

**THE CONSUMPTION AND  
CONSEQUENCES OF ALCOHOL,  
TOBACCO, AND DRUGS  
IN PORTER COUNTY: A LOCAL  
EPIDEMIOLOGICAL PROFILE  
2009**

Developed by the Porter County Local Epidemiology and  
Outcomes Workgroup, 2009

Prepared by  
The Community Research and Service Center  
Valparaiso University

Larry Baas, Director  
James Old, Associate Director  
Paula Katsahnias, Administrative Assistant  
Chris Jackson, Research Associate  
Dan Klosowski, Research Associate  
Evan Korshavn, Research Associate  
Alan Kus, Research Associate  
Keith Liput, Research Associate

# **LOCAL EPIDEMIOLOGY AND OUTCOMES WORKGROUP**

## **EPIDEMIOLOGICAL PROFILE PORTER COUNTY**

### **Vision**

To nurture and assist all Porter County citizens to thrive

### **Mission**

To mobilize and unite the residents of Porter County to prevent and reduce the negative consequences of substance abuse

#### **The goals of the SPF-SIG for Porter County are as follows:**

- Create a centralized data center within Porter County that tracks trends and produces outcome information on our efforts.
- Bring about community-wide awareness and change.
- Prevent and reduce the negative consequences of substance abuse on both individuals and the community.
- Ongoing evaluation of prevention efforts to continue improvement

# Table of Contents

Local Epidemiology and Outcomes Workgroup Members	i
Mission and Vision	ii
Table of Contents	iii
Recognition of Community Partners	iv
Executive Summary	v
List of Tables and Figures	xxvi
Introduction	xxxviii
Chapter 1: A Demographic Profile	1
Chapter 2: Alcohol	18
Chapter 3: Tobacco	65
Chapter 4: Marijuana	90
Chapter 5: Heroin	107
Chapter 6: Cocaine	116
Chapter 7: Other Drugs: Amphetamines, Methamphetamines, Inhalants, and MDMA	129
Chapter 8: Other Drugs II: Over the Counter Drugs, Ritalin and Adderall, Sedatives, Benzoids, and other Tranquilizers	143
Chapter 9: Summary and Conclusions	157

# Thank You!

This report has been issued as a result of the hard work of many committed members of our respected community.

The individuals listed below have dedicated their time and effort in support of our cause. These individuals have served on workgroups, taskforces and councils; they have shared data with us to allow us to more accurately illustrate consumption patterns and consequences and have offered suggestions to improve our local prevention, treatment and enforcement efforts.

On behalf of all of the individuals working to prevent, treat or enforce against substance abuse in the community, we thank you for your commitment and involvement.

## Local Advisory Council (LAC)

\*\*Chair of Local Advisory Council

\*Workgroup Chair

### **Doug McMillan\*\***

*Attorney, McMillan Law Offices*

### **Michelle Andres\***

*President, Group 7even*

### **Dr. Larry Baas\***

*Professor & Chair, Department of Political Science, Valparaiso University*

### **Victoria Deppe**

*Porter County Coroner*

### **Susan Gleason**

*Executive Director, Tobacco Education and Prevention Coalition*

### **Julia Jent**

*Judge, Porter County Drug Court*

### **Sharon Kish**

*President, United Way of Porter County*

### **David Lain**

*Sheriff, Porter County Sheriff's Department*

### **Barbara Young**

*President, Porter County Community Foundation*

## Workgroup and Taskforce Members

### **Ann Baas**

*Associate Director, Family & Youth Services Bureau*

### **Mark Becker**

*Police Chief, Portage Police Department*

### **Sharon Cawood**

*Director, Porter County Substance Abuse Council*

### **Paula Dranger**

*Executive Director, Choices Counseling Services*

### **Dr. Debra Dudek**

*Coordinator of Title & Special Student Programs, Portage High School*

### **Trudi Gallagher**

*Associate Director, Mental Health America of Porter County*

### **Amber Hensell**

*Executive Director, Frontline Foundations*

### **Mary Hodson**

*Executive Director, Mental Health America of Porter County*

### **Tim Kunstek**

*Director of Student Services, Portage High School*

### **Lindsey Miller**

*Associate Director, Portage Township YMCA*

### **Dave Nondorf**

*Fire Chief, Valparaiso Fire Department*

### **Brenda Sheetz**

*Program Administrator, Porter County Community Foundation*

### **Dr. Mann Spittler III**

*President, Community Action Drug Coalition*

### **Jennifer Wright**

*Director of Resource Development, Boys & Girls Club of Porter County*

### **Amanda Roof**

*Marketing Specialist  
Porter-Starke Services, Inc.*

### **Bob Franko**

*Vice President, Marketing & Development  
Porter-Starke Services, Inc.*

### **Elliott Miller**

*Program Director  
Porter-Starke Services, Inc.*

### **Rocco Schiralli**

*President/CEO  
Porter-Starke Services, Inc.*

## Special Thanks

### **Dr. Dirk Baer**

*Superintendent, Duneland School Corporation*

### **Amy Beier**

*Chief Juvenile Probation Officer, Porter County Juvenile Probation*

### **Dr. Michael Benway**

*Superintendent, Valparaiso School Corporation*

### **Michael Berta**

*Superintendent, Portage Township School Corporation*

### **Jennifer Choate**

*Facility Liaison, Drug Abuse Warning Network*

### **Dr. Rod Gardin**

*Superintendent, East Porter County School Corporation*

### **Susan Glick**

*Director of Health Information Management, Porter-Starke Services*

### **Laurie Franke-Polz**

*Community Liaison, Pathway Family Center*

### **Neil Hannon**

*Chief Adult Probation Officer, Porter County Adult Probation*

### **Rich Howard**

*Sergeant, Porter County Sheriff's Department*

### **Jonathan Nalli**

*Chief Executive Officer, Porter Health Systems*

### **Dr. Robert Rarick**

*Assistant Superintendent, Valparaiso School Corporation*

### **Doris Amling**

*Administrative Assistant, Porter County Coroner's Office*

### **Laurie Wehner-Evans**

*Director of Emergency Department, Porter Health Systems—Valparaiso Hospital Campus*

### **Troy Williams**

*School Resource Officer, Portage High School*

# Executive Summary

## Introduction

A unified coalition of Porter County citizens recognized that to acquire the needed state and federal government assistance, a data driven assessment of behavioral health needs was necessary to support the community requests. Porter County received a grant entitled the Indiana Strategic Prevention Framework State Incentive Grant (SPF SIG) in 2006 to prevent the negative effects of substance abuse in the community. This is the second Porter County Report from this grant. It begins with a presentation of information about the community and then turns to the consumption and consequences of various substances including: tobacco, marijuana, heroin, cocaine, amphetamines, methamphetamines, inhalants, MDMA (ecstasy), over the counter drugs, Ritalin and Adderall, sedatives/benzoids, and tranquilizers.

On each substance as much information as was currently available was gathered to depict patterns of consumption and their consequences. The major sources of data include the 2008 Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents (ATOD) Survey, Hospital Discharge Data, the Treatment Episode Data Set (TEDS), Porter-Starke Services Treatment Data, Drug Abuse Warning Network (DAWN) data, Porter County Adult and Juvenile Probation data, the IPRC Porter County Survey, the College Age Survey, Porter County Coroner's Reports, and *the State Epidemiological Report, 2008*.

## A Demographic Profile

**Population Characteristics.** The population of Porter County is 158,169. The median age is 37.2 years, 76.1% are over 18 and 11.4% are over 65. Most (93.0%) label themselves white, 6.2% "Hispanic or Latino," and 2.4% consider themselves "Black or African American." Porter County is substantially less diverse than the nation as a whole.

**Education Characteristics.** Porter County residents are well educated. Of residents over 25, 91.1% have at least a high school degree, 21.6% have some college but without a degree, 15.7% have a bachelor's degree, 24.7% have a bachelor's degree or higher, and only 8.9% have not attained at least a high school degree.

**Mobility.** The population is relatively stable with 86% of the residents living in the same house as they did a year ago.

**Employment Status.** Unemployment is on the rise. Prior to the recent economic downturn, roughly two-thirds (66.9%) of the population over 16 years old were in the labor force and only 4.3% of this population was considered officially unemployed. Current estimates put unemployment at 10% in most areas of the County.

**Occupation.** Nearly one-third (31.5%) of all employed persons work in management, professional and other related occupations, 24.6% of employed persons work in sales and office occupations, 16% in service occupations, 15.5% are employed in production, transportation, and

material moving occupations, and 12.3% in construction, extraction, maintenance and repair occupations.

**Household Income and Benefits.** The County is wealthier than most other counties in the state, but wide disparities in wealth exist. The median household income in Porter County is \$59,245, which compared to the same figure at the state level of \$47,034 makes Porter County one of the wealthier counties in the state. There is a disparity in the distribution of household income: 22.1% of households earn \$50,000 to \$74,999, 10.2% (6,124) households earn less than \$14,999. Another 9.4% (5,751) households earn between \$15,000 and \$24,999

**Family Income and Benefits.** The median family income in Porter County is \$70,038 and for the state it is \$57,602. A quarter of the families in the County earn between \$50,000 and \$74,999, and 18.5%, or 7,879 families, earn between \$75,000 and \$99,999, 16.9% earn between \$100,000 and \$149,000, 11.7% of families, or more specifically, 4,990 families, earn less than \$24,999, and 5.7% (2,427 families) earn less than \$15,000.

**Poverty.** Poverty levels are generally low, but much higher among youth. Of all families in Porter County, 6.7% live under the poverty threshold and 9.7% of the individuals live in poverty. Poverty figures vary, however, by age and types of living arrangements. Of families with female head of household and no husband present, 26.5% live below the poverty line. This percentage increases to 33.8% for such families with children younger than 5 and 37.7% for those families with children under 18 years old. The rate of poverty for those younger than 18 is 14.9%. For those individuals age 18 to 64, the poverty rate is 8.6%. This decreases to 5.4% of those 65 or older.

**Selected Monthly Home Owner Costs as a Percentage of Household Income.** Affordable housing is a problem for many renters. Affordable housing is defined as paying less than 30% of your income for housing. Almost one-third (32.2%) of owner occupied households with a mortgage in Porter County pay less than 20% of their income for housing, 12.5% of households have housing costs between 20 and 24.9%, 5.8% of households face housing costs greater than 30.0% and less than 35.0% of their monthly income, and 13% of the households in this category pay more than 35% of household income for housing.

**Gross Rent as a Percentage of Household Income.** Of renting households, 39.6% spend more than 35.0% of their monthly income for housing, 6.7% have housing costs below 35% but still over 30%, 12.1% have costs between 25 and 30%, 11.4% have costs between 20 and 24.9%, 12.9% have costs between 15 and 19.9%, and 13% have costs under 15%.

**Porter County Strengths.** The top strength of the community in the eyes of the public is the schools; this is followed by reference to the people and families, and the sense of community and neighborhoods. Location, beaches, shopping, employment, being rural yet close to Chicago, being clean, and a good place to raise a family also received high marks.

**Porter County Strengths by Sex.** Overall the rankings are quite similar. There is a tendency for males to view employment and the police as greater strengths than females. At the same time females are more likely to see shopping and the cleanliness of the community as more important.

**Porter County Strengths by Income.** Overall the view of the strengths of the community are quite similar. Differences do occur over location with those persons in the middle range of income ranking it lower than the other groups. Persons in lower income categories are more likely to rank “familiarity” and the environment as strengths more so than persons in higher income categories. On the other hand, persons in the highest income categories are more likely to say that Porter County is a good place to raise children. Also, a greater percentage (20 percentage points difference) of those that make \$75,000 + per year rank schools as a strengths when compared to those that earn less than \$34,000.

**Issues in Porter County.** Far and above the most important issue is employment, followed by issues related to substance abuse, health care, crime, schools, housing and transportations. Important for the concern of this report is that citizens have listed substance abuse as the second most pressing issue in the County.

**Issues in Porter County by Sex.** Overall the rankings are quite similar except for a few issues. Women are more likely to see the schools, teen pregnancy and child care as more important issues than do males. Males are more likely to see issues like housing and mental health to be more important than do females. Substance abuse remains the number 2 issue for both males and females.

**Issues in Porter County by Income.** Employment is still the number 1 issues for all three groups, 20.4% of persons making under \$34,000 rank it as number 1, 10% of those making between 34,000 and \$75,000 rank it 1, and 12.4% of those making more than \$75,000 rank it 1. Obviously persons in the lower income bracket are much more concerned about this issue. Substance abuse drops down to number 3 for the two lower income brackets and it is replaced by health care. Health care is number 5 for the highest income bracket, and substance abuse remains number 2. Schools are the third most important issue for the \$75,000+ group, but drops to 6<sup>th</sup> and 4<sup>th</sup> respectively for the next two lower income brackets.

**Perceptions of the Quality of Life in Porter County.** Most persons (41.6%) rate the community good, 26.0% say very good, and 14.1% rate the community as excellent. A total of 14.4% of the community rank it is fair and 2.3% say the quality of life is poor.

**Perceptions of the Quality of Life in Porter County by Sex.** Males tend to outnumber females in their evaluation of the community as good, fair, and poor, while females evaluate the community in considerably more favorable terms.

**Perceptions of the Quality of Life in Porter County by Income.** Of persons making more than \$75,000, 21.6% evaluate the quality of life as excellent compared to 12.5% of those in the \$35-74,000 bracket and 10.9% in the under \$35,000 category. Similarly, 37.3% of persons in the highest income bracket evaluate the quality of life as very good, while 28.3% and 16.5% evaluate it very good in the next two lower income brackets. Conversely, 19.4% of those in the lowest income category only evaluate the quality of life as fair, compared to 11.8% and 8.1% of the next two highest income categories respectively. Despite the variability by income, most

persons evaluate the community to be at least good, but we can't ignore the discrepancies generated by the differences in wealth.

## **Alcohol Consumption and Consequences**

### **Consumption of Alcohol: The ATOD Study 6 - 12<sup>th</sup> Grade Porter County Students**

**Daily Use of Alcohol.** Very few students in 6<sup>th</sup> through 8<sup>th</sup> grade report the daily use of alcohol. In the 9<sup>th</sup> grade, 2.9% say they drink daily and that figure gradually increases to 5.2% of 12<sup>th</sup> graders who report daily drinking.

**Monthly Use of Alcohol.** Of 6<sup>th</sup> graders, 91.8% report not consuming alcohol in the past month and 49.9% of 12<sup>th</sup> graders report not consuming alcohol during the same span of time.

**Annual Consumption of Alcohol.** Most 6<sup>th</sup> graders (83.1%) report never using alcohol in the past year, but that figure declines to only 30.5% of 12<sup>th</sup> graders. Under 1.0% of 6<sup>th</sup> graders and 24% of 12<sup>th</sup> graders consuming alcohol 20 or more times in the past 12 months.

**Binge Drinking.** Almost one-third (31.5%) of 12<sup>th</sup> graders report binge drinking in the past two weeks. The percentage of 12<sup>th</sup> graders who reported binge drinking 3-5 times in the previous two weeks is 8.6%.

### **State and Porter County Comparisons ATOD**

**Monthly Drinking.** There are no differences at the 6<sup>th</sup> and 7<sup>th</sup> grade level, but when you hit the 8<sup>th</sup> and 9<sup>th</sup> grade, Porter County students report a 3.6 and 4.0 percentage point greater consumption level than the rest of 8<sup>th</sup> and 9<sup>th</sup> graders across the state. In the 10<sup>th</sup> grade, the figure drops a bit to 3.3 points, but then rises to 6.4 points in the 11<sup>th</sup> grade and 6.9 points in the 12<sup>th</sup> grade.

**Annual Drinking.** There are no differences in the 6<sup>th</sup> and 7<sup>th</sup> grades, but once you hit the 8<sup>th</sup> and 9<sup>th</sup> grade, Porter County students exceed the state level by 5.1 percentage points. The percentage drops to 4.9 points in the 10<sup>th</sup> grade, but then rises again to a 6.8 point difference in the 11<sup>th</sup> grade and a 5.5 points difference in the 12<sup>th</sup> grade.

**Lifetime Drinking.** There are no differences in the 6<sup>th</sup> and 7<sup>th</sup> grade, but when Porter County students get to the 8<sup>th</sup> and 9<sup>th</sup> grade, they report a 4.9 point difference. This figure drops to 4.6 points in the 10<sup>th</sup> grade and then rises to 5.9 points in the 11<sup>th</sup> grade and 5.5 points in the 12<sup>th</sup> grade.

**Binge Drinking.** There are no differences at the 6<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> grade levels. There are differences of 1.9 points and 2.4 points at the 8<sup>th</sup> and 9<sup>th</sup> grades respectively, and 3.5 points and 4.6 points differences at the 11<sup>th</sup> and 12<sup>th</sup> grade levels.

## **Consumption Patterns: Porter County Survey Data**

A total of 20.3% of all persons in Porter County see it as very acceptable to use alcohol, and 60.3% think it acceptable. Of 18-24 year olds, 23.6% find it very acceptable, 18.3% find it somewhat acceptable, 14.4% are unsure, another 14.4% find it somewhat unacceptable, and a full 27.5% find it very unacceptable.

Most Porter County residents, including those between 18 and 25 have not driven recently under the influence of alcohol. When asked if they consider themselves “normal drinkers,” 57.5% of all Porter County residents say yes and 62.5% of 18-24 year olds say yes.

## **College Age Student Survey**

**Patterns of Consumption.** A total of 75.9% of these persons consumed alcohol in the past year, 61.9% consumed alcohol in the past 30 days, 43.6% consumed alcohol illegally in the past month, and 39.3% of these persons engaged in binge drinking in the past two weeks.

**Why Drink and the Effects of Drinking.** Over 2/3 say it “helps break the ice” (67.9%), others say it “enhances social activity” (65.7%) and gives them something to do (66.4%). Around 50% say it “facilitates male bonding” (54.0%), others say it allows for more fun (52.2%) and “facilitates peer connections” (55.6%).

## **Sex Differences in Alcohol Consumption**

Generally females delay initial consumption of alcohol until later grades, but when they begin their patterns are quite similar to males, but at the higher consumption levels males will often consume a good deal more.

## **Risk Factors: ATOD Survey**

**Why Do they Drink.** The number one reason is “to have a good time with friends” (24.9%), followed by it tastes good (16.4%), and boredom (7.8%).

**Sources of Alcohol.** Having someone else buy it (11.8%) and getting it from a person over 21 (11.6%) are top reasons. The percentage of students that receive alcohol from family members varies over time from a high of 6.8% in 8<sup>th</sup> grade to 4.4% in the 12<sup>th</sup> grade.

**Perceived Risk of Occasional and Binge Drinking.** When looking first at occasional drinking, there is a clear pattern where the perception of the risk involved goes down as one gets older. By the time students reach the 12<sup>th</sup> grade, 78.8% perceive either no or only a slight risk in occasionally having 1-2 drinks. The patterns are similar for binge drinking, but there is some greater perception of risk.

**Peer Approval of Occasional Drinking.** The percentage of students who perceive their peers strongly approving of occasional drinking remains quite low reaching only 3.5% by the time they reach 12<sup>th</sup> grade. At the same time, the number who perceive their peers as approving runs from 5.4% in the 6<sup>th</sup> grade to 41.1% in the 12<sup>th</sup> grade. Also, the perception of the number of their peers who strongly disapprove drops from 54.6% in the 6<sup>th</sup> grade to 14.7% in the 12<sup>th</sup> grade.

**Peer Approval of Binge Drinking.** The percentage of students who perceive that their peers strongly approve of binge drinking rises from 2.3% in 6<sup>th</sup> grade to 8.6% in the 12<sup>th</sup> grade. The perception of the number of their peers who approve of binge drinking runs from 1.8% in the 6<sup>th</sup> grade to 23.2% in the 12<sup>th</sup> grade. The perception of strongly disapprovers among their peers declines from 69.4% in the 6<sup>th</sup> grade to 29.0% in the 12<sup>th</sup> grade.

**Parental Approval of Drinking.** Students do not see their parents as strongly approving of occasional drinking, but the perception that parents approve to some degree rises as they get older. The percentage seeing their parents as strongly disapproving drops from 75.2% in the 6<sup>th</sup> grade to 49.0% in the 12<sup>th</sup> grade. Interestingly, by the 12<sup>th</sup> grade almost 10% of the students do not know if their parents approve or disapprove of their binge drinking.

**College Age Survey Data: Perceived Peer Approval.** They believe that two thirds of their peers would disapprove of taking 1 or 2 drinks daily, would disapprove (94.2%) of drinking 4 or 5 drinks a day, and 58.7% of their friends would disapprove of having 5 or more drinks at one sitting.

### **Consequences of Alcohol Consumption: ATOD Study Data**

- Over half (53.8%) of 12<sup>th</sup> graders report never having experienced nausea and over a quarter of them report having had nausea multiple times.
- Most (91.5%) of 6<sup>th</sup> graders report never having a memory loss and that figure drops to 68.9% when they reach the 12<sup>th</sup> grade.
- Approximately 12% of the 12<sup>th</sup> graders report having done poorly on a test or missing school,
- Almost 10% report having damaged property as a result of ATOD consumption.
- Over 20% of 12<sup>th</sup> graders report having gotten into a fight because of ATOD consumption and over 10% indicate fighting on multiple occasions.
- Most (80.4%) 6<sup>th</sup> graders report never drinking, but by the time they have reached the 12<sup>th</sup> grade, that figure drops to 49.1%.
- From the 6<sup>th</sup> to 12<sup>th</sup> grade the use of alcohol and drugs to fit in increases from 3% to 27%, using drugs and alcohol alone increases from 3.3% to 24%, forgetting things when high increases from 2.1% to 27.1%, and getting into trouble increases from 2.4% to 14.3%.

**Consequences: School Suspensions and Expulsions.** There appears to be a small, but relatively steady increase from a low of 128 in 2000 to a high of 240 in 2006. Over the past three years the number has remained steady at this higher level.

**Consequences: Porter County Residents Admitted to Porter-Starke Services for Alcohol Abuse.** There has been a steady increase in the total number of clients treated from a low of 392 clients in 2005 to 619 in 2008, which represents an increase of 58%. While there are far fewer females in the entire group, over the same time period, their numbers have increased by 82%. The largest increases for all categories occurred in the past year. Most age groups have remained steady over time except for the increases among persons between 25 and 44 and those over 55. The 18-25 year old group has remained steady throughout the period generally running between 70 or 80 per year and even has decreased in the past year.

**Emergency Room Treatments: Alcohol and Drug Related.** In 2008 there were 635 treatments, 441 at the Valparaiso Campus and 194 at the Portage Campus. A total of 111 of these were labeled suicide attempts and 144 of them labeled as persons seeking detoxification. A total of 354 (55.7%) were male and 281 (44.3%) were female. There were 101 persons under 17 years of age, 168 in the 18-24 age group, 182 in the 25-34 age group, 103 in the 45-54 age group, and 23 in the 55 and over group.

**Emergency Room Treatments for Alcohol.** There were a total of 231 treatments, 166 at the Valparaiso Campus and 65 at the Portage Campus. Of these 41 were considered suicide attempts and another 38 were classified as persons seeking detoxification. A total of 140 (60.6%) of these were male and 91 (39.4%) female. There were 47 persons 17 and under, 63 between 18-24, 43 between 25-34, 44 between 35-44, 29 between 45-55, and 5 over 55. So when it comes to purely alcohol related treatments at the hospital emergency room, the 18-24 year age group has the most treatments. The second most frequent age group includes those 17 years of age and under.

**Consequences: Hospital Costs Related to Alcohol.** The number of patients over the time period has gone down gradually from a high of 295 patients in 2005 to 220 in 2006. Similarly, the total number of days spent in the hospital for alcohol related illnesses has gone down from a high of 867 in 2004 to 675 days in 2006. At the same time, the average number of days has gone up very slightly from 2.9 to 3.1. However, despite the lower number of persons and number of days the total cost of alcohol related illnesses has gone up from \$1,568,099 in 2003 to \$1,834,825 in 2006, a 14.5% increase despite an almost 20% decrease in the number of patients treated. During the entire period alcohol related illnesses cost a total of \$6,793,299.

**Consequences: Alcohol Related Collisions and Death.** In 2007 in Porter County there were 5,085 reported collisions with 264 of them being alcohol related. There were 23 fatal collisions with 4 of them being alcohol related. The rate of alcohol related crashes per 1000 population is 1.64 which is higher than the state rate of 1.57 and ranks Porter County 8<sup>th</sup> of the 16 most populous counties in the state.

**Consequences: Alcohol Related Arrests in Porter County.** Porter County ranks 9<sup>th</sup> of the 16 counties with populations over 100,000 in their DUI arrest rate with a rate of 5.44 arrests per 1,000 people. This is a lower rate than the state's total figure of 6 per 1,000. Porter County's

arrest rate for public intoxication is 2.56 per 1000 persons which also places it 10<sup>th</sup> among the counties listed and less than the state average of 3.48. As to arrests for liquor law violations, Porter County has a rate of 4.42 per 1,000, which ranks 4<sup>th</sup> highest among the listed counties and substantially higher than the state average of 2.64.

**Porter County Jurisdictions.** The patterns in many communities such as Hebron, Portage, Porter, Beverly Shores, and Valparaiso are relatively inconsistent with shifts from year to year. Other places have had gradual increases like Burns Harbor, while Kouts was rather constant over the years. The only place with a dramatic increase in alcohol related arrests was Chesterton, which has experienced a steady increase over the years and then a dramatic increase between 2007 and 2008.

**Consequences: Alcohol Related Referrals to Adult Probation.** The number of total referrals is relatively constant, but has seen a slight increase over time. On average there are 3243 referrals per year with the average year having 1,430 referrals for alcohol related offenses and 423 drug related offenses. In the average year, 14% of the referrals are for drug related issues and 50% of the referrals are for alcohol related cases. In the average year, almost 2/3 of the referrals are for drug and alcohol related issues. The number of alcohol referrals has increased slightly over the years. There are not a lot of persons who test positive for alcohol and the number is declining.

**Consequences: Alcohol Related Referrals to Juvenile Probation.** There were 272 in 2005, 378 in 2006, 329 in 2007, and 330 in 2008.

**Consequences: Alcohol Related Deaths in Porter County.** There were 25 alcohol related deaths reported by the Coroner's office in 2008. Four of these related to alcohol toxicity. Of the motor vehicle accidents that resulted in deaths, 10 had alcohol "involved."

## **Tobacco Consumption**

### **Cigarettes**

**The Daily Use of Cigarettes.** There is a steady increase across grade levels in the number of students who smoke cigarettes daily. Only .8% of 6<sup>th</sup> graders report the daily use of cigarettes, while 2.1% of the 7<sup>th</sup> graders, 5.0% of the 8<sup>th</sup> graders, 8.2% of the 9<sup>th</sup> graders, 12.3% of the 10<sup>th</sup> graders, 15.8% of 11<sup>th</sup> graders, and 17.2% of 12<sup>th</sup> graders report using cigarettes on a daily basis.

**Monthly Use of Cigarettes.** Cigarette use increases with age. The percentage of students who never used cigarettes in the past month in the 6<sup>th</sup> grade is 97%, and that number drops to 72.6% by the time they reach the 12<sup>th</sup> grade.

**The Annual Use of Cigarettes.** The percentage of persons not smoking in the past year drops from 94.4% in the 6<sup>th</sup> grade to 59.0% in the 12<sup>th</sup> grade. Those who smoked a few times increases from 3.1% in the 6<sup>th</sup> grade to 20.4% in the 12<sup>th</sup> grade.

**Lifetime Use of Cigarettes.** Of 6<sup>th</sup> graders, 90.7% have never smoked cigarettes in their lifetimes and that figure drops to 48.1% of students in the 12<sup>th</sup> grade. As many as 10.2% of 10<sup>th</sup>

graders, 13.5% of 11<sup>th</sup> graders, and 14.3% of 12<sup>th</sup> graders consider themselves regular users of cigarettes.

**State and Porter County Comparisons.** In one incidence, lifetime use by 7<sup>th</sup> graders, Porter County students are significantly below state averages. At the same time, Porter County students exceed state averages in lifetime use at the 8<sup>th</sup> and 12<sup>th</sup> grades. Other areas where Porter County students exceed state averages include annual usage by 8<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12 graders, monthly use by 11<sup>th</sup> graders, and daily use by 11<sup>th</sup> graders.

**Sex Differences in Cigarette Smoking.** The one relatively consistent pattern is that males tend to smoke more in all categories and the gaps, while not often large between males and females, tend to increase the higher the grade level and the larger quantities of use.

### **Risk Factors: ATOD Study**

**Perceived Risk of Smoking.** Overall there is a declining sense of a perceived risk in smoking cigarettes as grade levels increase.

**Perceived Peer Approval of Cigarette Smoking.** The perception of their peers as strongly approving remains relatively low and constant, but the percentage who see their peers approving increases from 1.1% in the 6<sup>th</sup> grade to 9.5% in the 12<sup>th</sup> grade. Those who see their peers as strongly disapproving declines from 66.1% in the 6<sup>th</sup> grade to 46.5% in the 12<sup>th</sup> grade.

**Perceived Parental Approval of Smoking.** Most students do not see their parents as approving of them smoking more than one pack of cigarettes per day. By the time they reach the 12<sup>th</sup> grade, only 3.7% of students see their parents as approving and 1.2% see their parents as strongly approving.

### **Perceived Risk: Porter County Survey Data**

Most Porter County residents (71.4%) perceive a great risk in smoking one or two packs of cigarettes a day and another 23.2% see at least a moderate risk. While a majority of persons (58.1%) in the 18-24 year old age group agree that this constitutes a great risk, this is a substantially smaller number than the rest of County residents. Most of this younger group sees smoking 1 or 2 packs of cigarettes a day as a moderate or slight risk rather than a great risk.

### **Cigars**

**Daily Use of Cigars.** There is not a lot of daily use of cigars by students in Porter County. Only .2% of 6<sup>th</sup> grade students report daily use of cigars and that number slowly increases to 4.0% in both the 11<sup>th</sup> and 12<sup>th</sup> grade.

**The Monthly Use of Cigars.** Overall there is not a lot of regular use of cigars. A total of 96.7% of 6<sup>th</sup> graders report not using cigars in the past month and that figure drops to 73.2% for 12<sup>th</sup> graders.

**The Annual Use of Cigars.** When asked about use of cigars in the past year, most Porter County Students report they have not used cigars during that time period. For 6<sup>th</sup> graders the number who have never used cigars is 95.5% and for 12<sup>th</sup> graders it is 59.1%.

**Lifetime Use of Cigars.** Overall use of cigars increases with grade level. Most (95.7%) of 6<sup>th</sup> graders report never using cigars and that figure drops to 54.3% when you look at 12<sup>th</sup> grade students.

**State and Porter County Comparisons.** There are no differences for daily use; 8<sup>th</sup> graders and 10<sup>th</sup> through 12<sup>th</sup> graders exceed the state averages for monthly use of cigars and in 12<sup>th</sup> grade they exceed the state average by 4.5 percentage points. For annual use of cigars, 7<sup>th</sup> graders are under the state average, but 10<sup>th</sup> through 12<sup>th</sup> graders exceed the average, and in the case of 11<sup>th</sup> and 12<sup>th</sup> graders they exceed it by 6.0 and 6.1 points respectively. As to life time use, 7<sup>th</sup> graders fall below the average and 9<sup>th</sup> graders are above the average by 2.2%.

**Sex Differences in the Use of Cigars.** For monthly, annual, and lifetime use of cigars, the difference between males and females grows larger as the respondents get older

### **Pipes: Tobacco, Hookah, Water-pipes**

**The Monthly Use of Pipes.** Overall there is not a lot of heavy use of pipes among students. For example, 97.0% of 6<sup>th</sup> graders report never using a pipe and while that number drops across grades, still 78.8% of 12<sup>th</sup> graders did not use a pipe in the past month.

**Annual Use of a Pipe.** Most (97.1%) 6<sup>th</sup> graders have not used a pipe in the past year and that number drops by a third to 66.0% of 12<sup>th</sup> graders.

**Lifetime Use of a Pipe.** When asked if they had ever used a pipe in their entire lifetime, most Porter County Students say no. For example, 98.1% of 6<sup>th</sup> graders say they have never used a pipe and more than 2/3 (65.0%) of 12<sup>th</sup> graders say they have never used a pipe

**State and Porter County Comparisons.** While there does not appear to be a lot of use of pipes by students in Porter County, use patterns generally exceed levels of use across the rest of the state. Reported lifetime use by 7<sup>th</sup> graders actually is 2.2 percentage points less than the rest of the state, but by the time Porter County students reach the 8<sup>th</sup> grade they exceed state averages for lifetime use by 2.1 points and in the 11<sup>th</sup> and 12<sup>th</sup> grades they exceed state averages by 5 points and 7.6 points respectively. In the annual and monthly use categories, that pattern continues where the local use patterns exceed state averages and the differences are quite substantial. For example, at the 11<sup>th</sup> and 12<sup>th</sup> grade levels, annual usage exceeds state averages by 8.4 points and 11.1 points respectively.

### **Smokeless Tobacco**

**Daily Use of Smokeless Tobacco.** Only .2% of 6<sup>th</sup> and 7<sup>th</sup> graders report daily use, while .5% of 8<sup>th</sup> graders, 1.1% of 9<sup>th</sup> graders, 1.5% of 10<sup>th</sup>, and 2.3% of 11<sup>th</sup> graders report use at this level. The percentage doubles in the 12<sup>th</sup> grade where 4.6% report using smokeless tobacco daily.

**The Monthly Use of Smokeless Tobacco.** Most students in Porter County do not use smokeless tobacco. The highest rate of use is among 12<sup>th</sup> graders and even at that level only 8.2% report using smokeless tobacco. Almost one half of that group (3.9%) report using it only 1-5 times in the past month. Only 1.3% of 12<sup>th</sup> graders use it more than 40 times in the past month.

**Annual Use of Smokeless Tobacco.** Most (97.6%) 6<sup>th</sup> graders have never used smokeless tobacco and that figure drops to 81.6% for 12<sup>th</sup> graders.

**Lifetime Use of Smokeless Tobacco.** Most Porter County students have never used smokeless tobacco. While lifetime usage increases across grades, 81.9% still say they have never used smokeless tobacco by the time they are in 12<sup>th</sup> grade. And most usage of smokeless tobacco amounts to only a few instances.

**State and Porter County Comparisons.** Porter County students use smokeless tobacco to a significantly lesser degree than students in the rest of the state. There is not one category of use where Porter County students exceed state averages and in most categories they are statistically, significantly lower.

**Sex Differences in the Use of Smokeless Tobacco.** When they reach the twelfth grade, 69.5% of males have never used smokeless tobacco and 93% of females have still never used smokeless tobacco.

## **Marijuana Consumption and Consequences**

### **Patterns of Consumption: ATOD Data**

**Daily Use of Marijuana.** The percentage of reported daily use goes up by grade from .2% of students in the sixth grade, .4% in the seventh grade, 2% in the eighth grade, 4.5% in the 9<sup>th</sup> grade, 5.8% in the 10<sup>th</sup> grade, 5.9% in the 11<sup>th</sup> grade, and 6.9% in the 12<sup>th</sup> grade.

**Monthly use of Marijuana.** The number of students reporting that they had never used marijuana drops gradually across grades from 96.5% in the 6<sup>th</sup> grade to 72.7% in the 12<sup>th</sup> grade. By the time students get to the 12<sup>th</sup> grade, 6.9% report using marijuana more than 20 times in the past month, and 3.5% say they used it more than 40 times in the past month.

**Annual Use of Marijuana.** Most (96.4%) of sixth graders report not having used marijuana in the past year, but that figure drops substantially to 61.6% when they reach the 12<sup>th</sup> grade. A substantial number of 12<sup>th</sup> graders have used marijuana on multiple occasions (e.g., 13.4% report using it 1-5 times and 11.5% report using marijuana forty or more times).

**Lifetime Use of Marijuana.** By the 9<sup>th</sup> grade, more than one fourth of students have tried marijuana and many of them multiple times. By the 12<sup>th</sup> grade, almost 45% of Porter County students have tried marijuana and 17.5% of 12<sup>th</sup> grade students have used it 40 or more times.

**Comparison to State.** With the exception of the 6<sup>th</sup> and 7<sup>th</sup> grade and daily usage in the 11<sup>th</sup> and 12<sup>th</sup> grades, students in Porter County report more frequent use of marijuana than the state averages. Beginning in the 8<sup>th</sup> grade, Porter County students report much greater use and that

difference becomes greater as students become older so that by the time students are in 12<sup>th</sup> grade they exceed state figures in several categories by almost 7 percentage points.

**Consumption: College Age Survey.** A total of 15.6% said they used it in past year and 7.1% said they had used marijuana in the past month. Interestingly, these figures are lower than the figures reported by 12<sup>th</sup> grade students in Porter County Schools.

**Sex Differences in Marijuana Use: ATOD Data.** Overall, there is not a great deal of difference in the consumption patterns of males or females.

### **Risk Factors: ATOD Survey**

**Perceived Risk of Marijuana Use.** As students go up in grades, the percentage of students perceiving no risk from occasional use goes up. For example, 8.1% of 6<sup>th</sup> graders say no risk and 20.8% of 12<sup>th</sup> grades say no risk. At the same time, 40% of 6<sup>th</sup> graders perceive a great risk and that figure drops to 18.5% of 12<sup>th</sup> graders who perceive a great risk in the consumption of marijuana. When it comes to the perceived risk of the regular use of marijuana, the pattern is quite similar, but with one notable difference. As kids go through school, there is a tendency to see the slight and moderate risk levels go up, but the perception of a great risk to the regular consumption of marijuana goes down.

**Perceptions of Peer Approval.** Overall, we see a gradual but steady increase in the perception that occasional use is approved by ones' peers, and a decrease in the perception that ones' peers disapprove of occasional use. When it comes to the perception of their peer's approval of the regular use of marijuana we see similar patterns, but there is a sense that their peer's would be less approving of regular use.

**Perceptions of Parental Approval.** Most students believe that their parents would not approve of the occasional use of marijuana. The percentage of students who do not know what their parents think increases from 2.6% in the 6<sup>th</sup> grade to 7.1% by the time they reach the 12<sup>th</sup> grade. When it comes to the perception of parental approval of regular use of marijuana, the pattern is quite similar and again, overwhelmingly, students perceive their parents as not approving of the regular use of marijuana.

### **Risk Factors: Porter County Survey**

**Acceptability of Marijuana Use.** Most persons in Porter County (62.8%) find using marijuana to be very unacceptable and another 15.3% find it somewhat unacceptable. Only 3.2% find it very acceptable and another 13.3% find it somewhat acceptable. The differences for 18-24 year olds seem to be a matter of degree with younger persons feeling less strongly about the unacceptability of using marijuana.

**Perceived Harm in Using Marijuana.** Among all Porter County residents, 51.1% see it as a great risk while another 30.1% see it as a moderate risk. Only 2.8% believe there is no risk and 16.0% believe there is a slight risk. The 18-24 year olds in Porter County

believe that there is a risk involved, but they see it as much less a “great risk” compared to the rest of the County.

### **Risk Factors: College Age Student Data**

**Perception of Friends.** Almost 60% (58.7%) said their friends would disapprove of using marijuana once or twice, 79% said their friends would disapprove of occasional use of marijuana, and 89.1% said their friends would disapprove of regular use of marijuana.

### **Consequences of Marijuana Use**

**Porter-Starke Services Treatments.** Between 2004 to 2008 there were 730 treatments for marijuana use. The figures remained quite stable across time running between a high of 140 clients in 2004 to 112 in 2006. This past year, however, there was a significant shift in treatment episodes for both males and females. The increase amounted to a 55% increase overall, which included a 33% increase for males and a 123% increase for females. The 18-25 year old age group contributes the largest proportion of treatment cases of any age group. It also is interesting to note that almost every age group contributed to the increase in number of cases during 2008.

**Consequences: Porter Hospital Emergency Room Treatments.** There were a total of 103 persons, (57 at the Valparaiso campus and 46 at the Portage Campus) treated for marijuana use. Sixty-four of these persons were male and 39 were female. Most persons treated at the emergency room for use of marijuana are under 24 and the largest group is the 18-24 year old group. Problems and treatment for marijuana use begin to decline substantially when persons reach their mid twenties and beyond.

**Consequences: Positive Tests for Marijuana (THC) Among Adults on Probation.** There were a quite consistent number of positive tests. For example, the average number of positive tests between 2003 and 2008 was 359, with a high of 391 in 2004 and a low of 323 in 2006.

**Marijuana Related Deaths.** There are not a large number of deaths and they run from a high of 6 in 2004 to a low of 2 in 2005. In the past three years there have been 3 deaths each year where marijuana was involved.

## **Heroin Consumption and Consequences**

### **Patterns of Consumption: ATOD Data**

**Monthly Use of Heroin.** Most students have not used heroin in the past month. Only .2% of students in the 6<sup>th</sup> grade report using heroin and the highest number is recorded in the 10<sup>th</sup> grade where a total of 1.5% report using heroin and most of those have used it 1-5 times. A total of .8% of twelve graders have used heroin in the past month.

**Annual Use of Heroin.** There is not a lot of reported use of heroin in the past year. The greatest number of students reporting use is in the 10<sup>th</sup> grade where 1.9% report having used it in the past year.

**Lifetime Use of Heroin.** When asked if they have ever used heroin in their entire life, most students say no. The average across all grades is around 98% who say they have not used heroin and most persons who report the use of heroin say they have used it between 1-5 times.

**Sex Differences in Heroin Use.** What differences there are between males and females mirror the patterns found with other substances. Males tend to report using heroin more often, but the differences in most cases are not significant.

## **Consequences of Heroin Use**

**Porter-Starke Services Treatments.** In 2004 there were a total of 128 treatments and in 2008 there were 144 treatments. The increase in treatments in the past year comes primarily from an increase in the number of male patients. In 2007 66 males were treated and in 2008 88 were treated, an increase of 33%. The increase also comes most from the 26-34 year old category, an increase between 2005 and 2008 of almost 60%. The 18-25 year old group actually declined over the past several years from 62 in 2004 to 35 in 2008.

**Treatment Episode Data Set (TEDS).** Despite other data that suggests a good deal of opiate related use in Porter County, in terms of the number of treatment episodes per 100,000, Porter County ranks 11<sup>th</sup> out of the 17 counties with populations over 100,000. When all the counties are considered together, Porter County ranks in the lower 25% of all counties in reported treatments for opiate use.

**Consequences: Porter Hospital Emergency Room Treatments.** A total of 128 persons were treated in 2008. Most of those treated (90) were male. The largest number of persons is in the 26-34 (65) year old category with the 18-25 (40) year old group being the next most frequent group.

**Consequences: Positive Tests for Opiates Among Adults on Probation.** The data provided does not report specifically for heroin, but does report data on positive tests for opiates. From 2006 to the present, more than 400 positive tests for opiates were reported each year. The number of positive tests has more than doubled from 2003 to 2008 going from 218 testing positive in 2003 to 485 testing positive in 2008.

**Heroin Related Deaths.** The Porter County Coroner's Office reports that heroin was "involved" in 11 deaths in 2008. This is a substantial increase in the number reported in previous years.

## **Cocaine Consumption and Consequences**

**Monthly Use of Cocaine.** There is not a lot of use of cocaine at any grade level. The highest level of use is in the 10<sup>th</sup> grade where a total of 2.6% report having used cocaine in the past month.

**Annual Use of Cocaine.** Usage patterns reflect an increase as the students move to higher grade levels. Only .3% of 6<sup>th</sup> graders report using cocaine 1-5 times per year, while 12<sup>th</sup> graders show an increase to 4.1% for use of cocaine 1-5 times.

**Lifetime Use of Cocaine.** Almost all (99.4%) of 6<sup>th</sup> grade students report never using cocaine, and this drops to 95.5% of reporting 9<sup>th</sup> graders, and 90.7% of 12<sup>th</sup> graders. Incidence of reported users in the 1-5 times per year category rises from .2% of 6<sup>th</sup> graders to 2.8% of 9<sup>th</sup> graders. Of 12<sup>th</sup> graders, 5.2% report having used cocaine 1-5 times in their lifetime.

**Comparison to State.** Seventh graders show a slightly greater monthly usage of cocaine. Tenth graders show a greater lifetime, annual, and monthly use of cocaine. Eleventh graders show a greater annual cocaine use, and 12<sup>th</sup> graders show a higher than state average use of cocaine annually and during their lifetime.

**Sex Differences in Cocaine Use.** There are consistent differences between males and females with males reporting more use than females. The differences become larger when students reach the 10<sup>th</sup> grade. Between the 10<sup>th</sup> and 12<sup>th</sup> grades, males exceed female rates of consumption by 3-5 percentage points.

#### **Risk Factors: ATOD Survey**

**Perceived Risk.** Overall, students' perception of risk increased as students moved to higher grades with 47% of 6<sup>th</sup> grade students perceiving a great risk of occasional use, increasing to 60.4% of 12<sup>th</sup> graders reporting great risk associated with occasional use.

**Perceived Peer Approval.** Overall students perceive their peers as disapproving of the use of cocaine. For example, 67.3% of 6<sup>th</sup> grade students believe that their peers would strongly disapprove of occasional cocaine use and this drops only slightly to 66.8% of 12<sup>th</sup> graders who believe their peers would strongly disapprove.

**Perceived Parental Approval.** Most students do not perceive their parents as approving the use of cocaine either occasionally or regularly. For example, only 1.6% of 6<sup>th</sup> grade students reported that their parents would strongly approve of occasional cocaine use and less than 2% (1.9%) of 12<sup>th</sup> graders report a strong parental approval of occasional use. A very similar pattern is evident for perceived parental approval of regular use of cocaine.

#### **Risk Factors: Porter County Data**

**Acceptable Use.** Most thought it very unacceptable to use cocaine, but there were some differences between age groups. Among the 18-24 year old group, 90.8% thought use was very unacceptable, while 94.8% of all Porter County adults thought it was very unacceptable.

**Harm to Self.** Most think there is a great risk in the regular use of cocaine. There is some difference between the general population and the 18-24 year old group with the younger persons tending to see a lesser amount of risk in the use of cocaine.

## Consequences

**Porter-Starke Services Treatments.** The number of treatments varies across the years from a high of 124 in 2004 and a low of 99 in 2005. There were 114 treatments for cocaine in 2008. While the pattern of treatment tends to vary across time, there does seem to be a steady increase in the number of treatments for women to the point that in 2007 and 2008 the number of treatments for women exceeds those of men and has been steadily increasing since 2004. Male treatments have been steadily declining over the same period. The number of treatments for persons in the 18-25 year age group varies considerably from year to year with a high of 28 treatments in 2004 and a low of 13 in 2008. If anything, the treatments for persons in this age group seem to be declining.

**Emergency Room Treatments.** There were a total of 87 (55 at the Valparaiso Campus and 32 at the Portage Campus) emergency room treatments for cocaine use. Four were related to suicide attempts and 20 of these persons were seeking detoxification. Most (62%) were males. Most emergency room treatments for cocaine are in the 26-35 year old age bracket with 39 (45%) of the treatments, followed by the 18-25 year olds with 17 (20%), and the 35-44 year olds with 14 (16%).

**Cocaine Related Deaths.** There has been a steady increase in the number of deaths in Porter County where cocaine was involved, from a low of 3 in 2003 to a high of 12 in 2008. This does not mean it was the cause of death, but simply that it was involved and the toxicology report indicated a presence of cocaine in the person's system at the time of death.

## Other Drugs: Amphetamines, Methamphetamines, Inhalants, and MDMA

### Consumption Patterns: Amphetamines

**Monthly Use.** Only .5% of 6<sup>th</sup> graders report use, 1.8% of 8<sup>th</sup> graders, 4.4% of 10<sup>th</sup> graders, and 3.1% of 12<sup>th</sup> graders report usage in the past month. Note that most of this use is limited to 1-5 times and not in the higher frequencies of use.

**Annual Use.** The pattern is similar when asked about use in the past year. Only .4% of 6<sup>th</sup> graders have used amphetamines in the past year. By the time they get to the 9<sup>th</sup> grade that figure increases to 4.2%, and then to 7%, 7.8%, and 7.6% in the 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades respectively. Once again about half of this use is limited to 1-5 times and not in the higher frequencies of use.

**Lifetime Use.** The pattern is also similar for lifetime use. Less than 1% of 6<sup>th</sup> graders report using amphetamines in their lifetime and this number jumps to 6.1% in the 9<sup>th</sup> grade, 8.5% in the 10<sup>th</sup> grade, 9.6% in the 11<sup>th</sup> grade, and 10.6% in the 12<sup>th</sup> grade. About half of this use is limited to 1-5 times and not in the higher frequencies of use.

**Comparisons to State Usage Patterns.** The only differences reported are for lifetime and annual use. The 10<sup>th</sup> grade through the 12<sup>th</sup> grade Porter County youth use amphetamines more than other youth in Indiana. In annual use the differences are 1.8

points, 2.1 points, and 2 points respectively. At the lifetime level, the differences are 2.5 points, 2 points, and 2.3 percentage points respectively.

**Porter-Starke Services Treatments for Amphetamine Use.** Unlike the ATOD survey that treats amphetamines and methamphetamines separately, the Porter-Starke data combines the two. Overall there have not been a lot of treatments at Porter-Starke for amphetamine or methamphetamine use. Between 2003 and 2008, the number of clients treated varied from 4 per year to 13, with the largest number occurring in 2008.

### **Consumption Patterns: Methamphetamines.**

**Monthly Use.** Most students say they have not used methamphetamines. The highest reported usage is by 10<sup>th</sup> graders and only 1.5% of them say they have used them in the past month.

**Annual Use.** In no grade level does the reported use reach 2% of the students.

**Lifetime Use.** Once again in no grade level does the reported use by students reach even 2% of the students.

**Comparisons to State Usage Patterns.** There are no statistically significant differences reported in the ATOD survey for methamphetamines.

### **Consumption Patterns: Inhalants.**

**Monthly Use.** There is not a lot of use of inhalants and there is a curvilinear relationship relative to grade level. Use begins low in the 6<sup>th</sup> grade (2.3%), peaks in the 9<sup>th</sup> grade (4%), and then drops back down in the 12<sup>th</sup> grade to 2.2%. Additionally, most who do use inhalants report only using it 1-5 times in the past month.

**Annual Use.** Somewhat similar to the data on monthly use, reported use begins low in the 6<sup>th</sup> grade (3.9%), peaks in the middle grades where the reported use in the 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> grades is 7.1%, 7%, and 7.1% respectively, and then drops down a bit, but not as low as the 6<sup>th</sup> grade, to 5.5% reported use in the 12<sup>th</sup> grade. Once again, most reported use is only 1-5 times in the past year.

**Lifetime Use.** As in other frequency categories, it begins lower in the 6<sup>th</sup> grade (5.1%), raises to 10.2% in the 8<sup>th</sup> grade and then, rather than dropping off, remains quite stable through the high school years at around 10% reporting lifetime use. Most of the reported use is in the 1-5 times category and not at the higher frequencies of use.

**Comparisons to State Usage Patterns.** The only differences reported are in annual usage where 7<sup>th</sup> graders fall 1.3 points below state averages and 10<sup>th</sup> and 12<sup>th</sup> grade students are 1.6 points and 1.3 points respectively above state averages.

## Consequences

**Porter-Starke Services Treatments for Inhalant Use.** Between 2003 and 2008 there was only one person admitted to Porter Starke Services for an issue related to the use of inhalants.

## Consumption Patterns: MDMA “Ecstasy” Methylenedioxymethamphetamine

**Monthly Use.** Less than 1% for each grade of 6<sup>th</sup> through 8<sup>th</sup> graders report using MDMA in the past month and that figure reaches 2.1% for 9<sup>th</sup> graders. By 10<sup>th</sup> grade use peaks at 4.2% and then drops down a bit to 3.4% and 3.3% in 11<sup>th</sup> and 12<sup>th</sup> grade respectively. Additionally, most who do report use report only using it 1-5 times in the past month.

**Annual Use.** Reported annual use is below 1% for both 6<sup>th</sup> and 7<sup>th</sup> graders. Only 1.5% of 8<sup>th</sup> graders report use, but this figure increases to 3.7% for 9<sup>th</sup> graders, and then reported use more than doubles to 7.7% in the 10<sup>th</sup> grade. After that it drops to 6.9% and 7.1% in the 11<sup>th</sup> and 12<sup>th</sup> grades. Once again, most reported use is only 1-5 times in the past year.

**Lifetime Use.** The pattern of use is somewhat different from that reported for monthly and annual use. As before it begins low in the 6<sup>th</sup> grade (5.1%), raises to 10.2% in the 8<sup>th</sup> grade and then rather than dropping off remains quite stable through the high school years at around 10% reporting lifetime use. Once again it is important to note that the majority of the reported use is in the 1-5 times category and not at the higher frequencies of use.

**Comparisons to State Usage Patterns.** There are no differences at the 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade levels for daily, monthly, annual, or lifetime use. Small differences begin to emerge in the 9<sup>th</sup> grade for annual and lifetime use and then they exceed state averages by 4.6 points and 4.7 points for lifetime and annual use respectively. For lifetime use the differences exceed state averages by 4.0 points for 11<sup>th</sup> graders, but then jump to 5.9 points for 12<sup>th</sup> graders. For annual use the differences for 11<sup>th</sup> and 12<sup>th</sup> graders are 3.8 points and 3.6 points greater than state averages.

## Consequences

**Consequences of MDMA Use.** There is currently no data available about treatments at the Porter Hospital or at mental health facilities for the use of MDMA.

## Consequences of Other Drugs in General

**Hospital Discharge Data for Other Drug-Related Incidents.** As indicated, a total of 410 persons were treated during this period for a total of 1,148 days with a total charge of \$2,835,024. The average stay was 2.80 days and the average charge was \$6,914.69. The only pattern in the data is that there seems to be a decline in the number of patients treated along with the total cost per year.

**Drug-Related Referrals to Juvenile Probation.** Between 2005 and 2008 the number of reported offenses varies across time with a low of 198 in 2005 and a high of 325 in 2006. In the past two years, the number of drug related offenses has declined to 236 in 2007 and 219 in 2008.

## **Other Drugs II: Over the Counter Drugs, Ritalin and Adderall, Sedatives, Benzoids, and other Tranquilizers**

### **Consumption Patterns: Over the Counter Drugs (OCDs)**

**Monthly Use.** A total of 2.6% of 6<sup>th</sup> graders report use of OCDs, 3% of 8<sup>th</sup> graders, 6.6% of 9<sup>th</sup> graders, and 7.3% of 10<sup>th</sup> graders reporting use at this level. After that the numbers drop a bit and 5.4% of 11<sup>th</sup> and 5.5% of 12<sup>th</sup> graders respectively report usage in the past month. Note that most of this use is limited to 1-5 times and not in the higher frequencies of use.

**Annual Use.** A total of 3.5% of 6<sup>th</sup> graders, 4.5% of 7<sup>th</sup> graders, and 7.3% of 8<sup>th</sup> graders report use of OCDs. In 9<sup>th</sup> grade reported use jumps to 10.4% and then 12.8% in the 10<sup>th</sup> grade. In the 11<sup>th</sup> and 12<sup>th</sup> grades the number declines a bit to 11.9% and 10.6%. Once again the majority of this use is limited to 1-5 times and not in the higher frequencies of use.

**Lifetime Use.** The pattern is similar to the annual use, but the numbers are a bit larger. In the 6<sup>th</sup> grade, 3.9% report use of OCDs and that number gradually increases and in the 8<sup>th</sup> grade it reaches 10%. Reported use then jumps to 13.7% in the 9<sup>th</sup> grade, 16.6% in both the 10<sup>th</sup> and 11<sup>th</sup> grades, and 16.2% in the 12<sup>th</sup> grade. As with the other tables, the majority of this use is limited to 1-5 times and not in the higher frequencies of use.

**Comparison to State.** As indicated, there are no differences at the 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade levels. In many other categories, Porter County youth exceed state averages. For example, there is a 2 point difference for lifetime use among 9<sup>th</sup> graders. At the 10<sup>th</sup> grade level there are differences of 1.4 points, 2.9 points, and 1.4 points at the lifetime, annual, and monthly levels respectively. For 11<sup>th</sup> graders there are differences of 3.3 points and 2.9 points at the lifetime and annual levels; and similarly at the 12<sup>th</sup> grade levels there are differences of 3.5 points and 2.4 percentage points for lifetime and annual use.

### **Consequences**

**Porter-Starke Services Treatments.** Between 2004 and 2008 there were only 7 clients seen for treatment at Porter-Starke for the use of over the counter drugs and none occurred in 2008.

**Statewide Treatment Episode Data (TEDS data).** Porter County ranks 10<sup>th</sup> out of the 17 counties in the state with a rate of treatment for the use of prescription drugs of 47.3 per 100,000.

Obviously the ATOD and TEDS data are not measuring precisely the same activity. At the same time, it maybe the case that many persons are simply not seeking treatment.

### **Consumption Patterns: Ritalin and Adderall**

**Monthly Use.** There is not a lot of reported use of Ritalin or Adderall in the 6<sup>th</sup> through 8<sup>th</sup> grades. When students reach high school, however, use begins to rise. By the 9<sup>th</sup> grade, 4.2% report the use of one drug or the other and that figure rises to 6.5% for 10<sup>th</sup> graders. The figure drops to 4.8% for 11<sup>th</sup> graders and 4.6% for 12<sup>th</sup> graders. Note that a large proportion of this use is limited to 1-5 times and not in the higher levels of use.

**Annual Use.** Very few in the 6<sup>th</sup> or 7<sup>th</sup> grade report much use. By the 8<sup>th</sup> grade 3.7% report use in the past year and that number nearly doubles in the 9<sup>th</sup> grade to 7.7%. The number reporting use rises to 11.8% in 11<sup>th</sup> grade and then drops to 11.2% and 9.9% in the 11<sup>th</sup> and 12<sup>th</sup> grades. Once again over half of this use is limited to 1-5 times.

**Lifetime Use.** In the 6<sup>th</sup> grade through the 8<sup>th</sup> grade there is very little use. In the 9<sup>th</sup> grade the number reporting lifetime use jumps to 6.7% and then 10.3% in the 10<sup>th</sup> grade. Reported use continues to climb and reaches 12.4% in the 11<sup>th</sup> grade, but declines a bit to 11.4% in the 12<sup>th</sup> grade. As with the other tables, much of this use is limited to 1-5 times, however, more so than with some of the other drugs, there are larger numbers of students using these drugs with greater frequency.

**Comparison to State.** There are no differences at the 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade levels. However, once you reach the 9<sup>th</sup> grade, Porter County youth exceed state averages in all levels of use in all four grades. The largest differences are in the lifetime and annual use in the 10<sup>th</sup> grade, 4.6 percentage points for lifetime and 4.8 points for annual use. There continues to be large differences in these categories in the 11<sup>th</sup> and 12<sup>th</sup> grades.

### **Consumption Patterns: Sedatives/Benzoids/Other Tranquilizers**

**Monthly Use.** Very few 6<sup>th</sup> and 7<sup>th</sup> graders use tranquilizers, but that figure jumps to 4.1% in the 8<sup>th</sup> grade and continues to rise in the 9<sup>th</sup> and 10<sup>th</sup> grades. It drops a bit to 4.9% in the 11<sup>th</sup> grade, but then rises again to 5.6% in the 12<sup>th</sup> grade. Note that most of this use is limited to 1-5 times and not in the higher frequencies of use.

**Annual Use.** There is very little use in the 6<sup>th</sup> and 7<sup>th</sup> grades, but the number jumps to 8.1% in the 8<sup>th</sup> grade and continues to rise to 11.9% in the 10<sup>th</sup> grade. The number of users drops to 11.2% in the 11<sup>th</sup> grade and 10.7% in the 12<sup>th</sup> grade. Once again most of this use is limited to 1-5 times and not in the higher frequencies of use.

**Lifetime Use.** There is much less use in the 6<sup>th</sup> and 7<sup>th</sup> grades and the figure jumps to 10.3% in the 8<sup>th</sup> grade and rises to 14.8% in the 10<sup>th</sup> grade. Unlike annual and monthly use the number of students reporting lifetime use increases in both 11<sup>th</sup> and 12<sup>th</sup> grades and by the 12<sup>th</sup> grade, 16.3% are reporting lifetime use. As with the other uses, in most

grades it is limited to 1-5 times, however, by the 12<sup>th</sup> grade more than one-half of those reporting use are reporting use above 1-5 times per year.

**Comparison to State.** There are no differences in the 6<sup>th</sup> grade and at the 7<sup>th</sup> grade Porter County students are slightly below the state averages for all usage patterns. In the 8<sup>th</sup> grade, local students exceed state averages by 1.8 percentage points for both lifetime and annual use. There are no differences in the 9<sup>th</sup> grade, but differences exceeding state averages of 2.7 points and 3.3 points emerge in the 10<sup>th</sup> grade for lifetime and annual use respectively. Similar numbers above state averages occur for lifetime and annual use in the 11<sup>th</sup> and 12<sup>th</sup> grade and a 1.2 points difference emerges for the first time in monthly use in the 12<sup>th</sup> grade.

## Consequences

**Porter-Starke Services Treatments.** The number of clients treated has increased from 13 in 2004, to 31 in 2008.

**Statewide Treatment Episode Data (TEDS).** Porter County ranks 11<sup>th</sup> out of the 17 counties in the state with a rate of treatment for the use of tranquilizers and other drugs of 16.2 per 100,000 people.

## Implications

While certainly much needs to be done to address the various aspects of the problems outlined in this report, there are several immediate steps that can be taken.

1. Increase the understanding of the risks involved in the consumption of drugs and alcohol through measurable or evidence-based prevention programs aimed at 8<sup>th</sup> through 12<sup>th</sup> graders.
2. Reduce the perception that their peers approve (or do not disapprove) of the consumption of alcohol and drugs by encouraging youth to take an active role in prevention of use, abuse and the additional risky behaviors that may result (e.g. drunk driving).
3. Encourage strong family management to increase youth's perception of parental disapproval and to offer them a support network that encourages positive afterschool activities.
4. Promote early intervention by identifying and referring known users to measurable or evidence-based treatment for behavioral health issues to prevent future relapse and/or use of additional substances.

## List of Tables and Figures

Table 1.1: Porter County Population Characteristics.....	1
Table 1.2: Porter County Education Characteristics.....	2
Table 1.3: Porter County Mobility.....	3
Table 1.4: Porter County Employment Status.....	3
Table 1.5: Porter County Occupations.....	4
Table 1.6: Porter County Household Income and Benefits.....	5
Figure 1.1: Porter County Household Income and Benefits in 2007 Inflation-Adjusted Dollars...	5
Table 1.7: Porter County Family Income and Benefits.....	6
Figure 1.2: Family Income and Benefits in 2007 Inflation-Adjusted Dollars.....	6
Table 1.8: Percentage of Population Living Below the Poverty Line: Porter County.....	7
Table 1.9: Year Housing Structure was Built: Porter County.....	8
Table 1.10: Selected Monthly Owner Costs as a Percentage of Household Income Porter County.....	9
Table 1.11: Porter County Gross Rent as a Percentage of Household Income.....	9
Table 1.12: Community Views of Porter County Strengths Porter County Needs Assessment Survey.....	10
Table 1.13: Community Views of Porter County Strengths by Sex, Porter County Needs Assessment Survey.....	11
Table 1.14: Community View of Porter County Strengths by Annual Pre-tax Income Porter County Needs Assessment Survey.....	12
Table 1.15: Top Issues for Citizens in Porter County Porter County Needs Assessment Survey.....	13
Table 1.16: Top Issues for Citizens in Porter County by Sex Porter County Needs Assessment Survey.....	14

Table 1.17: Top Issues of Citizens in Porter County by Annual Pre-tax Income Porter County Needs Assessment Survey .....	15
Figure 1.3: Quality of Life in Porter County Porter County Needs Assessment Survey .....	16
Figure 1.4: Evaluations of Quality of Life by Sex.....	16
Figure 1.5: Quality of Life by Income.....	17
Table 2.1: Percentage of Porter County Students Reporting Daily Use of Alcohol, ATOD, 2008.....	18
Table 2.2: Percentage of Porter County Students Reporting Monthly Use of Alcohol, ATOD, 2008.....	19
Figure 2.1: Porter County Students, Monthly Use of Alcohol, ATOD, 2008.....	20
Table 2.3: Percentage of Students' Reporting Annual Use of Alcohol, ATOD, 2008.....	20
Figure 2.2: Porter County Students' Annual Use of Alcohol, ATOD, 2008.....	21
Table 2.4: Percentage of Porter County Students Reporting Lifetime Use of Alcohol, ATOD 2008.....	22
Figure 2.3: Porter County Students' Lifetime Use of Alcohol, ATOD, 2008.....	23
Table 2.5: Percentage of Porter County Students Reporting Binge Drinking in the Past Two Weeks, ATOD, 2008.....	24
Figure 2.4: Porter County Students Reporting Binge Drinking, ATOD, 2008.....	24
Figure 2.5: Percentage Differences Between Statewide and Porter County Students in Monthly Use of Alcohol, ATOD, 2008.....	26
Figure 2.6: Percentage Difference Between Statewide and Porter County Students in the Annual Use of Alcohol.....	26
Figure 2.7: Percentage Difference Between Statewide and Porter County Students in the Lifetime Use of Alcohol, ATOD, 2007.....	27
Figure 2.8: Percentage Difference Between Statewide and Porter County Students in Daily Binge Drinking of Alcohol, ATOD, 2008.....	27
Table 2.6: The Acceptability of Using Alcohol in Porter County, Porter County Survey.....	28

Table 2.7: Consumption of Alcohol and Related Issues: Porter County Survey.....	29
Table 2.8: Patterns of Alcohol Consumption in College Age Students, College Age Students Survey, 2008.....	30
Table 2.9: The Effects of Alcohol and Why College Age Students Drink College Age Student Survey, 2008.....	30
Table 2.10: Sex Differences in Monthly and Annual Use of Alcohol by Porter County Students ATOD, 2008.....	31
Table 2.11: Sex Differences in Lifetime and Binge Drinking of Alcohol by Porter County Students, ATOD, 2008.....	32
Figure 2.9: Sex Differences in Porter County Students' Monthly Use of Alcohol 2008.....	33
Figure 2.10: Sex Differences Porter County 12th Graders: Annual Use of Alcohol.....	33
Figure 2.11: Sex Differences 12 <sup>th</sup> Grade Porter County Students' Lifetime Use of Alcohol, ATOD, 2008.....	34
Figure 2.12: Sex Differences among Porter County 12 <sup>th</sup> Graders: Binge Drinking.....	34
Table 2.12: Percentage of Porter County Students Most Important Reasons for Drinking, ATOD, 2008.....	35
Table 2.13: Percentage Reporting the Source of Alcohol: Porter County and State Averages, ATOD, 2008.....	36
Table 2.14: Percentage Reporting Perceived Risk of Occasional and Binge Drinking: Porter County and State Averages, ATOD, 2008.....	37
Table 2.15: Percentage Reporting Perceived Peer Approval of Occasional & Binge Drinking: Porter County and State Averages, ATOD, 2008.....	38
Table 2.16: Percentage Reporting Perceived Parental Approval of Occasional & Binge Drinking: Porter County and State Averages, ATOD, 2008.....	39
Table 2.17: Participation in a Camp or Program: Porter County and State Averages, ATOD, 2008.....	40
Table 2.18: Participation in Organized Family Events: Porter County and State Averages, 2008.....	41
Table 2.19: Percentage of Students Reporting Participation in Various After School Activities, Porter County and State Averages, ATOD, 2008.....	42

Table 2.20: Peer Approval of Alcohol Use: College Age Survey.....	43
Table 2.21: Alcohol Related Experiences: College Age Survey Data.....	43
Table 2.22: Consequences of Alcohol and Drug Consumption ATOD, 2008.....	45
Table 2.23: Additional Consequences of Alcohol or Drug Use, ATOD, 2008.....	46
Figure 2.13: Percentage of Porter County Students Reporting Hangovers from Drugs and Alcohol.....	47
Figure 2.14: Percentage of Porter County Students Reporting Driving, ATOD, 2008.....	47
Figure 2.15: Students Driving Under the Influence: Porter vs. State, ATOD, 2008.....	49
Figure 2.16: Drug, Alcohol, and Weapons Suspensions and Expulsions Porter County Schools.....	50
Table 2.24: Porter County Resident Substance Abuse Clients Seen Yearly at Porter-Starke Services Alcohol, 2004-2008.....	50
Figure 2.17: Porter Starke Services Alcohol Related Treatments: 2004-2008.....	50
Figure 2.18: Porter-Starke Services Alcohol Treatments by Age and Year.....	51
Table 2.25: Treatments at Porter Hospital Emergency Room: Alcohol and Drug Related 2008.....	52
Figure 2.19: Porter Hospital Emergency Room Treatments: Alcohol and Drug Related 2008.....	53
Table 2.26: Treatments at Porter Hospital Emergency Room: Alcohol Related 2008.....	54
Figure 2.20: Emergency Room Treatments: Alcohol Related 2008.....	55
Table 2.27: Porter Hospital Discharge Statistics for Alcohol-Related Incidents, 2003-2006.....	56
Table 2.28: Alcohol-Related Collisions and Fatalities in Indiana, by County, 2007 State Epidemiological Report, 2008.....	57
Table 2.29: Arrest Rates for DUI, Public Intoxication and Liquor Law Violations Select Counties 2007, State Epidemiological Report, 2008.....	58

Table 2.30: Alcohol Related Arrests in Various Jurisdictions in Porter County 2004-2008.....	59
Figure 2.21: Referrals to Porter County Adult Probation.....	60
Figure 2.22: Alcohol Referrals to Porter County Adult Probation.....	60
Figure 2.23: Positive Tests for Alcohol Porter County Adult Probation.....	61
Figure 2.24: Alcohol Related Offenses Referred to Porter County Juvenile Probation 2005- 2008.....	62
Table 2.31: Porter County Alcohol Related Deaths Porter County Coroner’s Report.....	63
Figure 2.25: Alcohol Related Deaths in Porter County: 2003-2008. Porter County Coroner’s Report.....	64
Table 3.1: Percentage of Students Reporting Daily Use of Cigarettes, ATOD, 2008.....	65
Table 3.2: Percentage of Porter County Students Reporting Monthly Use of Cigarettes, ATOD, 2008.....	66
Table 3.3: Percentage of Porter County Students Reporting Annual Use of Cigarettes, ATOD, 2008.....	67
Table 3.4: Percentage of Porter County Students Reporting Lifetime Use of Cigarettes, ATOD, 2008.....	68
Tables 3.5: Percentage Difference Between Statewide and Porter County Students: Cigarettes ATOD, 2008.....	68
Figure 3.1: Porter County Students’ Monthly use of Cigarettes: Comparisons to State and Nation, ATOD, 2008.....	69
Table 3.6: Sex Differences in Porter County Students’ Monthly use of Cigarettes: ATOD, 2008.....	70
Table 3.7: Sex Differences in Porter County Students’ Annual Use of Cigarettes: ATOD, 2008.....	71
Table 3.8: Sex Difference in Porter County Students’ Lifetime Use of Cigarettes, ATOD, 2008.....	72
Table 3.9: Percentage of Porter County Students Reporting Perceived Risk of Smoking ATOD, 2008.....	73

Table 3.10: Percentage of Porter County Students Perceiving Peer Approval of Smoking 1 + Pack of Cigarettes per Day, ATOD, 2008.....	73
Table 3.11: Percentage of Porter County Students Perceiving Parental Approval of Smoking 1+ Pack of Cigarettes per day, ATOD, 2008.....	74
Table 3.12: Perceived Harm in Smoking One or Two Packs of Cigarettes per day, Porter County Survey, 2008.....	75
Table 3.13: Acceptability of Tobacco Use in Porter County.....	75
Table 3.14: Percentage of Porter County Students Reporting Daily Use of Cigars, ATOD, 2008.....	76
Table 3.15: Percentage of Porter County Students Reporting Monthly Use of Cigars, ATOD, 2008.....	76
Table 3.16: Percentage of Porter County Students Reporting Annual Use of Cigars, ATOD, 2008.....	77
Table 3.17 Percentage of Porter County Students Reporting Lifetime Use of Cigars, ATOD, 2008.....	78
Table 3.18: Percentage Difference Between Statewide and Porter County Students: Cigars, ATOD, 2008.....	78
Figure 3.2: Porter County Students’ Monthly Use of Cigars: Comparisons to State 2008.....	79
Table 3.19: Sex Differences in Porter County Students’ Monthly and Annual Use of Cigars: ATOD, 2008.....	80
Table 3.20: Sex Differences in Porter County Students’ Lifetime Use of Cigars: ATOD, 2008.....	80
Table 3.21: Percentage of Porter County Students Reporting Monthly Use of Pipes, ATOD, 2008.....	81
Table 3.22: Percentage of Porter County Students Reporting Annual Use of Pipes. ATOD, 2008.....	82
Table 3.23: Percentage of Porter County Students Reporting Lifetime Use of Pipes, ATOD, 2008.....	82

Table 3.24: Significant Differences Porter County Students and State Averages, ATOD, 2008.....	83
Figure 3.3: Porter County Students' Monthly Use of Pipes: Comparisons to State, ATOD, 2008.....	83
Table 3.25: Percentage of Porter County Students Reporting Daily Use of Smokeless Tobacco, ATOD, 2008.....	84
Table 3.26: Percentage of Porter County Students Reporting Monthly Use of Smokeless Tobacco, ATOD, 2008.....	85
Table 3.27: Percentage of Porter County Students Reporting Annual Use of Smokeless Tobacco, ATOD, 2008.....	85
Table 3.28: Percentage of Porter County Students Reporting Lifetime Use of Smokeless Tobacco, ATOD, 2008.....	86
Table 3.29: Significant Differences Porter County Students and States Figures: Smokeless Tobacco.....	87
Figure 3.4: Porter County Students' Monthly Use of Smokeless Tobacco: Comparisons, ATOD, 2008.....	87
Table 3.30: Sex Differences in Porter County Students' Monthly and Annual Use of Smokeless Tobacco, ATOD, 2008.....	88
Table 3.31: Sex Differences in Porter County Students' Lifetime Use of Smokeless Tobacco: ATOD, 2008.....	89
Table 4.1: Percentage of Porter County Students Reporting Daily Use of Marijuana, ATOD, 2008.....	90
Table 4.2: Percentage of Porter County Students Reporting Monthly Use of Marijuana, ATOD, 2008.....	91
Table 4.3: Percentage of Porter County Students Reporting Annual Use of Marijuana, ATOD, 2008.....	91
Table 4.4: Percentage of Porter County Students Reporting Lifetime Use of Marijuana, ATOD, 2008.....	92
Table 4.5: Porter County and State Differences in Marijuana Use, ATOD, 2008.....	92

Figure 4.1: Porter County Students’ Monthly Use of Marijuana: Comparisons, to State, ATOD, 2008.....	93
Figure 4.2: Porter County Students’ Daily Use of Marijuana: Comparisons to State, ATOD, 2008.....	94
Table 4.6: Monthly Use of Marijuana by Porter County Students by Sex, ATOD, 2008.....	95
Table 4.7: Percentage of Porter County Students Reporting the Perception of Perceived Risk of Occasional and Regular Use of Marijuana, ATOD, 2008.....	96
Table 4.8: Percentage of Porter County Youth Perceiving Peer Approval of Occasional and Regular Use of Marijuana 2008.....	97
Table 4.9: Percentage of Porter County Youth Perceiving Parental Approval of Occasional and Regular Use of Marijuana, ATOD, 2008.....	98
Table 4.10: Acceptability of Marijuana Use: Porter County Survey .....	99
Table 4.11: Perceived Harm in Smoking Marijuana once or twice a week, Porter County Survey.....	100
Table 4.12: Patients Treated at Porter-Starke for Marijuana use: 2004-2008.....	101
Figure 4.3: Porter Starke Marijuana Related Treatments by Sex and Year.....	102
Figure 4.4: Porter Starke Marijuana Related Treatments by Age and Year.....	102
Table 4.13: Treatments at Porter Hospital Emergency Room: Marijuana Related 2008.....	103-104
Figure 4.5 Porter Hospital Emergency Room Treatments by Age: Marijuana Related 2008.....	105
Figure 4.6: Porter County Adult Probation Positive Tests for THC.....	105
Figure 4.7: Marijuana Related Deaths in Porter County 2003-2008.....	106
Table 5.1: Percentage of Porter County Students Reporting Monthly Use of Heroin, ATOD, 2008.....	108
Table 5.2: Percentage of Porter County Students Reporting Annual Use of Heroin, ATOD, 2008.....	109

Table 5.3: Percentage of Porter County Students Reporting Lifetime Use of Heroin, ATOD, 2008.....	109
Table 5.4: Percentage of Porter County Reporting Monthly Use of Heroin by Sex, ATOD 2008.....	110
Table 5.5: Porter-Starke Data Treatments for Heroin, 2004-2008.....	111
Figure 5.1: Porter-Starke Heroin Treatments by Sex: 2004-2008.....	112
Figure 5.2: Porter-Starke Heroin Related Treatments by Age: 2004-2008.....	112
Table 5.6: Treatment Episode Data Set (TEDS): Opiates, 2007.....	112
Table 5.7: Treatments at Porter Hospital Emergency Room: Heroin Related, 2008.....	114
Figure 5.3 Porter Emergency Room Treatments for Heroin by Age: 2008.....	115
Figure 5.4: Porter County Adult Probation Positive Tests for Opiates: 2003-2008.....	116
Figure 5.5: Heroin Related Deaths in Porter county 2003-2008, Porter County Coroner's Report.....	116
Table 6.1: Percentage of Porter County Students Reporting Monthly Use of Cocaine, ATOD, 2008.....	117
Table 6.2: Percentage of Porter County Students Reporting Annual Use of Cocaine, ATOD, 2008.....	118
Table 6.3: Percentage of Porter County Students Reporting Lifetime Use of Cocaine, ATOD, 2008.....	118
Table 6.4: State and Local differences in Cocaine Use Statistically Significant Differences.....	119
Figure 6.1: Sex Differences in Porter County Students Cocaine Use: Percentage Never Using Cocaine ATOD, 2008.....	120
Table 6.5: Percentage of Porter County Students Reporting the Perception of Perceived Risk of Cocaine, ATOD, 2008.....	119
Table 6.6: Percentage of Porter County Students Perceiving Peer Approval of Cocaine, ATOD, 2008.....	121

Table 6.7: Percentage of Porter County Students Perceiving Parental Approval of Cocaine, ATOD, 2008.....	121
Table 6.8: Acceptability of Using Crack or Cocaine Porter County Survey.....	122
Table 6.9: Perceptions of Physical Harm from Cocaine Porter County Study.....	123
Table 6.10: Porter-Starke Treatments by Age and Sex, 2004-2008.....	124
Figure 6.2: Porter-Starke Treatments for Cocaine by Sex and Year: 2004-2008.....	125
Figure 6.3: Porter-Starke Treatments by Age and Year: Cocaine.....	126
Table 6.11: Porter Hospital Emergency Room Treatments for Cocaine, 2008.....	127
Figure 6.4: Porter Hospital Emergency Room Treatments for Cocaine by Age, 2008.....	128
Figure 6.5: Cocaine Related Deaths 2003-2008, Porter County Coroner's Report.....	128
Table 7.1: Percentage of Students Reporting Monthly Use of Amphetamines, ATOD, 2008.....	130
Table 7.2: Percentage of Students Reporting Annual Use of Amphetamines, ATOD, 2008.....	130
Table 7.3: Percentage of Students Reporting Lifetime Use of Amphetamines, ATOD, 2008.....	131
Table 7.4: Significant Differences: Porter County and State Figures, ATOD, 2008.....	131
Figure 7.1: Differences in Lifetime Use of Amphetamines, ATOD, 2008.....	132
Figure 7.2: Porter-Starke Treatments for Meth and Other Amphetamines.....	133
Table 7.5: Percentage of Students Reporting Monthly Use of Methamphetamines, ATOD, 2008.....	134
Table 7.6: Percentage of Students Reporting Annual Use of Methamphetamines, ATOD, 2008.....	134
Table 7.7: Percentage of Students Reporting Lifetime Use of Methamphetamines, ATOD, 2008.....	135
Table 7.8: Percentage of Students Reporting Monthly Use of Inhalants, ATOD, 2008.....	136

Table 7.9: Percentage of Students Reporting Annual Use of Inhalants, ATOD, 2008.....	136
Table 7.10: Percentage of Students Reporting Lifetime Use of Inhalants, ATOD, 2008.....	137
Table 7.11: Significant Differences Porter County Students and State Figures.....	137
Figure 7.3: Differences in Annual Use of Inhalants, ATOD, 2008.....	138
Table 7.12: Percentage of Students Reporting Monthly Use of MDMA, ATOD, 2008.....	139
Table 7.13: Percentage of Students Reporting Annual Use of MDMA, ATOD, 2008.....	139
Tables 7.14: Percentage of Students Reporting Lifetime Use of MDMA, ATOD, 2008.....	140
Tables 7.15: Significant Differences Porter County Students and State Figures.....	140
Figure 7.4: State and Local Differences MDMA Use, ATOD, 2008.....	141
Table 7.16: Hospital Discharge Statistics for Other Drug-Related Incidents, 2003-2006.....	142
Figure 7.5: Drug Related Offences Juvenile Probation: 2005-2008.....	142
Table 8.1: Percentage of Students Reporting Monthly Use of Over the Counter Drugs, ATOD, 2008.....	144
Table 8.2: Percentage of Students reporting Annual Use of Over the Counter Drugs, ATOD, 2008.....	144
Table 8.3: Percentage of Students Reporting Lifetime Use of Over the Counter Drugs, ATOD, 2008.....	145
Table 8.4: Significant Differences Porter County Students and State Figures.....	145
Figure 8.1: State and Local Comparisons: Over the County Drugs, ATOD, 2008.....	146
Table 8.5: Statewide Treatment Episodes for Prescription Drug Use, 2007.....	147
Table 8.6: Percentage of Students Reporting Monthly Use of Ritalin/Adderall, ATOD, 2008.....	148
Table 8.7: Percentage of Students Reporting Annual Use of Ritalin/Adderall, ATOD, 2008.....	149
Table 8.8: Percentage of Students Reporting Lifetime Use of Ritalin/Adderall, ATOD, 2008.....	149

Table 8.9: Significant Differences Porter County Students and State Figures.....	150
Figure 8.2: State and Local Comparisons Ritalin/Adderall, ATOD, 2008.....	150
Table 8.10: Percentage of Students Reporting Monthly Use of Tranquilizers, ATOD, 2008.....	151
Table 8.11: Percentage of Students Reporting Annual Use of Tranquilizers, ATOD, 2008.....	152
Table 8.12: Percentage of Students Reporting Lifetime Use of Tranquilizers, ATOD, 2008.....	152
Table 8.13: Significant Differences Porter County Students and State Figures.....	153
Figure 8.3: State and Local Comparisons, Tranquilizers, ATOD, 2008.....	153
Figure 8.4: Treatments at Porter Starke, Tranquilizers 2004-2008.....	154
Table 8.14: Statewide Treatment Episodes for Tranquilizer and other Drug Use, 2007.....	155
Table 9.1: 12th Grade Use of ATOD, ATOD, 2008.....	156
Figure 9.1: Monthly Use of Drugs and Alcohol by 12th Grade Porter County Students, ATOD, 2008.....	157
Figure 9.2: Porter Starke Treatments: Drugs and Alcohol 2004-2008.....	158
Figure 9.3: Emergency Room Treatments: Alcohol and Drugs 2008.....	159
Figure 9.4: Alcohol and Drug Referrals Porter County Adult Probation.....	159
Figure 9.5: Alcohol & Drug Treatments Porter Starke 18-25 Year Olds, 2004-2008.....	160
Figure 9.6: Alcohol & Drug Emergency Room Treatments 18-25 Year Olds, 2008.....	161
Figure 9.7: Drug and Alcohol Referrals to Juvenile Probation, 2005-2008.....	161
Figure 9.8: Positive Probation Tests for Opiates Probation Departments, 2003-2008.....	162

# LOCAL EPIDEMIOLOGY AND OUTCOMES WORKGROUP

## EPIDEMIOLOGICAL PROFILE PORTER COUNTY

### INTRODUCTION

#### **The Issue**

Porter County is not unlike other communities throughout the United States that have struggled with the effects of substance abuse. The publicity associated with increased heroin/opioid use triggered a community reaction and evoked a concentrated social service response. In fact, Porter County has been very proactive with its efforts to find a solution to the substance abuse problem. Understanding that the data-driven assessment of behavioral health needs is imperative when requesting state and federal government funding assistance, Porter County submitted a grant application for the ‘Indiana Strategic Prevention Framework State Incentive Grant’ (SPF-SIG) in 2006 to further support its goal; to prevent the negative effects of substance abuse in the community.

#### **The History**

A unified coalition of Porter County citizens recognized that to acquire the needed state and federal government assistance that a data driven assessment of behavioral health needs was necessary to support the community requests. The United Way of Porter County and the Porter County Community Foundation funded a 2005 Epidemiological Report on the Health Concerns of Northwest Indiana and this was followed by the 2007 Needs Assessment. Porter County submitted a grant application entitled the Indiana Strategic Prevention Framework State Incentive Grant (SPF-SIG) in 2006 to further support its goal, to prevent the negative effects of substance abuse in the community. The following is an overview of the historical development of the SPF SIG prevention program.

In July 2005, Indiana received a grant from the U.S. Department of Health and Human Services’ Center for Substance Abuse Prevention (CSAP) as a part of CSAP’s Strategic Prevention Framework State Incentive Grant (SPF-SIG) program. The SPF-SIG program encourages states to engage in data-based decision-making in the area of substance abuse prevention planning and grant making. (*The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2007*)

In late 2005, Governor Mitch Daniels ordered the creation of a Governor’s Advisory Council (GAC) to assess substance abuse prevention services and develop a strategic framework to guide policymaking for the 21st century. The state was required to establish a State Epidemiology and Outcomes Workgroup (SEOW), which was responsible for the provision of a centralized community data collection system with available epidemiological data. Analysis of this data would allow for data-driven decision-making regarding substance abuse prevention programming in the State of Indiana.

In October 2006, the Governor's Advisory Council (GAC) recommended that twelve communities with significant challenges in the area of substance abuse prevention receive funding to advance the objectives of the SPF-SIG Program. Porter County was selected through the application process to be funded. As a community funded to study 18-25 year olds consumption of alcohol, Porter County had the responsibility of developing a Local Epidemiology and Outcomes Workgroup (LEOW) to mobilize the community resources which will parallel, at the local level, the work that was accomplished by the SEOW. The SPF-SIG framework provides a system that assures direct communication from the local level (Porter County) to the State of Indiana, the state to CSAP, then from CSAP to the federal government.

## **CURRENT REPORT**

This is the second Porter County Report. Last year's report was substantially hampered by changes in personnel at a crucial period in the creation of the report. Those persons who took responsibility of putting the report together did an excellent job considering the circumstances. However, the first year problems limited significantly not only the report itself, but also the establishment of the relationships, process, and general infrastructure needed to continually create future reports. It also did not serve well as an initial learning experience which would be helpful for future reports. Last year's problems have in many ways impacted this year's report. In some ways, this is the first full report put together by the LEOW and provided many of the learning experiences that were not gained from the first year's report.

This year's report begins with a presentation of information about the community, including information on the population, economic conditions, and views of community members on issues and problems. The focus then turns to the consumption and consequences of various substances. First, there is a chapter on alcohol and this is followed by separate chapters on tobacco, marijuana, heroin, and cocaine. A separate chapter includes a discussion of a series of drugs including, amphetamines, methamphetamines, inhalants, and MDMA (ecstasy). An additional chapter includes a discussion of another series of drugs including over the counter drugs, Ritalin and Adderall, sedatives/benzoids, and tranquilizers.

## **METHODS**

### **The Community Research and Service Center as LEOW**

In 2008, those involved with the Strategic Prevention Framework State Incentive Grant decided that the role of the Local Epidemiological and Outcomes Workgroup should be transferred to a group with knowledge of the appropriate data collection and analysis procedures that are necessary to adequately measure the substance abuse problem in Porter County. They selected the Community Research Service Center (CRSC) at Valparaiso University because it was specifically designed for research projects that served to enhance the community and had the access to a wide array of data sets, an understanding of the community as a whole and the expertise and experience needed to appropriately collect and analyze information.

It is expected that community members will share with the CRSC information that would benefit the coalition and their affiliated organization and such information will be considered and appropriately reported at the discretion of the CRSC. Additionally, the Director of the CRSC works with the SPF SIG Program Director to obtain any information needed for the report or to ask information pertaining to the nature of meaning of a particular data set.

Additional outreach will occur in future years to communicate the relationship between CRSC, SPF SIG and community organizations. It is expected that this relationship will be refined and enhanced based on our experiences in the past year.

The Community Research and Service Center (CRSC) was created by the Department of Political Science at Valparaiso University in the fall of 1995. The primary goals of the CRSC are to provide research assistance and other services to government, not-for-profit organizations, and in some instances, businesses in Northwest Indiana while simultaneously providing opportunities for undergraduate students to act in integral ways in the process of developing and executing applied research projects. Undergraduate students not only learn basic research methods, but gain practical experience in working for and dealing with government, business, and other organizations in Northwest Indiana. As a means to achieve these goals, the CRSC forges partnerships with various community organizations from Northwest Indiana. Over seventy-five projects have been completed for over fifty different organizations and over 400 students have been involved in these projects. The CRSC currently has a staff consisting of a director, Larry Baas, an associate director, James Old, a part time administrative assistant, Paula Katsahnias, and five student research associates. Other students are involved in projects as part of classroom activities.

### **Overall Plan and Direction**

The overall goal of this project is to provide a systematic set of data on the consumption and consequences of alcohol among persons in Porter County between the ages of 18 and 25. In addition to the data itself, the project also will develop a systematic mechanism for the continued collection of this data in the future. It builds on the 2008 Porter County Epidemiological Report that recognized the need to collect similar data on the consumption of other drugs including tobacco, heroin, marijuana, cocaine, amphetamines, methamphetamines, inhalants, and MDMA (ecstasy), over the counter drugs, Ritalin and Adderall, sedatives/benzoids, and tranquilizers.

Once the overall direction of the project was determined and the data that was needed was identified, various CRSC staff persons were given specific assignments to gather and create reports on various pieces of information. This data was then checked and refined by other staff persons and eventually integrated into the larger report. Weekly and sometimes daily meetings were held to assess problems and progress and assure quality control.

### **Data and Interpretations**

Originally the plan was to make comparisons across gender, race, and age for patterns of consumption and their consequences. However, data on race was not available in most data sources and data on gender was only available in a few sources, and where available

comparisons were made. When available, comparisons were made across age groups particularly with reference to treatment data and data derived from some of the surveys. One problem with making comparisons was that access was not available to the raw data in the case of some of the survey data. When available and/or capable of being determined, levels of statistical significance,  $p < .05$ , were used to determine importance. In other cases, careful analysis of trends and comparisons were used to determine relevance and to guide suggestions for possible interventions. A more thorough discussion of the data used in this project is provided below.

## **Patterns of Consumption**

Various surveys were used to determine the patterns of consumption. The primary source is the Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents (ATOD) for 2008, which included five of the seven school districts in Porter County and a total of over 12,000 students in the 6<sup>th</sup> through 12<sup>th</sup> grades. This was the first year this data has been available for Porter County. In the past the data that was available was put in with a much larger set of data for the entire region. Therefore, comparisons with previous years are not possible. While a non random survey, the data does contain most members of the population and therefore provides a reasonable source for generalizations. A major limitation in the use of this data is the inability to get access to the raw data in order to make specific comparisons between sub groups and various activities.

The ATOD survey was supplemented by the Porter County survey data provided by the Indiana Prevention Resource Center which included a sample of four hundred Porter County residents. This data also included a sub sample of fifty-five persons between the ages of 18-25. This latter group is quite small and there were some concerns about its reliability. Nevertheless, while limited, it did provide some insight into the views of some segments of the population. The plan was to gain the cooperation of the various colleges and universities in the county to survey college age students. During this time period this cooperation was not secured. However, agreement has been reached to do a survey of the college age student population for the next report. Guarantees that the name of the institution would not be revealed had to be given in order to obtain this agreement. Also, a small non-random sample of college age students (122) was secured from one of colleges in the county. This data was given under the stipulation that the source not be revealed. While this data is not a random sample, it does provide some glimpse at the thinking of some students on these issues. Caution is exercised, however, in relying on this data.

## **Consequences**

To determine the consequences of the consumption of alcohol and drugs the survey data referred to above also was used. All of these surveys included questions related to the effects and consequences of the consumption of drugs and alcohol. In addition, the number of treatments at local hospital emergency rooms and mental health facilities was examined. This included data from Porter Hospital, Porter-Starke Services, and information from Treatment Episode Data Set (TEDS). Similarly, the costs of hospital stays were determined by examining hospital discharge data. Data also was gathered on local patterns of accidents, arrests and

referrals for alcohol and drug related matters to both adult and juvenile probation departments. Finally, data from the local coroner's office was examined for deaths related to drugs and alcohol.

### **Risk and Protective Factors**

In addition, risk and protective factors were examined to provide insight into areas where interventions might be successful. Data on these factors come from the survey data, primarily the ATOD survey.

### **The Data**

On each substance, as much information as was available was gathered to depict patterns of consumption and their consequences. The major sources of data are outlined in the following section. The data gathered do allow for the creation of a picture of the pattern of uses and consequences of the consumption of alcohol and drugs in this community. The data, however, does have some serious limitations. Perhaps the most serious limitation is the absence of more extensive data on the consumption patterns of our target group, 18-25 year olds. This is an elusive group. Outside of colleges and universities they are not situated in one location where they can be easily targeted. They are difficult to access through surveys because there is no way to find lists of who and where they are, and if you locate them, they are the least likely to respond to mailed surveys. Additionally, most no longer have connections to land phones and surveys of persons that age on cell phones are very problematic. As indicated, next year more data on persons in this group will be obtained.

The following is a brief discussion of the data used.

**Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents (ATOD) Survey.** The ATOD survey is conducted annually by the Indiana Prevention Resource Center to monitor patterns of alcohol, tobacco, and other drug use by Indiana's middle and high school students. The survey used here was given to students in 2008. Five of the seven school districts in Porter County completed the survey and all the data was combined into one file. This is the major source of data utilized in this report. It does not include all students in Porter County in these grade levels, but it is of sufficient size to provide some degree of confidence in its generality. It also provides comparisons with students from elsewhere in the state. This also has some limitations because of the way the sample was developed, but still provides some indication of how we compare to other areas of the state. Additionally, we are not provided the original data set which prevents us from analyzing the data in a more specific manner.

**Hospital Discharge Data.** The Indiana State Department of Health collects information on inpatients discharged from hospitals in Indiana. The data includes information on principle diagnoses and procedures, length of stay, and total charges. The data from Porter Hospital was extracted and used in this study. We did our own analysis of the diagnostic codes and then grouped various drugs into categories for analysis. In the future we will break down drugs to more specific levels.

**Porter-Starke Services Treatments.** This data includes treatment episodes for all drugs and alcohol from 2004-2008. Data is available by age and gender as well. Data here was limited to persons living in Porter County. The data is broken down by year, age and sex. Susan Glick provided this data from Porter-Starke Services. Several other organizations provided data on treatments, but they were very limited and not used here. The collection of this data from other organizations could be systematized to a greater extent.

**Treatment Episode Data Set (TEDS).** 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. For Indiana, the TEDS data are limited to information about individuals entering substance abuse treatment who are 200% below the poverty level and receiving state-funding. It does not, therefore, include all persons treated in the County and does overlap somewhat with data from Porter-Starke.

**Fatality Analysis Reporting System (FARS) Data and Automated Reporting Information Exchange System (ARIES)/Vehicle Crash Record System (VCRS).** The Indiana State Police's ARIES/VCRS is a central repository for all collisions reported in the state of Indiana; the data contained in the system is provided to the Fatality Analysis Reporting System (FARS). FARS is a national database of fatal motor vehicle accidents.

**Drug Abuse Warning Network (DAWN) Data.** DAWN data provides information on drug and alcohol treatments at Porter Hospital Emergency rooms. Data is broken down by age and sex. Jenifer Choate is the facility liaison for this and persons at the Porter Emergency room, including Laurie Wehner-Evans, also helped us to obtain this information. In the future we will get data broken down more specifically for each drug, by age and sex.

**Adult Probation.** Porter County Adult Probation provided information on drug and alcohol referrals and drug and alcohol tests results for probationers. Neil Hannon, Chief Adult Probation Officer, provided the data. In the future we will see if we can get the data broken down more specifically by age, sex, and specific substance.

**Juvenile Probation.** Porter County Juvenile Probation provided information on drug and alcohol referrals from 2005-2008. Chris Curry helped provide this data. In the future we will see if we can get the data broken down more specifically by age, sex, and specific substance.

**Arrest Data.** Sharon Cawood provided data on arrests for alcohol and drug related crimes from various jurisdictions in Porter County. We need more specific data here from the county broken down by specific drug, age, and sex. Location of arrests would help as well.

**Porter County Survey** The Indiana Prevention Resource Center conducted a statewide survey on drug and alcohol use and included a sample of 400 Porter County residents and 55 persons age 18-25. The sample of 18-25 year olds is too small to draw solid conclusions and in fact, some of the data was inconsistent with what we would have expected given other data. Additionally, we are not provided the original data set, which prevents us from analyzing the

data in a more specific manner. The IPRC also issued a caution about the data because some counties found results inconsistent with other data that they had gathered.

**College Age Survey.** A non random sample of 122 college age students from 18-24 were asked a series of questions about their drug and alcohol use. This is the type of data needed, but it needs to be gathered in larger numbers in a more systematic fashion.

**Porter County Coroner's Reports.** The Porter County Coroner provided reports for the past five years on deaths in the County. The data is not easy to interpret because of the multiple causes of most deaths. Coroner Victoria Deppe, and Doris Amling, administrative assistant in the Coroner's Office, provided the data and helped interpret it.

**State Epidemiological Study, 2008.** Included statewide and some local data on drug and alcohol use in the state. We used it for data on arrests and crashes.