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Our Vision

Healthy, safe, and drug-free environments that nurture and assist all Indiana citizens to thrive.

Our Mission

To reduce substance use and abuse across the lifespan of Indiana citizens.
<table>
<thead>
<tr>
<th>TOBACCO (NICOTINE)</th>
<th>ALCOHOL</th>
<th>OPIOIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Youth tobacco use</strong></td>
<td><strong>Underage drinking</strong></td>
<td><strong>Drug overdose mortality</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Reduce past-month use of any tobacco product, including e-cigarettes, in middle school students from 8.2% to 5.0% and in high school students from 26.9% to 20.0%.</td>
<td>Reduce past-month alcohol use in 12- to 20-year-olds from 21.0% to 18.9%.</td>
<td>Reduce fatal drug overdoses from 1,236 deaths to 927 deaths.</td>
</tr>
<tr>
<td>Target setting method: TPC recommendation and SEOW consent</td>
<td>Target setting method: 10% improvement (modified from Healthy People 2020, objective SA-13.1)</td>
<td>Target setting method: 25% improvement (SEOW consent)</td>
</tr>
<tr>
<td><strong>Smoking during pregnancy</strong></td>
<td><strong>Binge drinking in young adults</strong></td>
<td><strong>Prescription opioid misuse</strong></td>
</tr>
<tr>
<td>Reduce smoking in pregnant women from 14.3% to 8.0%.</td>
<td>Reduce past-month binge drinking in young adults ages 18 to 24 from 28.7% to 25.8%.</td>
<td>Prescription opioid misuse is still a public health concern. Due to changes in the design of the National Survey on Drug Use and Health (NSDUH), state-level estimates were not available this year and future estimates will not be comparable to prior years. Therefore, we recommend re-evaluating next year’s rate of prescription opioid misuse for inclusion in next year’s priorities.</td>
</tr>
<tr>
<td>Target setting method: TPC, 2020 Strategic Plan (p. 25)</td>
<td>Target setting method: 10% improvement (Healthy People 2020, objective SA-14.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Adult smoking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce smoking among all adults from 20.6% to 18.0%.</td>
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<td></td>
</tr>
<tr>
<td>Data source: BRFSS, 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target setting method: TPC, 2020 Strategic Plan (p. 33)</td>
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<td></td>
</tr>
</tbody>
</table>

<sup>1</sup>This estimate includes all drug overdose (poisoning) deaths (ICD-10: X40-X44, X60-X64, X85 or Y10-Y14). The reason we included all drug overdose fatalities is that in many cases, the underlying drug(s) have not been tested or specified, and among those in which the underlying substance is known, a high percentage is attributable to opioids.
### MENTAL HEALTH

**Suicide attempts in youth**
Reduce the percentage of high school students who attempted suicide in the past year from 9.9% to not more than 8.9%.
Data source: YRBS, 2015
Target setting method: 10% improvement (SEOW consent)

### GENERAL RECOMMENDATIONS

There has been a recent upward trend in marijuana use. Given the expanding legalization of marijuana (as of 2016, 28 U.S. states have legalized marijuana for medical/recreational purposes), the SEOW recommends to monitor its use in the general population and to consider its inclusion in the Prevention Priorities in future years.

The SEOW acknowledges the importance of consistent data collection, especially at the state and sub-state level. We recommend the state maintain and improve its efforts to collect relevant data on behavioral health indicators and to expand collecting information from special populations, including the LGBTQ community; racial/ethnic minorities such as African Americans, Latinos, and Native Americans/Indian Tribes; people involved with the criminal justice system; veterans and military families; people who live in rural areas; and people experiencing homelessness.
About Substance Abuse in Indiana

This issue brief provides an update on Indiana’s behavioral health priorities.

For detailed analysis of substance abuse in Indiana, see *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2016*, a comprehensive epidemiologic profile created by the Indiana University Center for Health Policy for the State Epidemiology and Outcomes Workgroup (SEOW). This and other reports are available at the Indiana University Center for Health Policy Web site (http://fsph.iupui.edu/research-centers/centers/health-policy).

Funding for these reports was provided by the Indiana Family and Social Services Administration/Division of Mental Health and Addiction (DMHA) through the Substance Abuse Prevention and Treatment (SAPT) Block Grant CFDA 93.959 from the Substance Abuse and Mental Health Services Administration (SAMHSA).

For questions and additional information, please contact Julie Gries at the Division of Mental Health and Addiction (phone: 317-232-7894; e-mail: julie.gries@fssa.in.gov).