



# INDIANA

June 2018

For questions and additional information, please contact:

**Julie Gries**  
 Assistant Deputy Director  
 Mental Health Promotion and  
 Addiction Prevention  
 Division of Mental Health & Addiction  
 (317) 232-7894  
 julie.gries@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



**Ψ**  
**CENTER FOR  
 HEALTH POLICY**  
 RICHARD M. FAIRBANKS  
 SCHOOL OF PUBLIC HEALTH  
 Indiana University-Purdue University  
 Indianapolis

## Substance Abuse 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

### 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 12 annual comprehensive state epidemiological profiles on substance use. The complete reports are available at the Center for Health Policy website at <https://fsph.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, 2017*.

## 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, 50.5% drank alcohol in the past month.<sup>1</sup>
- Young adults ages 18 to 25 had the highest rates of alcohol use in Indiana: 59.4% reported current alcohol use.<sup>1</sup>
- Rates for heavy drinking were similar in Indiana and the United States (IN: 6.6%; U.S.: 6.5%).<sup>2</sup>
- Among Indiana college students, 60.8% reported current (past-month) use of alcohol.<sup>3</sup>

## Underage Drinking

- Among Hoosiers 12 to 20 years old, 20.9% reported current alcohol use.<sup>1</sup>
- 30.5% of Indiana high school students (grades 9 through 12) used alcohol in the past month, and 17.4% engaged in binge drinking.<sup>4</sup>
- 13.0% of 8th graders, 22.1% of 10th graders, and 32.2% of 12th graders consumed alcohol in the past month in Indiana.<sup>5</sup>

## Impact: Health

- An estimated 5.3% of Hoosiers had an alcohol use disorder in the past year; the highest rate was found among 18- to 25-year-olds (12.5%).<sup>1</sup>
- Just over one-third of treatment admissions among Hoosiers (33.9%) were for alcohol dependence.<sup>6</sup>
- Alcohol users in the treatment population were more likely to be male, non-white, and 45 years of age or older.<sup>6</sup>
- From 2000 through 2016, a total of 7,312 Hoosiers died from alcohol-induced causes.<sup>7</sup> The age-adjusted alcohol-attributable mortality rate in 2016 was 9.4 per 100,000 Indiana residents.<sup>7</sup>

## Impact: Criminal Justice

- In 2016, a total of 8,608 alcohol-related collisions occurred in Indiana; 149 of these were fatal.<sup>8</sup>
- In 2014, Indiana arrest rates per 1,000 population were 3.2 for driving under the influence (20,810 arrests), 1.1 for public intoxication (7,107 arrests), and 1.2 for liquor law violations (8,245 arrests).<sup>9</sup>



# TOBACCO

## Prevalence

- Just over a quarter of Hoosiers ages 12 and older used a tobacco product in the past month (28.7%). This was significantly higher than the U.S. rate of 23.7%.<sup>1</sup>
- The highest tobacco use rate in the state was among 18- to 25-year-olds (37.4%).<sup>1</sup>
- Nearly one-fourth (22.8%) of Hoosiers ages 12 and older smoked cigarettes in the past month (U.S.:19.2%).<sup>1</sup>
- The highest rate for current cigarette use in the state was among 18- to 25-year-olds (28.3%).<sup>1</sup>
- Indiana's adult smoking prevalence (21.1%) is the 10th highest in the nation. It is also significantly higher than the U.S. median of 17.1%.<sup>2</sup>
- 15.5% of Hoosiers ages 18 and older use cigarettes every day.<sup>2</sup>
- Smoking prevalence was generally higher among younger individuals and persons with less educational attainment and lower income levels.<sup>2</sup>
- Among Indiana college students, 16.4% reported current use of cigarettes.<sup>3</sup>

## Youth Consumption

- Among 12- to 17-year-olds in Indiana, 7.7% reported current use of a tobacco product, and 5.6% indicated that they currently smoke cigarettes.<sup>1</sup>
- 1.8% of middle school students and 8.7% of high school students in Indiana smoked cigarettes in the past month.<sup>10</sup>
- Although the use of e-cigarettes is on the rise, past-month prevalence decreased from 2014 for students in middle school (5.2% to 2.8%) and high school (from 15.6% to 10.5%).<sup>10</sup>
- White high school students had significantly higher smoking rates than black students (10.0% and 3.1%, respectively).<sup>4</sup>

## Impact: Health

- Tobacco causes serious health consequences, including heart disease, cancer, and respiratory illnesses.<sup>11</sup>
- On average, smoking reduces adult life expectancy by at least 10 years.<sup>11</sup>
- Secondhand smoke is also detrimental to health and can cause many illnesses, especially in children.<sup>12</sup>
- An estimated 11,100 Hoosiers die annually from smoking-attributable causes.<sup>11</sup>
- 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).<sup>13</sup>



# MARIJUANA

## Prevalence

- Marijuana is the most commonly used illicit substance in Indiana and the nation.<sup>1</sup>
- Among Hoosiers ages 12 and older, 8.8% used marijuana in the past month, and 13.4% used it in the past year; U.S. rates were comparable.<sup>1</sup>
- Highest rate of current use was among 18- to 25-year-olds (19.6%).<sup>1</sup>
- Among Indiana college students, 21.6% reported current marijuana use.<sup>3</sup>



## Youth Consumption

- 5.6% of Indiana youth ages 12 to 17 used marijuana for the first time during the past year, and 7.2% currently use marijuana.<sup>1</sup>
- 16.4% of Indiana high school students currently use marijuana.<sup>4</sup>
- In Indiana, 6.4% of 8th grade students, 14.1% of 10th grade students, and 19.5% of 12th grade students currently use marijuana.<sup>5</sup>

## Impact: Health

- Harmful effects include respiratory illnesses, a weakened immune system, and an increased risk of heart attack and cancer.<sup>14</sup>
- In 47.7% of Indiana treatment admissions, marijuana use was reported at treatment admission, a significantly higher percentage compared to the nation's 33.4%.<sup>6</sup>
- Marijuana users in treatment were more likely to be male, black, and under 18 years old.<sup>6</sup>

## Impact: Criminal Justice

- In 2014, Indiana had more than 10,000 arrests for possession and 1,903 arrests for sale/manufacture of marijuana, representing arrest rates of 1.6 and 0.3 per 1,000 population, respectively.<sup>9</sup>



# STIMULANTS

## COCAINE

- Among Hoosiers ages 12 and older, 1.3% used cocaine in the past year; highest use was reported by 18- to 25-year-olds (3.9%).<sup>1</sup>
- 4.0% of Indiana high school students have used a form of cocaine at least once in their life.<sup>3</sup>

## METHAMPHETAMINE

- No state estimates for methamphetamine use are available for the general population; however, an estimated 0.2% of the U.S. population ages 12 and over used meth in the past month.<sup>1</sup>
- 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.<sup>3</sup>

## OTHER STIMULANTS

- No state estimates for the use of other stimulants are available for the general population; however, an estimated 0.6% of the U.S. population ages 12 and over used a stimulant other than meth or cocaine in the past month.<sup>1</sup>



## Impact: Health

- Health consequences of stimulants include cardiovascular and nervous system problems, gastrointestinal complications, overdose, and in severe cases, death.<sup>15, 16, 17</sup>
- Stimulants can produce psychotic-like and paranoid symptoms, which in some cases can become permanent.<sup>15, 16, 17</sup>
- Long-term meth use in particular is associated with brain, liver, and kidney damage, and serious dental problems.<sup>15, 16, 17</sup>
- The percentage of treatment episodes reporting methamphetamine has been increasing steadily from 10.9% in 2005 to 17.7% in 2015.<sup>6</sup>
- In 2015, cocaine use was reported in 11.1% of Indiana treatment episodes, and other stimulant use in 1.7%.<sup>6</sup>

## 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 387 lab seizures and 189 arrests in 2017.<sup>18</sup>
- The number of children taken from meth lab homes dropped from a high of 440 in 2013 to 49 in 2017.<sup>18</sup>
- In 2014, there were 1,895 arrests for synthetic drug possession (including meth) and 909 for sale, corresponding to arrest rates of 0.3 and 0.1 per 1,000 population respectively.<sup>9</sup>
- In 2014, Indiana had 1,649 arrests for possession of cocaine/opiates and more than 1,500 for sale/manufacture of these substances, representing arrest rates of 0.2 and 0.2 per 1,000 population, respectively.<sup>9</sup>

# OPIOIDS

## Prevalence

- In 2016, Indiana pharmacies filled 6,417,413 prescriptions for opioid analgesics.<sup>19</sup>
- Almost five percent (4.9%) of Hoosiers 12 years of age and older misused pain relievers in the past year.<sup>1</sup>
- Misuse of pain relievers was highest among 18- to 25-year-old Hoosiers, with nearly 1 in 10 (9.9%) engaging in past-year misuse.<sup>1</sup>
- Among Indiana college students, 2.2% misused prescription pain relievers in the past month.<sup>3</sup>
- Less than one percent (0.4%) of Hoosiers 12 years of age and older used heroin in the past year.<sup>1</sup>
- Approximately 2.4% of Indiana's high school students have used heroin at least once in their lifetime.<sup>4</sup>
- Among Indiana 12th graders, 0.2% currently use heroin.<sup>5</sup>

## Impact: Health

- Prescription opioid misuse was reported in 21.7% of substance use treatment admissions in Indiana.<sup>6</sup>
- Prescription opioid misusers in treatment were primarily female, white, and between the ages of 25 and 34.<sup>6</sup>
- Heroin misuse in Indiana's treatment population increased from 3.2% of admissions in 2006 to 19.3% of admissions in 2015.<sup>6</sup>
- Heroin misusers in treatment were primarily female, white, and between the ages of 18 and 34.<sup>6</sup>
- Injection drug use is common among heroin users and is associated with transmission of HIV and other blood-borne diseases.<sup>6, 20, 21</sup>
- Overdose deaths involving an opioid rose from 347 in 2011 to 785 in 2016; the opioid overdose mortality rate for Indiana in 2016 was 11.8 overdoses per 100,000 population.<sup>22</sup>

## Impact: Criminal Justice

- Pharmacy robberies in Indiana dropped from a peak of 175 robberies in 2015 to 22 robberies in 2017; a total of 30,911 doses of Oxycodone were stolen in these 22 robberies.<sup>23</sup>
- In 2014, Indiana had 1,649 arrests for possession of cocaine/opiates and more than 1,500 for sale/manufacture of these substances, representing arrest rates of 0.2 and 0.2 per 1,000 population, respectively.<sup>9</sup>



# MENTAL HEALTH

## Prevalence

- One in five Indiana adults (20.0%) had a mental illness in the past year; 5% of Indiana adults suffered from a serious mental illness in the past year.<sup>1</sup>
- In 2016, 7.7% of Indiana adults reported having at least one major depressive episode in the past year.<sup>2</sup>
- Hoosier women are more likely than men to report a history of depression (20.5% and 11.0%, respectively).<sup>2</sup>
- 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.<sup>4</sup>

## Treatment Utilization

- Of the 20% of Hoosiers who experienced a mental illness in the past year, 15.4% received mental health services.<sup>1</sup>
- In 2016, a total of 135,123 Hoosiers were served by the Indiana Division of Mental Health and Addiction (DMHA).<sup>24</sup>
- Over one-fourth (26.0%) of adults served by DMHA received services for co-occurring mental illness and substance use disorders.<sup>24</sup>

## Suicide

- Almost five percent (4.6%) of Indiana adults reported having serious thoughts of suicide in the past year.<sup>1</sup>
- Nearly 1 in 10 Hoosiers 18 to 25 years old (9.1%) experienced suicidal thoughts in the past year.<sup>1</sup>
- Almost 10% of Hoosier high school students attempted suicide in the past year; 35% of high school students who described themselves as gay, lesbian, or bisexual attempted suicide in the past year.<sup>4</sup>
- Suicide deaths in Indiana increased from 12.3 deaths per 100,000 population in 2007 to 15.4 deaths per 100,000 population in 2016—a rate significantly higher than the U.S. rate (13.4 deaths per 100,000 population).<sup>7</sup>

# References

- 1 Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2017). *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. (2017). *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. (2017). *Indiana College Substance Use Survey, 2017*. 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., King, R., Ables, E., ... Wolf, J. (2017). *Indiana Youth Survey, 2017*. 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. (2015). *Treatment Episode Data Set -- Admissions (TEDS-A), 2015*. 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. (2016). *Automated Reporting Information Exchange System (ARIES), Vehicle Crash Records System, 2016*. Data received from the Center for Criminal Justice Research, Public Policy Institute, School of Public and Environmental Affairs, Indiana University–Purdue University Indianapolis.
- 9 Federal Bureau of Investigation. (2014). *Uniform Crime Reporting (UCR) program data: County-level detailed arrest and offense data, 2014*. ICPSR35019-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2014-06-12. Retrieved from <http://doi.org/10.3886/ICPSR35019.v1>
- 10 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.
- 11 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.
- 12 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](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm)
- 13 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.
- 14 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>
- 15 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>
- 16 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>
- 17 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>



- 18 Indiana State Police, Methamphetamine Suppression Section. (2018). Indiana meth lab statistics, 2017. Data received on January 23, 2018, from Sergeant Katrina Smith.
- 19 Indiana Professional Licensing Agency. (2017). *Controlled substances dispensed in Indiana (INSPECT 2013 – 2016)*. Information received January 9, 2017, from Amanda Garrett, Director of Operations, INSPECT, Indiana Professional Licensing Agency.
- 20 National Institute on Drug Abuse. (2018). *Heroin*. Retrieved from <https://www.drugabuse.gov/publications/research-reports/heroin/letter-director>
- 21 Indiana State Department of Health. (2016). *Spotlight on HIV/STD/viral hepatitis – December 2015*. Retrieved from <https://www.in.gov/isdh/23266.htm>
- 22 Indiana State Department of Health. (n.d.). *Stats Explorer*. Retrieved from [https://gis.in.gov/apps/isdh/meta/stats\\_layers.htm](https://gis.in.gov/apps/isdh/meta/stats_layers.htm)
- 23 Indiana Professional Licensing Agency. (2018). *Pharmacy robberies in Indiana 2017 – summary report*. Email correspondence with Zaneta Nunnally from March 28, 2018.
- 24 Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (SAMHSA/CMHS) (2016). *Indiana 2016 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System*. Retrieved from <https://www.dasis.samhsa.gov/dasis2/urs.htm>

## 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, 2017*, a comprehensive epidemiologic profile created by the Indiana University Center for Health Policy 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 Julie Gries at the Division of Mental Health and Addiction (phone: 317-232-7894; e-mail: [julie.gries@fssa.in.gov](mailto:julie.gries@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](http://www.healthpolicy.iupui.edu)

