



INDIANA

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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 for the state to 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 five annual comprehensive state epidemiological profiles on substance use. The complete reports are available at the Center for Health Policy website at www.healthpolicy.iupui.edu/SPFSIG/epi.

This issue brief provides a concise 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, 2010*.

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, 49.3% (2.6 million residents) drank alcohol in the past month, and 23.0% (1.2 million residents) engaged in binge drinking.¹
- Young adults ages 18 to 25 old had the highest rates of alcohol use in Indiana: 58.2% reported current alcohol use and 40.3% reported binge drinking.¹
- Rates for heavy drinking were significantly lower in Indiana than in the United States (IN: 3.7%; U.S.: 5.1%).²

Youth Consumption—Underage Drinking

- Among Hoosiers 12 to 20 years old, 25.5% reported current alcohol use and 17.4% engaged in binge drinking.¹
- 15.7% of Indiana youth ages 12 to 17 drank alcohol in the past month, and 9.9% engaged in binge drinking.¹
- 38.5% of Indiana high school students (grades 9 through 12) used alcohol in the past month, and 24.9% engaged in binge drinking.³
- 14.9% of 8th graders, 30.4% of 10th graders, and 43.5% of 12th graders consumed alcohol in the past 30 days.⁴



Impact: Health

- The annual rate for alcohol abuse and dependence in Indiana was 6.9%, with the highest rate among 18- to 25-year-olds (16.5%).¹
- Most admissions to substance abuse treatment were due to alcohol abuse, and the percentage of admissions for alcohol dependence was significantly higher in Indiana (47.3%) than in the U.S. (41.3%).⁵
- The percentage of treatment episodes in Indiana in which alcohol dependence was indicated was lowest among blacks (38.4%); in roughly half of all treatment admissions among whites and among other races, alcohol dependence was reported.⁵
- From 2000 through 2006, a total of 2,284 Hoosiers died from alcohol-induced causes. The age-adjusted alcohol-attributable mortality rate in 2006 was 5.0 per 100,000 Indiana residents.⁷
- Alcohol is a common factor in drowning accidents (34%) and suicides (23%).⁸
- In 2006, 396 of Indiana mothers used alcohol during their pregnancy.⁹

Impact: Criminal Justice

- In 2009, a total of 8,855 alcohol-related collisions occurred in Indiana; 157 of these were fatal.¹⁰
- In 2008, Indiana arrest rates, per 1,000 population, were 5.0 for driving under the influence (31,000 arrests), 3.5 for public intoxication (22,000 arrests), and 2.7 for liquor law violations (17,000 arrests).¹¹
- Alcohol use is a major factor in homicides (47%).⁶

TOBACCO

Prevalence

- One-third of Hoosiers (1.7 million residents) ages 12 and older used a tobacco product in the past month. This was significantly higher than the U.S. rate of 28.5%.¹
- The highest tobacco use rate in the state was among 18- to 25-year-olds (47.5%).¹
- 27.6% of Hoosiers (1.4 million residents) ages 12 and older smoked cigarettes in the past month. This was significantly higher than the U.S. smoking rate of 24.1%.¹
- The highest rate for cigarette use in the state was among 18- to 25-year-olds (42.3%).¹
- Indiana's adult smoking prevalence (23.1 %) is the 5th highest in the nation. It is also significantly higher than the U.S. prevalence of 17.9%.²
- 17.1% of Hoosiers ages 18 and older use cigarettes every day.²
- Smoking prevalence was generally higher among younger individuals and persons with less educational attainment and lower income levels.²

Youth Consumption

- Among 12- to 17-year-olds in Indiana, 15.1% reported current use of a tobacco product and 12.0% indicated to currently smoke cigarettes.¹
- 4.1% of middle school students and 18.3% of high school students in Indiana smoked cigarettes in the past month.¹²
- White high school students had significantly higher smoking rates than black students (21.1% and 12.5%, respectively).¹²

Impact: Health

- An estimated 9,700 Hoosiers die annually from smoking-attributable causes.⁶
- On average, smoking reduces adult life expectancy by about 14 years.¹³
- 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 308.9 per 100,000 population.¹⁴
- Secondhand smoke is also detrimental to health and can cause many illnesses, especially in children.¹⁵



MARIJUANA

Prevalence

- Marijuana is the most commonly used illicit substance in Indiana and the nation.
- Among Hoosiers ages 12 and older, 6.3% (326,000 residents) used marijuana in the past month and 10.3% (535,000 residents) used it in the past year; U.S. rates were comparable.¹
- Highest rate of current (past month) use was among 18- to 25-year-olds (16.9%).¹



Youth Consumption

- 5.8% of Indiana youth ages 12 to 17 used marijuana for the first time during the past year, and 7.6% currently use marijuana.¹
- 20.9% of Indiana high school students currently use marijuana.³
- In Indiana, 8.9% of 8th grade students, 16.8% of 10th grade students, and 19.2% 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.¹⁶
- In 24.7% of Indiana treatment admissions, marijuana dependence was reported at treatment admission, a rate significantly higher than the national rate of 16.9%.⁵
- Marijuana users in treatment were more likely to be male, black, and under 18 years old.⁵

Impact: Criminal Justice

- In 2008, approximately 1,867 pounds of marijuana were seized in Indiana.¹⁷
- In 2008, almost 14,000 arrests were made in Indiana for possession and over 2,100 arrests for sale/manufacture of marijuana, representing arrest rates of 2.2 and 0.3 per 1,000 population, respectively.¹¹

COCAINE

Prevalence

- Among Hoosiers ages 12 and older, 0.7% (33,000 residents) reported current cocaine use (past-month use), 2.2% (114,000 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 (6.4%).¹

Youth Consumption

- 1.3% of Indiana youth ages 12 to 17 used cocaine in the past year.¹
- 6.6% of Indiana high school students have used a form of cocaine at least once in their life and 2.7% currently use it.³
- 1.9% of 12th grade students in Indiana reported current cocaine use, and 1.0% indicated 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.¹⁸
- 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.¹⁸
- In 9.3% of treatment episodes in Indiana, cocaine dependence was reported at treatment admission, a rate significantly lower than the national rate of 11.3%.⁵
- Admissions for cocaine dependence decreased significantly in Indiana's treatment population, from 13.6% in 2000 to 9.3% in 2008.⁵
- Cocaine users in treatment were more likely to be female, black, and between the ages of 25 and 54 years old.⁵

Impact: Criminal Justice

- In 2008, almost 96 pounds of cocaine were seized in Indiana.¹⁷
- In 2008, over 3,300 arrests were made in Indiana for possession of cocaine/opiates and over 2,300 for sale/manufacture of the substance, representing arrest rates of 0.5 and 0.4 per 1,000 population, respectively. The arrest rate for cocaine/opiates possession was significantly higher in the nation, at 1.0 per 1,000 population.¹¹

HEROIN

Prevalence

- Among Hoosiers age 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

- 2.6% of Indiana high school students have used heroin at least once in their life.³
- Among 12th grade students in Indiana, 2.4% have tried heroin at least once in their life, 1.5% used it in the past year, and 1.1% 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.¹⁹
- 2.9% of Indiana treatment admissions reported heroin dependence, significantly less than the U.S. rate of 14.2%.⁵
- Among Indiana's treatment admissions, women, whites, and individuals between the ages of 25 to 34 had the highest rates of heroin dependence.⁵
- By the end of 2008, a total of 9,253 Hoosiers were living with HIV disease; 781 (or 8.44%) of these cases can be attributed to injection drug use.²⁰

Impact: Criminal Justice

- In 2008, approximately 25.1 pounds of heroin were seized in Indiana. This is considerably less than the amount seized in the surrounding states.¹⁷
- In 2008, over 3,300 arrests were made in Indiana for possession of cocaine/opiates and over 2,300 for sale/manufacture of the substance, representing arrest rates of 0.5 and 0.4 per 1,000 population, respectively. The arrest rate for cocaine/opiates possession was significantly higher in the nation, at 1.0 per 1,000 population.¹¹



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

Youth Consumption

- 4.1% of Indiana high school students have tried meth at least once in their life.³
- In Indiana, 0.6% of 8th grade students, 0.9% of 10th grade students, and 0.9% of 12th grade students reported current (past-month) meth use.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.²¹
- The percentage of treatment admissions listing meth as their primary drug increased significantly from 1.5% in 2000 to 5.0% in 2008 (the U.S. rate of 6.1% 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 2008, about 21.4 pounds of methamphetamine were seized in Indiana.¹⁷
- From January 1 to December 31, 2009, 1,343 clandestine meth labs were seized by the Indiana State Police (up from 1,059 labs seized during 2008).²²
- The number of children located at meth labs by the Indiana State Police fell from 172 in 2004 to 124 in 2007, but increased again to 185 children in 2009.²²
- In 2008, over 1,600 arrests were made in Indiana for possession of meth and other synthetic drugs and nearly 630 arrests for sale/manufacture of the drugs, representing arrest rates of 0.3 and 0.1 per 1,000 population, respectively.¹¹

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).²³
- In 2008, 11.5 million prescription drugs (controlled substances), primarily pain relievers (6.1 million), were dispensed to Indiana residents.²⁴
- Among Hoosiers age 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 21.0% (1 million residents) abused them at least once in their life.¹
- Past-year prevalence for nonmedical pain reliever use in Indiana residents ages 12 and older was 6.0%, significantly higher than the U.S. rate of 4.9%. Young Hoosiers ages 18 to 25 had the highest rate of past-year use (14.2%).¹

Youth Consumption

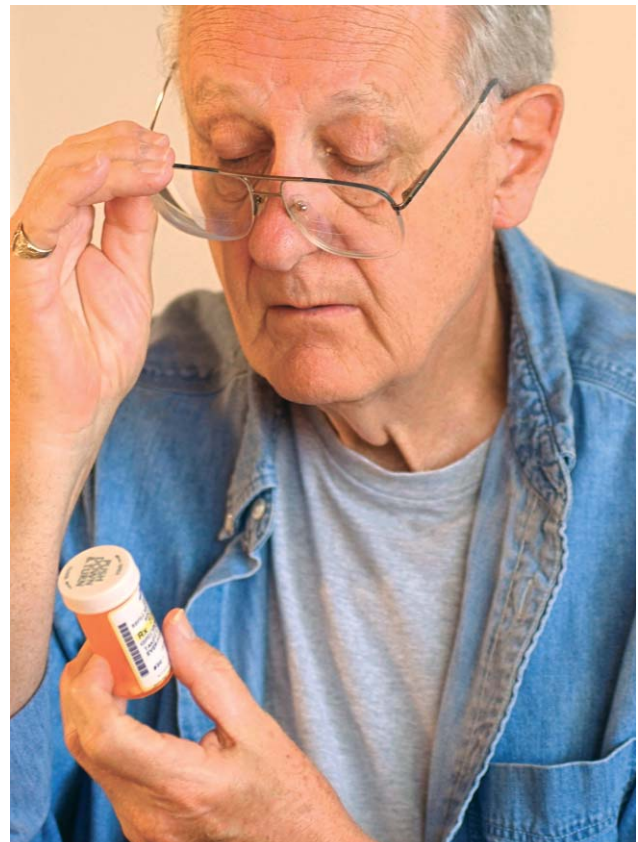
- 7.7% of young Hoosiers ages 12 to 17 abused pain relievers in the past year.¹
- 16.4% of Indiana 12th grade students reported to have misused pain relievers at least once in their life, and 6.3% indicated misuse in the past month.⁴

Impact: Health

- 9.6% of treatment admissions reported prescription drug dependence, significantly higher than the U.S. rate of 7.1%.⁵
- Admissions for pain reliever and sedative/tranquilizer dependence increased significantly from 2000 to 2008 in Indiana, while admissions for stimulant abuse remained stable.⁵
- Prescription drug abusers in treatment were primarily female and white.⁵

Impact: Criminal Justice

- In Indiana, over 3,500 arrests were made in 2008 for possession of barbiturates (sedatives) and Benzedrine (a stimulant), and 815 for sale/manufacture of these substances, representing arrest rates of 0.6 and 0.1 per 1,000 population, respectively. Both rates were significantly lower than the national rates of 0.8 and 0.2.¹¹

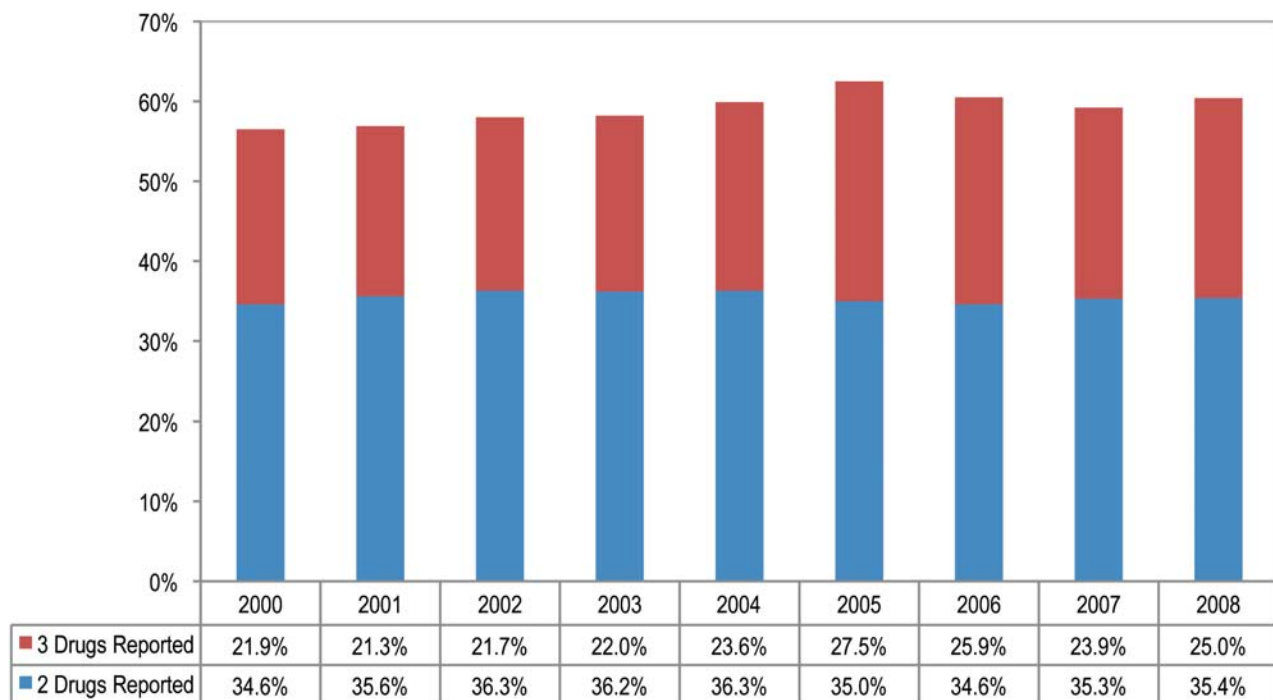


POLYSUBSTANCE ABUSE

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, 60.4% reported use of two or more drugs; the percentage was significantly higher in Indiana compared to the nation (54.6%) (see Figure 1).⁵
- The percentage of treatment admissions with polysubstance abuse has increased significantly from 56.5% in 2000 to 60.4% in 2008 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, cocaine, and marijuana; and (c) alcohol, marijuana, and opiates-synthetics.⁵

Figure 1. Percentage of Indiana Treatment Episodes with Reported Use of Two Substances and Three Substances (Treatment Episode Data Set, 2000–2008)



Source: Substance Abuse and Mental Health Data Archive, n.d.

References

- 1 Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (n.d.). *National Survey on Drug Use and Health*. Retrieved September 15, 2010, from <https://nsduhweb.rti.org/>
- 2 Centers for Disease Control and Prevention. (2009). *Behavioral Risk Factor Surveillance System - prevalence data*. Retrieved September 11, 2010, from <http://apps.nccd.cdc.gov/brfss/>
- 3 Centers for Disease Control and Prevention. (n.d.-a). *Youth Risk Behavior Surveillance System*. Retrieved September 1, 2010, from <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- 4 Indiana Prevention Resource Center. (2010). *Alcohol, tobacco, and other drug use by Indiana children and adolescents*. Retrieved September 13, 2010, from http://www.drugs.indiana.edu/data-survey_monograph.html
- 5 Substance Abuse and Mental Health Data Archive. (n.d.). *Treatment Episode Data Set - Admissions (TEDS-A), 2008*. Available at <http://webapp.icpsr.umich.edu/cocoon/SAMHDA/STUDY/24280.xml>
- 6 Epidemiology Resource Center, Data Analysis Team. (2010). *Indiana Mortality data, 2003-2007*. Indianapolis, IN: Indiana State Department of Health.
- 7 Centers for Disease Control and Prevention. (n.d.-b). *CDC Wonder*. Retrieved September 23, 2010, from <http://wonder.cdc.gov/cmfi-10.html>
- 8 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>
- 9 Indiana State Department of Health. (n.d.). *Birth reports (natality)*. Retrieved September 17, 2009, from <http://www.in.gov/isdh/19095.htm>
- 10 Indiana State Police. (2009). *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 1, 2010).
- 11 National Archive of Criminal Justice Data, Inter-university Consortium for Political and Social Research, University of Michigan. (n.d.). *Uniform Crime Reporting Program*. Available at <http://www.icpsr.umich.edu/NACJD/>
- 12 Indiana Tobacco Prevention and Cessation Agency. (2009). *Indiana Youth Tobacco Survey (IYTS), 2000-2008*. Received November 3, 2009, from Katelin Ryan, Research Director at the Indiana Tobacco Prevention and Cessation Agency, in an e-mail to the Indiana University Center for Health Policy.
- 13 Centers for Disease Control and Prevention. (2010). *Smoking and tobacco use: Fact sheets*. Retrieved October 26, 2009, from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm
- 14 Centers for Disease Control and Prevention. (n.d.-c). *Smoking-attributable mortality, morbidity, and economic costs (SAMMEC)*. Retrieved September 30, 2010, from <http://apps.nccd.cdc.gov/sammec/index.asp>
- 15 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>
- 16 National Institute on Drug Abuse. (2009). *NIDA InfoFacts: Marijuana*. Retrieved September 30, 2010, from <http://www.nida.nih.gov/Infofacts/marijuana.html>
- 17 U.S. Drug Enforcement Administration. (2009). *Indiana 2009*. Retrieved October 7, 2010, from http://www.usdoj.gov/dea/pubs/state_factsheets/indiana.html
- 18 National Institute on Drug Abuse. (2010). *Research report series: Cocaine abuse and addiction*. Retrieved October 7, 2010, from <http://www.drugabuse.gov/PDF/RRCocain.pdf>

- 19 National Institute on Drug Abuse. (2005). *Research report series: Heroin abuse and addiction*. Retrieved September 23, 2010, from <http://www.drugabuse.gov/PDF/RRHeroin.pdf>
- 20 Indiana State Department of Health. (n.d.). *HIV/STD spotlight reports* – December 2009. Retrieved September 9, 2010, from <http://www.in.gov/isdh/24407.htm>
- 21 National Institute on Drug Abuse. (2008). *NIDA InfoFacts: Methamphetamine*. Retrieved October 19, 2010, from <http://www.nida.nih.gov/pdf/infofacts/Methamphetamine08.pdf>
- 22 Indiana State Police. (2010). *2009 ISP lab stats*. Received February 3, 2010, from Niki Crawford, First Sergeant Commander, Methamphetamine Suppression Section, , in an e-mail to the Indiana University Center for Health Policy.
- 23 National Institute on Drug Abuse. (2005). *Research report series: Prescription drugs abuse and addiction*. Retrieved November 24, 2009, from <http://www.nida.nih.gov/ResearchReports/Prescription/Prescription.html>
- 24 Indiana Board of Pharmacy. (2010). *2008 INSPECT dataset*. Received May 26, 2010, from Joshua Klatte, Program Director, INSPECT Prescription Monitoring Program, Indiana Board of Pharmacy.

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, 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 Web site (<http://www.healthpolicy.iupui.edu/SPFSIG>) or through the Indiana Prevention Resource Center's SPF SIG website (<http://www.drugs.indiana.edu/consult-spf.html>).

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