

# **THE CONSUMPTION AND CONSEQUENCES OF ALCOHOL, DRUGS AND TOBACCO IN LAPORTE COUNTY: AN EPIDEMIOLOGICAL PROFILE**

## **EXECUTIVE SUMMARY**

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***Our Vision:***

The Strategic Prevention Framework State Incentive Grant Program intends to mobilize and unite the residents of LaPorte County for the purpose of preventing and reducing the negative consequences of substance use and misuse in order to restore our community to wellness for the 21st Century.

***Our Mission:***

To bring together representatives, organizations, and agencies both public and private, which seek to provide optimal resources for the combating of alcohol and other drug use in LaPorte County. To formulate a countywide comprehensive plan, while evaluating and restructuring to insure the plan's goals are met and to fund proposed projects and programs by awarding grants from the local portion of the Drug Free Community Fund.

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## Introduction

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The US Department of Health and Human Services' Center for Substance Abuse Prevention (CSAP) made a grant available to Indiana as part of its Strategic Prevention Framework State Incentive Grant (SPF SIG) Program. The LaPorte County Coordinating Council Drug Free Partnership established a Local Epidemiology and Outcomes Workgroup (LEOW) to collect and analyze available data in order to facilitate evidence-based decisions regarding substance use and misuse in LaPorte County. This report is the first completed under the direction of the LEOW.

The LEOW's stated goals are to 1) Create a centralized data center within LaPorte County that tracks trends and produces outcome information, 2) Bring about community-wide awareness and change, and 3) Prevent and reduce the negative consequences of substance use and misuse on individuals and the community.

According to the 2008 State Epidemiological Outcome Workgroup report, LaPorte County is a community with a high need for alcohol prevention: the County received an alcohol priority score of 26—the highest in the state.<sup>1</sup> Due to its high priority score, LaPorte County received funding to address alcohol, specifically underage and binge drinking by 18-25 year olds. The alcohol priority score is created from the number and the rate of the following five indicators: 1) alcohol-related fatal auto accidents, 2) alcohol-related crashes, 3) arrests for public intoxication, 4) arrests for driving under the influence (DUI), and 5) arrests for liquor laws violations. The state chose these indicators because they are the best proxy measures of underage drinking and binge drinking by 18-25 year olds at the county level.<sup>2</sup>

Because alcohol use frequently accompanies other substance use, heroin, cocaine, marijuana, over-the-counter medications, and prescription medications also receive attention in this report. This report will also briefly look at co-occurring substance use and mental health disorders. Individuals with serious mental illness are much more likely to have substance use problems, and it is important that this population is recognized.<sup>3</sup> The LEOW will continue to expand the analyses offered in this report over the coming years in an effort to understand the full effects of substance use and misuse in LaPorte County.

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## Guide to Reading “The Consumption and Consequences of Alcohol, Drugs and Tobacco in LaPorte County: An Epidemiological Profile”

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Within the report there are three kinds of data presented:

- The first type is the qualitative data, which is bolded and italicized (e.g., ***Portrait of Heroin Sellers in LaPorte County***).
- The second type of data is the quantitative data, which is bolded but not italicized (e.g., **Youth Survey Data**).
- The third type is data from secondary sources (e.g. **Drug Threat Assessments**), which are also bolded but not italicized.

The varying relevance of data is codified similarly:

- Underlined sections in the findings suggest different subsections (e.g. Law Enforcement).
- Policy recommendation sections are in capitals and bolded (e.g. **MODIFICATIONS TO THE CRIMINAL JUSTICE SYSTEM**).
- Policy recommendation subcategories are in bold, but not capitalized (e.g. **Court Enhancements**).
- The specific policy recommendations within each subsection are italicized and underlined, but not in bold (e.g. *Increase the number of mental health staff available to individuals detained in jail facilities*).

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# EXECUTIVE SUMMARY

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## LaPorte County Overview

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LaPorte County is located in the Northwest Region of Indiana, two counties west of the Illinois border, and directly borders Michigan. The county is home to multiple beaches on Lake Michigan, a casino, sand dunes, museums, a winery, gardens and bike paths. It can be characterized as a moderate-income county with a population that is almost 88 percent white and largely rural, except for Michigan City and LaPorte City. The median household income is slightly higher than the state median household income of \$45,394. One quarter of the population works in manufacturing. Educational services, health care and social services are the second most common industries with just over 17 percent of the population.<sup>[i]</sup> Poverty rates are just below the state average of 12.7 percent. The county is in need of more affordable housing. Renters comprise approximately half of the county's population; 45 percent of renters spend more than one third of their income on rent.<sup>[ii]</sup>

Michigan City, located on Lake Michigan, is the biggest city in the county and contains 29 percent of the county's population with 31,851 residents in 2007.<sup>[iii]</sup> LaPorte City is located near the center of the county and contains 19 percent of the county's population: 21,093 residents.<sup>[iv]</sup> About half of the county's population lives outside the two cities (52%).

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## Alcohol

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### Adult Drinking

- The percentage of LaPorte County adults reporting past month alcohol use was 69 percent, which is higher than the percentage of respondents reporting past month alcohol use in Indiana or the United States.
- About 58 percent of Michigan City respondents reported past month alcohol use, while about 75 percent of LaPorte City and 78 percent of rural residents over age 25 reported past month use of alcohol.

### Youth Drinking

- One in four youths (25%) aged 14 to 17 responded that they had consumed alcohol within the past month.
- More than 60 percent of those aged 18-25 reported drinking in the past month.

### Youth Attitudes towards Drinking and Binge Drinking

- Only 36 percent of youth respondents indicated that they disapproved of trying alcohol once or twice.

- Thirty-three percent of youth respondents indicated that they neither approved nor disapproved of drinking 5 or more drinks on a *weekend night*; 14 percent indicated approval.
- Only 50 percent of youth respondents disapproved of binge drinking on the weekend.

### Understanding Binge Drinking

Binge drinking is a form of alcohol consumption that is defined by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) as drinking five drinks in two hours.

When asked to explain how they would define binge drinking, adult and youth respondents overestimated the amount of alcohol and drinking time necessary to define a drinking episode as “binge drinking”. For example:

- Binge drinking definitions given by respondents ranged from consuming 12 beers to a case of beer at one time to consuming a half gallon of hard liquor.

Among the adult respondents, service providers and law enforcement officials, few people were able to define binge drinking correctly. For example:

- Only one respondent came close to the correct response, though still incorrect, labeling binge drinking as the consumption of 5-8 drinks in an hour.
- Other adult respondents believed that the definition of binge drinking characterized the total amount of alcohol consumed, such as drinking a fifth of hard liquor in one sitting.
- Others believed that the definition of binge drinking characterized the total length of time the alcohol was consumed, such as drinking “real hard” for a week or drinking a large amount of alcohol in 20 minutes.
- Still others believed that binge drinking was characterized by level of consciousness, such as drinking until one “passed out.”

Additionally, the community needs to understand that binge drinking—as defined by NIAAA—is tied to Blood Alcohol Concentration (BAC). For example, an average weight male (160 pounds) who consumes 5 or more drinks in 2 hours will have a resulting BAC of at least .08, the legal definition for intoxication in Indiana. Community members should understand that the rapid consumption of this much alcohol— independent of tolerance—results in being legally intoxicated, which can be extremely problematic if operating a car. Consuming 5 drinks in 2 hours can lead to public intoxication or drunk driving arrests if the individual consumes these drinks in a public setting (e.g., a bar or a restaurant).

### Adult Perceptions of Binge Drinking

- The majority of adults surveyed perceived binge drinking to be an acceptable practice by adults.

- One out of four respondents perceived that adults in the community think that it is acceptable for individuals aged 18 to 20 to binge drink.

#### Youth Understanding of Binge Drinking

- Of the youth respondents, less than 1 in 5—just 17 percent—identified binge drinking as having five drinks in two hours—the National Institute on Alcohol Abuse and Alcoholism definition of binge drinking.
- Approximately half of all youth respondents defined binge drinking as either drinking until vomiting or drinking until unconscious.
- More than 30 percent of youth respondents overstated how much a man could drink and close to 40 percent of respondents overstated how much a female could drink before becoming “legally drunk.”

#### Youth Engagement in Binge Drinking

- Nearly half (46%) of respondents aged 18 to 25 reported binge drinking in the last month.
- Nearly one in five (18%) of respondents aged 14 to 17 reported binge drinking in the past month.

#### Drinking and Driving-Adult Perceptions

- About 59 percent of adult respondents expressed disapproval towards drinking and driving.
- Nearly 40 percent of adult respondents perceived that it was acceptable to drink and drive.
- More than 80 percent of adult respondents agreed that most adults in the community believe that it is acceptable to drink and drive, so long as one has not had “too many” alcoholic drinks.

#### Drinking and Driving-Youth

The vast majority of respondents seemed to understand the relationship between consuming too much alcohol and driving safely.

- Over 40 percent of youth respondents indicated that they thought that 2 drinks or less would allow them to drive safely.
- One quarter of respondents indicated that the only way to drive safely was to consume no alcohol.
- Nearly 30 percent of respondents thought that they could consume 3 or 4 drinks in two hours and still be safe to drive.
- Seven percent of respondents thought that they could drive safely when legally drunk (having consumed 5 or more drinks in 2 hours).
- One quarter of youth admitted drinking and driving during the last year. It is possible, however, that youth are underreporting drunk driving, since 18 percent of youth under age 18 reported drinking 5 or more drinks in the past month and 46 percent of youth aged 18 to 25 reported past month binge drinking. The drunk driving results may be skewed to appear as less problematic because youth lack of knowledge of what “legally drunk” or intoxicated means. LaPorte

County needs to provide more education about how many drinks lead to intoxication, as youth over age 21 might think that they are not legally intoxicated (i.e. BAC of .08 or higher) when they are.

- More than 40 percent of youth respondents indicated that they had never used a designated driver when they knew in advance they would be drinking, but more than 70 percent of youth respondents indicated that they had someone to call to pick them up if they had been drinking and needed transportation.
- About 55 percent of youth respondents indicated that they would use a safe ride program operated by the school or the county.

#### Community Suggestions for Getting Home Safely After Drinking

Both the youth and adult focus group respondents were asked to reflect on options for getting home safely after a night of drinking that did not involve operating their own vehicle while intoxicated. Many of the respondents, youth and adult, listed a designated driver as the best option for getting home safely. Some of the youth respondents recommended calling a parent or family member to come and pick them up and others said that calling a sober friend and staying at their house overnight would be the best option. Others recommended that you should plan to stay at the place that you are drinking until you are sober or, if you must leave, walk someplace safe instead of driving and then try to arrange a ride from there. Adults mirrored these responses. Some of the respondents believed that a visual cue, such as a window cling or a dashboard decal that listed phone numbers of people to call if they were intoxicated, would be a good way to trigger their memory and their intention to not drive drunk.

#### Alcohol Related Vehicle Crashes and Mortality

The rate of alcohol related driving fatalities is much higher in LaPorte County as compared to the State of Indiana as a whole.

- In 2006, according to the Vehicle Crash Reporting System, LaPorte's alcohol related vehicle accident rate was 7.21 per 100,000 residents, while Indiana's rate was 4.19 per 100,000 residents.
- In 2007, the rate of alcohol-related fatalities from car crashes in LaPorte County was nearly three times higher (186%) than the State of Indiana.
- The rate of alcohol-related car crashes that resulted in injuries in LaPorte County was more than double the state's rate in 2007, or 135 percent higher than the state.
- The majority of fatal alcohol-related vehicle crashes occurred in the rural areas of LaPorte County both in 2000 and 2007 according to the Vehicle Crash reporting system. In 2000, all alcohol-related traffic fatalities occurred in the rural area, but in 2007, 90 percent (nine deaths) occurred in the rural areas with one death occurring in LaPorte City.
- The majority of alcohol-related injuries due to vehicle collisions primarily occurred outside of the metropolitan areas in LaPorte County in both 2000 and 2007. In 2007, 62 percent of alcohol-related collisions resulting in injuries occurred in rural LaPorte with nearly one-third occurring inside Michigan City. Over time, it appears that most of the alcohol-related collisions that resulted in

injuries occurred either in rural LaPorte County or in Michigan City, with few collisions occurring in LaPorte City.

### Perceived Alcohol Availability

Both the Youth Survey and the Community Alcohol Perceptions Survey asked respondents whether it was difficult to get alcohol from parents without the parents' knowledge. These findings suggest that there is a significant discrepancy between youth and adult perceptions of alcohol availability.

- Of the youth respondents, 62 percent indicated that it would be either very difficult or somewhat difficult to take alcohol without parents' knowledge, while only 25 percent of adults thought that it was either very difficult or somewhat difficult.
- Less than 40 percent of youth respondents thought it would not be difficult to obtain alcohol without parents' knowledge, while 74 percent of adults thought that it would not be difficult to get alcohol from parents without their knowledge.
- Only 51 percent of youth respondents indicated that it would not be difficult to obtain alcohol from older siblings, while 70 percent of adult respondents indicated that youth would have little difficulty in getting alcohol from older siblings.
- Nearly one quarter of youth respondents indicated that it would not be difficult to get alcohol from adult relatives other than parents, while only 16 percent of adult respondents indicated that it would not be difficult for youth to obtain alcohol from other adult relatives.
- Youth respondents indicated that it would be very or somewhat difficult to get alcohol from bars, (85%), restaurants (85%), liquor stores (85%), grocery stores (87%) and convenience stores (85%), suggesting that purchasing alcohol through an establishment was one of the more difficult ways to obtain alcohol as compared to getting it from another person.
- Adult respondents thought it was much easier to get alcohol from restaurants, liquor stores, grocery stores and convenience stores than did youth. Adult respondents indicated that it would be somewhat or very difficult to obtain alcohol from bars, (92%), restaurants (64%), liquor stores (54%), grocery stores (48%) and convenience stores (67%).

### Number of Alcohol Outlets

- The last year for which we have comparable data, 2004, demonstrates that LaPorte County had 20 percent more retail alcohol outlets per 1,000 residents than Indiana.
- The number of alcohol retail outlets has grown from 226 in 2000 to 251 in 2008, an increase of 11 percent in 8 years.

### Treatment

- As a percent of all treatment admissions at Swanson Center, alcohol comprised 48.9 percent of all treatment admissions in 2006 and 64.4 percent of all treatment admissions in 2008.
- In 2006, only 11 percent of alcohol treatment admissions occurred among those 17 to 25. In 2008, 20 percent of alcohol treatment admissions were aged 17 to 25.
- In 2006, individuals under age 35 comprised 35 percent of treatment admissions for alcohol. This proportion increased in 2008 when those under 35 represented nearly half of all treatment admissions for alcohol.
- The majority of individuals receiving treatment at Swanson Center in 2008 were male (75%).
- The majority of those treated for alcohol were white (77%) in 2008.

#### Law Enforcement Data

Among Michigan City probationers convicted of an alcohol-related offense, a large percentage of individuals convicted were not LaPorte County residents. For example:

- One quarter of all OWIs (operating while intoxicated) were committed by offenders living outside of LaPorte County.
- Fourteen percent of second and subsequent OWIs were committed by individuals residing outside of LaPorte County.
- Nearly one in five reckless driving convictions was committed by non-LaPorte residents. These charges are often used as a plea bargain for OWI/DUI.
- Seventeen percent of convictions for a BAC of .02 to .08 were non-LaPorte County residents.
- The percentage of alcohol-related crimes committed by non-LaPorte residents is very high.

#### Sheriff Data

- The LaPorte County Sheriff's adult arrests for operating while intoxicated increased by 5 percent between 2006 and 2008 from 882 arrests in 2006 to 927 in 2008.
- Sheriff arrests for adult ABC laws violations increased 18 percent during from 141 in 2006 to 161 in 2008.
- Sheriff data demonstrates that juvenile arrests increased by 11 percent for ABC laws violations from 56 arrests in 2006 to 62 arrests in 2008.
- Sheriff arrests for operating while intoxicated by juveniles decreased by one-third, from 12 in 2006 to 8 in 2008.

#### Michigan City

Michigan City Police, through its CAPS report, noted relatively stable arrests for operating while intoxicated, illegal possession of alcohol, public intoxication and disorderly conduct. These four categories of arrests changed one percent or less between 2006 and 2008.

- There were 296 arrests for OWI in 2006 and 292 arrests in 2008 in Michigan City.
- Reckless driving arrests decreased significantly from 17 arrests in 2006 to only 2 arrests in 2008, an 88 percent decline.
- Felony arrests for operating while intoxicated increased from 71 arrests in 2006 to 93 arrests in 2008 – an increase of 31 percent.
- The number of ABC violations in Michigan City increased 66 percent between 2006 and 2008, from 115 in 2006 to 191 in 2008.
- While arrests for public intoxication remained stable over this period, 235 individuals were arrested in 2008 for this violation.
- Arrests for disorderly conduct remained stable, with 146 arrests occurring in Michigan City in 2008.

#### LaPorte City Police

- Violations for liquor laws increased among the juvenile population by 74 percent from 35 in 2006 to 61 in 2008.
- Public intoxication arrests remained stable for adults from 2006 to 2008, with 134 arrests occurring in 2006 and 131 occurring in 2008.
- OWI arrests among adults increased by 63 percent – from 144 in 2006 to 234 in 2008.
- Liquor law arrests among adults decreased 10 percent, from 95 in 2006 to 85 in 2008.

The number of calls to the La Porte police increased dramatically for alcohol related offenses between 2002 and 2008.

- Callers reporting an intoxicated driver more than tripled during the six year time period, from 87 in 2002 to 271 in 2008.
- Reckless driving calls nearly tripled during this time as well, from 135 reports in 2002 to 396 reports in 2008.
- Reports of intoxicated persons increased marginally from 203 reports in 2002 to 212 reports in 2008 – a 4 percent increase.

Some of these increases in calls may be due to more individuals using cell phones currently than in 2002.

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### **Youth Perceptions of Drug and Alcohol Availability – From Least to Most Difficult to Obtain**

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#### LaPorte County Youth Perceived Availability of Substances

Youth aged 14-25 in LaPorte County were surveyed and asked to share their perceptions about the availability of alcohol and different types of drugs. Young people were asked “How difficult would it be for individuals to obtain (marijuana, heroin, etc.)?” These results are presented in a rank from most to least available.

- Fifty-five percent of LaPorte County youth surveyed responded that it would not be difficult for individuals to obtain *marijuana*. This is not surprising, as marijuana is the most widely used illegal drug.
- Fifty-three percent responded that it would not be difficult for individuals to obtain *alcohol* from someone their own age and 51% said it would not be difficult to get alcohol from an older sibling. Only 24%, however, said it would not be difficult to obtain alcohol from their parents.
- Perceived prescription drug availability was surprisingly high. Forty-nine percent of youth said that it would not be difficult for individuals to obtain *prescription stimulants*, while 48 percent of LaPorte County youth said it would not be difficult for individuals to get *prescription opiate pills*. In other words, nearly 1 out of 2 youth believed that it would not be difficult for individuals to obtain opiates. Forty-one percent believed that it would not be difficult for individuals to obtain *prescription tranquilizers*.
- Thirty-three percent of youth believed that it would not be difficult for individuals to obtain *cocaine* and 29 percent believed it would not be difficult for individuals to get *methamphetamine*. Law enforcement respondents suggested that methamphetamine was not readily available in LaPorte County, so this discrepancy merits further investigation.
- *Heroin* was perceived to be easier to obtain than would be expected. Twenty-four percent of the youth perceived that it would not be difficult for individuals to obtain heroin. This is unexpectedly high, given that there is no open air drug market in LaPorte County. Heroin is distributed through small, minimally-organized operations that require a buyer to know a dealer to access heroin.

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## Opiate Findings - Heroin

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### Profile of Heroin Users in LaPorte County

Quite like its neighbor, Porter County, individuals that use heroin in LaPorte County tend to be young, white users of middle-to-high socioeconomic income classes.

- Treatment professionals note that heroin users in LaPorte County are commonly young and white, but are a mix of males and females. A number of the respondents noted how much these youth looked like “typical kids – not bad kids at all, but like a normal, everyday kid.”
- Treatment and probation respondents have worked with heroin-using youth as young as fifteen years old, but most state that the most frequent age range for use is upper teens to mid-twenties.
- Several of the respondents believed that a majority of the individuals using heroin in LaPorte County were college students or, at the very least, college-age individuals.

- A few respondents mentioned that heroin use does occur among Black residents of LaPorte County, but the number of Black individuals using heroin is very small in comparison to rates of use among the young, white users.

### Purchasing Heroin

LaPorte residents that want to purchase heroin have two main outlets for doing so. Individuals can either purchase their heroin out-of-county or, if they are connected to the right people, in LaPorte County.

- For out-of-county purchases, individuals that use heroin will travel to places such as Porter or Lake Counties in Indiana, or to the open air drug markets on the south and west sides of Chicago.

While heroin can be purchased in LaPorte County it is more expensive than in Chicago. For example:

- In places like Gary or Chicago, individuals can buy heroin for \$10 a bag, which is much less expensive than the \$20 per bag price of heroin in LaPorte County.
- Individuals that want to buy heroin in LaPorte County have to be connected to dealers or know people that can connect them to a dealer.

### Heroin Sellers in LaPorte County

Just as there is a profile of individuals that use heroin in LaPorte County, there is a complementary profile of individuals that sell heroin in LaPorte County. Interviews with law enforcement professionals provided an overview of the key characteristics of these individuals, who tend to be young, white males. The majority of individuals that sell heroin in LaPorte County also use heroin themselves. Most often they sell heroin as a means to acquire heroin or money for their own use.

### Survey Data

- Among adult respondents of the adult online surveys, 1.5 percent reported lifetime heroin use. None of the respondents admitted to using heroin in the past month.
- Only one person aged 18 to 25 admitted to using heroin in the Youth and Young Adult survey, which is less than one percent of respondents. This individual also reported past month heroin use.
- The overwhelming majority of youth disapproved of trying heroin once or twice— 88 percent either somewhat or strongly disapproved of this activity.
- More disconcerting is those youth respondents who answered that they “neither approved nor disapproved” of trying heroin. Ten percent of youth respondents indicated this position, while another 2 percent indicated approval. In other words, about one in eight youths indicated that trying heroin was acceptable.
- *About one in four youth survey respondents—or 24 percent—aged 14 to 25 believed that heroin was “not difficult to obtain.”*

### Law Enforcement Data

- In 2008, Michigan City Metro Operations seized about 39 grams of heroin.

- LaPorte City Metro Operations purchased 1.2 grams of heroin in 2008.
- Michigan City arrested 11 individuals for selling heroin in 2008.
- Michigan City arrested 5 individuals for possession of heroin in 2008.
- In 2009, a joint investigation with the DEA and LaPorte County Metro Operations resulted in 7 arrests for heroin sales.
- Heroin was not seized by either LaPorte or Michigan City Metro Operations during 2006 or 2007.

Aside from an increase in the amount of heroin available for purchase during drug sting operations, anecdotal reports of use, coupled with a large number of documented overdoses in 2008, point to the emergence of heroin use as a growing concern in LaPorte County.

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### **Opiate Findings – Other Opiates**

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*Opiate pill use is an increasing problem in LaPorte County.* Although initiation of heroin use among young users has begun to concern treatment and law enforcement professionals, it is the increase in opiate pill use that worries service professionals and community members most. Respondents from both the interviews and the focus groups stated that opiate pill use is on the rise among many different populations in LaPorte County – from young to old individuals, among males and females and among individuals of various races. Law enforcement and treatment respondents have identified a number of prescription pain medications routinely used by LaPorte County residents. These include the more common painkillers such as Vicodin (hydrocodone) and Oxycontin (oxycodone), but reports of Fentanyl and Dilaudid (hydromorphone) have circulated among law enforcement and treatment professionals.

#### **Obtaining Other Opiates in LaPorte County**

LaPorte County residents can acquire their opiate pills from a variety of sources. Interviews with law enforcement, treatment and medical professionals suggest that most individuals get their pills from four sources: 1) filling prescriptions from medical providers authorized to dispense opiates, 2) acquiring pills from an emergency department, 3) purchasing pills from individuals, or 4) stealing prescribed pills from acquaintances, partners or family members.

#### Other Opiates Survey Data

- Nine percent of adult respondents indicated that they had used a prescription pill for recreational purposes in their lifetime.
- Nearly 15 percent of individuals who completed the Youth and Young Adult survey reported having used prescription opiates non-medically sometime in their lives.
- Four percent of youth aged 18 to 25 reported using prescription opiates in the past month.
- Almost 5 percent of youths aged 14 to 17 responded that they had used prescription opiates in the past month.

- About 16 percent of youth indicated that they “neither approved nor disapproved” of using prescription opiate pills, while 2 percent of youth respondents indicated approval of this behavior. *This data suggest that nearly 1 in 5 youth respondents did not disapprove of trying opiate pills.*
- Eighty-four percent of youth respondents disapproved of using opiate pills once a week or more. However, 14 percent of respondents indicated neither approval nor disapproval and 2 percent approved of this activity. *Therefore, 16 percent of the youth respondents expressed no disapproval for using opiate pills on a regular basis.*
- *Almost half (48%) of all youth survey participants reported that it is “not difficult” to obtain prescription opiates without a prescription.*

### Treatment Data

- Of all individuals from LaPorte County treated at Porter-Starke Services for substance use disorders, the largest group in 2008 was treated for opiates (38%). This increase occurred before the methadone maintenance clinic opened at Porter-Starke Services in the spring of 2008, which means that these patients travelled either to Lake County or St. Joseph County for care.
- Seventy-three percent of all patients treated for heroin or other opiate at Porter-Starke were under age 35.
- In 2006, those treated for opiates represented just 1.5 percent of all treatment admissions. The number of individuals treated at Swanson Center for any type of opiate use disorder remained unchanged from 2006 to 2008.

The number of individuals entering methadone treatment increased 1,650 percent – nearly an 18-fold increase – from 12 patients in 2000 to 210 patients in 2007. The profile of those individuals entering methadone treatment is very young. For example:

- Of the total LaPorte residents treated at methadone clinics in 2007, 23 percent were under age 25.
- About 42 percent of all LaPorte County methadone patients in 2007 were 25 to 34 years old.
- Sixty-five percent of individuals in methadone maintenance treatment were under age 35, which mirrors the patterns seen at Porter-Starke Services for opiate treatment admissions.

### Gender among Methadone Patients

- Currently, about 40 percent of LaPorte County residents receiving methadone treatment are female and just over 60 percent is male.
- Nearly the same distribution of males to females is seen in LaPorte County residents who received treatment for opiate use at Porter-Starke Services. Slightly less than two-thirds are male, while slightly more than one-third is female.

Opiates remain a significant problem in LaPorte County. Opiate use appears to be increasing and opiates are very available. It is important to take steps at this point to educate the community about the potential dangers of opiate use, as they have a high

potential for addiction and dependency. When combined with other depressants, opiate use may result in death.

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## **Prescription Tranquilizer Findings**

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### Survey Data

- Although lifetime prevalence for prescription tranquilizers was nearly 9 percent among youth respondents, very few respondents used them during the last month (less than 2%).
- Youth demonstrated surprisingly high disapproval for these drugs. Eighty-four percent of youth disapproved of trying tranquilizers or using them regularly.
- While 40 percent of youth stated that tranquilizers were not difficult to obtain, obtaining tranquilizers was seen as more difficult than obtaining other prescription drugs.

The use of prescription drugs remains a problem in LaPorte County, but it is difficult to assess how much of this problem is due to the use of tranquilizers – either alone or in combination with alcohol or other drugs.

### Treatment Data

- As a percent of total treatment admissions at Swanson Center, tranquilizers comprised less than one-quarter of one percent of all treatment admissions in 2008. There were no treatment admissions for tranquilizers in 2006.

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## **Cocaine Findings**

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Cocaine use is more common in LaPorte County than residents might imagine. During interviews about drug use in the county, law enforcement professionals routinely named cocaine, particularly crack, as a substance that is seen routinely among certain segments of the population. There are some regional variations, with professionals believing that cocaine and crack-cocaine is more of an issue in Michigan City than LaPorte or the rural areas. The consensus remained that cocaine use could be found throughout all areas of the county.

### Cocaine User Profile

The profile of cocaine users in LaPorte County is changing. For example:

- Several law enforcement and treatment officials now describe the crack user that they see as a younger, white person between the ages of 20 to 35 years old.
- Although law enforcement professionals in Michigan City believe that cocaine and crack-cocaine use is still slightly more prevalent among African-American users, they also state that the crack-using population in LaPorte County is increasingly “black and white, male and female, young and old”.
- Of the adult respondents, the percentage reporting lifetime cocaine use was about 7 percent. None of the adult respondents indicated past month use of cocaine.

- Approximately 7.7 percent of youth respondents (aged 14 to 25) reported ever using cocaine.
- Of the 106 surveyed youths aged 18-25, about 4.5 percent reported using cocaine during the past month.

### Youth Perceptions

- One third of local youth replied that it is “not difficult” to get cocaine, while less than one-third of youth said cocaine was “very difficult” to obtain.
- The majority of LaPorte County youth surveyed reported disapproval of trying cocaine (80%). However, 3 percent of respondents approved of trying cocaine and 17 percent of respondents expressed no judgment relating to trying cocaine.
- Youth responses to monthly cocaine use nearly mirrored responses relating to trying cocaine. Again, the majority (82%) disapproved of using cocaine once or twice a month. Only 2 percent of surveyed youth expressed approval of using cocaine once or twice a month. Sixteen percent of youth expressed no judgment of cocaine use once or twice a month.

### Treatment Data

- The percentage of those treated at Swanson Center for cocaine as the primary diagnosis declined from 6.3 percent of total admissions in 2006 to 2.4 percent of total admissions in 2008.
- The number of those treated for cocaine use disorders declined as well from 47 individuals treated at Swanson Center in 2006 to just 31 individuals treated in 2008, despite the treatment population doubling during this period.
- The majority of individuals receiving treatment for cocaine as a primary substance were under age 45 in both 2006 and 2008. However, in 2006, 80 percent of treatment admissions occurred among individuals aged younger than 45, although in 2008 only 55 percent of treatment admission were under age 45.
- About 48 percent of patients treated in 2008 were male, while 52 percent were female.
- In 2008, approximately 52 percent of individuals treated for cocaine at Swanson Center were white, while nearly 48 percent were African American.

### Law Enforcement Indicators

- Of those probationers convicted for cocaine violations in Michigan City from 2003-2008, 15 percent of individuals were non-LaPorte County residents.
- The number of arrests for dealing cocaine by Michigan City Police increased from 58 in 2006 to 68 in 2008 – a 17 percent increase.
- The number of arrests in Michigan City for possession of cocaine decreased from 57 arrests in 2006 to 31 arrests in 2008.
- The total amount of cocaine and crack-cocaine seized or purchased by LaPorte City Metro Operations decreased by 90 percent between 2004 and 2008.
- The number of cocaine and crack-cocaine arrests remained relatively stable from 2000 to 2005. Arrests made for distributing cocaine and crack-cocaine rose from 80 percent of the total arrests in 2000 to nearly 90 percent of the total cocaine

distribution and possession arrests in 2005. This suggests that law enforcement was targeting cocaine dealers rather than users. Unfortunately, the manner in which arrest data was recorded makes it impossible to trend this data after 2005.

At this time, while cocaine is a problem for LaPorte County residents, it appears that the problem has stabilized.

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## **Amphetamine Findings - Methamphetamine**

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### Methamphetamine Availability

The Drug Enforcement Administration (DEA) reports methamphetamine production at small labs is decreasing within the Great Lakes region. Recent data from the Indiana State Police shows that only one lab was discovered in LaPorte County in 2008.

- Law enforcement professionals in Michigan City and LaPorte have seen little proof of the sale, distribution or purchase of methamphetamine in their communities.
- There does not appear to be a stable methamphetamine production or distribution infrastructure in the county at this time.

### Methamphetamine Users

At the county level, direct evidence of methamphetamine sales or distribution has not yet been found, though one of the respondents noted a “professional hunch” that some people are using the substance based on their appearance and mannerisms. This respondent, as well as a respondent working for the court system, believes that methamphetamine use is occurring in small numbers across the county.

Since little data is available to assess this claim at this time, “eyeballing” the problem has been the main source of local data gathering at this time. Characteristics such as “bad teeth, sunken faces and scratched up, scabby arms” are used as a measure of methamphetamine use when other indicators are lacking. While these characteristics may be a physical marker of use, the lack of additional supportive findings makes it difficult to determine if these characteristics are indeed evidence of methamphetamine use.

- Treatment professionals indicated that very few people ever mention methamphetamine use during intake or the course of their substance abuse treatment.

### Survey Responses

- Of the adults surveyed on-line about 3 percent indicated that they used methamphetamine in their lifetime.
- Approximately 3.8 percent of youth respondents reported ever using methamphetamine.

- No youths aged 14 to 17 responded that they had used methamphetamines in the past month.
- Among youth aged 18-25, about 1.9 percent reported having used methamphetamine in the past month. This percentage is lower than the 4.7 percent reporting cocaine use in the past month.
- While the majority of youth respondents (80%) indicated that they disapproved of trying methamphetamine once or twice, about 17 percent indicated that they neither approved nor disapproved of this behavior and 3 percent of youth indicated that they approved of trying methamphetamine.
- The same patterns were found when youth were asked about more frequent use of methamphetamine (once a month or more). Eighty-one percent of respondents indicated that they disapproved, 16 percent were neutral and 3 percent indicated approval.
- Seventy-one percent of youth respondents felt methamphetamine was either very difficult or somewhat difficult to attain, while about 29 percent indicated that it was not difficult to acquire. This is a higher percentage than the 24 percent of youth respondents indicating that heroin was not difficult to obtain.

#### Treatment Data

- The number of those treated at Swanson Center for any type of amphetamine use disorder (including methamphetamines) remained unchanged from 2006 to 2008.
- In 2006 those treated for amphetamines represented less than one half of one percent, while in 2008, those treated for amphetamines at Swanson Center represented less than one quarter of one percent of all treatment admissions.

#### Law Enforcement Data

- Michigan City Metro Operations did not seize any methamphetamine for the years 2006 to 2008.
- No methamphetamine was seized by LaPorte City Metro Operations during 2008, the only year that data was available.
- Interviews with law enforcement indicate that no arrests for methamphetamine were made from 2006-08.

At this time, methamphetamine does not appear to be a problem for LaPorte County. If it is a problem, it is often hidden and has remained out of the view of most law enforcement, health and treatment providers interviewed for this study. Community members also failed to report methamphetamine use as a problem for their communities.

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### **Amphetamine Findings – Prescription Stimulants**

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### Youth Survey Data

- Approximately 8.3 percent of youth respondents reported ever misusing prescription stimulants. This is higher than the 7.7 percent reporting cocaine use and the 3.8 percent reporting methamphetamine use.
- Nearly 5 percent of youths aged 14 to 17 responded that they had misused prescription stimulants in the past month.
- Only 1.9 percent of youth respondents aged 18-25 reported having misused prescription stimulants in the past month, suggesting that use might be more common among younger youth.
- Nearly half of all youth respondents (49%) indicated that it is “not difficult” to get prescription stimulants without a prescription, while 27 percent replied that it is “somewhat difficult.”
- Among youth respondents, more youth indicated disapproval for using prescription stimulants for recreational purposes once or twice (82%) than for studying (79%).
- The percentage of youth respondents that approved of trying prescription stimulants for fun (3%) was much lower than those that indicated that they approved of trying stimulants for studying (7%).
- The percentage of respondents that indicated that they neither approved nor disapproved of using prescription stimulants for fun (15%) was the same for both experimentation and regular use of these drugs.
- Data suggest that while most youth disapprove of using prescription drugs to study (79%), youth attitudes remained unchanged regardless of frequency of prescription stimulant use. Whether use was an isolated incident or frequent, about 20 percent of the youth did not register disapproval. These attitudes suggest that among some youth, using prescription stimulants to study is a somewhat acceptable behavior, as more than 1 in 5 youth did not disapprove of this activity.

### Law Enforcement

None of the law enforcement agencies had data related to prescription stimulant seizure or arrests for the period from 2006 to 2008. While LaPorte County Metro has seized amphetamine pills in the past as recently as 2004, data from 2006 and 2007 are unavailable due to changes in LaPorte City Metro Operations, as well as recording procedures.

Amphetamines appear to be a problem in LaPorte County, especially among youth. It is difficult to say at this time if the problem has peaked and is decreasing, or if it has stabilized.

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### **Marijuana Findings**

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### County Perceptions

Marijuana is the most widely used illicit substance in LaPorte County. Interviews with law enforcement, treatment and school professionals, as well as focus groups with community members, all highlight the finding that marijuana is a common drug of use and the second most popular drug of choice after alcohol.

Marijuana use is seen as acceptable by some LaPorte County residents and unacceptable by others. The overwhelming opinion from the interviews and focus groups was that marijuana use is seen as a common behavior with minimal social disapproval attached to it. Most of the law enforcement and treatment professionals believe that people do not view marijuana use as harmful or problematic and do not believe it is a behavior that requires treatment. Some of the respondents agreed with this position, stating that marijuana is not the most harmful drug out there and that alcohol causes far greater problems, while others indicated that the use of marijuana is a concern.

### Survey Data

- More than 40 percent of adult respondents indicated that they had used marijuana in their lifetime.
- Among youth, about 37 percent of respondents admitted to using marijuana in their lifetime.
- Only 2.2 percent of adult online respondents reported using marijuana during the past month.
- Unlike heroin and cocaine, respondents aged 14-17 admitted to using marijuana in the past month. Of these, about one in six (17%) reported past month marijuana use.
- Of those aged 18 to 25, 30 percent of respondents—nearly one in three—reported past month marijuana use.

### Availability

Marijuana is seen as readily available and very easy to acquire by community members and law enforcement officials. The drug is available in the more urban parts of the county as well as the rural communities. Some parts of the county, particularly more isolated rural areas, host marijuana cultivation operations. Recent investigations led to the bust of a very advanced indoor cultivation operation producing very high quality marijuana. However, many law enforcement officials note that much of the marijuana in LaPorte County is delivered through dealers and informal dealer networks.

Much of the marijuana available for sale in LaPorte County is termed “ditch weed,” a lower quality, lower cost product. In recent years, law enforcement professionals, as well as some community members, have noticed the emergence of higher quality, more expensive marijuana known as “BC Bud” or “dro.” BC Bud is a high quality strain of marijuana from the northwestern region of Canada and the United States. Dro is slang for hydroponic, a method of cultivation that leads to very high quality marijuana.

### Survey Data

A survey of 185 LaPorte County youth asked how difficult they thought it was to obtain marijuana.

- More than half of youth respondents (55%) felt it was not difficult to get marijuana.
- Just over one fifth of respondents (22%) had the perception that marijuana was very difficult to obtain
- Around 23 percent of LaPorte County youth perceived it to be somewhat difficult to obtain marijuana.

#### Youth Attitudes towards Marijuana

- Slightly more than half (54%) of LaPorte County youth respondents disapprove of trying marijuana once or twice.
- Youth indicated more disapproval for using marijuana weekly (59%) than for trying it, but by only five percentage points.
- Twelve percent of youth respondents approved of both trying marijuana and weekly use.
- More than one third (34%) of youth respondents neither approved nor disapproved of trying marijuana once or twice.
- Though fewer youth approved of weekly marijuana use, the response for neither approving nor disapproving remained just under 1 in 3 (29%).

#### Treatment Data

- The percentage of those treated at Swanson Center for marijuana as their primary diagnosis declined by nearly 1 percent of all treatment admissions from 10 percent in 2006 to 9 percent in 2008.
- The percentage of those who received treatment for marijuana alone, meaning they did not use another substance nor did they have co-occurring mental health issues, increased from 42 percent in 2006 to 49 percent in 2008 of all patients treated for marijuana.
- In 2006 those under age 26 comprised about 30 percent of marijuana treatment admissions, while in 2008, those under age 26 made up more than 45 percent of treatment admissions.
- Treatment admissions as a percentage declined among those aged 26 to 34 from 48 percent in 2006 to 34 percent in 2008.
- In 2008, 80 percent of individuals treated for marijuana were male.
- About 53 percent of individuals treated for marijuana were white, while about 43 percent were African American.

#### Law Enforcement Data

- Out-of-County residents accounted for 12 percent of misdemeanor marijuana possession convictions and 8 percent of felony marijuana possession convictions during the years 2003 to 2008.
- Marijuana seizures have declined over the past three years, as have arrests.

While marijuana use remains a problem in LaPorte County, use appears to be high but stable.

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## **Poly-substance Findings**

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### Treatment Data

- In 2006, individuals aged 17 to 25 made up just 12 percent of poly-substance treatment admissions. By 2008, this group comprised nearly 20 percent of poly-substance treatment admissions.
- Seventy percent of poly-substance treatment patients were male from 2006 to 2008.
- White comprised the majority of individuals treated for poly-substance use in both 2006 and 2008.
- As a percent of total treatment admissions at Swanson Center, poly-substance comprised 9.9 percent of all treatment admissions in 2006 and 4.3 percent of all treatment admissions in 2008.

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## **Co-occurring Disorders Findings**

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### Treatment Data

- In 2006, individuals with co-occurring disorders comprised 214 of the 749 cases, or nearly 29 percent of the treatment population.
- In 2008, individuals with co-occurring disorders comprised 285 of the 1,312 cases, or nearly 22 percent of the treatment population.
- Alcohol was the substance most likely to be used among individuals with co-occurring disorders in this sampled population, followed by cannabis and then cocaine and poly-substance use in both 2006 and 2008.
- Though the percent of individuals receiving treatment for co-occurring disorders decreased from 2006 to 2008, there was a large jump in overall treatment cases – from 749 cases in 2006 to 1,312 in 2008. Under this situation, individuals with co-occurring disorders may have been lost in the rapid increase in total treatment cases or it may be due to something else.
- Among those individuals treated for bipolar disorder, the age group that comprised the largest percentage of treatment admissions was those aged 35 to 44. This remained unchanged from 2006 and 2008.
- In 2006, females comprised more of the population treated for depressive disorders combined with substance use disorder than males (69% vs. 43%). In 2008, males and females were equally represented among depressives with substance use disorders at Swanson Center.
- In 2006, 17 to 25 year olds comprised fewer than 6 percent of total depressive with a substance use disorder, but by 2008, this cohort comprised one-quarter of this treatment population.

- About three-quarters of patients treated at Swanson Center for schizophrenic disorders were male in both 2006 (72%) and 2008 (78%).
- Unlike other psychiatric co-occurring disorders, African Americans appear to be overrepresented among those with schizophrenic disorders as diagnosis, comprising nearly 43 percent of patients treated for this condition in 2008.

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# **POLICY RECOMMENDATIONS**

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## **POLICY RECOMMENDATIONS OVERVIEW**

The following policy recommendations are a compilation of the gaps and limitations identified by interview and focus group respondents and a review of the best practices from communities across the nation. LaPorte County professionals and community members were very open and honest in their discussions of county substance use issues and potential policy recommendations to address these concerns. These recommendations are a starting point for further discussion and are by no means comprehensive.

Communities have long struggled with developing policies, programs and practices that enhance the health and well being of their residents. As of the last alcohol and drug report, completed in 2006, LaPorte County has developed prescription drug disposal programs and has assessed drug education satisfaction with LaPorte County youth. We encourage professionals, policy makers and residents of LaPorte County to build upon these recent, promising efforts to continue to make their communities safe and healthy places of residence.

The policy recommendations are grouped into distinct policy areas, though there is overlap among many of the categories. These categories are as follows:

- Community Drug Education
- Criminal Justice System
- Driving Under the Influence
- Government Response and Countywide Legislation
- Information Sharing
- Research
- School Policies
- Treatment Capacity
- Treatment Capacity – Dually Diagnosed Individuals as a Special Population of Concern
- Youth Drug Education

## DEVELOPING OR ENHANCING COMMUNITY DRUG AND ALCOHOL EDUCATION PROGRAMS AND SERVICES

As with programs for youth in the schools, community alcohol and drug education is an effective means of sharing information about the characteristics of various drugs and alcoholic beverages, the effect of substance use on individuals, families and the community. Parents, community members and public officials all benefit from the easy availability of timely, accurate alcohol and drug information.

### I. Resources and Information

Respondents wanted dedicated places for community members to access important alcohol and drug information. They felt that a variety of media were necessary to reach a broad spectrum of residents.

- Develop media campaigns for parents, public officials and other community members: Brochures, booklets, websites, school newsletter and newspaper articles are an important way to deliver alcohol and drug information to community members. These media campaigns would include information on substances of misuse, effects of misuse and potential resources for seeking help for problems.
- Create an Alcohol and Drug Resource Room and house this information repository in an easily accessible public place such as a library or civic center or host the information in an online repository: There are many books, magazine articles, newspaper clippings, websites and videos that discuss the variety of issues inherent in alcohol and drug use, but most people cannot afford to build a collection of personal use materials. Media campaigns are an excellent tool for getting attention in the moment, but to keep community members engaged in learning about alcohol and drug issues, a resource room is a very beneficial community asset. The resource rooms or online sites need not be very high tech or fancy, but should include general information about alcohol and drug use and a list of referrals or community services to address substance use problems. They should be readily accessible to community members: they should be free, open to the public and with convenient hours of operation and/or available online.
- Develop materials that explain what binge drinking means. When asked to explain how they would define binge drinking, adult and youth respondents *overestimated* the amount of alcohol and drinking time necessary to define a drinking episode as a binge drinking episode. Individuals and the community need to understand that binge drinking—as defined by NIAAA—is tied to Blood Alcohol Concentration (BAC). For example, an average weight male (160 pounds) who consumes 5 or more drinks in 2 hours will result in a BAC of at least .08, the legal definition for intoxication in Indiana. Community members should understand that the rapid consumption of this much

alcohol—*independent of tolerance*—results in being legally intoxicated, which can be extremely problematic if operating a car. Consuming 5 drinks in 2 hours creates the risk for a public intoxication arrest, if the individual consumes these drinks in a public setting.

## 2. Drug Education Opportunities

Respondents believed that community drug education needed to be tailored to the needs of the community and needed to address a variety of concerns. Concerns about stigma were mentioned several times in the interviews, prompting statements that some respondents feared that people did not receive needed help for their problems out of shame or embarrassment.

- Convene community drug education classes or forums in local public places and online: Resource rooms, printed materials and media campaigns are excellent sources of information, but sometimes individuals want to talk to other people about their concerns regarding alcohol and drug use issues. Periodic community drug education classes, informational sessions or community forums are an excellent way to provide timely and updated information to community members. To ensure fuller participation, these events should be free and readily accessible to the public.
- Develop and promote a community-wide anti-stigma campaign: There are many barriers to seeking help for problems among individuals with substance use issues. Aside from financial and transportation concerns, some people are hesitant to receive services because they are worried that people will think badly of them or judge them for needing help. Others might be worried that people will find out about a hidden alcohol or drug problem. These concerns occur as the result of stigma—a situation in which people with certain life conditions are judged on the basis of that condition. Often, societies hold certain attitudes about people that use drugs or alcohol or people with mental illness. Anti-stigma campaigns attempt to educate the public about the misperceptions they might have about these people, such as all mentally ill people are dangerous or all drug users are thieves. The campaigns also encourage individuals with a problem to seek help.
- Host a series of prescription pill safety sessions at hospitals or other public places: The misuse of prescription pills is a growing problem across the nation. Sometimes this misuse is intentional, but misuse can also be unintentional or accidental. A prescription pill safety session can present information on the different types of prescription pills, their intended purpose and effects on the body and how to safely take needed prescribed pills and dispose of unneeded prescribed pills. The county currently has a prescription pill disposal program in operation and the importance and necessity of these services should be reinforced and the program enhanced to meet community needs.

## MODIFICATIONS TO THE CRIMINAL JUSTICE SYSTEM

A number of individuals with alcohol or substance use issues will find themselves involved in the criminal justice system following an arrest for alcohol or drug-related charges, driving while intoxicated or public intoxication. Should these individuals enter the system, certain enhancements or modifications to the existing criminal justice system can help to address the unique needs of an individual that uses substances.

### I. Court Enhancements

Respondents stated that a comprehensive intake prior to adjudication of the case or the start of probation services would identify substance use and mental health issues and help plan for needed services.

- Conduct a thorough psychiatric and substance use screening for individuals arrested on alcohol and drug-related charges (as well as other cases where it may seem warranted): Comprehensive screening helps to identify individuals at increased risk of having disorders that warrant immediate attention, intervention, or more comprehensive evaluation. Screening can alert court officials to “red flags” that suggest the individual may require assistance above and beyond what is offered during the normal court proceedings for alcohol and drug-related offenses.
- Utilize a comprehensive risk assessment tool at probation and community corrections intake (such as the LIS-R instrument): Risk assessments are an important tool used to identify an individual’s risks and factors that may lead to reoffending—the criminogenic targets of intervention. The more comprehensive the risk assessment tool, the more information a probation or community corrections officer will have to make informed decisions about case management and individual service plans.

### 2. Correctional Facility Enhancements

Some respondents were concerned that detained individuals were not receiving comprehensive mental health and substance use care while detained in jail and wanted to see an expansion of these services.

- Increase the number of mental health staff available to individuals detained in jail facilities: Jails are designed to be short-term detention facilities and thus do not provide the level of services or intervention seen in prisons. However, jails are increasingly becoming a key mental health/substance abuse treatment provider across the nation. To meet the increasing need for service, particularly if screening measures are enhanced, jails may need to supplement their existing mental health staff with new counselors, social workers or other mental health professionals.

- Provide a broad range of psychotherapeutic prescription medications to ensure that people are getting proper treatment for their mental health and/or substance use disorders: Individuals with substance use disorders can benefit from medication therapy. NIDA’s Principles of Effective Treatment states: “Methadone and buprenorphine are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opioid-addicted individuals and some patients with alcohol dependence. Other medications for alcohol dependence include acamprosate, disulfiram, and topiramate. For persons addicted to nicotine, a nicotine replacement product (such as patches, gum, or lozenges) or an oral medication (such as bupropion or varenicline) can be an effective component of treatment when part of a comprehensive behavioral treatment program.”<sup>4 i</sup>
- Create a program for incarcerated individuals that allows for either pre-release or post-release planning that links the individual and the criminal justice system to health, mental health and other social services: Individuals returning to the community from a correctional facility may have numerous needs that can impact their ability to find employment, seek housing or treatment or remain in recovery if they received correctional substance abuse treatment services or mental health care. Comprehensive pre-release planning prior to an individual’s return to the community or rapid response post-release intervention upon release can increase an individual’s chance for positive behavior changes following incarceration.

### 3. Community Corrections Enhancements

Many respondents believed that community corrections are a cost-effective, beneficial alternative to incarceration and wanted to see services expanded to increase the capacity to serve LaPorte County residents.

- Expand services by developing a community corrections program center in Michigan City: The duplication of services that occurs in Michigan City and LaPorte means that individuals involved in the criminal justice system could be residents of one part of the county but processed in another part of the county. This results in a large amount of movement between the two cities, which can make things difficult for the participants of the community corrections programs. This situation becomes particularly problematic when a program participant from Michigan City is able to secure stable employment in LaPorte through the work release program but, upon completion of the program is unable to make the commute from Michigan City to LaPorte. Thus the individual may be required to resign from the position if they do not have the resources to relocate to LaPorte. The development of a community corrections program center in Michigan City would help to prevent this problem and would likely help employ more

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<sup>i</sup> <http://www.nida.nih.gov/podat/Principles.html>

individuals with criminal convictions. Employment after criminal conviction is a serious hurdle for these individuals. Opportunities that enhance employability and find people jobs help not only the person but the community as a whole by helping to foster financial independence.

OR

- Provide transportation between Michigan City and LaPorte City for the formerly detained or incarcerated so that these individuals have a better chance of staying employed. Even when individuals receive substance use treatment, education, and job training, if the individual cannot remain employed due to transportation problems, this may compromise public safety. Keeping individuals employed makes for a safer community overall.
- Provide enhanced services for the functionally illiterate to help them secure future employment opportunities: Illiteracy and low educational attainment are two major issues facing a segment of the community corrections population. Enhanced services that seek to remedy this problem could be implemented at the community corrections center or through the work release program.

## EVALUATING AND MODIFYING DRIVING UNDER THE INFLUENCE OR OPERATING WHILE INTOXICATED POLICIES and LAWS

Driving under the influence of alcohol and other drugs places not only the intoxicated driver at risk, but also other drivers and potentially pedestrians and property as well. A number of laws currently exist that prohibit driving under the influence, but additional policies can be created or modified to enhance these laws and further protect LaPorte County residents.

### I. Driving Policies

Respondents suggested policies that they believed would help to strengthen existing intoxicated driving laws and address some of the reasons why people may drive under the influence.

- Allow sobriety checkpoints on major LaPorte County roadways: Sobriety checkpoints are a law enforcement tool that allows officers to stop vehicles and check for driver impairment. The Indiana Criminal Justice Authority recommends the use of the sobriety checkpoint as an effective means of reducing the number of impaired drivers on the roads for two reasons: (1) They serve as a deterrent if people see the checkpoints prior to or during the course of their evening out and (2) They help to remove impaired drivers from the roadways should a person be driving under the influence.
- Strengthen the ignition interlock program: Indiana judges have the option of mandating ignition interlock on the vehicles of individuals arrested for drunk driving, but respondents suggest that is not a common outcome in LaPorte County. Some respondents would like to see an expansion of this program. A law proposed during the 2009 legislative session does seek to modify existing legislation to require the courts to mandate ignition interlock on the vehicle of any individual with a previous OWI conviction or a certain blood alcohol level at the time of arrest.
- Fund a “Safe Ride Van” by imposing a minimal tariff on the sale of alcohol beverages: Public transportation options are limited in LaPorte County, so individuals that drink at establishments serving alcohol do not have many transportation options at the end of the evening. Charging a small tariff on all alcoholic beverages served at bars and restaurants serving alcohol could fund the purchase and operation of a transport van to ensure that people do not drive drunk.
- Create and tie a Parent/Student Drinking Contract to the graduated Indiana Drivers License for youth: Before a driver’s license would be issued, adolescents seeking their driver’s license in the State of Indiana could be asked to sign a contract with their parents that states that they will call for a ride if they have been drinking. These forms could be available at the Department of Motor Vehicle offices. Since a parent/guardian generally accompanies their

unlicensed minor to the DMV office for the written and road license tests, this office could be an ideal setting to promote these contracts.

- Create and distribute a “Call a Buddy” window/dashboard cling: Many people have the best of intentions to drive safely, but after drinking, these plans may be compromised by their impaired state. A visual cue such as a window or dashboard cling could help to trigger the memory that they should not be driving while impaired. The cling could provide a short reminder to not drive after drinking a certain number of drinks. It would also provide space for the individual to write in the telephone numbers of some of their friends or family members that would be willing to collect them from their location and drive them home safely.
- Partner with the excise police to provide education about drinking and driving in both school-sponsored and private drivers’ education programs.

## 2. Alcohol Establishment Policies

A key player in the efforts to reduce intoxicated driving is the owner of an alcohol establishment. Respondents note that these individuals are often not invited to discussions regarding methods to reduce drunk driving in the county. However, they should be recruited as allies in this effort.

- Convene a countywide collaborative that brings together law enforcement and treatment professionals, public officials and tavern association members to discuss methods for reducing incidences of driving while intoxicated: The collaborative can meet to discuss the ways in which each of these agencies can realistically work together to solve the problem of drunk driving in LaPorte County. Each of these parties has a unique set of concerns and a vested interest in promoting their own solutions to the problem, but consensus points may be found that will allow the collaborative to move forward on some initiatives.
- Create and mandate the posting of signs in alcohol outlets that highlight the illegality of serving intoxicated patrons: It is illegal in the State of Indiana to serve an intoxicated patron additional alcoholic beverages. Some respondents suggested that many patrons are not aware of this law and many bar servers or owners may be hesitant to enforce the law for a variety of reasons. A sign posted in the bar that states, “It is illegal in the State of Indiana to serve intoxicated patrons” serves as a form of external authority that may make it easier for servers to enforce the law. If a patron believed that they were being randomly or unfairly cut-off from beverages for no good reason, the server can point to the sign for back-up, since it reinforces the reality that to continue to serve the patron would be illegal.
- Create signs near recreational facilities like beaches, casinos, parks, etc. that indicate that the area is a highly enforced DUI/OWI zone. A brief study of Michigan City probationers convicted of OWI demonstrated that 1 in 4

individuals was a non-LaPorte County resident. Since Michigan City has many amenities that attract visitors from across the tri-state area, visitors should be aware that drinking and driving in Michigan City is not an acceptable practice.

## GOVERNMENTAL RESPONSE AND LEGISLATIVE CHANGES

Some countywide policy recommendations require more assistance or buy-in from state elected officials and members of the state legislature. These types of policy proposals are broader in scope and require discussion at a higher level of government than the municipal or county levels, but were cited by respondents as essential to addressing the county's issues with alcohol and drug use.

### I. Fiscal Policies and Programs

Respondents recommended several broader policy options that would require the input of state funding or changes to the tax system to be able to undertake the policy change LaPorte County.

- Development of a regional transportation system: Many respondents highlighted the lack of public transportation in LaPorte County, and the northwest region as a whole, as a significant issue. There are few possibilities for transportation within the county that do not involve the use of personal vehicles. This is problematic for people that do not have access to this type of transportation, but in some ways, it is potentially problematic for all individuals. In urban areas, individuals can go out for an evening of drinking or celebration knowing that they will have access to taxis, buses or trains to get home if they become too impaired to drive. In LaPorte County, and particularly in the rural areas, this is not a possibility. The development of a regional transportation system can be as extensive as the expansion of bus services that link communities across the county. However, beneficial gains can be made under less expansive initiatives by underwriting some of the operating costs of taxi or ride-share services.
- Fund or comprehensively reimburse municipal police department drug operations: Drug investigations are very costly and very time consuming for the department. In most cases, the department funds the investigations out of their own operating dollars and then places a request for reimbursement. However, reimbursements do not always cover the full cost of the investigation. Upfront funding or more comprehensive reimbursements should be disbursed to the agencies to ensure continued operation of these programs. If funding is not available, law enforcement agencies should be encouraged to apply for federally funded grants like the Byrne Grant.
- Increase funding to hire additional community mental health, law enforcement, probation and jail medical professionals: Respondents from all professional fields expressed a strong desire for additional personnel to meet the persistently growing needs of county residents.

## 2. New Legislation

A number of respondents expressed concern that the type and amount of alcohol advertising varied based on the community and neighborhood. The respondents wanted to see some restrictions placed on the type and placement of alcohol advertisements in the county. A number of states have implemented laws that restrict alcohol advertising in an attempt to minimize the impact of alcohol media on use patterns. Some of these restrictions include:

- Prohibiting false or misleading advertising.
- Prohibiting advertising that targets minors.
- Prohibiting images of children in advertising.
- Prohibiting images that encourage intoxication.
- Prohibiting outdoor advertising near schools, churches or parks.

Additional suggestions can be found within a report from the Center on Alcohol Marketing and Youth entitled: *State Alcohol Advertising Laws: Current Status and Model Policies*.<sup>5</sup>

## DEVELOPING OR ENHANCING INFORMATION SHARING AMONG AGENCIES AND JURISDICTIONS

Sharing information about alcohol and drug use, the purchase, sale and distribution of substances and emerging drug trends is a fundamental method of strengthening countywide strategic planning. Information sharing leads to the development of more responsive precisely targeted policies and services by helping to identify the salient problems, needs, assets and limitations facing the county.

### I. LaPorte County Initiatives

Respondents recommended a number of information-sharing enhancements that would improve the flow of information between agencies and different communities and better serve both the professionals in these agencies and the greater community at large.

- Encourage the use of the PMP web center, a statewide prescription monitoring program that allows physicians to electronically track drugs that are commonly misused: Opiate prescription pill misuse is a growing problem across the county and in LaPorte County. The use of the electronic tracking system for commonly misused prescription drugs will allow medical providers with prescribing authority to see if an individual presenting with a prescription request has numerous open prescriptions in the system. Regular use of this registry by physicians could potentially cut down on cases of “doctor shopping” – the practice of individuals visiting multiple medical doctors and facilities to receive prescriptions for opiate pills or other commonly misused drugs.
- Develop a countywide electronic tracking system of methamphetamine precursor purchases: The purchase of methamphetamine precursors is regulated in the State of Indiana. Retail establishments track the sale of pseudo-epinephrine products, but these logs are generally in-store paper ledgers of sales. The lack of a central electronic registry makes it more difficult for law enforcement agencies to track the sale of these products as officers must now travel from location to location to check the logs. A central registry would allow law enforcement professionals to monitor sales from their home department, thus saving time and money.
- Connect all law enforcement departments to a secure electronic database to track the purchase, sale and distribution of illicit drugs: Programs such as the CrimeNet computer software application allow law enforcement professionals to share information in real time on a secured network. Some of the larger departments have the technology and infrastructure to connect to this network, but to effectively track illicit drug activity across the county, all municipal and county departments should be connected to this (or a similar) network. This recommendation will entail the expansion of the

county law enforcement information technology infrastructure and the purchase of applicable software, but will give law enforcement professionals access to a very useful, timely tool for information sharing.

- Develop a countywide electronic mental health and substance abuse treatment registry: Respondents often expressed frustration that they did not know which programs were operational, which programs were changing their focus or which programs had closed, making it difficult to refer potential clients. An electronic registry of services will allow for more timely updates and more accurate information on the services currently available to LaPorte County residents. This registry could be located in the online prevention and educational materials repository.
- Convene a countywide collaborative that brings together law enforcement, treatment, probation professionals and attorneys for a quarterly or biannual review of county alcohol and drug-related cases: Professionals from various fields have the goal of improving their practices to enhance job performance so that they may do their job well. A review of a sample of alcohol and drug-related cases appearing before the LaPorte County court will allow these various professionals to discuss how to improve practices in their respective fields. These discussions can highlight practice and performance improvements that will better ensure the balance of public safety concerns with the personal and service needs of the individual with substance use problems.

## **2. Northwest Indiana Initiatives**

Respondents believed that partnering with neighboring counties will help to make data collection methods more similar across counties and increase information-sharing for regional strategic planning efforts.

- Convene a Northwest Indiana Alcohol and Drug Collaborative: Alcohol and drug use trends do not emerge independent of other counties. The proximity of communities across counties in Northwest Indiana means that information and behaviors travel fairly rapidly from one location to another. To better predict trends and more effectively plan a regional response, a Northwest Indiana Alcohol and Drug Collaborative can work to standardize data collection methods for improved information sharing and pool resources for addressing regional substance use issues.

## **ADDITIONAL RESEARCH STUDIES TO BETTER UNDERSTAND THE CURRENT STRENGTHS AND CHALLENGES FACING LAPORTE COUNTY**

Thoughtful, well-designed research is the cornerstone of sound policymaking. Social policy decisions that will impact the lives of LaPorte County residents should be based on a thorough exploration of the county's problems, strengths and limitations. Respondents emphasized their lack of information on a number of key issues affecting county residents and asked a number of important questions about why certain situations existed and what could be done to remedy these problems. These types of questions form the basis for future research.

1. *What are the sentencing practices in LaPorte County courts?*

Many of the respondents expressed confusion as to why the courts adjudicated cases in certain ways, as well as the effect of plea-bargaining on the outcome of a case. The respondents wanted more transparency in this process and wanted a better idea of what happens to people when they arrive in court with an alcohol or drug-related offense.

2. *What are the barriers to accessing alcohol and drug treatment and mental health services in LaPorte County?*

Respondents were very concerned that individuals in need of substance abuse or mental health treatment were not able to get into programs at the time they desired treatment. Many of these respondents felt that it was very important to serve these individuals when they felt motivated to make changes. Most of the respondents did not understand the full range of barriers that stood in the way of accessing treatment and mental health services, though they noted that financial and transportation issues were likely significant factors. The respondents wanted a more thorough explanation of the barriers so that they would be better prepared to help people overcome these challenges.

3. *How do people arrested on drug and alcohol charges move through the criminal justice system, including the plea bargain process?*

Most respondents were uncertain about how the majority of individuals move through the criminal justice system following arrest for an alcohol or drug-related offense. Aside from the confusion regarding adjudication practices, respondents wanted to know what happened to people once their case was decided. Questions about how many people were referred to treatment, how many people received drug and alcohol services while detained and how many people received referrals or services post-release were common.

4. *Will LaPorte County benefit from a methadone clinic?*

Respondents expressed concerns about the increase in heroin use and opiate pain pill medication among LaPorte County residents and wondered if these individuals would benefit from a county methadone clinic. Some LaPorte County

residents are currently receiving treatment through Porter-Starke, so there is some need for methadone maintenance therapy in the county. However, respondents wanted a clearer understanding of the number of potential clinic clients that could be served, the cost and procedures involved in developing the clinic and community attitudes about the creation of an in-county clinic.

5. What are the unmet needs of individuals with co-occurring disorders and how many individuals in the county want treatment but do not receive it? This report is not able to access unmet needs for substance abuse treatment, mental health disorders or those with co-occurring disorders. A random, generalizable survey would better be able to access these unmet needs and determine the incidence and prevalence of substance use disorder, mental health disorder and co-occurring disorders.

## EVALUATING AND MODIFYING SCHOOL POLICIES

Schools are an important social institution and a valuable resource in the dissemination of alcohol and drug information and services to youth. Some current school policies may hamper the ability to effectively deliver this information and these services. Other potentially beneficial policies to educate youth about substance use or address existing substance use issues have yet to be created.

### I. General School District Polices

Respondents believed that the school district could support important policy changes that would help counselors and school officials be more responsive to students' drug and alcohol issues in their schools.

- Re-evaluate how zero tolerance policies are practiced: During the interviews with school officials and professionals working in or with the schools, many of the respondents expressed their concern about zero tolerance policies. A number of these respondents believed that schools would be better able to serve youth if they were not isolated and removed from the schools but were kept connected to the counselors, teachers and available services. Because federal funding for schools requires a “zero-tolerance approach,” most school districts must incorporate these policies. However, the way in which these policies are practiced could make a critical difference in keeping children in school and connected to social services.
- Increase the number of counselors, particularly in rural schools: Rural communities have few, if any, social services or mental health agencies, so the school plays a key role in providing these services for adolescents. Pooling resources to bring in a traveling social worker or other licensed mental health professional into several schools is one way to defray some of the personnel costs.
- Employ or designate a school district-wide counselor to coordinate alcohol and drug education, services and treatment referrals: School resources are limited and counselors are often overburdened with a number of responsibilities and large caseloads. Designating one counselor to specialize in substance use issues will allow the district to coordinate their activities across all the schools and will be more cost-effective than attempting to train all counselors and support staff in recognizing and responding to current and emerging substance use issues among students.
- Redesign in-school suspensions following an alcohol or drug infraction to align with a “drug school” model: Students that have been assigned an in-school suspension following their first alcohol or drug infraction should be required to attend an in-school, 6 hour drug school session. This session would cover alcohol and drug information and the consequences of use and making healthy life choices, among other topics.

- Develop mechanisms for enhancing parental involvement in their child's academic and disciplinary plans, like secured electronic communication systems: School counselors noted that there is sometimes a disagreement between what the school and the parent considers an appropriate solution to alcohol or drug infractions. In other cases, parents seem unaware that their children are struggling with an alcohol or drug issue. Sometimes, students report a lack of parental involvement and request assistance in working through familial issues. Schools can only do so much in their efforts to involve parents, but conversations between parents and the schools to determine the most effective means of communication and potential sites for mediation/problem-solving may help to bridge this gap.
- Employ or designate a school district-wide law enforcement liaison to assist in alcohol and drug responses at the school: Alcohol or drug infractions do occur on school campuses. School officials and law enforcement professionals can work together to ensure that these events are handled appropriately but sensitively to protect the minor's identity and prevent breaches of confidentiality.

## 2. Policies to Enhance Drug Education Opportunities

Respondents frequently highlighted the importance of drug education and wanted to see the district and the schools make timely, accurate information more available to students.

- Create an alcohol and drug information resource room that is easily accessible to students: Students benefit from quality alcohol and drug information. A resource room with books, pamphlets, videos pertaining to alcohol and drug use will give students the opportunity to learn more about the substances, their impact on the body and mind and where to go for help should substance misuse become a personal problem.
- Integrate alcohol and drug education into all the subjects presented in the health education curriculum: Time, resource or policy restraints (No Child Left Behind) may make it difficult for schools to incorporate a drug education program into the curriculum. Schools can integrate this material into the existing weekly health curriculum. For example, sections on mental health can be supplemented with information on the effects of substance use on mental health. Sections on sexuality and STDs can be supplemented with the role of substance use in riskier behaviors.
- Offer an elective Drugs and Society course: Students are required to take certain courses to fulfill educational requirements. However, schools may offer an elective course that highlights historical and current use of substances in society, as well as the impact of substance use on the individual.

## 3. Community Collaborations

Respondents noted that resource, time and personnel limitations sometimes made it difficult for schools to offer services addressing alcohol and drug issues and encouraged the schools to partner with community agencies.

- Create and/or promote programs that link schools to existing community agencies: Community agencies may run afterschool programs that discuss alcohol and drug use or run support groups for adolescents with substance misuse issues. The school and these agencies could collaborate to get students involved in these programs. However, a few problems have been identified as some of the main reasons why students may not participate in these types of programs. Students and their parents may not know that these opportunities exist. Even if they are aware of the programs, students may lack transportation options to get from the school to the program and then back home again. These issues would have to be addressed to enhance participation in these types of programs.

## **EXPANDING TREATMENT CAPACITY**

Alcohol and drug treatment is a valuable service when people are able to receive prompt, responsive treatment and are presented with a variety of treatment options. LaPorte County offers some treatment options in Michigan City and LaPorte, but the overwhelming opinion from nearly every respondent was that substance abuse treatment programs were too few and too limited in type.

### **1. Expansion of the Types of Services Available**

Respondents all believed that a broader range of services needed to be available to LaPorte County residents, including:

- Inpatient substance abuse treatment.
- Long-term residential treatment options, such as halfway houses and post-treatment interim housing.
- An expansion in the number of community mental health center outlets that provide both mental health and substance abuse treatment services.
- Support groups for a variety of populations – particularly women, youth and people of color.
- An expansion in the number of intensive outpatient treatment programs.
- In-home substance abuse treatment services for women with children or individuals with limited mobility.
- Drop-in substance abuse assistance centers for individuals not quite ready to commit to full treatment or unable to get into a treatment program but looking for interim support in their efforts to cease or reduce substance use.
- Examine the Oxford House model: a community-based approach to addiction treatment, which provides an independent, supportive, and sober living environment.

### **2. Expansion of Services into Rural Areas**

Rural respondents stated a number of concerns regarding the lack of services in the more rural parts of the county. Many of these respondents felt that it was very necessary to get a few services closer to home as child and adolescent and elderly populations in particular have a difficult time commuting to Michigan City or LaPorte to get help for problems.

- Expand substance abuse treatment and mental health programs to rural parts of the county.
- Expand or enhance capacity to serve adolescent mental health and substance use problems in the schools.
- Expand or enhance capacity to serve elderly mental health and substance use problems through existing community resources such as churches or community centers.

### **3. Expansion of services for special or targeted populations**

Many respondents believed that treatment options needed to reflect the needs of the differing populations making their home in LaPorte County. Non-judgmental services should be expanded and programs implemented to address the needs of all individuals in a respectful environment:

- Children and adolescents
- Women (particularly women with children)
- People of color
- Bisexual/gay/lesbian/transgender-supportive

### **4. Expansion of services for special therapeutic populations**

Within the substance abuse treatment community, there are individuals that have additional challenges that may require therapeutic support. Respondents wanted to see programs created or expanded to address the needs of:

- Individuals with abuse or trauma histories
- Individuals with serious mental illness
- Individuals with substance use disorders returning from a correctional facility
- Individuals with opiate or other prescription pill misuse issues

## **EXPANDING TREATMENT CAPACITY: DUALY DIAGNOSED INDIVIDUALS AS A SPECIAL POPULATION OF CONCERN**

Individuals with co-occurring mental illness and substance use disorders require more comprehensive services than individuals needing substance abuse treatment alone - particularly in individuals with serious mental illnesses such as schizophrenia or bipolar disorder. These individuals need specialized dual diagnosis mental health services that address both their mental health and substance use issues.

Respondents identified the following recommendations to move the county towards a more responsive, more active role in helping LaPorte County residents with dually-diagnosed disorders.

1. Screen for co-occurring disorders during court proceedings following an alcohol or drug-related arrest: To better plan for services for individuals arrested for alcohol or drug offenses and to aid in the adjudication of a case, judges or other appointed court officials should routinely screen all arrestees for co-occurring mental and substance use disorders. These individuals commonly find themselves in the criminal justice system and the courts can be very proactive in identifying these individuals and moving them into supportive services.
2. Screen for co-occurring disorders during probation or community corrections intake following an alcohol or drug-related arrest: As with the court screenings, probation and community corrections officers should also screen for co-occurring disorders among individuals entering their programs to enhance the individual's treatment or service plans.
3. Train mental health and substance abuse treatment providers to access and/or screen for co-occurring disorders: Existing mental health and substance abuse treatment agencies should screen for co-occurring disorders upon intake. Clinicians should also receive training in identifying a co-occurring disorder within the context of a clinical interview or therapeutic session. Clinicians should also receive additional training on working with dually-diagnosed clients, particularly if they treat a large post-correctional, probation or community corrections population.
4. Train police and sheriff's officers under the Crisis Intervention Team model: A crisis intervention team (CIT) is an intervention model designed to help specially trained law enforcement first responders address an individual's emergent serious mental health issues when responding to a community call. The purpose of this program is to assist the officers responding to an individual with mental illness by aligning law enforcement, mental health and community organizations to cooperatively intervene in a psychiatric crisis situation (e.g. responding to an individual experiencing a severe psychotic episode). CIT programs can result in the more appropriate placement of seriously mentally ill individuals or individuals with dual substance use and mental health disorders into emergency psychiatric and substance abuse treatment services as opposed to jail settings.
5. Training judges, attorneys, probation officers and other criminal justice system professionals under a Mental Health Court model to address the complex needs of individuals with dual disorders: Mental health courts utilize specially trained criminal justice personnel to

identify and address the unique needs of offenders who are mentally ill or mentally retarded. The goal of these programs are to move offenders with mental disorders or dual disorders into treatment and supportive services and develop a more comprehensive supervision plan that enhances the individual's capacity for functioning within the community.

6. Expand funding and existing programming to be able to treat dually-diagnosed clients: Some agencies in LaPorte County are already serving the needs of dually-diagnosed individuals. These programs should be expanded to meet community need. This will likely require additional funding to strengthen the dual diagnosis –specific programming and expand the agency's capacity to treat more individuals.
7. Expansion of the criminal justice system's ability to leverage mental health and substance use treatment for people with dual disorders: Community treatment can be a condition of probation or parole for individuals with problematic mental health and substance use histories. Services should be made available to those that need them, with escalating sanctions for those that are not treatment compliant.

## DEVELOPING OR ENHANCING YOUTH DRUG AND ALCOHOL EDUCATION PROGRAMS

Alcohol and drug education is a vital forum for sharing information about the characteristics of various drugs and alcoholic beverages, the effect of substance use on individuals, families and the community and in many programs, skills for making healthier life choices.

### I. Timing of Drug Education Programs

Respondents overwhelmingly believed that alcohol and drug education should begin in elementary school and continue through high school. Respondents were also concerned that one-time workshops, assemblies or seminars did not provide enough information or support to truly advantage youth.

- *Introduce drug education programs in elementary school:* Younger students in elementary school will generally not encounter the illicit substances more prevalent among the older students. However, these younger students can still be introduced to some of the important concepts in substance use. Presentations about caffeine content in their favorite drinks and its impact on the body or conversations about safely taking prescriptions and over-the-counter medications and vitamins build the foundation for later discussions on substance use.
- *Integrate drug education programs throughout a student's academic career:* As students mature, the content of alcohol and drug education programs should change with the student and should help to support the youth as they navigate age-specific challenges. Resources and information necessary to make healthy choices as a 4<sup>th</sup> grade student will be different from what is needed by a 12<sup>th</sup> grade student, and educational programs should reflect this discrepancy.
- *Commit to longer educational sessions and not short bursts of drug awareness:* Students benefit from comprehensive information and the ability to discuss their thoughts and concerns surrounding substance use. The experiential interaction between the drug education materials, the teachers presenting the information and the students learning and responding to the material is not possible during drug awareness events or large assemblies. Resource limitations may realistically make it difficult for schools to integrate these drug education sessions into the formal curriculum, but these integrations may occur in a non-formal way. For example, a science teacher may discuss how dopamine is released in the brain when opiates are ingested.

### 2. Types of Drug Education Programs

Respondents believed that alcohol and drug education needs to be very comprehensive and include many different components in order to be successful.

- *Risk Reduction Programming:* School, treatment and law enforcement officials do not want to see adolescents using substances. However, all of these

professionals state that youth do use a variety of substances and that programs must incorporate this reality into the curriculum. Risk reduction programming would teach the youth that abstaining from substance use is the safest, healthiest option, but would also teach them what to do to remain safe if they or a friend has been using. This would include recommendations such as calling a parent or friend for a ride after drinking or calling emergency services if a friend passes out after substance use.

- Peer Education Models: Adolescents can be more comfortable talking to their peers about sensitive issues such as alcohol or drug use or other mental health issues. Trained peer educators can provide an important link between the student body and school officials and can be a source of outreach and referral for other students.
- Comprehensive Curriculum: To be beneficial, alcohol and drug education must incorporate timely, accurate information. Substance use patterns change throughout the years as different drugs move in and out of popularity among young people. Educators must stay abreast of these trends, anticipating the needs of students or changing the curriculum to adapt to these changes in use. Drug education programs should be selected and modified with youth input, as adolescents are the best resource in helping school districts to determine which programs will speak to the needs and concerns of young people.
- Tied to Healthy Choices and Life Planning/Life Skills: Students face many challenges during their adolescent years. A number of students have underlying mental health and/or self-esteem issues. Most students express some degree of anxiety about their future and the choices they will be asked to make. Academic and family pressures can add an additional layer of anxiety. Substance use can be, for some adolescents, a means to manage anxiety, depression, low self-esteem or life uncertainty. Drug education programs should work in conjunction with programs that build in opportunities for students to learn about themselves and their interests and create opportunities for guidance about postsecondary goals and aspirations.
- Tied to Driver's Education Curriculum: The driver's education curriculum should be expanded to include information about how all drugs of misuse have the potential to compromise driving safety. Different drugs produce different effects in the body, leading to different risks behind the wheel. Future drivers will benefit from understanding the various ways that different substances impact gross motor ability and response time. The excise police have indicated that they are willing to assist with alcohol education in driver's education classes.

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- <sup>1</sup> 2008 Indiana State Epidemiological Work Group Report. p. 192.
- <sup>2</sup> 2008 Indiana State Epidemiological Work Group Report. p. 191.
- <sup>3</sup> RachBeisel, J., Scott, J., Dixon, L. (1999). Co-Occurring Severe Mental Illness and Substance Use Disorders: A Review of Recent Research. *Psychiatric Serv* 50:1427-1434.
- <sup>[i]</sup> American Community Survey, "LaPorte County Indiana: Selected Economic Characteristics: 2006," U.S. Census Bureau, [http://factfinder.census.gov/servlet/ADPTable?\\_bm=y&-geo\\_id=05000US18091&-qr\\_name=ACS\\_2006\\_EST\\_G00\\_DP3&-context=adp&-ds\\_name=&-tree\\_id=306&-lang=en&-redoLog=false&-format=](http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US18091&-qr_name=ACS_2006_EST_G00_DP3&-context=adp&-ds_name=&-tree_id=306&-lang=en&-redoLog=false&-format=).
- <sup>[ii]</sup> American Community Survey, "LaPorte County Indiana: Selected Housing Characteristics: 2006," U.S. Census Bureau, [http://factfinder.census.gov/servlet/ADPTable?\\_bm=y&-geo\\_id=05000US18091&-qr\\_name=ACS\\_2006\\_EST\\_G00\\_DP4&-context=adp&-ds\\_name=&-tree\\_id=306&-lang=en&-redoLog=false](http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US18091&-qr_name=ACS_2006_EST_G00_DP4&-context=adp&-ds_name=&-tree_id=306&-lang=en&-redoLog=false).
- <sup>[iii]</sup> STATS Indiana, "LaPorte County in Depth Profile," <http://www.stats.indiana.edu/profiles/pr18091.html>.
- <sup>[iv]</sup> STATS Indiana, "LaPorte County in Depth Profile," <http://www.stats.indiana.edu/profiles/pr18091.html>.
- <sup>4</sup> National Institute of Health, NIDA Principles of Effective Treatment. Accessed January 24, 2009 at <http://www.nida.nih.gov/podat/Principles.html>
- <sup>5</sup> Center on Alcohol Marketing and Youth, State Alcohol Advertising Laws: Current Status and Model Policies Accessed April 8, 2009 at <http://camy.org/research/files/statelaws0403.pdf>