# Rural Indiana Profile

cigarettes

crime

traffic accident

heroin

smoking

marijuana

prevention

treatment

health care

teen drinking

medicaid

lost productivity

cocaine

alcohol abuse

## Alcohol, Tobacco & Other Drugs

This profile, prepared by **Drug Strategies,** was made possible by a grant from STAR Alliance for Drug-Free Youth, which was funded by the Lilly Endowment and the Governor's Commission for a Drug-Free Indiana.

Drug Strategies is supported by grants from:

**Abell Foundation**
**Bonderman Family Foundation**
**Carnegie Corporation of New York**
**Annie E. Casey Foundation**
**Edna McConnell Clark Foundation**
**Fannie Mae Foundation**
**William T. Grant Foundation**
**Miriam and Peter Haas Fund**
**Robert Wood Johnson Foundation**
**Henry J. Kaiser Family Foundation**
**Kansas Health Foundation**
**John D. And Catherine T. MacArthur Foundation**
**Open Society Institute**
**Spencer Foundation**
**STAR Alliance for Drug-Free Youth**
**University of Minnesota Institute on Criminal Justice**

## Table of **Contents**

**I. Introduction** . . . . . 1
A Rural Profile
Key Findings

**II. Rural Indiana Profile** . . . . . 3
Rural Indiana
State and Local Agencies
State Priorities

**III. Substance Abuse in Rural Indiana** . . . . 5
Tobacco
Alcohol
Illicit Drugs
Prescription and Over-the-Counter Drugs
Availability
Perceptions and Attitudes
Prevention Needs
Prevention Services

**IV. Crime** . . . . . 12
Drug Offenders
Substance Use Among Arrestees
Drinking and Driving
Drug Seizures
Tobacco Sales to Minors
Treatment for Criminals
Drug Courts

**V. Impact on Health** . . . . . 18
Deaths from Substance Abuse
Impact on Newborns
HIV and AIDS
Treatment Services
Treatment Needs and Utilization

**VI. Costs of Substance Abuse** . . . . . 24
Tobacco
Newborn Medical Care
Alcohol-related Crashes
HIV and AIDS
Welfare
Foster Care
Treatment and Prevention
Prisons

**VII. Looking to the Future** . . . . . 27
Rural Issues
Local Leadership
Youth Prevention
Treatment
Criminal Justice
Tobacco Control

**Sources**
**Indiana Resources**

Copyright © 1998 by Drug Strategies

# I. Introduction

This report is designed to inform the people of Indiana about the dimensions of the problems caused by alcohol, tobacco and other drugs in rural areas of the state, and about public and private initiatives to reduce these problems. The intent is not to evaluate state and local efforts, but to highlight positive developments, identify areas to be strengthened, and facilitate effective strategies. The Rural Indiana Profile describes the use and abuse of alcohol, tobacco and other drugs; the extent of alcohol and other drug-related crime; the impact of substance abuse on health and health policy; and the costs of substance abuse. The Profile provides policy recommendations, and lists resources for addressing substance abuse problems.

The *Rural Indiana Profile* is one in a series of state profiles prepared by Drug Strategies, a nonprofit policy research institute in Washington, D.C. dedicated to promoting more effective approaches to the nation's drug problems. Drug Strategies has also produced profiles of California, Massachusetts, Ohio, Arizona and South Carolina (in press). The *Rural Indiana Profile* is the first in this series to focus exclusively on rural communities. This project was initiated in 1997 by Congressman Lee Hamilton of Indiana's 9th District, who was concerned about finding local solutions to the specific substance abuse problems faced by his constituents. The project is supported by a grant from STAR Alliance for Drug-Free Youth, which was funded by the Lilly Endowment and the Governor's Commission for a Drug-Free Indiana.

In preparing this report, Drug Strategies worked with the Indiana State Departments of Health, Education, Revenue, and Correction; Family and Social Services Administration, Division of Mental Health; Governor's Commission for a Drug-Free Indiana and Governor's Council on Impaired and Dangerous Driving; Indiana University Institute for Drug Abuse Prevention; Indiana Criminal Justice Institute; Smokefree Indiana; and Indiana State Police. We also consulted with experts in prevention, education, treatment, law enforcement and criminal justice across the state and in rural communities. A distinguished Advisory Panel guided the project.

Drug Strategies and STAR Alliance for Drug-Free Youth conducted seven Rural Focus Groups, composed of 15 teenagers and 60 adults, including experts in criminal justice, health, prevention and education. In addition, interviews with Federal and state program officials, representatives from treatment and prevention programs, and community leaders helped provide a comprehensive picture of public and private initiatives. While we are grateful for the insight and wisdom of contributors to the report, Drug Strategies takes sole responsibility for its contents.

This report highlights state and local programs in prevention, treatment and criminal justice in rural Indiana. However, few have been rigorously evaluated, and their realistic value in rural communities is not known. There is an urgent need to evaluate these and other programs before they are replicated throughout rural Indiana.

Drug Strategies will distribute this profile broadly in Indiana to legislators, researchers, educators, business leaders, private organizations, government agencies, community groups and the media. We hope that it will increase public understanding of substance abuse problems in rural parts of Indiana and generate political and financial support for more effective policies and programs.

**A Rural Profile.** For this project, county categorization was based on population density; counties with 160 or fewer people per square mile were considered "rural." The 71 individual counties vary in proximity to urban areas and range in population from Union County with 7,345 residents in 1996 to Kosciusko County with 69,932. The counties represent the diverse substance abuse trends, needs and resources found throughout rural Indiana. Some key data were not available on a county-by-county basis; in these instances this report provides statewide data, or uses findings from specific rural counties when available. Combining and contrasting county data with the responses from a series of seven Rural Focus Groups, this report presents a comprehensive assessment of substance abuse challenges and solutions in rural Indiana.

Some counties are "more rural" than others. That is, some rural counties are composed entirely of small, remote towns and farmland, while others include larger communities or suburban areas. Evaluating the exact needs and responses of each county is beyond the scope of this report. Where possible, we have included county-specific data in the text; key substance abuse data for each county are also presented at the end of the report. The local figures underscore the fact that each county faces different substance use problems, which require resources and efforts that meet local needs. Using this report as a guide, local leaders and program developers can examine data for their own communities, plan responses and evaluate local solutions.

**Key Findings.** Indiana has many statewide initiatives to address alcohol, tobacco and other drug use. However, trends and challenges in rural Indiana are often distinct from those in other parts of the state. Key findings include:

- Among youth, rates of use for alcohol, tobacco and most other drugs are higher in rural Indiana than elsewhere in the state and the nation.
- 61 percent of Indiana prisoners need alcohol or other drug treatment; nearly half of state prisoners needing treatment receive it compared to 18 percent of prisoners needing treatment nationwide.
- Almost no information exists on the effectiveness of classroom prevention programs, treatment for rural residents, or prison-based treatment programs.
- Rural residents have difficulty accessing substance abuse treatment. Transportation is the primary obstacle.
- Despite their potential to foster leadership and implement the shared goals of state agencies, Local Coordinating Councils have created few systematic changes, and lack visibility and accountability.
- Inconsistent reporting practices make it impossible to identify where alcohol and other drug-related crimes are most concentrated within rural Indiana.

# II. Rural Indiana **Profile**

This report describes patterns of alcohol, tobacco and other drug use in rural Indiana, and their impact on economic and social trends. Indiana's geography, population, and agency structure are essential to understanding how substance abuse affects the people of rural Indiana, and how rural communities can cope with these challenges.

**Rural Indiana.** Thirty-five percent of Indiana's 5.8 million residents live in rural areas. Rural Hoosiers have a strong history of self-determination, with an emphasis on local governance. Indiana remains a largely agricultural state; farms account for 68 percent of the land. However, since World War II, the state has seen considerable growth in business and industry; several major corporations are located in rural Indiana, including Hillenbrand Industries, Arvin Industries, Kimball International, Inc. and Cummins Engine Company. These corporations are often the employment alternatives for rural residents who do not farm, and provide employee assistance programs and other health benefits not available to farm workers or small business employees. In rural Indiana, large corporations employ a significant portion of the local population. For instance, in Bartholomew County, two corporations employ 54 percent of the residents.

On average, rural residents are within a 45 minute drive of a mid-sized city in Indiana or a neighboring state. However, public transportation does not reach most areas, leaving them isolated from centrally located health care providers which often serve multiple counties. Rural counties have diverse needs which may not be met through simple replication of strategies designed for urban substance abuse problems.

**State and Local Agencies.** The Governor's Commission for a Drug-Free Indiana advises the Governor and General Assembly on legislative strategies related to alcohol, tobacco and other drug problems. The Commission mobilizes communities through Local Coordinating Councils (LCCs) and coordinates statewide efforts involving various state agencies. LCCs are independent, local coalitions composed primarily of volunteers. The Indiana Criminal Justice Institute conducts research and evaluations; and coordinates violent crime projects, victim compensation, Federal funding distribution, and the Byrne law enforcement grant program.

Substance abuse problems in rural Indiana are addressed through various statewide and county-level initiatives. The Family and Social Services Administration (FSSA) supports a wide range of collaborative and community-based initiatives which impact substance abuse. FSSA's Division of Mental Health (DMH) administers funding for alcohol, tobacco and other drug treatment and prevention services. DMH certifies substance abuse treatment providers, and administers statewide technical assistance funds provided by the Governor's Commission to LCCs. DMH also funds technical assistance to prevention professionals and research in alcohol, tobacco and other drug use, including efforts by the Institute for Drug Abuse Prevention, the Indiana Prevention Resource Center (IPRC) and the Indiana University School of Medicine. IPRC provides technical assistance to prevention programs throughout Indiana, including more than 2,000 organizations and individuals in 1997. IPRC also conducts statewide surveys and program evaluations under contract with the Division of Mental Health. The State of Indiana Department of Education distributes the majority of Indiana's Safe and Drug-Free Schools and Communities funds.

Several public agencies in Indiana have divisions specializing in rural issues. These include the Indiana Departments of Agriculture, Health, Environmental Management and Commerce. In addition, approximately 250 associations, private entities and universities devote significant resources to enhancing rural Indiana's agriculture, public safety, education, health and economy. Examples include the Indiana Association of Regional Councils, the Indiana Rural Development Council, Purdue University's Cooperative Extension Service and the Indiana Prevention Resource Center. The Indiana Rural Health Association was also established in 1998. While none of these groups is exclusively concerned with rural substance abuse, all have implemented programs in rural counties.

**State Priorities.** The Governor's Commission for a Drug-Free Indiana is committed to increasing adult involvement in youth prevention and treatment strategies, and improving communication and collaboration between government, private agencies and consumers, particularly at the local level. Local Coordinating Councils reflect an emphasis on community input and autonomy in program planning.

DMH devotes considerable resources to developing guidelines for local treatment, training prevention providers, and facilitating local solutions based on research and evaluation. Treatment and prevention services are data-driven, influenced by input from DMH's Advisory Council. DMH's Office of Public Policy includes a Bureau for Persons with Chemical Addictions and an advisory committee devoted to substance abuse treatment and related services for this population. DMH also has a newly developed Bureau for Prevention, focussing on substance abuse prevention and mental health promotion. Through the Cooperative Extension Service 4-H Youth Development Program, Purdue University has formed partnerships with juvenile court judges in 40 counties to develop local collaborations which focus on education and prevention. Substance abuse is a recurring problem among the youth and families they serve through comprehensive youth development programs.

# III. Substance **Abuse** in Rural Indiana

In rural Indiana, patterns of alcohol, tobacco and other drug use are distinct. Compared to youth elsewhere, rates of use for most substances are consistently higher among youth in rural Indiana. Adult rates of substance use are at or below national rates; however, smoking by women is rising steadily. Many prevention efforts in rural Indiana are thwarted by inconsistent messages about the risks of alcohol, tobacco and other drug use. This chapter describes data on substance use combined for the 71 rural Indiana counties included in this study (out of 92 counties in the state); rates of use were not available on a county-by-county basis.

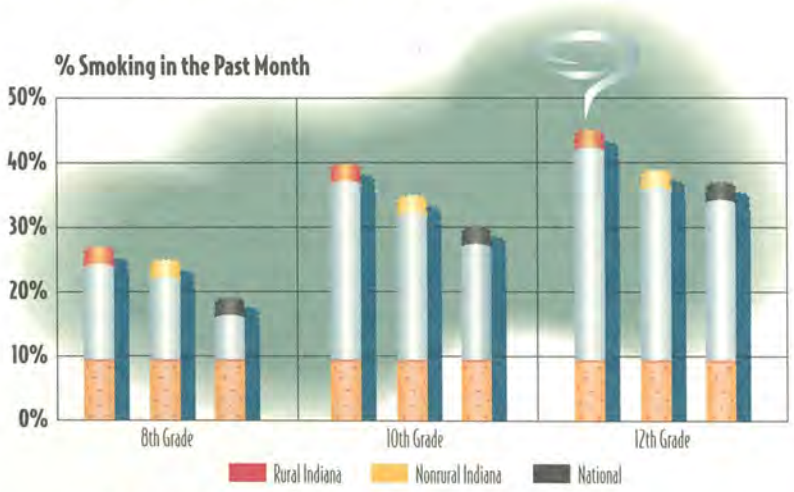
**Tobacco.** Cigarette smoking is becoming more widespread and socially accepted among youth in rural Indiana, as it is among youth nationwide. From 1993 to 1997, the teenage smoking rate in rural Indiana (all ages combined) increased by 20 percent. Teenagers who participated in Rural Focus Groups noted that "everyone smokes" but they did not identify smoking as a substance abuse problem.

Although tobacco use is rising among youth nationwide, a greater percentage of rural Indiana youth are smokers than youth in the rest of the state and the nation. In 1997, 30 percent of 6th graders in rural Indiana said they had tried cigarettes, and 10 percent said they were current smokers (in the past month). Use rises steadily as children get older; by 10th grade, 40 percent are current smokers, compared to 35 percent of 10th graders in nonrural Indiana, and 30 percent across the country.

Smoking among youth is a risk factor for use of alcohol and other drugs. A 1993 study in the *Journal of School Health* reported that youth who smoked daily were three times more likely to drink alcohol and up to 30 times more likely to use illicit drugs than nonsmokers. Educators in Rural Focus Groups said smoking is starting at younger ages than in the past, but survey data do not bear this out. In 1997, teenagers in rural Indiana started smoking at an average age of 12.7 years, compared to 11.9 years in 1993.

Rural Indiana youth use smokeless tobacco at twice the rate reported by nonrural youth. In 1997, 22 percent of rural 8th graders had tried smokeless tobacco and 10 percent were regular users. By comparison, among nonrural 8th graders, about 12 percent had tried smokeless tobacco, and 5 percent were regular users—figures which are consistent with national averages.

**Smoking More Widespread Among Rural Youth**




*ATOD Use by Indiana Children and Adolescents, 1997*
*Monitoring the Future Study, 1997*

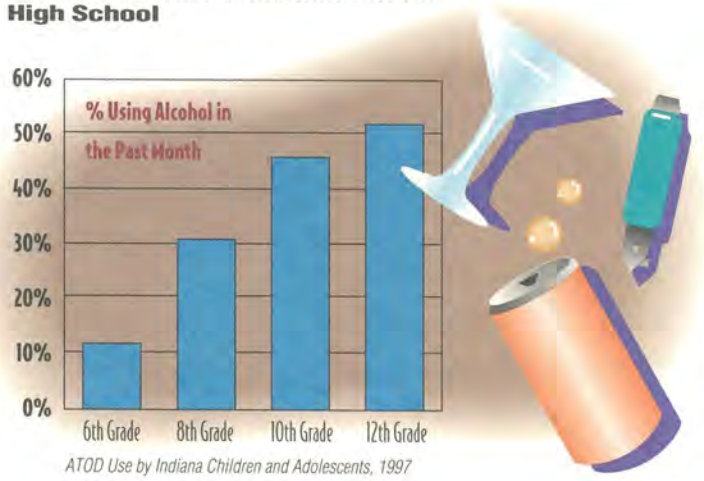
While there is no information on adult smoking in rural Indiana, in 1996, 29 percent of adults statewide reported that they were smokers. Between 1991 and 1996, smoking increased 18 percent among adult women in Indiana. Adults aged 25 to 44 have the highest smoking rate in the state (36 percent). Those aged 18 to 24 have the next highest rate (32 percent), reflecting a 69 percent increase between 1991 and 1995. These figures match national trends. Rural Focus Groups said tobacco is part of small town culture, and permissive attitudes and adult smoking set "bad" examples for youth.

Cigarette taxes deter smoking among youth. For every 10¢ of additional tax, youth smoking rates are predicted to decline 7 percent. Since 1987, cigarette sales in Indiana have been taxed at 15.5¢ per pack. This rate, although a 48 percent increase over the previous rate, is less than half the national average of 33.8¢ per pack. In 1995, Indiana collected $106 million in cigarette excise taxes. Details about cigarette sales are not available at the county level.

**Alcohol.** Rural Focus Groups said alcohol is the largest substance abuse problem in rural communities, and noted widespread denial that alcohol is an addictive substance. Drinking by young teens is often a precursor to alcoholism in adult life, according to a 1998 National Institute on Alcohol Abuse and Alcoholism report. However, the age at which Indiana youth begin to drink is rising. In 1997, rural and nonrural Indiana youth started drinking at an average age of 13 years, compared to 12 years in 1993.

The steepest rise in alcohol use comes between the 6th and 8th grades; in 1997, rural 8th graders were nearly twice as likely as rural 6th graders to have tried alcohol (61 percent vs. 34 percent) and nearly three times as likely to have used it in the past month (31 percent vs. 12 percent). Teen binge drinking (consuming 5 or more drinks at a time) in Indiana is higher than the national average. In 1997, 20 percent of 8th graders (rural and nonrural) said they were binge drinkers, compared to 15 percent nationally.

**Alcohol Use Rises Fastest Before High School**




*ATOD Use by Indiana Children and Adolescents, 1997*

At all ages, rural Indiana youth have equivalent or higher rates of alcohol use than nonrural youth, and both groups' rates are higher than national averages. For instance, in 1997, 46 percent of rural Indiana 10th graders had used alcohol in the past month, compared to 44 percent of 10th graders elsewhere in the state, and 40 percent of 10th graders nationwide. Rural Focus Groups noted that alcohol use among all teenagers is not restricted to "problem" students or particular social groups; alcohol use is common among all youth.

Despite relatively high binge drinking rates among youth, a 1994 household survey in Indiana (the most recent available) found it was less common among adults in rural than nonrural Indiana (12 percent vs. 14.5 percent); both were lower than the national rate (17 percent). There is no obvious explanation for the different patterns among youth and adults; county level data could clarify adult and youth drinking patterns within counties. Adults aged 18 to 34 have the highest binge drinking rate (23 percent), particularly men aged 25 to 34 (34 percent). Men in rural Indiana are far more likely than women to be binge drinkers (20 percent vs. 7 percent).

Indiana's taxes on alcoholic beverages are highest for distilled spirits and wine with a high alcohol content ($2.68 per gallon). Other wine is taxed at 47¢ per gallon, while beer is taxed at 11.5¢. All three tax rates are far below national averages. Beer is the most popular alcoholic beverage in Indiana. In FY 1997, Hoosiers purchased 118.6 million gallons of beer—more than 20 gallons for every state resident. There are no details on alcoholic beverage consumption in rural Indiana.

**Illicit Drugs.** Illicit drugs are used less often among rural youth than are alcohol and tobacco. Even so, youthful rates of illicit drug use throughout Indiana are substantially higher than national figures. In 1997, about 20 percent of 8th graders in Indiana (rural and nonrural alike) said they were current illicit drug users (in the past month). This compares to just 13 percent among 8th graders nationally. During adolescence, this gap narrows. By 12th grade, regular use reaches 27 percent, consistent with the national rate.

Rural Focus Groups indicated that marijuana is far more popular among rural youth than any other illicit drug, and its popularity is rising. In 1997, 23 percent of rural teenagers said they had used marijuana in the previous year, compared to 13 percent in 1993. The increase is similar to trends observed nationwide. Rural youth are less likely to have tried marijuana than their peers elsewhere in the state (26 percent vs. 29 percent).

Unlike use of marijuana, use of other illicit drugs is slightly more common among rural Indiana youth than among other youth in the state; rural teens are more likely to have tried amphetamines, heroin, cocaine, crack, steroids and inhalants. In 1997, 22 percent of rural Indiana 12th graders had tried amphetamines, compared to 17 percent of 12th graders in nonrural Indiana.

Adults in rural Indiana are less likely to have tried an illicit drug (34 percent) than nonrural adults (40 percent). However, both groups are equally likely to be current users (3 percent)—far less than the national rate (8 percent). The highest rate of current illicit drug use among rural adults was among those aged 18 to 24 (5 percent), particularly men (7 percent). However, these rates are less than half the national averages (13 percent and 17 percent respectively).

Among adults, marijuana is the most commonly used illicit drug, accounting for 93 percent of the illicit drug use by adults in rural Indiana. Marijuana also dominates adult illicit drug use in nonrural parts of the state (89 percent). Hallucinogens and cocaine are slightly more popular among adults in nonrural areas, but statewide, rates are less than half the national average. Use of methamphetamine and related synthetic drugs (such as methcathinone) is not specifically measured in any of Indiana's statewide surveys. However, Rural Focus Groups indicated the growing popularity of these drugs, which are easy to manufacture in home labs with common household products.

> "Ninety percent of the kids could find pot within two friends...At our school, alcohol is more difficult to get than pot [which] you can get anywhere at anytime."
>
> *High School Student*
> *Southern Indiana*

**Prescription and Over-the-Counter Drugs.** Statewide surveys which measure the prevalence of substance abuse in Indiana do not measure prescription or over-the-counter drug abuse. However, participants in Rural Focus Groups emphasized growing problems related to the unauthorized sale and abuse of over-the-counter medicines and prescription drugs in rural Indiana. Health experts reported that ephedrine, an ingredient in cold remedies, is one of the most popular. Ephedrine, a stimulant, is a key ingredient in methamphetamine and methcathinone. In 1997, the city of Columbus passed a resolution which recognized the dangers of ephedrine, and requested that retailers voluntarily keep ephedrine products behind counters rather than on store shelves. Rural Focus Group participants believed that certain doctors over-prescribe painkillers, which end up on the black market. They also pointed out that diet pills and Ritalin are often abused by teenagers. Educators said steroids were a growing problem, although in 1997, fewer than 3 percent of students aged 12 to 17 report having tried steroids.

Dubois County

"Parents teach kids how to drink at home and think they're teaching them how to be responsible—it's okay if you do it in my house, but it's not okay if you get in the car and go."

*Dr. Phillis Amick*
*School Superintendent*
*Scott County*

**Availability.** Underage adults and teens in Indiana have easy access to alcoholic beverages. In a 1994 survey, 40 percent of Indiana college students admitted having used a fake ID to obtain alcohol illegally. Fully 89 percent said taverns and bars are the easiest place to purchase alcohol. Convenience stores were also said to provide easy access (86 percent), as were grocery stores and restaurants (74 percent).

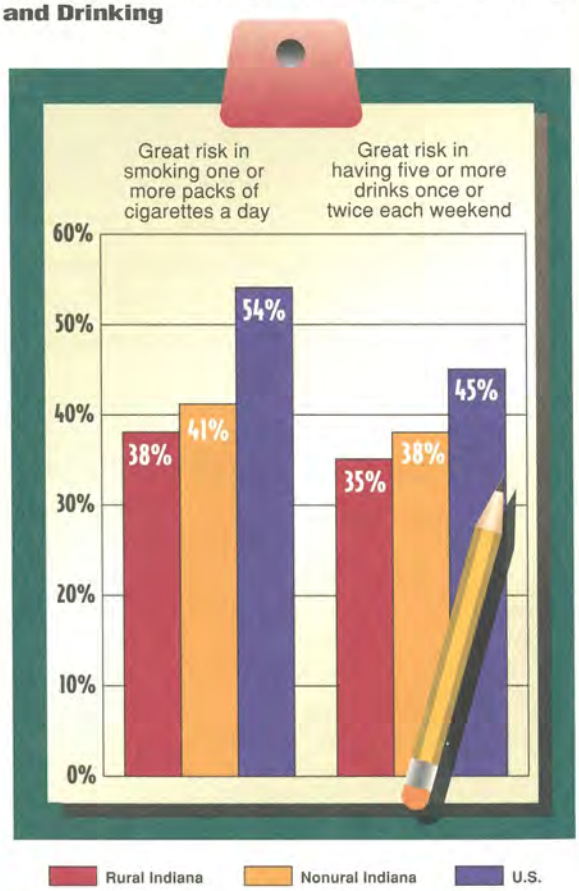
In Rural Focus Groups, teens said alcohol is also easy to obtain at home. Yet, adults and youth noted that parents strongly prohibit drinking and driving. Participants said that in their efforts to prevent drunk driving by youth, parents often supply alcohol for teen "sleep-over parties". Teenagers also said that marijuana is locally grown, which makes it widely available. According to the Indiana State Police, marijuana, crack cocaine and heroin prices in Indiana are consistent with street prices reported across the country, which have declined in recent years.

**Perceptions and Attitudes.** When youth perceive less risk in using substances, their rates of use often increase. Compared to youth nationwide, Indiana youth see less risk in smoking and drinking but greater risk in marijuana use. In 1997, 38 percent of rural Indiana youth perceived "great risk" in smoking one or more packs of cigarettes per day, as did 41 percent of their nonrural peers; both were lower than the national figure of 54 percent. Rural youth (all ages combined) were about as likely as other youth in Indiana to see great risk in binge drinking (35 percent and 38 percent), once again lower than perceived risk among youth nationwide (45 percent). While rural youth were about as likely as nonrural youth to see great risk in regular marijuana use (66 percent vs. 62 percent), both groups saw more risk than youth nationwide (57 percent).

Rural Focus Groups reported that poor communication in families and lack of community involvement are contributing factors. Parents often expect schools to solve local substance abuse problems, yet fail to reinforce prevention efforts at home. Teenagers said inconsistent messages are worse than none at all.

Perceptions of peer approval are similar among rural and nonrural youth. In 1997, rural Indiana youth were about as likely as nonrural youth to say their friends would disapprove of binge drinking (51 percent vs. 54 percent), smoking one or more packs of cigarettes a day (53 percent vs. 57 percent), or smoking marijuana occasionally (62 percent vs. 59 percent). The data confirm Rural Focus Group reports of permissive attitudes toward alcohol and tobacco use.

**Rural 8th Graders See Less Harm in Smoking and Drinking**




*ATOD Use by Indiana Children and Adolescents, 1997*

"In this county, when people talk about substance abuse, they are not talking about alcohol; they are talking about marijuana or cocaine."

*Dick Rumph*
*Student Assistance Coordinator*
*Jackson County*

**Prevention Needs.** Indiana's 1997 Prevention Needs Assessment estimated the number of residents in each age group needing specific services. This included the number needing indicated and selective prevention strategies (infrequent users, early problem users, and experimental users) and the number needing universal prevention (those who had not yet tried alcohol, tobacco or other drugs). Of the 416,600 youth aged 5 to 17 living in rural Indiana, most (80 percent) needed universal prevention programs. The others had already tried alcohol and other drugs, and needed more intensive, preventive interventions, or treatment services due to regular use of alcohol, tobacco or other drugs. The Prevention Needs Assessment also created Risk and Protective Factor indices which can be used for program planning and resource allocation by local leaders. Standardized index scores for each county are included in the data tables at the end of this report.

**Prevention Services.** According to the Indiana Prevention Resource Center, there were 954 extracurricular school and community prevention programs in rural Indiana in early 1998. On average, there are about 12 programs per county, ranging from one in Clinton County to 36 in Putnam County. Some counties may have other programs, which are not in the database. There is little information on the effectiveness of prevention programs in rural communities nationwide, or in rural Indiana in particular.

Federal Safe and Drug-Free Schools and Communities funds distributed by the Indiana State Department of Education are used for classroom-based prevention curricula throughout rural Indiana. Of Indiana's $9.3 million 1998 appropriation, 72 percent will go directly to school districts on a per capita basis; local school boards select classroom prevention curricula. During the 1997-98 school year, the department began requiring Indiana school corporations to identify the prevention curricula used. Anecdotal reports indicate that despite its poor performance in controlled outcome evaluations, Drug Abuse Resistance Education (D.A.R.E.) is still commonly used in schools throughout Indiana.

The Division of Mental Health (DMH) supports after-school prevention programs. DMH uses $5 million from Indiana's Substance Abuse Prevention/Treatment Block Grant and $500,000 from Indiana's Safe and Drug-Free Schools and Communities Block Grant to fund after-school programs across the state.

In FY 1998, DMH adopted new guidelines for distributing these funds to local programs, applying the principles of managed care to primary prevention. The programs supplement school-based K-12 prevention programs with after-school activities during the hours when youth are most likely to be unsupervised. Funds are reserved for youth living at no more than twice the poverty rate. Programs conform to a strict structure, serving youth aged 10 through 14; making at least 15 separate contacts over a 6 week period (totaling at least 40 hours); and spending at least 25 percent of program time on focused substance abuse prevention activities. In 1998, more than 100 programs in rural counties were funded on a pro-rated, per capita basis, compared to just 2 programs prior to 1996. The Indiana Prevention Resource Center will conduct a statewide program evaluation during 1998 and 1999.

Jennings County

# Making A Difference
## Prevention Programs

### Southern Rural Indiana. Keeping Pregnant Women Drug-Free.

The earlier substance abuse prevention programs reach pregnant women, the less likely they will be to expose their newborns to drugs. In 1998, the Indiana Department of Health created the Prenatal Substance Use Prevention Program (PSUPP), which is funded by the Indiana Division of Mental Health. The program aims to prevent and eliminate substance abuse among pregnant women before they need intensive treatment. PSUPP educates and counsels chemically dependent pregnant women about addiction, promoting abstinence and referring women to treatment services. PSUPP also targets the broader community. Staff train agencies and professionals to identify high-risk and chemically dependent women of childbearing age. They disseminate free educational posters and brochures to inform the public about the hazards of alcohol, tobacco and other drugs. They also work to enhance community programs serving chemically dependent pregnant women. Since 1996, PSUPP has served an estimated 1,780 women, many of whom live in rural counties such as Dubois, Warrick, Spencer and Pike. Three months after delivering their babies, half of the mothers report reduced smoking activity, 80 percent report reduced used of street drugs and 98 percent report reduced alcohol use. To learn more about the Prenatal Substance Use Prevention Program, contact the Indiana State Department of Health at (317) 233-1269.

### Statewide. Instituting Youth Leadership for Prevention

Adolescents can be a difficult audience to reach, but no one has a finger closer to their pulse than teenagers themselves. That's why the Juvenile Justice Task Force helps high-school and middle-school students team up with teachers to create substance abuse prevention programs. Established in 1984 with funding from the Indiana Department of Education and the Division of Mental Health, the Indiana Teen Institute and Indiana Middle Level Leadership workshops are held each summer at Vicennes University; Teen Institute workshops are also held at Valparaiso University. Teams of four students and one teacher are chosen from each school to attend the Institutes and plan activities for implementation at their schools in the fall. During 1997, more than 50 teams from around the state participated. Nearly 80 percent were from rural Indiana. Altogether, the Teen Institute has trained 1,650 students and adults, who have implemented 1,661 activities affecting an estimated 861,000 rural residents. The Middle Level Leadership Institute has trained more than 220 participants, who have implemented more than 280 activities estimated to have reached almost 300,000 people in rural Indiana. The teams have created a wide variety of programs, including drug-free dances, pre-prom activities, HIV/AIDS education, accident re-enactments, public service announcements and puppet shows for elementary students. Approximately 38 States now have Teen Institutes. For more information about the Indiana Institutes, contact the Juvenile Justice Task Force at (317) 926-6100.

### Statewide. This Prevention Program Is a Real Star

To withstand the temptation of drugs, young people must know the risks involved and must possess the skills to resist peer pressure. In 1987, the Institute for Health Promotion and Disease Prevention Research at the University of Southern California designed Project I-STAR to help equip youngsters with these tools. The curriculum teaches resistance skills to students in grades 6-8 through discussion and role plays. Evening courses for parents reinforce these lessons and build community wide awareness of the dangers of alcohol, tobacco, other drugs and acts of violence. By annually surveying more than 6,500 teenagers statewide, I-STAR identifies their most

critical substance abuse problems and adjusts its curriculum accordingly. Part of the Midwestern Prevention Project, I-STAR reaches students in 101 Indiana schools, including schools in Adams, Bartholomew, Boone, Cass, Hancock, Jasper, Pike, Randolph, Ripley, Shelby and White Counties. The program's curriculum and research are administered through STAR Alliance for Drug-Free Youth, a nonprofit youth-focused organization supported by grants from the Lilly Endowment. Participants followed through age 21 have shown lasting reductions in drug use. Based on these results, I-STAR has received excellence awards from the U.S. Department of Health and Human Services, the American Medical Association and the National Prevention Network. A spin-off program, called Bright Stars, for 4th and 5th graders will be available in rural Indiana by the year 2000. To learn more, call (317) 974-2000.

**Statewide. The Heroic Power of Teenagers** Professional athletes aren't the only role models for young sports enthusiasts. Small-town grade-school students often idolize star athletes from local high schools. Many Indiana communities are capitalizing on these athletes' appeal to prevent children from using alcohol, tobacco and other drugs. Each community takes a unique approach. Typically, teen mentors visit classrooms to present a curriculum, answer questions and lead rallies. In Dubois County, participants for the All Stars program are chosen from among school athletes and marching band members. In Knox County, athletes from the four county high schools formed a mentor group for younger kids to counteract some of the fierce rivalry between their teams. They named the program PAWS to reflect the combined efforts of the four sports teams: Patriots, Alices, Warriors and Spartans. In Jennings County, the Hero Program includes not just athletes, but students with a wide range of interests who exemplify good citizenship. For more information, call All Stars at (812) 683-2272, PAWS at (812) 886-0645, and the Hero Program at (812) 346-5588.

**Southern Indiana. Who Will Revive "Burial of the Bottle"?** Rural Indiana residents are deeply concerned about alcohol abuse and drunk driving – the most common safety problems among Indiana's teens and adults. In response, the Seymour Police Department joined forces with Koala Hospital in 1995 to create Burial of the Bottle, a program aimed at preventing youth alcohol consumption and drunk driving. Unfortunately, the program was discontinued in 1997 when the hospital changed hands and cut off funding. Police and health care workers are eager to reinstate the program as soon as funds become available. When the program was active, off-duty police officers and health officials performed dramatizations to educate youth about risks and situations that can lead to alcohol use; the consequences of drinking; and how to cope with peer pressure. The dramatizations depict a drunk-driving wreck and a family shattered by alcohol use. The team also provides on-the-spot counseling for teens who want to discuss personal experiences. The Burial of the Bottle players have traveled to schools throughout southern Indiana including schools in Bartholomew, Brown, Jennings, Lawrence, Scott and Washington counties. Their program has been highlighted in the Indianapolis Star and several local newspapers, and has received the endorsement of former Governor Evan Bayh and other state leaders. For information about Burial of the Bottle call (812) 523- 3339.

# IV. Crime

Rural Indiana faces significant challenges from alcohol and other drug-related crime. Drug and alcohol abuse are widespread among all offenders: the majority of adult and juvenile prisoners need treatment for alcohol or other drug abuse. Treatment is provided to about half of the adult inmates who need it—far more than in most correctional systems.

**Drug Offenders.** Indiana remains one of four states without a statewide reporting system for its 247 law enforcement jurisdictions; reporting is purely voluntary. Due to inconsistent reporting practices, the arrest figures reported to the FBI's Uniform Crime Reporting System underestimate adult and juvenile drug arrests in rural Indiana, and do not indicate where drug-related crime is most concentrated. For instance, in 1993, 48 percent of Indiana jurisdictions reported 12 months of arrest data, while 42 percent submitted no data at all. The Indiana Youth Institute estimates that 49 percent of rural Indiana's arrest data for 1995 was not reported. The arrest figures used in this report are those reported by local jurisdictions. However, they are not representative of rural Indiana, and the figures should be interpreted cautiously.

Though declining slightly after 1991, the number of adult drug arrests in rural Indiana increased 73 percent between 1993 and 1995, with 1,252 arrests reported. Juvenile drug arrests more than doubled from 74 in 1993 to 173 in 1995. The increase reported in rural Indiana counties is smaller than in nonrural counties, where reported adult drug arrests doubled and juvenile drug arrests more than tripled between 1993 and 1995.

"Kids are so mobile...it may be 'rural Indiana' but in 25 minutes you can be in Indianapolis, or downtown Lafayette, or even across state lines. Kids can find drugs wherever they want them."

*John Engle*
*Assistant Principal*
*Boone County*

The drug arrests reported in rural Indiana are concentrated in specific counties. In 1995, 57 percent of the reported rural drug arrests took place in 11 counties (Dearborn, Dubois, Fayette, Henry, Jackson, Jennings, Knox, Kosciusko, Montgomery, Steuben and Wabash). Inconsistent reporting practices make it impossible to interpret these findings. In discussing drug arrests, Rural Focus Groups noted that it is easier to purchase illicit drugs in certain counties—a fact which attracts both drug users and sellers, and raises the number of potential drug arrests. Law enforcement may also be better equipped to identify and arrest drug offenders in certain counties.

In January 1998, inmates with drug offenses accounted for one in five state prisoners—3,547 inmates. While the total number of prisoners increased 43 percent from 1991 to 1997, the number whose most serious offense was a drug offense rose 62 percent.

**Substance Use Among Arrestees.** Drug use is widespread among arrestees in Indiana, regardless of their offense. According to the national 1996 Drug Use Forecasting data, 74 percent of adult arrestees in Indianapolis tested positive for illegal drugs, compared to 67 percent nationwide. However, among juvenile arrestees in Indianapolis, 44 percent tested positive for illegal drugs, compared to 55 percent nationally.

A 1995 Division of Mental Health study concluded that rural jails receive significantly more alcohol dependent arrestees than do urban jails, and require more effective assessment and treatment strategies. Among arrestees from Bartholomew and Grant Counties (the two rural counties studied), 28 percent tested positive for marijuana, 7 percent for cocaine or crack, and 3 percent for opiates. Rates were higher among arrestees in urban counties (38 percent, 40 percent and 4 percent, respectively). Though not tested for alcohol, 63 percent of rural arrestees were diagnosed as alcohol dependent, compared to 48 percent in urban counties.

**Drinking and Driving.** As with Indiana's drug arrest data, arrest figures for driving under the influence (DUI) in Indiana should be interpreted cautiously. Rural Indiana's DUI figures are not complete enough to indicate where problems are most concentrated.

In 1995, rural Indiana counties reported more than 3,400 adult DUI arrests. Between 1993 and 1995, the number of adult DUI arrests reported in rural counties dropped 28 percent, compared to a decline of 8 percent in nonrural counties. The reason for the decline is unclear. Rural Focus Groups suggested lack of enforcement as one reason that DUI arrests are not more common, noting that sheriff's deputies in small towns are reluctant to arrest residents they know personally.

Perry County

One in three rural Indiana 12th graders reports having driven a car after drinking alcohol. However, in 1995, rural jurisdictions reported just 37 juveniles DUI arrests. Experts on juvenile crime in Indiana suggest that liquor law violation charges are filed instead of DUI charges in many juvenile cases. Since 1996, it has been illegal to place juvenile DUI offenders in jail upon arrest. Most juvenile detention centers do not accept juveniles who have been drinking, so police must supervise them until their parents are located. As a result, officers may not enforce DUI laws with juveniles as much as they could.

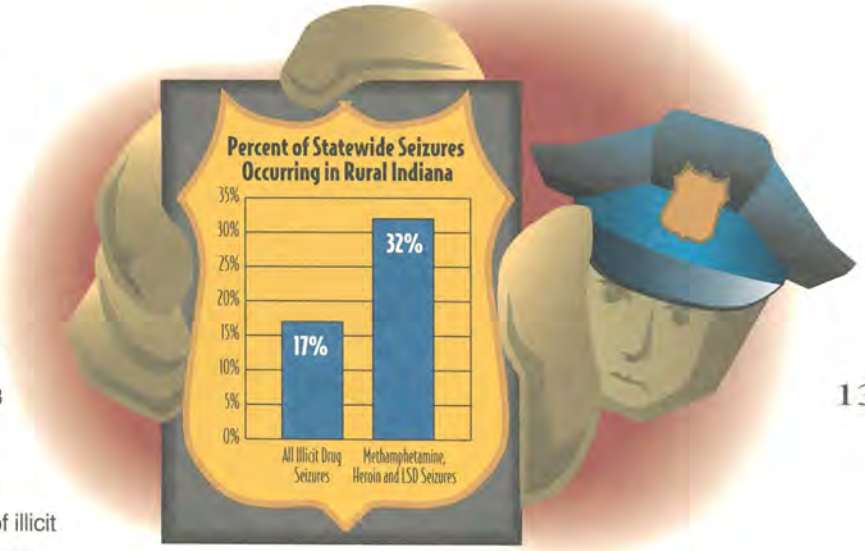
"Today, parents get to the station and are more concerned about questioning the legality of my searching the cooler than their child having Budweiser while cruising with their buddies."

*Captain Ken Campbell*
*Boone County Sheriff's Department*

In 1996, Indiana earned a "B-" in a report card by Mothers Against Drunk Driving (MADD). The report found strengths in public awareness efforts, self-sufficiency programs and declining fatalities. But MADD called for improvements in the DUI tracking system, high visibility law enforcement, in-vehicle cameras, and more training to help officers detect signs of impairment due to alcohol and other drugs. MADD also recommended that the state reduce its legal blood alcohol content (BAC) limit from .10 to .08; legislation to do so has failed twice in the Indiana state legislature.

**Drug Seizures.** In 1996, the Indiana Air National Guard and other enforcement agencies eradicated 99 cultivated marijuana fields with a potential street value exceeding $82 million. Indiana's Multijurisdictional Task Forces coordinate drug interdiction, law enforcement and drug arrest efforts. Criminal justice experts in Rural Focus Groups said more resources should go to these activities. In FY 1997, the Task Force seized more than 29,743 grams of illicit drugs. Rural Indiana had 17 percent of the state's total drug seizures, compared to 33 percent of the methamphetamine, LSD and heroin seizures. In addition, the Indiana State Police seized an additional 1.1 million grams of illicit drugs, 9,400 marijuana plants, and 34,800 doses of other narcotics.

**Rural Areas Have Large Portion of Methamphetamine, Heroin and LSD Seizures**




*Indiana Criminal Justice Institute, 1997*

"Some of the town merchants claim that if they don't sell the cigarettes then some of the kids steal them; they (merchants) would rather sell them than have to deal with the theft problem."

*Debbie Smith*
*Attorney*
*Boone County*

**Tobacco Sales to Minors.** The Indiana State Excise Police conduct random compliance inspections for illegal sales of tobacco using teens posing as potential buyers. Under the 1992 Synar Amendment to the Federal Substance Abuse Prevention/Treatment Block Grant Legislation, Indiana must monitor and reduce sale of tobacco products to minors or risk losing more than $12 million in prevention and treatment funds. The noncompliance goal is 20 percent or less by the year 2000.

In the 1997 inspection, teens were able to purchase tobacco products in 24 percent of tobacco outlets—a drop from the 1996 rate of 41 percent (which represented a much smaller sample of tobacco outlets). Compliance in rural Indiana was comparable to the state overall, with wide variation in rates. For instance, only 10 percent of tobacco outlets in Montgomery County were noncompliant, compared to 50 percent in Knox County and 70 percent in Lawrence County. Counties with higher noncompliance rates were often closer to urban areas.

**Treatment for Criminals.** The need for treatment among Indiana offenders is substantial. The Indiana Department of Correction reports that about 80 percent of state prisoners have a significant history of alcohol or other drug use. The Division of Mental Health estimates that 61 percent of inmates are dependent on alcohol or other drugs—an estimated 15,200 inmates in 1996. Alcohol is the drug of choice for 86 percent of criminals needing treatment. However, alcohol dependence is more common in rural areas than urban (63 percent vs. 47 percent), whereas urban areas have a greater concentration of cocaine dependence (22 percent vs. 7 percent). It is not known what percentage of prisoners needing substance abuse treatment come from rural counties. In 1996, the Indiana Department of Correction provided substance abuse treatment services to about 7,500 state inmates and parolees—49 percent of those needing treatment. This compares to 18 percent of those needing treatment in State and Federal prisons nationwide. In 1997, 697 Indiana inmates awaited admission to the substance abuse program during an average month—an 56 percent drop from the 1,574 waiting on average in 1994.

**Indiana's Prisons Treat Nearly Half of Addicted Inmates**

*Indiana Department of Correction, 1997*

Indiana prisons offer substance abuse treatment consisting primarily of group and individual counseling, with family counseling and educational services also provided to some inmates. On average, 61 percent of treatment clients complete the prison-based programs. Despite the increased availability of prison-based treatment, there has been no evaluation of the long-term effectiveness of these programs. Nationally, intensive residential treatment in prison-based therapeutic communities has the best record of reducing criminal activity and substance abuse among incarcerated offenders. Indiana started its first residential therapeutic community (194 beds) at the Westville Correctional Facility in April 1998. Upon completion of treatment and release from prison, parolees may be enrolled in the Hoosier Assurance Plan, a statewide managed care plan for publicly-funded, community-based behavioral health care. Under this plan, parolees can obtain alcohol and other drug treatment in their communities. The Indiana Department of Correction has substance abuse counselors in each parole district to provide assessment, referrals and some direct services. However, there is no information about how many parolees actually seek treatment or about their long-term outcomes.

Pulaski County

A large number of juvenile detainees use drugs, including alcohol (81 percent), marijuana (66 percent) and other drugs (27 percent). Only half of the juvenile detention centers offer substance abuse treatment. Rural Focus Groups emphasized the need for more drug treatment for delinquents and adult offenders, particularly strategies which combine treatment with incarceration, probation and parole. There is no information on the number of Indiana probationers needing or receiving substance abuse treatment.

The Indiana Department of Correction recently implemented intermediate sanctions in parole districts through a Federal grant. At present the program involves only the Indianapolis Parole District which has residential treatment, day treatment and electronic monitoring services available for parolees testing positive for illicit drugs. Expansion of these programs to other regions of the state is being considered.

**Drug Courts.** Drug courts place non-violent drug abusing offenders into intensive court-supervised treatment instead of prison. The first Indiana drug court opened in Gary (Lake County) in 1996. Non-violent, first-time offenders and repeat offenders who are addicted to illegal drugs are eligible to participate in the program. The program costs $520 for residents of Gary and $650 for others, compared to about $18,000 for a year in prison. Adult drug courts are now operating in Indianapolis, Crown Point, Fort Wayne, South Bend and Terre Haute. Lafayette plans to establish a drug courts in 1999.

"We don't have things to offer kids until they've gotten in trouble, been arrested or have a record."

*Cindy Hicks*
*Partners for a Drug-Free White County*

Lawrenceburg plans to open a juvenile drug court in June 1998, pending a grant award from the Federal Bureau of Justice Assistance. It will be Indiana's first rural drug court and will serve Dearborn and Ohio Counties. The program will cost an estimated $3,000 per person. The planning team hopes to serve 50 to 60 juveniles in the first year of operation. Drug courts are hard to establish in rural communities for several reasons. Often the only treatment providers in the community charge higher rates than the courts can afford; evening court hours may be required to make rural drug courts work; and there may not be enough cases in one locality to support an entire program. Multijurisdictional programs, such as the one planned for Dearborn and Ohio Counties, can overcome some of these barriers.

# Making A Difference
## Criminal Justice Programs

**Statewide. Fighting Drugs, Without Boundaries** Rural Indiana communities, which lack urban manpower and resources such as special narcotics units, have found a cooperative approach particularly useful in combating drug crime. Integrating federal, state and local drug investigations, Indiana's Multijurisdictional Task Force (MJT) program encourages collaboration among prosecutors and police in various jurisdictions. The task forces investigate, prosecute and convict drug traffickers, recover criminal assets, and reduce duplication of investigations and prosecutions. Officers accomplish these goals through monthly meetings where they discuss community efforts. They also work to increase local awareness of drug activities through local newspaper announcements of arrests and seizures. Approximately 75 percent of the illicit drugs used in southern Indiana originate in Louisville, Kentucky. In 1997, MJTs in southern Indiana arrested and helped convict a cocaine dealer operating out of a Federal housing project near Louisville. The effort was part of the MJT's collaboration with the Louisville Metro Narcotics Police and the Federal Drug Enforcement Administration. Indiana's MJT program is funded by an Edward J. Byrne Memorial Grant. Rural counties involved in the task forces include Clinton, Henry, Kosciusko, Miami, Starke, White and Whitley. An evaluation is now being planned by the Indiana Criminal Justice Institute. To learn more about Indiana's Multijurisdictional Task Forces, call (317) 925-2833.

**Owen County. Making Education Part of Probation** Judge Frank Nardi noticed that many of the young people entering his courtroom for frequent trouble with the law also had problems at school, because they would get suspended and fall behind in their schoolwork. To remedy these academic problems, the Owen County Probation Office set up a program in 1989 that provides suspended students with court-hired tutors and makes tutoring a condition of probation. Judge Nardi assesses teens' capabilities upon program entry and requires that participants maintain certain grades. If a child does not make the grade, then he or she must spend school vacations – including summer if necessary – with tutors at the courthouse. The threat of having to spend vacations studying is enough to motivate most students to concentrate on their work. In the program's first year, two students were required to attend summer tutoring sessions. The school had planned to hold them back a grade the following year, but after completing their summer tutoring, they were able to advance to the next grade level with the rest of their class. The Juvenile Learning Program is funded through probation users' fees, and some parents of probationers contribute additional funds. To learn more, call the Owen County Court Probation Office at (812) 829-5025.

# Making A Difference
## Criminal Justice Programs

**Fulton, Randolph and Clay Counties. Cutting Costs by Keeping Kids at Home** For many delinquent children, institutionalization is definitely not the best answer. And for all children, it is expensive. The cost of sending a child to an institution is $110-$120 per day. To keep delinquent children in the home and out of institutions, the Indiana Juvenile Justice Task Force developed Family Support Services in 1994. The program also endeavors to decrease alcohol, tobacco and other drug use, and raise awareness of children's needs. Family Support Services assigns social workers to visit delinquent children in their homes every day for four to six months. The social workers provide their clients with family therapy and treatment, life-skills training, classes on communication skills and information about other resources in the community. Each social worker supervises seven children. The cost is about $35 per day – less than one-third the cost of institutionalization. Since Family Support Services began, 88 young people in Fulton, Randolph and Clay Counties have taken part, as well as many others from six non-rural counties. For more information about Family Support Services, contact the Indiana Juvenile Justice Task Force at 1-800-926-4661.

**Central and Southwest Indiana. Serving Time While Preserving Families** When women serve prison time, their children often suffer profoundly from the separation. Since 1993, the Craine House Family Living Program has helped these children by keeping families together and keeping women out of prison. Located in Marion County, Craine House provides a home for nonviolent prison-bound women and their children younger than age five. The program focuses on moving women back into the community by offering life-skills training to break the intergenerational cycle of substance abuse and criminal behavior. Women sentenced to Craine House serve the same amount of time as they would in prison. During the first 30 days, they must find a job, obtain day care for their children, begin life-skills training and enter substance abuse treatment. From then on, they work outside Craine House, return there each evening and pay half of their salary to the program. Craine House accommodates up to six women and their children for a typical stay of 6-12 months. Funded primarily by a grant from the Marion County Department of Corrections, Craine House has served 59 women since 1993. As of 1995, the criminal recidivism rate for graduates was 14.3 percent, compared to 30 percent among prison inmates statewide. Knox, Pike and Sullivan Counties are now seeking funds for a program based on the Craine House model. To learn more, call (317) 925-2833.

# V. **Impact** on Health

Alcohol, tobacco and other drugs threaten the well-being of individuals who use them as well as those who do not, adding substantially to health care costs. Substance abuse plays a significant role in chronic illness, fatal car crashes, newborn health problems and the spread of infectious diseases. Approximately 30,500 rural Indiana residents require publicly funded substance abuse treatment—primarily for alcohol abuse. Indiana's new managed care system aims to improve treatment access and effectiveness, creating comprehensive services statewide.

**Deaths from Substance Abuse.** Alcohol, tobacco and other drugs use contributes to the deaths of thousands of rural Indiana residents each year. Tobacco-related deaths comprise the largest portion; oral and lung cancer, heart disease and other smoking-related illnesses cause approximately 10,000 deaths annually in Indiana, including the deaths of an estimated 3,500 rural residents. Although other factors also contribute to these diseases (such as exposure to coal mines), smoking is a primary cause in many of these deaths.

In 1995, at least 273 people in rural Indiana died of alcohol-related diseases and another 155 people died of other drug-related causes, according to mortality figures gathered by the U.S. Centers for Disease Control and Prevention. Between 1991 and 1995, 519 people in rural Indiana died of such causes. The highest death count was in Dearborn County, which reported 27 deaths from alcohol and other drug use during the five year period. Conversely, Adams and Warren Counties reported no deaths caused by alcohol use; several rural counties reported no deaths caused by other drug use (Blackford, Crawford, Decatur, Dubois, Newton, Noble, Ohio, Pike, Rush, Spencer, Tipton and Warren).

These death figures are conservative estimates, since they only include deaths directly attributable to an alcohol or other drug use, such as cirrhosis of the liver. Alcohol and other drug use contributes to a portion of deaths attributed to various other causes, but the percentages are unclear. These estimates are also severely limited by the fact that privacy considerations prevent many alcohol and other drug-related deaths from being recorded in public records.

Highway accidents take the lives of hundreds of Indiana residents each year. In 1995, 312 people were killed in alcohol-related crashes, one-third of them in rural Indiana. Between 1992 and 1995, the number of alcohol-related highway crashes in rural Indiana remained constant, while the total of highway crashes rose each year. This is consistent with national trends. Among rural counties, Bartholomew, Henry and Kosciusko Counties each had more than 100 alcohol-related crashes in 1995, while Crawford, Ohio, Sullivan and Warren Counties each had fewer than 10. In Harrison County, 15 percent of the alcohol-related crashes involved a fatality—the highest percentage among rural counties.

Alcohol-related crashes are more lethal in rural Indiana than elsewhere in the state. People involved in alcohol-related crashes in rural Indiana have the same likelihood as people elsewhere in the state of being injured (66 percent) but are twice as likely to be killed (3 percent) as people in nonrural areas (1.6 percent). Inadequate emergency medical care in rural areas may be one explanation for the increased death rate. High speeds and poor lighting on rural roads may be other contributing factors.

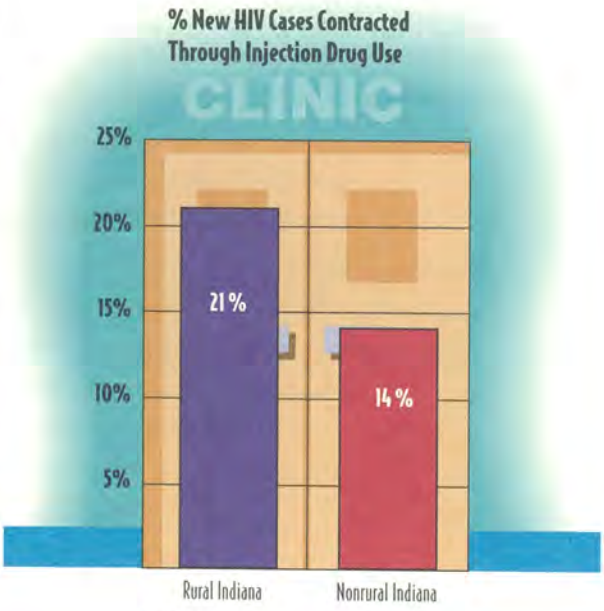
Shelby County

**Impact on Newborns.** Smoking by pregnant women has long been associated with low birth weight and respiratory problems in infants. Since 1991, there has been little change in smoking rates among pregnant women in Indiana; 19 percent smoke at least five cigarettes per day, and 7 percent smoke at least one pack per day. Rates of smoking among pregnant women in rural Indiana are not available. However, Indiana ranks 28th in the nation for percentage of low birth weight babies (7.5 percent).

In 1996, more than 27,300 pregnant women in rural Indiana needed alcohol and other drug prevention programs, according to the Prevention Needs Assessment conducted by the Institute for Drug Abuse Prevention. In its 1997 report on alcohol and other drug use in pregnant women, the Division of Mental Health describes the results of both prenatal urine screening and newborn meconium tests. In the three rural counties included in the study, 5.6 percent of newborns tested positive for illicit drugs, including 2.6 percent of newborns in Fulton County, 5.8 percent in Knox County and 6.8 percent in Scott County. Thus, at least 61 babies born in these three counties in 1997 were exposed to drugs in utero.

Prenatal urine tests were positive for alcohol in less than 1 percent of pregnant women studied in rural Indiana. However, drinking throughout pregnancy is not captured by one-time tests, and is probably more prevalent than these figures suggest.

**Drug Use a More Common Cause of HIV in Rural Indiana**




*HIV/STD Quarterly: Indiana Summary Report, 1998*

**HIV and AIDS.** Since 1981, more than 4,758 people in Indiana have contracted HIV and 2,794 have died from AIDS; this includes 1,015 infections and 466 deaths in rural Indiana. Injection drug use in rural Indiana is a growing risk factor for contracting HIV. Rural counties accounted for 16 percent of the state's new drug-related HIV and AIDS cases in 1997, up from just 8 percent in 1995. Of the 86 new HIV cases reported in rural Indiana in 1997, 21 percent involved injection drug use, compared to 14 percent in non-rural parts of the state.

Rural communities face unique challenges in the fight against HIV and AIDS. Early HIV testing is not common; many cases do not surface until the HIV has developed into AIDS. Treatment is also difficult in rural areas where persons with the disease may face social alienation and threats to confidentiality. Lack of transportation to treatment, a shortage of general physicians and immune disease specialists, and poor access to continuing educational for medical professionals are additional barriers to treating HIV and AIDS in rural Indiana.

There are AIDS Community Action Groups in many Indiana counties. The Indiana Health Department's rural health care training centers and nurse-managed centers also provide HIV/AIDS education and prevention. However, few receive Federal funding, since they lack on-site physicians or adequate facilities. Media campaigns can decrease HIV/AIDS stigma and strengthen awareness and prevention efforts. Methods for reducing isolation among rural health care providers also need to be explored. Experts on AIDS in rural America recommend use of conference calls, computer links and consultations via electronic bulletin boards.

**Treatment Services.** Unlike in many states, the funds for public mental health and substance abuse prevention and treatment in Indiana are administered by a single state agency. Local community mental health centers provide alcohol and other drug treatment. This practice minimizes duplication in Indiana's treatment delivery system and simplifies service provision for those with both mental health and substance abuse diagnoses.

Publicly funded mental health and substance abuse treatment in Indiana is coordinated through the Hoosier Assurance Plan, a managed care system which began in 1994. Substance abuse treatment services joined the Hoosier Assurance Plan in 1996. Indiana's Medicaid population continues to receive behavioral health care under a fee-for-service structure, but state authorities anticipate that Medicaid will eventually move to a managed behavioral health care system as well. Under the new structure, the Indiana Division of Mental Health (DMH) contracts with 27 certified managed care providers for addiction services. Funds are allocated to 31 regions throughout the state.

Prior to the Hoosier Assurance Plan, most providers offered specialized treatment and comprehensive services were not uniformly available. The new plan requires each contractor to provide a full continuum of substance abuse treatment through its own facilities or through affiliations with subcontractors. The continuum of care includes individualized treatment planning; crisis intervention; case management; outpatient substance abuse treatment; acute stabilization (including detoxification); residential and day treatment; family support; and medication evaluation and monitoring. Publicly funded treatment is available to state residents whose income is no more than $3,478 per month (twice the poverty level for a family of four). DMH pays providers a flat rate for each client, based on the population size, poverty rates and needs assessment data in each region. DMH also has new assessment and utilization reporting systems and mechanisms to monitor service costs and outcomes.

One goal of the Hoosier Assurance Plan is to increase competition; since all providers must offer the same treatment services, they ultimately compete for the same clients. DMH believes that this "client friendly" structure offers more choice and better quality than the previous fee-for-service structure. Some providers have expanded services to meet the state requirements, while others have joined together to form groups which offer the required range of services. In less populated areas, providers prefer these alliances, since the client base may not be large enough to support multiple providers offering the same services. However, DMH has at least two providers in each region to allow for consumer choice.

**Treatment Needs and Utilization.** DMH estimates that about 464,000 adults and 65,000 youth statewide need substance abuse treatment; this includes 30,500 people from rural Indiana who are eligible for publicly funded services based on their income. Rural areas have approximately the same treatment needs per capita as urban areas. In rural Indiana, treatment needs are greatest in Henry, Wabash, Miami, Cass, Putnam, Knox and Steuben Counties, where at least 60 people in 10,000 require publicly-funded substance abuse treatment. About one in eight rural residents needing publicly funded treatment will seek it in a given year (some 3,870 overall). Alcohol abuse is a primary problem for nearly all of those needing treatment, and about 40 percent also abuse other drugs.

Indiana residents rely heavily on publicly funded treatment services. In FY 1996, 19,837 people received publicly funded substance abuse treatment in Indiana. According to the National Uniform Facility Data Set (which describes a one-day census of substance abuse treatment clients in public and private facilities), in 1996, privately funded providers served about 18 percent of those in treatment in Indiana, compared to 13 percent of clients nationally.

The new managed care structure has moved more treatment funds to rural communities than in previous years. However, Rural Focus Groups noted several obstacles to treatment access in rural areas. These include lack of insurance to pay for treatment, lack of transportation to treatment, and reluctance among rural residents to seek help. In addition, they noted that there were not enough treatment providers in their communities. DMH has an Advisory Council to represent the interests of persons with alcohol and other illicit drug addictions. In 1996, the Council noted five areas of concern regarding substance abuse treatment statewide: inadequate interfaces with the criminal justice system; compulsive gambling disorders; patients with both substance abuse and mental health diagnoses; lack of availability of methadone treatment; and maintaining residential services in a managed care environment. In responding to these concerns, DMH will need to ensure the efficacy of solutions in rural communities.

"People around here smoke from the time they're old enough to light a match without setting the house on fire."

*Dr. Mike Bonacum*
*Attending Physician*
*Harrison County Hospital*

# Making A Difference
## Treatment Programs

**Newton County. Home Treatment for Multiple Abuse Problems** Substance abuse is common among families charged with child abuse and neglect. But addressing this problem proves particularly challenging in rural areas. Rural residents face twin difficulties that reduce the likelihood that they will seek help. They must typically travel long distances to obtain health services, and they are often concerned about privacy because their entire community may be served by just a few providers. In response, Newton County established the KKISS (Keeping Kids in Safe Surroundings) program in 1992 and KIDS (Kids in Difficult Situations) in 1994. KKISS provides court-ordered, in-home services to families facing child abuse and neglect charges, while KIDS is available to any family in the county. In each program, the Visiting Nurses Association provides in-home services, including counseling, resource referral and life-skills education. Since their inception, KKISS and KIDS have served more than 8,100 families. KKISS has also been implemented in White County. Funded with Family Preservation and Support dollars, the programs also receive support from state grants and county general funds. For more information about KIDS and KKISS, call 1-800-582-4198.

**Evansville and Surrounding Rural Counties. A Helpful Anti-Smoking Prescription** To reduce smoking among state residents, Smokefree Indiana formed a partnership with pharmacists and health care professionals to create a smoking cessation program in January 1997. The program, called PharmASSIST, offers coupons for smoking cessation medication, which can be redeemed by pharmacists trained to educate participants about nicotine replacement therapies. In addition, free behavior modification classes are available. While most attempts to quit smoking result in a relapse within the first week, 39 percent of those completing the PharmASSIST program remained smoke-free for more than three months. For PharmASSIST's one year anniversary, program organizers participated in a televised smoking cessation class which aired on PBS stations in three Indiana cities, reaching many rural communities. During the New Year's Day broadcast, smokers were encouraged to stick with resolutions to quit smoking and to enroll in PharmASSIST or other smoking cessation programs. Funding for PharmASSIST includes grants from Glaxo Wellcome, the Vanderburgh County Foundation for Community Health and McNeil Pharmaceuticals. The program's success has caught the attention of local businesses like Evansville's Barry Plastics, which has begun to offer PharmASSIST free to employees. To learn more about PharmASSIST, call (812) 477-1655.

**Southern Indiana. Growing to Meet New Treatment Needs** Since 1985 the diverse clinical staff at Tara Treatment Center (named for the plantation in Gone with the Wind, which the facility resembles) has helped women overcome addiction through counseling, 12-step programs, family therapy, job training, lectures, education and referrals for medical care. Having recently expanded its services, Tara helps many more clients now, including men, who currently make up 60 percent of the caseload. Tara's newer facilities and programs include the Half-Way House to provide transitional help for graduates of residential treatment; the Mother-Baby Program to foster a drug-free environment and teach parenting skills; the Gambling Addictions Program; outpatient services; and a detoxification unit. Tara receives some funding from the United Way but is primarily supported by the Indiana Family and Social Services Administration, particularly the Division of Mental Health. In 1996, Tara served 445 clients. Fifty-eight percent were in treatment for alcoholism, 22 percent for marijuana addiction, and 20 percent for other illicit drug addiction. Tara's goals

# Making A Difference
## Treatment Programs

for the year 2000 include providing adolescent treatment and expanding the services provided in rural communities. It currently serves a number of rural counties, including Bartholomew, Jackson, Jennings, Rush and Shelby. For more information, call (812) 526-2611 or 1-800-397-9978.

**Crawford County. Expanding Rural Treatment Alternatives** Alternatives to incarceration are badly needed in rural communities. The Crawford County Youth Service Bureau (CCYSB) was created in 1994 to meet this need. Since then, CCYSB has expanded to provide a wide variety of successful substance abuse prevention and life skills training programs. For instance, the Crawford Alternative School House (CASH) offers specialized curricula to meet clients' social, cognitive and mental health needs. CASH is estimated to save Crawford County $80,000-$120,000 per year by preventing out-of-home juvenile placements. CCYSB's Saturday Matinee Program offers alternatives to school suspension for alcohol, tobacco or drug use. Students attend Saturday substance abuse education classes and recreational activities. One Crawford County high school estimates that the program keeps at least 10 at-risk students enrolled in school each semester. The Teen Pregnancy Prevention Program runs an annual Teen Pregnancy Awareness week for students in grades 8-12, and the Better Living Program teaches seventh graders pregnancy prevention through human sexuality classes and substance abuse education. Since these programs were first implemented three years ago, Crawford County's teen pregnancy rate has decreased by 30 percent. Other CCYSB programs include anger management, violence prevention, crisis intervention and counseling. CCYSB is funded by the Indiana Criminal Justice Institute, the county government and the Crawford County Public Schools. To learn more, call (812) 365-3165.

**Southern Indiana. Services That Spring From the Community** LifeSpring Mental Health Services' substance abuse program is deeply connected to the communities it serves. For more than 25 years, this facility has offered the full continuum of care for drug-addicted clients, including detoxification, residential treatment, intensive day treatment and aftercare. Many of the facility's counselors have been with LifeSpring for more than 20 years. Centrally located and accessible to residents of Jefferson, Washington, Scott and Harrison Counties, LifeSpring serves approximately 300 patients a year. The facility not only treats substance abusers but supports their families as well, through a range of psychosocial and family services. LifeSpring staff often attend community meetings related to substance abuse and are frequently invited to speak in public educational forums across Indiana. In addition, LifeSpring's CEO serves on the Indiana Council of Community Mental Health Centers. To accommodate an increasing number of patients diagnosed with both mental health and substance abuse disorders, LifeSpring recently expanded its care to serve the dually diagnosed. For more information, call (812) 283-2849.

# VI. Costs of **Substance** Abuse

Costs related to substance abuse in rural Indiana exceed an estimated $826 million annually. Costs include expenditures for public and privately funded health care and substance abuse treatment, prevention programs, incarceration, alcohol-related traffic crashes and foster care for the children of addicts. The figures often do not include indirect costs, such as reduced productivity, lost wages and property losses from drug-related crime.

Pike County

**Tobacco.** Twenty-nine percent of the 1.5 million adults in rural Indiana smoke cigarettes. The state spends at least $700 million annually on direct medical costs related to smoking, according to the U.S. Centers for Disease Control and Prevention. The direct and indirect costs are estimated to exceed $1.4 billion per year statewide, and $490 million per year in rural Indiana. In February 1997, Indiana became the 22nd state to sue tobacco companies to reclaim public medical expenditures for tobacco-related illnesses.

**Newborn Medical Care.** Of the approximately 28,000 births in rural Indiana each year, 5.6 percent are exposed to alcohol and other drugs in utero (about 1,570 babies). Potential medical expenditures in the first year of life alone may exceed $50,000 per infant, or about $78 million.

**Alcohol-related Crashes.** According to the Governor's Council on Impaired and Dangerous Driving, alcohol-related highway crashes in rural Indiana in 1995 cost private citizens, insurance companies and the state nearly $144 million. The costs included losses from fatalities ($92 million) and injuries ($52 million), but not the cost of property damage from these crashes.

**HIV and AIDS.** Each HIV case costs about $5,150 per year; costs for rural Indiana's drug-related HIV cases are estimated to be $592,250 annually. Actual HIV costs will exceed these figures, since they also include the cost of protease inhibitor medications (estimated at $15,000 per case annually), and indirect costs such as lost wages, reduced productivity and reduced quality of life. The lifetime health care costs for drug-related AIDS cases diagnosed in 1996 in rural Indiana are estimated at $1.8 million, while the cumulative cost for all drug-related AIDS cases in rural Indiana since the disease appeared in rural Indiana is estimated to be $21.7 million.

**Welfare.** An estimated 34,000 rural Indiana residents are welfare recipients. Based on national averages, about 25 percent of these rural welfare recipients (8,500) need alcohol and other drug abuse treatment. With an average monthly benefit of $90.54 per case, the welfare costs for these individuals are about $9.2 million annually.

**Foster Care.** During 1997, about 3,700 children were in foster care in Indiana in a given month. At an annual maintenance cost of about $10,200 per child, Indiana spends $37.7 million each year on foster care (not including other out-of-home placements). The percent of these cases which involve alcohol or other drug use is not known, but substance abuse is a factor in 78 percent of foster care cases nationwide. Estimated foster care costs for these cases in rural Indiana are $10.3 million a year. Children in need of social services in Indiana far outnumber those in foster care, but the proportion of cases involving alcohol and other drug abuse is not known.

**Treatment and Prevention.** In FY 1998, Indiana will receive Federal and state funding for substance abuse prevention and treatment services totaling $43.4 million. Approximately 8 percent of alcohol excise tax revenues in Indiana support prevention and treatment efforts. In FY 1998, about $2.9 million in alcohol excise tax and court remissions revenues are earmarked from the Addictions Fund to help support publicly funded alcohol and other drug abuse treatment programs. In addition, 10¢ from every river boat casino admission goes to substance abuse and gambling prevention and treatment programs. In FY 1998, DMH received $1.2 million from river boat casino taxes.

"The substance abuse problem is not a youth problem, or an adult problem, or a school problem; it's a community problem. Families need to take responsibility."

*Larry Perkinson*
*Student Assistance Representative*
*Bartholomew County*

For FY 1998, DMH has $10.8 million for prevention from the Substance Abuse Prevention/Treatment Block Grant and Indiana's Safe and Drug-Free Schools and Communities Block Grant (Governor's Program). The Department of Education will distribute $6,668,572 in Safe and Drug-Free Schools and Communities funds to schools, with an average expenditure of $5.47 for each pupil aged 5-17.

**Prisons.** Indiana spends 37 percent of its total criminal justice system expenditure on corrections. During 1998, incarceration in Indiana cost $18,045 per inmate, for an estimated total of $323.4 million. Incarcerated alcohol and other drug abusers comprise 61 percent of the inmate population, costing $197.3 million in 1998. An estimated $69 million is spent to incarcerate alcohol and other drug abusers from rural counties.

Costs for juveniles in state correctional facilities average $115.93 per day. Approximately 15 percent of juvenile detainees are dependent on alcohol or other drugs, including 177 juveniles in state facilities, for an annual cost of $7.5 million. This figure does not included costs for juveniles held in county detention centers, who make up the majority of Indiana's juvenile detainees.

Substance abuse treatment for offenders treatment in Indiana costs an estimated $3.3 million annually. Drug Strategies estimates that about $1.2 million is used to treat offenders from rural communities.

**Substance Abusers Account for Bulk of Corrections Costs**

# Making A Difference
## Collaborative Ventures

**Lawrence County. Hunting Down "Cat" Labs** Methcathinone or "cat" is an illegal stimulant that produces a euphoric "high" with increased heart rate and agitation. Like methamphetamine, it is highly addictive and leads to irreversible brain damage. It is dangerous to manufacture, due to the risk of explosion. In 1997, more than 30 "cat" labs were raided in Lawrence County. Forums organized by the Local Coordinating Council revealed that "cat" was a countywide problem responsible for approximately 20 deaths in 1996. Indiana State Police educated citizens about the hazards of "cat" and how to recognize and report a "cat" lab. The entire Lawrence County community, including the Hoosier Uplands Economic Development Corporation, the Indiana State Police, the Local Coordinating Council and schools, began interventions to inform youth about "cat." Local McDonald's restaurants pitched in with informative billboards, place mats and pamphlets containing coupons for free fries. Local law enforcement officials have noted a decrease in "cat" lab activities since the program began. For more information, contact the Hoosier Uplands Economic Development Corporation at 1-800-333-2451.

**Statewide. State Support for Community Solutions** In 1991, Indiana created the Step Ahead program, which funds counties to develop comprehensive, community wide strategies that help families gain access to health care services. In addition to an annual state appropriation of $3.5 million, Step Ahead Councils are supported by more than 3,000 volunteers. Substance abuse services comprise a part of many counties' Step Ahead programs. For instance, Jackson County's Step Ahead Council focuses one prevention effort on smoking in the workplace by rewarding companies that are smoke-free. It is surveying Chamber of Commerce Members throughout the county to find out which companies are tobacco-free and how they accomplished that status. The results will facilitate the sharing of ideas among companies on how to create a smoke-free workplace. The program will honor smoke-free companies in a formal celebration and recognition party hosted by Step Ahead, the American Heart Association, the American Lung Association and the American Cancer Society. To contact the Jackson County Step Ahead Council, call (812) 523-5041. For more details on Step Ahead activities across Indiana, call (317) 232-4248.

**Statewide. Rallying Entire Communities** In 1991, a major initiative emerged from a national training sponsored by the U.S. Departments of Justice, Transportation, Agriculture and the National 4-H Council. The Community Systemwide Response (CSR) initiative aims to enhance family well-being in Indiana through community wide collaboration. In partnership with law enforcement, human services, 4-H and Step Ahead, CSR helps local leaders and agencies develop services for healthy families and children, and reduce social, economic and health risks. Purdue University administers the statewide program, while at the local level, many CSR efforts are directed by county judges and assisted by police officers. CSR leaders are trained to strengthen community wide collaboration in order to implement alternative and parent education programs, substance abuse education and prevention programs. Funded by the Criminal Justice Institute, these programs were created to educate youth about the consequences of deviant behavior. One example of the many successful programs supported by CSR is a juvenile diversion program in Rush County called "Little Red Driving Hood". The Crawford County Youth Services Bureau (see page 23) is another example. To learn more about Community Systemwide Response statewide, call (812) 967-3738.

# VII. Looking to the **Future**

Trends in substance use and related crime and health indicators in rural Indiana are diverse, complex and often distinct from patterns elsewhere in the state. Progress toward several statewide goals cannot be measured due to lack of information, particularly in rural counties. Rural residents have a tendency to deny the existence of alcohol, tobacco and other drug problems. This denial can be fueled by the absence of confirming data, while having the data can help communities target responses cost-effectively where they are most needed.

Strong public-private partnerships can reduce the stigma of substance abuse, place it in the context of broader public policy, and harness the resources of many interested agencies and groups in responding to shared concerns. Strategies that acknowledge the cultural and economic context of substance abuse in rural Indiana and promote interdisciplinary solutions have the best likelihood of succeeding. As these partnerships develop, state and local leaders will be better equipped to reduce alcohol, tobacco and other drug abuse significantly in rural Indiana. This chapter presents conclusions and recommendations for state and local agencies in key policy and program areas, including rural issues, local leadership, youth prevention, treatment, criminal justice and tobacco control.

"Until it is more socially acceptable to be seen going to a counselor than it is going into a bar, we are never going to solve this problem."

*Pam Bennett Martin*
*Insurance Company*
*Vice-President*
*Harrison County*

**Rural Issues.** No public agencies which specialize in rural issues in Indiana are explicitly focused on rural substance abuse. Conversely, statewide efforts to address alcohol, tobacco and other drugs rarely target the unique needs of rural communities.

***Recommendations for the Division of Mental Health***

- Collaborate with the Indiana State Department of Health's Rural Division to address specific health care needs in rural Indiana, including substance abuse treatment needs.
- Evaluate how well statewide prevention and treatment strategies are being adapted to the needs of rural communities.

**Local Leadership.** Although the Governor's Commission for a Drug-Free Indiana aims to increase parental involvement in prevention and treatment programs and build community collaboration, rural communities often experience difficulty sustaining citizen involvement. In small towns, program success may rest with a few dedicated citizens, rather than a team of partners for whom the programs offer mutual benefits. Initiatives spring up in response to an acute crisis, but lose momentum once the crisis fades. Local Coordinating Councils (LCCs) have the potential to foster leadership and partnership, help create a foundation for sustained community involvement, and implement the shared goals of state agencies. However, LCCs lack sufficient resources, visibility and standards, and have not produced systematic changes.

***Recommendations for Local Coordinating Councils***

- Contact national community coalition organizations for technical assistance and models for building sustained community involvement.
- Develop expertise on local substance abuse indicators and create public education campaigns.
- Expand the vision and reach of local initiatives to encompass broad systemic change, including workplace, treatment, prevention, criminal justice and media partnerships.
- Combine resources with LCCs in neighboring counties.

***Recommendations for the Governor's Commission for a Drug-Free Indiana***

- Provide technical assistance to LCCs as they develop expertise on local substance abuse indicators, apply them meaningfully in program development, and create public education campaigns.
- Provide paid staff to coordinate LCC activities in each county.
- Empower and support LCCs' efforts to set quality and outcome standards for local programs.

**Youth Prevention.** Rates of alcohol, tobacco and other drug use among Indiana youth are substantially higher than target goals set by the Governor's Commission for a Drug-Free Indiana. Furthermore, rates of use are often higher among rural youth than among youth elsewhere in the state. Rural Indiana faces significant challenges in building community collaborations which include parents, schools, religious organizations, businesses and LCCs. Rural areas with the fewest resources for youth development and prevention have the highest rates of youth alcohol, tobacco and other drug use. The impediments to program success can be substantially different in rural and nonrural communities. For example, Indiana's Prevention Needs Assessment indicates that risk and protective factors in rural Indiana do not follow statewide patterns.

***Recommendations for the Governor's Commission for a Drug-Free Indiana***

- Empower LCCs to take the lead in helping communities build comprehensive prevention and youth development resources in families, schools and after-school programs which involve all sectors of the community. Provide technical assistance for these efforts.

***Recommendations for Local Coordinating Councils***

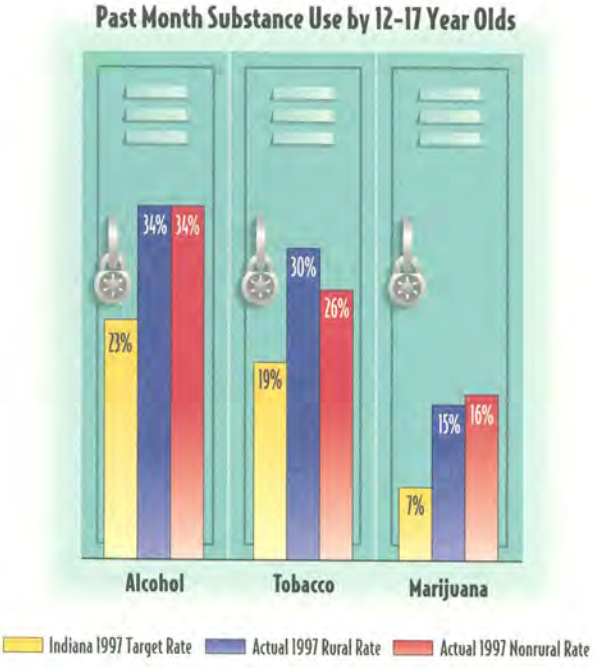
- Become familiar with local risk and protective factors and establish goals for the future.
- Educate parents, educators, health officials, criminal justice experts and the faith community about youth substance abuse in their communities, and engage them in sustained, collaborative prevention efforts.

After-school programs are meant to compliment school-based substance use prevention efforts. Rural Indiana schools have prevention programs, but it is unclear whether they use curricula that are effective, or whether they form a comprehensive strategy in combination with after-school programs.

***Recommendations for the Department of Education***

- Require schools to use research-based prevention programs with proven track records.
- Require schools to report the specific classroom substance use prevention curriculum used.
- Collaborate with the Division of Mental Health to ensure that in-school and after-school program curricula are consistent and comprehensive.

**Youth Substance Use Exceeds State Goals**




*ATOD Use by Indiana Children and Adolescents, 1997*
*Governor's Commission for a Drug-Free Indiana*

Although some statewide initiatives are being carefully evaluated, local program evaluation is not a priority in rural Indiana. Many local and statewide programs show promise for reducing alcohol, tobacco and other drug problems. However, few have been rigorously evaluated, and their specific effectiveness in rural settings is not known.

***Recommendation for All State and Local Agencies***

- Evaluate program outcomes to determine their efficacy for specific communities.

**Treatment.** The Hoosier Assurance Plan provides a full continuum of substance abuse treatment services. However, treatment access is an ongoing problem for rural residents, who often travel long distances to reach treatment providers. Residents without personal transportation may not be able to obtain treatment at all. Little information exists on the effectiveness of alcohol and other drug treatment programs in rural communities nationwide, including those in Indiana.

***Recommendations for the Division of Mental Health***

- Monitor treatment waiting lists and clients' access to services in local communities.
- Form an Advisory Council Subcommittee to collaborate with LCCs on rural treatment priorities.
- Conduct evaluation studies to determine the effectiveness of treatment programs.
- Create incentives for treatment providers to build community outreach and transportation to treatment into their programs.

**Criminal Justice.** Few criminal justice figures are available in rural Indiana. Sheriffs' departments and other local criminal justice agencies are not required to report data to the state. Without a statewide reporting system, it is impossible to identify "hot spots" requiring intensified efforts, build meaningful partnerships between jurisdictions, or obtain funding for initiatives that can end the cycle of substance abuse and crime.

***Recommendations for the Indiana Criminal Justice Institute***

- Create a uniform reporting system to help local law enforcement, courts and probation departments plan strategies and allocate funds more effectively. Collect data on drug and DUI arrests, case dispositions, recidivism and the percent of parolees and probationers needing and receiving substance abuse treatment.
- Provide jurisdictions with technical assistance and computer resources to develop such a system.

Research demonstrates that well-designed prison addiction treatment programs reduce recidivism, saving taxpayers money and making communities safer. Indiana has increased the number of prison inmates receiving treatment. However, the programs lack outcome data, and few inmates receive intensive residential treatment, which is known to be effective with criminal populations.

***Recommendations for the Department of Correction***

- Evaluate the effectiveness of prison-based treatment programs and spend funds on programs that work.
- Provide technical and financial support for such studies.

Indiana has inadequate continuing care for parolees and little leverage to keep parolees and probationers in treatment in the community. Because jails are crowded, judges rarely send non-violent offenders to jail. But there are few monitoring resources, and drug and alcohol abusers on probation frequently commit new crimes.

"Whether the problem is getting worse or is the same is not the issue; the problem isn't getting any better."

*Undercover Narcotics Officer*
*State of Indiana*

***Recommendations for the Division of Mental Health***

- Use the client-based funding system to increase treatment allocations for criminal offenders participating in treatment.
- Form a collaborative plan to fund the increased treatment allocation, including multiple state and local agencies.

***Recommendations for State and Local Criminal Justice Agencies***

- Develop multijurisdictional drug courts and other treatment programs for probationers in rural parts of the state.
- Increase monitoring of probationers.

**Tobacco Control.** Indiana's excise taxes on tobacco products are the fifth lowest in the nation and the state has minimal restrictions on smoking in public places. Rates of compliance with youth tobacco access laws fall short of Federal requirements in most rural counties. There is little popular support for: creating financial incentives for farmers to diversify their crops; raising tobacco excise taxes; creating smoke-free work environments; or recognizing tobacco as a drug in rural Indiana.

Whitley County

***Recommendation for the Indiana State Department of Health and the Division of Mental Health***

- Expand public education campaigns on tobacco use prevention.

***Recommendation for Smokefree Indiana***

- Seek private industry support for reducing smoking rates by employees and creating smoke-free work environments.

***Recommendations for the Indiana State Excise Police***

- Expand Synar compliance checks to include all rural counties.
- Increase penalties on illegal sales of tobacco to minors.

# Sources

County level data cited throughout this report were derived from secondary analyses of primary data sources; these figures often do not appear in the published reports listed here. Complete text citations are available from Drug Strategies.


*Behind Bars: Substance Abuse in America's Prison Population.* New York: Columbia University, National Center on Addiction and Substance Abuse, January 1998.

T.M. Blaine, J. Forster, D. Hennrikus, S. O'Neil, M. Wolfson and H. Pham, "Creating Tobacco Control Policy at the Local Level: Implementation of a Direct Action Organizing Approach." *Health Education and Behavior*, 1997, 24(5):640-651.

H.L. Brown, A.K. Hiett and S. Gath, "Prevalence of Alcohol and Other Drug Use in Pregnant Women." Bloomington, IN: Indiana University School of Medicine, Department of Obstetrics and Gynecology, November 1997.

Christine E. Cronk and Paul D. Sarvela, "Alcohol, Tobacco, and Other Drug Use Among Rural/Small Town and Urban Youth: A Secondary Analysis of the Monitoring the Future Data Set." *American Journal of Public Health*, 1997, 87(5):760-764.

J. Donnermeyer, "The Use of Alcohol, Marijuana, and Hard Drugs by Rural Adolescents: A Review of the Recent Research." *Drugs and Society*, 1992, 7:31-75.

*Drug and Alcohol Dependence in Indiana Arrestees, Final Report.* Bloomington, IN: Indiana University Bowen Research Center, August 1995.

Mathea Falco, *The Making of a Drug-Free America: Programs That Work.* New York: Times Books, 1992.

A.D. Farrell, D.M. Anchors, S.J. Danish and C.W. Howard, "Risk Factors for Drug Use in Rural Adolescents." *Journal of Drug Education*, 1992, 22:313-328.

*Kids Count in Indiana: 1997 Indiana Data Book, County Profiles of Child Well-Being.* Indianapolis, IN: The Indiana Youth Institute, 1997.

Sophie M. Korczyk and Hazel A. Witte, "Beyond the Big City: Managed Care in Rural Areas." In *The Complete Idiot's Guide to Managed Health Care.* New York: Alpha Books, 1998.

Kathleen O'Leary Morgan, Scott Morgan and Neal Quinto, *State Rankings, 1996: A Statistical View of the 50 United States.* Lawrence, KS: Morgan Quinto Press, 1997.

"National Rural Summit on Substance Abuse & Violence, Summary Report." Alexandria, VA: Community Anti-Drug Coalitions of America, 1997.

V. Peters, E. Oetting and R. Edwards, "Drug Use in Rural Communities: An Epidemiology." *Drugs and Society*, 1992, 7:9-29

Michael Petit and Patrick Curtis, *Child Abuse and Neglect: A Look at the States.* Washington, DC: Child Welfare League of America, 1997.

*Rating the States: A Report Card on the Nation's Attention to the Problem of Alcohol and Other Drug-Impaired Driving.* Irving, TX: Mother's Against Drunk Driving, 1996.

Dorothy P. Rice, Wendy Max, *The Cost of Smoking in California.* San Francisco, CA: University of California, Institute for Health and Aging, 1989; 1994.

"Rural Alcohol & Drug Abuse Prevalence & Incidence." Tony, WI: National Rural Alcohol & Drug Abuse Network, Inc., 1997.

Robert M. Saywell, Jr., Rebecca L. Robinson, Terrel W. Zollinger and Joyce A. Smidely, *Indiana Demand and Needs Assesment Studies: Alcohol and Other Drugs, Study Five* (Final Report). Bloomington, IN: Indiana University, Bowen Research Center, 1997.

Elizabeth Steel, Patricia L. Fleming and Richard Needle, "The HIV Rates of Injection Drug Users in Less-Populated Areas." *American Journal of Public Health*, 1993, 83(2):286- 287.

Elizabeth Steel and Harry W. Haverkos, "AIDS and Drug Abuse in Rural America." *The Journal of Rural Health*, 1992, 8(1):70-73.

Mohammed R. Torabi, William J. Bailey and Massoumeh Majd-Jabbari, "Cigarette Smoking as a Predictor of Alcohol and Other Drug Use by Children and Adolescents: Evidence of the 'Gateway Drug Effect.'" *Journal of School Health*, 1993, 63(7):302-306.

Roger Tourangeau, Tom Smith and Kenneth Rasinski, "Motivation to Report Sensitive Behaviors on Surveys: Evidence from a Bogus Pipeline Experiment." *Journal of Applied Psychology*, 1996, 27(3):209-222.

Carolyn S. Waller, Terrell W. Zollinger, Robert W. Saywell, Jr. and Kenneth D. Kubisty, "The Indiana Prenatal Substance Use Prevention Program: Its Impact on Smoking Cessation Among High-Risk Pregnant Women." *Indiana Medicine*, March/April 1996, 184-187.


## Indiana Materials


### Criminal Justice Institute

*FY1997 Indiana State Annual Report*, September 1997.

Uniform Crime Report Data, 1991-1995.

### Governor's Commission for a Drug-Free Indiana

*12 Indicators of Indiana's Drug-Free Challenge*, April 1996.

*Indiana Together: Strategies for Achieving a Drug-Free Indiana*, 1994; 1997.

### Indiana Family and Social Services Administration

*Actuarial Needs Assessment of FY99 Provider Contracts.* Prepared by William M. Mercer, Inc. for the Division of Mental Health, March 1998. (Draft Report).

*Hoosier Assurance Plan Biennial Report.* Division of Mental Health, 1997.

### Indiana State Department of Health

*HIV/STD Quarterly: Indiana Summary Report.* Division of HIV/STD, January 1998.

*Indiana Behavioral Risk Factor Surveillance Survey*, 1984-1996.

*Hoosier Assurance Plan, Provider Profile Report Card,* Services for Adults with Serious Mental Illness. Division of Mental Health, 1998.

*Step Ahead: Indiana Collaboration Project, Five Years of Progress 1991 to 1996.*

### Institute for Drug Abuse Prevention

*Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents,* Prevention Resource Center, 1993-1997.

*Indiana Household Telephone Survey of Adult Drug Use, 1994.* (Prevention Monograph Series, Monograph No. 96-1), June 1996.

*Indiana Prevention Needs Assessment Studies: Alcohol and Other Drugs,* December 1997.

*Random Compliance Inspections of Tobacco Sales to Minors: A Report on Indiana's Implementation of Synar-Amendment Requirements,* October 1997.

### Other Indiana Sources

*1996 Annual Report.* Indiana State Police, 1997.

*1996 Indiana Judicial Report.* Indiana Supreme Court, 1997.

*Accomplishments for 1996: A Synopsis.* Indiana Department of Correction Substance Abuse Program, January 1997.

"Indiana County Population Estimates, 1990-1996." Indiana State Library, 1997.

*Indiana Crash Facts and Alcohol Crash Facts 1995.* Governor's Council on Impaired and Dangerous Driving, 1997.

## Federal Materials

### Department of Health and Human Services

"Age of Drinking Onset Predicts Future of Alcohol Abuse and Dependence." National Institute of Alcohol Abuse and Alcoholism, January 14, 1998. (News Release)

"Forecasting the Medical Care Costs of the HIV Epidemic: 1991-1994." Agency for Health Care Policy and Research, 1995.

"Mental Health and Substance Abuse: Challenges in Providing Services to Rural Clients." In *Bringing Excellence to Substance Abuse Services in Rural and Frontier America: 1996 Award for Excellence Papers.* Substance Abuse and Mental Health Services Administration, 1997.

*National Survey Results Drug Abuse from the Monitoring the Future Study.* National Institute on Drug Abuse, December 1997.

*Preliminary Estimates from the National Household Survey on Drug Abuse, 1996.* Substance Abuse and Mental Health Services Administration, 1997.

"State Specific Prevalence of Cigarette Smoking Among Adults and Children, and Adolescent's Exposure to Environmental Tobacco Smoke." *Morbidity and Morality Weekly Report,* 46(4), November 7, 1997.

*State Tobacco Control Highlights 1996.* Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1996.

*Uniform Facility Data Set (UFDS): Data for 1996 and 1980-1996.* Substance Abuse and Mental Health Services Administration, December 1997.

### Department of Justice

*1996 Drug Use Forecasting: Annual Report on Adult and Juvenile Arrestees.* National Institute of Justice, 1997.

*Sourcebook of Criminal Justice Statistics, 1996.* Bureau of Justice Statistics, 1997.

### Other Federal Materials

*Drug Education: Rural Programs Have Many Components and Most Rely Heavily on Federal Funds.* General Accounting Office, January 1992.

*Foster Care: Parental Drug Abuse Has Alarming Impact on Young Children.* General Accounting Office, 1994.

*Rural Drug Abuse: Prevalence, Relation to Crime, and Programs.* General Acounting Office, 1990.

*Pulse Check: National Trends in Drug Abuse.* Office of National Drug Control Policy, Summer 1997.

## Drug Strategies Publications

*Safe Schools, Safe Students: A Guide to Violence Prevention Strategies* (1998)

*Passing Judgement: The U.S. Drug Certification Process* (1998)

*Keeping Score: What We Are Getting for Our Federal Drug Control Dollars* (1995), (1996), (1997)

*Cutting Crime: Drug Courts in Action* (1997)

*Forging New Links: Police, Communities and the Drug Problem* (1997)

*Implementing Welfare Reform: Solutions to the Substance Abuse Problem* (1997)

*Drugs and Crime Across America: Police Chiefs Speak Out* (1996)

*Drugs, Crime and Campaign '96* (1996)

*Investing in the Workplace: How Business and Labor Address Substance Abuse* (1996)

*Making the Grade: A Guide to School Drug Prevention Programs* (1996)

*Drugs and Crime: Questions and Some Answers for Broadcasters* (1995)

State Profiles on Alcohol, Tobacco and Other Drugs:

- *California Profile* (1995)
- *Massachusetts Profile* (1995)
- *Ohio Profile* (1995)
- *Arizona Profile* (1997)
- *South Carolina Profile* (1998)

*Americans Look at the Drug Problem* (1994), (1995), (1997)

# Indiana **Resources**

This appendix is a practical guide to public and private agencies which support alcohol, tobacco and other drug initiatives in the Hoosier state. Most of the resources described here are not specifically designated for rural Indiana; rather, they are available statewide, with the goal that local programs will use them to address local needs.

**AIDServe Indiana**, (317) 920-7755 or 1-800-848-AIDS, started in 1998 to provide education, prevention, advocacy and selective financial assistance to Hoosiers with HIV. AIDServe Indiana houses the AIDS Substance Abuse Program which helps drug addicted individuals access medications and medical services through collaborations with local health departments, correctional facilities, HIV prevention programs and community groups.

**The Division of Mental Health (DMH)**, (317) 233-4320, in the **Indiana Family and Social Services Administration**, (317) 233-4454, was selected to administer funding for alcohol, tobacco and other drug treatment and prevention services in the early 1970's. DMH funds prevention and treatment training, evaluation, research and resource development, and contributes to interagency initiatives for youth. DMH's **Substance Abuse Prevention Division**, (317) 232-7880, coordinates the programs and training for after-school prevention programs according to guidelines adopted in 1997, applying the principles of managed care to primary prevention. DMH's **Substance Abuse Services Division**, (317) 232-7913, coordinates a network of managed care providers for publicly funded alcohol and other drug abuse treatment. A list of treatment providers serving rural counties appears on page 35. A 1998 actuarial review of the Hoosier Assurance Plan produced a risk-adjusted formula for allocating public funds for substance abuse treatment. In collaboration with several other agencies, DMH funds education and case management programs for postpartum, and first-time parents, as well as a prenatal prevention program. Evaluations of these programs are underway, including **Healthy Families**, (317) 232-4770, and the **Prenatal Substance Abuse Program**, (317) 233-1233. DMH also provides a 25 percent increase in per client treatment funds for providers serving pregnant addicts.

**Governor's Commission for a Drug-Free Indiana**, (317) 232-4219 or (317) 920-2573, advises elected officials on policy; coordinates state government efforts related to alcohol, tobacco and other drugs; and mobilizes citizen involvement at the community level. Its periodic report, *Indiana Together*, tracks progress toward benchmark goals on a variety of indicators. The Commission has also published county-level data on 12 key indicators related to substance abuse. It supports the activities of Local Coordinating Councils in each of Indiana's 92 counties. The Commission has actively supported more than 20 legislative initiatives passed by Indiana lawmakers to combat substance abuse problems. In 1994, the Commission was named "Outstanding State Association" by the **Community Anti-Drug Coalitions of America**, (703) 706-0560.

**Governor's Council on Impaired and Dangerous Driving**, (317) 232-1295, works to reduce deaths and injuries on Indiana's roads. It produces the *Annual Crash Facts Book*, which includes county-by-county statistics on alcohol-related crashes, injuries and fatalities.

**Indiana Association of Prevention Professionals**, (812) 855-1237, is a newly formed, independent, non-profit agency devoted to training and certifying prevention professionals. By FY 2000, prevention professionals who provide direct supervision of publicly-funded after-school prevention programs must achieve competency as "Qualified Prevention Professionals" or "Certified Prevention Professionals." The DMH is financially supporting technical assistance to develop the required competency levels.

**Indiana Communities for Drug-Free Youth (ICDFY)**, (317) 873-3900, is an umbrella organization which assists parent groups in networking and information exchange related to youth drug prevention. The group began in 1982, under the name Indiana Federation of Communities for Drug-Free Youth. ICDFY publishes a quarterly newsletter with a circulation of over 12,000, and has several programs available to coalitions across the state, including "Parents Educating Parents" and the "Underage Drinking Initiative."



**Indiana Criminal Justice Institute (CJI)**, (317) 232-1233, was created by the Governor in 1983 to promote public safety through research and evaluation, community initiatives, prevention programs and applied social science. CJI houses and supports the Governor's Commission for a Drug-Free Indiana and the Governor's Council on Impaired and Dangerous Driving. CJI is planning to create an Automated Information Management System to compile comprehensive law enforcement data. The system would track charges filed in each jurisdiction, improve case disposition records, and help the state evaluate local needs.

**The Indiana State Department of Health's Rural Division**, (317) 223-7108, focuses on accessibility to primary health care, including providing transportation, extending clinic hours, and increasing the number of health care providers in rural areas. It also coordinates other groups working on rural health issues, including the Midwest Center for Rural Health, the Indiana School of Medicine, and the Indiana Hospital and Health Association.

**Indiana State Excise Police**, (317) 232-2452, is the enforcement arm of the **Indiana Alcohol Beverage Commission**, (317) 232-2430. The State Excise Police enforce regulations for businesses selling alcohol; review alcoholic beverage permits as part of each county board; educate the public about the dangers of alcohol; and train restaurant and bar employees to intervene when a customer has had too much to drink. The State Excise Police also conduct random compliance inspections to monitor illegal sales of tobacco to minors.

**Indiana State Police**, (317) 232-8200, have many programs to combat substance use. In a collaborative effort with substance abuse experts, the State Police are developing a marijuana education and prevention kit for students and communities throughout the Hoosier state. Indiana State Police Enforcement Division and the Indiana National Guard have joined forces to eradicate illicit marijuana cultivation. Since 1997, officers have used helicopters to identify and destroy marijuana crops.

**Indiana University** supports a wide range of research and evaluation activities in Indiana. Since 1991, the Indiana **Prevention Resource Center (IPRC)**, (812) 855-1237 has conducted annual youth surveys on alcohol, tobacco and other drug use in public schools. The Division of Mental Health funds IPRC to train prevention professionals, develop after-school programs and evaluate program outcomes throughout the state. At least one-third of the technical assistance activities conducted by IPRC are directed at rural counties. In 1998, DMH completed a Prevention Needs Assessment and a series of Demand and Needs Assessment Studies through contracts with **Bowen Research Center**, (317) 278-0320. The series included a household telephone survey, a public school adolescent survey, a study of arrestees, and a study of pregnant women.

**Local Coordinating Councils (LCCs)** help mobilize citizens to reduce substance abuse in local communities by coordinating and identifying local anti-drug efforts in each of Indiana's 92 counties. LCCs are community coalitions which make recommendations on how Drug-Free Communities funds are spent in each county, and most also receive some of those funds for their own activities. LCCs are volunteer organizations, although some have elected boards and subcommittees. Some LCCs collaborate across county lines. For example, in Northeast Indiana, LCCs from four small counties are combing their resources to establish a joint treatment and training site. Although LCCs are independent, locally run coalitions, they receive technical assistance from the Governor's Commission for a Drug-Free Indiana. Contact numbers for LCCs in each county appear on page 40.

**Rural Center for AIDS/STD Prevention**, (812) 855-7974 or 1-800-566-8644, works to reduce HIV/STDs in rural America through research and evaluation of educational materials.

**Smokefree Indiana**, (317) 241-6398, was created in 1991 with funding from the National Cancer Institute, the Indiana Department of Health and the Indiana Division of the American Cancer Society. Smokefree Indiana promotes tobacco-free lifestyles throughout the state. The program's goals are to reduce tobacco use among adults and youth, prevent tobacco use among youth and protect nonsmokers from environmental tobacco smoke. Smokefree Indiana is a collaborative project which involves more than 600 volunteer individuals and organizations. Efforts are tailored to meet local coalition needs in policy and media advocacy, prevention, education and smoking cessation efforts.

Several other agencies and programs have comprehensive health goals, which include reducing substance abuse. These include: **Indiana Association of United Ways**, (317) 923-2377; **Indiana Youth Services**, (317) 238-6955; **Indiana Youth Institute**, (317) 924-3657; **the Indiana Teen and Middle Level Institutes**, 1-800-926-4661; **Purdue University's Cooperative Extension Service**, (765) 494-8489 and **Community Systemwide Response,** (812) 967-3738; **Step Ahead and Together, We Can,** (317) 232-4248. Step Ahead collaborative efforts have been catalogued on a government Internet site (http://www.ai.org/fssa/StepAhead/index.html).

| Publicly Funded Managed Care Providers for Addiction Treatment | Rural Counties Served |
|---|---|
| *South Central Community Mental Health Center*<br>(812) 339-1691 | Lawrence, Owen, Morgan |
| *BehaviorCorp*<br>(317) 587-0500 | Bartholomew |
| *Geminus Corporation*<br>(219) 791-2300 | Starke |
| *Southwestern Indiana Mental Health Center*<br>(812) 423-7791 | Gibson, Posey, Warrick |
| *Park View Behavioral Health*<br>(219) 470-8787 | Huntington, Wabash, Whitley |
| *Park Center*<br>(219) 481-2700 | Adams, Wells |
| *Tara Treatment Center*<br>(812) 526-2611 | Bartholomew, Brown, Decatur, Fayette, Franklin, Jackson, Jennings, Morgan, Ripley, Rush, Shelby |
| *St. Joseph's Hospital of Huntingburg*<br>(812) 683-6183 | Crawford, Daviess, Dubois, Gibson, Lawrence, Martin, Orange, Perry, Pike, Spencer |
| *Gallahue Mental Health Center*<br>(317) 588-7600 | Hancock, Shelby |
| *Harbor Lights Center*<br>(317) 639-4118 | Boone, Hancock |
| *Midtown Community Mental Health Center*<br>(317) 630-8800 | Boone, Hancock, Putnam, Shelby |
| *Southern Hills Counseling Center*<br>(812) 482-3020 | Crawford, Dubois, Orange, Perry, Spencer |
| *Lifespring Mental Health Services*<br>(812) 283-4491 | Harrison, Jefferson, Scott, Washington |
| *Northeastern Center*<br>(219) 347-4400 | DeKalb, LaGrange, Noble, Steuben |
| *St. Joseph Hospital & Health Center*<br>(765) 456-5910 | Cass, Miami, Tipton |
| *Community Mental Health Center*<br>(812) 537-1302 | Dearborn, Franklin, Ohio, Ripley, Switzerland |
| *Addiction Service Providers of Indiana*<br>(219) 722-515 | Benton, Boone, Carroll, Cass, Clinton, Fayette, Fountain, Fulton, Henry, Huntington, Jasper, Kosciusko, Marshall, Miami, Montgomery, Morgan, Newton, Pulaski, Randolph, Rush, Shelby, Starke, Tipton, Union, Wabash, Warren, White, Whitley |
| *Grant Blackford Mental Health*<br>(765) 662-3971 | Blackford, Miami, Wabash |
| *Comprehensive Mental Health Services*<br>(765) 288-1928 | Henry, Jay |
| *Hamilton Center*<br>(812) 231-8200 | Clay, Greene, Parke, Sullivan, Vermillion |
| *Samaritan Center*<br>(812) 886-6800 | Daviess, Knox, Martin, Pike |

| County | Population, 1996 [1] | Number of Alcohol and Drug-related Deaths, 1995 [2] | Number of School and Community Prevention Programs, 1998 [3] | Alcohol, Tobacco and Other Drug Problems Index, 1997 [4] | Personal Risk Factors Index, 1997 [4] | Family Risk Factors Index, 1997 [4] | Community Risk Factors Index, 1997 [4] | Personal Protective Factors Index, 1997 [4] | Family Protective Factors Index, 1997 [4] | Community Protective Factors Index, 1997 [4] | Economic Factors Index, 1997 [4] |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Adams | 32,686 | 1 | 29 | 88.07 | 82.70 | 92.20 | 74.25 | 111.35 | 101.70 | 75.60 | 94.35 |
| Allen* | 310,803 | 98 | 31 | 94.47 | 94.30 | 119.75 | 113.75 | 100.50 | 106.95 | 108.55 | 91.90 |
| Bartholomew | 68,441 | 10 | 15 | 100.93 | 87.50 | 89.50 | 50.75 | 92.75 | 104.80 | 136.20 | 90.20 |
| Benton | 9,669 | 2 | 4 | 76.30 | 75.85 | 56.65 | 88.75 | 108.30 | 97.35 | 66.80 | 107.45 |
| Blackford | 14,134 | 2 | 7 | 92.86 | 95.30 | 101.70 | 130.75 | 98.75 | 94.70 | 67.45 | 114.55 |
| Boone | 42,453 | 8 | 9 | 96.68 | 84.10 | 56.60 | 49.50 | 102.98 | 114.70 | 100.30 | 75.50 |
| Brown | 15,485 | 2 | 7 | 84.91 | 95.25 | 59.85 | 134.50 | 96.80 | 102.55 | 81.90 | 83.35 |
| Carroll | 19,643 | 5 | 4 | 79.84 | 87.40 | 78.50 | 86.75 | 102.20 | 98.30 | 51.95 | 95.90 |
| Cass | 38,829 | 10 | 16 | 84.67 | 93.10 | 88.20 | 47.75 | 97.20 | 94.65 | 121.15 | 110.10 |
| Clark* | 92,530 | 37 | 10 | 107.30 | 101.85 | 126.65 | 42.00 | 92.45 | 95.15 | 127.45 | 103.45 |
| Clay | 26,491 | 3 | 6 | 92.72 | 80.45 | 83.75 | 62.75 | 103.15 | 95.82 | 103.50 | 117.95 |
| Clinton | 32,876 | 10 | 1 | 88.23 | 91.90 | 93.10 | 45.25 | 100.35 | 96.85 | 80.05 | 100.65 |
| Crawford | 10,559 | 6 | 15 | 91.45 | 100.45 | 160.20 | 112.50 | 87.20 | 88.10 | 112.80 | 151.75 |
| Daviess | 28,760 | 7 | 5 | 85.41 | 77.50 | 97.30 | 82.25 | 94.55 | 93.00 | 62.40 | 109.10 |
| Dearborn | 45,236 | 27 | 11 | 100.87 | 83.10 | 104.90 | 118.25 | 100.25 | 102.60 | 79.55 | 93.90 |
| Decatur | 25,105 | 4 | 11 | 92.28 | 83.00 | 81.20 | 81.25 | 99.10 | 98.55 | 86.20 | 90.05 |
| Dekalb | 38,272 | 13 | 12 | 92.18 | 97.85 | 107.30 | 97.50 | 97.50 | 105.85 | 68.85 | 87.70 |
| Delaware* | 118,600 | 58 | 15 | 100.22 | 109.50 | 124.15 | 79.50 | 93.80 | 97.15 | 125.25 | 106.00 |
| Dubois | 39,088 | 7 | 15 | 92.19 | 62.95 | 55.35 | 107.25 | 100.85 | 107.10 | 80.20 | 85.80 |
| Elkhart* | 168,941 | 50 | 59 | 101.41 | 115.80 | 110.85 | 55.75 | 92.10 | 100.60 | 134.05 | 101.30 |
| Fayette | 26,237 | 11 | 18 | 113.25 | 104.35 | 134.60 | 58.00 | 96.50 | 91.05 | 126.60 | 122.35 |
| Floyd* | 70,746 | 22 | 23 | 92.88 | 114.20 | 137.30 | 73.00 | 97.05 | 100.00 | 129.95 | 96.30 |
| Fountain | 18,207 | 5 | 19 | 88.30 | 101.15 | 66.90 | 101.25 | 107.30 | 92.95 | 81.45 | 107.50 |
| Franklin | 21,530 | 6 | 6 | 92.13 | 89.15 | 94.80 | 116.00 | 102.50 | 100.35 | 103.65 | 99.38 |
| Fulton | 20,223 | 2 | 7 | 114.00 | 84.75 | 77.35 | 136.25 | 100.00 | 92.80 | 67.00 | 103.05 |
| Gibson | 32,058 | 9 | 12 | 83.47 | 86.90 | 77.20 | 75.75 | 93.35 | 105.50 | 82.70 | 106.70 |
| Grant* | 73,469 | 27 | 13 | 99.57 | 98.05 | 139.35 | 92.00 | 95.55 | 94.60 | 86.75 | 113.60 |
| Greene | 32,942 | 4 | 20 | 80.10 | 93.80 | 110.95 | 36.75 | 99.25 | 94.70 | 108.45 | 122.80 |
| Hamilton* | 147,719 | 26 | 20 | 83.73 | 65.65 | 37.90 | 49.00 | 108.60 | 129.10 | 130.25 | 65.90 |
| Hancock | 52,000 | 11 | 30 | 87.61 | 81.90 | 53.60 | 52.00 | 103.60 | 111.85 | 148.55 | 70.95 |
| Harrison | 33,349 | 7 | 12 | 89.20 | 92.15 | 101.85 | 90.50 | 98.95 | 99.90 | 108.15 | 98.55 |
| Hendricks* | 89,343 | 21 | 32 | 91.67 | 74.90 | 49.70 | 35.50 | 106.55 | 116.10 | 93.85 | 64.95 |
| Henry | 49,135 | 19 | 14 | 97.05 | 93.65 | 113.00 | 70.50 | 96.35 | 95.75 | 94.45 | 104.45 |
| Howard* | 84,126 | 37 | 20 | 112.43 | 89.95 | 111.10 | 90.25 | 99.35 | 101.10 | 97.90 | 91.15 |
| Huntington | 37,024 | 5 | 10 | 83.07 | 85.45 | 75.50 | 99.50 | 101.35 | 100.60 | 91.15 | 91.90 |
| Jackson | 40,467 | 10 | 31 | 90.53 | 87.00 | 86.40 | 62.25 | 96.35 | 95.45 | 155.10 | 102.75 |
| Jasper | 28,368 | 7 | 20 | 91.60 | 86.30 | 73.90 | 51.75 | 98.90 | 99.30 | 141.30 | 117.30 |
| Jay | 21,733 | 3 | 5 | 85.10 | 84.15 | 68.80 | 83.50 | 96.35 | 93.80 | 92.05 | 114.85 |
| Jefferson | 31,039 | 14 | 11 | 90.64 | 104.15 | 101.60 | 60.75 | 95.25 | 95.80 | 131.75 | 148.50 |
| Jennings | 26,747 | 5 | 6 | 92.98 | 98.55 | 128.85 | 79.50 | 96.20 | 93.15 | 65.00 | 97.10 |
| Johnson* | 104,280 | 20 | 12 | 82.51 | 71.90 | 60.65 | 40.75 | 106.50 | 96.60 | 108.30 | 73.70 |
| Knox | 39,667 | 10 | 20 | 108.81 | 79.85 | 103.95 | 106.00 | 98.85 | 93.05 | 114.65 | 114.30 |
| Kosciusko | 69,932 | 16 | 4 | 88.70 | 89.05 | 70.85 | 101.00 | 89.80 | 102.30 | 75.30 | 90.85 |



* Urban counties not included in the Profile

For all columns, empty cells indicate that data were not available.

[1] "Indiana County Population Estimates, 1990-1996." Indiana State Library, 1997.

[2] Mortality figures obtained from the U.S. Centers for Disease Control and Prevention (http://wonder.cdc.org), based upon the ICD-9 codes used by the National Center for Health Statistics for calculating deaths due to alcohol and other drugs.

[3] Prevention Profiles Database, Indiana Prevention Resource Center.

[4] *Indiana Prevention Needs Assessment Studies: Alcohol and Other Drugs.* Institute for Drug Abuse Prevention, December 1997.

For all eight indices, the table shows standardized scores for which the statewide score equals 100.00.

| County | Population, 1996 [1] | Number of Alcohol and Drug-related Deaths, 1995 [2] | Number of School and Community Prevention Programs, 1998 [3] | Alcohol, Tobacco and Other Drug Problems Index, 1997 [4] | Personal Risk Factors Index, 1997 [4] | Family Risk Factors Index, 1997 [4] | Community Risk Factors Index, 1997 [4] | Personal Protective Factors Index, 1997 [4] | Family Protective Factors Index, 1997 [4] | Community Protective Factors Index, 1997 [4] | Economic Factors Index, 1997 [4] |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Lagrange | 32,103 | 8 | 20 | 98.20 | 84.55 | 59.85 | 104.25 | 98.55 | 93.15 | 83.10 | 99.05 |
| Lake* | 479,940 | 216 | 17 | 118.09 | 101.20 | 199.15 | 107.25 | 94.70 | 97.55 | 125.40 | 108.35 |
| La Porte* | 109,604 | 34 | 19 | 99.59 | 96.10 | 113.75 | 113.00 | 101.80 | 98.50 | 102.05 | 101.65 |
| Lawrence | 45,361 | 20 | 12 | 91.16 | 91.45 | 69.90 | 144.25 | 99.45 | 96.15 | 76.90 | 115.50 |
| Madison* | 132,782 | 64 | 37 | 117.98 | 107.60 | 144.65 | 56.00 | 94.00 | 92.45 | 110.20 | 101.60 |
| Marion* | 817,525 | 613 | 72 | 119.88 | 122.05 | 133.00 | 131.75 | 91.10 | 97.05 | 137.85 | 109.90 |
| Marshall | 45,173 | 14 | 25 | 91.08 | 86.40 | 88.05 | 80.00 | 102.80 | 99.95 | 89.05 | 98.05 |
| Martin | 10,581 | 4 | 7 | 83.58 | 82.75 | 102.70 | 70.25 | 87.60 | 93.95 | 89.70 | 113.25 |
| Miami | 32,686 | 10 | 4 | 90.45 | 87.15 | 102.90 | 104.50 | 103.45 | 93.05 | 79.60 | 111.55 |
| Monroe* | 116,176 | 23 | 43 | 102.50 | 101.30 | 99.50 | 93.75 | 97.85 | 102.50 | 127.85 | 90.25 |
| Montgomery | 36,349 | 10 | 12 | 78.77 | 84.45 | 99.65 | 72.00 | 102.15 | 98.45 | 86.75 | 95.65 |
| Morgan | 63,244 | 15 | 29 | 95.15 | 115.05 | 78.75 | 57.75 | 85.25 | 101.25 | 95.15 | 83.00 |
| Newton | 14,611 | 2 | 6 | 101.39 | 101.25 | 82.20 | 81.00 | 97.75 | 95.50 | 93.85 | 114.80 |
| Noble | 41,449 | 5 | 16 | 96.57 | 85.05 | 99.35 | 95.50 | 100.35 | 97.75 | 83.30 | 93.75 |
| Ohio | 5,490 | 3 | 5 | 107.65 | 89.05 | 89.75 | 115.75 | 97.50 | 94.45 | 82.50 | 95.80 |
| Orange | 19,221 | 4 | 7 | 86.75 | 82.30 | 140.50 | 126.00 | 109.00 | 88.35 | 89.05 | 141.20 |
| Owen | 20,158 | 7 | 13 | 84.03 | 95.95 | 92.05 | 100.50 | 94.75 | 90.00 | 69.75 | 105.90 |
| Parke | 16,339 | 5 | 15 | 84.61 | 90.25 | 89.45 | 47.75 | 95.95 | 91.95 | 83.65 | 114.35 |
| Perry | 19,210 | 16 | 15 | 88.66 | 74.30 | 106.85 | 81.75 | 104.60 | 92.10 | 136.65 | 124.00 |
| Pike | 12,569 | 2 | 7 | 100.00 | 89.40 | 85.25 | 49.00 | 106.50 | 96.75 | 88.20 | 128.55 |
| Porter* | 142,363 | 42 | 38 | 91.27 | 78.35 | 66.85 | 90.25 | 98.45 | 112.70 | 133.70 | 80.60 |
| Posey | 26,505 | 8 | 12 | 99.43 | 82.50 | 64.30 | 101.75 | 101.30 | 105.10 | 79.25 | 105.80 |
| Pulaski | 13,103 | 8 | 15 | 98.26 | 84.75 | 97.10 | 97.00 | 99.15 | 94.35 | 110.25 | 116.95 |
| Putnam | 33,451 | 7 | 36 | 88.60 | 85.30 | 82.15 | 41.25 | 99.65 | 95.65 | 96.40 | 95.95 |
| Randolph | 27,530 | 5 | 4 | 107.82 | 87.45 | 110.00 | 68.75 | 98.85 | 92.80 | 92.15 | 126.05 |
| Ripley | 26,932 | 3 | 20 | 91.44 | 83.45 | 81.70 | 138.25 | 97.70 | 97.70 | 75.00 | 99.25 |
| Rush | 18,285 | 2 | 14 | 88.15 | 99.70 | 95.50 | 68.00 | 100.15 | 95.35 | 78.85 | 99.90 |
| St. Joseph* | 257,740 | 102 | 35 | 92.72 | 105.40 | 112.60 | 62.25 | 98.55 | 87.60 | 116.60 | 119.05 |
| Scott | 22,652 | 4 | 16 | 115.10 | 82.45 | 189.10 | 83.50 | 89.70 | 99.80 | 113.25 | 89.60 |
| Shelby | 42,951 | 12 | 16 | 120.19 | 73.45 | 72.80 | 81.75 | 108.40 | 97.25 | 82.50 | 119.50 |
| Spencer | 20,540 | 2 | 13 | 89.11 | 97.75 | 73.40 | 66.00 | 104.15 | 102.55 | 120.95 | 103.25 |
| Starke | 23,399 | 13 | 22 | 85.80 | 97.20 | 138.10 | 70.00 | 92.20 | 86.80 | 107.75 | 120.45 |
| Steuben | 30,831 | 9 | 22 | 102.05 | 94.65 | 69.05 | 88.50 | 94.90 | 92.15 | 84.35 | 99.15 |
| Sullivan | 20,115 | 4 | 9 | 87.54 | 80.25 | 86.70 | 102.75 | 110.05 | 94.05 | 102.85 | 135.90 |
| Switzerland | 8,380 | 3 | 12 | 109.83 | 96.90 | 155.95 | 143.25 | 91.35 | 88.50 | 78.60 | 127.10 |
| Tippecanoe* | 138,324 | 45 | 28 | 89.92 | 81.80 | 91.05 | 80.75 | 100.80 | 106.50 | 108.30 | 88.70 |
| Tipton | 16,453 | 3 | 4 | 79.32 | 77.95 | 61.65 | 59.00 | 106.35 | 104.35 | 119.40 | 84.10 |
| Union | 7,345 | 3 | 14 | 100.45 | 83.40 | 105.70 | 104.25 | 99.30 | 91.30 | 109.70 | 118.45 |
| Vanderburgh* | 167,716 | 94 | 24 | 103.16 | 103.55 | 146.70 | 132.00 | 96.55 | 96.35 | 122.00 | 107.45 |
| Vermillion | 16,791 | 6 | 17 | 88.91 | 90.30 | 89.65 | 119.00 | 101.35 | 94.15 | 116.25 | 132.50 |
| Vigo* | 106,389 | 29 | 11 | 108.77 | 106.60 | 116.00 | 58.75 | 98.95 | 95.90 | 131.38 | 121.35 |
| Wabash | 34,661 | 8 | 25 | 74.06 | 87.55 | 93.80 | 76.00 | 101.55 | 97.25 | 91.30 | 98.25 |
| Warren | 8,188 | 0 | 9 | 82.70 | 84.05 | 63.95 | 119.00 | 102.15 | 96.80 | 61.00 | 103.75 |
| Warrick | 50,070 | 12 | 9 | 78.02 | 86.95 | 77.90 | 62.00 | 100.80 | 111.55 | 85.25 | 90.75 |
| Washington | 26,689 | 3 | 8 | 93.13 | 100.45 | 103.65 | 73.25 | 94.85 | 90.85 | 103.25 | 125.25 |
| Wayne* | 72,017 | 31 | 40 | 100.57 | 95.35 | 151.85 | 66.25 | 102.00 | 90.70 | 136.35 | 112.60 |
| Wells | 26,651 | 8 | 24 | 76.15 | 78.35 | 73.75 | 110.75 | 102.25 | 100.85 | 87.65 | 86.45 |
| White | 25,081 | 7 | 9 | 101.84 | 119.35 | 59.95 | 83.50 | 103.70 | 94.90 | 78.80 | 111.75 |
| Whitley | 29,863 | 3 | 19 | 92.70 | 79.05 | 54.95 | 110.50 | 104.55 | 101.35 | 71.50 | 82.60 |

| County | Number of New HIV and AIDS Cases, 1993-97 [1] | Percent HIV and AIDS Cases that are Injection Drug-Related, 1993-97 [1] | Number of People Needing Substance Abuse Treatment, 1998 [2] | Number of Alcohol-related Crash Injuries, 1995 [3] | Number of Alcohol-related Crash Fatalities, 1995 [3] | Number of Adult Drug Arrests, 1995 [4] | Number of Adult DUI Arrests, 1995 [4] | Rate of Noncompliance with Youth Tobacco Access Laws, 1997 [5] | Grams of Marijuana Seized, 1997 [6] | Grams of Total Drugs Seized, 1997 [6] | Value of Money and Property Seized in Drug Raids, 1997 [6] |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Adams | 3 | 0.0% | 488 | 12 | 0 | 9 | 37 | 29.4% | | | |
| Allen* | 170 | 14.7% | 5,559 | 418 | 10 | 631 | 1,644 | 20.0% | 97.40 | 306.76 | $85,000 |
| Bartholomew | 32 | 3.1% | 907 | 70 | 8 | | | 25.6% | | | |
| Benton | 1 | 0.0% | 146 | 16 | 0 | 12 | 37 | | | | |
| Blackford | 2 | 0.0% | 281 | 7 | 1 | 9 | 91 | 31.8% | | | |
| Boone | 17 | 29.4% | 405 | 32 | 1 | | | | | | |
| Brown | 4 | 0.0% | 324 | 10 | 0 | 41 | 44 | 25.6% | | | |
| Carroll | 2 | 0.0% | 241 | 21 | 1 | 14 | 36 | | | | |
| Cass | 12 | 8.3% | 719 | 45 | 1 | 9 | 2 | | | | |
| Clark* | 67 | 17.9% | 1,549 | 132 | 1 | 24 | 218 | 5.3% | | | |
| Clay | 6 | 33.3% | 356 | 23 | 3 | 8 | 30 | 13.6% | | | |
| Clinton | 10 | 20.0% | 509 | 31 | 0 | | | 5.6% | | | |
| Crawford | 1 | 0.0% | 184 | 5 | 0 | | | | | | |
| Daviess | 9 | 44.4% | 450 | 43 | 2 | | | | | | |
| Dearborn | 5 | 20.0% | 546 | 48 | 3 | 69 | 142 | | | | |
| Decatur | 4 | 0.0% | 356 | 29 | 1 | 33 | 100 | | | | |
| Dekalb | 7 | 0.0% | 451 | 33 | 1 | 3 | 38 | | 200.13 | 250.13 | $10,000 |
| Delaware* | 60 | 18.3% | 2,921 | 157 | 6 | 137 | 639 | | 3.45 | 3107.96 | $11,666 |
| Dubois | 6 | 16.7% | 320 | 61 | 2 | 42 | 79 | 30.0% | | | |
| Elkhart* | 60 | 20.0% | 2,655 | 301 | 12 | 234 | 634 | 9.1% | | | |
| Fayette | 5 | 20.0% | 502 | 43 | 1 | 64 | 65 | 5.0% | 0.45 | 2.45 | $0 |
| Floyd* | 35 | 28.6% | 920 | 107 | 4 | 66 | 187 | | 238.00 | 2,023.50 | $53,025 |
| Fountain | 2 | 0.0% | 284 | 25 | 0 | | | | | | |
| Franklin | 1 | 0.0% | 306 | 29 | 1 | | | 27.8% | | | |
| Fulton | 3 | 66.7% | 276 | 22 | 2 | | | | | | |
| Gibson | 9 | 22.2% | 426 | 40 | 2 | 29 | 154 | | | | |
| Grant* | 32 | 21.9% | 1,424 | 76 | 1 | 208 | 506 | 15.9% | 38.70 | 73.10 | $19,800 |
| Greene | 3 | 33.3% | 543 | 32 | 1 | 5 | 5 | | | | |
| Hamilton* | 46 | 10.9% | 1,006 | 93 | 4 | 346 | 586 | 15.0% | 102.43 | 159.91 | $959 |
| Hancock | 8 | 12.5% | 554 | 45 | 1 | 36 | 158 | 26.3% | | | |
| Harrison | 6 | 16.7% | 520 | 63 | 9 | 3 | 60 | | | | |
| Hendricks* | 28 | 28.6% | 733 | 46 | 2 | 29 | 110 | 13.6% | 30.52 | 1,103.02 | $1,033,920 |
| Henry | 16 | 12.5% | 885 | 76 | 3 | 104 | 65 | 13.6% | 1.50 | 210.50 | $400 |
| Howard* | 37 | 18.9% | 1,119 | 76 | 2 | 287 | 301 | 10.5% | 41.15 | 286.85 | $69,240 |
| Huntington | 7 | 0.0% | 534 | 35 | 6 | 4 | 132 | 20.0% | | | |
| Jackson | 16 | 12.5% | 621 | 47 | 5 | 93 | 68 | | | | |
| Jasper | 6 | 50.0% | 419 | 28 | 3 | 9 | 33 | | | | |
| Jay | 5 | 0.0% | 541 | 15 | 2 | 17 | 52 | 31.8% | | | |
| Jefferson | 8 | 12.5% | 538 | 40 | 0 | | | | | | |
| Jennings | 3 | 0.0% | 472 | 32 | 4 | 41 | 161 | 25.0% | | | |
| Johnson* | 33 | 15.2% | 1,376 | 86 | 1 | 79 | 134 | | 0.00 | 26.00 | $29,950 |
| Knox | 28 | 53.6% | 777 | 56 | 1 | 54 | 5 | 50.0% | | | |



* Urban counties not included in the Profile

For all columns, empty cells indicate that data were not available.

[1] *Actuarial Needs Assessment of FY 99 Provider Contracts* (Draft Report). Prepared for Indiana Family and Social Services Administration, Division of Mental Health by William M. Mercer, Inc., March, 1998. Figures represent the estimated number of people who are eligible for publicly funded treatment based on their income level.

[2] *Actuarial Needs Assessment of FY99 Provider Contracts.* Prepared by William M. Mercer, Inc. for the Division of Mental Health, March 1998. (Draft Report).

[3] *Indiana Crash Facts and Alcohol Crash Facts 1995.* Governor's Council on Impaired and Dangerous Driving, 1997.

[4] Uniform Crime Report Data (1991-1995) provided by the Indiana Criminal Justice Institute. Reporting is voluntary in Indiana. County figures may not represent all jurisdictions in a county, or all 12 months of the year.

[5] *Random Compliance Inspections of Tobacco Sales to Minors: A Report on Indiana's Implementation of Synar-Amendment Requirements.* Institute for Drug Abuse Prevention, October 1997.

[6] *FY1997 Indiana State Annual Report.* Indiana Criminal Justice Institute, September 1997. Seizures by state police are not available for individual counties.

| County | Number of New HIV and AIDS Cases, 1993-97 [1] | Percent HIV and AIDS Cases that are Injection Drug-Related, 1993-97 [1] | People Needing Substance Abuse Treatment, 1998 [2] | Number of Alcohol-related Crash Injuries, 1995 [3] | Number of Alcohol-related Crash Fatalities, 1995 [3] | Number of Adult Drug Arrests, 1995 [4] | Number of Adult DUI Arrests, 1995 [4] | Rate of Noncompliance with Youth Tobacco Access Laws, 1997 [5] | Grams of Marijuana Seized, 1997 [6] | Grams of Total Drugs Seized, 1997 [6] | Value of Money and Property Seized in Drug Raids, 1997 [6] |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Kosciusko | 7 | 28.6% | 919 | 82 | 3 | 42 | | 17.7% | 19.20 | 361.80 | $27,110 |
| Lagrange | 6 | 16.7% | 424 | 34 | 3 | | | | | | |
| Lake* | 535 | 29.5% | 7,344 | 681 | 12 | 1,295 | 2,011 | 41.0% | 0.02 | 376.02 | $83,095 |
| La Porte* | 71 | 23.9% | 1,589 | 204 | 5 | 171 | 566 | | | | |
| Lawrence | 6 | 33.3% | 783 | 45 | 1 | 28 | 87 | 70.0% | | | |
| Madison* | 79 | 22.8% | 2,006 | 198 | 6 | 81 | 130 | 15.2% | 352.06 | 1,142.64 | $285,051 |
| Marion* | 1,815 | 17.1% | 15,722 | 876 | 16 | 3,342 | 3,769 | 23.3% | 830.00 | 1,494.79 | $270,658 |
| Marshall | 4 | 0.0% | 627 | 56 | 3 | 7 | 38 | | 212.97 | 704.97 | $0 |
| Martin | 3 | 0.0% | 153 | 18 | 1 | 15 | 57 | | | | |
| Miami | 15 | 33.3% | 709 | 41 | 2 | | | | 20.00 | 44.00 | $0 |
| Monroe* | 87 | 10.3% | 2,507 | 106 | 3 | 202 | 354 | 25.6% | 90.00 | 433.50 | $18,000 |
| Montgomery | 15 | 13.3% | 490 | 43 | 3 | 51 | 165 | 10.0% | | | |
| Morgan | 15 | 6.7% | 1,021 | 54 | 2 | 35 | 149 | 25.0% | | | |
| Newton | 4 | 0.0% | 201 | 20 | 2 | 30 | 146 | | | | |
| Noble | 6 | 50.0% | 505 | 74 | 2 | 25 | 70 | | | | |
| Ohio | 1 | 0.0% | 93 | 6 | 0 | | | | | | |
| Orange | 2 | 0.0% | 338 | 14 | 1 | | | | | | |
| Owen | 6 | 33.3% | 356 | 21 | 0 | | | 13.6% | | | |
| Parke | 3 | 0.0% | 269 | 22 | 1 | | | 5.0% | | | |
| Perry | 3 | 33.3% | 256 | 19 | 1 | 15 | 45 | 30.0% | | | |
| Pike | 3 | 0.0% | 181 | 16 | 1 | | | | | | |
| Porter* | 54 | 13.0% | 1,512 | 180 | 1 | 165 | 515 | 38.9% | | | |
| Posey | 4 | 0.0% | 327 | P20 | 0 | 22 | 45 | | | | |
| Pulaski | 2 | 50.0% | 240 | 13 | 0 | 19 | 40 | | | | |
| Putnam | 23 | 34.8% | 487 | 16 | 0 | 25 | 157 | 5.0% | | | |
| Randolph | 9 | 11.1% | 616 | 23 | 3 | 21 | 91 | 35.3% | 7.22 | 3,491.58 | $0 |
| Ripley | 3 | 0.0% | 356 | 29 | 3 | 5 | 18 | 69.2% | | | |
| Rush | 5 | 20.0% | 293 | 13 | 2 | 41 | 68 | | | | |
| St. Joseph* | 174 | 16.7% | 4,393 | 377 | 15 | 489 | 874 | 16.7% | 787.77 | 2,675.79 | $0 |
| Scott | 6 | 50.0% | 360 | 32 | 0 | 3 | 37 | | | | |
| Shelby | 10 | 10.0% | 653 | 31 | 1 | | | | | | |
| Spencer | 9 | 22.2% | 249 | 23 | 1 | | | 14.8% | | | |
| Starke | 2 | 0.0% | 481 | 48 | 4 | | | | | | |
| Steuben | 7 | 57.1% | 670 | 74 | 0 | 76 | 134 | | | | |
| Sullivan | 5 | 0.0% | 302 | 5 | 0 | | | | | | |
| Switzerland | 0 | | 129 | 5 | 0 | | 2 | | | | |
| Tippecanoe* | 43 | 14.0% | 2,801 | 172 | 4 | 145 | 298 | 30.0% | 863.68 | 1,881.03 | $38,071 |
| Tipton | 0 | | 238 | 18 | 0 | | | 10.5% | | | |
| Union | 1 | 0.0% | 131 | 17 | 1 | | | 5.0% | | | |
| Vanderburgh* | 129 | 20.9% | 3,001 | 205 | 5 | 169 | 1,377 | 42.5% | 40.35 | 3,349.87 | $85,120 |
| Vermillion | 3 | 33.3% | 252 | 19 | 1 | 3 | 18 | 21.1% | | | |
| Vigo* | 108 | 17.6% | 2,140 | 197 | 4 | 173 | 481 | 21.1% | 164.73 | 558.78 | $0 |
| Wabash | 7 | 14.3% | 569 | 34 | 1 | 62 | 212 | | | | |
| Warren | 2 | 0.0% | 125 | 6 | 0 | | | 30.0% | | | |
| Warrick | 17 | 17.6% | 545 | 38 | 1 | 17 | 83 | 14.8% | | | |
| Washington | 4 | 25.0% | 495 | 52 | 0 | | | | | | |
| Wayne* | 55 | 14.5% | 1,411 | 89 | 2 | 159 | 197 | 22.7% | 786.98 | 1,661.74 | $0 |
| Wells | 3 | 0.0% | 340 | 26 | 0 | 17 | 65 | 21.1% | 0.00 | 9.00 | $0 |
| White | 7 | 57.1% | 360 | 33 | 0 | 26 | 141 | | 16.00 | 63.52 | $19,000 |
| Whitley | 8 | 37.5% | 357 | 37 | 1 | | | | 35.63 | 39.13 | $0 |

# Local Coordinating Councils (LCCs) for Indiana Counties

| West Central Regional Office | 1-800-879-7296 |
|---|---|
| Boone | (765) 482-1412 |
| Clay | (812) 448-9028 |
| Clinton | (765) 654-5573 |
| Fountain | (765) 793-4881 |
| Hendricks | (317) 745-9373 |
| Montgomery | (765) 364-3030 |
| Morgan | (765) 342-3933 |
| Owen | (812) 829-2253 |
| Parke | (765) 569-5671 |
| Putnam | (765) 653-0777 |
| Tippecanoe | (765) 538-3610 |
| Vermillion | (765) 492-3394 |
| Vigo | (812) 462-4463 |
| Warren | (765) 893-8350 |

| East Central Regional Office | (317) 920-2575 |
|---|---|
| Delaware | (765) 284-7789 |
| Fayette | (765) 825-5636 |
| Franklin | (765) 458-5500 |
| Hamilton | (317) 776-9662 |
| Hancock | (317) 462-1147 |
| Henry | (765) 345-5101 |
| Howard | (765) 454-7000, ext. 76 |
| Johnson | (317) 920-2576 |
| Marion | (317) 232-1545 |
| Madison | (765) 643-0218 |
| Rush | (765) 932-2960 |
| Shelby | (317) 398-0955 |
| Tipton | (317) 920-2576 |
| Union | (765) 458-5553 |
| Wayne | (765) 886-6019 |

| Northeast Regional Office | (219) 427-1117 |
|---|---|
| Adams | (219) 724-7141 |
| Allen | (219) 428-7216 |
| Blackford | (765) 348-2523 |
| Dekalb | (219) 925-1500 |
| Grant | (765) 662-9971 |
| Huntington | (219) 358-4841 |
| Jay | (219) 726-9186 |
| Kosciusko | (219) 267-6795 |
| Lagrange | (219) 463-7491 |
| Miami | (765) 473-9861 |
| Noble | (219) 636-2129 |
| Steuben | (219) 668-1000 ext. 3000 |
| Wabash | (219) 563-0144 |
| Wells | (219) 824-1071 |
| Whitley | (219) 691-2886 |

| Northwest Regional Office | (219) 234-6024 |
|---|---|
| Benton | (765) 583-4315 |
| Carroll | (765) 564-2409 |
| Cass | (219) 722-2918 |
| Elkhart | (219) 294-3549 |
| Fulton | (219) 936-3784 |
| Jasper | (219) 866-4977 |
| Lake | (219) 933-3200 |
| LaPort | (219) 362-5488 |
| Marshall | (219) 936-3784 |
| Newton | (219) 474-5330 |
| Porter | (219) 462-4185 |
| Pulaski | (219) 567-2245 |
| St. Joseph | (219) 235-9241 |
| Starke | (219) 772-9146 |
| White | (219) 583-8864 |

| Southeast Regional Office | 1-800-456-7276 |
|---|---|
| Bartholomew | (812) 376-4449 |
| Brown | (812) 988-5505 |
| Clark | (812) 280-7808 |
| Dearborn | (812) 926-6045 |
| Decatur | (812) 663-5354 |
| Floyd | (812) 949-0071 |
| Harrison | (812) 738-3198 |
| Jackson | (812) 522-9699 |
| Jefferson | (812) 265-2720 |
| Jennings | (812) 346-6666 |
| Monroe | (812) 334-2527 |
| Ohio | (812) 438-3805 |
| Ripley | (812) 934-5701 |
| Scott | (812) 752-5918 |
| Switzerland | (812) 427-3152 |
| Washington | (812) 883-3575 |

| Southwest Regional Office | (812) 941-2463 |
|---|---|
| Crawford | (812) 365-3165 |
| Daviess | (812) 254-4390 |
| Dubois | (812) 481-0442 |
| Gibson | (812) 385-3496 |
| Greene | (812) 384-2047 |
| Knox | (812) 882-6045 |
| Lawrence | (812) 279-4099 |
| Martin | (812) 295-4853 |
| Orange | (812) 723-2417 |
| Perry | (812) 547-7967 |
| Pike | (812) 354-8035 |
| Posey | (812) 838-2591 |
| Spencer | (812) 649-2286 |
| Sullivan | (812) 268-6376 |
| Vanderburgh | (812) 435-5118 |
| Warrick | (812) 897-4531 |

# Drug Strategies

Drug Strategies promotes more effective approaches to the nation's drug problems and supports private and public initiatives that reduce the demand for drugs through prevention, education, treatment and law enforcement.


**Officers:**

**Neil Goldschmidt**
Former Governor of Oregon
Chair

**Mathea Falco**
President

**Directors:**

**Robert Carswell**
Senior Partner
Shearman & Sterling

**Dr. Michael Crichton**
Author

**Marian Wright Edelman**
President
Children's Defense Fund

**Dr. Avram Goldstein**
Professor Emeritus of Pharmacology
Stanford University

**Dr. Pedro José Greer**
University of Miami
School of Medicine

**Philip B. Heymann**
Harvard Law School

**Dr. Dean T. Jamison**
Center for Pacific Rim Studies
UCLA

**Robert S. McNamara**
Former President
World Bank

**Dr. Robert Millman**
New York Hospital-Cornell Medical Center

**Norval Morris**
University of Chicago Law School

**Howard E. Prunty**
Former President
National Association of Black Social Workers

**Herbert Sturz**
Former President
Vera Institute of Justice

**Hubert Williams**
President
Police Foundation

**Indiana Advisory Panel:**

**Kelly Alley**
Smokefree Indiana

**John Avers**
White County Memorial Hospital

**William Bailey**
Indiana Prevention Resource Center

**Marilyn Bassett**
Governor's Commission for a Drug-Free Indiana

**Barbara Bowman**
Purdue Cooperative Extension Service - Brown County

**Superintendent Melvin Carraway**
Indiana State Police

**Judge Linda Chezem**
Purdue University - 4-H Youth Development

**Dr. Michael Copper**
Bartholomew Consolidated School Corporation

**Karen Dearlove**
Indiana 15 Regional Planning Commission

**Richard Deliberty**
Indiana Division of Mental Health

**Dr. Judith Erickson**
Indiana Youth Institute

**Dr. Sally Shearer Fleck**
Indiana Division of Mental Health

**Mary Lay**
Indiana Prevention Resource Center

**Phyllis Lewis**
Indiana Department of Education

**Dr. Keith Main**
Indiana University School of Continuing Studies

**Dr. Richard Markoff, Chairman**
STAR Alliance for Drug-Free Youth

**Lt. Patrick McCreary**
Indiana State Police

**Judge Heather Mollo**
Brown County Circuit Court

**Michael Newman**
PSI Energy

**Larry Perkinson**
Bartholomew Consolidated School Corporation

**Lou Pierce**
The WNDU Stations

**Pam Robbins**
Purdue University - 4-H Youth Development

**Juanita Russell**
Purdue University - 4-H Youth Development

**Thad Shelton**
State Farm Insurance Companies

**John Thompson**
USDA Rural Development

**Jerry Vance**
Indiana Department of Correction

**John Viernes**
Bureau of Substance Abuse Services

**Judge William Weikert**
Dubois County Circuit Court

**Betty Wilson**
The Health Foundation of Greater Indianapolis

**Sheriff David Wismann**
Dearborn County

**Consultant:**

**James G. Wolf**

**Design and Production:**

**Levine & Associates, Inc.**

**Drug Strategies**
2445 M Street, NW
Suite 480
Washington, DC 20037
202-663-6090
Fax 202-663-6110
www.drugstrategies.org
dspolicy@aol.com