



INDIANA STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

OUR VISION

Healthy, safe, and drug-free environments that nurture and assist all Indiana citizens to thrive.

OUR MISSION

To reduce substance use and abuse across the lifespan of Indiana citizens.

For questions and additional information, please contact:

Jeannie Bellman

Division of Mental Health & Addiction,
Prevention@fssa.in.gov

Prepared for:

Indiana Family and Social Services Administration

Division of Mental Health & Addiction

Prepared by:

Syra Health

1119 Keystone Way N Suite #201,
Carmel, IN 46032



DRUG FACT SHEET: SUBSTANCE USE IN INDIANA SFY 2024

This report summarizes the use of drugs such as alcohol, tobacco, marijuana, opioids, and stimulants and the status of mental health and suicide in Indiana.

TABLE OF CONTENTS

| | |
|---|-----------|
| Introduction` | 03 |
| Alcohol | 04 |
| Tobacco | 05 |
| Marijuana | 06 |
| Opioids – Rx Opioids, Heroin | 07 |
| Stimulants – Methamphetamine, Cocaine, Rx Stimulants | 08 |
| Polysubstance Abuse | 09 |
| Mental health | 10 |
| Problem gambling | 11 |
| Viral Hepatitis/HIV/AIDS | 12 |
| References | 13 |

INTRODUCTION

The Indiana Statewide Epidemiological Outcomes Workgroup (SEOW) is comprised of committee members from 16+ state agencies/divisions across the state of Indiana who are knowledgeable about mental, emotional, and behavioral health disorders, as well as prevention, intervention, and treatment issues. The goal of the SEOW committee is to monitor the prevalence of substance misuse and mental illness in Indiana and implement state-based interventions to reduce the occurrence of related behavioral health issues. The SEOW is committed to using epidemiological data and evidence-based practices to assess the needs of all Indiana residents, and to promote physical and mental wellness to combat drug addiction, mental health disorders, and suicide.

This drug fact sheet provides a detailed description of the prevalence, consequences, and other behavioral health indicators of alcohol, tobacco, marijuana, opioid, and stimulant use, and the occurrence of mental illness and suicide. This report also shows the changes in data relative to prior years for most measures. In this report, we do not include measures where the data was not updated since the release of last year's SEOW report. The full SEOW reports can be found at <https://www.in.gov/fssa/dmha/substance-misuse-prevention-and-mental-health-promotion/prevention-partners/state-epidemiological-outcomes-workgroup/>.



ALCOHOL

PREVALENCE

- In 2022, 46.5% Hoosiers (12 years and older) reported current alcohol use [2.4(PP) up ↗ from previous year] (NSDUH, 2022).
- Relative to other age groups, higher incidence of alcohol use among young adults (18 to 25 year old) with 50% reporting past-month use [1.5 PP down ↘ from previous year] (NSDUH, 2022).
- About 20.7% Hoosiers (12+ years old) reportedly engaged in binge drinking [29.2% among young adults] (NSDUH, 2022).
- Adult alcohol use decreased slightly to 50.7% in 2022 [1.2 PP down ↘ from previous year]; with 54.8% men in 2022, 0.6 PP ↘ 44.5 women, [1.6 PP ↘ from previous year] used alcohol in the past month (CDC-BRFSS, 2022).
- About 10.0% of Indiana population (12+ years) reported having Alcohol Use Disorder in the past year [0.5 PP ↘ from previous year] (NSDUH, 2022).

CONSEQUENCES

- Age-adjusted alcohol-attributable mortality rate in Indiana was 15.1 per 100k population in 2022 [0.3 PP ↗ from previous year] (CDC, 2022)
- Alcohol-related collision rate in Indiana was 0.60 per 1,000 population in 2022 (ARIES, 2022).
- About 10.0% of child removals in SFY 2023 was attributable to parental alcohol abuse [0.2 PP ↘ from prev year] (IN-DCS, 2023).



KEY TAKEAWAYS

- Adult alcohol use increased slightly in 2022 (CDC-BRFSS, 2021).
- Share of women consuming alcohol increased in 2021.
- Binge drinking among young adults (18 to 25 years) in Indiana declined
- Alcohol-attributable mortality increased in 2022.

TOBACCO

PREVALENCE

- In 2022, 23.6% Hoosiers (12 years and older) reported current tobacco use [0.1 PP \searrow from previous year] and 19.7% used cigarettes [0.8PP \nearrow from previous year] (NSDUH, 2021).
- About 17.3% men [1 PP \searrow from previous year] and 15.2% women [1.2 PP \searrow from previous year] smoked in 2022 (CDC-BRFSS, 2022).
- Higher incidence of smoking rates among working age adults, high school graduate or less, and among lower income groups (CDC-BRFSS,2021).
- Data for tobacco use (including e-Cigarette use) among youth will be released by IDOH soon.

KEY TAKEAWAYS

- Adult smoking declined from 25.6% in 2011 to 16.2% in 2022, but still above the national average of 14% (CDC-BRFSS, 2022).
- Smoking rates among women in 2021 declined slightly below 2019-levels.
- Focus on E-cigarette use among youth and young adults.



MARIJUANA

PREVALENCE

- In 2022, 12.3% Hoosiers (12 years and older) reported current marijuana use [0.6 PP \downarrow from previous year] (NSDUH, 2022).
- Relative to other age groups, higher incidence of marijuana use among young adults (18 to 25 year old) with 25.5% reporting past-month use [same as previous year] (NSDUH, 2022).
- About 47.1% of total treatment episodes had reported marijuana use as a primary, secondary or tertiary substance in SFY 2023 [1.5 PP \downarrow from previous year]; where 18.1% of episodes had reported marijuana as primary substance [0.7 PP \downarrow from previous year] (IN-DMHA, 2023).

KEY TAKEAWAYS

- Marijuana use among young adults (18 to 25 years) has been increasing since 2016.
- One of our SEOW strategic priorities that will be monitored continually.



OPIOID

RX OPIOIDS AND HEROIN

PREVALENCE

- As of 2023Q4, the opioid dispensation rate* in Indiana was 177.6 per 1,000 population [3.9 points \searrow from 2022 Q4] (IDOH, 2023).
**Includes opioid analgesics, opioid antidiarrheal/antitussives and opioid antagonists and treatment addiction medications*
- About 1.9% Hoosiers (12 years and older) reported misusing prescription pain relievers in the prior year during the 2022 survey [0.4 PP \nearrow from previous year] (NSDUH, 2022).
- About 16.7% of total treatment admissions had reported opioid* use as a primary, secondary or tertiary substance in SFY 2023 [0.1 PP \searrow from previous year]; where 8.1% of episodes had reported opioid as primary substance [0.7 PP \nearrow from previous year] (IN-DMHA,2023).
Includes non-prescription methadone and other opiates/synthetics (such as buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and other narcotic analgesics, opiates, or synthetics)

HEROIN PREVALENCE

- From the 2021 survey, about 0.1% of the Indiana population aged 12 years and older used heroin in the past year (NSDUH, 2021).
- Among all treatment admissions in SFY 2023, 17% reported heroin use as primary, secondary or tertiary substance [4.8PP \searrow from previous year]; and 10.7% of episodes reporting heroin as primary substance [3.9PP \searrow from previous year] (IN-DMHA,2023).

KEY TAKEAWAYS

- Drug overdose deaths involving opioids declined in 2022 and 2023 (CDC,2024 and IDOH, 2023).
- Impacted by polysubstance use, fentanyl, and/or lower drug prices.
- Continues to be an important public health issue for Indiana.



CONSEQUENCES

- There were 2,670 deaths due to drug poisoning in 2022 [142deaths less \searrow from previous year] with age adjusted rate of 40.8 per 100k population (IDOH, 2023).
- Drug overdose mortality rate involving any opioids* in 2021 was 31.9 per 100k population [2.2 points \searrow from previous year] (IDOH,2023).
**includes opium, heroin, natural/semi-synthetic opioids, methadone, synthetic opioids (fentanyl/ tramadol), other narcotics*
- Number of visits to Emergency Department due to any opioid overdose were 6729 visits in 2022 [1,464 visits \searrow from previous year] (IDOH, 2023).

STIMULANTS

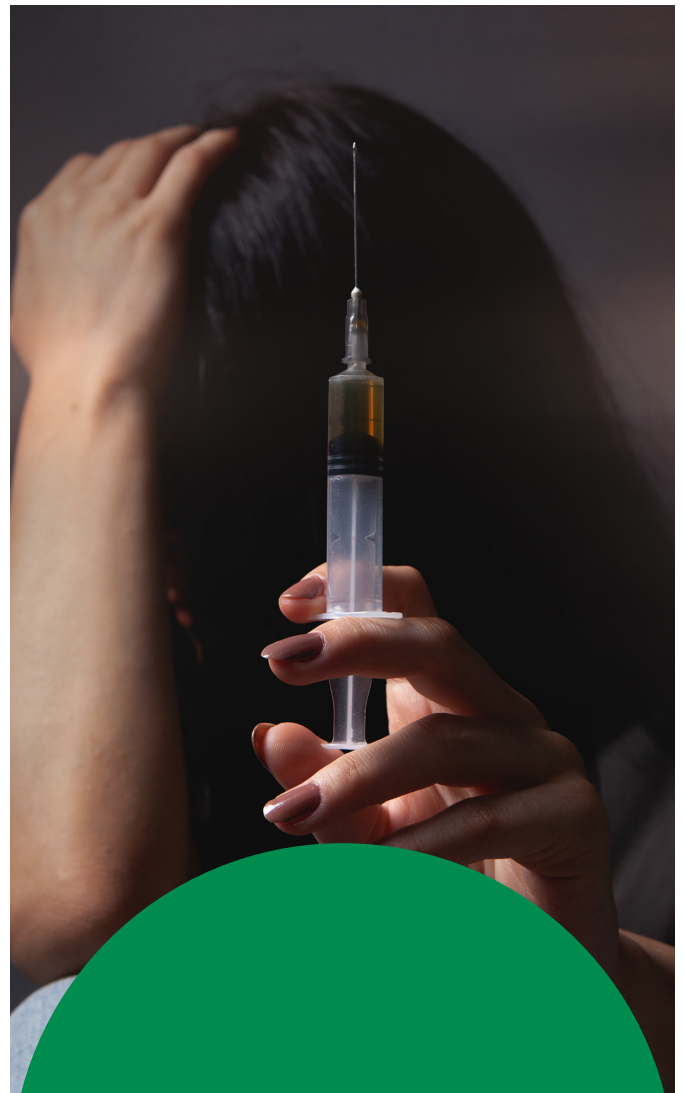
(COCAINE AND METHAMPHETAMINE)

COCAINE PREVALENCE AND CONSEQUENCES

- From the 2022 NSDUH data, about 1.4% Hoosiers reported using cocaine in the previous year [0.1 PP↘ from 2021 data] and 2.8% of young adults (18 to 25 year old) used cocaine during the same period (NSDUH).
- About 11% of total treatment admissions had reported cocaine use as a primary, secondary or tertiary substance in SFY 2023 [same as previous year]; where 4% of episodes had reported cocaine use as primary substance [same as previous year] (IN-DMHA,2023).

METHAMPHETAMINE PREVALENCE AND CONSEQUENCES

- From 2022 data, 1.2% of Hoosiers reported using methamphetamine in the previous year [0.2 PP↗from previous year] (NSDUH, 2022).
- Among all treatment admissions in SFY 2023, 42.5% reported methamphetamine use as primary, secondary or tertiary substance [0.4 PP↗ from previous year]; and 26.1% of episodes reporting methamphetamine use as primary substance [0.7PP↗ from previous year] (IN-DMHA,2023).
- In 2023, the number of clandestine meth labs seized in Indiana was 21 [1 lab seizures ↘ from 2022] and the number of arrests made at the meth labs by Indiana law enforcement agencies was 11 [6 arrests ↘from 2022] (ISP, 2024).



KEY TAKEAWAYS

- Higher share of patients seeking substance use treatment appear to be using methamphetamine (as a primary or secondary or tertiary source).
- The meth lab seizures has decreased from 1,808 in 2013 to 21 in 2023.

POLYSUBSTANCE ABUSE



PREVALENCE

- In SFY 2023, 30.7% of Hoosiers who received substance use treatment had reported using opioids (including heroin, non-prescription methadone and other opiates/synthetics) as a primary, secondary or tertiary substance (IN-DMHA, 2023).
- Among these opioid users, methamphetamine use was highest (52.4%), followed by Marijuana use (36%) and alcohol use (19%) (IN-DMHA, 2023).
- Similar patterns for opioid dependent [or opioid as primary use] treatment patients.

KEY TAKEAWAYS

- Strong evidence of polysubstance use among opioid users.
- Xylazine consumed with other substances has been an emerging trend.

MENTAL HEALTH

PREVALENCE

- From 2022 data, about 24.4% Hoosiers (18 years and older) reported having any mental illness* in the past year [0.7PP ↗from previous time period] (NSDUH, 2022).
**Any Mental Illness (AMI) is defined as those having a diagnosable mental/behavioral/emotional disorder*
- About 6.4% Hoosiers in 2021 reported having serious mental illness* in the past year [0.4 PP ↗ from previous time period] (NSDUH, 2022).
Serious Mental Illness (SMI) are subset of individuals with AMI, but with serious functional impairment*
- In 2021, about 9.2% Hoosiers (18 years or older) reported having at least one major depressive episode [0.2 PP ↘from previous time period] (NSDUH, 2022).

HETEROGENEITY BY GENDER AND RACE

- About 15.4% men [0.8 PP ↘ from previous year] and 29.7% women [2.1 PP ↘ from previous year] reported being told that they had depression (CDC-BRFSS, 2022).
- Reported increase in depression rates among all race groups in 2021 – White race [23.9%; 1.4 PP ↘from 2021]; African-American race [15.2%; 3.7 PP ↘from 2021]; Hispanic race [18.9%; 0.4 PP ↗ from 2021].

CONSEQUENCES

- Age-adjusted suicide mortality rate in Indiana was 16.4 per 100k population [2018-2022] (CDC,2022).
- The age-adjusted suicide mortality rate (2018 to 2022 average) was higher for men (25.6 per 100k population) relative to women (6.1 per 100k population) (CDC,2022).



KEY TAKEAWAYS

- Depression rates increased more for women (CDC-BRFSS, 2021).
- Suicide mortality rates has been increasing for Indiana.
- Evidence of increasing depression rates across all race groups.

PROBLEM GAMBLING

PREVALENCE

Indiana Problem Gambling Study

- From March to May 2021, a survey was conducted, revealing that approximately 84.8% of adults in Indiana stated that they had engaged in at least one form of gambling within the previous year (Jun et al., 2021).
- Within the past year, 71.7% of individuals reported that they had played any type of lottery.
- A total of 20.5% of people had taken part in any sports gaming activities within the previous year.
- Regarding visiting casinos for gambling purposes, 46.2% of adults in Indiana reported that they had done so within the past year.
- Additionally, 72.3% of individuals stated their participation in various other forms of gambling activities.
- Among the participants, 40.4% reported engaging in any casino gambling.



VIRAL HEPATITIS/HIV/AIDS

PREVALENCE

- The prevalence rate of HIV/AIDS experienced a slight increase, rising from 185.6 in 2020 to 193 in 2021.
- Similarly, the prevalence rate of Chlamydia showed a modest increase, with numbers rising from 487.7 in 2020 to 510.6 in 2021.
- Furthermore, the prevalence rate of Gonorrhea reflected a slight increase from 207 in 2020 to 212.8 in 2021.
- In 2022, the rate of new acute Hepatitis B cases in Indiana was reported as 1.2
- The rate of Chronic Hepatitis B in Indiana for 2022 was reported at 11.8
- For the year 2021, the rate of new acute Hepatitis C cases in Indiana was reported as 2.2
- The rate of Chronic Hepatitis C cases in Indiana for 2021 was reported at 70.4.



REFERENCES



- ARIES-Indiana State Police. (2021). Automated Reporting Information Exchange System (ARIES), Vehicle Crash Records System, 2021.
- CDC-BRFSS-Centers for Disease Control and Prevention. (2022). Behavioral Risk Factor Surveillance System (BRFSS) prevalence & trends data. Retrieved from <http://www.cdc.gov/brfss/brfssprevalence/index.html>
- CDC-Centers for Disease Control and Prevention. (2018-2022). CDC WONDER underlying causes of death (compressed mortality). Retrieved from <http://wonder.cdc.gov/>
- IDOH-Indiana Department of Health. (2022, 2023). Stats Explorer. Retrieved from https://gis.in.gov/apps/isdh/meta/stats_layers.htm
- IN-DCS-Indiana Department of Child Services. (2023). SFY 2023 Child Removals due to Parent Substance Abuse. Source: MaGIK CHINS AFCARS; retrieved 10/14/2023.
- IN-DMHA. (2022, 2023). Treatment Episode Data Set (SFY 2022), Indiana Division of Mental Health and Addiction, Indiana Family and Social Services Administration.
- ISP-Indiana State Police. (2024). Indiana meth lab statistics, 2022. Data received from First Sergeant Don McCay.
- Jun, M., Lay, M., King, R., Agle, J., and Lee, J., (2021). Report on adult gambling behaviors in Indiana. Prevention Insights. Indiana Council on Problem Gambling https://ipgap.indiana.edu/documents/2021_Adult_Gambling_Behaviors_in_Indiana.pdf?_gl=1*zx42I5*_ga*MTEyMDM4NTM2MC4xNjY0MjQ3MTU5*_ga_61CH0D2DQW*MTY3MDgwNTU1NS4zLjAuMTY3MDgwNTU1NS4wLjAuMA..&_ga=2.191014893.616920817.1670805555-1120385360.1664247159
- NSDUH-Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). National Survey on Drug Use and Health (NSDUH). Retrieved from <https://www.samhsa.gov/data/population-data-nsduh>



This report was funded by the Indiana Division of Mental Health and Addiction (DMHA).
The views expressed here do not necessarily reflect the views of the DMHA



1119 Keystone Way N #201, Carmel, IN 46032