

February, 2009



SPF INDIANA

For questions and additional information, please contact:

Kim Manlove
SPF SIG Project Director
(317) 232-7887
Kim.Manlove@fssa.in.gov

Marcia French
State Project Coordinator, SPF SIG
(317) 232-7931
Marcia.French@fssa.in.gov

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

Prepared by:
The Center for Health Policy
Indiana University School of Public
and Environmental Affairs
Indiana University-Purdue
University Indianapolis
334 North Senate Avenue, Suite 300
Indianapolis, IN 46204



**SCHOOL OF PUBLIC AND
ENVIRONMENTAL AFFAIRS**
INDIANA UNIVERSITY
IUPUI



CENTER FOR HEALTH POLICY

Substance Abuse in Indiana

A quick summary on the use of alcohol, tobacco, marijuana, cocaine, heroin, methamphetamine, nonmedical prescription drugs, and polysubstances in Indiana

Introduction

In July 2005, Indiana's Office of the Governor received a grant from the U.S. Department of Health and Human Services' Center for Substance Abuse Prevention (CSAP) as part of CSAP's Strategic Prevention Framework State Incentive Grant (SPF SIG) Program. The SPF SIG grant program sponsors initiatives to encourage states to engage in data-based decision-making for substance abuse prevention planning and grant making.

A requirement of the SPF SIG initiative was that the state establish a State Epidemiology and Outcomes Workgroup (SEOW) to collect and analyze epidemiological data and facilitate data-based decision-making regarding substance abuse prevention across Indiana. As of this date, the Indiana SEOW has published three annual comprehensive state epidemiological profiles on substance use. The complete reports are available at the Center for Health Policy website at www.policyinstitute.iu.edu/health/EPI.

This issue brief provides a brief but comprehensive overview of alcohol, tobacco, marijuana, cocaine, heroin, methamphetamine, nonmedical prescription drug, and polysubstance use in Indiana. For a more detailed analysis, refer to *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2008*.

Our Vision

Healthy, safe, and drug-free environments
that nurture and assist all Indiana citizens to thrive.

Our Mission

To reduce substance use and abuse
across the lifespan of Indiana citizens.

ALCOHOL

Prevalence

- Alcohol is the most frequently used drug in Indiana and the United States.
- Among Hoosiers ages 12 and older, 49% (2.5 million residents) currently (in the past 30 days) drink alcohol, and 21% (1.1 million residents) engage in binge drinking.¹
- Young adults 18 to 25 years old have the highest rates of alcohol use in Indiana: 61% report current alcohol use and 41% report binge drinking.¹
- Rates for heavy drinking are similar between Indiana and the United States (U.S.: 5.2%; IN: 4.6%). Rates are higher for men (U.S.: 6.1%; IN: 6.4%) than for women (U.S.: 4.0%; IN: 2.9%).²

Youth Consumption—Underage Drinking

- Among Hoosiers 12 to 20 years old, 27% reported current alcohol use and 19% engaged in binge drinking.¹
- 15% of Indiana youth ages 12 to 17 drank alcohol in the past month, and 9% engaged in binge drinking.¹
- 44% of Indiana high school students (grades 9 through 12) used alcohol in the past month, and 28% engaged in binge drinking.³
- 20% of 8th graders, 31% of 10th graders, and 40% of 12th graders consumed alcohol in the past 30 days.⁴



Impact: Health

- The rate for alcohol abuse and dependence in Indiana was 8%, with the highest rate among 18- to 25-year-olds (20%).¹
- Most admissions to substance abuse treatment were due to alcohol abuse, and the percentage of admissions attributable to alcohol was significantly higher in Indiana (46%) than the U.S. (40%).⁵
- The lowest rate of alcohol dependence in the Indiana treatment population was found among blacks (36%), followed by whites (48%); individuals from other races had the highest rate (55%).⁵
- From 2000 through 2006, a total of 2,275 Hoosiers died from alcohol-induced causes. The age-adjusted alcohol-attributable mortality rate in 2006 was 4.9 per 100,000 Indiana residents.⁶
- Alcohol is a common factor in drowning accidents (34%) and suicides (23%).⁷
- In 2005, the rate of fetuses or newborns affected by maternal alcohol use was 1.5 per 1,000 live births.⁸

Impact: Criminal Justice

- In 2007, a total of 9,935 alcohol-related collisions occurred in Indiana; 291 of these were fatal.⁹
- In 2006, Indiana arrest rates, per 1,000 population, were 5.7 for driving under the influence (36,000 arrests), 3.5 for public intoxication (22,000 arrests), and 2.6 for liquor law violations (16,000 arrests).¹⁰
- Alcohol use is a major factor in homicides (47%).⁶

TOBACCO

Prevalence

- One-third of Hoosiers (1.7 million residents) ages 12 and older currently use a tobacco product. This is significantly higher than the U.S. tobacco use rate of 30%.¹
- The highest tobacco use rate in the state is among 18- to 25-year-olds (49%).¹
- 28% of Hoosiers (1.4 million residents) ages 12 and older smoked cigarettes in the past month. This is significantly higher than the U.S. smoking rate of 25%.¹
- The highest rate for cigarette use in the state is among 18- to 25-year-olds (43%).¹
- Indiana's adult smoking prevalence (24%) is the 6th highest in the nation and significantly higher than the U.S. prevalence of 20%.²
- 18% of Hoosiers use cigarettes every day.²
- Smoking prevalence was higher among individuals with less educational attainment and lower income levels.²

Youth Consumption

- Among 12- to 17-year-olds in Indiana, 14% currently use a tobacco product and 12% smoke cigarettes.¹
- 8% of middle school students and 24% of high school students in Indiana currently smoke cigarettes.¹¹
- White high school students have significantly higher smoking rates than black students (22% and 10%, respectively).¹¹
- Cigarette and cigar use (lifetime, annual, monthly, and daily use) among Indiana students in grades 6 through 12 have remained stable or declined significantly from the previous year.⁴

Impact: Health

- Tobacco-related causes killed 28,000 Hoosiers in 2006.⁶
- On average, smoking reduces adult life expectancy by about 14 years.¹²
- Tobacco causes serious health consequences, including heart disease, cancer, and respiratory illnesses.¹³
- The average annual age-adjusted smoking-attributable mortality rate in Indiana was 433.3 per 100,000 population.⁶
- Environmental tobacco smoke (or secondhand smoke) is also detrimental to health and can cause many illnesses, especially in children.¹²



MARIJUANA

Prevalence

- Marijuana is the most commonly used illicit substance in Indiana and the nation.
- Among Hoosiers ages 12 and older, 6% (286,000 residents) used marijuana in the past month; 9% (481,000 residents) used it in the past year; and 40% (2 million residents) have used it at least once in their life.¹
- Highest rate of current (past month) use is among 18- to 25-year-olds (16%).¹



Youth Consumption

- 6% of Indiana youth ages 12 to 17 used marijuana for the first time during the past year, and 6% currently use marijuana.¹
- 19% of Indiana high school students currently use marijuana.³
- In Indiana, 7% of 8th grade students, 14% of 10th grade students, and 16% of 12th grade students currently use marijuana.⁴

Impact: Health

- Harmful effects include respiratory illnesses, a weakened immune system, and an increased risk of heart attack and cancer. Marijuana use is correlated with risky sexual behaviors and higher rates of “harder” drug use.¹⁴
- In 24% of Indiana treatment admissions, marijuana was listed as the primary substance. This is significantly higher than the national rate of 16%.⁵
- Marijuana users in treatment were more likely to be male, black, and under 18 years old.⁵

Impact: Criminal Justice

- In 2007, approximately 597 pounds of marijuana were seized in Indiana.¹⁵
- In 2006, over 16,000 arrests were made in Indiana for possession and more than 2,000 for sale/manufacture of marijuana. This represents arrest rates of 2.6 and 0.3, respectively, per 1,000 population.¹⁰

COCAINE

Prevalence

- Among Hoosiers ages 12 and older, 0.7% (33,000 residents) reported current (past-month) cocaine use; 2.2% (116,000 residents) used it in the past year; and 11.1% (562,000 residents) used it at least once in their life.¹
- Highest rate of past-year use in Indiana was among 18- to 25-year-olds (7.2%).¹

Youth Consumption

- 1.5% of Indiana youth ages 12 to 17 used cocaine in the past year.¹
- 8% of Indiana high school students have used a form of cocaine at least once in their life, and 4% currently use it.³
- More than 4% of 12th grade students in Indiana report current cocaine use, and 1.1% report current crack use.⁴



Impact: Health

- Cocaine use can lead to cardiovascular problems, respiratory difficulties, neurological effects, and gastrointestinal complications. Users may even suffer sudden death with first-time use.¹⁶
- Babies born to mothers who abuse cocaine during pregnancy are often prematurely delivered, have low birth weight and smaller head circumference, and are shorter in length.¹⁶
- 13% of treatment admissions in Indiana listed cocaine as their primary substance. This is significantly lower than the national rate of 14%.⁵
- Admissions for cocaine use decreased significantly in Indiana's treatment population from 2000 through 2006.⁵
- Cocaine users in treatment were more likely to be female, black, and about 35 to 44 years old.⁵

Impact: Criminal Justice

- In 2007, approximately 200 pounds of cocaine were seized in Indiana.¹⁵
- In 2006, over 5,600 arrests were made in Indiana for possession of cocaine/opiates and 3,227 for sale/manufacture of the substance. This represents arrest rates of 0.9 and 0.5 per 1,000 population. The arrest rate for cocaine/opiates possession was significantly higher in the nation, at 1.2 per 1,000 population.¹⁰

HEROIN

Prevalence

- Among Hoosiers ages 12 and older, less than 0.01% (1,000 residents) currently use heroin (past-month use); 0.2% (9,000 residents) used it in the past year; and 1.1% (54,000 residents) have used it at least once in their life.¹

Youth Consumption

- 3.7% of Indiana high school students have used heroin at least once in their life.³
- Among 12th grade students, 1.9% have tried heroin at least once in their life; 1.3% used it in the past year; and 0.8% used it in the past 30 days.⁴

Impact: Health

- Heroin abuse can cause fatal overdose, spontaneous abortion, collapsed veins, and, if injected, the contraction of infectious diseases such as HIV/AIDS and hepatitis B and C.¹⁷
- 2.3% of Indiana treatment admissions listed heroin as their primary substance. This is significantly less than the U.S. rate of 13.9%.⁵
- Admissions for heroin use decreased significantly in Indiana's treatment population from 2000 through 2006.⁵
- Women, blacks, and individuals ages 55 and older had the highest rates of use.⁵
- In Indiana, 10% of HIV cases and 11% of AIDS cases are attributable to injection drug use.¹⁸

Impact: Criminal Justice

- In 2007, approximately 3.5 pounds of heroin were seized in Indiana. This is considerably less than the amount seized in the surrounding states.¹⁵
- About 5,600 arrests in Indiana were made for cocaine/opiates possession and 3,227 for sale/manufacture in 2005. This represents arrest rates of 0.9 and 0.5 per 1,000 population. Arrest rates for cocaine/opiates possession were significantly higher in the nation, at 1.2 per 1,000 population.¹⁰



METHAMPHETAMINE (METH)

Prevalence

- Among Hoosiers 12 and older, 0.2% (10,000 residents) used meth in the past month; 0.8% (40,000 residents) used it in the past year; and 4.5% (225,000 residents) used it at least once in their life.¹
- Highest rate of use was found among 18- to 25-year-olds (1.9%).¹

Youth Consumption

- 6% of Indiana high school students have tried meth at least once in their life.³
- in Indiana, 0.7% of 8th grade students, 1.0% of 10th grade students, and 0.9% of 12th grade students reported current (past-month) meth use.⁴
- Meth use (lifetime, annual, and current) among Indiana middle and high school students has decreased significantly for most grades or remained stable from 2007 to 2008.⁴



Impact: Health

- Health consequences of meth use include cardiovascular problems; stroke; brain, liver, and kidney damage; severe tooth decay ("meth mouth"); increased risk of STD/HIV transmission and hepatitis; mental illness; and death.¹⁹
- The percentage of treatment admissions listing meth as their primary drug increased significantly from 1.5% in 2000 to 5.6% in 2006; the U.S. rate of 8.4% was significantly higher.⁵
- Meth users in treatment were primarily female, white, and between 25 and 34 years of age.⁵

Impact: Criminal Justice

- In 2007, about 30 pounds of methamphetamine were seized in Indiana.¹⁵
- In 2007, 820 clandestine meth labs were seized by the Indiana State Police (down from 1,115 in 2004).²⁰
- The number of children located at meth labs by the Indiana State Police fell from 172 in 2004 to 124 in 2007.²⁰
- In 2005, about 1,700 arrests were made in Indiana for possession of meth and other synthetic drugs and 529 for sale/manufacture of the drugs. This represents arrest rates of 0.2 and 0.1 per 1,000 population.¹⁰

PRESCRIPTION DRUG ABUSE

Prevalence

- The three most commonly abused types of prescription medicine are pain relievers (opioids), central nervous system depressants (sedatives, tranquilizers, hypnotics), and stimulants (used to treat attention deficit disorders, narcolepsy, and weight loss).²¹
- Among Hoosiers ages 12 and older, 2.7% (138,000 residents) reported current (past-month) abuse of psychotherapeutics; 7.6% (383,000 residents) abused them in the past year; and 21% (1 million residents) abused them at least once in their life.¹
- Past-year prevalence for nonmedical pain reliever use in Hoosiers ages 12 and older was 6%; young adults ages 18 to 25 had the highest rate of past-year use (16%).¹
- Oxycodone distribution to retail registrants in Indiana (pharmacies, hospitals, and practitioners) nearly doubled from about 29 million dosage units in 2002 to a projected 54 million in 2007.²²

Youth Consumption

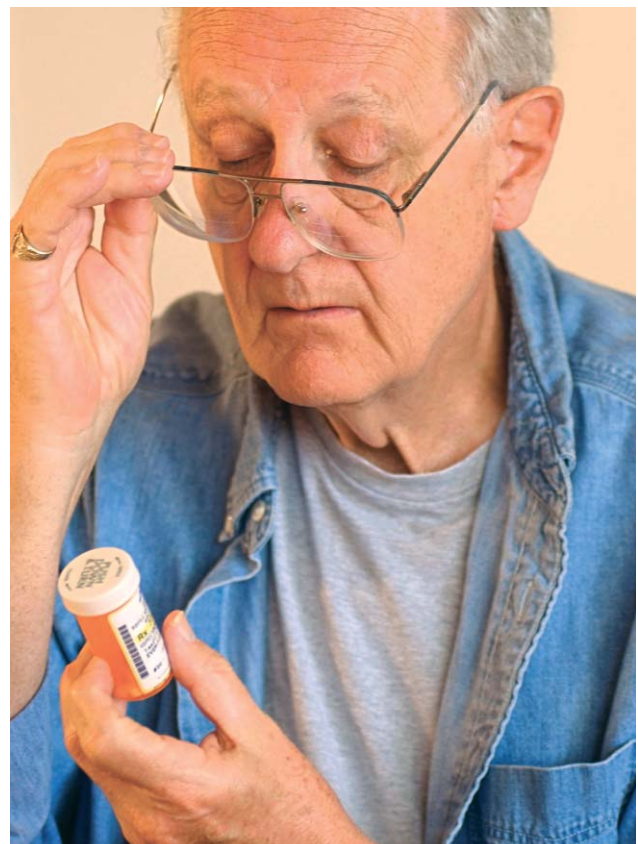
- Roughly 8% of Hoosiers ages 12 to 17 abused prescription drugs in the past year.¹
- Monthly use of the stimulants Ritalin® and Adderall® increased in Indiana high school seniors, from 2.9% to 3.3%.⁴
- The use of tranquilizers and narcotics decreased or remained stable among 6th through 12th grade students in Indiana from 2007 to 2008.⁴

Impact: Health

- 7% of treatment admissions listed a prescription drug as their primary substance of abuse. This is significantly higher than the U.S. rate of 5%.⁵
- Admissions for pain reliever and sedative/tranquilizer abuse in Indiana increased significantly from 2000 to 2006, while admissions for stimulant abuse remained stable.⁵
- Prescription drug abusers were primarily female and white.⁵

Impact: Criminal Justice

- In Indiana, over 2,600 arrests were made for possession of barbiturates (sedatives) and Benzedrine (a stimulant) and 767 for sale/manufacture of these substances in 2006. This represents arrest rates of 0.4 and 0.1 per 1,000 population. Both of these rates were significantly lower than the national rates of 1.0 and 0.2.¹⁰

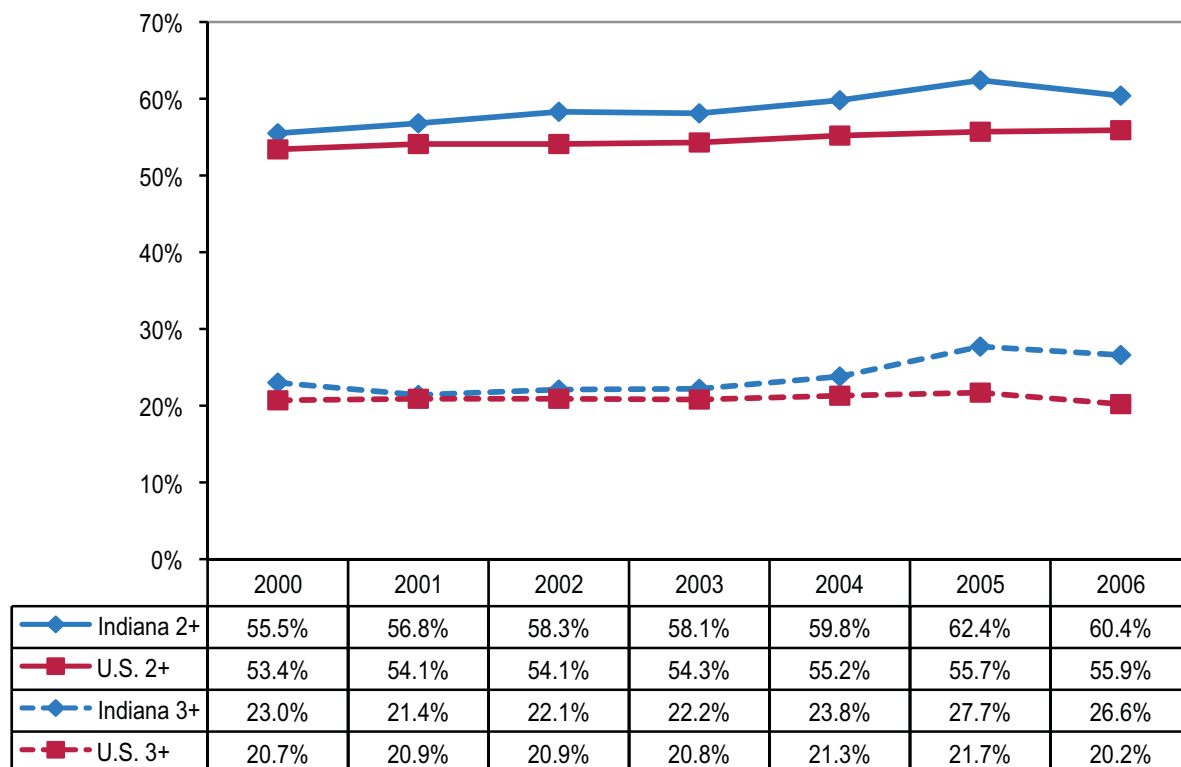


POLYSUBSTANCE ABUSE

Prevalence

- Polysubstance abuse is a serious pattern of drug use that involves the consumption of two or more drugs at a time.
- Among the Indiana treatment population, 60% used two or more drugs and 27% used three or more drugs. Both rates were significantly higher than the national rates of 56% and 20%, respectively (see Figure 1).⁵
- Treatment admissions for polysubstance abuse have increased significantly from 2000 to 2006 in Indiana.⁵
- Polysubstance users in treatment were primarily white and young adults.⁵
- Much of the substance use in Indiana involves using two or more substances, most frequently alcohol together with another drug.⁵
- The most common drug clusters identified in Indiana were (a) alcohol and marijuana, (b) alcohol and cocaine, and (c) alcohol, cocaine, and marijuana.⁵

Figure 1. Percentage of Indiana and U.S. Residents in Substance Abuse Treatment Who Reported Use of at Least Two (2+) and Use of at Least Three (3+) Substances (Treatment Episode Data Set, 2000 – 2006)



Source: Substance Abuse and Mental Health Data Archive, 2008

INDIANA'S CAPACITY

An essential component of the Strategic Prevention Framework State Incentive Grant (SPF SIG) process is building the state's capacity to deliver effective substance abuse prevention services. The concept of capacity building involves financial, human, and organizational resources working together to meet SPF SIG goals of reducing substance abuse in Indiana.

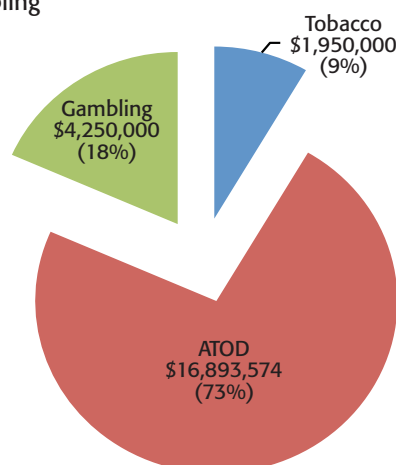
Federal Funds for Substance Abuse Prevention/Intervention in Indianaⁱ

- Approximately \$16.1 million were given to the Indiana Tobacco Prevention and Cessation Agency (ITPC) to prevent and reduce tobacco use.
- The Indiana Department of Education received almost \$4 million for its Safe and Drug-Free Schools and Communities program.
- Nearly \$4 million were provided to the Indiana State Department of Health (ISDH) for various prevention programs, including substance abuse surveillance systems (e.g., Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System).
- Slightly more than \$0.6 million were given to the Indiana State Police (ISP) for its marijuana eradication program.
- The total amount of federal funding to support Indiana's prevention infrastructure was estimated to be \$70.1 million.

State Funds for Substance Abuse Prevention/Intervention in Indianaⁱ

- Indiana and its state agencies allocated about \$23.1 million to address substance abuse issues in the state.
- FSSA/DMHA received roughly \$12.8 million from state funds.
- The Indiana Criminal Justice Institute (ICJI) provided almost \$8 million to support law enforcement efforts, drug courts, residential treatments in correctional facilities, and community initiatives.
- The majority of state funding (\$16.9 million, or 73%) went to general alcohol, tobacco, and other drug abuse prevention services; almost \$4.3 million (18%) addressed gambling issues; and \$2 million were specifically set aside for tobacco prevention.
- State allocations for overall alcohol, tobacco, and other drug (ATOD) use were 73% of the prevention budget; another 18% were assigned to address problem gambling, and 9% for tobacco prevention and cessation efforts (see Figure 2).

Figure 2. Percentage of State Allocations for Prevention and Treatment of Alcohol, Tobacco, and Other Drug Use (ATOD); Tobacco Use Only; and Gambling



Source: Indiana Tobacco Prevention and Cessation Agency (2008); Indiana State Excise Police (2008); Indiana State Department of Health (2008); Indiana Division of Mental Health and Addiction (2008); Indiana Department of Education (2008); and Indiana Criminal Justice Institute (2008).

ⁱAll estimates refer to funding amount for the most recent fiscal year.

References

1. Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2008). National Survey on Drug Use and Health. Retrieved August 15, 2008, from <https://nsduhweb.rti.org/>
2. Centers for Disease Control and Prevention. (2008). Behavioral Risk Factor Surveillance System - prevalence data. Retrieved August 15, 2008, from <http://apps.nccd.cdc.gov/brfss/>
3. Centers for Disease Control and Prevention. (2008). Youth Risk Behavior Surveillance System. Retrieved August 18, 2008, from <http://apps.nccd.cdc.gov/yrbss/>
4. Indiana Prevention Resource Center. (2008). Alcohol, tobacco, and other drug use by Indiana children and adolescents. Retrieved September 16, 2008, from http://www.drugs.indiana.edu/data-survey_monograph.html
5. Substance Abuse and Mental Health Data Archive. (2008). Treatment Episode Data Set (TEDS) Series. Retrieved June 3, 2008, from Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: <http://webapp.icpsr.umich.edu/cocoon/SAMHDA-SERIES/00056.xml>
6. Epidemiology Resource Center, Data Analysis Team. (2008). Indiana Mortality data, 2000-2006. Indianapolis, IN: Indiana State Department of Health.
7. Centers for Disease Control and Prevention. (2004). Alcohol-related disease impact (ARDI). Retrieved March 27, 2008, from <http://apps.nccd.cdc.gov/ardi/Homepage.aspx>
8. Indiana State Department of Health. (2008). Indiana birth defects & problems registry data, 2003-2005. Received December 17, 2008, from Dr. Kent Smith, State Oral Health Director.
9. Indiana State Police. (2008). Automated Reporting Information Exchange System (ARIES), Vehicle Crash Records System. Database maintained by the Indiana State Police and made available to the Center for Criminal Justice Research, Public Policy Institute, School of Public and Environmental Affairs, Indiana University-Purdue University Indianapolis (March 9, 2008).
10. National Archive of Criminal Justice Data, Inter-university Consortium for Political and Social Research, University of Michigan. (n.d.). Uniform Crime Reporting Program. Retrieved June 3, 2008, from <http://www.icpsr.umich.edu/NACJD/>
11. Indiana Tobacco Prevention and Cessation Agency. (2008). Indiana Youth Tobacco Survey (IYTS), 2000-2006. Indianapolis, IN.
12. Indiana State Department of Health. (n.d.). Public health aspects of tobacco use. Retrieved January 30, 2009, from <http://www.in.gov/isdh/22438.htm>
13. Centers for Disease Control and Prevention. (2008). Smoking and tobacco use: Fact sheets. Retrieved August 27, 2008, from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm
14. National Institute on Drug Abuse. (2008). NIDA InfoFacts: Marijuana. Retrieved September 17, 2008, from <http://www.nida.nih.gov/Infofacts/marijuana.html>
15. U.S. Drug Enforcement Administration. (2008). Indiana 2008. Retrieved June 17, 2008, from <http://www.dea.gov/pubs/states/indianap.html>
16. National Institute on Drug Abuse. (2004). Research report series: Cocaine abuse and addiction. Retrieved September 18, 2008, from <http://www.drugabuse.gov/PDF/RRCocain.pdf>
17. National Institute on Drug Abuse. (2005). Research report series: Heroin abuse and addiction. Retrieved October 10, 2008, from <http://www.drugabuse.gov/PDF/RRHeroin.pdf>
18. Indiana State Department of Health. (n.d.). HIV/STD spotlight reports. Retrieved October 10, 2008, from <http://www.in.gov/isdh/19092.htm>
19. National Institute on Drug Abuse. (2008). NIDA InfoFacts: Methamphetamine. Retrieved October 20, 2008, from <http://www.nida.nih.gov/pdf/infofacts/Methamphetamine08.pdf>
20. Indiana State Police. (2008). Indiana meth lab statistics. Received December 4, 2008 from Sergeant Niki Crawford in report to IU Center for Health Policy.
21. National Institute on Drug Abuse. (2005). Research report series: Prescription drugs abuse and addiction. Retrieved September 29, 2008, from <http://www.nida.nih.gov/ResearchReports/Prescription/Prescription.html>
22. U.S. Drug Enforcement Administration, Office of Enforcement Operations, Pharmaceutical Investigations Section, Targeting and Analysis Unit. (2007). State of Indiana oxycodone purchases 2002-2007. Received September 14, 2007, from Dennis Wichern, in personal e-mail to IU Center for Health Policy.

About Substance Abuse in Indiana

This issue brief provides a concise overview of alcohol, tobacco, marijuana, cocaine, heroin, methamphetamine, non-medical prescription drug abuse, and polysubstance abuse in Indiana.

For detailed analysis of substance abuse in Indiana, see *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2008*, 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 Web site (<http://www.policyinstitute.iu.edu/health/2008epiprofile>) 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. 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 Kim Manlove, SPF SIG Project Director, (phone: 317-232-7887, E-mail: Kim.Manlove@fssa.in.gov) or Marcia French, State Project Coordinator, SPF SIG, (phone: 317-232-7931, E-mail: Marcia.French@fssa.in.gov).



ADDRESS SERVICE REQUESTED

334 North Senate Avenue, Suite 300
Indianapolis, IN 46204-1708
www.healthpolicy.iupui.edu



**SCHOOL OF PUBLIC AND
ENVIRONMENTAL AFFAIRS**

INDIANA UNIVERSITY
IUPUI