

Gender and Sexuality

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 available data on the behavioral health of gay, lesbian, bisexual, and transgender individuals (LGBT). 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
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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
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. Gender and Sexuality

National Overview

Several recent data sources indicate that 7% to 8% of the population identify as lesbian, gay, bisexual, or transgender (LGBT) adults (Gallup, 2022; U.S. Census, 2021). It is estimated that there are approximately 1.6 million transgender¹ youth and adults in the U.S. (Herman, Flores, O’Neill, 2022). Members of the LGBTQ^{2,3} community have consistently faced

discrimination, harassment, and violence at the interpersonal and at the systemic level, and it is only in recent years that significant legal rulings have begun to extend major civil rights protections to LGBTQ individuals. Same-sex marriage was legalized in the U.S. a little over five years ago (*Obergefell v. Hodges*, 2015); prior to this ruling, same sex couples faced barriers in accessing the same relationship privileges granted to heterosexual couples, such as eligibility for spousal benefits in health insurance and next-of-kin rights. In June 2020, the Supreme Court ruled in a series of employment discrimination cases that employers could not fire employees on the basis of their sexual orientation or gender identity (*Bostock v. Clayton County*, 2020), finally granting protections to LGBTQ Americans under Title VII of the Civil Rights Act of 1964.

Despite making up a substantial portion of the population and ample evidence of discriminatory practices and policies, historically, research on LGBTQ individuals has not been robust nor conducted on a nationally representative scale. Collecting data on this population is important but difficult, as sexuality and gender categories are often fluid and evolving over the life course,

Despite the challenges to collecting data regarding lesbian, gay, bisexual, and transgender (LGBT) people, most existing research provides strong evidence for the disproportionate risk faced by these individuals.

Home, school, and community environments that are accepting, affirming, and supportive help to prevent or lessen these adversities.

2019 Delaware School Survey data indicates that 1 in 4 students in 8th and 11th grade identify as other than straight.

¹ Someone is transgender when their gender identity is different from the sex that they were assigned at birth; the term cisgender is used to describe people whose sex at birth and gender identity are aligned.

² The letter “Q” has multiple meanings in this context. It is typically short for queer but can represent those individuals who do not feel fully represented by the adjectives of lesbian, gay, bisexual, or transgender, or those who are questioning or unsure how they identify in terms of sexual orientation, gender identity, or in terms of gender expression. While the LGBTQ acronym (or LGBT depending on the wording of the referenced data source) is used in this text, it is important to acknowledge that this is an imperfect and non-exhaustive identifier, and many sources may use variations of this acronym to refer to the community. The [Trevor Support Center](#) and [GLSEN](#) offer terminology resources on this topic.

³ Gender expression refers to how an individual presents gender identity. Although this is an important topic there is very little available data, therefore it is beyond the scope of the current discussion.

while other typical demographic measures are more fixed (Ruberg and Ruelos, 2020). The Human Rights Commission (HRC) in 2019 issued a report advocating for more expansive data collection on this population and provided some guidelines for best practices in how to construct survey questions on the topics of gender and sexuality. Some of these guidelines included: frame questions so that sexual orientation and gender identity are self-identified; use open-ended response categories in survey questions; allow for self-administration of survey questions pertaining to sexuality and gender; and assure respondents' confidentiality or anonymity so they feel safe in disclosing their identities (Persad, 2019). In their inaugural survey, the Trevor Project reported collecting responses from more than 100 different sexual orientations and gender identities among youth and young adults aged 13 to 24 (Trevor Project, 2019), further underscoring the vast diversity of the LGBTQ community and the challenge of accurately representing all identities within data collection efforts.

Previously, there had been no government mandate to include sexual orientation and gender identity as demographic categories on government collected and federally funded data (Persad, 2019). On the 2020 Census questionnaire, while respondents were able to identify whether they had a same-sex partner when answering the question about their household composition, there were not more specific questions related to sexual orientation and gender identity (SAGE, 2020; U.S. Census Bureau, 2020). Thus, LGBTQ people not in same-sex relationships or married to their partners were not counted. The relative invisibility of LGBTQ people in these data poses serious problems when it comes to issues of resource allocation and LGBTQ inclusion in important policy and funding decisions. An [executive order](#) signed in January 2021 establishes an Interagency Working Group on Equitable Data to consult with federal agencies and make recommendations to identify data gaps for underserved communities and to address inadequacies in data collection (Executive Order 13985, January 20th, 2021)⁴. In July 2021, for the first time, the U.S. Census Bureau included questions on transgender and sexual orientation status on the Household Pulse Survey.

Most existing research provides evidence of the disproportionate risk borne by LGBTQ communities for substance use and poor mental health. Data from the 2020 National Survey on Drug Use and Health estimates that: 37% of lesbian, gay, and bisexual (LGB) adults aged 18 to 25 and more than one in four adults aged 26 and over reported using marijuana in the past month; approximately 34.2% of LGB adults age 18 or older met the criteria for a substance use disorder in 2020; more than half reported a mental illness; and 23.1% had met the criteria for both a substance use disorder and a mental illness (SAMHSA 2022). This population was also more likely to experience mental health and economic challenges during the COVID-19 pandemic; LGBT respondents were twice as likely as non-LGBT adults to report symptoms of depression and anxiety during the pandemic, and also more likely to report experiencing food insecurity, loss of employment income, and difficulty paying expenses (U.S. Census, 2021).

⁴ Executive Order 13988 was also signed in January 2021: [Preventing and Combatting Discrimination on the Basis of Gender Identity or Sexual Orientation](#).

Research indicates that LGBT persons are also more likely to experience violent crimes, including sexual assault and relationship violence, at higher rates than heterosexual people (Walters, Chen, and Breiding, 2013; Williams Institute, 2020).

It is important to note that differences in these rates are not intrinsically associated with being LGBTQ but rather relate to the adversities that these individuals frequently face concerning their sexual orientation or gender identity.

Young people are especially vulnerable, as rejection and lack of acceptance from family members can create unsafe home environments and contribute to a higher rate of homelessness among these youth (Choi, Wilson, Shelton, and Gates, 2015). Lesbian, gay, bisexual, and questioning youth are at higher risk of using substances (Marshall et al., 2008) and experience greater rates of depression and suicidal ideation (Burton et al., 2013; Marshall et al., 2011). Data from the National Youth Risk Behavior Survey (YRBS) in 2019 found that LGB high school students report significantly higher rates of past month alcohol, marijuana, and cigarette use than their heterosexual peers. LGB students also attempted suicide in the past year at more than three times the rate of heterosexual students, and experienced higher rates of physical and sexual dating violence, being bullied, and skipping school due to feeling unsafe.

LGBTQ youth have continued to face challenges during the COVID-19 pandemic. The Trevor Project's 2022 National Survey on LGBTQ Youth and Mental Health includes data from 34,000 respondents aged 13 to 24. Among the findings, 45% seriously considered suicide in the past year; 60% of youth who wanted mental health services in the past year were unable to get it; and less than one in three transgender and non-binary youth found their homes to be gender-affirming. LGBTQ youth who found their homes, schools, and communities to be accepting and supportive experienced lower rates of suicidal behaviors (Trevor Project, n.d.).

Delaware Context

The secondary Delaware School Survey (DSS), administered to 8th and 11th grade students, includes a question about sexual orientation: *Which of the following best describes you?* Students are provided four response choices: *heterosexual (straight); gay or lesbian; bisexual; other; or not sure*. In 2021, approximately one in four 8th graders identified as other than straight (3% identified as *gay or lesbian*, 12% identified as *bisexual*, 4% as *other*, and 7% as *not sure*). These rates were relatively consistent with those identified by 11th graders (3% identified as *gay or lesbian*, 13% as *bisexual*, 3% as *other*, 4% as *unsure*). Similar to research findings and national data, across both grades, LGB students were more likely to report alcohol, marijuana, and vaping use, prescription medication misuse, and symptoms of depression and anxiety than their straight peers. Approximately half of LGB 8th and 11th graders reported recent symptoms of anxiety, and 42% of 8th graders and 48% of 11th graders reported recent symptoms of depression. Conversely, they were much more likely than heterosexual students to rate their

emotional health as poor or fair, and much less likely to rate their emotional health as excellent.

More effective and consistent data collection on these issues can help policy makers, educators, and practitioners understand how to better support LGBTQ students and mitigate the experiences that put them at greater risk for adverse outcomes. A recent State Epidemiological Outcomes Workgroup infographic, [LGBTQ+ Affirming Spaces](#), provides information and resources to support LGBTQ youth (Center for Drug and Health Studies, 2021).

2019 National Youth Risk Behavior Survey Past Month Substance Use Among LGB High School Students (in percentages)

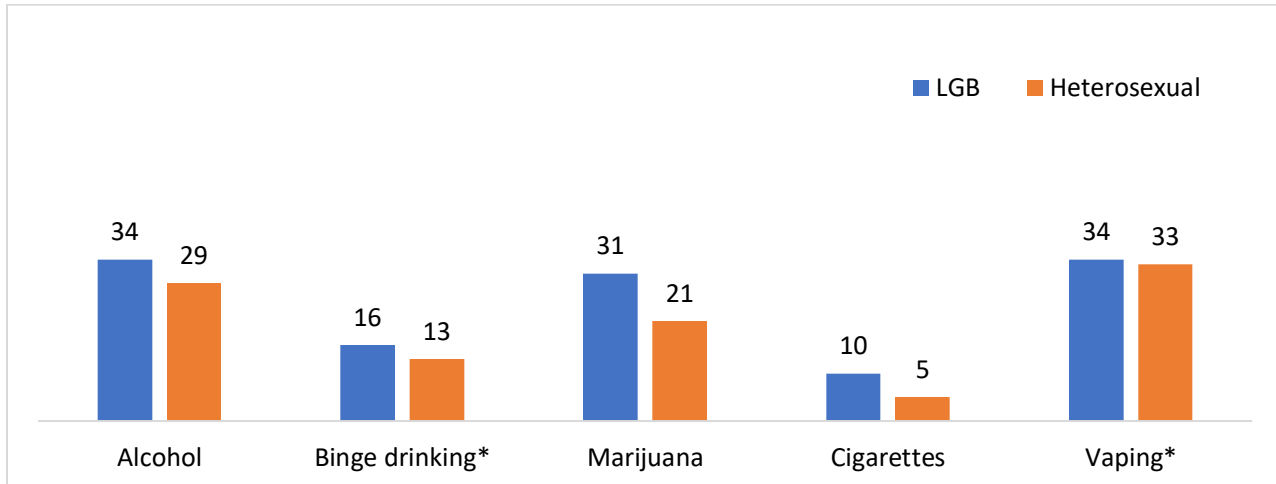


Figure 1: Past month substance use among LGB students, HS, National YRBS

Past Year Mental Health Among LGB High School Students (in percentages)

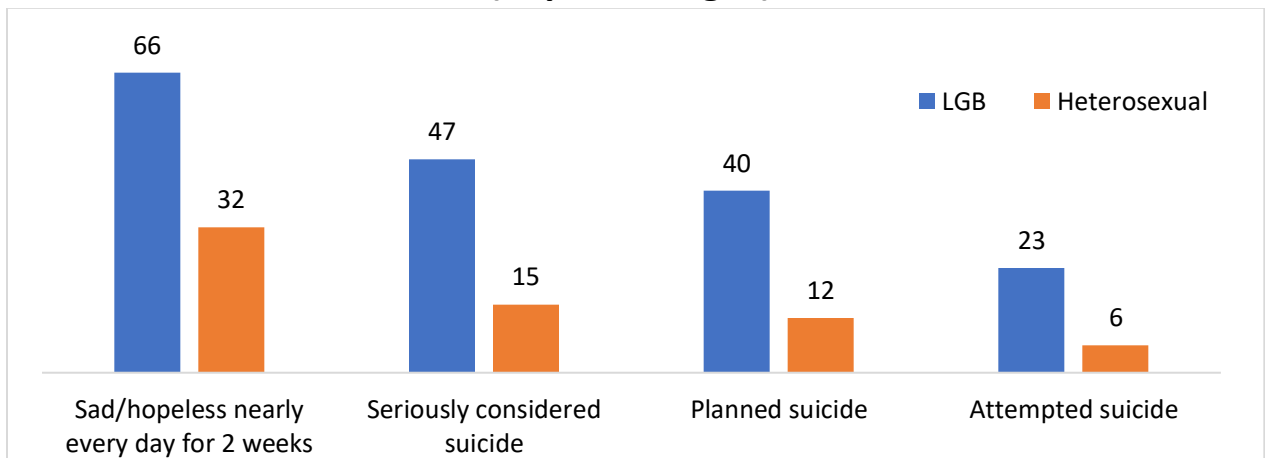


Figure 2: Past year mental health among LGB students, HS, National

Note: "Binge drinking" is defined as five or more drinks of alcohol in a row for males/four or more drinks for females.

*The relationships between binge drinking, vaping and LGB status were not statistically significant.

**LGB refers to students who reported their sexual orientation as lesbian, gay, or bisexual.

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

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2019 National Youth Risk Behavior Survey

Experiences of Dating Violence Among LGB High School Students (in percentages)

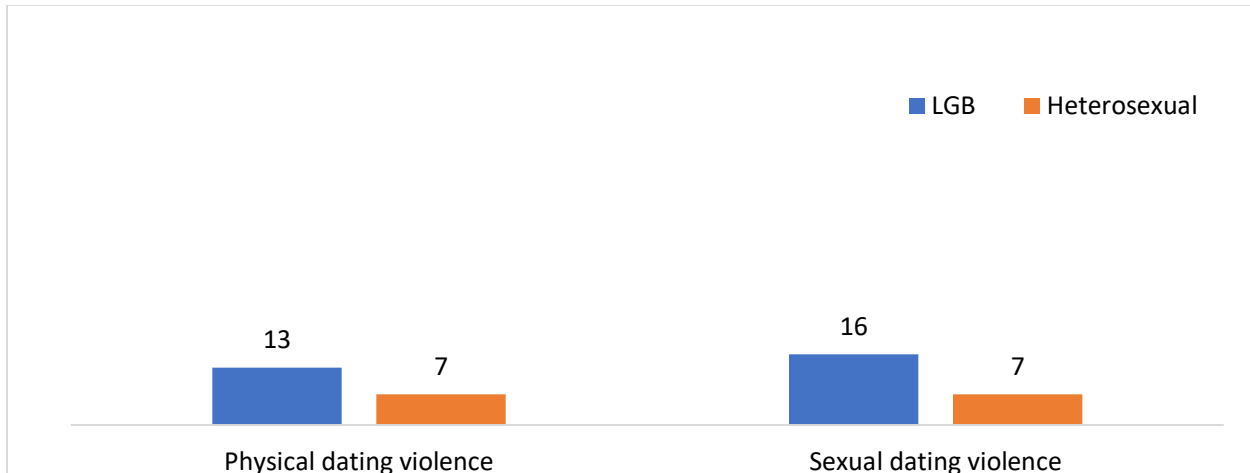


Figure 3: Experiences of dating violence among LGB students, HS, National

Bullying and School Safety Among LGB High School Students (in percentages)

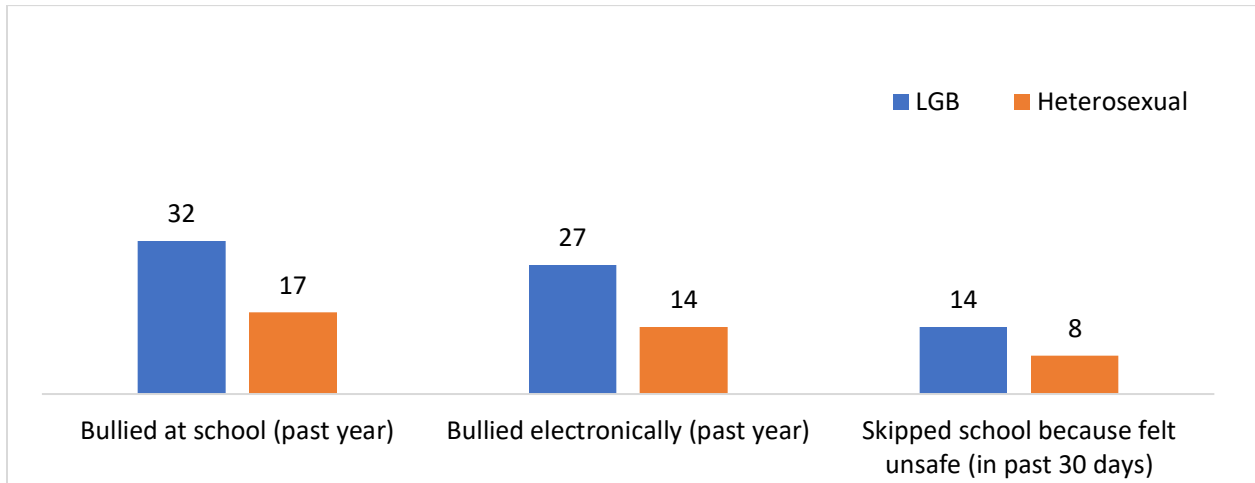


Figure 4: Bullying and school safety among LGB students, HS, National

Note: LGB refers to students who reported their sexual orientation as lesbian, gay, or bisexual.

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

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2021 Delaware School Survey
Sexual Orientation among 8th Grade Students
(in percentages)

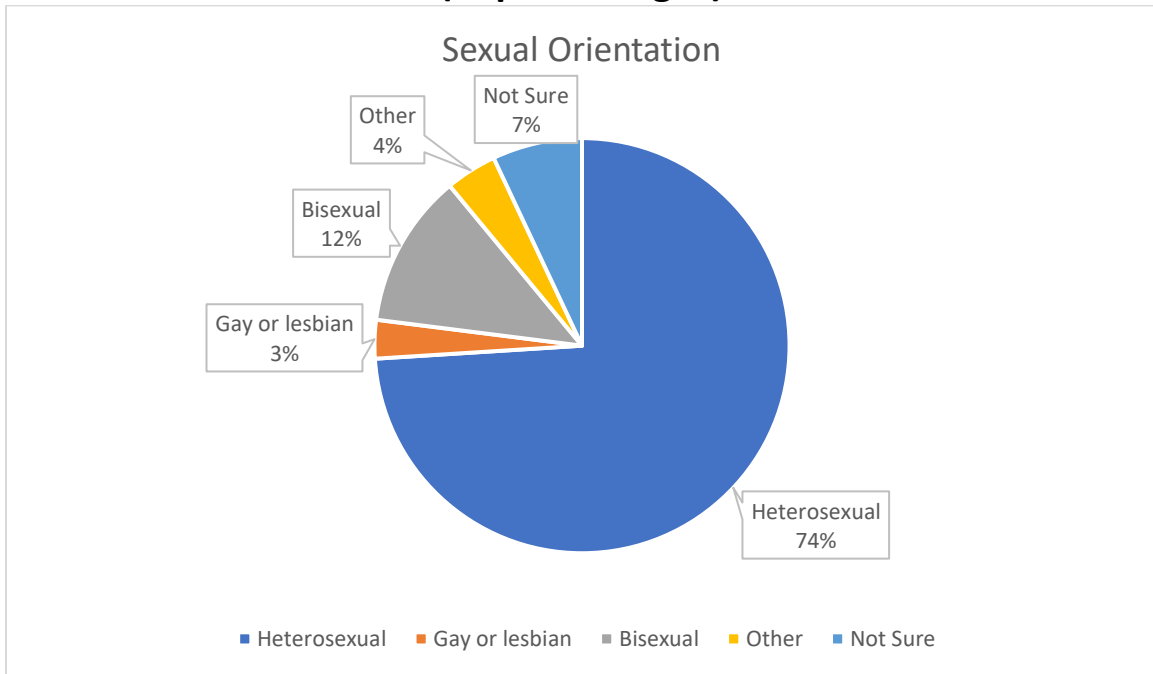


Figure 5: Sexual Orientation, 8th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Past Year Substance Use Among LGBTQ Students, 8th Grade (in percentages)

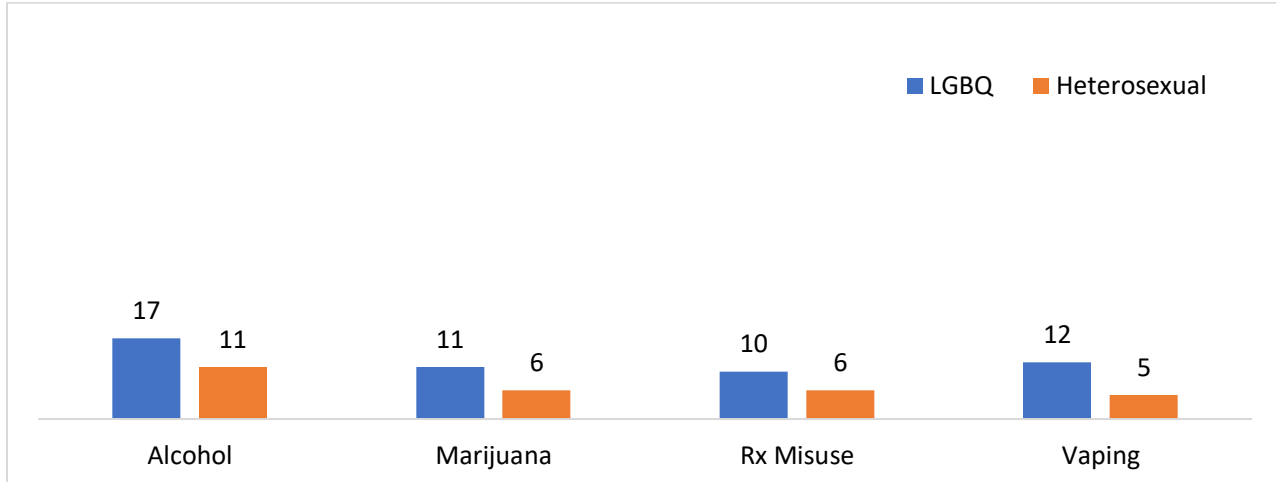


Figure 6: Past year substance use among LGBTQ students, 8th grade

Note:

*LGBTQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Mental Health Among LGBTQ Students, 8th Grade (in percentages)

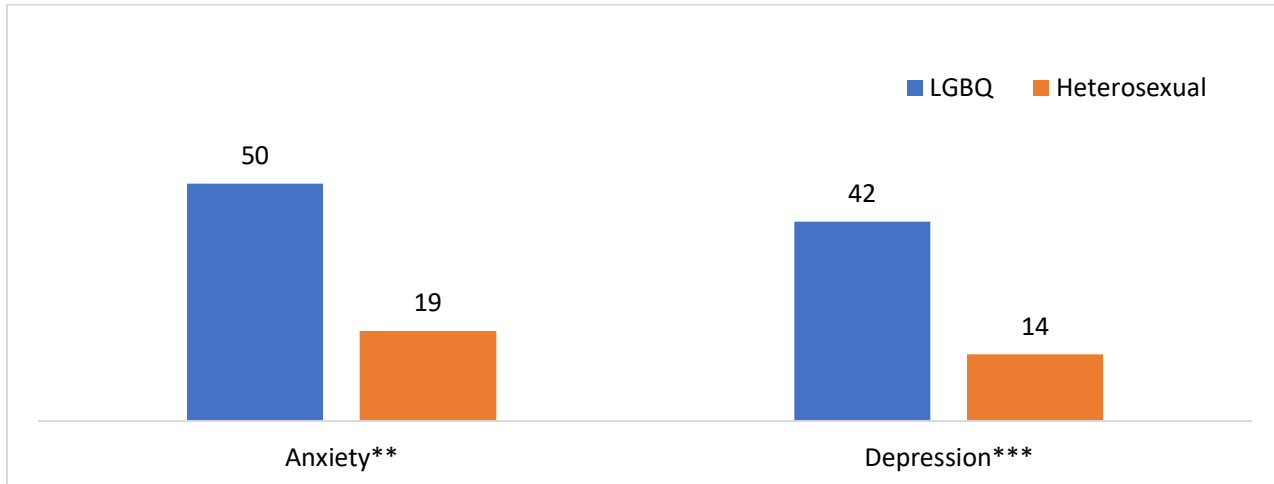


Figure 7: Mental health among LGBTQ students, 8th grade

Note:

*LGBTQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

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

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

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Self-Reported Emotional Health Among LGBTQ Students, 8th Grade (in percentages)

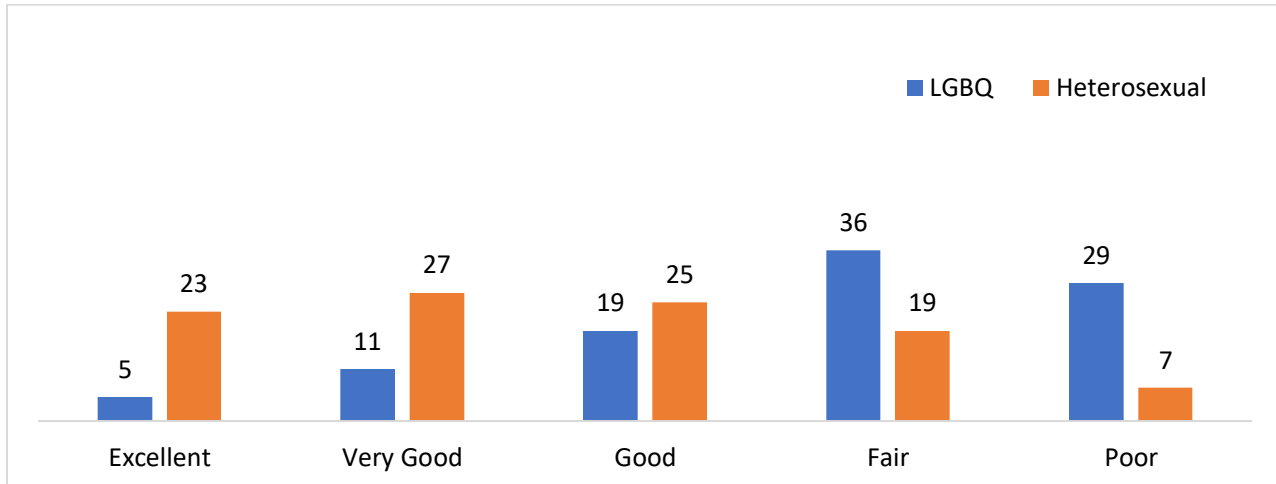


Figure 8: Self-rated emotional health among LGBTQ students, 8th grade

Note:

*LGBTQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

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

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Sexual Orientation among 11th Grade Students (in percentages)

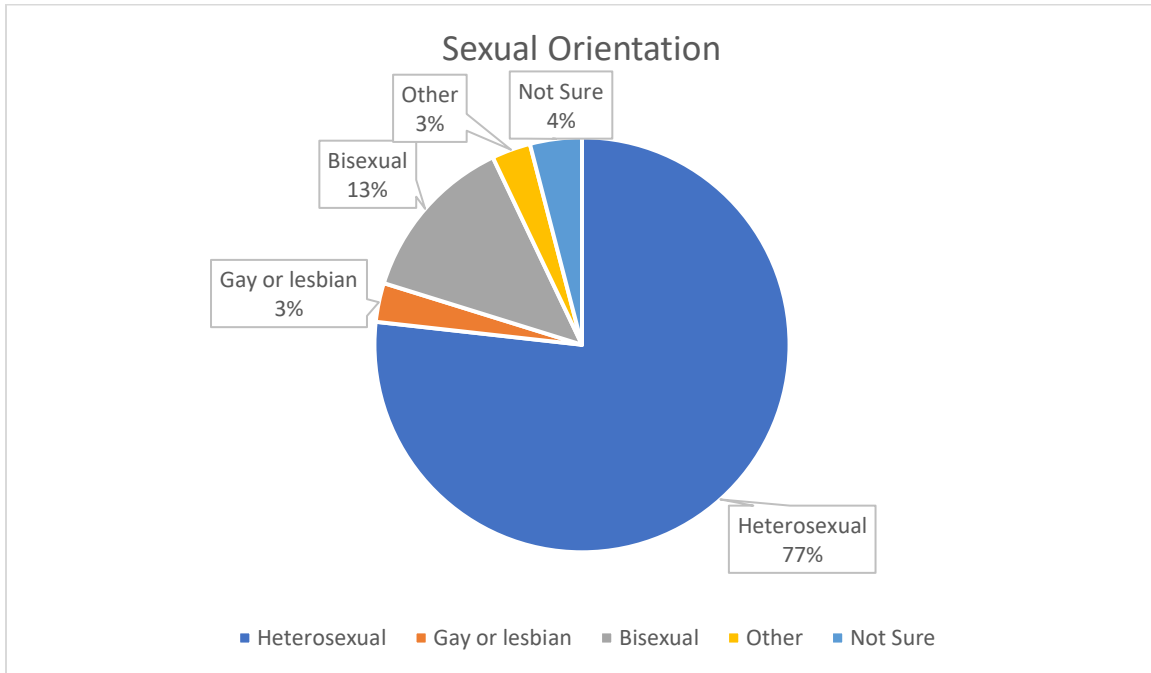


Figure 9: Sexual Orientation, 8th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Past Year Substance Use Among LGBQ Students, 11th Grade (in percentages)

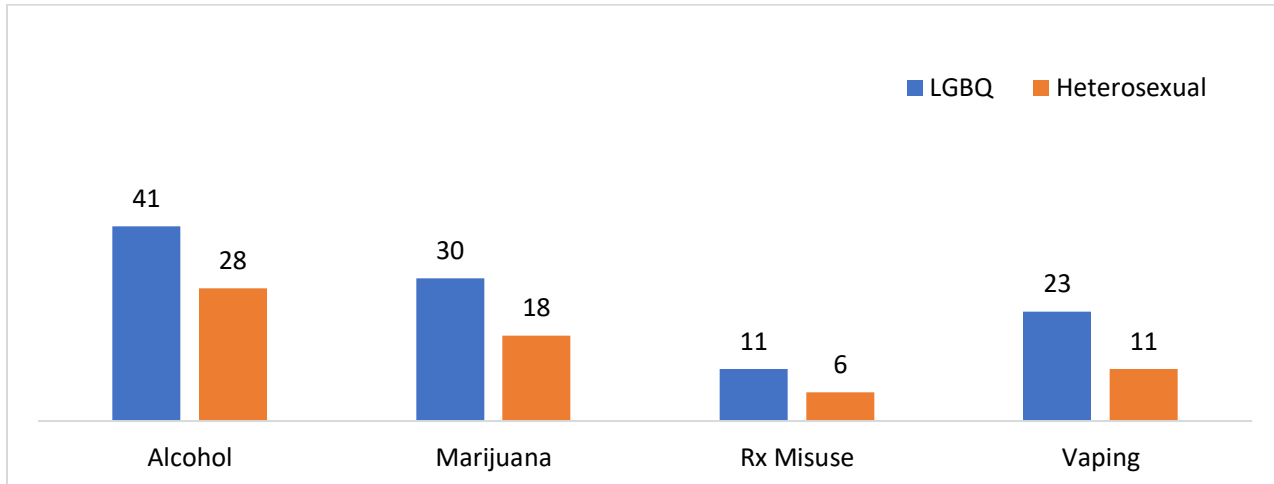


Figure 10: Past year substance use among LGBQ students, 11th grade

Note:

*LGBQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

Prescription (Rx) misuse is defined as the use of prescription drugs without a prescription or in ways other than prescribed, such as painkillers, stimulants (ADHD medications and diet pills), tranquilizers, sleeping pills.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Mental Health Among LGBTQ Students, 11th Grade (in percentages)

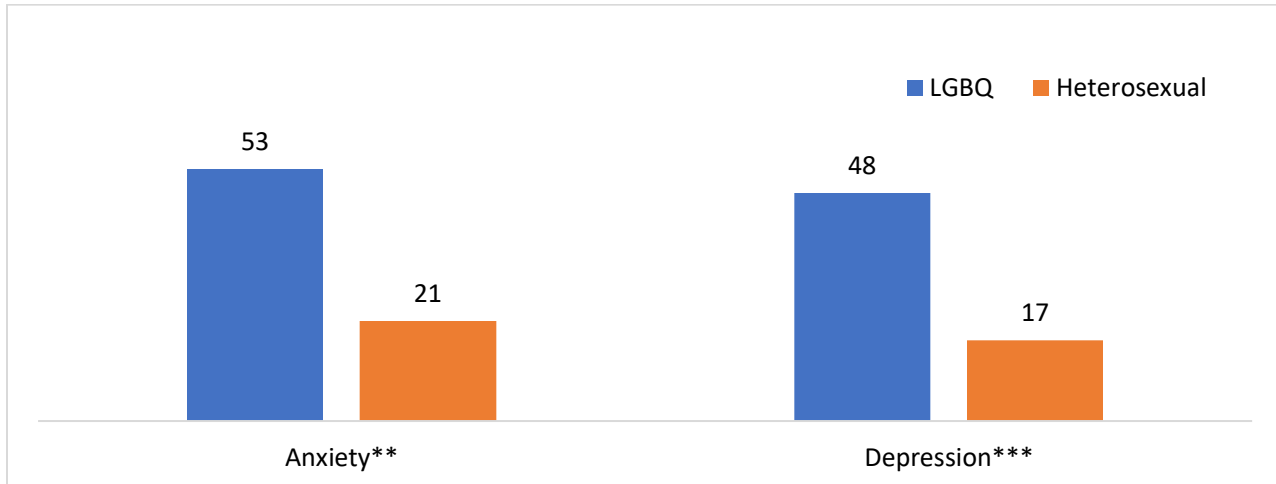


Figure 11: Mental health among LGBTQ students, 11th grade

Note:

*LGBTQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

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

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

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Self-Reported Emotional Health Among LGBTQ Students, 11th Grade (in percentages)

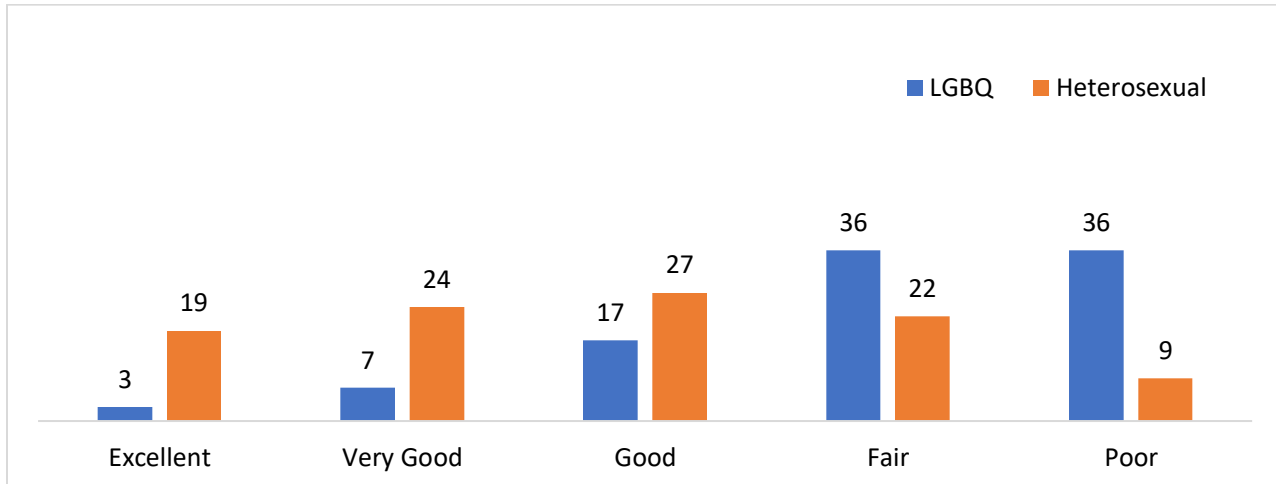


Figure 12: Self-rated emotional health among LGBTQ students, 11th grade

Note:

*LGBTQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

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

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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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