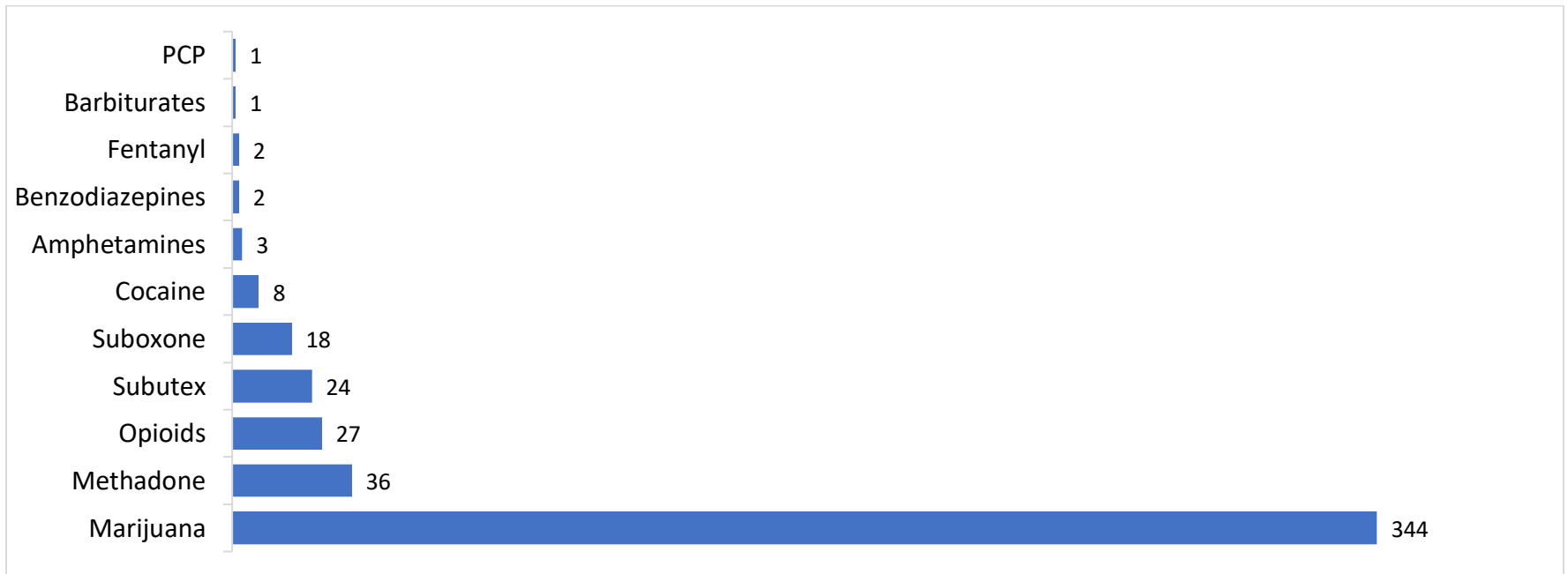


Figure 115: Prevalence of substances in single substance exposure among IPSE notifications

Note: The figure includes the count of cases for each identified substance among single substance exposures.

Source: Delaware Infants with Prenatal Substance Exposure 2020 Year in Review, Division of Family Services, State of Delaware, Office of the Child Advocate.

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2020 IPSE Notifications Prevalence of Substances in Two Substance Exposure (n=129)

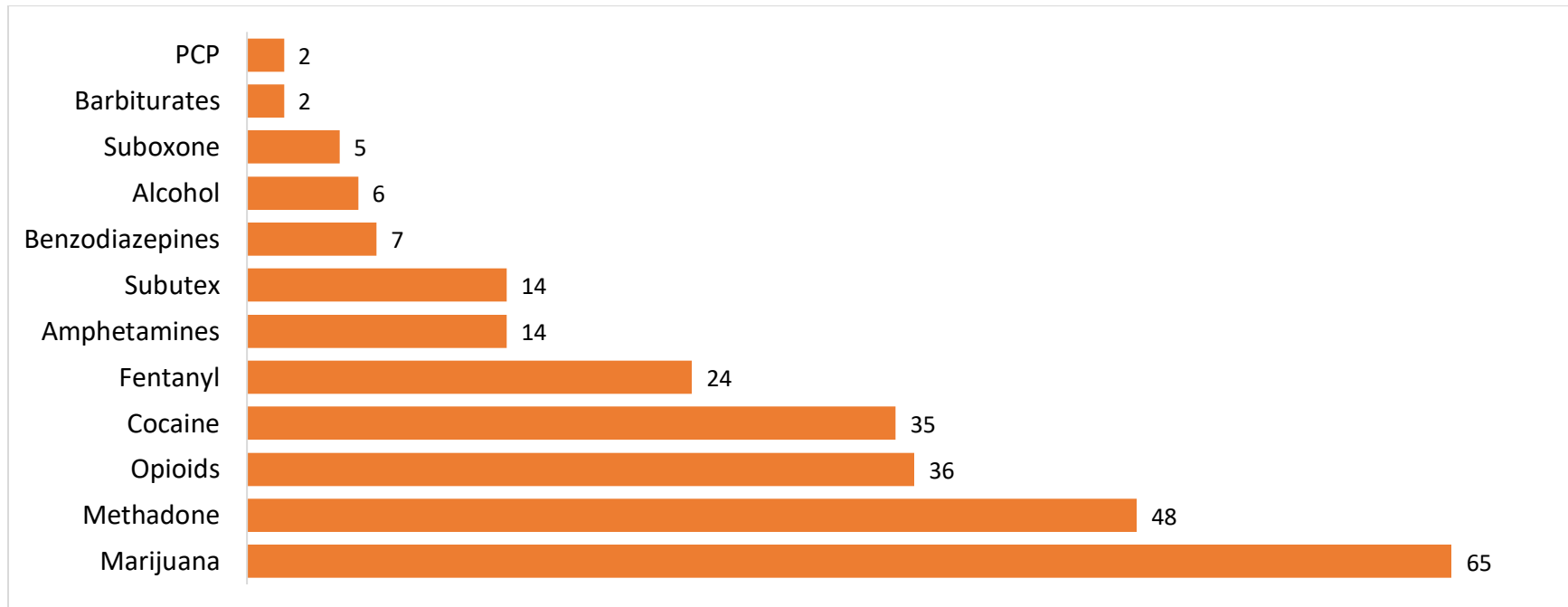


Figure 116: Prevalence of substances in 2 substance exposure among IPSE notifications

Note: The figure includes the count of cases for each identified substance among two substance exposures.

Source: Delaware Infants with Prenatal Substance Exposure 2020 Year in Review, Division of Family Services, State of Delaware, Office of the Child Advocate.

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2020 IPSE Notifications Prevalence of Substances in Poly (3 or More) Substance Exposure (n=89)

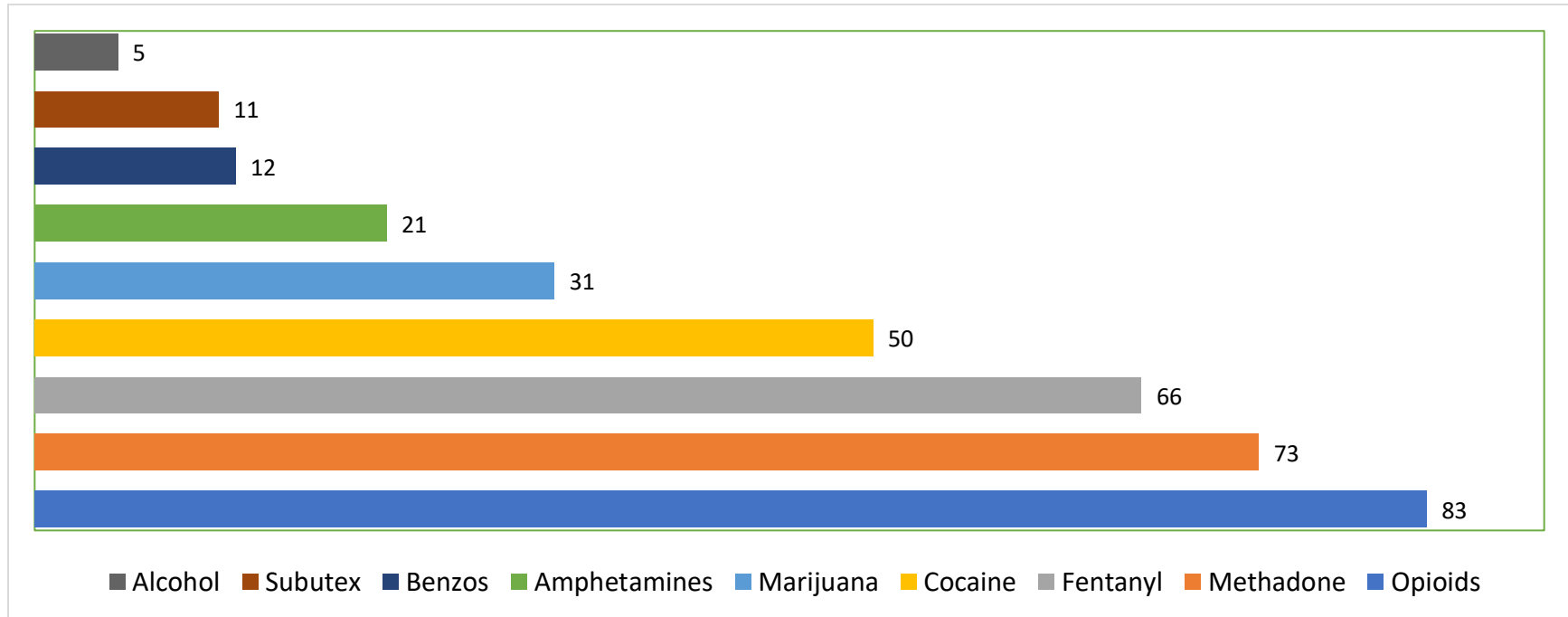


Figure 117: Prevalence of substances in 3 or more substance exposure among IPSE notifications

Note:

The figure includes the count of cases for each identified substance among poly (3 or more) substance exposures.

Source: Delaware Infants with Prenatal Substance Exposure 2020 Year in Review, Division of Family Services, State of Delaware, Office of the Child Advocate.

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2020 IPSE Notifications Maternal Risk Factors, 2017-2020

<i>Risk Factor</i>	2017	2018	2019	2020
<i>DFS History/Trauma as Child</i>	40%	43%	40%	40%
<i>Mental Health Condition</i>	34%	46%	56%	56%
<i>Prior IPSE Birth</i>	28%	25%	25%	24%
<i>Prior DFS Substantiation</i>	-	9%	10%	-
<i>Unknown/Unnamed Father/Partner</i>	-	16%	11%	16%
<i>Engaged in SUD/MAT/MH Treatment (at time of Birth)</i>	-	-	-	38%

Figure 118: Table of maternal risk factors among cases involving IPSE births

Note: “-“ No data was reported for a specific factor during that year.

Source: Delaware Infants with Prenatal Substance Exposure 2020 Year in Review, Division of Family Services, State of Delaware, Office of the Child Advocate.

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2020 IPSE Notifications Engaged in Treatments Services at Time of Birth Event

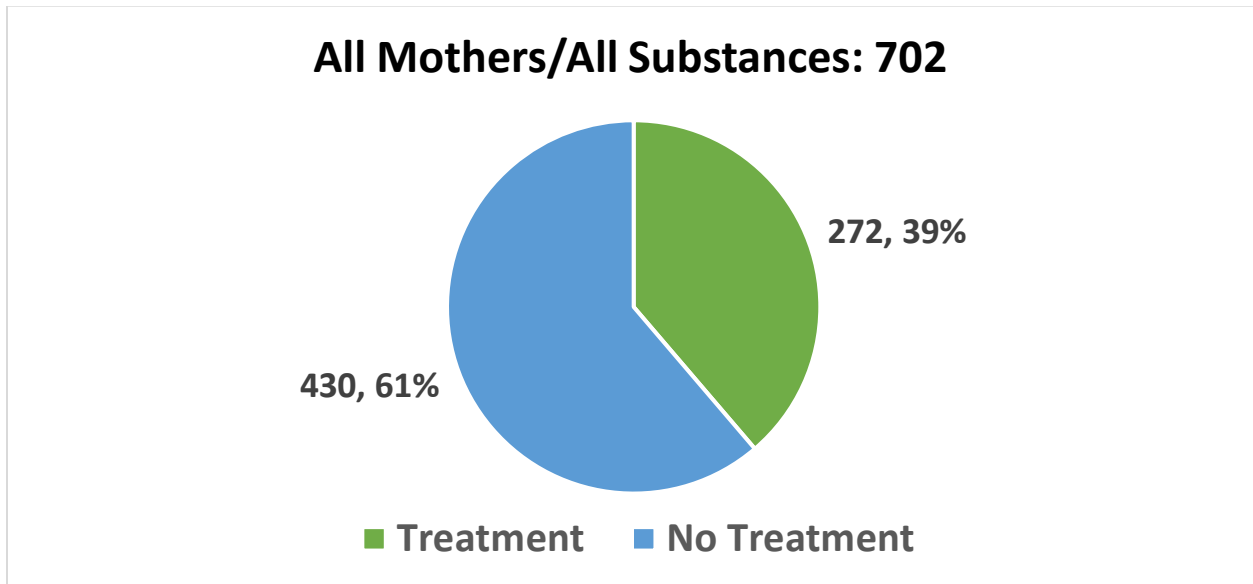


Figure 119: Mothers engaged in treatment at time of birth

Note: Treatment includes MAT, mental health, substance use, or pain management treatment.

Source: Delaware Infants with Prenatal Substance Exposure 2020 Year in Review, Division of Family Services, State of Delaware, Office of the Child Advocate.

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2020 IPSE Notifications

Placement

Remain in Home vs. Out of Home (702 cases)

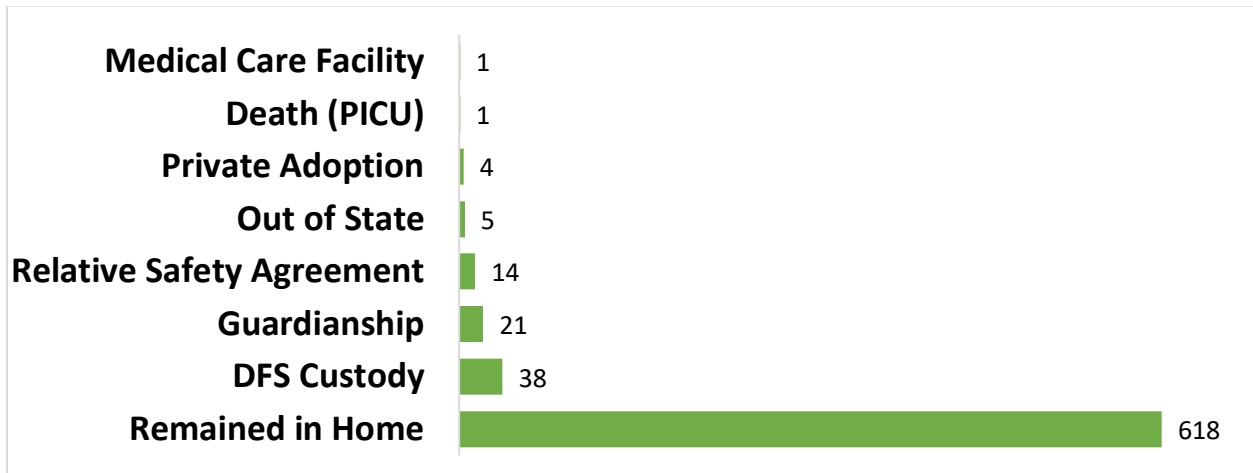


Figure 120: Placement following IPSE notifications after birth

Snapshot of DFS Custody Cases (n=38)

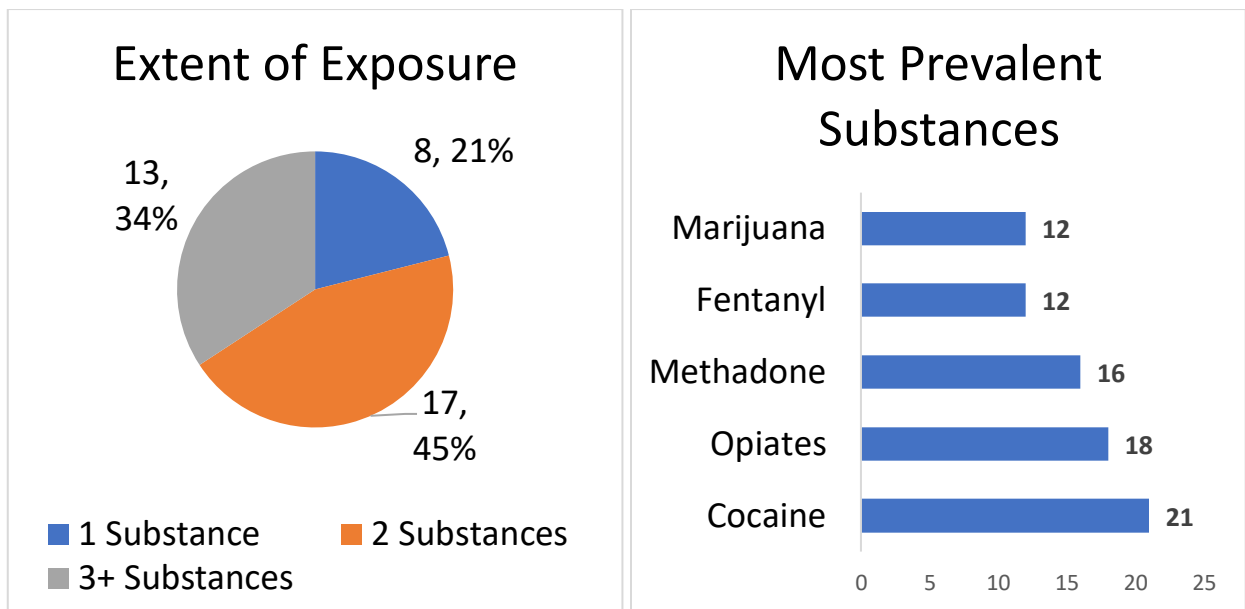


Figure 121: Snapshot of DFS custody cases

Source: Delaware Infants with Prenatal Substance Exposure 2020 Year in Review, Division of Family Services, State of Delaware, Office of the Child Advocate.

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2020 IPSE Notifications

Plans of Safe Care Prepared (n=653)

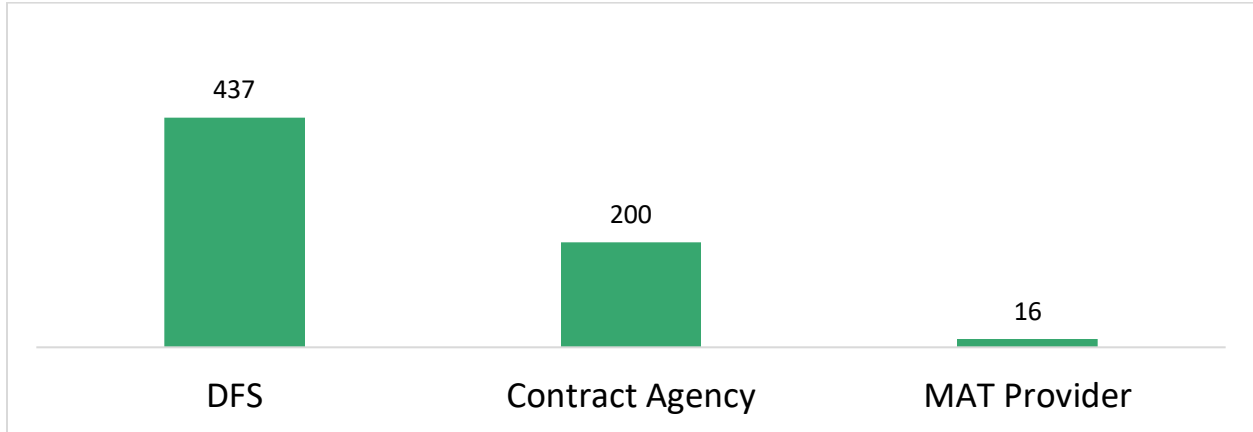


Figure 122: Plans of Care prepared

DFS Referrals for Services		
Plans of Safe Care Prepared (POSC) by DFS:	437	
Father identified as POSC participant:	371	
Child Safety Agreement with POSC:	189	
	For Mother	For Father/Other Caregiver
Referrals made	288	57
No referrals made	149	314

Figure 123: DFS Referrals for mothers, fathers, and child safety agreements

Source: Delaware Infants with Prenatal Substance Exposure 2020 Year in Review, Division of Family Services, State of Delaware, Office of the Child Advocate.

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8. Gambling

National Overview

Gambling is defined by the Substance Abuse and Mental Health Services Administration (2014) as “risking something of value, usually money, on the outcome of an event decided at least partially by chance.” While gambling can provide entertainment and function as a pleasurable pastime for many

individuals, problem gambling and gambling disorders can present numerous challenges and negative consequences for others. A gambling disorder requires at least four of the following nine criteria: preoccupation with gambling; inability to cut back or control gambling; irritability or restlessness when attempting to cut back or control gambling; risking more money to achieve the desired level of excitement; gambling to cope with emotional problems; “chasing one’s losses” by gambling even more after losing; lying about gambling; jeopardizing relationships or employment due to gambling; and relying on others to solve financial issues caused by gambling (American Psychiatric Association, 2013).

Gambling disorders also correlate with other demographic and behavioral health factors, suggesting that certain populations are more at risk for developing gambling problems. According to a meta-analysis of gambling studies in the U.S. and Canada, researchers from Harvard reported that disordered gambling was most prevalent among young people rather than the general adult population, males rather than females, and among those with concurrent psychiatric disorders (Shaffer, Hall, & Built, 1997). An analysis of data from the National Epidemiologic Survey on Alcohol and Related Conditions found that among individuals who met the criteria for gambling disorder, roughly three-quarters had a co-occurring alcohol use disorder, nearly 40% had another substance use disorder, and the majority also had nicotine dependence. In this same sample, the majority with symptoms of gambling disorders also had a mood disorder, anxiety disorder, and/or a personality disorder (Petry, Stinson, & Grant, 2005).

Gambling and problem gambling have been associated with heightened substance use and mental health disorders among younger populations as well. Studies focusing on the co-occurrence of substance use disorders, mental health disorders, and disordered or problem gambling in college student populations found that among the roughly 5% of students who met the criteria for problem gambling, there were much higher rates of problem drinking, anxiety,

Gambling and problem gambling has been associated with heightened substance use and mental health disorders.

Approximately half (51%) of Delaware 8th graders report that they gambled at least once in the past year. Students who gambled were more likely to also report substance use. Forty-two percent of 5th grade students also report gambling in the past year.

and depression compared to the general population of college students (Martin, Usdan, Cremeens, & Vail-Smith, 2014; Martens, Rocha, Cimini, Diaz-Myers, Rivero, & Wulfert, 2009).

Delaware Overview

In the U.S., gambling regulations vary from state to state; in Delaware, most forms of gambling are allowed and there are multiple casinos. However, there are different age restrictions for certain gambling behaviors. Delaware residents must be 18 or older to play charity bingo, purchase lottery tickets or scratch-offs, or make a bet on horses. Individuals must be 21 or older to gamble in casinos or slot machines or on the internet (Delaware Council on Gambling Problems, 2018). In June 2018, Delaware became the second state to legalize all other sports gambling, following the May Supreme Court decision, *Murphy v. National Collegiate Athletic Association* (Domonoske, 2018). Previously, the only other state to allow sports gambling was Nevada, which had legalized the practice in the early 1990s.

The Delaware School Survey (DSS) considers gambling to include: betting on a dice game; betting on individual sports teams; playing Bingo for money; playing the lottery or scratch-off tickets; gambling on the Internet; betting on fantasy sports; betting on a game of personal skill such as pool, darts, or basketball; betting on a video game; playing cards for money; or betting on a challenge (dare, fight, race, etc.). When asked on the 2021 DSS about these behaviors, 42% of 5th grade students indicated that they had gambled at least once in the past year. The rates were similar for male and female students. Because relatively few students use substances at this grade level, we are unable to analyze the data for associations between gambling and consumption rates.

Among 8th graders who responded to the 2020 DSS (the most recent administration of the survey to include gambling questions for this age group)²⁰, just over half (51%) reported that they had gambled at least once in the preceding year. While there were no differences in the rates of gambling among male and female 5th graders, 8th grade male students reported higher rates of gambling than females. Eighth graders who reported past year gambling were three times as likely to report past year use of alcohol and marijuana and lifetime misuse of prescription pain medicine.

²⁰The CDC-based Delaware Youth Risk Behavior Survey (YRBS) is administered every other year and it includes gambling questions on both middle and high school versions. In order to reduce the length of the Delaware School Survey administered to 8th and 11th grade students annually, the questionnaire omits gambling questions during years when the YRBS is also administered.

2021 Delaware School Survey

Delaware 5th Graders Who Report Gambling in the Past Year (in percentages)

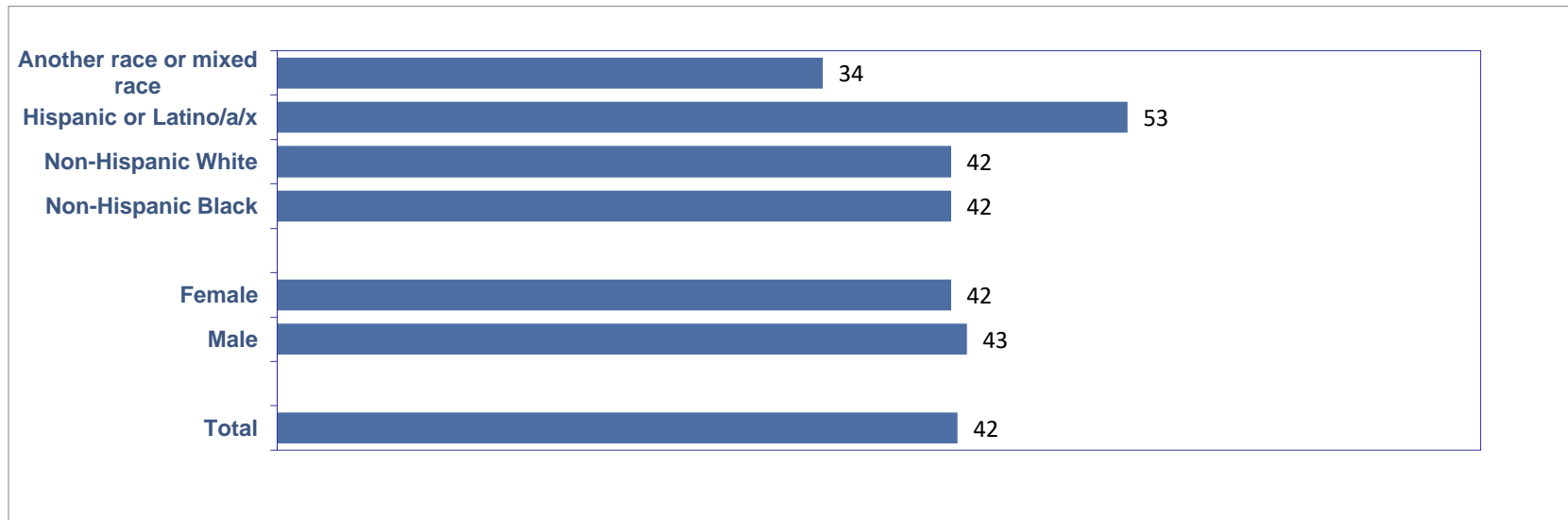


Figure 124: Past year gambling, by sex and race/ethnicity, 5th graders

Notes:

* The relationship between past year gambling and sex was not statistically significant among 5th graders.

** Gambling refers to at least one of the following: played the lottery or scratch-off tickets; bet on fantasy sports; bet on individual sports teams; played cards for money; bet on a challenge (dare, fight, race, etc.); played Bingo for money; bet on dice games such as craps; gambled on the Internet; bet on games of personal skill such as pool, darts, or basketball; bet on video games.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: 5th Grade \[Annual Survey\]. University of Delaware.](#)

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2020 Delaware School Survey

Delaware 8th Graders Who Report Gambling in the Past Year (in percentages)

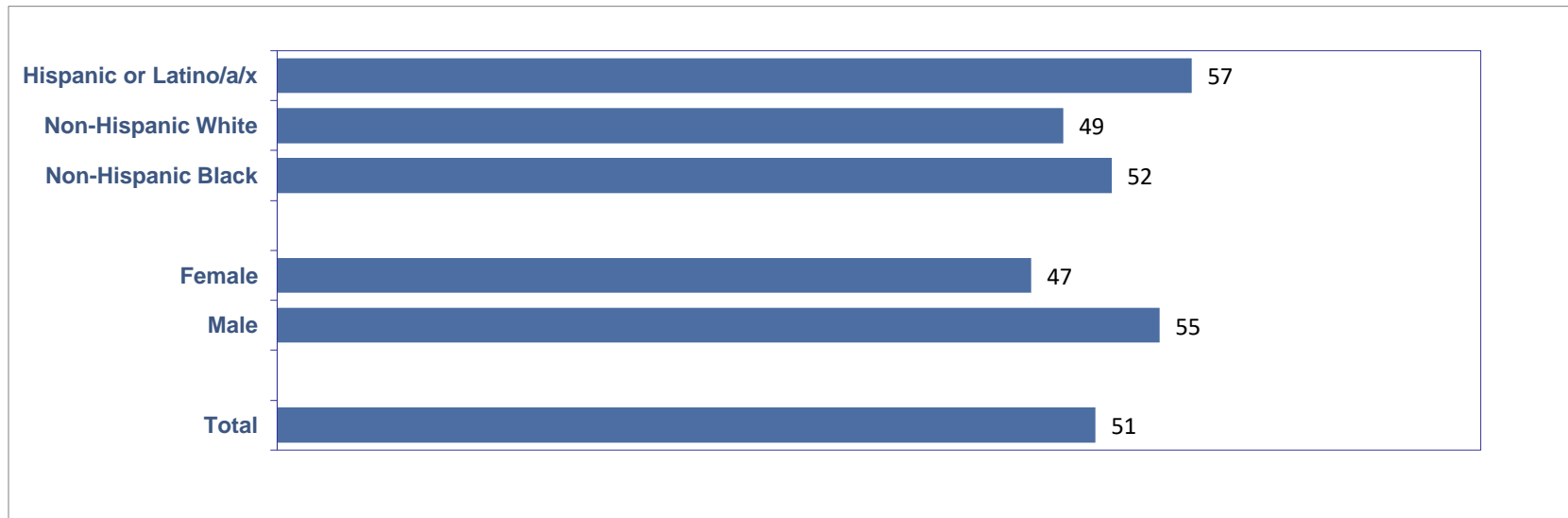


Figure 125: Past year gambling, by sex and race/ethnicity, 8th graders

Notes:

* Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

** Gambling refers to at least one of the following: played the lottery or scratch-off tickets; bet on fantasy sports; bet on individual sports teams; played Bingo for money; bet on dice games such as craps; bet money on a challenge (dare, fight, street race, etc.); played online gambling games for money; bet on video games; bet on games of personal skill such as pool, darts, or basketball; played cards for money.

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2020 Delaware School Survey Past Year Gambling and Substance Use among Delaware 8th Graders (in percentages)

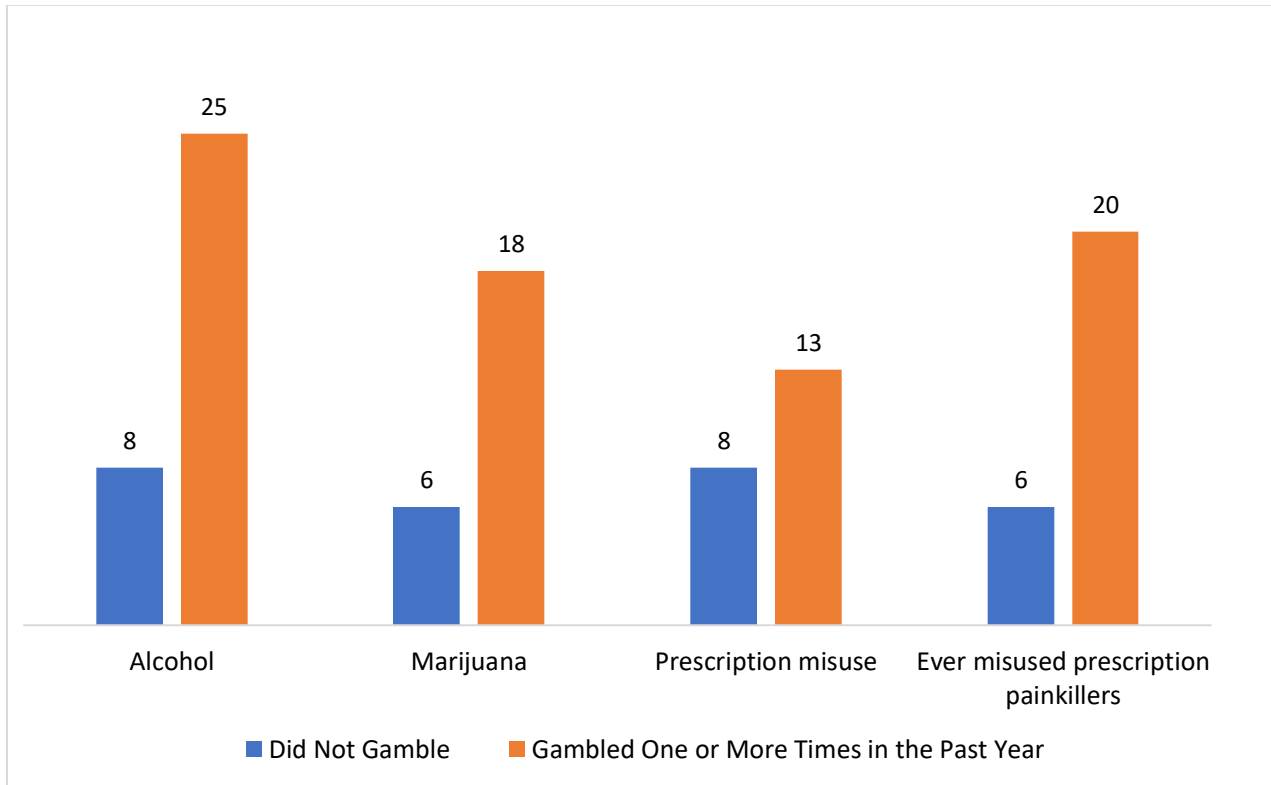


Figure 126: Gambling and substance use, 8th graders

Notes:

* Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

** Gambling refers to at least one of the following: played the lottery or scratch-off tickets; bet on fantasy sports; bet on individual sports teams; played Bingo for money; bet on dice games such as craps; bet money on a challenge (dare, fight, street race, etc.); played online gambling games for money; bet on video games; bet on games of personal skill such as pool, darts, or basketball; played cards for money.

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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9. Mental Health and Wellness

National Overview

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood to adolescence through adulthood. ([Centers for Disease Control and Prevention](#), n.d.)

According to the Centers for Disease Control and Prevention (CDC), mental illnesses are among the most common health problems experienced throughout the country: more than half of the people in the U.S. will be diagnosed with a mental illness or disorder during their lifetime; one in five will experience a mental illness each year; one in five children will experience a “serious debilitating mental illness” at some point in their lifetime; and approximately 4% of adults live with a serious mental illness, such as schizophrenia or major depression (CDC, n.d.). Mental

health problems may arise from multiple causes ranging from biological or genetic factors to life circumstances and stressors such as trauma, or they may result from a combination of these contributing dynamics. Though often challenging, mental illnesses are treatable with adequate support but recognizing the need for treatment and accessing quality healthcare services can be difficult.

Mental health is a major component of one’s overall health and wellbeing. Physical illnesses and mental illnesses frequently co-occur (National Institute of Mental Health, n.d.). Similarly, substance use disorders and mental health problems often co-occur. Findings from a National Institute on Drug Abuse (NIDA, 2020) report indicates approximately half of individuals who experience a mental disorder will also experience a substance use disorder at some point in

Mental health is an important component of overall health. Substance use disorders and mental health conditions often co-occur.

Early research suggests that many Americans, including children, have experienced higher levels of distress since the start of the COVID-19 pandemic.

It is estimated that approximately 1 in 5 Delawareans has experienced any type of mental illness and 1 in 20 has experienced a serious mental illness in the past year.

More than a quarter of surveyed 8th and 11th graders reported recent symptoms of anxiety. Twenty-two percent of 8th graders and 29% of 11th graders reported recent symptoms of depression. Females were substantially more likely to report these symptoms.

their lifetime. The reciprocal is also true. The co-occurrence of substance use and mental health disorders may be due to common risk factors for both conditions, or one condition may lead to the other. Given the interaction between emotional wellbeing, substance use, and physical health, integrated health care approaches are critical.

Several national behavioral health data sources indicate that many Americans have experienced higher levels of distress since the start of the pandemic, a period also marked by social and political unrest. More recently, sustained economic uncertainty and the war in Ukraine have been identified as adding to these stress levels (American Psychological Association [APA], 2022). According to the APA [Stress in America poll](#) conducted earlier this year, two out of three adults indicated that their lives were *forever changed by the COVID-19 pandemic* and 87% indicated *that it feels like there has been a constant stream of crises without a break over the last two years*. More than half of respondents revealed that they experienced unintended weight changes and nearly one in four have been drinking more alcohol since March 2020. The same poll indicated that approximately 70% of parents are worried about the impact of the pandemic on their child’s development and wellbeing. The impacts appear disproportionate with certain groups experiencing greater degrees of distress regarding specific concerns (APA, 2022).

The [Household Pulse Survey](#), a collaboration of the U.S. Census Bureau, the National Center for Health Statistics, and other federal agencies, was designed to provide “real time” data on the health and social impacts of the COVID-19 pandemic. The most recent national data indicates that approximately 29% of adults have experienced symptoms of anxiety, 23% have experienced symptoms of depression, and 33% have experienced symptoms of either anxiety or depression within the previous two weeks. These are notably higher than rates obtained by the 2019 National Health Interview Survey (which the CDC suggests using as helpful benchmarks for these indicators, [n.d.](#)).²¹ The 2020 National Survey of Drug Use and Health (NSDUH) indicated that one in five adults who seriously contemplated suicide and 8.5% who made a plan in the previous year did so because of the pandemic (SAMHSA, 2021).²²

The [Rapid Assessment of Pandemic Impact on Development – Early Childhood \(RAPID-EC\)](#) is an ongoing national study involving households with children aged five and under. RAPID-EC asks parents to rate their frequency of experiencing *stress, loneliness, anxiety, and depression*. These

²¹ According to the CDC webpage describing the Household Pulse Survey (which also provides a dashboard for these indicators), the 2019 National Health Interview Survey indicates that 8.1% of adults had symptoms of anxiety; 6.5% had symptoms of depression; and 10.8% had symptoms of anxiety disorder or depressive disorder.

²² To gain insights regarding the impact of the COVID-19 pandemic on mental health, questions were added to the National Survey of Drug Use and Health questionnaire for the 4th quarter administration of 2020 (October 2020 through December 2020). If a respondent answered that they had suicidal thoughts or made a suicide plan, they were then asked if these were due to the COVID-19 pandemic. (See page 36 of the [Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health](#) report; SAMHSA, 2021.)

indicators rose sharply in April 2020. The frequency of *loneliness* has declined rather steadily since March 2021 and has returned to pre-pandemic levels. Although they have shown some decline, *stress*, *anxiety*, and *depression* levels have remained higher than pre-pandemic levels. One in three parents also reported experiencing at least one material hardship, a trend that has been increasing since April 2021. Parents also observed an increase in child behavioral problems beginning in April 2020 compared to pre-pandemic levels, a trend that has remained relatively consistent (RAPID-EC, n.d.).

Just as a positive state of overall health is more than the absence of disease, mental wellness is more than the absence of mental illness; it “...is an integral part of health...determined by a range of socioeconomic, biological and environmental factors....” (World Health Organization, n.d.). Chapter 13 of this report includes a discussion of protective factors that contribute to emotional wellbeing in addition to substance use prevention.²³

Delaware Overview

Similar to findings from the 2018-2019 National Survey on Drug Use and Health (NSDUH), prevalence estimates from the 2019-2020 survey indicate that approximately 20% of adults aged 18 and over in Delaware experienced *any* mental illness and 5.4% experienced a *serious* mental illness in the preceding year (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). The same survey estimates that approximately 8.4% of Delaware adults experienced a major depressive episode in the previous year and nearly one in 20 had serious thoughts of suicide (SAMHSA, n.d.). NSDUH findings also indicate that just over 17% of Delaware adults received mental health services in the preceding year (SAMHSA, n.d.). According to America’s Health Rankings, which draws upon multiple data sources to report on various aspects of community health, 12.3% of all adults in Delaware experienced frequent mental distress in 2020. Young Delaware adults (aged 18-44) were most likely to report experiencing frequent mental distress (United Health Foundation [UHF], 2022).

The age-adjusted suicide rate for Delaware in 2019 was 11.3 deaths per 100,000 (Delaware Department of Health and Social Services, Division of Public Health, n.d.). According to the Division of Forensic Science, there were 138 suicide deaths in the state in 2021 and 76 involved the use of firearms (Delaware Division of Forensic Science, 2022).

The 2017²⁴ Delaware High School Youth Risk Behavior Survey (YRBS) indicates that one in four high school students reported they had felt sad or hopeless almost every day for two weeks or more in a row in the previous year. Seven percent reported that they had attempted suicide in

²³ For a discussion of adverse childhood experiences (ACEs) which can contribute to lifelong emotional and physical challenges, please see Chapter 11.

²⁴ 2017 data is the most recently available weighted data from the Delaware High School Youth Risk Behavior Survey (YRBS). Weighted data from the 2021 Delaware YRBS will soon be available.

that time period, which is similar to national YRBS rates. Eleven percent of Delaware middle school students responding to the 2019 YRBS reported that they had purposely hurt themselves without wanting to die during the past year with rates twice as high among females than males. From 2013 to 2019, the percentage of middle school students who reported on the YRBS they had ever attempted suicide increased from 6.8% to 8.5%.

The Delaware School Survey (DSS) also includes questions regarding mental health and wellbeing. In 2021, 28% of 8th graders reported symptoms of anxiety on at least half of the days in the previous two weeks and 22% reported feelings of depression, rates slightly higher than in 2020. High school students reported similar rates of anxiety and depression symptoms (29% and 24%, respectively). Female students reported substantially higher rates of such symptoms across both age groups.

Several questions on the DSS are based on the Cantril Ladder, which asks the following: *Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.* On a positive note, when asked to rate themselves where they stood at the time of the survey using the Present ladder, two-thirds of 5th graders rated themselves in the top tier of the ladder²⁵ which is considered to be *thriving*. One in five students rated themselves in the middle tier which is considered to be *struggling*, and 15% rated themselves on the bottom tier, considered to be *suffering*. Also noteworthy, when students were asked to rate their emotional health, slightly more than half of 5th graders rated it as either *excellent* (27%) or *very good* (27%). However, the rate of 8th grade students who considered themselves to be *thriving* at this time decreased to 56% (showing a decline since the 2020 DSS), and that rate dropped to 50% among 11th grade students. Yet when asked where they believed where they would be in five years, across all age groups, two out of three students saw themselves in the top tier, which suggests that the majority of students feel hopeful about the future, and the number of students who envisioned themselves in the lowest tier decreased.

These numbers illustrate that there is a profound need for mental health services for youth, as well as adults, in Delaware. In 2021, Delaware had 299 mental health providers per 100,000 people, a slight increase from previous years (UHF, 2022). While this is slightly higher than the national average of 284.3, it is far lower than the rate of Massachusetts which has 693.6 providers per 100,000 people. The Department of Services for Children, Youth and their Families deploys behavioral health consultants in middle schools to provide screening and other preventive services on-site and the recently passed state legislation will increase these resources (please see Data in Action). Nonetheless, the needs remain great as all of Sussex and Kent Counties and portions of New Castle County have been designated as mental health

²⁵ The Present and Future Scales vary slightly. The Present scale categorizes steps 7-10 as *Thriving* and steps 5-6 as *Struggling*. The Future scale categorizes steps 8-10 as *Thriving* and 5-7 as *Struggling*. Both scales categorize steps 0-4 as *Suffering*.

professional shortage areas by the U.S. Health Resources and Services Administration (Delaware Health Statistics Center, 2022).

Data in Action:

Recent Initiatives to Strengthen Mental Health in Delaware

In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association joined together to declare a national [State of Emergency in Children’s Mental Health](#) (American Academy of Pediatrics, 2021). Noting that youth had already been experiencing significant mental health challenges prior to the pandemic, the U.S. Surgeon General put forth an [advisory](#) (2021) outlining recommendations to promote systemic changes and other actions to address these issues.

A number of initiatives have been funded in recent years to promote mental wellness and increase access to treatment throughout the state, such as [Project DelAWARE](#), the [Delaware Child Psychiatry Access Program \(DCPAP\)](#), the Delaware Hope Line, and [Treatment Connections](#), a public portal to assist people seeking mental health and substance use disorder services. In July 2022, there was a soft launch of the new nationwide 988 Suicide and Crisis Lifeline. Other resources are highlighted on the [Delaware Help is Here](#), [NAMI Delaware](#), and the [Mental Health Association in Delaware](#) websites.

In addition, the state legislature recently passed three bills to strengthen mental health resources in Delaware. On August 3rd, 2022, the Governor signed the following into law:

[House Bill 300](#) which will establish mental health service units in Delaware public middle schools to raise the number of mental health professionals in the school system to nationally recommended levels;

[House Bill 301](#), which cites 2017 Delaware Youth Risk Behavior Survey data in its original synopsis, will establish and implement mental health educational programs in grades K-12 in public schools throughout the state;

[House Bill 303](#) which requires insurance coverage for an annual behavioral health well check with a licensed master’s level mental health clinician.

Collectively, these bills hold promise for increased awareness, early detection and intervention, and enhanced mental health services in Delaware.

Household Pulse Survey National and Delaware, July 2021 – July 2022 Symptoms of Anxiety Disorder (in percentages)

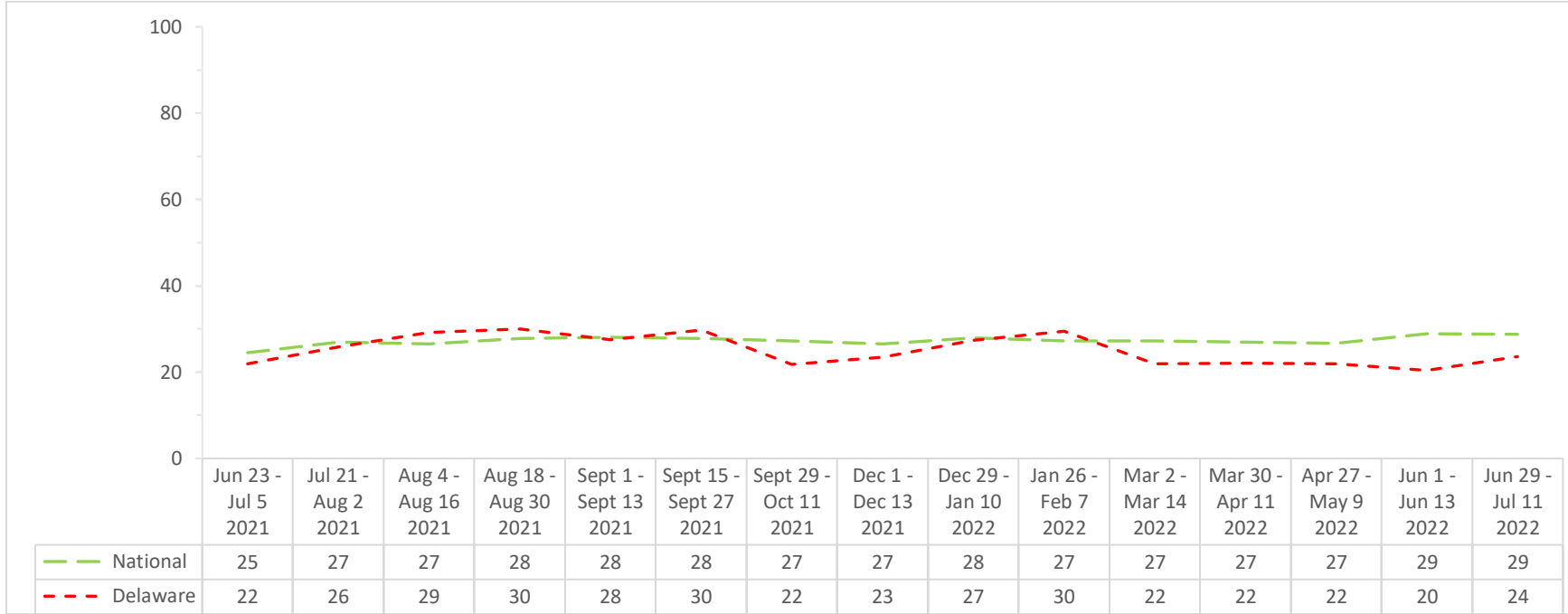


Figure 127: Trends in symptoms of anxiety disorder, National and Delaware

Notes:

Respondents were asked two questions: “Over the last 7 days*, how often have you been bothered by feeling nervous, anxious, or on edge?”; and “Over the last 7 days, how often have you been bothered by not being able to stop or control worrying?” For each scale, the answers are assigned a numerical value: not at all = 0, several days = 1, more than half the days = 2, and nearly every day = 3. The two responses for each scale are added together. A sum equal to three or greater on the PHQ-2 has been shown to be associated with diagnoses of major depressive disorder.

* Beginning in Phase 3.2 (July 21, 2021) of data collection and reporting, the question reference period changed from the ‘last 7 days’ to the ‘last two weeks’.

Source: [Centers for Disease Control and Prevention. \(2022\). Household Pulse Survey.](#)

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Household Pulse Survey National and Delaware, July 2021 – July 2022 Symptoms of Depressive Disorder (in percentages)

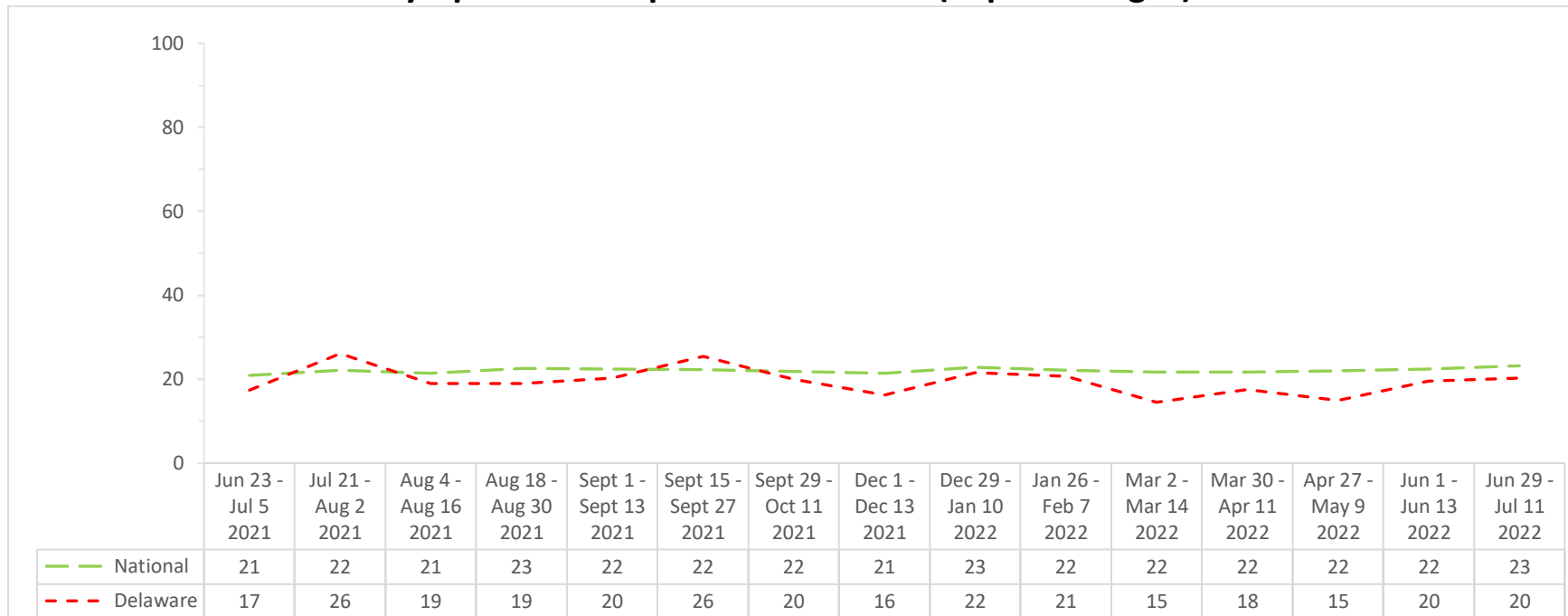


Figure 128: Trends in symptoms of depressive disorder, National and Delaware

Notes:

Respondents were asked two questions: “Over the **last 7 days***, how often have you been bothered by having little interest or pleasure in doing things?”; and “Over the **last 7 days**, how often have you been bothered by feeling down, depressed, or hopeless?” For each scale, the answers are assigned a numerical value: not at all = 0, several days = 1, more than half the days = 2, and nearly every day = 3. The two responses for each scale are added together. A sum equal to three or greater on the PHQ-2 has been shown to be associated with diagnoses of major depressive disorder.

* Beginning in Phase 3.2 (July 21, 2021) of data collection and reporting, the question reference period changed from the ‘last 7 days’ to the ‘last two weeks’.

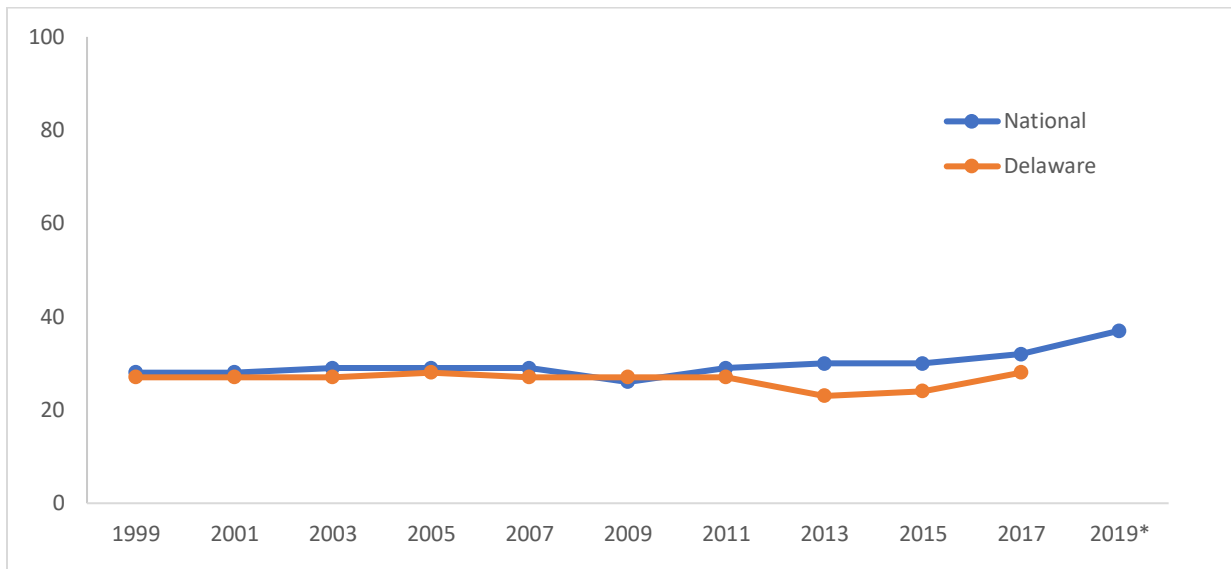
Source: [Centers for Disease Control and Prevention. \(2022\). Household Pulse Survey.](#)

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Youth Risk Behavior Survey

National and Delaware High School Students

Feeling Sad or Depressed Almost Every Day for Two Weeks, Past Year, 1999-2019 (in percentages)



Year	National	Delaware
1999	28	27
2001	28	27
2003	29	27
2005	29	28
2007	29	27
2009	26	27
2011	29	27
2013	30	23
2015	30	24
2017	32	28
2019	37	-

Figure 129: Trends in feeling sad/hopeless almost every day for 2 or more weeks, HS

Note: *National data is weighted; Delaware data is weighted except for in 2019, which is unavailable.

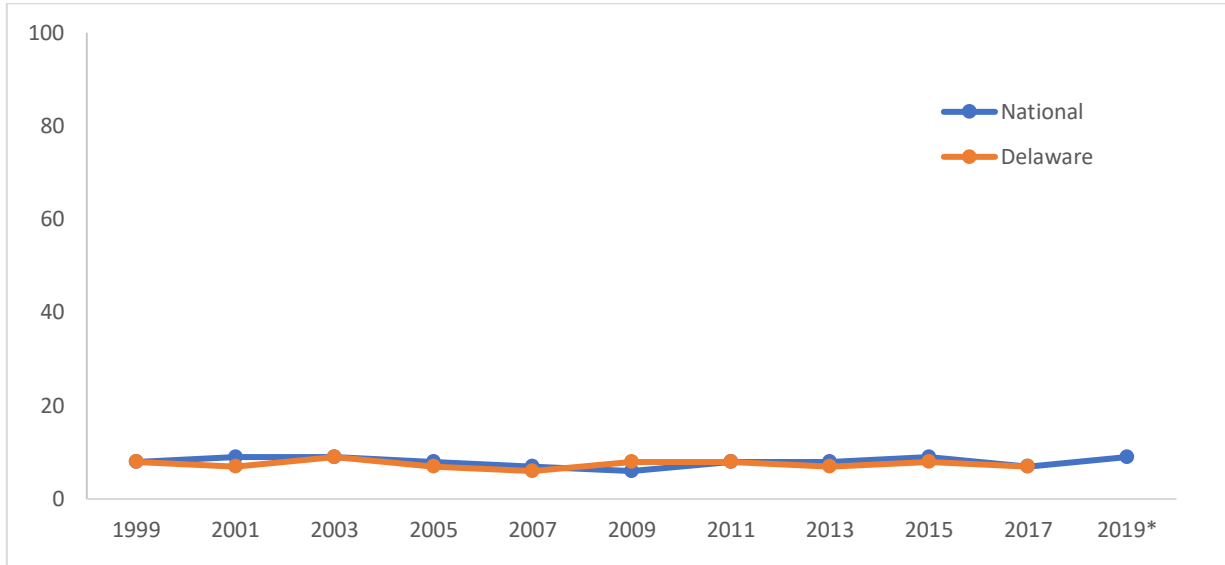
Source: [Centers for Disease Control and Prevention \(CDC\). 1991-2019 High School Youth Risk Behavior Survey Data.](#)

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Youth Risk Behavior Survey

National and Delaware High School Students

Trends in Attempted Suicide in the Past Year, 1999-2019 (in percentages)



Year	National	Delaware
1999	8	8
2001	9	7
2003	9	9
2005	8	7
2007	7	6
2009	6	8
2011	8	8
2013	8	7
2015	9	8
2017	7	7
2019	9	-

Figure 130: Trends in attempted suicide in the past year, HS

Note: *National data is weighted; Delaware data is weighted except for in 2019, which is unavailable.

Source: [Centers for Disease Control and Prevention \(CDC\). 1991-2019 High School Youth Risk Behavior Survey Data.](#)

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2019 YRBS Middle School Survey

Non-Suicidal Self-Injury* by Sex, Grade, and Race/Ethnicity (in percentages)

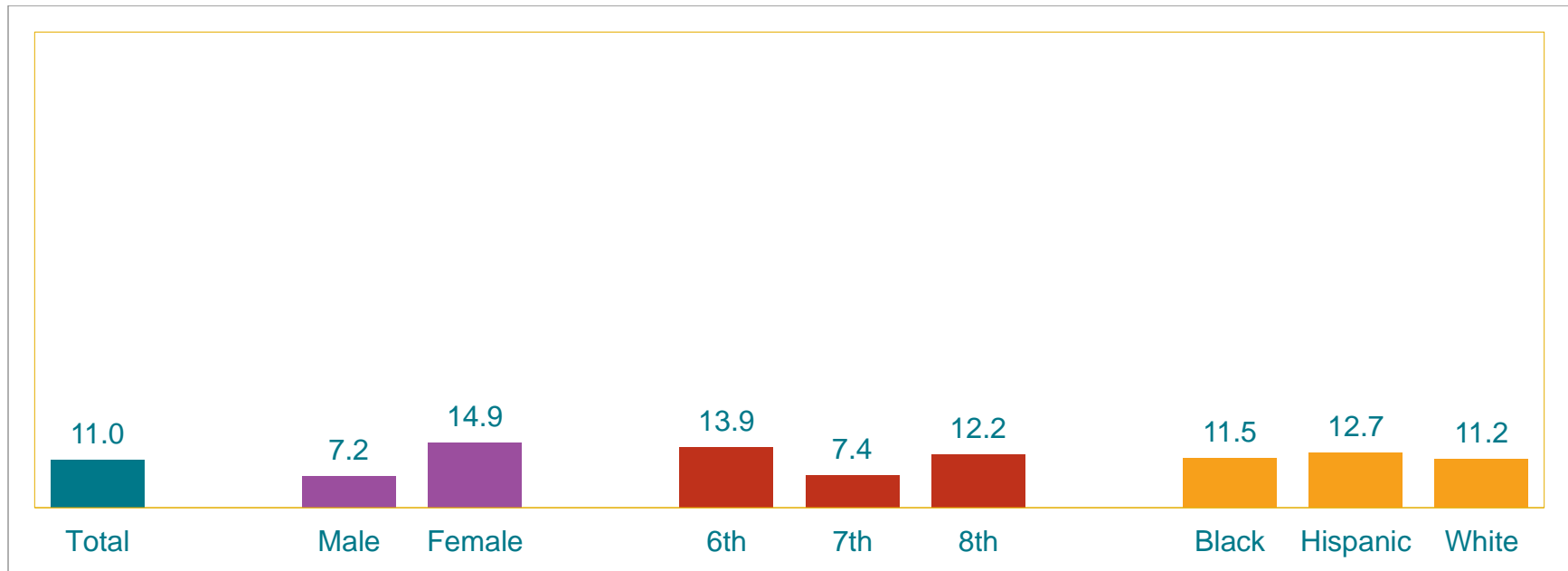


Figure 131: Students who purposely hurt themselves without wanting to die, by sex, grade, race and ethnicity, MS

Notes: *Students are asked if that have ever hurt themselves, such as cutting or burning themselves on purpose, without wanting to die during the 12 months before the survey

*F > M; 6th > 7th, 8th > 7th (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.

Source: ["2019 Delaware Youth Risk Behavior Survey, Middle School." Delaware Middle School Graphs. Centers for Disease Control and Prevention.](#)

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YRBS Middle School Survey

Students Who Ever Seriously Thought About Suicide^a, 2007-2019 (in percentages)

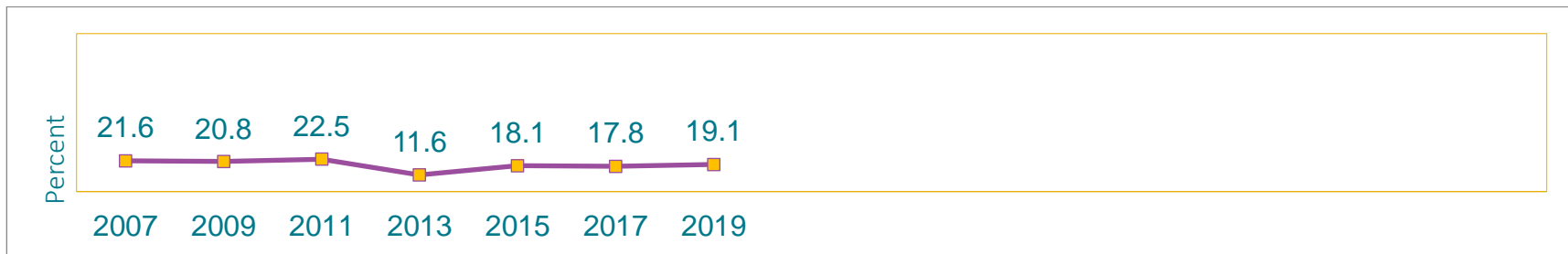


Figure 132: Students who ever seriously thought about suicide, 2007-2019, MS

Notes: *Decreased 2007-2019, decreased 2007-2013, increased 2013-2019 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).].

Students Who Ever Attempted Suicide^a, 2013-2019 (in percentages)

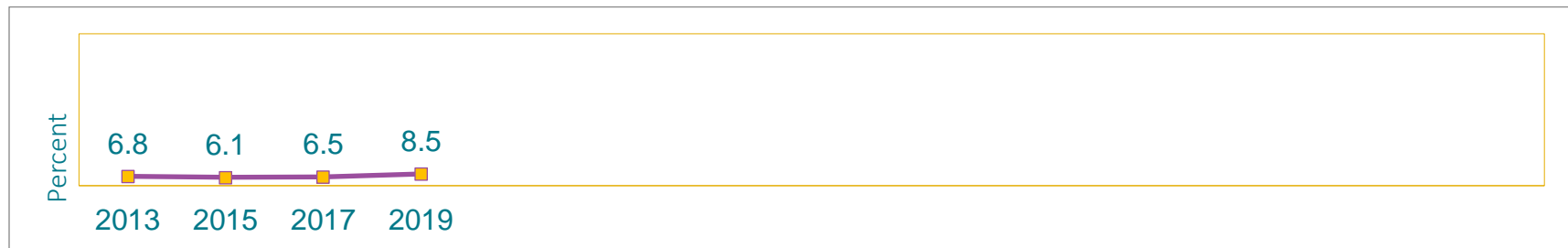


Figure 133: Students who ever attempted suicide, 2013-2019, MS

Notes: *Increased 2013-2019 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Graphs contain weighted results.

^aStudents are asked on the survey, respectively, if they have ever seriously thought about killing themselves and if they have ever tried to kill themselves.

Source: ["2019 Delaware Youth Risk Behavior Survey, Middle School." Delaware Middle School Graphs. Centers for Disease Control and Prevention.](#)

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2021 Delaware School Survey
Wellbeing Index*, Now and Five Years in the Future,
Among 5th Grade Students
(in percentages)

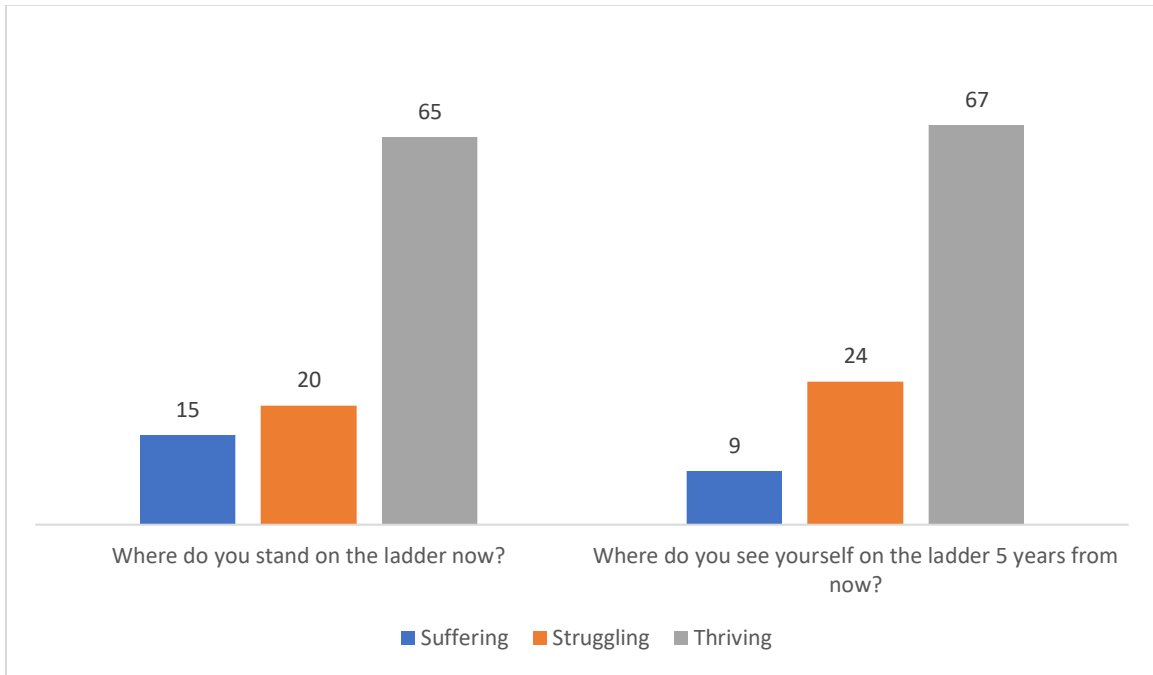


Figure 134: Wellbeing index, now and future, 5th grade

Note:

*The Wellbeing Index is estimated using two questions on the school survey modeled on Cantril’s Ladder, which asks students to imagine a ladder with steps numbered from zero at the bottom and ten at the top. The top of the ladder represents the best possible life for the student, and the bottom of the ladder represents the worst possible life. Students are asked to respond with which step of the ladder they feel that they personally stand on now, and on which step of the ladder they think they will stand on in five years. Present and Future scales vary slightly. The Present scale categorizes steps 7-10 as *Thriving* and steps 5-6 as *Struggling*. The Future scale categorizes steps 8-10 as *Thriving* and 5-7 as *Struggling*. Both scales categorize steps 0-4 as *Suffering*.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Fifth Grade \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey
Emotional Health* among 5th Grade Students
(in percentages)

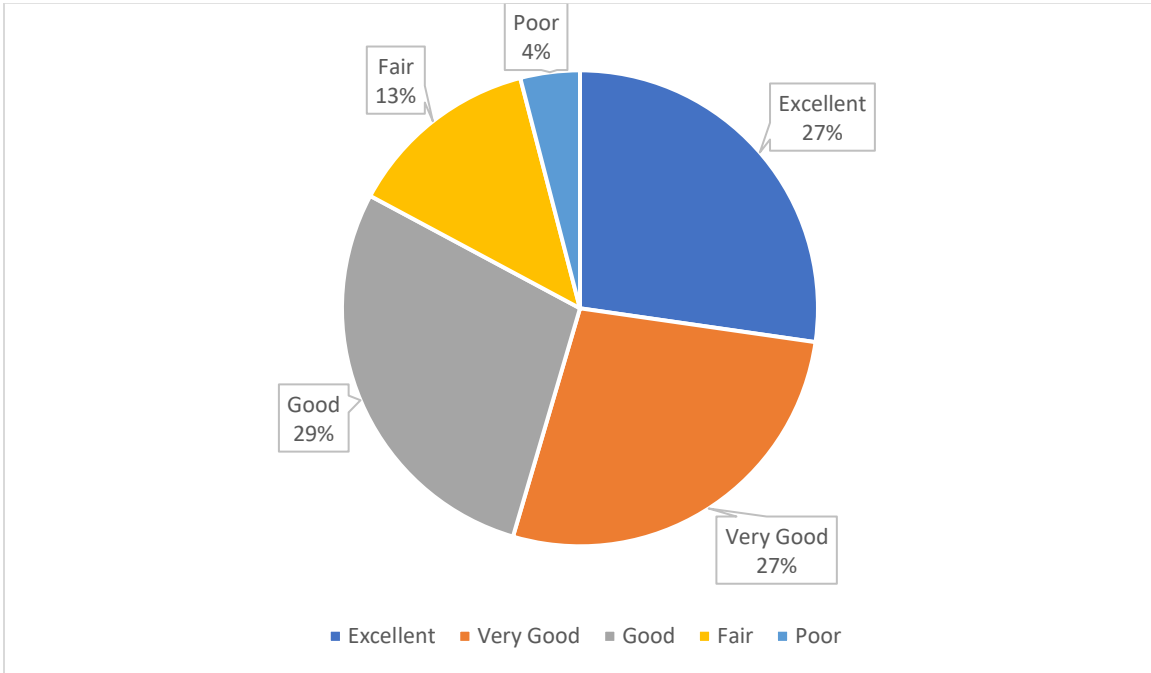


Figure 135: Self-rated emotional health, 5th grade

Note:

*Students are asked: “In general, how would you rate your emotional health?” and provided with five response categories: *excellent, very good, good, fair, or poor*.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Fifth \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey
Anxiety* in the Past Two Weeks by Sex, Race, and Ethnicity
among 8th Grade Students
(in percentages)

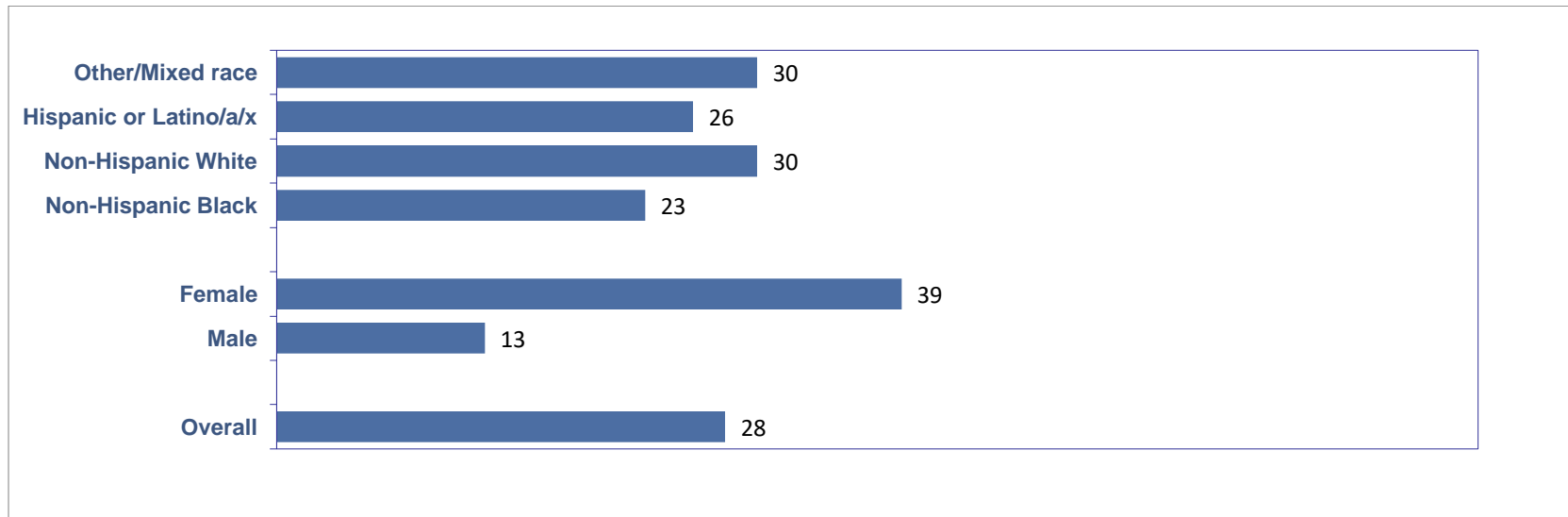


Figure 136: Anxiety in past two weeks by sex, race and ethnicity, 8th grade

Note:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

*Anxiety here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey
Depression* in the Past Two Weeks by Sex, Race and Ethnicity
among 8th Grade Students
(in percentages)

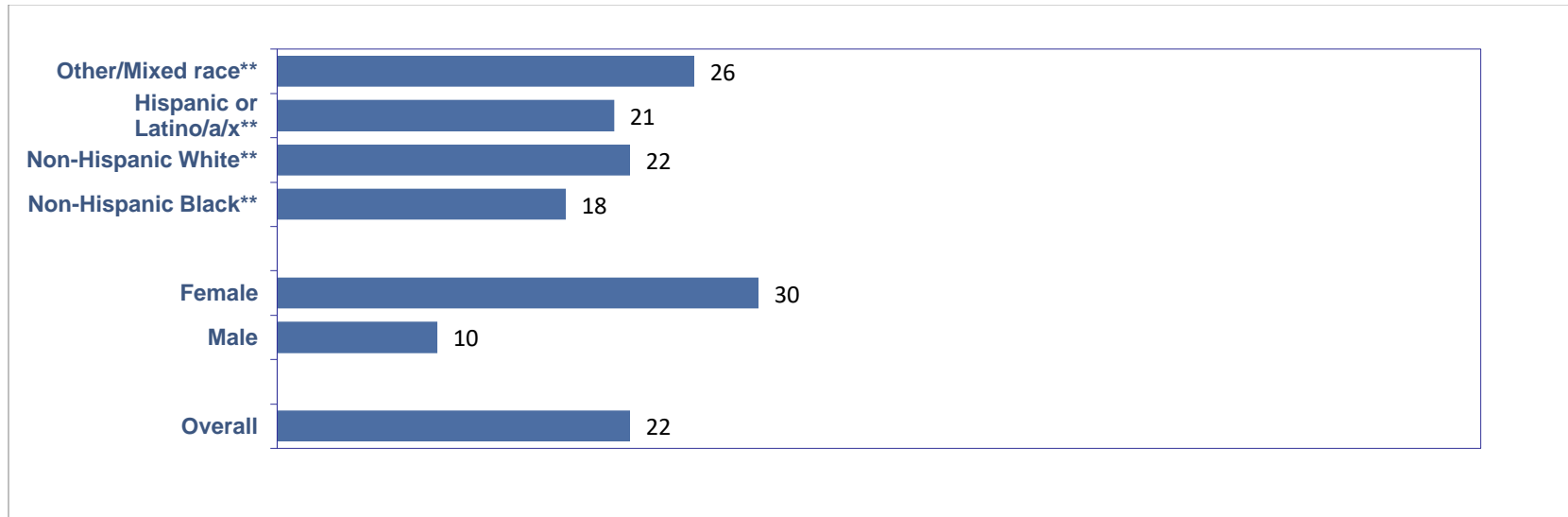


Figure 137: Depression in past two weeks by sex, race and ethnicity, 8th grade

Note: *Depression here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

**The association between race, ethnicity, and reported feelings of depression was not statistically significant at the p<.05 level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey

Wellbeing Index*, Now and Five Years in the Future, Among 8th Grade Students (in percentages)

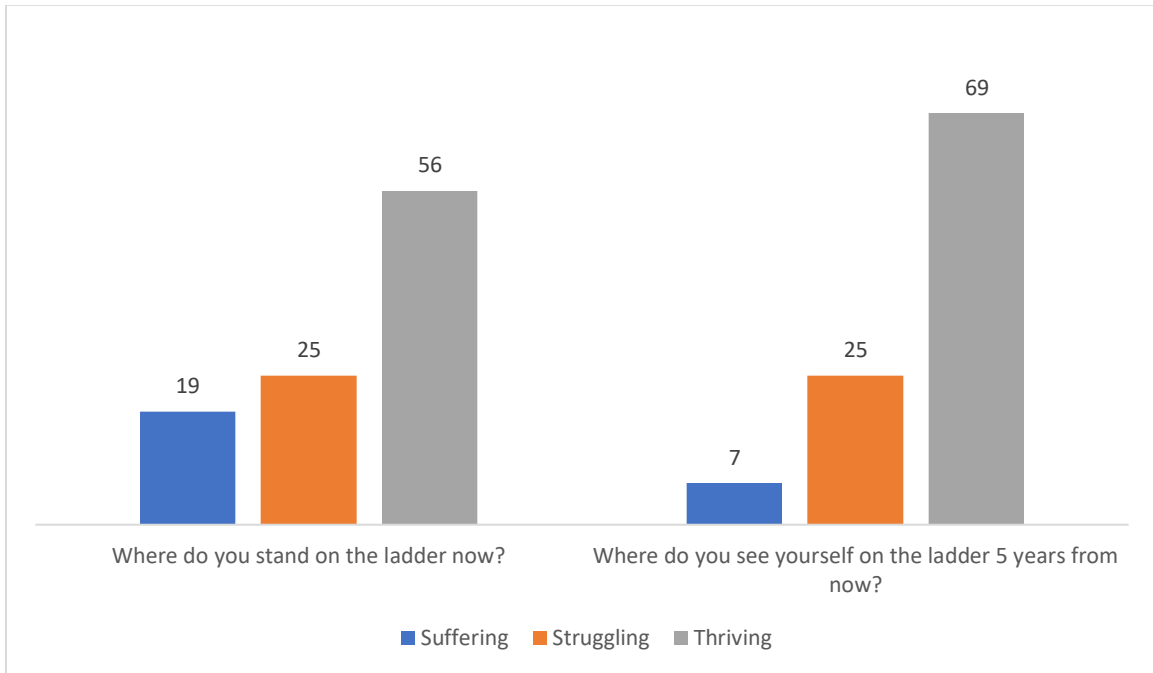


Figure 138: Wellbeing index, now and future, 8th grade

Note:

*The Wellbeing Index is estimated using two questions on the school survey modeled on Cantril's Ladder, which asks students to imagine a ladder with steps numbered from zero at the bottom and ten at the top. The top of the ladder represents the best possible life for the student, and the bottom of the ladder represents the worst possible life. Students are asked to respond with which step of the ladder they feel that they personally stand on now, and on which step of the ladder they think they will stand on in five years. Present and Future scales vary slightly. The Present scale categorizes steps 7-10 as *Thriving* and steps 5-6 as *Struggling*. The Future scale categorizes steps 8-10 as *Thriving* and 5-7 as *Struggling*. Both scales categorize steps 0-4 as *Suffering*.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey
Emotional Health* among 8th Grade Students
(in percentages)

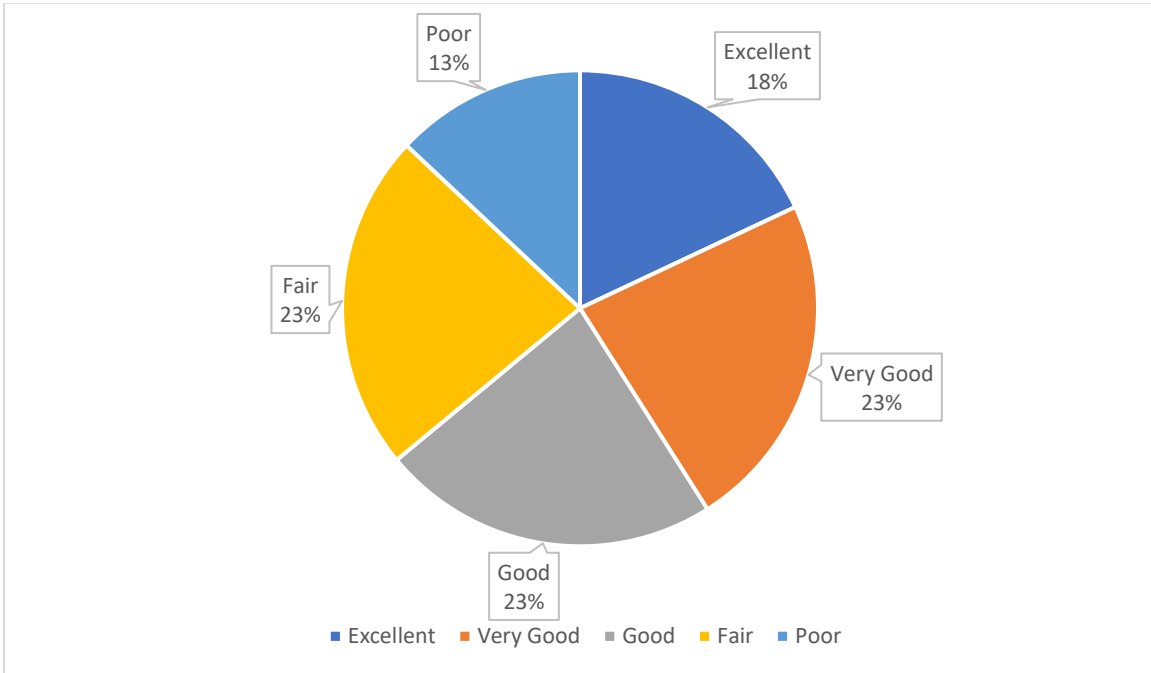


Figure 139: Self-rated emotional health, 8th grade

Note:

*Students are asked: “In general, how would you rate your emotional health?” and provided with five response categories: *excellent, very good, good, fair, or poor*.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey
Anxiety* in the Past Two Weeks by Sex, Race, and Ethnicity
among 11th Grade Students
(in percentages)

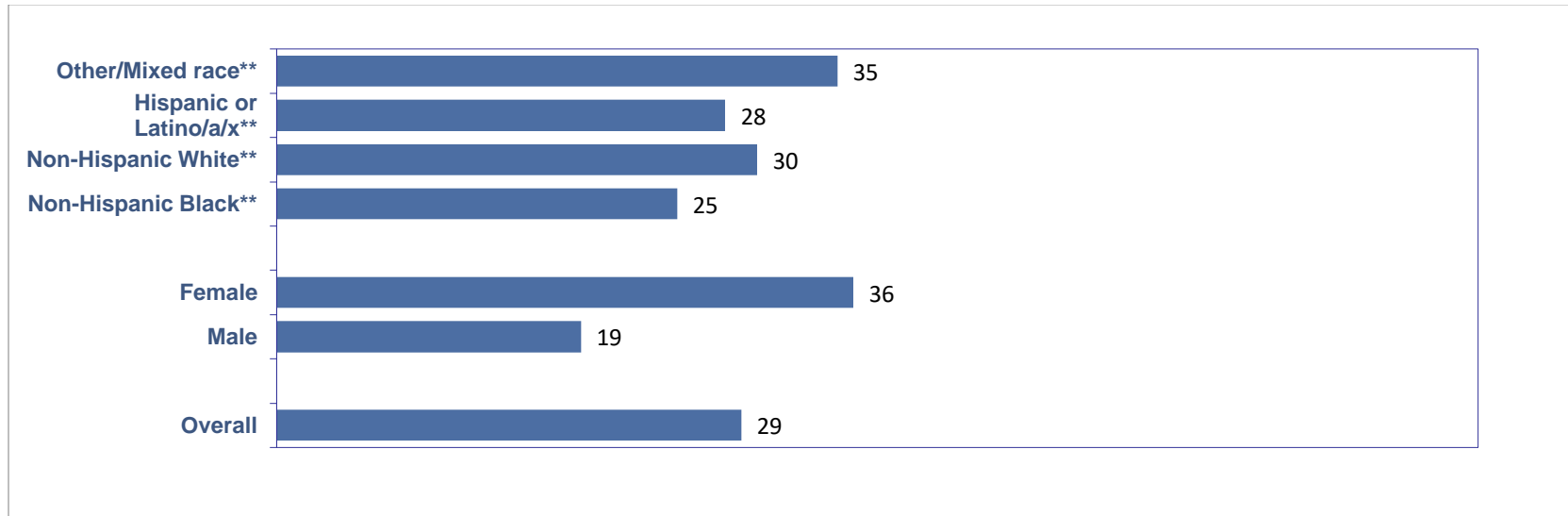


Figure 140: Anxiety in past two weeks by sex, race and ethnicity, 11th grade

Note: *Anxiety here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

**The association between race, ethnicity, and reported feelings of anxiety was not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey
Depression* in the Past Two Weeks by Sex, Race, and Ethnicity
among 11th Grade Students
(in percentages)

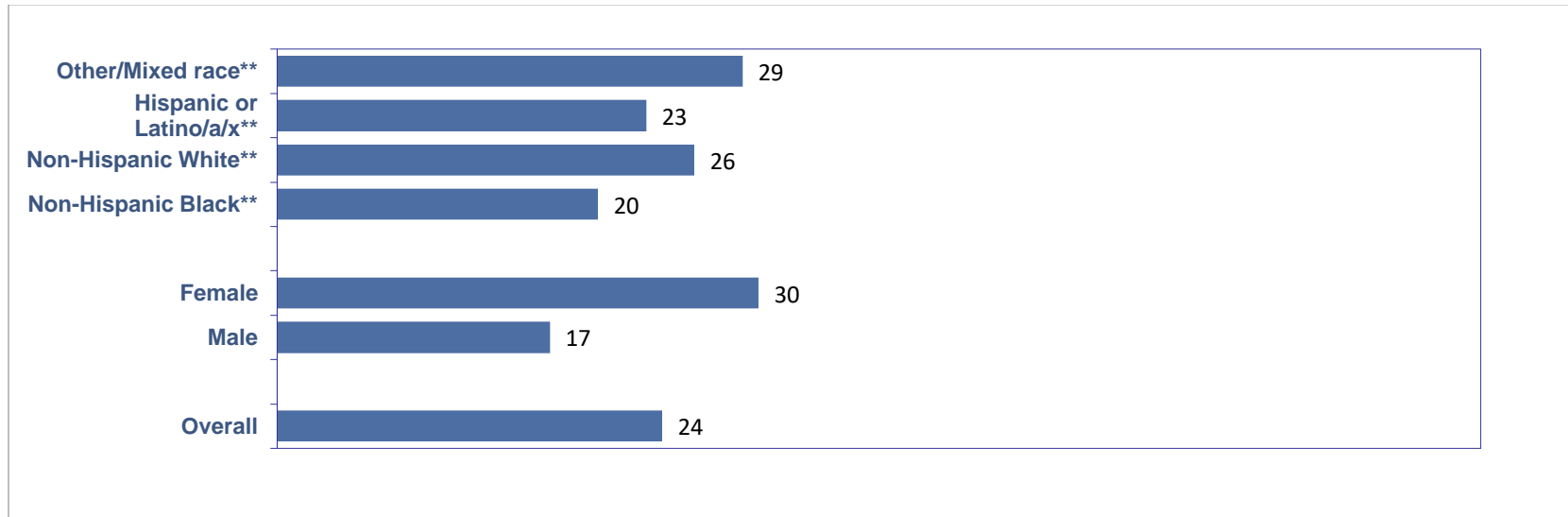


Figure 141: Depression in past two weeks by sex, race and ethnicity, 11th grade

Note: *Depression here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

**The association between race, ethnicity, and reported feelings of depression was not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey

Wellbeing Index*, Now and Five Years in the Future, Among 11th Grade Students (in percentages)

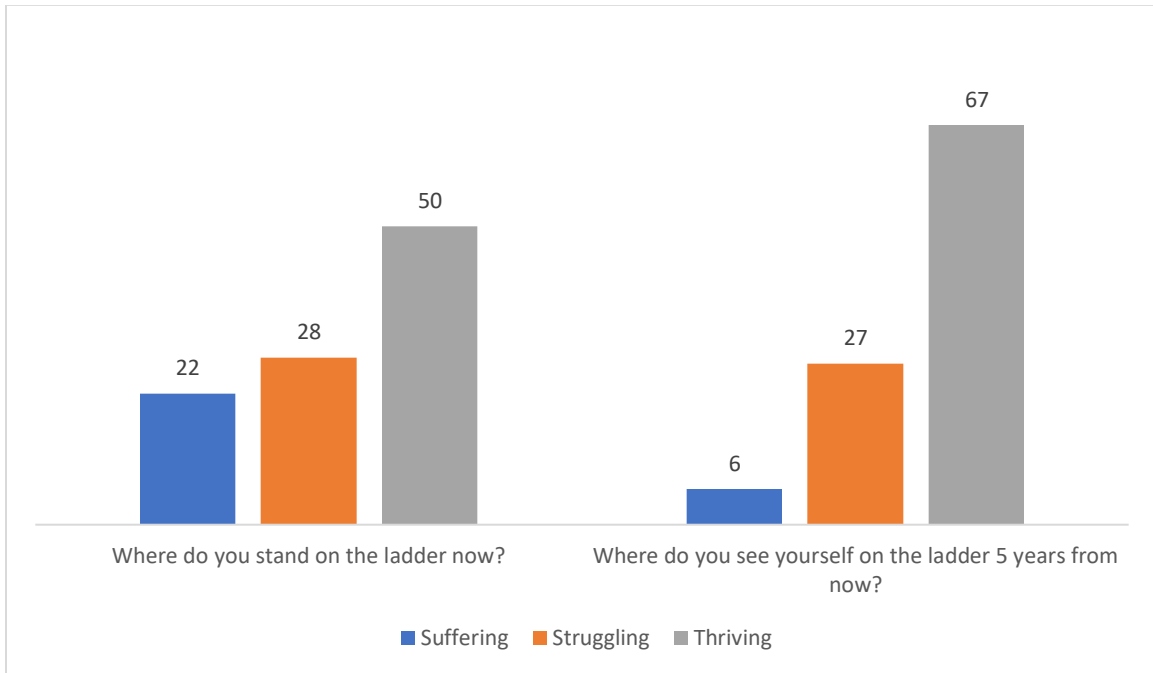


Figure 142: Wellbeing index, now and future, 11th grade

Note:

*The Wellbeing Index is estimated using two questions on the school survey modeled on Cantril’s Ladder, which asks students to imagine a ladder with steps numbered from zero at the bottom and ten at the top. The top of the ladder represents the best possible life for the student, and the bottom of the ladder represents the worst possible life. Students are asked to respond with which step of the ladder they feel that they personally stand on now, and on which step of the ladder they think they will stand on in five years. Present and Future scales vary slightly. The Present scale categorizes steps 7-10 as *Thriving* and steps 5-6 as *Struggling*. The Future scale categorizes steps 8-10 as *Thriving* and 5-7 as *Struggling*. Both scales categorize steps 0-4 as *Suffering*.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey Emotional Health* among 11th Grade Students (in percentages)

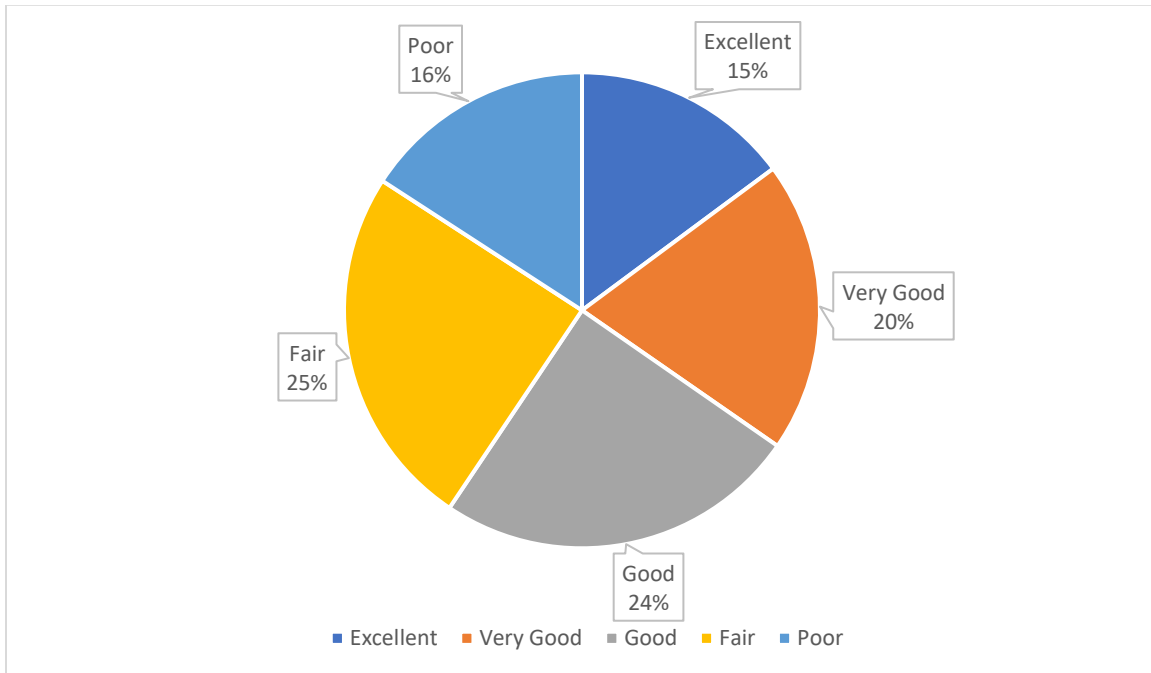


Figure 143: Self-rated emotional health, 11th grade

Note:

*Students are asked: “In general, how would you rate your emotional health?” and provided with five response categories: *excellent, very good, good, fair, or poor*.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Promising Practices: The Crisis Text Line

Crisis texting services are considered promising practices in suicide prevention. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the Garrett Lee Smith Suicide Prevention initiative, which funded the Department of Services for Children, Youth and their Families (DSCYF) to conduct *Project SAFETY* in Delaware through June 2020. The agency partnered with Crisis Text Line (CTL), a nonprofit organization that operates crisis texting services staffed by trained volunteers who respond to the texters, providing support and information, and, whenever necessary, triggering an active rescue. Staffers code the conversations according to keywords. When a texter uses a specific designation, data is collected to highlight aggregate characteristics of those conversations.

The first chart below provides the frequency of CTL conversations that have been attributed to Delaware's *Project SAFETY* designation (text DE to 741741).²⁶ Through July of 2022, CTL had 2,475 registered conversations under this designation with 12 active rescues, including one in the previous twelve-month period. The second chart illustrates the topics of conversations by those using CTL as coded by the trained volunteers. Relationships, anxiety and stress, and depression and sadness continued to be the top three topics coded, followed by suicide, which was identified in nearly one in five conversations. Although COVID-19 continued to be a topic in 3% of conversations, it was identified only half as frequently as in the preceding year.

²⁶ These data only represent texters using this specific project designation and not all text conversations originating from phones with a Delaware area code (for example, those who text HOME to 741741).

Monthly Frequency of Crisis Text Line Conversations

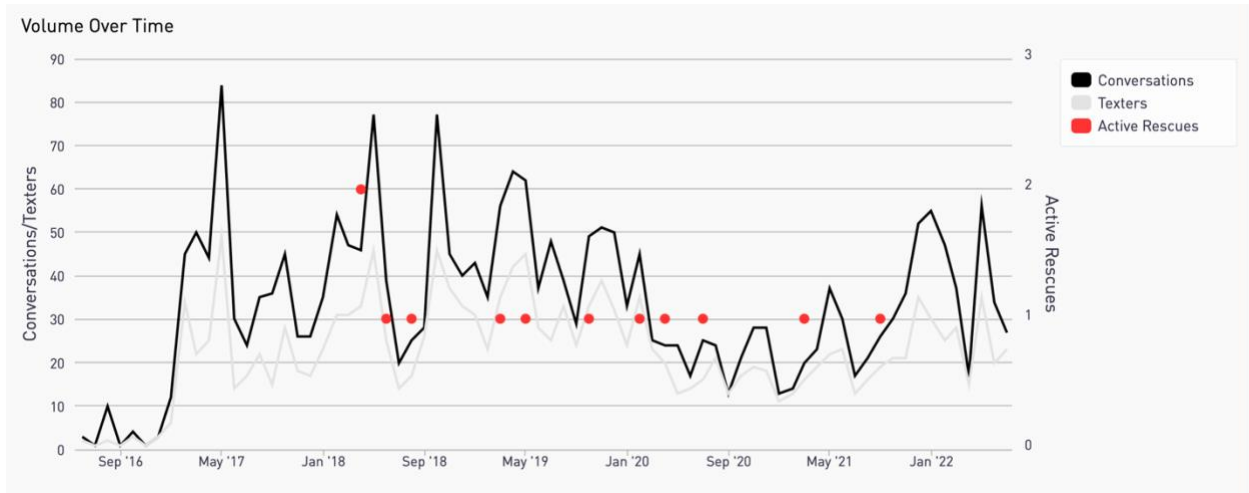


Figure 144: Frequency of conversations, texters, and active rescues, July 2016 - July 2021

Topics of Crisis Text Line Conversations (in percentages)

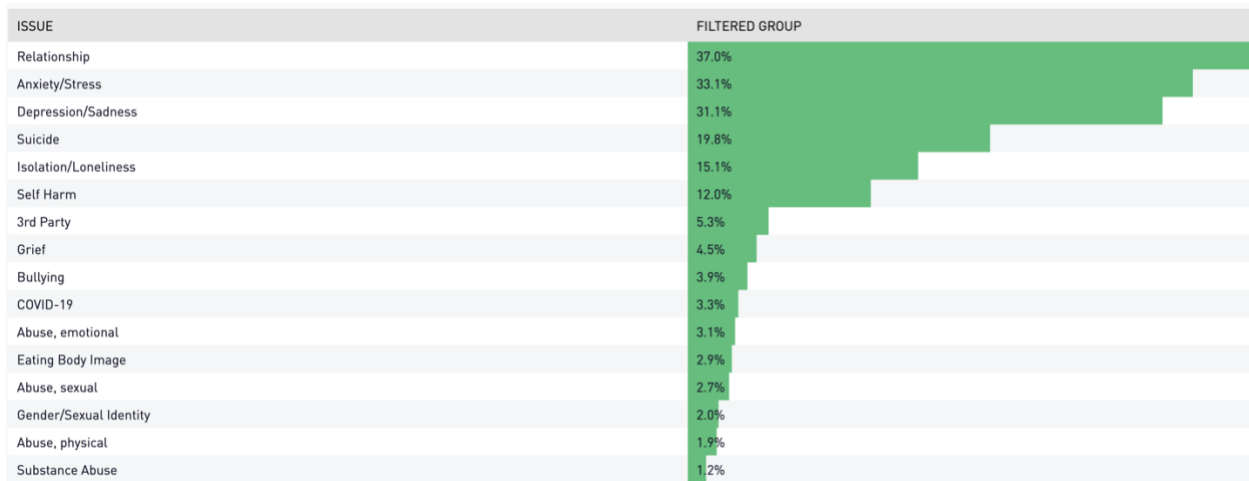


Figure 145: Crisis text line conversation topics

Source: Crisis Text Line

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10. Persons with Disabilities

National Overview

People with disabilities make up a substantial portion of the general population. Due to variations in how disability is defined and measured, epidemiological studies of behavioral health outcomes are limited and lead to differences in population estimates. There are three standard approaches to

measuring disability: a medical approach that measures prevalence by diagnostic codes; a functional approach that measures disability by difficulties in tasks of daily living; and sociological approaches, which consider the accommodations needed for inclusion, accessibility, and daily functioning (McDermott and Turk, 2011). The U.S. Department of Health and Human Services established [data collection standards](#) for the identification of disability status, which includes the use of a series of six questions on population-based surveys relevant to categories of functional challenges. These six categories include hearing, visual, cognitive, ambulatory, self-care, and independent living disabilities. In addition, people with attention deficit/hyperactivity disorder (ADHD), anxiety, depression, or other behavioral health disorders may experience similar difficulties in daily functioning and adverse health outcomes.

An analysis of 2016 Behavioral Risk Factor Surveillance System (BRFSS) data by Okoro and colleagues (2018) found that approximately one in four noninstitutionalized adults in the U.S. reported that they have a disability. This study also found that people with disabilities often face significant health disparities in comparison to the general population, including disparate health outcomes and reduced healthcare access (Okoro, Hollis, Cyrus, & Griffin-Blake, 2018). Researchers have also found disparate health outcomes for people with disabilities related to substance use, particularly increased use of tobacco and opioids. An analysis of data from the National Survey on Drug Use and Health (NSDUH) found that people who report having a work-related disability or receiving Medicare under the age of 65 (which, in most cases, indicates that the person has a disability) report higher rates of substance use, particularly heroin or oxycodone, than other populations (Glazier & Kling, 2013). Additional studies have also found higher rates of opioid prescribing, opioid and other prescription drug misuse, opioid use disorders, and fatal overdoses among people with disabilities (Ford, Hinojosa, Nicholson, 2018; Hong, Geraci, Turk, Love, McDermott, 2019; Lauer, Henly, & Brucker, 2019; Song, 2017).

Various data sources estimate that approximately 13% to 24% of Delaware residents have a disability.

About one-third of 8th and 11th graders report that they have a disability and parents report that nearly 1 in 4 of their children have one or more functional difficulty.

Both adults and youth who report having a disability are more likely to report substance use and mental health symptoms.

In a recent survey conducted as part of the COVID-19 Outbreak Public Evaluation (COPE) initiative, nearly two-thirds of adults with disabilities reported adverse mental health impacts or new or increased substance use, compared to 36% of adults without disabilities. Adults with disabilities who had been diagnosed with a mental health or substance use disorder were also more likely to report difficulties related to the pandemic in accessing treatment (Czeisler et al., 2021).

Delaware Overview

Prevalence estimates suggest that between 13.3% (American Community Survey [ACS], 2016-2020) and 23.8% (Behavioral Risk Factor Surveillance System [BRFSS], 2020) of Delaware residents have a disability. This wide variance in estimates is likely due to different surveying methods, survey instruments, and the ages of those surveyed. Disability prevalence increases as people age. As the figure from the American Community Survey indicates, approximately one in five Delawareans aged 65-74 report having a disability but this number doubles to 44.6% among people aged 75 and over (ACS 2015-2019).

The [National Survey of Children's Health](#) provides additional context for children in Delaware. Most recent data (2019-2020) indicates that 14.8% of children in Delaware have one functional difficulty²⁷ and 11.4% have two or more. According to parent respondents, more than one in ten (10.8%) of children aged 3 to 17 currently have attention deficit or attention deficit with hyperactivity disorder, 4.4% have autism or autism spectrum disorders, and 12.8% have *serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition*. Respondents also reported that more than one in four (26.3%) of youth have a mental, emotional, behavioral, or developmental problem, slightly higher than the national rate. In terms of general health, parents reported 23.1% of their children has one current or lifelong health condition and another one in five have two or more.

According to the [Delaware Report Card](#) September 2021 enrollment data, 16.86% of students enrolled in public schools have a disability (Delaware Department of Education [DOE], n.d.). As required by the Individuals with Disabilities Education Act (IDEA), the DOE provides additional data related to this population. During the 2020-2021 school year, 10,855 students aged 5 to 21 with one or more disabilities were enrolled in Delaware schools; nearly two-thirds (64.54%) spent 80% or more of their school day in a regular classroom setting. Nearly half of these students have a specific learning disability that entails having difficulties with listening,

²⁷ Functional difficulty, as defined by the National Survey of Children's Health, requires one of 12 of the following conditions: frequent or chronic respiratory problems (past year); difficulty eating or swallowing (past year); stomach/intestinal problems (past year); repeated or chronic pain, including headaches (past year); difficulty using hands (0-5 years); difficulty with coordination and movement (0-5 years); serious difficulty concentrating, remembering, or making decisions (6-17 years); serious difficulty walking or climbing stairs (6-17 years); difficulty dressing or bathing (6-17 years); difficulty doing errands alone (12-17 years); deafness/hearing problems; and blindness or vision difficulties even when wearing glasses.

speaking, reading, writing, and understanding math (*e.g.*, dyslexia, dysgraphia) that are not a result of some other disability ([DOE, n.d.](#)). An additional 2,084 children with disabilities aged 3 to 5 received services in various educational environments during that school year (DOE, IDEA Child Counts Ages [5-21](#) and [3-5](#), n.d.).

In line with national research, one public health assessment of the Delaware population with disabilities found that people with disabilities face significant health disparities in comparison to the general population, including increased incidence of some cancers, heart disease, dental problems, diabetes, current smoking, and depression. People with disabilities also reported reduced healthcare access and decreased preventive cancer screening (Sparling et al., 2015). Data from the 2020 BRFSS indicates considerably higher prevalence rates for smoking status, e-cigarette use, obesity, and depression for Delaware adults with disabilities (CDC, [Disability and Health Data System](#), n.d.).

Youth survey data also indicate elevated risk of adverse outcomes for students who have a disability compared to students who do not. More than one-third of 8th and 11th grade students responding to the 2021 Delaware School Survey reported having a disability.²⁸ Of note, females at both grade levels were more likely to report having a disability. Similar to adults, students who reported having a disability also reported higher rates of substance use and poorer mental health outcomes.²⁹

It is important to note that these data were collected during the COVID-19 pandemic. Given that early research suggests there have been increases in substance use and mental health concerns for some people since the pandemic began, persons with disabilities, already experiencing disproportionate risk for behavioral health challenges, may be even more vulnerable than these data illustrate.

²⁸ Disability status from the Delaware School Survey includes having a serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability.

²⁹ The Delaware School Survey analysis highlighted in this report incorporates responses from students who self-identify as having a disability as well as those who reported that they have been diagnosed with a physical, mental, or emotional disability by a medical professional.

American Community Survey^a 5-Year Estimates, 2016-2020 Disability Prevalence in Delaware, by Age (in percentages)

Disability by Age	%
Under 5 years	0.6
5 to 17 years	6.9
18 to 34 years	7.2
35 to 64 years	12.7
65 to 74 years	21.9
75 years and over	44.6

Figure 146: Disability prevalence by age group

Source: [U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates.](#)

Disability Prevalence in Delaware, by Type (in percentages)

Disability by Type	%
Total Disabilities^b	13.3
Hearing Difficulty	3.1
Vision Difficulty	2.1
Cognitive Difficulty	5.7
Ambulatory Difficulty	7.3
Self-Care Difficulty	2.7
Independent Living	5.8

Figure 147: Disability prevalence by type

Notes:

^a American Community Survey estimates include both adult and children populations.

^b Some individuals may report multiple types of disabilities, so the total disability prevalence will not equal the sum of the prevalence of individual disability types.

Source: [U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates.](#)

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American Community Survey^a 5-Year Estimates, 2016-2020 Disability Prevalence in Delaware

Disability by Race and Hispanic or Latino Origin	%
White alone	14.0
Black or African American alone	12.7
American Indian and Alaskan Native alone	31.5
Asian alone	6.8
Native Hawaiian or Other Pacific Islander alone	5.5
Some other race alone	12.0
Two or more races	10.3
White alone, not Hispanic or Latino	14.6
Hispanic or Latino (of any race)	9.0

Figure 148: Disability prevalence by race and Hispanic or Latino origin

Note:

^a American Community Survey estimates include both adult and children populations.

*Per the ACS notation: "The concept "race alone" includes people who reported a single entry (e.g., Korean) and no other race, as well as people who reported two or more entries within the same major race group (e.g., Asian). For example, respondents who reported Korean and Vietnamese are part of the larger "Asian alone" race group."

Source: [U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates.](https://www.census.gov/data/tables/2019/a11/american-community-survey/2019.html)

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2020 Behavioral Risk Factor Surveillance System^a
Disability^b Prevalence by Type,
Delaware and National Estimates
(in percentages)

	Delaware	USA
Any disability^c	23.8	24.8
Cognitive disability	10.4	10.9
Hearing disability	5.0	5.7
Mobility disability	10.5	11.1
Vision disability	4.6	4.9
Self-care disability	3.3	3.0
Independent living disability	6.0	6.4

Figure 149: Disability status by type, Delaware and national estimates, adults 18+

Notes:

^a The Behavioral Risk Factor Surveillance System (BRFSS) surveys only the adult population.

^b Disability is defined in the BRFSS as at least one of the following: serious difficulty hearing; serious difficulty seeing; serious difficulty concentrating, remembering or making decisions due to a physical, mental or emotional condition; serious difficulty walking or climbing stairs; difficulty dressing or bathing; or having difficulty doing errands alone because of a physical, mental, or emotional condition.

^c Some individuals may report multiple types of disabilities, so the total disability prevalence will not equal the sum of the prevalence of individual disability types.

Source: [2020 Delaware Behavior Risk Factor Surveillance System. Disability and Health Data System \(DHDS\), Centers for Disease Control and Prevention.](#)

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2021 Delaware School Survey Disability^a among Delaware 8th Graders

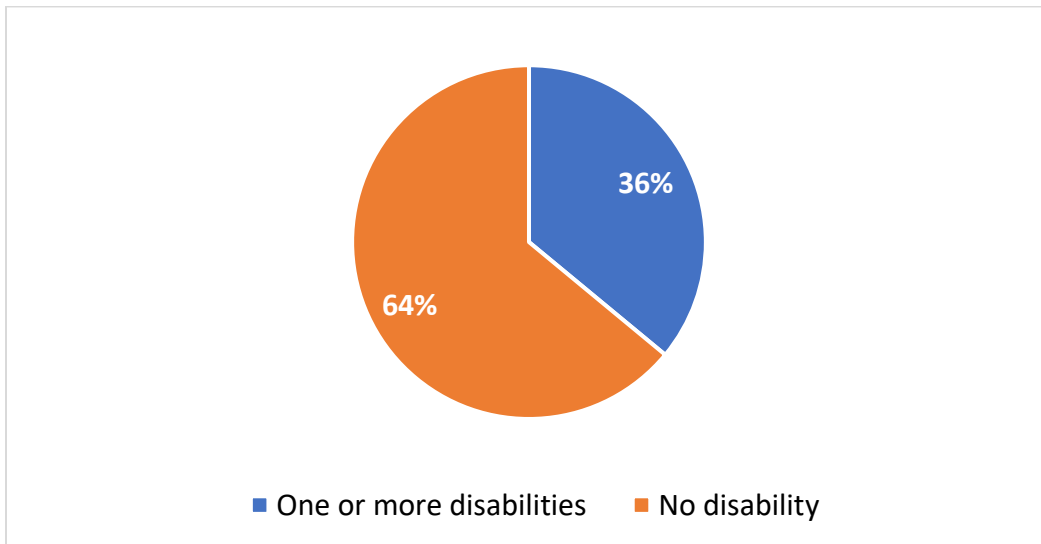


Figure 150: Disability prevalence among 8th graders

Disability^a among Delaware 11th Graders

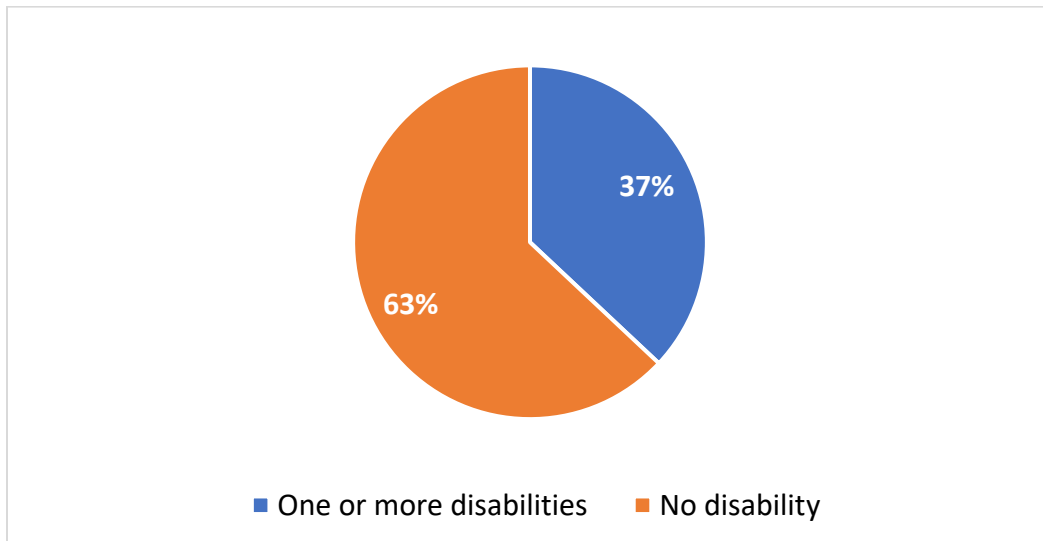


Figure 151: Disability prevalence among 11th graders

Note: ^a Disability is defined as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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**2021 Delaware School Survey
Disability^a Prevalence by Sex and Race/Ethnicity
among Delaware 8th Graders
(in percentages)**

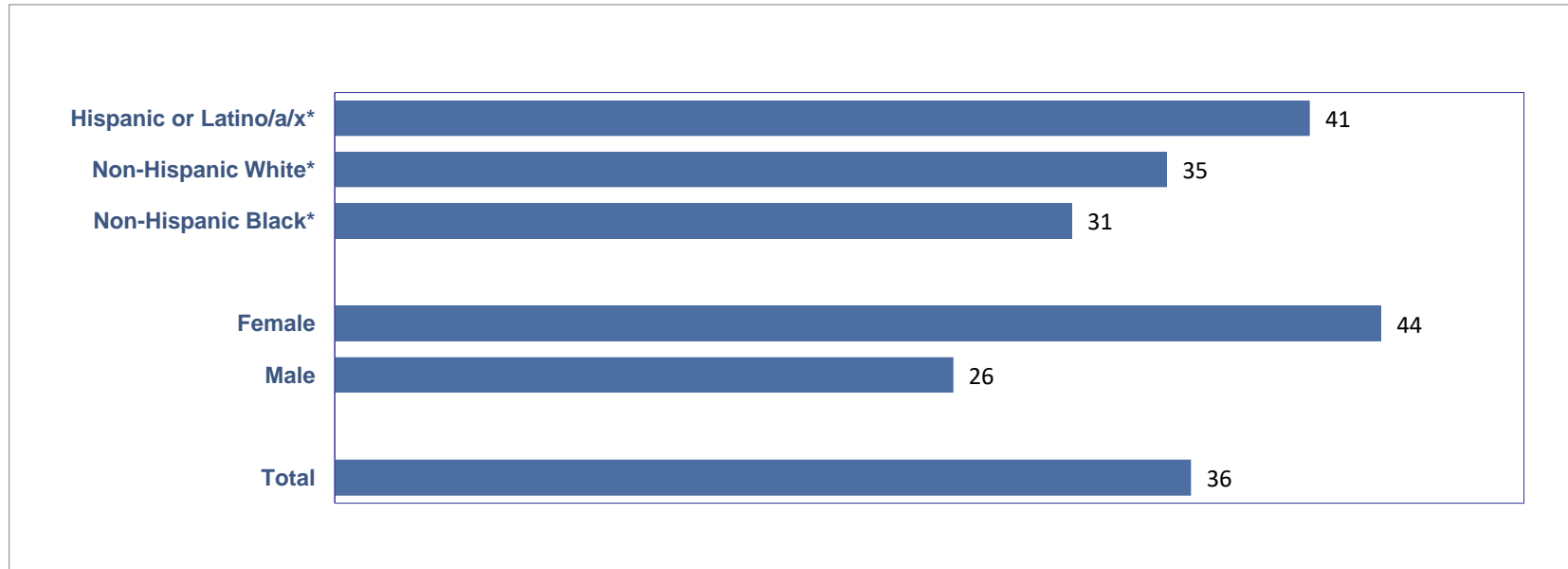


Figure 152: Disability prevalence by sex and race/ethnicity, 8th grade

Notes:

^a Disability is defined as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.

*Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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**2021 Delaware School Survey
Disability^a Prevalence by Sex and Race/Ethnicity
among Delaware 11th Graders
(in percentages)**

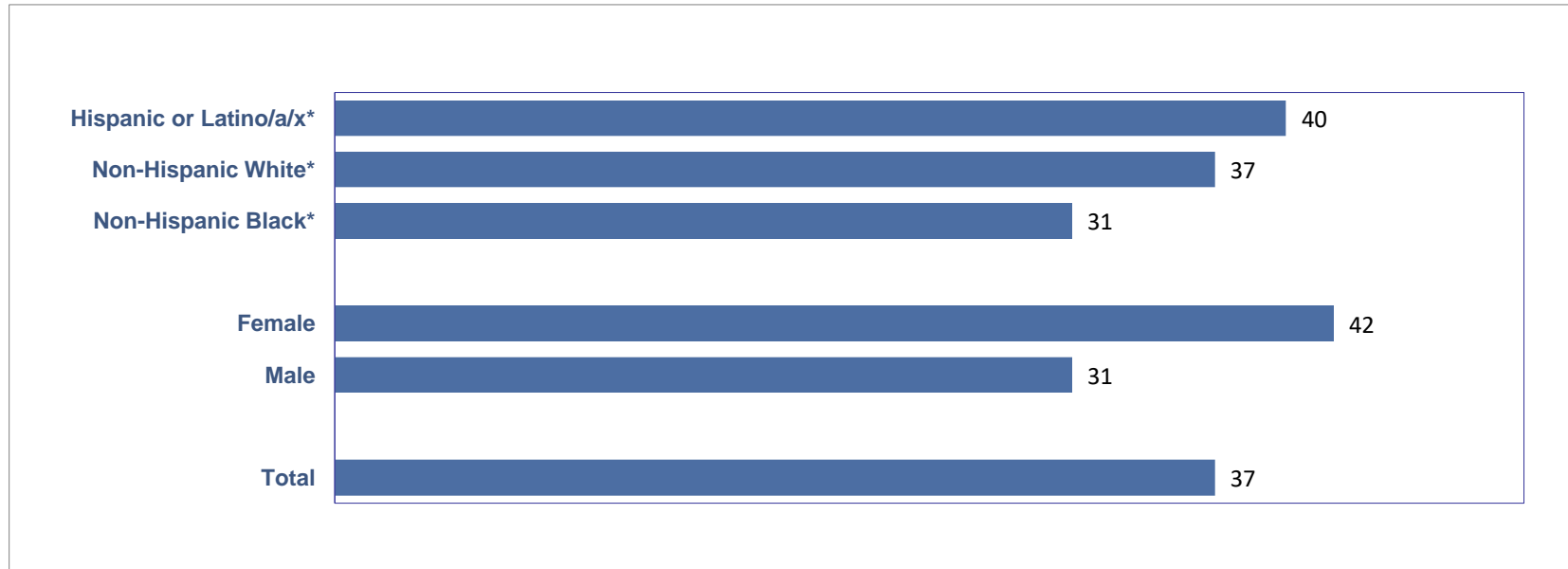


Figure 153: Disability prevalence by sex and race/ethnicity, 11th grade

Notes:

^a Disability is defined as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.

*Estimates were not statistically significant at the $p < .05$ level.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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**2020 Delaware Behavioral Risk Factor Surveillance System
Smoking, Alcohol Use, and Mental Health
by Disability^a Status among Delaware Adults
(in percentages)**

	Adults with Disability	Adults without Disability
Current Smoker	25.2	13.4
Former Smoker	24.2	23.2
Never Smoker	50.6	63.5
<hr/>		
Current e-cigarette use	10.4	3.6
<hr/>		
Binge drinking in past 30 days	17.6	15.7
<hr/>		
Mentally Unhealthy for 14+ days in the past 30	34.0	7.4
<hr/>		
Ever had depression	35.6	10.8

Figure 154: Disability, smoking status, E-cigarette use, and depression, adults

Notes:

^aDisability is defined in the BRFSS as at least one of the following: serious difficulty hearing; serious difficulty seeing; serious difficulty concentrating, remembering or making decisions due to a physical, mental or emotional condition; serious difficulty walking or climbing stairs; difficulty dressing or bathing; or having difficulty doing errands alone because of a physical, mental, or emotional condition.

Source: [2020 Delaware Behavior Risk Factor Surveillance System. Disability and Health Data System \(DHDS\), Centers for Disease Control and Prevention.](#)

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2021 Delaware School Survey

Disability^a and Past Year Substance Use Among 8th Grade Students (in percentages)

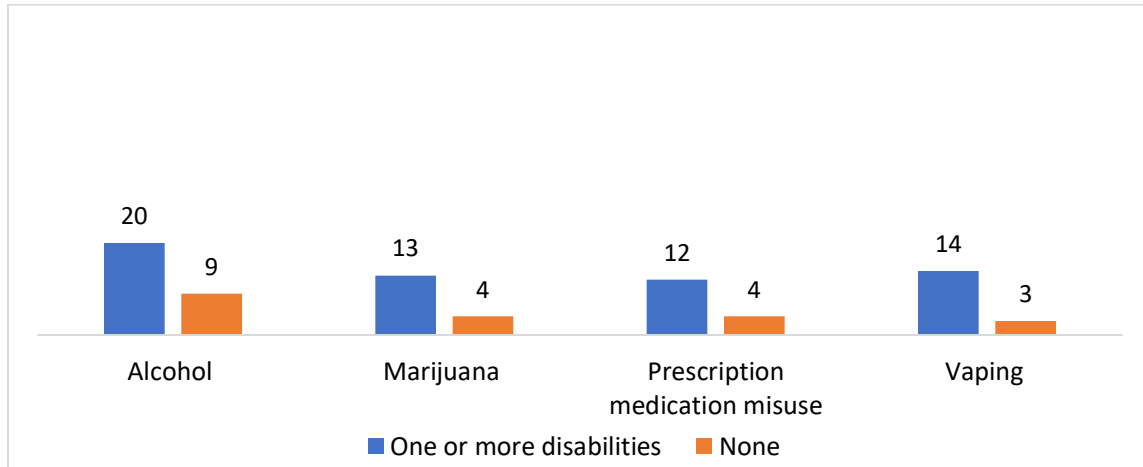


Figure 155: Disability and past month substance use, 8th grade

Disability^a and Mental Health Among 8th Grade Students (in percentages)

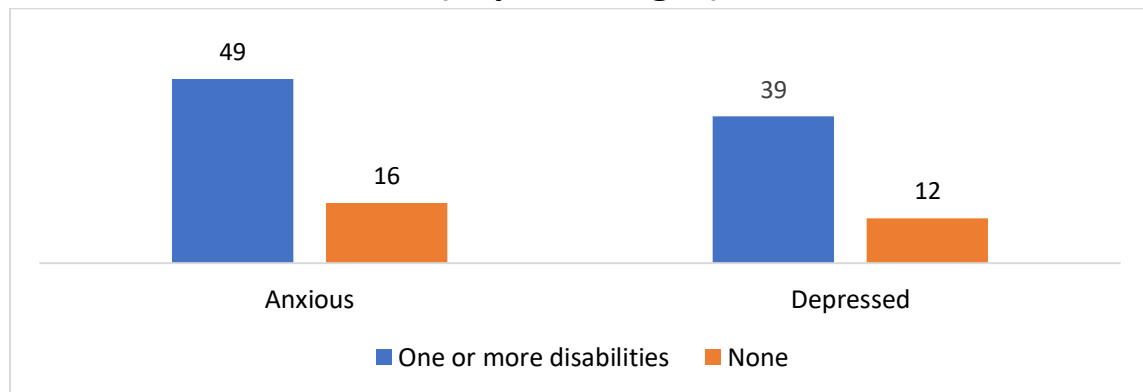


Figure 156: Disability and mental health, 8th grade

Notes: Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Disabilities are defined as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.

^b Prescription misuse is defined as the use of prescription drugs without a prescription or in ways other than prescribed.

^c Anxious is defined as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks

^d Depressed is defined as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2021 Delaware School Survey

Disability^a and Past Year Substance Use Among 11th Grade Students (in percentages)

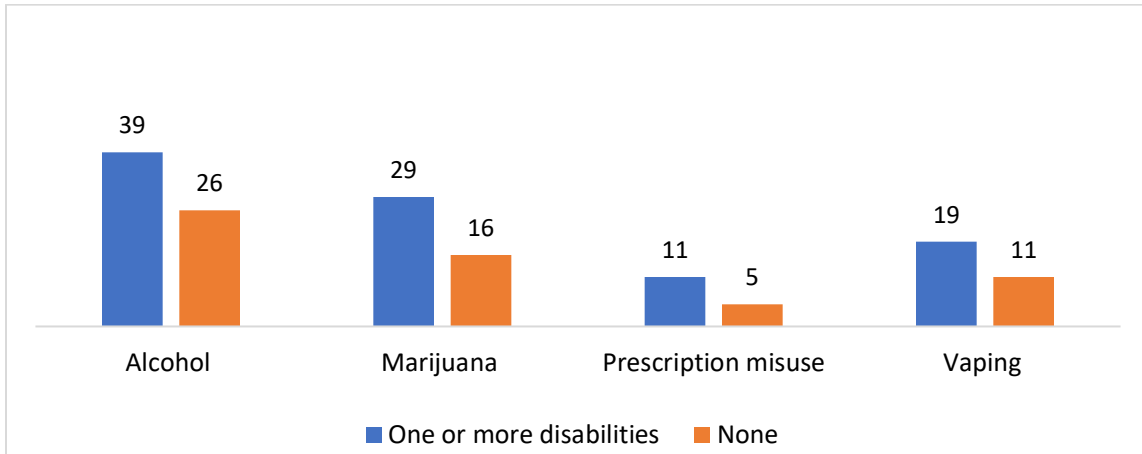


Figure 157: Disability and past month substance use, 11th grade

Disability^a and Mental Health Among 11th Grade Students (in percentages)

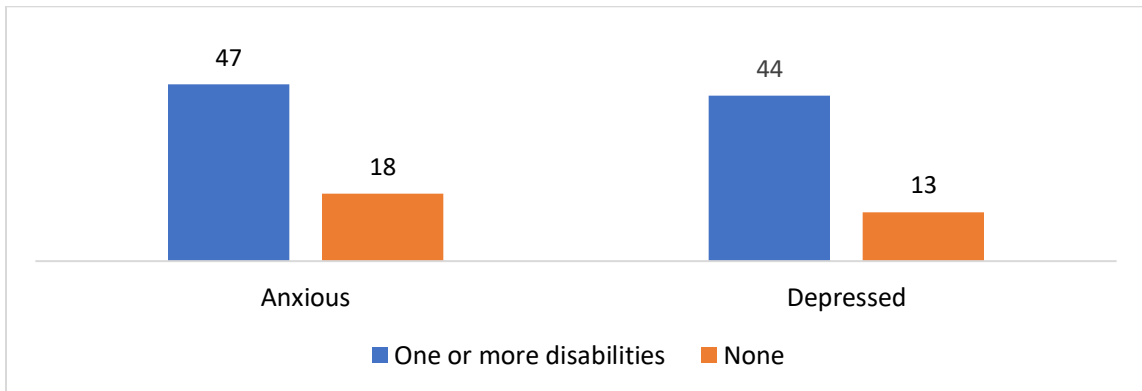


Figure 158: Disability and mental health, 11th grade

Notes: Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Disabilities are defined as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.

^b Prescription misuse is defined as the use of prescription drugs without a prescription or in ways other than prescribed.

^c Anxious is defined as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks

^d Depressed is defined as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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11. Adverse Childhood Experiences (ACEs) and Other Trauma

National Overview

“Although an individual’s experience of trauma is unique, exposure to trauma is related to higher risk of physical and mental health problems across the lifespan. Trauma during childhood can have especially significant impacts because they occur while the brain, body, psychology, and social relationships are under development. The ability to recover from trauma depends upon strengths, resilience, and a caring and supportive environment...”

[Trauma Matters Delaware](#) (TMD), n.d.

The [American Psychological Association](#) defines trauma

as an “emotional response to a terrible event like an accident, rape, or natural disaster.”

Trauma can be experienced directly such as when a person is a victim of violence. It can also be experienced indirectly. For example, youth may be deeply impacted by the suicide of a fellow student or by watching news coverage of a tragic event like the recent school shooting in Uvalde, Texas. The impacts of trauma can be short term or long lasting and can affect physical as well as mental wellbeing. As noted in the opening quote by TMD, an individual’s response to trauma is unique and depends on a number of personal and environmental factors.

Adverse childhood experiences (ACEs) are traumatic events or conditions, such as abuse, neglect, homelessness, and living with family members who have severe mental health or substance use problems. ACEs have been associated with toxic stress that impacts brain function and may impair coping, learning, and development (TMD, n.d.; Center on the Developing Child, Harvard University, n.d.). Research indicates that youth who experience significant traumas are at risk to experience poorer health outcomes throughout their lifespan. The number of ACEs experienced has an accumulated impact; research by Brown and colleagues (2009) indicates that individuals who experience six or more ACEs have a shorter life expectancy by up to 20 years. However, the presence of a supportive and caring adult has been associated with higher rates of resilience among youth who have experienced childhood trauma. In short, without intervention and support, children who experience ACEs are likely to have increased health problems throughout their lives—lives that are likely to be shorter than the lives of others (Centers for Disease Control and Prevention [CDC], n.d.).

On various surveys, as many as 2 out of 3 adults and youths in Delaware report having experienced at least 1 adverse childhood experience (ACE).

Adults and youth who experience ACEs are more likely to also report use of substance substances and mental health symptoms.

1 in 5 8th graders and 1 in 4 11th graders reported that they had been or knew someone who was the victim of gun violence.

In the original ACEs study, conducted in the mid-90s (Felitti et al., 1998), more than 17,000 adults in an outpatient healthcare setting were asked to report on their childhood experiences regarding the following 10 indicators:³⁰

- emotional, physical, sexual abuse
- emotional and physical neglect
- parental divorce/separation
- living in a household with a person who has a mental illness
- living in a household with a person who abuses substances
- parental incarceration
- exposure to domestic violence

Nearly two out of three respondents reported experiencing one or more ACE, with one in eight participants experiencing four or more (CDC, n.d.). Since then, various researchers have examined additional indicators, such as bullying, discrimination, economic hardship, racism, and violence within the community (Fink, 2016; Pachter et al., 2017). More recently, the Behavioral Risk Factor Surveillance System (BRFSS) data collected across 25 states from 2015 to 2017 indicates that nearly six in ten individuals in the U.S. experienced at least one ACE, and that one in six (15.6%) experienced four or more (Merrick et al., 2019). The more ACEs an individual experiences, the greater the likelihood he or she will experience poorer health (Hussaini et al., 2016).

ACEs can be particularly impactful because they occur at an early stage of cognitive, physical, social, and emotional development. However, trauma can be experienced at any age. Community, societal, and global conditions such as poverty, systemic injustice, racism, social and political unrest, natural disasters, and war are traumatic events. As mentioned previously, chronic exposure to widespread trauma through community experiences, media reports, and other influences can cause negative outcomes for individuals. First responders, healthcare professionals, law enforcement officers, social workers, and others who work with people who experience trauma directly may experience trauma themselves. A recent example would be the experiences of healthcare professionals who worked in emergency departments and hospitals throughout the COVID-19 pandemic and chronically witnessed the impact of devastating illness and loss.

³⁰ Instruments that attempt to measure the rate of ACEs generally include a list of commonly identified adversities such as those in the original study. As the field has evolved, various instruments have incorporated additional conditions. Because one's experience of trauma is unique, it is worth noting that a given condition may be experienced as an adversity by one child and not another.

Delaware Overview

To address this public health challenge, in 2018 Governor John Carney issued Executive Order 24 to establish Delaware as a “trauma-informed state³¹” to mitigate the impact of childhood adversities and foster resilience at the individual, family, and community levels. First Lady Tracey Quillen Carney initiated the Trauma-Informed Delaware coalition bringing together public, private, and non-profit organizations. Subsequently, the Family Services Cabinet Council’s Trauma-Informed Care Progress Report and Action Plan was released, and Delaware’s inaugural Trauma Awareness Month was observed in May 2019 with a statewide symposium, multiple advocacy events, and the Compassionate Champion Awards. Since then, stakeholders have collaborated to develop [a blueprint](#) and a series of work groups have been established to advance the progress of becoming a trauma-informed state. More recently, Trauma Matters Delaware (TMD), formerly a steering group of advocates, reorganized to become a nonprofit backbone organization seeking to coordinate and leverage efforts to reduce trauma and enhance resilience.

Available data suggest that Delawareans experience rates of childhood adversity similar to national rates. In 2015, the Delaware Public Health Institute conducted the Delaware Household Health Survey, which asked adult respondents about their experiences with childhood trauma. Half of adults in Delaware reported experiencing one or more of the original ACEs, with 13.8% reporting four or more. The most commonly identified ACEs were parental divorce or separation (31.7%), followed by living in a household with someone with a substance use disorder (20.6%). With the addition of two new indicators, being bullied and experiencing discrimination, 59% of adults reported having at least one ACE with 16% reporting four or more (Fink, 2016).

For the first time in 2019, the Delaware Division of Public Health (DPH) included the optional ACEs module in the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) survey. In July 2021, Dr. Khaleel Hussaini³² [presented highlights of the BRFSS ACEs data](#) to the State Epidemiological Outcomes Workgroup (SEOW). BRFSS findings reveal that ACEs are common in Delaware; approximately two out of three adults experienced at least one ACE, with 43.3% experiencing two or more. Similar to the Delaware Household Health Survey, the most common adversity reported was living with divorced or separated parents (28.5%), followed by living with a problem drinker (23.5%), exposure to domestic

³¹ According to the [Trauma Matters Delaware](#) (TMD) website, “Trauma informed care is an intentional approach to understanding and interacting with people who have or may be experiencing trauma. It assumes that most people are likely to have at least one traumatic event at some point in their lives and that, for some, this impacts the way they perceive the world and engage with others....By asking ‘*what happened to you?*’ rather than ‘*what’s wrong with you?*’ trauma informed approaches foster accepting and supportive environments that can minimize the impact of traumatic events and prevent re-traumatization....”. The TMD website provides more information on the guiding principles of and resources for these approaches.

³² Dr. Hussaini is a CDC senior scientist and epidemiologist serving as a Maternal and Child Health Assignee to the Delaware Department of Health and Social Services, Division of Public Health.

violence (18%), and living with someone with a mental illness (17.3%). Approximately one in ten adults reported they had been physically abused by a parent or touched sexually as a child (11% and 10.1%, respectively). Nearly 9% reported that a household member had been incarcerated during their childhood. Female respondents were more likely to have had exposure to two or more ACEs than male respondents. Notable health outcomes associated with exposure to one or more ACE include: fair or poor health status among female respondents; current depression and current smoking among both female and male respondents; and current heavy drinking among male respondents (Hussaini, K. & Delaware Division of Public Health, 2021).

In terms of youth data, since 2011 the National Survey of Children's Health (NSCH) has included a number of indicators relating to trauma and resiliency within the household. The survey, administered to parents who report on the health of their children, does not include questions on abuse or neglect. NSCH 2016-2019 data includes an aggregate sample of 2,485 parent respondents. Dr. Hussaini presented [ACEs highlights from the NSCH](#) at the January 2021 SEOW meeting which indicated that approximately 43% of children in Delaware experience at least one ACE, most commonly having divorced/separated parents or economic hardship. The third most common ACE is living with a person with a substance use disorder, followed by parental incarceration. Parents report that 6.1% of children have been treated unfairly because of race, one of several indicators on the rise, including parental divorce and separation, parent or guardian death, and having been the victim of violence. More than one in five (21.9%) of Delaware youth have been exposed to two or more ACEs. There are certain groups who experience higher rates of ACEs, including youth who are Black (non-Hispanic), whose parents were born outside of the US, who are poor, or who have special healthcare needs. Conversely, children in families with high levels of resilience were less likely to have been exposed to multiple ACEs³³ (Hussaini, 2021).³⁴

The Delaware School Survey (DSS) includes a number of questions that address trauma and adversity. Because the survey also includes questions regarding student substance use and mental health, the data provides us with an opportunity to explore the association between traumatic experiences and a spectrum of risk behaviors and other experiences. Although the 5th grade questionnaire includes fewer questions related to ACEs, in 2021, 9% of students reported being in a fight in their neighborhood and 4% reported being in a fight at school within the previous year, and 6% reported being bullied within the past month. Seven percent reported that an adult family member had been in jail or prison within the past year.

The DSS Secondary questionnaire is designed for 8th and 11th graders and includes a greater number of ACE indicators.³⁵ Two out of three 8th graders who responded to the 2021 DSS

³³ For more on the NSCH Family Resilience Index, please see Chapter 13 of this report, Protective Factors.

³⁴ To view the slides on ACEs data presented to the SEOW network, please visit the [SEOW Presentations page](#) of the Center for Drug and Health Studies website. [Recordings of the presentations](#) are also available for viewing.

³⁵ The Delaware Secondary School Survey asks students to report on the following experiences: *homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at*

reported experiencing at least one ACE, and more than one in four (27%) revealed having exposure to three or more. Most commonly, students reported being bullied (29%), living with someone with mental illness (25%), living with someone with a substance use disorder (24%), witnessing violence at home (22%). Nearly one in five (19%) had been or knew someone who was the victim of gun violence; the same percentage reported being hit by another teen.

Eleventh graders reported a similar rate of exposure to ACEs as their younger counterparts. More than one-third reported at least one ACE including one in four who reported experiencing three or more adversities. One in three students indicated that they had ever lived with a person with a mental illness and 29% indicated that they had ever lived with someone with a substance use disorder. Nearly one in four (23%) had been or knew someone who was the victim of gun violence. Being bullied and witnessing violence in the home were also common.

The 2021 DSS results illustrate that youth who reported experiencing trauma also reported higher rates of substance use as well as symptoms of anxiety and depression. Students who experienced multiple ACEs reported even greater rates of substance use or mental health concerns.³⁶ Across both age groups, females were more likely than males to report three or more ACEs.

Students were also asked about their perceptions of safety at school as well as concerns regarding gun violence. The majority of 8th and 11th graders reported feeling safe in their school most of the time or often (73% and 77% respectively). However, roughly a third of students reported that they believe student violence is a problem at least some of the time. Approximately one in ten 8th graders worry about gun violence as a problem and gun violence in school most of the time. While 15% of 11th graders worry about gun violence as a problem only 6% reported worrying about gun violence in school most of the time.

The 2021 DSS Secondary questionnaire also allowed students to share input on what schools could do to make them feel safer while at school. Of note, 44% of 8th graders and 52% of 11th graders selected provide mental health counselors or school psychologists, the most common response. Nineteen percent of 8th graders and 28% of 11 graders also responded that school based social workers would make them feel safer. One in three students were in favor of conducting active shooter drills and having more school resource officers. When given the option to check *other*, more than 300 students shared additional thoughts with write-in

school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence.

³⁶ It is important to note that while there is a statistical association between these factors, this does not necessarily mean that there is a causal relationship between these variables in every instance, and there may be additional unobserved indicators that also influence the outcome. This holds true for all of the associations discussed in this chapter.

answers. Responses were wide-ranging and touched on issues such as: bullying and harassment; gender identity, inclusivity, and sex education; listening, empathy, and awareness; greater accountability and enforcement of rules; mental health education, awareness, and opportunities to take a time out; dress codes; and more supervision. A review of these comments also revealed the complexities of enhancing school safety. For example, some students identified the need for more, and more intensive, active shooter drills while others believed that the focus on these activities created fear among some students; while some students thought more school resource officers would make them feel safer, many responded that law enforcement presence in their schools did not make them feel safer. The variety and amount of information shared in these responses indicate the importance of this topic to students and the need to incorporate their voices when designing strategies to prevent and reduce trauma.

As mentioned, exposure to trauma is not limited to home and school environments. One of the more visible forms of trauma is violence in the community. The count of homicides identified in Delaware has increased from 56 in 2019 to 103 in 2021, most commonly involving firearms (Delaware Division of Forensic Science, 2021). The victims were predominantly male, black, and between the ages of 11 and 40.³⁷ Since 2017, Delaware Online/The News Journal has maintained a publicly accessible [gun violence database](#) drawing upon information from police reports and their own reporting. The chart summarizing this data indicates that there was a dramatic increase in the number of gun violence incidents as well as victims who were wounded or had died between 2019 and 2020. The numbers of incidents, victims, and those wounded declined modestly between 2020 and 2021, however, the number of those who died increased from 69 to 81. It is promising that as of early September 2022 the Year-to-Date indicators suggest a continuing decline, recording approximately two-thirds as many incidents and half as many deaths when compared to one year ago.

Early interventions and universally employed, trauma-informed approaches have the potential to improve lifelong health consequences and the associated costs of trauma for individuals, families, and society. Multiple divisions in the state's Departments of Health and Social Services and Services for Children, Youth and Their Families promote and support trauma-informed strategies along with other agencies. The Delaware Coalition Against Domestic Violence, the Delaware Coalition Against Gun Violence, the Center for Structural Equity, and Trauma Matters Delaware are among many local entities working to prevent and address these issues. For more information, download [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#). For a discussion of protective factors that help to reduce risk behaviors and promote resilience, please see Chapter 13 Protective Factors of this report.

³⁷ It bears noting that there were fewer deaths by homicide than by suicide throughout the state over this same time frame, which ranged from 118 in 2019 to 138 in 2021 (Delaware Division of Forensic Science Annual Reports, 2019, 2020, 2021).

2019 Delaware Behavior Risk Factor Surveillance System (BRFSS)

Prevalence of ACEs Stratified by Sex and Age

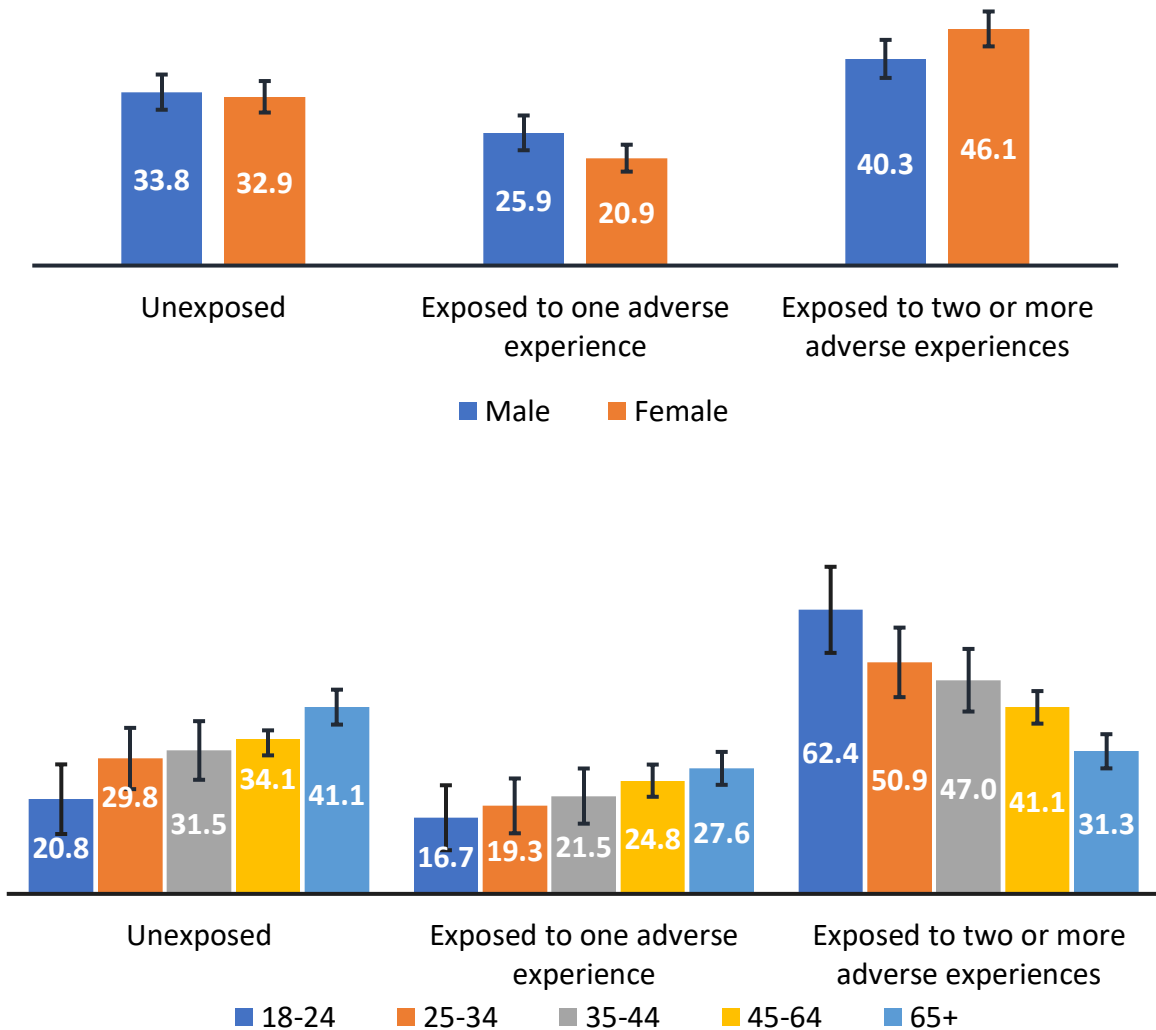


Figure 159: ACEs prevalence among adults in Delaware, by sex and age, 2019

Note: Weighted percent with 95% confidence intervals.

Source: Hussaini, K. Delaware Department of Health and Social Services, Division of Public Health, BRFSS, 2019. [Adverse Childhood Experiences in Delaware, 2019](#). [Presentation], 2021

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2019 Delaware Behavior Risk Factor Surveillance System (BRFSS)

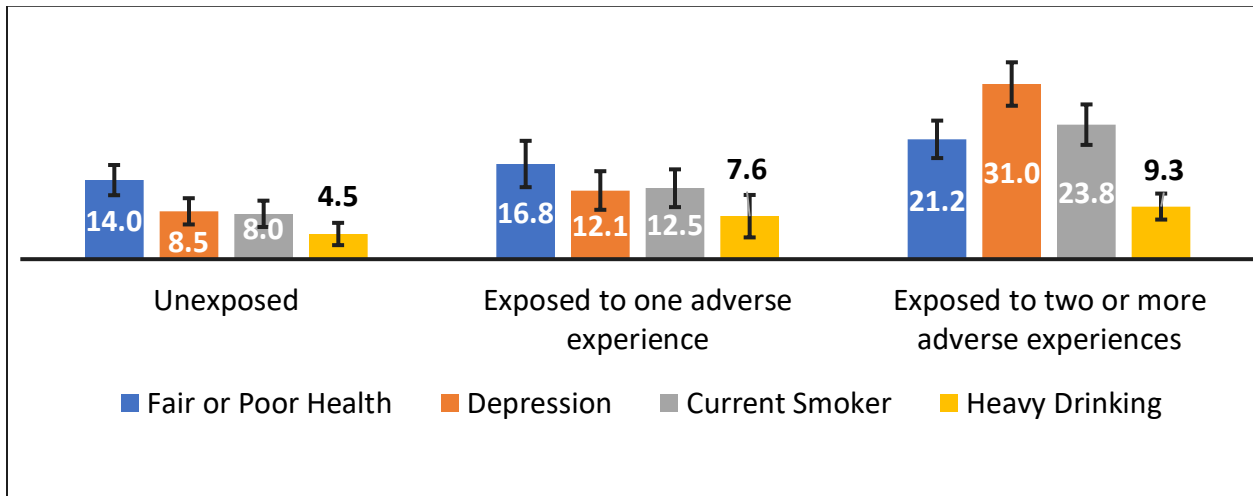


Figure 160: ACEs exposure and depression, smoking, and heavy drinking

Adverse Childhood Experience (ACE)	Sample Size* (n)	Percent^ (95%CI)
Household Dysfunction		
Live with anyone depressed, mentally ill, or suicidal?	484	17.3 (15.3-19.4)
Live with a problem drinker/alcoholic?	705	23.5 (21.3-25.7)
Live with anyone who used illegal drugs or abused prescriptions?	315	12.5 (10.6-14.3)
Live with anyone who served time in prison or jail?	215	8.9 (7.2-10.6)
Were your parents divorced/separated?	804	28.5 (26.1-30.9)
How often did your parents beat each other up?	533	18.0 (16.0-20.0)
Physical Abuse		
How often did a parent physically hurt you in any way?	408	11.0 (9.5-12.4)
Emotional Abuse		
How often did a parent swear at you?	505	13.0 (11.5-14.5)
Sexual Abuse		
How often did anyone ever touch you sexually?	349	10.1 (8.6-11.5)
How often did anyone make you touch them sexually?	275	8.2 (6.8-9.6)
How often did anyone ever force you to have sex?	173	4.8 (3.8-5.8)
Notes: Delaware Department of Health Services, Division of Public Health, BRFSS, 2019		
*Unweighted sample size		
^Weighted percentage with 95% confidence intervals (CI)		
Number/Percent responding "Yes" and excludes DK/NS/Refused		

Figure 161: ACEs prevalence by type among adults in Delaware, 2019

Source: Hussaini, K. Delaware Department of Health and Social Services, Division of Public Health, BRFSS, 2019. [Adverse Childhood Experiences in Delaware, 2019](#). [Presentation], 2021

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2016-2019 National Survey of Children's Health Adverse Childhood Experiences (ACE) Among Children 0 to 17 by Specific ACE (in percentages)

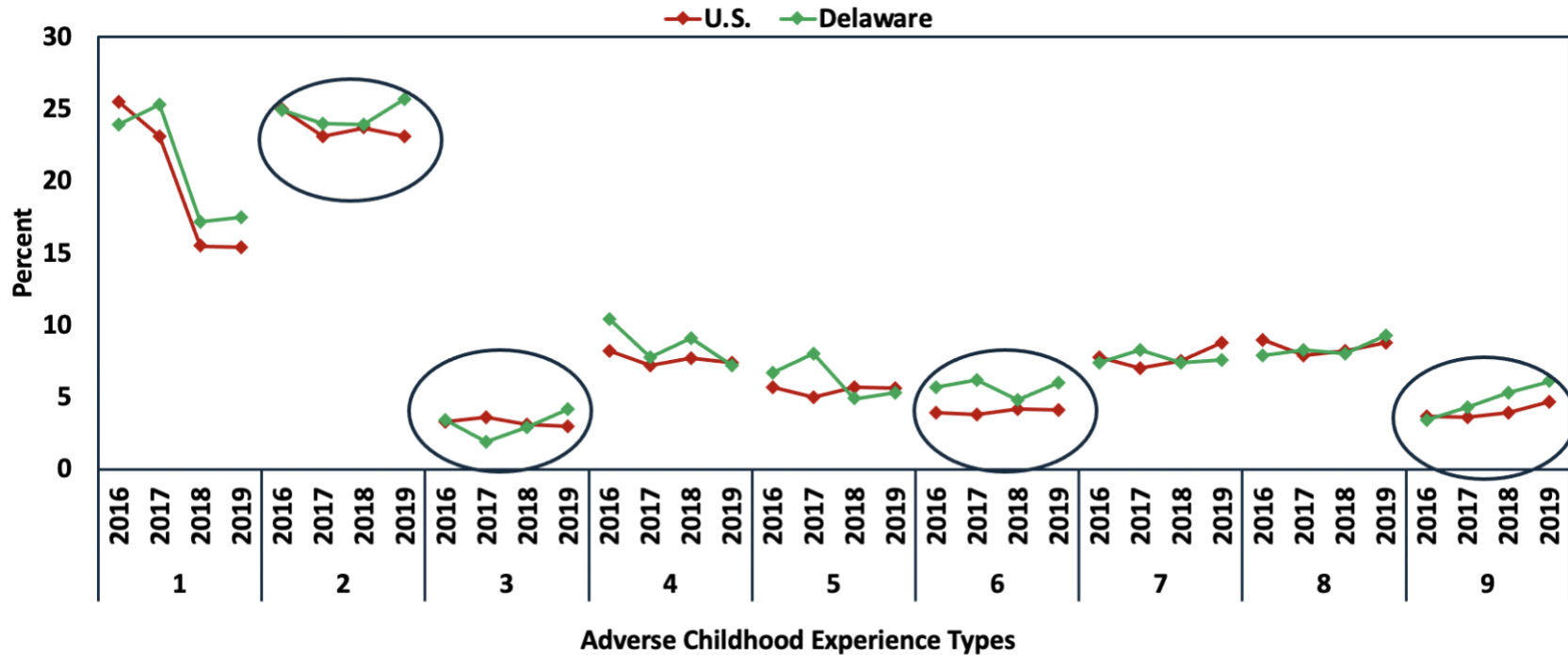


Figure 162: Adverse childhood experiences, by specific indicator, Delaware and National comparisons, ages 0-17

Note: Adverse Childhood Experiences – ACE 1: Hard to Cover Basics Like Food or Housing; ACE 2: Child Experienced - Parent or Guardian Divorced; ACE 3: Child Experienced - Parent or Guardian Died; ACE 4: Child Experienced - Parent or Guardian Time in Jail; ACE 5: Child Experienced - Adults Slap, Hit, Kick, Punch Others; ACE 6: Child Experienced - Victim of Violence; ACE 7: Child Experienced - Lived with Mentally Ill; ACE 8: Child Experienced - Lived with Person with Alcohol/Drug Problem; ACE 9: Child Experienced - Treated Unfairly Because of Race.

Circled data points highlight differences between Delaware and national rates.

Source: Hussaini, K. Delaware Department of Health and Social Services, Division of Public Health, BRFSS, 2019. [Adverse Childhood Experiences in Delaware, 2019](#). [Presentation], 2021

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2016-2019 National Survey of Children’s Health Adverse Childhood Experiences (ACE) Among Children 0 to 17, Aggregated, in Delaware by Age (in percentages)

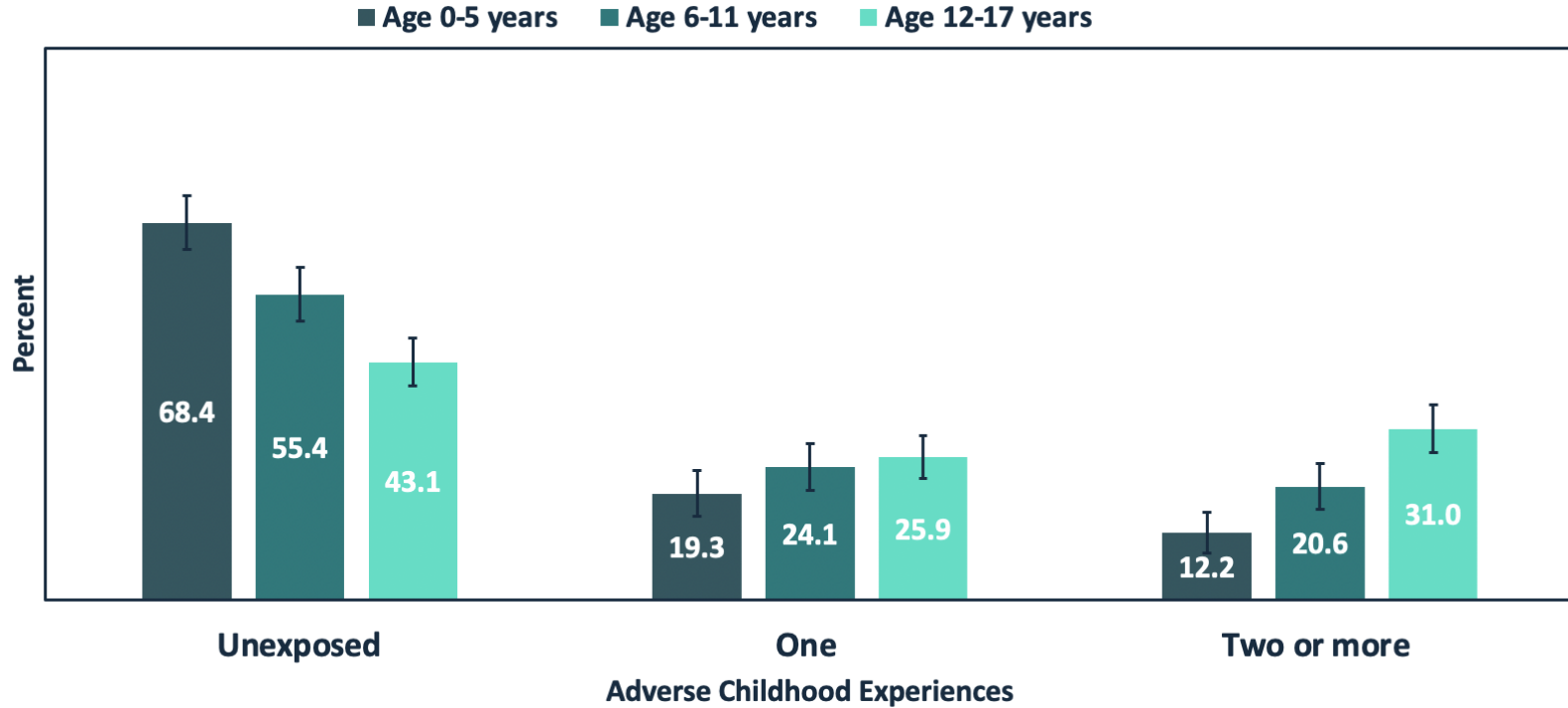


Figure 163: Adverse childhood experiences, aggregated, Delaware, ages 0-17

Note: Adverse Childhood Experiences – ACE 1: Hard to Cover Basics Like Food or Housing; ACE 2: Child Experienced - Parent or Guardian Divorced; ACE 3: Child Experienced - Parent or Guardian Died; ACE 4: Child Experienced - Parent or Guardian Time in Jail; ACE 5: Child Experienced - Adults Slap, Hit, Kick, Punch Others; ACE 6: Child Experienced - Victim of Violence; ACE 7: Child Experienced - Lived with Mentally Ill; ACE 8: Child Experienced - Lived with Person with Alcohol/Drug Problem; ACE 9: Child Experienced - Treated Unfairly Because of Race.

Source: Hussaini, K. Delaware Department of Health and Social Services, Division of Public Health, BRFSS, 2019. [Adverse Childhood Experiences in Delaware, 2019](#). [Presentation], 2021

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2016-2019 National Survey of Children's Health Adverse Childhood Experiences (ACE) Among Children 0 to 17 in Delaware, by Race (in percentages)

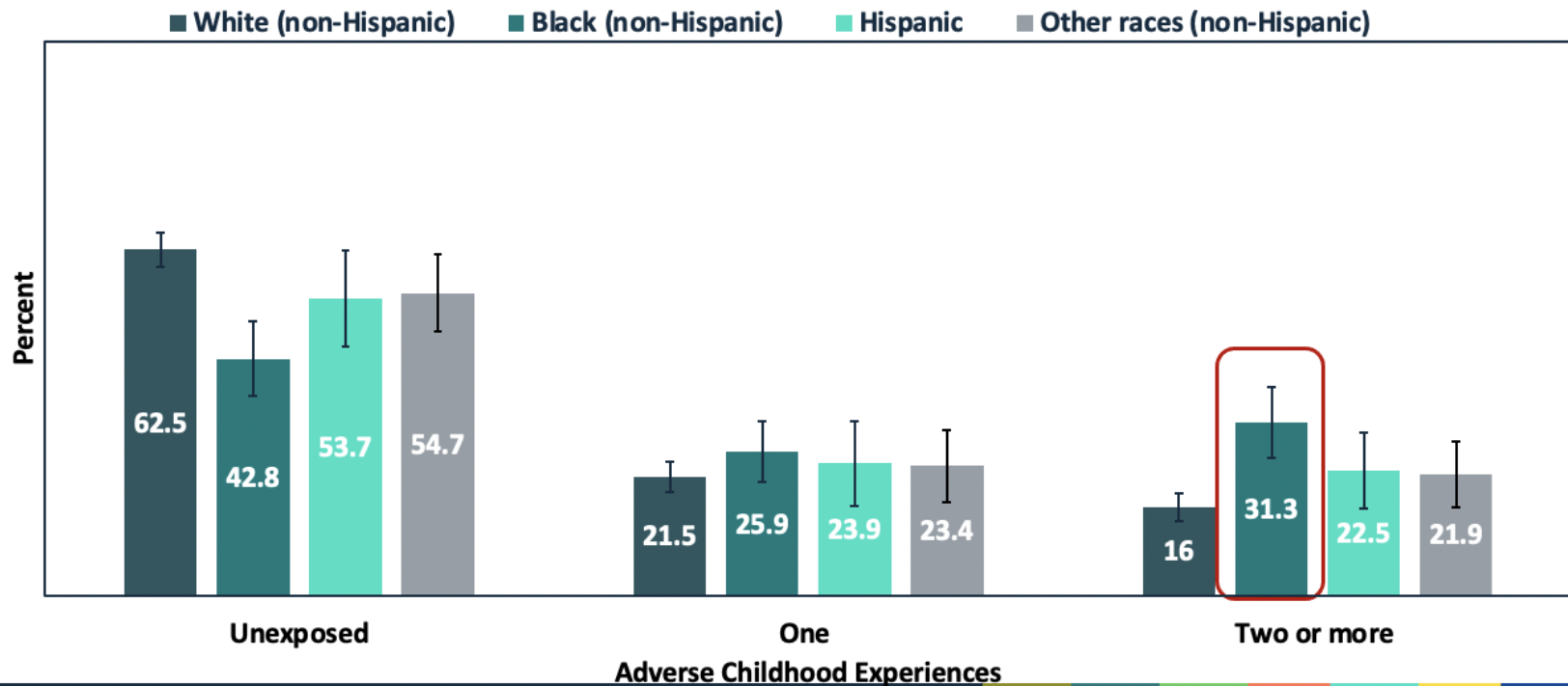


Figure 164: Adverse childhood experiences, aggregated, by race, ages 0-17

Note: Adverse Childhood Experiences – ACE 1: Hard to Cover Basics Like Food or Housing; ACE 2: Child Experienced - Parent or Guardian Divorced; ACE 3: Child Experienced - Parent or Guardian Died; ACE 4: Child Experienced - Parent or Guardian Time in Jail; ACE 5: Child Experienced - Adults Slap, Hit, Kick, Punch Others; ACE 6: Child Experienced - Victim of Violence; ACE 7: Child Experienced - Lived with Mentally Ill; ACE 8: Child Experienced - Lived with Person with Alcohol/Drug Problem; ACE 9: Child Experienced - Treated Unfairly Because of Race.

Source: Hussaini, K. Delaware Department of Health and Social Services, Division of Public Health, BRFSS, 2019. [Adverse Childhood Experiences in Delaware, 2019](#). [Presentation], 2021

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2021 Delaware School Survey

Select Childhood Adversity Indicators among 5th Grade Students (in percentages)



Figure 165: Select childhood adversity indicators, 5th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: 5th Grade \[Annual Survey\].](#)

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**2021 Delaware School Survey
Adverse Childhood Experiences (ACEs)^a
Among 8th Grade Students
(in percentages)**

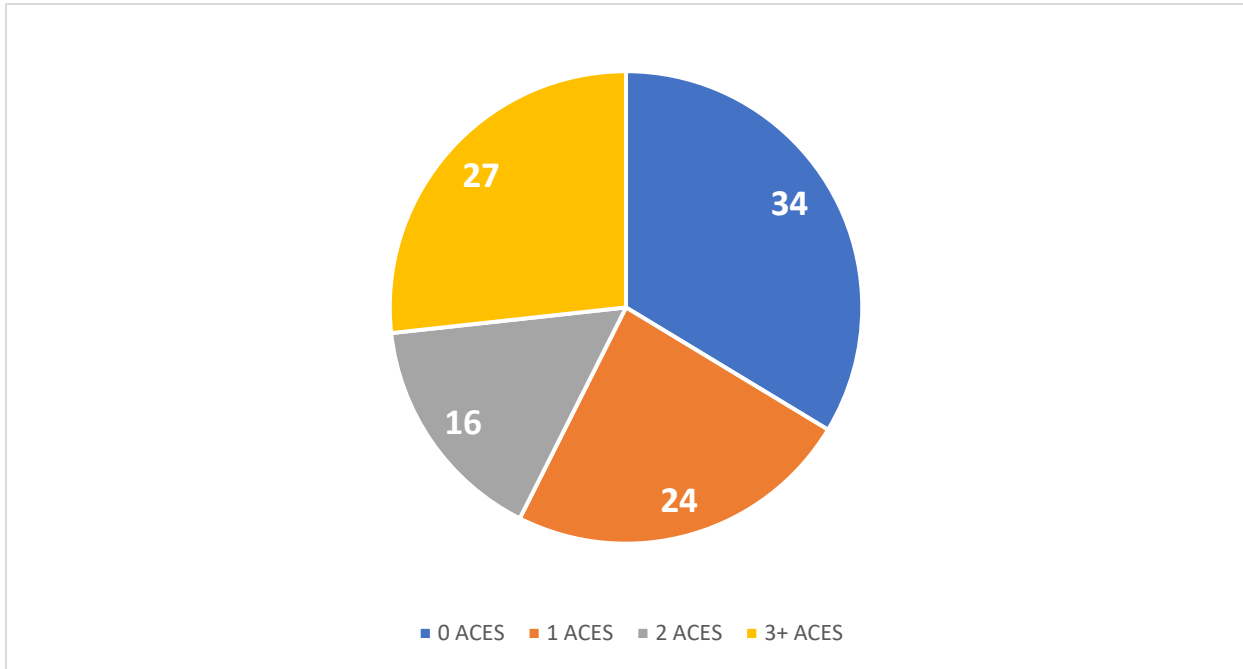


Figure 166: Adverse childhood experiences, 8th grade

Notes:

^aStudents who confirmed experiencing any of the following events: homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, were placed in either the “1 ACE” or “2 ACEs” or “3 or More ACEs” category depending on the number of different experiences they reported.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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**2021 Delaware School Survey
Adverse Childhood Experiences (ACEs)^a
Among 11th Grade Students
(in percentages)**

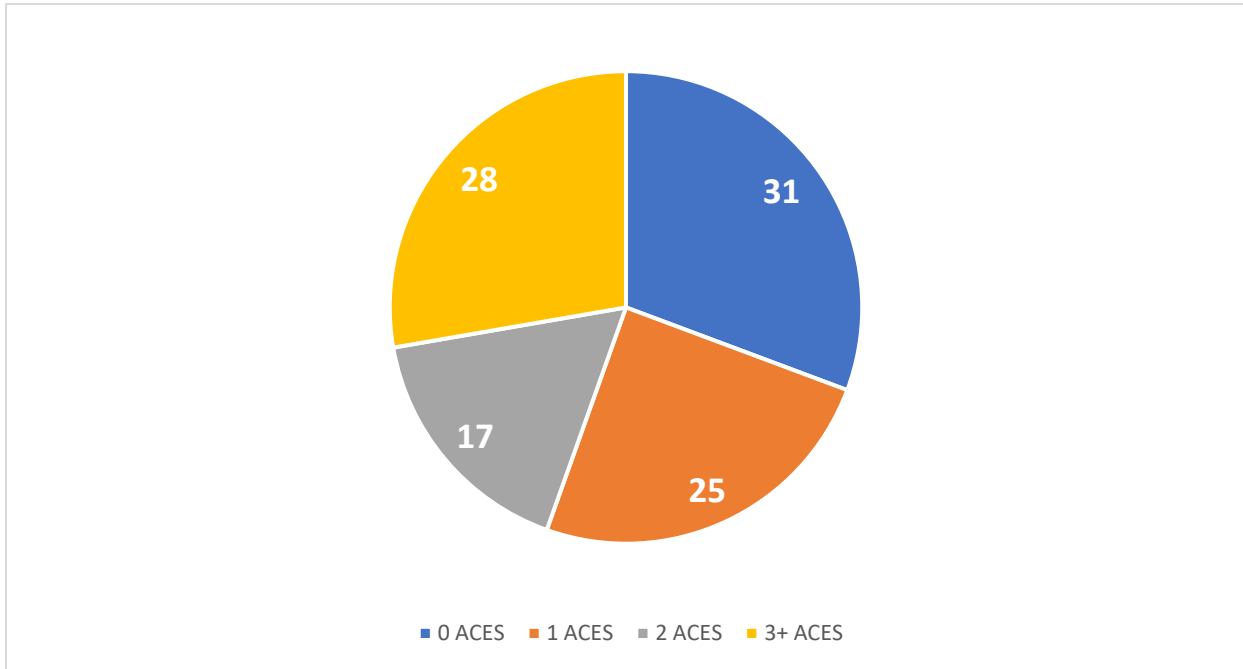


Figure 167: Adverse childhood experiences, 11th grade

Notes:

^aStudents who confirmed experiencing any of the following events: homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, were placed in either the “1 ACE” or “2 ACEs” or “3 or More ACEs” category depending on the number of different experiences they reported.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Prevalence of Individual ACEs Indicators Among 8th Grade Students (in percentages)

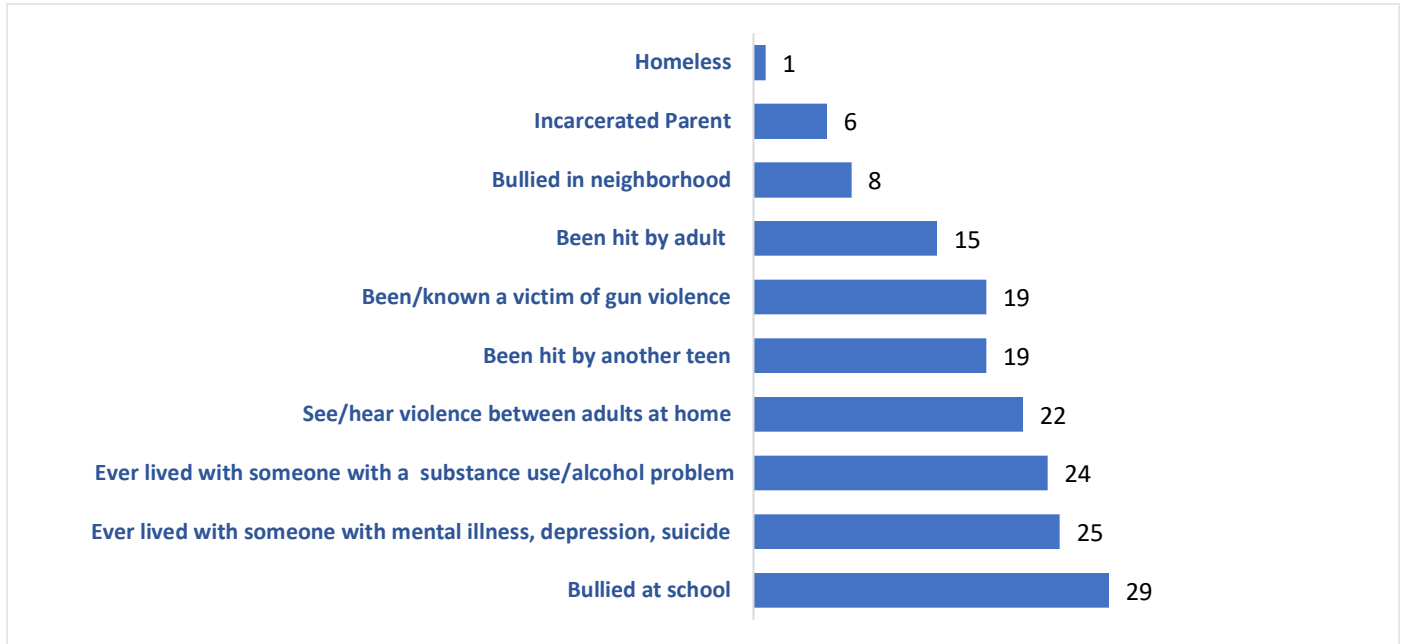


Figure 168: Individual ACEs Indicators, 8th grade

Notes:

^aStudents who confirmed experiencing any of the following events: homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, were placed in either the “1 ACE” or “2 ACES” or “3 or More ACES” category depending on the number of different experiences they reported.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Prevalence of Individual ACEs Indicators Among 11th Grade Students (in percentages)

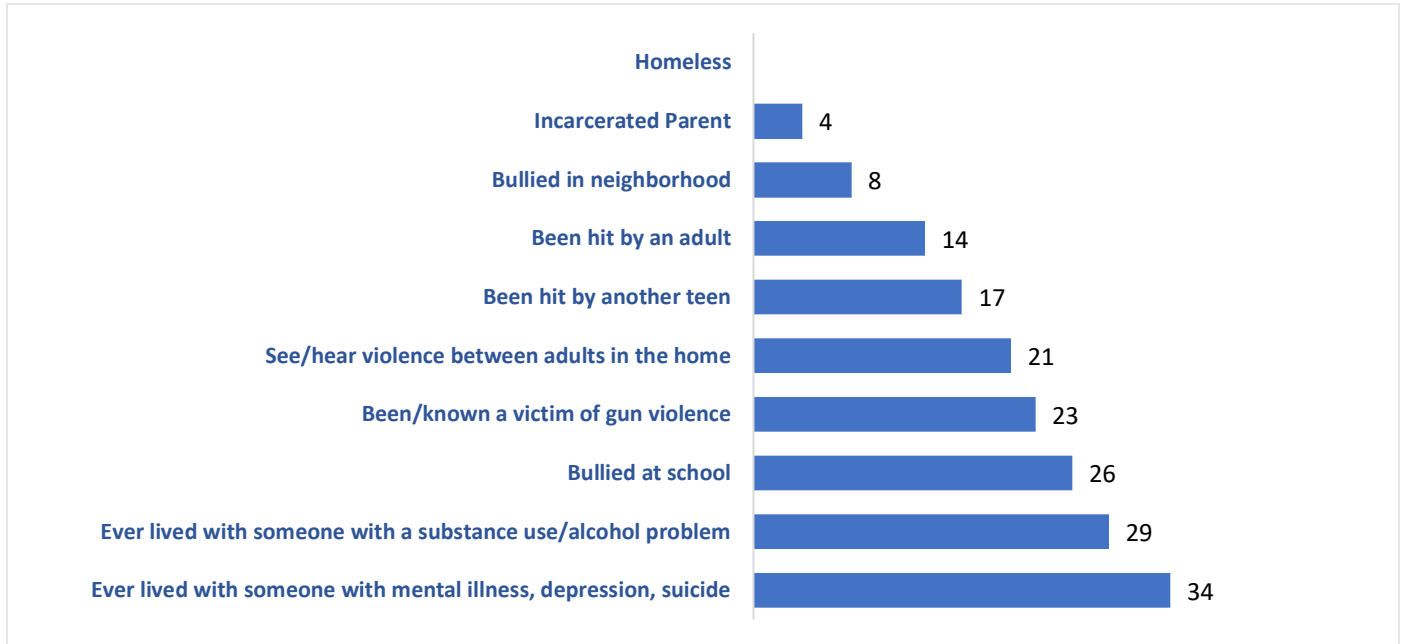


Figure 169: Individual ACEs Indicators, 11th grade

Notes:

^aStudents who confirmed experiencing any of the following events: homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, were placed in either the “1 ACE” or “2 ACEs” or “3 or More ACEs” category depending on the number of different experiences they reported.

*The prevalence estimate of students reporting homelessness or housing instability in the past 30 days was not reported because the unweighted sample size represented fewer than 30 students.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Adverse Childhood Experiences by Sex Among 8th Grade Students (in percentages)

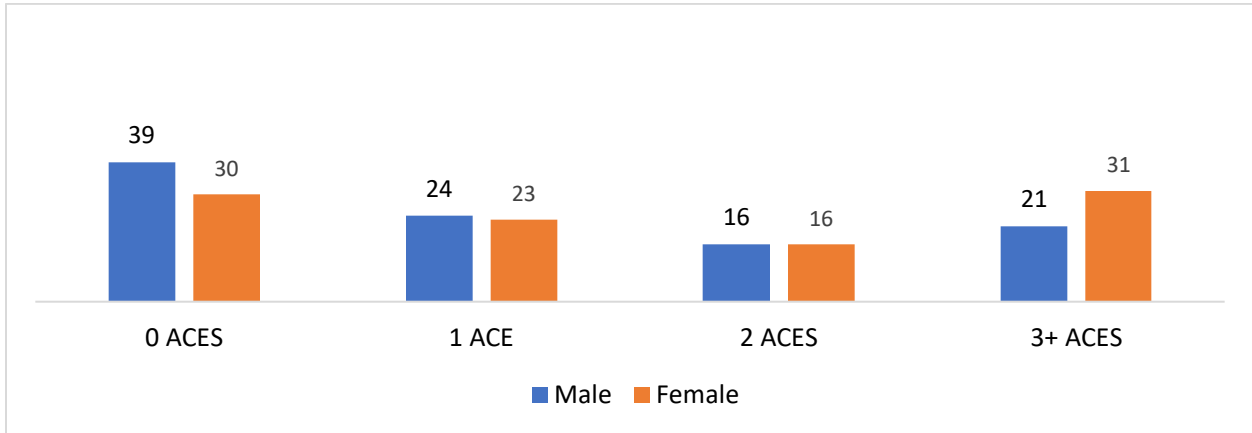


Figure 170: Adverse childhood experiences by sex, 8th grade

Adverse Childhood Experiences by Race and Ethnicity Among 8th Grade Students (in percentages)

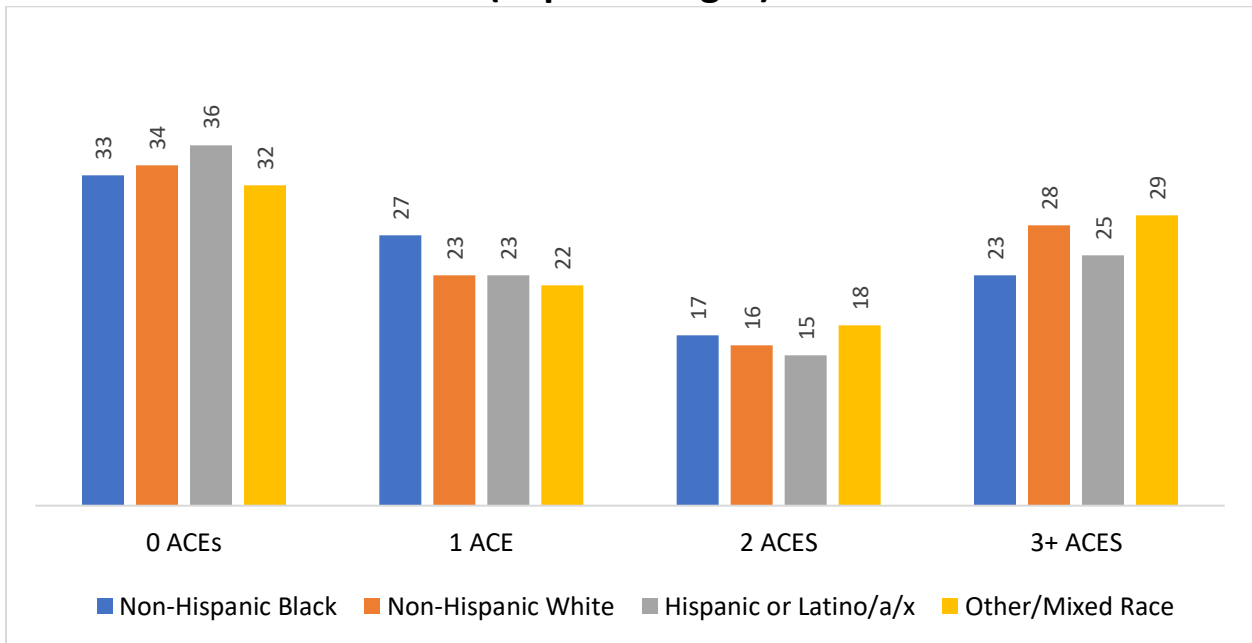


Figure 171: Adverse childhood experiences by race, 8th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey ACEs^a and Past Year Alcohol Use Among 8th Students (in percentages)

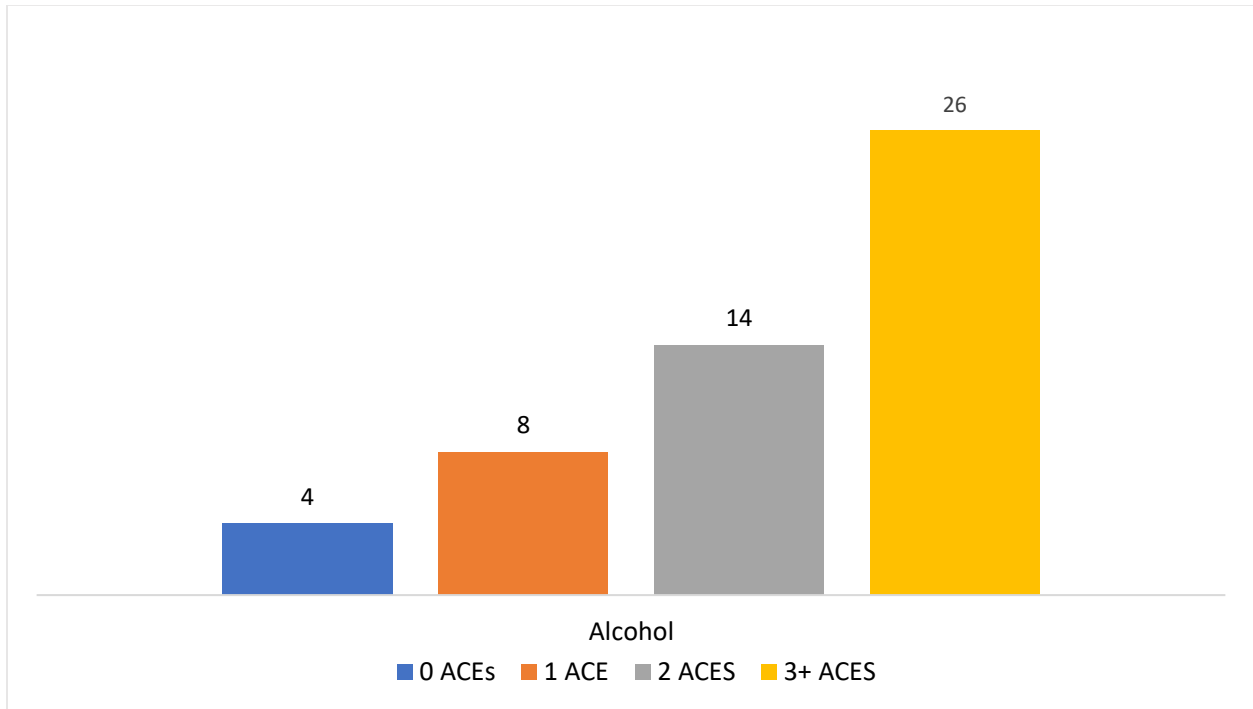


Figure 172: Adverse childhood experiences and past month substance use, 8th grade

Notes:

^aStudents who confirmed experiencing any of the following events: homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, were placed in either the “1 ACE” or “2 ACEs” or “3 or More ACEs” category depending on the number of different experiences they reported.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

ACEs^a and Past Year Self-Reported Mental Health Among 8th Grade Students (in percentages)

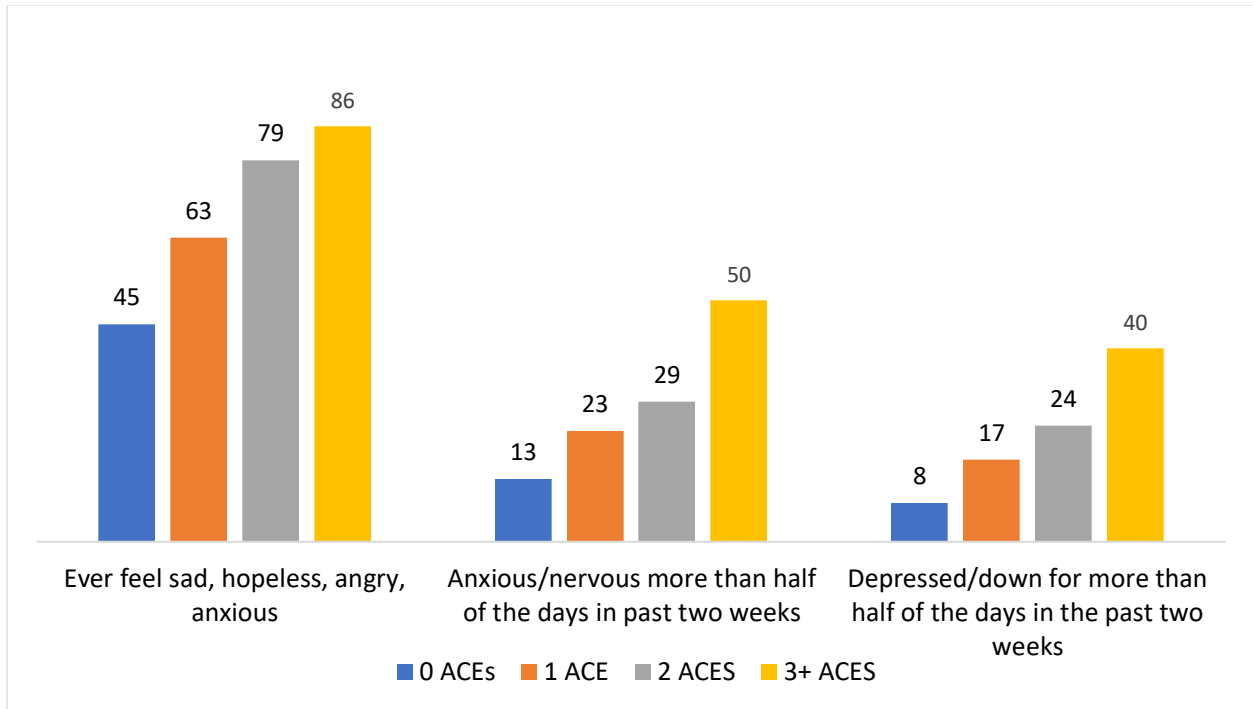


Figure 173: Adverse childhood experiences and mental health indicators, 8th grade

Notes:

^aStudents who confirmed experiencing any of the following events: homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, were placed in either the “1 ACE” or “2 ACEs” or “3 or More ACEs” category depending on the number of different experiences they reported.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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**2021 Delaware School Survey
Adverse Childhood Experiences by Sex
Among 11th Grade Students
(in percentages)**

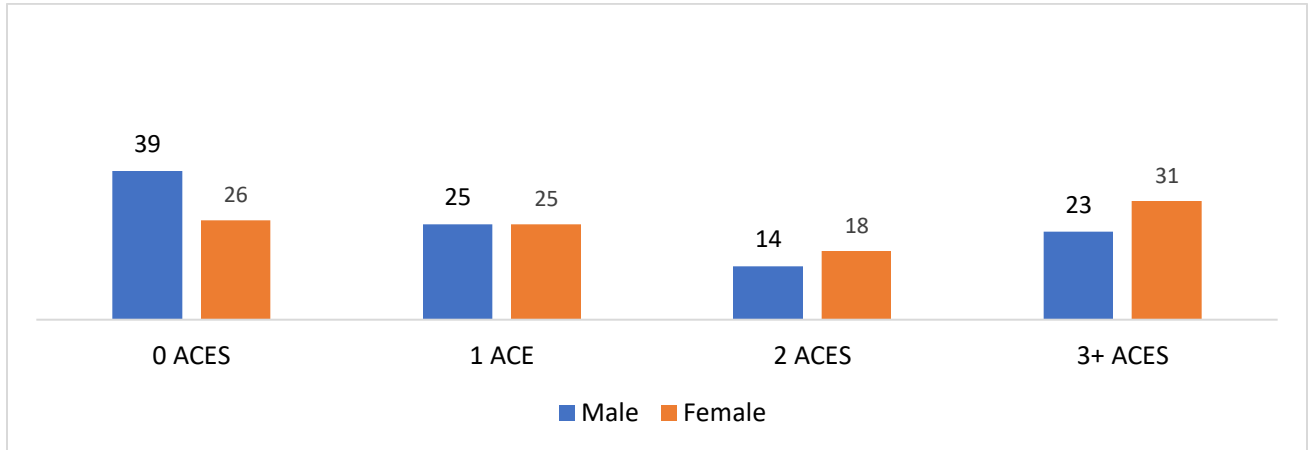


Figure 174: Adverse childhood experiences by sex, 11th grade

**Adverse Childhood Experiences by Race and Ethnicity
Among 11th Grade Students
(in percentages)**

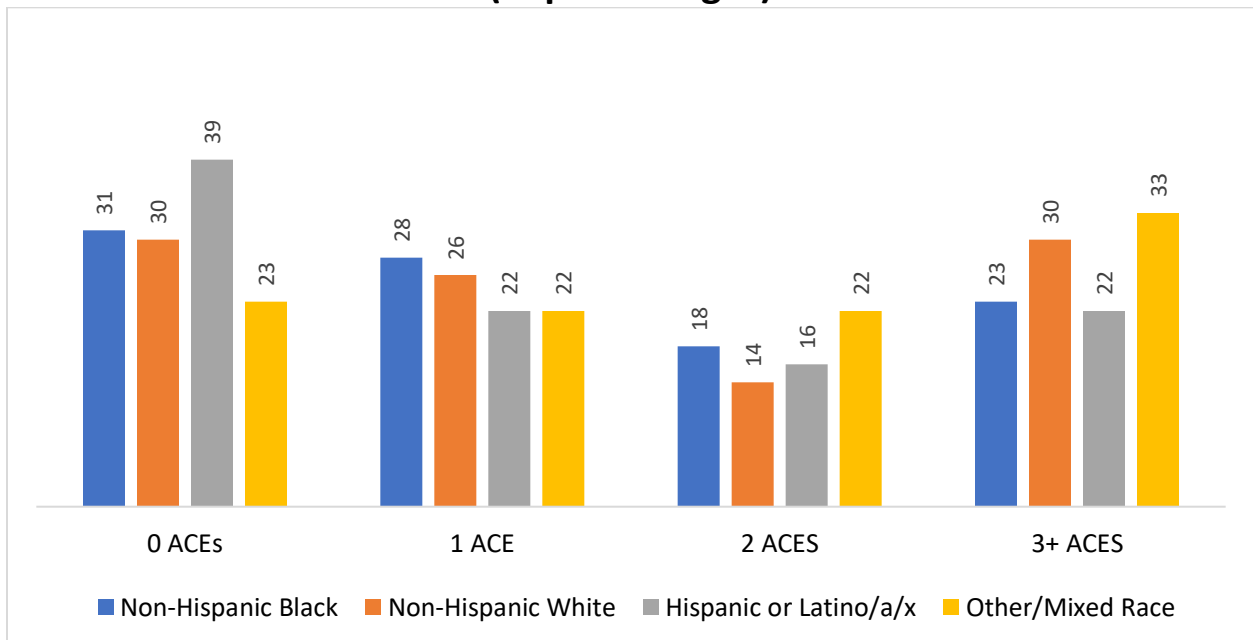


Figure 175: Adverse childhood experiences by race, 11th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey ACEs^a and Past Year Substance Use Among 11th Grade Students (in percentages)

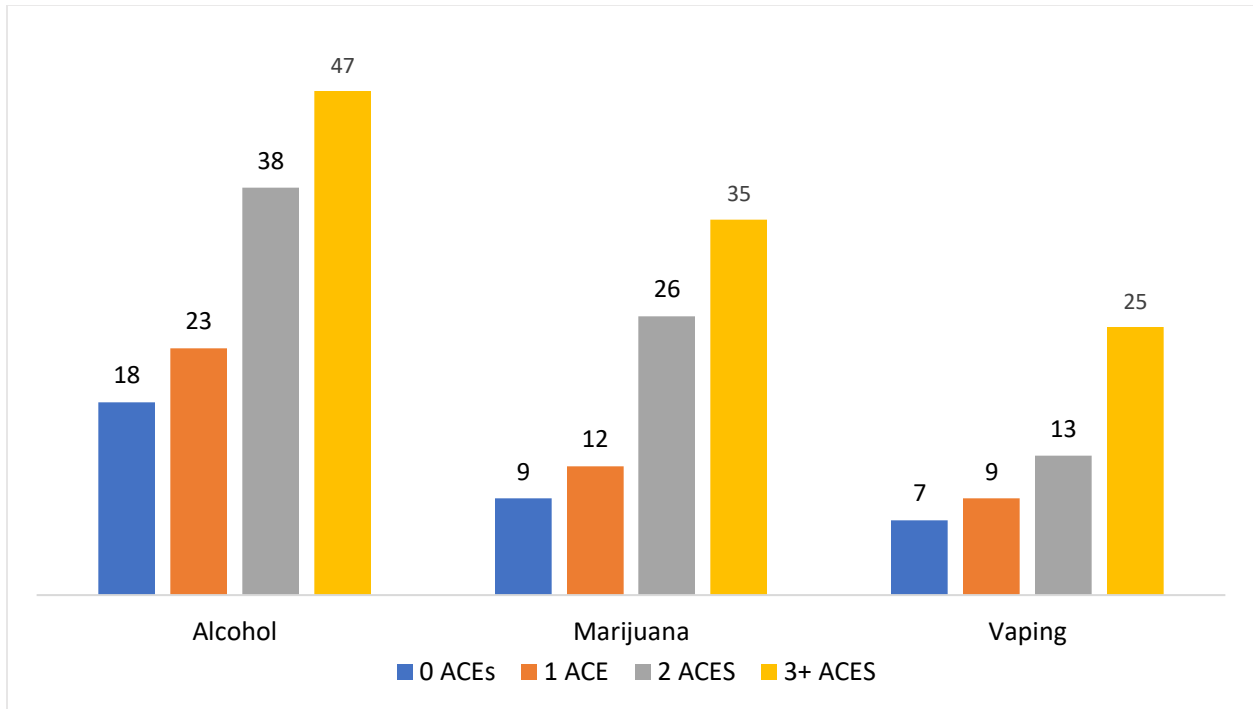


Figure 176: Adverse childhood experiences and past month substance use, 11th grade

Notes:

^aStudents who confirmed experiencing any of the following events: homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, were placed in either the “1 ACE” or “2 ACEs” or “3 or More ACEs” category depending on the number of different experiences they reported.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey ACEs^a and Past Year Self-Reported Mental Health Among 11th Grade Students (in percentages)

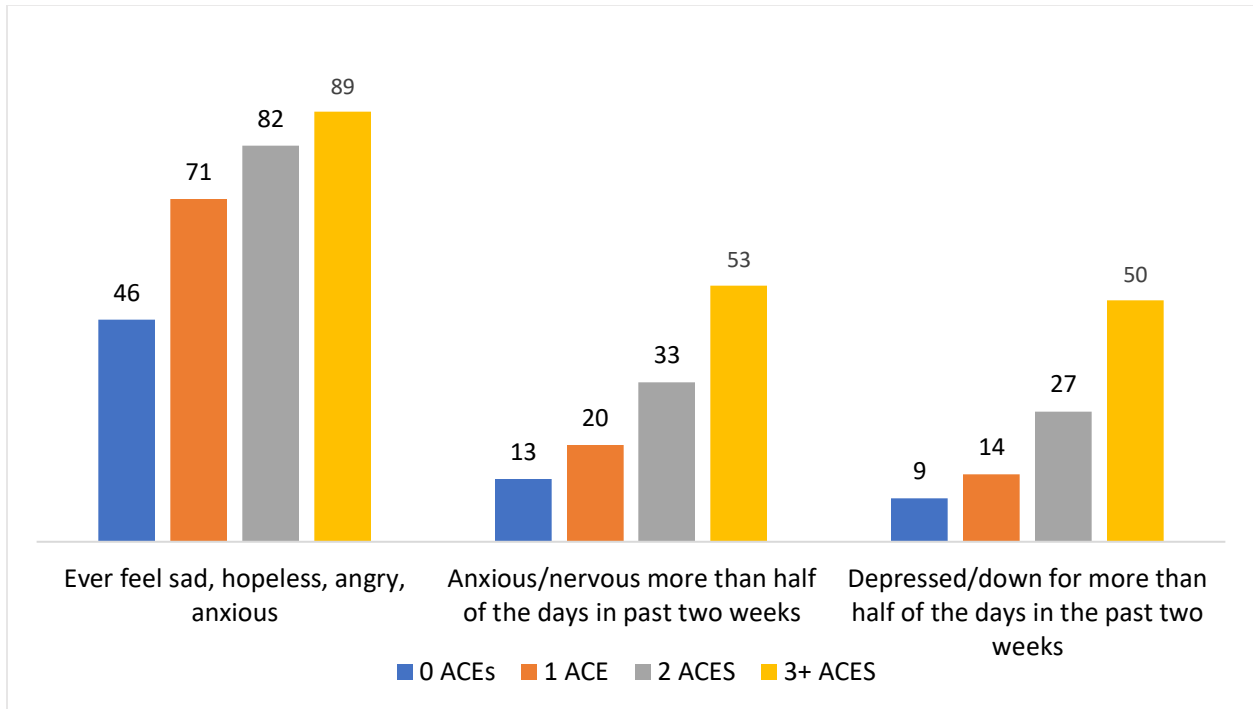


Figure 177: Adverse childhood experiences and mental health indicators, 11th grade

Notes:

^aStudents who confirmed experiencing any of the following events: homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, were placed in either the “1 ACE” or “2 ACEs” or “3 or More ACEs” category depending on the number of different experiences they reported.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Student Concerns About Violence among 8th Grade Students (in percentages)

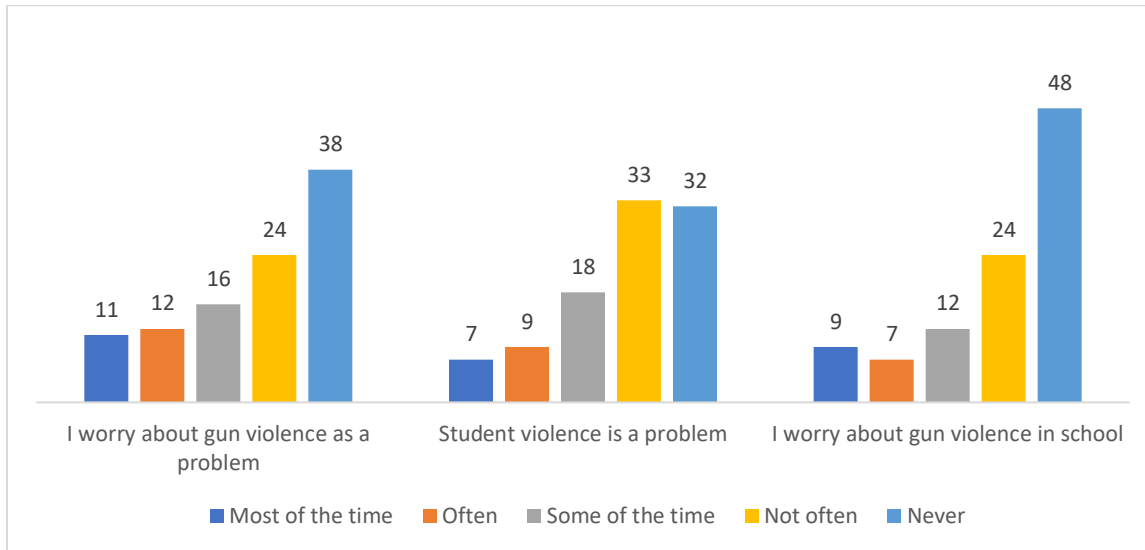


Figure 178: Student concerns about violence, 8th grade

Feelings of School Safety among 8th Grade Students (in percentages)

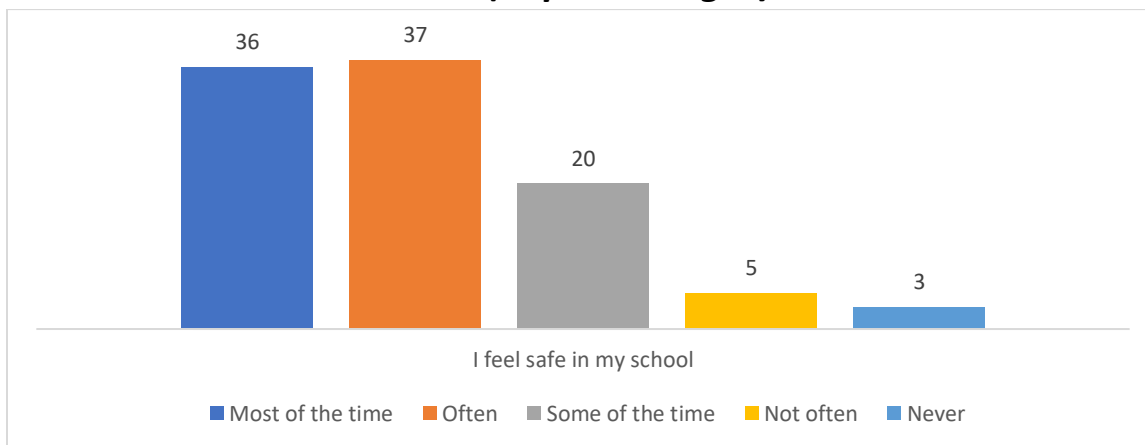


Figure 179: Feelings of school safety, 8th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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**School Violence/School Safety
2021 Delaware School Survey
What Would Make School Feel Safer
According to 8th Grade Students
(in percentages)**

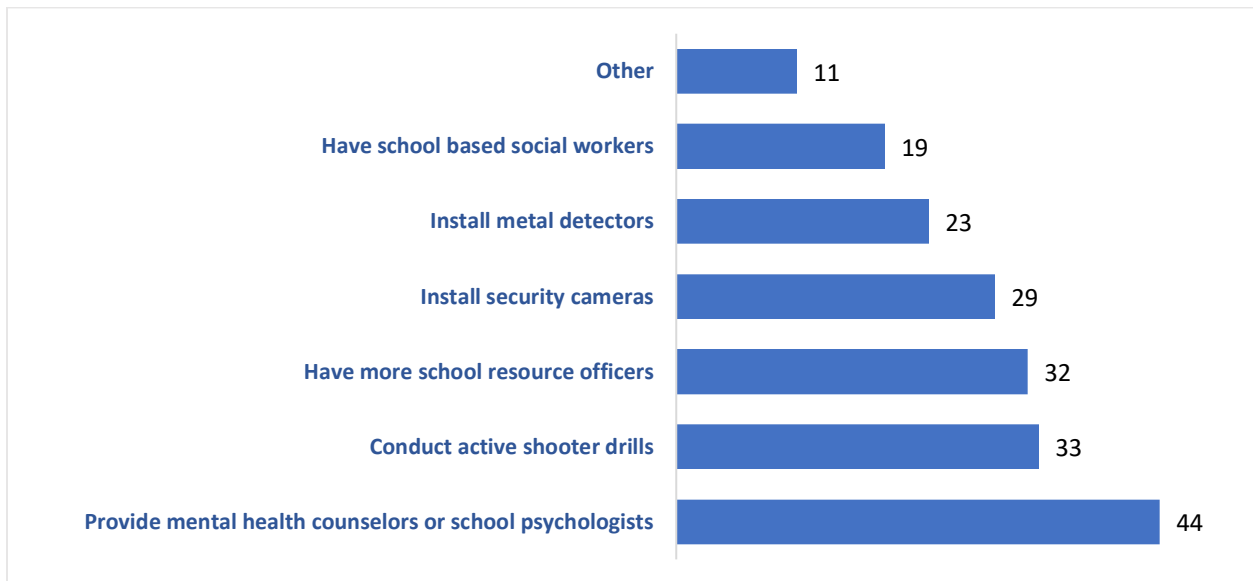


Figure 180: What students think would make school safer, 8th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Student Concerns About Violence among 11th Grade Students (in percentages)

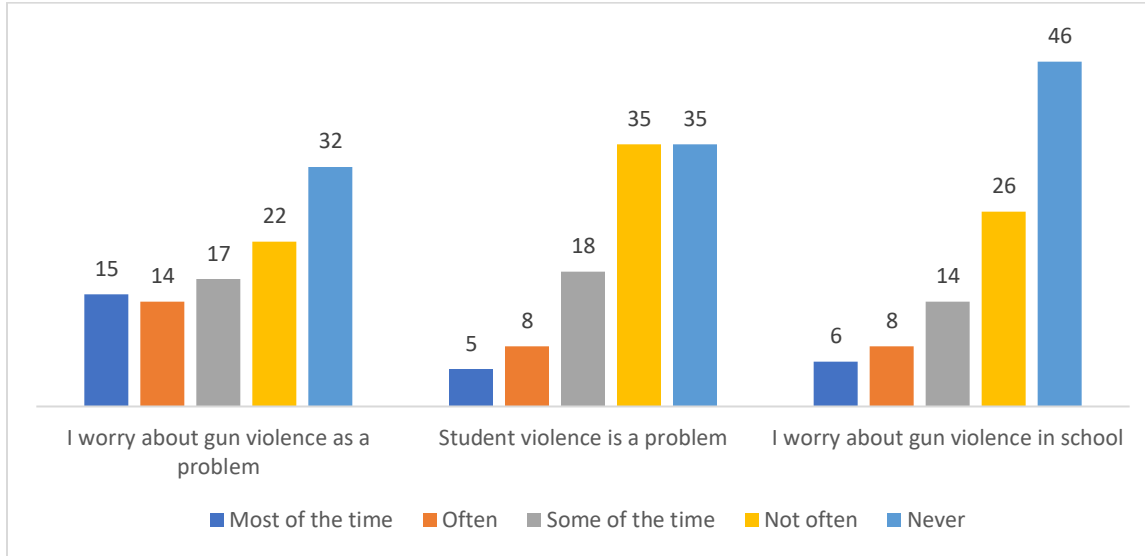


Figure 181: Student concerns about violence, 11th grade

Feelings of School Safety among 11th Grade Students (in percentages)

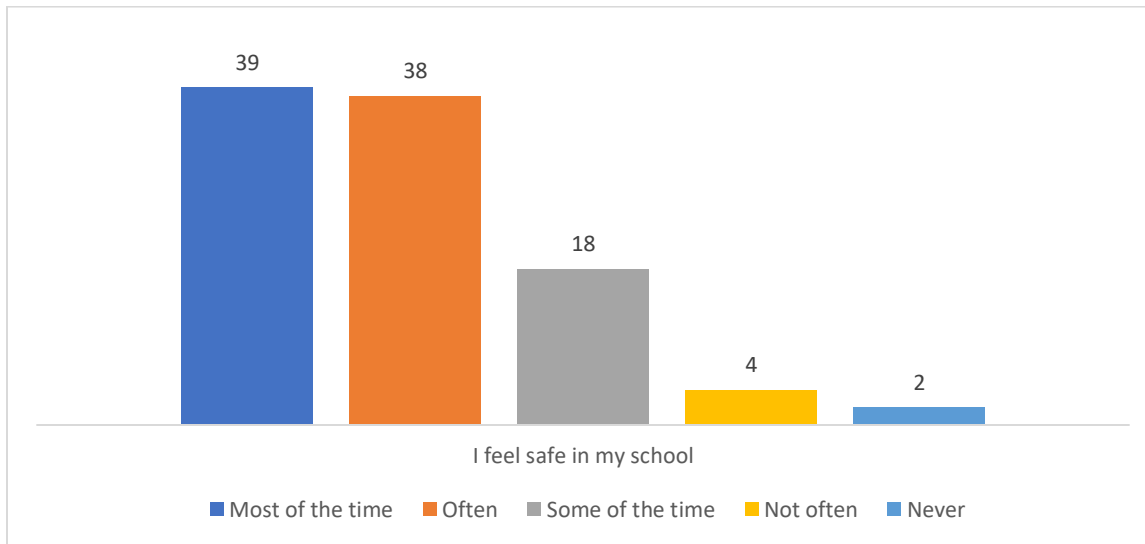


Figure 182: Feelings of school safety, 11th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
What Would Make School Feel Safer
According to 11th Grade Students
(in percentages)

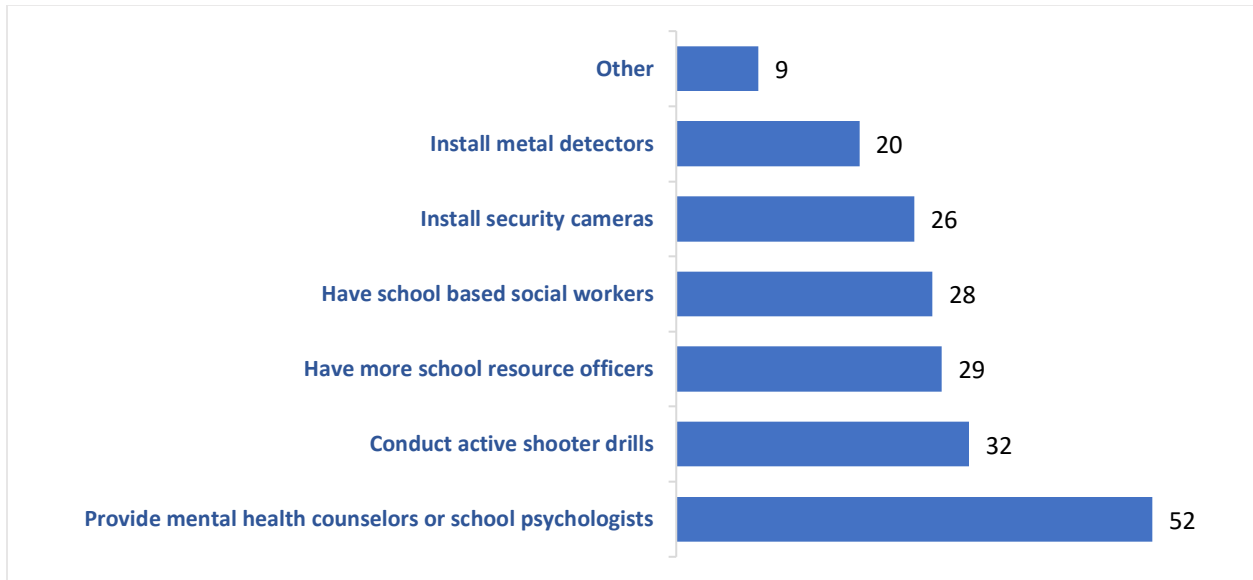


Figure 183: What students think would to make school safer, 8th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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Homicides and Suicides in Delaware 2019-2021

Homicides			
	2019	2020	2021
Total count	56	87	103
Homicide by Firearms	44	80	82
Suicides			
Total count	118	125	138
Suicide by Firearms	50	62	76

Figure 184: Homicides and Suicides in Delaware, 2019-2021

Source: Delaware Division of Forensic Science Annual Reports, 2019, 2020, [2021](#).

Characteristics of Homicide Victims in Delaware, 2021

Age	n	Race	n	Gender	n
<10	6				
11-20	23				
21-30	24	Black	72	Male	76
31-40	23	White	29	Female	27
41-50	10	Other	2		
51-60	7				
>60	10				

Figure 185: Characteristics of Homicide Victims, Delaware, 2021

Source: Delaware Division of Forensic Science [2021](#) Annual Report.

Gun Violence in Delaware, 2017 through September 5, 2022

	2017	2018	2019	2020	2021	Jan-Sept 5, 2022	Jan-Sept 5, 2021
Incidents	245	130	155	248	232	109	168
Wounded	229	102	146	249	212	107	160
Killed	54	47	43	69	81	26	57
Victims	283	149	189	318	293	133	217
Victim Characteristics, 2021					Multi-victim Incidents		
Gender	n		Age	n			
Male Female	231 59		<9	-			
			10-14	8			
			15-19	50	Incidents with 3 Victims	7	
			20-24	70	Incidents with 4 or more victims	7	
			25-29	42			
			30-34	36			
			35-39	22			
			40-44	21			
			45+	28			

Figure 186: Gun Violence, 2017-September 5, 2022, and 2021 victim characteristics

Source: [Delaware Online/The News Journal Gun Violence Database](#).

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12. Gender and Sexuality

National Overview

Several recent data sources indicate that 7% to 8% of the population identify as lesbian, gay, bisexual, or transgender (LGBT) adults (Gallup, 2022; U.S. Census, 2021). It is estimated that there are approximately 1.6 million transgender³⁸ youth and adults in the U.S. (Herman, Flores, O’Neill, 2022). Members of the LGBTQ^{39, 40} community have consistently faced discrimination, harassment, and

violence at the interpersonal and at the systemic level, and it is only in recent years that significant legal rulings have begun to extend major civil rights protections to LGBTQ individuals. Same-sex marriage was legalized in the U.S. a little over five years ago (Obergefell v. Hodges, 2015); prior to this ruling, same sex couples faced barriers in accessing the same relationship privileges granted to heterosexual couples, such as eligibility for spousal benefits in health insurance and next-of-kin rights. In June 2020, the Supreme Court ruled in a series of employment discrimination cases that employers could not fire employees on the basis of their sexual orientation or gender identity (Bostock v. Clayton County, 2020), finally granting protections to LGBTQ Americans under Title VII of the Civil Rights Act of 1964.

Despite making up a substantial portion of the population and ample evidence of discriminatory practices and policies, historically, research on LGBTQ individuals has not been robust nor conducted on a nationally representative scale. Collecting data on this population is important but difficult, as sexuality and gender categories are often fluid and evolving over the life course,

Despite the challenges to collecting data regarding lesbian, gay, bisexual, and transgender (LGBT) people, most existing research provides strong evidence for the disproportionate risk faced by these individuals.

Home, school, and community environments that are accepting, affirming, and supportive help to prevent or lessen these adversities.

2019 Delaware School Survey data indicates that 1 in 4 students in 8th and 11th grade identify as other than straight.

³⁸ Someone is transgender when their gender identity is different from the sex that they were assigned at birth; the term cisgender is used to describe people whose sex at birth and gender identity are aligned.

³⁹ The letter “Q” has multiple meanings in this context. It is typically short for queer but can represent those individuals who do not feel fully represented by the adjectives of lesbian, gay, bisexual, or transgender, or those who are questioning or unsure how they identify in terms of sexual orientation, gender identity, or in terms of gender expression. While the LGBTQ acronym (or LGBT depending on the wording of the referenced data source) is used in this text, it is important to acknowledge that this is an imperfect and non-exhaustive identifier, and many sources may use variations of this acronym to refer to the community. The [Trevor Support Center](#) and [GLSEN](#) offer terminology resources on this topic.

⁴⁰ Gender expression refers to how an individual presents gender identity. Although this is an important topic there is very little available data, therefore it is beyond the scope of the current discussion.

while other typical demographic measures are more fixed (Ruberg and Ruelos, 2020). The Human Rights Commission (HRC) in 2019 issued a report advocating for more expansive data collection on this population and provided some guidelines for best practices in how to construct survey questions on the topics of gender and sexuality. Some of these guidelines included: frame questions so that sexual orientation and gender identity are self-identified; use open-ended response categories in survey questions; allow for self-administration of survey questions pertaining to sexuality and gender; and assure respondents' confidentiality or anonymity so they feel safe in disclosing their identities (Persad, 2019). In their inaugural survey, the Trevor Project reported collecting responses from more than 100 different sexual orientations and gender identities among youth and young adults aged 13 to 24 (Trevor Project, 2019), further underscoring the vast diversity of the LGBTQ community and the challenge of accurately representing all identities within data collection efforts.

Previously, there had been no government mandate to include sexual orientation and gender identity as demographic categories on government collected and federally funded data (Persad, 2019). On the 2020 Census questionnaire, while respondents were able to identify whether they had a same-sex partner when answering the question about their household composition, there were not more specific questions related to sexual orientation and gender identity (SAGE, 2020; U.S. Census Bureau, 2020). Thus, LGBTQ people not in same-sex relationships or married to their partners were not counted. The relative invisibility of LGBTQ people in these data poses serious problems when it comes to issues of resource allocation and LGBTQ inclusion in important policy and funding decisions. An [executive order](#) signed in January 2021 establishes an Interagency Working Group on Equitable Data to consult with federal agencies and make recommendations to identify data gaps for underserved communities and to address inadequacies in data collection (Executive Order 13985, January 20th, 2021)⁴¹. In July 2021, for the first time, the U.S. Census Bureau included questions on transgender and sexual orientation status on the Household Pulse Survey.

Most existing research provides evidence of the disproportionate risk borne by LGBTQ communities for substance use and poor mental health. Data from the 2020 National Survey on Drug Use and Health estimates that: 37% of lesbian, gay, and bisexual (LGB) adults aged 18 to 25 and more than one in four adults aged 26 and over reported using marijuana in the past month; approximately 34.2% of LGB adults age 18 or older met the criteria for a substance use disorder in 2020; more than half reported a mental illness; and 23.1% had met the criteria for both a substance use disorder and a mental illness (SAMHSA 2022). This population was also more likely to experience mental health and economic challenges during the COVID-19 pandemic; LGBT respondents were twice as likely as non-LGBT adults to report symptoms of depression and anxiety during the pandemic, and also more likely to report experiencing food insecurity, loss of employment income, and difficulty paying expenses (U.S. Census, 2021).

⁴¹ Executive Order 13988 was also signed in January 2021: [Preventing and Combatting Discrimination on the Basis of Gender Identity or Sexual Orientation](#).

Research indicates that LGBT persons are also more likely to experience violent crimes, including sexual assault and relationship violence, at higher rates than heterosexual people (Walters, Chen, and Breiding, 2013; Williams Institute, 2020).

It is important to note that differences in these rates are not intrinsically associated with being LGBTQ but rather relate to the adversities that these individuals frequently face concerning their sexual orientation or gender identity.

Young people are especially vulnerable, as rejection and lack of acceptance from family members can create unsafe home environments and contribute to a higher rate of homelessness among these youth (Choi, Wilson, Shelton, and Gates, 2015). Lesbian, gay, bisexual, and questioning youth are at higher risk of using substances (Marshall et al., 2008) and experience greater rates of depression and suicidal ideation (Burton et al., 2013; Marshall et al., 2011). Data from the National Youth Risk Behavior Survey (YRBS) in 2019 found that LGB high school students report significantly higher rates of past month alcohol, marijuana, and cigarette use than their heterosexual peers. LGB students also attempted suicide in the past year at more than three times the rate of heterosexual students, and experienced higher rates of physical and sexual dating violence, being bullied, and skipping school due to feeling unsafe.

LGBTQ youth have continued to face challenges during the COVID-19 pandemic. The Trevor Project's 2022 National Survey on LGBTQ Youth and Mental Health includes data from 34,000 respondents aged 13 to 24. Among the findings, 45% seriously considered suicide in the past year; 60% of youth who wanted mental health services in the past year were unable to get it; and less than one in three transgender and non-binary youth found their homes to be gender-affirming. LGBTQ youth who found their homes, schools, and communities to be accepting and supportive experienced lower rates of suicidal behaviors (Trevor Project, n.d.).

Delaware Context

The secondary Delaware School Survey (DSS), administered to 8th and 11th grade students, includes a question about sexual orientation: *Which of the following best describes you?* Students are provided four response choices: *heterosexual (straight); gay or lesbian; bisexual; other; or not sure*. In 2021, approximately one in four 8th graders identified as other than straight (3% identified as *gay or lesbian*, 12% identified as *bisexual*, 4% as *other*, and 7% as *not sure*). These rates were relatively consistent with those identified by 11th graders (3% identified as *gay or lesbian*, 13% as *bisexual*, 3% as *other*, 4% as *unsure*). Similar to research findings and national data, across both grades, LGB students were more likely to report alcohol, marijuana, and vaping use, prescription medication misuse, and symptoms of depression and anxiety than their straight peers. Approximately half of LGB 8th and 11th graders reported recent symptoms of anxiety, and 42% of 8th graders and 48% of 11th graders reported recent symptoms of depression. Conversely, they were much more likely than heterosexual students to rate their

emotional health as poor or fair, and much less likely to rate their emotional health as excellent.

More effective and consistent data collection on these issues can help policy makers, educators, and practitioners understand how to better support LGBTQ students and mitigate the experiences that put them at greater risk for adverse outcomes. A recent State Epidemiological Outcomes Workgroup infographic, [LGBTQ+ Affirming Spaces](#), provides information and resources to support LGBTQ youth (Center for Drug and Health Studies, 2021).

2019 National Youth Risk Behavior Survey Past Month Substance Use Among LGB High School Students (in percentages)

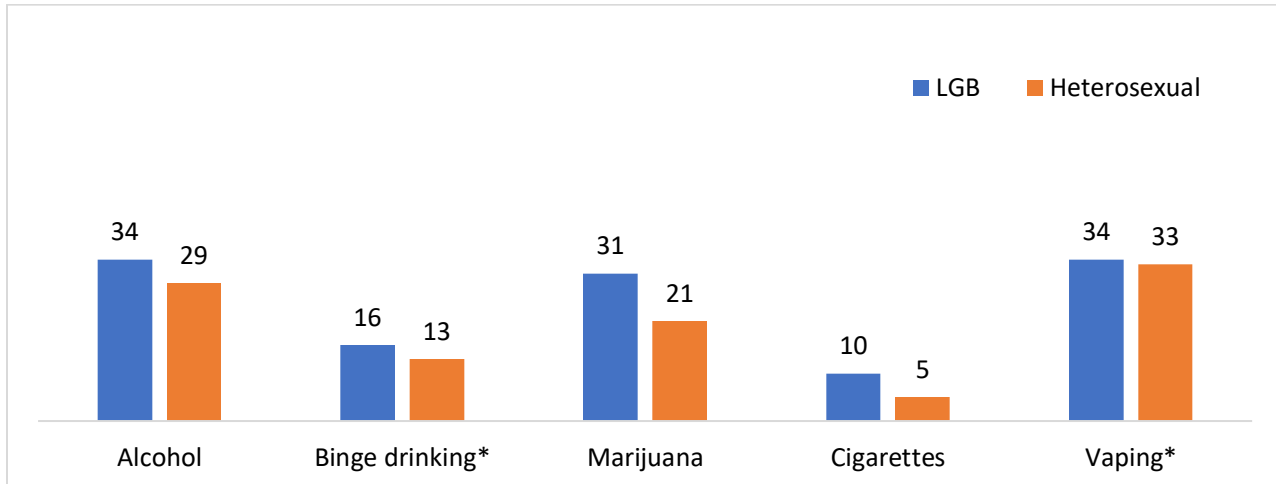


Figure 187: Past month substance use among LGB students, HS, National YRBS

Past Year Mental Health Among LGB High School Students (in percentages)

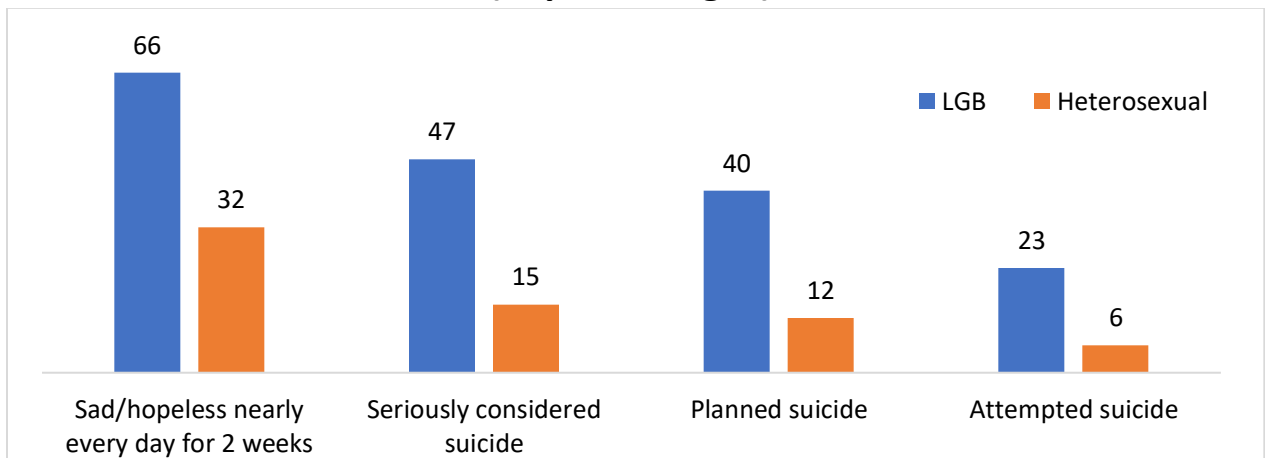


Figure 188: Past year mental health among LGB students, HS, National

Note: "Binge drinking" is defined as five or more drinks of alcohol in a row for males/four or more drinks for females.

*The relationships between binge drinking, vaping and LGB status were not statistically significant.

**LGB refers to students who reported their sexual orientation as lesbian, gay, or bisexual.

Source: [Centers for Disease Control and Prevention \(CDC\). 1991-2019 High School Youth Risk Behavior Survey Data.](#)

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2019 National Youth Risk Behavior Survey

Experiences of Dating Violence Among LGB High School Students (in percentages)

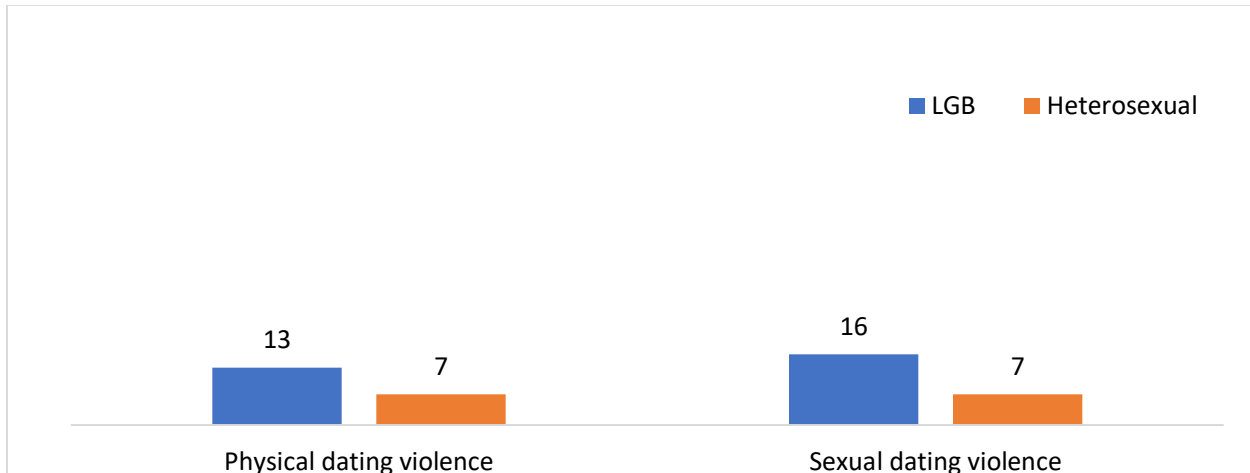


Figure 189: Experiences of dating violence among LGB students, HS, National

Bullying and School Safety Among LGB High School Students (in percentages)

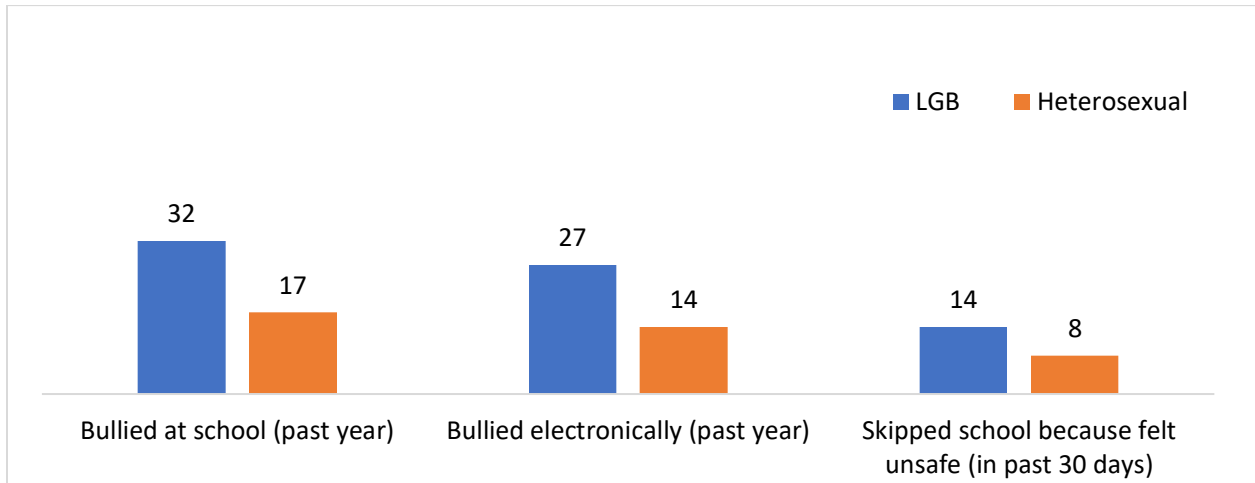


Figure 190: Bullying and school safety among LGB students, HS, National

Note: LGB refers to students who reported their sexual orientation as lesbian, gay, or bisexual.

Source: [Centers for Disease Control and Prevention \(CDC\). 1991-2019 High School Youth Risk Behavior Survey Data.](#)

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2021 Delaware School Survey Sexual Orientation among 8th Grade Students (in percentages)

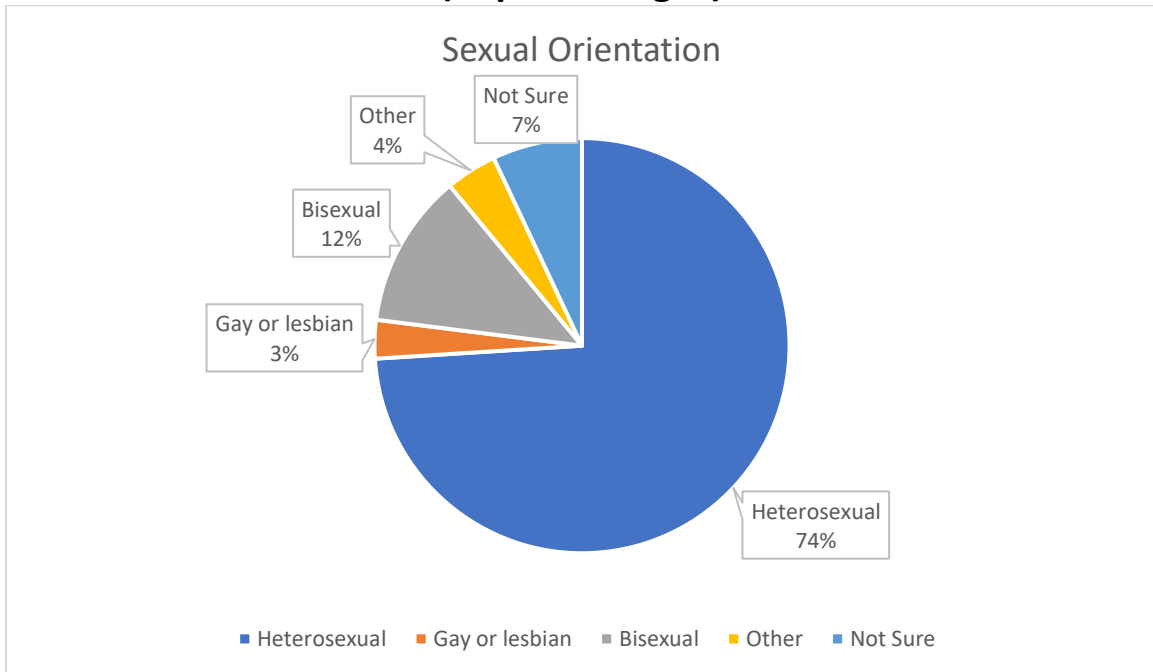


Figure 191: Sexual Orientation, 8th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Past Year Substance Use Among LGBTQ Students, 8th Grade (in percentages)

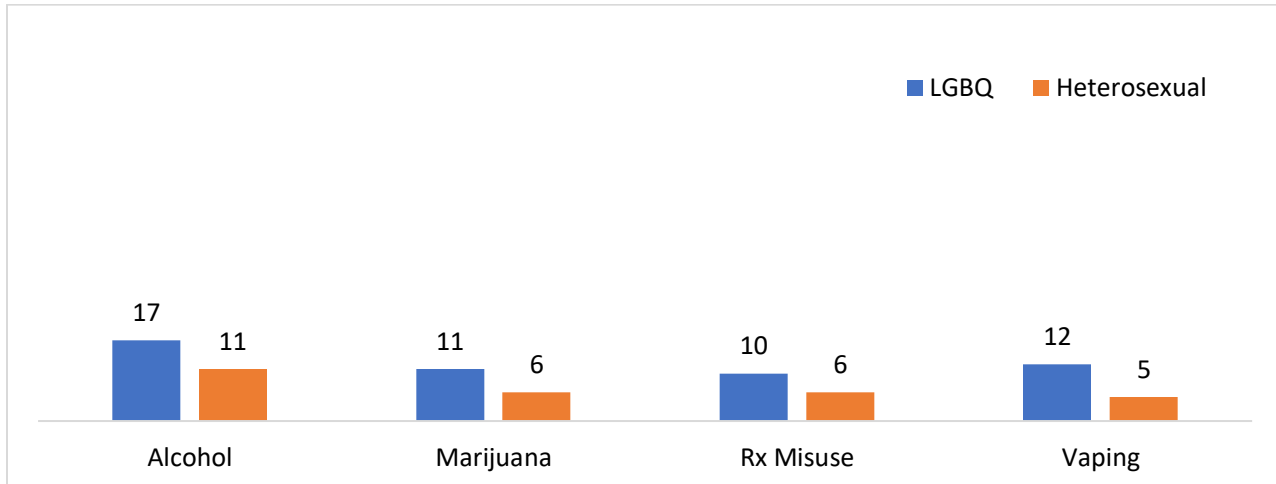


Figure 192: Past year substance use among LGBTQ students, 8th grade

Note:

*LGBTQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Mental Health Among LGBTQ Students, 8th Grade (in percentages)

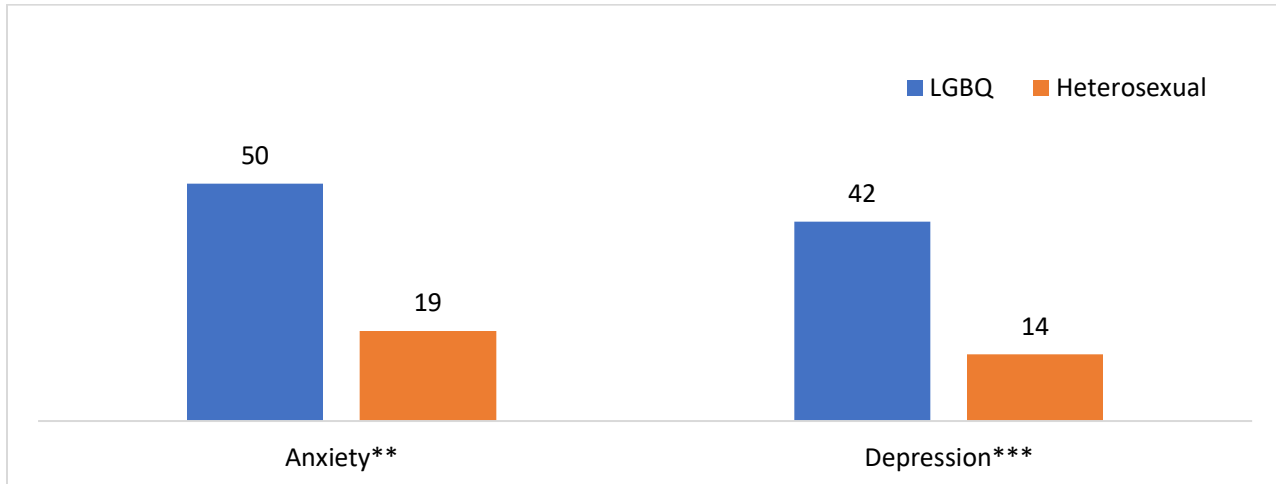


Figure 193: Mental health among LGBTQ students, 8th grade

Note:

*LGBTQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

**Anxiety here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

***Depression here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Self-Reported Emotional Health Among LGBTQ Students, 8th Grade (in percentages)

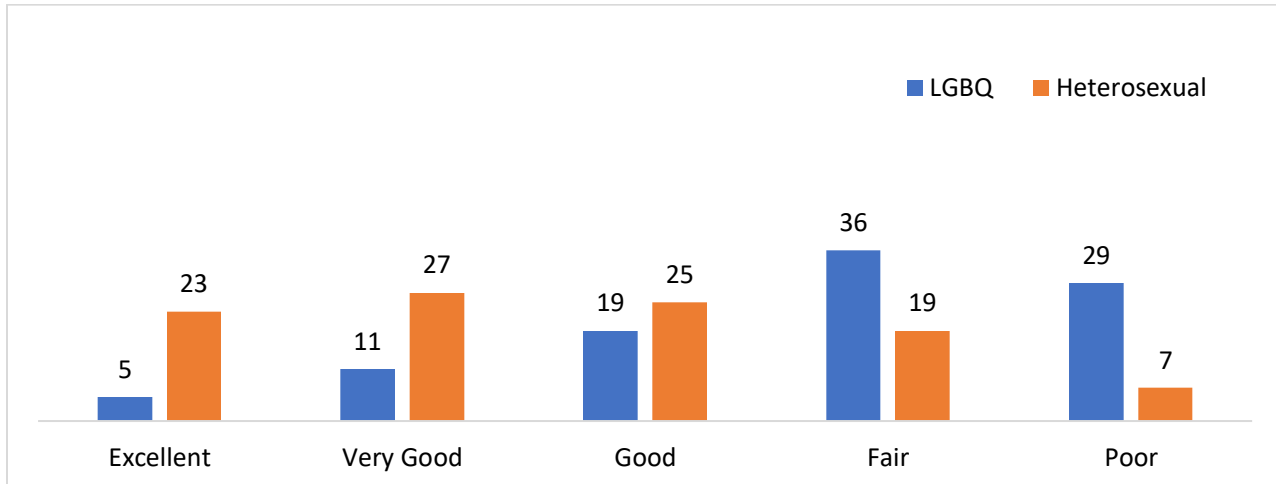


Figure 194: Self-rated emotional health among LGBTQ students, 8th grade

Note:

*LGBTQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

** Students are asked: “In general, how would you rate your emotional health?” and provided with five response categories: *excellent, very good, good, fair, or poor*.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Sexual Orientation among 11th Grade Students (in percentages)

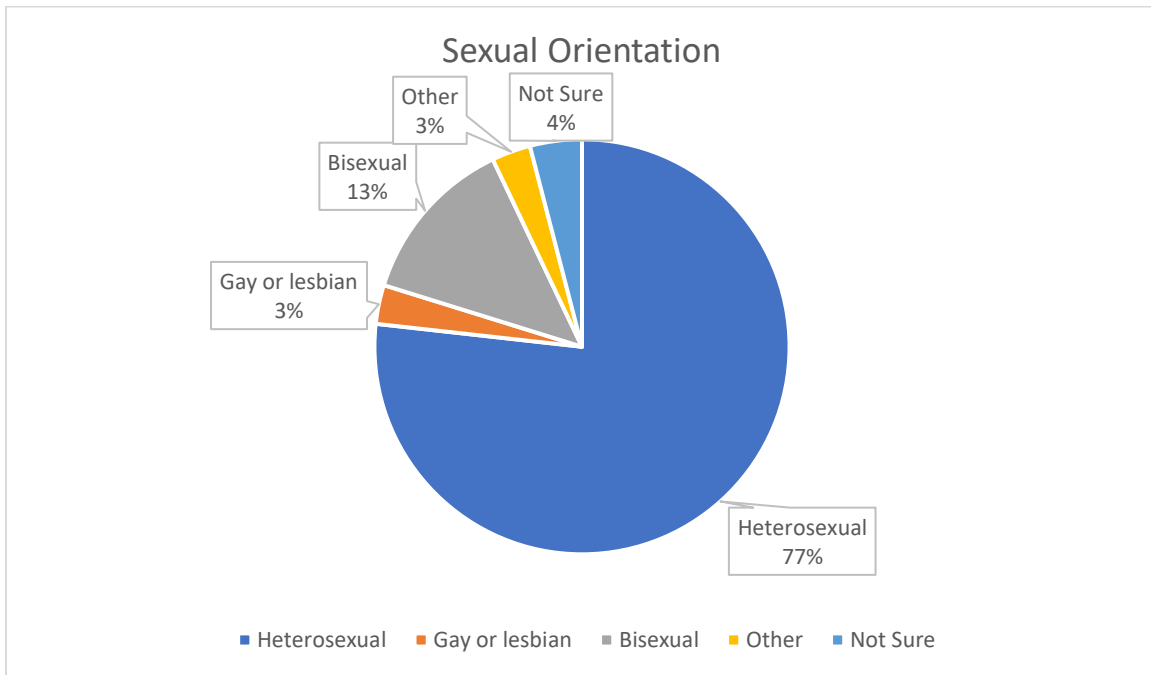


Figure 195: Sexual Orientation, 11th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Past Year Substance Use Among LGBTQ Students, 11th Grade (in percentages)

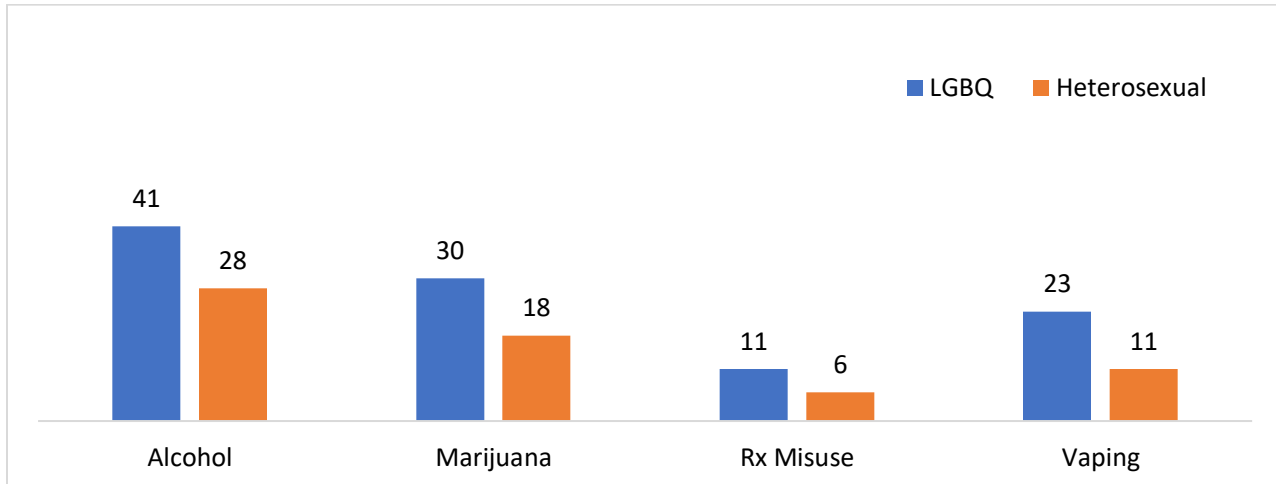


Figure 196: Past year substance use among LGBTQ students, 11th grade

Note:

*LGBTQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

Prescription (Rx) misuse is defined as the use of prescription drugs without a prescription or in ways other than prescribed, such as painkillers, stimulants (ADHD medications and diet pills), tranquilizers, sleeping pills.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Mental Health Among LGBTQ Students, 11th Grade (in percentages)

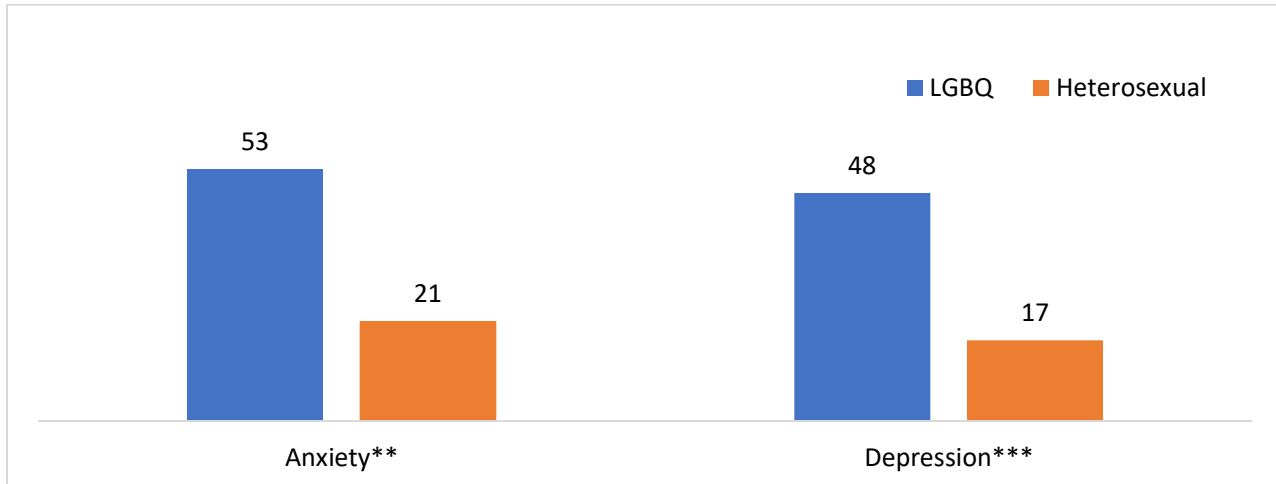


Figure 197: Mental health among LGBTQ students, 11th grade

Note:

*LGBTQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

**Anxiety here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

***Depression here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Self-Reported Emotional Health Among LGBTQ Students, 11th Grade (in percentages)

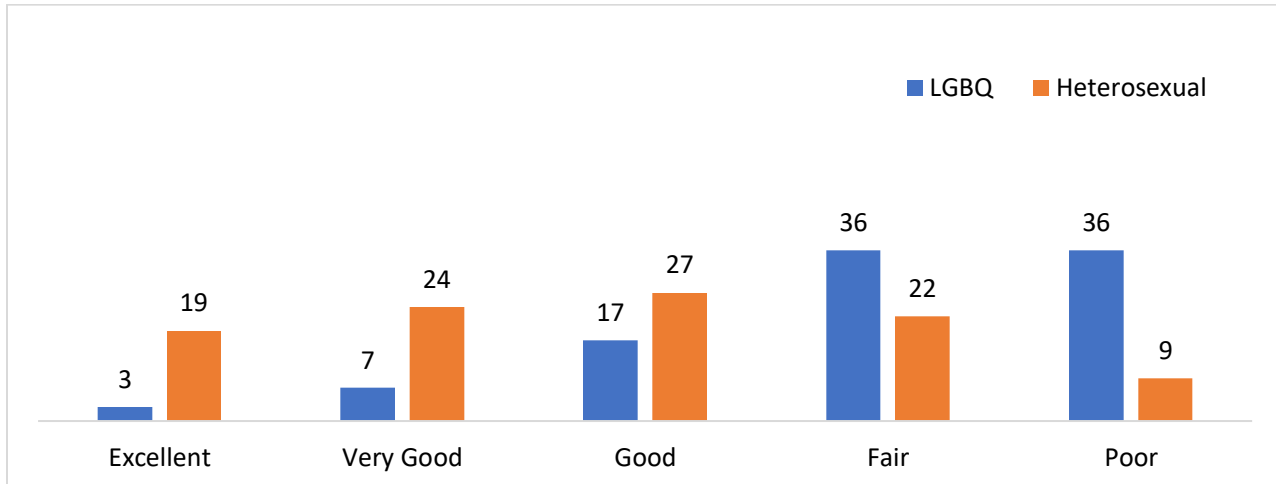


Figure 198: Self-rated emotional health among LGBTQ students, 11th grade

Note:

*LGBTQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

** Students are asked: “In general, how would you rate your emotional health?” and provided with five response categories: *excellent*, *very good*, *good*, *fair*, or *poor*.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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13. Protective Factors

National Overview

Whether the focus is mental health, trauma, substance use, violence, or other behavioral health issues, prevention work is grounded in evidence-based strategies designed to reduce risk factors and strengthen protective factors. Specific risk and protective factors are relevant at various stages of life and across several domains for intervention (Cleveland et al., 2008; Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). Individual level protective factors

include personal characteristics such as adaptability, empathy, and good social skills, as well as a value on academic achievement, hope for the future, self-efficacy, and a willingness to follow rules. Family level protective factors include having safe, stable, and nurturing home environments with clear and consistent rules. Community level factors include social organization, norms, and community safety. Schools operate at the intersection of the peer and community level—they are the setting for most peer interactions among youth but can also provide a powerful protective function if school leaders find ways to enhance school connectedness and promote healthy norms (Centers for Disease Control and Prevention [CDC], 2009). Schools can promote school connectedness by providing adult support, supporting the formation of positive peer groups, promoting the importance of education, and creating a safe and positive school environment. In summary, support and a caring environment coupled with clear and consistent limits are important factors associated with healthy youth development. Feelings of connectedness through positive family, peer, and social relationships build resilience in youth. Healthy relationships and social supports promote mental wellness and life skill development.

At different stages in a person's life, one domain may have more significant influence in comparison to another. For example, Cleveland et al. (2008) found that peers and the school environment had a greater influence on older adolescents' substance use rates compared to younger adolescents. In contrast, families and the outside community had a greater impact than peers or school environments on younger children. Effective prevention programming should target risk and protective factors that are most salient at each life stage and best-suited

Protective factors help to prevent and mitigate the impact of trauma, substance use, or other behavioral health concerns. Protective factors exist at individual, family, peer, community, and societal levels.

4 out of 5 Delaware parents indicate that their child lives in a home where families demonstrate qualities of resilience during difficult times.

Getting along with their parents, talking to their parents about school, and caring about doing well in school are associated with lower rates of substance use and mental health concerns among Delaware 8th and 11th grade students.

for the domain in which the intervention will be implemented (National Institute on Drug Abuse [NIDA], 2003). Early interventions, even at the preschool level, can play a powerful role in reducing risk throughout the “developmental risk trajectory” (NIDA, 2003). The Substance Abuse and Mental Health Services Administration notes that risk factors are “correlated and cumulative”—that is, having a risk factor early in life increases the likelihood of having more risk factors later in life (SAMHSA, 2019). Efforts to reduce risk factors and increase protective factors in one area of concern, such as substance use, have the potential to improve other areas, such as mental health (SAMHSA, 2018.).

Delaware Overview

The [2019-2020 National Survey of Children’s Health \(NSCH\)](#)⁴² provides national and state prevalence rates of many aspects of childhood health and wellbeing, including several key protective factors, as reported by their parents. Respondents are asked a number of questions regarding their child’s home life and family supports. NSCH data suggests that Delaware youth experience rates of protective factors similar to those throughout the U.S. In terms of family protective factors, nearly three out of four Delaware parents reported regularly attending activities that their child was involved in during the past year. Two-thirds of parents reported that the family ate a meal together at least four days a week, and more than half of parents of younger children reported that someone in the family read to them at least four days a week. Delaware parents also reported children had high levels of school engagement; approximately half reported that their child was always engaged and another third reported that their child was usually engaged. Approximately three out of four respondents reported that their child had no difficulty making and keeping friends.

The NSCH also includes a series of four questions that comprise a Family Resilience Composite Measure. The questions ask parent respondents to report if their child lives in a home where family members: *talk together about what to do; work together to solve problems; know that they have strengths to draw upon; and stay hopeful even in difficult times*. Nearly 80% percent of Delaware parents indicated that their child lived in a home with these four supports in place most or all of the time, similar to the national sample.

Results from the 2021 Delaware School Survey (DSS) highlight associations between several protective factors and rates of substance use as well as mental health indicators among 8th and 11th grade students.⁴³ Overall, 95% of 8th grade students reported having at least one person as

⁴² Additional Delaware data on protective factors and other indicators of child health and wellbeing gathered by the NSCH can be explored using the interactive Data Resource Center for Child & Adolescent Health: <https://www.childhealthdata.org>.

⁴³ It is important to note that while there is a statistical association between these factors, this does not necessarily mean that there is a causal relationship between these variables in every instance, and there may be additional unobserved indicators that also influence the outcome. This holds true for all of the associations discussed in this chapter.

a source of support and encouragement, most commonly a parent or guardian, followed by friends and then teachers. Eighth graders who reported higher grades reported lower rates of vaping, alcohol, and marijuana use, and those who cared about doing well in school reported lower substance use rates as well as lower rates of anxiety and depression. Feelings of safety in the neighborhood and at school were also associated with lower rates of anxiety, depression, and substance use for 8th grade students. In terms of DSS protective factor data, the most notable associations were related to getting along with parents; 8th grade students who reported never or not often getting along with their parents were approximately three times as likely to have used alcohol and nearly five times as likely to have used marijuana or vaped within the past year. These students were also nearly three times as likely to report experiencing anxiety and four times as likely to report symptoms of depression recently. Getting along with parents, talking with parents about school, and caring about doing well in school were also associated with lower rates of anxiety, depression, and substance use among 11th graders.

Finally, hopefulness has been identified as a protective factor for mental health (Kirby et al., 2021). As discussed in Chapter 9 of this report, several questions on the DSS are based on the Cantril Ladder, which asks the following: *Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.* More than half (56%) of 8th graders rated themselves in the top tier of the ladder (*thriving*) at the time of the survey and 69% envisioned themselves being in the top tier in five years. Half of all 11th graders saw themselves as *thriving* currently and 67% believed they would be thriving in five years (please see Chapter 9 Mental Health and Wellbeing).⁴⁴ This suggests that the majority of students are hopeful about where they will be in life in the future.

The following figures highlight a number of protective factors among Delaware youth and associations with risk experiences.

⁴⁴The Delaware School Survey includes two questions based on the Cantril Ladder. Students are asked to imagine a ladder with steps numbered from zero at the bottom and ten at the top. The top of the ladder represents the best possible life for the student, and the bottom of the ladder represents the worst possible life. Students are asked to respond with which step of the ladder they feel that they personally stand on now, and on which step of the ladder they think they will stand on in five years. Present and Future scales vary slightly. The Present scale categorizes steps 7-10 as *Thriving* and steps 5-6 as *Struggling*. The Future scale categorizes steps 8-10 as *Thriving* and 5-7 as *Struggling*. Both scales categorize steps 0-4 as *Suffering*.

2019-2020 National Survey of Children’s Health Family Resilience Composite Measure (in percentages)

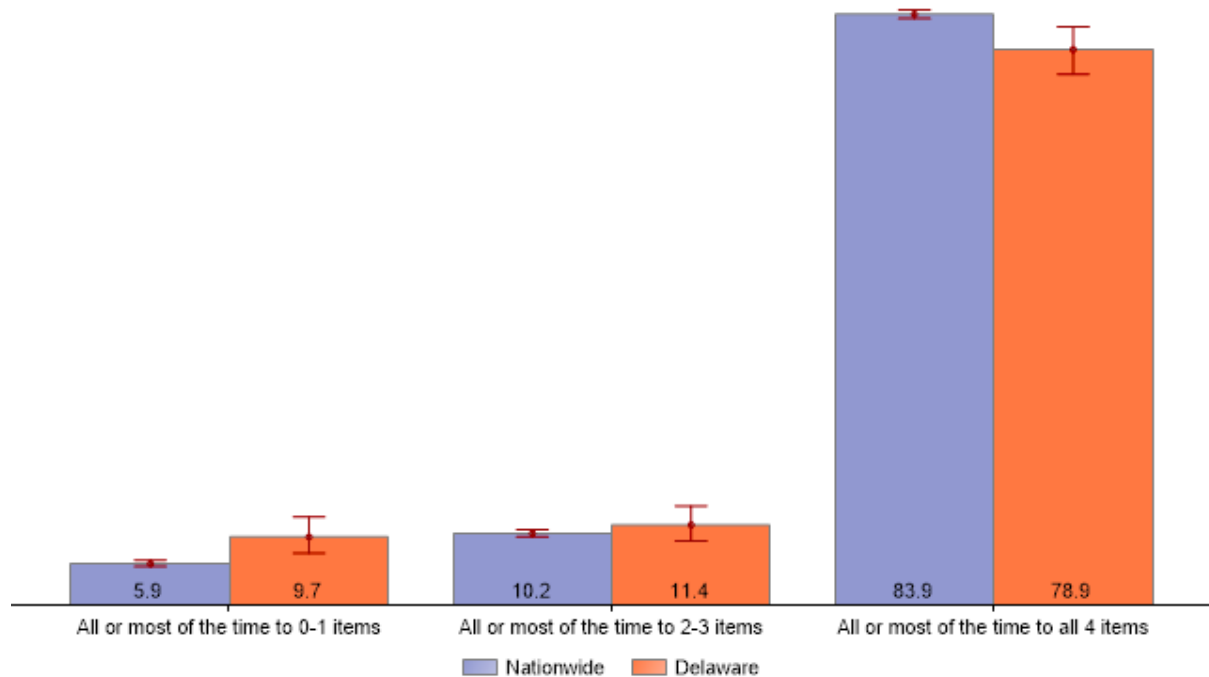


Figure 199: Family Resilience Composite Index, Delaware and national comparison, ages 0-17

Note:

Indicator 6.12 Family Resilience: “Does this child live in a home where the family demonstrates qualities of resilience during difficult times?” The composite measure includes four items: “Talk together about what to do; Work together to solve our problems; Know we have strengths to draw on; Stay hopeful even in difficult times.”

Source: [Child and Adolescent Health Measurement Initiative. National Survey of Children’s Health, 2016-present. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration \(HRSA\), Maternal and Child Health Bureau \(MCHB\).](https://www.childhealthdata.org/) Retrieved 06/29/22 from www.childhealthdata.org.

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2019-2020 National Survey of Children’s Health Number of Days Family Ate a Meal Together During Past Week (in percentages)

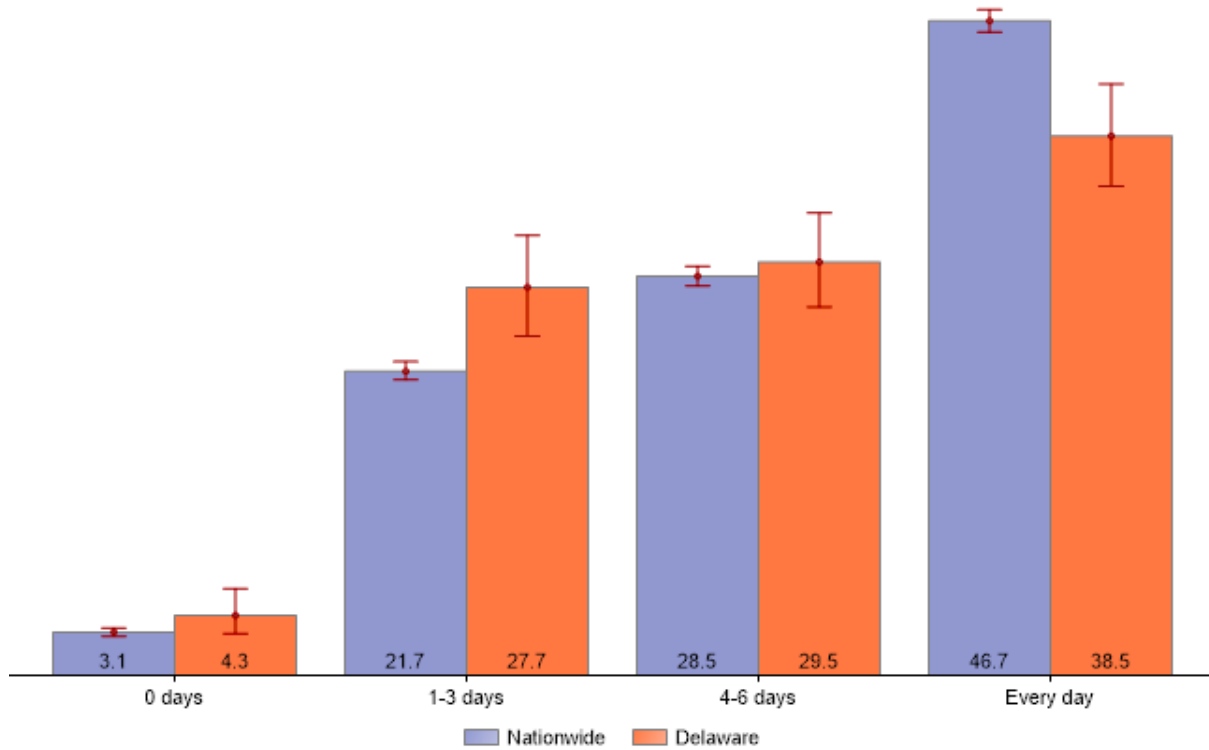


Figure 200: Number of days children and family ate together during the past week, Delaware and national comparison, ages 0-17

Note:

Indicator 6.9: “During the past week, on how many days did all the family members who live in the household eat a meal together?”

Source: [Child and Adolescent Health Measurement Initiative. National Survey of Children’s Health, 2016-present. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration \(HRSA\), Maternal and Child Health Bureau \(MCHB\).](https://www.childhealthdata.org/) Retrieved 06/29/22 from www.childhealthdata.org.

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2019-2020 National Survey of Children’s Health Number of Days Children are Read Aloud to During Past Week (in percentages)

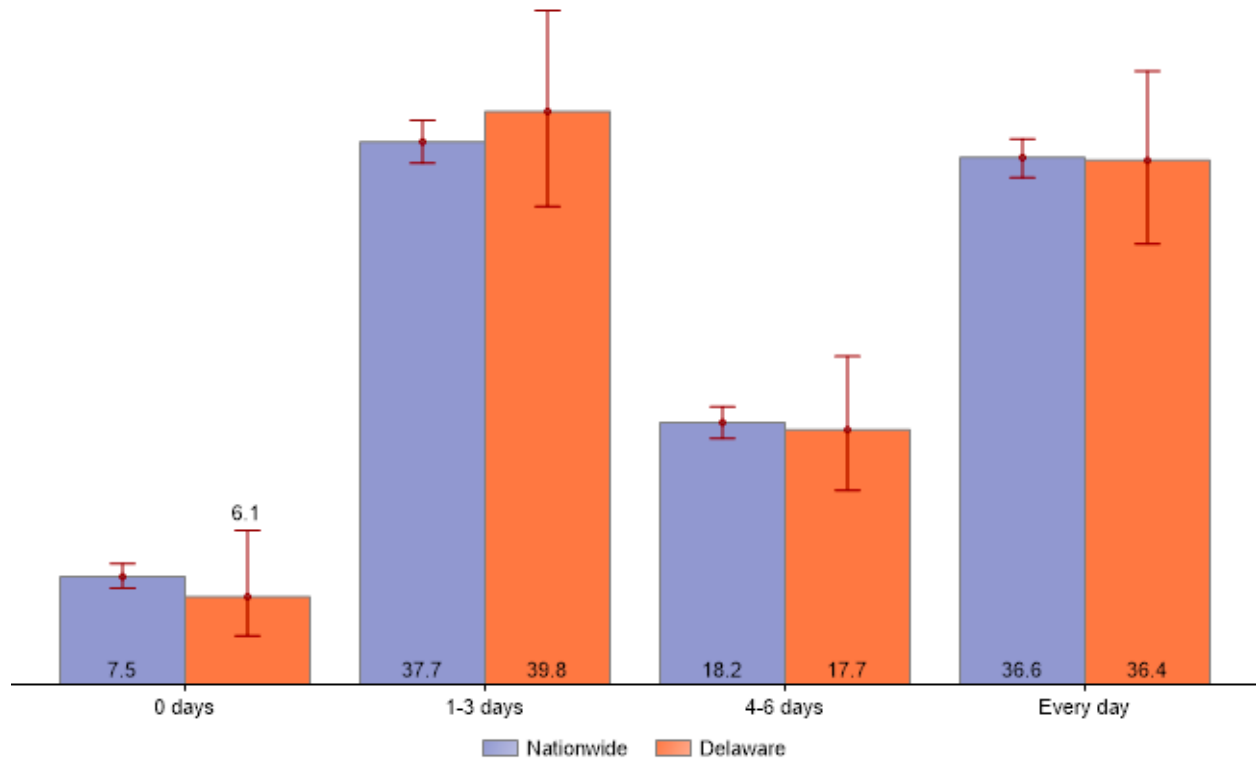


Figure 201: Number of days children were read to by household member, Delaware and national comparison, ages 0-5

Note:

Indicator 6.7: “During the past week, how many days did you or other family members read to this child, age 0-5 years?”

Source: [Child and Adolescent Health Measurement Initiative. National Survey of Children’s Health, 2016-present. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration \(HRSA\), Maternal and Child Health Bureau \(MCHB\).](https://www.childhealthdata.org/) Retrieved 06/29/22 from [www.childhealthdata.org.](https://www.childhealthdata.org/)

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2021 Delaware School Survey Sources of Support and Encouragement among 5th Grade Students (in percentages)

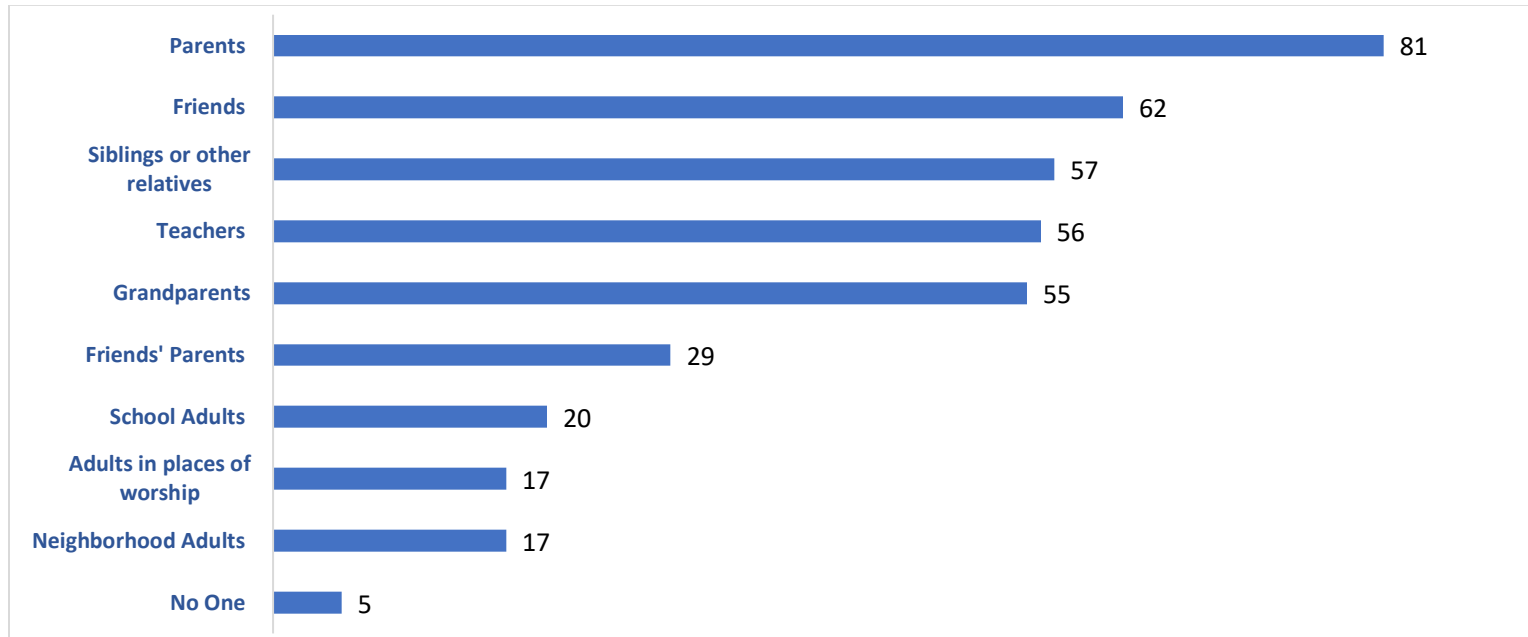


Figure 202: Sources of support and encouragement, 5th grade

Note:

Students are asked to mark all responses that apply to the question: “Which of the following people would you say give you a lot of support and encouragement?”

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: 5th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
Getting Along with Parents and Feelings of Safety
for 5th Grade Students
(in percentages)

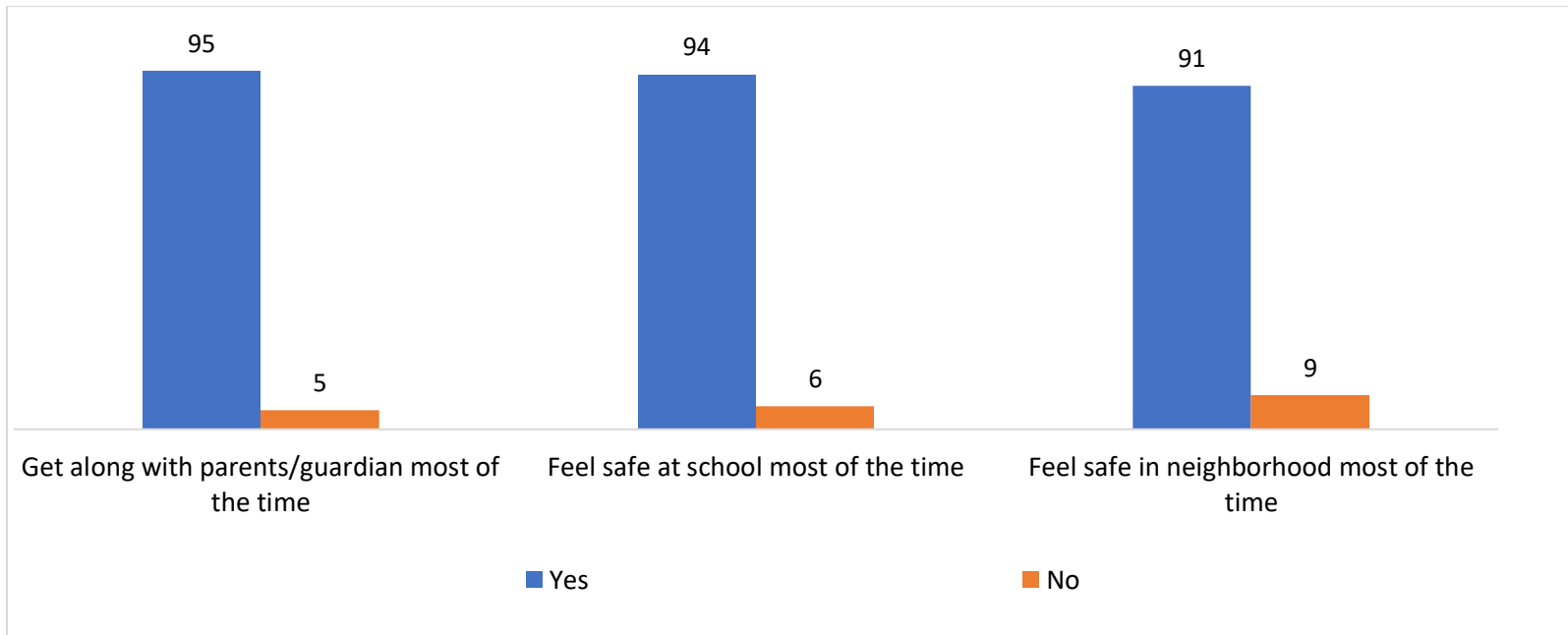


Figure 203: Past month substance use and grades, 5th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: 5th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Sources of Support and Encouragement among 8th Grade Students (in percentages)

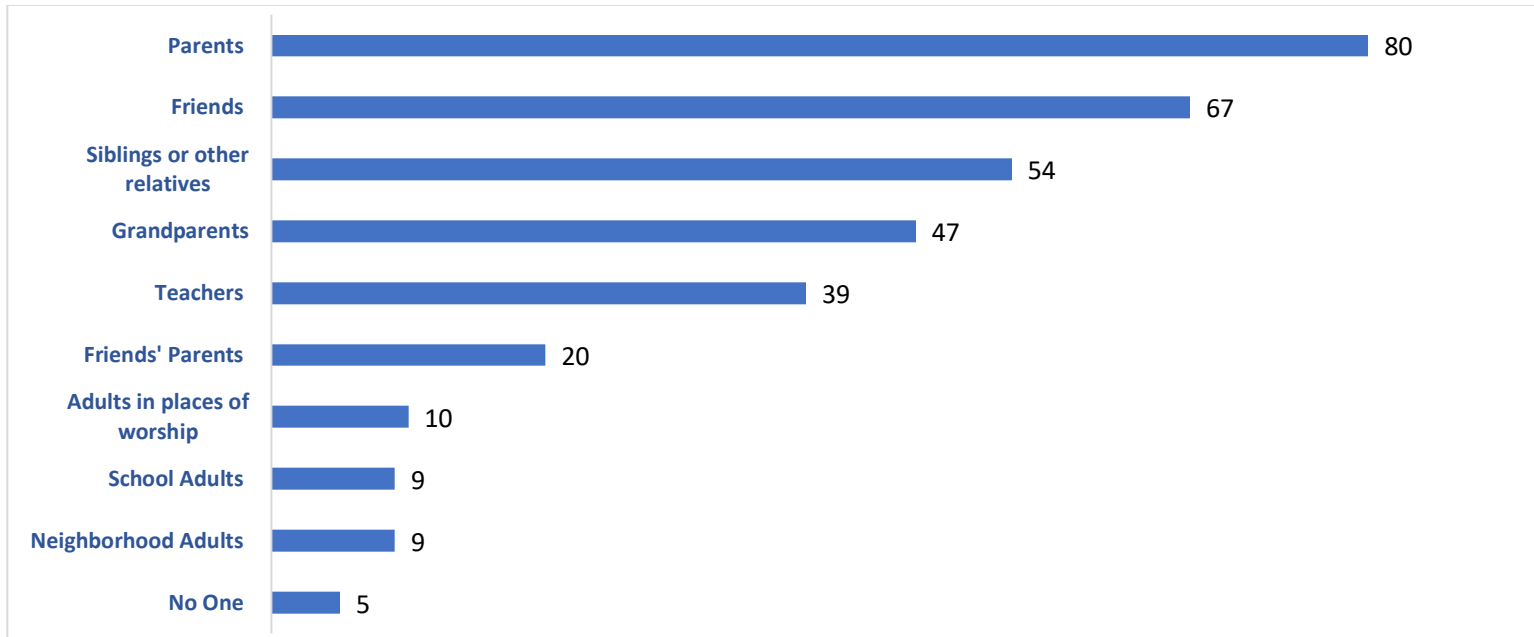


Figure 204: Sources of support and encouragement, 8th grade

Note:

Students are asked to mark all responses that apply to the question: “Which of the following people would you say give you a lot of support and encouragement?”

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Past Year Substance Use and Academic Achievement for 8th Grade Students (in percentages)

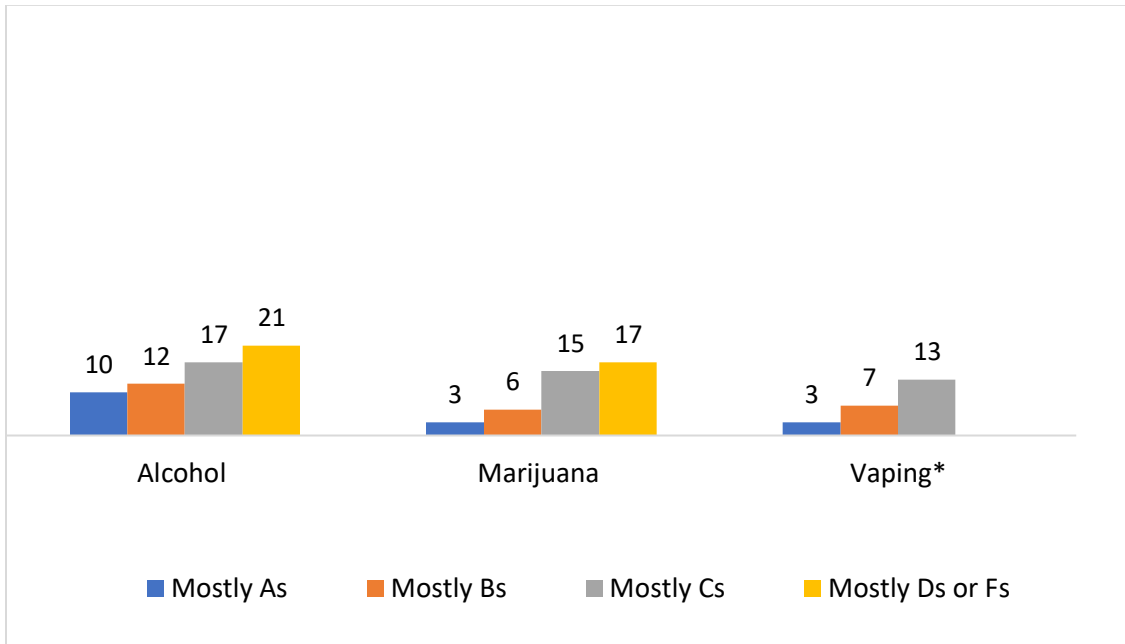


Figure 205: Past month substance use and grades, 8th grade

Note:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

*The number of students reporting mostly Ds or Fs who used vaping devices in the past year was below the minimum threshold for reporting ($n < 30$)

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
Past Year Substance Use, Mental Health,
and Caring about Doing Well in School
for 8th Grade Students
(in percentages)

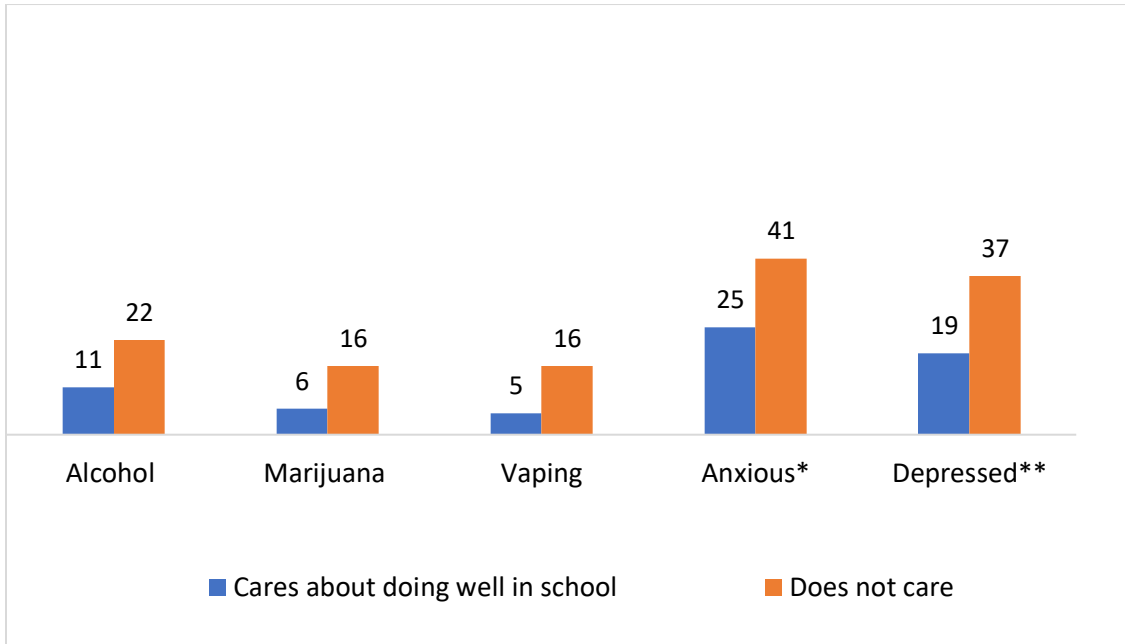


Figure 206: Substance use, mental health, and caring about school, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

* Anxious here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

** Depressed here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Getting Along with Parents^a and Past Year Substance Use among Delaware 8th Grade Students (in percentages)

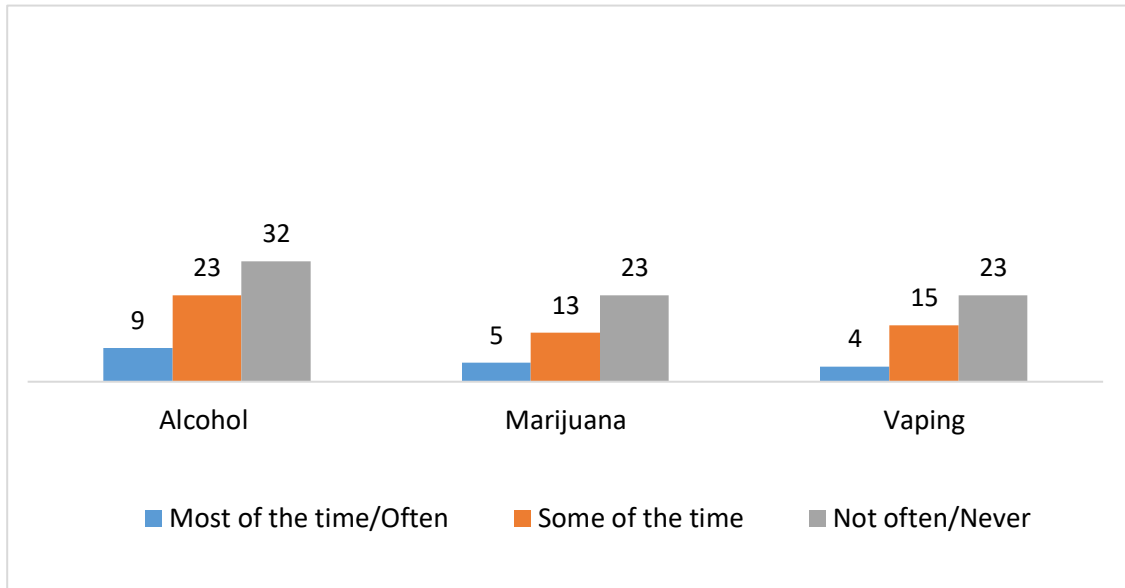


Figure 207: Past year substance use and getting along with parents, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I get along well with my parent(s)/guardian(s)."

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Getting Along with Parents^a and Mental Health among Delaware 8th Grade Students (in percentages)

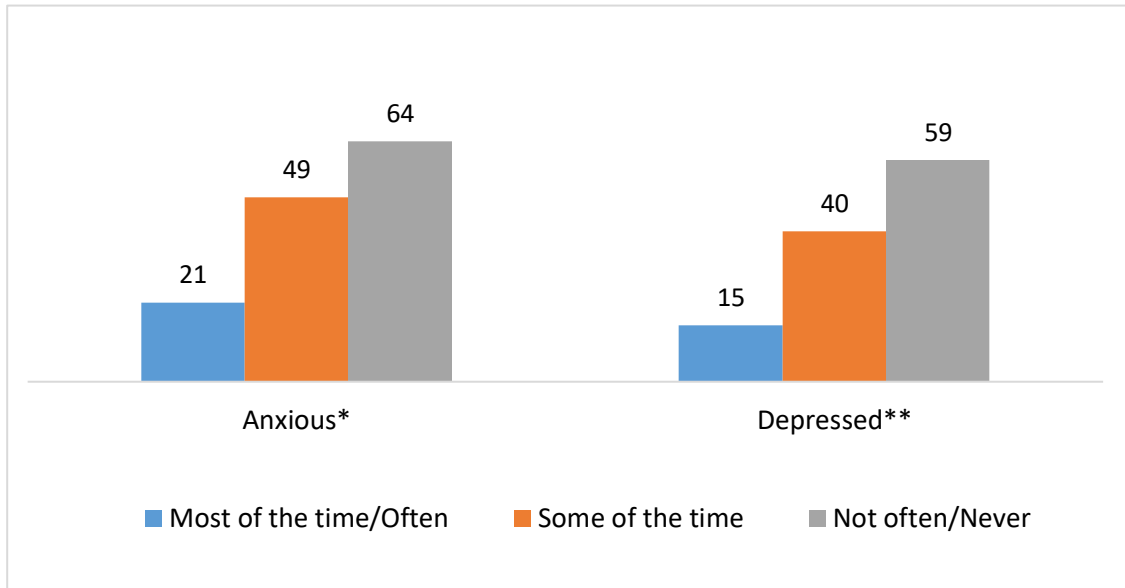


Figure 208: Mental health and getting along with parents, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I get along well with my parent(s)/guardian(s)."

* Anxious here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

** Depressed here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Talking to Parents about School^a and Past Year Substance Use among Delaware 8th Grade Students (in percentages)

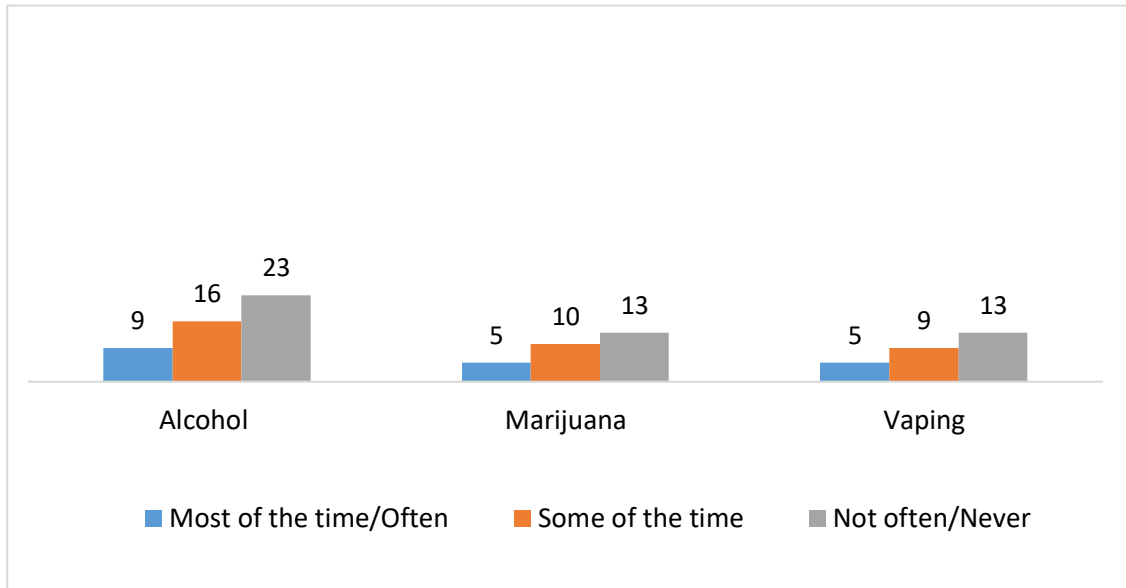


Figure 209: Past year substance use and talking to parents about school, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I talk to at least one of my parents(s)/guardian(s) about how things are going in school."

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Talking to Parents about School^a and Mental Health among Delaware 8th Grade Students (in percentages)

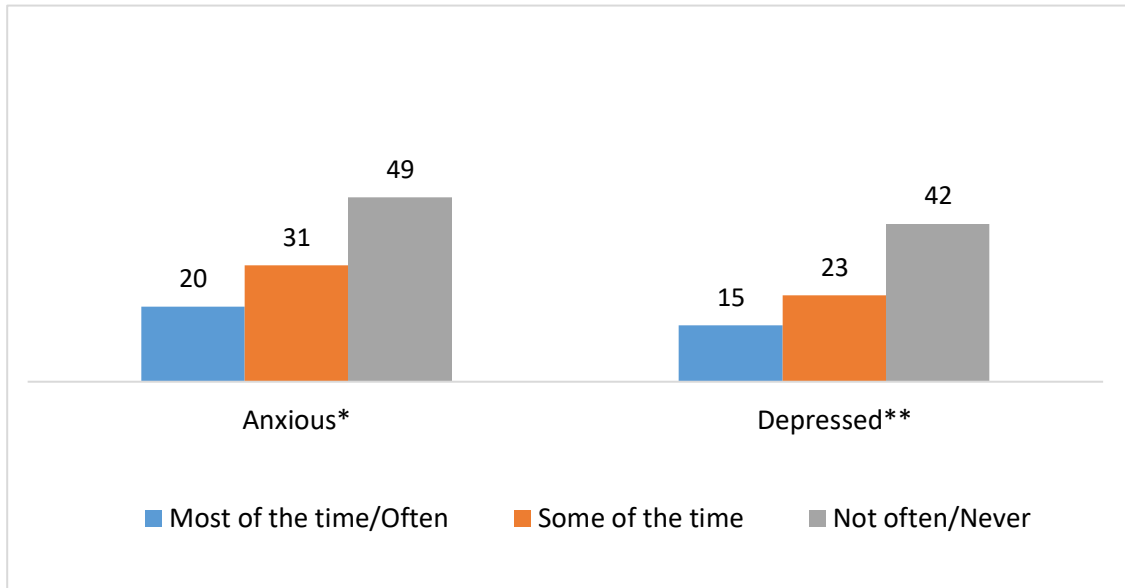


Figure 210: Mental health and talking to parents about school, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I talk to at least one of my parents(s)/guardian(s) about how things are going in school."

* Anxious here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

** Depressed here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Feeling Safe in the Neighborhood^a and Past Year Substance Use among Delaware 8th Grade Students (in percentages)

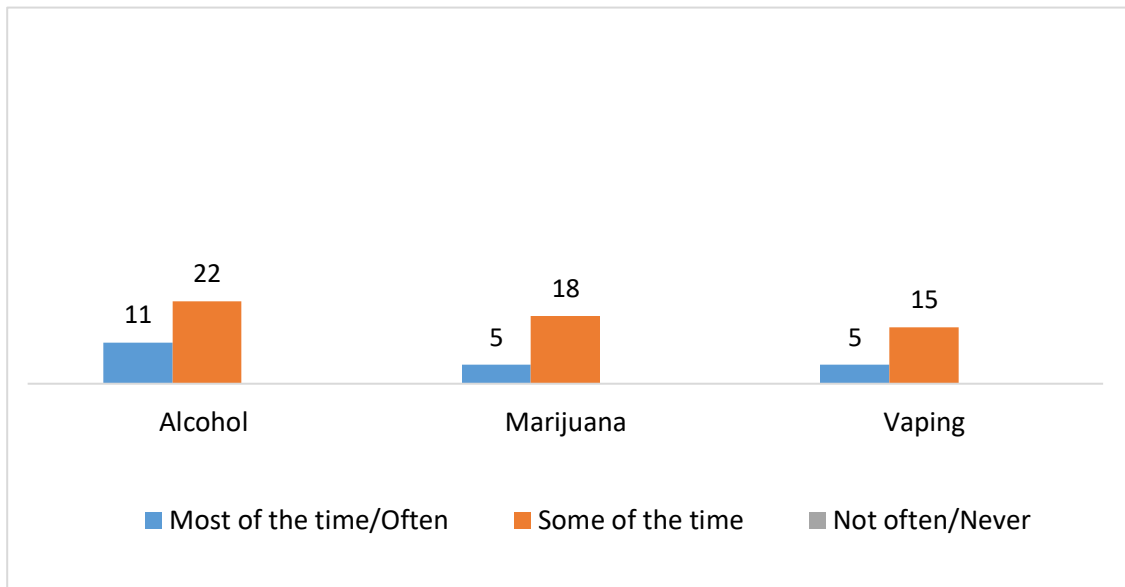


Figure 211: Past year substance use and feeling safe in their neighborhood, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe in their neighborhood.

*The number of students who reported feeling not often/never safe in their neighborhood and using alcohol, marijuana, or vaping devices in the past year was below the minimum threshold for reporting ($n < 30$)

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe in the Neighborhood^a and Mental Health among Delaware 8th Grade Students (in percentages)

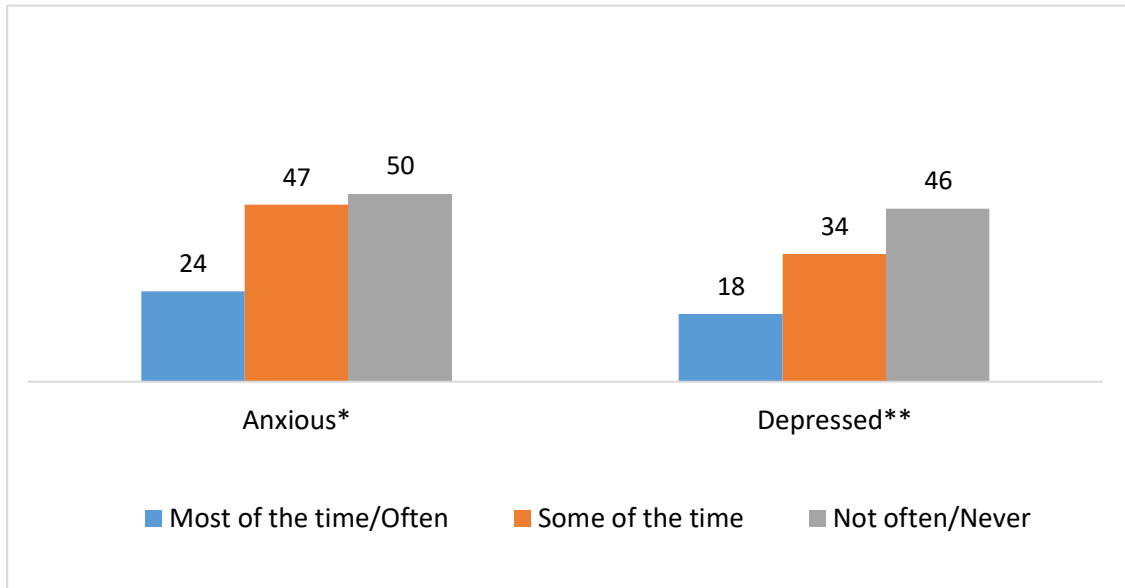


Figure 212: Mental health and feeling safe in neighborhood, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe in their neighborhood.

* Anxious here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

** Depressed here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe at School^a and Past Year Substance Use among Delaware 8th Grade Students (in percentages)

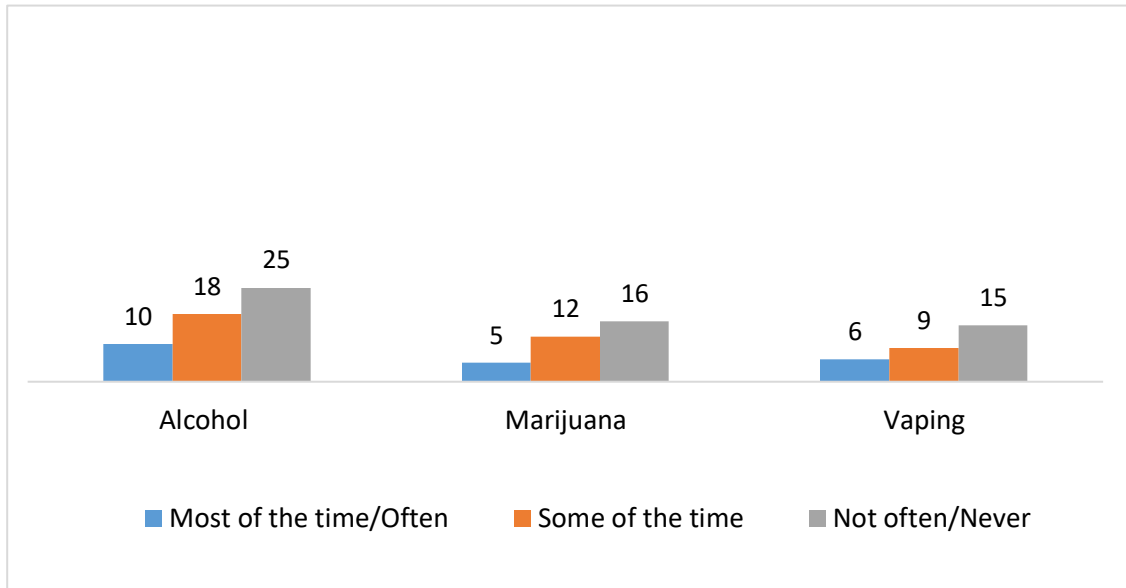


Figure 213: Past year substance use and feeling safe at school, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe at school.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe at School^a and Mental Health among Delaware 8th Grade Students (in percentages)

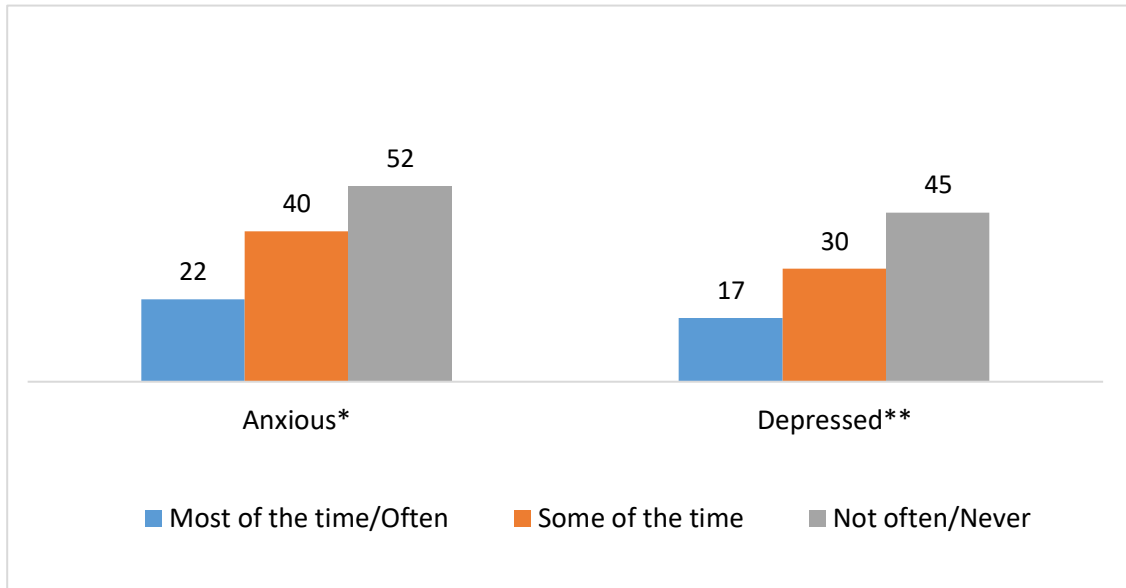


Figure 214: Mental health and feeling safe at school, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe at school.

* Anxious here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

** Depressed here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Sources of Support and Encouragement among 11th Grade Students (in percentages)

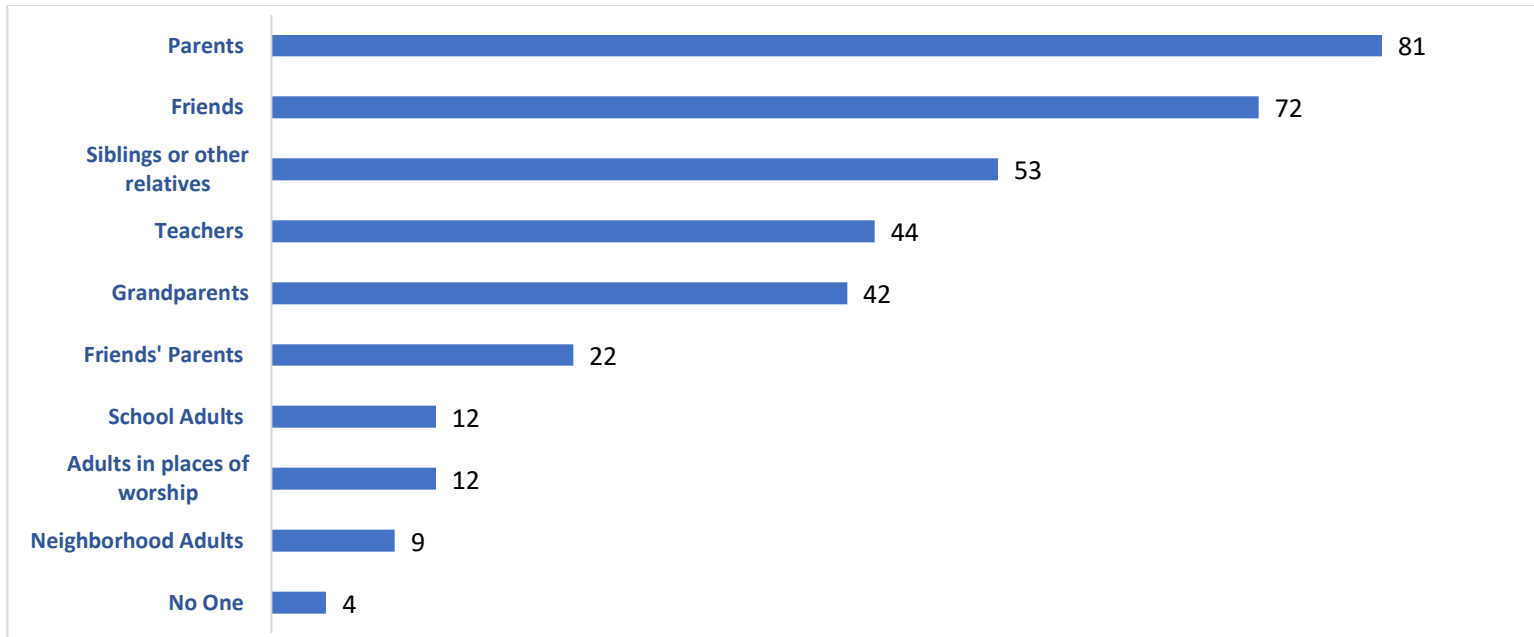


Figure 215: Sources of support and encouragement, 11th grade

Note:

Students are asked to mark all responses that apply to the question: “Which of the following people give you a lot of support and encouragement?”

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
Past Year Substance Use^a and Academic Achievement
for 11th Grade Students
(in percentages)

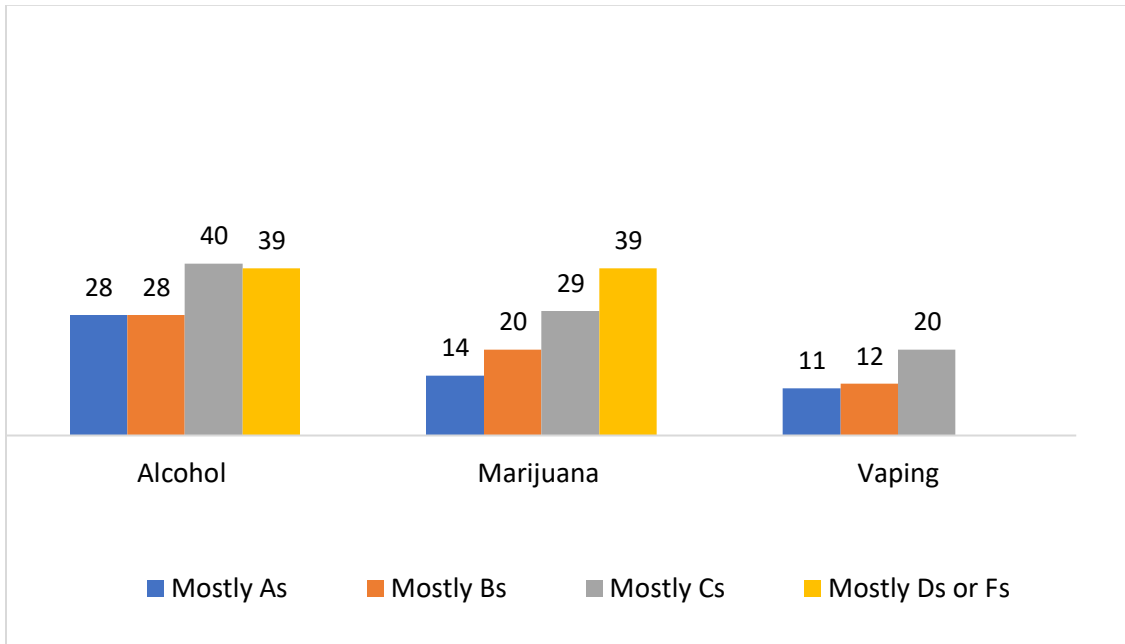


Figure 216: Past month substance use and grades, 11th grade

Note:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

*The number of students reporting mostly Ds or Fs who used vaping devices in the past year was below the minimum threshold for reporting ($n < 30$)

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
Past Year Substance Use^a and Caring about Doing Well in School
for 11th Grade Students
(in percentages)

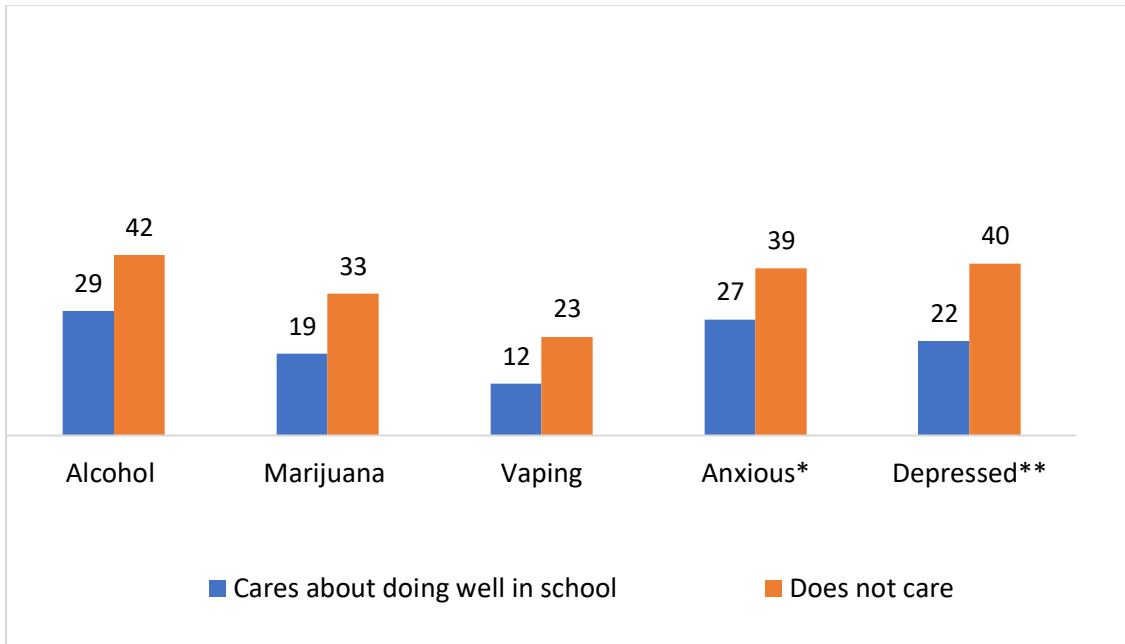


Figure 217: Substance use, mental health, and caring about school, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

* Anxious here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

** Depressed here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Getting Along with Parents^a and Past Year Substance Use among Delaware 11th Grade Students (in percentages)

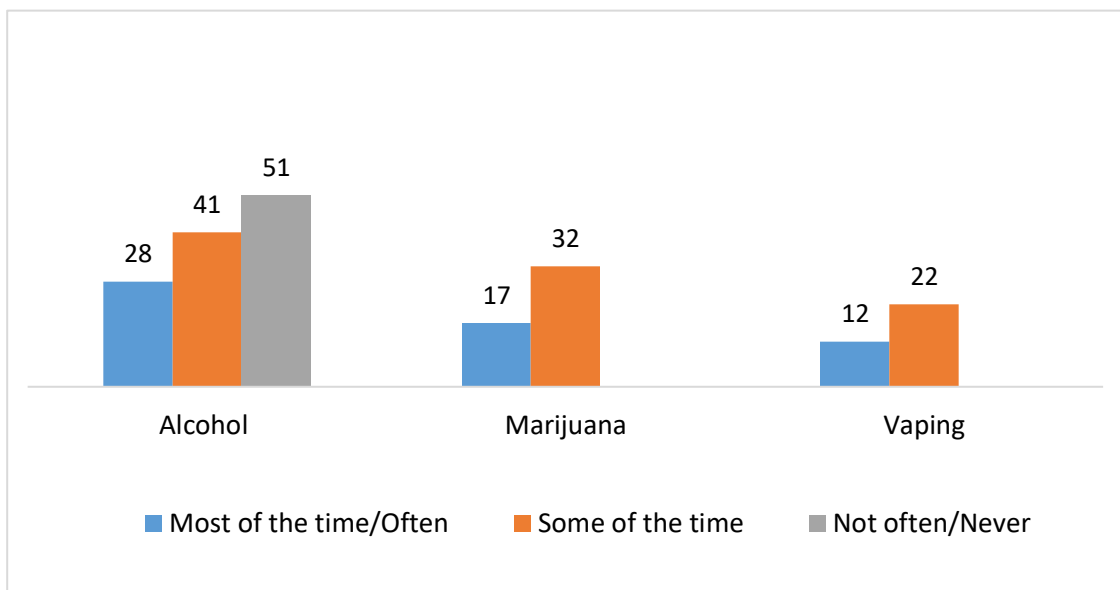


Figure 218: Past year substance use and getting along with parents, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I get along well with my parent(s)/guardian(s)."

*The number of students reporting past year marijuana and/or vaping use who got along with their parents not often/never was below the minimum threshold for reporting ($n < 30$).

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Getting Along with Parents^a and Mental Health among Delaware 11th Grade Students (in percentages)

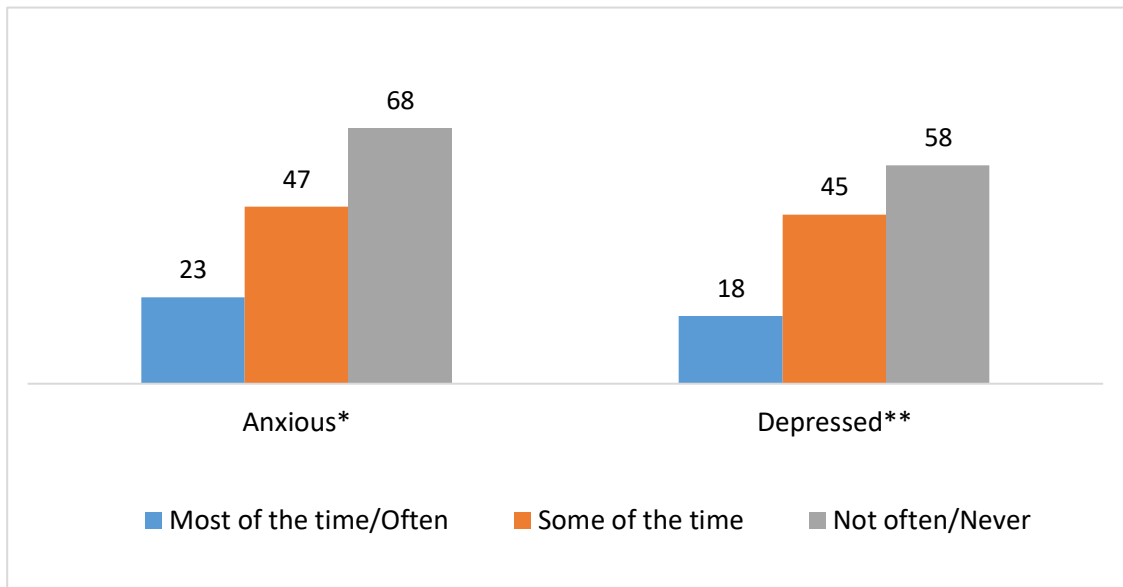


Figure 219: Mental health and getting along with parents, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I get along well with my parent(s)/guardian(s)."

* Anxious here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

** Depressed here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Talking to Parents about School^a and Past Year Substance Use among Delaware 11th Grade Students (in percentages)

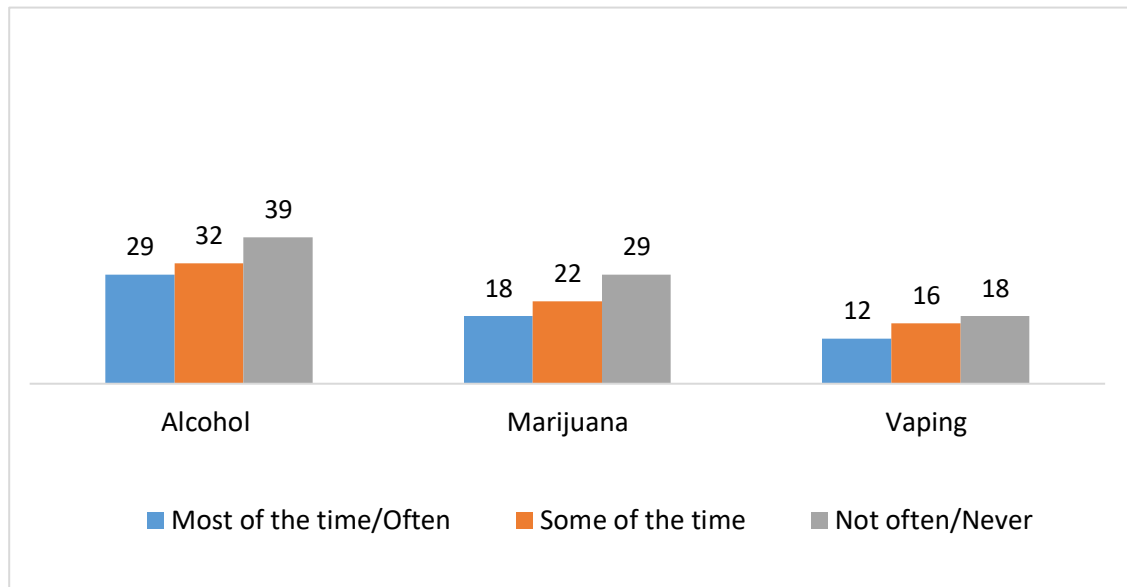


Figure 220: Past year substance use and talking to parents about school, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I talk to at least one of my parent(s)/guardian(s) about how things are going in school."

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Talking to Parents about School^a and Mental Health among Delaware 11th Grade Students (in percentages)

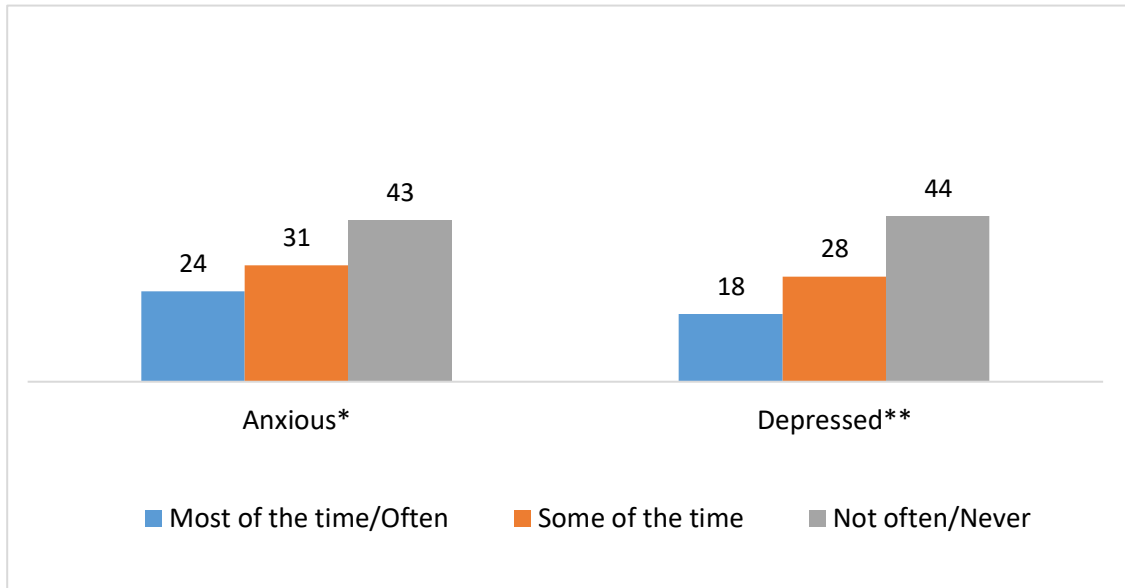


Figure 221: Mental health and talking to parents about school, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rank the frequency of the following statement: "I talk to at least one of my parent(s)/guardian(s) about how things are going in school."

* Anxious here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

** Depressed here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe in the Neighborhood^a and Past Year Substance Use among Delaware 11th Grade Students (in percentages)

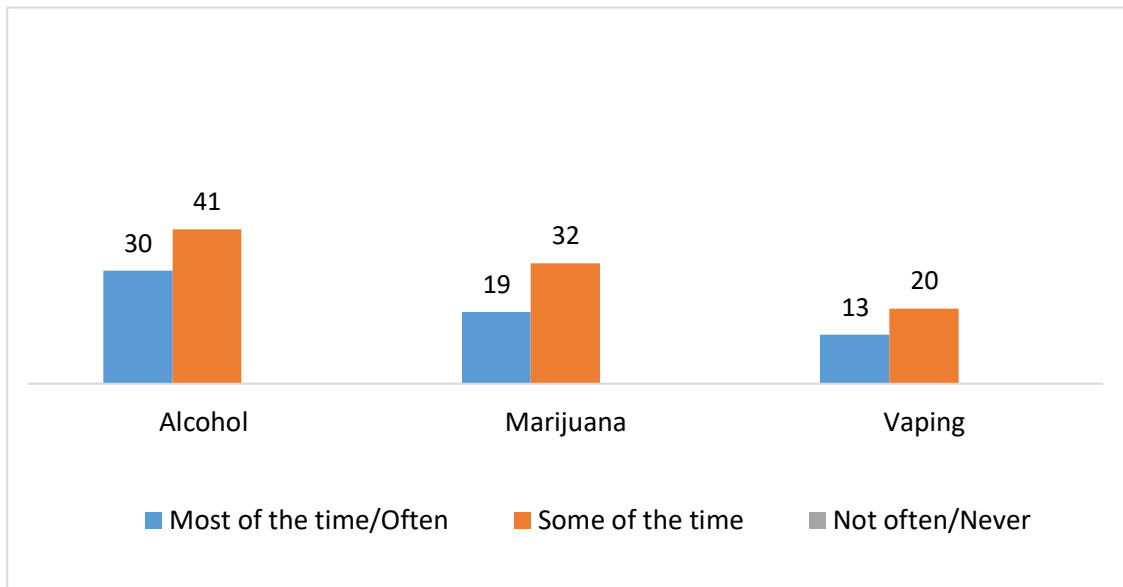


Figure 222: Past year substance use and feeling safe in their neighborhood, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

*The number of students who reported not often or never feeling safe in their neighborhood and who used alcohol, marijuana, or vaped in the past year were below the minimum threshold for reporting ($n < 30$)

^aStudents were asked how often they feel safe in their neighborhood.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Feeling Safe in the Neighborhood^a and Mental Health among Delaware 11th Grade Students (in percentages)

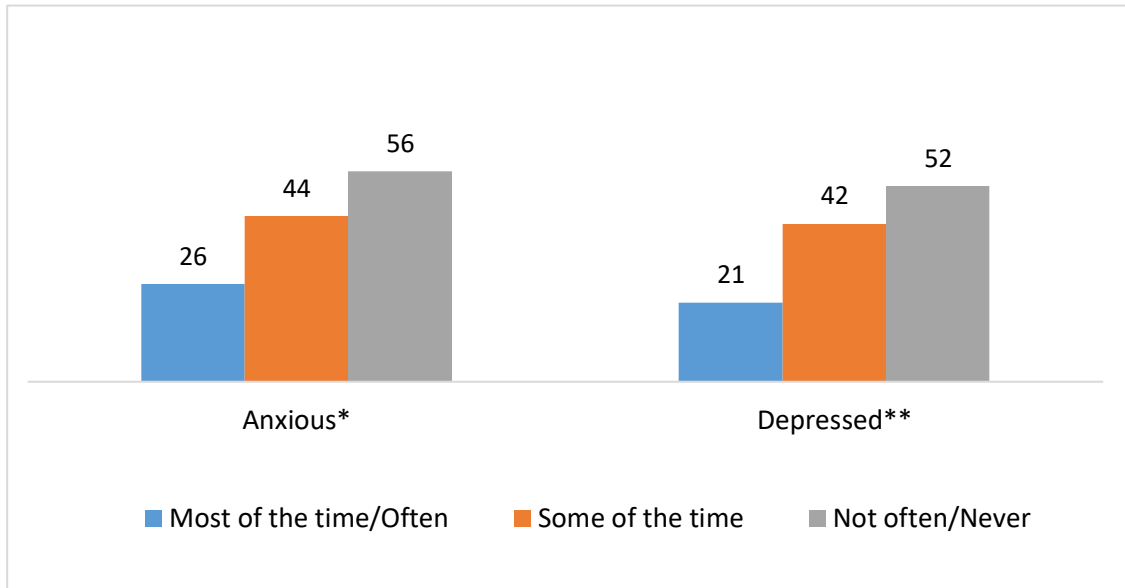


Figure 223: Mental health and feeling safe in neighborhood, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe in their neighborhood.

* Anxious here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

** Depressed here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe at School^a and Past Year Substance Use among Delaware 11th Grade Students (in percentages)

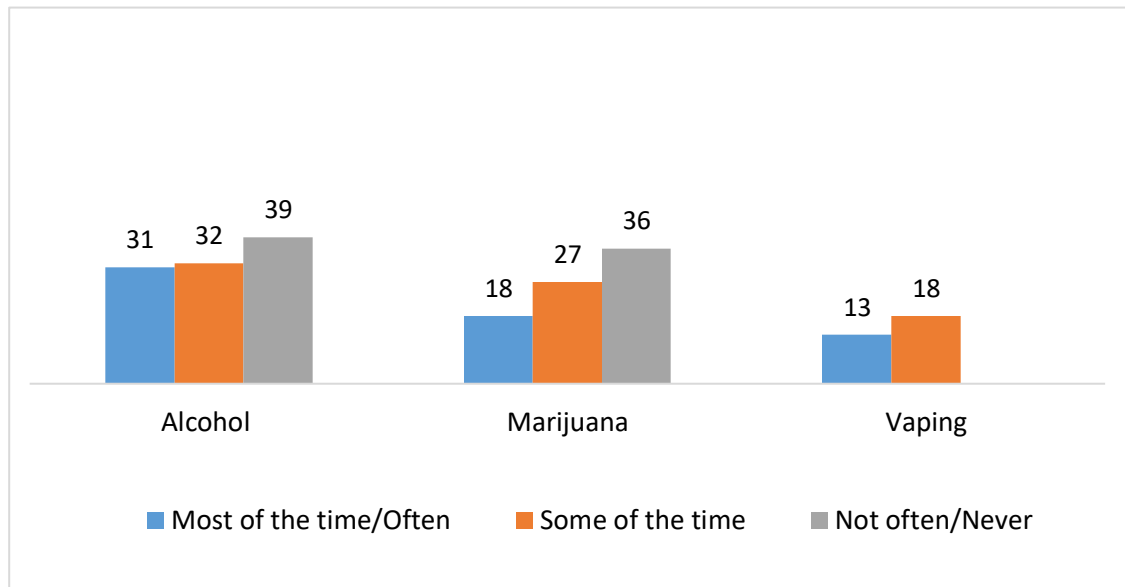


Figure 224: Past year substance use and feeling safe at school, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe at school.

*The raw number of students who reported past year vaping and not often/never feeling safe at school was below the threshold for reporting ($n < 30$)

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe at School^a and Mental Health among Delaware 11th Grade Students (in percentages)

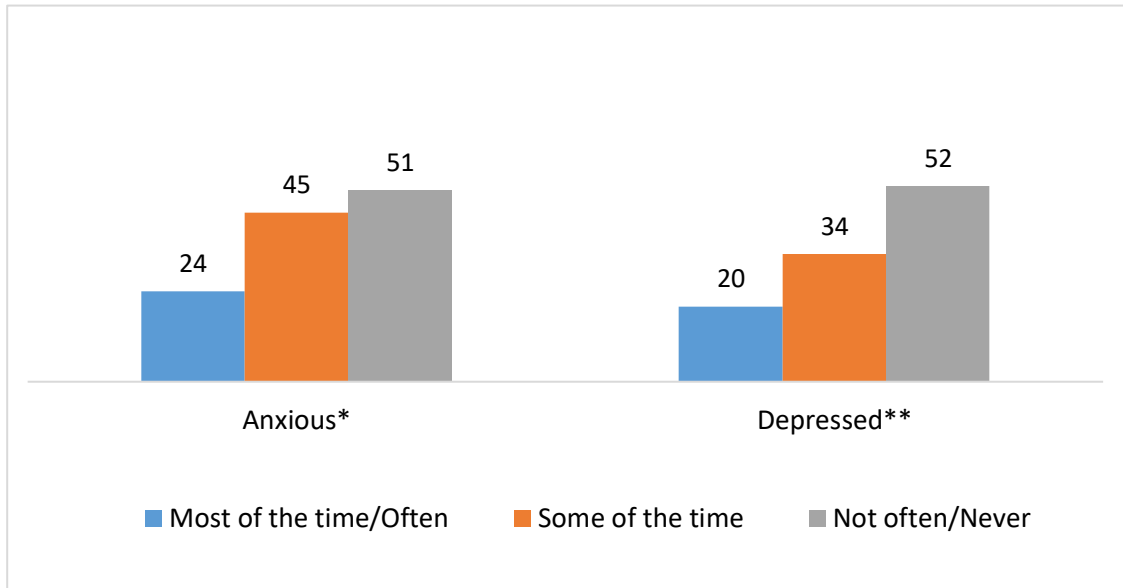


Figure 225: Mental health and feeling safe at school, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe at school.

* Anxious here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

** Depressed here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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Substance Abuse and Mental Health Services Administration. (2019). Substance Misuse Prevention for Young Adults. Publication No. Pep-PL-Guide-1. Rockville, MD. National Mental Health and Substance Use Policy Laboratory. Retrieved on September 12, 2022 from <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-pl-guide-1.pdf>

Substance Abuse and Mental Health Services Administration. (2018). Selecting best-fit programs and practices: Guidance for substance misuse prevention practitioners.

Retrieved on September 10, 2022 from

https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

Data Sources

Data Instrument	Most Recent Data	Trend Range
Delaware's Annual Traffic Statistical Report	2021	-
Delaware Behavioral Risk Factor Surveillance System (BRFSS)	2020	-
Delaware Division of Forensic Science Annual Report	2021	2019 - 2021
Delaware Online/NewsJournal Gun Violence Database	2022	2017 - 2022
Delaware Prescription Monitoring Program (PMP)	2020	2012- 2020
Delaware School Survey (DSS) – 5 th grade	2021	1999 - 2021
8 th and 11 th grades	2021	1999 - 2021
Delaware Youth Risk Behavior Survey (YRBS) – High School	2017	1999 - 2017
Delaware Youth Risk Behavior Survey (YRBS) – Middle School	2019	1999 - 2019
DOMIP (Delaware Opioid Metric Intelligence Program)	2020	-
Household Pulse Survey	2022	2021 - 2022
Monitoring the Future – 8 th , 10 th , and 12 th grades	2021	1999 - 2021
National Youth Risk Behavior Survey (YRBS) – National	2019	1999 - 2019
National Survey of Children's Health (NSCH)	2020	2016 - 2020
National Survey on Drug Use and Health (NSDUH)	2019-2020	2002 - 2020
Delaware Infants with Prenatal Substance Exposure	2020	2015-2020
Treatment Admissions Data	2019	-

In addition to the data sources for the figures and tables in the 2022 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 Drug Monitoring Initiative
- Delaware Household Health Survey
- Drug Enforcement Administration
- Gallup
- 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
- State of Delaware Economic Development Office
- The Trevor Project
- The Williams Institute
- U.S. Bureau of Labor Statistics
- U.S. Census Bureau
- U.S. Centers for Disease Control and Prevention (Alcohol-Related Disease Impact [ARDI] Dashboard; Death Rate Maps & Graphs; State Overdose Death Reporting System [SUDORS])
- U.S. Health Resources and Services Administration