Persons with Disabilities

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, 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 behavioral health among persons with disabilities. 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
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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. **Persons with Disabilities**

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.

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).

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 difficulty[1] 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,

[1] 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.[2] 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.[3]

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.

[2] 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.

[3] 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 1: Disability prevalence by age group

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, 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 2: 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 3: 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.

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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 4: 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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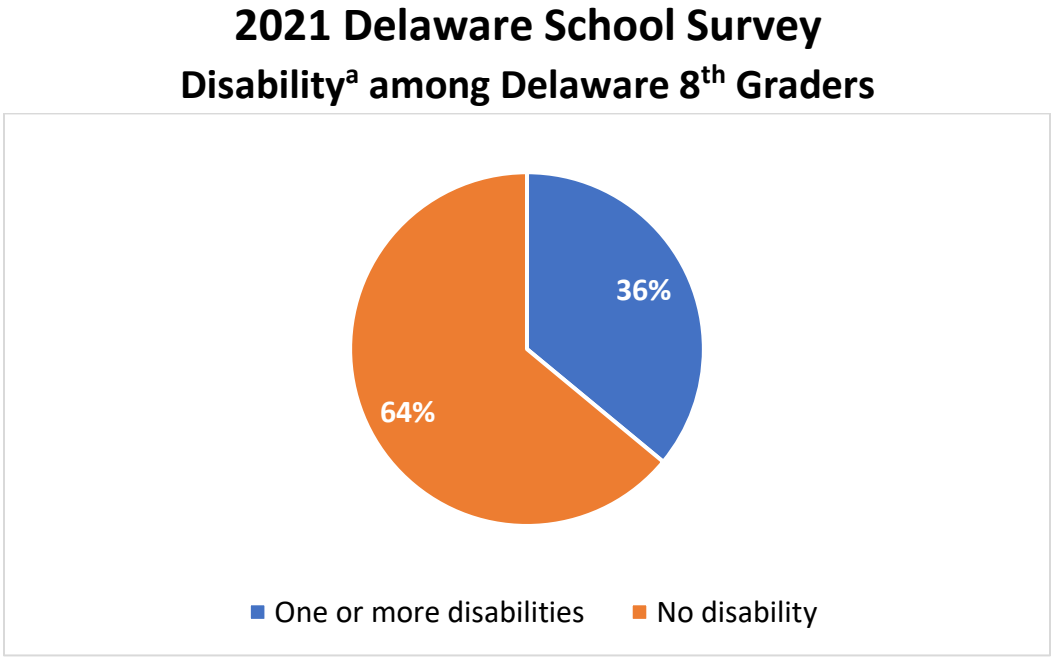

Figure 5: Disability prevalence among 8th graders

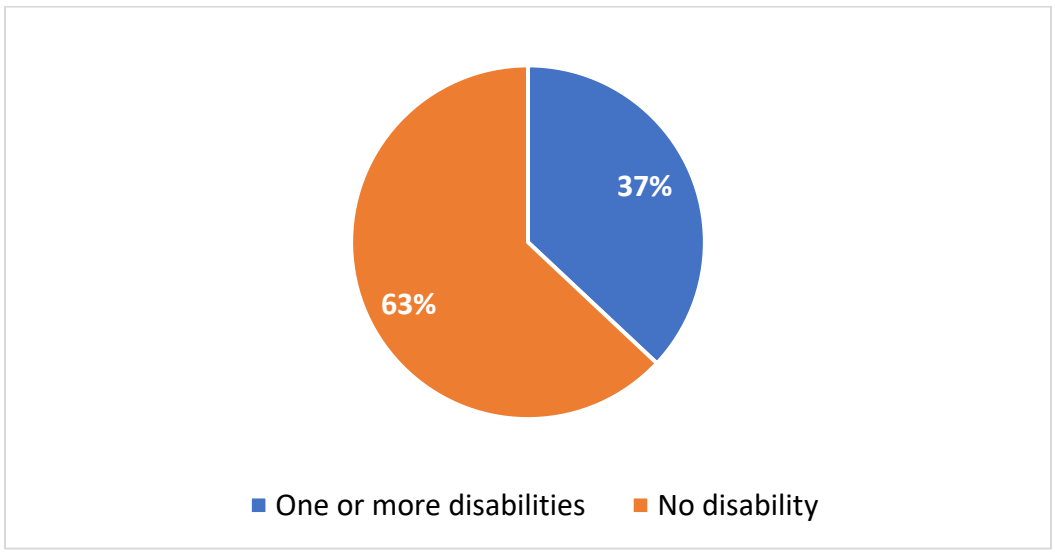

Figure 6: Disability prevalence among 11th graders

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)

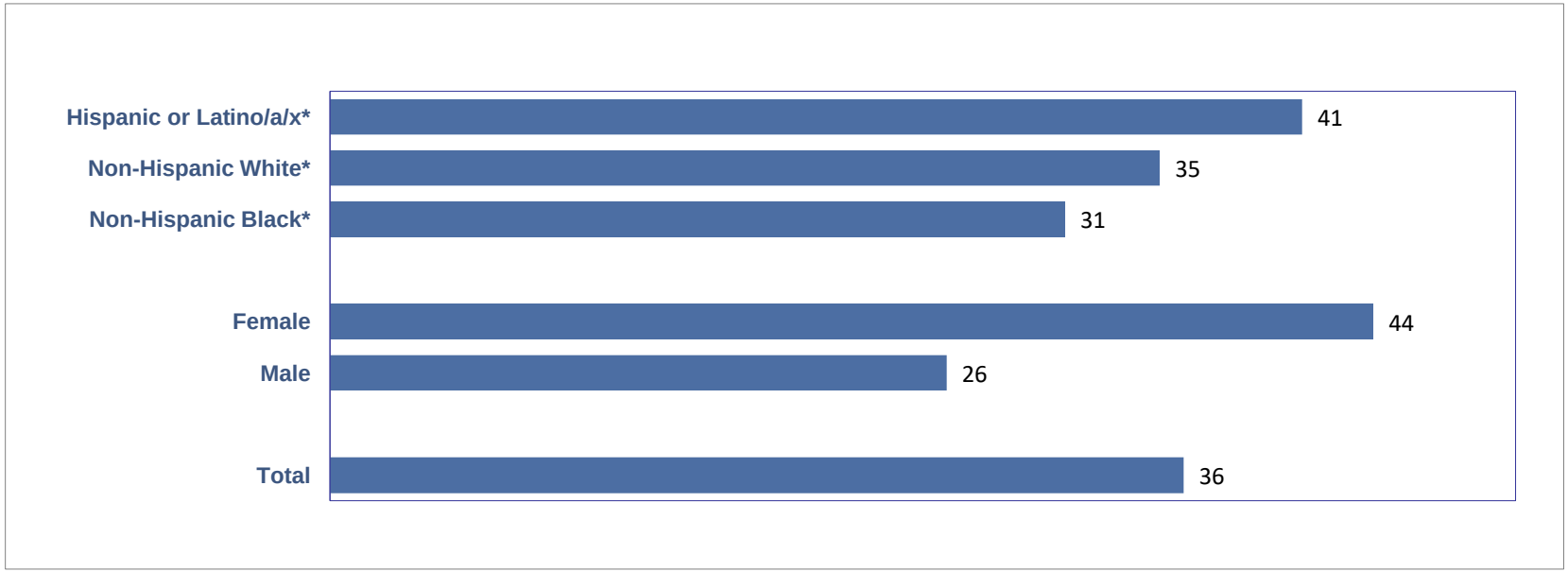

Figure 7: Disability prevalence by sex and race/ethnicity, 8th grade

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)

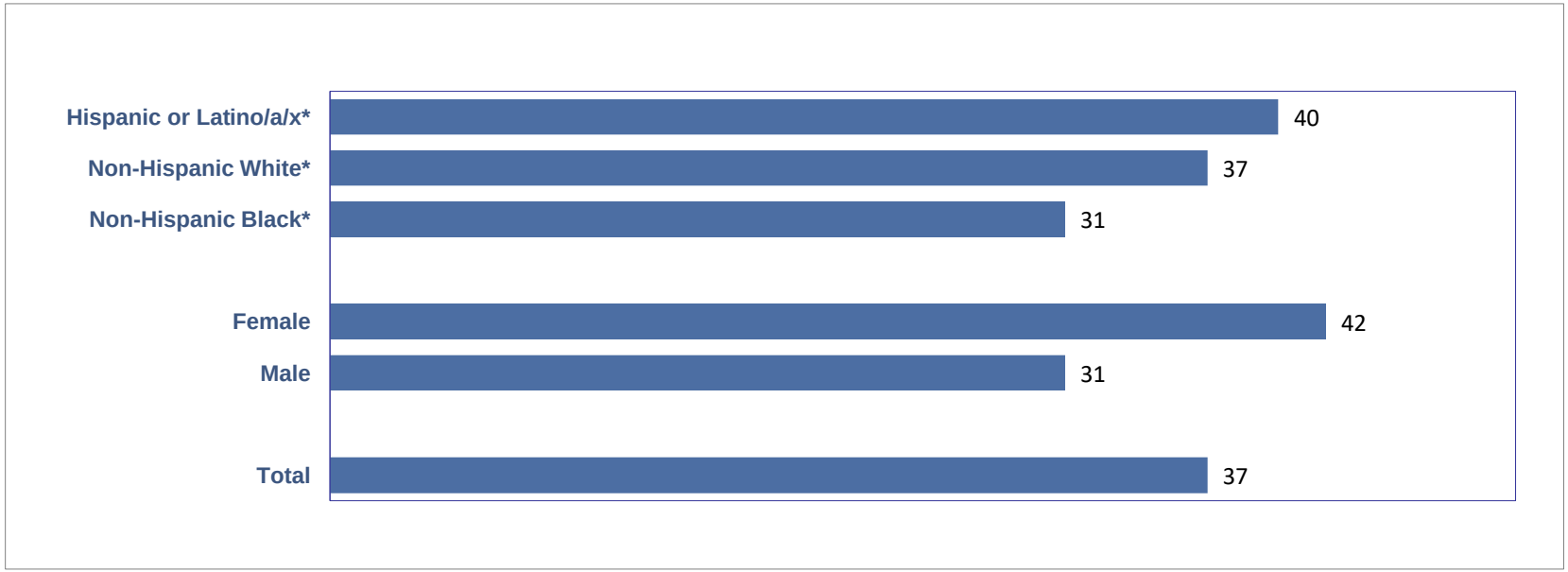

Figure 8: Disability prevalence by sex and race/ethnicity, 11th grade

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
Current e-cigarette use	10.4	3.6
Binge drinking in past 30 days	17.6	15.7
Mentally Unhealthy for 14+ days in the past 30	34.0	7.4
Ever had depression	35.6	10.8

Figure 9: Disability, smoking status, E-cigarette use, and depression, adults

Notes:

[a] 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.

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)

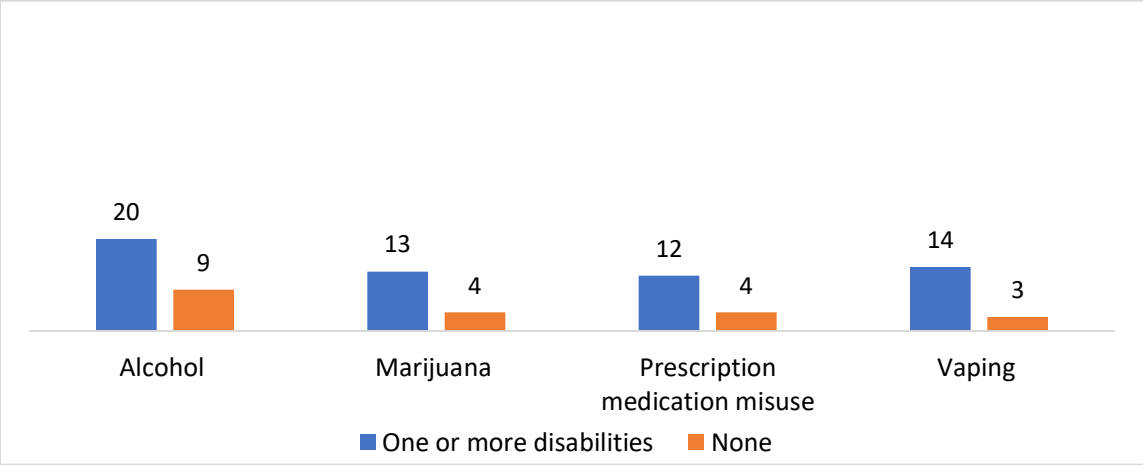

Figure 10: Disability and past month substance use, 8th grade

Disability[a] and Mental Health Among 8th Grade Students (in percentages)

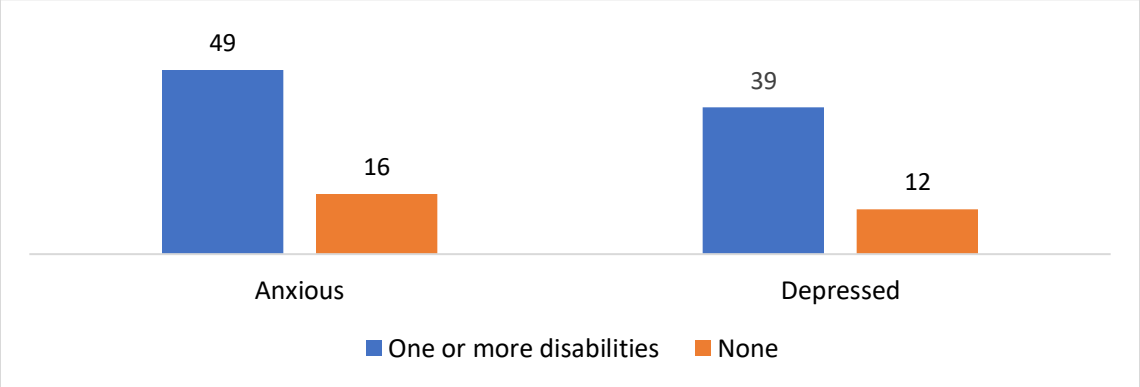

Figure 11: Disability and mental health, 8th grade

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)

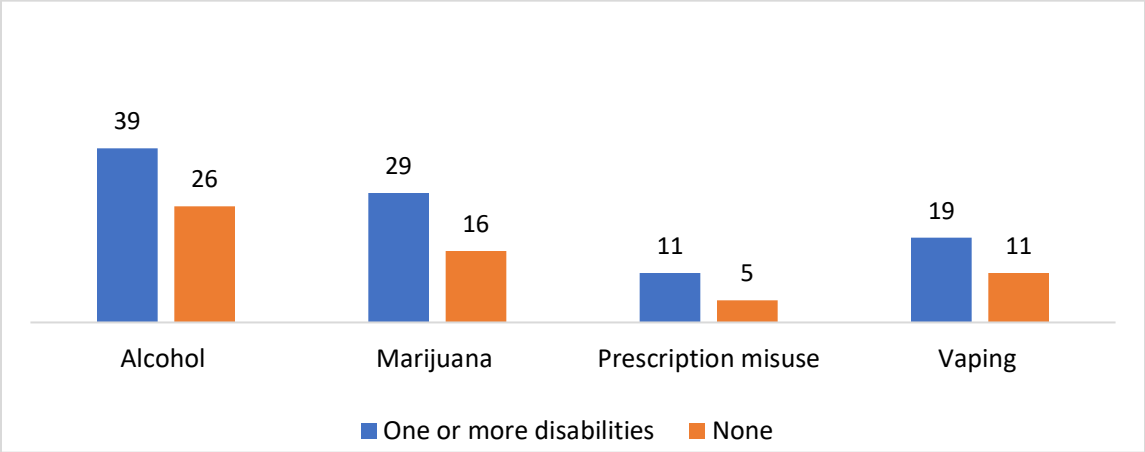

Figure 12: Disability and past month substance use, 11th grade

Disability[a] and Mental Health Among 11th Grade Students (in percentages)

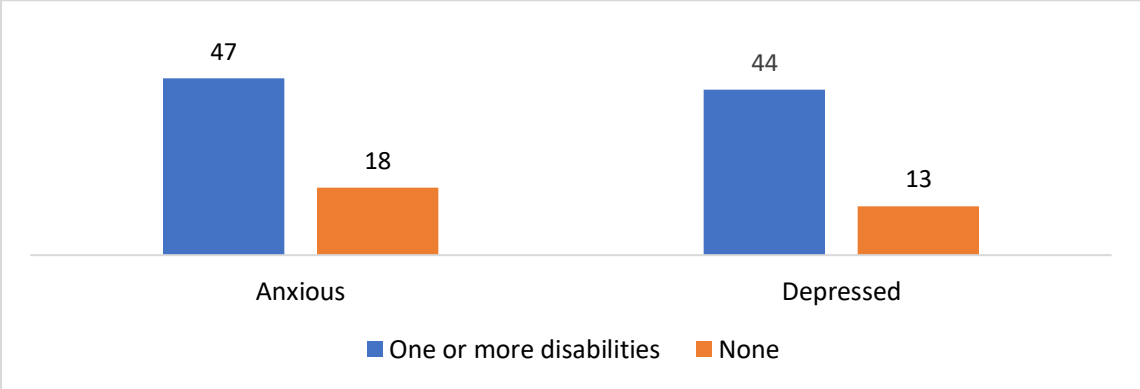

Figure 13: Disability and mental health, 11th grade

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.

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

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Persons with Disabilities

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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) – 5th grade 8th and 11th grades	2021 2021	1999 - 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 – 8th, 10th, and 12th 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