

**A Multiple Indicator Analysis of Alcohol and Drug Use
in LaPorte County, Indiana: 2000 to 2005**

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Executive Summary

Alcohol

Alcohol use is one of the most widely used and accepted drugs in Indiana. The age of first use, or initiation, demonstrates that many individuals are using alcohol at very young ages. LaPorte County is no exception. Residents and youth face greater alcohol related risks due to LaPorte County's geography, since LaPorte County consists of rural areas which research indicates increases problematic alcohol drinking behavior, including youth binge drinking, underage drinking, and heavy drinking. Rural areas also lack public transportation, which might explain the higher rate of alcohol-related crashes within the County, when compared to Indiana as a whole. Self-report surveys, treatment admissions and law enforcement indicators support that alcohol use is a problem in LaPorte County. For example:

- The County's alcohol-related crash rate (per 1,000 residents) was considerably higher than Indiana's rate between 1996 and 2000.
- In 2000, a total of 576 driving under the influence (DUI) or operating while intoxicated (OWI) arrests were made in LaPorte County. In 2005, 716 arrests resulted in nearly a 25 percent increase, demonstrating that LaPorte County's drinking and driving problem has increased over the past five years.
- In 2000, those under age 30 made up about 13 percent of alcohol mentions, but in 2005 those under 30 comprised one-third of all alcohol mentions.
- The Stress Center's number of alcohol treatment mentions increased by more than 140 percent from 2000 to 2005, while Swanson Center's number of alcohol mentions increased by 180 percent.
- Female mentions for alcohol increased by 350 percent at the Stress Center since 2000.

Co-morbidity

Co-morbidity is defined as the combination of a substance use disorder paired with a additional diagnosis, like depression, anxiety, bipolar, and axis II disorders. About 58 percent of those treated at the Madison Center suffered from a psychiatric disorder in addition to a substance use disorder.

Cocaine

LaPorte County has and continues to battle cocaine and crack-cocaine use disorders and distribution within the community. Law enforcement and treatment data demonstrate the serious cocaine and crack-cocaine problem

LaPorte faces. Law enforcement data indicate that cocaine and crack-cocaine are highly available. Cocaine is the most frequent illicit drug mention in LaPorte County and is the County's largest drug problem:

- The number of cocaine mentions at the Stress Center increased by almost 500 percent from 2000 to 2005 and Swanson Center mentions increased by nearly 400 percent during this same time period.
- The number of cocaine mentions among those aged 21-29 at the Stress Center experience a nine-fold increase between 2000 to 2005, while the number of Swanson Center cocaine mentions for this age group increased 400 percent during the same time period.
- In 2000, the number of female mentions accounted for a mere 10 percent of all cocaine mentions, but by 2005 females accounted for nearly 35 percent of all mentions.
- The majority—nearly 80 percent—of all treatment mentions for cocaine were Caucasians. This has remained stable since 2000.
- The amount of cocaine seized within LaPorte City has risen dramatically, between 2001 and 2004 the amount of cocaine seized increased by 130 percent, the amount more than doubling in the three-year period.
- Michigan City seizures for cocaine rose by more than 150 percent from 2000 to 2005.

Opiates

Opiate mentions have increased dramatically since 2000, when there were very few opiate mentions within the County. Police have arrested a number of white males for heroin possession during 2006 and interviews with public official indicate that LaPorte County has had a number of overdoses from heroin or other opiates in recent years. The increase in the number of pills seized along with treatment indicators suggest that opiate misuse is the most important emerging drug threat within the County.

- The total number of opiate pills seized by Metro was nearly 1,000 pills in 2004, an increase of more than 230 percent over year 2000 seizures.

The profile of those seeking treatment for opiates in LaPorte County has changed. The majority of those treated for opiates within LaPorte County tend to be younger than age 30 and about half of all treatments of LaPorte County residents are women. The overwhelming majority of opiate mentions are Caucasian. For example:

- Opiate users have become consistently younger since 2000. In 2004, the vast majority of methadone patients in LaPorte County—58 percent—were aged 30 or younger in 2003, while only 1 patient in 1997 was under age 30.
- At the Stress Center, opiate treatment mentions rose by more than 1,300 percent from 2000 to 2005 and the number of opiate treatment mentions at the Swanson Center doubled in the period from 2000 and 2005.
- The number of methadone patients from LaPorte County has risen significantly from only 7 patients in 1997 to 100 in 2004, an increase of more than 1,300 percent.
- In LaPorte County, about half of all opiate treatment episodes were female. This number has increased across all treatment indicators, suggesting that female opiate admissions are as common as male treatment admissions.

Amphetamines/Methamphetamines

While consumers and distributors of methamphetamine in LaPorte County are slowly emerging, amphetamine consumers may possibly be increasing at a quicker, yet undetected rate. Law enforcement indicators suggest that the methamphetamine and amphetamine problem is small, but present. Amphetamines might be an emerging drug threat, but it is difficult to assess the severity of the issue at this time.

- The number of amphetamine/methamphetamine mentions at the Stress center increased by 240 percent from 2000 to 2005.
- More than half of all amphetamine/methamphetamine mentions at the Stress Center were under age 30.
- Several methamphetamine labs seizures occurred in LaPorte County in 2005.

Policy recommendations include the following:

Collect Drug Health Impact Data

By creating a consistent data collection and recording system LaPorte County will be able to determine where services are most needed. Hospital data and medical examiner data that is collected over time is vital because it allows for analysis which trends important health information as related to drug use. Once the data is analyzed, it can clearly indicate which drugs are most problematic and which are emerging in the community.

Increase Parental Awareness of Diverted Prescription Drug Use

Since amphetamine and opiate diverted pharmaceuticals appear to be an emerging problem in LaPorte County and access to these pills is relatively easy, parents of youth should be aware of the threat. The most “popular” diverted pharmaceuticals include the following: 1) stimulants or amphetamines like Dexedrine, Ritalin, Adderall; 2) benzodiazepines like Valium, Klonopin, Xanax 3) opiates like Vicodin, OxyContin, Percocet; and 4) sleep aids (which can cause euphoria if the user stays up instead of sleeping).

Encourage Safe Medicine Practices

Parents provide a vital role in kids’ drug education—the safe use of medicines. Children are often prescribed drugs for injuries, toothaches, infections, etc and parents should educate children about the effects of the medication. All children should be told, from a young age, the name of the medicine, why they are taking it and what side effects the drug might have. This creates the first drug education building block for children.

Outdated Medicine Collection Programs

It is important to discard old or outdated medicines, but public health authorities discourage individuals from throwing them in the garbage or flushing them down the toilet. Contact your doctor, pharmacy, or the local hospital to find out about safe disposal programs. Most pharmacies within LaPorte County can dispose of unneeded or unwanted medications safely.

Reduce DUI through Increasing Awareness and Public/Private Partnerships

Drinking and driving is a heightened threat in LaPorte because the County is primarily rural with two small metropolitan areas. The DUI problem may be exasperated by the large quantity of alcohol serving establishments in the county and by the lack of public transportation or cab services. Possible alternatives include:

- Parental coalitions who agree to pick up their youth, with no questions asked. Parents and youth can sign a contract that states that a parent (or concerned adult) will pick up the child if they are too impaired to drive or are if they are riding with someone who is too impaired to drive. Such contracts should provide for discussion the day after a pick-up occurs. Youth should be encouraged to call parents or others for help without recrimination, but discussion should be encouraged and required following pick-ups.
- Advertising (public service advertising) near or in taverns or bars that encourage people to drive safely and to designate a driver.
- Encourage creative solutions that are supported by drinking establishments as well as LaPorte County representatives. Meet with tavern and bar owners and get input on what would best serve the County, reduce drinking and driving, yet not burden business owners. Tavern and bar owners might feel that increased education for liquor servers might be

the most effective method of reducing drinking and driving through LaPorte. Other ideas include:

- Investigate the possibility of forming a coalition comprised of neighboring taverns and bars to look at the feasibility of providing group ride-sharing programs, comprised of regular pick-up times, perhaps using a van rather than a car service.
- Allocate funding for collective bus or van routes.
- Provide incentives for taxi services.

Increase treatment availability, including a variety of treatment options.

Treatment for Women with Children

Emerging treatment populations include women. Women may require a more nurturing, holistic approach to treatment, because women are more likely to suffer from a secondary affective diagnosis such as depression. Since women are generally the caretakers of children, wrap-around services that address women's and children's needs would improve the lives of more than just the women who seeks treatment. Women and children need not be separated during treatment and facilities that support familial engagement are needed.

Assess Co-Morbidity

Depression, anxiety and other mental health disorders may cause individuals who are not effectively treated to self-medicate, which may lead to a substance use disorder. Co-morbidity can often be overlooked when treating individuals with substance use disorders because a substance use disorder can be more obvious. All patients admitted for substance use treatment should be carefully screened for mental illnesses. Patients need to be referred out for appropriate services if the treatment provider has limited services for mental health treatment.

Increase Opiate Substitution Therapy or Methadone Maintenance Treatment (MMT).

The increase in opiate use among LaPorte County residents warrants increased availability for opiate substitution therapy, like methadone maintenance or buprenorphine therapies. While the National Institute of Drug Abuse (NIDA) considers methadone treatment as the most effective module for opiate addiction, this treatment is not available in LaPorte County. Recent moratorium legislation changes now allow LaPorte County to establish a methadone clinic. LaPorte County should encourage the creation of a substitution therapy program within the County borders.

Diversion Programs and/or Drug Courts

The key component of a diversion program is to provide individuals with a continuum of alcohol, drug and other related treatment as well as rehabilitative and ancillary services, rather than prison or jail sentences. The program should adapt to local needs and aim to restore communities by allowing individuals with

drug or drug-related, non-violent convictions to access treatment and rehabilitation rather than incarceration and likely recidivism. While there are many options such as drug courts, therapeutic court programs and informal treatment diversion programs, LaPorte must decide which type of program best fits its needs.

Create Data Collection Framework

LaPorte County is unique in that it has two distinct cities, which sometimes results in a communication gap in the community. Gaps in communication can sometimes create barriers for drug prevention and intervention within the community. To best serve the county, communication systems need to be intact between law enforcement, probation officers, educators, social workers, treatment providers, and administrators. Collaborative relationships among all of these groups will allow for enhanced community living, including efficient information sharing, and collaborative drug and alcohol intervention and prevention strategies.

A data collection framework, or “infrastructure” needs to be developed within LaPorte County so that statistics that are collected are collected in the same manner each year. It becomes extremely time consuming for different agencies to enter data when a researcher requests it, but forming a data collection methodology would allow indicators to be collected quickly with minimal time spent on recording. Data could be sent via email or other electronic means to be warehoused by the LaPorte Partnership for Drug-free Indiana.

Evaluate Current Drug Education Programs

Review of LaPorte County drug education was outside the scope of this project, however input from school officials and review of drug education curriculum would greatly add to understanding the state of LaPorte County’s drug threats and emerging issues. The researchers have not assessed curricula, although most drug education programs utilized by schools have not been empirically assessed and many popular programs have been proven ineffective. Increasing drug use rates among youth in LaPorte County indicate that current prevention methods might need to be updated in order to deal with emerging drug threats.

Substance Use Data

This report provides a multiple indicator analysis of alcohol, cocaine, methamphetamine and amphetamines and opiate use in LaPorte County. A multiple indicator analysis is a research methodology that involves trending patterns of drug use through the tabulation of data from different sources. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends the use of several data sources to most accurately examine the populations of illicit drug users. Each data set can be viewed as one piece of the overall picture, which, when fit together, can provide a clearer understanding of the drug using population in a particular area. This report details the threat of alcohol, cocaine, methamphetamine and amphetamines and opiates to LaPorte County: using a combination of treatment data, law enforcement data, and qualitative data gleaned from interviews.

Statistics used in the report were compiled with the LaPorte County Metro Drug Task Force, as well as data from the Indiana Hoosier Assurance Plan, and the Indiana State Division of Mental Health and Addiction, Swanson Center, the LaPorte Hospital Stress Center, Madison Center and other treatment providers. Individuals interviewed for this report include emergency room staff, probation officers, treatment professionals, youth, law enforcement officers, and county prosecutors.

LaPorte County Profile

LaPorte County, Indiana is a rural county located in Northwestern Indiana, two counties west of the Illinois border. LaPorte County ranks 50th in Indiana for median household income, and its households earn about 92.5 percent of the state median income of \$41,973ⁱ. LaPorte County can be characterized as moderate-income county, with population that is about 88 percent white and largely rural, except for Michigan City,ⁱⁱ which is its largest city. Michigan City has a population of 32,179, and is located on Lake Michigan. Poverty rates for LaPorte County are just below the state average of 10.0%ⁱⁱⁱ.

LaPorte County has eleven diverse law enforcement jurisdictions ranging from small towns with no police presence to larger cities like LaPorte City and Michigan City. LaPorte County houses seven law enforcement agencies, and two Indiana state prisons—at Michigan City and Westville. Overriding these jurisdictions is the LaPorte Metro Operations, whose goal is to address the continuing problem of drug trafficking in LaPorte County by partnering with LaPorte County prosecutor, Indiana State Police and federal agencies. Since the development of Metro operations in 1998, more than 1,664 arrests have been made and Metro has investigated nearly 3,000 cases.

Understanding LaPorte Treatment Data Indicators

The Hoosier Assurance Plan (HAP), a mental health services plan funded by the state of Indiana, was designed to provide mental health and chemical addiction services to low-income individuals in Indiana. The State of Indiana clearly states that those receiving HAP benefits do not represent all of the persons in treatment within a particular county, only those who have applied for funding and are eligible through the HAP program.^{iv} Those seeking care through the Hoosier Assurance Plan, in LaPorte County has risen dramatically for most drugs, but it is important to note that these cases only represent a small portion of the individuals treated for substance use disorders within the county and therefore are not representative of the entire LaPorte population.

Stress Center at LaPorte Hospital provides mental health treatment to all individuals, including those with substance use disorders. All types of insurance are accepted (including Medicare and HAP) and patients are self-referred, referred by community providers, physicians, employers, and others. All patients are urine-screened upon admittance to the Center, thus a patient may test positive for a number of substances at one time. Each of these substances was tabulated as a drug “mention.” Individuals might appear in numerous categories, for example a woman who uses opiates, alcohol and cocaine would be counted in each of those drug subcategories.

Swanson Center provides treatment in both LaPorte City and Michigan City. The Center provides both inpatient and outpatient treatment. Data supplied by Swanson Center provided the primary and secondary diagnosis for each patient. If a patient had more than one diagnosis for substance use disorder (e.g. cocaine and alcohol) each one of these was treated as a mention. Thus, a male patient who used opiates and methamphetamines, for example, would be mentioned under each drug.

Madison Center provides treatment in both LaPorte City and Michigan City within LaPorte County. Many patients are court-referred, although patients may be self-referred, or referred by community providers, physicians, employers, and others. Treatment data from Madison center indicated that most patients at Madison Center were treated for polysubstance use disorder. A polysubstance diagnosis indicates that the individual used at least three substances and has no drug of choice. Madison Center data can be found in the polysubstance use disorder section, as data was coded for this type of diagnosis in the vast majority of the cases. These data precludes breakout by substances since the diagnosis of polysubstance use disorder does not name the substances the patient misuses. Interview data with providers indicated that most polysubstance users treated at the Center used alcohol, cannabis, and cocaine.

Co-morbidity and Substance Use Disorders

National studies have found that rates of substance use disorders among individuals diagnosed with a mental disorder are extremely high. Depression, anxiety and other mental health disorders may cause individuals who are not effectively treated to self-medicate, which may then lead to a co-occurring substance use disorder in combination with the original mental health problem. Those with substance use disorders are often treated as a stigmatized population by the community as individuals who lack “will” or “self-control,” but substance use disorders often occur because of untreated pre-existing psychiatric conditions. Individuals may use a substance in order to alleviate mood disorders like depression, anxiety and bipolar I disorder. LaPorte County residents need to recognize that substance use disorders often mask an underlying untreated mental health problem.

Various rates have been reported with estimates as high as 50 percent of those individuals with substance use disorders are diagnosed with both a mental health disorder and substance use disorder. ^v Rates vary according to type of disorder, drug, and gender. For example, a mood disorder such as major depression has been found to be dually diagnosed with substance use disorders in 27 percent of the diagnosed individuals, while 56 percent of those individuals diagnosed with bipolar disorder met criteria for an alcohol or drug disorder.^{vi}

An alcohol-related diagnosis often times is paired with a second diagnosis. About one-half of all women who misuse alcohol also meet the criteria to be diagnosed with major depression.^{vii} While this is national study finding, LaPorte female residents are an emerging mention for alcohol treatment (see Alcohol section for detailed tables). Barriers for females who are dually diagnosed are tremendous. LaPorte treatment providers, law enforcement, educators and community must be aware that substance use disorders, particularly among women, often are accompanied by another mental health disorder such as depression. Prevention and intervention solutions must be specifically designed for the emerging dually diagnosed women and their families.

Additionally, according to the National Co-morbidity Survey, one-fourth of men with an alcohol use disorder also meet criteria to be diagnosed with major depression. Dual diagnosis for alcohol and depression is lower for males, however, males residing in LaPorte continue to be dominant alcohol mentions in treatment facilities (see Alcohol section for detailed tables).

One in twenty individuals with an alcohol use disorder—or five percent—are additionally diagnosed with bipolar disorder. ^{viii} According to The Epidemiological Catchment Area survey (ECA), an individual meeting the criteria for anxiety disorder had a 50 percent increase in the odds of being diagnosed with a lifetime alcohol use disorder.^{ix} High rates of depression and anxiety related disorders among those with alcohol use disorders must be recognized in order to provide effective treatment. The occurrence of dual diagnosis is dominant among people who misuse substances and recognition of these psychiatric problems will

help to squelch the stigma of drug and alcohol misuse and can help to foster healthier communities.

More than half of all the Madison Center patients admitted for alcohol, opiate, cocaine, or amphetamine use disorders were additionally diagnosed with a second disorder (Table C1). Patients with more than one diagnosis are labeled as either co-morbid or dually diagnosed. Many of these patients are diagnosed with a mood disorder including major depression and bipolar I. A small percentage of the individuals were diagnosed with an axis II disorder (personality disorder) such as borderline personality disorder. These data demonstrate the need for comprehensive services that screen and treat for both substance use disorders and other psychiatric conditions like depression, anxiety disorder, and bipolar disorder. Treating substance use disorders alone will not be successful if individuals are not given the appropriate ancillary treatment for other underlying conditions such as those noted above.

Table C1: Madison Center Number of Individuals with Co-morbid Diagnosis: 2005

| | |
|----------------------------|-----|
| Co-morbid Diagnosis | 82 |
| Total Cases | 141 |
| Percent Co-morbid | 58% |

Alcohol: National and Regional Trends

About half of all Americans over 12 years old reported drinking alcohol in 2004. Since 2002, estimates of alcohol consumers in the United States have been stable at about of 121 million users. About 56 percent of all current alcohol consumers are male, while around 44 percent of consumers are female. However, among youth there are no gender differences in rates of current alcohol use.^x

According to the National Survey on Drug Use and Health in 2001, the most recent year for which alcohol incidence estimates were made, an estimated 5.3 million Americans used alcohol for the first time. While 88 percent of all first time alcohol drinkers are under the legal drinking age of 21, 73 percent of those who try alcohol for the first time are under 18 years old. There are 14,000 new alcohol drinkers per day that are under the legal drinking age.^{xi} In 2004, there were 10.8 million reported underage drinkers who reported use within the last 30 days.

Underage alcohol use rates are higher in small metropolitan areas than in large metropolitan areas. The rate of heavy drinking—among all age cohorts—is also higher in rural and small metropolitan areas.^{xii}

Underage males and females binge drink at a similar rates (22.1 percent vs. 17 percent). Nearly 17 percent of all youth aged 12 to 17, who resided in completely rural counties reported binge drinking. Rural counties have the highest youth binge-drinking rates as compared to large metro areas or smaller metro areas.^{xiii}

One fourth of all Americans, age 12 years and older, have participated in binge drinking at least once in the last month. Rates of binge drinking increase with age before falling off at around age 25. Only 1 percent of 12 year olds report binge drinking, while almost 30 percent of all 17 year olds report binge drinking. In 2004, over 40 percent of all drinkers aged 18 to 25 admitted to binge drinking.^{xiv}

According to the National Survey on Drug Use and Health, males are nearly twice as likely to drive under the influence of alcohol than females. Approximately 32.5 million individuals drove under the influence of alcohol at least once in 2004. Nearly 30 percent of individuals between the ages of 21 and 25 reported driving under the influence of alcohol. Around 10 percent of 16 or 17 year olds and about 20 percent of 18 to 20 year olds also reported driving under the influence of alcohol. Nationally, rates for driving under the influence decrease as age increases.^{xv}

Alcohol: Local Perspectives

Alcohol remains the most popular drug of choice for Indiana youth. According to the 2004 Indiana Prevention and Resource Center Survey, Indiana youth are using alcohol at high rates. Nearly 30 percent of all sixth graders and about 73 percent of all seniors in high school have used alcohol at least once in their lifetime.^{xvi} Ten percent of all Indiana students in sixth grade reported using alcohol in the last 30 days, while 30 percent of students of ninth graders reported using alcohol in the last month. Half of all 9th grade Indiana students used alcohol in the last year.^{xvii}

Alcohol in LaPorte County is very available. Research has shown that a high number of and/or concentration of alcohol outlets are often linked with amplified community alcohol problems. In 2000, according to the Indiana Prevention Resource Center, LaPorte County had a higher rate of alcohol sales outlets in proportion to the population than did the whole of the state of Indiana. LaPorte had 226 alcohol sales outlets, resulting in a rate of 2.05 stores per 1,000 LaPorte County residents, while the state of Indiana had 10,181 alcohol outlets, which resulted in a rate of 1.67 per 1,000 residents.

In Indiana in 2000, alcohol claimed over 2,100 Hoosier lives according to Indiana Social Indicator System in 2000.^{xviii} In LaPorte County, during the four-year period from 1996 to 2000, the number of alcohol-related vehicle crashes exceeded 1,200.^{xix} The County's alcohol-related crash rate (per 1,000 residents) was considerably higher than Indiana's rate between 1996 and 2000. In 1997, for every one thousand Indiana residents, there were about 1.5 alcohol-related crashes compared to LaPorte County's rate of 2.5 alcohol-related crashes per 1,000 residents (Table A1).^{xx} More recent data suggests that LaPorte County's alcohol-related crash rate has decreased, although it still surpasses Indiana's alcohol-related crash rate. These data suggest that alcohol greatly impacts community health, particularly when alcohol consumption is combined with driving.

Table A1: Comparison of Alcohol-Related Crashes LaPorte County and Indiana: 1997 to 2000

| Area | 1997 | 1998 | 1999 | 2000 |
|----------------|-------------|-------------|-------------|-------------|
| Indiana | 1.57 | 1.56 | 1.49 | 1.46 |
| LaPorte County | 2.55 | 2.17 | 1.91 | 1.99 |

Alcohol: Law Enforcement Indicators

In 2000, LaPorte County police made a total of 576 driving under the influence (DUI) or operating while intoxicated (OWI) arrests. In 2005, all police forces made 716 drinking and driving arrests resulting in a near 25 percent increase of arrests (Table A1).

Table A1: LaPorte County Driving Under Influence and Operating While Influenced Arrests per Year: 2000 to 2005

| Offense | 2000 | 2005 | Percent Change |
|----------------|-------------|-------------|-----------------------|
| DUI/OWI | 576 | 716 | 24% |

Although LaPorte’s DUI and OWI arrests rose significantly, LaPorte County’s DUI rate in 2002 was nearly half of Indiana’s DUI rate (4.33 vs. 2.74). In 2005, LaPorte County’s DUI/OWI rate was significantly higher than in previous years, for every 1,000 LaPorte County residents, about 6 people were arrested for DUI or OWI offenses in that year.^{xxi}

While LaPorte City has seen significant increases in the total number of DUI arrests since 2000, Michigan City has experienced a decrease in the total number of OWI arrests (Tables A2 and A3). At the same time, arrests have significantly increased in other areas of the county. The Sheriff’s department reports a 65 percent increase in the total number of adult drinking and driving arrests (Table A4). Nevertheless, the total number of arrests each year indicates that the total number of arrests has changed significantly, demonstrating that LaPorte County’s drinking and driving problem has increased over the past five years.

Table A2: LaPorte City Police Department Driving Under Influence (DUI) Total Arrests per Year: 2000 to 2005

| Offense | 2000 | 2005 | Percent Change |
|----------------|-------------|-------------|-----------------------|
| DUI | 214 | 305 | 43% |

Table A3: Michigan City Operating While Influenced (OWI) Total Arrests per Year: 2000 to 2005

| Offense | 2000 | 2005 | Percent Change |
|----------------|-------------|-------------|-----------------------|
| OWI | 207 | 155 | -25% |

Table A4: LaPorte County Annual Sheriff Report Operating While Influenced (OWI) Arrests per Year: 2000 to 2005

| Offense | 2000 | 2005 | Percent Change |
|----------------|-------------|-------------|-----------------------|
| OWI | 155 | 256 | 65% |

The rate of DUI arrests differs significantly between Michigan City and LaPorte City. While the number of arrests in 2000 was relatively similar in both cities, by 2005 the disparity grew significantly. In 2005, for every 1 DUI arrests made in Michigan City per 1,000 residents, there were 3 arrests made in LaPorte City per 1,000 residents (Table A5). One factor that might account for the lower number of DUI arrests within Michigan City as compared to LaPorte city is related to transportation: Michigan City offers cab services and affordable bus services, while LaPorte City lacks these transportation amenities. The lack of access to alternative means of transportation within LaPorte City (as well as in the rest of LaPorte County) might cause individuals to drink and then drive, because the only means of transportation is private car, therefore, LaPorte County residents who live outside of Michigan City must drive home from taverns and bars.

Table A5: LaPorte County Cities 2000 and 2005 DUI and OWI Arrests and Rate of Arrest per 1,000 people

| City | 2000 Arrests | 2000 Arrest Rate Per City | 2005 Arrests | 2005 Arrest Rate |
|---------------------------------|--------------|---------------------------|--------------|------------------|
| Michigan City | 207 | 6.43 | 155 | 4.82 |
| LaPorte City | 214 | 10.20 | 305 | 14.54 |
| Total Combined City Rate | 421 | 7.92 | 460 | 8.65 |

Additionally, large increases have occurred among ABC violations in LaPorte County. According to LaPorte County’s annual sheriff report there has been nearly a 200 percent increase in the number of violation of ABC acts over the 2000 data. It is important to note that these data partially represent the county, excluding ABC violations cited by Michigan City and LaPorte City police.

Table A6: LaPorte County Annual Sheriff Report Violations of ABC Act per Year: 2000 to 2005

| | 2000 | 2005 | Percent Change |
|-----------------------------|------|------|----------------|
| Violation of ABC Act | 57 | 165 | 189% |

Alcohol: Treatment Indicators

Two treatment centers located in LaPorte County that primarily serve LaPorte County residents provided anonymous treatment data for this report. The data indicates that alcohol abuse and dependence as primary and secondary diagnosis, remains as an increasing problem in LaPorte County (Table A7). Interviews with treatment staff indicate that alcohol remains a community problem. Treatment staff indicated that alcohol use and misuse is a persistent and prevalent problem within LaPorte County. Data indicates that alcohol treatment admissions have steadily increased at both treatment centers. In 2005, the total number of mentions at both facilities more than doubled, over 2000 year data. The Stress Center’s number of alcohol treatment mentions increased by more than 140 percent from 2000 to 2005, while Swanson Center’s number of alcohol mentions increased by 180 percent. These data demonstrate that alcohol treatment mentions have increased at rapid rates during the five-year period (Tables A7 and A8).

Interviews with staff at the Stress Center suggest that the Stress Center in 2003 was fully staffed with two full-time psychiatrists, which may better represent the true treatment need in LaPorte County. In 2004, the Stress Center experienced a staffing shortage, which meant that the center was not able to treat as many patients during this period of time. This staffing shortage may explain the 2003 admission increase and the following artificial decline in the Stress Center’s admission data (Table A8).

Table A7: LaPorte Hospital Stress Center Alcohol Mentions by Year: 2000 to 2005

| 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| 70 | 50 | 150 | 266 | 174 | 171 | 144% |

Table A8: Swanson Center Alcohol Mentions by Year: 2000 to 2005

| 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| 101 | 246 | 271 | 287 | 281 | 283 | 180% |

Alcohol Treatment Indicators: Age

When the data from both Swanson Center and Stress Center data are combined, the number of alcohol mentions for those under 30 years old comprised 13 percent of the total alcohol mentions in 2000. In 2005 the number of those alcohol mentions under 30 comprised more than a third of the total number of alcohol diagnoses (Table A9). At the same time, one fourth of Swanson Center mentions in 2000 were under 30, which increased to over 35 percent in 2005 (Table A10). These data suggest that youth alcohol misuse has become an increasing more prevalent problem in LaPorte County over the past 5 years and that youth represent a larger percentage of alcohol treatment admissions in LaPorte County. The recent shift towards younger treatment mentions is alarming and warrants assessment and reform of current drug and alcohol education in the schools.

Alongside the growing trend of youth admittance for either alcohol misuse or dependence, other cohort increases have occurred, particularly in the 40 to 49 year old group. The number of Swanson Center mentions in this cohort increased more than 300 percent from 2000 to 2005 and the number of alcohol mentions at the Stress Center among this age group nearly doubled during the same time period. Additionally, mentions for those over 50 increased by more than 150 percent.

Table A9: LaPorte Hospital Stress Center Alcohol Mentions by Year and Age: 2000 to 2005

| Age | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Under 18 | 1 | 0 | 10 | 19 | 8 | 13 | 1,200% |
| 18-20 | 0 | 0 | 9 | 11 | 5 | 6 | 100%* |
| 21-29 | 8 | 11 | 23 | 60 | 29 | 37 | 363% |
| 30-39 | 20 | 12 | 40 | 65 | 60 | 35 | 75% |
| 40-49 | 27 | 11 | 41 | 73 | 40 | 44 | 63% |
| Over 50 | 14 | 16 | 20 | 38 | 32 | 36 | 157% |
| Total | 70 | 50 | 143 | 266 | 174 | 171 | 144% |

Table A10: Swanson Center Alcohol Mentions by Year and Age: 2000 to 2005

| Age | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Under 18 | 2 | 1 | 4 | 5 | 4 | 4 | 100% |
| 18-20 | 6 | 11 | 16 | 13 | 10 | 6 | 0% |
| 21-29 | 18 | 73 | 58 | 88 | 68 | 85 | 372% |
| 30-39 | 39 | 69 | 83 | 68 | 79 | 58 | 49% |
| 40-49 | 21 | 62 | 75 | 78 | 77 | 85 | 305% |
| Over 50 | 15 | 30 | 35 | 35 | 43 | 45 | 200% |
| Total | 101 | 246 | 271 | 287 | 281 | 283 | 180% |

Alcohol Treatment Indicators: Race

The race of individuals admitted for alcohol has not significantly changed over the past five years, with Caucasians comprising the majority of treatment admissions for alcohol. Caucasians constituted more than 80 percent of the mentions over all years when the two centers are combined (Tables A11 and A12). In 2005, Caucasian represented nearly all mentions at the Stress Center for alcohol, while Caucasian comprised three-fourths of alcohol mentions at the Swanson Center.

While there were no African American mentions in 2000 at the Stress Center, in 2005, African Americans represented 5 percent of the total mentions. This proportion has remained fairly constant over the past few years. While the number of African American mentions at the Swanson Center has increased, the number of Caucasian mentions has increased at a faster rate, so the proportion of Caucasians to African Americans has remained about the same (Table A12).

Table A11: LaPorte Hospital Stress Center Alcohol Mentions by Year and Race: 2000 to 2005

| Race | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| African American | 0 | 1 | 15 | 16 | 5 | 9 | 100%* |
| Caucasian | 70 | 49 | 132 | 247 | 161 | 159 | 127% |
| Latino | 0 | 0 | 3 | 1 | 5 | 3 | 100%* |
| Other | 0 | 0 | 0 | 2 | 3 | 0 | 0% |
| Total | 70 | 50 | 150 | 266 | 174 | 171 | 144% |

Table A12: Swanson Center Alcohol Mentions by Year and Race: 2000 to 2005

| Race | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| African American | 23 | 34 | 40 | 38 | 44 | 53 | 130% |
| Caucasian | 75 | 201 | 216 | 231 | 221 | 213 | 184% |
| Other* | 3 | 11 | 15 | 18 | 16 | 17 | 467% |
| Total | 101 | 246 | 271 | 287 | 281 | 283 | 180% |

*Please note that the percent change in the "Other Race" category for Swanson Center may represent an artificial increase due to a change in recording procedures.

Alcohol Treatment Admissions: Gender

There appears to be a growing trend of increasing female mentions for alcohol treatment. When data from the Stress Center and Swanson Center are combined, the number of female alcohol mentions comprised 18 percent of all alcohol mentions in 2000, but by 2005, the number of female treatment mentions grew to more than 28 percent of all mentions. (Tables A13 and A14). Since 2000, both treatment centers nearly quadrupled the number of female mentions for alcohol treatment. In 2005, the number of female mentions has increased by 350 percent at the Stress Center and 274 percent at Swanson Center over 2000 figures (Table A13-A14). Female treatment admittance tends to have a broader community and familial impact, than male treatment admissions, because of the role that women often play in both community and family life.

Despite the rise in the number of female alcohol treatment mentions, males still constitute the majority of alcohol mentions. The number of male mentions has nearly doubled since 2000 at both centers, but the proportion of males to females has slightly decreased due to the more significant increase in female mentions (Tables A12 and A13).

Table A13: LaPorte Hospital Stress Center Alcohol Mentions by Year and Gender: 2000 to 2005

| Gender | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Female | 12 | 16 | 53 | 102 | 50 | 54 | 350% |
| Male | 58 | 34 | 97 | 164 | 124 | 117 | 102% |
| Total | 70 | 50 | 150 | 266 | 174 | 171 | 144% |

Table A14: Swanson Center Alcohol Mentions by Year and Gender: 2000 to 2005

| Gender | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Female | 19 | 53 | 59 | 62 | 72 | 71 | 274% |
| Male | 82 | 193 | 212 | 225 | 209 | 212 | 159% |
| Total | 101 | 246 | 271 | 287 | 281 | 283 | 180% |

Alcohol Summary

LaPorte has been attentive and responsive to the dangers associated with alcohol, including misuse and dependence, physiological problems and drinking and driving. Numerous coalitions and programs have been established with the aims of deterring problematic alcohol use in LaPorte County. Data and interviews support that alcohol misuse is a current and pervasive public health problem in LaPorte County. Self-report surveys, treatment admissions and law enforcement indicators also support that alcohol misuse continues to be a problem in LaPorte County. More troubling are the increase in the number of youth and women treated for alcohol misuse and dependence. Alcohol treatment programs need to focus on the emerging populations of women and youth and design programs that target the needs of both groups.

Alcohol use is one of the most widely used and accepted drugs in Indiana. The age of first use, or initiation, demonstrates that many individuals are using alcohol at very young ages. LaPorte County is no exception. Residents and youth face greater alcohol related risks due to LaPorte County's geography, since LaPorte County consists of small cities and rural areas, which research indicates increases problematic alcohol drinking behavior, including youth binge drinking, underage drinking, and heavy drinking.^{xxii} Rural areas also lack public transportation, which might explain the higher rate of alcohol-related crashes within the County, when compared to Indiana as a whole.

Drug Trafficking Patterns

Northwestern Indiana is an active drug transportation and distribution area because of its proximity to Lake Michigan, which is a major waterway within the St. Lawrence Seaway system providing international shipping for all sections of the Midwest. In addition, Northern Indiana boasts seven interstate highway systems and 20 U.S. highways provide interstate and intrastate links for drug trafficking, especially with the southwest border and California^{xxiii}.

La Porte County, Indiana is also only about 60 miles east of Chicago, and interviews with law enforcement personnel indicate that drugs are often trafficked from Chicago to Michigan City and LaPorte City, with Chicago-area gangs providing most of the wholesale market and some retail sales. Some drugs are also trafficked from the state of Michigan and occasionally from Indianapolis, although this appears to be more of an exception than the rule^{xxiv}.

Open-air sales of crack cocaine occur primarily on the West side of Michigan City though this may be lessening due to large inter-agency law enforcement efforts to curb crack cocaine distribution, sales, and trafficking within the area^{xxv}. Additionally, because of law enforcement raid in Michigan City, LaPorte City officers indicate that some crack-cocaine dealers have taken up residence in LaPorte City.^{xxvi}

Researchers visited Michigan City in August of 2005 and found that crack cocaine and possibly heroin were available, although heroin appears to be significantly more difficult to purchase than cocaine. The researchers were offered crack, powdered cocaine, and marijuana and were told that heroin could be purchased within Michigan City.

Brief interviews with youth in LaPorte City suggest that the selling and buying of drugs within LaPorte City occurs often and that the primary drugs of abuse included alcohol, marijuana, cocaine, and a variety of pills, including opiates and stimulants. These sales do not occur in open-air markets, but are contained in private residences. Pill use appears to be extremely prevalent within the LaPorte City high schools and that drugs are often sold on or near the high school, generally using a peer-to-peer network system. Interview data suggested that heroin was not available in La Porte but that youth indicated that it was available in Michigan City. Additionally, interviews suggested that both youth and adults travel to Michigan City in order to purchase drugs of choice that might not be readily available within La Porte City (e.g. crack-cocaine).

Prior to August of 2005, concerns about heroin entering LaPorte County began to swell after several heroin overdose deaths occurred. Subsequent interviews with law enforcement officers in Michigan City indicate that heroin was occasionally available in Michigan City, but that the supply has been greatly curtailed since August of 2005. A joint investigation with Gary's Response Investigative Team (GRIT) led to confidential informants purchasing crack-cocaine and heroin, which resulted in several arrests. No heroin has been seized or purchased in Michigan

City since August of 2005^{xxvii}. Additionally, no overdose deaths due to heroin have occurred since that date according to the Michigan City Metro Report as well as interviews.

Heroin has been purchased in LaPorte City, with five buys occurring within the first 4 months of 2006. The heroin seized by LaPorte Metro was white in color, indicative of South American heroin that appears to have originated in the Chicago area. When one arrestee was questioned, he admitted purchasing heroin in Chicago^{xxviii}.

Methamphetamine appears to be a significant problem for areas south of LaPorte County, but recent (2005) meth lab seizures might indicate an emerging meth problem within the County.

Cocaine: A National and Regional Perspective

According to the National Household Survey on Drugs and Health, in 2002, approximately 1.1 million persons used cocaine for the first time. The incidence of cocaine use generally rose throughout the 1970s to a peak in 1980 with approximately 1.6 million new users and then showed some decline until the early 1990s. Cocaine initiation increased steadily after 1993, averaging over a million new users per year from 2000 to 2002. While the rate of new users has not reached the peak of the early 1980s, data suggests that new initiates to cocaine use are still growing.^{xxxix}

Generally, first use of cocaine usually occurs at age 18 or later, which is a pattern that has been consistent since the 1960s. Approximately 70 percent of cocaine initiates in 2002 were age 18 or older.^{xxx} The average age of initiates in 2002 was 20.3 years, which is slightly higher than age of first use in the 1970s (about 18 years of age).^{xxxi}

National treatment admissions for cocaine nationally rose 10 percent over a two-year period, from 236,000 cases in 2001 to 259,239 cases in 2003.^{xxxii} In Indiana, the number of treatment episodes rose dramatically between 2001 and 2005, increasing more than 40 percent from 3,124 cases in 2001 to 4, 415 in 2005.^{xxxiii}

Smoked cocaine appears to be a less significant problem for Indiana as a whole, but treatment rates appear to be rising more rapidly than that of inhaled cocaine. Cases of smoked cocaine in Indiana increased more than 60 percent during the five-year period from 2001 to 2005.^{xxxiv}

In 2004, nearly 9 percent of Indiana's 12th graders admitted using powdered cocaine in their lifetime, while more than 4 percent reported having tried crack cocaine. Nearly 3 percent of 12th graders admitted using powdered cocaine in the last month, and about 1.5 percent used crack in the last month.^{xxxv}

According to the National Drug Intelligence Center, cocaine transported primarily from Chicago, Detroit, Los Angeles, Florida, and the Southwest Border area is distributed throughout the state primarily through northwestern Indiana^{xxxvi}, although interviews with LaPorte law enforcement officials suggest that the majority of cocaine arrives from the Chicago area. While trafficking from other areas does occur occasionally, this is not typical. Since Northwestern Indiana is proximate to two High Intensity Drug Trafficking Areas (HIDTA), Chicago and Gary, accessibility to cocaine wholesalers within these areas makes cocaine one of LaPorte County's primary drug threats. Crack cocaine may be transformed from powdered into solid form in gang-associated premises, or it may be transported directly from either Chicago or Gary. Interview data with police indicates that cocaine has been and continues to be one of the most problematic illegal drugs for LaPorte County.

Cocaine: Law Enforcement Indicators

The number of cocaine and crack-cocaine arrests has remained relatively stable from 2000 to 2005 (Table C1). The number of arrests for possession has decreased by nearly 40 percent over the 2000-2005 period, while arrests for sales increased about 5 percent from 2000 to 2005 (Tables C2 and C3). Arrests made for distributing cocaine and crack-cocaine have risen from 80 percent of the total arrests in 2000 to nearly 90 percent of the total cocaine distribution and possession arrests in 2005, suggesting that law enforcement is targeting cocaine dealers rather than users.

Table C1: Metro Operations Number of Cocaine Arrests: 2000 to 2005

| 2000 | 2001 | 2002* | 2003* | 2004 | 2005 | Percent Change |
|------|------|-------|-------|------|------|----------------|
| 140 | 189 | 27 | 27 | 150 | 133 | -5% |

*Metro data in 2002 and 2003 may be artificially low due to missing data

The greatest change in cocaine arrests has occurred among females. In 2005, females were arrested three times more often than in 2000 for distributing cocaine (Table C2). In 2000, females comprised only 5 percent of the distribution arrests, but by 2005 females comprised nearly 15 percent of all the arrests. Although arrests among males decreased slightly, males still comprise the majority of distribution arrests. Total arrests for possession of cocaine have decreased, particularly among males, which dropped 42 percent from 2000 to 2005 (Table C3).

Table C2: Metro Operations Number of Cocaine and Crack-Cocaine Distribution Arrests: 2000 to 2005

| Group | Distributing Cocaine/Crack | | | | | | Percent Change |
|--------------|----------------------------|------|-------|-------|------|------|----------------|
| | 2000 | 2001 | 2002* | 2003* | 2004 | 2005 | |
| Male | 101 | 129 | 20 | 21 | 89 | 95 | -6% |
| Female | 6 | 24 | 2 | 1 | 29 | 16 | 167% |
| Unknown | 5 | 8 | 1 | 0 | 0 | 5 | 0% |
| Total | 112 | 161 | 23 | 22 | 120 | 116 | 4% |

Table C3: Metro Operations Number of Cocaine and Crack-Cocaine Possession Arrests: 2000 to 2005

| Group | Possession of Cocaine/Crack | | | | | | Percent Change |
|--------------|-----------------------------|------|-------|-------|------|------|----------------|
| | 2000 | 2001 | 2002* | 2003* | 2004 | 2005 | |
| Male | 26 | 22 | 2 | 5 | 27 | 15 | -42% |
| Female | 2 | 3 | 1 | 0 | 3 | 2 | 0% |
| Unknown | 0 | 3 | 1 | 0 | 0 | 0 | 0% |
| Total | 28 | 28 | 4 | 5 | 30 | 17 | -39% |

LaPorte County Metro efforts have been made to seize cocaine and crack-cocaine from the streets and homes of LaPorte County. Table C4 demonstrates Michigan City seizures for cocaine rose sharply from 2000 to 2005, from 1,266 grams seized in 2000 to 3,228 grams seized in 2005, which represents more than a 150 percent increase. The increase in seizures within Michigan City is due to multi-jurisdictional law enforcement efforts that include partnering with other law enforcement agencies like the US Marshall's Office and the Drug Enforcement Agency. Michigan City law enforcement view powder and crack-cocaine as the most problematic and devastating drug in their community and have cited a law enforcement concentrated effort on Michigan City distributors.

Table C4: Metro Operations Michigan City Total Grams of Cocaine and Crack-Cocaine Seized: 2001 to 2005

| 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-------------|-------------|-------------|-------------|-------------|-----------------------|
| 1,266 | 993 | 670 | 596 | 3,228 | 155% |

Cocaine sold in LaPorte City most often originates in the Chicago area, although an occasional interception of cocaine originating from Indianapolis has occurred on at least one occasion. The amount of cocaine seized from LaPorte City has risen dramatically, between 2001 and 2004 the amount of cocaine seized increased by 130 percent, more than doubling in the three-year period (Table C5). Interviews with law enforcement staff within LaPorte City suggest that the successful law enforcement efforts in Michigan City might have displaced some crack cocaine sellers to LaPorte City within recent months. These sellers appear to perceive LaPorte City as having less law enforcement surveillance and therefore a lower risk of arrest for selling cocaine.

Table C5: Metro Operations LaPorte City Total Grams of Cocaine and Crack-Cocaine Seized: 2001 to 2004

| 2001 | 2002 | 2003 | 2004 | Percent Change |
|-------------|-------------|-------------|-------------|-----------------------|
| 669 | 429 | 982 | 1542 | 130% |

Cocaine: Treatment Indicators

Treatment indicators within LaPorte County demonstrate significant increases in the number of patients treated for cocaine dependency or misuse. The number of cocaine mentions at the Stress Center increased by almost 500 percent from 10 mentions in 2000 to 56 mentions in 2005 (Table C6). Swanson Center data indicates nearly a 400 percent increase in the number of cocaine treatment mentions (Table C8). The Hoosier Assurance Program has experienced a slight increase in the number of people treated for cocaine but since this program is income sensitive, these data might be more reflective of income than need (Table C7). Treatment providers view crack cocaine and cocaine as the primary illegal drug problem within LaPorte County. Providers also indicated that many individuals who are dependent on cocaine also use other drugs, such as alcohol.

Table C6: LaPorte Hospital Stress Center Cocaine Mentions by Year: 2000 to 2005

| 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| 10 | 4 | 51 | 105 | 74 | 56 | 460% |

Table C7: Hoosier Assurance Program Cocaine Admissions by Year: 2001 to 2004

| 2001 | 2002 | 2003 | 2004 | Percent Change |
|-------------|-------------|-------------|-------------|-----------------------|
| 50 | 51 | 48 | 61 | 22% |

Table C8: Swanson Center Cocaine Mentions by Year: 2000 to 2005

| 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| 10 | 34 | 26 | 29 | 33 | 48 | 380% |

Cocaine Changing Demographics: Age

While the total number of mentions for individuals under age 30 has remained fairly constant, cohorts within that category have changed. The number of cocaine mentions occurring among those aged 21-29 increased by more than 100 percent—experiencing a nine-fold increase in Stress Center mentions from 2000 to 2005 (Table C9)—while the number of Swanson Center cocaine mentions for this age group increased 400 percent during the same time period (Table C9 and C11). Hoosier Assurance Program data demonstrates the greatest increase in the number of individuals treated for cocaine occurred among those aged 40-49, the number of which increased by 200 percent from 2001 to 2004 (Table C10).

Table C9: LaPorte Hospital Stress Center Cocaine Mentions by Year and Age: 2000 to 2005

| Age | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|--------------|-----------|----------|-----------|------------|-----------|-----------|----------------|
| Under 18 | 2 | 0 | 2 | 4 | 6 | 3 | 50% |
| 18-20 | 0 | 0 | 7 | 4 | 4 | 3 | 100%* |
| 21-29 | 2 | 2 | 14 | 29 | 14 | 18 | 800% |
| 30-39 | 4 | 1 | 17 | 41 | 31 | 16 | 300% |
| 40-49 | 2 | 1 | 7 | 26 | 18 | 14 | 600% |
| Over 50 | 0 | 0 | 3 | 1 | 1 | 2 | 100%* |
| Total | 10 | 4 | 50 | 105 | 74 | 56 | 460% |

Table C10: Hoosier Assurance Program Cocaine Admissions by Year and Age: 2001 to 2004

| Age | 2001 | 2002 | 2003 | 2004 | Percent Change |
|--------------|-----------|-----------|-----------|-----------|----------------|
| 18-20 | 1 | 1 | 0 | 2 | 100% |
| 21-30 | 18 | 15 | 13 | 14 | -22% |
| 31-40 | 26 | 24 | 25 | 30 | 15% |
| 41-50 | 5 | 10 | 10 | 15 | 200% |
| Over 50 | 0 | 1 | 0 | 0 | 0% |
| Total | 50 | 51 | 48 | 61 | 22% |

Table C11: Swanson Center Cocaine Mentions by Year and Age: 2000 to 2005

| Age | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|--------------|-----------|-----------|-----------|-----------|-----------|-----------|----------------|
| Under 18 | 0 | 0 | 1 | 0 | 0 | 0 | 0% |
| 18-20 | 0 | 1 | 0 | 1 | 0 | 0 | 0% |
| 21-29 | 2 | 12 | 8 | 10 | 3 | 10 | 400% |
| 30-39 | 2 | 11 | 8 | 10 | 12 | 15 | 650% |
| 40-49 | 4 | 10 | 9 | 6 | 15 | 20 | 400% |
| Over 50 | 2 | 0 | 0 | 2 | 3 | 3 | 50% |
| Total | 10 | 34 | 26 | 29 | 33 | 48 | 380% |

Cocaine Treatment Indicators: Race

In 2000 the majority of cocaine or crack-cocaine treatment admissions were Caucasian; in 2005, Caucasians remained the majority (Tables C12-C14). The number of Caucasian mentions has increased significantly at the Stress Center (Table C12) about 500 percent over 2000 figures, and in the Swanson Center, an increase of 550 percent since 2000 (Table C14). Among the Hoosier Assurance Program, the number of African Americans experienced the largest percentage increase treated of any racial group, increasing 41 percent from 2001 to 2004 (Table C13). Since HAP data are income-sensitive, an explanation of the differences between sources like the Stress Center and HAP could be related to the nature of the HAP program. In addition, HAP data are collected on a fiscal year calendar, so comparisons between 2004 data and data from other sources are not equivalent. A better comparison is reflected in Swanson Center 2003 and 2004 data, which show a similar racial distribution. In 2003 and 2004, Caucasian and African American treatment admissions were nearly equal (Tables C13 and C14).

Caucasians have continuously dominated the treatment admissions at the Stress Center. In 2005, Caucasians account for 95 percent of all cocaine or crack-cocaine mentions (Table C12). In 2000, the number of African American mentions at the Swanson center accounted for 60 percent of all mentions. In 2005, the number of African American mentions decreased to 40 percent of the total, while the number of Caucasian mentions increased to nearly 55 percent of the total mentions.

Table C12: LaPorte Hospital Stress Center Cocaine Mentions by Year and Race: 2000 to 2005

| Race | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| African American | 2 | 1 | 10 | 14 | 5 | 4 | 100% |
| Caucasian | 8 | 3 | 41 | 90 | 68 | 52 | 550% |
| Latino | 0 | 0 | 0 | 1 | 1 | 0 | 0% |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| Total | 10 | 4 | 51 | 105 | 74 | 56 | 460% |

**Table C13: Hoosier Assurance Program Cocaine Admissions by Year and Race:
2001 to 2004**

| Race | 2001 | 2002 | 2003 | 2004 | Percent Change |
|-------------------------|-------------|-------------|-------------|-------------|-----------------------|
| African American | 22 | 18 | 20 | 31 | 41% |
| Caucasian | 26 | 31 | 26 | 29 | 12% |
| Multiracial | 1 | 0 | 0 | 0 | -100% |
| Other | 1 | 2 | 2 | 1 | 0% |
| Total | 50 | 51 | 48 | 61 | 22% |

**Table C14: Swanson Center Cocaine Mentions by
Year and Race: 2000 to 2005**

| Race | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| African American | 6 | 14 | 9 | 14 | 18 | 19 | 217% |
| Caucasian | 4 | 18 | 15 | 13 | 13 | 26 | 550% |
| Other | 0 | 2 | 2 | 2 | 2 | 3 | 300% |
| Total | 10 | 34 | 26 | 29 | 33 | 48 | 380% |

Cocaine Treatment Indicators: Gender

Males dominate the number of treatment mentions for cocaine and crack-cocaine at both the Stress Center and Swanson Center. While males dominated the mentions by a ratio of two to one in 2005 at the Swanson Center, females have experienced a 1,500 percent increase in the number of cocaine and crack-cocaine mentions (Table C17). In 2000, the number of female mentions accounted for a mere 10 percent of all cocaine mentions, but by 2005 females accounted for nearly 35 percent of all mentions (Table C17).

The number of male mentions rose by 775 percent at the Stress Center and males continue to lead all cocaine treatment mentions (Table C15) although the proportion of females to males has changed at the Stress Center. In 2000 females comprised 60 percent of all mentions. In 2005, female mentions decreased to below 40 percent, while male admissions rose to over 60 percent (Table C15).

The Hoosier Assurance Program cocaine admissions do not have a large gender disparity. Females slightly dominate the proportion of admissions though males have experienced a slightly larger increase over the past few years. Eligibility requirements may explain comparable gender admissions.

Table C15: LaPorte Hospital Stress Center Cocaine Mentions by Year and Gender: 2000 to 2005

| Gender | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Female | 6 | 2 | 18 | 46 | 32 | 21 | 250% |
| Male | 4 | 2 | 33 | 59 | 42 | 35 | 775% |
| Total | 10 | 4 | 51 | 105 | 74 | 56 | 460% |

Table C16: Hoosier Assurance Program Cocaine Admissions by Year and Gender: 2001 to 2004

| Gender | 2001 | 2002 | 2003 | 2004 | Percent Change |
|---------------|-------------|-------------|-------------|-------------|-----------------------|
| Female | 29 | 29 | 26 | 32 | 10% |
| Male | 21 | 22 | 22 | 29 | 38% |
| Total | 50 | 51 | 48 | 61 | 22% |

Table C17: Swanson Center Cocaine Mentions by Year and Gender: 2000 to 2005

| Gender | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Female | 1 | 14 | 14 | 12 | 8 | 16 | 1,500% |
| Male | 9 | 20 | 12 | 17 | 25 | 32 | 256% |
| Total | 10 | 34 | 26 | 29 | 32 | 48 | 380% |

Cocaine Summary

LaPorte County has and continues to battle cocaine and crack-cocaine use disorders and distribution within the community. Law enforcement and treatment data demonstrate the serious cocaine and crack-cocaine problem LaPorte faces. Law enforcement data indicate that cocaine and crack-cocaine are highly available. Females are increasingly being arrested for distributing cocaine, however males continue to dominate the arrests for cocaine and crack-cocaine.

LaPorte County has experienced significant cocaine and crack-cocaine treatment increases. The fastest growing cohort diagnosed with cocaine abuse or dependence mentions occurred among those aged 21 to 29. Caucasians continue to dominate treatment mentions, but African Americans have also experienced slight increases in mentions. Cocaine remains LaPorte County's most serious illicit drug threat for law enforcement and treatment providers.

Opiates: A National and Regional Perspective

Nationally, OxyContin use has exploded over the past decade. According to the National Survey on Drugs and Health, reported use of OxyContin has increased from 21,000 new users in 1992 to over 721,000 new users in 2003, while heroin initiates have increased from 720,000 initiates in 1992 to 1,165,000 in 2003.^{xxxvii} Pain reliever incidence increased from 1990 to 2000, when there were 2.5 million new users. Since 2000, pain reliever initiation has remained stable. About 55 percent of new users of pain relievers were women, and the majority (55 percent) were over age 18^{xxxviii}.

Historically, few heroin distributors have been operating in the state of Indiana. The city of Chicago has long been identified as a primary heroin market in the Midwest, likely due to the city being a major transportation hub easily accessible via railway, air, water and the expansive highway system. Presently South American, Southeast Asian, Southwest Asian and Mexican Brown heroin is available in open-air drug markets across the city's South and West sides.^{xxxix}

According to interviews with Emergency Room staff, heroin and opiate use has grown dramatically over the past five years in both LaPorte City and Michigan City. No data are available for opiate-related deaths, but interviews with LaPorte County public officials suggest that opiate-related deaths and overdoses have increased over the past five years. It is impossible to know the overall health effects of opiate misuse within LaPorte County with absent hospital and mortality data. Suffice it to say, opiate use is increasing rapidly within LaPorte County and appear to be an emerging drug threat within the County.

Although research staff was told that heroin could be purchased on the street in Michigan City, it appears that the number of sellers is extremely small. When staff talked to local drug dealers about the availability of heroin within Michigan City, dealers indicated that it was available, but not at the location where the interview took place. Additionally, since drug trafficking has been investigated by the LaPorte County Metro Bureau, along with the Drug Enforcement Agency, U.S. Marshall's Service, and the Bureau of Alcohol, Tobacco and Firearms in a number of long-term investigations, it is believed that if heroin were readily available it would have been seized in one of the number of well-orchestrated raids in Michigan City. Small amounts of heroin have been seized in Michigan City, but the supply has been greatly curtailed since August of 2005, when a multi-jurisdictional taskforce made numerous arrests. No heroin has been seized or purchased in Michigan City since August.

Other opiates like oxycodone, Vicodin, Percocet, Codeine and other pharmaceutical pain medications appear to be reasonably accessible within LaPorte County, although it is unlikely that organized dealing of pharmaceuticals is the norm. Rather, it is likely that these pharmaceuticals are either prescribed by doctors or that those who are dependent on them "doctor shop" in order to get them prescribed. In 2002, a LaPorte woman was charged with presenting false prescriptions for OxyContin at a Lake County Walgreen's^{xl}. Pharmaceutical opiate

misuse has been captured by increased fraudulent prescriptions and noted pharmaceutical opiate thefts.

Another way in which pharmaceutical opiates can be easily purchased is through the Internet, although at this time there is no evidence to support the assertion that opiate medications are purchased this way in LaPorte County. Internet savvy individuals, however, likely know about purchasing drugs over the Internet, as the media has paid much attention to this issue over the past two years. Searching for OxyContin is relatively simple and is difficult to thwart despite the Drug Enforcement Agency's (DEA) efforts to stop drug sales through the Internet. The DEA advertises that purchasing drugs without a prescription is illegal under a "sponsored link".^{xli} In addition, user groups on the Internet, which deal specifically in how to obtain drugs in particular areas, might provide users with information on where to buy opiates and even heroin.

Opiates: Law Enforcement Indicators

Interviews with LaPorte County Metro operations indicate that five heroin buys have occurred within LaPorte City since the beginning of 2006. There have only been limited possession cases within the County aside from the arrests in Michigan City, after a multi-jurisdictional task force attempted to arrest those who were suspected of selling heroin in 2005. Whether these 2006 cases in LaPorte City represent a substantial newly developing pattern or are simply an aberration is difficult to tell at this time. All of the arrestees for heroin in 2006 were white males, under the age of 35. The heroin seized appeared to be white to off-white in color, which is consistent with South American heroin, the most common type of heroin found in the Chicago Metro Area^{xlii}. One of the arrestees admitted purchasing the heroin in Chicago^{xliii}. All of these arrests took place in LaPorte City.

The number of opiates seized within LaPorte County has increased significantly since 2001. In 2001, there were under 300 prescription opiates seized within LaPorte County. In 2004 (the year for which numbers are most reliable and the Metro LaPorte City department was not subject to staff shortages), a number of opiate pills were seized, which included Vicodin, OxyContin Percocet, Codeine, methadone pills, Dilaudid, and Lortabs. The total number of opiate pills was nearly 1,000 in 2004 (Table O1). In addition to the number of prescription opiates seized, there were five heroin possession arrests as of April 2006 within LaPorte City. At this time, it is unknown whether heroin is becoming a threat to LaPorte County.

Table O1: Metro Operations Pharmaceutical Opiate Seizures 2001-2004

| 2001 | 2002 | 2003 | 2004 | Percent Change |
|------|------|------|------|----------------|
| 283 | 517 | 991 | 950 | 236% |

Opiates: Treatment Indicators

The LaPorte Hospital Stress Center patients are self-referred, referred by medical doctors and community Health Centers. The Stress Center takes most insurance including Medicare and Medicaid as well as patient who are able to pay out of pocket. During 2004, the Stress Center was left short staffed, with one primary psychiatrist, so admissions during 2004 and 2005 may demonstrate an artificial decline. Despite this artificial decline, treatment mentions rose by more than 1,300 percent from 2000 to 2005 (Table O2). While the Swanson Center opiate mentions do not demonstrate the high rate of treatment increases, the number of opiate mentions doubled in the period from 2000 and 2005 (Table O3). Additionally, the Hoosier Assurance Program demonstrates a large increase in the number of opiate users from 1997 to 2004 approximately 550 percent (Table O4). Combined opiate and heroin treatment admissions under the Hoosier Assurance Program increased more than 800 percent from 1997 to 2004 (Table O4). The number of methadone patients from LaPorte County has risen significantly from only 7 patients in 1997 to 100 in 2004 (table O5), an increase of more than 1,300 percent.

Heroin Treatment Admissions

Although the data for both Swanson Center and the Stress Center were aggregated for all opiate use and therefore the number of treatment episodes for heroin cannot be calculated, the Hoosier Assurance Plan (Table O4) provides one indicator of heroin use in LaPorte County. In 1997, there were no individuals receiving treatment under the HAP program for heroin, but by 2004, five admissions were recorded (Table O4). Since HAP is a program designed for low-income individuals who must meet the income criteria, the HAP numbers are most likely an under-representation of those treated for heroin in LaPorte County due to LaPorte County’s reasonably high socio-economic profile.

Table O2: LaPorte Hospital Stress Center Opiate Mentions by Year: 2000 to 2005

| 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|------|------|------|------|------|------|----------------|
| 3 | 0 | 18 | 64 | 51 | 44 | 1,367% |

Table O3: Swanson Center Opiate Mentions by Year: 2000 to 2005

| 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|------|------|------|------|------|------|----------------|
| 4 | 5 | 12 | 8 | 7 | 8 | 100% |

Table O4: Hoosier Assurance Program Opiate Admissions by Year and Type: 1997 to 2004

| Substance | 1997 | 2004 | Percent Change |
|-----------|------|------|----------------|
| Opiates | 2 | 13 | 550% |
| Heroin | 0 | 5 | 100%* |
| Total | 2 | 18 | 800% |

**Table O5: Unduplicated Methadone Treatment Patients,
LaPorte County: 1998-2004^{xliv}**

| County | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | Percent Increase |
|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------------------|
| La Porte | 7 | 10 | 11 | 26 | 62 | 105 | 100* | 1391% |

* preliminary numbers, data cannot be broken out for demographic purposes

Opiates Treatment Indicators: Age

The Stress Center at LaPorte County Hospital (Table O6) as well as treatment data from Swanson Center demonstrate that 50 percent of the number of opiate mentions occurred among those aged 29 and younger in 2005 (Table O7). The Hoosier Assurance Program data (Table O8) suggest that the treatment profile for individuals in LaPorte County is extremely young, with 66 percent of those treated for opiates in 2004 aged 30 or younger.

The profile of those seeking treatment for opiates in LaPorte has become consistently younger since 2000. The Stress Center reported no admissions for opiates for those under age 30 in 2000 (Table O6), although Swanson Center treated 2 individuals aged 20-29 in 2000 (Table O7). According to HAP data, no LaPorte residents under age 41 were treated for opiates in 1997, but in 2004, 8 treatment admissions were reported for 18-25 year olds and 4 treatment admissions were reported for those aged 26-30, or 66 percent of the LaPorte County’s HAP opiate treatment population (Table O8). The number of methadone patients from LaPorte County aged 30 or younger in 1998 was 1, but by 2003 (latest data available with demographic information) 61 patients were aged 30 or younger (Table O9). The vast majority of methadone patients in LaPorte County—58 percent—were aged 30 or younger in 2003 (Table O9).

These multiple treatment indicators suggest that problematic opiate use affects younger populations more significantly than older populations. The emerging opiate threat is likely to further affect youth populations in the future, as younger users are more likely to initiate peers.

Table O6: LaPorte Hospital Stress Center Opiate Mentions by Age: 2000 to 2005

| Age | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|--------------|----------|----------|-----------|-----------|-----------|-----------|----------------|
| Under 18 | 0 | 0 | 1 | 6 | 2 | 1 | 100%* |
| 18-20 | 0 | 0 | 6 | 5 | 5 | 3 | 100%* |
| 21-29 | 0 | 0 | 6 | 26 | 13 | 18 | 100%* |
| 30-39 | 2 | 0 | 3 | 14 | 18 | 11 | 450% |
| 40-49 | 1 | 0 | 1 | 12 | 9 | 9 | 800% |
| Over 50 | 0 | 0 | 0 | 1 | 4 | 2 | 100%* |
| Total | 3 | 0 | 17 | 64 | 51 | 44 | 1367% |

Table O7: Swanson Center Opiate Mentions by Age: 2000 to 2005

| Age | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|--------------|----------|----------|-----------|----------|----------|----------|----------------|
| Under 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| 18-20 | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| 21-29 | 2 | 0 | 6 | 2 | 4 | 4 | 100% |
| 30-39 | 0 | 0 | 3 | 2 | 0 | 1 | 100% |
| 40-49 | 1 | 5 | 0 | 2 | 2 | 0 | -100% |
| Over 50 | 1 | 0 | 3 | 2 | 1 | 3 | 200% |
| Total | 4 | 5 | 12 | 8 | 7 | 8 | 100% |

Table O8: Hoosier Assurance Plan Program Admissions for Opiates and Heroin Treatment LaPorte County, 1997 to 2004, by Age and Percent

| Age Range | Number 1997 | Percent of 1997 Total | Number 2004 | Percent of 2004 Total |
|------------------|--------------------|------------------------------|--------------------|------------------------------|
| 18-25 | 0 | 0% | 8 | 44% |
| 26-30 | 0 | 0% | 4 | 22% |
| 31-40 | 0 | 0% | 3 | 17% |
| 41-50 | 1 | 50% | 3 | 17% |
| 51-60 | 1 | 50% | 0 | 0% |
| 61 over | 0 | 0% | 0 | 0% |
| Total | 2 | 100% | 18 | 100% |

Table O9: LaPorte Methadone Patients by Age Range 1998-2003

| Age Range | 1998 | 2003 | Percent Of Patients 2003 | Percent Change |
|------------------|-------------|-------------|---------------------------------|-----------------------|
| 18-25 | 1 | 37 | 35% | 3,600% |
| 26-30 | 0 | 24 | 23% | 2,400% |
| 31-40 | 1 | 21 | 20% | 2,000% |
| 41-50 | 4 | 16 | 15% | 3,00% |
| 51-60 | 1 | 5 | 5% | 400% |
| 61 over | 0 | 2 | 2% | 100%* |
| Total | 7 | 105 | 100% | 1,400% |

* denominator is zero, so any increase represents a 100 percent increase over 0.

Opiate Treatment Indicators: Race

The majority of those treated within LaPorte County for opiates were Caucasian (Tables O10-O12). The Stress Center reported no patient mentions of any other race aside from Caucasian for opiates in 2005 (Table O10). The number of opiate mentions for white Patients at the Stress Center increased by more than 2,000 percent from 2 mentions in 2000 to 44 in 2005. Moreover, Swanson Center’s opiate treatments numbers are also primarily White (Table O11) and over 75 percent of those treated for opiates at the Center in 2005 were White. These numbers at Swanson Center represent a 200 percent increase in the number of Caucasian patients treated for opiates over 2000 figures (Table O11). The Hoosier Assurance Plan data is consistent with the other data sources in terms of race. Only two patients out of 18—slightly more than 10 percent—in 2005 were another race besides Caucasian (Table O12). The number of Caucasian HAP patients increased by 1,500 percent from 1997 to 2004 (Table O12).

Although some problematic opiate use probably has occurred among other racial groups, these rates have been somewhat stable or have increased only slightly over the past five to ten years (Tables O10-O12).

Table O10: LaPorte Hospital Stress Center Opiate Mentions by Race: 2000 to 2005

| Race | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|------------------|----------|----------|-----------|-----------|-----------|-----------|----------------|
| African American | 1 | 0 | 0 | 3 | 1 | 0 | -100% |
| Caucasian | 2 | 0 | 18 | 61 | 50 | 44 | 2100% |
| Latino | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| Total | 3 | 0 | 18 | 64 | 51 | 44 | 1367% |

Table O11: Swanson Center Opiate Mentions by Year and Race: 2000 to 2005

| Race | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|------------------|----------|----------|-----------|----------|----------|----------|----------------|
| African American | 1 | 1 | 0 | 3 | 1 | 2 | 100% |
| Caucasian | 2 | 4 | 11 | 5 | 6 | 6 | 200% |
| Other | 1 | 0 | 1 | 0 | 0 | 0 | -100% |
| Total | 4 | 5 | 12 | 8 | 7 | 8 | 100% |

Table O12: Hoosier Assurance Program by Race 1997 and 2004

| Race | 1997 | 2004 | Percent Change |
|------------------|----------|-----------|----------------|
| African American | 1 | 1 | 0% |
| Caucasian | 1 | 16 | 1500% |
| Other | 0 | 1 | 100%* |
| Total | 2 | 18 | 800% |

Opiate Treatment Indicators: Gender

The LaPorte Hospital Stress Center data demonstrates that in 2005, the number of opiate mentions was evenly divided between genders (Table O13), while the Hoosier Assurance plan data indicates that women comprise a larger percentage of patients overall (Table O14). Although Swanson Center’s data suggest that the number of male patients exceeds that of female patients, there were only 8 opiate mentions from this provider (Table O15) compared to 44 at the Stress Center and 18 from the Hoosier Assurance Program. Data from methadone providers suggests a patient profile that has become significantly more female in recent years (Table O16). More than 40 percent of methadone patients were female in 2004, while in 1998, the percentage of females compared to all methadone patients was only 29 percent (Table O16). These data suggest that females increasingly compromise more treatment mentions and that parity in terms of opiate treatment mentions with males has occurred over the last few years in LaPorte County.

Table O13: LaPorte Hospital Stress Center Opiate Mentions by Year and Gender: 2000 to 2005

| Gender | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Female | 2 | 0 | 8 | 30 | 27 | 22 | 1,000% |
| Male | 1 | 0 | 10 | 34 | 24 | 22 | 2,100% |
| Total | 3 | 0 | 18 | 64 | 51 | 44 | 1,367% |

Table O14: Hoosier Assurance Program Opiate Admissions by Year and Gender: 2001 to 2004

| Gender | 2001 | 2002 | 2003 | 2004 | Percent Change |
|---------------|-------------|-------------|-------------|-------------|-----------------------|
| Female | 3 | 2 | 11 | 11 | 267% |
| Male | 2 | 5 | 6 | 7 | 250% |
| Total | 5 | 7 | 17 | 18 | 260% |

Table O15: Swanson Center Opiate Mentions by Year and Gender: 2000 to 2005

| Gender | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Female | 3 | 2 | 3 | 2 | 3 | 2 | -33% |
| Male | 1 | 3 | 9 | 6 | 4 | 6 | 500% |
| Total | 4 | 5 | 12 | 8 | 7 | 8 | 100% |

**Table O16: Methadone Patients by Gender 1998 to 2003,
by Year and Percent**

| Gender | 1998 Number | 1998 Percent | 2003 Number | 2003 Percent |
|---------------|------------------------|-------------------------|------------------------|-------------------------|
| Female | 2 | 29% | 46 | 44% |
| Male | 5 | 71% | 59 | 56% |
| Total | 7 | 100% | 105 | 100% |

Opiate Summary

Opiate mentions have increased dramatically since 2000, when there were very few opiate mentions within the County. The majority of those treated for opiates within LaPorte County tend to be younger than age 30 and about half of all treatments of LaPorte County residents are women. The overwhelming majority of opiate mentions are Caucasian.

The increase in the number of pills seized along with treatment indicators suggest that opiate misuse is the most important emerging drug threat within the County. Police have arrested a number of white males for heroin possession during 2006 and interviews with public officials indicate that LaPorte County has had a number of overdoses from heroin or other opiates in recent years.

Amphetamines: National and Regional Perspective

Nationally the number of new initiates to methamphetamines appears to have stabilized at about 323,000 new users per year since 2000, according to the National Household Survey on Drugs and Health. From 1992 to 1998, the number of new initiates rose significantly. Other stimulant initiation levels peaked during the 1990s and have remained somewhat stable since the late 1990s. In 2002, there were 761,000 new users of stimulants.^{xlv} Treatment admissions for amphetamines increased by 37 percent nationally from 102,147 episodes in 2001 to 139,435 in 2003.^{xlvi}

According to the Drug Enforcement Agency and the Department of Justice, the influx of methamphetamine into Indiana has been increasing and the abuse of methamphetamine has become a growing threat to Indiana. Methamphetamine abuse has spread from rural to more urban areas. Health officials indicate that the drug is mostly used by middle class, blue-collar Caucasians, but is increasing in popularity among youth.^{xlvii}

In Indiana the rate of treatment episodes for amphetamines increased nearly 90 percent from 757 episodes in 2001 to 1,419 episodes in 2003. Treatment episodes for amphetamines rose an additional 60 percent from 2003 to 2005 with 2,274 cases reported.

In 2004, more than 13 percent of Indiana's 12th graders admitted using amphetamines in their lifetime, while more than 6 percent reported having tried Ritalin. More than 4 percent of 12th graders admitted using amphetamines in the last month, with about 1.4 percent misusing Ritalin in the last month.^{xlviii}

Methamphetamine is manufactured in Mexico or the southwestern states and transported into Indiana through traditional drug trafficking routes. Local methamphetamine distributors produce a higher purity product, one that is between 30-40 percent pure, but do not produce large enough quantities to distribute to wholesale markets. Therefore, while methamphetamine labs represent a large public safety concern because of the extremely flammable nature of the methamphetamine manufacturing process, the manufacturers generally use the majority of the drugs; so that meth lab seizures may represent a small tightly knit group of users rather than a source of production and supply. Some labs, however, may produce enough meth for small-scale retail distribution to friends and associates.^{xlix}

Manufacturing methamphetamine is a relatively simple but dangerous endeavor, which generally involves a number of toxic chemicals. When these chemicals are combined together to create a batch of methamphetamine, the environmental impact can be extremely high. The chemicals that are used to produce methamphetamine include: starting fluid, paint thinner, Freon, acetone (nail polish remover), anhydrous ammonia, iodine crystals, red phosphorus, break cleaner, battery acid, drain cleaner, sodium or lithium and pseudoephedrine.¹

Clean up of meth labs costs about \$2,000-\$3,000 according to the Drug Enforcement Agency.^{li}

Meth Lab seizures within La Porte County have been relatively rare but have increased over the past few years, still the number of seizures remains well under 10. The threat of other amphetamines either through diverted pharmaceuticals such as Ritalin™, Dexedrine™, Adderall™, generally used for child and adult attention deficit hyperactivity disorders (ADHD), narcolepsy or diet aids, appear to be more of a problem than methamphetamine abuse is at this time. Despite these findings, LaPorte County Metro operations report an increase in the sales of methamphetamine precursors such as pseudoephedrine and ammonia, which suggests that the methamphetamine threat might be more apparent in coming years.^{lii}

Methamphetamines appeared to be somewhat available and might be an emerging drug threat, but at this time, amphetamine pills are much more widely used than is crystal meth in LaPorte County. This is most likely due to both supply and the perception that amphetamine pills are safer than methamphetamine. While this perception—that amphetamine pills are less dangerous than methamphetamines—may have some scientific basis, users often become dependant on prescription stimulants through changing the mode of administration (e.g. from oral to inhalation). Crushing up prescription stimulants and inhaling them is not uncommon for younger users who have discovered that this route of administration can increase the euphoric effects of the pills. Pharmaceutical companies aware of this arising problem have attempted to stop this misuse of the medication. For example, Concerta™, which is packaged in a time-release formula covered by a waxy coating, purports to prevent inhalation, however, anyone wanting to get to the active amphetamine can easily do so by carefully breaking open the capsule's contents and extracting the amphetamine for inhalation.

All stimulants, including diverted amphetamine pharmaceuticals, are Schedule II narcotics, classified in the same category with cocaine and should be treated as such outside of their prescribed therapeutic setting. When children or teens are prescribed these drugs but do not like the effects, parents might consider discontinuing the use of these medications to prevent the drugs from intentional or unintentional distribution to others.

Amphetamines and Methamphetamines: Law Enforcement Indicators

The number of arrests for amphetamine and methamphetamine possession and distribution are low in LaPorte County. In 2000 there were no arrests made for possession, distribution, or manufacturing of amphetamine or methamphetamine. Between 2001 and 2003 the Metro task force arrested two individuals each year for an amphetamine or methamphetamine charge. 2004 produced zero amphetamine or methamphetamine arrests while 2005 produced four arrests.

While the seizure of methamphetamine producing labs is relatively low as compared to surrounding areas, LaPorte County is not exempt from these dangerous laboratories. Recently, two labs were seized just prior to the production of methamphetamine. One of the labs was located in a rural part of the county (excluding LaPorte City and Michigan City) while the other was located within a house in Michigan City. To conceal manufacturing activity and due to the nature of the manufacturing process, many methamphetamine cooks position their labs in rural areas. Since LaPorte County is mostly comprised of non-metropolitan areas, the county must be cognizant of the threat of emerging labs. Lab seizures, while a very important indicator, only represent one portion of the all the indicators used to measure methamphetamine use. While lab seizures do not indicate the number of users or exact availability in an area, they do provide an additional piece to the picture. In order for a county to have a serious drug threat, additional law enforcement or treatment indicators would have to demonstrate large increases in the number of methamphetamine mentions.

As a result of pre-manufacturing arrests, most lab seizures do not result in confiscation of methamphetamine. LaPorte Metro law enforcement stated that in all methamphetamine lab investigations the County's Metro Unit simply secures the scene and removes all occupants and/or suspects while the Indiana State Police dismantle the labs. The State Police additionally take all evidence (including any methamphetamine) to state labs for processing.

In 2001, Metro seized 28 grams of methamphetamine from both LaPorte City and Michigan City with near equal amounts being confiscated from each city. In the years to follow Michigan City has not confiscated methamphetamine while LaPorte had continuously confiscated amphetamines and methamphetamine during 2001, 2002, and 2003. Although the amount of drugs confiscated by law enforcement (16, 6, and 239 grams) was relatively small, the seizure of methamphetamine still creates a concern for the residents of LaPorte County.

LaPorte County Metro has seized amphetamine pills, including the following drugs: Ritalin, Adderall and diet pills such as phentermine. While the number of amphetamine pills seized is relatively small (just under 115 in 2004), detection of diverted pharmaceuticals is more difficult to uncover, particularly among youth who do not use other substances, than is methamphetamine production.

Amphetamines and Methamphetamines: Treatment Indicators

Overall, amphetamine and methamphetamine treatment mentions are relatively low in LaPorte County. The Stress Center reported 5 mentions in 2000, but by 2005 there were 17 mentions for either amphetamine or methamphetamine abuse or dependence (Table S1). While this is nearly a triple in number of mentions, the majority of mentions were for other amphetamines, most likely including amphetamine pills such as Adderall™. At the same time, the other treatment center mentions have remained fairly stable (Table S2 and S3).

Table S1: LaPorte Hospital Stress Center Amphetamines Mentions by Year and Type: 2000 to 2005

| Substance | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-----------------|------|------|------|------|------|------|----------------|
| Methamphetamine | 0 | 0 | 11 | 18 | 7 | 5 | 100%* |
| Other | 5 | 5 | 7 | 36 | 15 | 12 | 140% |
| Total | 5 | 5 | 18 | 54 | 22 | 17 | 240% |

Table S2: Hoosier Assurance Program Amphetamine Admissions by Year and Type: 2001 to 2004

| Substance | 2001 | 2002 | 2003 | 2004 | Percent Change |
|-----------------|------|------|------|------|----------------|
| Methamphetamine | 1 | 1 | 0 | 2 | 100% |
| Other | 1 | 1 | 0 | 0 | -100% |
| Total | 2 | 2 | 0 | 2 | 0% |

Table S3: Swanson Center Amphetamine Mentions by Year: 2000 to 2005

| 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|------|------|------|------|------|------|----------------|
| 0 | 3 | 0 | 1 | 4 | 1 | 100%* |

Amphetamines and Methamphetamines: Changing Demographics

Swanson Center demographic data is not reported due to the extremely low number of amphetamine and methamphetamine mentions, which make it difficult to draw any conclusions about changes among consumers. The Stress Center's number of mentions, particularly in 2003, the year which treatment mentions were highest, probably best represents the treatment need due to having adequate professional staffing.

In 2000, only 20 percent of the mentions were under 30 years old, in 2003 and 2005 the number of mentions under thirty became nearly 60 percent of the total mentions. While it appears that the under "18 category" has not changed, over the past six years, 15 treatment mentions have been made for amphetamines or methamphetamines among those under age 18. At the same time, the 21-29 year old cohort has experienced a 600 percent increase in the number of amphetamine mentions (Table S4).

The vast majority of treatment mentions for amphetamines and methamphetamines are Caucasians and this pattern has been demonstrated within treatment data.

The number of female mentions has consistently outnumbered or been equal to the number of male mentions (Table S5). In 2000, female amphetamine mentions consisted of 80 percent of the total mentions while in 2005, female mentions decreased to nearly 50 percent of the total mentions. While the female mentions have doubled over the past six years, the male mentions have risen by 800 percent from 2000 to 2005 (Table S5).

Table S4: LaPorte Hospital Stress Center Amphetamines Mentions by Year and Age: 2000 to 2005

| Age | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Under 18 | 0 | 0 | 1 | 9 | 4 | 0 | 0% |
| 18-20 | 0 | 0 | 2 | 3 | 1 | 3 | 100%* |
| 21-29 | 1 | 2 | 7 | 19 | 6 | 7 | 600% |
| 30-39 | 4 | 1 | 5 | 15 | 8 | 2 | -50% |
| 40-49 | 0 | 1 | 1 | 8 | 3 | 5 | 100%* |
| Over 50 | 0 | 0 | 1 | 0 | 0 | 0 | 0% |
| Total | 5 | 4 | 17 | 54 | 22 | 17 | 240% |

**Table S5: LaPorte Hospital Stress Center Amphetamine Mentions by
Year and Gender:
2000 to 2005**

| Gender | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Female | 4 | 3 | 9 | 32 | 14 | 8 | 100% |
| Male | 1 | 1 | 9 | 22 | 8 | 9 | 800% |
| Total | 5 | 4 | 18 | 54 | 22 | 17 | 240% |

Amphetamine and Methamphetamine Summary

While consumers and distributors of methamphetamine in LaPorte County are slowly emerging, amphetamine consumers may possibly be increasing at a quicker, yet undetected rate. Law enforcement indicators suggest that the methamphetamine problem is small, but present. Treatment indicators suggest that the number of individuals treated for problematic use is relatively small, however indicators suggest that young Caucasian females seem to represent the largest group of problematic amphetamine users, although treatment data numbers are too small to draw any conclusions at this time.

Polysubstance Disorder

Polysubstance misuse is characterized by the DSM-IV, as: 1) using at least three substances; and 2) having no preference, or drug of choice. The use of multiple drugs is not uncommon for an individual who uses substances, although if an individual has a “drug of choice” they should not be characterized as having a polysubstance disorder. Individuals who use alcohol in a problematic ways often use alcohol in combination with other drugs. According to researchers from the National Development and Research Institutes, up to 64% of individuals diagnosed with alcohol use disorder meet dependence criteria for other drugs.^{liii}

Interviews with Madison Center staff indicate that the prevalence of polysubstance use was very high. Most individuals treated at the Madison Center use a combination of alcohol, cannabis and cocaine, although some incidence of opiates in combination with other drugs had also been noted at Madison Center.

Polysubstance Misuse: Treatment Indicators

The number of patients treated for polysubstance use disorders increased by nearly 100 percent from 2001 to 2005 (Table P1). The majority of patients—over 53 percent—treated at the Madison Center in 2005 were under age 30, while in 2001 about 44 percent of those treated at Madison Center were under age 30 (Table P2). This increase does not form as consistent pattern, as those patients under age 30, who were treated in 2004, comprised only 42 percent of the total polysubstance misuse population treated during that year (Table P2). The largest cohort of polysubstance patients treated have consistently been those aged 21-39 for all of the years for which data was provided.

Table P1: Madison Center Polysubstance Mentions by Year: 2001 to 2005

| 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|-------------|-------------|-------------|-------------|-------------|-----------------------|
| 34 | 37 | 65 | 45 | 67 | 97% |

Table P2: Madison Center Polysubstance Mentions by Age and Year: 2001 to 2005

| Age | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Increase |
|-----------------|-------------|-------------|-------------|-------------|-------------|-------------------------|
| Under 18 | 3 | 2 | 1 | 2 | 4 | 33% |
| 18-20 | 2 | 0 | 4 | 3 | 6 | 200% |
| 21-29 | 10 | 11 | 25 | 14 | 26 | 160% |
| 30-39 | 16 | 11 | 25 | 14 | 21 | 31% |
| 40-49 | 2 | 12 | 8 | 10 | 7 | 250% |
| Over 50 | 1 | 1 | 2 | 2 | 3 | 200% |
| Total | 34 | 37 | 65 | 45 | 67 | 97% |

Polysubstance Treatment Indicators: Gender

The gender breakdown for polysubstance misuse is consistent with other data for substance misuse, where generally men outnumber women by a ratio of about two to one. In 2005, females comprised about 39 percent of patients treated at the Madison Center for polysubstance drug dependency, while in 2001 females comprised about 41 percent of treatment admissions. These data reflect alcohol treatment mentions regarding gender, where men make up the largest proportion of treatment mentions and outnumber women by about 2:1.

**Table P3: Madison Center Polysubstance Mentions by Gender and Year:
2001 to 2005**

| Gender | 2001 | 2002 | 2003 | 2004 | 2005 | Percent Change |
|----------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Females | 14 | 15 | 18 | 11 | 26 | 86% |
| Males | 20 | 22 | 47 | 34 | 41 | 105% |
| Total | 34 | 37 | 47 | 45 | 67 | 97% |

Policy Recommendations

Collect Drug Health Impact Data

By creating a consistent data collection and recording system LaPorte County will be able to determine where services are most needed. Hospital data and medical examiner data that is collected over time is vital because it allows for analysis which trends important health information as related to drug use. Once the data is analyzed, it can clearly indicate which drugs are most problematic and which are emerging in the community. Hospitals and medical examiners can easily provide this vital data through DAWN. The free program facilitates an easy transition into the data collection system and even pays participating hospitals. To find out more about joining DAWN, hospitals should call 800-FYI-DAWN or visit the following website: <http://dawninfo.samhsa.gov/build/whyhospitalsjoin/> Medical examiners can find more information at: http://dawninfo.samhsa.gov/build/whymejoin/me_qas.asp#23

Evaluate Current Drug Education Programs

Review of LaPorte County drug education was outside the scope of this project, however input from school officials and review of drug education curriculum would greatly add to understanding the state of LaPorte County's drug threats and emerging issues. The researchers have not assessed curricula, although most drug education programs utilized by schools have not been empirically assessed and many popular programs have been proven ineffective. Increasing drug use rates among youth in LaPorte County indicate that current prevention methods might need to be updated in order to deal with emerging drug threats.

One way in which to assess drug education programs effects on students is to ask current and/or former students what they learned from their drug education classes and if the education was related to current drug threats. Conducting focus groups on the strengths and weaknesses of school-run programs can help provide a roadmap to improve drug education in LaPorte County. Current and/or former students may provide insight into what types of drug education might work well within LaPorte schools and if program modifications are needed.

Increase Parental Awareness of Diverted Prescription Drug Use

Since amphetamine and opiate diverted pharmaceuticals appear to be an emerging problem in LaPorte County and access to these pills is relatively easy, parents of youth should be aware of the threat. The emergence of pharmaceutical misuse may be partially explained by the lack of knowledge regarding the real risks of using prescription medication improperly. Besides misuse, youth often dangerously concoct pill cocktails, mixing pills with alcohol and mixing pills with other illicit substances. These cocktails can be highly dangerous and one official indicated at least one death in LaPorte County has been due to a dangerous mix of pharmaceuticals. The most "popular" diverted pharmaceuticals include the following: 1) stimulants or amphetamines like Dexedrine, Ritalin, Adderall; 2) benzodiazepines like Valium, Klonopin, Xanax 3) opiates like Vicodin, OxyContin,

Percocet; and 4) sleep aids (which can cause euphoria if the user stays up instead of sleeping).

Stimulant Pills

Stimulant pharmaceuticals pose a different drug threat because teens who use them might not fit parental and societal conception of “drug abusers.” Students who perform well in academics and sports might be encouraged to use them in order to enhance performance. Instead of teens seeking intoxication, teens may seek out these drugs in order to maintain concentration and focus. All stimulants increase concentration and focus, regardless of ADHD diagnosis, but remain in the Schedule II class of drugs, defined as “highly potential for abuse with severe liability to cause psychic or physical dependence, but have some approved medical use.” Parents should be aware that Schedule II drugs are not harmless and include drugs such as cocaine. Overuse of stimulants can result in psychosis, sleeplessness, loss of appetite and weight, and paranoia. Overuse or misuse of prescription stimulants can resemble methamphetamine or cocaine misuse or intoxication.

Opiate Pills

Pain medications, particularly the opiate class, can be especially dangerous when misused. Prolonged use (sometimes as little as regular use of about 2 weeks) can produce a withdrawal syndrome that is very similar to heroin withdrawal. Because opiate prescription painkillers are in the same drug class as heroin, they do produce similar, but muted effects. Withdrawal from painkillers can be extremely unpleasant with vomiting, malaise, irritability, goose-flesh, diarrhea, sleeplessness, and anxiety. Prolonged misuse of prescription opiates can lead to dependence, which sometimes leads the user to find other sources of opiates that may be purchased at a cheaper price. In general, particularly in the case of OxyContin use, problematic use can lead to use of more potent illicit opiates, such as heroin, as dependent individuals switch to a cheaper form of opiates. Considering the proximity of LaPorte County to Chicago, parents should monitor pain pill use closely, even when used for a medical condition.

Injected or Inhaled Pills

Pills are manufactured to be ingested, however many youth have discovered that inhalation or injection of a drug increases the euphoric effect and decreases the amount of time to feel the intoxication. Inhalation and injection of drugs poses many health risks including overdose and death. Additionally, parents should be aware that these pills are easily available online and credit card statements should be monitored. Parents, educators and treatment providers should be aware of the risks and dangers associated with pills, cocktails, and emergence of inhalation of crushed pharmaceuticals.

Encourage Safe Medicine Practices

Parents provide a vital role in kids' drug education—the safe use of medicines. Children are often prescribed drugs for injuries, toothaches, infections, etc and parents should educate children about the effects of the medication. All children should be told, from a young age, the name of the medicine, why they are taking it and what side effects the drug might have. This creates the first drug education building block for children. Parents should dispense all medicines to children and keep the medications in a safe location. Dispensing medicine that is to be used on a long-term basis with teens might require some monitoring and negotiation, particularly with prescription drugs that have a high potential for abuse. This category includes all Schedule II drugs; these drugs are easily identified in that physicians cannot prescribe refills without seeing the patient. If you are unsure about the medication, ask your child's doctor or pharmacist. Most prescription drugs contain a product information (PI) sheet that describes the drugs' effects as well as the side effects of the medication. Additional information can be found on-line or by talking to a pharmacist. If you do not get the information you need, keep asking until you get it. Everyone has a right to know what the effects of medications are on the body. Make yourself an advocate for safe medication use; always know what medicine you are taking and what the effects are; this can save your life in the case of an emergency.

Outdated Medicine Collection Programs

It is important to discard old or outdated medicines, but public health authorities discourage individuals from throwing them in the garbage or flushing them down the toilet. Discarding medications in the trash might inadvertently kill animals that are natural scavengers. It is important NOT to flush old medicines down the toilet, since this can contaminate water supplies. Safe disposal programs can be developed so that individuals and families can safely throw away old or outdated medications. Contact your doctor, pharmacy, or the local hospital to find out about safe disposal programs. Most pharmacies can within LaPorte County can disposed of unneeded or unwanted medications safely.

Provide Educational Classes for LaPorte County Officials

Interviews with officials and LaPorte residents revealed that there was a need for educational workshops and trainings for those who work and live in LaPorte County. Many providers felt that they lacked training in methadone treatment, a widely studied and proven effective treatment for opiate addictions. Trained professionals from the Midwest Harm Reduction Institute present various classes on diverse topics that would greatly benefit law enforcement, probation officers, educators, social workers, treatment providers and administrators, and could be provided at a very low cost.

Reduce DUI through Increasing Awareness and Public/Private Partnerships

Drinking and driving is a heightened threat in LaPorte because the County is primarily rural with two small metropolitan areas. The DUI problem may be exasperated by the large quantity of alcohol serving establishments in the county

and by the lack of public transportation or cab services. Possible alternatives include:

- Parental coalitions who agree to pick up their youth, with no questions asked. Parents and youth can sign a contract that states that a parent (or concerned adult) will pick up the child if they are too impaired to drive or are if they are riding with someone who is too impaired to drive. Such contracts should provide for discussion the day after a pick-up occurs. Youth should be encouraged to call parents or others for help without recrimination, but discussion should be encouraged and required following pick-ups.
- Advertising (public service advertising) near or in taverns or bars that encourage people to drive safely and to designate a driver.
- Encourage creative solutions that are supported by drinking establishments as well as LaPorte County representatives. Meet with tavern and bar owners and get input on what would best serve the County, reduce drinking and driving, yet not burden business owners. Tavern and bar owners might feel that increased education for liquor servers might be the most effective method of reducing drinking and driving through LaPorte. Other ideas include:
 - Investigate the possibility of forming a coalition comprised of neighboring taverns and bars to look at the feasibility of providing group ride-sharing programs, comprised of regular pick-up times, perhaps using a van rather than a car service.
 - Allocate funding for collective bus or van routes.
 - Provide incentives for taxi services.

Increase treatment availability, including a variety of treatment options.

Treatment for Women with Children

Emerging treatment populations include women. Modifications to traditional treatment might be necessary for women to receive optimal care. Women may require a more nurturing, holistic approach to treatment, because women are more likely to suffer from a secondary affective diagnosis such as depression. Since women are generally the caretakers of children, wrap-around services that address women's and children's needs would improve the lives of more than just the women who seeks treatment. Women and children need not be separated during treatment and facilities that support familial engagement are needed.

Assess Co-Morbidity

Depression, anxiety and other mental health disorders may cause individuals who are not effectively treated to self-medicate, which may lead to a substance use disorder. Co-morbidity can often be overlooked when treating individuals with substance use disorders because a substance use disorder can be more obvious. All patients admitted for substance use treatment should be carefully screened for mental illnesses.

Patients need to be referred out for appropriate services if the treatment provider has limited services for mental health treatment.

Increase Opiate Substitution Therapy or Methadone Maintenance Treatment (MMT).

The increase in opiate use among LaPorte County residents warrants increased availability for opiate substitution therapy, like methadone maintenance or buprenorphine therapies. While the National Institute of Drug Abuse (NIDA) considers methadone treatment as the most effective module for opiate addiction, this treatment is not available in LaPorte County. Recent moratorium legislation changes now allow LaPorte County to establish a methadone clinic. LaPorte County should encourage the creation of a substitution therapy program within the County borders.

Diversion Programs and/or Drug Courts

The key component of a diversion program is to provide individuals with a continuum of alcohol, drug and other related treatment as well as rehabilitative and ancillary services, rather than prison or jail sentences. The program should adapt to local needs and aim to restore communities by allowing individuals with drug or drug-related, non-violent convictions to access treatment and rehabilitation rather than incarceration and likely recidivism. While there are many options such as drug courts, therapeutic court programs and informal treatment diversion programs, LaPorte must decide which type of program best fits its needs. The option of treatment over incarceration for non-violent drug offenders has been proven over and over again to reduce recidivism rates and best services rehabilitation for those convicted of a drug offense. Many studies dating from 1998 to 2005 have documented the cost-saving and reduced recidivism rates for those who complete drug court programs.^{liv} Attempting to find drug court funding may be difficult when so many important programs appear to vie for the same dollars. We encourage the development of any program that provides treatment over incarceration. Persons who are dependent on drugs suffer from a health problem and should be given health care treatment that is appropriate for them.

Create Data Collection Framework

LaPorte County is unique in that it has two distinct cities, which sometimes results in a communication gap in the community. Gaps in communication can sometimes create barriers for drug prevention and intervention within the community. To best serve the county, communication systems need to be intact between law enforcement, probation officers, educators, social workers, treatment providers, and administrators. Collaborative relationships among all of these groups will allow for enhanced community living, including efficient information sharing, and collaborative drug and alcohol intervention and prevention strategies.

A data collection framework, or “infrastructure” needs to be developed within LaPorte County so that statistics that are collected are collected in the same

manner each year. It becomes extremely time consuming for different agencies to enter data when a researcher requests it, but forming a data collection methodology would allow indicators to be collected quickly with minimal time spent on recording. Data could be sent via email or other electronic means to be warehoused by the LaPorte Partnership for Drug-free Indiana.

Social Service Providers

Social service providers must collect data in order to maintain funding, yet the ways in which each agency tracks clients generally differs. We encourage all social service agencies within the County to collect data in a similar way, which still satisfies the organizations that fund the services. Setting up a simple data collection tool can sometimes make case management easier.

Law Enforcement

Law Enforcement agencies need to collect data in a systematic way. We acknowledge that the Department of Justice requires that arrests be recorded in a manner that sometimes makes using these data for drug trend analysis difficult. Breaking down seizures by drugs and drug arrest by drugs, is an important indicator of what emerging drug threat might strike the county next. The LaPorte County Metro operations has done an excellent job at collecting data that describes the drugs that are seized as well as drug arrest data. The Uniform Crime Report, while helpful, does not differentiate between cocaine and heroin arrests, for example. It is extremely useful to break down drugs into their individual components as well as distinct drug class. LaPorte County Metro should continue this practice.

Hospitals

Hospitals might be concerned that providing the number of persons admitted to the Emergency Department might violate the Health Insurance Portability and Accountability Act (HIPAA), but this is not the case if individuals are not identified and if data are carefully coded to protect patients' identity. The Department of Health and Human Services states that research for public health when patients' identity is coded does not violate HIPAA guidelines. "These permitted disclosures include: public health needs; research that involves limited data or has been independently approved by an Institutional Review Board or privacy board."^{lv}

Coroner/Medical Examiner

At this time all coroner-certified deaths are kept in paper records, which makes it extremely difficult to assess whether specific drugs have caused deaths. Coroners are often over-burdened, often working more than one job within the county. We encourage the coroner and coroner's assistants to join Drug Abuse Warning Network, which can assist in data collection for DAWN. The coroner or medical examiner or the office receives

remuneration for their work. In addition learning DAWN methodology will allow the medical examiner or coroner to report deaths due to drug use by using a simple database like excel. Once employees are familiar with the medical examiner criteria for DAWN, it becomes simple to notate if an individual died from a drug-related cause. Criteria include: Deaths due to the following:

- Completed suicides
- Overmedication
- Adverse reactions
- Accidental ingestions
- Homicide by drugs
- Underage drinking
- Other deaths related to drugs

It is important to note that no one need be identified by name and that families will be protected. Data should only include the gender, race, age and cause of death to ensure confidentiality.

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