



INDIANA

April 2019

For questions and additional information, please contact:

Davetta Henderson
 Assistant Deputy Director
 Mental Health Promotion and
 Addiction Prevention
 Division of Mental Health & Addiction
 (317) 233-6367
 Davetta.henderson@fssa.IN.gov

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

Prepared by:
 The Center for Health Policy
 IU Richard M. Fairbanks
 School of Public Health
 Indiana University-Purdue
 University Indianapolis
 1050 Wishard Blvd.
 Indianapolis, IN 46202



Substance Misuse in Indiana

A quick summary on misuse of alcohol, tobacco, marijuana, stimulants, and opioids, as well as the occurrence of mental illness and suicide in Indiana.

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.



**CENTER FOR
HEALTH POLICY**

RICHARD M. FAIRBANKS
 SCHOOL OF PUBLIC HEALTH
 Indiana University-Purdue University
 Indianapolis



INTRO/SUMMARY

Introduction

In 2005, the State Epidemiology and Outcomes Workgroup (SEOW) was established as part of the Center for Substance Abuse Prevention's (CSAP) Strategic Prevention Framework State Incentive Grant (SPF SIG) Program to collect and analyze epidemiological data and facilitate data-based decision-making regarding substance abuse prevention across Indiana. Though the grant funding has ended, the Division of Mental Health and Addiction continues to support the work of the SEOW.

As of this date, the Indiana SEOW has published 13 annual comprehensive state epidemiological profiles on substance use. The complete reports are available at the Center for Health Policy website at <https://fsp.h.iupui.edu/research-centers/centers/health-policy/epi-reports.html>.

This issue brief provides an overview of behavioral health indicators in Indiana, including the use of alcohol, tobacco, marijuana, opioids, and stimulants, as well as the occurrence of mental illness and suicide. For a more detailed analysis, refer to *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2018*.

Summary

Substance use continues to be a major public health concern, negatively impacting a variety of health, legal, and social outcomes. Nearly one-fourth of Hoosiers ages 12 and older engaged in binge drinking in the past month and one-tenth used an illicit substance. Furthermore, 7% of Indiana residents met criteria for substance use disorder (SUD) in the past year and 6.5% needed but did not receive treatment for their SUD.¹



Of particular concern is poly-substance use, i.e., the use of two or more substances over a defined period, simultaneously or at differing times, for recreational purposes. In over 70% of admissions to substance use treatment in Indiana, the use of multiple substances was indicated, with 30% reporting the use of two drugs and nearly 41% reporting the use of three drugs.⁶

During state fiscal year 2018, a total of 10,483 children were removed from their parents by the Department of Child Services in Indiana; almost two-thirds (64%) of these removals were due to parental alcohol and/or drug use.²³

ALCOHOL

Prevalence

- Alcohol is the most frequently used drug in Indiana and the United States.
- Among Hoosiers ages 12 and older, 49.9% drank alcohol in the past month.¹
- Young adults ages 18 to 25 had the highest rates of alcohol use in Indiana: 59.8% reported current alcohol use.¹
- Rates for heavy drinking were similar in Indiana and the United States (IN: 6.0%; U.S.: 6.3%).²
- Among Indiana college students, 63.3% reported current (past-month) use of alcohol.³

Underage Drinking

- Among Hoosiers 12 to 20 years old, 20.2% reported current alcohol use.¹
- 30.5% of Indiana high school students (grades 9 through 12) used alcohol in the past month, and 17.4% engaged in binge drinking.⁴

- 13.0% of 8th graders, 21.0% of 10th graders, and 29.5% of 12th graders consumed alcohol in the past month in Indiana.⁵

Impact: Health

- An estimated 5.2% of Hoosiers had an alcohol use disorder in the past year; the highest rate was found among 18- to 25-year-olds (10.7%).¹
- Nearly one-third of treatment admissions among Hoosiers (29.6%) were for alcohol dependence.⁶
- Alcohol users in the treatment population were more likely to be male, non-white, and 45 years of age or older.⁶
- From 2000 through 2017 a total of 8,034 Hoosiers died from alcohol-induced causes.⁷ The age-adjusted alcohol-attributable mortality rate in 2017 was 9.6 per 100,000 Indiana residents.⁷
- In 2017, a total of 7,733 alcohol-related collisions occurred in Indiana; 158 of these were fatal.⁸



TOBACCO

Prevalence

- Just over a quarter of Hoosiers ages 12 and older used a tobacco product in the past month (26.8%). This was significantly higher than the U.S. rate of 23.0%.¹
- The highest tobacco use rate in the state was among 18- to 25-year-olds (33.3%).¹
- Over one-fifth (21.4%) of Hoosiers ages 12 and older smoked cigarettes in the past month (U.S.: 18.5%).¹
- The highest rate for current cigarette use in the state was among 18- to 25-year-olds (28.3%).¹
- Indiana's adult smoking prevalence (21.8%) is the 7th highest in the nation. It is also significantly higher than the U.S. median of 17.1%.²
- 15.8% of Hoosiers ages 18 and older use cigarettes every day.²
- Smoking prevalence was generally higher among middle-aged individuals and persons with less educational attainment and lower income levels.²
- Among Indiana college students, 16.4% reported current use of cigarettes.³

Youth Consumption

- Among 12- to 17-year-olds in Indiana, 6.0% reported current use of a tobacco product, and 4.6% indicated that they currently smoke cigarettes.¹
- 4.9% of middle school students and 20.3% of high school students in Indiana used a tobacco product in the past month, including e-cigarettes.⁹
- Although the use of e-cigarettes is popular among youth, past-month prevalence decreased from 2014 to 2016 in both middle school students (from 5.2% to 2.8%) and high school students (from 15.6% to 10.5%).⁹
- White high school students had significantly higher smoking rates than black students (10.0% and 3.1%, respectively).⁴

Impact: Health

- Tobacco causes serious health consequences, including heart disease, cancer, and respiratory illnesses.¹⁰
- On average, smoking reduces adult life expectancy by at least 10 years.¹⁰
- Secondhand smoke is also detrimental to health and can cause many illnesses, especially in children.¹¹
- An estimated 11,100 Hoosiers die annually from smoking-attributable causes.¹⁰
- The average annual age-adjusted smoking-attributable mortality rate per 100,000 population was higher among Hoosiers (323.3) than the U.S. median (288.1).¹²



MARIJUANA

Prevalence

- Marijuana is the most commonly used illicit substance in Indiana and the nation.¹
- Among Hoosiers ages 12 and older, 9.3% used marijuana in the past month, and 14.4% used it in the past year; U.S. rates were comparable.¹
- Highest rate of current use was among 18- to 25-year-olds (20.7%).¹
- Among Indiana college students, 22.7% reported current marijuana use.³

Youth Consumption

- 6.0% of Indiana youth ages 12 to 17 initiated marijuana use during the past year, and 6.5% currently use marijuana.¹
- 16.4% of Indiana high school students currently use marijuana.⁴
- In Indiana, 5.9% of 8th grade students, 12.6% of 10th grade students, and 17.3% of 12th grade students currently use marijuana.⁵

Impact: Health

- Harmful effects include respiratory illnesses, a weakened immune system, and an increased risk of heart attack and cancer.¹³
- In 48.4% of Indiana treatment admissions, marijuana use was reported at treatment admission, a significantly higher percentage compared to the nation's 33.2%.⁶
- Marijuana users in treatment were more likely to be male, black, and under 18 years old.⁶



OPIOIDS

Prevalence

- In 2017, Indiana pharmacies filled 6,191,590 prescriptions for opioid analgesics.¹⁹
- Almost five percent (4.8%) of Hoosiers 12 years of age and older misused pain relievers in the past year and 0.6% reported using heroin.¹
- Opioid use was highest among 18- to 25-year-old Hoosiers; 8.8% of Hoosiers in this age group misused a prescription pain reliever in the past year and 1.3% used heroin.¹
- Among Indiana college students, 1.7% misused prescription pain relievers in the past month.³
- Approximately 2.4% of Indiana's high school students have used heroin at least once in their lifetime.⁴
- Among Indiana 12th graders, 0.2% currently use heroin.⁵

Impact: Health

- Prescription opioid misuse was reported in 20.9% of substance use treatment admissions in Indiana.⁶
- Prescription opioid misusers in treatment were primarily female, white, and between the ages of 25 and 34.⁶
- Heroin misuse in Indiana's treatment population increased from 3.2% of admissions in 2006 to 22.4% of admissions in 2016.⁶
- Heroin misusers in treatment were primarily female, white, and between the ages of 18 and 34.⁶
- Injection drug use is common among heroin users and is associated with transmission of HIV and other blood-borne diseases.^{6, 19, 20}
- Overdose deaths involving an opioid rose from 347 in 2011 to 1,138 in 2017; Indiana's opioid overdose mortality rate was 17.1 overdoses per 100,000 population in 2017.¹⁸

Impact: Criminal Justice

- Pharmacy robberies in Indiana dropped from a peak of 175 robberies in 2015 to 22 robberies in 2018; reflecting a purchase value of \$137,621.²¹



STIMULANTS

COCAINE

- Among Hoosiers ages 12 and older, 1.9% used cocaine in the past year; highest use was reported by 18- to 25-year-olds (5.7%).¹
- 4.0% of Indiana high school students have used a form of cocaine at least once in their life.⁴

METHAMPHETAMINE

- An estimated 0.6% of Indiana residents ages 12 and older used methamphetamine in the past year; young adults ages 18 to 25 had the highest prevalence rate (1.2%).¹
- The percentage of Indiana high school students who used meth at least once in their life has declined from 8.2% in 2003 to 2.9% in 2015.⁴

OTHER STIMULANTS

- No state estimates for the use of other stimulants within the general population are available; however, 2.1% of the U.S. population ages 12 and over misused a prescription stimulant in the past year.¹

Impact: Health

- Health consequences of stimulants include cardiovascular and nervous system problems, gastrointestinal complications, overdose, and in severe cases, death.^{14, 15, 16}
- Stimulants can produce psychotic-like and paranoid symptoms, which in some cases can become permanent.^{14, 15, 16}
- Long-term meth use in particular is associated with brain, liver, and kidney damage, and serious dental problems.^{14, 15, 16}
- The percentage of treatment episodes reporting methamphetamine has been increasing steadily from 10.9% in 2005 to 23.7% in 2016.⁶
- In 2016, cocaine use was reported in 12.1% of Indiana treatment episodes, and other stimulant use in 1.7%.⁶

Impact: Criminal Justice

- The number of clandestine meth labs seized and arrests made at these labs by the Indiana State Police decreased from an all-time high in 2013 (1,721 lab seizures and 1,507 arrests) to 192 lab seizures and 81 arrests in 2018.¹⁷
- The number of children taken from meth lab homes dropped from a high of 440 in 2013 to 14 in 2018.¹⁷



MENTAL HEALTH

Prevalence

- One in five Indiana adults (20.9%) had a mental illness in the past year; 5.2% of Indiana adults suffered from a serious mental illness in the past year.¹
- In 2017, 7.0% of Indiana adults reported having at least one major depressive episode in the past year.²
- Hoosier women are more likely than men to report a history of depression (29.6% and 17.0%, respectively).²
- Among Indiana's high school students, 29.4% reported feeling significantly sad or hopeless in the past year; feelings of sadness and hopelessness were significantly higher among young people who described themselves as gay, lesbian, or bisexual.⁴

Suicide

- 5.0% of Indiana adults reported having had serious thoughts of suicide in the past year.¹
- Over 1 in 10 Hoosiers 18 to 25 years old (11.1%) experienced suicidal thoughts in the past year.¹
- Almost 10% of Hoosier high school students attempted suicide in the past year; the rate was particularly high among high school students who describe themselves as gay, lesbian, or bisexual (35%).⁴
- Suicide deaths in Indiana increased from 12.3 deaths per 100,000 population in 2007 to 16.4 deaths per 100,000 population in 2017—a rate significantly higher than the U.S. rate (14.0 deaths per 100,000 population).⁷

Treatment Utilization

- Of the 20.9% of Hoosiers who experienced a mental illness in the past year, 17.6% received mental health services.¹
- In 2017, a total of 137,326 Hoosiers were served by the Indiana Division of Mental Health and Addiction (DMHA).²²
- Over one-fourth (26.0%) of adults served by DMHA received services for co-occurring mental illness and substance use disorders.²²



References

- 1 Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2018). *National Survey on Drug Use and Health (NSDUH)*. Retrieved from <https://www.samhsa.gov/data/population-data-nsduh>
- 2 Centers for Disease Control and Prevention. (2018). *Behavioral Risk Factor Surveillance System (BRFSS) prevalence & trends data*. Retrieved from <http://www.cdc.gov/brfss/brfssprevalence/index.html>
- 3 King, R. A., & Jun, M. K. (2018). *Indiana College Substance Use Survey, 2018*. Indiana Prevention Resource Center, Indiana University. Retrieved from <http://www.drugs.indiana.edu/indiana-college-survey/substance-use-survey>
- 4 Centers for Disease Control and Prevention. (1991-2015). *Youth Risk Behavior Surveillance System (YRBSS)*. Retrieved from <http://nccd.cdc.gov/youthonline>
- 5 Gassman, R., Jun, M., Samuel, S., Agle, J. D., Lee, J., & Wolf, J. (2018). *Indiana Youth Survey, 2018*. Indiana Prevention Resource Center, Indiana University. Retrieved from <http://inys.indiana.edu/survey-results>
- 6 Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2016). *Treatment Episode Data Set -- Admissions (TEDS-A), 2016*. Retrieved from <http://www.dasis.samhsa.gov/dasis2/teds.htm>
- 7 Centers for Disease Control and Prevention. (1999-2016). *CDC WONDER underlying causes of death (compressed mortality)*. Retrieved from <http://wonder.cdc.gov/>
- 8 Indiana State Police. (2017). *Automated Reporting Information Exchange System (ARIES), Vehicle Crash Records System, 2017*. Data received from the Center for Criminal Justice Research, Public Policy Institute, School of Public and Environmental Affairs, Indiana University–Purdue University Indianapolis.
- 9 Indiana State Department of Health, Tobacco Prevention and Cessation Commission. (2018). *Indiana Youth Tobacco Survey and Indiana Adult Tobacco Survey*. Data received from Katelin Rupp, Director of Program Evaluation at the Indiana State Department of Health, Tobacco Prevention & Cessation Commission.
- 10 U.S. Department of Health and Human Services. (2014). *The Health Consequences of Smoking -- 50 years of progress: A Report of the Surgeon General*. Atlanta, GA.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health.
- 11 Centers for Disease Control and Prevention. (2017). *Health effects of secondhand smoke*. Retrieved from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm
- 12 Centers for Disease Control and Prevention. (2009). State-specific smoking-attributable mortality and years of potential life lost--United States, 2000-2004. *MMWR Morbidity and mortality weekly report*; 58(2):29.
- 13 National Institute on Drug Abuse. (2018). *DrugFacts: Marijuana*. National Institutes of Health, United States Department of Health and Human Services. Retrieved from <http://www.drugabuse.gov/publications/drugfacts/marijuana>
- 14 National Institute on Drug Abuse. (2016). *Cocaine*. National Institutes of Health, United States Department of Health and Human Services. Retrieved from <https://www.drugabuse.gov/publications/research-reports/cocaine/what-cocaine>
- 15 National Institute on Drug Abuse. (2017). *DrugFacts: Methamphetamine*. National Institutes of Health, U.S. Department of Health and Human Services. Retrieved from <http://www.drugabuse.gov/publications/drugfacts/methamphetamine>
- 16 National Institute on Drug Abuse. (2018). *DrugFacts: Prescription stimulants*. National Institutes of Health, U.S. Department of Health and Human Services. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/prescription-stimulants>
- 17 Indiana State Police, Methamphetamine Suppression Section. (2018). *Indiana meth lab statistics, 2018*. Data received from First Sergeant Don McCay.

- 18 Indiana State Department of Health. (2019). Stats Explorer. Retrieved from https://gis.in.gov/apps/isdh/meta/stats_layers.htm
- 19 National Institute on Drug Abuse. (2018). *Heroin*. Retrieved from <https://www.drugabuse.gov/publications/research-reports/heroin/letter-director>
- 20 Indiana State Department of Health. (2016). *Spotlight on HIV/STD/viral hepatitis – December 2015*. Retrieved from [http://www.in.gov/isdh/files/At_a_Glance\(8\).pdf](http://www.in.gov/isdh/files/At_a_Glance(8).pdf)
- 21 Indiana Professional Licensing Agency. (2019). *Pharmacy robberies in Indiana 2015-2018 – summary report*. Email correspondence with Zaneta Nunnally from March 20, 2019.
- 22 Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (SAMHSA/CMHS) (2017). *Indiana 2017 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System*. Retrieved from <https://www.dasis.samhsa.gov/dasis2/urs.htm>
- 23 Indiana Department of Child Services. (2019). *SFY2018 Child Removals due to Parent Substance Abuse*. Source: MaGIK CHINS AFCARS; retrieved 2/1/2019.

About Substance Abuse in Indiana

This issue brief provides a concise overview on the misuse of alcohol, tobacco, marijuana, stimulants, and opioids as well as the occurrence of mental illness and suicide 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, 2018*, a comprehensive epidemiologic profile created by the Center for Health Policy at the IU Richard M. Fairbanks School of Public Health for the State Epidemiological Outcomes Workgroup (SEOW).

Funding for these reports was provided 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).

For questions and additional information, please contact Davetta Henderson at the Division of Mental Health and Addiction (phone: 317-233-6367; e-mail: Davetta.henderson@fssa.IN.gov).

ADDRESS SERVICE REQUESTED



CENTER FOR HEALTH POLICY

RICHARD M. FAIRBANKS
SCHOOL OF PUBLIC HEALTH
Indiana University-Purdue University
Indianapolis

1050 Wishard Blvd.
Indianapolis, IN 46202
www.healthpolicy.iupui.edu

