



INDIANA DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Indiana.

Indiana At-a-Glance:

- The number of meth lab seizure incidents in the state of Indiana increased 53%, from 803 incidents in 2007 to 1,231 incidents in 2009.
Source: El Paso Intelligence Center's National Seizure System (EPIC-NSS)
- In 2007-2008, Indiana was one of the top ten states for the rate of past-month use of illicit drugs other than marijuana among persons age 12 or older.
Source: National Survey on Drug Use and Health 2007-2008
- Approximately 9 percent of Indiana residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Indiana is above the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Indiana.

Drug Use Trends in Indiana

Drug Use in Indiana: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 8.79 percent of Indiana residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 4.2 percent of Indiana residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007-2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 827 persons died in Indiana in 2007. This is compared to the number of persons in Indiana who died from motor vehicle accidents (942) and firearms (670) in the same year. Indiana drug-induced deaths (13 per 100,000 population) exceeded the national rate (12.7 per 100,000).

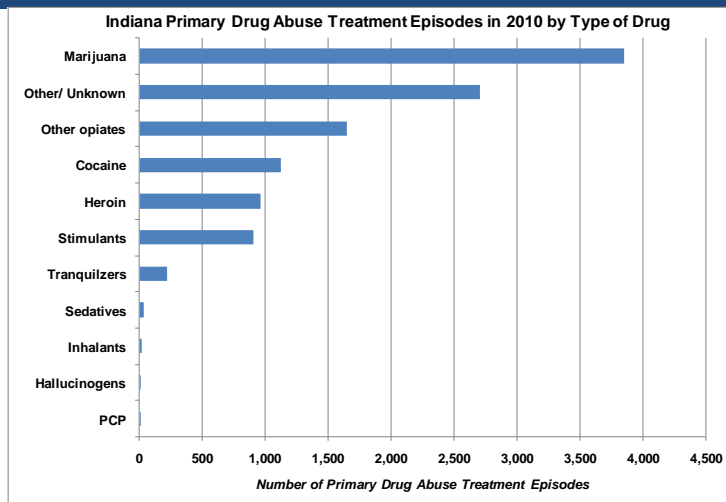
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

Indiana Primary Treatment Admissions:

The graph at right depicts substance abuse primary treatment admissions in Indiana in 2010. The data show marijuana is the most commonly cited drug among primary drug treatment admissions in the state.

Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



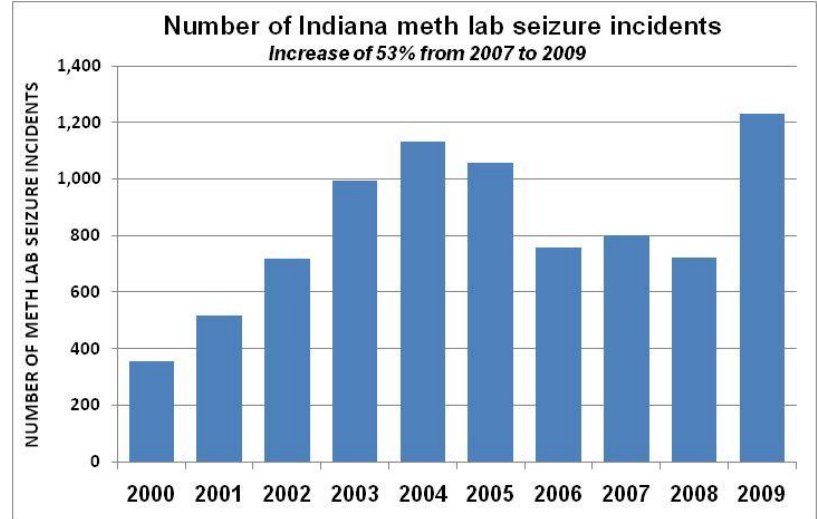
Methamphetamine Lab Seizure Data

Methamphetamine Seizures: Nationwide, methamphetamine lab seizures declined drastically following the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA) and similar state laws to control the sale of pseudoephedrine (PSE). Recently, the number of meth labs seized has risen due to “smurfing,” which is the bulk purchase of PSE for non-therapeutic reasons, and due to smaller, more mobile “one-pot” labs. Nationwide, meth lab seizures rose 76% between 2007 and 2009. During this time, meth lab seizures Arkansas rose 47% from 2007 to 2009.

State-Level Action: Return pseudoephedrine to prescription-drug status

Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon officials reporting a virtual “eradication” of smurfing and meth labs. Experiencing a similar rise in meth lab production and trafficking, Mississippi enacted similar legislation, which took effect on July 1, 2010. Mississippi reports that after six months, there has been a nearly 70 percent reduction in meth-related cases statewide.

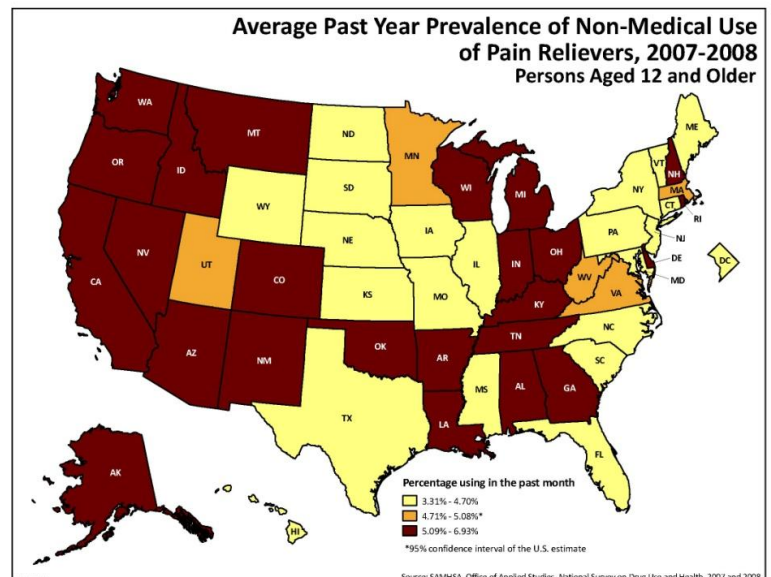
Source: EPIC, NSS, extracted 11/2010; Bovett, Rob, “Killing the Meth Monster,” *The New York Times*, 16 Nov, 2010.



Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan, entitled, “**Epidemic: Responding to America's Prescription Drug Abuse Crisis,**” provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug

epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

The **Indiana State Prescription Drug Monitoring Program** is run through the Indiana Scheduled Prescription Electronic Collection and Training (INSPECT) Practitioner Rx History Report, which provides an overview of a patient or practitioner's prescription activity. In early 2004, INSPECT expanded reporting requirements to include all schedule II, III, IV, and V controlled substances. INSPECT was designed to serve as a tool to address the problem of prescription drug abuse and diversion in Indiana by providing patient information for healthcare professionals and an investigative tool for law enforcement.

Source: Indiana Professional Licensing Agency: <http://www.in.gov/pla/inspect.htm>

State-Level Action: Drug Take-Back Programs

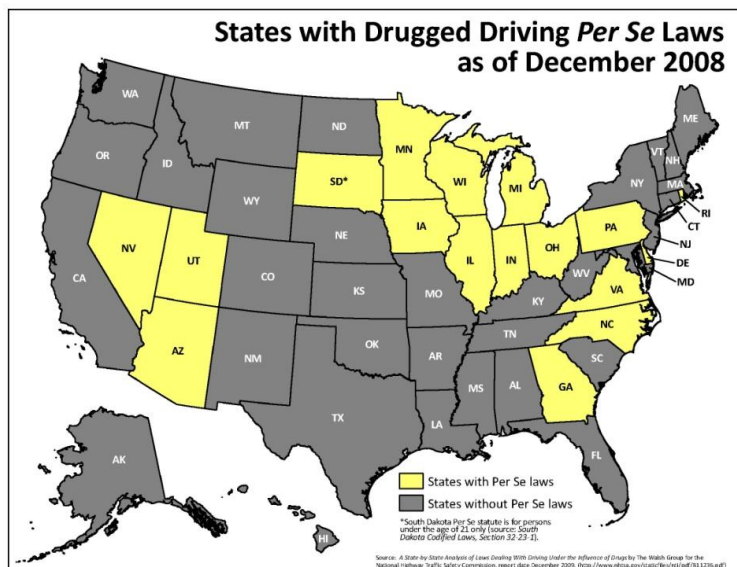
A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009.

Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



State-Level Action: Enacting *Per Se* Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

Indiana has a *Per Se* Standard stating that any person who operates a vehicle with a controlled substance (Schedule I or II) or its metabolite in the person's body commits a Class C misdemeanor, with a Class A misdemeanor occurring in a manner that causes serious bodily injury or death. It is a defense to the zero

tolerance provision if the driver consumed the substance pursuant to a valid prescription or while under a doctor's care.

Source: *A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs*, by the Walsh Group for the National Highway Traffic Safety Administration.

ONDCP Support for Community-Based Prevention

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Indiana coalitions received grants from ONDCP:

- Adams County Partnerships
- Decatur County Community Action Coalition
- Drug Free Coalition of Tippecanoe County
- Drug Free Community Council
- Drug Free Marion County
- Grassroots Prevention Coalition of Clark County
- Hamilton County Council on Alcohol and Other Drugs
- Healthy, Tobacco-Free Madison County
- Hendricks County Substance Abuse Task Force
- Delaware County Coordinating Council To Prevent Alcohol and Other Drug Abuse
- Neighbors Against Substance Abuse
- Prime Time of Morgan County
- Shelby County Drug Free Coalition
- Stayin' Alive, Franklin County LCC
- The Drug Free Partnership of LaPorte County

Source: Office of National Drug Control Policy
http://www.ondcp.gov/dfc/grantee_map.html

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including those in Native American and Alaska Native communities) to young people about drug abuse and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

Lake County HIDTA: Lake and Porter counties.

- The Lake county HIDTA has successfully implemented a digital evidence forensics capability that has made advanced computer, mobile phone, and audiovisual forensic analysis available to local law enforcement that otherwise would not have access to these capabilities.
- The HIDTA has expanded its Regional Gang Database to encompass much of Northwest Indiana and the South Chicago suburbs, having entered over 2,500 validated criminal gang members into the system. The database has been upgraded to incorporate emerging technology in the law enforcement intelligence.

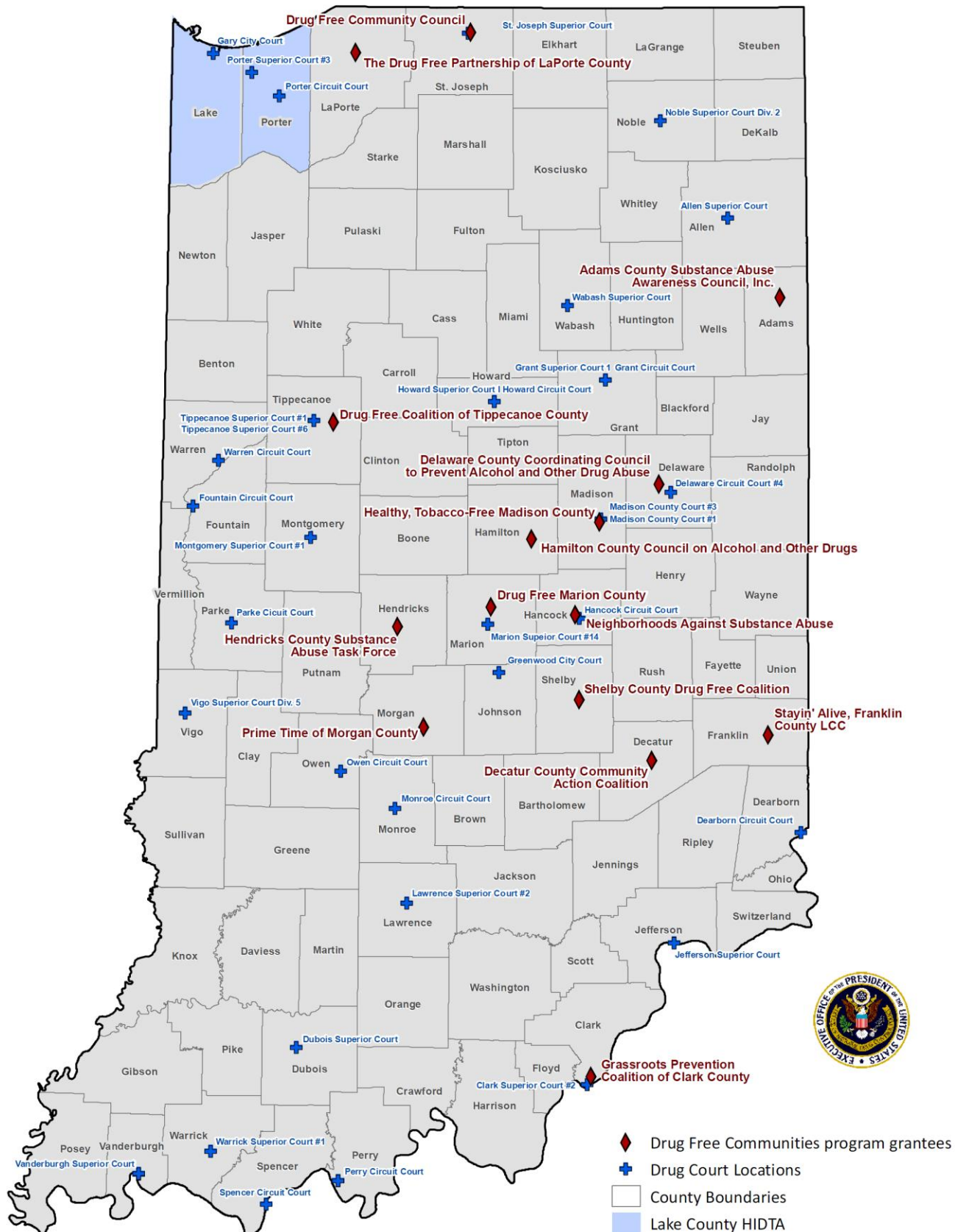
Federal Grant Awards Available to Reduce Drug Use in the State of Indiana

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards		2010
Department of Education		
Safe and Drug-Free Schools and Communities_National Programs		6,020,213
Alcohol Abuse Reduction Grants		984,315
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		124,594
Competition To Prevent High-Risk Drinking & Violent Behavior Among College Students		142,376
Grants For Coalitions To Prevent And Reduce Alcohol Abuse At Institutions Of Higher Education		303,031
Grants For School-Based Student Drug-Testing Programs		65,467
Safe Schools/Healthy Students Grants		4,400,430
Department of Health and Human Services		
Administration for Children and Families		7,642,290
Promoting Safe and Stable Families		7,642,290
Centers for Disease Control and Prevention		241,183
HIV Prevention Activities_Non-Governmental Organization Based		241,183
Health Resources and Services Administration		2,110,485
Healthy Start Initiative		2,110,485
National Institutes of Health		4,954,465
Discovery and Applied Research for Technological Innovations to Improve Human Health		1,281,326
Drug Abuse and Addiction Research Programs		3,673,139
Substance Abuse and Mental Health Services Administration		42,759,834
Block Grants for Prevention and Treatment of Substance Abuse		33,423,005
National All Schedules Prescription Electronic Reporting Grant		103,517
Projects for Assistance in Transition from Homelessness (PATH)		1,033,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		4,848,312
Substance Abuse and Mental Health Services-Access to Recovery		3,352,000
Department of Housing and Urban Development		
Assistant Secretary for Community Planning and Development		2,763,571
Shelter Plus Care		2,763,571
Assistant Secretary for Housing--Federal Housing Commissioner		1,894,938
Shelter Plus Care		1,894,938
Department of Justice		
Office of Justice Programs		17,661,654
Community Capacity Development Office		1,256,000
Congressionally Recommended Awards		1,100,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		43,400
Drug Court Discretionary Grant Program		1,441,431
Edward Byrne Memorial Justice Assistance Grant Program		8,467,235
Enforcing Underage Drinking Laws Program		356,400
Harold Rogers Prescription Drug Monitoring Program		286,845
Juvenile Accountability Block Grants		943,700
Juvenile Mentoring Program		624,830
National Institute of Justice Research Evaluation and Development Project Grants		492,145
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		38,284
Residential Substance Abuse Treatment for State Prisoners		576,761
Second Chance Act Prisoner Reentry Initiative		2,034,623
Executive Office of the President		
Office of National Drug Control Policy		3,147,499
High Intensity Drug Trafficking Area Program		3,147,499
Substance Abuse and Mental Health Services Administration		1,824,100
Drug-Free Communities Support Program Grants		1,824,100
Grand Total		91,020,232

Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011.

Office of National Drug Control Policy Programs in Indiana and Drug Court Locations



Source: National Drug Court Institute and ONDCP, September 2011



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