



# Alcohol

## 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](mailto:mjscales@udel.edu), Department of Sociology and Criminal Justice: [mjscales@udel.edu](mailto: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.

This chapter provides an overview of alcohol use. To review the complete report, slides, infographics, and other SEOW data products, please visit the UD Center for Drug and Health Studies [Delaware Epidemiological Reports](#) page. Video recordings of select SEOW presentations referenced in this report are also [available online](#).

## SEOW Collaborators

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

atTAcK Addiction

Bellevue Community Center

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  
Holcomb BHS/Open Door, Inc.  
KIDS COUNT in Delaware, University of Delaware Center for Community Research & Service  
La Esperanza Community Center  
Latin American Community Center  
Mental Health Association in Delaware  
Milford School District  
NAMI Delaware  
Nemours Health and Prevention Services  
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  
Sussex County Health Coalition  
Transitions Delaware  
Trauma Matters Delaware  
United States Department of Justice  
United Way of Delaware  
University of Delaware  
    College of Health Sciences  
    College of Arts and Sciences  
    Partnership for Healthy Communities  
    Student Health & Wellness Promotion  
Wesley College  
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*If your organization is interested in becoming an SEOW Collaborator, please contact Meisje Scales at: [mjscales@udel.edu](mailto: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 5<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grades of participating public schools. There is one version designed for 5<sup>th</sup> graders and a secondary version for 8<sup>th</sup> and 11<sup>th</sup> 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:
  - 5<sup>th</sup> grade: 2,601
  - 8<sup>th</sup> grade: 2,896
  - 11<sup>th</sup> 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.

# 1. 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.).

**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 11<sup>th</sup> graders reported drinking and driving at some point in their lifetime.**

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.

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).<sup>1</sup> 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 8<sup>th</sup> 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 11<sup>th</sup> 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 11<sup>th</sup> 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 8<sup>th</sup> graders identified binge drinking as a great risk, a rate lower than that among 11<sup>th</sup> graders. Only 13% of 5<sup>th</sup> 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,

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<sup>1</sup> 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 4<sup>th</sup> 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 8<sup>th</sup> graders and 14.6 years of age for 11<sup>th</sup> 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 <sup>c</sup>
		12-17	18-25	26 or Older	
<b>ALCOHOL</b>					
Past Month Alcohol Use	53.86	8.35	54.97	58.43	17.23
Past Month Binge Alcohol Use <sup>b</sup>	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 1: Alcohol use in Delaware by age group

Notes:

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

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

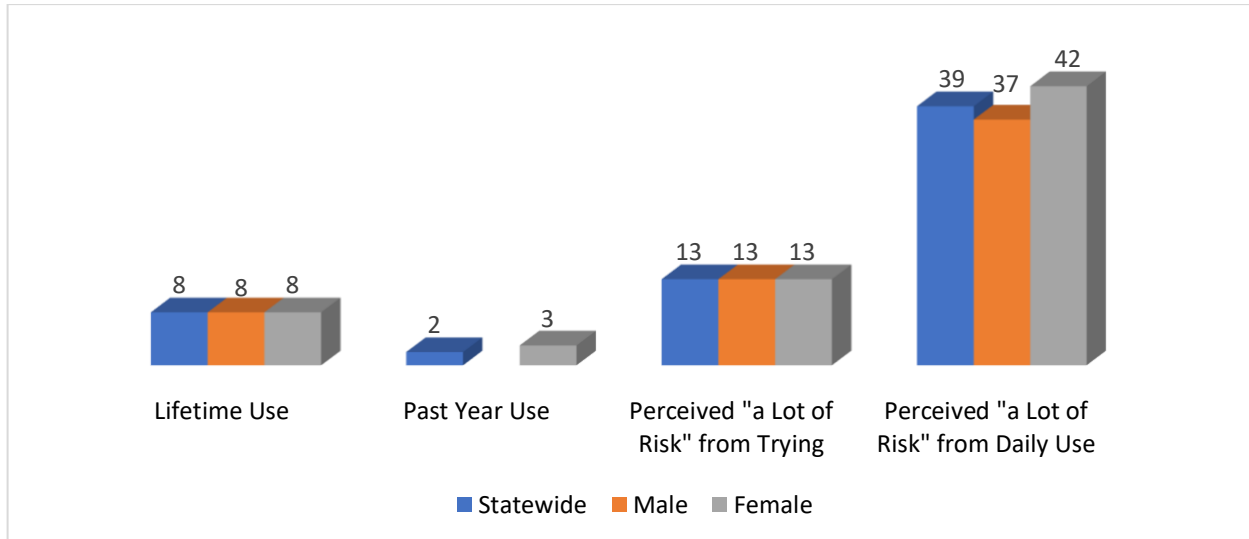
<sup>b</sup> Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days. In 2015, the definition for females changed from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

<sup>c</sup> 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 5<sup>th</sup> Graders (in percentages)



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

Figure 2: Alcohol use, 5<sup>th</sup> grade

Notes:

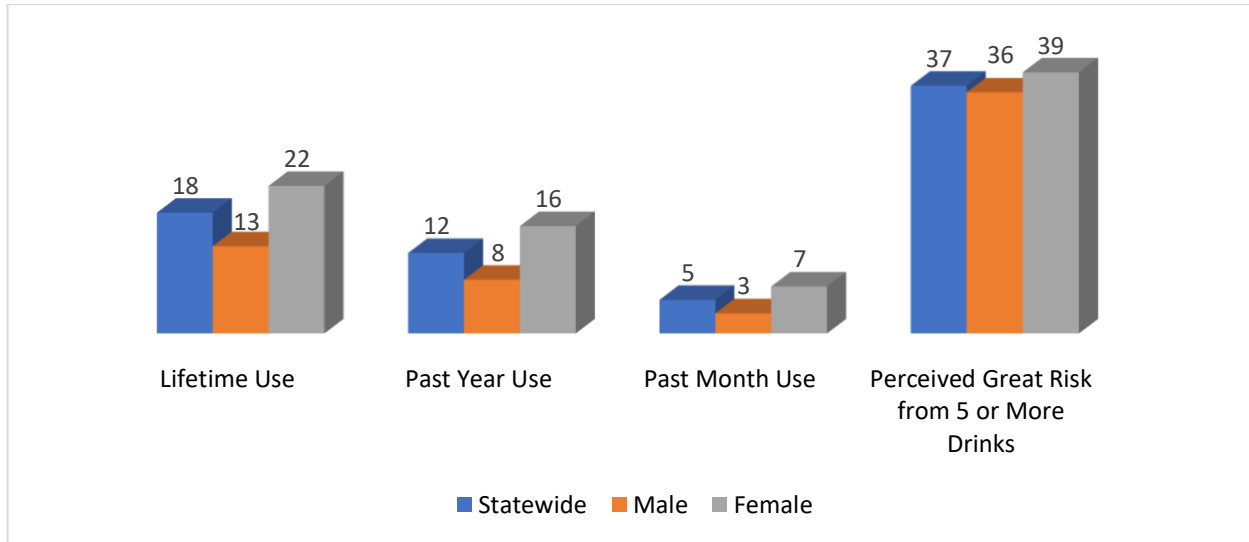
"-" indicates that the prevalence estimate was not reported because the unweighted sample size represented fewer than 30 students.

\* 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 8<sup>th</sup> Graders (in percentages)



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

Figure 3: Alcohol use, 8<sup>th</sup> grade

**Notes:**

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

<sup>a</sup> 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).

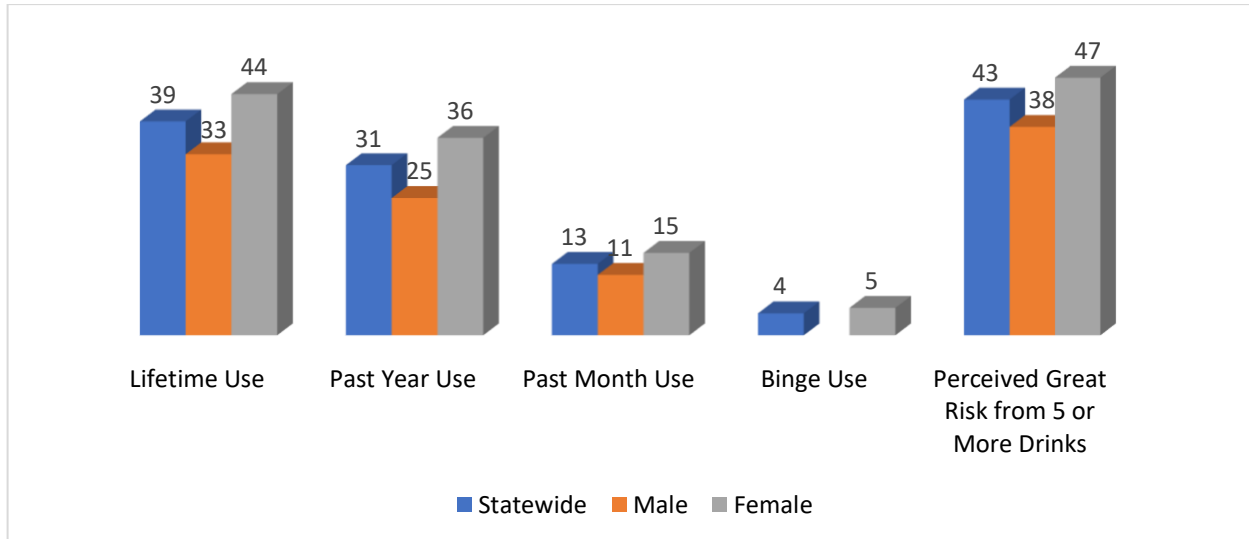
\* Estimates were not statistically significant at the  $p < .05$  level.

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 11<sup>th</sup> Graders (in percentages)



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

Figure 4: Alcohol use, 11<sup>th</sup> grade

Notes:

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

<sup>a</sup> 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 <sup>th</sup> Grade	11 <sup>th</sup> Grade
12.0 years	14.6 years

Figure 5: Average age of onset<sup>1</sup> of alcohol use, 8<sup>th</sup> and 11<sup>th</sup> grade

Note:

<sup>1</sup> 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 6: 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 7: 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 8: 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 9: 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)

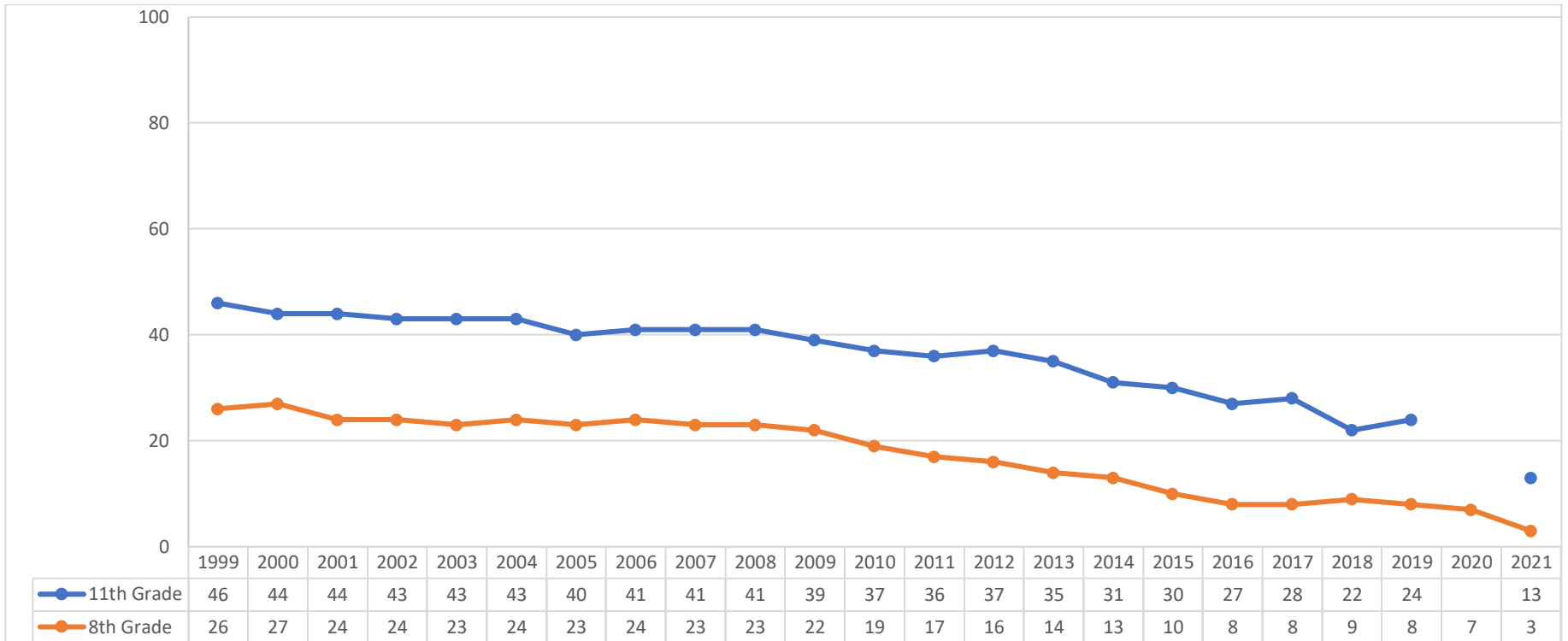


Figure 10: Trends in past month alcohol use, 8<sup>th</sup> and 11<sup>th</sup> grade

**Notes:**

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

In 2020, 11<sup>th</sup> 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<sup>a</sup>, 2002-2021 (in percentages)

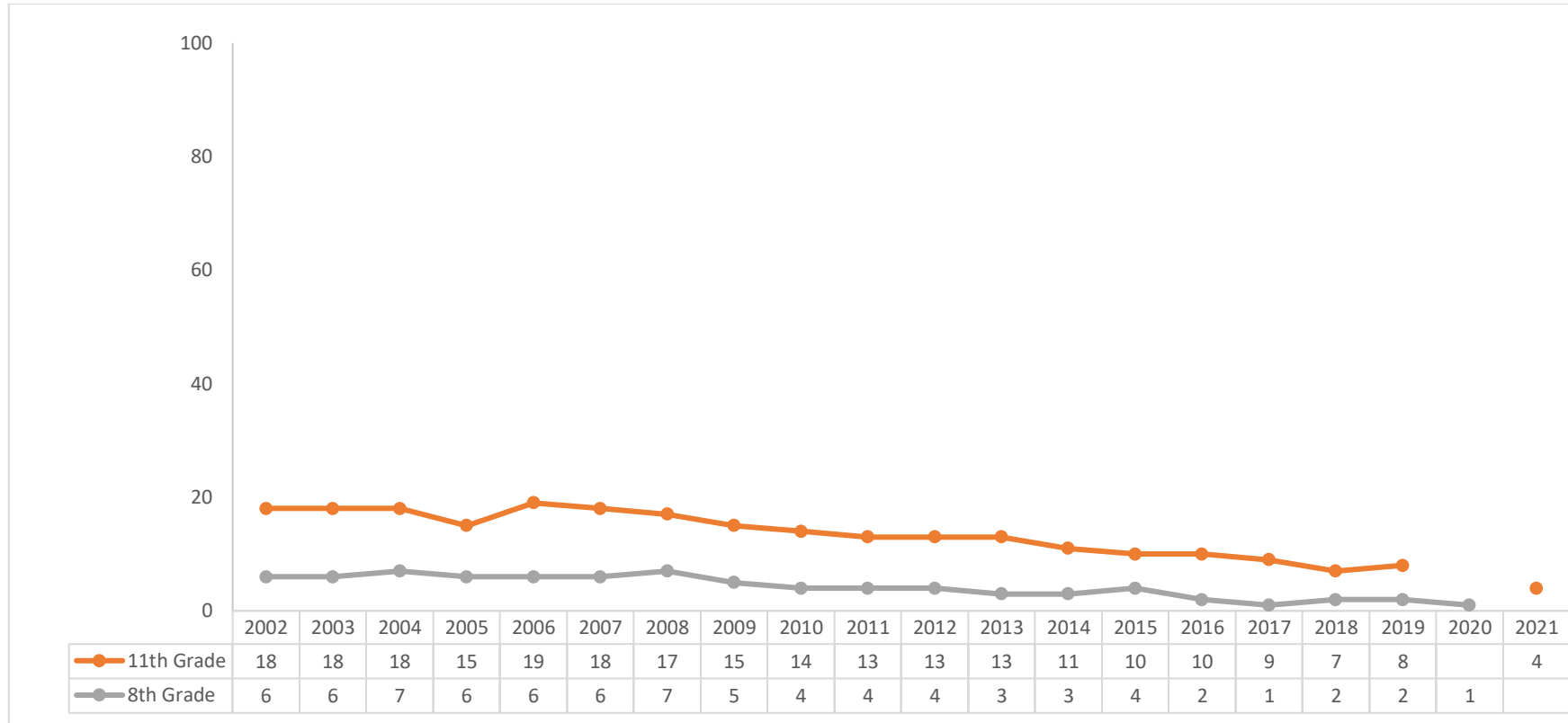


Figure 11: Trends in binge drinking, 8<sup>th</sup> and 11<sup>th</sup> grade

Notes:

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

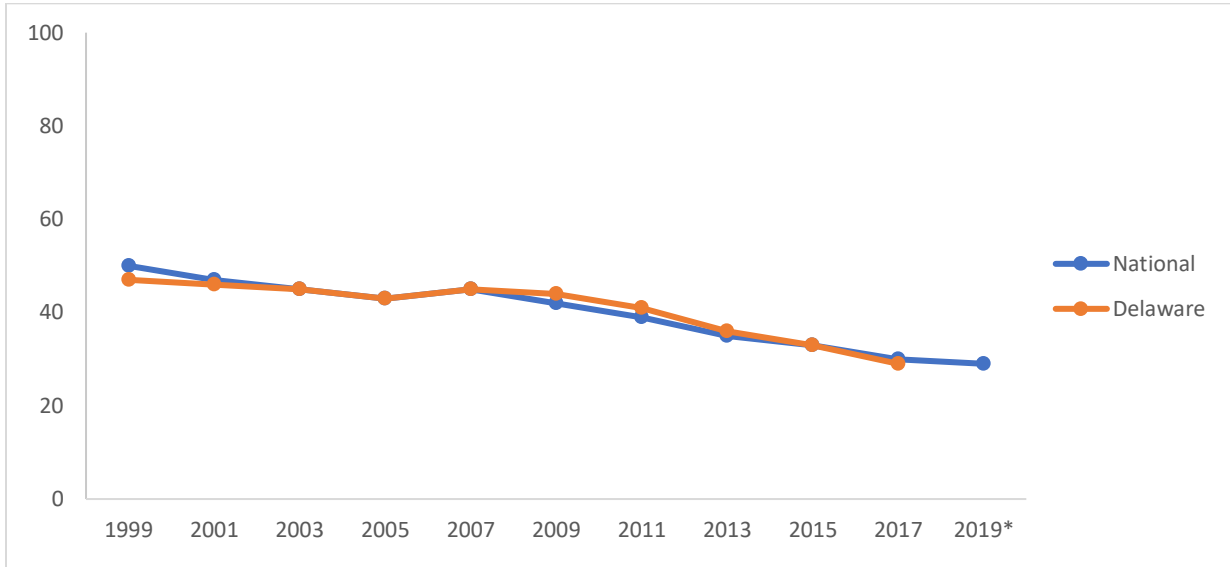
In 2021, prevalence estimates for self-reported binge drinking by 8<sup>th</sup> graders were too small (n<30) to report.

<sup>a</sup> 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 12: 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)<sup>a</sup>**

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

Figure 13: Alcohol use, past month, by age group and region

Notes:

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

<sup>b</sup> *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)<sup>a</sup>**

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

Figure 14: 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.

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

<sup>b</sup> 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)<sup>a</sup>**

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

Figure 15: 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.

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

<sup>b</sup> *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 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> Grade (in percentages)

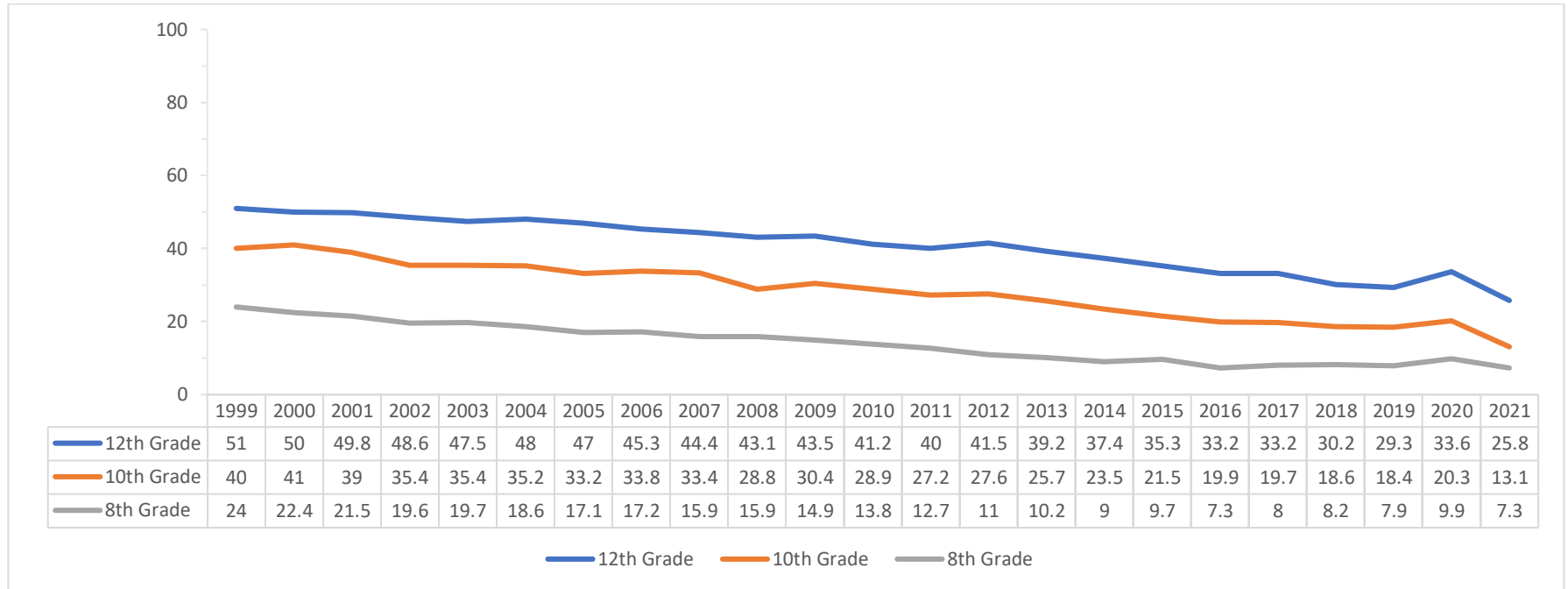


Figure 16: National trends in past 30-day alcohol use, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade

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, 5<sup>th</sup> Grade (in percentages)

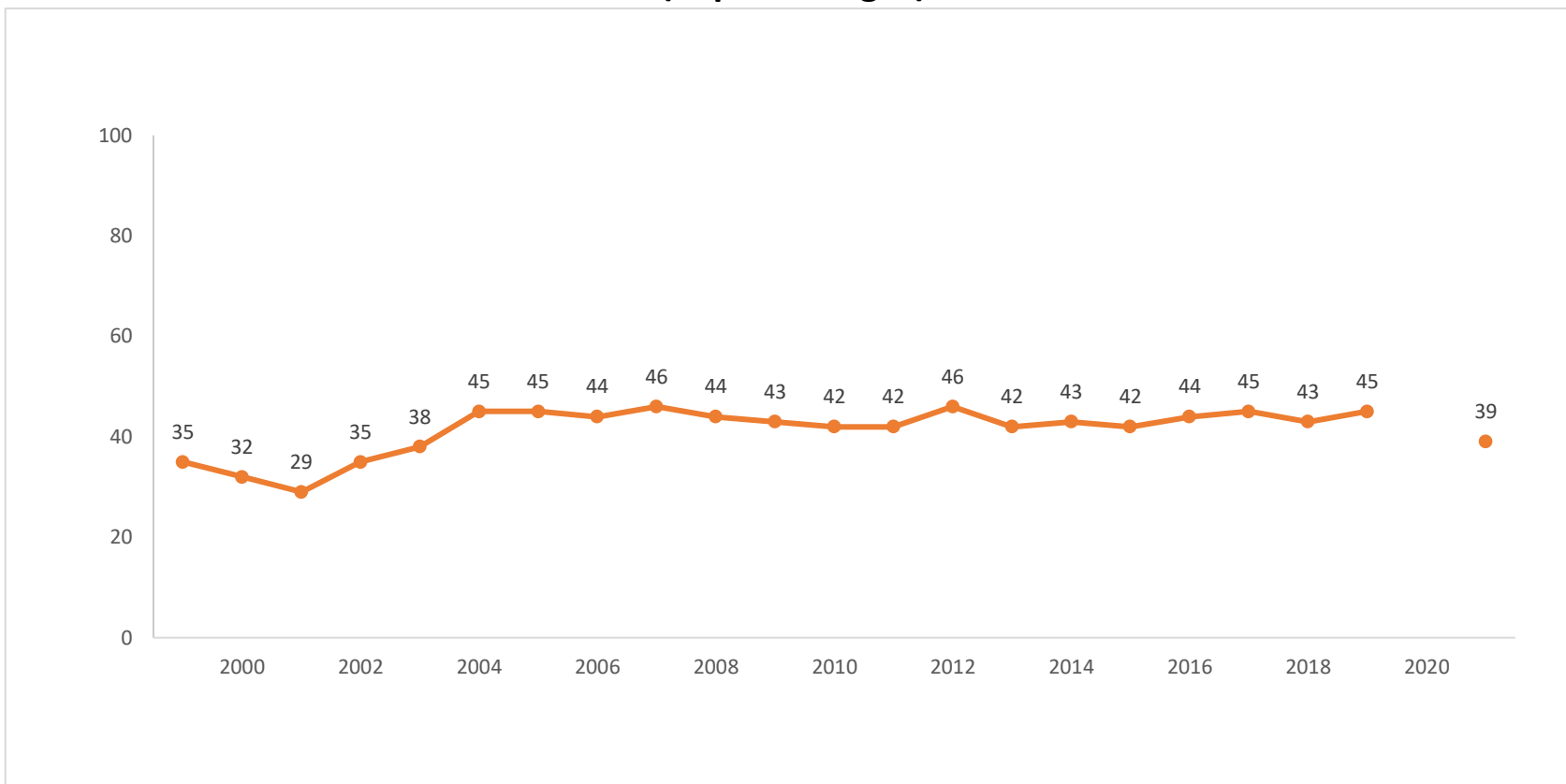


Figure 17: Trends in perception of "a lot of risk" from drinking daily, 5<sup>th</sup> grade

Note: In 2020, 5<sup>th</sup> 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)

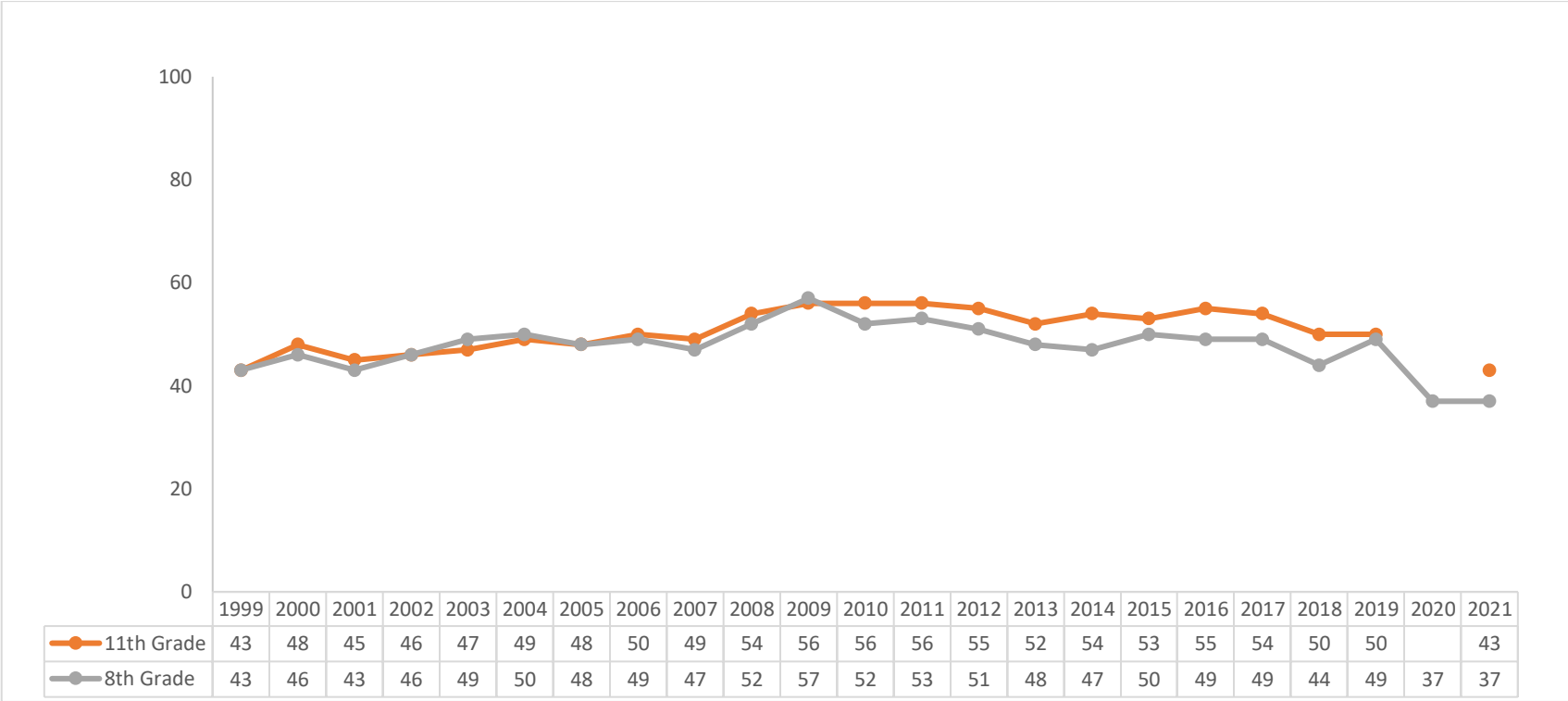


Figure 18: Trends in perception, "great risk" from having 5 or more drinks, 8<sup>th</sup> and 11<sup>th</sup> grade

Note: In 2020, 11<sup>th</sup> 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)<sup>a</sup>**

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

Figure 19: Perception of great risk from having five or more drinks once or twice a week, age group and region

Notes:

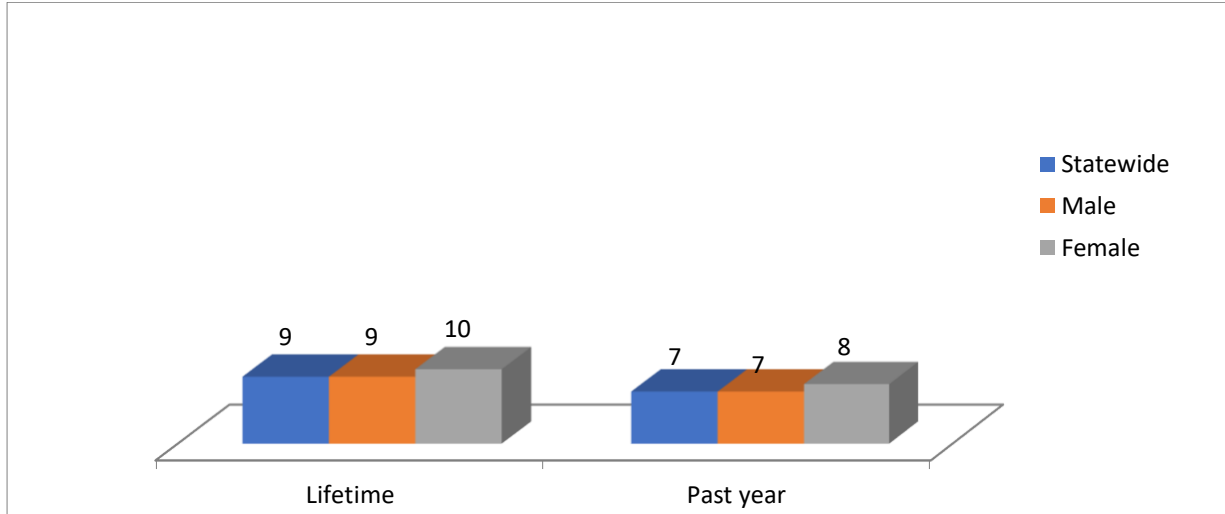
<sup>a</sup> Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

<sup>b</sup> 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 11<sup>th</sup> Graders (in percentages)



	Lifetime	Past Year	Past Month
<b>Statewide</b>	9	7	-
<b>Male</b>	9*	7*	-
<b>Female</b>	10*	8*	-

Figure 20: Drinking and driving, 11<sup>th</sup> 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)

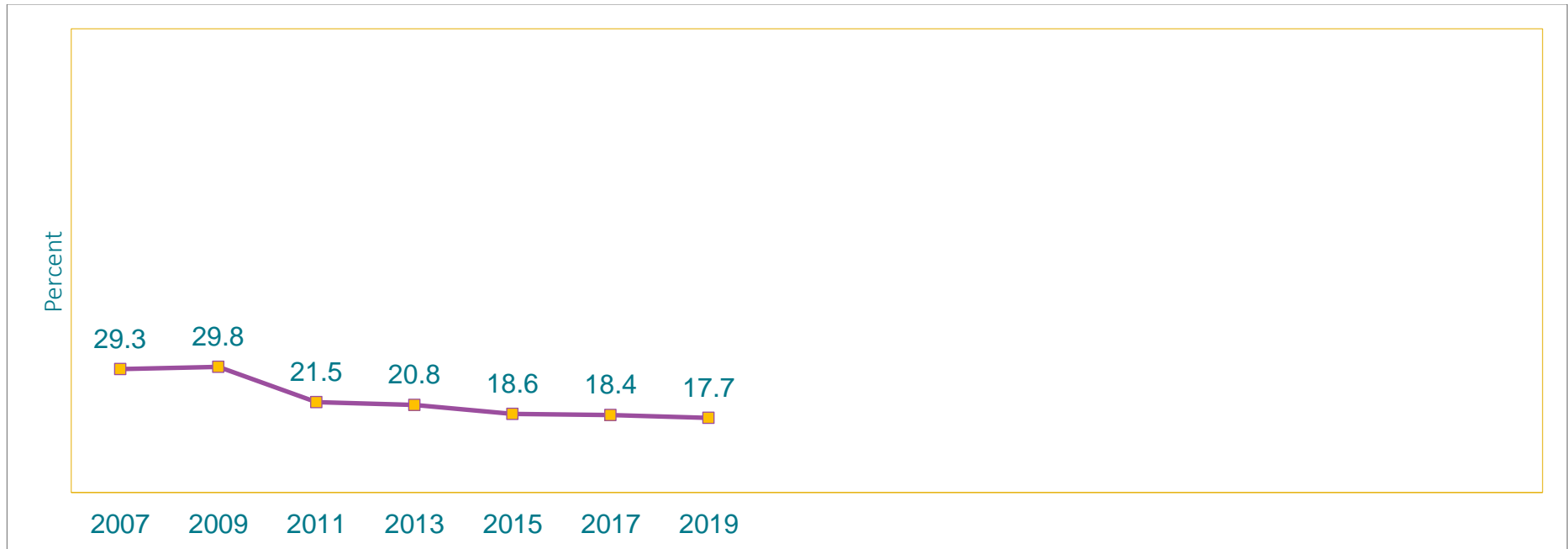


Figure 21: Trends in students who ever rode with a driver who had been drinking, MS

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 11<sup>th</sup> Graders, 1999-2019 (in percentages)

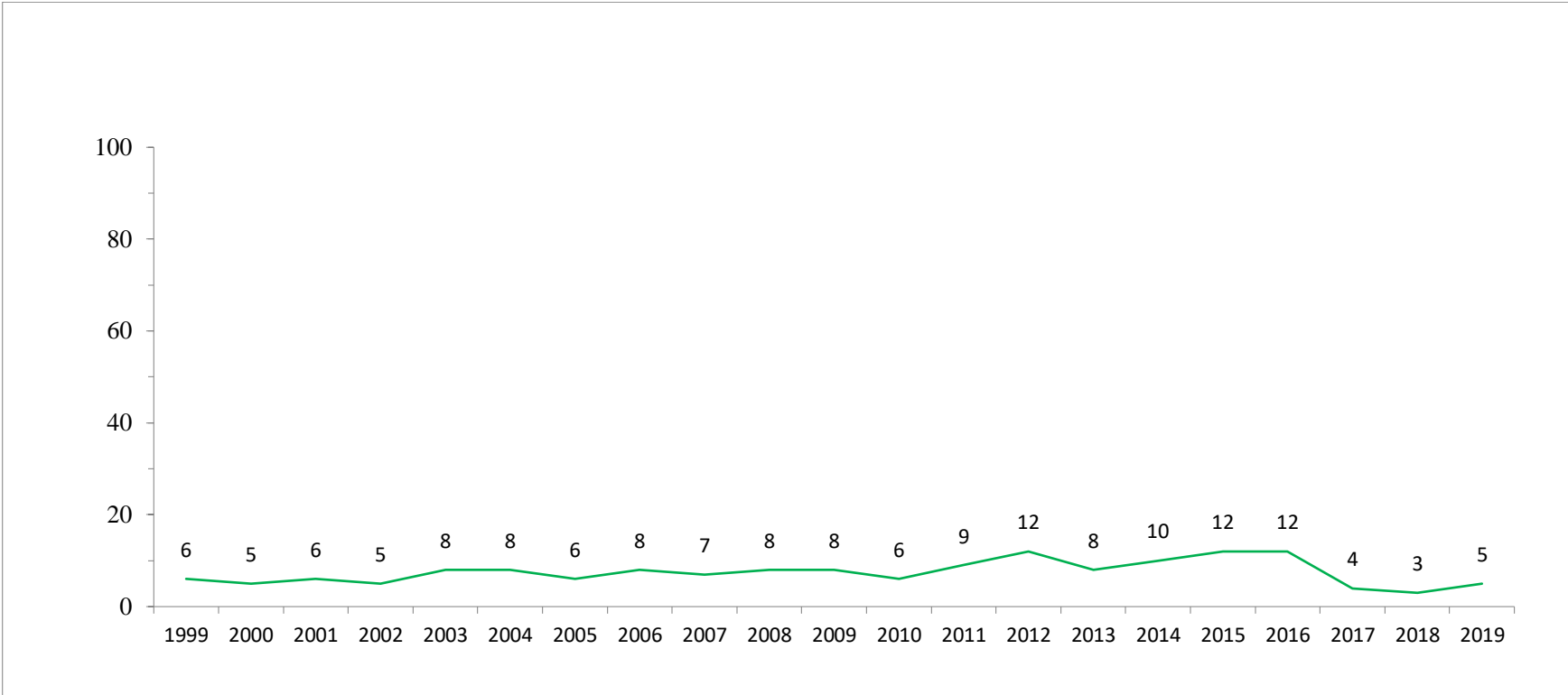


Figure 22: Trends in reported drinking and driving in past month, 11<sup>th</sup> grade

Notes:

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

In 2021, prevalence estimates for past month reports of drinking and driving by 11<sup>th</sup> 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
<b>Total</b>	<b>2,194</b>	<b>692</b>	<b>2,886</b>

Figure 23: 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)**

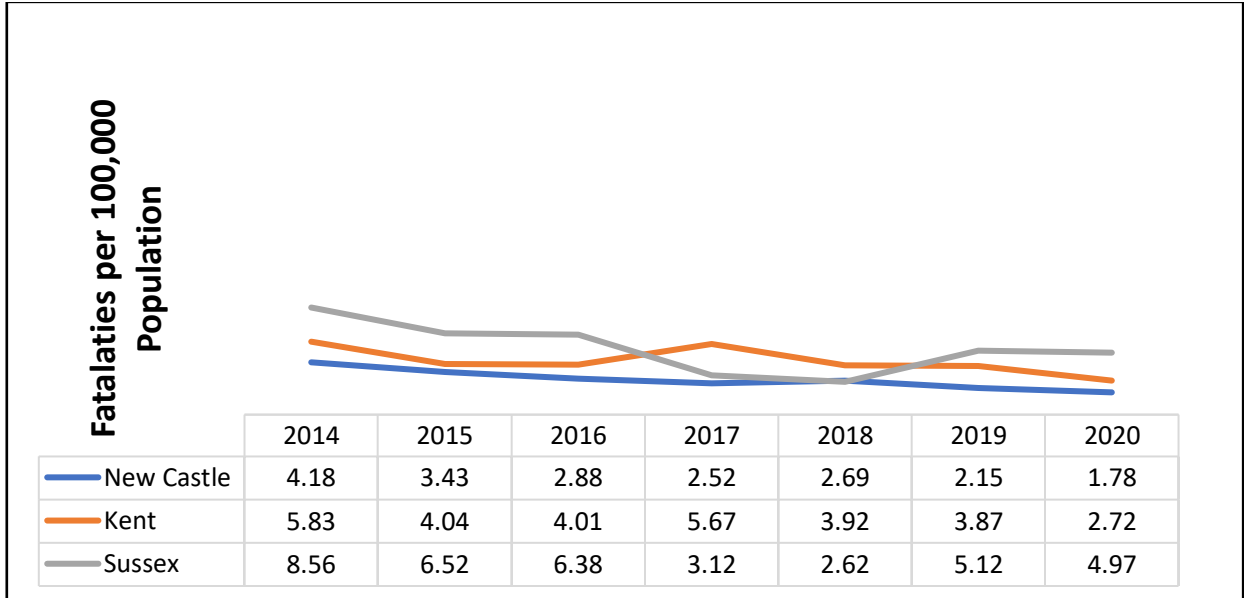


Figure 24: Trends in Delaware traffic fatalities/alcohol use by county

Note: Fatalities per 100,000 population

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

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## 2. References

### Alcohol

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Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from:  
<https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf>

## Data Sources

<b>Data Instrument</b>	<b>Most Recent Data</b>	<b>Trend Range</b>
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 <sup>th</sup> grade	2021	1999 - 2021
8 <sup>th</sup> and 11 <sup>th</sup> 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 <sup>th</sup> , 10 <sup>th</sup> , and 12 <sup>th</sup> grades	2021	1999 - 2021
National Youth Risk Behavior Survey (YRBS) – National	2019	1999 - 2019
National Survey of Children's Health (NSCH)	2020	2016 - 2020

<b>Data Instrument</b>	<b>Most Recent Data</b>	<b>Trend Range</b>
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