

2020

# 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 2020

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.

## **Contributors**

Thank you to the following individuals for their contributions to this report:

Kirk Booe  
Bonnie Crawford  
Will Evans  
Dr. Scott Hanback

Les Huddle  
Dr. Rocky Killion  
Tammy Loew  
Micah Lupa

Ronald Shriner  
Sydney Schieffer  
TRRN Prevention Committee  
Neil Wagner

## TABLE OF CONTENTS

Alcohol and Other Drugs in Tippecanoe County . . . . .	5
About Tippecanoe County . . . . .	5
Alcohol and Other Drug Consumption . . . . .	7
National and State Trends . . . . .	
7	
Youth Population Substance Use in Tippecanoe County . . . . .	14
Perception of Risk . . . . .	16
Mental Health . . . . .	17
2020 “Our Voices Matter” Youth Summit Data . . . . .	18
College Population Substance Use in Tippecanoe County . . . . .	28
Consequences of Alcohol and Other Drugs . . . . .	29
Impact on Health. . . . .	29
Legal Consequences . . . . .	31
Community Perceptions of Alcohol . . . . .	33
Alcohol in Tippecanoe County . . . . .	34
Alcohol Tax . . . . .	35
Underage Access to Alcohol . . . . .	36
Binge Drinking . . . . .	36
Community Perceptions of Alcohol . . . . .	37
Conclusion . . . . .	38
Appendices	
Appendix I: Methods . . . . .	39
Appendix II: Bibliography . . . . .	40
Appendix III: Glossary of Acronyms . . . . .	42
Appendix IV: Glossary of Substance Use Terminology . . . . .	43



## **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.

The Drug Free Coalition is the Local Coordinating Council (LCC) for Tippecanoe County, Indiana. Each County in Indiana is designated a LCC. The LCC's are responsible for overseeing the allocations of The Drug Free Communities Fund. The Drug Free Communities funds are collected from local dollars through offender fees. At least 25% of the funds must go toward each of the following areas: prevention/education, criminal justice, and intervention/treatment.

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:

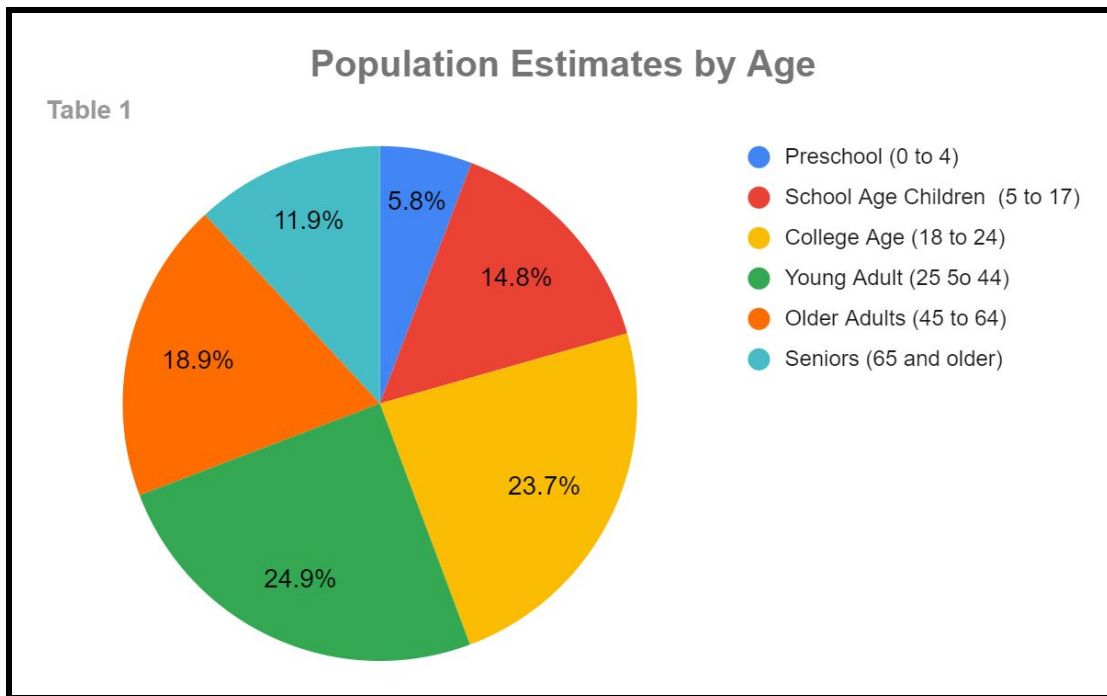
- Alcohol is misused and abused in Tippecanoe County.
- Tippecanoe County has a high number of residents abusing prescription drugs.
- Tippecanoe County has a significant presence of illegal drugs.
- There is limited access to affordable treatment in Tippecanoe County.

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**

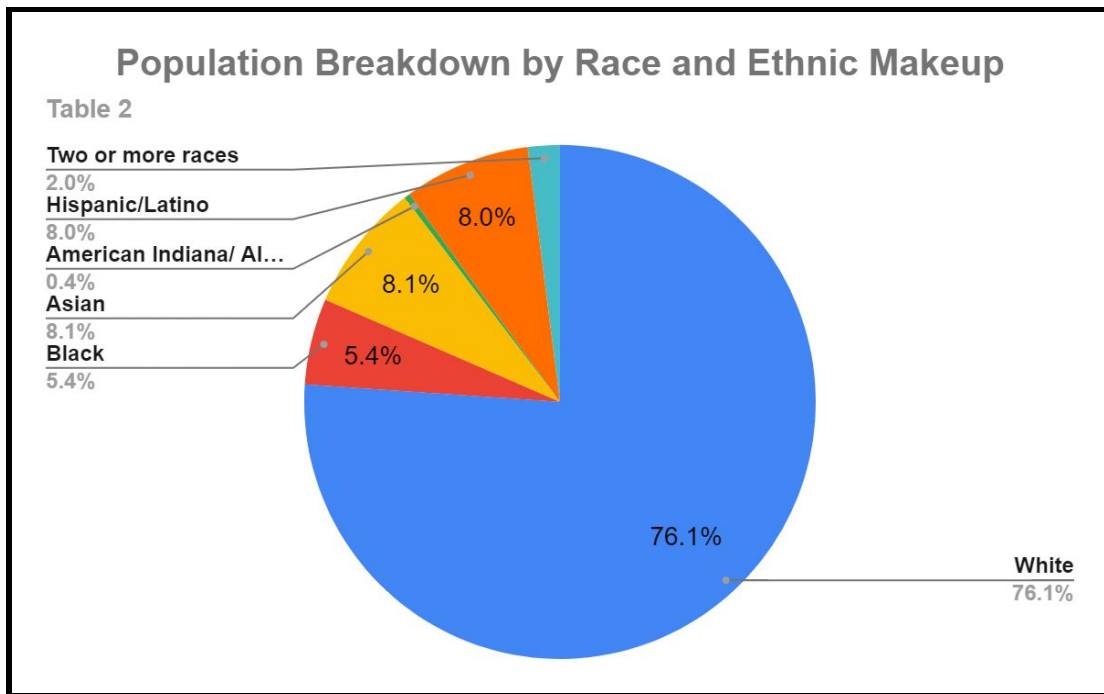
Tippecanoe County is located in West Central Indiana, 60 miles northwest of Indianapolis and 120 miles southeast of Chicago. It is approximately 500 square miles in size. According to STATSIndiana, as of 2019 Tippecanoe County has had a population of 195,732. Since 2010, the population of Tippecanoe County has grown by more than 13.3%.

Table 1 illustrates a breakdown of the Tippecanoe County population by age in 2019, according to STATSIndiana. The median age in Tippecanoe County is 28.4 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 44,551 students for the fall semester of 2020. Purdue University is also the county’s largest employer; Purdue employs approximately 7,000 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. Ivy Tech’s enrollment is down approximately 16% for the fall 2020 semester with 6,932 students registered; it is believed that the pandemic has significantly impacted enrollment at Ivy Tech for fall 2020. 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 2019, according to STATSIndiana.



According to the US Census Bureau, 18.1% of Tippecanoe County residents lived in poverty in 2018, which ranks it fifth highest in the state. The poverty rate is up from 17.6 in 2016 and down from 18.9% in 2015 and 22.1% in 2014. The poverty rate among children under 18 was 14.7% in 2018 down from 16.3% in 2016, 17.8% in 2015 and 20.3% in 2014. The median income in 2018 was \$52,269, and the 2019 annual unemployment rate was 2.9% in Tippecanoe County. Due to the COVID 19 pandemic, the unemployment rate was up to 9.9% in June, 2020.

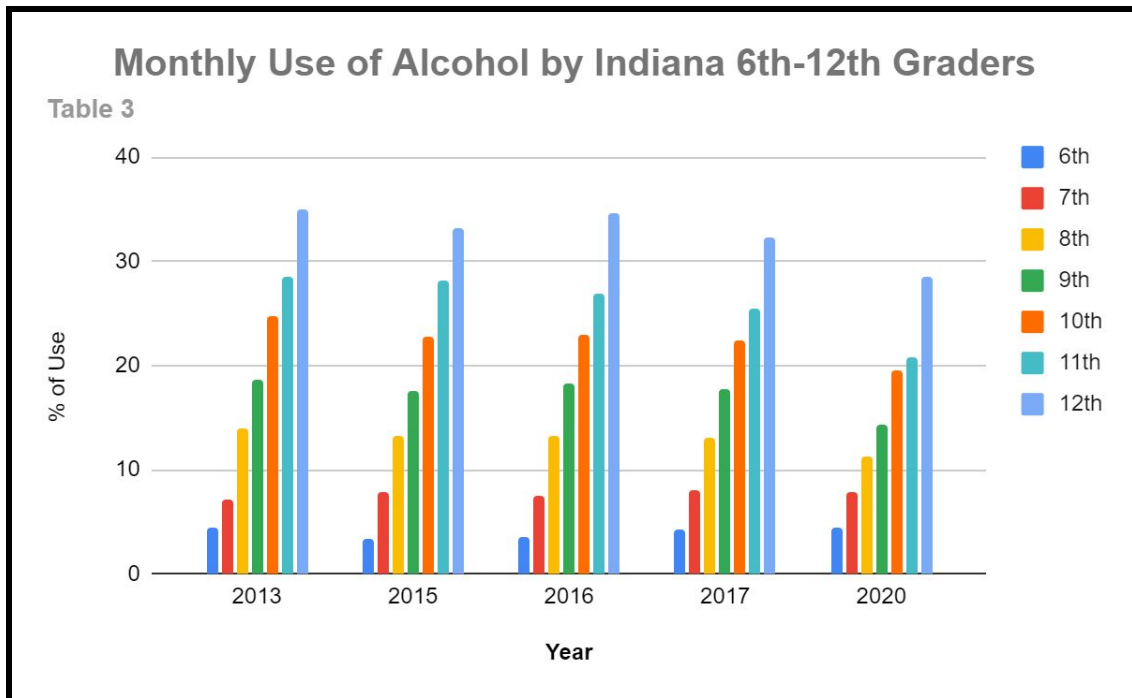
**Alcohol and Other Drug Consumption**

**National and State Trends**

**Alcohol** is the most frequently used drug in the United States. In 2019, 139.7 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)*. In 2019, 14.5 million Americans reported an alcohol use disorder and 65.8 million reported at least one incident of binge drinking in the past month.

The Indiana State Epidemiology and Outcomes Workgroup (SEOW) reports that alcohol is the most commonly used drug in Indiana. Based on a 2018 report, 50.3% 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 6<sup>th</sup>-12<sup>th</sup> graders in Indiana for 2013 -2020. Due to the COVID-19 pandemic, 2020 data collection was ended on March 20, 2020 (the date that all Indiana schools were required to close and move to online-only AOD in Tippecanoe County

education). As a result, schools that had planned to participate in the final two weeks of the survey cycle were unable to do so. Therefore, fewer students may have responded to the survey in 2020 than in prior years. This table shows that 6th and 7th graders had a higher level of alcohol use in 2020 compared to other years while 8th, 9th, 10th, 11th and 12th graders had the lowest level of alcohol use in 2020 as compared to other years. Is this because fewer students responded to the survey or because alcohol use among students is actually on the decline?



Year	6th	7th	8th	9th	10th	11th	12th
<b>2013</b>	4.4	7.1	14	18.7	24.7	28.5	34.9
<b>2015</b>	3.4	7.8	13.3	17.6	22.8	28.1	33.2
<b>2016</b>	3.6	7.4	13.2	18.2	22.9	26.9	34.6
<b>2017</b>	4.2	8	13	17.8	22.4	25.4	32.2
<b>2020</b>	4.5	7.8	11.2	14.4	19.5	20.8	28.5

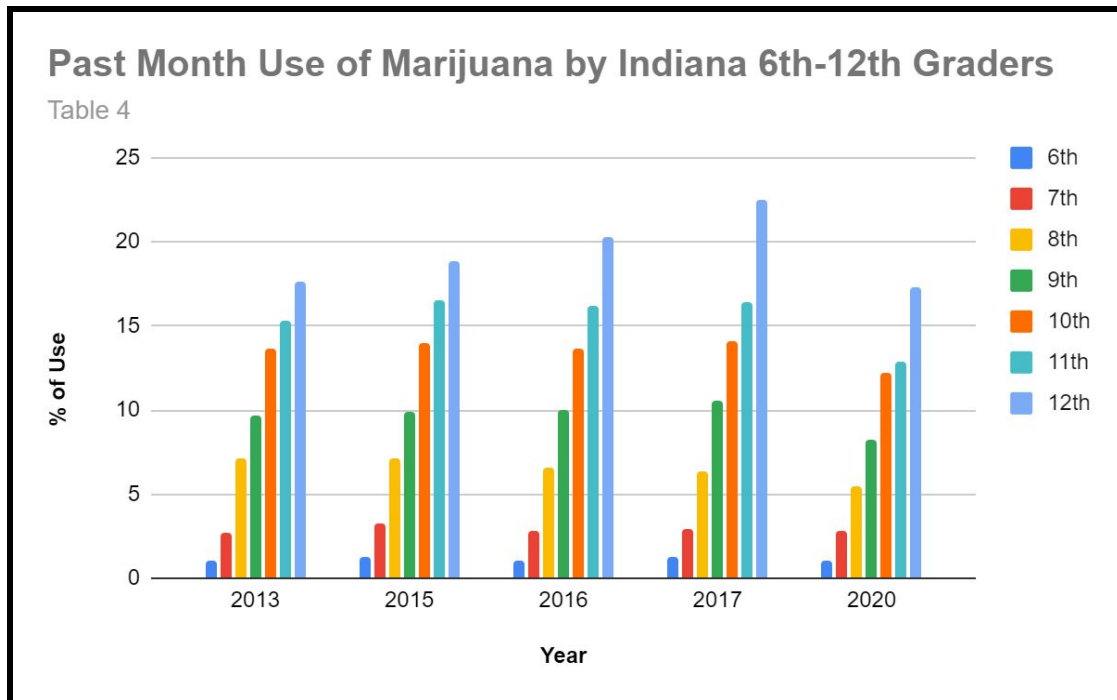
College students also report high amounts of alcohol use. In 2019, 54.3% of full-time U.S. college students ages 18-22 drank alcohol in the past month (SAMHSA-NSDUH). According to the 2019 Indiana College Substance Use Survey, conducted by the Indiana Collegiate Action Network (ICAN), over three-fifths of the Indiana college students who participated in the survey (61%) reported using alcohol in the past month, including almost half of the students under 21 years of age (49%). Additionally, one-third of Indiana college students surveyed (33%) engaged in binge drinking (4 or more drinks for females or 5 or more drinks for males on an occasion) in the past two weeks. (ICAN).

**Marijuana** is the most commonly used illicit drug in the United States. According to the 2018 Indiana State Epidemiological and Outcomes Workgroup (SEOW) 10.2% of Hoosiers 12 and older reported using marijuana in the past month, and 15.6% reported using in the last year. In 2018 the highest rate of marijuana usage in



Indiana was in the 18-25 age group with 22.9% using. Monitoring the Future Survey (NIDA) reveals 35.7% of high school seniors reported past year use of marijuana in 2019. According to the 2019 National Survey on Drug Use and Health (SAMHSA – NSDUH), 31,606,000 individuals ages 12 and older reported past month use of marijuana, which is an increase from 27,667,000 in 2018.

Table 4 reveals the number of Indiana young people who reported marijuana use in the past month for 2013 – 2020. Across all grade levels, 2020 responses show the lowest level of marijuana use in years 2013, 2015, 2016, 2017 and 2020. This information is taken from IPRC surveys.



Year	6th	7th	8th	9th	10th	11th	12th
2013	1.1	2.7	7.1	9.7	13.7	15.3	17.6
2015	1.3	3.3	7.1	9.9	14	16.5	18.9
2016	1	2.8	6.6	10	13.7	16.2	20.3
2017	1.3	2.9	6.4	10.6	14.1	16.4	22.5
2020	1	2.8	5.5	8.2	12.2	12.9	17.3

Although some college students in Indiana are using marijuana, most students are abstaining. According to ICAN’s Indiana College Substance Use Survey, in 2019, 20.7% of college students in Indiana reported using marijuana in the last month. The same survey shows that 36.2% of college students using marijuana started their use after they started college.

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 2019 SAMHSA-NSDUH revealed that 2.0% of the U. S. 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 12<sup>th</sup> graders and 1.6% of Indiana college students admitted to use of cocaine in the past month (up from 0.2% in 2017. (IPRC). The 2020 IPRC survey did not ask cocaine specific questions so data is not available for more recent years.

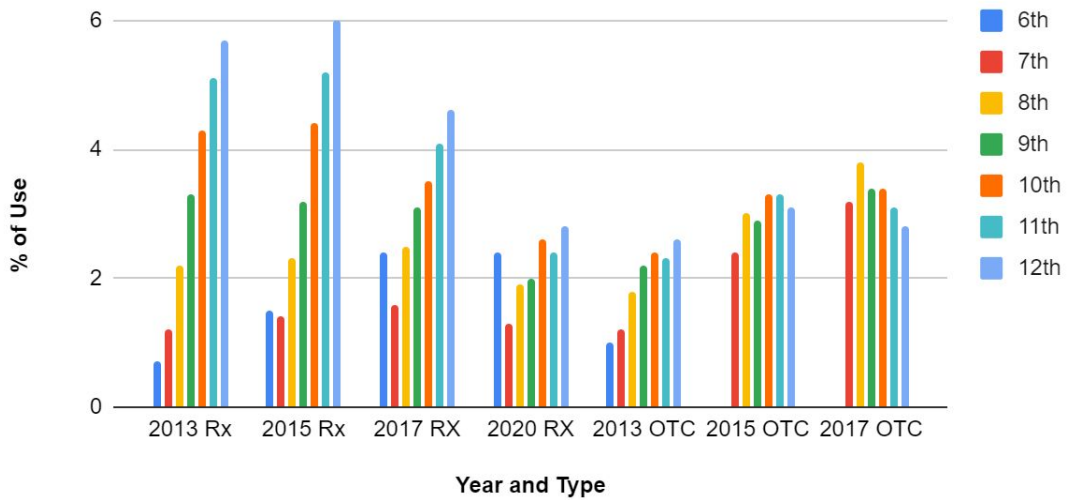
**Heroin** is one of the most dangerous and addictive illicit drugs, and its use has been on the rise in the U.S in all age groups, and all income levels. In 2019, 0.3% of the U.S. population reported using Heroin in the past year. In addition, heroin-related overdose deaths have increased five-fold from 2010-2016. According to the Center for Disease Control and Prevention, in 2018 nearly 15,000 people died from a drug overdose involving heroin in the United States, a rate of almost 5 deaths for every 100,000 Americans. Also in 2018, heroin-involved overdose death rates showed a decline, decreasing 4.1% from 2017 to 2018. In contrast, use of heroin by high school students has been declining in recent years, with .3% of 12<sup>th</sup> 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 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 abused by teens at a lower rate than alcohol, marijuana and vaping products. 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).

IPRC statistics show OTC drug use has increased for students who are in 6<sup>th</sup> – 12<sup>th</sup> grade. These rates are indicated in Table 5. Note the preference for prescription drugs rises as students get older. OTC data was not collected in the 2020 Indiana Youth Survey.

## Prescription & OTC Drug Monthly Use Among Indiana 6th-12th Graders

Table 5



Year and Type	6th	7th	8th	9th	10th	11th	12th
2013 Rx	0.7	1.2	2.2	3.3	4.3	5.1	5.7
2015 Rx	1.5	1.4	2.3	3.2	4.4	5.2	6
2017 RX	2.4	1.6	2.5	3.1	3.5	4.1	4.6
2020 RX	2.4	1.3	1.9	2	2.6	2.4	2.8
2013 OTC	1	1.2	1.8	2.2	2.4	2.3	2.6
2015 OTC	*	2.4	3	2.9	3.3	3.3	3.1
2017 OTC	*	3.2	3.8	3.4	3.4	3.1	2.8

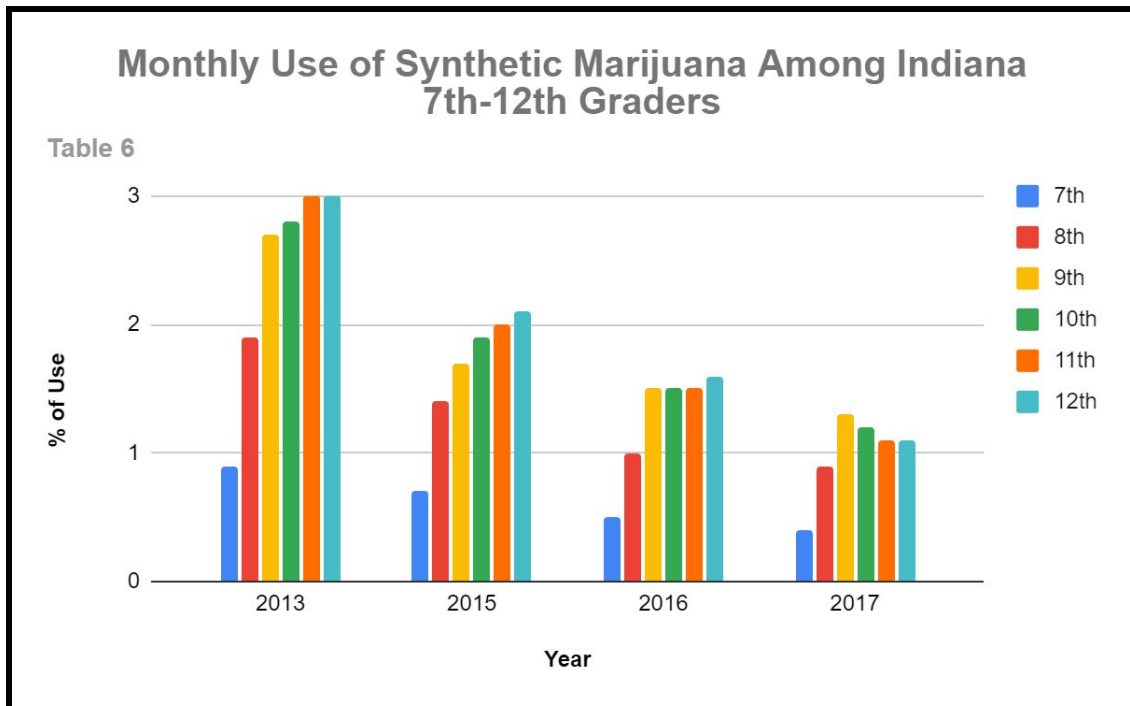
\*Data not available

In 2019, the Indiana College Substance Use Survey found that 6.0% of Indiana college students reported past month use of prescription medications not prescribed to them. This number is up from 3.9% in 2015. However, in 2019, the Indiana College Substance Use Survey broke prescription medications not prescribed to them into three categories: stimulants, painkillers, and sedatives. Of these, 3.5% reported past month use of stimulants, 1.2% of painkillers, and 1.3% of sedatives not prescribed to them.

**Spice or synthetic marijuana** 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, past-year use of synthetic cannabinoids (K2/herbal incense/spice, sometimes called “fake weed” or “synthetic marijuana”) has dropped significantly in the years since the survey began tracking use of these substances. Since 2011, reported use among 12th graders has dropped from 11.4% to 3.7%. Use has also fallen from 4.4% to 2% among 8th graders and from 8.8% to 2.7% among 10th graders since 2012. According to the

National Institute of Drug Abuse, in 2019 2.8% of high school students used synthetic marijuana. Its use continues to decline.

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. Synthetic marijuana data was not collected in the 2020 Indiana Youth Survey.



Year	7th	8th	9th	10th	11th	12th
2013	0.9	1.9	2.7	2.8	3	3
2015	0.7	1.4	1.7	1.9	2	2.1
2016	0.5	1	1.5	1.5	1.5	1.6
2017	0.4	0.9	1.3	1.2	1.1	1.1

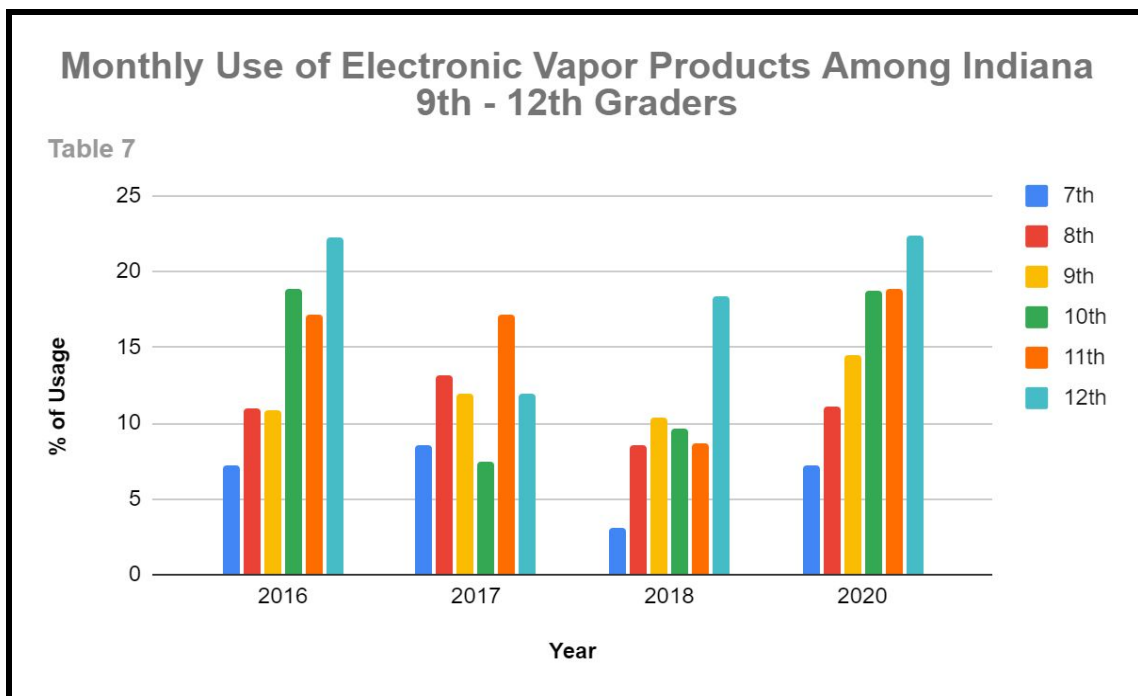
Despite this drop in reported use among high school students, Spice continues to receive national attention, and Tippecanoe County law enforcement officers and youth service providers continue to report encounters with the drug.

**Methamphetamine (Meth)** is a potent and highly addictive stimulant that is chemically similar to amphetamines. SAMHSA – NSDUH report indicates among people aged 12 or older in 2019, 0.7 percent (or 2.0 million people) used methamphetamine in the past year. These estimates of past year methamphetamine use in 2019 were higher than those in 2016 and 2017, but they were similar to those in 2015 and 2018. The 2019 ICAN reports 0.3% of Indiana college students reported past month use of meth. The INYS reveals that 0.3% of 12<sup>th</sup> graders in Indiana report past month use of the drug in 2017, which is a decrease from .7% in 2016. Methamphetamine data was not collected in the 2020 INYS. The Indiana State Police reported 88 meth lab incidents in 2019 down from 387 during 2017. There were no meth labs confiscated in Tippecanoe County in

2019. Although the number of local meth labs have decreased significantly, the amount of meth being imported from Mexico into our community is increasing.

**Electronic Vapor Products/E-cigarettes** are sometimes called “e-cigs,” “vapes,” “e-hookahs,” “vape pens,” and “electronic nicotine delivery systems (ENDS).” Some e-cigarettes look like regular cigarettes, cigars, or pipes. Some look like USB flash drives, pens, and other everyday items. E-cigarettes produce an aerosol by heating a liquid that usually contains nicotine, flavorings, and other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air. E-cigarettes can be used to deliver marijuana and other drugs.

According to the 2018 National Youth Tobacco Survey, 20.8% of high school youth used an electronic vaping device in the last 30 days. The 2020 INYS reports electronic vapor products were the second-most prevalent substance used by Indiana youth, with almost one-fourth (23.0%) of 12th-grade students reporting having used them in the past month. The survey does not ask students what substances (nicotine, marijuana, etc.) were used with the vaping device. The 2019 ICAN Survey found that 28.1% of Indiana college students under 21 used vaping products while 21.6% of those aged 21-25 used them. Table 7 shows the percentage of Indiana students who have used vaping products from 2016 - 2020 in grades 7 - 12.



Year	7th	8th	9th	10th	11th	12th
2016	7.2	11	10.9	18.9	17.2	22.2
2017	8.5	13.2	12	7.4	17.2	11.9
2018	3.1	8.5	10.4	9.6	8.7	18.4
2020	7.2	11.1	14.5	18.7	18.9	22.4

**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 8 and 9 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.) It is important to mention that all schools in Tippecanoe County had agreed to participate in and registered for the 2020 IPRC survey. Unfortunately, schools were mandated by the governor to close because of the COVID 19 pandemic before all schools were able to complete the survey. There were 1887 usable surveys from several school corporations in the county in 2020. The 2020 surveys broken down by grade: 7th grade, 184 surveys; 8th grade, 790 surveys; 9th grade, 162 surveys; 10th grade, 450 surveys; 11th grade, 163 surveys and 12th grade, 138 surveys.

Table 8 Past 30 Day Use DRUG	8 <sup>th</sup> grade			10 <sup>th</sup> grade			12 <sup>th</sup> grade		
	2015	2016	2020	2015	2016	2020	2015	2016	2020
Alcohol	1.8	9.5	5.0	10.1	17.7	11.6	31.1	43.9	25.9
Marijuana	.6	2.8	1.6	5.6	12.8	6.7	12.6	24.8	15.6
Synthetic Marijuana	0.0	0.0	0.3	0.0	.6	0.9	0.0	1.4	0.7
Cocaine/Crack	*	.1	0.1	0.0	1.1	0.4	0.0	1.7	0.0
Inhalants	0.0	.7	0.0	0.0	.6	1.1	0.0	1.1	0.0
Methamphetamines	0.0	0.0	0.0	0.0	.4	0.0	.9	1.1	0.0
Hallucinogens/Ecstasy	0.0	0.0	0.3	.6	1.7	1.3	*	4.6	1.5
Heroin	0.0	.1	0.0	0.0	.4	0.9	0.0	1.1	0.7
OTC drugs	2.4	3.9	*	0.0	2.5	*	.9	3.2	*
Prescription drugs	0.0	2.8	1.2	1.2	4.4	2.5	.9	8.1	3.0
Cigarettes	*	*	0.8	*	*	2.4	*	*	1.5
Electronic vapor products	*	*	3.7	*	*	9.4	*	*	11.1

\* Indicates data not available.

Table 9 indicates the top three most abused substances in the past 30 days, as reported in 2020.

<b>Table 9 Most Abused Substances (2020)</b>	<b>8<sup>th</sup> grade</b>	<b>10<sup>th</sup> grade</b>	<b>12<sup>th</sup> grade</b>
<b>1</b>	Alcohol (5.0%)	Alcohol (11.6%)	Alcohol (25.9%)
<b>2</b>	Electronic Vapor Products (3.7%)	Electronic Vapor Products (9.4%)	Marijuana (15.6%)
<b>3</b>	Marijuana (1.6%)	Marijuana (6.7%)	Electronic Vapor Products (11.1%)

This data can also be used to reveal how Tippecanoe County students compare to survey results for the entire state. Table 10 shows the most significant differences between Tippecanoe County use rates and state use rates for 2015, 2016 and 2020. This information is taken from the local and state IPRC surveys.

<b>Table 10 Rates Significantly Different From State Rates</b>	<b>Grade</b>	<b>Tippecanoe County</b>	<b>Indiana</b>
<b>2015</b>			
<b>Alcohol</b>	<b>8</b>	<b>1.8%</b>	<b>13.3%</b>
	<b>10</b>	<b>10.1%</b>	<b>22.8%</b>
<b>Marijuana</b>	<b>10</b>	<b>5.6%</b>	<b>14.0%</b>
	<b>12</b>	<b>12.6%</b>	<b>18.8%</b>
<b>Prescription Drugs</b>	<b>12</b>	<b>0.9%</b>	<b>6.0%</b>
<b>2016</b>			
<b>Marijuana</b>	<b>8</b>	<b>2.8%</b>	<b>6.6%</b>
	<b>12</b>	<b>24.8%</b>	<b>20.3%</b>
<b>Prescription Drugs</b>	<b>12</b>	<b>8.1%</b>	<b>6.0%</b>
<b>Alcohol</b>	<b>8</b>	<b>9.5%</b>	<b>13.2%</b>
	<b>10</b>	<b>17.7%</b>	<b>22.9%</b>
	<b>12</b>	<b>43.9%</b>	<b>34.6%</b>
<b>2020</b>			
<b>Alcohol</b>	<b>8</b>	<b>5.0%</b>	<b>11.2%</b>
	<b>10</b>	<b>11.6%</b>	<b>19.5%</b>
	<b>12</b>	<b>25.9%</b>	<b>28.5%</b>

<b>Table 10 (Continued)</b> <b>Rates Significantly Different From State Rates</b>	<b>Grade</b>	<b>Tippecanoe County</b>	<b>Indiana</b>
<b>Electronic vapor products</b>	<b>8</b>	3.7%	10.0%
	<b>10</b>	9.4%	17.3%
	<b>12</b>	11.1%	23.0%
<b>Marijuana</b>	<b>8</b>	1.6%	5.5%
	<b>10</b>	6.7%	12.2%
	<b>12</b>	15.6%	17.3%

### Perception of Risk

The 2020 IPRC survey of Indiana students found that approximately half of the students said they think there is no risk or only slight risk of harm from taking one or two drinks of alcohol nearly every day. There was little variance between grades. The percentage of students who said that they believe there is no risk or only slight risk of harm from smoking marijuana once or twice per week increased with grade-level. Over two-thirds of 12th-grade students (67.8%) reported believing there is negligible risk of harm from participating in the behavior. Approximately one-third of students reported believing that there is no or slight risk of harm from smoking one or more packs of cigarettes a day, while approximately one-quarter of students felt that misusing prescription drugs did not present significant risk of harm. Table 11 compares the responses of Indiana and Tippecanoe County students in grades 8 - 12. With the exception of 8th graders replying to “Using prescription drugs not prescribed to them,” all Tippecanoe County percentages were lower than the Indiana percentages.



<b>Table 11 Percentage of Students Who Thought There is No or Slight Risk of Harm for Select Behaviors, by Grade, 2020 Indiana and Tippecanoe County Students</b>					
<b>Behavior</b>	<b>8th Grade</b>	<b>9th Grade</b>	<b>10th Grade</b>	<b>11th Grade</b>	<b>12th Grade</b>
<b>Taking 1 - 2 alcoholic drinks per day (Indiana)</b>	48.6	48.7	48.6	51.1	51.7
<b>Taking 1 - 2 alcoholic drinks per day (Tippecanoe)</b>	44.1	29.9	43.1	38.9	25.0
<b>Smoking marijuana once or twice per week (Indiana)</b>	45.8	54.0	58.6	63.4	67.8
<b>Smoking marijuana once or twice per week (Tippecanoe)</b>	41.6	41.6	53.3	51.0	53.3
<b>Smoking 1+ packs of cigarettes per day (Indiana)</b>	33.1	33.2	33.3	34.2	34.9
<b>Smoking 1+ packs of cigarettes per day (Tippecanoe)</b>	29.9	19.4	27.5	21.2	15.4
<b>Using prescription drugs not prescribed to them (Indiana)</b>	22.9	23.1	22.3	23.7	22.5
<b>Using prescription drugs not prescribed to them (Tippecanoe)</b>	23.3	12.4	19.7	12.0	7.2

## **Mental Health**

Because mental health is known to be a prerequisite for substance use, this year the Indiana Youth Survey included three questions on mental health. The percentage of students who said they felt so sad or hopeless for two or more weeks in a row in the past year that they stopped doing usual activities ranged from approximately one third of 8th-grade students (33.5%) to 39.2% of 10th-grade students. Questions on considering and attempting suicide also had the lowest rates among 8th-grade students and the highest rates reported by 10th-grade students. Almost 18% of 8th graders considered attempting suicide while 19.3% of 10th graders did the same. Thirteen percent of 8th-grade students said they had made a plan about attempting suicide in the past year while 14.3% of 10th graders developed a plan. Table 12 compares the responses of Tippecanoe County students on these questions to Indiana students. Tippecanoe County 11th graders had a higher response than Indiana students across all three questions.

<b>Table 12</b>					
<b>Mental Health in the Past Twelve Months for Indiana and Tippecanoe County Students</b>					
<b>During the past 12 months, did you...</b>	<b>8th Grade</b>	<b>9th Grade</b>	<b>10th Grade</b>	<b>11th Grade</b>	<b>12 Grade</b>
Feel sad or hopeless for 2+ weeks in a row (Indiana)	33.5%	35.2%	39.2%	36.6%	36.0%
Feel sad or hopeless for 2+ weeks in a row (Tippecanoe)	30.2%	27.1%	36.2%	41.2%	26.4%
Seriously consider attempting suicide (Indiana)	17.6%	18.0%	19.3%	17.9%	17.3%
Seriously consider attempting suicide (Tippecanoe)	16.2%	16.6%	19.5%	26.8%	14.8%
Make a suicide plan (Indiana)	13.3%	13.1%	14.3%	13.1%	12.2%
Make a suicide plan (Tippecanoe)	11.0%	9.0%	15.4%	19.7%	10.2%

### 2020 “Our Voices Matter” Youth Summit Data

The following information regarding the Youth Summit was taken from “Our Voices Matter!” Youth Summit Report Spring 2020, a collaborative project by the Tippecanoe Resilience & Recovery Network – Prevention Committee . The report was prepared by Sydney Schieffer, an AmeriCorps member working with United Way of Greater Lafayette.

The Prevention Committee of the Tippecanoe Resilience & Recovery Network (formerly the Opioid Task Force) hosted the second annual “Our Voices Matter!” Tippecanoe County Youth Summit in a collaborative effort with community organizations. The event was held on March 11, 2020. It is significant to mention that the Summit was held just two days before all county schools closed due to the Covid 19 pandemic. Students from Greater Lafayette-area high schools were invited to attend the Youth Summit to lend their voices to the discussion of what the schools and community can do to best help teens today. In a round-robin style discussion, approximately 80 students contributed their thoughts and observations about topics such as stressors, mental health, coping strategies, graduation requirements, substance use, and barriers to asking for help. Students participated from Central Catholic, Elston Alternative School, Faith Christian, Harrison High School, McCutcheon High School, Oakland High School and West Lafayette High School.

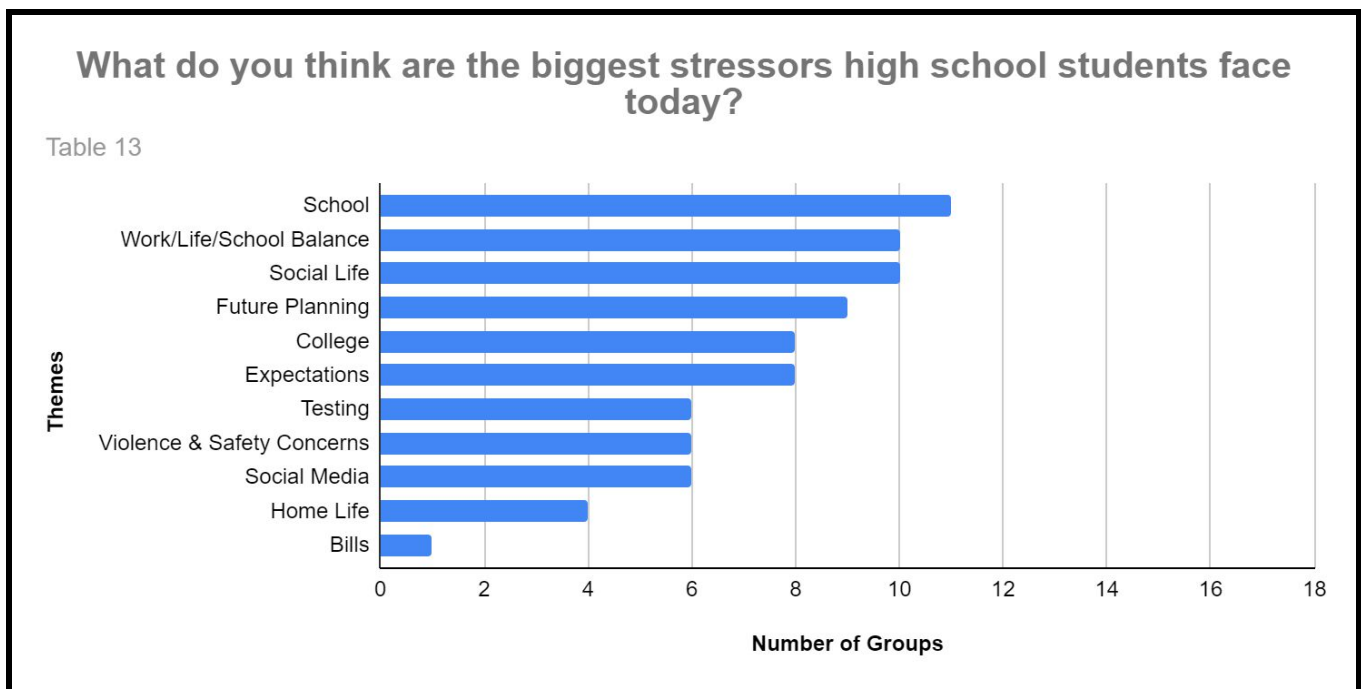
***It is important to stress that with the limited number of respondents, this information cannot be considered as statistically significant. Rather, this information simply reports the information shared by the students in attendance at the Summit.***

School counselors selected students who best represented the diversity of their schools and would be willing to discuss the questions at the Youth Summit. Students were randomly divided into groups designated by color and split into two rows of nine tables. The Youth Summit created groups that represented a mixture of students from each attending school to encourage anonymity.

One note-taker and one moderator were stationed at each table with one of the nine questions. Students had 10 minutes to discuss the question at each table and then move to the next table for the next question. Due to the structure of the notes, the analysis has themed each question by giving the same weight to a group that gave an answer once and a group that may have provided the same answer multiple times. The horizontal axis, on the figures, represents the number of groups that mention a theme at least once. The total does not represent the number of students that gave that specific answer, but instead the number of groups, out of 18, that gave a similar response.

***Question: What do you think are the biggest stressors high school students face today?***

The students participating in the 2020 Spring Youth Summit find that “School” causes a significant amount of stress (Table 13). The theme “School” includes responses such as an overwhelming amount of homework, the requirements to graduate high school, rigorous classes, being in a large school population, and grades. Based on the notes, students also find it stressful trying to balance work, school, and having a life. The student’s inability to find balance has left them sleep-deprived, the inability to have fun free time, and the feeling that they are falling behind in school, work, or sports. “Social Life” includes the stress of finding the right friend group, the pressure to maintain a specific image, and the feeling of being judged by others.

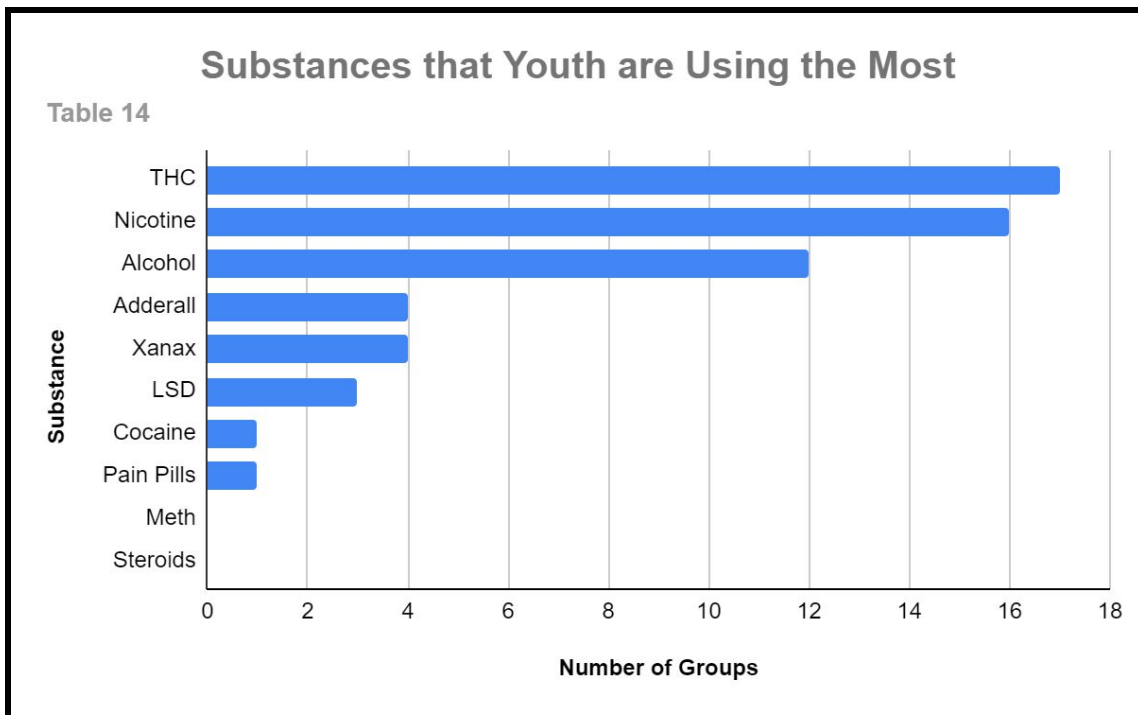


Students also highlight the stress of “Future Planning.” Some find it stressful planning for college and getting accepted into the right school, while others stress about the pressure to determine a career path during their time in high school. “Home Life” includes the stress of having competitive siblings, stressed parents, and parents struggling with substance use disorder. Two groups mention the stress of living in a single parent household and seeing the constant struggle their parents are facing.

“Social Media” was brought up for the first time in the 2020 Youth Summit. Students express the concern of being “addicted” to social media and the stress it can have on relationships when you have a screen protecting you from what you say.

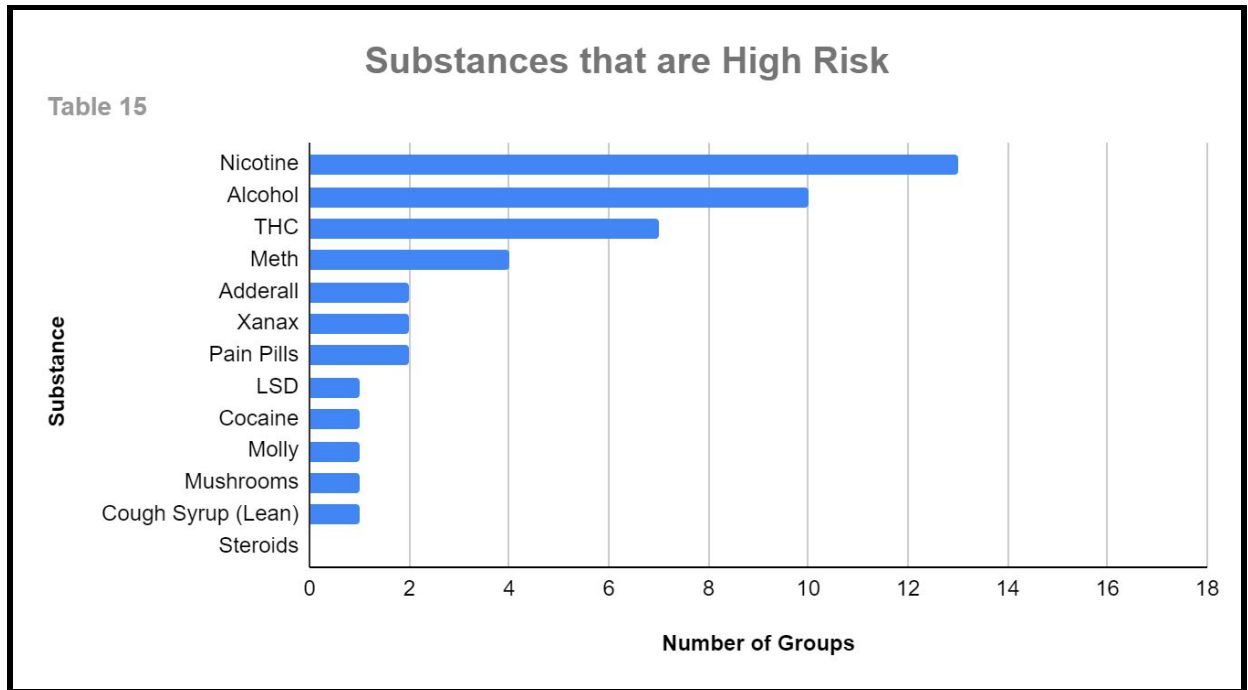
**Question: What substances do you think youth are using the most?**

Of all the substances that students shared with the facilitators, “THC” and “Nicotine” were listed as the substances youth are using the most (Table 14).



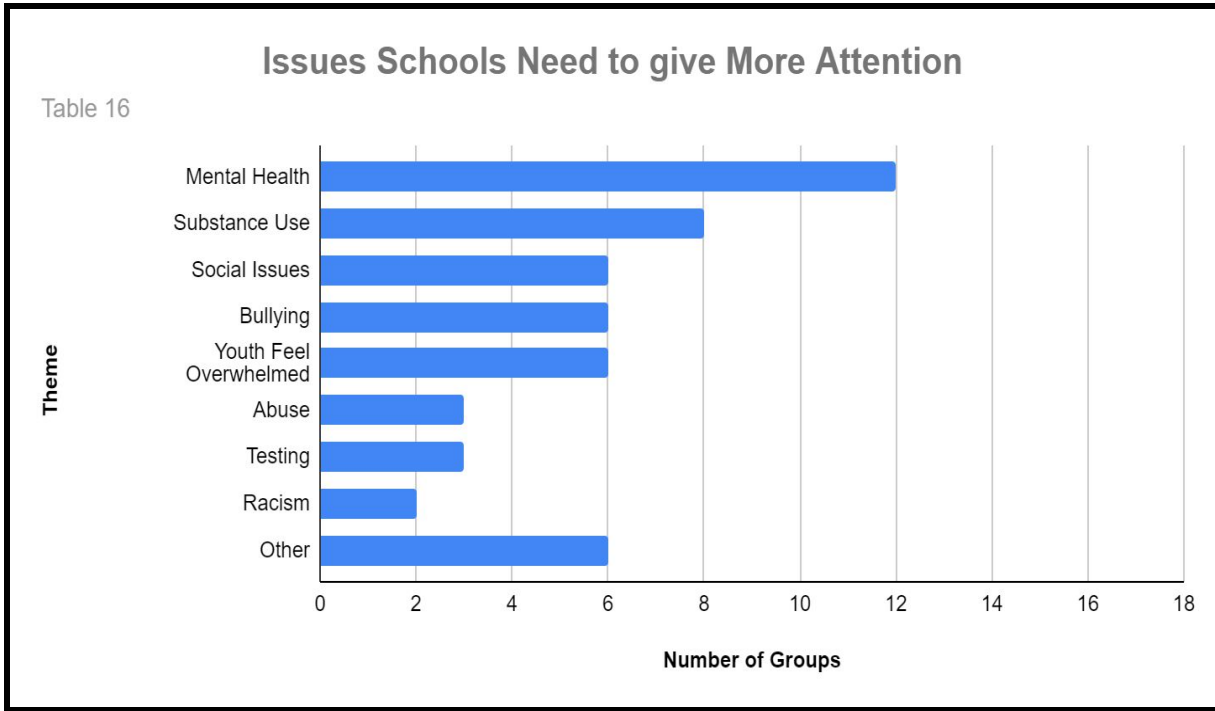
**Question: Which substances do you think are high risk?**

For this question, “Nicotine” was mainly discussed in terms of cigarettes (Table 15). The few groups that discussed vaping did not experience consensus. Notes on “Nicotine” included groups debating how dangerous vaping really is with many students saying there is not enough information yet to know if there are dangers associated with vaping. Many groups felt that the substances that are easily accessible are, therefore, a greater risk which could explain why “Nicotine” and “Alcohol” saw the highest consensus as a high-risk substance.



***Question: What issues are youth dealing with that you think schools need to be paying more attention to?***

Students voice the concern that “Mental Health” and “Substance Use” are not appropriately or adequately addressed at school (Table 16). Mental health was primarily discussed in terms of students or peers suffering from depression, anxiety, or stress. Three different groups felt that suicide is not talked about at school and that those struggling with suicidal ideation do not have resources readily available to receive help. Students believe that schools need to pay more attention to substance use. Some students specifically stated the concern of vaping in the school bathrooms and peer pressure to use drugs (including alcohol and marijuana). The theme “Social Issues” includes conflicts in relationships, peer pressure, and the spread of rumors throughout school. Students ask the schools to pay more attention to the academic pressure that causes stress and makes it difficult to live a balanced life (“Youth Feel Overwhelmed,” Figure 14). Another area of concern is abusive relationships. Some groups mentioned abuse (verbal and physical) from parents, and others mentioned abuse from significant others.



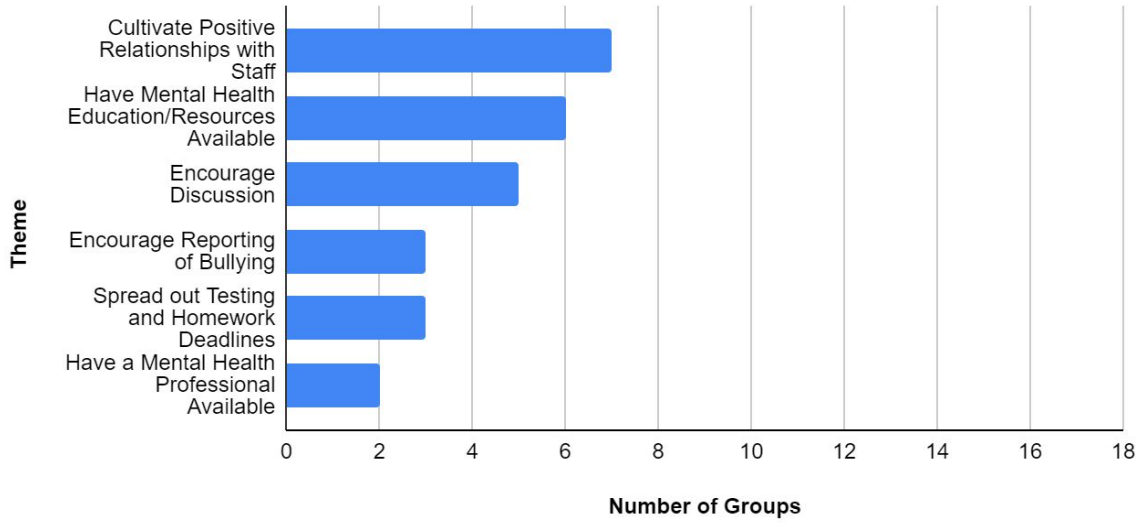
***Question: What can schools do to help with those issues?***

Students were able to identify areas the school could improve but struggle to develop solutions for schools to address these issues. The top two suggestions for schools are to encourage positive relationships with school staff and to increase mental health resources and mental health education (Table 17). Students want teachers to listen to them, ask about how they are doing, and have someone they can turn to when they are having a bad day. However, students feel that teachers do not understand them and that “our opinions don’t matter.” For some students, school is not cultivating a space where they feel respect or empathy towards the challenges they face. Students would like to see an increase in “Mental Health Education/Resources,” and recommend that schools host discussions on anxiety, depression, and suicidal ideation for students and teachers. There is a desire to learn appropriate coping mechanisms when it comes to mental health and having safe spaces at school where students can go on a “bad day.”

To address the issue of bullying, peer pressure, and stress, students feel that schools hosting discussion groups could help mitigate the negative impact. The majority of groups identify group discussions as a “support group” that students could attend at lunch or go to instead of detention.

## Ways Schools can Help to Address the Issues

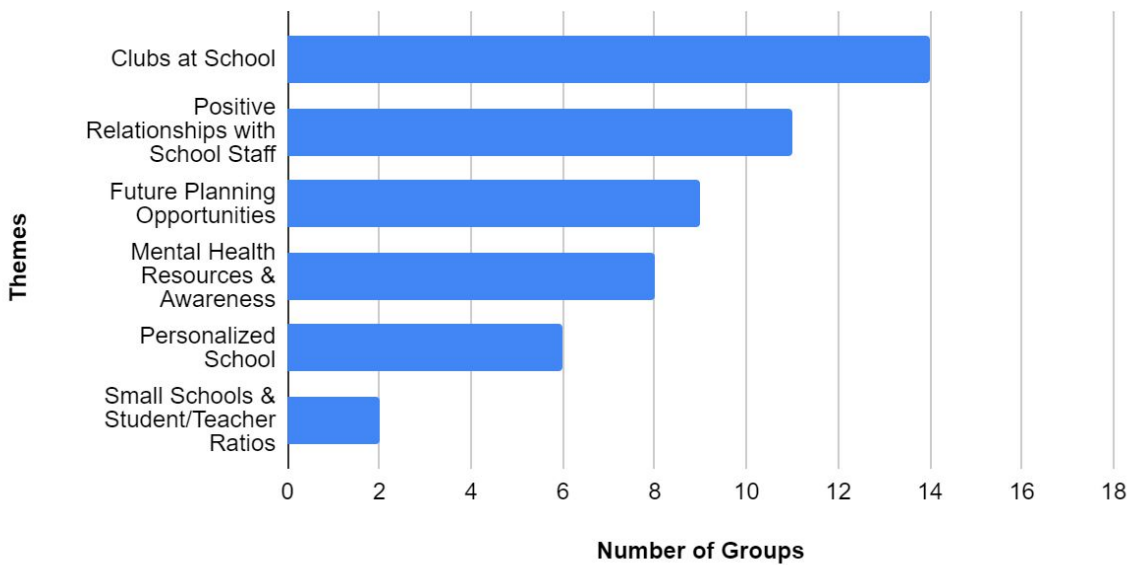
Table 17



*Question: What do you think schools are doing well to help students?*

## What are Schools Doing Well to Help Students?

Table 18



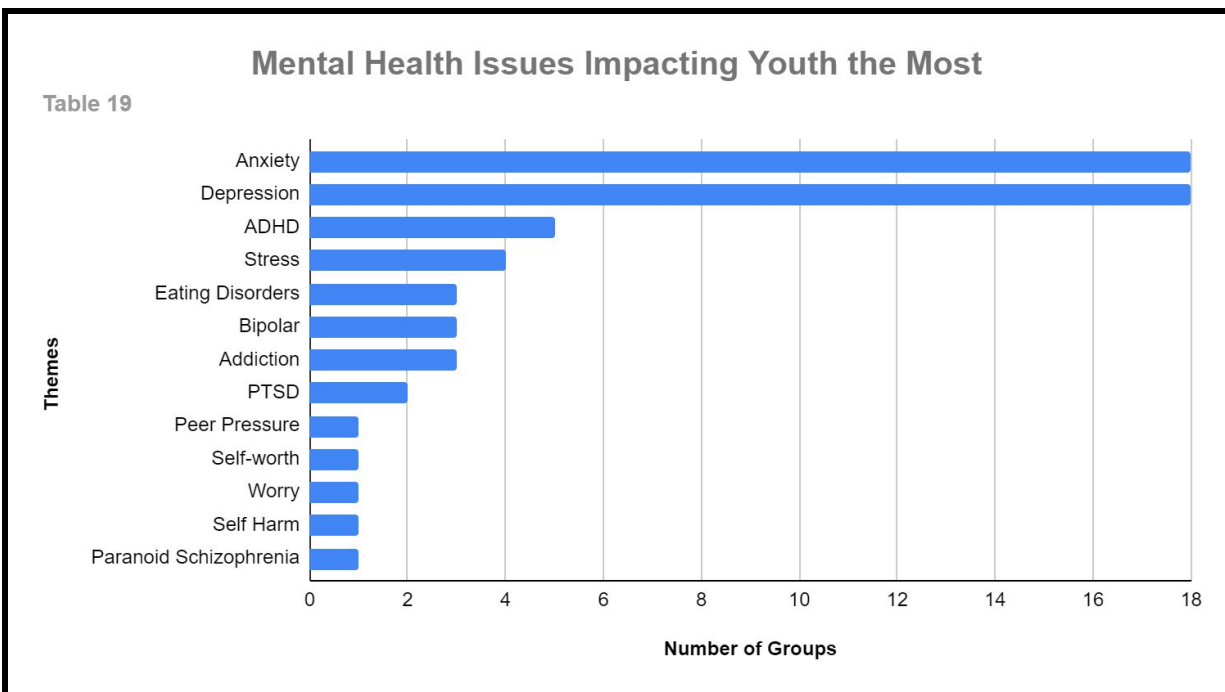
The leading way in which schools are helping youth, as identified by the 2020 Youth Summit, is the availability of clubs (Table 18). Students primarily discussed the various clubs that school offers where you can meet with like-minded peers and become involved in interesting topics.

Clubs provide students with a break from academics and the ability to hang out with friends. Three groups specifically mentioned FOR Club (Friends of Rachel Club) which addresses harassment and seeks to build a school environment of kindness and compassion.

***Question: What mental health issues impact youth the most?***

The question “What mental health issues impact youth the most?” was the only one that received a unanimous response from all 18 groups. Every group mentioned depression and anxiety as the top mental health issues they are facing (Table 19). This result shows a recurring theme from the 2019 Youth Summit data where depression and anxiety were mentioned by all nine groups making it very clear that many students feel they struggle with or know a peer who struggles with depression and/or anxiety. Facilitators were encouraged to keep the discussions moving but not to lead the conversation towards a specific response which explains why some responses, such as “Peer Pressure,” are included in Table 19. This could show a lack of understanding of what classifies something as a mental health issue.

Most groups seemed to focus on defining anxiety and depression and given the limit of 10 minutes per question, did not have time to provide definitions to other mental health issues they identified. Students at the 2020 Spring Youth Summit mention many of the identifying factors of anxiety and add that social media, the pressure at school, and stress from a variety of expectations creates or adds anxiety. A few groups mention the percent of people that have anxiety or depression; one group estimates 60%, another 75%, and the last group believes that everyone deals with depression or anxiety at some point.



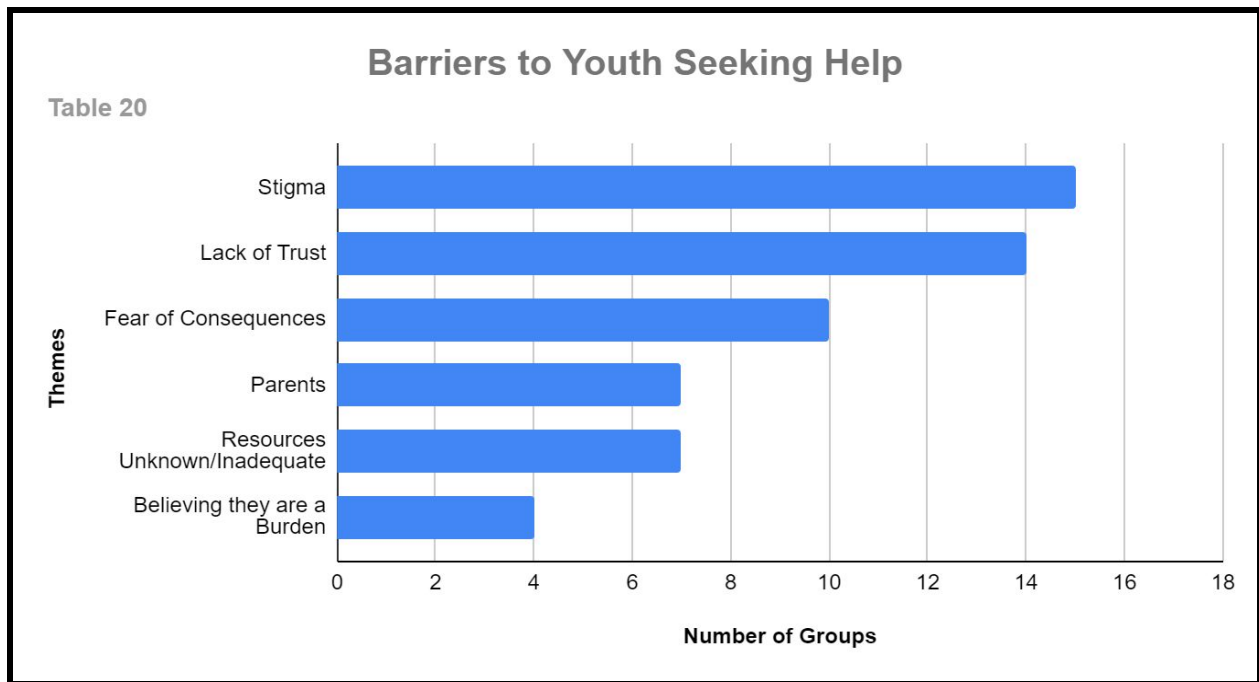


***Question: What type of barriers stop teenagers from asking for help for themselves or someone they know?***

The 2020 Youth Summit found that “Stigma” is one of the top barriers to youth asking for help (Table 20). The largest fear from students was the judgment they believe others will have and the negative impact seeking help could have on their reputation. Students expressed the fear of not being taken seriously if they sought help. Stigma is powerful, and the 2020 Youth Summit illustrates how concerning stigma is when it comes to seeking help.

Another barrier to seeking help is a lack of trust. Students expressed this in terms of the inability to trust adults because, in their opinion, adults do not listen or show respect. Others have had the experience of having once trusted friends share personal information without consent. There is also a fear of potential consequences. Students do not want to get in trouble or get their friends in trouble, and this stops them from seeking help from adults. A few groups mentioned the fear of getting in trouble for seeking help relating to substance use disorder, with one stating “I struggle with addiction, and it’s illegal, and I don’t want to get in trouble”. Even if students had trust and were not afraid of the repercussions, there are still many students who do not know where to go or believe that there are limited resources.

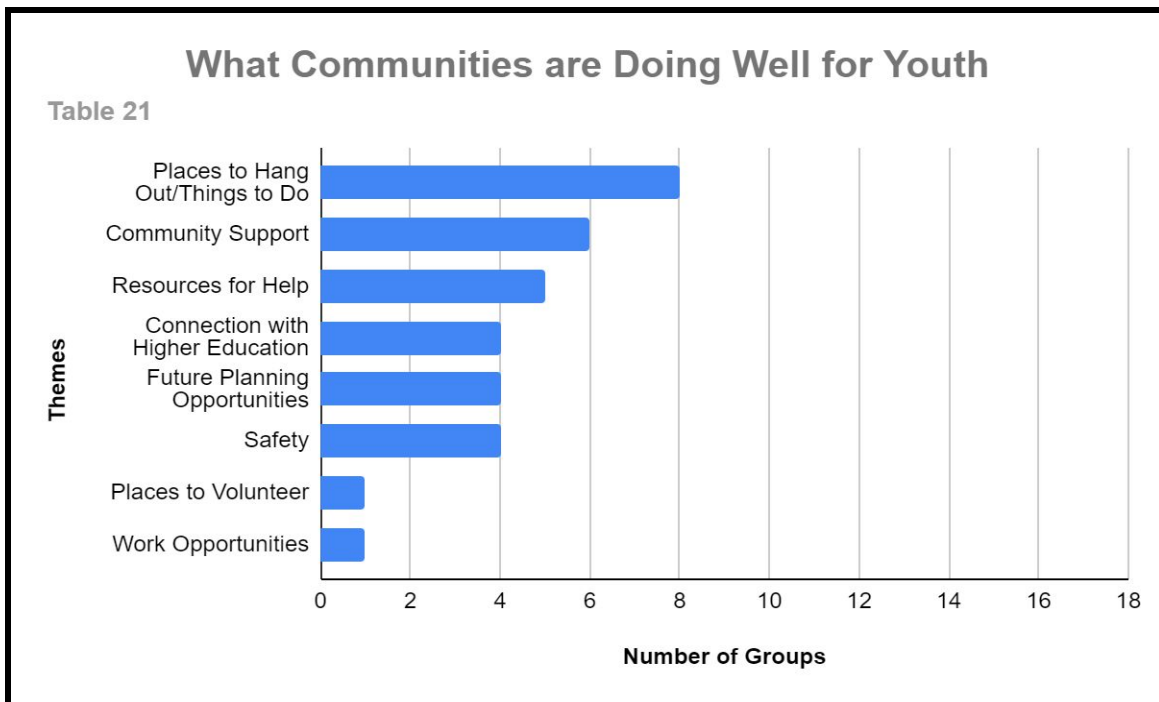
Groups discussed not wanting information to get back to their parents for fear of retaliation, or the concern that parents will not believe that they need help. Students additionally brought up the concern of being a burden to others if they were to share their problems. They talked about having friends and family who are going through so much, and they did not want to add to their struggle.



***Question: If you had the chance to sit down with the mayor or county commissioner, what would you tell him/her the community is doing well for you?***

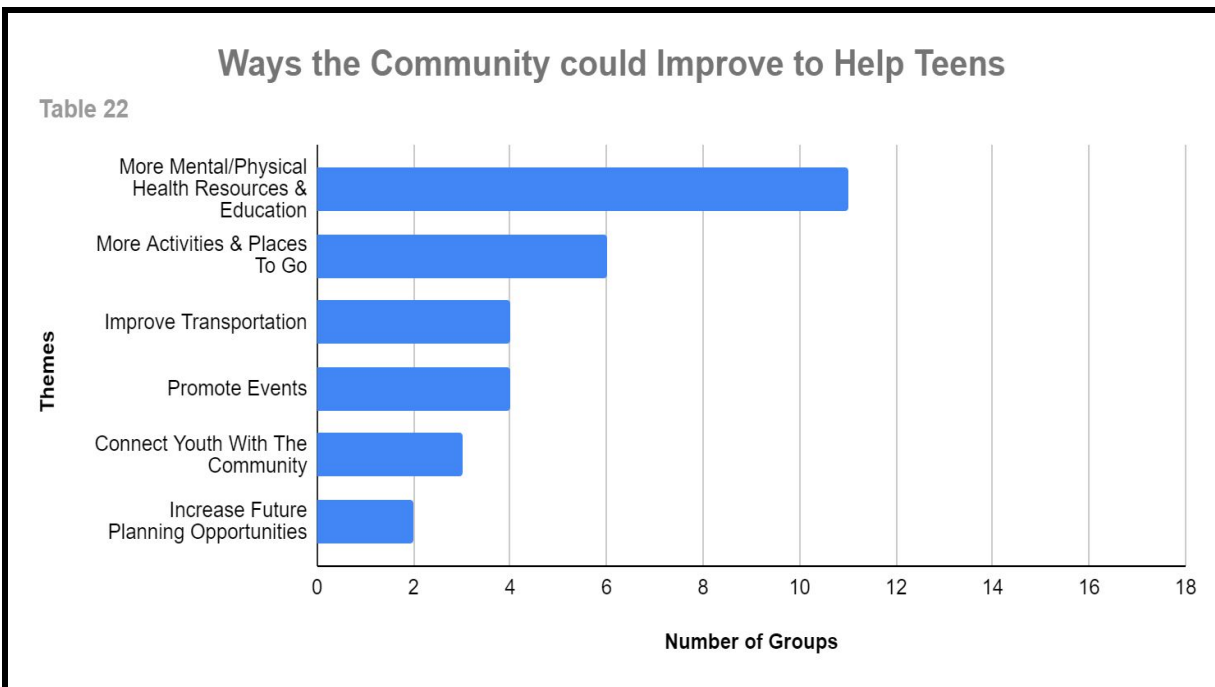
The Prevention Committee took the opportunity to learn about the impact the community is having on youth, areas of community strength, and where the community could improve to better support our youth. Some youth find that their communities have great places to hang out with friends, such as the YMCA and the Northend Community Center (Table 21). This year, students talked about the support they felt from the community in terms of providing financial support through community scholarships, support for the arts, and support for students with disabilities.

Students brought up the community resources that are available from community centers (like Bauer and the Boys & Girls Club) to food pantries and housing. A few groups recognize community support when it comes to future planning opportunities through job shadowing and access to college or career fairs. Students see the connection with higher education with Purdue University and Ivy Tech Community College as an advantage to living in the area.



***Question: If you had the chance to sit down with the mayor or county commissioner, what would you explain needs to be done more for youth outside of school?***

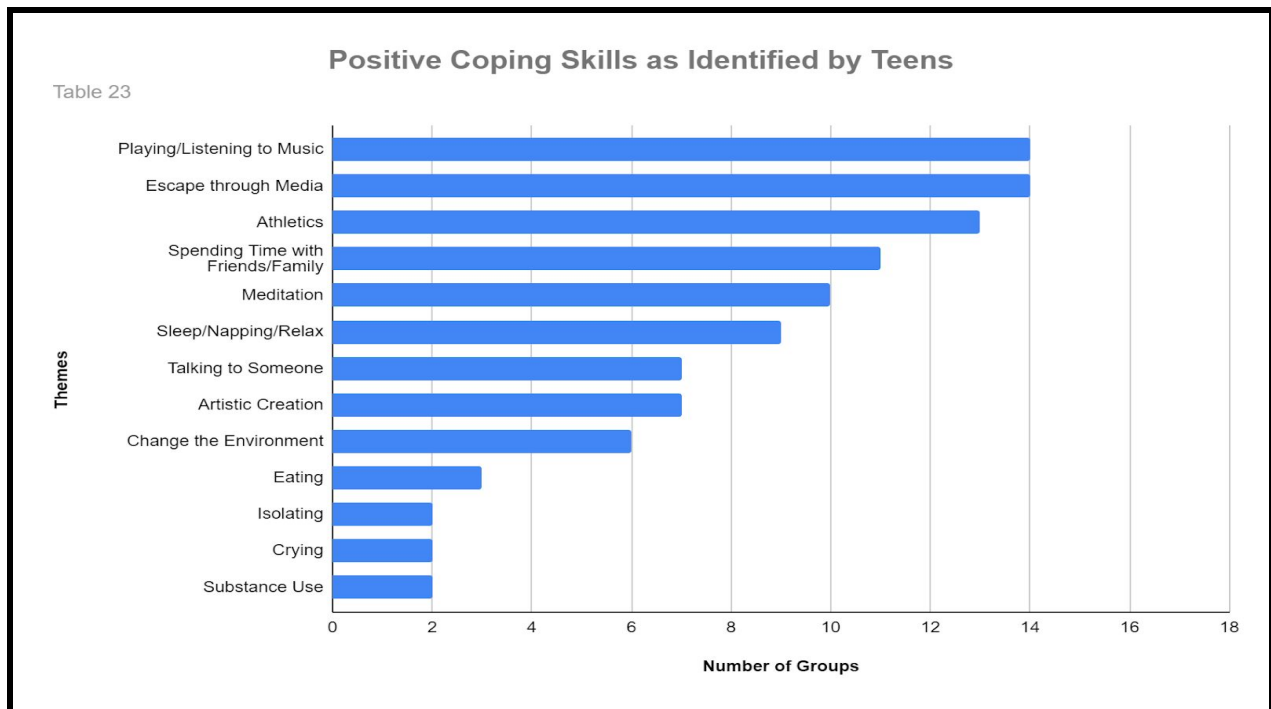
However, students continue to feel the community needs to do more for mental and physical health education and see a greater need for resources (Table 22). Students do not feel that mental health is discussed outside of school and ask for more support and help navigating health care institutions. Some groups feel that the community is boring for teens and that places to hang out are only located in Lafayette. Students felt that the Boys & Girls Club and YMCA should have an additional site in West Lafayette. A few groups acknowledged that their community has many events and activities happening, but marketing should be improved to raise awareness. Three groups shared the desire to be more connected with the community by requiring community service and having more programs that build community-like events and painting murals.



***Question: What positive ways do you see you or your peers using to cope with stress?***

Stress is one of the main mental health concerns that youth identify. This question gave students the ability to share positive coping skills they use or see peers using to deal specifically with stress. Every response on Figure 20 is a coping mechanism that students believe to be a positive way to deal with stress. Some responses from students are very encouraging like listening to music, spending time with friends and family, and meditation. A lot of the responses were new compared to the 2019 Youth Summit such as using video games, social media, and reading to escape everyday life (“Escape through Media,” Table 23). Eating was talked about as a response to stress, and one group said it was a healthy way to cope. Some groups, later in the discussion, recognized that eating might not fall into a positive coping mechanism category, but initially identified eating as positive. Two groups shared that they deal with stress by being alone and isolating. Another two groups said that crying helps them handle all the stress they are facing. Under “Substance Use,” one group described this as using nicotine and alcohol to cope with stress and that those substances are not always a negative coping

mechanism; while the other group talked about marijuana and how it is not addictive and helps them get through the day.



## Conclusion

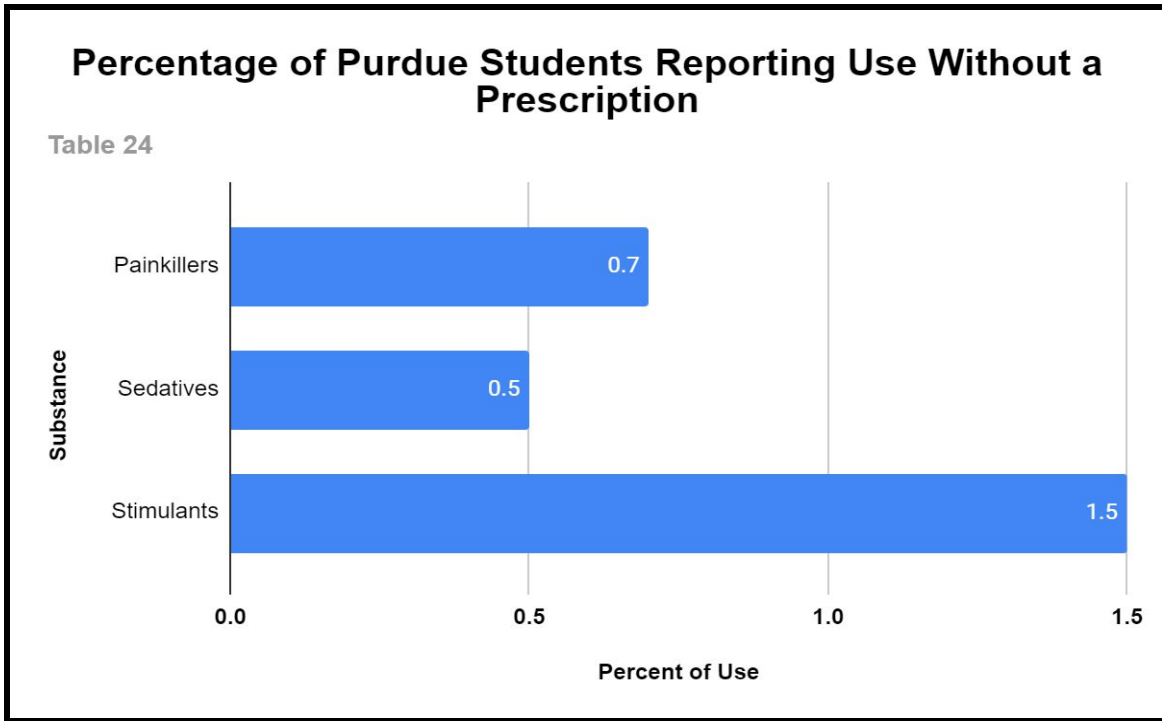
With a second successful year of orchestrating the Youth Summit in Tippecanoe County, the Prevention Committee continues to work towards building a healthy and supportive community for all. The 2020 Youth Summit took place right before a shutdown due to the COVID-19 pandemic. Students have completed coursework at home with family members who may be unemployed, working from home, or considered essential employees. Given the opportunity for a future Youth Summit, it will be interesting to see the impact of the pandemic on community youth. Thank you to all the volunteers who spent countless hours working on this event.

## College Population Substance Abuse in Tippecanoe County

Substance abuse is also prevalent among the college population. In the Spring of 2019, 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, 1,201 (12.0%) responded.

This survey revealed that 16.6% of Purdue students participating in the survey reported marijuana use in the past 30 days. In addition, 2.7% of Purdue students who responded to the survey reported prescription

medication use that was not prescribed to them. Table 24 displays the various types of prescription medications that Purdue students reported using without a prescription in the last 12 months.



### **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 25 displays results from the Indiana College Substance Use Survey administered to Purdue University students in 2018 and 2019, 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 25 Experiences while drinking	Community Wellness Survey		Indiana College Substance Use Survey	
	2016	2018	2018	2019
Seriously considered suicide	< 1%	2%	*	11.4%
Physically injured yourself	1.6%	3.5%	12.5%	9.6%
Forgotten where you were or what you did	3.4%	7.4%	29.5%	25.6%
Done something you later regretted	6.8%	12.5%	26.1%	25.7%
Driven a car while under the influence	6.1%	12.2%	6.3%	5.4%

\*Indicates data not available

Table 26 identifies the number of Substance Use Treatment Episodes in Tippecanoe County during 2019. The data source is Indiana Prevention and Resource Center (IPRC) County Epidemiological Data.

Table 26 Substance Use Treatment Episodes in Tippecanoe County in 2019	Number of Admissions
Number of admissions with alcohol use reported	134
Number of admissions with marijuana use reported	168
Number of admissions with cocaine use reported	25
Number of admissions with heroin use reported	91
Number of admissions with methamphetamine use reported	113
Number of admissions with prescription opioid use reported	52

Treatment data represents the number of admissions to treatment, not the number of individuals (who may be admitted to treatment more than once in a year). The data include only admissions to state-funded treatment (individuals who are at or below 200% of the federal poverty level).

## Legal Consequences

Table 27 includes data from Indiana Department of Child Services taken from the IPRC County Epidemiological Data showing the number and percent of children removed from home due to parent alcohol and/or drug abuse in Tippecanoe County.

<b>Table 27 Number and Percent of Children Removed from Home Due to Parent Alcohol and/or Drug Abuse in Tippecanoe County</b>	<b>Number</b>
Total Removals for the year 2019	<b>133</b>
Parent alcohol Abuse and/or parent drug abuse indicated for Removal Reason (Count)	<b>88</b>
Parent alcohol abuse and/or parent drug abuse indicated for removal reason (%)	<b>66.2%</b>

Courts and percentages may under represent removals that involve parental alcohol and/or drug abuse as they rely on parent alcohol and/or drug abuse being selected as a removal reason. There may be instances in cases where alcohol and/or drug abuse is present but not selected as a removal reason.

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

Table 28 includes numbers of all AOD-related charges in Tippecanoe County according to the Tippecanoe County Law Enforcement Records Management Systems (RMS).

<b>Table 28 AOD Related Charges</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2019</b>
Liquor Law Violations	306	257	231	260	*
Alcohol, Contributing to Delinquency of a Minor	5	5	5	3	1
Alcohol, Illegal Consumption (Consumption/Possession data together for 2019)	203	163	130	84	152
Alcohol, Illegal Possession	50	35	40	52	*
Alcohol, Visit/Maintain Common Nuisance	30	44	46	106	52
Operating While Intoxicated	762	739	897	962	989
Drunkenness/Public Intoxication	484	378	378	411	128
Conspiracy to Commit Dealing	12	1	2	0	1
Contributing to the Delinquency of a Minor	0	2	2	2	1
Dealing, Cocaine	53	49	47	39	41
Dealing, Hashish or Hash Oil	0	0	0	1	0
Dealing a Legend Drug	0	0	0	0	0
Dealing, Marijuana/Hashish/Salvia/Synthetic Cannabinoid	4	10	14	30	*
Dealing, Marijuana	27	15	40	68	65
Dealing, Narcotic, Counterfeit or Look-a-Like	8	28	26	30	1

<b>Table 28 AOD Related Charges (Continued)</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2019</b>
Dealing, Paraphernalia	0	1	1	5	1
Dealing, Salvia	9	7	12	19	*
Dealing, Schedule I Controlled Substance	20	10	10	4	*
Dealing, Schedule II Controlled Substance	2	4	4	4	*
Dealing, Schedule III Controlled Substance	2	1	1	4	*
Dealing, Schedule IV Controlled Substance	3	3	0	6	1
Dealing, Schedule V Controlled Substance	0	0	1	3	7
Methamphetamine, Dealing/Delivering/Manufacturing	39	46	43	48	85
Glue Sniffing	8	5	10	8	2
Habitual Substance Offender	0	2	0	0	0
Illegal Drug Lab	2	3	0	0	0
Illegal Sale/Purchase of Ephedrine or Pseudoephedrine	0	0	0	0	0
Maintaining a Common Nuisance	62	81	72	152	79
Manufacturing Paraphernalia	0	0	2	1	4
Possession, Chemical Reagents/Precursors	27	19	7	5	1
Possession, Cocaine	21	87	89	154	173
Possession, Controlled Substance	139	125	168	219	299
Possession, Hashish/Hash Oil	3	2	3	2	*
Possession, Marijuana	453	510	779	1013	1032
Possession, Marijuana/Hashish/Salvia/Synthetic Cannabinoid	13	44	48	123	*
Possession, Methamphetamine	50	111	157	318	415
Possession, Paraphernalia	310	501	621	1106	817
Possession, Salvia or Synthetic Cannabinoid	155	222	197	260	231
Possession, Schedule I –IV Controlled Substance	3	8	5	8	*
Possession, Synthetic, Look-a-Like or Legend Drug	35	53	28	269	*
Visiting a Common Nuisance	13	15	24	36	12
<b>Grand Total</b>	<b>3025</b>	<b>3339</b>	<b>3919</b>	<b>5570</b>	<b>4590</b>

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. The number of charges related to possession of methamphetamine have more than doubled from 157 in 2016 to 415 in 2019.

Table 29 indicates the number of arrests made in Tippecanoe County between 2013 and 2019 and the percentage of these arrests that were specifically substance (AOD)-related.



<b>Table 29</b> <b>Total number of arrests and percentage of substance-related arrests</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2019</b>
<b>Total number of arrests*</b>	10,140	9,434	10,965	8,202	7,512	11,689
<b>Number of AOD-related arrests</b>	2,650	2,239	2,382	2,375	2,342	4,590
<b>Percentage of all arrests that were AOD-related</b>	26.1%	23.7%	21.7%	29%	31%	39%

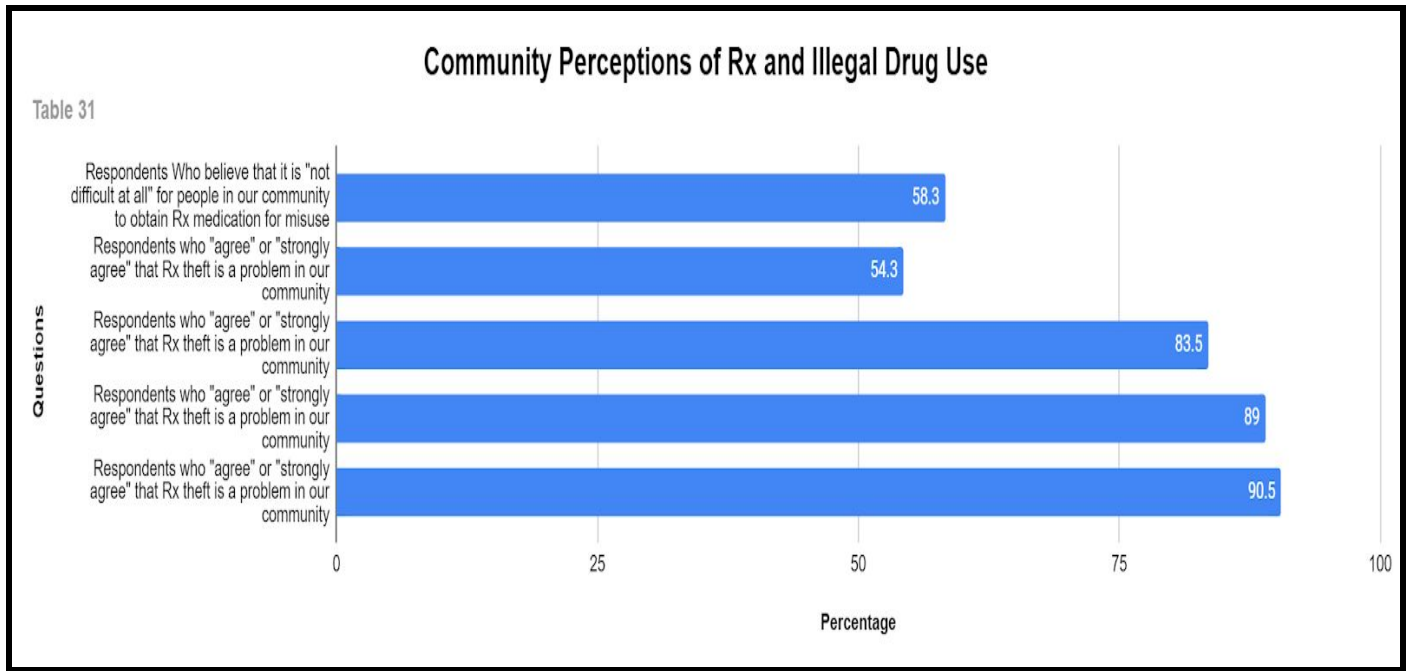
\* It should be noted that arrests of individuals may involve multiple charges. As such, these charges could be all AOD-related or just some of them; they are typically ranked based on severity of the crime. The relationships presented are based on the first charge listed in the arrest report. In addition, 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 30 charts experiences of Purdue students as indicated by the results of the Indiana College Substance Use Survey in 2018 and 2019 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.

<b>Table 30</b> <b>Experiences while drinking</b>	<b>Community Wellness Survey</b>		<b>Indiana College Substance Use Survey</b>	
	<b>2016</b>	<b>2018</b>	<b>2018</b>	<b>2019</b>
<b>Been in trouble with the police</b>	<1%	1.1%	*	2.6%
<b>Driven a car while under the influence</b>	6.1%	12.2%	6.3%	5.4%

### **Community Perceptions of Drug Use**

In the summer of 2020, 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 31 highlights findings from the prescription and illegal drug sections of this survey. Values are expressed as percentages.



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 marijuana, methamphetamine, benzodiazepines, and heroin.

**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 Indiana Traffic Safety Facts: County Profiles 2018, there were 127 alcohol-related traffic crashes and 1 alcohol-related traffic death in 2018 compared to 248 alcohol-related traffic crashes and 7 alcohol-related traffic deaths in Tippecanoe County in 2017. School surveys indicate that some students report alcohol use beginning as young as age 10. This section provides information on how alcohol is accessed and how alcohol use is perceived in Tippecanoe County.

## Alcohol Tax

Indiana’s alcohol tax last increased in 1981. Table 32 compares Indiana’s alcohol tax rates to neighboring states. All rates are current as of January 2019.

Table 32 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 <sup>th</sup> out of 50 states)	\$0.12 (ranked 43rd out of 50 states)
Illinois	\$8.55	\$1.39**	\$0.23
Kentucky	\$8.04*	\$3.26***	\$0.87****
Michigan	\$11.99	\$0.51**	\$0.20
Ohio	\$9.87	\$0.32**	\$0.18

\*Rate includes a wholesale rate of 11%

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

\*\*\*Rate includes a wholesale rate of 10.25%

\*\*\*\*Rate includes a wholesale rate of 10%

## Underage Access to Alcohol

Table 33 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%.) The survey removed some categories and added others in the 2020 survey.

Table 33 Main source of alcohol in past month	8 <sup>th</sup> grade			10 <sup>th</sup> grade			12 <sup>th</sup> grade		
	2015	2016	2020	2015	2016	2020	2015	2016	2020
Liquor stores/ convenience stores/ supermarkets	0.0	.6	*	0.0	1.3	*	3.7	2.9	*
Restaurants/ bars/ clubs	0.0	.6	*	0.6	.9	*	4.7	3.6	*
Public events	0.0	.6	*	0.6	1.3	*	1.9	4.7	*
Restaurant/store/public event	*	*	0.1	*	*	0.2	*	*	2.2
Got at a party	*	*	1.6	*	*	7.3	*	*	20.1
Had someone else buy it	0.0	1.2	0.1	3.1	7.4	1.8	13.1	28.3	7.5
Took from home or store	*	*	1.8	*	*	5.9	*	*	3.0
Received from person 21 or older	0.6	5.5		6.3	13.3		29.0	34.4	
Took it from a store	0.0	0.4	*	0.0	0.7	*	0.0	2.5	*
Parent/Guardian	3.7	6.9	4.4	8.2	9.4	5.7	15.9	16.3	12.7
Other family members	2.4	5.1	*	8.2	8.5	*	10.3	14.1	*
Other ways	1.8	5.1	2.2	11.9	8.1	3.4	22.4	10.1	3.0

\*Indicates data not available.

## 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 34. Results are from the Indiana College Substance Use Survey administered to Purdue students in 2018 and 2019 and the Drug-Free Coalition of Tippecanoe County's Community Wellness Survey administered in 2016 and 2018.

Table 34 Binge drinking: College and Community	Community Wellness Survey		Indiana College Substance Use Survey	
	2016	2018	2018	2019
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%	31.2%	29.9%

Table 35 illustrates binge drinking rates among 8<sup>th</sup> to 12<sup>th</sup> grade students in Tippecanoe County as reported in the IPRC youth survey for years 2015, 2016 and 2020.

Table 35 Binge drinking: Youth	8 <sup>th</sup> grade			10 <sup>th</sup> grade			12 <sup>th</sup> grade		
	2015	2016	2020	2015	2016	2020	2015	2016	2020
Reported binge drinking in past 2 weeks (%)	1.2	3.2	0.6	1.9	8.05	4.7	8.5	26.45	8.0

### Community Perceptions of Alcohol

In 2017 and 2020, 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 2017 survey and the alcohol sections of the 2020 survey are presented in tables 36 and 37.

Table 36 Community perceptions of alcohol (%)	Strongly agree		Agree		Disagree		Strongly disagree	
	2017	2020	2017	2020	2017	2020	2017	2020
Most adults in my community think that binge drinking by other adults is acceptable.	8.0	4.5	38.0	41.8	36.0	36.8	12.0	9.5
Most adults in my community think that binge drinking by people age 18-20 is acceptable.	4.0	3.0	21.0	28.6	45.0	47.7	25.0	15.1
Most adults in my community think that binge drinking by people under age 18 is acceptable.	1.0	0.5	4.0	6.0	36.0	33.3	55.0	55.2
Most adults in my community think that it is OK for people under age 18 to drink alcohol.	1.0	1.0	7.0	7.0	45.0	52.2	40.0	34.8
Most adults in my community think that it is OK for people age 18-20 to drink alcohol.	2.0	2.5	36.0	38.6	37.0	42.1	18.0	9.9
Most adults in my community think that it is OK to drink alcohol and drive.	2.0	0.5	15.0	15	38.0	40.5	40.0	40.5
Most adults in my community think that it is OK to drink and drive, as long as they haven't had too many drinks.	10.0	8.0	53.0	53.7	19.0	19.9	14.0	13.4

2017 n=322 ; 2019 n=202

Survey respondents were also asked, “How difficult is it to get alcohol?” from a list of sources. The rates in Table 37 indicate the percent of respondents who responded with “Not difficult at all.”

Table 37 Community perceptions of ease of access to alcohol	Access for individuals Under age 18		Access for individuals 18-20 years old	
	2017	2019	2017	2019
Older siblings	75	22.3	80	18.8
Parents	25	18.2	39	15.5
Other adult relatives	26	17.9	41	14.6
Same age friends	62	15.3	67	13.3
Adult strangers	20	7.1	24	5.1
Bars	5	2.5	10	3.6
Restaurants	5	1.3	8	1.9
Liquor stores	4	4.0	7	3.7
Grocery stores	6	4.4	9	
Convenience stores	9	7.1	9	
From home without parents’ knowledge	63.6	*	-	*

- 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 2020, we awarded \$150,000 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 composed 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](http://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.

## APPENDIX I

### Methods

**Community Perceptions of Alcohol and Other Drug Use:** In 2017 and 2020, the Drug-Free Coalition administered the 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 in 2017, and Mail Chimp 2020. A total of 202 Tippecanoe County residents completed the survey in 2020.

**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.

**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 2018 and 2019, 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 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.

## APPENDIX II

### Bibliography

2018 NYTS (National Youth Tobacco Survey) Data: A Startling Rise in Youth E-cigarette Use. U.S. Food and Drug Administration. May 4, 2020. Retrieved from [www.fda.gov/tobacco-products/youth-and-tobacco/2018-nyts-data-startling-rise-youth-e-cigarette-use](http://www.fda.gov/tobacco-products/youth-and-tobacco/2018-nyts-data-startling-rise-youth-e-cigarette-use)

2019 Meth Labs by IPS District. Retrieved from [www.meth.in.gov/statistics](http://www.meth.in.gov/statistics)

Centers for Disease Control and Prevention. Heroin Overdose Data. Retrieved from <http://www.cdc.gov/drugoverdose/data/heroin.html>

Drug-Free Coalition of Tippecanoe County. (February 2020). *Comprehensive Community Plan, Tippecanoe County*. Approved by the Governor's Commission for a Drug-Free Indiana.

Drug-Free Coalition of Tippecanoe County. (Summer 2016, 2018). *Community Wellness Survey*. Administered by Drug-Free Coalition of Tippecanoe County.

Drug-Free Coalition of Tippecanoe County. (Spring 2017, 2020). *Community Perceptions of Alcohol and Other Drug Use Survey*. Administered by Drug-Free Coalition of Tippecanoe County.

Gassman R., Jun, M., Samuel, S., Agle, J. D., Lee, J., Crane, M. K., Boyken, J., Oi, S. E., Pardue, S. E., Smith, J. N., Stigger, C. K. (2013). *Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents*. Bloomington, IN: Indiana Prevention Resource Center.

Gassman, R., Jun, M., Samuel, S., Agle, J. D., King, R., and Lee, J. (2017). *Indiana Youth Survey – 2017*. Bloomington, IN: Indiana Prevention Resource Center.

Indiana Collegiate Action Network. 2019 Indiana College Substance Use Survey. Bloomington, IN. Retrieved from <http://iprc.iu.edu/indiana-college-survey/substance-use-survey>

Indiana Prevention Resource Center. *County Epidemiological Data - IPRC; Tippecanoe County*. Retrieved from <http://iprc.iu.edu/epidemiological-data/index.php?county=79>

Indiana State Epidemiology and Outcomes Workgroup. (2019). *The Consumption and Consequences of Alcohol, Tobacco and Drugs in Indiana: A State Epidemiological Profile 2019*. Indiana State Epidemiology and Outcomes Workgroup, 2019.

*Indiana Youth Survey: Tippecanoe County Schools, 7 - 12th Grade Students*. (2020) Bloomington, IN; Institute for Research on Addictive Behavior



*Indiana Traffic Safety Facts County Profiles 2018: A publication of the Indiana University Public Policy Institute in Partnership with the Indiana Criminal Justice Institute.* Retrieved from:  
<http://trafficsafety.iupui.edu/county/2018/Tippecanoe.pdf>

Jun, M., Gassman, R., Agley, J. D., King, R., Samuel, S., & Lee, J. (2020) *Indiana Youth Survey* - Bloomington, IN: Institute for Research on Addictive Behavior

King, R.A., & Jun, M.K. (2018). *Results of the Indiana College Substance Use Survey-2018.* Bloomington, IN: Indiana Prevention Resource Center, Indiana University.

National Institute on Drug Abuse. Retrieved from <http://www.drugabuse.gov>

National Institute on Drug Abuse. *Monitoring the Future Survey.* 2019. Retrieved from  
[www.drugabuse.gov/drug-topics/trends-statistics/monitoring-future](http://www.drugabuse.gov/drug-topics/trends-statistics/monitoring-future)

*"Our Voices Matter!" Youth Summit Report Spring 2020: A collaborative project by the Tippecanoe Resilience & Recovery Network - Prevention Committee.* Prepared by Sydney Shieffer, United Way of Greater Lafayette

STATSIndiana. (June 2019). *Indiana's Public Data Utility.* Tippecanoe County, Indiana. Retrieved from  
[www.stats.indiana.edu](http://www.stats.indiana.edu)

Substance Abuse and Mental Health Services Administration. (2019). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health.* Retrieved from [www.samsha.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2029NSDUHFFR1PDFW090120.pdf](http://www.samsha.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2029NSDUHFFR1PDFW090120.pdf)

Tax Foundation. (2020). *How High are Distilled Spirits (Beer, Wine) Taxes in your State?* Retrieved from  
[www.taxfoundation.org/state-distilled-spirits-excise-tax-rates-2020/](http://www.taxfoundation.org/state-distilled-spirits-excise-tax-rates-2020/)

U.S. Census Bureau. *Quick facts. Tippecanoe County, Indiana.* Retrieved from  
[www.census.gov/quickfacts/fact/table/tippecanoecountyindiana/PST045219](http://www.census.gov/quickfacts/fact/table/tippecanoecountyindiana/PST045219)

## **APPENDIX III**

### **Glossary of Acronyms**

**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 IV

### Glossary of Substance Use Terms

**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-Methylenedioxyamfetamine):** 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 Veets.

**Vaping:** to inhale vapor through the mouth from a usually battery-operated electronic device (such as an electronic cigarette) that heats up and vaporizes a liquid or solid. The electronic cigarette contains a small reservoir of liquid nicotine solution that is vaporized to form an aerosol mist. The user "*vapes*," or puffs on the vapor, to get a hit of the addictive nicotine.