

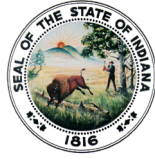


# Fatal Overdose and Suicide Report, 2023



**Indiana  
Department  
of  
Health**





Eric J. Holcomb  
Governor

Lindsay M. Weaver, MD, FACEP  
State Health Commissioner

Nov. 28, 2024

Dear Public Health Partner:

Reducing the overall burden of overdose and suicide continues to be a priority for the State of Indiana. We are pleased that Indiana experienced a decline in overdose deaths in 2023, and early interpretation of 2024 overdose data indicates a continued decline; however, suicide deaths have increased slightly each year throughout the last five years.

The state is addressing overdose and suicide concerns on multiple fronts by fostering collaboration to create a network of support to aid individuals on their path to recovery and address the crisis comprehensively. Prevention, treatment, and enforcement efforts will continue to require a collaborative approach among multiple partners including state agencies, first responders, health care and community organizations, all with a shared mission of connecting Hoosiers to prevention and treatment services.

Through investment of Health First Indiana funding, local health departments are actively collaborating with community partners to expand harm reduction programming, peer recovery pathways, linkages to substance use disorder treatment, wraparound services, and mental health care. Relying on data, as outlined in this report, while amplifying harm reduction efforts, ensuring access to life-saving naloxone, and expanding community outreach to serve areas of greatest need has led to the signs of progress encapsulated in this report.

Key highlights include:

- Investment in a broader crisis response system including text and chat enhancements for crisis response centers, expansion of mobile crisis teams, and improving receiving and stabilization services in community mental health centers
- Launch of a statewide public awareness campaign to educate and encourage those experiencing a crisis to contact the 988 Suicide and Crisis Lifeline with an in-state answer rate of more than 90%
- Implementing the Certified Community Behavioral Health Clinic Medicaid Demonstration Program to provide a comprehensive range of mental health and addiction services, and to serve all people, regardless of their diagnosis, insurance status, place of residence, or age.
- Support participation of 35 counties in the Indiana Local Outreach to Suicide Survivor Team Network and 17 counties that host Alternatives to Suicide peer support groups

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

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- Continued distribution of naloxone and provision of training and education to enable first responders, local health departments and grassroots organizations to effectively administer life-saving medication
- Expansion of suicide and overdose fatality review teams to build partnerships and inform local prevention efforts by implementing best practices in communities
- Expansion of efforts with coroner offices and harm reduction programs to examine drug paraphernalia to determine the prevalence of substances and inform community prevention efforts
- Engagement in community partnership for the Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families with focus on prevention, intervention, and postvention
- Data analysis of unintentional drug overdose and suicide deaths to provide insight into the circumstances, such as life stressors and mental health diagnoses, which informs local prevention efforts
- Launch of Treatment Atlas, a free, confidential tool for Hoosiers seeking treatment for substance use disorder to search for and compare treatment programs
- Overdose response and prevention coordination through the implementation of 16 harm reduction street outreach teams

It is crucial to continue monitoring overdose and suicide trends and build on existing partnerships to raise awareness, reduce stigma, and support those impacted by substance use disorder and at risk for suicide. A continued focus on evidence-based education, engagement, and linkage to care and support will require all of us working together to help Hoosiers access the treatment they need to find recovery and ultimately make Indiana a better place for all.

Sincerely,

Lindsay Weaver, M.D., FACEP  
State Health Commissioner

Douglas W. Huntsinger  
Executive Director for Drug Treatment, Prevention, and Enforcement  
Chairman, Indiana Commission to Combat Substance Use Disorder

Daniel Rusyniak, M.D.  
Secretary, Indiana Family and Social Services Administration

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## Dedication

This report is dedicated to the men, women, and children who died due to overdose and suicide in 2023. Each figure in this report represents a fellow Hoosier and the grief experienced by the family and friends who lost a loved one. It is through comprehensive surveillance that we develop a better understanding of this critical public health issue. Local health departments through Health First Indiana and other agencies at the local, county, and state levels continue to work together to implement data-driven initiatives to prevent deaths due to overdose and suicide in Indiana.



# Executive Summary

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Overdose and suicide are leading causes of death nationally and in Indiana, ranking among the top 15 causes of death.<sup>1</sup> To inform prevention efforts, this report describes the burden of overdose and suicide in Indiana in 2023 by (1) county; (2) incident month; (3) sex, age, race, and ethnicity; (4) mechanism or drug type; and (5) veteran status.

## Statewide Trends

- **Overdose trends:** In 2023, 2,130 Indiana residents died by drug overdose,<sup>2</sup> a decline from 2,567 in 2022. This marked the second consecutive year of declining overdose rates and the lowest fatal overdose rate since 2019. Declines in overdose rates were observed across most demographic groups, with the exception that overdose rates increased slightly among Hispanic persons and persons identified as being of multiple races or races other than white or Black or African American (Appendix A).
- **Suicide trends:** In contrast to overdose deaths, the number of suicide deaths increased slightly to 1,184 deaths in 2023, up from 1,149 in 2022. Furthermore, Indiana's suicide rate has been increasing slightly within the past five years. Across most demographic groups, suicide rates increased slightly or remained stable during that timeframe, although there were some declines in suicide rates among youth and young adults ages 15-24 compared to a peak in 2021 (Appendix D).
- **National comparisons:** In 2023, Indiana's age-adjusted rates of suicide (16.9 per 100,000) and fatal overdose (32.5 per 100,000) remained above provisional national rates (14.2 and 30.2 per 100,000, respectively),<sup>1</sup> and the goals outlined in Healthy People 2030 (12.8 and 20.7 per 100,000, respectively).<sup>3</sup>

## Geographic Distribution

Compared to urban counties, rural counties in Indiana in 2023 generally had higher rates of suicide deaths (19.4 vs. 16.1 per 100,000) and lower rates of overdose deaths (27.5 vs. 34.1 per 100,000).

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<sup>1</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html> on Oct 28, 2024 9:14:44 AM.

<sup>2</sup> Overdose deaths in this report include only overdoses that were classified as unintentional or were of undetermined intent. In 2023, 89 Indiana residents' deaths were classified as suicide by drug poisoning. For the purposes of this report, these deaths are counted as suicides. Because the [IDOH Drug Overdose Dashboard](#) includes all overdose deaths regardless of intent, the overdose data in this report may differ slightly from the overdose dashboard.

<sup>3</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2030. <https://odphp.health.gov/healthypeople>. Accessed October 28, 2024.



## Overdose Deaths

- **Substances:** The overdose crisis in Indiana is primarily driven by illicit fentanyl, its analogs, and methamphetamine. Nationally, fentanyl is the most common drug involved in fatal overdoses (approximately 69%), followed by psychostimulants, including methamphetamine (approximately 33%).<sup>4</sup>
- **Demographics:** Overdose affects people of all ages, genders, races, ethnicities, and backgrounds, though rates of fatal overdose in 2023 were higher among males than females, among persons ages 35 to 44 compared to people of other age groups, and among Black or African American persons than persons of other races (Appendix A)
- **Veteran Status:** 5.8% of all overdose deaths in 2023 were among people who had served in the armed forces, according to Vital Records data.

## Suicide Deaths

- **Mechanism:** Consistent with prior years, firearms remained the leading mechanism of deaths due to suicide in 2023, accounting for 63.8% of suicide deaths. This was a slight increase from 2022, in which 59.9% of suicide deaths were due to firearms.
- **Demographics:** In 2023, the rate of suicide among males in Indiana (28.5 per 100,000) was nearly five times higher than among females (5.8 per 100,000). White persons had the highest rate of suicide in Indiana in 2023 (17.7 per 100,000) compared to persons of other races. Additionally, suicide rates were higher among adults ages 35 to 44 than of other age groups.
- **Veteran Status:** In 2023, 15.7% of suicide deaths in Indiana were among people who had served in the armed forces, according to Vital Records data.

Trauma and injury prevention is a core preventive public health service. By identifying a leading cause of injury or harm in communities, which can include overdose and suicide, local health departments are implementing Health First Indiana to expand partnerships and programming to prevent overdose and suicide, educate and reduce stigma, and link individuals to life-saving services, including harm reduction, naloxone distribution, peer recovery, substance use disorder treatment, wraparound services, and mental health care. Additionally, more local health departments are actively participating in suicide and overdose fatality review teams to identify risk factors contributing to suicide and overdose and then using this data to inform community-based programming.

While progress has been made in reducing Indiana's rate of overdose deaths, suicide deaths have slightly but consistently increased in recent years. Moreover, overdose and suicide rates remain above national disease reduction targets, and some demographic groups remain

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<sup>4</sup> Centers for Disease Control and Prevention. U.S. overdose deaths decrease in 2023, first time since 2018. [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2024/20240515.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm). Accessed October 28, 2024.





disproportionately impacted. Continued implementation and expansion of prevention efforts, treatment and interventions, surveillance, and cross-sector partnerships in Indiana will be critical to reducing the impact of suicide and overdose in Indiana.



# Background and Methods

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## Statutory Requirements

Indiana Code (IC) 16-37-5 requires that the Indiana Department of Health prepare an annual report concerning all fatalities in Indiana that are the result of suicide or overdose during the preceding calendar year. This report is intended to fulfill this requirement for deaths occurring in calendar year 2023.

## Methods

Surveillance data on suicide and overdose deaths are derived from Indiana vital records, according to the underlying cause of death listed on the decedent's death certificate. Underlying cause of death is classified by International Classification of Diseases 10<sup>th</sup> Revision (ICD-10) codes, with suicide and overdose deaths analyzed according to established guidelines from the National Center for Health Statistics.<sup>5</sup> Deaths by county are grouped by the decedent's county of residence and may or may not be where the death occurred. Additional information on methods, including a list of ICD-10 codes used for this report, is available in Appendix G.

## Data Interpretation

All rates presented in this report are per 100,000 people. Statewide rates and rates by county, gender, race, and ethnicity are age-adjusted using the direct method based on the U.S. 2000 standard population. When only a small number of deaths (fewer than 20) occur in a community or demographic group, even small changes in the number of deaths over time can result in wide fluctuations in death rates. Therefore, rates based on counts fewer than 20 are considered unstable and should be interpreted with caution. In this report, unstable rates are denoted with a "U."

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<sup>5</sup> National Center for Health Statistics. Health, United States. Cause of death. Updated August 12, 2022. <https://www.cdc.gov/nchs/hus/sources-definitions/cause-of-death.htm>. Accessed August 19, 2024.

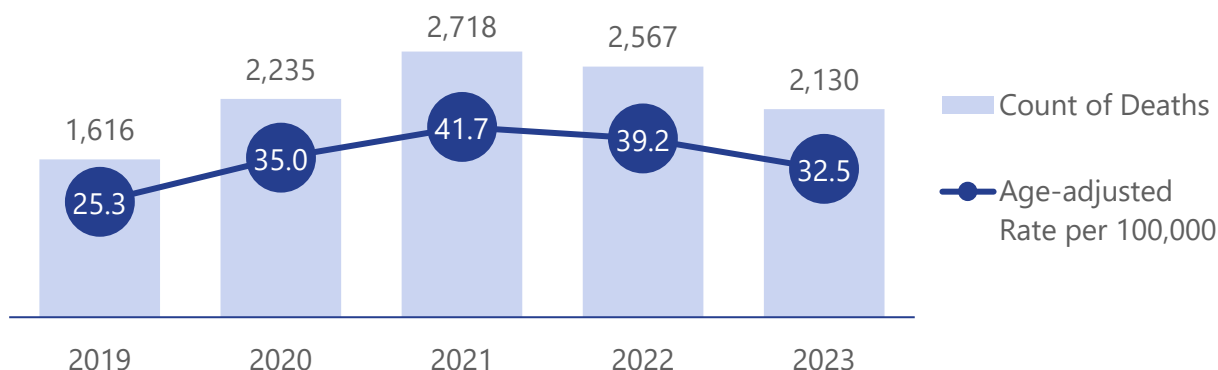


# Key Findings – Overdose Deaths

## Statewide Overdose Death Trends

The statewide overdose death rate decreased 17.1% from 2022-2023; furthermore, the overdose death rate in 2023 was lower than in the preceding three years (Figure 1).

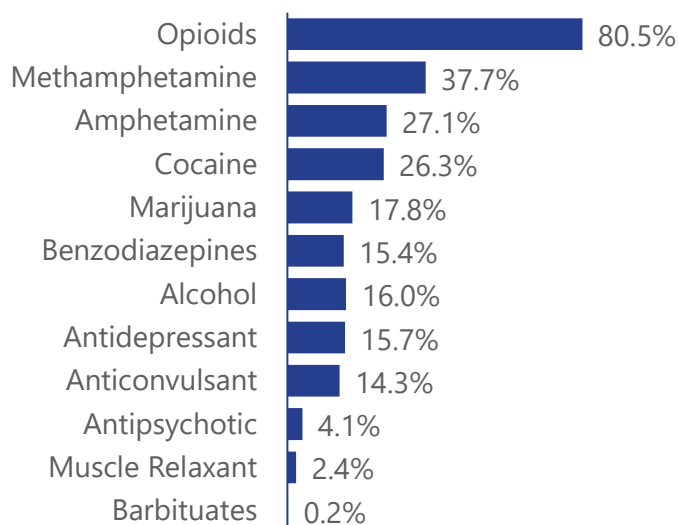
**Figure 1.** Indiana overdose deaths, 2019-2023



## Overdose Fatalities by Drug Type

In 2023, opioids (including fentanyl) remained the leading substance detected in post-mortem toxicology testing of overdose decedents, followed by methamphetamine, amphetamine, and cocaine (Figure 2).<sup>6</sup> The overall distribution of substances detected has remained similar between 2020 and 2023. Additionally, overdose deaths nationally and in Indiana continue to be driven primarily by synthetic opioids, including fentanyl.

**Figure 2.** Substances detected in post-mortem toxicology testing of overdose decedents, 2023



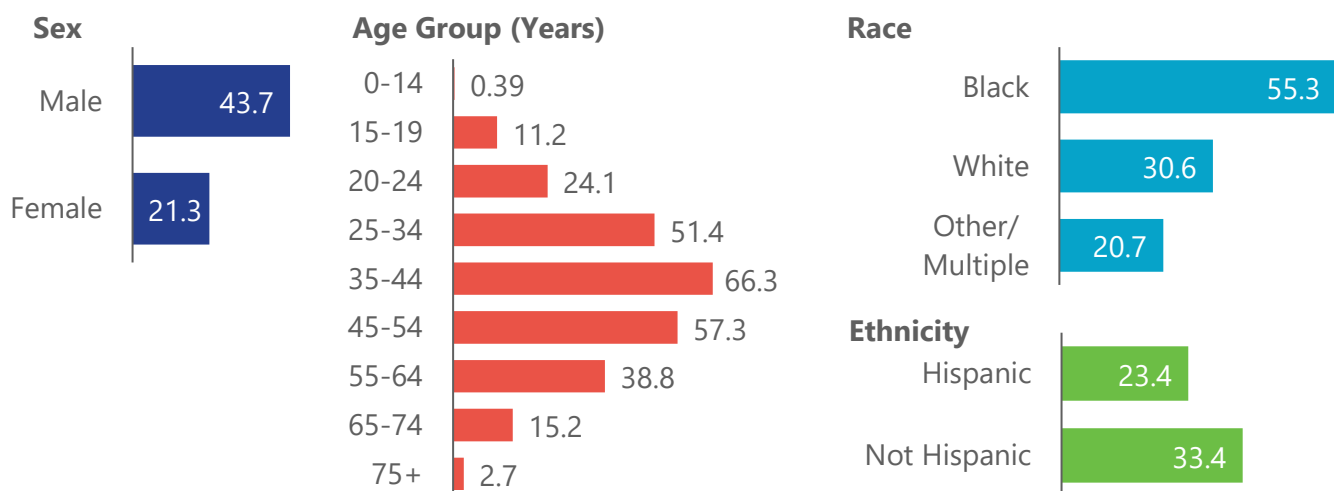
<sup>6</sup> Data are from the State Unintentional Drug Overdose Reporting System (SUDORS), which records the class and name of substances found in the victim at the time of death. Data presented are for 2,133 decedents. Substance percentages represent those decedents with positive results among those tested for that substance. Not all decedents were tested for every substance listed.



## Overdose Fatalities by Sex, Age, Race, and Ethnicity

- In 2023, the rate of overdose deaths among males (43.7) was more than twice the rate among females (21.3)
- Overdose death rates in 2023 were highest among adults ages 35-44, followed by adults ages 45-54 and 25-34.
- In 2023, Black or African American persons had a higher rate of overdose deaths (55.3) than persons of other races. Hispanic persons had a lower rate of overdose deaths (23.4) than non-Hispanic persons (33.4).
- Between 2022 and 2023, fatal overdose rates declined among both sexes, most age groups, and among both Black and white persons and non-Hispanic persons. Notable declines occurred among adults ages 20-24, 25-34, and 55-64, with each group experiencing a decline of nearly 20% or more in the rate of overdose deaths. However, the fatal overdose rate increased slightly for persons identified as being of other or multiple races and Hispanic persons. Trend data for all demographic groups are presented in Appendix A.

**Figure 3.** Overdose death rates by sex, age group, race, and ethnicity, 2023



## Overdose Fatalities by County of Residence

- In 2023, the five counties with the highest stable rate of overdose deaths were Grant (68.2), Marion (59.2), Delaware (58.5), Wayne (54.0), and Clark (52.3)
- In 2023, overdose rates were higher in urban counties (34.1) than rural counties (27.5). Overdose rates declined in both urban and rural counties compared to 2022 (41.1 and 33.5, respectively)
- Between 2022 and 2023, the number of overdose deaths increased in 25 counties and decreased in 59 counties. Seventeen of the 25 counties that showed an increase had



fewer than 10 total overdose deaths for the year. Eight counties had no change (Appendix B).

## Overdose Fatalities by Month of Death

In 2023, the highest number of overdose deaths occurred in July (206). The lowest number of overdose deaths was in December (152). There was a general downward trend in monthly overdose deaths as the year progressed (Appendix C).

## Overdose Fatalities by Veteran Status

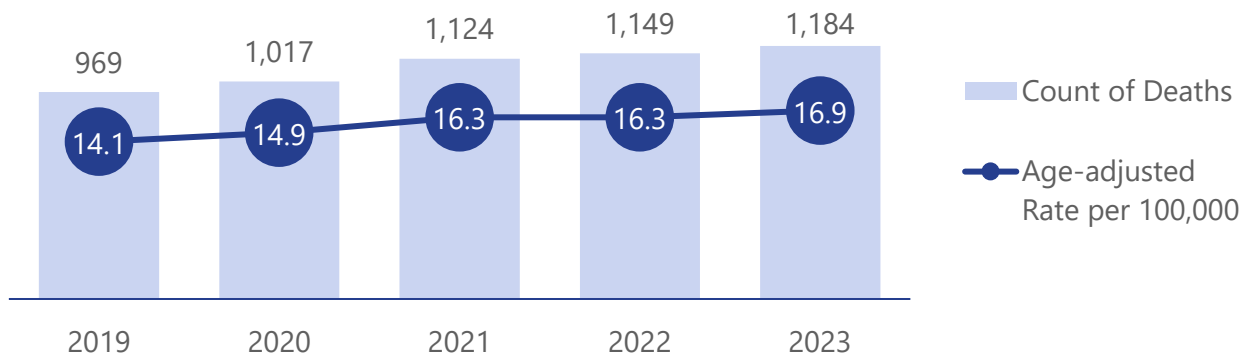
In 2023, 124 overdose decedents (5.8%) were identified as veterans, an increase from 116 in 2022.<sup>7</sup>

# Key Findings – Suicide Deaths

## Statewide Suicide Trends

The statewide suicide rate increased 3.7% between 2022-2023 (16.3 to 16.9 per 100,000, respectively) and has been increasing slightly throughout the past five years (Figure 4).

**Figure 4.** Indiana suicide deaths, 2019-2023



## Suicide Fatalities by County of Residence

- In 2023, the five counties with the highest stable rate of suicide were Grant (35.2), LaPorte (27.3), Howard (26.4), Madison (24.9), and Vanderburgh (23.6)
- Rural and urban counties had suicide rates of 19.4 and 16.1 per 100,000, respectively
- Between 2022 and 2023, the number of suicide deaths increased in 44 counties and decreased in 35 counties. Fifteen counties had no change (Appendix E).

<sup>7</sup> Veteran status is denoted on death certificates as Armed Forces. Due to this being self-reported, the actual number of veteran deaths may be undercounted. The Indiana Department of Veterans Affairs has confirmed 44 of the 124 (35%) veteran overdose deaths.



## Suicide Fatalities by Mechanism of Injury

Most suicide deaths in 2023 were due to firearms (63.8%). However, mechanism of suicide varied somewhat between males and females. While firearms were the leading cause of suicide deaths among both sexes, firearms accounted for a higher proportion of suicide deaths among males than females, and poisoning accounted for a higher proportion of suicide deaths among females than among males (Figure 5).

## Suicide Fatalities by Sex, Age Group, Race, and Ethnicity

- In 2023, the suicide rate among males (28.5) was nearly five times higher than among females (5.8). Moreover, suicide rates among males increased slightly each year between 2019 and 2023, while rates among females were more stable over time (Appendix D).
- Suicide rates in 2023 were highest among adults ages 35-44 (24.8), although rates were comparable among adults of other age groups.
- In 2023, suicide rates were higher among white persons than persons of other races and higher among non-Hispanic persons than Hispanic persons. People of all races and ethnicities experienced slight increases in suicide rates between 2022 and 2023 (Appendix D).

Figure 5. Mechanism of suicide deaths, 2023

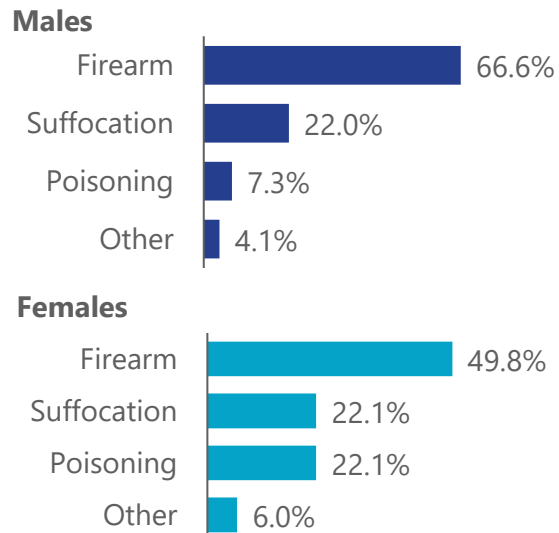
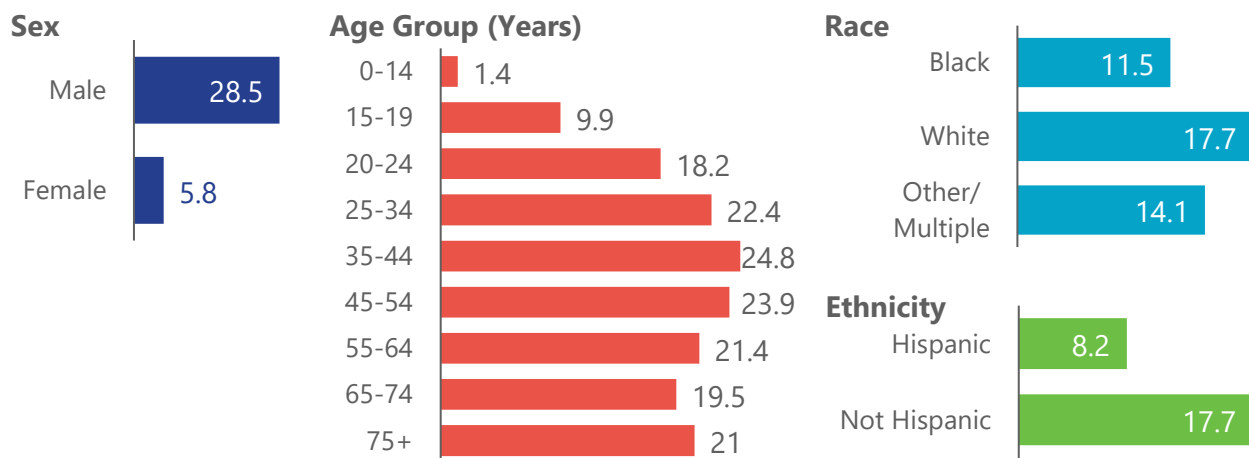


Figure 6. Suicide death rates by sex, age group, race, and ethnicity, 2023



## Suicide Fatalities by Month of Death

In 2023, October had the highest number of suicide deaths (109), while September had the lowest (83). There was no clear seasonal trend in suicide deaths by month (Appendix F).

## Suicide Fatalities by Veteran Status

In 2023, 186 persons who died by suicide were identified as veterans (15.7%), compared to 205 in 2022.<sup>8</sup> Firearms accounted for 81.7% of veteran suicide deaths compared to 78.7% in 2022. Among veterans who died by suicide, 98.9% were male, 28% were 75 and older, and 93.5% were white.

## Conclusions

In 2023, Indiana experienced a continued decline in overdose deaths compared to the preceding three years. While declines occurred across most demographic groups, demographic and geographic disparities in overdose rates persist. Additionally, challenges remain in reducing suicide deaths, as Indiana experienced a slight but consistent increase in suicide rates annually between 2019 and 2023. Additional ongoing collaboration, surveillance, prevention, and intervention are essential to reduce the impact of overdose and suicide in Indiana and promote the health and safety of all Hoosiers.

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<sup>8</sup> Veteran status is denoted on death certificates as Armed Forces. Due to this being self-reported, the actual number of veteran deaths may be undercounted. The Indiana Department of Veterans Affairs confirmed 66 of the 186 (35.4%) veteran suicide deaths.



# Acknowledgements

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# Appendices

## Appendix A: Overdose Deaths by Sex, Age, Race, and Ethnicity

		2019	2020	2021	2022	2023
Males	Count	1050	1556	1813	1741	1430
	Rate	33.1	48.8	55.2	52.8	43.7
Females	Count	566	679	905	826	700
	Rate	17.6	21.2	27.9	25.4	21.3

		2019	2020	2021	2022	2023
0-14	Count	2	2	7	9	5
	Rate	U	U	U	U	U
15-19	Count	12	20	44	54	53
	Rate	U	4.3	9.5	11.7	11.2
20-24	Count	102	170	178	149	115
	Rate	21.6	36.2	37.5	30.1	24.1
25-34	Count	426	651	692	623	463
	Rate	47.8	73.3	77.4	69.4	51.4
35-44	Count	454	640	726	682	577
	Rate	54.8	75.4	84.6	79.3	66.3
45-54	Count	312	407	522	512	469
	Rate	37.9	49.2	63.7	62.8	57.3
55-64	Count	233	281	429	420	328
	Rate	26.6	31.8	49.1	49	38.8
65-74	Count	61	55	102	105	107
	Rate	9.6	8.3	15	15.3	15.2
75+	Count	14	9	18	13	13
	Rate	U	U	U	U	U

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table A.3 Count and Age-Adjusted Rate of Overdose Deaths by Race, 2022-2023<sup>9</sup>**

		2022	2023
Black or African American	Count	441	380
	Rate	64.1	55.3
White	Count	2,058	1,670
	Rate	37.9	30.6
Other or multiple races	Count	68	80
	Rate	18.2	20.7

**Table A.4 Count and Age-Adjusted Rate of Overdose Deaths by Ethnicity, 2019-2023**

		2019	2020	2021	2022	2023
Hispanic or Latino	Count	48	68	113	89	130
	Rate	10.5	13.8	22.5	17.0	23.4
Not Hispanic or Latino	Count	1,567	2,166	2,604	2,478	2,000
	Rate	26.5	36.8	43.2	41.0	33.4

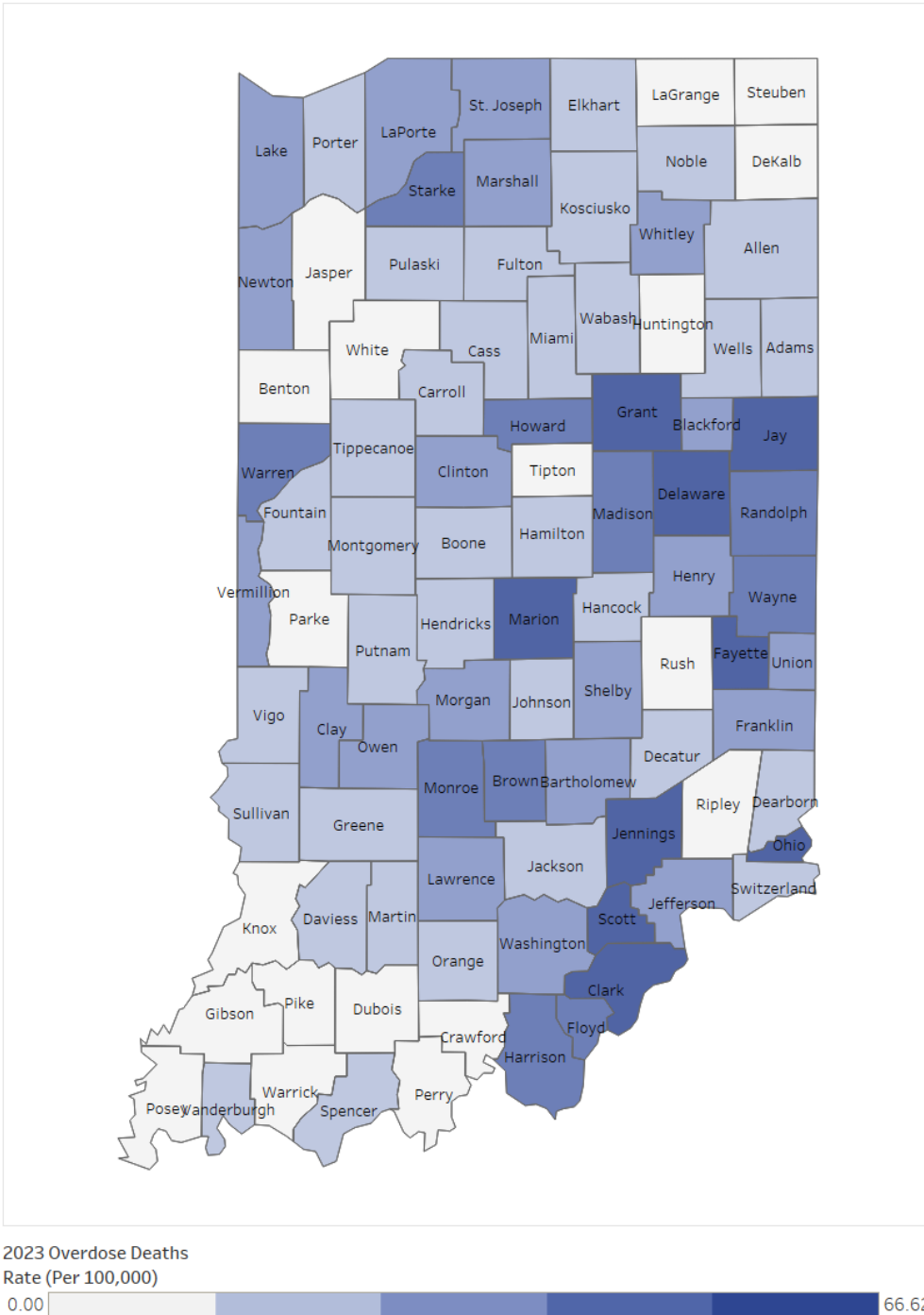
<sup>9</sup> Vital records data in 2022 and later use single race categories, with those who were identified as being of multiple races noted as being of more than one race. Prior to 2022, vital records data used bridged race categories and are not comparable to data in 2022 and later.

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



## Appendix B: Overdose Deaths by County of Residence

Figure B.1. Overdose death rates by county, 2023



All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table B.1 Count and Age-Adjusted Rate of Overdose Deaths by County, 2019-2023**

County Name		2019	2020	2021	2022	2023
<b>Adams</b>	Count	7	7	3	6	6
	Rate	U	U	U	U	U
<b>Allen</b>	Count	109	115	145	132	89
	Rate	31.7	31.6	39.6	35.3	24.2
<b>Bartholomew</b>	Count	18	26	28	46	28
	Rate	U	33.3	34.3	58.9	34.4
<b>Benton</b>	Count	0	1	2	0	1
	Rate	U	U	U	U	U
<b>Blackford</b>	Count	0	7	4	4	4
	Rate	U	U	U	U	U
<b>Boone</b>	Count	19	21	23	13	18
	Rate	U	31.5	32.8	U	U
<b>Brown</b>	Count	0	5	10	6	8
	Rate	U	U	U	U	U
<b>Carroll</b>	Count	2	5	5	3	5
	Rate	U	U	U	U	U
<b>Cass</b>	Count	6	10	5	16	9
	Rate	U	U	U	U	U
<b>Clark</b>	Count	42	62	67	61	65
	Rate	36.3	53.1	56.6	47.9	52.3
<b>Clay</b>	Count	4	0	4	3	8
	Rate	U	U	U	U	U
<b>Clinton</b>	Count	8	11	12	15	10
	Rate	U	U	U	U	U
<b>Crawford</b>	Count	3	6	5	8	1
	Rate	U	U	U	U	U
<b>Daviess</b>	Count	2	0	4	4	5
	Rate	U	U	U	U	U
<b>Dearborn</b>	Count	15	17	12	17	10
	Rate	U	U	U	U	U

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table B.1 Count and Age-Adjusted Rate of Overdose Deaths by County, 2019-2023**

County Name		2019	2020	2021	2022	2023
<b>Decatur</b>	Count	6	11	9	8	5
	Rate	U	U	U	U	U
<b>DeKalb</b>	Count	11	13	4	3	4
	Rate	U	U	U	U	U
<b>Delaware</b>	Count	42	59	86	58	59
	Rate	40.8	60.7	86.5	59.7	58.5
<b>Dubois</b>	Count	2	5	7	2	0
	Rate	U	U	U	U	U
<b>Elkhart</b>	Count	21	27	37	31	30
	Rate	11.1	15.6	19.4	16	16.5
<b>Fayette</b>	Count	21	21	19	14	12
	Rate	107	96.6	U	U	U
<b>Floyd</b>	Count	38	32	44	41	36
	Rate	50.1	44.2	56.9	52.8	45.5
<b>Fountain</b>	Count	6	5	4	2	3
	Rate	U	U	U	U	U
<b>Franklin</b>	Count	5	10	9	3	7
	Rate	U	U	U	U	U
<b>Fulton</b>	Count	6	6	9	1	4
	Rate	U	U	U	U	U
<b>Gibson</b>	Count	4	2	2	3	3
	Rate	U	U	U	U	U
<b>Grant</b>	Count	13	30	53	46	39
	Rate	U	53.6	96	80.7	68.2
<b>Greene</b>	Count	3	4	11	6	7
	Rate	U	U	U	U	U
<b>Hamilton</b>	Count	37	43	46	52	51
	Rate	11.6	13.4	13.6	14.8	13.9
<b>Hancock</b>	Count	11	22	24	21	19
	Rate	U	30.6	31	28.6	U

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table B.1 Count and Age-Adjusted Rate of Overdose Deaths by County, 2019-2023**

County Name		2019	2020	2021	2022	2023
<b>Harrison</b>	Count	14	16	17	19	17
	Rate	U	U	U	U	U
<b>Hendricks</b>	Count	25	50	47	37	36
	Rate	14.6	29.7	26.3	20.1	19.3
<b>Henry</b>	Count	8	9	16	11	16
	Rate	U	U	U	U	U
<b>Howard</b>	Count	28	39	44	41	34
	Rate	35.3	52.7	58.1	52.6	43.6
<b>Huntington</b>	Count	5	11	19	12	4
	Rate	U	U	U	U	U
<b>Jackson</b>	Count	9	20	18	18	10
	Rate	U	47.6	U	U	U
<b>Jasper</b>	Count	7	7	13	8	3
	Rate	U	U	U	U	U
<b>Jay</b>	Count	9	5	12	8	12
	Rate	U	U	U	U	U
<b>Jefferson</b>	Count	3	9	13	9	11
	Rate	U	U	U	U	U
<b>Jennings</b>	Count	12	8	12	19	17
	Rate	U	U	U	U	U
<b>Johnson</b>	Count	27	59	57	60	39
	Rate	18.6	37.6	34.3	37.6	24
<b>Knox</b>	Count	5	4	4	4	3
	Rate	U	U	U	U	U
<b>Kosciusko</b>	Count	9	12	22	23	19
	Rate	U	U	30	31.8	U
<b>LaGrange</b>	Count	0	5	5	4	2
	Rate	U	U	U	U	U
<b>Lake</b>	Count	147	166	217	187	170
	Rate	31.5	35.6	45.3	38.8	35.2

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table B.1 Count and Age-Adjusted Rate of Overdose Deaths by County, 2019-2023**

County Name		2019	2020	2021	2022	2023
<b>LaPorte</b>	Count	28	47	51	52	34
	Rate	27.5	45.1	46.7	51.2	32.9
<b>Lawrence</b>	Count	8	10	17	14	18
	Rate	U	U	U	U	U
<b>Madison</b>	Count	51	51	51	76	56
	Rate	37.7	42	38.7	57.4	44.4
<b>Marion</b>	Count	362	572	699	677	555
	Rate	38.2	58.4	72.4	69.9	59.2
<b>Marshall</b>	Count	5	10	13	16	14
	Rate	U	U	U	U	U
<b>Martin</b>	Count	2	2	1	0	2
	Rate	U	U	U	U	U
<b>Miami</b>	Count	6	6	13	14	8
	Rate	U	U	U	U	U
<b>Monroe</b>	Count	22	43	48	58	56
	Rate	15.4	34.3	39.1	48.9	46.2
<b>Montgomery</b>	Count	9	9	16	11	8
	Rate	U	U	U	U	U
<b>Morgan</b>	Count	21	20	24	32	19
	Rate	32.6	29.9	36.5	48.7	U
<b>Newton</b>	Count	3	4	9	3	5
	Rate	U	U	U	U	U
<b>Noble</b>	Count	6	6	12	11	9
	Rate	U	U	U	U	U
<b>Ohio</b>	Count	2	0	0	2	4
	Rate	U	U	U	U	U
<b>Orange</b>	Count	2	3	6	4	3
	Rate	U	U	U	U	U
<b>Owen</b>	Count	5	6	5	7	7
	Rate	U	U	U	U	U

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table B.1 Count and Age-Adjusted Rate of Overdose Deaths by County, 2019-2023**

County Name		2019	2020	2021	2022	2023
<b>Parke</b>	Count	1	2	5	3	1
	Rate	U	U	U	U	U
<b>Perry</b>	Count	0	2	3	2	2
	Rate	U	U	U	U	U
<b>Pike</b>	Count	2	2	1	1	0
	Rate	U	U	U	U	U
<b>Porter</b>	Count	38	43	50	43	41
	Rate	23.9	27.4	31	25.8	23.4
<b>Posey</b>	Count	3	2	3	8	2
	Rate	U	U	U	U	U
<b>Pulaski</b>	Count	1	6	6	8	2
	Rate	U	U	U	U	U
<b>Putnam</b>	Count	2	8	11	4	5
	Rate	U	U	U	U	U
<b>Randolph</b>	Count	9	10	21	13	10
	Rate	U	U	93.2	U	U
<b>Ripley</b>	Count	6	11	8	8	3
	Rate	U	U	U	U	U
<b>Rush</b>	Count	3	3	5	1	1
	Rate	U	U	U	U	U
<b>St. Joseph</b>	Count	6	24	15	14	16
	Rate	U	103.2	U	U	U
<b>Scott</b>	Count	11	16	16	20	14
	Rate	U	U	U	47.5	U
<b>Shelby</b>	Count	3	2	3	4	4
	Rate	U	U	U	U	U
<b>Spencer</b>	Count	35	88	93	92	82
	Rate	14.3	34.2	37.4	35.8	31.6
<b>Starke</b>	Count	11	11	14	17	10
	Rate	U	U	U	U	U

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."





**Table B.1 Count and Age-Adjusted Rate of Overdose Deaths by County, 2019-2023**

County Name		2019	2020	2021	2022	2023
<b>Steuben</b>	Count	4	2	4	5	3
	Rate	U	U	U	U	U
<b>Sullivan</b>	Count	3	1	1	3	3
	Rate	U	U	U	U	U
<b>Switzerland</b>	Count	3	3	5	5	2
	Rate	U	U	U	U	U
<b>Tippecanoe</b>	Count	38	34	40	48	39
	Rate	23.4	21	22.6	29.7	22.8
<b>Tipton</b>	Count	2	1	1	6	1
	Rate	U	U	U	U	U
<b>Union</b>	Count	2	2	2	4	2
	Rate	U	U	U	U	U
<b>Vanderburgh</b>	Count	30	46	82	67	39
	Rate	15.8	26.7	47.1	37.2	23.2
<b>Vermillion</b>	Count	5	3	3	2	5
	Rate	U	U	U	U	U
<b>Vigo</b>	Count	15	17	29	29	26
	Rate	U	U	29	28.1	24.7
<b>Wabash</b>	Count	6	9	9	10	6
	Rate	U	U	U	U	U
<b>Warren</b>	Count	1	1	0	1	4
	Rate	U	U	U	U	U
<b>Warrick</b>	Count	7	16	17	9	7
	Rate	U	U	U	U	U
<b>Washington</b>	Count	6	13	13	14	8
	Rate	U	U	U	U	U
<b>Wayne</b>	Count	47	45	56	44	32
	Rate	80.9	80.3	83.8	69.3	54.0
<b>Wells</b>	Count	10	4	6	5	4
	Rate	U	U	U	U	U

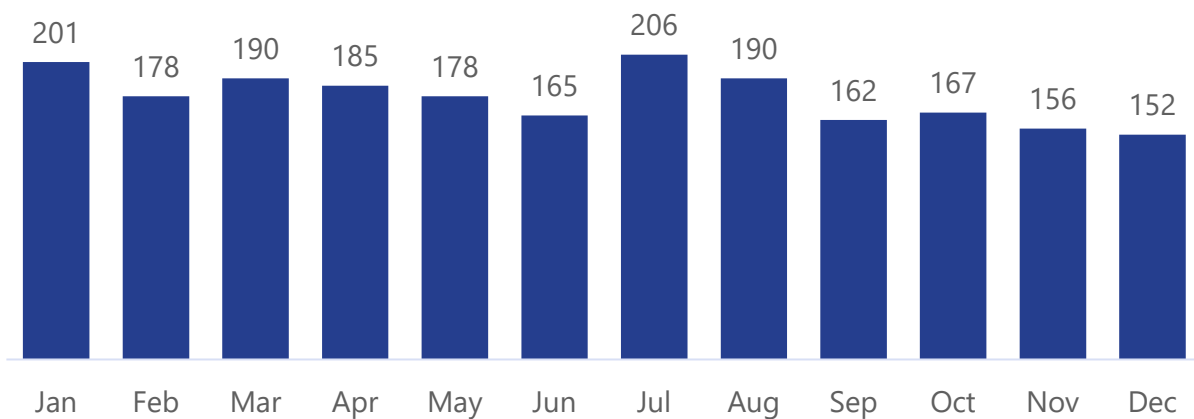
All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



Table B.1 Count and Age-Adjusted Rate of Overdose Deaths by County, 2019-2023						
County Name		2019	2020	2021	2022	2023
<b>White</b>	Count	3	10	6	3	2
	Rate	U	U	U	U	U
<b>Whitley</b>	Count	2	6	8	8	9
	Rate	U	U	U	U	U
<b>INDIANA</b>	Count	<b>1,616</b>	<b>2,235</b>	<b>2,718</b>	<b>2,567</b>	<b>2,130</b>
	Rate	<b>25.3</b>	<b>35</b>	<b>41.7</b>	<b>39.2</b>	<b>32.5</b>

### Appendix C. Overdose Deaths by Month of Death, 2023

Figure C.1 Count of overdose deaths by month of death, Indiana, 2023



All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



## Appendix D: Suicide Deaths by Sex, Age, and Race

**Table D.1 Count and Age-Adjusted Rate of Suicide Deaths by Sex, 2019-2023**

		2019	2020	2021	2022	2023
Males	Count	793	823	921	941	985
	Rate	23.6	24.4	27.2	27.2	28.5
Females	Count	176	194	203	208	199
	Rate	5.2	5.9	6.0	6.0	5.8

**Table D.2 Count and Rate of Suicide Deaths by Age Group (Years), 2019-2023**

		2019	2020	2021	2022	2023
0-14	Count	17	21	18	14	18
	Rate	U	1.6	U	U	U
15-19	Count	31	62	65	42	47
	Rate	6.8	13.3	14.0	9.1	9.9
20-24	Count	87	87	107	87	87
	Rate	18.4	18.5	22.6	17.6	18.2
25-34	Count	181	201	212	216	202
	Rate	20.3	22.6	23.7	24.1	22.4
35-44	Count	152	161	200	171	216
	Rate	18.3	19	23.3	19.9	24.8
45-54	Count	164	160	152	196	196
	Rate	19.9	19.4	18.6	24	23.9
55-64	Count	155	140	162	190	181
	Rate	17.7	15.9	18.5	22.2	21.4
65-74	Count	99	95	113	126	137
	Rate	15.5	14.4	16.6	18.3	19.5
75+	Count	83	90	95	107	100
	Rate	18.5	20.9	21.9	22.8	21.0

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table D.3 Count and Age-Adjusted Rate of Suicide Deaths by Race, 2022-2023<sup>10</sup>**

		2022	2023
Black or African American	Count	72	80
	Rate	10.1	11.5
White	Count	1,026	1,051
	Rate	17.0	17.7
Other or multiple races	Count	51	53
	Rate	13.0	14.1

**Table D.4 Count and Age-Adjusted Rate of Suicide Deaths by Ethnicity, 2019-2023**

		2019	2020	2021	2022	2023
Hispanic or Latino	Count	27	34	35	40	48
	Rate	5.6	6.3	6.5	7.5	8.2
Not Hispanic or Latino	Count	942	983	1,089	1,108	1,136
	Rate	14.6	15.5	17.0	16.9	17.7

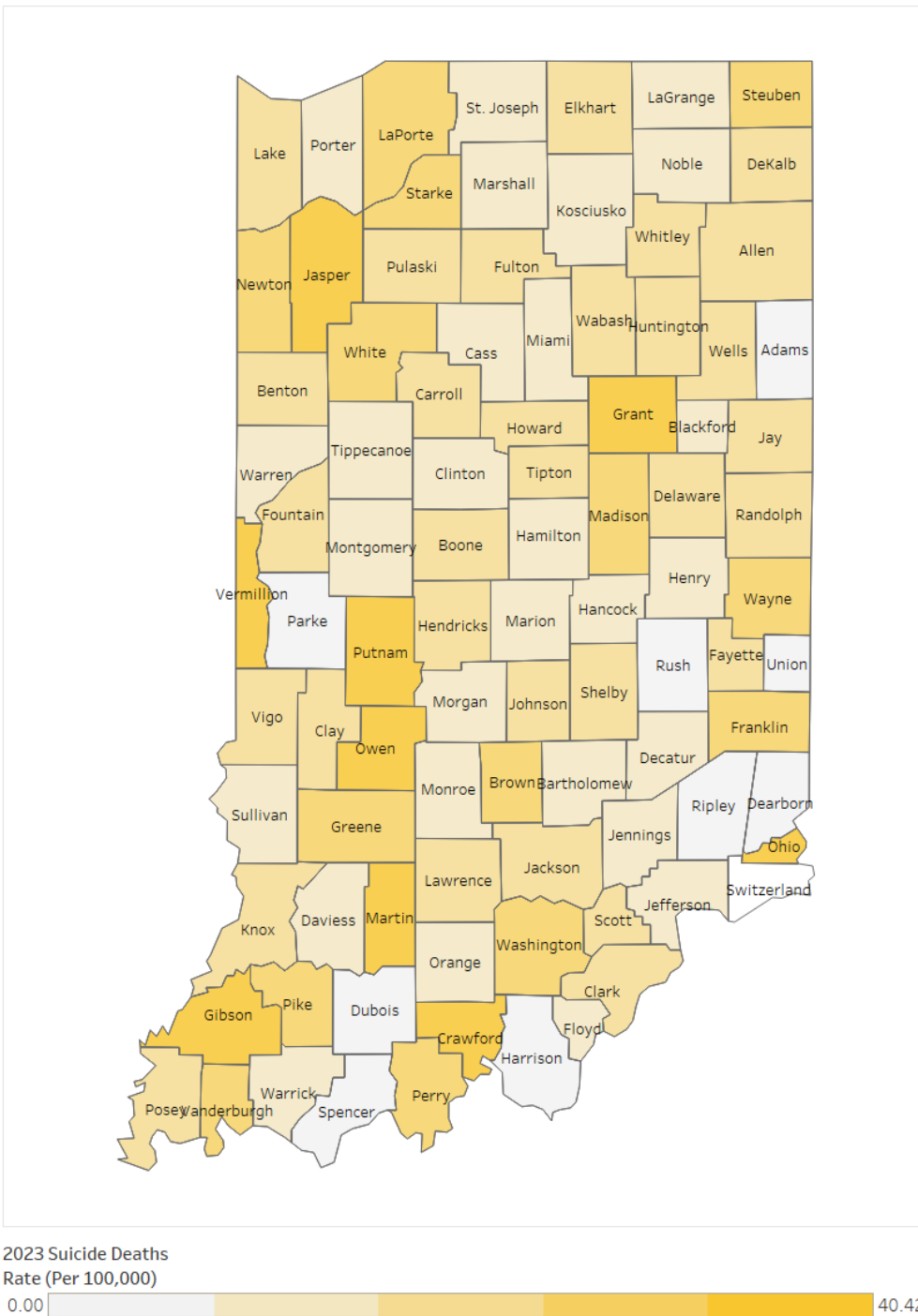
<sup>10</sup> Vital records data in 2022 and later use single race categories, with those who were identified as being of multiple races noted as being of more than one race. Prior to 2022, vital records data used bridged race categories and are not comparable to data in 2022 and later.

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



## Appendix E: Suicide Deaths by County of Residence

Figure E.1. Suicide death rate by county, 2023



All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table E.1 Count and Age-Adjusted Rate of Suicide Deaths by County, 2019-2023**

County Name		2019	2020	2021	2022	2023
<b>Adams</b>	Count	2	2	4	1	2
	Rate	U	U	U	U	U
<b>Allen</b>	Count	41	44	74	64	64
	Rate	11.4	11.2	19.2	17.1	16.5
<b>Bartholomew</b>	Count	15	12	13	5	10
	Rate	U	U	U	U	U
<b>Benton</b>	Count	0	5	1	1	2
	Rate	U	U	U	U	U
<b>Blackford</b>	Count	4	2	2	6	1
	Rate	U	U	U	U	U
<b>Boone</b>	Count	13	8	11	8	16
	Rate	U	U	U	U	U
<b>Brown</b>	Count	6	4	4	10	5
	Rate	U	U	U	U	U
<b>Carroll</b>	Count	4	1	1	4	4
	Rate	U	U	U	U	U
<b>Cass</b>	Count	3	5	5	10	6
	Rate	U	U	U	U	U
<b>Clark</b>	Count	19	16	22	25	21
	Rate	U	U	18.2	18.6	16.5
<b>Clay</b>	Count	0	4	7	7	6
	Rate	U	U	U	U	U
<b>Clinton</b>	Count	10	4	6	6	4
	Rate	U	U	U	U	U
<b>Crawford</b>	Count	2	3	1	2	4
	Rate	U	U	U	U	U
<b>Daviess</b>	Count	0	6	4	3	3
	Rate	U	U	U	U	U
<b>Dearborn</b>	Count	8	10	11	10	4
	Rate	U	U	U	U	U
<b>Decatur</b>	Count	5	2	4	6	4
	Rate	U	U	U	U	U

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table E.1 Count and Age-Adjusted Rate of Suicide Deaths by County, 2019-2023**

County Name		2019	2020	2021	2022	2023
<b>DeKalb</b>	Count	5	4	9	9	8
	Rate	U	U	U	U	U
<b>Delaware</b>	Count	25	19	16	25	26
	Rate	21.1	U	U	23.9	22.1
<b>Dubois</b>	Count	6	5	7	8	3
	Rate	U	U	U	U	U
<b>Elkhart</b>	Count	30	16	21	29	34
	Rate	14.2	U	10.6	14	16.9
<b>Fayette</b>	Count	2	2	8	5	5
	Rate	U	U	U	U	U
<b>Floyd</b>	Count	13	16	8	16	12
	Rate	U	U	U	U	U
<b>Fountain</b>	Count	4	1	1	5	4
	Rate	U	U	U	U	U
<b>Franklin</b>	Count	3	8	4	5	7
	Rate	U	U	U	U	U
<b>Fulton</b>	Count	4	3	4	8	4
	Rate	U	U	U	U	U
<b>Gibson</b>	Count	5	4	7	10	11
	Rate	U	U	U	U	U
<b>Grant</b>	Count	6	9	16	8	24
	Rate	U	U	U	U	35.2
<b>Greene</b>	Count	7	5	4	6	9
	Rate	U	U	U	U	U
<b>Hamilton</b>	Count	40	32	43	40	43
	Rate	12.4	9.1	12.1	11.1	11.5
<b>Hancock</b>	Count	13	11	11	13	10
	Rate	U	U	U	U	U
<b>Harrison</b>	Count	5	10	9	13	3
	Rate	U	U	U	U	U
<b>Hendricks</b>	Count	18	25	22	24	34
	Rate	U	14.7	12.1	12.5	18.4

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table E.1 Count and Age-Adjusted Rate of Suicide Deaths by County, 2019-2023**

County Name		2019	2020	2021	2022	2023
<b>Henry</b>	Count	10	13	8	7	7
	Rate	U	U	U	U	U
<b>Howard</b>	Count	11	18	13	25	20
	Rate	U	U	U	31.7	26.4
<b>Huntington</b>	Count	5	3	7	6	7
	Rate	U	U	U	U	U
<b>Jackson</b>	Count	6	6	4	8	9
	Rate	U	U	U	U	U
<b>Jasper</b>	Count	3	7	6	9	12
	Rate	U	U	U	U	U
<b>Jay</b>	Count	1	2	7	4	4
	Rate	U	U	U	U	U
<b>Jefferson</b>	Count	4	3	6	2	5
	Rate	U	U	U	U	U
<b>Jennings</b>	Count	4	12	8	2	4
	Rate	U	U	U	U	U
<b>Johnson</b>	Count	24	27	28	24	34
	Rate	14.7	16.1	16.5	14.9	20.6
<b>Knox</b>	Count	3	7	8	6	7
	Rate	U	U	U	U	U
<b>Kosciusko</b>	Count	9	12	12	6	11
	Rate	U	U	U	U	U
<b>LaGrange</b>	Count	4	4	8	2	4
	Rate	U	U	U	U	U
<b>Lake</b>	Count	49	55	70	75	88
	Rate	9.8	10.6	13.5	13.7	18.3
<b>LaPorte</b>	Count	21	22	32	21	32
	Rate	16.6	19.5	28.2	18.3	27.3
<b>Lawrence</b>	Count	3	7	11	7	8
	Rate	U	U	U	U	U
<b>Madison</b>	Count	29	23	28	23	34
	Rate	22.7	18.2	21.6	17.9	24.9

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."





**Table E.1 Count and Age-Adjusted Rate of Suicide Deaths by County, 2019-2023**

County Name		2019	2020	2021	2022	2023
<b>Marion</b>	Count	125	144	144	151	129
	Rate	12.9	14.7	14.6	15.6	13.1
<b>Marshall</b>	Count	9	8	7	10	6
	Rate	U	U	U	U	U
<b>Martin</b>	Count	3	2	3	1	4
	Rate	U	U	U	U	U
<b>Miami</b>	Count	6	10	5	9	4
	Rate	U	U	U	U	U
<b>Monroe</b>	Count	19	17	17	18	20
	Rate	U	U	U	U	14.7
<b>Montgomery</b>	Count	3	11	5	6	6
	Rate	U	U	U	U	U
<b>Morgan</b>	Count	17	14	14	11	10
	Rate	U	U	U	U	U
<b>Newton</b>	Count	2	1	3	4	4
	Rate	U	U	U	U	U
<b>Noble</b>	Count	9	7	5	14	6
	Rate	U	U	U	U	U
<b>Ohio</b>	Count	1	1	1	0	2
	Rate	U	U	U	U	U
<b>Orange</b>	Count	6	2	2	5	3
	Rate	U	U	U	U	U
<b>Owen</b>	Count	6	4	4	7	8
	Rate	U	U	U	U	U
<b>Parke</b>	Count	4	1	2	1	1
	Rate	U	U	U	U	U
<b>Perry</b>	Count	4	2	2	3	5
	Rate	U	U	U	U	U
<b>Pike</b>	Count	2	1	2	4	3
	Rate	U	U	U	U	U
<b>Porter</b>	Count	27	27	31	28	27
	Rate	14.4	15	16.9	15.5	14

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table E.1 Count and Age-Adjusted Rate of Suicide Deaths by County, 2019-2023**

County Name		2019	2020	2021	2022	2023
<b>Posey</b>	Count	1	5	5	8	5
	Rate	U	U	U	U	U
<b>Pulaski</b>	Count	5	2	3	2	3
	Rate	U	U	U	U	U
<b>Putnam</b>	Count	6	13	9	8	15
	Rate	U	U	U	U	U
<b>Randolph</b>	Count	5	5	5	6	4
	Rate	U	U	U	U	U
<b>Ripley</b>	Count	4	6	3	7	2
	Rate	U	U	U	U	U
<b>Rush</b>	Count	1	4	3	1	1
	Rate	U	U	U	U	U
<b>St. Joseph</b>	Count	8	1	7	5	5
	Rate	U	U	U	U	U
<b>Scott</b>	Count	9	8	9	8	8
	Rate	U	U	U	U	U
<b>Shelby</b>	Count	2	7	5	6	0
	Rate	U	U	U	U	U
<b>Spencer</b>	Count	45	44	31	43	40
	Rate	16.6	16.1	11.1	16	14.8
<b>Starke</b>	Count	6	3	3	5	7
	Rate	U	U	U	U	U
<b>Steuben</b>	Count	7	11	4	8	9
	Rate	U	U	U	U	U
<b>Sullivan</b>	Count	1	4	6	6	3
	Rate	U	U	U	U	U
<b>Switzerland</b>	Count	2	1	1	1	0
	Rate	U	U	U	U	U
<b>Tippecanoe</b>	Count	26	23	34	23	25
	Rate	11.6	13.5	19	12.4	14.9
<b>Tipton</b>	Count	5	3	6	5	3
	Rate	U	U	U	U	U

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



**Table E.1 Count and Age-Adjusted Rate of Suicide Deaths by County, 2019-2023**

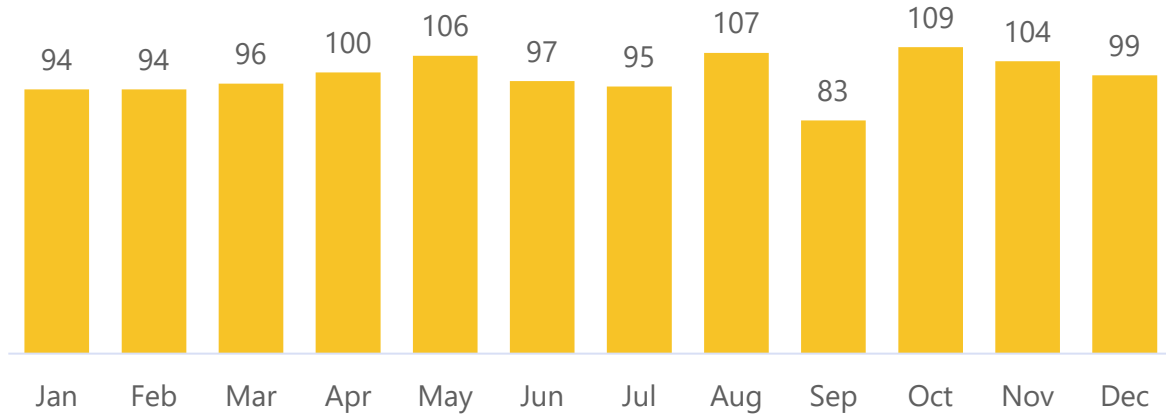
County Name		2019	2020	2021	2022	2023
<b>Union</b>	Count	2	1	4	1	0
	Rate	U	U	U	U	U
<b>Vanderburgh</b>	Count	35	36	40	38	44
	Rate	19.5	19.3	20.8	20.9	23.6
<b>Vermillion</b>	Count	1	6	6	5	6
	Rate	U	U	U	U	U
<b>Vigo</b>	Count	13	20	21	27	24
	Rate	U	17.7	20.1	25.5	20.8
<b>Wabash</b>	Count	1	3	8	9	5
	Rate	U	U	U	U	U
<b>Warren</b>	Count	0	2	0	0	1
	Rate	U	U	U	U	U
<b>Warrick</b>	Count	10	10	13	9	9
	Rate	U	U	U	U	U
<b>Washington</b>	Count	8	2	8	7	9
	Rate	U	U	U	U	U
<b>Wayne</b>	Count	12	9	11	11	18
	Rate	U	U	U	U	U
<b>Wells</b>	Count	2	4	7	1	5
	Rate	U	U	U	U	U
<b>White</b>	Count	4	6	9	6	8
	Rate	U	U	U	U	U
<b>Whitley</b>	Count	1	7	0	1	8
	Rate	U	U	U	U	U
<b>INDIANA</b>	Count	<b>969</b>	<b>1,017</b>	<b>1,124</b>	<b>1,149</b>	<b>1,184</b>
	Rate	<b>14.1</b>	<b>14.9</b>	<b>16.3</b>	<b>16.3</b>	<b>16.9</b>

All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



## Appendix F. Suicide Deaths by Month of Death, 2023

Figure F.1 Count of suicide deaths by month of death, Indiana, 2023



All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."



## Appendix G: Methods

Cause of death throughout this report is determined based on the International Classification of Diseases 10<sup>th</sup> revision (ICD-10) codes listed as the underlying cause of death on decedents' death certificates. ICD-10 codes for suicide and drug poisoning (overdose) are listed in table G.1.

**Table G.1** Standardized definition of suicide and drug poisoning (overdose) deaths, by ICD-10 code of the decedent's underlying cause of death

Definition	Underlying Cause of Death ICD-10 Codes
<b>Suicide</b>	X60-X84, Y87.0
By Poisoning	X60-X69
By Suffocation	X70
By Drowning	X71
By Firearm	X72-X74
Other Specified, Classifiable	X75, X81
By Fire or Hot Object/Substance	X76-X77
By Cut or Pierce	X78
By Struck By or Against	X79
By Fall	X80
By All Transport	X82
Other Specified, Not Elsewhere Classified	X83, Y87.0
Unspecified	X84
<b>Unintentional Overdose/Poisoning</b>	X40-X44, Y10-Y14
Accidental poisoning by drugs	X40-X44
Drug poisoning of undetermined intent	Y10-Y14

### Urban/Rural Classification

Urban and rural classifications in this report were based on the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy data files as of June 2024 (<https://www.hrsa.gov/rural-health/about-us/what-is-rural/data-files>).

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All rates are per 100,000 population. Rates by age group are crude rates. All other rates are age-adjusted to the 2000 U.S. standard population according to the direct method. Rates based on fewer than 20 cases are considered unstable and denoted with a "U."

