



INDIANA

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Indiana Strategic Behavioral Health Priorities 2017 – 2021

The State's overarching goal is to reduce substance abuse and protect the physical and mental wellbeing of all Hoosiers. Based on findings from the 2016 State Epidemiological Profile and expertise from SEOW members, we identified behavioral health priorities in the following areas:

- Tobacco use in youth, pregnant women, and overall adults
- High-risk alcohol consumption in youth and young adults
- Misuse of prescription and non-prescription opioids, often leading to, potentially fatal, overdoses
- Suicide attempts in youth
- General recommendations to (a) monitor marijuana use and (b) expand data collection efforts to better address behavioral health needs of special populations

The SEOW recommends a four-year period, from 2017 to 2021, to address and re-evaluate the identified behavioral health priorities. However, we will review these statistics annually and add priorities as necessary; i.e., if the magnitude or consequences of an emerging trend warrants additional attention.

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

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INDIANA STRATEGIC BEHAVIORAL HEALTH PRIORITIES

TOBACCO (NICOTINE)	ALCOHOL	OPIOIDS
<p>Youth tobacco use Reduce past-month use of any tobacco product, including e-cigarettes, in middle school students from 8.2% to 5.0% and in high school students from 26.9% to 20.0%. Data source: IYTS, 2014 Target setting method: TPC recommendation and SEOW consent</p>	<p>Underage drinking Reduce past-month alcohol use in 12- to 20-year-olds from 21.0% to 18.9%. Data source: NSDUH, 2014-2015 Target setting method: 10% improvement (modified from Healthy People 2020, objective SA-13.1)</p>	<p>Drug overdose mortality¹ Reduce fatal drug overdoses from 1,236 deaths to 927 deaths. Data source: ISDH, 2015 Target setting method: 25% improvement (SEOW consent)</p>
<p>Smoking during pregnancy Reduce smoking in pregnant women from 14.3% to 8.0%. Data source: Natality Report, 2015 Target setting method: TPC, 2020 Strategic Plan (p. 25)</p>	<p>Binge drinking in young adults Reduce past-month binge drinking in young adults ages 18 to 24 from 28.7% to 25.8%. Data source: BRFSS, 2015 Target setting method: 10% improvement (Healthy People 2020, objective SA-14.3)</p>	<p>Prescription opioid misuse Prescription opioid misuse is still a public health concern. Due to changes in the design of the National Survey on Drug Use and Health (NSDUH), state-level estimates were not available this year and future estimates will not be comparable to prior years. Therefore, we recommend re-evaluating next year's rate of prescription opioid misuse for inclusion in next year's priorities.</p>
<p>Adult smoking Reduce smoking among all adults from 20.6% to 18.0%. Data source: BRFSS, 2015 Target setting method: TPC, 2020 Strategic Plan (p. 33)</p>		

¹This estimate includes all drug overdose (poisoning) deaths (ICD-10: X40-X44, X60-X64, X85 or Y10-Y14). The reason we included all drug overdose fatalities is that in many cases, the underlying drug(s) have not been tested or specified, and among those in which the underlying substance is known, a high percentage is attributable to opioids.

INDIANA STRATEGIC BEHAVIORAL HEALTH PRIORITIES (continued)

MENTAL HEALTH	GENERAL RECOMMENDATIONS
<p><i>Suicide attempts in youth</i> Reduce the percentage of high school students who attempted suicide in the past year from 9.9% to not more than 8.9%. Data source: YRBS, 2015 Target setting method: 10% improvement (SEOW consent)</p>	<p>There has been a recent upward trend in marijuana use. Given the expanding legalization of marijuana (as of 2016, 28 U.S. states have legalized marijuana for medical/recreational purposes), the SEOW recommends to monitor its use in the general population and to consider its inclusion in the Prevention Priorities in future years.</p>
	<p>The SEOW acknowledges the importance of consistent data collection, especially at the state and sub-state level. We recommend the state maintain and improve its efforts to collect relevant data on behavioral health indicators and to expand collecting information from special populations, including the LGBTQ community; racial/ethnic minorities such as African Americans, Latinos, and Native Americans/Indian Tribes; people involved with the criminal justice system; veterans and military families; people who live in rural areas; and people experiencing homelessness.</p>

About Substance Abuse in Indiana

This issue brief provides an update on Indiana's behavioral health priorities.

For detailed analysis of substance abuse in Indiana, see *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2016*, 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://fsph.iupui.edu/research-centers/centers/health-policy>).

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