2019 DELAWARE STATE EPIDEMIOLOGICAL PROFILE

SUBSTANCE USE AND RELATED ISSUES

CHAPTER 10: Persons with Disabilities

prepared for

Director Elizabeth Romero and the

Delaware Division of Substance Abuse and Mental Health

&

The Delaware State Epidemiological Outcomes Workgroup

with funding from the

Strategic Prevention Framework - Partnerships for Success Program

Sponsored by Award SP020704 to the Division of Substance Abuse and Mental Health, Delaware Health and Social Services, from the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Please address all inquiries to Laura Rapp, PhD, University of Delaware Center for Drug and Health Studies, Department of Sociology and Criminal Justice: lrapp@udel.edu.
Introduction:
The Role of the
Delaware State Epidemiological Outcomes Workgroup
and the Purpose of the Epidemiological Profile

All states, including Delaware, have 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). Some SEOWs, including Delaware’s, are incorporated as part of a SAMHSA Strategic Prevention Framework-State Incentive Grant (SPF-SIG) or Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grant. The Division of Substance Abuse and Mental Health (DSAMH) in the Delaware Health and Social Services has been the recipient of an SPF-SIG grant and, more recently, of a SPF-PFS grant. The SEOW is a group of people and organizations in the state that have and use analytical data concerning drug and alcohol use and abuse and related behaviors and consequences; this information can be used to establish and monitor indicators related to substance abuse prevention. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), Delaware’s SEOW mission is to bring data on substance abuse and related behavioral problems to the forefront of the prevention planning process 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 planning and policies
- To train agencies and communities in understanding, using, and presenting data effectively

This report, the Delaware State Epidemiological Profile, was developed by the SEOW to disseminate data for strategic planning, decision-making, and evaluation. Using indicators that are available on an ongoing basis, the report briefly describes Delaware-specific patterns of consumption, context, consequences, and trends of substance use, especially among young people.

Chapter 10 covers persons with disabilities in Delaware. To review the complete Delaware Epidemiological Profile, other chapters, or SEOW data products, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page.
Thank you for your participation and commitment to data-driven prevention planning, practice, and evaluation! We are especially grateful for the support from Director Elizabeth Romero and the team at the Delaware Division of Substance Abuse and Mental Health for their guidance and collaboration.

atTAcK Addiction
Christiana Care Health System
Delaware Academy of Medicine
Delaware Afterschool Network
Delaware Criminal Justice Council
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Courts - Office of the Child Advocate
Delaware Criminal Justice Information System
Delaware Department of Education
Delaware Department of Services for Children, Youth and their Families
  Division of Prevention and Behavioral Health Services
Delaware 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 Information and Analysis Center
Delaware Multicultural and Civic Organization
Delaware Prevention Coalition
Delaware State Police
Department of Safety and Homeland Security
  Division of Alcohol and Tobacco Enforcement
  Division of Forensic Science
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
Nemours Health and Prevention Services
Office of Controlled Substances
  Delaware Division of Professional Regulation
  Delaware Prescription Monitoring Program
Open Door Inc.
Wesley College
West End Neighborhood House
University of Delaware
  Student Health & Wellness Promotion

**SEOW Facilitator Team at the University of Delaware Center for Drug and Health Studies:**
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Delaware State Epidemiological Profile Overview

Each year, the Center for Drug and Health Studies at the University of Delaware, the facilitator of the State Epidemiological Outcomes Workgroup (SEOW), releases the Delaware State Epidemiological Profile, a project funded under the federal Strategic Prevention Framework-Partnerships for Success initiative. This report (2019) highlights the most recently available data on substance use among various populations across both Delaware and nationwide. Its information is intended to help decision-makers and stakeholders across the state accomplish goals related to needs assessments, strategic planning, and evaluation.

In its entirety, this report includes the following chapters:

1. State Demographic Background
2. Tobacco and Electronic Cigarettes
3. Alcohol
4. Marijuana
5. Opioid Use and Other Trends
6. Other Illegal Drugs
7. Substance-Exposed Infants
8. Gambling
9. Mental Health
10. Persons with Disabilities (new to the report this year)
11. Adverse Childhood Experiences
12. Lesbian, Gay, Bisexual, and Questioning Youth
13. Transgender Youth
14. Protective Factors
Chapter 10: Persons with Disabilities

National Overview

People with disabilities make up a substantial portion of the general population. Due to variations in defining disability across diverse populations and in measuring prevalence, epidemiological studies of behavioral health outcomes for this population are limited. For example, the different ways of defining and measuring disability can lead to differences in estimates within the population. 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 United States 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, each of which asks a question related to difficulty in functioning. These six categories include hearing, visual, cognitive, ambulatory, self-care, and independent living disabilities.

A recent analysis of data from the Behavioral Risk Factor Surveillance System (BRFSS) by researchers from the Centers for Disease Control and Prevention (CDC) found that in 2016, approximately one in four noninstitutionalized adults in the United States reported that they have a disability. This study 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. One such 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 for people with disabilities (Hong, Geraci, Turk, Love, McDermott, 2019), as well as adverse outcomes from use, such as opioid and other prescription drug misuse (Ford, Hinojosa, Nicholson, 2018), opioid use disorders (Lauer, Henly, & Brucker, 2019), and fatal overdoses (Song, 2017).

In addition to the six types of disability captured by national surveys (functional difficulties related to vision, hearing, cognition, mobility, self-care, and independent living), people with behavioral health challenges such as attention deficit/hyperactivity disorder (ADHD), anxiety, depression, or other mental health disorder may experience similar difficulty in daily functioning and experience adverse health outcomes. Data drawn from the Delaware Youth Risk Behavior Survey, for example, shows disparities in mental health outcomes and substance use for students who report a diagnosis of ADHD, anxiety, and depression (see Figures 157-159 below).
Delaware Overview

Depending on the source of data, prevalence estimates suggest that somewhere between one in eight (American Community Survey [ACS], 2013-2017) to nearly one in three (BRFSS, 2017) of Delaware’s residents have a disability. This wide variance in estimates may be due to different surveying approaches, the ages of those surveyed, and changes over time. Surveys differ in the questions that they ask for different age groups. According to data drawn from the ACS, an estimated 12% of the Delaware state population has a disability. Furthermore, disability prevalence increases as people age; two out of three people who report having a disability are over the age of 65. The ACS includes respondents of all ages in its measures of hearing and vision disabilities, but its questions about cognitive, ambulatory, and self-care difficulties only apply to individuals over the age of five, and its independent living measure only applies to residents 16 or older (Erickson, Lee & von Schrader, 2019). This distinction reflects developmentally appropriate expectations of abilities by different ages but could potentially lead to differing prevalence estimates when compared with data that is only collected from an adult population. The CDC’s BRFSS uses the same six core disability questions as the ACS but surveys only an adult population. The BRFSS estimated that in 2017, 30.3% of Delaware’s adult population reported having some sort of disability (CDC, Disability and Health Data System, n.d.). Of these respondents reporting disability, 44% of that population was over the age of 65.

The National Survey of Children’s Health provides additional context for children in Delaware. In 2017, one in four children surveyed was identified as having at least one functional difficulty; broken down, 14.8% reported one functional difficulty and 13% reported two or more difficulties. Similarly, 23.2% of children were identified with special healthcare needs. One in ten children currently has ADHD or has been diagnosed with the condition in the past. Nearly 14% of children ages 3-17 received mental health treatment in the past year, with an additional 4% of children identified by their parents as needing to see a mental health professional. Approximately 5% of children ages 3-17 were identified as having autism spectrum disorder.

The Delaware Department of Education (DOE) reports that 16.15% of students currently enrolled in public schools have a disability. As required by the Individuals with Disabilities Education Act, the DOE provides additional data related to this population. During the 2017-2018 school year, 20,580 children and youth with disabilities ages 6-21 were enrolled in Delaware schools; nearly 66% of these students spent 80% or more of their school day in a regular classroom setting. Nearly half of the students ages 6-21 enrolled with a disability have a

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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.
specific learning disability that entails having difficulties with listening, speaking, reading, writing, and understanding math (e.g., dyslexia, dysgraphia) that are not a result of some other disability. An additional 2,616 students with disabilities, ages 3-5, were enrolled in public schools during this time period (Delaware Department of Education, IDEA Child Count and Educational Environment, Ages 6-21 and 3-5).

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 report reduced healthcare access and decreased preventive cancer screening (Sparling et al., 2015). Data from the 2017 BRFSS indicates significantly higher prevalence for smoking status, e-cigarette use, and depression for Delaware adults with disabilities (CDC, Disability and Health Data System, n.d.).

Data from youth surveys show alarming disparities for youth with self-reported disabilities. Data from the youngest of children surveyed by the Delaware School Survey show that 5th graders who take medicine to concentrate better in school (approximately 13%) were bullied more than other students who do not take these medications and have higher lifetime rates of drinking alcohol, smoking marijuana, and smoking most of a cigarette.

Thirty percent of middle school students surveyed by the Delaware Youth Risk Behavior Survey (YRBS) reported a disability. Disability, in this case, is defined as difficulty seeing, hearing, walking, or climbing stairs, or having a serious difficulty concentrating, remembering, or making decisions because of a physical, mental or emotional disability. Data is reported from both students who self-identify as having a disability and those who report that they have been diagnosed with a physical, mental, or emotional disability by a medical professional. By middle school, students responding to the YRBS who report having a disability also report higher rates of substance use, reports of bullying, and poorer mental health outcomes than their peers. Middle school students who stated that they have a disability reported double the rates of past month alcohol use, marijuana use, prescription painkiller use, and cigarette use, as well as higher rates of past month vaping, than students without disabilities. Middle school students with disabilities were also more likely to have had sexual intercourse than students without disabilities and were less likely to use a condom during intercourse. They were nearly three times as likely to report self-harm, make a plan to commit suicide, and attempt suicide than other students.

High school students with disabilities responding to the YRBS reported higher rates of substance use and sexual activity, as well as far poorer mental health outcomes than peers who did not report having a disability. Students with disabilities were less likely to report that their parents show they are proud of them, that their parents take an interest in them, or that their parents listen when they talk. This is concerning considering that family connectedness for youth is deemed a protective factor against negative health outcomes (Steiner, Sheremenko,
Lessesne, Dittus, Sieving, and Ethier, 2019; CDC, Division of Adolescent and School Health, n.d.). Of particular concern, youth with disabilities (either self-identified or medical professional-identified) reported misusing prescription drugs at more than three times the rate of their peers without disabilities. They were three times more likely to report feeling sad or hopeless for two or more weeks and about four times more likely to report self-harm, plan a suicide, or attempt a suicide than students without disabilities. These students were more likely to have ever had sexual intercourse or drink or use drugs before sex and less likely to have used a condom when they last had sex.

High school students diagnosed with ADD/ADHD, anxiety, or depression also had higher rates of past-month cigarette, alcohol, and marijuana use, as well as lifetime misuse of prescription pain relievers. These youth had more than double the rate of past-month cigarette use, and for youth with anxiety and depression, more than double the rate of lifetime prescription pain reliever use than their peers without these diagnoses. These students reported higher frequencies of multiple forms of bullying. Mental health outcomes were also poorer for this group compared to other students. For those students diagnosed with depression, nearly one in four had ever attempted suicide; for those diagnosed with anxiety, nearly one in five had attempted suicide.
## Disability Prevalence by Age Group in Delaware

<table>
<thead>
<tr>
<th>Disability by Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>0.9</td>
</tr>
<tr>
<td>5 to 17 years</td>
<td>5.4</td>
</tr>
<tr>
<td>18 to 34 years</td>
<td>6.2</td>
</tr>
<tr>
<td>35 to 64 years</td>
<td>11.7</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>22.0</td>
</tr>
<tr>
<td>75 years and over</td>
<td>44.0</td>
</tr>
</tbody>
</table>

Figure 144: Disability prevalence by age group  

## Disability Prevalence by Disability Type in Delaware

<table>
<thead>
<tr>
<th>Disability by Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Disabilities</td>
<td>12</td>
</tr>
<tr>
<td>Ambulatory Difficulty</td>
<td>6.8</td>
</tr>
<tr>
<td>Independent Living Difficulty</td>
<td>5.4</td>
</tr>
<tr>
<td>Cognitive Difficulty</td>
<td>4.9</td>
</tr>
<tr>
<td>Hearing Difficulty</td>
<td>3.1</td>
</tr>
<tr>
<td>Self-Care Difficulty</td>
<td>2.6</td>
</tr>
<tr>
<td>Vision Difficulty</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Figure 145: Disability prevalence by type  
Note: Some individuals may report multiple types of disability  

[Back to table of figures]
2017 Delaware Youth Risk Behavior Survey
Disability among Middle School Students

![Disability among MS students, 2017](image1)

Figure 146: Disability prevalence among MS students, 2017

Disability among High School Students

![Disability among HS students, 2017](image2)

Figure 147: Disability prevalence among HS students, 2017

Note: “Disability” includes both self-identified and medical professional-identified disabilities.
Source: "2017 Delaware Youth Risk Behavior Survey (YRBS)." Centers for Disease Control and Prevention, Administered by the Center for Drug and Health Studies, University of Delaware.

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## 2017 Delaware Behavioral Risk Factor Surveillance System

### Smoking Status by Disability Status

<table>
<thead>
<tr>
<th></th>
<th>Adults with Disability</th>
<th>Adults without Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Smoker</strong></td>
<td>29.8</td>
<td>13.3</td>
</tr>
<tr>
<td><strong>Former Smoker</strong></td>
<td>25.3</td>
<td>22.1</td>
</tr>
<tr>
<td><strong>Never Smoker</strong></td>
<td>44.9</td>
<td>64.6</td>
</tr>
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</table>

### Current E-Cigarette Use by Disability Status

<table>
<thead>
<tr>
<th></th>
<th>Adults with Disability</th>
<th>Adults without Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td>10.4</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>No</strong></td>
<td>89.6</td>
<td>96.4</td>
</tr>
</tbody>
</table>

### Depression by Disability Status

<table>
<thead>
<tr>
<th></th>
<th>Adults with Disability</th>
<th>Adults without Disability</th>
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<tbody>
<tr>
<td><strong>Yes</strong></td>
<td>42.1</td>
<td>11.7</td>
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<tr>
<td><strong>No</strong></td>
<td>57.9</td>
<td>88.3</td>
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</table>

Figure 148: Disability/no disability, risk factors, adults, 2017  
2017 Delaware Youth Risk Behavior Survey
Substance Use among High School Students with Disabilities (aggregated)

![Substance Use Chart]

Figure 149: Disability, substance use, HS, 2017

Mental Health among High School Students with Disabilities (aggregated)

![Mental Health Chart]

Figure 150: Disability, mental health, HS, 2017

Notes: Weighted Data; Differences in substance use were all statistically significant at the .01 level.
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention. Administered by the Center for Drug and Health Studies, University of Delaware.
2017 Delaware Youth Risk Behavior Survey
Sexual Activity among High School Students with Disabilities
/aggregated/

Figure 151: Disability, sexual activity, HS, 2017

Protective Factors\* among High School Students with Disabilities
/aggregated/

Notes: *Among students reported ever had sexual intercourse;
\*When asked how often their parents show they are proud, take an interest, or listen when they talk, students responded “always” as opposed to “sometimes” or “never”.
Weighted Data; Differences in substance use were all statistically significant at the .01 level.
Administered by the Center for Drug and Health Studies, University of Delaware.

Chapter 10-9
2017 Delaware Youth Risk Behavior Survey
Substance Use among Middle School Students with Disabilities (aggregated)

![Substance Use Bar Chart](chart.png)

Figure 153: Disability, substance use, MS, 2017

Sexual Activity among Middle School Students with Disabilities (aggregated)

![Sexual Activity Bar Chart](chart.png)

Figure 154: Disability, sexual activity, MS, 2017

Notes: *Among students reported ever had sexual intercourse; Weighted Data; Differences in substance use were all statistically significant at the .01 level.

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention. Administered by the Center for Drug and Health Studies, University of Delaware.

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# 2017 Delaware Youth Risk Behavior Survey
Mental Health among Middle School Students with Disabilities
(aggregate)

<table>
<thead>
<tr>
<th></th>
<th>Self-identified or medical professional-identified</th>
<th>None</th>
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<tbody>
<tr>
<td>Self Harm</td>
<td>22%</td>
<td>7%</td>
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<tr>
<td>Plan a suicide</td>
<td>20%</td>
<td>7%</td>
</tr>
<tr>
<td>Attempt a suicide</td>
<td>13%</td>
<td>4%</td>
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</table>

**Figure 155: Disability, mental health, MS, 2017**
Notes: Weighted Data; Differences in substance use were all statistically significant at the .01 level.
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention. Administered by the Center for Drug and Health Studies, University of Delaware.

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Figure 156: ADD/ADHD, depression, anxiety diagnosis, bullying & substance use
Source: “2018 Delaware School Survey.” Center for Drug and Health Studies, University of Delaware.
2017 Delaware Youth Risk Behavior Survey
Substance Use by ADD/ADHD, Depression, and Anxiety Diagnosis

![Bar chart showing substance use by diagnosis](chart1.png)

Figure 157: ADD/ADHD, depression, anxiety diagnosis, substance use, 2017

Reports of Bullying by ADD/ADHD, Depression, and Anxiety Diagnosis

![Bar chart showing bullying prevalence by diagnosis](chart2.png)

Figure 158: ADD/ADHD, depression, anxiety diagnosis, prevalence of bullying, 2017

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention. Administered by the Center for Drug and Health Studies, University of Delaware.

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2017 Delaware Youth Risk Behavior Survey
Poor Mental Health Indicators by ADD/ADHD, Depression, and Anxiety Diagnosis

Figure 159: ADD/ADHD, depression, anxiety diagnosis, poor mental health indicators, 2017
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention. Administered by the Center for Drug and Health Studies, University of Delaware.

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Adverse Childhood Experiences


## Data Sources for the 2019 Delaware State Epidemiological Profile

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<th>Administered/Compiled by</th>
<th>Most Recent Data</th>
<th>Trend Range</th>
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<td>Delaware Annual Traffic Statistical Report</td>
<td>Delaware State Police/Delaware Statistical and Analysis Center</td>
<td>2015</td>
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<td>Delaware Criminal Justice Information System (DELJIS)</td>
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<td>2016</td>
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<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
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<td>Delaware Household Health Survey</td>
<td>Delaware Public Health Institute</td>
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<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>Delaware Office of Controlled Substance, Division of Professional Regulation</td>
<td>2017</td>
<td>2013 - 2017</td>
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<td>Delaware School Survey (DSS) – 5th, 8th, and 11th grades</td>
<td>Center for Drug and Health Studies, UD</td>
<td>2018</td>
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<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health and the CDC)</td>
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<td>Center for Drug and Health Studies, UD (sponsored by Nemours)</td>
<td>2017</td>
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<td>Department of Public Instruction</td>
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<td>Monitoring the Future</td>
<td>University of Michigan</td>
<td>2018</td>
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<td>National Poisoning Data System</td>
<td>American Association of Poison Control Centers</td>
<td>2014</td>
<td>2012-2017</td>
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<td>Performance Measures, Delaware</td>
<td>National Highway Safety Administration</td>
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<tr>
<td>Data Source</td>
<td>Source Description</td>
<td>Year</td>
<td>Period</td>
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<td>National Survey on Drug Use and Health</td>
<td>US Substance Abuse and Mental Health Services Administration</td>
<td>2017</td>
<td>2002 - 2017</td>
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<tr>
<td>(NSDUH)</td>
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<td>Tobacco Free Kids Organization</td>
<td>Tobacco Free Kids Organization</td>
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<tr>
<td>Treatment Admissions Data</td>
<td>US Substance Abuse and Mental Health Services Administration, collected by Delaware</td>
<td>2018</td>
<td>2002 - 2018</td>
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<td>Division of Substance Abuse and Mental Health</td>
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<td></td>
</tr>
</tbody>
</table>

In addition to the data sources for the figures and tables in the 2019 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- Delaware Health Tracker
- Health Resources and Services Administration
- Kaiser Family Foundation
- PolicyMap
- Prescription Behavior Surveillance System at Brandeis University
- Tobacco21.org
- U.S. Department of Health and Human Services
- U.S. Census Bureau