



# CENTER FOR HEALTH POLICY

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## Substance Abuse Trends in Indiana: A 10-Year Perspective

Substance use is a significant public health problem in the United States. National statistics show that in 2015, over 139 million U.S. residents ages 12 and older reported drinking alcohol in the past month and nearly half of them (67 million) engaged in binge drinking; 64 million Americans consumed tobacco products, predominantly cigarettes; and 27 million Americans used some type of illicit drug, including non-medical use of prescription drugs [1]. Nationally, consumption of some substances (e.g., tobacco, alcohol, and cocaine) decreased over the past 10 years, while use of other drugs (e.g., marijuana, heroin, and prescription pain relievers) has become increasingly more prevalent [1]. Substance use in Indiana has mirrored national trends to some extent; however, the state also has its own unique set of challenges. Indiana counted 1,245 fatal drug overdoses in 2015, representing an age-adjusted mortality rate of 19.5 deaths per 100,000 Hoosiers, placing the state 17th in the nation for drug overdose fatalities [2]. Furthermore, Indiana ranks among the states with the highest rates of tobacco use [3]. Tobacco use among expectant mothers is of particular concern, as nearly 15% of Hoosier women smoke during pregnancy [4].

Excessive use of alcohol and drugs has been linked to increased morbidity and mortality from cardiovascular conditions; injuries and motor vehicle crashes; sexually transmitted and blood-borne illnesses, including HIV/AIDS and hepatitis B and C, resulting from risky sexual behaviors and/or injection drug use; pregnancy complications and neonatal abstinence syndrome (NAS); and drug overdoses [5, 6]. Additionally, substance use can lead to harmful social and legal consequences, such as family disruptions, financial problems, lost productivity, failure in school or at work, domestic violence, child abuse, and crime [5]. The National Institute of Drug Abuse (NIDA) estimates that the total cost of substance abuse in the nation, including costs related to lost productivity, health, and crime, exceed \$700 billion annually [7].

### Most Commonly Abused Substances

The mind-altering substances most frequently abused include alcohol, tobacco (nicotine), marijuana, opioids (prescription pain relievers and heroin), cocaine, and methamphetamine.

### SUMMARY

Over the past 10 years

- Alcohol and tobacco continue to be the most widely used substances.
- Indiana's high smoking prevalence, particularly among expectant mothers, led the state to identify tobacco as one of its substance abuse prevention priorities.
- The opioid epidemic involving both prescription pain relievers and heroin has impacted Indiana tremendously, leading to significant increases in addiction treatment admissions and overdose deaths attributable to these drugs.
- The economic impact of substance abuse is considerable. In Indiana, the estimated annual costs attributable to tobacco use were approximately \$6.8 billion; alcohol consumption exceeded \$4.4 billion; and overdose deaths accrued to \$1.4 billion.
- Policy recommendations to address substance abuse include
  - Expanding access to treatment, especially MAT programs
  - Incorporating a recovery-based framework
  - Promoting the use of naloxone
  - Preventing transmission of HIV and hepatitis C among injection drug users
  - Implementing effective youth prevention programs
  - Monitoring substance abuse in the state

**Alcohol** is the most commonly used and abused substance throughout the United States and excessive consumption can affect the health and wellbeing of those using it [8]. Alcohol is a central nervous system depressant and can impact an individual in as little as 10 minutes. In small amounts, alcohol is typically not a health concern, but regular and excessive consumption can have immediate and long-term effects. Short-term effects of alcohol include mood changes, impaired coordination, and slurred speech. In large amounts, alcohol consumption can cause breathing problems, coma, or death [8]. Regular consumption for long periods of time can impact liver, pancreas, and heart health as well as increase the risk for certain types of cancer [9]. In addition to affecting users, alcohol can also affect those around them through violence, alcohol-related driving accidents, and risks to an unborn infant [8]. The effects of alcohol may vary depending on the individual's age, family history of alcohol use, and the frequency of consumption [8].

**Tobacco** comes in a variety of forms and can be smoked, chewed, or sniffed. Though cigarettes continue to be the most widely used tobacco product in the nation, electronic cigarettes (e-cigarettes) have become more and more popular, especially among youth. Tobacco contains nicotine, a highly addictive substance that causes the body to release epinephrine (adrenaline). Epinephrine has a stimulating effect on the central nervous system, raising blood pressure, respiration, and heart rate. Smoking has long-lasting extensive health impacts, often leading to lung disease, including chronic bronchitis, emphysema, and lung cancer, but has also been linked to several types of cancer. Individuals who smoke are at an increased risk for heart disease, which can lead to heart attack and stroke. [10]. In the United States, tobacco is responsible for more than 480,000 preventable deaths annually [11]. People exposed to secondhand smoke, i.e., the smoke produced from lit tobacco products and exhaled by a smoker, are at increased risk for lung cancer, heart disease, and respiratory infections as well. A particularly vulnerable population is infants born to women who smoked during pregnancy. Smoking during pregnancy increases the risk of stillbirth as well as pre-term delivery and low neonatal birth weight, both of which can adversely affect a child's health later in life [12].

**Marijuana** is derived from the Cannabis sativa plant. Its main psychoactive compound is delta-9-tetrahydrocannabinol (THC) [13]. Marijuana can be inhaled or ingested, frequently causing the user to experience an altered state of mind, distorted sense of time, mood changes, impaired body movement, hallucinations, paranoia, and impaired memory shortly after consumption. Long-term impacts of marijuana use include breathing problems, poorer physical and mental health, and among individuals who regularly used marijuana in their teenage years, decreases in IQ in early adulthood [13]. Some studies suggest a connection between marijuana use and depression and anxiety in teens [14–16], though results are mixed [17, 18]. As of 2016, 28 states have legalized marijuana for medical use [19] and

eight for recreational use [20]. With the increasing public support for marijuana, it has become the most widely used illicit substance in the country with 22.2 million current users [1].

**Prescription opioids (pain relievers)** are pharmaceutical drugs that are typically prescribed by a healthcare professional to treat acute or chronic pain conditions. Opioids bind to specific opioid receptors in the body, generating pain relief and often, especially in higher doses, a feeling of euphoria [21]. Due to the addictive nature of these drugs, prescription opioids are frequently misused. The majority of individuals using prescription opioids for nonmedical purposes receive them from a friend or relative [22]. Prescription pain relievers have similar characteristics and effects as heroin and there is evidence that any opioid use is a risk factor for future heroin use; though only a subset of those misusing prescription drugs follow this course [23]. Substance use disorders related to prescription opioids affected 1.9 million Americans age 12 and over in 2014 [1].

**Heroin** is a highly addictive semi-synthetic opioid made from the resin of the opium poppy. The drug can be injected, inhaled, or smoked. Once heroin enters the brain, it is converted into morphine, which rapidly binds to opioid receptors, leading to euphoria [24]. Because both heroin and prescription pain relievers are opioid-based substances, they share many chemical properties and physical effects. While some research shows that prescription drug users may be at higher risk of future heroin use, only a subset of those having used prescription drugs progress to heroin [23]. Heroin use may result in a variety of serious health conditions. Repeated or chronic use can lead to addiction, increased risk for infectious diseases including HIV/AIDS and hepatitis C, and drug overdoses. Maternal heroin use during pregnancy may cause low birth weight in babies and can lead to NAS [24]. The recent national increase in heroin use has been attributed, at least in part, to heroin becoming increasingly available at a low cost [23]. According to the CDC, the level of use of prescription and non-prescription opioids across the country has reached epidemic proportions.

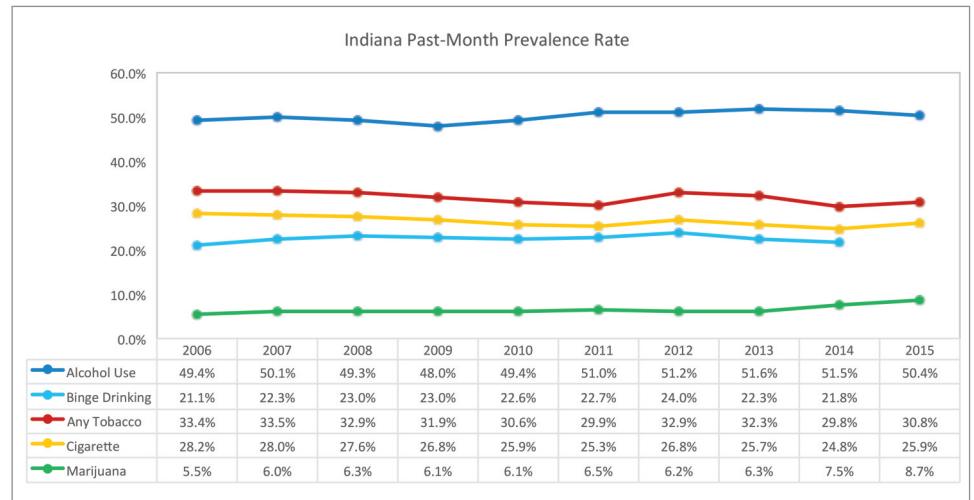
**Cocaine** is a highly addictive stimulant derived from the South American coca plant and is generally snorted or injected. Crack is a form of cocaine made by crystallizing cocaine. Crack gets its name from the crackling sounds which result when crystals are heated, allowing their vapors to be inhaled [25]. When consumed, cocaine causes the brain to release dopamine, a neurotransmitter responsible for pleasure and movement. Over time, cocaine affects the brain's ability to recycle dopamine, requiring increasingly higher doses of the drug to achieve the same effect, leading to a dangerous cycle of addiction. Although injecting cocaine heightens one's risk of contracting HIV and hepatitis C through needle sharing, using cocaine through any route of administration increases one's likelihood of engaging in high-risk sexual behaviors, which are also linked to the transmission of both diseases [25].

**Methamphetamine (meth)** is a synthetic stimulant that can be smoked, snorted, or dissolved and injected [26]. Like cocaine, methamphetamine causes the brain to release dopamine creating a sense of pleasure after consumption. The use of methamphetamine can also lead users to experience paranoia, delusions, and hallucinations. Long-term use may result in emotional and cognitive problems, extreme weight loss, dental problems (“meth mouth”), and skin sores. When injected, methamphetamine use increases the individual’s risk for HIV and hepatitis B and C through needle-sharing; however, the use of meth by any method may heighten the probability for acquiring such infectious diseases [26]. While a pharmaceutical form of methamphetamine is available by prescription, meth is usually manufactured illegally in clandestine labs. In 2014, Indiana reported the most clandestine meth lab seizures in the country. Of the 9,338 clandestine labs seized in the United States, 16% (1,471 incidents) occurred in Indiana [27]. However, the number of lab seizures in Indiana has dropped since then to 943 in 2016 [28].

### 10-Year Trends in Substance Use in Indiana

In the following section, we present findings on the use and abuse of specific substances over a 10-year time span for Indiana and the nation. The first part examines substance use within the general population; i.e., prevalence rate estimates based on findings from the National Survey on Drug Use and Health (NSDUH) [29]. The second part discusses drug use within the substance abuse treatment population. It reflects the 10-year trends of primary drugs (or drugs of choice) reported at the time of treatment admission; based on information from the Treatment Episode Data System (TEDS) [30].

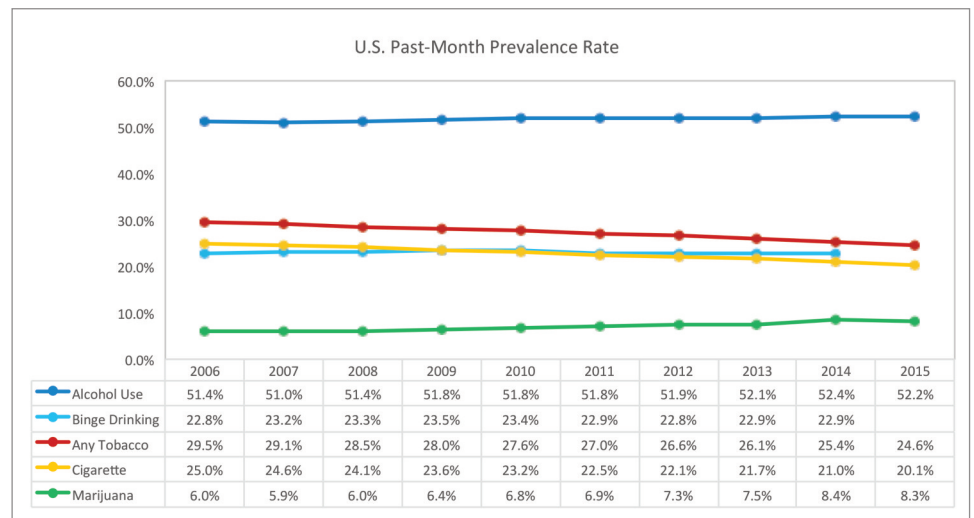
**Figure 1A.** Percentage of Indiana residents ages 12 and older engaging in past-month use of alcohol, tobacco, and marijuana (NSDUH, 2006-2015)



Note: In 2015, SAMHSA modified the definition of binge drinking for women from “having five or more drinks on one occasion” to “having four or more drinks.” As a result of these modifications, 2015 data on binge drinking cannot be compared to NSDUH estimates from previous years.

Source: SAMHSA, 2017

**Figure 1B.** Percentage of U.S. residents ages 12 and older engaging in past-month use of alcohol, tobacco, and marijuana (NSDUH, 2006-2015)



Note: In 2015, SAMHSA modified the definition of binge drinking for women from “having five or more drinks on one occasion” to “having four or more drinks.” As a result of these modifications, 2015 data on binge drinking cannot be compared to NSDUH estimates from previous years.

Source: SAMHSA, 2017

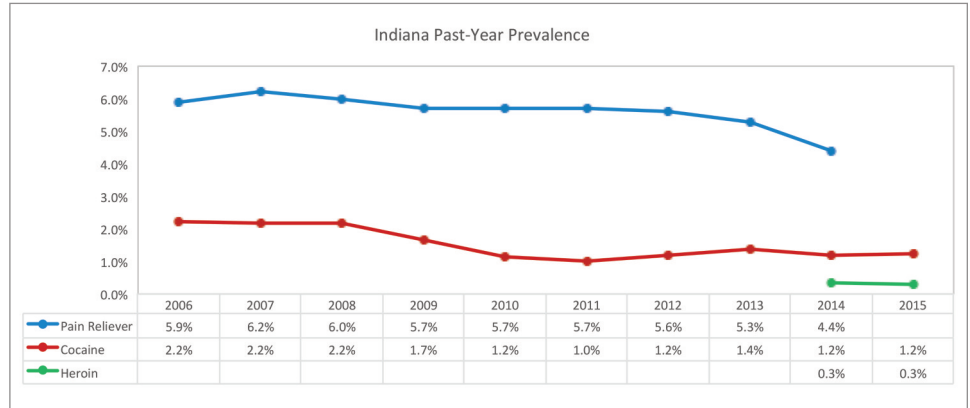
## Substance Use in the General Population (NSDUH)

Alcohol was the most widely used substance in Indiana. About half of all Hoosiers ages 12 and older drank alcohol in the past month and almost one-fourth engaged in binge drinking. Tobacco consumption was also high. Nearly one-third of Indiana residents reported using tobacco (primarily cigarettes) in the past month. Among illicit drugs, marijuana was the drug most commonly used (see Figure 1A) [29].

Over the past 10 years, prevalence rates were similar in Indiana and the United States for most substances, including past-month use of alcohol and marijuana as well as binge drinking. However, Indiana exhibited higher rates of tobacco use (see Figures 1A and 1B) [29]. Indiana’s high smoking prevalence, particularly among expectant mothers [4], led the state to identify tobacco as one of its substance abuse prevention priorities [31].

For substances that are less commonly used in the general population, NSDUH provides state-level estimates of past-year use. This includes past-year prevalence rates for cocaine, prescription pain reliever (opioid analgesic), and, since 2014, heroin abuse (state-level prevalence data for methamphetamine are currently not available). Among these three drug categories, prescription pain relievers were the most frequently abused, followed by cocaine, and heroin respectively (see Figures 2A and 2B). Indiana and U.S. rates were similar. [29].

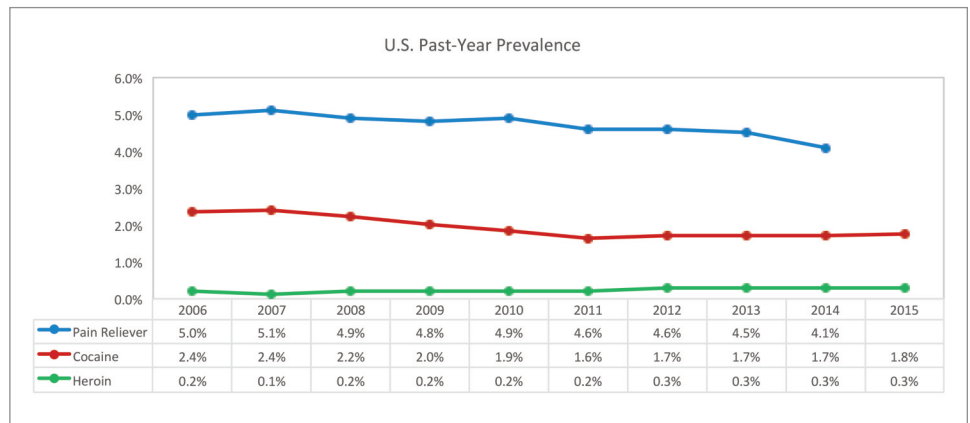
**Figure 2A.** Percentage of Indiana residents ages 12 and older engaging in past-year use of cocaine, prescription pain relievers, and heroin (NSDUH, 2006-2015)



Note: In 2015, SAMHSA completely revised the prescription drug module for pain relievers. As a result of these modifications, 2015 data on prescription pain reliever misuse cannot be compared to NSDUH estimates from previous years. Also, state-level estimates for heroin use did not become available until 2014.

Source: SAMHSA, 2017

**Figure 2B.** Percentage of U.S. residents ages 12 and older engaging in past-year use of cocaine, prescription pain relievers, and heroin (NSDUH, 2006-2015)



Note: In 2015, SAMHSA completely revised the prescription drug module for pain relievers. As a result of these modifications, 2015 data on prescription pain reliever misuse cannot be compared to NSDUH estimates from previous years. Source: SAMHSA, 2017



## Substance Use in the Treatment Population (TEDS)

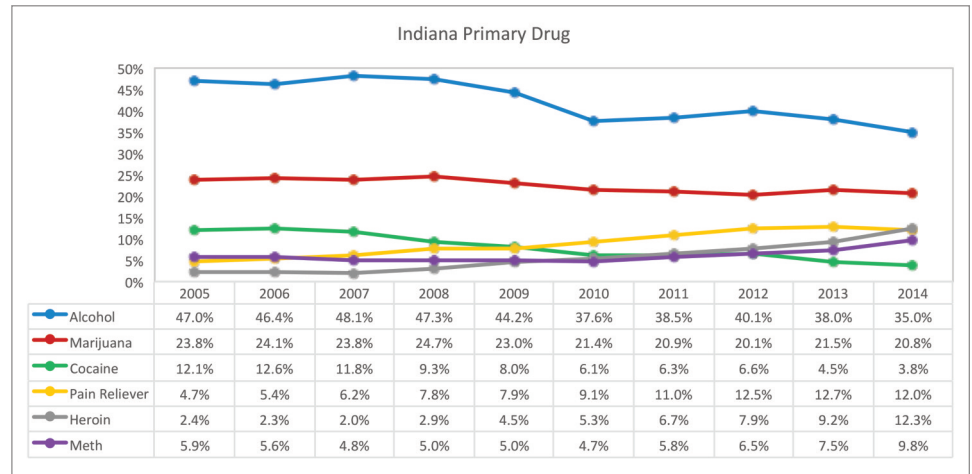
Both nationally and in Indiana, alcohol has historically been the most widely used substance and the primary reason for people to seek treatment. A review of TEDS data from 2005 through 2014 shows that in Indiana, alcohol and marijuana were the most frequently reported substances, making up the bulk of treatment admissions. The same trend held true for the rest of the nation until 2012, when heroin replaced marijuana as the second most commonly reported drug of choice.

Among Indiana treatment admissions, the popularity of other drugs also shifted from 2005 through 2014. Use of cocaine, initially the third most frequently reported drug of choice in the state, decreased from 12 percent to under 4 percent. At the same time, treatment admissions for heroin, prescription pain reliever, and meth abuse rose substantially, reflecting 413%, 155%, and 66% increases respectively since 2005. Although heroin use was significantly lower among Indiana’s treatment admissions compared to the rest of the nation, the state has experienced a steep rise in the proportion of treatment episodes reporting heroin use. Importantly, polysubstance use (i.e. the use of two or more drugs) was reported in over half of all treatment admissions. For trend information on the primary drugs reported at treatment admission from 2005 through 2014, see Figures 3A (Indiana) and 3B (United States) [30].

## Costs Attributable to Substance Use in Indiana

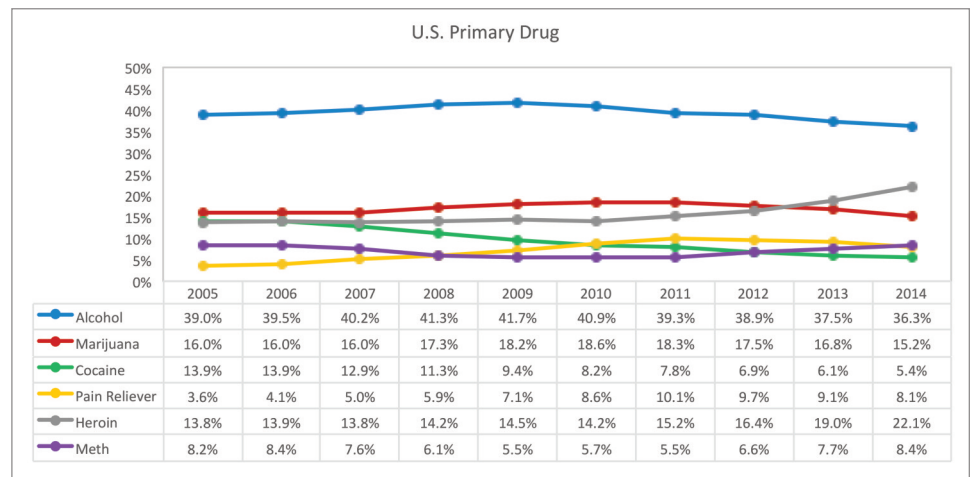
The burden of substance abuse is considerable, having a significant economic and social impact on the state. Estimates from 2010, the most recent year for which data were available, indicated that the costs of alcohol use in Indiana exceeded \$4.4 billion [32]. Furthermore, a more recent

**Figure 3A. Indiana Percentage of Treatment Episodes by Primary Substance Reported at Admission (TEDS, 2005-2014)**



Source: SAMHSA, 2014

**Figure 3B. U.S. Percentage of Treatment Episodes by Primary Substance Reported at Admission (TEDS, 2005-2014)**



Source: SAMHSA, 2014

report estimated that in Indiana tobacco use resulted in approximately \$6.8 billion dollars spent in 2014, in the form of health care costs, tax burdens, and lost productivity [33]. In the same year, the costs attributable to drug overdose deaths were estimated at over \$1.4 billion [34]. Also, according to a state-by-state analysis published in 2015, opioid abuse is costing the state over \$650 million in health care costs [35].

In addition to its economic burden, substance abuse has significant societal implications, including:

### 1. Overdose deaths

In 2015, there were 1,236 overdose deaths in Indiana, more than double the fatalities that occurred in 2005 (609 deaths) [36].

## 2. *Children exposed to meth labs*

In 2016, there were 153 Indiana children removed from homes that contained a meth lab [28].

## 3. *Drug arrests*

In 2014, close to 23,000 arrests were made in Indiana for the possession or sale of drugs, in addition to nearly 28,000 arrests for DUI and public intoxication [37].

## 4. *Alcohol-related motor vehicle accidents*

In 2015, a total of 8,642 alcohol-related motor vehicle accidents took place in Indiana, which resulted in 152 fatalities [38].

The economic and societal costs of substance abuse in Indiana support the need for further research and policy initiatives targeting prevention and treatment for the consequences of alcohol, tobacco, and other drug use.

## **Risk and Protective Factors for Substance Abuse**

Most substance use occurs in early adulthood; therefore, addressing risk and protective factors present in early life and adolescence can influence future rates of substance abuse [39]. Risk factors for substance use include drug availability, neighborhood characteristics, weak family relationships, family substance use, peer use, and mental health problems [39-43]. The strongest predictive risk factor for substance use among youth was peer substance use [42, 43]. Conversely, protective factors are those that mediate or moderate substance use. Strong family relationships, neighborhood economic viability, low childhood stress, restrictive laws, and excise taxes can all lower the likelihood of substance use even in the face of risk factors [39, 42, 43]. Addressing these risk and protective factors would require tackling many larger population concerns, but would likely result in benefits to society beyond those associated with decreased substance use. Because of the longitudinal nature of risk and protective factors, the effect of interventions to reduce risk factors and enhance protective factors may not be immediate and ongoing intervention and monitoring will be necessary to achieve maximum effectiveness [43].

## **Co-Occurring Mental Health and Substance Use Disorders**

Frequently called co-occurring disorder (COD) or dual diagnosis, mental health and substance use disorders often occur together; i.e., people who have a mental health disorder are more likely to abuse alcohol and/or illicit drugs and persons with a substance use disorder are more likely to suffer from mental health conditions [44]. In 2015, an estimated 3.3% of Americans experienced both some type of mental illness and a substance use disorder; the prevalence rate for COD was highest among young adults ages 18 to 25 [45].

Because mental health disorders are a risk factor for substance use

and vice versa, it is critical that we understand, monitor, and address the relationship between these two conditions. Integrated treatment for co-occurring disorders allows providers to address both disorders together, saving time and resources and often creating better outcomes than treatment for each disorder individually [44]. Current efforts to address COD include improving care coordination between primary care and mental health professionals, improving access to services, and supporting vulnerable populations such as those in the criminal justice system, individuals experiencing homelessness, and veterans and their families [44].

## **Thoughts for Policymakers**

Due to the numerous and often severe consequences linked to alcohol, tobacco, and other drugs, it is crucial that the state continues and expands its efforts to prevent substance abuse and provide adequate access to treatment. Indiana currently has various policies and programs in place that are designed to reduce the prevalence and incidence of drug consumption, monitor patterns of abuse throughout the state, and provide evidence-based programs to treat substance use disorders and related health consequences. However, to keep abreast of this ongoing issue, additional policies, strategies, and funding could prove beneficial in lessening the economic and social burden to the state. To address this, our recommendations include:

### **1. Expand access to substance abuse treatment services, including medication-assisted treatment programs**

Adequate access to evidence-based treatment is crucial for clients suffering from addictions. Medication-assisted Treatment (MAT) incorporating methadone, buprenorphine, or naltrexone in combination with counseling has been shown effective in treating opioid use disorders [46, 47] and reducing mortality, relapse, and costs compared to drug-free treatment or no treatment [48]. Indiana currently has 14 accredited Opioid Treatment Programs (OTPs) [49] and 321 physicians who are licensed to provide buprenorphine to treat opioid addiction [50]. However, a 2015 study found significant gaps between the nation's need for MAT and its capacity to provide such services [51]. Indiana ranked as one of the worst states in terms of high need and low MAT capacity. Although OTPs and MAT programs have increased over the past 10 years, they have not grown proportionally with the rise in opioid use and dependence [51].

Action steps to expand access to treatment could include:

- Encourage, train, and mentor eligible health care professionals (physicians, nurse practitioners, and physician assistants) to provide office-based MAT.
- Increase the number of OTPs and/or allow methadone maintenance in community mental health centers to make it more accessible to patients, especially in rural areas.

## 2. Incorporate a recovery-based framework

The recovery-oriented systems of care (ROSC) framework is a relatively new effort supported by SAMHSA. ROSC uses a chronic-care approach rather than an acute-care model for the treatment of substance use disorders. Treatment is tailored to individual needs and includes traditional SUD care in addition to more comprehensive services such as employment training, housing assistance, and childcare support. [52]. Several states, including Arizona and Connecticut, have adopted state-wide ROSC models. While many of the individual ROSC components have been shown effective in addressing addictions, comprehensive studies evaluating the full ROSC model are not yet widely available [53].

Action steps to incorporate a recovery-based framework could include:

- Support a strong peer recovery workforce and allow Medicaid billing for peer services.
- Increase funding for supportive services like job training, child care, case management, family-inclusive services, and services for vulnerable and underserved populations (e.g., LGBT, adolescents, veterans, and those who have been incarcerated).
- Explore the use of regular post-discharge follow-ups for people who leave treatment programs, especially those from vulnerable and underserved populations.
- Advocate for elimination of punitive policies that terminate services for people who relapse.

## 3. Educate, train, and promote the use of naloxone among first- and lay-responders

Naloxone is an opioid antagonist that is used to reverse the effects of an opioid overdose [54]. Naloxone training programs have been found effective in improving individuals' ability to accurately identify and address opioid overdoses [55-57] and reducing opioid-related overdose deaths [58]. Current legislation and state efforts allow healthcare professionals, emergency responders, and more recently, family members or friends of an individual at risk of an opioid overdose to access and administer the medication when necessary without legal implications [59, 60], although the person revived can still face criminal charges.

Action steps to promote the use of naloxone could include:

- Train a broad range of social service and public health workers to educate and promote the use of naloxone.
- Provide funds for social service and public health departments to purchase and distribute naloxone kits.

- Advocate for elimination of punitive policies where individuals revived from an overdose face criminal charges.

## 4. Prevent the transmission of HIV and hepatitis C in injection drug users

Systematic reviews evaluating syringe exchange programs have generally found compelling evidence that these programs are effective in reducing transmission of HIV and hepatitis C [61-64]. In light of the HIV epidemic in southern Indiana, the state passed legislation allowing counties who have declared a public health emergency from HIV or hepatitis C related to injection drug use to operate syringe exchange programs [65]. At present, Indiana has eight syringe exchange programs. However, this number may rise as the House passed a bill on January 31, 2017, allowing counties to establish syringe exchanges outside of public health emergencies. The bill is currently before the Senate.

Action steps to prevent the transmission of HIV and hepatitis C could include:

- Support laws that allow the establishment of syringe exchange programs prior to counties experiencing a public health emergency.
- Encourage syringe exchange programs to be “one-stop-shops;” e.g., educating clients on how to prevent the transmission of HIV and hepatitis C; connecting clients to treatment, if they choose; and promoting the use of naloxone.
- Advocate to decriminalize the possession of syringes.

## 5. Implement effective youth prevention programs

Most substance use occurs in young or emerging adulthood; however, effective prevention initiatives early in life can influence future outcomes. A recent comprehensive review of adolescent substance use prevention efforts found that school-based interventions were the most effective across substances while the effect of family-centered interventions varied by substance [66].

Many evidence-based curricula exist, but school adoption and effective implementation of such curricula is lacking [67-70]. Recent teacher or substance use prevention instructor training and use of interactive teaching strategies may help improve the effectiveness of evidence-based programs. Selecting and encouraging personality-specific, interactive, evidence-based curricula as well as school participation in programs such as Drug-Free Communities Support Program and Safe Schools/Healthy Students may be useful tools for preventing youth substance use in Indiana.

Action steps for effective youth prevention could include:

- Allocate prevention funding to favor evidence- and school-based programming, especially programs that support positive peer relationships and social competence/social influence approaches.
- Encourage schools to offer evidence-based family programming (e.g., Strengthening Families) to supplement classroom programs.

#### 6. Monitor substance abuse and consequences

State-level tracking systems that collect information on indicators of substance abuse are essential tools for monitoring the opioid epidemic and other drug-related issues in Indiana. One of these information systems is INSPECT, Indiana’s prescription drug monitoring program. Evidence suggests that prescription drug monitoring programs are effective in tracking prescribing and dispensing patterns of controlled substances [71] and reducing the rate increase of opioid use and misuse [72]. Surveillance and/or advisory bodies with access to a wide variety of relevant data across agencies and organizations are vital in compiling, analyzing, and interpreting the information.

Action steps for monitoring substance abuse could include:

- Allow linkage of INSPECT to other databases such as electronic health records.
- Encourage the consistent and accurate collection of data statewide, especially at sub-state (e.g., county) levels, across agencies and organizations
- Advocate for additional funding for statewide surveys to be administered in a manner that allows for county-level estimates
- Require coroners to report when a drug overdose caused or contributed to a death and have a comprehensive drug panel performed to indicate on the death certificate the specific drug(s) involved.
- Set up an early warning system for the state, similar to SAMHSA’s now defunct Drug Abuse Warning Network (DAWN) to track emergency department visits caused by drug abuse in order to identify the drugs being abused, determine patterns and changing/emerging trends in specific areas of the state.
- Require complete reporting of alcohol- and drug-related arrests by law enforcement and develop a unified reporting system across all law enforcement agencies.

## Conclusion

Over the past 10 years, alcohol and tobacco have been the most widely used substances in Indiana. Marijuana, though still illegal in Indiana, has gained much more public acceptance due to the changing landscape of state marijuana laws. As of 2016, more than half of all U.S. states have legalized marijuana for medical and/or recreational purposes. The opioid epidemic involving both prescription pain relievers and heroin has impacted Indiana tremendously, with substantial increases in substance abuse treatment admissions and overdose deaths attributable to these drugs.

Indiana has established many efforts to prevent and reduce substance abuse in the state, but these programs and policies should continue to be evaluated and revised as trends in substance use change.



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