

2018

Alcohol and Other Drugs in Tippecanoe County: Use & Effects



Compiled by the
Drug-Free Coalition of Tippecanoe County

Alcohol and Other Drugs in Tippecanoe County Use and Effects 2018

Completed by the
Community Data Assessment Committee of
the



Our Vision

Making Tippecanoe County a safer and healthier place to live, learn, and work.

Our Mission

The Drug-Free Coalition of Tippecanoe County brings together a cross-section of the community in a countywide effort to reduce youth and adult use and the negative impact of alcohol, tobacco and other drugs (ATOD) through multiple strategies across multiple sectors.

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ALCOHOL AND OTHER DRUGS IN TIPPECANOE COUNTY

This comprehensive profile of our county is intended to organize and report data about the prevalence and impact of alcohol and other drugs in Tippecanoe County, but it will also report data that shows youth and adults abstaining from these substances. This assessment will be used to guide the work of the Drug-Free Coalition of Tippecanoe County, as well as provide information to our partners and to the community at-large.

The Drug-Free Coalition of Tippecanoe County brings together a cross-section of the community in a countywide effort to reduce youth and adult use and the negative impact of alcohol, tobacco and other drugs (ATOD) through multiple strategies across multiple sectors. Sectors involved in the Drug-Free Coalition include, but are not limited to, parents, youth, schools, law enforcement, local and state government, local businesses, medical professionals, youth-serving agencies, substance abuse treatment programs, and religious and civic organizations.

Substance abuse prevention, intervention, and treatment are priorities in Tippecanoe County, as is evidenced by the Drug-Free Coalition of Tippecanoe County's Comprehensive Community Plan. This document, which can be found on the Drug-Free Coalition's website (<http://www.drugfreetippecanoe.org/about-us/about-dftipp.html>), is adopted by over 40 community partners and is approved by the Governor's Commission for a Drug-Free Indiana. The Comprehensive Community Plan identifies four problems throughout Tippecanoe County, which lend underlying support to the Coalition's work:

- Alcohol is misused and abused in Tippecanoe County.
- Tippecanoe County has a high number of residents abusing prescription drugs.
- Tippecanoe County has a significant presence of illegal drugs.
- The use of synthetic substances is prevalent in Tippecanoe County.

In 2007, the Drug-Free Coalition was awarded a four-year Strategic Prevention Framework-State Incentive Grant (SPF-SIG) to address the issue of 18-25-year-old underage and high-risk alcohol use. During the life of the grant, the extent and causes of this problem were continually assessed, and community and data-driven solutions to address the issue were identified. These assessments and solutions continue to be a part of the work done by the Drug-Free Coalition.

In 2009, we used earlier versions of this report as a basis for our plan to tackle problems of ATOD use and abuse among Tippecanoe County residents under the age of 18. We were awarded a three-year Drug-Free Communities Support grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in order to address youth substance abuse. In 2013, the Drug-Free Communities Support Grant was awarded for a second round of funding, this time for a period of five years.

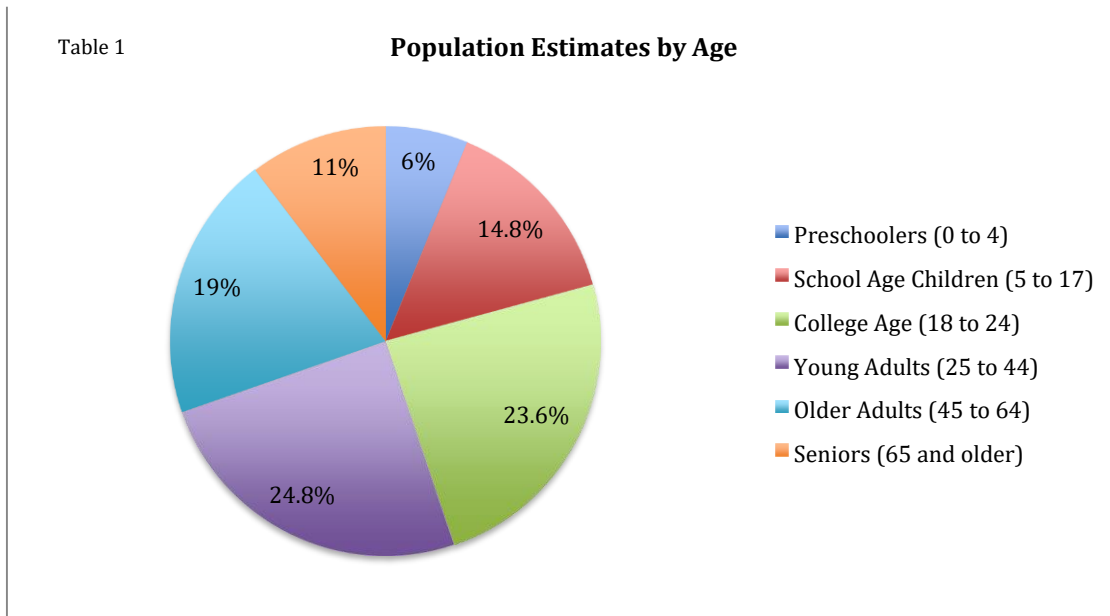
The Drug-Free Coalition is dedicated to using data to drive decision-making, and this report acts as the cornerstone of our implementation strategies. We hope you find the information within this document useful to your own work in alleviating and preventing the harmful effects of ATOD use in our community.

ABOUT TIPPECANOE COUNTY

AOD in Tippecanoe County

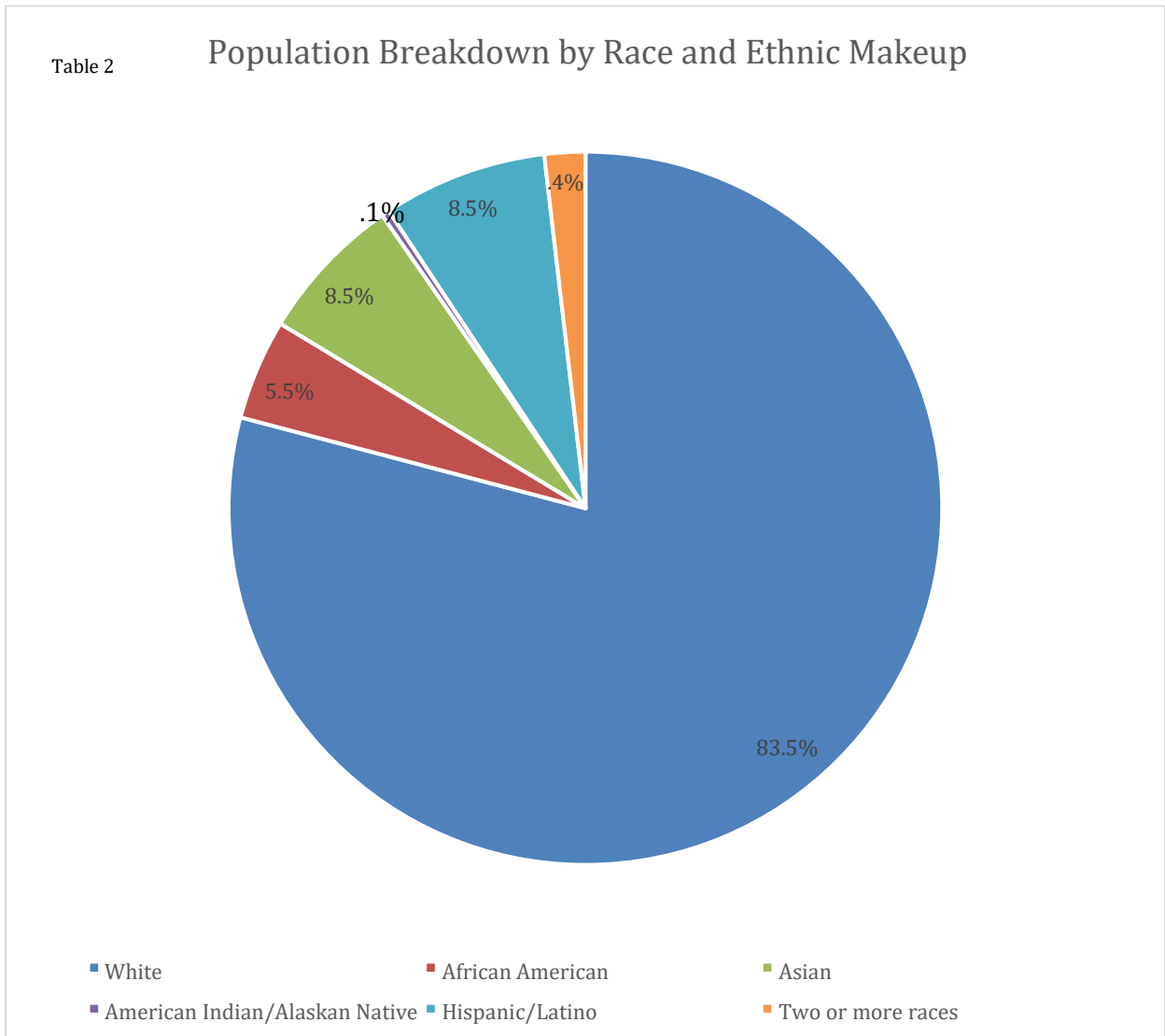
Tippecanoe County is located in West Central Indiana, 60 miles northwest of Indianapolis and 120 miles southeast of Chicago. It is approximately 500 square miles in size. According to STATSIndiana, as of 2017 Tippecanoe County has had a population of 190,587. Since 2010, the population has grown by more than 10.3%.

Table 1 illustrates a breakdown of the Tippecanoe County population by age in 2017, according to STATSIndiana. The median age in Tippecanoe County is 28 years.



Lafayette is the county seat; Lafayette, West Lafayette, Battle Ground, Clarks Hill, Dayton, Otterbein, and Shadeland are incorporated cities and towns within Tippecanoe County. There are also nine unincorporated towns. Additionally, West Lafayette is home to Purdue University, a state-supported university with an enrollment of 41,573 students for the fall semester of 2017. Purdue University is also the county’s largest employer; Purdue employs 16,761 people. A branch of Ivy Tech Community College is also located in Tippecanoe County, which enrolls approximately 8,000 students each fall and spring semester. Tippecanoe County is served by three public school systems: Lafayette School Corporation, Tippecanoe School Corporation, and West Lafayette School Corporation. Students are also served through the Lafayette Catholic School System and a variety of other parochial, charter, and private schools.

Table 2 illustrates a population breakdown of the county by race and ethnic makeup in 2017, according to STATSIndiana.



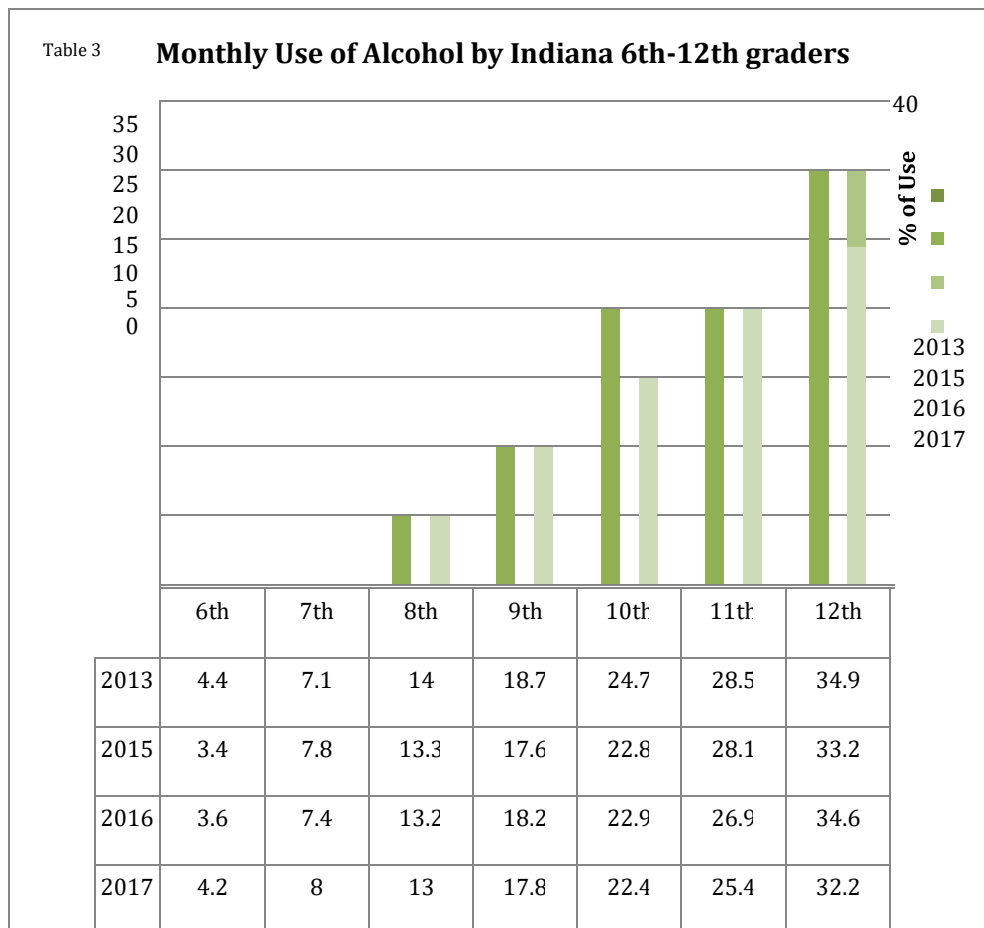
According to the US Census Bureau, 17.6% of Tippecanoe County residents lived in poverty in 2016, which ranks it third highest in the state. The poverty rate is down from 18.9% in 2015 and 22.1% in 2014. The poverty rate was 16.3% in 2016, down from 17.8% in 2015 and 20.3% in 2014. The median income in 2017 was \$51,385, and the 2017 annual unemployment rate was 3.5% in Tippecanoe County.

ALCOHOL AND OTHER DRUG CONSUMPTION

National & State Trends

Alcohol is the most frequently used drug in the United States. In 2016, 136.7 million Americans age 12 and over reported current (past month) use, according to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) *National Survey on Drug Use and Health (NSDUH)*. 16.3 million Americans reported heavy use of alcohol, and 65.3 million reported at least one incident of binge drinking in the past month. In 2016, nearly 15.1 million Americans aged 12 and older had an alcohol use disorder.

The Indiana State Epidemiology and Outcomes Workgroup (SEOW) reports that alcohol is the most commonly used drug in Indiana. Currently, 51.5% of Hoosiers aged 12 years and over drank alcohol in the past month. Table 3 shows the Indiana Prevention Resource Center’s (IPRC) statistics for monthly alcohol use among 6th-12th graders in Indiana for 2013 -2017.

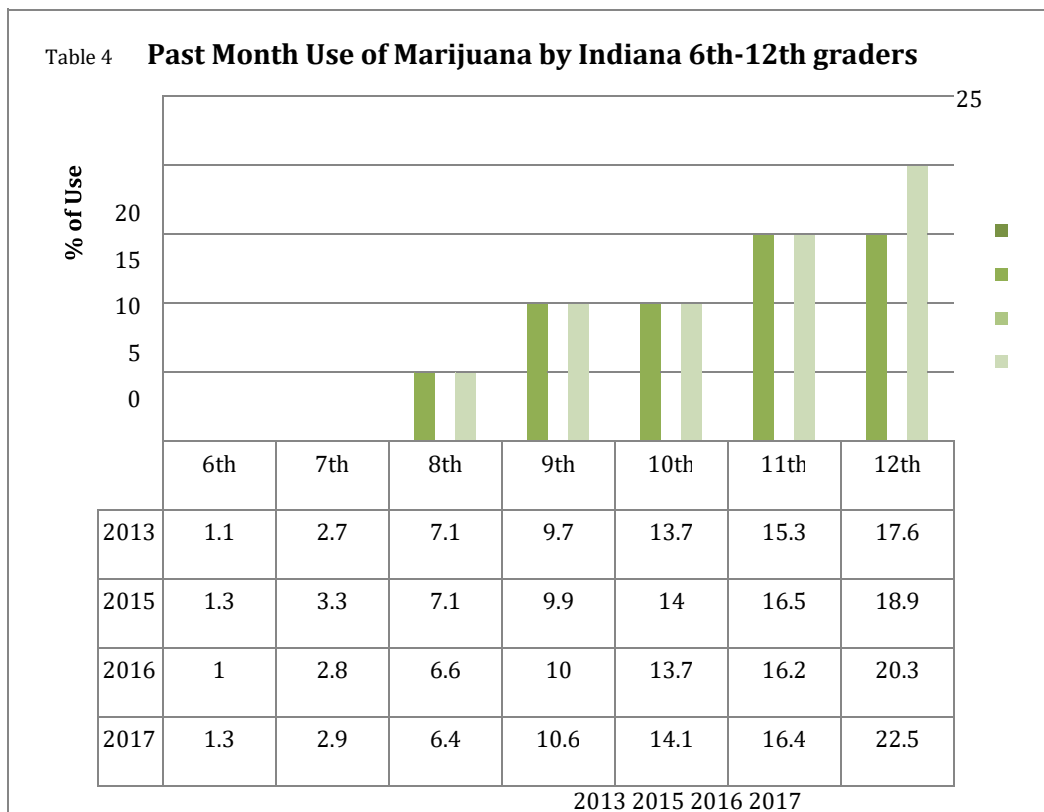


College students also report high amounts of alcohol use. In 2017, 55.9 percent of full-time U.S. college students ages 18-22 drank alcohol in the past month (SAMHSA-NSDUH). According to the 2017 Indiana College Substance Use Survey, conducted by the Indiana Collegiate Action Network (ICAN), “over three-fifths of the Indiana college students who participated in the survey (60.8%) reported using alcohol in the past month, including over half of

the students under 21 years of age (51%).” Additionally, one-third of Indiana college students surveyed (33.6%) engaged in binge drinking (5 or more drinks on an occasion) in the past two weeks. (ICAN).

Marijuana is the most commonly used illicit drug in the United States. According to the 2016 Drug Fact Sheet (Indiana Family and Social Services Administration), 8.7% of Hoosiers 12 and older reported using marijuana in the past month, and 13.9% reported using in the last year. Currently, Family and Social Services Administration (FSSA) reports 16.4% of Indiana high school students report using marijuana. Monitoring the Future Survey (NIDA) reveals 16.6% of high school seniors reported past month use of marijuana in 2017. According to the 2017 National Survey on Drug Use and Health (SAMHSA – NSDUH), 25,997 individuals ages 12 and older reported past month use of marijuana, which is an increase from 23,981 in 2016.

Table 4 reveals the number of Indiana young people who reported marijuana use in the past month for 2013 – 2017.



Although some college students in Indiana are using marijuana, most students are abstaining. According to ICAN’s Indiana College Substance Use Survey, in 2017, 58.1% of college students in Indiana reported never using marijuana in their lifetime. Of the 41.9% who of college students who reported using marijuana, 42.6% reported using marijuana in the past month.

Butane Marijuana, also called dabs, shatter, wax, honey, and butane hash oil (BHO), is a growing trend that has gained recent national attention. This form of marijuana contains very high levels of THC, the active ingredient in marijuana. The substance is extracted by passing butane through high-grade marijuana and then is often

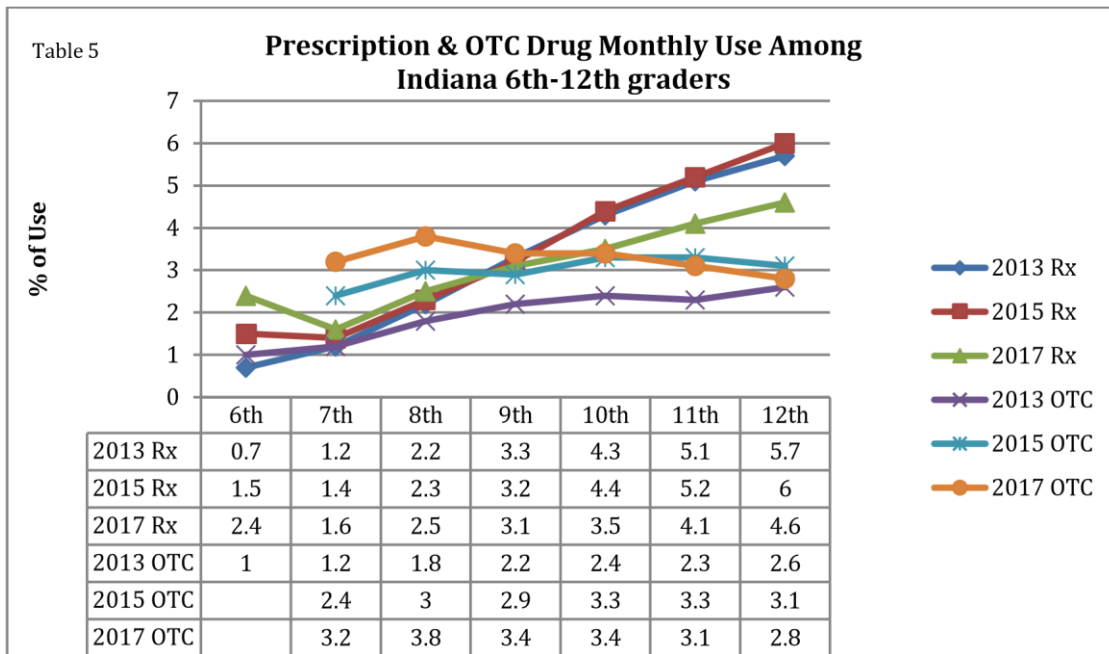
vaporized or taken orally. The dangers of ingesting the substance are great, and the method of extraction with the use of butane poses additional dangers, including severe injuries by fire and explosion.

Cocaine use has remained steady over the past few years. The 2017 SAMHSA-NSDUH revealed that 0.8% of the population aged 12 or older were cocaine users. The use of cocaine by youth and college students in Indiana is on the decline. In 2017, 1.0% of Indiana 12th graders and 0.2% of Indiana college students admitted to use of cocaine in the past month (down from 1.4% and 1.9% in 2016. (IPRC).

Heroin is one of the most dangerous and addictive illicit drugs, and its use has been on the rise in the U.S in all age groups, and all income levels. In 2016, nearly 948,000 people in the U.S. reported using Heroin in the past year. In addition, heroin-related overdose deaths have increased five-fold from 2010-2016. In contrast, use of heroin by high school students has been declining in recent years, with .3% of 12th graders reporting past-month use in 2017, both nationally (Monitoring the Future) and statewide (Indiana Youth Survey). The statewide data is down from 1.2% in 2011. Despite the decline of use for young people, the prevalence of prescription painkiller abuse for this age group (as detailed on the next page) may be cause for concern since the CDC reports that people who are addicted to prescription painkillers are forty times more likely to be addicted to heroin.

Prescription (Rx) drug and over-the-counter (OTC) drugs are the third most commonly abused substances by Americans aged fourteen and older (behind alcohol and marijuana). Pain relievers are the most commonly abused prescription drugs, and these are most likely to be involved in overdose accidents. Tranquilizers, stimulants, and sedatives are also commonly used for non-medical reasons. The most commonly abused OTC drugs are cough and cold remedies containing dextromethorphan (National Institute on Drug Abuse).

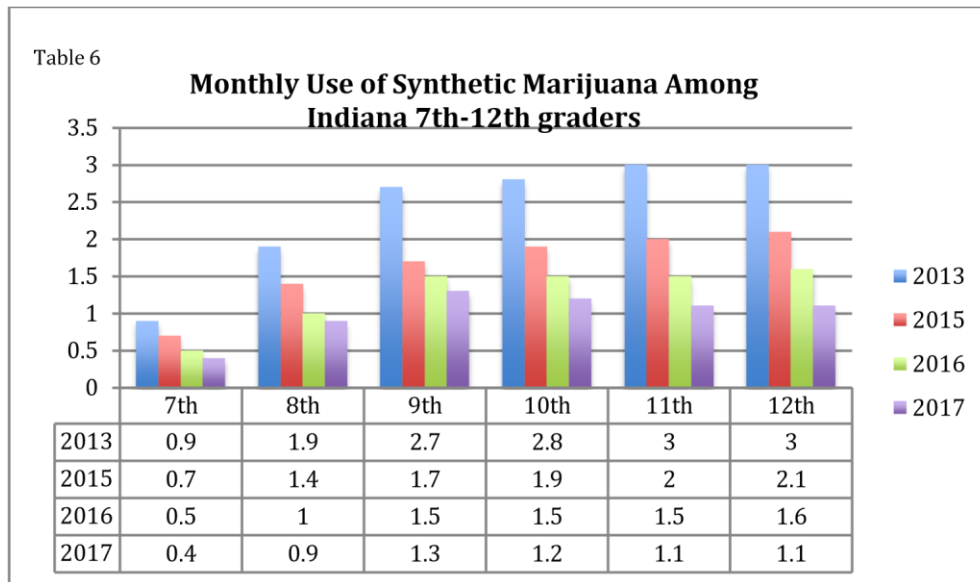
According to the National Institute on Drug Abuse (NIDA), Indiana has one of the highest rates of prescription drug abuse, and although rates of prescription drug use rose between 2013-2016, there has been a slight decrease in use by Indiana youth in grades 9-12. However, IPRC statistics show OTC drug use has increased for students who are in 6th – 12th grade. These rates are indicated in table 5. Note the preference for prescription drugs rises as students get older.



In 2015, the Indiana College Substance Use Survey found that 3.9% of Indiana college students reported pastmonth use of prescription medications not prescribed to them. This number is down from 4.9% in 2013. However, in 2017, the Indiana College Substance Use Survey broke prescription medications not prescribed to them into 3 categories: stimulants, painkillers, and sedatives. Of these, 5.7% reported past month use of stimulants, 2.6% of painkillers, and 2.3% of sedatives not prescribed to them.

Spice has gained attention in the United States and Indiana in recent years. Use of the drug, which has synthetic chemical components of marijuana and is known as K2 or Legal, became an increasing concern because of its adverse effects and high rates of use. However, according to the 2017 Monitoring the Future survey, national use of the drug by high school students has dropped sharply from 2012 (11.3%) to 2017 (3.7%).

The IPRC first began to survey Indiana high school students about the use of synthetic marijuana in 2013. Table 6 reports monthly use for 2013 -2017.



Despite this drop in reported use among high school students, Spice continues to receive national attention, and Tippecanoe County law enforcement officers and youth service providers continue to report frequent encounters with the drug.

Methamphetamine (Meth) is a potent and highly addictive stimulant that is chemically similar to amphetamines. SAMHSA – NSDUH report indicates that lifetime, past year, and past month use have increased among Americans ages 12 and older since 2016. ICAN reports 2.4% of Indiana college students reported past month use of meth. The INYS reveals that 0.3% of 12th graders in Indiana report past month use of the drug in 2017, which is a decrease from .7% in 2016. Despite these seemingly low numbers, the Indiana State Police reported 371 meth lab incidents during 2016. Although the number of local meth labs have decreased, the amount of meth being imported from Mexico into our community is increasing.

Other drugs of abuse that are becoming evident in the United States and Indiana:

- Fentanyl is an opioid prescribed to treat severe, chronic pain that is 30 to 50 times more potent than heroin. While opioid overdose can stop a person’s respiration, fentanyl can have this same effect more quickly. Since 2013, fentanyl overdoses have been on the rise. Some of these overdose cases have resulted from pure fentanyl use, but other cases are the result of ingesting the drug in combination with heroin (NIDA).
- “Molly” is a pure form of MDMA, a chemical used in Ecstasy. (Ecstasy is often laced with other ingredients such as caffeine or methamphetamine). The substance, like other hallucinogens, is most popular among young people in their mid- to late teens or early twenties. The drug gained national attention in recent years when it became linked to a number of overdose deaths at parties, concerts, and music festivals.

Youth Population Substance Use in Tippecanoe County

School corporations in Tippecanoe County participate in the Indiana Prevention Resource Center’s (IPRC) survey of youth substance abuse every two to three years. Tables 7 and 8 display self-reported substance abuse by Tippecanoe County students who participated in this survey. Values reported are expressed as percentages. (The following data should not be compared from year-to-year as students from different school corporations completed the survey each year.)

Table 7 Past 30 day use DRUG	8 th grade			10 th grade			2 th grade		
	2013	2015	2016	2013	2015	2016	2013	2015	2016
Alcohol	8.5	1.8	9.5	17	10.1	17.7	28.2	31.1	43.9
Marijuana	4.0	.6	2.8	10.9	5.6	12.8	12.3	12.6	24.8
Synthetic Marijuana	1.5	0.0	0.0	3.0	0.0	.6	2.5	0.0	1.4
Cocaine	0.0	*	*	.3	*	*	.5	*	*
Crack	0.0	*	*	.1	*	*	.4	*	*
Cocaine/Crack	*	*	.1	*	0.0	1.1	*	0.0	1.7
Inhalants	1.1	0.0	.7	.3	0.0	.6	.5	0.0	1.1
Methamphetamines	0.0	0.0	0.0	.4	0.0	.4	.2	.9	1.1
Hallucinogens	0.4	*	*	.7	*	*	1.2	*	*
MDMA/ Ecstasy	0.7	*	*	.4	*	*	1.2	*	*
Hallucinogens/Ecstasy	*	0.0	0.0	*	.6	1.7	*	*	4.6
Heroin	0.0	0.0	.1	.1	0.0	.4	.4	0.0	1.1
Steroids	.1	*	*	.3	*	*	0.0	*	*
OTC drugs	1.4	2.4	3.9	1.2	0.0	2.5	1.2	.9	3.2
Prescription drugs	1.8	0.0	2.8	2.3	1.2	4.4	2.7	.9	8.1

* Indicates data not available. 2013 n=5014; 2015 n=890, 2016 n=2677

Table 8 indicates the top three most abused substances in the past 30 days, as reported in 2016.

Table 8 Most abused substances (2015)	8 th grade	10 th grade	12 th grade
1	Alcohol (9.5%)	Alcohol (17.7%)	Alcohol (43.9%)
2	OTC Drugs (3.9%)	Marijuana (12.8%)	Marijuana (24.8%)
3	Marijuana (2.8%) Prescription Drugs (2.8%)	Prescription Drugs (4.4%)	Prescription Drugs (8.1%)

This data can also be used to reveal how Tippecanoe County students compare to survey results for the entire state. In 2011, survey results revealed areas where local use rates were significantly higher than state rates. However, in recent years, rates have been significantly lower than state rates in all areas.

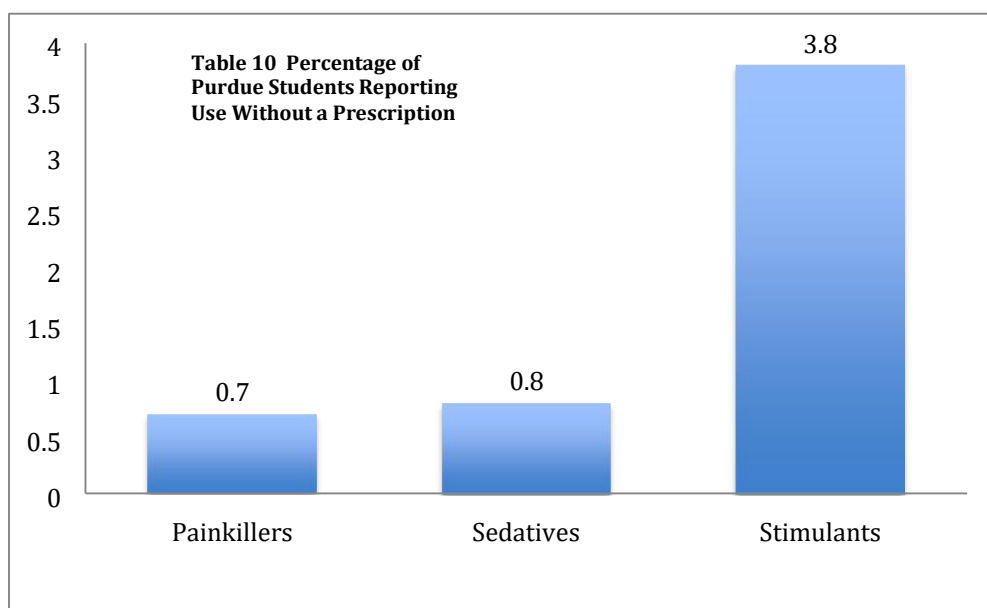
Table 9 shows the most significant differences between Tippecanoe County use rates and state use rates for 2013, 2015, and 2016.

Table 9 Rates significantly different from state rates	Grade	Tippecanoe County	Indiana
2013			
Alcohol	8	25.4%	32.6%
	10	44.2%	49.4%
Marijuana	8	8.6%	13.1%
	10	22.1%	26.5%
2015			
Alcohol	8	1.8%	13.3%
	10	10.1%	22.8%
Marijuana	10	5.6%	14.0%
	12	12.6%	18.8%
Prescription Drugs	12	0.9%	6.0%
2016			
Prescription Drugs	12	8.1%	6.0%
Marijuana	8	2.8%	6.6%
	12	24.8%	20.3%
Alcohol	8	9.5%	13.2%
	10	17.7%	22.9%
	12	43.9%	34.6%

College Population Substance Abuse in Tippecanoe County

Substance abuse is also prevalent among the college population. In the Spring of 2018, Purdue University students were invited to participate in the Indiana College Substance Use Survey, which was administered by the Indiana Prevention Resource Center on behalf of the Indiana Collegiate Action Network. A total of 10,000 randomly selected students were sent an email inviting them to participate in the survey. Of the 10,000 who received invitations, 909 (9.1%) responded.

This survey revealed that 16.3% of students participating in the survey reported marijuana use in the past 30 days. In addition, 3.8% of students who responded to the survey reported prescription medication use that was not prescribed to them. Table 10 displays the various types of prescription medications that Purdue students reported using without a prescription in the last 12 months.



Information about college population alcohol use is provided on pages 14, 17, and 20 of this report.

CONSEQUENCES OF ALCOHOL AND OTHER DRUG USE

Substance abuse impacts all parts of our society and contributes to domestic violence, child abuse and neglect, crimes, mortality rates, chronic health problems, and lost productivity in the work force. While it is difficult to quantify every consequence substance abuse has on our population, data presented in this section will address areas where substance abuse is the primary factor.

Impact on Health

Alcohol and other drug (AOD) use can have adverse effects on personal health beyond long-term consequences, such as liver disease. Table 11 displays results from the Indiana College Substance Use Survey administered to Purdue University students in 2017 and 2018, and the Drug-Free Coalition’s Community Wellness Survey (CWS), administered in 2016 and 2018. Although the two surveys vary in structure and in sample size, these rates give us an idea of differences and similarities between the college population and the community.

Table 11 Experiences while drinking	Community Wellness Survey		Indiana College Substance Use Survey	
	2016	2018	2017	2018
	Seriously considered suicide	< 1%	2%	7.50%
Physically injured yourself	1.60%	3.50%	8.80%	12.50%
Forgotten where you were or what you did	3.40%	7.40%	27.50%	29.50%
Done something you later regretted	6.80%	12.50%	25.10%	26.10%
Driven a car while under the influence	6.10%	12.20%	*	6.30%

*Indicates data not available

Legal Consequences

Alcohol and other drug use has the ability to impact an individual’s judgment and can lead to arrest or other disciplinary actions.

Table 12 includes data from the Tippecanoe County Department of Child Services (DCS) on the number of children involved with DCS, not the number of cases, due to parental substance abuse. Data below represents the primary substance being abused involved in DCS cases.

Table 12 Parental substance abuse resulting in DCS involvement	2014		2015		2016		2017	
	Type of substance	Number	Rate	Number	Rate	Number	Rate	Number
Alcohol	10	8.40%	7	5.40%	*	*	12	5.13%
Cocaine	16	3.50%	8	6.20%	7	3.50%	1	0.43%
Marijuana	4	3.40%	9	6.90%	54	26.70%	84	35.90%
Methamphetamine	54	45.40%	53	40.80%	70	34.60%	67	28.63%
Prescription drugs	9	7.60%	3	2.30%	6	3.00%	14	5.98%
Heroin/methadone	15	12.60%	29	22.30%	47	23.30%	35	14.96%
Synthetic Marijuana (Spice)	11	9.20%	21	16.20%	18	8.90%	21	8.97
Total by year	119		130		22		234	

* indicates data not available

The Department of Child Services began tracking the number of synthetic marijuana (Spice) cases in 2013, as the substance became prevalent locally. This drug has continued to be a prevalent cause for DCS involvement in recent years and continues to increase. Many of the substances tracked tend to rise and fall from year to year. marijuana and methamphetamine cases continue to be the most prevalent cause of DCS involvement in the lives of children in Tippecanoe County.

Table 13 includes numbers of all AOD-related charges in Tippecanoe County according to the Tippecanoe County Law Enforcement Records Management Systems (RMS).

Table 13 AOD Related Charges	2013	2014	2015	2016	2017
Liquor Law Violations	398	306	257	231	260
Alcohol, Contributing to Delinquency of a Minor	9	5	5	5	3
Alcohol, Illegal Consumption	250	203	163	130	84
Alcohol, Illegal Possession	108	50	35	40	52
Alcohol, Visit/Maintain Common Nuisance	17	30	44	46	106
Operating While Intoxicated	801	762	739	897	962
Drunkenness/Public Intoxication	755	484	378	378	411
Conspiracy to Commit Dealing	5	12	1	2	0
Contributing to the Delinquency of a Minor	6	0	2	2	2
Dealing, Cocaine	34	53	49	47	39
Dealing, Hashish or Hash Oil	1	0	0	0	1
Dealing a Legend Drug	0	0	0	0	0
Dealing, Marijuana/Hashish/Salvia/Synthetic Cannabinoid	0	4	10	14	30
Dealing, Marijuana	52	27	15	40	68
Dealing, Narcotic, Counterfeit or Look-a-Like	17	8	28	26	30
Dealing, Paraphernalia	0	0	1	1	5
Dealing, Salvia	15	9	7	12	19
Dealing, Schedule I Controlled Substance	11	20	10	10	4
Dealing, Schedule II Controlled Substance	7	2	4	4	4
Dealing, Schedule III Controlled Substance	2	2	1	1	4
Dealing, Schedule IV Controlled Substance	1	3	3	0	6
Dealing, Schedule V Controlled Substance	0	0	0	1	3
Methamphetamine, Dealing/Delivering/Manufacturing	32	39	46	43	48
Glue Sniffing	9	8	5	10	8
Habitual Substance Offender	1	0	2	0	0
Illegal Drug Lab	1	2	3	0	0
Illegal Sale/Purchase of Ephedrine or Pseudoephedrine	0	0	0	0	0
Maintaining a Common Nuisance	53	62	81	72	152

Manufacturing Paraphernalia	1	0	0	2	1
Possession, Chemical Reagents/Precursors	25	27	19	7	5
Possession, Cocaine	24	21	87	89	154
Possession, Controlled Substance	205	139	125	168	219
Possession, Hashish/Hash Oil	2	3	2	3	2
Possession, Marijuana	522	453	510	779	1013
Possession, Marijuana/Hashish/Salvia/Synthetic Cannabinoid	0	13	44	48	123
Possession, Methamphetamine	42	50	111	157	318
Possession, Paraphernalia	327	310	501	621	1106
Possession, Salvia or Synthetic Cannabinoid	124	155	222	197	260
Possession, Schedule I –IV Controlled Substance	0	3	8	5	8
AOD Related Charges	2013	2014	2015	2016	2017
Possession, Synthetic, Look-a-Like or Legend Drug	14	35	53	28	269
Visiting a Common Nuisance	9	13	15	24	36
Grand Total	3496	3025	3339	3919	5570

The previous table indicates a significant decrease in alcohol-related charges for youth. Numbers for both minor possession and minor consumption have decreased by more than 50% since 2013.

Despite these positive observations, some trends in charges may point to problem areas in Tippecanoe County. The number of charges related to operating while intoxicated have increased. In addition, charges related to synthetic cannabinoids (Spice) have skyrocketed from 14 in 2013 to 269 in 2017. The number of charges related to possession of methamphetamine have more than doubled from 157 in 2016 to 318 in 2017.

Table 14 indicates the number of arrests made in Tippecanoe County between 2012 and 2017 and the percentage of these arrests that were specifically substance (AOD)-related. These percentages reveal that substance-related arrests consistently make up approximately a quarter of all annual arrests.

Table 14 Total number of arrests and percentage of substance-related arrests	2012	2013	2014	2015	2016	2017
Total number of arrests*	10,180	10,140	9,434	10,965	8202	7512
Number of AOD-related arrests	2,650	2,650	2,239	2,382	2,375	2342
Percentage of all arrests that were AOD-related	26%	26.1%	23.7%	21.7%	29%	31%

* It should be noted that arrests of individuals may involve multiple charges. As such, these charges could be all AOD-related or just some of them; they are typically ranked based on severity of the crime. The relationships presented are based on the first charge listed in the arrest report. In addition, any arrests made of an inmate while already confined within the TCPD jail contain poor data quality and are excluded from consideration, similar to arrest charge compilations.

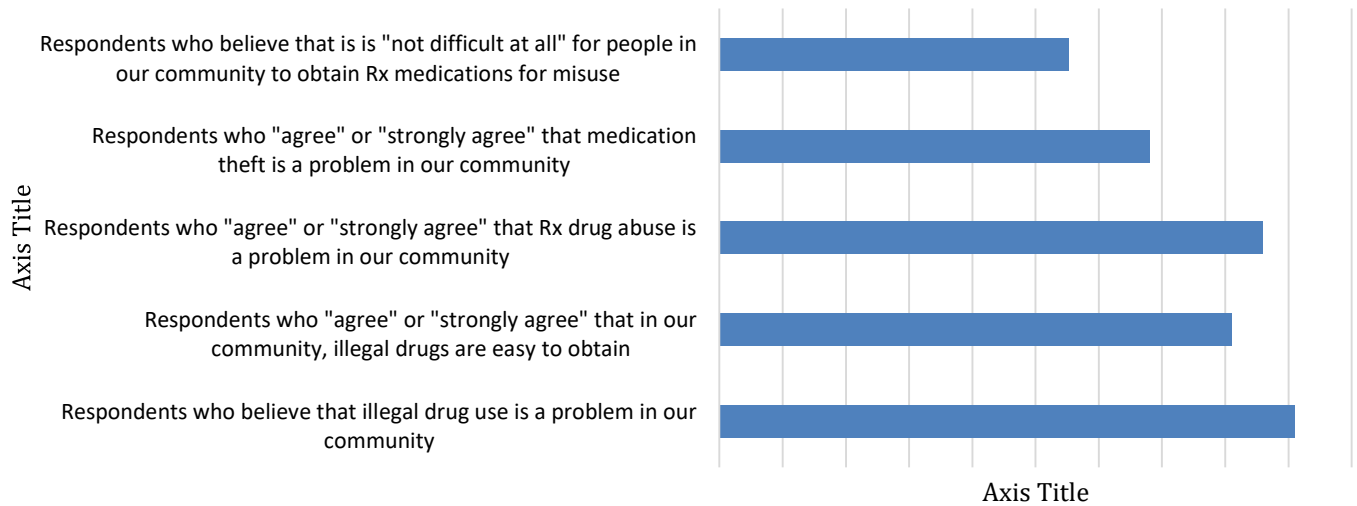
Table 15 charts experiences of Purdue students as indicated by the results of the Indiana College Substance Use Survey in 2017 and 2018 and the community-at-large based upon results of the Drug-Free Coalition of Tippecanoe County’s Community Wellness survey administered in 2016, and 2018. Except where noted, respondents answered questions based upon the last twelve months.

Table 15 Experiences while drinking	Community Wellness Survey		Indiana College Substance Use Survey	
	2016	2018	2017	2018
	Been in trouble with the police	<1%	1.10%	2.60%
Driven a car while under the influence	6.10%	12.20%	7.90%	6.30%

COMMUNITY PERCEPTIONS OF DRUG USE

In the summer of 2017, the Drug-Free Coalition conducted a Community Perceptions of Alcohol and Other Drug Use survey. In contrast to the Community Wellness Survey, which is conducted also biannually in the years that the perceptions survey is not conducted and inquires about personal substance use, this survey serves to assess community members’ impressions of the prevalence of alcohol and other drug use in Tippecanoe County. Respondents were asked questions pertaining to alcohol, prescription drug misuse and abuse, and illegal drugs. Table 16 highlights findings from the prescription and illegal drug sections of this survey. Values are expressed as percentages.

Table 16 Community Perceptions of Prescription and Illegal Drug Use (2017)



For those who “agree” or “strongly agree” when asked if illegal drugs are easy to obtain or if illegal drug use is a problem, respondents were asked to indicate which illegal drugs they believed were most commonly found in the community. The top four responses included heroin (86.2% of respondents marked this item), meth (84.1%), marijuana (80.7%) and spice/synthetic marijuana (78%).

ALCOHOL IN TIPPECANOE COUNTY

As reported in previous sections of this report, alcohol is the most frequently used and abused drug in Tippecanoe County. According to the 2017 Indiana State Epidemiology and Outcomes Workgroup (SEOW), there were 248 alcohol-related traffic accidents and 7 alcohol-related traffic deaths in Tippecanoe County. School surveys indicate that some students report alcohol use beginning as young as age 7. This section provides information on how alcohol is accessed and how alcohol use is perceived in Tippecanoe County.

Spending

Table 17 illustrates how much Tippecanoe County residents spend on alcohol per year on average. The amount spent on alcohol has remained fairly steady from year-to-year, with just over 1% of income spent on alcohol purchases. This level of spending ranks Tippecanoe County within the top 20 of Indiana's 92 counties for percentage of income spent on alcohol purchases.

Table 17 Alcohol spending	2009	2011	2014	2016
Annual average alcohol spending per household	\$535	\$553	\$581	\$506
Average spending as percent of median household income	1.08%	1.4%	1.36%	1.05%

IPRC Prev-Stat data

Alcohol Tax

Indiana's alcohol tax last increased in 1981. Table 18 compares Indiana's alcohol tax rates to neighboring states. All rates are current as of January 2018.

Table 18 Alcohol tax	Spirits Tax (Per Gallon)	Table Wine Tax (Per Gallon)	Beer Tax (Per Gallon)
Indiana	\$2.68 (ranked 44th out of 50 states)	\$0.47 (ranked 36 th out of 50 states)	\$0.12 (ranked 43rd out of 50 states)
Illinois	\$8.55	\$1.39	\$0.23
Kentucky	\$7.86	\$3.47*	\$0.85
Michigan	\$11.99	\$0.51**	\$0.20
Ohio	\$9.87	\$0.32**	\$0.18

*Includes Kentucky's additional 11% wholesale sales tax on all alcoholic beverages.

**Different rates are also applicable according to alcohol content, place of production, size of container, or place purchased

Underage Access to Alcohol

Table 19 reports where minors in Tippecanoe County indicate they obtain alcohol from based upon the youth survey administered by the Indiana Prevention Resource Center (IPRC). Values represent the percentage of students who reported obtaining alcohol through the sources listed. (Multiple responses were allowed, therefore, percentages do not total to 100%.)

Table 19 Main source of alcohol in past month	8th grade			10th grade			12th grade		
	2013	2015	2016	2013	2015	2016	2013	2015	2016

Liquor stores/ convenience stores/ supermarkets	0.1	0.0	.6	0.0	0.0	1.3	0.2	3.7	2.9
Restaurants/ bars/ clubs	0.0	0.0	.6	0.0	0.6	.9	0.0	4.7	3.6
Public events	0.0	0.0	.6	0.1	0.6	1.3	0.0	1.9	4.7
Had someone else buy it	0.5	0.0	1.2	2.5	3.1	7.4	7.6	13.1	28.3
Received from person 21 or older	1.1	0.6	5.5	2.6	6.3	13.3	7.5	29.0	34.4
Took it from a store	0.3	0.0	0.4	0.1	0.0	0.7	0.0	0.0	2.5
Parent/Guardian	*	3.7	6.9	*	8.2	9.4	*	15.9	16.3
Other family members	*	2.4	5.1	*	8.2	8.5	*	10.3	14.1
Other ways	4.1	1.8	5.1	5.2	11.9	8.1	4.8	22.4	10.1

*Indicates data not available. 2013 n=5014; 2015 n=890; 2016 n=2,627

Binge Drinking

Binge drinking, defined here as consuming five or more drinks in one sitting for males and four or more for females, is reported in Table 20. Results are from the Indiana College Substance Use Survey administered to Purdue students in 2017 and 2018 and the Drug-Free Coalition of Tippecanoe County's Community Wellness Survey administered in 2016 and 2018.

Table 20 Binge drinking: College and Community	Community Wellness Survey		Indiana College Substance Use Survey	
	2016	2018	2017	2018
	Binge drinking (five or more drinks in one sitting for males, four or more for females) in the past two weeks	9.30%	17.30%	31.00%

Table 21 illustrates binge drinking rates among 8th to 12th grade students in Tippecanoe County as reported in the IPRC youth survey.

Table 21 Binge drinking: Youth	8 th grade			10 th grade			12 th grade		
	2013	2015	2016	2013	2015	2016	2013	2015	2016
Reported binge drinking in past 2 weeks (%)	7	1.2	3.2	10.6	1.9	8.05	19.1	8.5	26.45

2013 n=5014; 2015 n=890; 2016 n=2627

Community Perceptions of Alcohol

In 2015 and 2017, the Drug-Free Coalition conducted an online survey of Tippecanoe County residents, which sought to gain insight into community perceptions of and attitudes towards alcohol, prescription drugs, and

illegal drugs in our community. Results from the 2015 survey and the alcohol sections of the 2017 survey are presented in tables 22 and 23.

Table 22 Community perceptions of alcohol (%)	Strongly agree		Agree		Disagree		Strongly disagree	
	2015	2017	2015	2017	2015	2017	2015	2017
Most adults in my community think that binge drinking by other adults is acceptable.	3.0	8.0	35.0	38.0	36.0	36.0	18.0	12.0
Most adults in my community think that binge drinking by people age 18-20 is acceptable.	3.0	4.0	20.0	21.0	40.0	45.0	32.0	25.0
Most adults in my community think that binge drinking by people under age 18 is acceptable.	0.0	1.0	4.0	4.0	31.0	36.0	60.0	55.0
Most adults in my community think that it is OK for people under age 18 to drink alcohol.	1.0	1.0	5.0	7.0	43.0	45.0	47.0	40.0
Most adults in my community think that it is OK for people age 18-20 to drink alcohol.	3.0	2.0	27.0	36.0	43.0	37.0	19.0	18.0
Most adults in my community think that it is OK to drink alcohol and drive.	0.0	2.0	7.0	15.0	33.0	38.0	54.0	40.0
Most adults in my community think that it is OK to drink and drive, as long as they haven't had too many drinks.	4.0	10.0	46.0	53.0	28.0	19.0	17.0	14.0

2015 n=431; 2017 n=322

Survey respondents were also asked, "How difficult is it to get alcohol?" from a list of sources. The rates in table 23 indicate the percent of respondents who responded with "Not difficult at all."

Table 23 Community perceptions of ease of access to alcohol	Access for individuals Under age 18		Access for individuals 18-20 years old	
	2015	2017	2015	2017
Older siblings	67	75	79	80
Parents	19	25	35	39
Other adult relatives	21	26	38	41
Same age friends	56	62	73	67
Adult strangers	21	20	30	24
Bars	5	5	13	10
Restaurants	4	5	10	8
Liquor stores	3	4	8	7
Grocery stores	6	6	-	9
Convenience stores	7	9	-	9
From home without parents' knowledge	-	63.6	-	-

2015 n=431; 2017 n=322 - Indicates question not included on survey

CONCLUSION

Despite the fact that Tippecanoe County boasts numerous protective factors, including a wide range of extracurricular activities, faith-based involvement, community-based recreational activities, and cultural diversity, as a county we still struggle with the consequences of substance abuse and community risk factors.

The Drug-Free Coalition is committed to supporting community programs that prevent, treat, and decrease substance use and abuse. In 2017, we awarded \$104,901 in grants to community programs that supported our community goals. Grants are funded through counter-measure fees, which are assessed by county courts in drug and alcohol-related cases. Our Coalition is comprised of members from all sectors of the community: youth, parents, businesses, religious organizations, local government, law enforcement agencies, social service agencies, and schools. Our comprehensive community plan, which lists our members and our community goals, can be found on the Drug-Free Coalition website, www.drugfreetippecanoe.org.

Our strategies evolve as we continually assess our community and the issues related to substance abuse. The Drug-Free Coalition welcomes your feedback and input as we work collectively to prevent and reduce substance abuse in Tippecanoe County.

1: METHODS

Community Perceptions of Alcohol and Other Drug Use: In 2015 and 2017, the Drug-Free Coalition administered Community Perceptions Survey in order to gain insight into community perceptions of and attitudes toward alcohol and other drugs. This survey was administered online using the Constant Contact surveying tool. A total of 431 Tippecanoe County residents completed this version of the survey in 2015 and 325 in 2017; results of the “Other Drugs” portion of this survey are presented in Tables 22 and 23 of this report.

Community Wellness Survey: In 2016 and 2018, the Drug Free Coalition administered the Community Wellness Survey, which assesses substance use and consequences among local adults. This survey was conducted online using Constant Contact’s surveying tool. A total of 928 Tippecanoe County residents completed this survey in 2016 and 336 completed it in 2018.

Indiana Prevention Resource Center surveys: The Indiana Prevention Resource Center (IPRC) administers statewide surveys to Indiana youth and college students. The **Indiana College Substance Use Survey** is funded by the Indiana Division of Mental Health and Addiction (DMHA) through a contract with the Indiana Collegiate Action Network (ICAN) and collects data on the prevalence of substance use and other risk behaviors among Indiana college students. This survey is developed by the Indiana Collegiate Action Network (ICAN) and the Indiana Prevention Resource Center (IPRC), with input from Indiana institutions of higher education and the Indiana State Epidemiology and Outcomes Workgroup and assesses substance use and consequences, variables associated with use (availability, peer attitudes and norms, and age of first use), mental health, and gambling behaviors. The **Indiana Youth Survey** (known until 2015 as the Alcohol, Tobacco, and Other Drug Use Survey) is also administered by the IPRC and assesses similar behaviors among youth in grades 6-12. The Lafayette Catholic School System, Tippecanoe School Corporation, and West Lafayette Community School Corporation participate in this survey.

Indiana College Substance Use Survey: The Indiana College Substance Use Survey is administered by the Indiana Prevention Resource Center. This survey collects data on the prevalence of substance use and other risk behaviors among Indiana college students. In the Spring of 2017 and 2018, this survey was administered at Purdue University; 909 students completed the survey in 2018.

Tippecanoe County Law Enforcement Records Management Systems (RMS): Law enforcement records are created, modified and archived. This data is submitted to a centralized MS SQL server database platform. Data includes records from 1999 to the present. Using Sungard/ OSSI public safety software suite, users with appropriate access rights can access and query data within the database. The queries include data covering the following areas: arrests, charges, booking, property, and case management. Additional features allow for crime analysis linking and gang activity monitoring and tracking. All law enforcement agencies in Tippecanoe County access and report to this system.

Treatment Episode Data System (TEDS): The TEDS is a national database maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) which records information about individuals entering treatment for substance abuse and/ or dependence. Data is submitted to the TEDS by state mental health departments on an annual basis. The information reported in the TEDS includes age, race, gender and other

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demographic characteristics, as well as information on the use of various drugs. The TEDS data is publicly available with a one-year delay between the time data is gathered and the time when data can be obtained. County-level TEDS data is available for Indiana from the Indiana Department of Mental Health and Addiction.

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ATOD: Alcohol, Tobacco, and Other Drugs

CWS: Community Wellness Survey

DCS: Department of Child Services

ICAN: Indiana Collegiate Action Network

INYS: Indiana Youth Survey

IPRC: Indiana Prevention Resource Center

NIDA: National Institute on Drug Abuse

NIAAA: National Institute on Alcohol Abuse and Alcoholism

NSDUH: National Survey on Drug Use and Health

RMS: Records Management Systems

SAMHSA: Substance Abuse Mental Health Services Administration

SEOW: State Epidemiology and Outcomes Workgroup

Appendix 4: Glossary of Substance Use Terminology

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Adderall: central nervous system stimulant that affects the chemicals in the brain and nerves that contribute to hyperactivity and impulse control. Typically used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy.

Amphetamines: synthetic stimulant drugs that affect the central nervous system. Amphetamines are legally prescribed for medical reasons under strict guidelines. However, amphetamines can be abused and are administered into the body by ingesting, injecting, inhaling, and smoking the drug.

Binge Drinking: defined as consuming five or more drinks in one sitting (approximately a two hour period) for males and four or more drinks in one sitting for females.

Cocaine: an addictive stimulant drug created from the leaves of coca bushes. Cocaine can be ingested, injected, inhaled, and smoked into the body.

Crack: a simplified form of freebasing cocaine. It is named for the cracking sound it makes when it is smoked.

Ecstasy: See *MDMA*

Hallucinogens: a class of drugs that cause hallucinations—profound distortions in a person’s perceptions of reality. Hallucinogens can be found in some plants and mushrooms or can be man-made. Common hallucinogens include LSD and PCP.

Hash: similar in composition to marijuana, hash differs in consistency to marijuana. Hash comes in the form of a solid and is more potent in THC than marijuana.

Heroin: a narcotic that is a synthetic component of opium. Heroin is extremely potent and can cause death after only one use. Heroin can be injected, ingested, inhaled, and smoked. Common names of this drug are antifreeze, smack, Aunt Hazel, and white stuff.

Inhalants: breathable chemical vapors that users intentionally inhale because of the chemicals’ mind-altering effects. The substances inhaled are often common household products that contain volatile solvents, aerosols, or gases. Most inhalants produce a rapid high that resembles alcohol intoxication.

Marijuana: a combination of dried flower stems, leaves, and seeds from the *Cannabis sativa*. The most common colors are green and brown. Marijuana can be smoked or ingested. Some common street terms for marijuana and/or THC include Aunt Mary, chronic, dope, ganja, gangster, grass, hash, herb, Mary Jane, pot, reefer and weed.

MDMA (4-Methylenedioxyamphetamines): a psychoactive drug more commonly known as ecstasy. It is considered a club drug. Street names include Adam and Eve, love drug, hugs, M&M’s, mellow drug of America, and beans.

Methamphetamines: stimulant drugs that are similar to amphetamines, but the effects on the central nervous systems are more intense. This drug can also be ingested, injected, inhaled, and smoked. Common names associated with this drug include meth, crystal meth, amp, speed, 20/20, and ice.

Opioids: painkillers of various strengths used to treat acute pain. Common forms of opioids are Morphine, OxyContin, Codeine, Fentanyl, and Tramadol.

OTC Drugs (Over-the-Counter Drugs): medicines that may be sold directly to the customer without a prescription.

OWI: Operating While Intoxicated

Painkillers: See *Opioids*

Prescription Drugs: medications prescribed by a physician. Many prescription drugs have the potential for abuse, including antidepressants, painkillers, sedatives, and others. Many of these medications are listed individually within this glossary.

Ritalin: a mild central nervous system stimulant. It affects chemicals in the brain and nerves that contribute to hyperactivity and impulse control. Ritalin is used to treat attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), and narcolepsy. The generic name is methylphenidate.

Salvia: an herb in the mint family that is used to produce hallucinations.

Scheduled Drugs: the Controlled Substances Act (CSA) places all substances that were in some manner regulated under existing federal law into one of five schedules. This placement is based upon the substance's medical use, potential for abuse, and safety or dependence liability.

Schedule I: drugs or other substances with a high potential of use, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use. Examples include heroin, LSD, and marijuana.

Schedule II: drugs or other substances with a high potential for abuse, has a currently accepted medical use and may lead to psychological or physical dependence. Examples include morphine, oxycodone, cocaine, and methamphetamine.

Schedule III: drugs or other substances with less potential for abuse than I and II. Schedule III drugs have an accepted medical use and abuse of the drug may lead to moderate or low physical dependence or high psychological dependence. Examples include steroids, codeine and hydrocodone with aspirin or Tylenol.

Schedule IV: drugs or other substances with a low potential for abuse relative to III, has a currently accepted medical use in treatment, and abuse of the drug may lead to limited physical dependence or psychological dependence. Examples include Valium and Xanax.

Schedule V: drugs or other substances with a low potential for abuse, a currently accepted medical use in treatment and may lead to physical dependence or psychological dependence. One example is cough medicine with codeine.

Sedatives: substances that induce sedation by reducing irritability or excitement.

Spice (Synthetic Marijuana): mimics the effects of actual marijuana. It is dissolved in liquids and sprayed on herbal mixtures that are sold as incense, but smoked to produce a high. These products are marketed as natural herbal incenses or potpourri and labeled “not for human consumption.” Some common names include Legal and K2.

Steroids: synthetic drugs that are similar to testosterone. Steroids can be prescribed, but for only medical reasons. This drug can be taken by injecting or ingesting. Common names of this drug include juice, roids, gym candy, pumpers, stackers, balls or bulls, weight trainers, Arnies, A’s or anabolics.

Stimulants: increase alertness, attention, and energy and elevate blood pressure, heart rate, and respiration; sometimes prescribed by doctors to treat ADHD and narcolepsy, stimulants are commonly abused and have a high potential for abuse.

Synthetic marijuana: See *Spice*

Tranquilizers: divided into a Major Tranquilizer and Minor Tranquilizer group. Major Tranquilizers include drugs such as Thorazine. These drugs are referred to as Neuroleptics and are most commonly prescribed as antipsychotics. This type of tranquilizer is not widely abused. Minor Tranquilizers are the more common of the tranquilizers. These include the Benzodiazepines, known by trade names such as Valium, Xanax, Serax, Ativan, Klonopin, Librium and Tranxene. These drugs are very commonly prescribed as anti-anxiety drugs. They are central nervous system depressants. Slang references to these drugs include Libs, Tranks, Benzos, and Vees.