

Opioids

The 2022 Delaware Epidemiological Profile

Substance Use, Mental Health, and Related Issues

prepared for

*Director Joanna Champney and the
Delaware Division of Substance Abuse
and Mental Health*

&

*The Delaware State Epidemiological
Outcomes Workgroup*



The 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.



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 opioid 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
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 Division of Prevention and Behavioral Health Services
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 Division of Medicaid and Medical Assistance
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Delaware Department of Safety and Homeland Security
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 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
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Transitions Delaware
Trauma Matters Delaware
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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.

1. Opioid Use

National Overview

The opioid class of drugs includes prescription painkillers such as morphine, hydrocodone, and oxycodone, as well as heroin. Opioids can be highly addictive and potent; their 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.

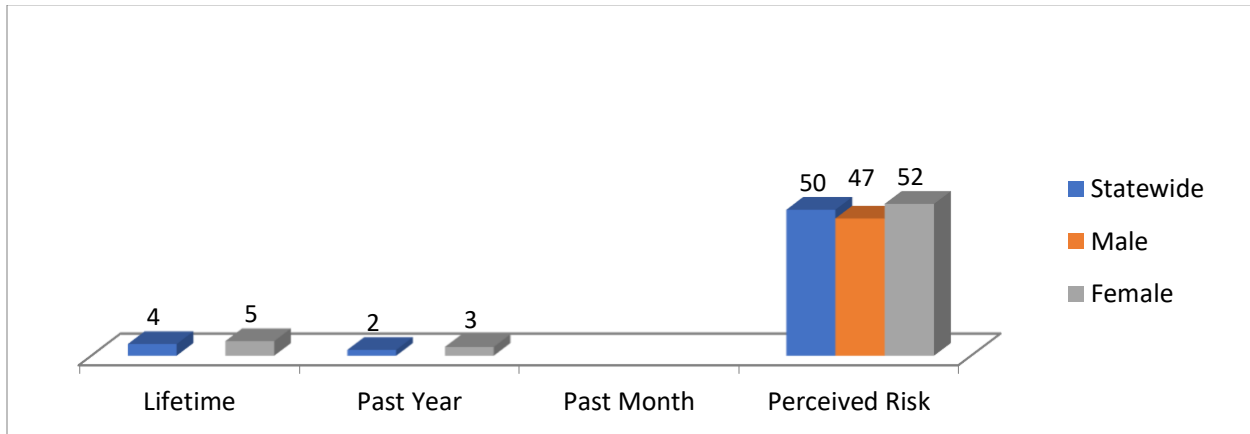
[Senate Bill 76](#), enacted in 2021, authorizes the distribution of fentanyl testing strips to detect the presence of fentanyl or fentanyl-related substances and exempts them from the drug paraphernalia statute.

[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 1: Prescription painkiller misuse, 8th grade

Notes:

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

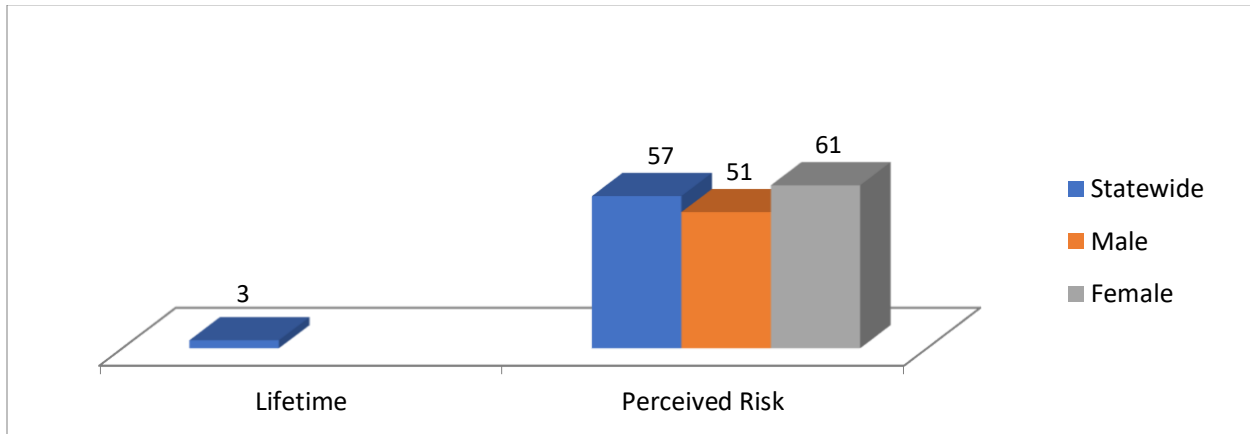
^a Misuse is defined in the DSS as use of prescription painkillers without a doctor's prescription or in ways other than prescribed.

* 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 2: 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)

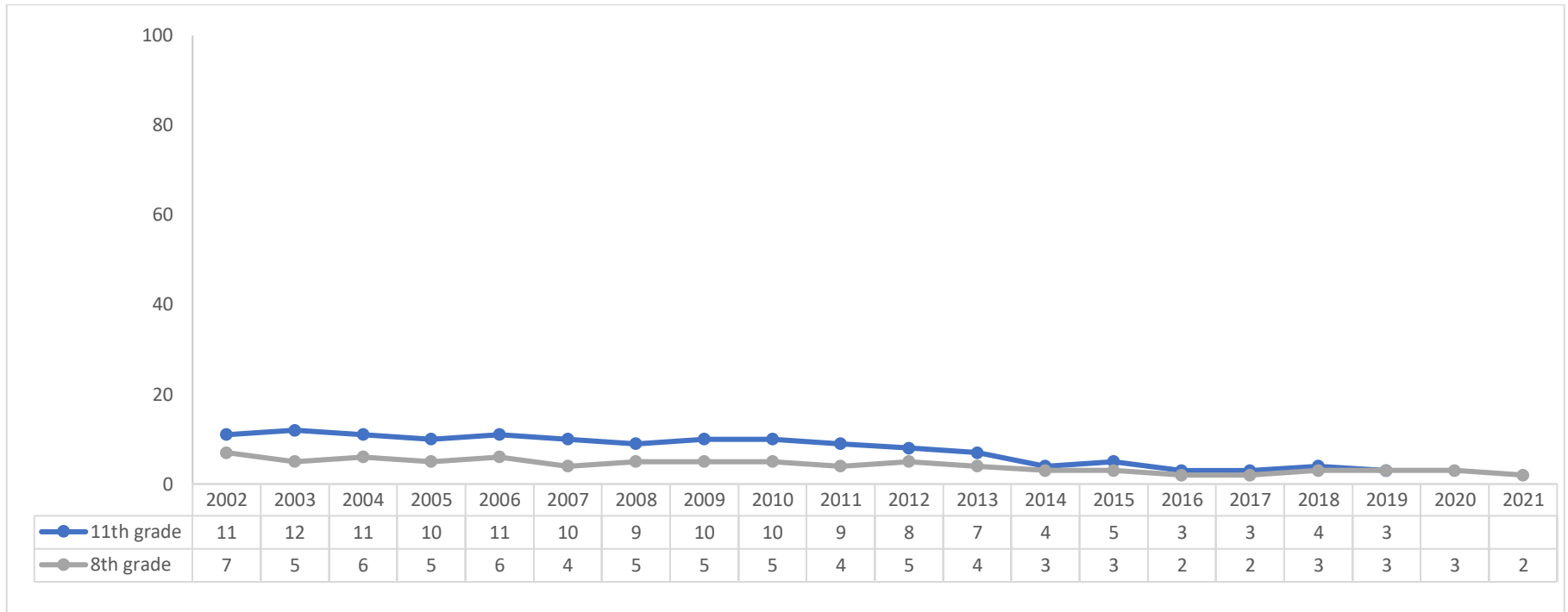


Figure 3: Trends in past year prescription painkiller misuse, 8th and 11th grade

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

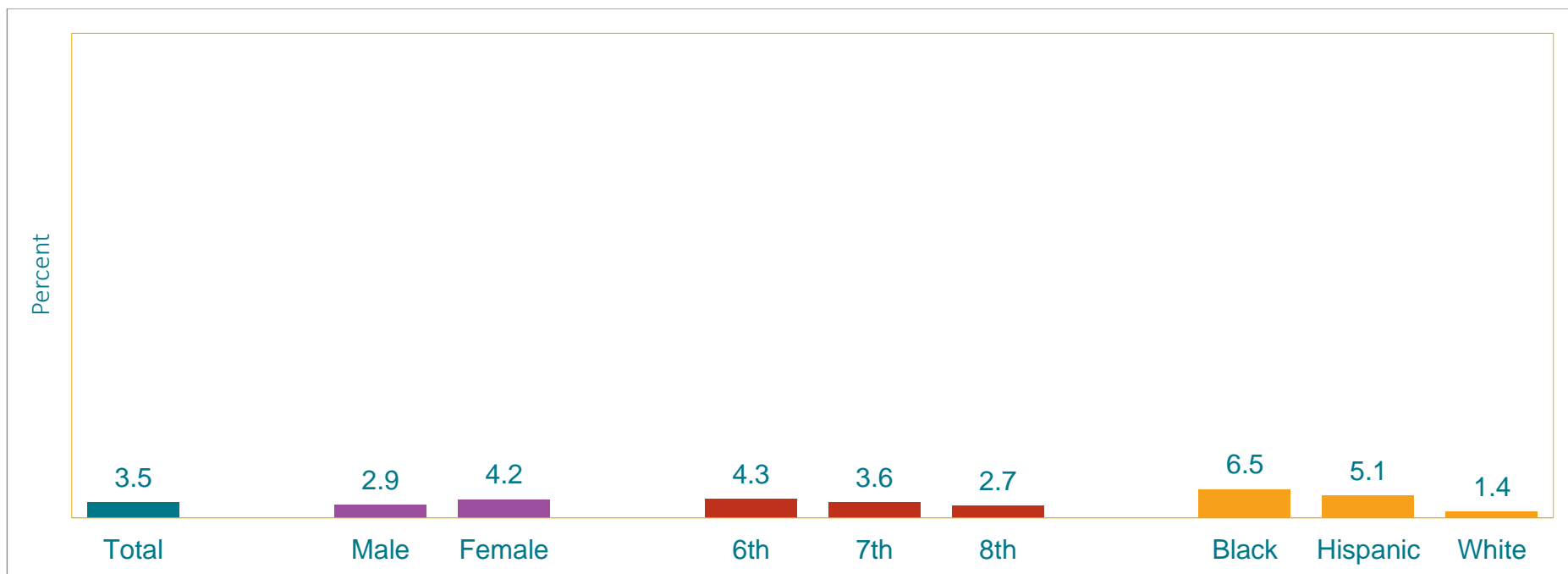


Figure 4: Current prescription pain medicine misuse, MS

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)

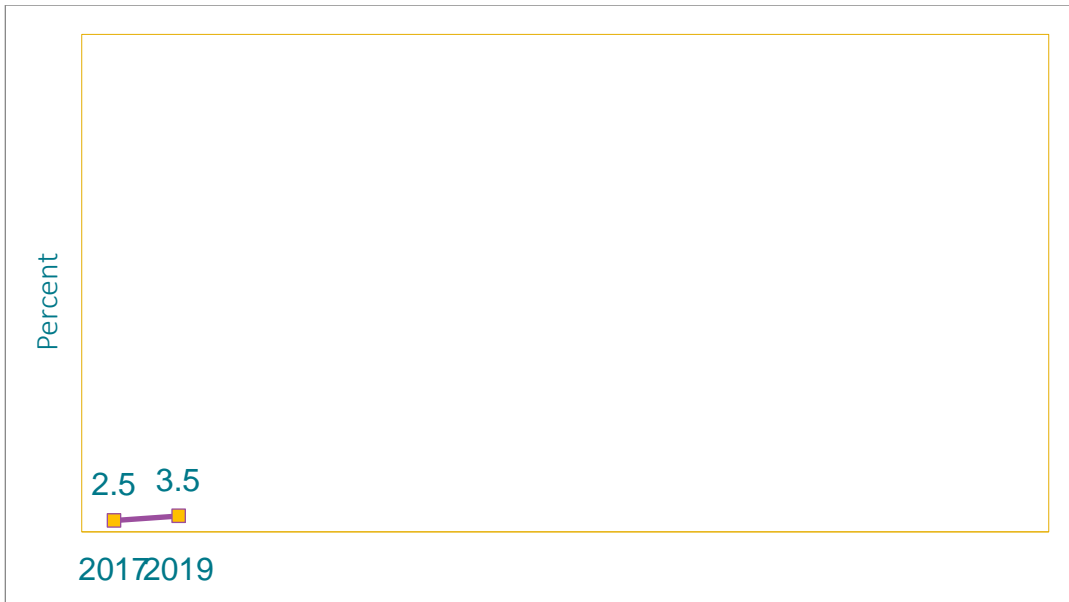


Figure 5: Trends in current prescription drug misuse, MS

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 6: 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)

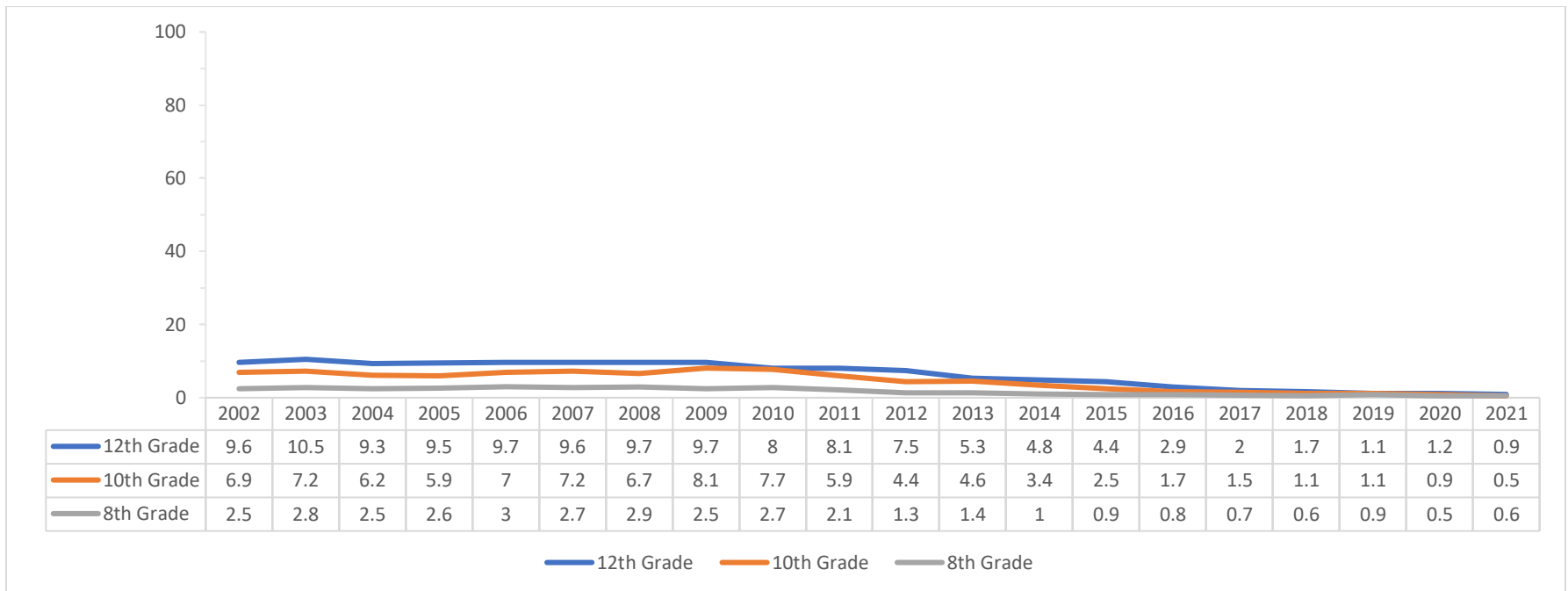


Figure 7: National trends in annual prevalence of Vicodin misuse, 8th, 10th, and 12th grade

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)

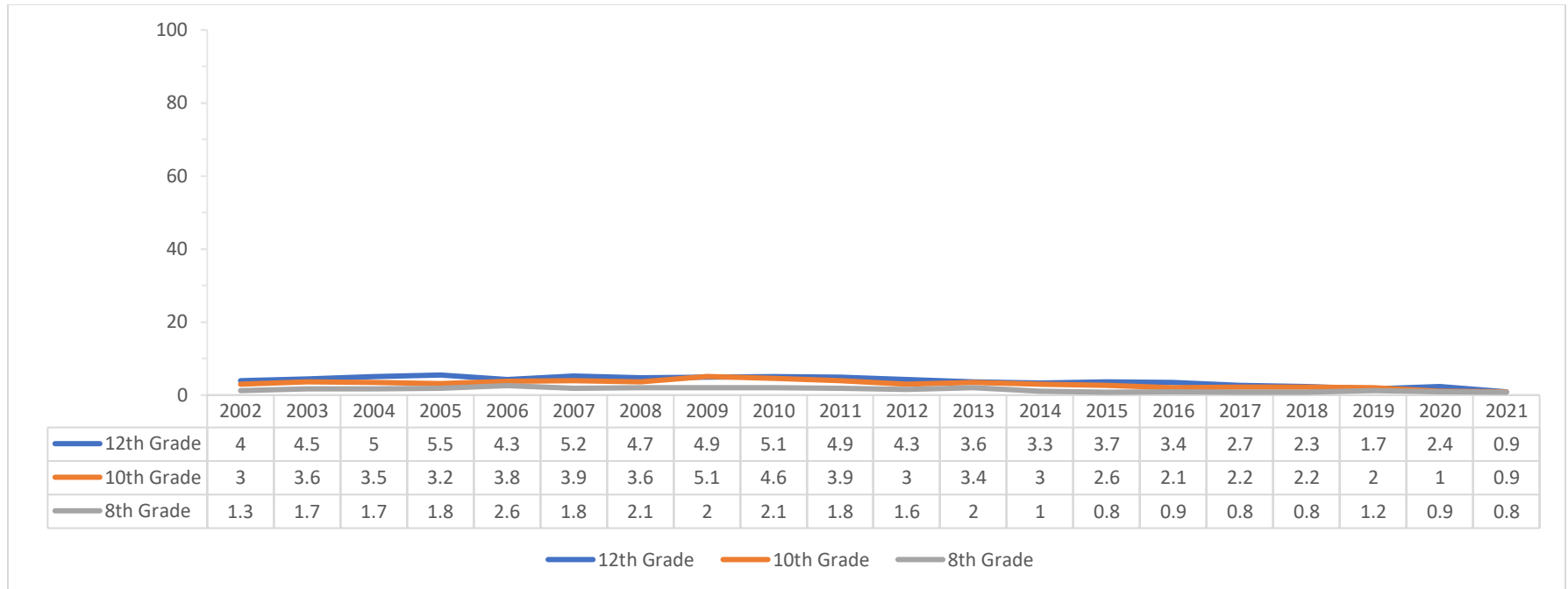


Figure 8: National trends in annual prevalence of OxyContin misuse, 8th, 10th, and 12th grade

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)

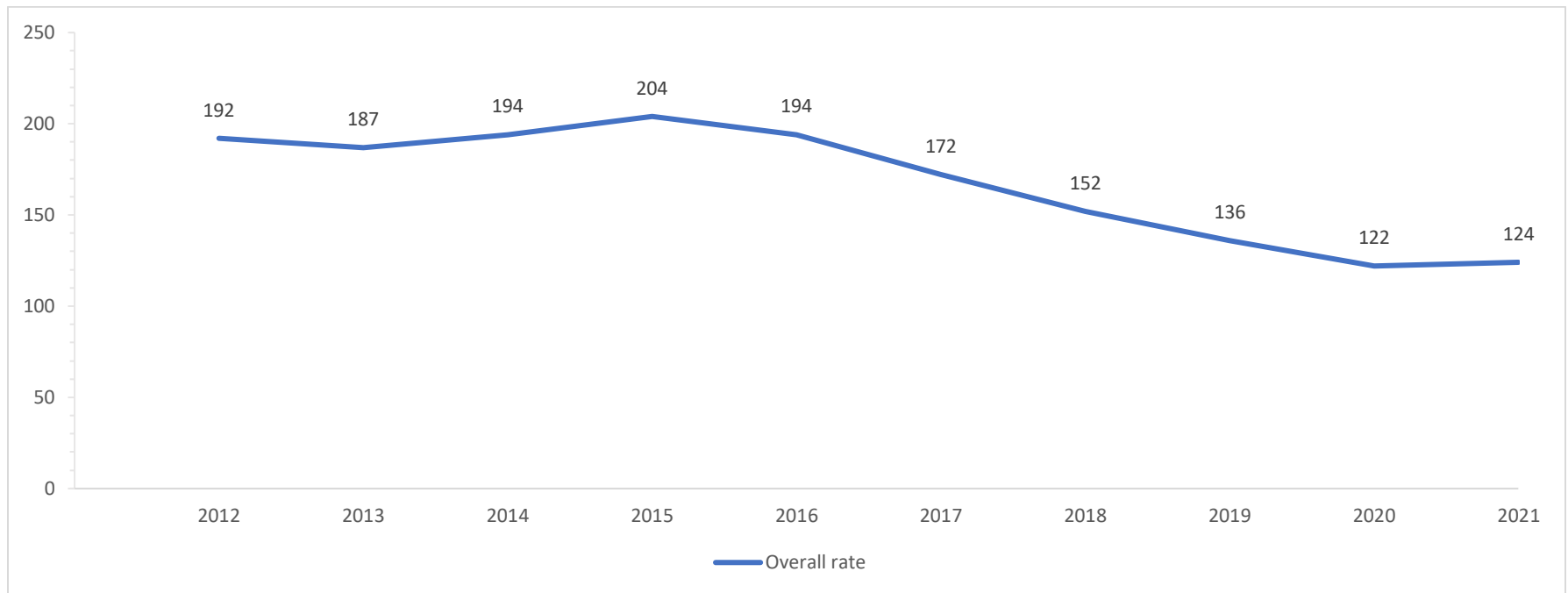


Figure 9: Trends in people filling opioid prescriptions in Delaware, any opioid prescription

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)

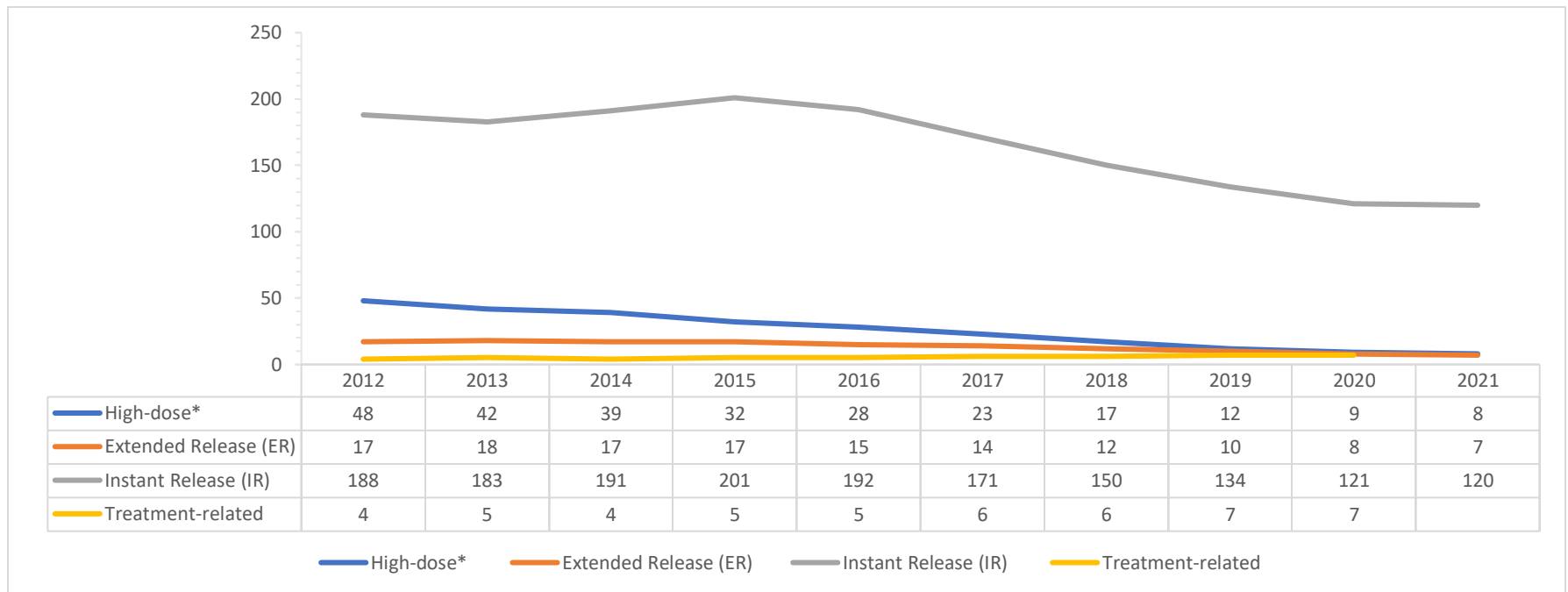


Figure 10: Trends in people filling opioid prescriptions in Delaware, by prescription category

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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2. References

Opioids

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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

Data Instrument	Most Recent Data	Trend Range
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