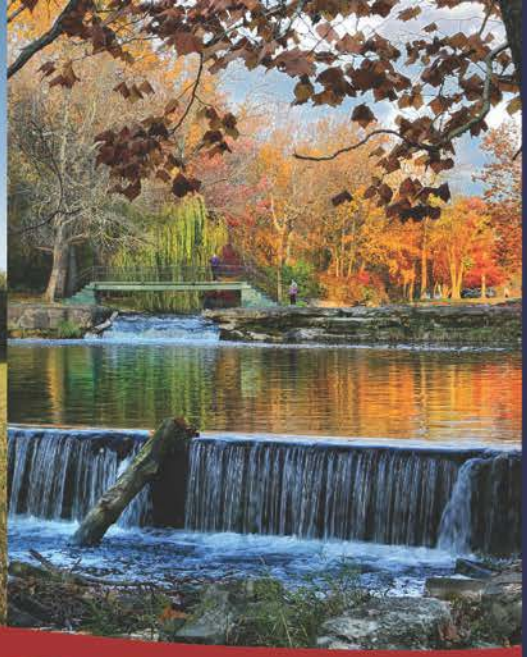
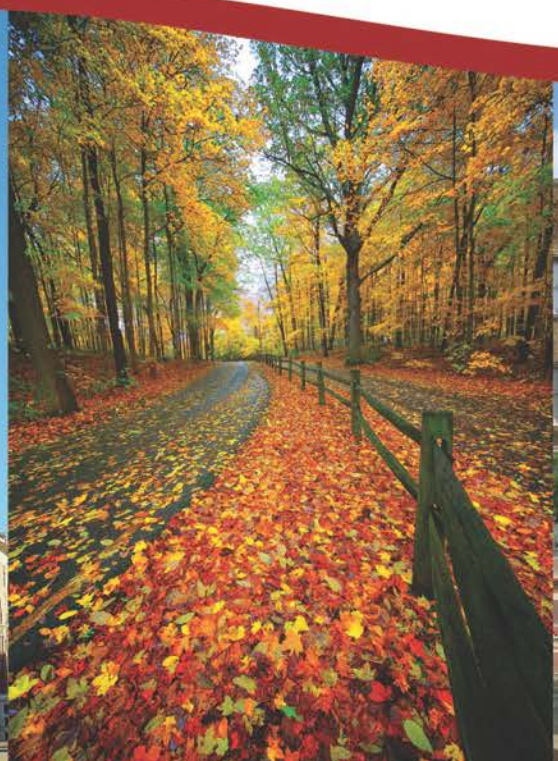


The Consumption and Consequences of Alcohol, Tobacco and Drugs

Madison County Epidemiological Profile



2014

THE CONSUMPTION AND CONSEQUENCES OF ALCOHOL, TOBACCO, AND OTHER DRUGS

2014
MADISON COUNTY
EPIDEMIOLOGICAL PROFILE

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Table of Contents

Introduction

An Epidemiological Study?

What is it?

An epidemiological study is a statistical study on human populations that looks at large scale health concerns, their causes and consequences. This epidemiological study focuses on substance abuse in Madison County. At times data on the state of Indiana or even the nation is included for comparison, though the focus remains on the local conditions that exist in Madison County.

Why do we need one?

Substance abuse is one of several public health concerns in our community. Why does it need our attention? As will be evident in this report, substance abuse reaches into many areas of public and private life. It has social, medical, economic, and public safety consequences, to name a few. Our communities in Madison County stand to benefit most from the reduction of substance abuse. In order to initiate positive change in issues related to substance abuse, we need to understand the local conditions in Madison County. An effective plan can only be made when there is a clear picture of what needs changed. This epidemiological profile is an effort to focus on the issues that will further empower those in our community who are willing and ready to gather together for change.

Origins

SPF-SIG: Indiana

In July 2005, Indiana's Office of the Governor received a grant from the U.S. Department of Health and Human Services Center for Substance Abuse Prevention (CSAP) as part of CSAP's Strategic Prevention Framework State Incentive Grant (SPF SIG) program. The SPF SIG grant program represented a continuation of ongoing CSAP initiatives to encourage states to engage in data-based decision-making in the area of substance abuse prevention planning and grant marketing.

Madison County received a local SPF-SIG grant in 2008 for acquiring data and assessing the community before strategies were planned. The first acquired data and assessments were used in a publication known as *The Consumption and Consequences of Alcohol and Drugs in Madison County: A County Epidemiological Profile,* (*http://www.intersectinc.org/research-and-stats/epi-report/*). The first edition was completed in the spring of 2009. In the months that followed more than a dozen community presentations were made to audiences that totaled more than 350 Madison County residents, including key leaders and elected officials. The data in the profile was also used in grant applications that resulted in more than 1 million dollars in funding for substance abuse prevention, treatment and law enforcement in Madison County.

Collaboration

When the State Incentive Grant year of funding came to an end in late 2009 an agreement was reached between MCCASA and Intersect, Inc. to fund an update to the epidemiological profile. Though the funding is only a fraction of the original state funded one-year grant, it was decided that the data collection was enough of a priority to both organizations and the broader community that data collection and analysis should continue. Additional funding through the Indiana Department of Mental Health Association and the Federal Drug Free Communities (DFC) grant has continued financial needs for further data collection and analysis.

Overview

Substance abuse results in consequences that negatively affect communities, states and nations throughout the world. Even one death as the result of tobacco induced cancer, alcohol impaired judgment or drug related violence represents a tragedy. So how do we decide where to focus our limited resources when the problem is not limited to a particular location or demographic? One way is to do a comparative study to evaluate the prevalence of a specific problem. This study compares Madison County and other communities, various groups of people within Madison County (men to women, blacks to whites, 12th graders to 6th graders, etc.), and common consequences to various causes (accidents that result from alcohol use verses those

that do not, arrests for using marijuana verses arrests for using cocaine, etc.). By making these comparisons one can judge the comparative magnitude of a problem.

The prevalence and consequences of alcohol's misuse are the foci of the alcohol portion of this report. One will notice that many of the measures reveal that Madison County stands out when compared to other counties in Indiana. When looking at underage use of alcohol, access is a key issue. According to data collected from the CMCA survey (Communities Mobilizing for Change in Alcohol), youth most frequently obtain alcohol from friends, family members, or from home. Purchasing alcohol directly from retailers though is not as common of a means for underage drinkers to acquire alcohol in Madison County. Data shows that alcohol outlets, on average, are just slightly more numerous in Madison County than in Indiana – 2.0 per 1,000 residents for Madison County versus 1.99 per 1,000 residents for Indiana.

Indiana ranks among the top 11 states nationally in adult tobacco use and as a result is affected disproportionately by the negative consequences of its use. Madison County is among the top tobacco use counties in Indiana, making it one of the highest in the nation. Smoking is not the only tobacco issue of concern. There is a growing variety of smokeless forms of tobacco and electronic nicotine delivery systems(ENDS) being marketed to combat smoke free air laws that have been adopted in 36 states plus the District of Columbia.

Marijuana and prescription drug misuse provide the most prevalent drug challenges in Madison County. More than 2 of every 3 drug arrests are related to marijuana, prescription drugs or both. The challenge of keeping drug laws current with practice is intensified because various synthetic drugs are being marketed under other product categories such as bath salts and incense.

Sources

The majority of sources in this report are secondary sources. The only data that we directly collected and processed was from the interviews from community members on alcohol and youth usage. Most of the rest of the data was collected by the credited organization and submitted for analysis for the purpose of this report. For more

information on individual sources see the section on source data at the end of this report.

Madison County Demographics

High School Graduation Rates

Education data is often included when assessing the environment of a community. Though it has independent value, it has been included in this report for its relevance to substance abuse. Though not obvious, there is a connection between education data and substance abuse. Academic success and strong commitment to school are two "protective factors" used when assessing the likelihood of substance abuse in a community. The graduation rate data used in this section is based on information obtained from the Indiana Department of Education (www.doe.in.gov/data/).

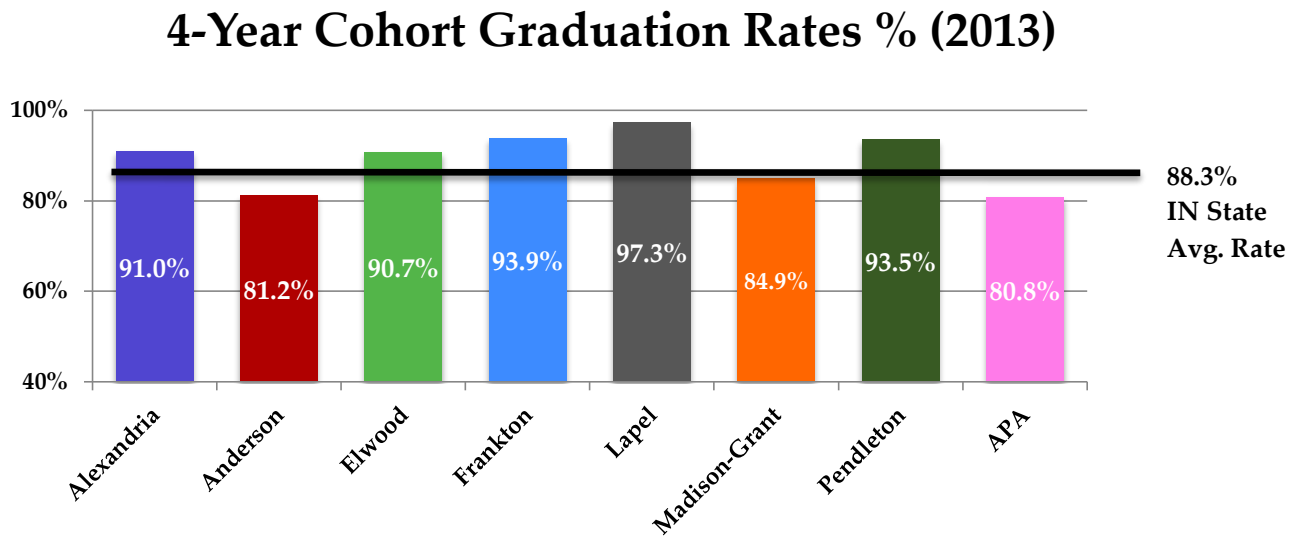


Chart 1: *Indiana Department of Education (2013)*

One way to analyze county high school graduation rates is to compare them to the State average, as is done in Chart 1 above. Another method of interpreting these numbers is to breakdown the percentages into a percentile ranking format. This method shows how the county rates compare to all the high schools throughout the State of Indiana. Chart 2 indicates how the Madison County high school graduating classes for 2010-2013 compare to the other Indiana high schools. The following table

(Table 1) gives the actual county High School graduation rates along with the State average that are being ranked in the chart.

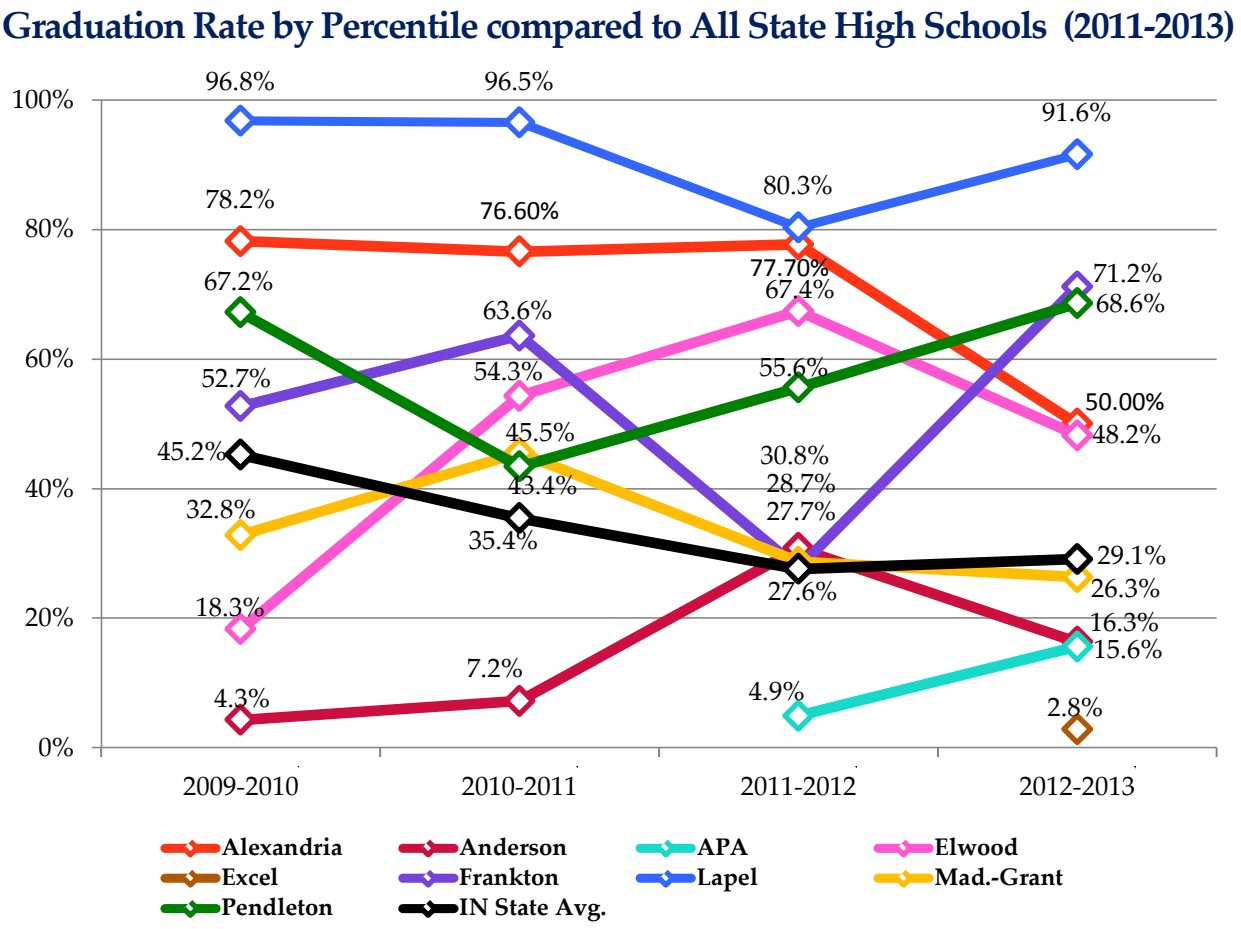


Chart 2: ***Indiana Department of Education (2010-2013)***

The above chart gives a context to graduation rates. When you see that Frankton had a graduation rate of 93.9% in 2013 that means they graduated a larger percentage of students than about 71.2% of Indiana schools. While Anderson's graduation rate of 81.2% in 2013 was better than only about 16.3% of Indiana schools, and worse than about 83.7% of Indiana schools.

Graduation Rates				
	2010	2011	2012	2013
Alexandria	92.5%	93.0%	94.4%	91.0%
Anderson	59.6%	70.8%	85.4%	81.2%
Anderson Prep. Acad.	n/a	n/a	41.7%	80.2%
Elwood	78.4%	89.4%	92.9%	90.7%
Frankton	87.8%	90.9%	84.4%	93.9%
Lapel	97.7%	97.9%	95.2%	97.4%
Madison-Grant	83.9%	87.2%	85.0%	84.9%
Pendleton	90.6%	86.9%	91.2%	93.5%
Madison County Avg.	84.4%	88.0%	83.8%	89.2%
State of Indiana Avg.	85.9%	87.1%	88.7%	88.6%

Table 1: ***Madison County High School Graduation Rates (2010-2013)***

There is a higher degree of variability among some of the schools with better graduation rates in the percentile rank chart above. Part of the reason for this is that there are many more schools packed within a small range of graduation rates between 80% and 95%. For example, Alexandria's graduation rate slipped 3.4% between 2012 and 2013, but that change resulted in them slipping almost 28% in the state rankings. Another way to see this is that approximately 48% of Indiana schools had a graduation rate between 91% and 100% in 2012 and 2013. So, when Alexandria's graduation rate fell between 2012 and 2013, 20% of Indiana schools passed them in graduation rate. A seemingly moderate change in graduation rate can make a big difference in a schools rank compared to all schools. It is even possible, as happened to Alexandria between 2010 and 2011, that a school's graduation rate can have a small improvement and that school slips in the rankings, they had a .5% increase in graduation rate but fell 1.6% in state rankings. This just means that schools that were ranked just below Alexandria in 2010 had enough of improvement to surpass Alexandria's rate, even though Alexandria also improved.

County Health Measures and Rankings

The Robert Wood Johnson (RWJ) Foundation sponsors a study of community health for every county in the nation. Table 2 compares Madison County to the other 91

Indiana counties on the various measures of community health used by the RWJ Foundation. The categories are in comparison order from most favorable to least favorable. The county health measures data in this section is based on information from the U.S. Department of Health and Human Services (www.communityhealth.hhs.gov) and the Robert Wood Johnson Foundation's county health rankings (www.countyhealthrankings.org/indiana/madison).

2014* Madison County Health Rankings Robert Wood Johnson Foundation County Health Rankings (www.countyheakthrnkings.org)	
	MEASURES OF COMMUNITY HEALTH
Among the Best Rates in the State *(Ranks in 1st to 10th Percentile)*	
Much Better than State Average *(Ranks in 10th to 25th Percentile)*	• Diabetic Screenings • Mammography Screenings
Better than State Average *(Ranks in 25th to 40th Percentile)*	• Motor vehicle crash deaths • Alcohol-impaired driving deaths
Near State Average *(Ranks in 40th to 60th Percentile)*	• Uninsured Adults • Limited access to Healthy Foods • Homicide Rate • Access to Exercise Opportunities • Air pollution-particulate matter • Chlamydia Rate • Excessive drinking rate • Food insecurity rate
Worse than State Average *(Ranks in 60th to 75th Percentile)*	• Adult Smoking • Preventable Hospital Stays • Inadequate Social Support • Teen births • Primary Care Physician Ratio • Some college • Poor mental health days
Much Worse than State Average *(Ranks in 75th to 90th Percentile)*	• Unemployment Rate • Children in Poverty • Physical inactivity • Poor physical health days
Among the Worst Rates in the State *(Ranks in 90th to 100th Percentile)*	• Adult Obesity • High School Graduation Rate • Single Parent Households

Table 2: ***2014 County Health Rankings- Madison County Compared to All Indiana Counties***

* - This is a comparison completed in 2014, but the data is not from the calendar year 2014. It is only as recent as was available to provide an adequate comparison between counties.

Another data source of community health, prepared by the U.S. Department of Health and Human Services, compares health statistics of all U.S. counties and then groups counties across the nation that have several key similarities. This grouping procedure has listed 39 peer counties to which Madison County is compared. Two of those 39 are Delaware and Monroe County, IN. Table 3 compares Madison County to the 37 peer counties around the U.S. determined by U.S. Department of Health and Human Services. The table shows how the similarities relate favorably or unfavorably.

2009 Community Health Standards Indicators U.S. Department of Health and Human Services		
	UNFAVORABLE COMPARISON TO PEER* U.S. COUNTIES	**FAVORABLE** COMPARISON TO PEER* U.S. COUNTIES
UNFAVORABLE COMPARISON TO U.S. RATES	• Low Birth Wt. (<2500 g) • Premature Births (< 37 weeks) • Births to Women under 18 • Births to Unmarried Women • No Care in First Trimester • Infant Mortality • White non-Hispanic Infant Mortality • Black non-Hispanic Infant Mortality • Neonatal Infant Mortality • Post-neonatal Infant Mortality • Colon Cancer • Lung Cancer • Motor Vehicle Injuries • Stroke • Suicide	
FAVORABLE COMPARISON TO U.S. RATES	• Unintentional Injury	• Very Low Birth Wt. (<1500 g) • Births to Women age 40-54 • Breast Cancer (Female) • Coronary Heart Disease

Table 3: ***2009 Community Health Standards Indicators- Peer County Comparison to Madison County***

*As defined by the U.S. Dept. of Health and Human Services based on a County's population, frontier status, poverty and age. This is a comparison completed in 2010 This completed in 2010, but data is not as recent as 2010. It is only as recent as was available at the time the report was completed.

General Demographic Data

Charts 3, 4 and 5 illustrate various demographic measures the Indiana Prevention Resource Center (IPRC) and the Indiana Youth Institute (IYI) use to compare the counties in Indiana. The data in this section is based on information that can be accessed at www.drugs.indiana.edu/data-prevstat-county07.html and www.iyi.org/reports .

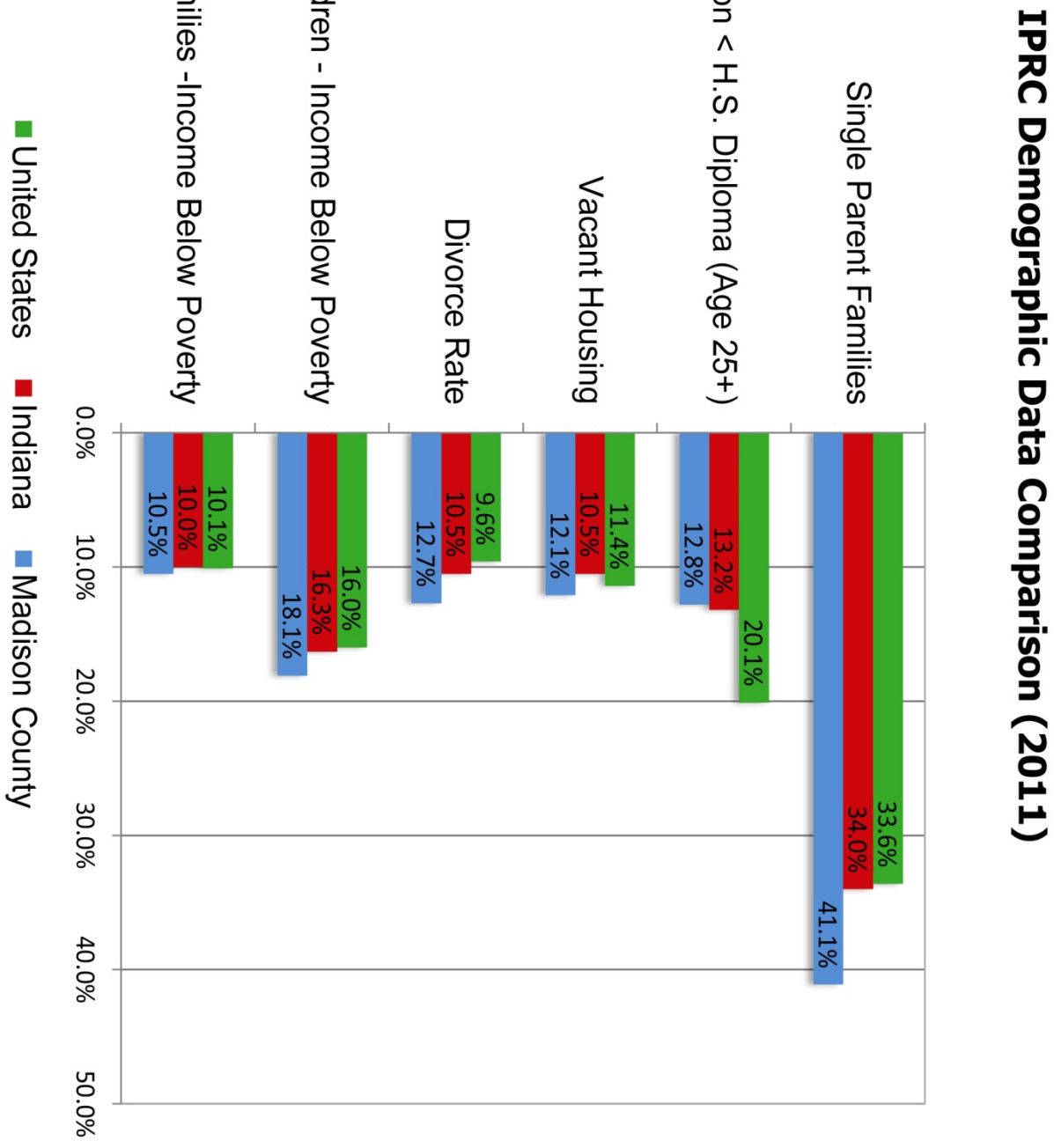


Chart 3: ***Indiana Prevention Resource Center (IPRC) Demographic Data Comparison for 2011***

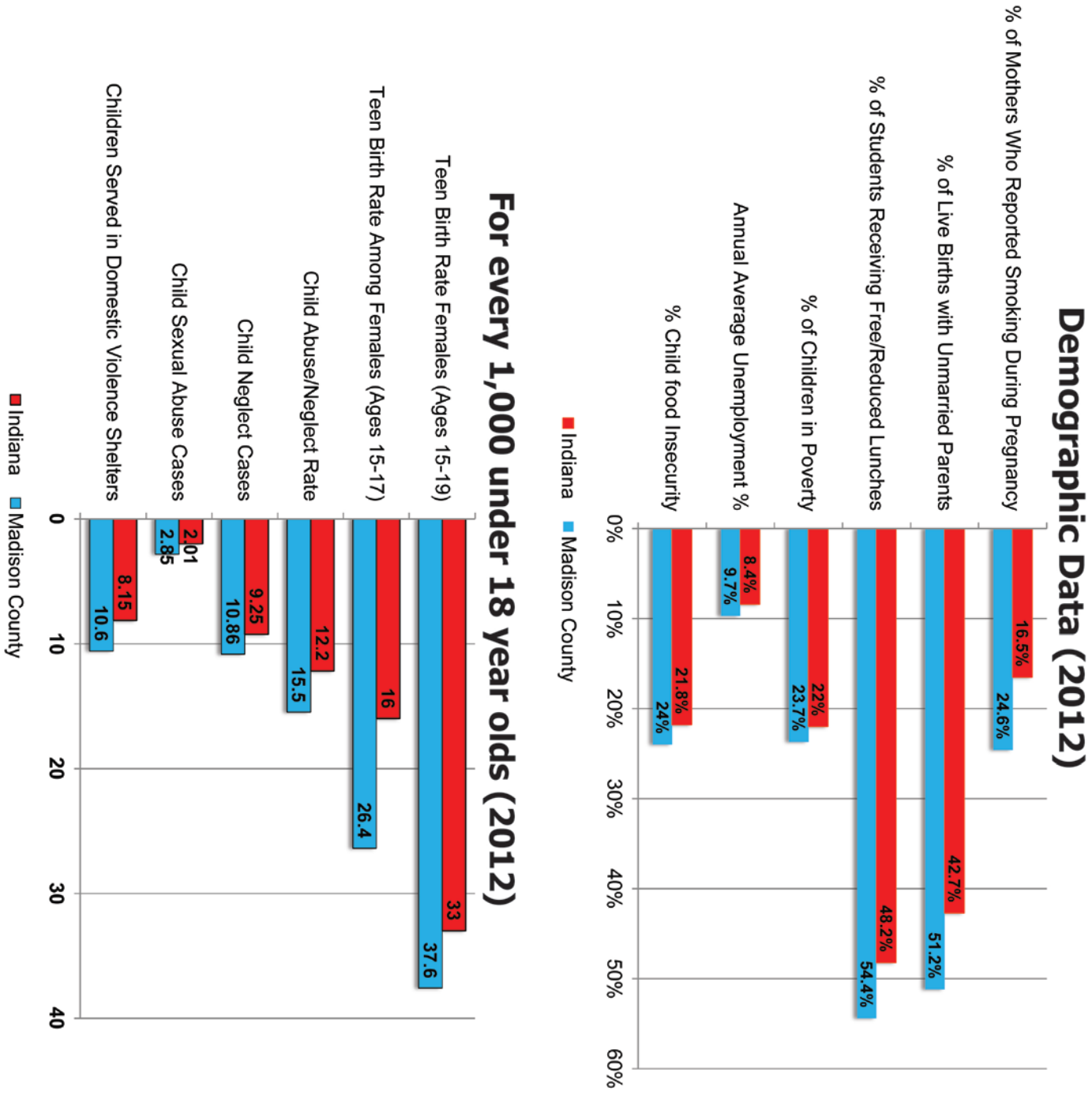


Chart 4: ***Indiana Youth Institute (IYI) Demographic Data Comparison (2012)- Madison County & IN***

Chart 5: ***IYI Demographic Risk Factor Comparison (2012)- Madison County & IN***

*This is a comparison completed in 2012, but data is not as recent as 2011. It is only as recent as was available at the time the report was completed..

Alcohol

Alcohol misuse and its consequences are a significant concern in Madison County. The funding for the original epidemiological profile was awarded to Madison County because of its unfavorable comparison to counties in the state on a number of alcohol related measures. The following section will detail some of the evidence of the problem.

DEFINITION OF A DRINK	
Beer	12 oz.
Malt Liquor	8-9 oz.
Wine	5 oz.
Hard Liquor	1.5 oz.

DEFINITION OF BINGE DRINKING	
Men	5 Drinks in about 2 hrs.
Women	4 Drinks in about 2 hrs.

Arrest Data

The information in this section is provided by the following law enforcement agencies: Alexandria PD, Anderson PD, Chesterfield PD, Edgewood PD, Elwood PD, Madison County Sheriff's Department and Pendleton PD. Some potential factors that affect arrest data include, but are not limited to, lowered officer numbers, overtime availability, priority areas and any potential adjustments to these throughout the year(s).

Chart 6 (below) shows the number of alcohol related arrests in Madison County over the past four years. The chart indicates a decrease in the number of alcohol related

arrests over the 2011-2014 timeframe. The chart also reveals that over the four year time period, arrests have decreased for every age group with the exception of the 16-20 age

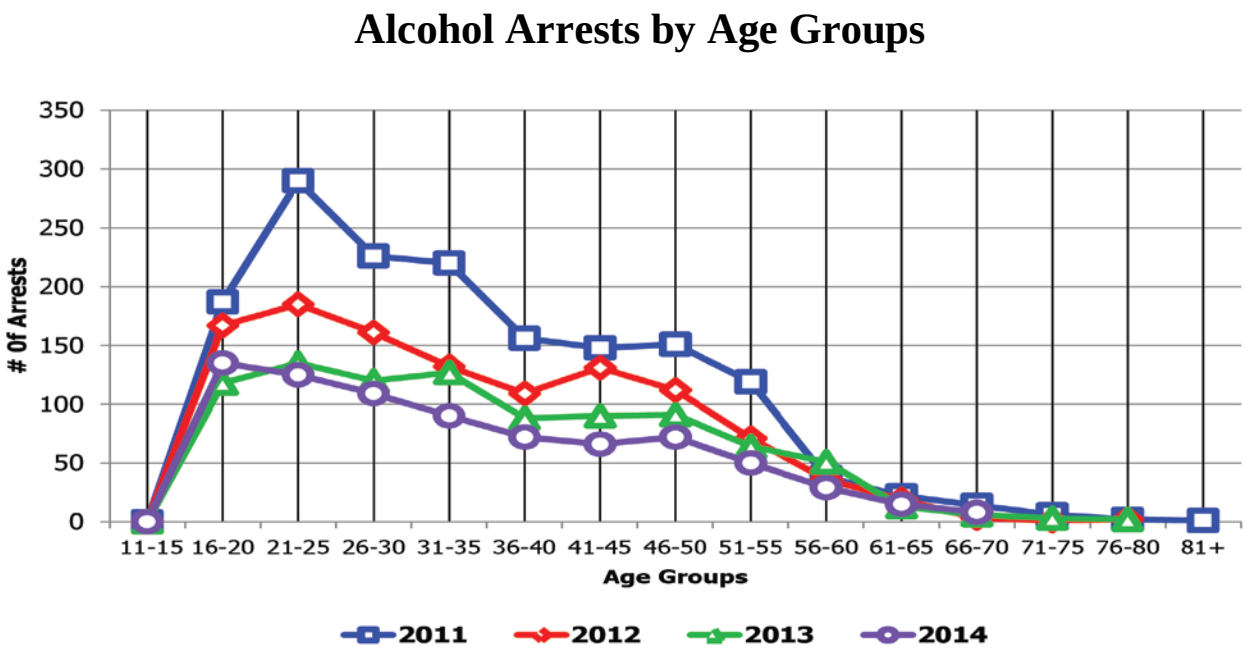


Chart 6: ***Madison County Uniform Crime Reporting System (2011-2014)***

group. Although the number of 16-20 year olds being arrested has decreased from 2011 to 2014, the point of concern is that the 16-20 group has been ranked in the top four of all the age groups during the 2010-2014 timeframe. In fact, the 16-20 age group has the largest number of alcohol related arrests for 2014 (based on nine months – January 1 through October 6, 2014). During this nine-month period, the 16-20 age group accounted for 17.5% of the alcohol related arrests compared to 11.8% in 2011, 14.8% in 2012 and 13.0% in 2013. Per the U.S. Census Bureau Population Estimates Program, the 15-19 year old age group represents 6.8% of the population and the 20-24 year old age group represents 6.3%. It is common that the 16-20 year old age group be over represented in alcohol and drug related arrests, but it is significant that the arrest percentages are 2.5 times the overall population representation. The age range 18-24 represents 9.0% of the county's population (www.stats.in.edu) and 18.0% of alcohol related arrests during the 2011-2014 period illustrated in the above chart. This age group is also usually over represented in alcohol and drug arrests, but it is significant

that the age group arrest rate is twice the rate of the overall population percentage they represent. It is also disturbing to see from Chart 6 (above) that during the 2011-2014 period arrests of persons between the ages of 16-25 accounted for 30.6% of all alcohol arrests.

Alcohol/Drug Arrests Comparison by Day of the Week (2011- Oct. 2014)

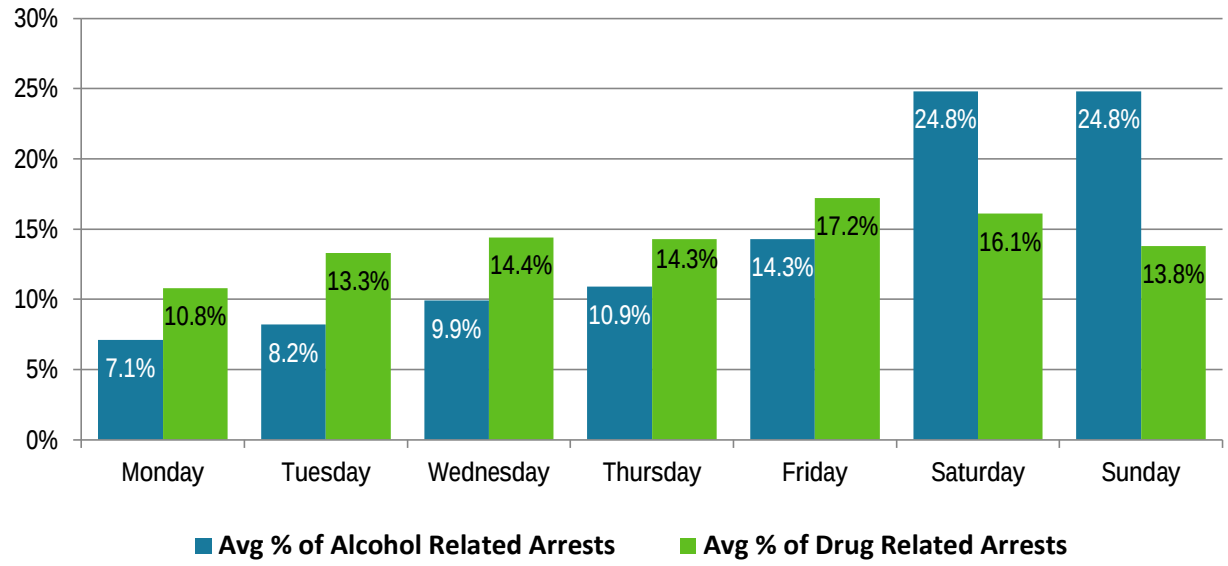
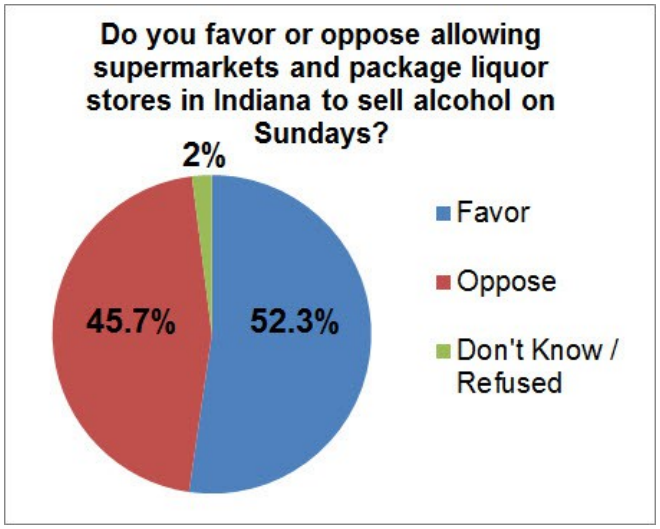


Chart 7: ***Madison County Uniform Crime Reporting System (2011-October 2014)***



Graph Courtesy of:
www.wishtv.com/2014/11/13/hoosier-survey-shows-support-for-sunday-alcohol-sales

Chart 7 indicates that Friday, Saturday and Sunday are the days with the most alcohol related arrests between January 2011 and October 2014. One interesting fact is that Saturday and Sunday have an equal share of alcohol arrests. This may not be surprising, but it is of interest particularly if there are any future changes to Indiana law relating to Sunday sales of alcohol. The bill to legalize Sunday alcohol sales in Indiana was dropped by the legislature due to

lack of votes. Future bills are expected to occur in later legislative sessions though. A recent Hoosier survey revealed that citizens are split fairly evenly with 52% approving and 46% disapproving. Grocery and convenience stores view the issue as a revenue generator, however, opposing groups view the legalization of Sunday sales as resulting in "increased consumption and underage drinking" (*Patrick Tamm, Indiana Association of Beverage Retailers*).

In the event that Sunday alcohol sales are legalized in 2015, it can be surmised that there would be an increase in the number of alcohol related arrests on Sunday. Chart 7 shows another interesting fact in that the drug arrests for Madison County are more evenly distributed through the week with much less emphasis on the weekend than those of alcohol. Unfortunately, due to the limitations of this research, there is not a definitive explanation for the differences between drug and alcohol arrest patterns.

The chart below shows that the months of March, May, July, August, and September each have between 9.3% and 10.1% of the total alcohol related arrests for the year, with July and August being tied as the highest at 10.1%. March and May's high

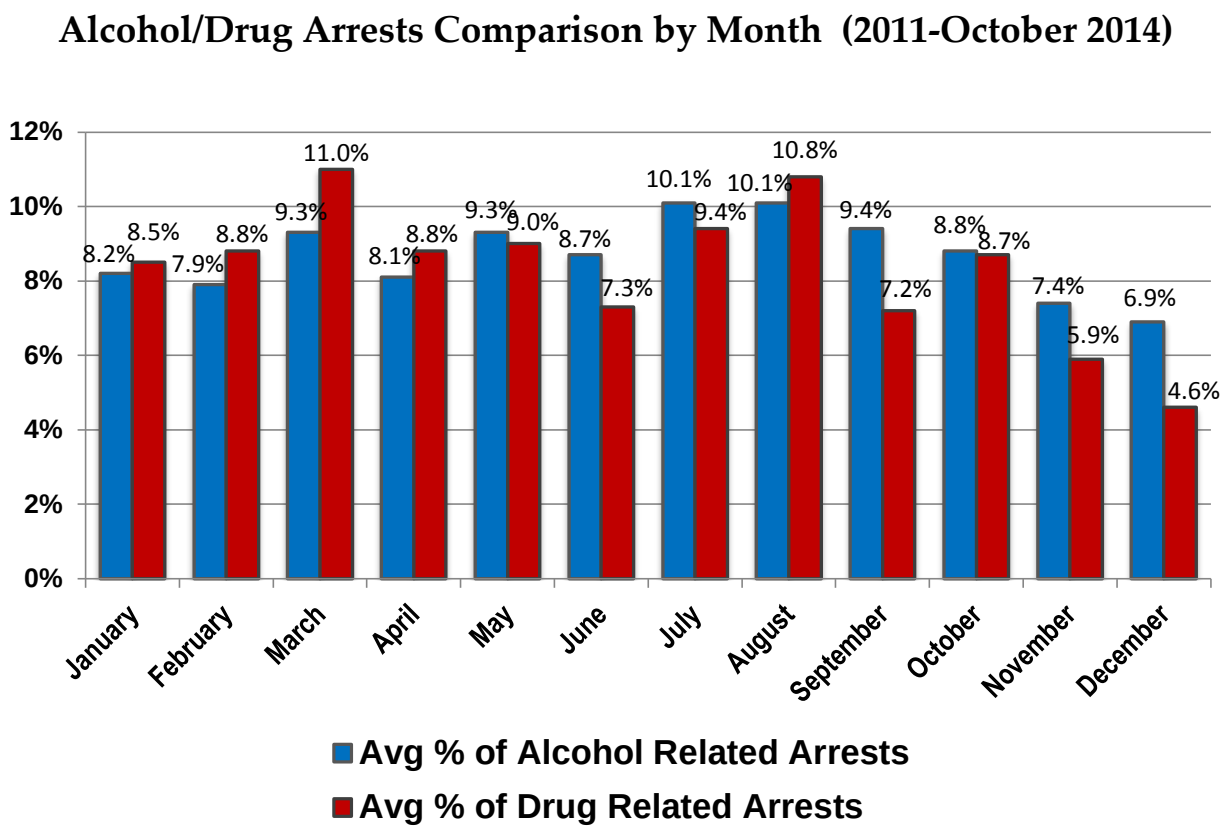


Chart 8: ***Madison County Uniform Crime Reporting System (2011-October 2014)***

numbers (9.3% each) could be connected to spring break, graduation and prom activities that may have the prevalence of alcohol. Unfortunately, the collected data does not indicate the exact reasons to support the variation of usage between the months of the year.

Department of Corrections (DOC)

Moving from local arrest data to Department of Corrections' data, the first thing that will be examined is the number of admissions from Madison County and compare them to the total number of DOC admissions from the State of Indiana (Chart 9). Chart 10, below, illustrates the percentage of alcohol and/or drug related DOC admissions from Madison County. The admission rates for 2010-2013, range between 4.0% and 4.4% of the total state DOC admissions over the same time period. It should be noted that the admission to the DOC and the actual arrest could take place in different years depending on the amount of time taken in the judicial process. Nonetheless, it gives an idea of how frequently an alcohol related arrest from Madison County results in a conviction severe enough to require prison time.

Madison County represents approximately 2.0% of the population of the state of Indiana, yet the percentage of Madison County residents admitted to the DOC is quite disproportional. As Chart 10 shows, Madison County consistently represents 4.0% plus or minus of the annual DOC admissions. These admission percentages represent alcohol and/or drug related arrests, not the severity of the charge, i.e. misdemeanor or felony, at least one charge filed against an individual dealt with alcohol or drug infractions. Therefore, the data needs to be viewed cautiously since the data does not indicate the exact charge that resulted in a DOC admission. An individual can receive several charges for a single event, and charges are levied from most to least severe. For example, a person could receive a felony assault and a public intoxication misdemeanor charge for a single event. The felony would be their first charge and the misdemeanor their second. If the drug or alcohol charge is the 1st charge it means that it is the only or most severe of the charges. In July 2014 Indiana's criminal code was changed. The total number of felony classes went from four to six. Sentencing options will be more flexible

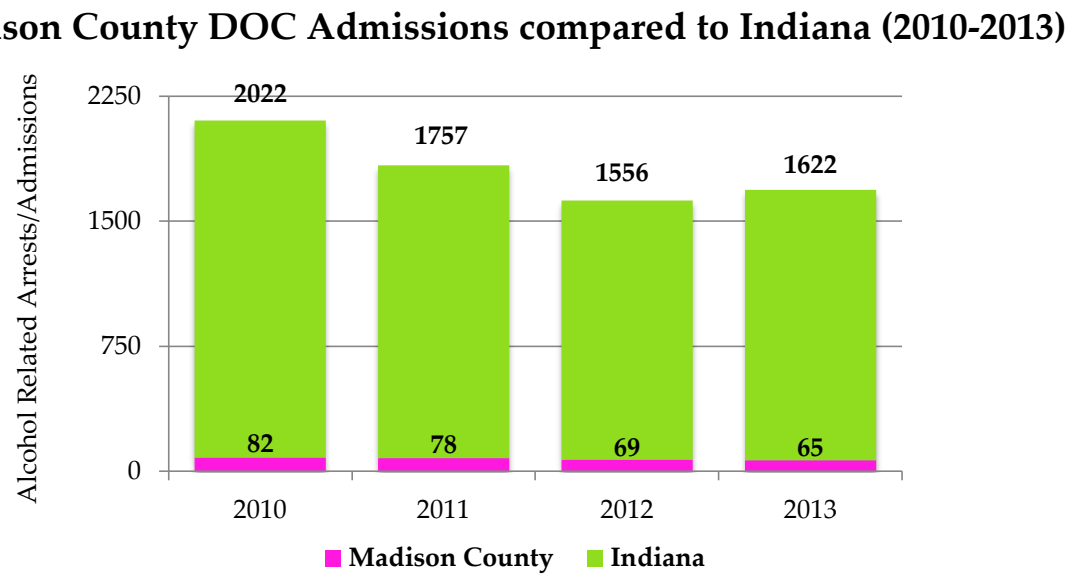


Chart 9: ***Madison County Uniform Crime Reporting System (2010-2013)***

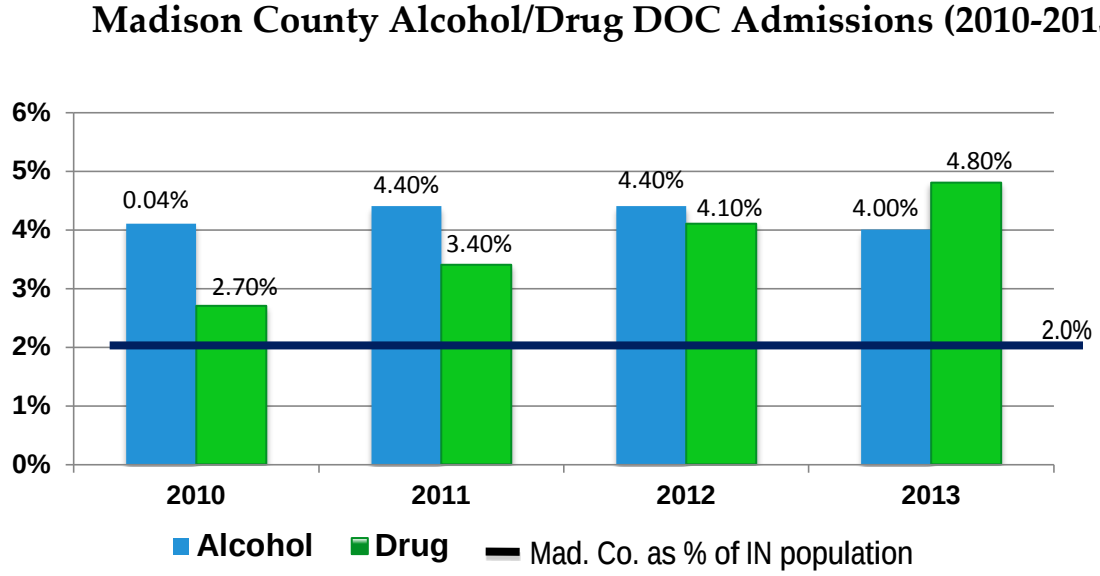


Chart 10: ***Madison County Uniform Crime Reporting System (2010-2013)***

with the new felony classes. The drug laws also were affected by the code change. The drug amount minimums a person is caught with or is dealing has greatly increased. This is a change that may be amended in later legislative sessions if public opinion merits. Minor alcohol and/or drug related charges would most likely be considered minor offenses and not merit any prison time, but instead, minor offenders would be

dealt with at the local level. On the other hand, the new code changes focus on more violent alcohol/drug related crimes that would face harsher sentencing and serve a minimum of 75% of their sentence versus the previous 50% minimum. These new guidelines went into effect July 1, 2014. These changes will most likely affect the future arrests in Madison County that are sentenced to the DOC. For further explanation about levels of offenses visit www.defenselawyerindiana.com/levels.html. The cumulative picture revealed by the latest data collected for Chart 10 is that Madison County residents are admitted to the DOC at a rate 2.4 times greater than the state average for alcohol and 2.0 times greater for drugs.

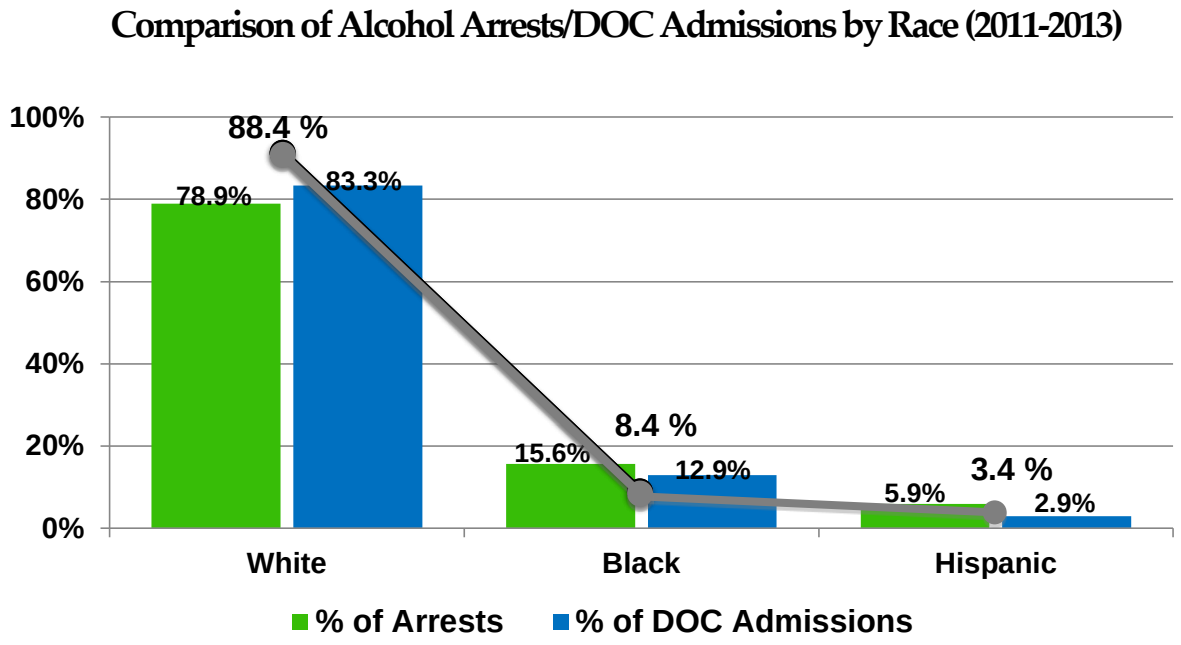


Chart 11: ***Madison County Uniform Crime Reporting System (2011-2013)***

One of the details that stands out regarding both arrests and DOC admissions is the degree of racial disproportionality to the overall racial makeup of our community. Both blacks and hispanics in Madison County are arrested at a frequency twice that of their respective percentages of the overall population for the years 2011-2013. Racial minority groups, particularly blacks, are commonly over represented in both arrests and DOC admissions throughout Indiana and the United States. This is true of statistics in Madison County as well. Arrest averages are not available for the state, but DOC admissions for Madison County and Indiana can be compared.

As stated earlier, it has been common for some racial groups to be over represented in DOC admissions, but when comparing the rate of black and hispanic admissions from Madison County to the rates admitted throughout the rest of the state there is an even more dramatic picture.

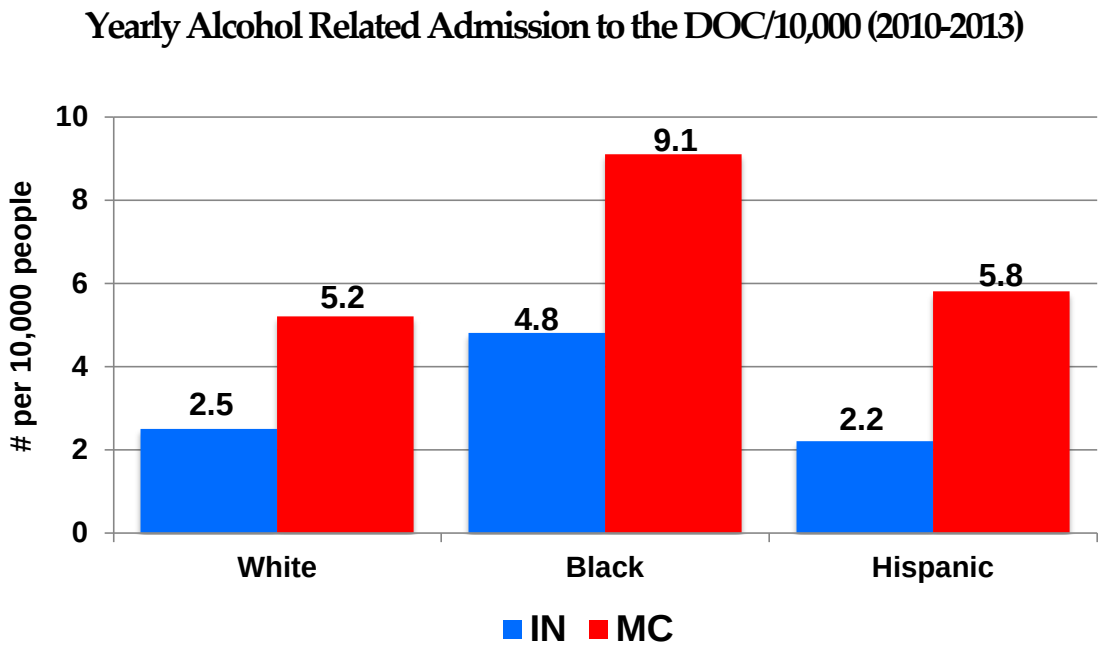


Chart 12: ***Indiana Department of Corrections- State and Madison County (2010-2013)***

Simply looking at the overall numbers it would be evident that more whites are admitted to the DOC for both drug and alcohol charges, however, that conclusion does not accurately tell the whole story. Based on the population percentages, there are more whites admitted to DOC, but when comparing the numbers admitted from each race/ethnicity, a big disparity can be seen. Chart 12 takes a look at the proportion of blacks, whites and hispanics admitted to the department of corrections. The chart indicates that for every 10,000 whites in Madison County 5.2 of them will be admitted to the Department of Corrections (DOC) for an alcohol related charge in any given year. By comparison, about 9 out of every 10,000 blacks and almost 6 of every 10,000 hispanics, in Madison County, will be admitted to DOC for an alcohol related charge in any given year. The differences in the rates between Madison County blacks, whites and hispanics reveal that on average blacks are 1.8 times more likely to be imprisoned for alcohol related charges than whites (in Indiana, blacks are 1.9 times as likely as whites to be admitted to DOC on alcohol related charges) and that hispanics are 1.1

times more likely to be admitted to DOC on alcohol related charges than whites (in Indiana, hispanics are 0.9 times as likely as whites to be admitted to DOC on alcohol related charges). Compared to blacks in the rest of the state, blacks in Madison County are 1.9 times as likely to be admitted to DOC on alcohol charges; and comparing hispanics across the state, those in Madison County are 2.6 times more likely to be admitted to DOC on alcohol charges. Whites in Madison County do not compare favorably either to their counterparts across the state either. Whites in Madison County are 2.1 times more likely to be admitted to the DOC than whites in Indiana.

Consider drug related charges as a point of comparison. Blacks are admitted for drug related charges at a rate of 1.9 times greater , whites 1.9 times greater, and hispanics 2.6 times greater than their racial group counterparts throughout Indiana (see drugs section for Chart 36).

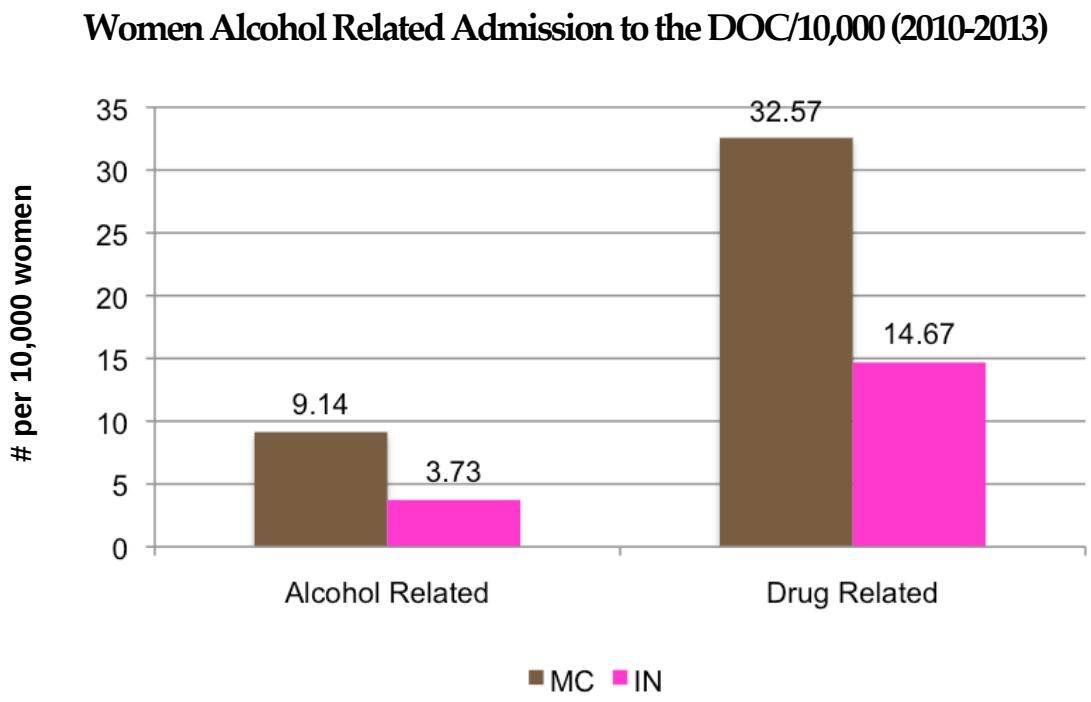


Chart 13: ***Indiana Department of Corrections (2010-2013)***

As dramatic as the data about the differences in racial group DOC admissions is, the rate at which women are admitted to the DOC in a given year is just as disproportional. A woman in Madison County charged with an alcohol related offense

is almost 2.5 times more likely to be admitted to the DOC as is a woman in the rest of the state. In comparison, women charged with drug related offenses in Madison County have a 2.2 times greater likelihood of being admitted to the DOC than an average woman in Indiana.

This statistical information regarding Madison County's disproportional admittance rates merits further questions and investigation. Unfortunately, it is beyond the scope of this research to offer answers to the questions regarding why these rate differences exist.

Traffic Safety Data

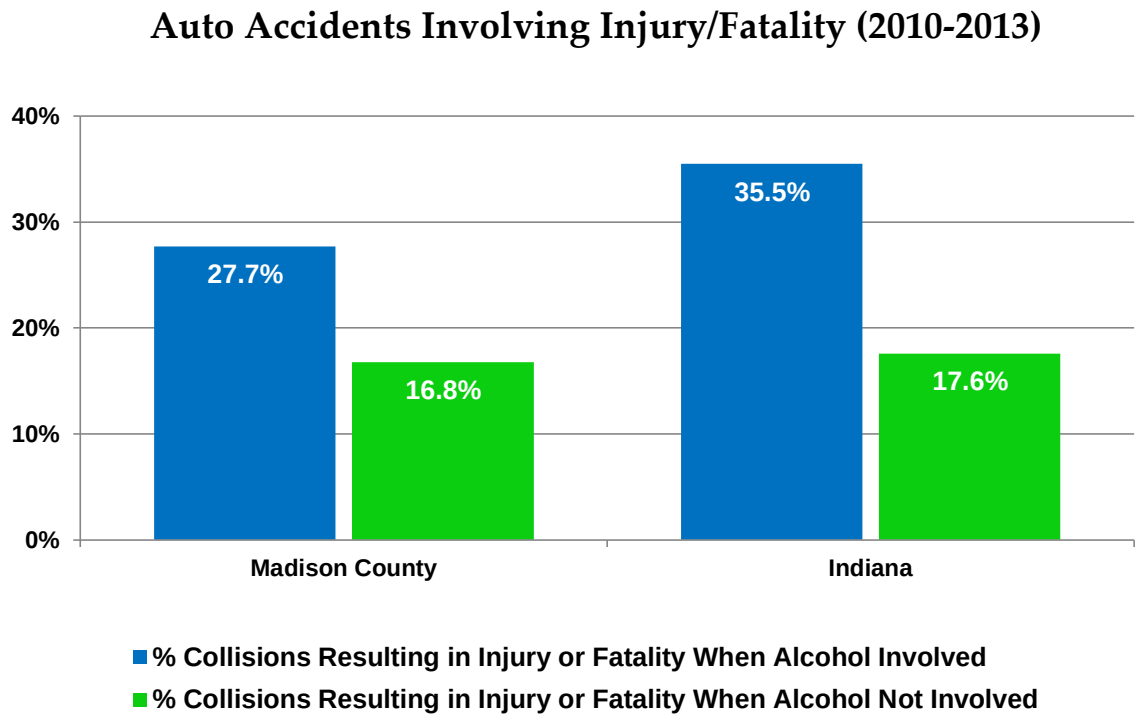


Chart 14: ***Indiana Criminal Justice Institute (2010-2013)***

One of the most commonly publicized negative consequences of alcohol use is auto accidents. Though the data available does not indicate how much more likely a person is to have an accident if under the influence, we are able to compare accidents that occur under the influence of alcohol and those where alcohol is not involved. In

Madison County, approximately 1 out of 6 auto accidents that occur where alcohol is not involved result in an injury or fatality. When there is an auto accident and alcohol is involved, approximately 2 out of 7 of these accidents result in an injury or fatality. Accidents that involve alcohol use are about twice as likely to cause an injury or fatality. Although these numbers are discerning, Madison County has faired the same or better than the Indiana medians, 1 out of 6 and 1 out of 3 respectively.

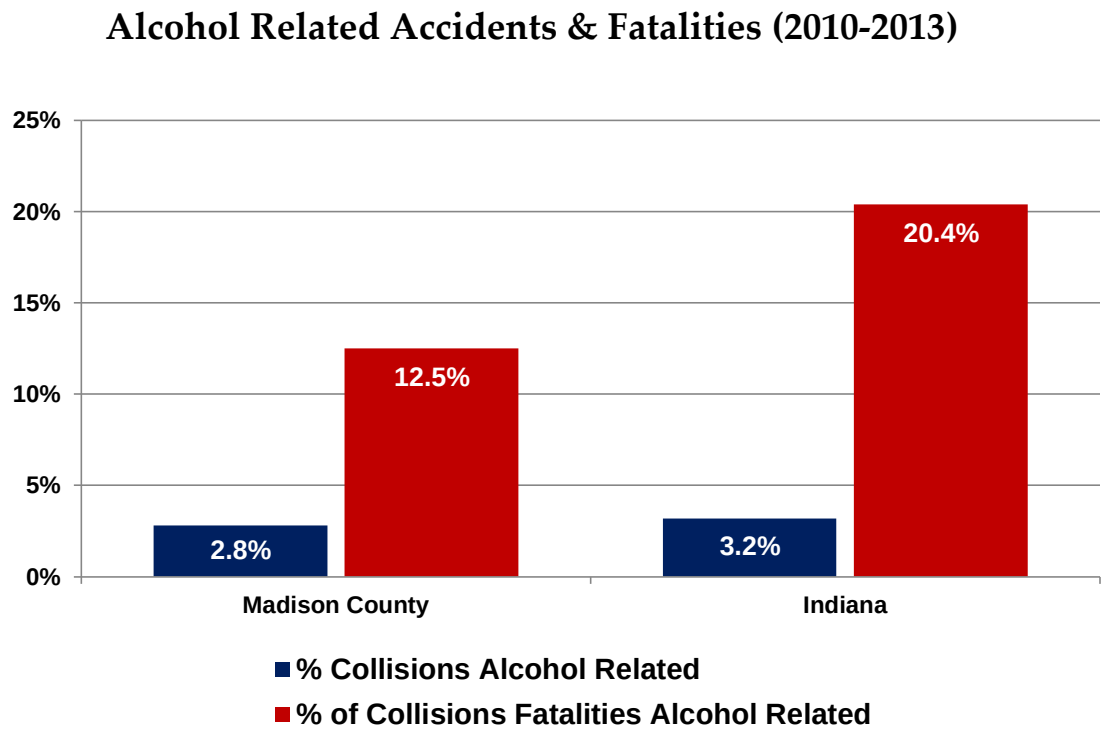


Chart 15: ***Indiana Criminal Justice Institute (2010-2013)***

Approximately 3% of accidents in Madison County involve alcohol use (3.2% IN). In spite of the relatively small fraction of accidents that were caused by alcohol, 13% of fatalities involve alcohol (20% in IN). This is a rate 4.5 times greater than the portion of accidents they represent.

Community Interviews/Surveys

Community Interviews on Underage Drinking

During the 2013 calendar year one-on-one interviews were conducted (n=76) as

part of the Communities Mobilizing for Change in Alcohol (CMCA) evidence-based program to prevent underage drinking. The CMCA program focuses on changing public policies and the social environment of communities to affect youth access to alcohol. Forty-four of the interviewees were male, 27 were female, and five of the interviewees' genders were not noted. Almost half of the respondents were from Anderson (33), 17 were from Pendleton, ten were from Elwood, and seven each were from Alexandria, and Frankton/Lapel. Two individuals were from other locations. It should be noted that this is a convenience sample and cannot be relied on as strongly as a random sample to reflect the total population. Never the less, it can provide some helpful information about what is happening in our county. The chart below shows the sector breakdown of those interviewed in this program.

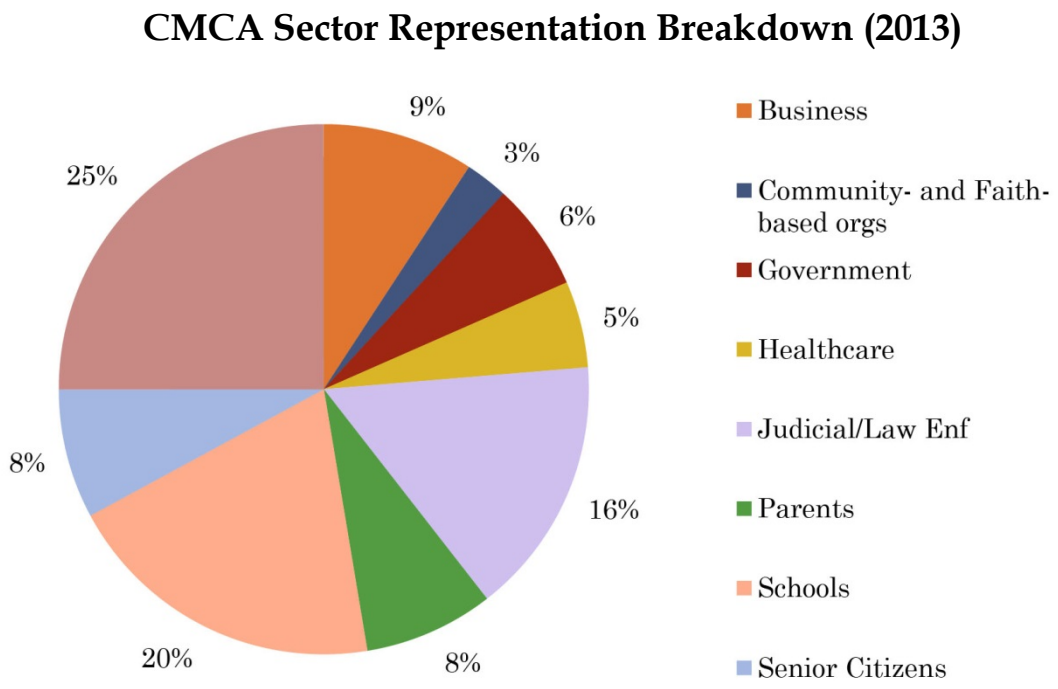


Chart 16: ***Intersect, Inc. CMCA Community Survey, 2013***

Interviewees were asked open-ended questions on how concerned they are and how concerned they think their communities are about the problem of underage drinking. They also were asked how they think minors access alcohol, what contributes to the problem of underage drinking in their communities, their knowledge of local prevention activities, their perceived barriers to making community policy, potential

opportunities currently present to create environmental changes in the community, their thoughts on possible changes in the community, their interest in working on the problem, and if they knew others who might be interested. The chart shown below lists the groups thoughts on where local youth obtain alcohol. Almost all of the interviewees listed 'friends' as the main source for underage alcohol access. In fact the top three listed sources are friends and/or family. The perception of most of the respondents is that underage drinking is a broadly accepted activity at a cultural and individual household level. This represents significant obstacles to reducing underage drinking and the related consequences.

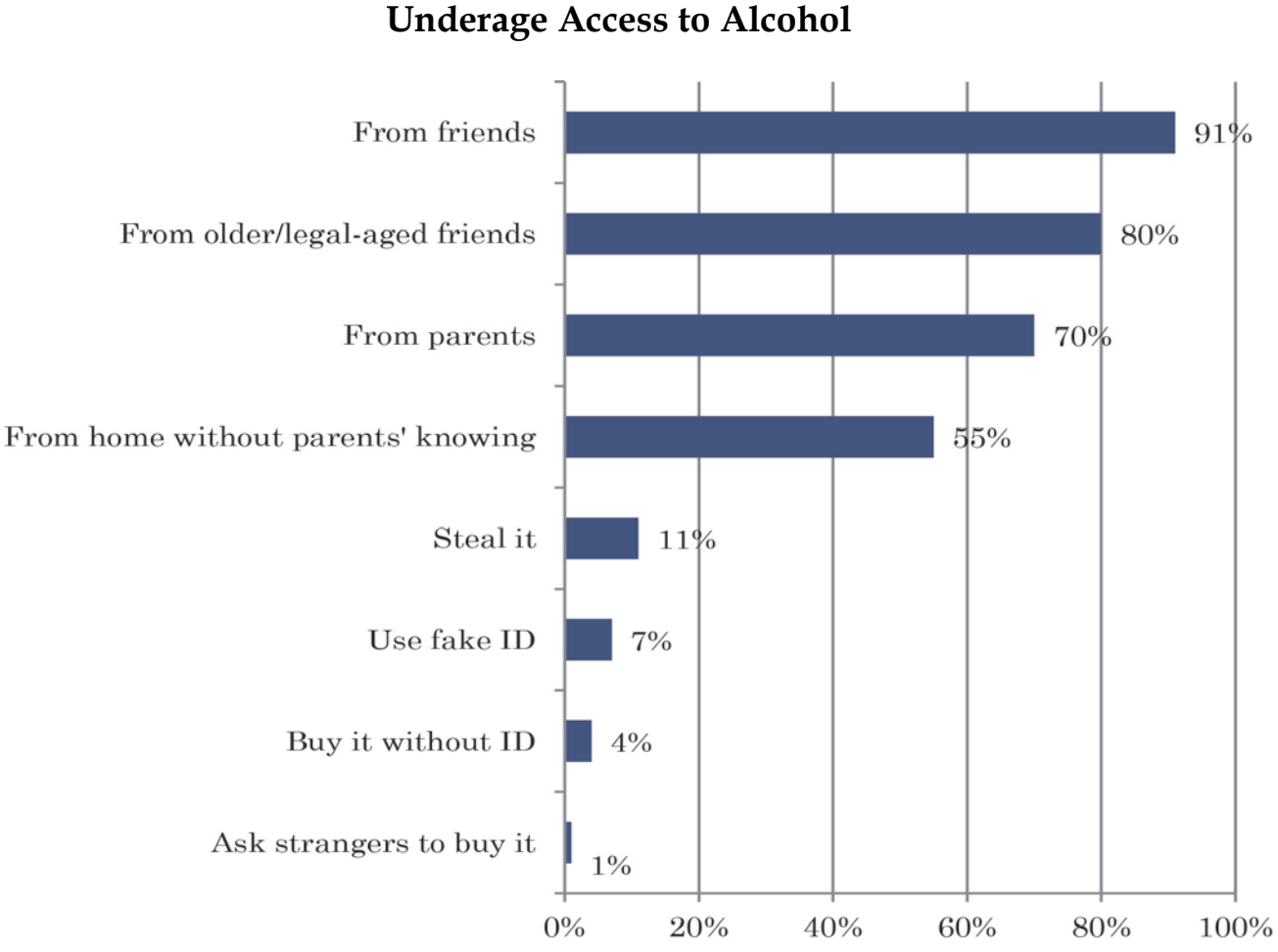


Chart 17: ***Intersect, Inc. CMCA Community Survey, 2013***

This chart indicates a strong social acceptability of underage alcohol use in Madison County. Parents receive the most scrutiny for underage drinking

acceptability. Even though parents may be the most significant factor in a underage person's habits and attitudes about alcohol use, blaming parents is an attractive option for communities to use to absolve themselves from taking strong, evidence-based approaches to reduce the collective problem through policy. Several research based strategies for reducing underage access to alcohol will be discussed in a later section, "Toward a Healthier and Safer Community."

Indiana State Excise Police

The Indiana State Excise Police is the law enforcement division of the Alcohol & Tobacco Commission. One of its jobs is to do compliance checks for alcohol and tobacco throughout the state. The alcohol compliance checks began in April 2007. During these checks an Excise Officer goes into an alcohol retailer with a 19-20 year old who attempt to purchase alcohol. There is no deception used, and the minor must answer questions about their age/ID honestly.

In the two year period between April 2007 and March 2009, Madison County had a failure rate of 48.8%, but for the entire year of 2009 the compliance failure rate rose to

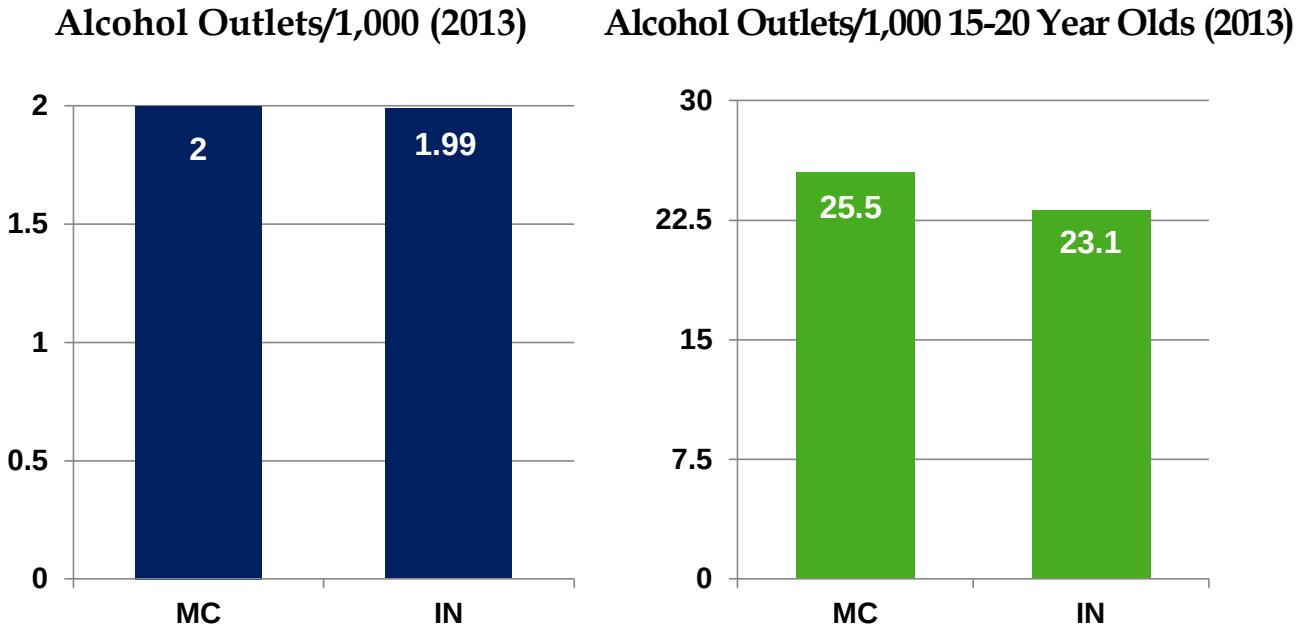
10 **BEST** NON-COMPLIANCE RATES (2011-2012)	
BENTON	**0.0%**
CARROLL	**0.0%**
FOUNTAIN	**0.0%**
PIKE	**0.0%**
PUTNAM	**0.0%**
TIPTON	**0.0%**
RANDOLPH	**0.9%**
HUNTINGTON	**1.1%**
NOBLE	**1.1%**
WELLS	**1.3%**
INDIANA	**5.4%**

10 **WORST** NON-COMPLIANCE RATES (2011-2012)	
MADISON	**13.7%**
MORGAN	**14.9%**
DEARBORN	**16.6%**
SWITZERLAND	**17.0%**
JOHNSON	**17.4%**
BROWN	**18.0%**
SCOTT	**19.2%**
OHIO	**22.7%**
MARION	**23.1%**
WARREN	**30.0%**

58.6%. Across the state there was a drop in the non-compliance rate in 2010. This is due in significant part to the change of law that required retailers to card anyone who purchased alcohol. That law was repealed in May 2011 in favor of a law that required carding of anyone that looks 40 or younger.

In 2009 Madison County's compliance failure rate ranked **91st out of 92 Indiana counties** and was more than 20% higher than the state average. The non-compliance rate has improved over the past two years but Madison County still ranks 83rd out of 92 counties in alcohol non-compliance at 13.7%., which ranks 10th statewide in non-compliance. Approximately 1 out of every 8 times an underage person with the excise officer attempted to purchase alcohol they were successful (21 purchases in 153 attempts in 2011-2012). Despite the fact that Madison County's non-compliance percentage has dramatically reduced since 2010 (50.8%), the same non-compliance reductions have been seen across the state. Madison County has made progress but obtaining a 0% non-compliance rating is the goal to be accomplished.

Indiana Prevention Resource Center



Charts 18 and 19: ***Indiana Prevention and Resource Center (IPRC) (2013)***

Magnifying the problem of Madison County's poor non-compliance rating in regards to the sale of alcohol to minors is the alcohol outlet density. Research on the negative consequences of alcohol misuse has often sought to find connections between various community factors and risks. Research has found strong correlations between alcohol availability (specifically the concentration of alcohol outlets) and alcohol related problems. Alcohol outlet concentration/density is minimally higher in Madison County than the state average in a comparison of total populations. These numbers have decreased a bit since 2009- 2.29 to 2.0 (MC) and 2.15 to 1.99 (IN). A larger disparity in outlet density is seen when comparing the underage age group of 15-20 year olds for Madison County and Indiana. High alcohol outlet density, although lower than in 2009, is still a probable factor that contributes to the high rates of use/consequences that are identified in the alcohol section of this report.

In 2013 the alcohol outlet density rate for the general population of Madison County was 2.0 outlets per 1,000. This is .5% higher than the state average and ranks Madison County 53rd out of 92 (highest to lowest density) in the state. When viewing the density rate for 15-20 year olds (the age range that represents underage drinkers and 13% of the county alcohol arrests during 2011-2013) the density rate is 25.5 outlets per 1,000. This rate is 10.3% above the state average for this age group.

Research suggests that an increase in alcohol outlets correlates with increases in assault, child abuse, drunken driving, binge drinking among college students, youth alcohol abuse and alcoholism, youth violence, youth involved in auto accidents and high risk activity that can lead to sexually transmitted diseases. Some of the strongest correlations are to the increase of violence and the victimization of the vulnerable. Reducing or slowing the growth of alcohol outlet density is a strategy that is likely to reduce the negative consequences of alcohol use.

Middle/High School Survey Data

Of the 5 school districts in Madison County 4 participated in the survey on Alcohol, Tobacco, and Other Drugs. The following data represents the aggregated results of those surveys.

Chart 20 shown below illustrates the average ages of 6th through 12th grade students in the participating Madison County school districts. The average first-time

use ages range from 12.2 to 13.9. The chart also relays the differences in average ages for both female and male students. In the 2013 ATOD (Alcohol, Tobacco, and other Drugs) survey, the average first time age for alcohol use for both genders was 12.7. This average is an earlier first-time age than in the 2010 Epidemiological Profile. In 2010, the average age of first use was 12.9 and 13.2 for male and female students respectively. The new data reflects that underage experimentation with alcohol seems to be happening at a younger age in 2013 than in 2010.

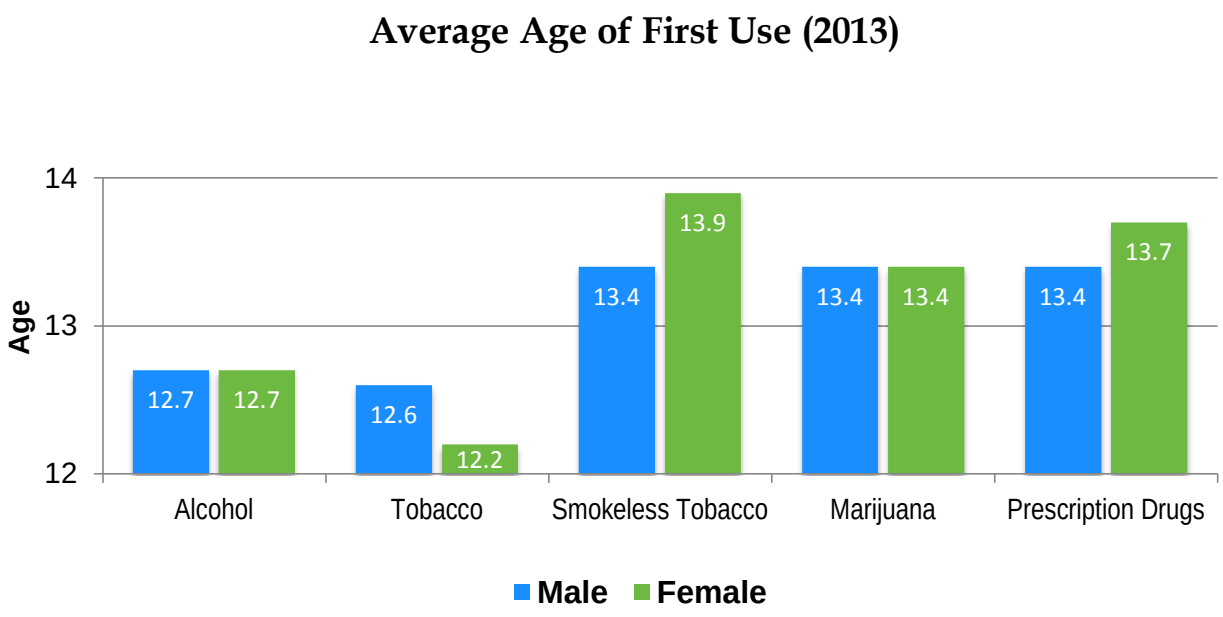


Chart 20: ***Madison County, Indiana ATOD Survey 2013***

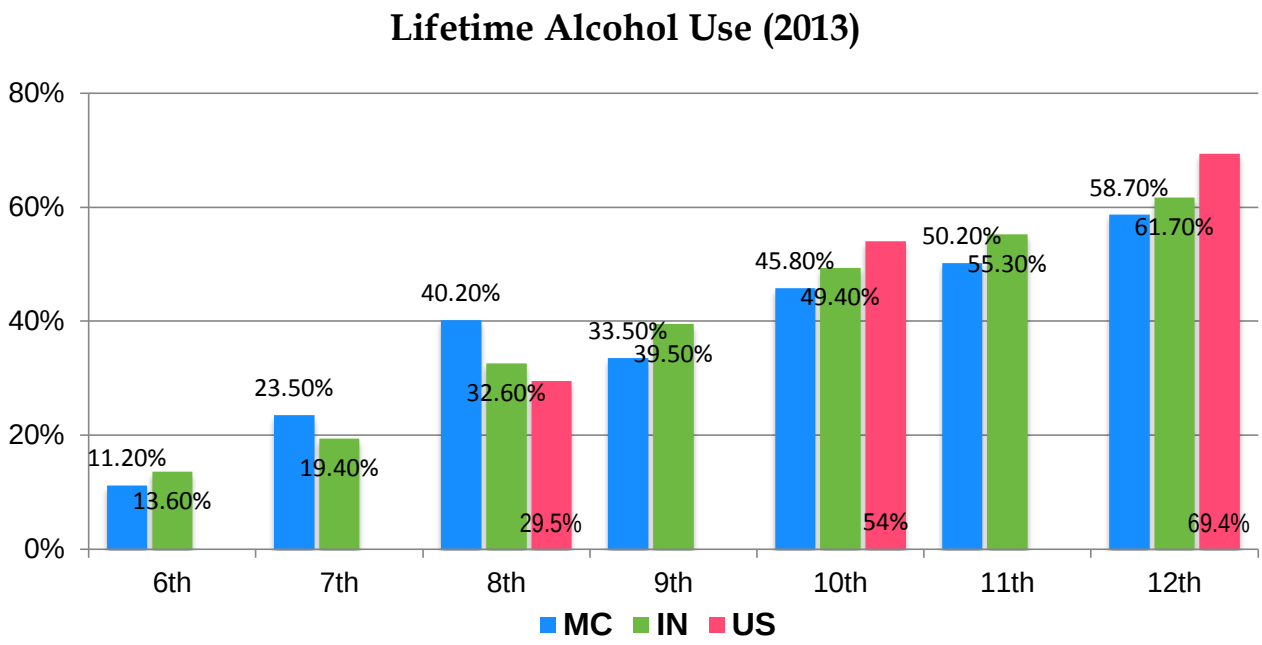


Chart 21: ***Madison County, Indiana ATOD Survey 2013***

The previous chart represents those who have at least experimented with alcohol use. The jump between 7th and 8th grade is the largest single increase. In 7th grade less than one quarter of male students and one fifth of female students have tried alcohol and by 8th grade about 2 out of every 5 male students and 1 out of every 3 female students have at least experimented with it.

While lifetime use represents at least experimental use, 30 day use generally indicates regular alcohol use. Comparing the two previous charts reveals that about 1/3 of middle school students who experimented with alcohol now drink on a regular basis. By the time a student is in high school that number increases to about 2 in 5.

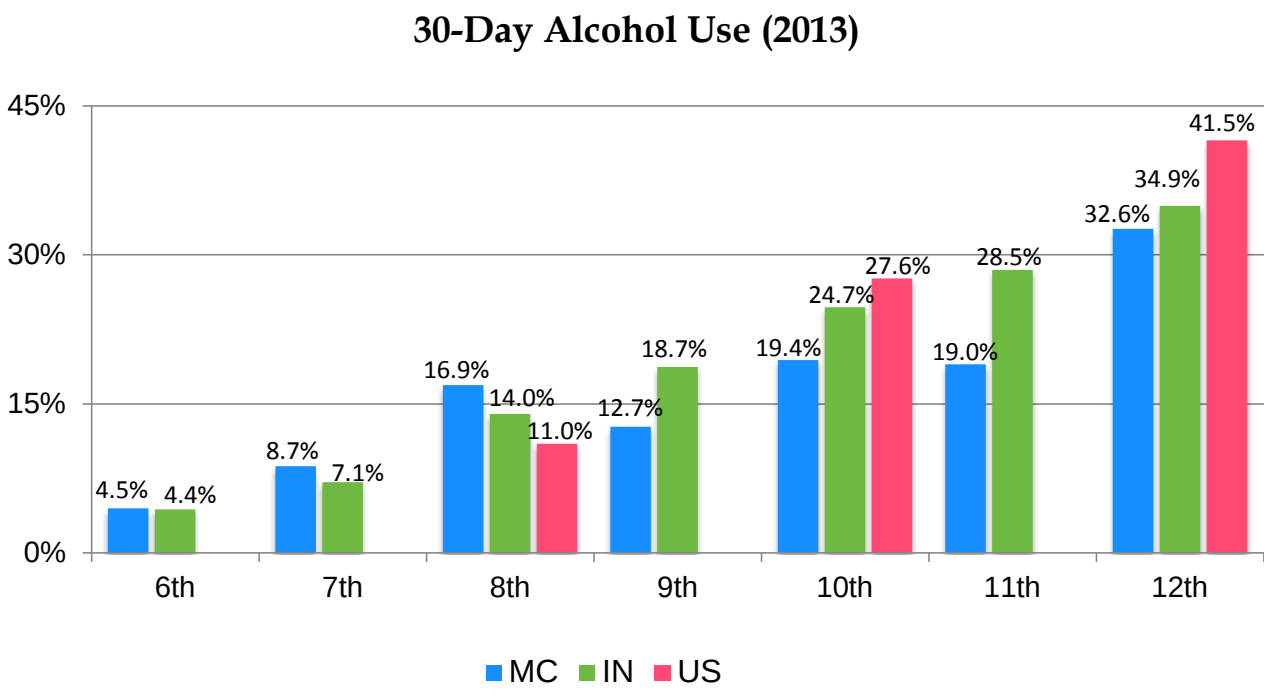


Chart 22: ***Madison County, Indiana ATOD Survey 2013***

The 2013 ATOD data shows that alcohol use, in the middle schools at least, is perceived as less risky than tobacco use. However, the 2013 ATOD data also shows that students perceived alcohol use as a higher perceived risk than marijuana use. The 2010 ATOD, on the other hand, showed lower grades perceiving alcohol use as less of a risk than marijuana use. A factor for this change could lie in the recent changes in marijuana laws occurring around the United States. The chart below illustrates that moderate or great perception of risk of alcohol use is fairly even from 6th through 12th grades, varying between 53.7% and 63.8%.

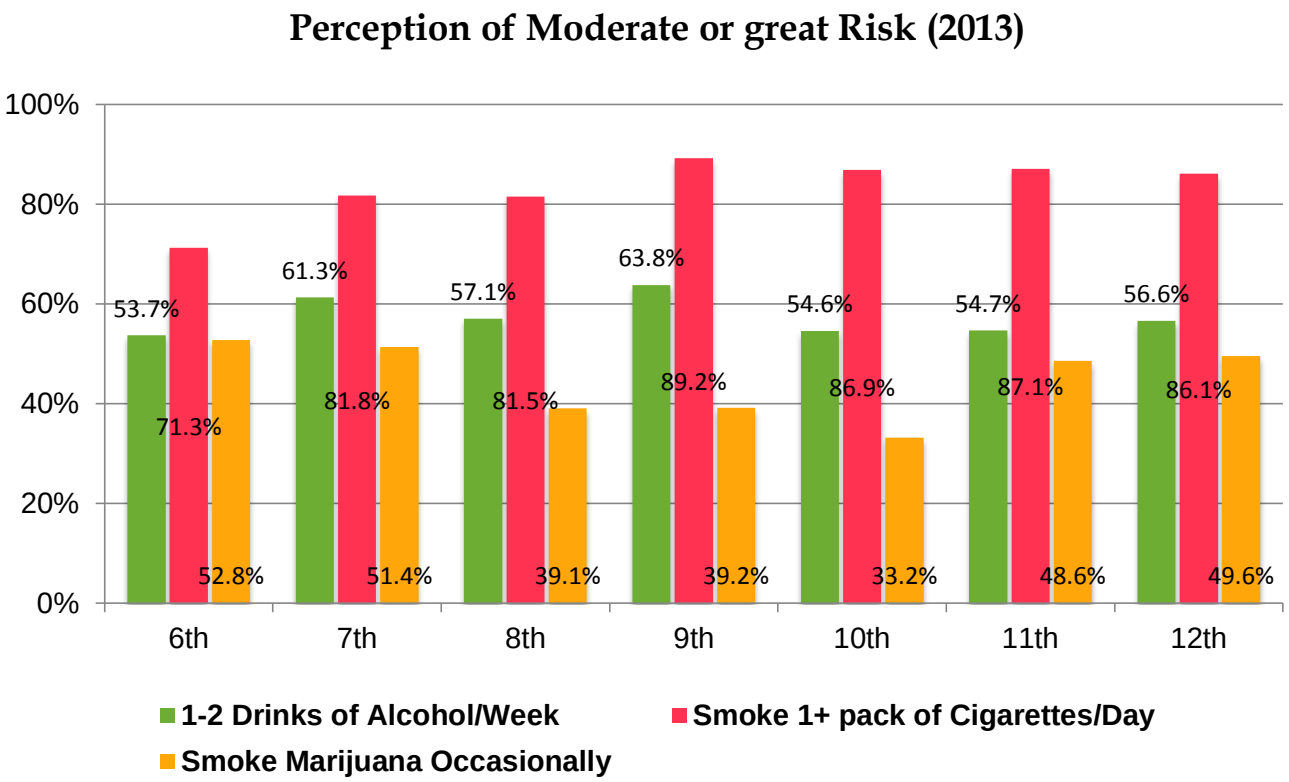


Chart 23: ***Madison County, Indiana ATOD Survey 2013***

In moderate or great risk perception alcohol comes in as a lower risk than tobacco but higher than marijuana use. However, in Chart 24, the perception of parental disapproval, for alcohol, tobacco and marijuana is consistently above 90% until the 12th grade. The 12th grade perception of parent disapproval dips into the 80% section, with alcohol being perceived as the substance with the least parental disapproval. This fact supports the community survey that was conducted that showed that parents do not view underage alcohol use as a community problem. Approximately 33% of 12th graders drink regularly even though 83% of them perceive that their parents disapprove of such behavior.

Perception of Parental Disapproval as Wrong or Very Wrong (2013)

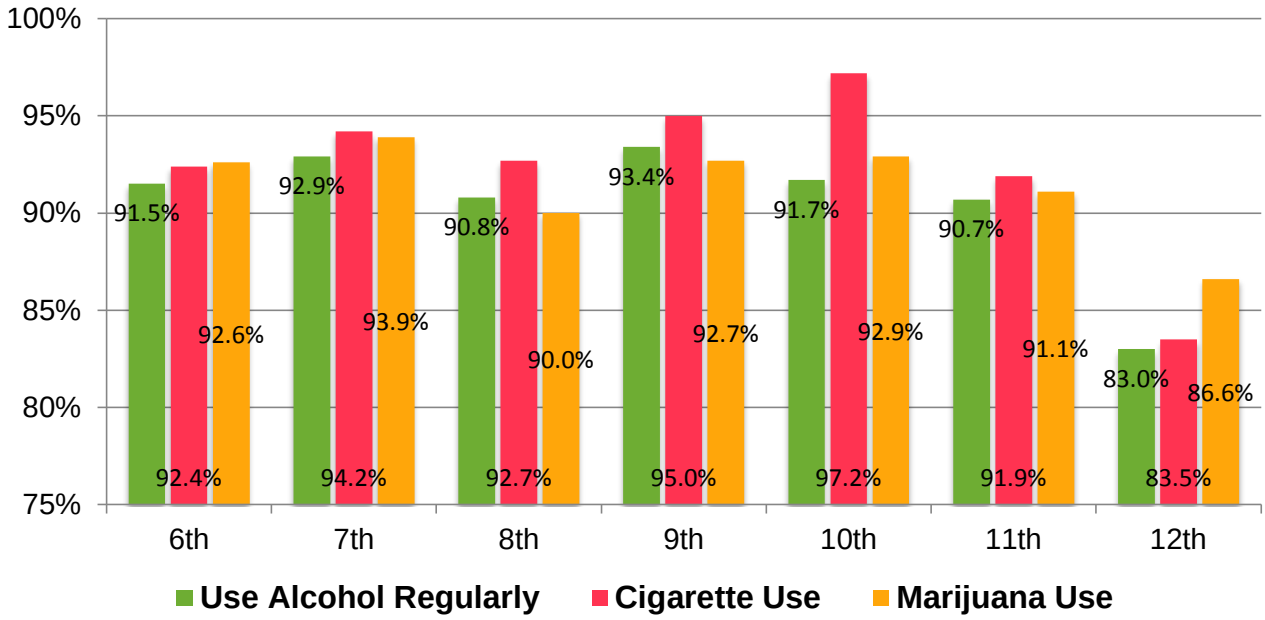


Chart 24: *Madison County, Indiana ATOD Survey 2013*

Tobacco

Tobacco related health concerns continue to be one of the leading causes of health problems and health related expenses in our community and in our state and nation. In spite of tax increases, smoke free air laws and marketing limitations, tobacco companies continue to successfully market their products, especially to youth. Over ten new products have been test marketed in Madison County since 2002 as the tobacco industry strives to expand its detrimental impact on the health of those who use and those who are victims of the secondary and tertiary effects.

Robert Wood Johnson Foundation

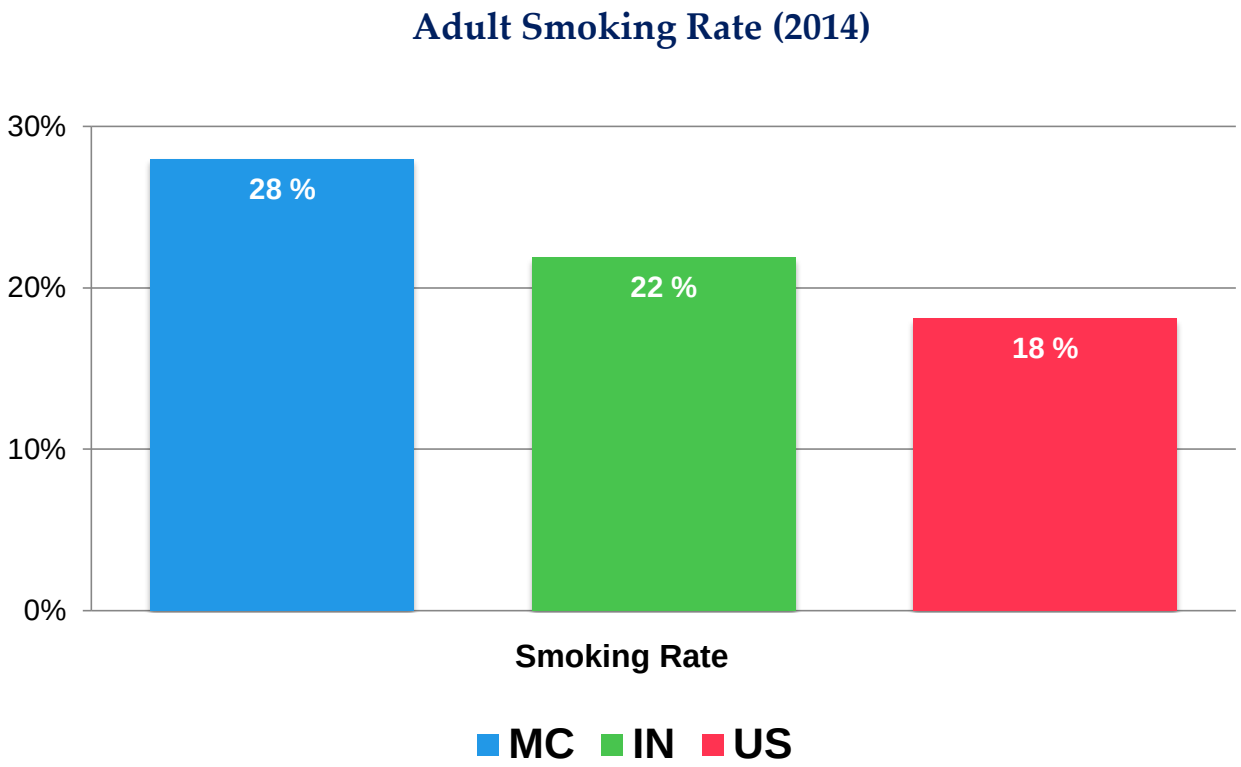


Chart 25: *Center for Disease Control; Robert Wood Johnson Foundation* ***(2014)***

With a 28% adult smoking rate, Madison County has the 17th highest smoking rate of the 92 counties in Indiana. The 28% rate is a 3% decrease in adult smokers from the 2010 Epidemiological Profile for Madison County. As a state, Indiana ranks 11th with a 22% smoking rate (Center for Disease Control). As one of the counties with the

highest smoking rate in a state that has one of the highest smoking rates in the nation, Madison County stands out when compared to the state (22%) and the nation (18%).

Middle/High School Survey Data

Of the 5 school districts in Madison County 4 participated in the survey on Alcohol, Tobacco, and Other Drugs. The following data represents the aggregated results of those surveys.

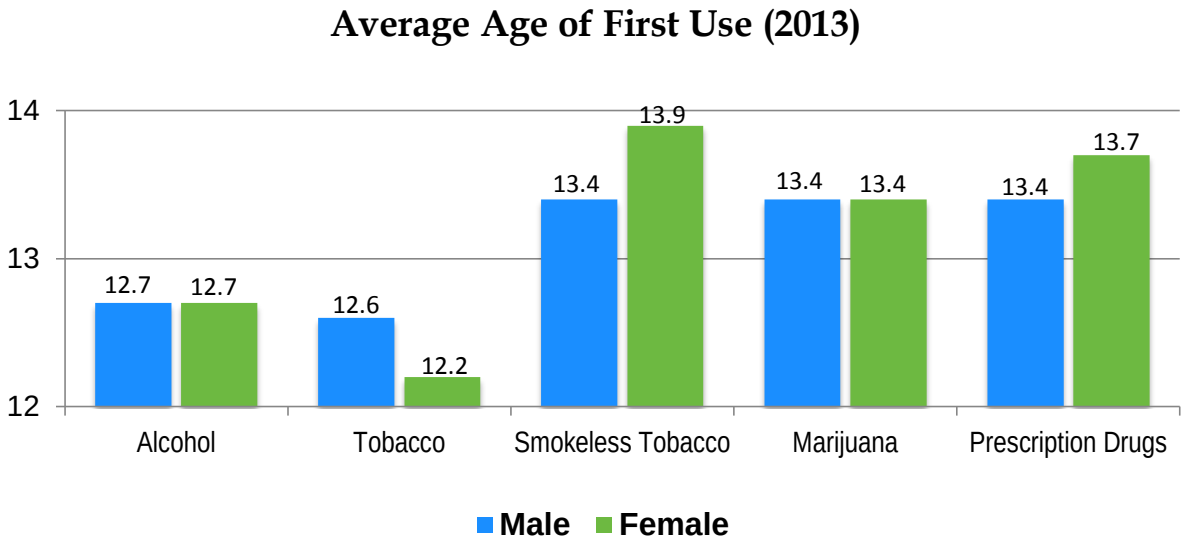


Chart 20: ***Madison County, Indiana ATOD Survey 2013***

One of the concerns about early use of tobacco and other drugs is the increased likelihood of addiction and dependence. Youth who begin using tobacco at age 12 or before are considerably more likely to continue using and develop issues of dependence than are those who smoke for the first time at the legal age limit of 18. The above chart also gives us an idea of the progression of drug use. Tobacco is most often the first substance that students will experiment using. Early tobacco experimentation has the potential for youth to continue experimenting with alcohol and other drugs.

The chart below indicates some significant jumps in those who have ever tried a cigarette between 6th and 7th grade (97% increase compared to a 66% increase for the state) and between 10th and 12th grade (about an 89% increase (49% between 11th and 12th)). The jump between 6th and 7th grade makes sense after seeing in the previous chart that the average age of first cigarette use is between 12 and 13 years old. It is

notable how much higher Madison County use is than the state and national averages for the 12th grade, but is lower than the state and national rates for 10th-11th grades. 10th and 11th graders have a rate less than 30% of students using cigarettes but 12th graders reported more than 40% of students having smoked.

Comparing the charts of lifetime use and 30 day use of cigarettes can give general information about the differences between those who experiment with tobacco and those who become regular users. The averages for 30 day use are 42% of lifetime use. This loose analysis demonstrates that about 42% of students in Madison County who experiment with tobacco in middle/high school become regular users. The 2010

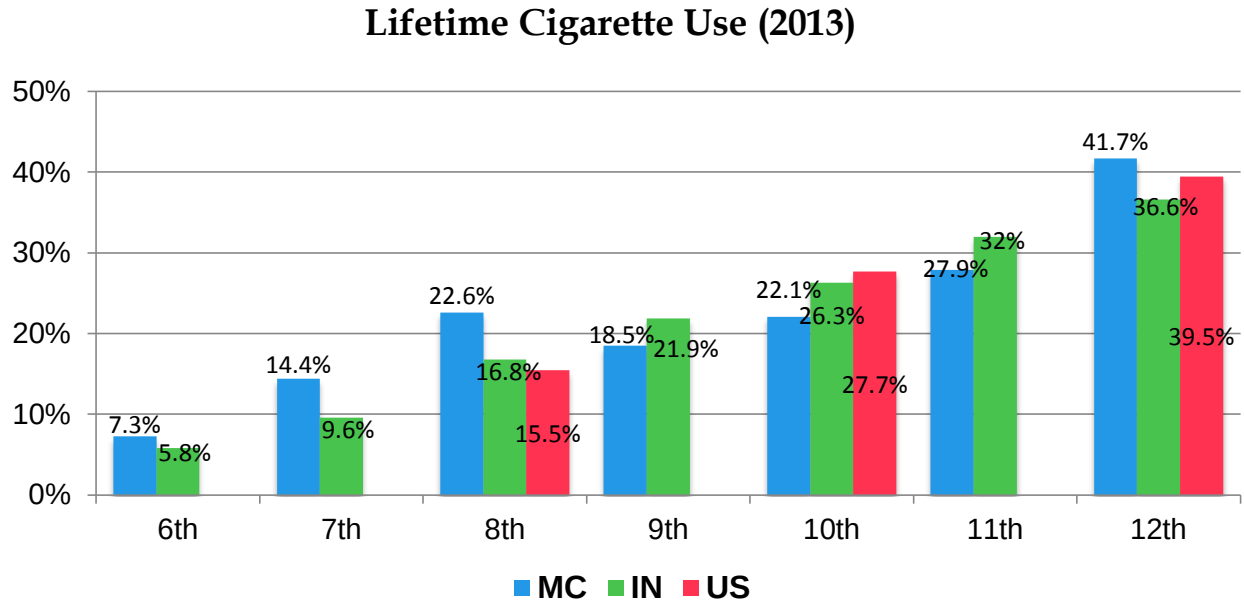


Chart 26: ***Madison County, Indiana ATOD Survey 2013***

Epidemiological Profile showed that 55% of students who experimented with cigarettes became regular users. In comparison with the 2014 estimated average, there has been a 13% decrease in students smoking. Although this decrease is a change in the right direction, 42% of students having at least experimented with cigarettes are still becoming regular users. This is a group on which to focus future strategy.

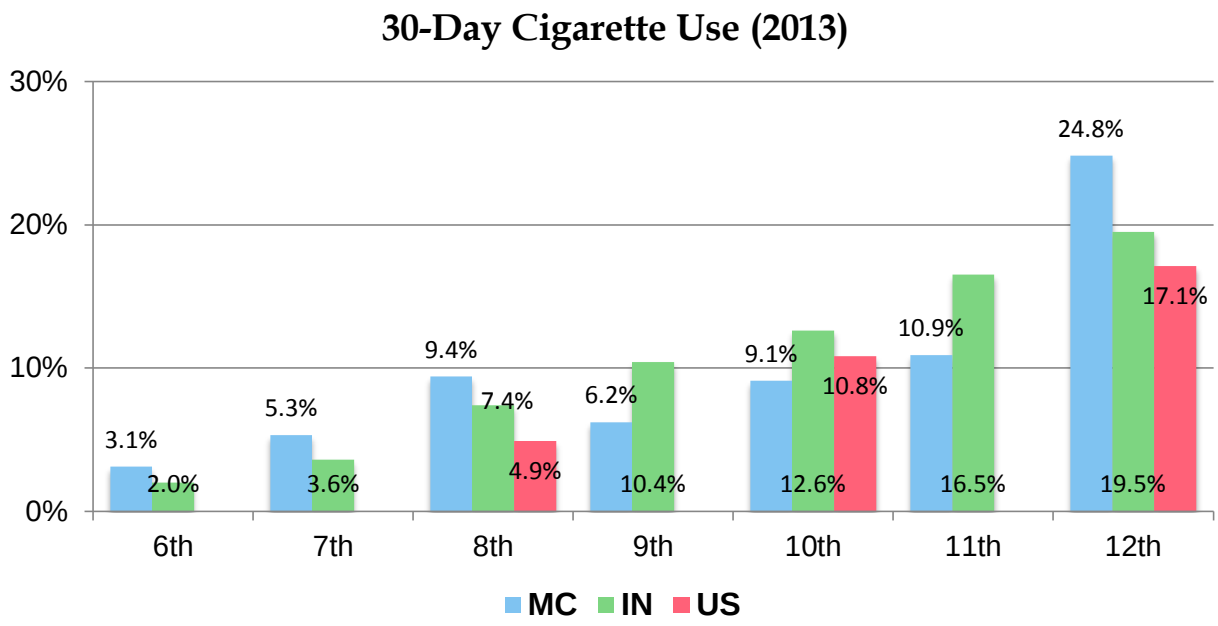


Chart 27: *Madison County, Indiana ATOD Survey 2013*

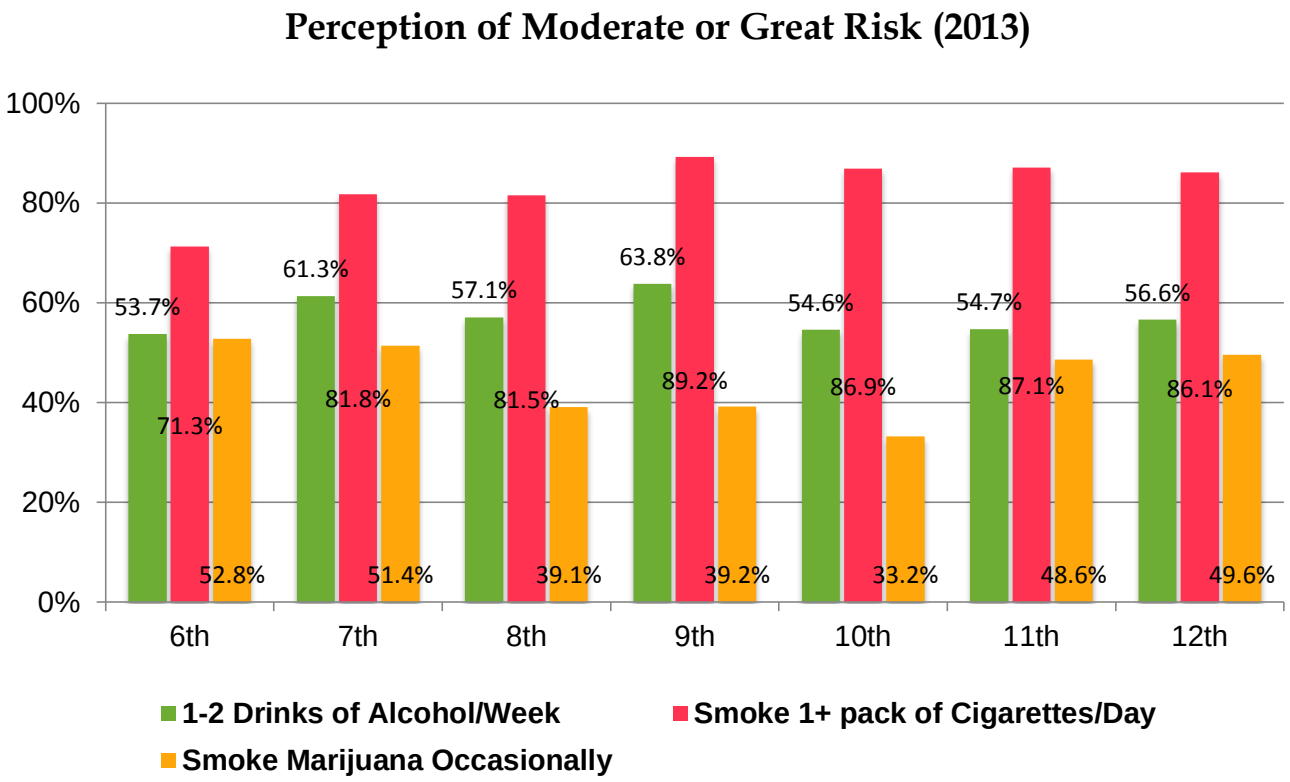


Chart 23: *Madison County, Indiana ATOD Survey 2013*

Over the course of middle and high school a large percentage of students maintain the perception that there is significant risk in smoking tobacco. This certainly speaks well of some of the education efforts and limits on tobacco retailer advertising. In spite of the fact that a significant majority of students believe smoking to have serious risks, Madison County students still become regular smokers at a rate above the state and national averages. This kind of data indicates that education alone will not curtail risky behavior and lends strong support to the need for environmental strategies (such as smoke free air policies and increased taxes) as a necessary component in reducing tobacco use and its unwanted consequences. (see section on Strategies for Improvement near the end of this report for more environmental strategies)

Perception of Parental Disapproval as Wrong or Very Wrong (2013)

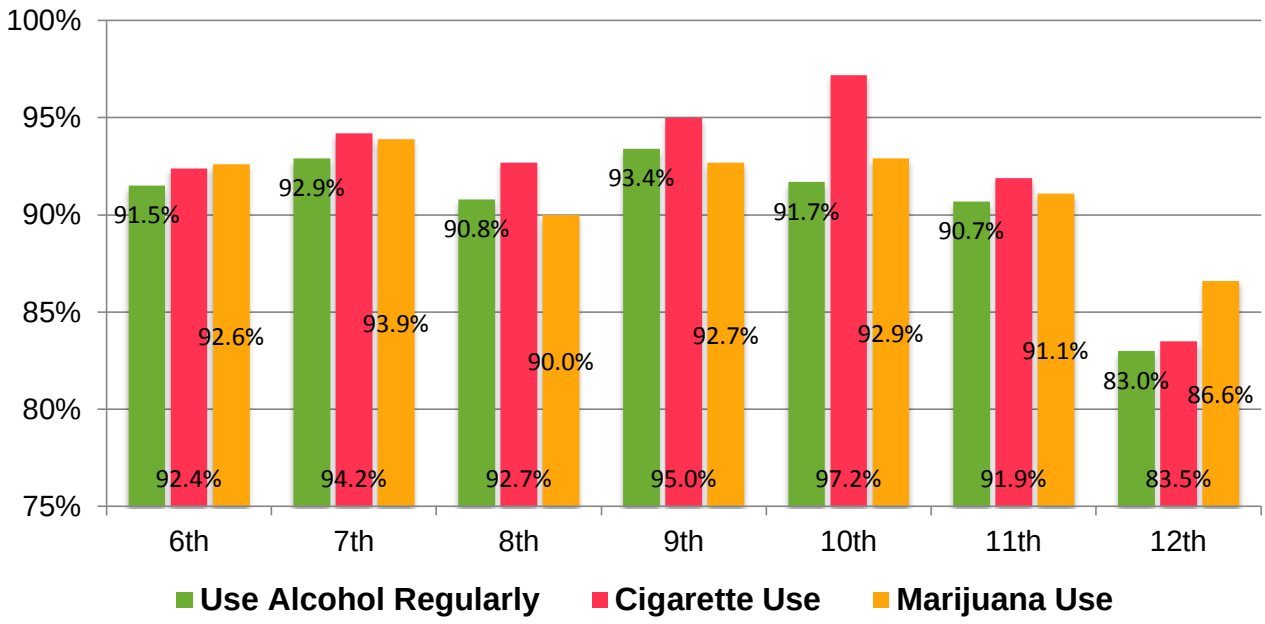


Chart 24: ***Madison County, Indiana ATOD Survey 2013***

Perception of parental disapproval of smoking remains strong and steady throughout middle and high school (consistently greater than 80%), in most grades being perceived as less desirable than alcohol or marijuana use. Perception of parental disapproval of smoking is even stronger than perception of risk of smoking but that does not necessarily translate into low use rate. This is also true with perception of risk

and reinforces the importance of environmental strategies such as smoke-free air policies and increased taxes.

Other Products

More than 50 years since the first Surgeon General's report was published naming smoking as a major contributing factor to premature death due to diseases including but not limited to lung cancer, heart disease, and COPD, smoking still is the leading cause of preventable death and disease in the United States *(August 25, 2014 – CDC Press Release)*. Over the past 50 years, tobacco companies have used different means of marketing their products despite the health hazards associated with them. New products have entered the marketplace and advertisements continue to lure youth and young people into trying and using them. Some of the products include:

1. Electronic cigarettes- Also known as e-cigarettes are the most popular of the other nicotine based products, which originated in China. They are a battery operated device that vaporize liquid nicotine and other chemical for inhalation;

2. Bidis- Hand-rolled tendu leaves (from India) and low-grade tobacco. They are tied with string. They contain more tar, nicotine and carbon monoxide than conventional cigarettes;

3. Kreteks- Clove cigarettes that contain 60-90% tobacco not just cloves.

4. Cigars and Cigarellos- Smoking one or two cigars a day doubles the risk for oral and esophageal cancer;

5. Pipes- Pipes use black tobacco which carries a higher risk of esophageal cancer. Even "non-inhalers" have four times the risk of lung cancer as do non-smokers;

6. Water Pipes- Also known as Hookahs, Hubble Bubble, Narghile or Shisha. Tobacco is mixed with molasses or similar substance and heated in a bowl and drawn through water (or other liquid). Some have more than one hose and mouth piece encouraging group sharing.

7. Natural Cigarettes- Touted as additive free, they contain tobacco which naturally contains many dangerous and carcinogenic chemicals when burned;

8. Chewing Tobacco- Snuff or Snus. Besides the cancer risk from the tobacco, oral side effects include gingival recession, staining of teeth, loss of taste, bad breath and dental carries;

9. Dissolvable Tobacco- This product is taken by mouth. They look like candy and come in many flavors that potentially can attract children to consume them resulting in poisoning. (*Source: www.TobaccoFreeKids.org*)

Unfortunately, these alternate tobacco products are being marketed by tobacco companies and are hampering the progress of smoke-free campaigns, especially where young people are concerned. Despite the fact that tobacco companies are mandated to not advertise tobacco products, loopholes have allowed them to continue their marketing efforts. One of the most appealing points is the use of many different flavors such as cookies and cream, strawberry, orange dreamsicle, and milkshake. The use of celebrities is also becoming a mainstream advertising gimmick. Many big tobacco

Examples of Ads catering to the Young

E-Cigarette Advertising Campaign in Miami, Florida

(1958 v. 2013) Some e-cigarette ads are tapping into the cool, rugged masculinity that became famously linked with cigarettes.

Many brands of alternate tobacco Products are manufactured in flavors that appeal to minors.

Source:
www.tobaccofreekids.org/adgallery

companies are using past advertising themes to show the use of tobacco products as an adult activity…an appealing thing to youth. Most companies do state that they do not sell or advertise to minors, yet sales to young people, especially e-cigarettes are rising significantly. The FDA cites that e-cigarette use among minors tripled between 2011 and 2013.

E-cigarette Usage Ad (2011-2013)

Source:
www.tobaccofreekids.org/adgallery

E-cigarettes

The products listed above are all unhealthy and are gaining popularity especially with youth. However, the one product listed that has made the largest impact is the electronic cigarette. These mechanical devices were introduced into the U.S. market in 2007. Despite being around for seven years, there are no accepted measures or valid studies to confirm purity or safety of the devices or of the e-liquid cartridges (National Institute of Drug Abuse). In 2014, the U.S. Food and Drug Administration (FDA) concluded that e-cigarettes have not been fully studied, and so, the long-term health consequences are still unknown (*Source: National Institute of Drug Abuse- www.drugabuse.gov*). Currently, these devices are not regulated.

E-cigarettes are basically battery-operated vaporizers. Liquid nicotine along with other liquid chemicals are heated during operation of the device. The resulting vapor from the heating process is inhaled by the user or blown into the surrounding air like smoking a conventional cigarette. Since the exact chemical contents of the liquids are not regulated or revealed by the manufacturers, no one can say what is being inhaled and how harmful such an action is to the health of user's or other individuals.

One known fact about e-cigarettes is that the liquid nicotine used in them is just as addictive as in a conventional cigarette. A second fact is that taking nicotine into the body can prove harmful even deadly if ingested in small doses, i.e. as little as one teaspoon for a child. A third fact is that, according to recent studies, use of e-cigarettes can lead to future use of conventional cigarettes. As far as whether or not use of e-cigarettes has any hazardous effects, a 2014 Japanese Health Ministry study found carcinogens such as formaldehyde and acetaldehyde in some e-cigarette vapors. Not only were there toxic vapors, the levels were ten times the levels found in cigarette smoke. They also found that the levels were not the same for all liquids, another reason supporting the need for regulatory standards. Other studies have found similar chemicals along with propylene glycol, diethylene glycol (a toxic chemical in antifreeze) and nitrosamines (*Source: FDA Press Release – July 2009*).

Some facts about e-cigarettes include:

1. E-cigarette liquids contain many toxic chemicals, some of which include formaldehyde, nicotine, nitroamines, etc.

2. Kids and teens can buy them, especially on-line
3. E-cigarettes have not been proven to help a person quit smoking
4. E-cigarettes are not taxed the same as other tobacco products
5. E-cigarettes are poised to encourage non-smoking individuals to start – *Data from the 2010-2013 National Youth Tobacco surveys show that students using e-cigarettes are twice as likely to start using standard tobacco cigarettes.*

The World Health Organization (WHO) has called on governments around the world to ban the sale of e-cigarettes to minors. They cited that existing research indicates that e-cigarette use can potentially inhibit proper brain development, thus posing a serious threat to unborn children, children, teens, pregnant women, and women of reproductive age. WHO also asked for a ban of using the devices in public indoor spaces (*Source: http://news.yahoo.com/e-cigarettes-10-carcinogens-japan-researchers-081638013.html*).

Indiana Poison Center

The Indiana Poison Center receives calls from medical staff as well as members of the general public about how to deal with exposure/overexposure to various drugs and chemicals. Prior to September 2010, poison centers averaged one call per month regarding nicotine poisoning. Along with the significant rise of e-cigarette use across the country, so has the number of calls to poison centers. Between September 2010 and February 2014, the average number of calls received by poison centers across the U.S. increased up to an average of 215 per month. This number translates to 41.7 percent of all poison center calls. Of the nicotine related calls, 51.1 percent involved children under the age of five and 42 percent involved individuals aged 20 and older *(Source: Center for Disease Control (CDC)).*

The rise in calls involving young children can be related to increased usage of liquid nicotine for e-cigarettes. The vials of liquid nicotine are attractive to children since most are flavored with things like chocolate, candy, and fruit. Besides the fact that the flavors appeal visually to children, the vials containing the liquid are not child

Poison Center Calls Related to E-cigarettes

Source: 2014, TobaccoFreeKids.org & Center for Disease Control

proof. So children have easy access to drink the liquid. This is another problem with the unregulated rise in use of e-cigarette problems. This problem was recently intensified by the death of a child that ingested liquid nicotine.

Drugs

Arrest Data

The information in this section is provided by the following law enforcement agencies: Alexandria PD, Anderson PD, Chesterfield PD, Edgewood PD, Elwood PD, Madison County Sheriff's Dept. and Pendleton PD. Though we can count on arrest data to be in some way reflective of use, it should be noted that arrests are one indicator of use and should be considered with other sources, i.e. self-reported use surveys, health care data, etc. in order to have a more complete picture of the trends. Arrest data can be skewed by law enforcement emphasis, effectiveness of detection methods, trends relating to social conditions (place, time, frequency, group size when using a particular drug) that make arrests more or less likely, or other factors.

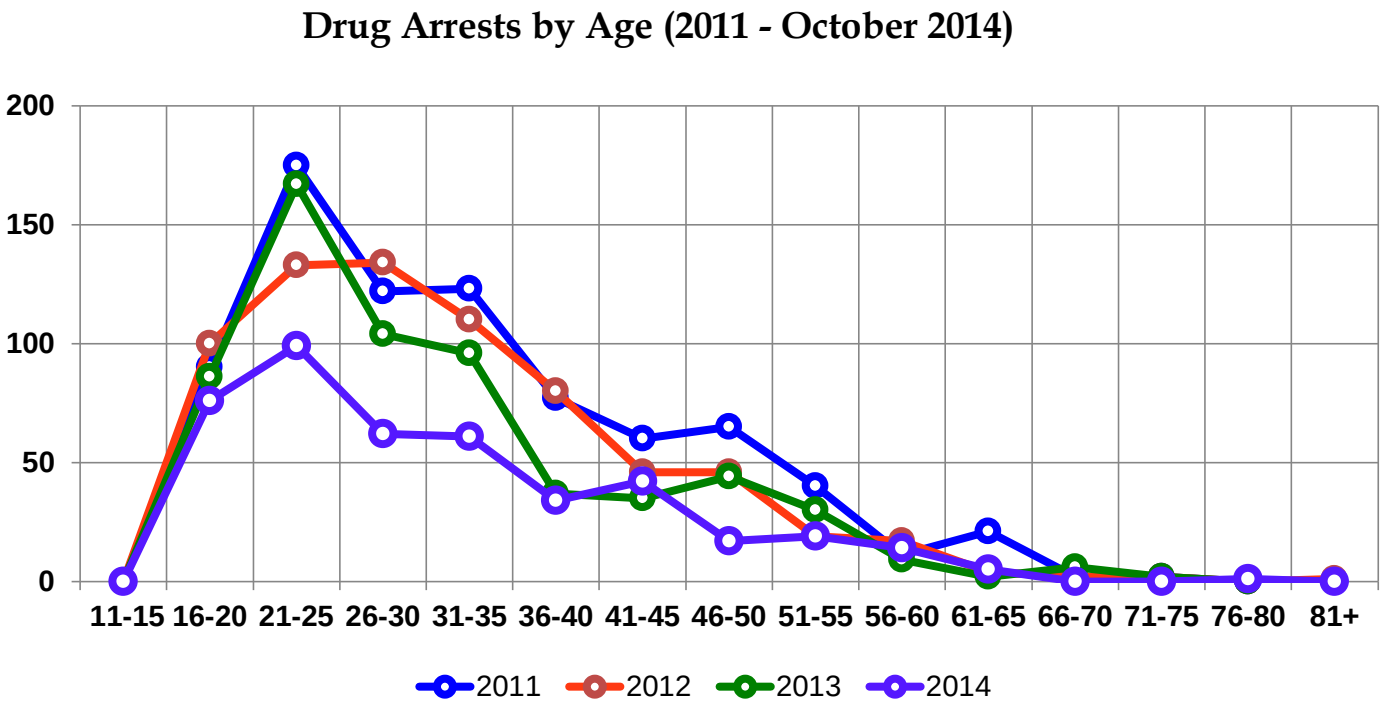


Chart 28: ***Madison County Uniform Crime Reporting System (2011-October 2014)***

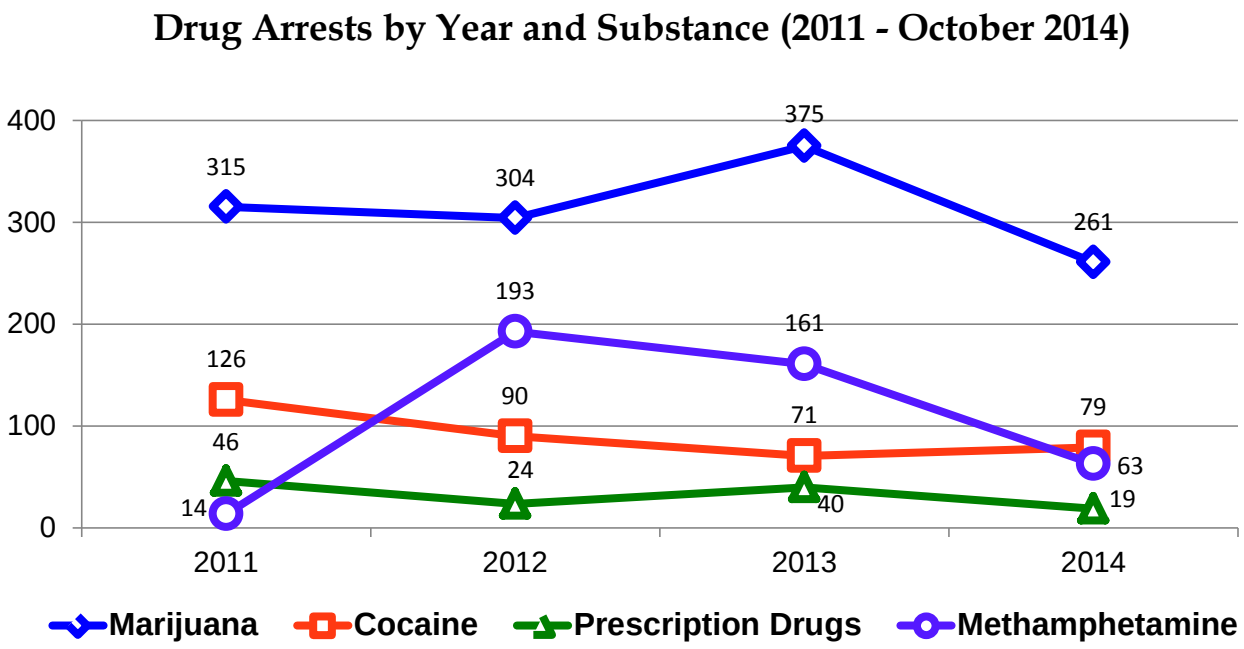


Chart 29: ***Madison County Uniform Crime Reporting System (2011-October 2014)***

Chart 28 shown above shows a positive trend regarding drug arrests. The chart indicates a decrease in arrests from 2013 to 2014 generally across all the age groups. The largest decreases are shown to be in the younger groups which also have the most offenses being committed. A question that can be asked is "What was the reason behind the decrease in drug arrests? Though the data cannot answer the question completely, part of the answer is that the numbers for all substance arrests have generally decreased. Over the past four years the total number of arrests have decreased with a few spikes of the substance arrest percentages. Marijuana arrests rose by 8% in 2013 but decreased by 5% in 2014. Although the arrest data does not explain the reason for the decrease in arrests, one contributing factor could be the implementation of new state laws that have decriminalized drug possession numbers and penalties.

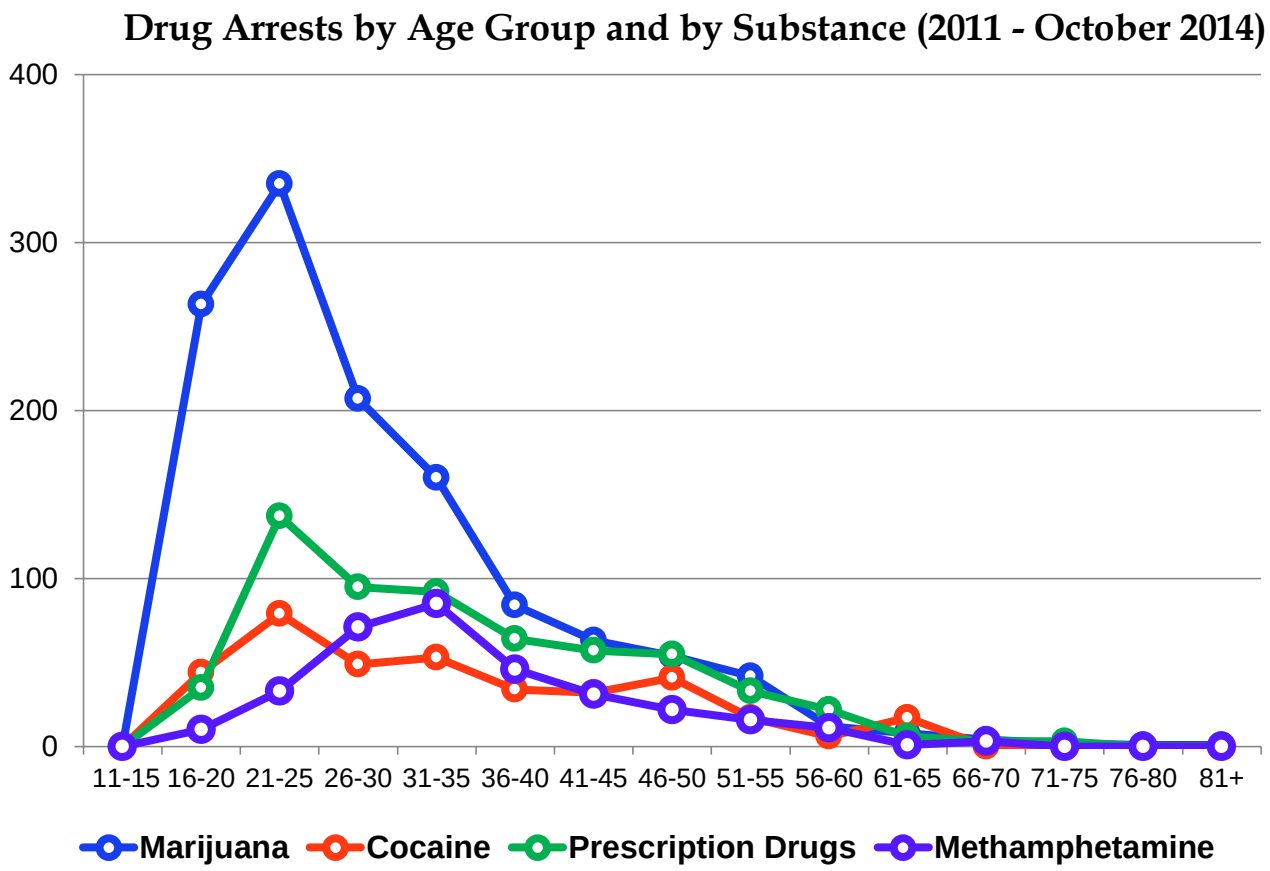


Chart 29: ***Madison County Uniform Crime Reporting System (2011-October 2014)***

Marijuana, cocaine and prescription drugs are the most common drugs of abuse in Madison County. For each of these drugs the highest number of arrests between 2011 and 2014 happened between the ages of 21 and 25. Though it is not displayed in the above chart, the largest percentage of arrests for cocaine from 2011-2013 was in the 21-25 age range. In 2014 the highest percentage of cocaine arrests was in the 16-20 age group. The 21-25 age group also had the most arrests for prescription drugs from 2011-2014, peaking in 2013 with 1/3 of the prescription drug arrests. It should be noted that the highest prescription drug arrest percentages for 2011-2013 involved offenders aged 21-45. However, in 2014, the top three arrest age groups were 21-26, 36-40, and 16-20. This may be an anomaly but bears monitoring to determine if future prescription drug abuse/misuse is gaining popularity with Madison County youth.

The age range with the highest portion of marijuana arrests for 2011-2014 has seesawed between the 16-20, and 21-25 age groups with the 26-30 age group arrests

comprising the third highest numbers. The notable fact is that the arrest percentages for these two age groups have comprised 50% of the total number of marijuana arrests. The fact that marijuana is a gateway drug makes this a disturbing trend for Madison County.

Statistics on Madison County's overall population are broken down into different age categories (0-4, 5-17, 18-24, 25-44, etc.). The age range 18-24 represents 9.0% (www.stats.in.edu) of the county's population and 42.1% of drug related arrests. It is common that this age range is over represented in alcohol and drug arrests, but none the less it is significant to note that persons between 18 and 24 are arrested for drug related incidents at a rate more than 4 times greater than the portion of overall population they represent.

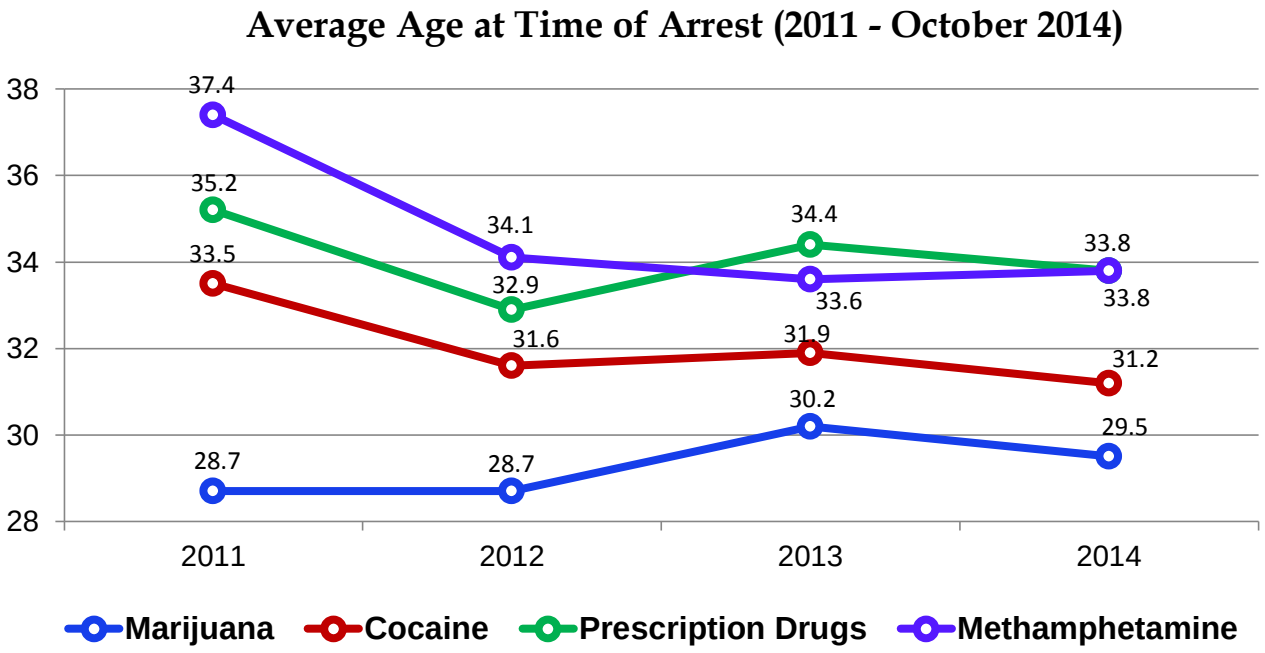


Chart 30: ***Madison County Uniform Crime Reporting System (2011-October 2014)***

Chart 29 which relates drug arrest trends tells us that the largest number of arrests for marijuana, cocaine and prescription drugs is between the ages of 21-25, but a look at the average age adds more detail to the picture. Chart 30 gives more detail into the average ages of the drug arrests for Madison County for 2011-October 2014. While

the age of arrest for marijuana has remained fairly stable over the past four years (at around 29 years), the average ages for other illicit drugs, i.e. cocaine and methamphetamine along with prescription drug abuse has been decreasing. If the arrest data accurately reflects use, as it is thought, then the data indicates that people are using cocaine, methamphetamine, and prescription drugs at an earlier age than in previous years. The average arrest ages have decreased when comparing 2011 and 2014 averages. The graph shows cocaine arrest age decreasing by 2.3 years, methamphetamine reducing by 3.6 years and prescription drug use dropping by 1.4 years. While the marijuana arrest average age shows a fluctuation of 1.5 years over the four-year time period. Overall the average age arrest data reveals that marijuana usage seems to be the drug most popular with younger people. However, the chart also points toward a developing trend of increased usage of all of the listed drugs among people younger than 30 years old.

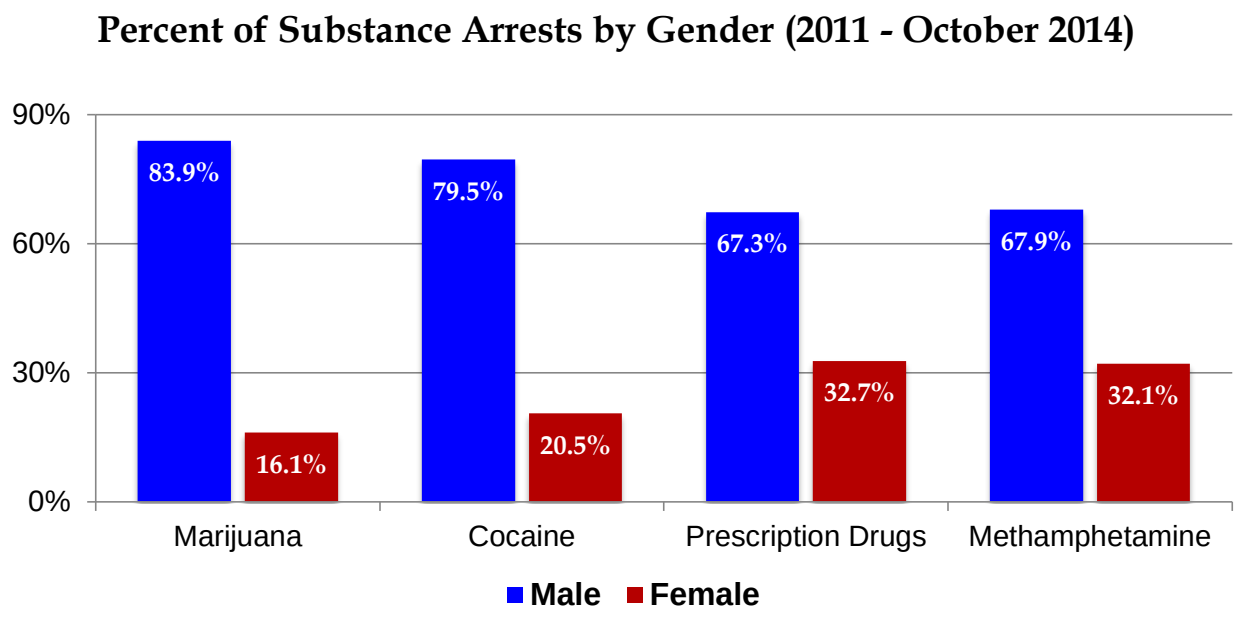


Chart 31: ***Madison County Uniform Crime Reporting System (2011-October 2014)***

In addition to ages, viewing gender preferences for specific drugs is a useful piece of information. It is not surprising that males are arrested for drug use far more regularly than are females. Chart 31 shows that the proportion of women arrested for prescription drug abuse and methamphetamine use is significantly higher than that of

marijuana and cocaine. Another notable point is that marijuana is the least preferred drug for women and the most preferred by men.

What stands out in Chart 32 is the popularity of prescription drugs among women. There were 240 women arrested on prescription drug charges between 2011 and October 2014 while there were only 202 for marijuana use. Though marijuana arrests on the whole are significantly higher, this data seems to indicate that in Madison County prescription drugs are more popular than marijuana among women.

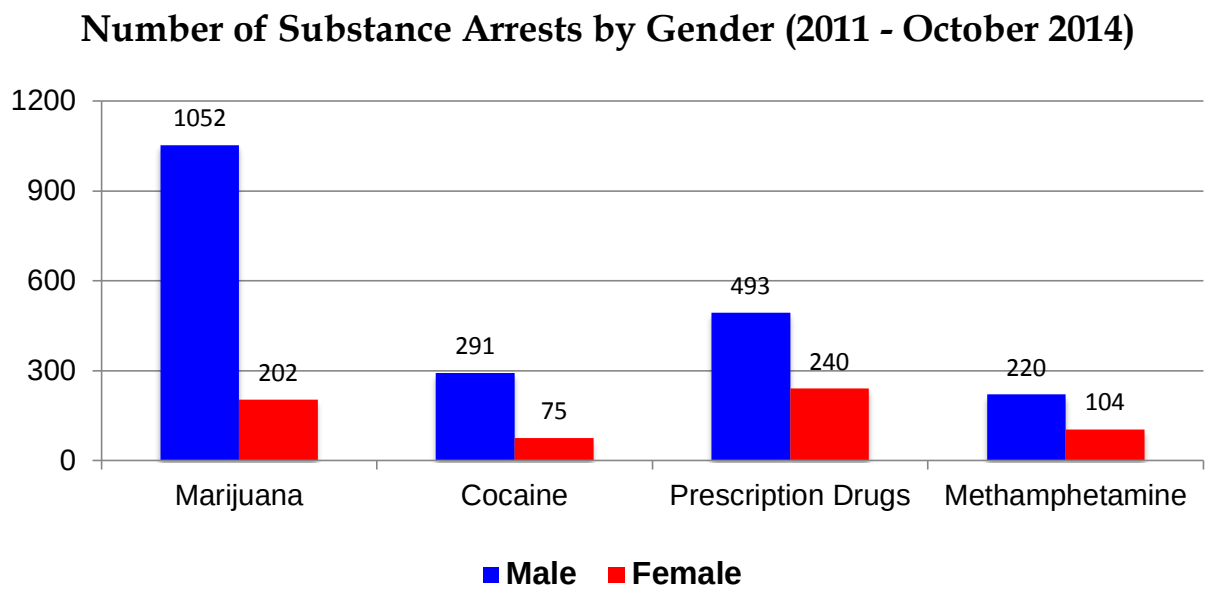


Chart 32: ***Madison County Uniform Crime Reporting System (2011-October 2014)***

Chart 33 gives an idea of how marijuana, cocaine and prescription drugs relate to all drug arrests. Prescription drugs are clearly second to marijuana (except in 2011 where prescription drug arrests exceeded those of marijuana). This is also true on a state and national level.

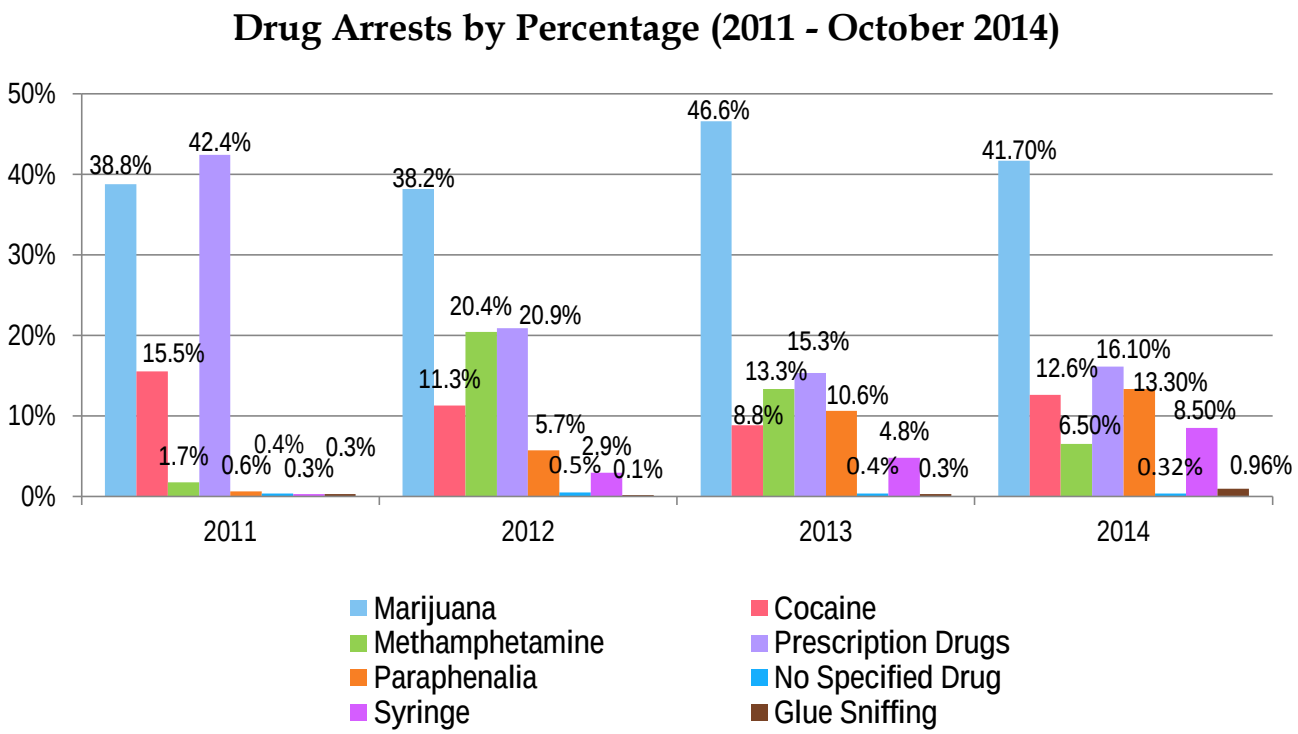


Chart 33: ***Madison County Uniform Crime Reporting System (2011-October 2014)***

The next two charts, 34 and 7, show that drug arrests and presumably drug use are not as associated with the weekend as is alcohol use. Although there are several implications, implementing drug-free activities throughout the week would be justified as an integral part of a drug use prevention program.

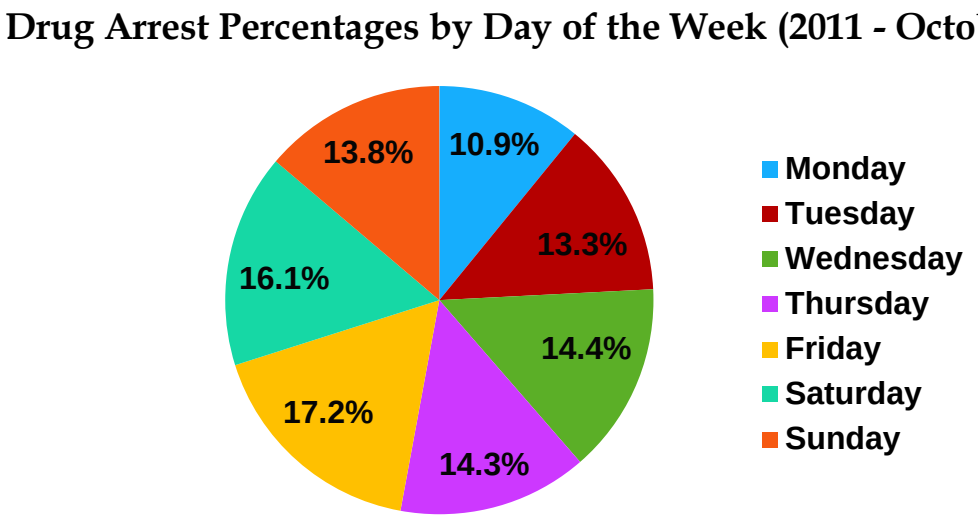


Chart 34: ***Madison County Uniform Crime Reporting System (2011-October 2014)***

Alcohol/Drug Arrests Comparison by Day of the Week (2011 - October 2014)

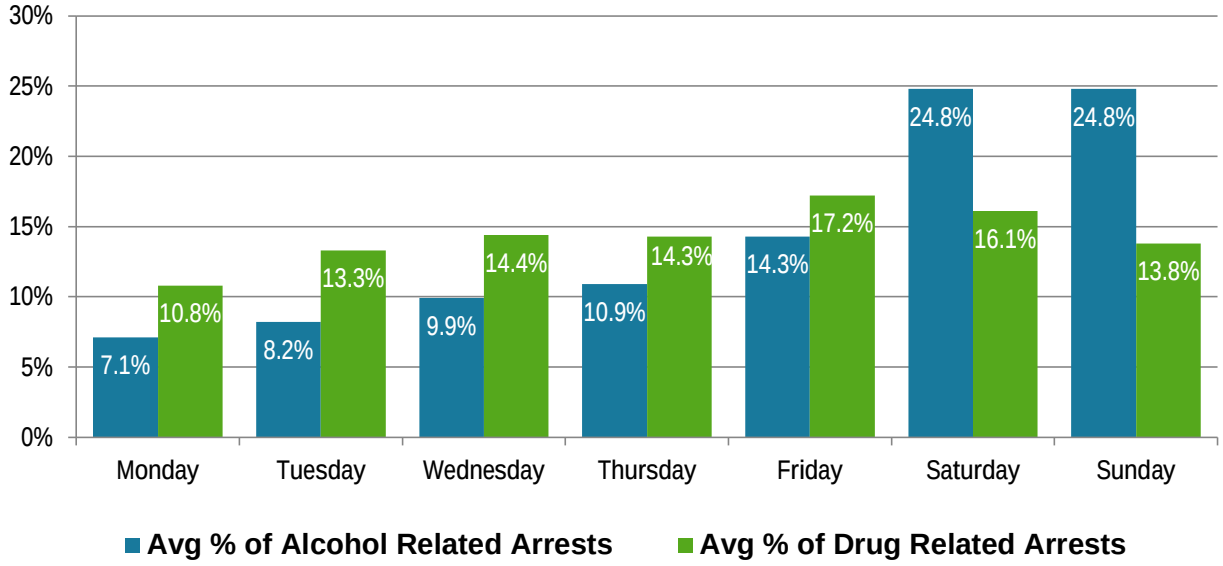


Chart 7: *Madison County Uniform Crime Reporting System (2011-October 2014)*

Alcohol/Drug Arrests Comparison by Day Month (2011 - October 2014)

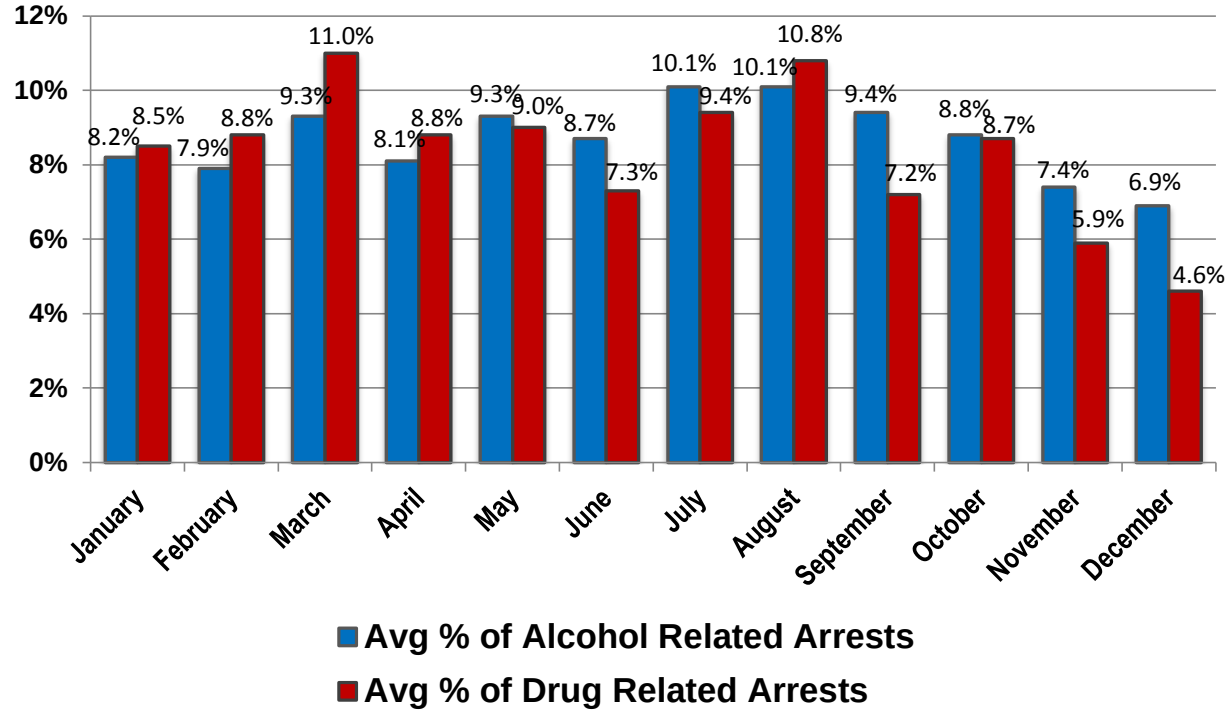


Chart 8: *Madison County Uniform Crime Reporting System (2011-October 2014)*

Unlike the days of the week data, which showed a more consistent level of drug arrests across the board than with alcohol arrests, Chart 8 above indicates a greater amount of change in drug use than there is in alcohol use between the months of the year. The highest months for drug arrests are March (11.0 %) and August (10.8%) and the lowest are November (5.9%) and December (4.6%). Though the data cannot tell us why the disparities exist, conjectures can be made school schedules could be affecting the higher months, March being the month of most spring breaks and August being the beginning of the school year. The lower monthly numbers could be related to holiday celebrations or to colder weather, both scenarios could make it more difficult to catch persons who are using because the activity is more predominantly inside.

Department of Corrections (DOC)

Comparison of Drug Arrests/DOC Admissions by Race (2010 - 2013)

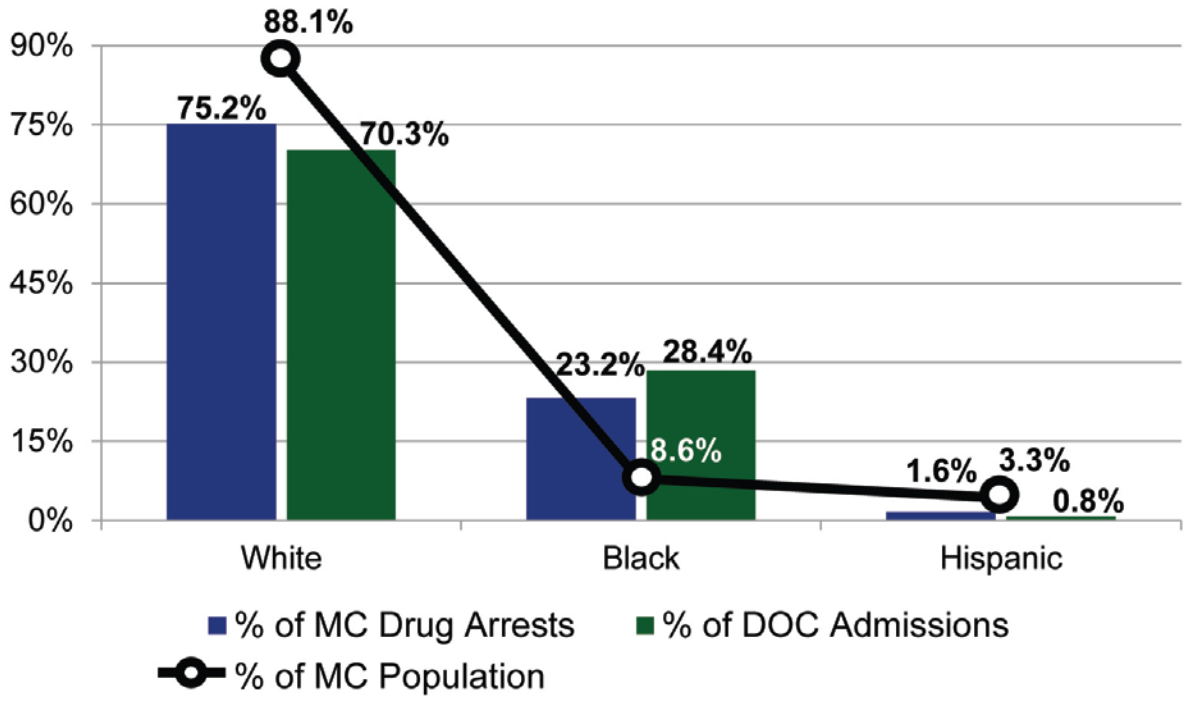


Chart 35: ***Indiana Department of Corrections (2010-2013)***

The disparity between the percentages of black and white arrests and admissions to the Department of Corrections (DOC) is significant with alcohol related offenses, but is even more dramatic with drug related offenses. Whites represent 88.1% of the county population but only 75.2% of arrests and 70.3% of DOC admissions. Blacks, however, represent 8.6% of the population in Madison County, but signify 23.2% of the Madison County drug related arrests and 28.4% of the DOC admissions.

Another way to look at the DOC data is based on every 10,000 of a racial population. The disproportionate number of blacks admitted on drug related charges as compared to whites is marked. In Madison County blacks are admitted to the DOC at 4.1 times the rate of whites, while the ratio for the state of IN is slightly higher at 4.7. These rates are related to 10,000 citizens. So, for every 10,000 whites in Madison County 12 on average are admitted to the DOC. This rate averages out to 1 admission per 833.3 white citizens. On the other hand, the rate of 49.6 admissions per 10,000 black citizens averages to 1 admission per 201.6 black citizens. Comparing the two rates, one can see a admission rate for blacks that is 4.1 times higher than for whites (1:201.6 versus 1:833.3). The fact that this is not uncommon in Indiana (IN) or throughout the US does

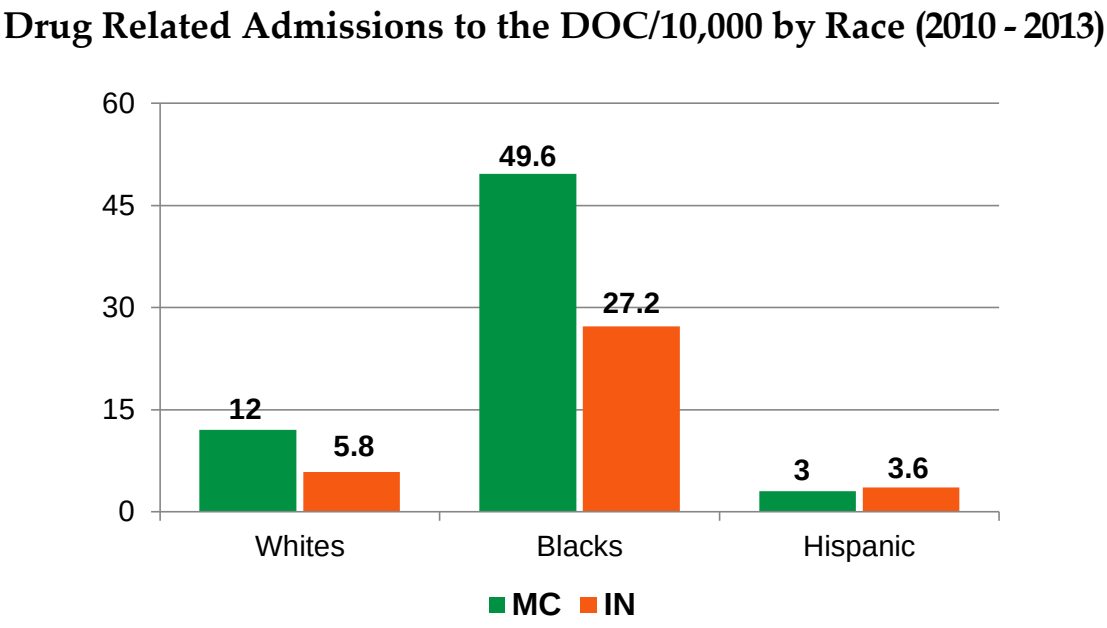


Chart 36: ***Indiana Department of Corrections (2010-2013)***

not diminish the significance of this trend, it merely serves to indicate that it is an epidemic problem from which Madison County is not exempt. The data collected for this publication can not indicate why this is true on a local level, but this large disparity certainly suggests a variety of contributing factors that are irreducible to a culture of drug use.

Use surveys indicate similar levels of use between blacks and whites though there does seem to be particular drugs that are more strongly associated with one race over the other. Such data leads to the conclusion that arrest rates have a weak relationship to actual usage and that the other factors contributing to the disproportionality of arrests should be explored.

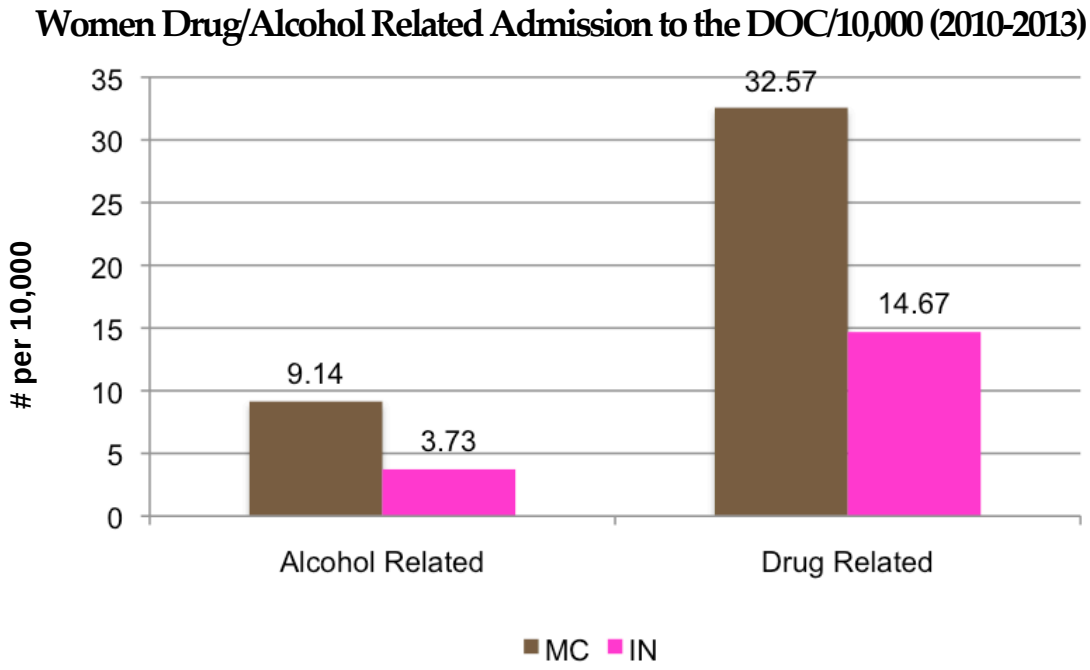


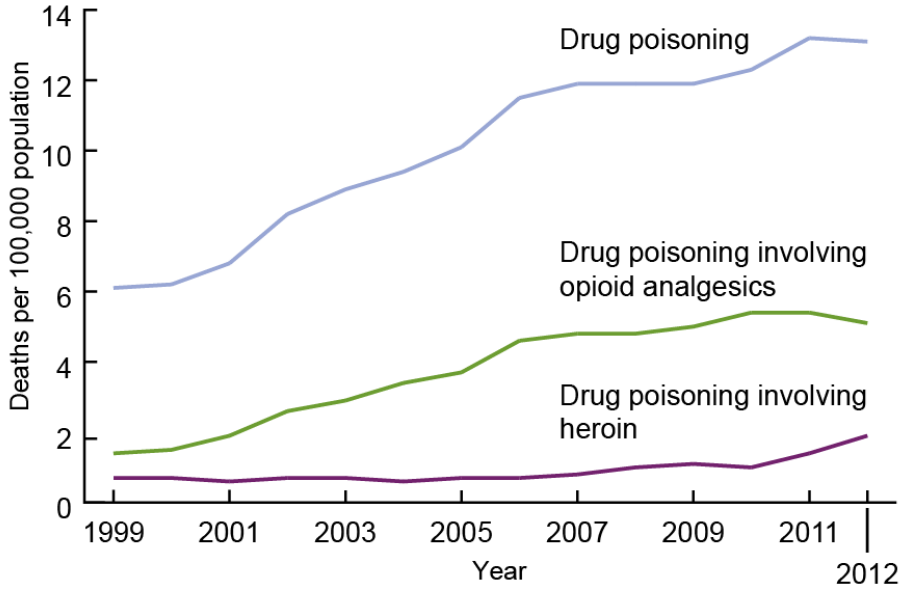
Chart 13: ***Indiana Department of Corrections (2010-2013)***

Blacks are not the only population disproportionately represented in admissions to the DOC from Madison County. Women are disproportionately represented as well. A woman in Madison County is more than twice (2.2) as likely as a woman in the rest of the state to be admitted to the DOC on a drug related charge. Once again the data does not provide answers as to why this is the case, so further investigation is needed.

Indiana Poison Center

The Indiana Poison Center receives calls from medical staff as well as members of the general public about how to deal with exposure/overexposure to various drugs and chemicals. Calls to the Poison Center are information that should be taken in context with other sources of information, especially because the sample size is relatively small. For example, calls related to Heroin are very low on Chart 37 below, but the call numbers indicate an upward trend of poisoning incidents. As for Madison County, arrest data does not necessarily differentiate between illicit drugs. However, with the County programs being implemented to reduce prescription drug abuse, heroin use and potential poisonings are likely since the national trend is increased heroin use in relation to reduced prescription drug misuse programs and policies. Madison County arrest data (Chart 33, page 57) reflects a rapid decrease in prescription drug related arrests. Therefore, an increased potential of heroin use poisonings in our County is likely.

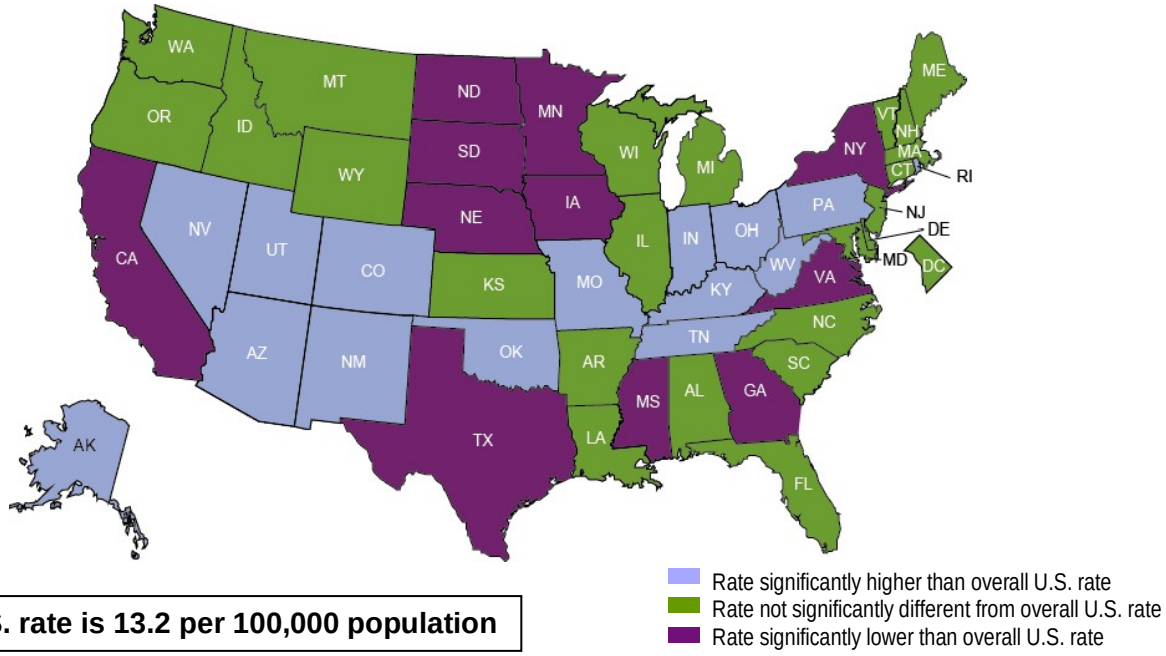
Age-adjusted drug-poisoning death rates: United States (1999-2012)



NOTE: Drug-poisoning deaths may involve both opioid analgesics and heroin.
SOURCE: CDC/NCHS, National Statistics System, Mortality File

Chart 37: http://www.cdc.gov/nchs/data/hestat/drug_poisoning/drug_poisoning.htm

Age-adjusted drug-poisoning death rates by State: U.S. (2012)



Source- *CDC/NCHS, National Statistics System, Mortality File (1999-2012)*

Chart 38: http://www.cdc.gov/nchs/data/hestat/drug_poisoning/drug_poisoning.htm

INDIANA POISON CENTER

Chart 39: iu.iusm-emer.ads.iu.edu

Middle/High School Survey Data

Of the 5 school districts in Madison County 4 participated in the survey on Alcohol, Tobacco, and Other Drugs. The following data represents the aggregated results of surveys that were taken in the spring of 2013. In this portion of the drug section painkillers are chosen as representative of prescription drug misuse. Painkillers are the most commonly abused prescription drugs.

The average age of first use (Chart 20 below- originally shown on page 29) should be compared with Chart 42 on "Lifetime Use" (page 66). This comparison will give an idea of what portion of students the average age of use is based. Keep in mind, for this survey there is a maximum age of about 18 or the age of high school graduation. In spite of the average age being limited to only those who have used and not to the entire population, it is a commonly used standard of comparison and helpful indicator of the ages of vulnerability and a potential progression of use from one substance to another.

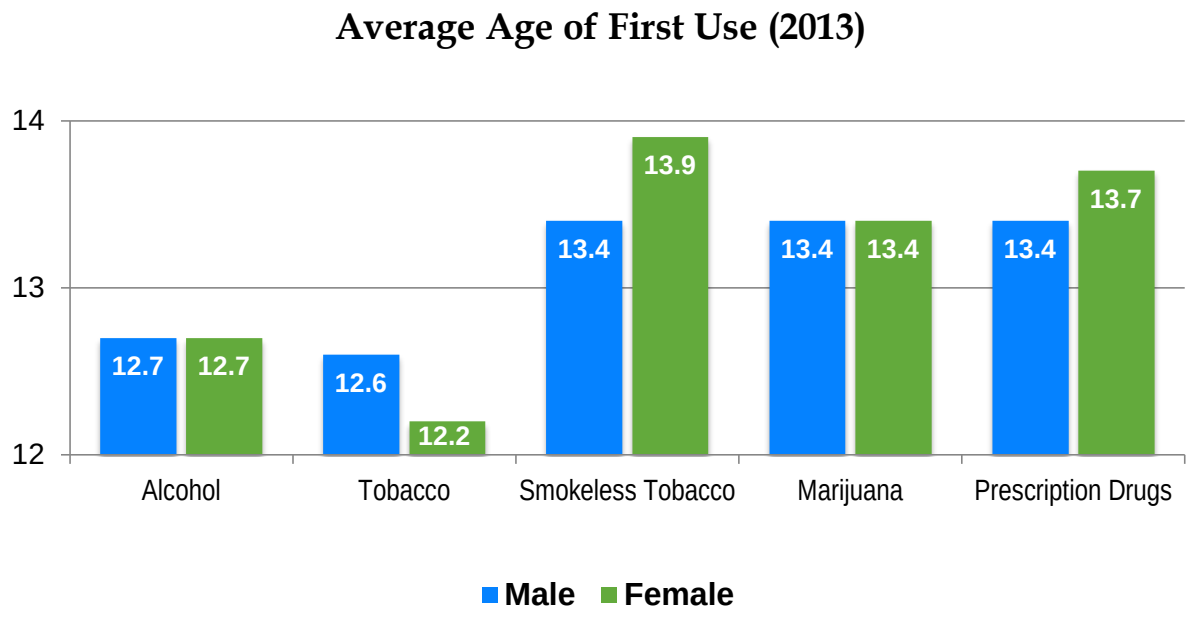


Chart 20: ***Madison County, Indiana - ATOD Survey 2013***

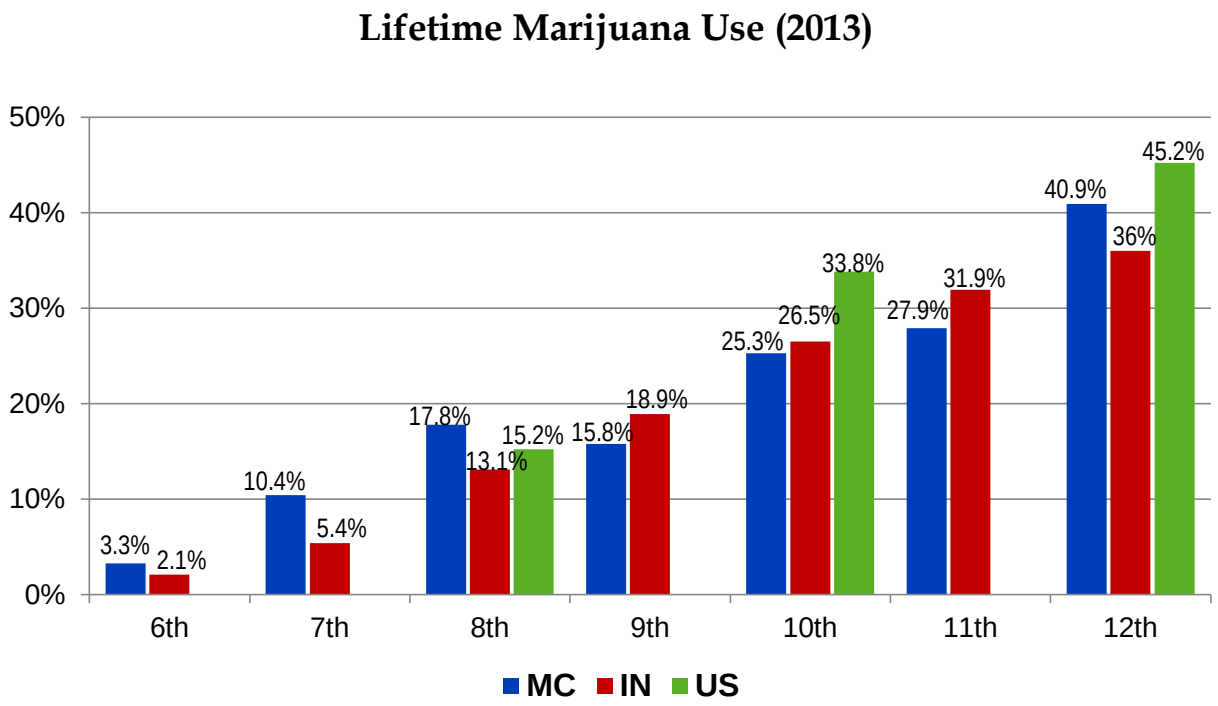


Chart 40: *Madison County, Indiana - ATOD Survey 2013*

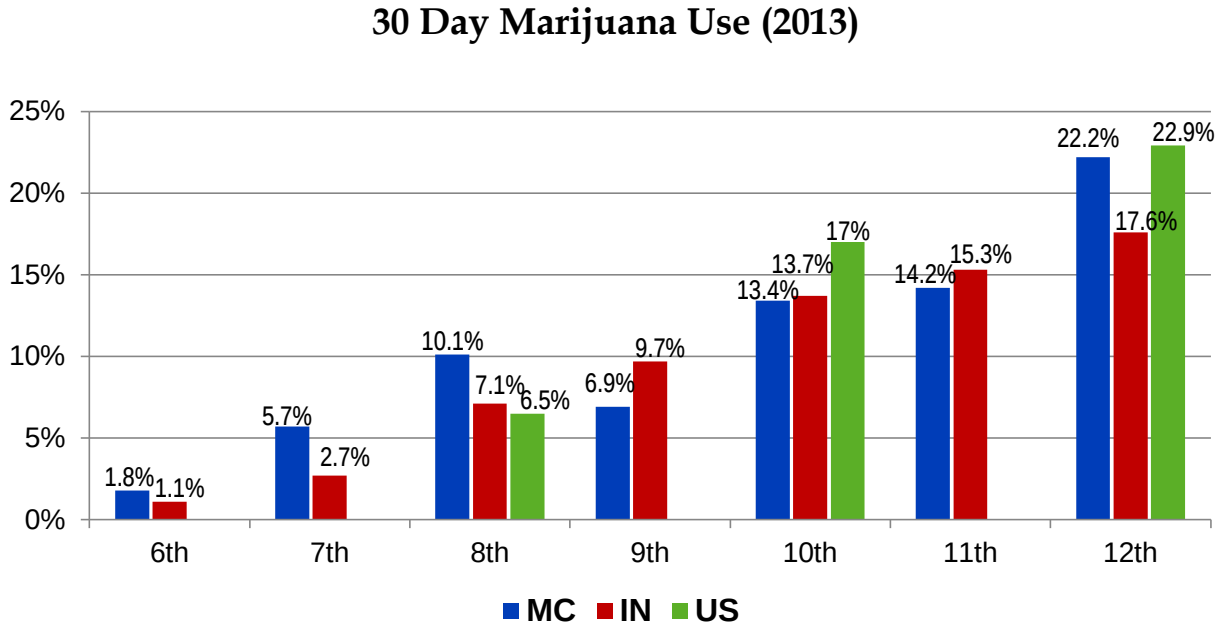


Chart 41: *Madison County, Indiana ATOD Survey 2013*

One of the things that stands out about the percentage of students who have ever used marijuana (Chart 40) is the significant increases from 6th to 7th (3 times as many), from 7th to 8th (almost doubles) and from 9th to 11th grade (nearly doubles again). However, the largest percentage jump is from 11th to 12th grades, a 13% increase. This trend gives support to focusing prevention efforts in the 6th grade, or even earlier grades, before marijuana experimentation begins to take off in 7th grade.

Lifetime use of marijuana as indicated by Chart 40 above indicates at least experimental drug use, while 30 day use of marijuana (shown in Chart 41 below) indicates the number of students who regularly use. As with lifetime use, there are significant jumps from 6th to 7th grade, from 7th to 8th grade and from 9th to 10th grade. Of the 41% of students who have experimented with marijuana by the time they are in 12th grade, more than half of them have become regular users (22.9%) as indicated by 30 day use (Chart 41).

Prescription drugs are the fastest growing drugs of abuse, and use by students in Madison County is gaining ground on the dangerous national trend. Chart 42 indicates the percentage of students by grade level that have experimented with prescription drugs.

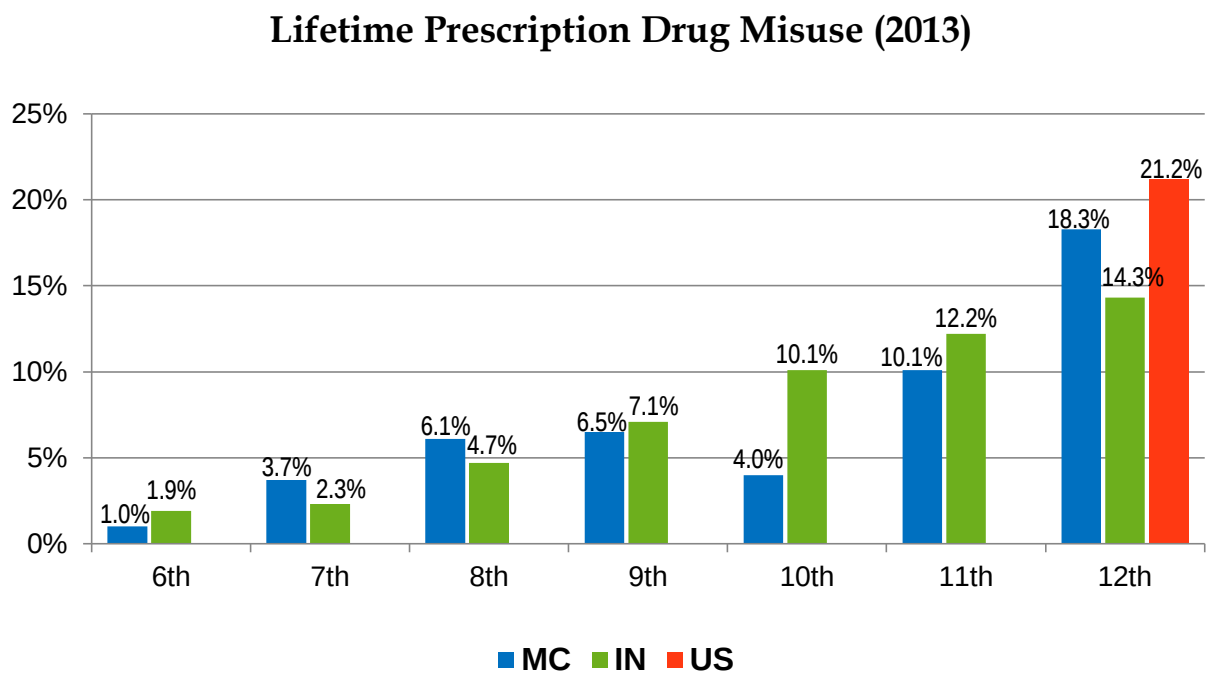


Chart 42: ***Madison County, Indiana ATOD Survey 2013***

The level of misuse in 12th grade stands out, but the limits of the survey do not provide any specific explanation. In this particular survey sample it is common for the 12th

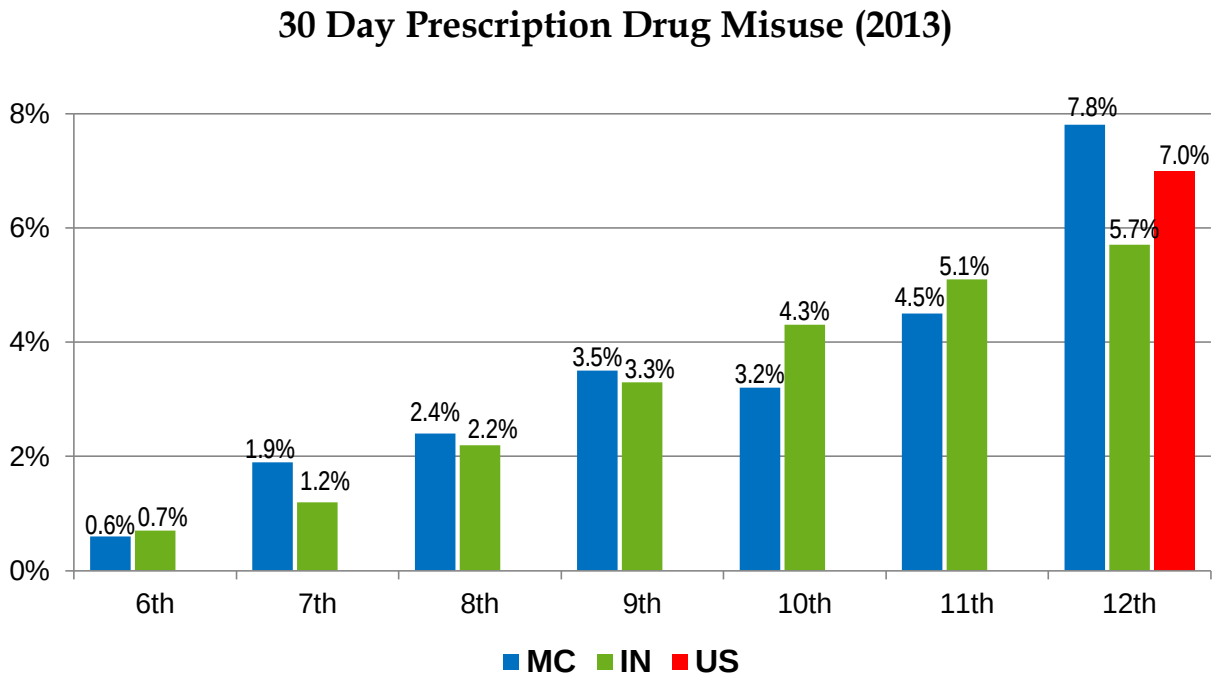


Chart 43: ***Madison County, Indiana ATOD Survey 2013***

grade respondents to indicate more drug and alcohol use, though not to such a significant level as with prescription painkillers.

Compared to lifetime use and 30 day use of marijuana (over half of those who experimented with marijuana by 12th grade had become regular users as indicated by 30 day use), a student is more likely to continue using after experimenting with the drug (almost half of students who experiment with prescription drugs by 11th grade had become regular users as indicated by 30 day use). One possible explanation for this is the ease of access to prescription drugs. Once a student has experimented with prescription drugs there are fewer obstacles for continuing to misuse prescription drugs than there are obstacles to marijuana or even alcohol use. Recently, new programs and policies have been implemented across the state to help reduce the ease of accessibility to prescription drugs. Hopefully, these actions will help reduce use and experimentation opportunities within both the youth and adult populations.

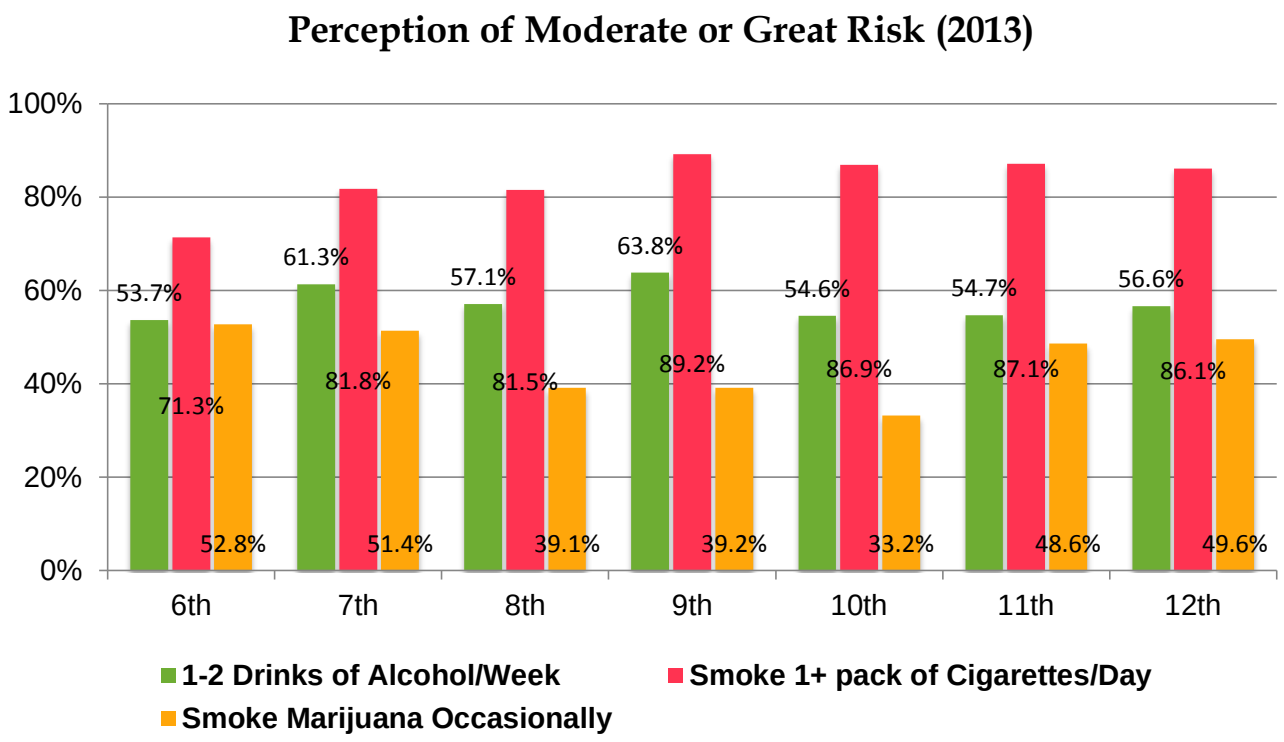


Chart 23: ***Madison County, Indiana ATOD Survey 2013***

The perception of the danger of marijuana use drops by around 20% between 6th and 10th grade. There is an 18% fluctuation in perception of risk for tobacco and a 10% fluctuation for alcohol. A comparison of the 2011 Epidemiological Profile ATOD perceptions of risk finds that risk perceptions have generally increased regarding alcohol but have decreased by about one quarter for cigarette use. Marijuana risk perceptions decreased more dramatically by one third for grades 6th through 10th. There are a variety of factors that affect this declining perception of risk. One likely factor is the influence of the movements to legalize marijuana for medicinal and recreational use and the legislations that as of January 2015 have approved recreational use of marijuana in four states and the District of Columbia (pending congressional approval). Many states, including Indiana, have eliminated the criminal penalties for small amounts of marijuana.

One trend that stands out in all grades is that students perceive their parents disapproval of marijuana use with less fluctuation (7%) from grade to grade than their disapproval changes of both alcohol (10%) and cigarette (14%) use.

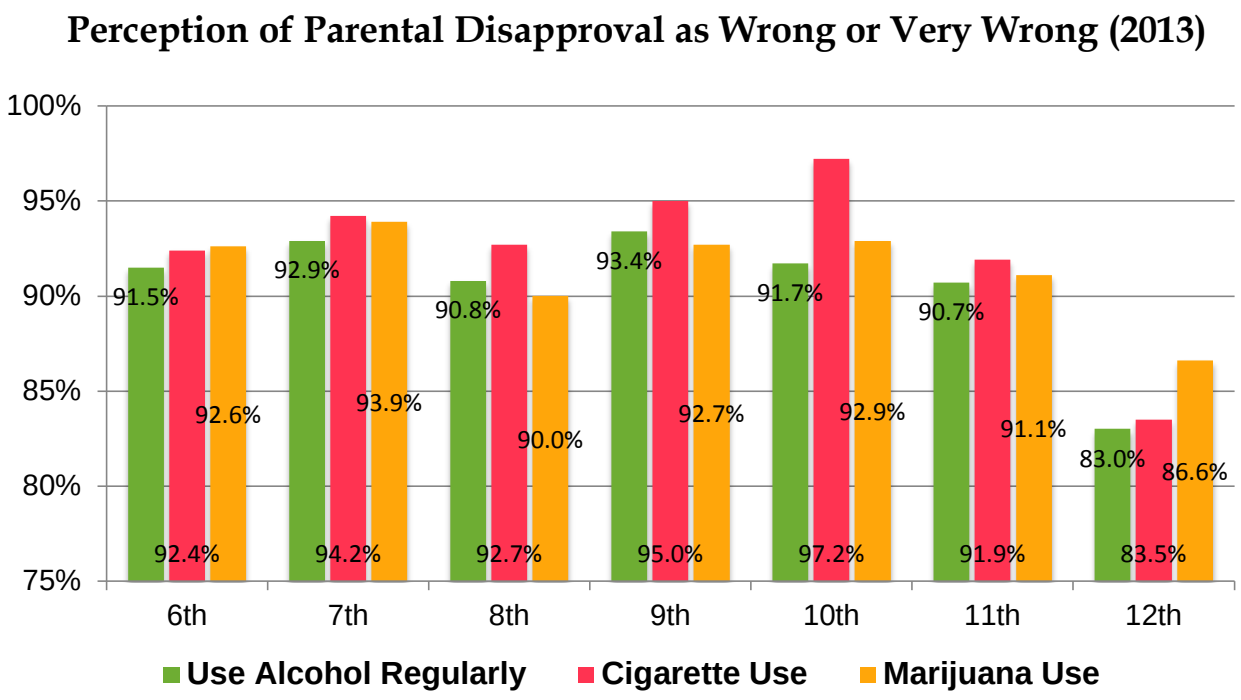


Chart 24: ***Madison County, Indiana ATOD Survey 2013***

Community Survey

Since the end of 2013, surveys have been collected at various events and locations in Madison County as well as on the Intersect, Inc. website. The surveys are targeted to persons 18 or older and ask a variety of questions about drug use. It should be noted that this is a convenience sample and can not be relied on as strongly as a random sample to reflect the total population. Never the less, it can provide some helpful information about some of what is happening in our county. Since the survey is still collecting data, results have yet to be tabulated, but the information that is generated from the surveys will be used to develop programming to reduce misuse of drugs in our community.

Two of the things that can be compared with the collected survey data are self-reported use rates and arrest rates. Marijuana and prescription drugs will most likely be the most used substances based on current arrest data as seen in the chart below.

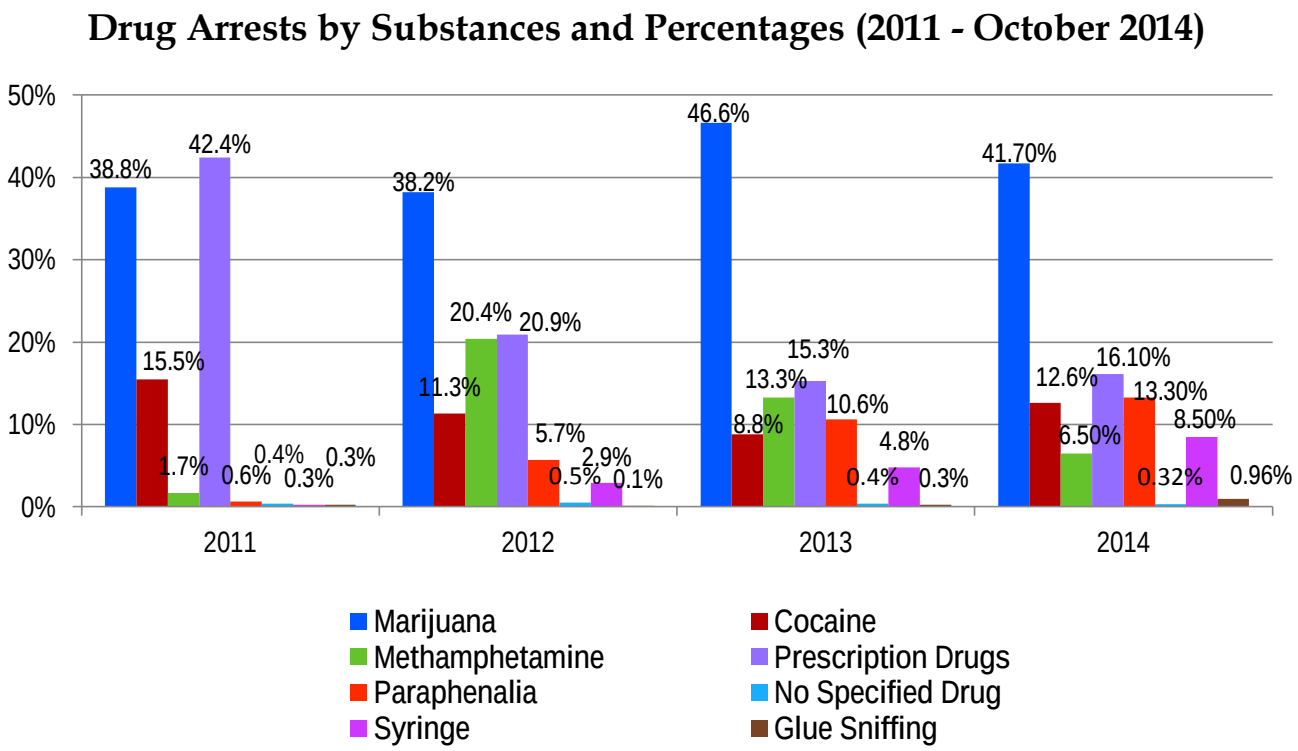


Chart 33: ***Madison County Uniform Crime Reporting System (2011-October 2014)***

The disparity in the percentage of blacks and whites in the general population in Madison County can also be compared. The data can be compared not using a one to one ratio, but instead, compare the ratio of persons who use to persons arrested.

Another arrest data comparison can be made with gender use data. Once all the survey information is collected other comparative areas may be found to help explain other disparities in the current arrest data for Madison County. The possibility of identifying the reason(s) behind existing race and gender disparities in county arrests justifies continuing to track such data and taking a closer look at the broader system of drug use, drug law and law enforcement.

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Toward a Healthier and Safer Community

Factors that Affect Substance Abuse

Risk Factors

In addition to questions on substance use the ATOD youth survey asks questions that evaluate risk factors. Research has shown connections between each of these factors and an increased likelihood of substance abuse. The table below presents data percentages based on the school districts in Madison County.

Less than 1 in 8 students are high risk	Up to 2 in 8 (1/4) students are high risk	Up to 3 in 8 students are high risk	Up to 4 in 8 (1/2) students are high risk		More than half of students are high risk	
0%-12%	13%-25%	26%-33%	34%-50%		51%+	
			6th	8th	10th	12th
COMMUNITY RISK FACTORS						
Laws and Norms Favorable to Drug Use			35.5%	35.5%	36.0%	39.0%
FAMILY RISK FACTORS						
Poor Family Management			22.1%	25.6%	25.5%	23.2%
Family Conflict			38.2%	54.1%	43.4%	35.6%
Parental Attitudes Favorable to Drug Use			7.0%	17.1%	20.3%	30.1%
Parental Attitudes Favorable to Antisocial Behavior			22.2%	36.0%	36.7%	46.5%
SCHOOL RISK FACTORS						
Academic Failure			31.9%	39.1%	35.1%	33.8%
Low Commitment to School			37.3%	37.4%	39.4%	46.6%
PEER-INDIVIDUAL RISK FACTORS						
Rebelliousness			29.9%	26.1%	30.1%	22.9%
Early Initiation to Drug Use			14.2%	29.3%	17.1%	26.3%

Less than 1 in 8 students are high risk	Up to 2 in 8 (1/4) students are high risk	Up to 3 in 8 students are high risk	Up to 4 in 8 (1/2) students are high risk	More than half of students are high risk
0%-12%	13%-25%	26%-33%	34%-50%	51%+

	6th	8th	10th	12th
Attitudes Favorable to Antisocial Behavior	24.6%	27.3%	30.0%	30.0%
Attitudes Favorable to Drug Use	10.9%	25.1%	23.2%	36.0%
Perceived Risk of Drug Use	49.4%	58.4%	50.0%	53.3%
Interaction with Antisocial Peers	34.7%	42.9%	39.5%	43.2%
Rewards for Antisocial Involvement	25.2%	42.0%	31.5%	40.9%

The data shown in the above table indicates some disturbing conclusions. The percentages indicate that at some points during middle and high school more than half of the students in the Madison County school districts have experienced or have perceived they were experiencing some type of high risk environment. Risk factors are a major influence on youth and their ability to avoid substance abuse. These numbers should be a point of concern for all parents, educators, and community leaders in creating strategies in combating substance abuse in our communities. Reducing risk factors would be a giant step forward in improving the future lives of our youth.

Protective Factors/Developmental Assets

Protective factors and developmental assets are both ways of talking about internal and external resources that an individual can have that increases their likelihood for making healthy choices. Hawkins and Catalano were the original researchers whose work identified risk and protective factors, work that is used broadly in contemporary substance abuse prevention. The link that follows provides more information on the 40 Developmental Assets. These developmental assets have been found to be building blocks that will aid youth in learning to make healthy decisions and to develop into caring, responsible, concerned and empathetic adults. The web page provides further background and some compelling research on the powerful

influence of these assets in the lives of youth- www.search-institute.org/content/what-are-developmental-assets .

The following table lists the data collected from the 2013 ATOD youth survey. The data is presented for informational purposes only since there currently are not any known local resources that have created scientific measurements of each of the developmental assets or protective factors. The collected data shown simply reveals protective factor trends expressed by the answers given by the youth participants.

Less than 1 in 8 students are low protection	**Up to 2 in 8 (1/4) students are low protection**	**Up to 3 in 8 students are low protection**	**Up to 4 in 8 (1/2) students are low protection**		**More than half of students are low protection**	
0%-12%	13%-25%	26%-33%	34%-50%		51%+	
			6th	8th	10th	12th
COMMUNITY PROTECTIVE FACTORS						
Community rewards for involvement			49.0%	62.7%	63.1%	72.4%
FAMILY PROTECTIVE FACTORS						
Family opportunities for involvement			33.6%	35.5%	43.4%	43.4%
Family rewards for involvement			42.5%	38.5%	38.2%	45.2%
SCHOOL RISKPROTECTIVE FACTORS						
School opportunity for involvement			32.7%	39.8%	33.2%	30.4%
School rewards for prosocial involvement			42.5%	53.4%	35.4%	50.2%
PEER-INDIVIDUAL PROTECTIVE FACTORS						
Interaction with prosocial peers			60.7%	52.3%	43.1%	54.5%

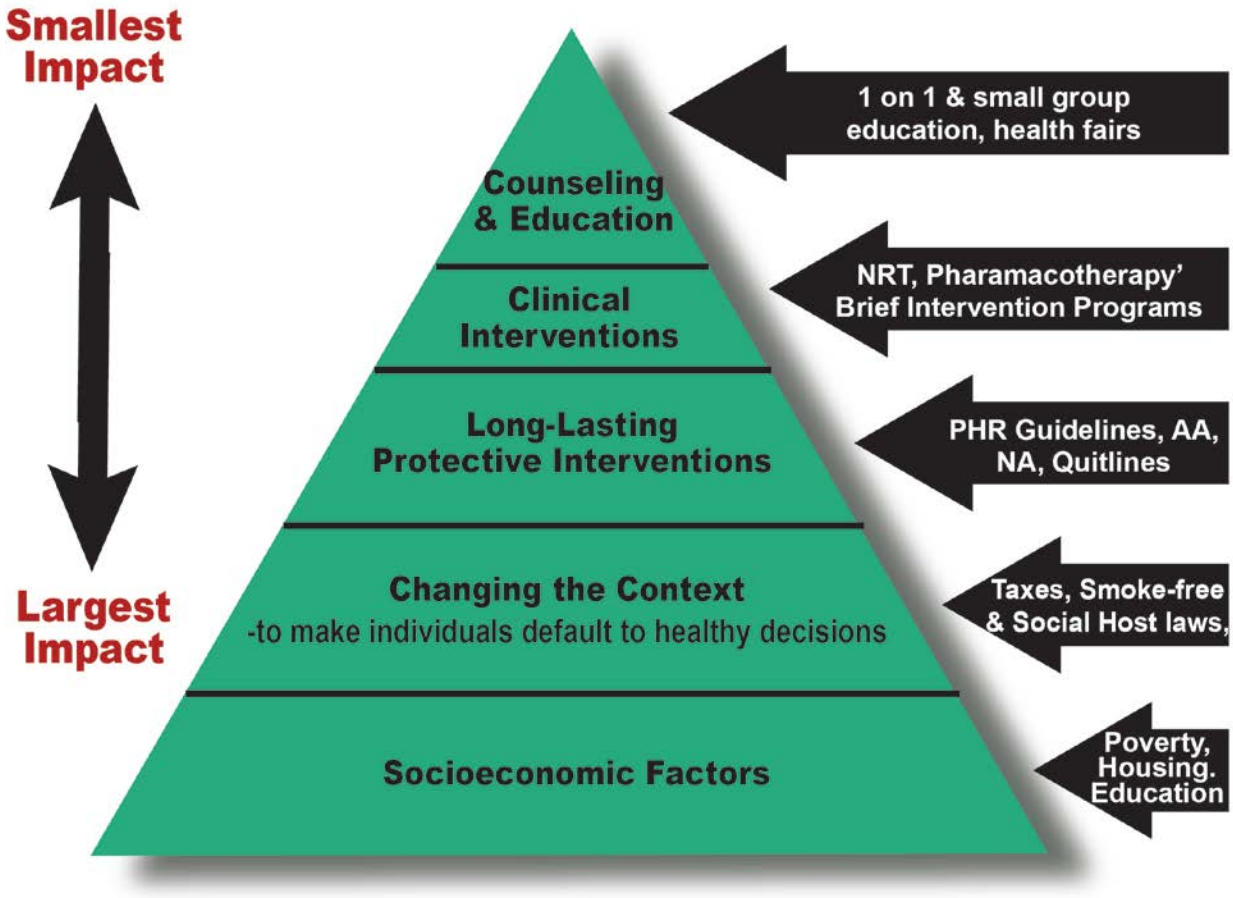
The data shown in the above table indicates more disturbing information. The percentages state that a high majority of the Madison County students are experiencing little or no protection factors in their daily lives. Protective factors instruct and

encourage youth in how to live healthy and productive lives including the ability to avoid substance abuse. Without receiving support acquired from these factors, youth are left to learn life lessons on their own or from peers who have also experience low protective factors.

Strategies for Improvement

There are many methods that must be employed in order to successfully prevent the unwanted and harmful consequences of substance abuse. Previous community interviews indicate a clear preference toward education as the primary, if not exclusive, tool with which a community can hope to prevent substance abuse. The second most prevalent method suggested by community leaders, is to have consistent and regular law enforcement/consequences for those who violate the state and/or local laws/ordinances. These methods should not be exclusive in a community strategy to prevent substance abuse, but instead be parts of a more thorough and comprehensive plan. Education and consistent law enforcement rely on just a few community sectors: parents, educators and the criminal justice system. When a broader base of the community is mobilized, prevention becomes much more successful.

Prevention efforts that are effective and lasting empower the community to be engaged in prevention, not just a few people in specific roles. Citizens can take responsibility for their community through environmental changes. Environmental changes include, but are not limited to, smoke-free air laws, re-structuring of tobacco product tax schedule, e-cigarette inclusions in smoking ordinances, social liability ordinances for providing alcohol to those underage, changes in product placement and advertising for both alcohol and tobacco, and limits on the time, location, quantity, etc. of substances of abuse. The tables that follow detail strategies and their expected outcomes and were adapted from Wisconsin Clearinghouse (http://wch.uhs.wisc.edu), and the Connecticut Department of Mental Health & Addiction Services (www.ct.gov/dmhas). The pyramid figure below is adapted from Indiana Tobacco Prevention and Cessation (www.in.gov/isdh/tpc/).


Smallest Impact
Largest Impact
Counseling & Education
Clinical Interventions
Long-Lasting Protective Interventions
Changing the Context
-to make individuals default to healthy decisions
Socioeconomic Factors
1 on 1 & small group education, health fairs
NRT, Pharamacotherapy' Brief Intervention Programs
PHR Guidelines, AA, NA, Quitlines
Taxes, Smoke-free & Social Host laws,
Poverty, Housing. Education

Tobacco & Alcohol Abuse Prevention

STRATEGIES	METHODS	REDUCE PREVALENCE	DELAY ONSET	HARM REDUCTION	REDUCE INTENSITY	INCREASE ABSTAINERS
	Reduce Availability by:					
Limit Retail Availability	Limit the location and density of retail outlets	X				
Limit Retail & Social Availability	Restricting sales at youth and community events	X	X	X	X	X
Limit Retail Availability	Increases taxes, ban discounts, happy hour, etc.	X	X	X	X	X
Limit Retail Availability	Limit sales hours	X		X	X	X
Limit Retail Availability	Server & store clerk training	X	X	X	X	
Limit Retail Availability (alcohol)	Limit on bottle size, number of containers per case, and alcohol content in beer	X		X	X	
Regulation & Change Community Norms	Reminder on labeling on product and signs: against law to buy for minors	X	X	X		

Tobacco & Alcohol Abuse Prevention

STRATEGIES	METHODS	REDUCE PREVALENCE	DELAY ONSET	HARM REDUCTION	REDUCE INTENSITY	INCREASE ABSTAINERS
	Restrict advertising by:					
Promotion & Change Community Norms	Restricting billboards (placement, type)		X		X	X
Promotion & Change Community Norms	Restricting shop signs (size, placement, type)	X	X		X	X
Promotion & Change Community Norms	Restricting sport event sponsorships		X		X	X
Promotion & Change Community Norms (tobacco)	Increase laws and locations with comprehensive smoke-free air	X	X	X	X	X
	Enforce by:					
Regulation	Compliance checks	X	X			
Regulation	Shoulder tap	X	X			
Regulation	Keg registration	X	X			

Tobacco & Alcohol Abuse Prevention

STRATEGIES	METHODS	REDUCE PREVALENCE	DELAY ONSET	HARM REDUCTION	REDUCE INTENSITY	INCREASE ABSTAINERS
Regulation	Social Host liability	X	X	X		
Regulation (alcohol)	Lower blood alcohol content for underage			X	X	
Regulation	Restricting sport event sponsorships	X		X	X	
Regulation (tobacco)	Increase laws and locations with comprehensive smoke-free air	X	X	X	X	X
Regulation	Driver license loss for alcohol use or delivery		X	X		
Regulation	Restrict product placement to behind counter (Tobacco (ENDS))	X				X
	Media Campaigns					
Change Social Norms	Education of public to laws/norms	X	X			
Change Social Norms	Educate youth/ siblings/ parents	X	X	X		X

STRATEGIES	METHODS	REDUCE PREVALENCE	DELAY ONSET	HARM REDUCTION	REDUCE INTENSITY	INCREASE ABSTAINERS
Change Social Norms	Education business re: laws, how to "card".	X	X	X		

Illicit Drug Prevention

STRATEGIES	METHODS	REDUCE PREVALENCE	DELAY ONSET	HARM REDUCTION	REDUCE INTENSITY	INCREASE ABSTAINERS
	Reduce Availability by:					
Limit Retail Availability	Use supply reduction efforts to drive up prices	X	X	X	X	X
	Enforce by:					
Regulation	Eliminate properties where drugs are sold	X	X	X	X	X
Regulation	Increase barriers to sales (wall, gates, increased lighting)	X	X	X	X	X
Regulation	Loss of driver's license for drug use	X		X		X
Regulation	Workplace drug testing	X	X	X		X
	Media Campaigns					
Change Social Norms	Public service announce-ments regarding hazards	X	X			X

Prescription Drug Abuse Prevention

STRATEGIES	METHODS	REDUCE PREVALENCE	DELAY ONSET	HARM REDUCTION	REDUCE INTENSITY	INCREASE ABSTAINERS
	Reduce Availability by:					
Limit Retail Availability	Expand Drug disposal & take back activities	X	X	X	X	X
Limit Retail Availability	Use locking medicine cabinet	X	X	X	X	X
Limit Retail Availability	Better coordination & training to ensure safe dosages & tracking drug interactions	X		X	X	
Limit Retail Availability	Collaborate with delivery companies to ensure arrival at proper locations	X		X		X
	Media Campaigns					
Change Social Norms	Educate on laws and safe disposal	X	X	X		X

-Appendix A-

Sponsoring Organizations

Intersect, Inc.
Staff

Karesa Knight-Wilkerson
Executive Director

Missy McKinney
Youth Coordinator

Wendy Cook
Project Coordinator

Mecca Andrews
Project Coordinator

Vera Mangrum
Project Coordinator

Tammy Doty-Davis
Data Analyst

Makenzie Simmons
Administrative Assistant

Board of Directors

Brandie Perrin
Board Chair

Annette Craycraft
Board Vice-Chair

Lisa Ragsdale
Board Treasurer

Marlene Carey
Board Member

Betty Crum
Board Member

Betsy Dugan
Board Member

Mark Harville
Board Member

Andrew Hopper
Board Member

Lisa Lynn
Board Member

Linda Stevens
Board Member

Terri Walker
Board Member

Intersect, Inc. - Coalition Members

Law Enforcement

Bret Busby
Madison County Drug Force

Scott Mellinger
Madison County Sheriff

Schools

Rodney Chamberlain
Anderson City Councilman / Excel Center

Dr. Kimberly Majeski
Anderson University

Stephanie Moran
Anderson Community Schools

Lisa Ragsdale
Anderson University

Businesses

Debra Burkhart
The Vitamin Shoppe

Dave Cravens
GNC – Owner

Wally Post
Hypnosis Center

Media

Luke Renner
The Story Shop

Amy Winter
Herald Bulletin

Religious and Fraternal Organizations

Marcus Cooley
Westside Church Minister

Dennis Coppock
Strengthening Families/Minister

Youth Serving Organizations

Monica Dunn
SADD Coordinator-Pendleton

Holly Renz
Honor Our Children

Mike Taylor
SADD Coordinator-Pendleton

Civic and Volunteer Groups

Sherry Peak-Davis
Impact Center

Healthcare Professionals

Michelle Coop
Community Hospital

Karen Finnigan
Community Hospital

Kim Geronimo
St. Vincent Anderson Regional Hospital

Ruthie Smith
Community Hospital

Tiffany Warfel
St. Vincent Anderson Regional Hospital ER

State, Local and Tribal Agencies with expertise in substance abuse

Stephanie Jenkins
WIC of Madison County

Steve Richardson
MCCASA-Program Administrator

Parents

Pam Clendenen
Community Member

Debbie Nelson
Community Member

Youth

Madison County SADD
Youth Members

Other Organizations involved in Reducing Substance Abuse

Danisha Jones
Minority Health Coalition

Tom Tijerina
EPIC Initiatives, Inc

Jackie Washington
Minority Health Coalition

Madison County Coalition Against Substance Abuse

Steve Richardson
MCCASA Program Administrator

Doug Beltz
Madison County Sheriff Department

Jason Brizendine
Elwood Police Dept. / Mad. Co. Drug Task Force

Ginny Barnes
Sowers of Seed Counseling, Inc.

Shane Biggs
Elwood Police Department

Tami Blevins
Sister2Sister

Suzzann Bottoms
Sowers of Seeds Counseling

Rodney Cummings
Madison County Prosecutor

Alan DeLong
Mad. Co. Juvenile Probation

Tammy Doty-Davis
Intersect, Inc.

David Happe
Judge, Mad. Co. Unified Courts

Jeff Hardin
Madison County Commissioner

Tom Hines
Stepping Stones for Veterans

Isaac Horwedel
Exodus House

Billy Ingles
Chesterfield Police Department

Danisha Jones
Minority Health Coalition

Karesa Knight-Wilkerson
Intersect, Inc.

Terasha Larkin
Martin Luther King, Jr. Comm.

Chris Lanane
Mad. Co. Drug Court

Mary Jo Lee
Alternatives, Inc.

Dr. Bruce MacMurray
Anderson University

Scott Mellinger
Madison County Sheriff

Tony New
Mad. Co. Unified Courts-Adult Probation

Tom Newman
Judge, Problem Solving Courts

Steffanie Owens
Madison County Commissioner

Rev. Wayne Redding
Martin Luther King, Jr. Comm.

John Richwine
Madison County Commissioner

Ann Roberts
Community Justice Center

Rev. Benjamin Santiago
Mad. Co. Sheriff's Chaplain Program

Wayne Schafftner
Madison County Unified Courts

Frank Sigler
Madison County Drug Force

Steve Sipka
Exodus House

Kent South
House of Hope Mad. County

Jennifer Lackey
Mad. Co. Commissioners Off.

Marlita Williams
Mad. Co. Comm. Health Ctr.

-Appendix B-

Glossary

ATOD-
Alcohol, Tobacco, and Other Drugs

CDC-
Center for Disease Control

CMCA-
Communities Mobilizing for Change in Alcohol

COPD-
Chronic Obstructive Pulmonary Disease

DFC-
Drug Free Communities

DOC-
Department of Corrections

DOE-
Department of Education

e-cigarette-
Nickname for electronic cigarette. They are handheld vaporizers that use vials of liquid nicotine to replace conventional cigarettes. The short and long-term safety/benefit of the devices as well as the liquids used has yet to be scientifically confirmed.

Epidemiological Profile-
Uses **behavioral health indicators** that measure use patterns, consequences, risk and protective factors, and other key population characteristics in order to provide a detailed overview of the problems affecting a particular population. It is a source of quantitative data that is interpreted to identifies the needs and priorities for a given location.

FDA-
Food and Drug Administration

Formaldehyde-
A colorless, toxic, potentially carcinogenic, water-soluble gas, CH_2O, that is used as a disinfectant, a preservative, and in the manufacture of various resins and plastics.

Intersect, Inc.-
Intersect, Inc. is a not-for-profit organization serving Madison County, IN. Intersect's mission is "Promoting, encouraging, and empowering our community for healthy living."

IPRC-
Indiana Prevention Resource Center - A division of Indiana University's department of applied health science whose mission is to strengthen prevention efforts through education, resources and research.

MCCASA-
Madison County Coalition Against Substance Abuse is an organization of prevention, law enforcement, and treatment partners in Madison County

SPF-SIG-
The Strategic Prevention Framework - State Incentive Grant was the initial funding source for collecting and analyzing data on substance abuse in 2009.

TPC-
Tobacco Prevention and Cessation is a state-wide network under the Indiana State Department of Health made up of community based organizations that work to decrease tobacco use and its related disease and economic impact.

Data Sources

Arrest Data

Uniform Crime Reporting System

-Alexandria Police Department
-Anderson Police Department
-Chesterfield Police Department
-Edgewood Police Department
-Elwood Police Department
-Frankton Police Department
-Lapel Police Department
-Madison County Sheriff's Department
-Pendleton Police Department

Center for Disease Control

The Center for Disease Control works to protect America from health, safety and security threats, both foreign and in the U.S. As the nation's health protection agency, the CDC saves lives and protects people from health threats. To accomplish their mission, the conducts critical science and provides information and actions as needed to inform the public and thereby reduce dangerous national/local health threats. www.cdc.gov.

Community Survey

A convenience survey that was collected in 2013 from Madison County Residents 18 years and older. In addition, 76 interviews were done with persons representing various segments of the community in order to identify perceptions of issues related to underage alcohol use.

Indiana Excise Police

The law enforcement division of the Alcohol & Tobacco Commission striving to make Indiana a better place to live through education, enforcement and community preservation. www.in.gov/atc/isep/

Indiana Poison Center

A free 24 hour telephone service for poison emergencies located in the Emergency Medicine and Trauma Center at Methodist Hospital, Indianapolis.

iuhealth.org/methodist/poisoning/

Indiana Prevention Resource Center (IPRC)

A division of Indiana University's department of applied health science whose mission is to strengthen prevention efforts through education, resources and research. www.drugs.indiana.edu

Indiana Traffic Safety Facts

Indiana Criminal Justice Institute yearly collects and organizes state and count traffic data. www.in.gov/cji/2572.htm

Intersect, Inc.

A not-for-profit organization that's mission is – "Promoting, encouraging, and empowering our community for healthy living". Formed in 2002, it is a coalition of community members representing schools, health care, faith-based organizations, and businesses that work together and use creative strategies to decrease substance use among youth and adults in Madison County. www.intersectinc.org

Middle/High School Survey

Alcohol, Tobacco and Other Drugs (ATOD) Surveys were collected in 2013 from 4 of the 5 Madison County school districts. The results were aggregated by the IPRC and individual school's information remained anonymous.

National Institute of Drug Abuse

Their mission is to lead the Nation in bringing the power of science to explain drug abuse and addiction. www.drugabuse.gov.

Robert Wood Johnson Foundation (RWJF)

A foundation that aims to improve the health and health care of Americans. Among other things, the RWJF sponsors research on community health measures. www.rwjf.org .

Substance Abuse and Mental Health Services Administration (SAMHSA)

The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. Their mission is to reduce the impact of substance abuse and mental illness on America's communities. www.samhsa.gov.



intersect

www.intersectinc.org • 765-683-0452

MCCASA

Madison County Coalition Against Substance Abuse