



# SEOW



# INDIANA

June, 2011

## Indiana Strategic Substance Abuse Prevention Targets for 2015

In 2006, the State of Indiana began using epidemiological data to help guide policy decision-making regarding substance abuse prevention. The Indiana State Epidemiology and Outcomes Workgroup (SEOW) was established as the interagency study committee with principal responsibility for analyzing available data and identifying data-driven strategic prevention priorities. Based on the SEOW's findings reported in *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2010*, this document summarizes the strategic substance abuse prevention targets for 2015.

The prevention targets are organized into two tiers. The first tier contains priorities that were judged by the SEOW to be most pervasive and important to address statewide. The second tier includes priorities that are less prevalent from a statewide perspective, but are notable challenges facing specific communities within the State or particular subpopulations of Hoosiers. Together, these priorities are intended to help policymakers focus

their prevention planning and resource allocation on areas where prevention efforts are most likely to have a significant impact on the overall burden of substance abuse in Indiana.

According to findings from the 2008 National Survey on Drug Use and Health (NSDUH), substance abuse is prevalent among Indiana residents ages 12 and older:

- 1.2 million Hoosiers binged on alcohol in the past month (nearly one-fifth of those were under the age of 21)
- 1.4 million Hoosiers smoked cigarettes in the past month
- 315,000 Hoosiers misused prescription pain relievers in the past year
- 458,000 Hoosiers used an illicit substance in the past month
- 326,000 Hoosiers used marijuana in the past month
- 114,000 Hoosiers used cocaine in the past year

Based on the 2010 State Epidemiological Profile, the following substance abuse prevention priorities were identified:

### First-Tier Priorities (Top Priorities)

ALCOHOL	TOBACCO	PRESCRIPTION (Rx) DRUGS
<p><b>REDUCE UNDERAGE AND BINGE DRINKING</b></p> <p>a) Delay alcohol initiation among 6th -12th graders from 13.2 years to 16.1 years</p> <p>b) Reduce past-month alcohol use among 12- to 20-year-olds from 27.2% to 17.0%</p> <p>c) Reduce past-month binge drinking</p> <ul style="list-style-type: none"> <li>• From 18.1% to 7.0% among 12- to 20-year-olds</li> <li>• From 41.7% to 22.0% among 18- to 25-year-olds</li> </ul>	<p><b>REDUCE TOBACCO USE</b></p> <p>a) Reduce past-month smoking from 23.1% to 18.0% among adults (particularly, adults from vulnerable populations*)</p> <p>b) Reduce smoking from 18.5% to 12.0% among pregnant women</p> <p>c) Reduce past-month use of cigars, little cigars, and cigarillos from 14.6% to 11.6% among high school students</p>	<p><b>REDUCE NONMEDICAL Rx DRUG USE**</b></p> <p>a) Reduce past-month use among high school seniors</p> <ul style="list-style-type: none"> <li>• From 6.3% to 4.0% for Rx pain relievers***</li> <li>• From 5.9% to 1.7% for Rx drugs (excludes pain relievers)****</li> </ul> <p>b) Reduce use among the treatment population</p> <ul style="list-style-type: none"> <li>• From 18.9% to 14.0% among general treatment population</li> <li>• From 26.5% to 18.7% among females</li> <li>• From 22.5% to 18.9% among whites</li> <li>• From 22.8% to 18.6% among 18- to 34-year-olds</li> </ul>

\*Vulnerable populations include adults with low household incomes and less educational attainment.

\*\* Nonmedical use refers to misuse and abuse of prescription drugs, i.e., use other than prescribed by a healthcare professional.

\*\*\* Prescription pain relievers include Vicodin, Oxycontin, and Percocet.

\*\*\*\* Prescription drugs include Ritalin, Adderall, and Xanax, but exclude pain relievers (opioids).

## Second-Tier Priorities

COCAINE	HEROIN	MARIJUANA	METHAMPHETAMINE	POLYSUBSTANCE USE
<p><b>REDUCE COCAINE USE</b></p> <p>a) Reduce among the treatment population</p> <ul style="list-style-type: none"> <li>From 21.4% to 18.0% among general treatment population</li> <li>From 31.2% to 26.3% among females</li> <li>From 46.7% to 31.5% among blacks</li> <li>From 36.5% to 24.4% among 35- to 54-year-olds</li> </ul>	<p><b>REDUCE HEROIN USE</b></p> <p>a) Reduce lifetime use among students</p> <ul style="list-style-type: none"> <li>From 1.3% to 0.7% in grade 8</li> <li>From 1.8% to 1.5% in grade 10</li> <li>From 2.3% to 1.8% in grade 12</li> </ul> <p>b) Reduce use among the treatment population</p> <ul style="list-style-type: none"> <li>From 4.1% to 2.6% among general treatment population</li> <li>From 5.0% to 3.6% among females</li> <li>From 4.3% to 3.3% among whites</li> <li>From 5.5% to 3.6% among 25- to 34-year-olds</li> </ul>	<p><b>REDUCE MARIJUANA USE</b></p> <p>a) Reduce past-month use from 16.9% to 12.0% among 18- to 25-year-olds</p> <p>b) Decrease percentage of black high school students trying marijuana for the first time before age 13 from 12.1% to 7.6%</p> <p>c) Reduce use among the treatment population</p> <ul style="list-style-type: none"> <li>From 55.0% to 37.1% among general treatment population</li> <li>From 57.7% to 49.5% among males</li> <li>From 60.6% to 42.8% among blacks</li> <li>From 85.8% to 52.0% among those under the age of 18</li> </ul>	<p><b>REDUCE METH USE</b></p> <p>a) Reduce use among the treatment population</p> <ul style="list-style-type: none"> <li>From 9.2% to 7.0% among general treatment population</li> <li>From 11.1% to 8.3% among females</li> <li>From 11.1% to 6.3% among whites</li> <li>From 11.9% to 7.0% among 25- to 34-year-olds</li> </ul>	<p><b>REDUCE POLYSUBSTANCE USE</b></p> <p>a) Reduce use among the treatment population</p> <ul style="list-style-type: none"> <li>From 59.8% to 40.0% among general treatment population</li> <li>From 60.9% to 42.0% among females</li> <li>From 60.6% to 42.0% among whites</li> <li>From 64.6% to 45.0% among 18- to 34-year-olds</li> </ul>

## State Epidemiology and Outcomes Workgroup (SEOW)

In 2005, the State of Indiana received the Strategic Prevention Framework State Incentive Grant (SPF SIG), a five-year federal grant designed to help states build a solid foundation for delivering and sustaining effective substance abuse prevention services. Specific to the grant is the strategic prevention framework (SPF), a five-step process that includes assessment, capacity, planning, implementation, and evaluation:

- Assessment (assessing substance abuse and monitoring trends within the state; identifying prevention priorities based on data)
- Capacity (building and mobilizing Indiana's capacity to address substance abuse prevention needs)
- Planning (developing a comprehensive strategic plan)
- Implementation (implementing evidence-based prevention policies, programs, and activities)
- Evaluation (evaluating the SPF SIG process and the effectiveness of implemented programs and activities)

As a SPF SIG grantee, Indiana was required to establish a State Epidemiology and Outcomes Workgroup (SEOW), whose primary charge was to monitor substance abuse patterns and emerging trends; identify key prevention priorities and target populations; inform policymakers, the prevention community, and the general public; and encourage the implementation of data-driven and evidence-based prevention planning and funding.

## Transitioning from SPF SIG – An Issue of Sustainability

In 2009, Indiana's Division of Mental Health and Addiction switched funding streams for the SEOW, from SPF SIG to the Substance Abuse Prevention and Treatment (SAPT) block grant. This was done to ensure the continuation of the workgroup beyond SPF SIG's five-year allocations.

Even after completion of the SPF SIG initiative on June 30, 2010, the SEOW continues its collaboration among Indiana government agencies to monitor trends and provide statewide guidance on alcohol, tobacco, and other drug related issues.

The SEOW consists of members from various state government agencies, all with the common goal to prevent and reduce substance abuse and its consequences in Indiana. Based on the group's by-laws, the following entities shall be represented (in alphabetical order):

- Indiana Criminal Justice Institute
- Indiana Department of Child Services
- Indiana Department of Correction
- Indiana Department of Education
- Indiana Family and Social Services Administration/Division of Mental Health and Addiction
- Indiana Family and Social Services Administration/Office of Medicaid Policy and Planning
- Indiana National Guard
- Indiana State Board of Pharmacy
- Indiana State Department of Health
- Indiana State Excise Police/Alcohol and Tobacco Commission
- Indiana State Police
- Indiana Tobacco Prevention and Cessation Agency

The SEOW is chaired by Dr. Eric Wright from the Center for Health Policy, Department of Public Health at the Indiana University School of Medicine. Additional assistance is provided by the Indiana Prevention Resource Center at Indiana University.



## About Substance Abuse in Indiana

This issue brief provides an update on Indiana’s substance abuse prevention priorities for 2015.

For detailed analysis of substance abuse in Indiana, see *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2010*, a comprehensive epidemiologic profile created by the Indiana University Center for Health Policy for the State Epidemiology and Outcomes Workgroup (SEOW). This and other reports are available at the Indiana University Center for Health Policy website (<http://www.healthpolicy.iupui.edu>) or through the Indiana Prevention Resource Center’s SPF SIG website (<http://www.drugs.indiana.edu/consult-spf.html>).

Funding for these reports was provided by the U.S. Department of Health and Human Services’ Center for Substance Abuse Prevention, as part of the Strategic Prevention Framework State Incentive Grant (SPF SIG) Program, and by the Indiana Family and Social Services Administration/Division of Mental Health and Addiction (DMHA) through the Substance Abuse Prevention and Treatment (SAPT) Block Grant CFDA 93.959 from the Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF SIG program sponsors initiatives to encourage states to engage in data-based decision-making for substance abuse prevention planning and grant making.

For questions and additional information, please contact Larry Long, SPF-SIG Project Director (phone: 317-232-7931, e-mail: [John.Long@fssa.in.gov](mailto:John.Long@fssa.in.gov)) or Dave Bozell, DMHA Bureau Chief for Mental Health Promotion and Addiction Prevention (phone: 317-232-7868; e-mail: [David.Bozell@fssa.in.gov](mailto:David.Bozell@fssa.in.gov)).

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For questions and additional information, please contact:

**Larry Long**  
SPF SIG Project Director  
(317) 232-7931  
[John.Long@fssa.in.gov](mailto:John.Long@fssa.in.gov)

**Dave Bozell**  
DMHA Bureau Chief for  
Mental Health Promotion  
and Addiction Prevention  
(317) 232-7868  
[David.Bozell@fssa.in.gov](mailto:David.Bozell@fssa.in.gov)

*Prepared for:*  
Indiana Family and Social Services Administration  
Division of Mental Health and Addiction

*Prepared by:*

The Center for Health Policy  
Department of Public Health  
Indiana University School  
of Medicine  
Indiana University-Purdue  
University Indianapolis  
410 W. 10th Street, Suite 3100  
Indianapolis, IN 46202



**INDIANA UNIVERSITY**  
CENTER FOR HEALTH POLICY  
Department of Public Health