

**LOCAL EPIDEMIOLOGY AND OUTCOMES WORKGROUP
EPIDEMIOLOGY PROFILE
PORTER COUNTY**

Vision

‘Imagine Porter County Together’: “Healthy, Safe, and drug-free environments that nurture and assist all Porter County citizens to thrive.”

Mission

The Strategic Prevention Framework State Incentive Grant Program intends to mobilize and unite the residents of Porter County for the single purpose, to prevent and reduce the negative consequences of substance abuse. By embracing a new paradigm of prevention, ‘together’ we can restore our community to wellness for the 21st Century.

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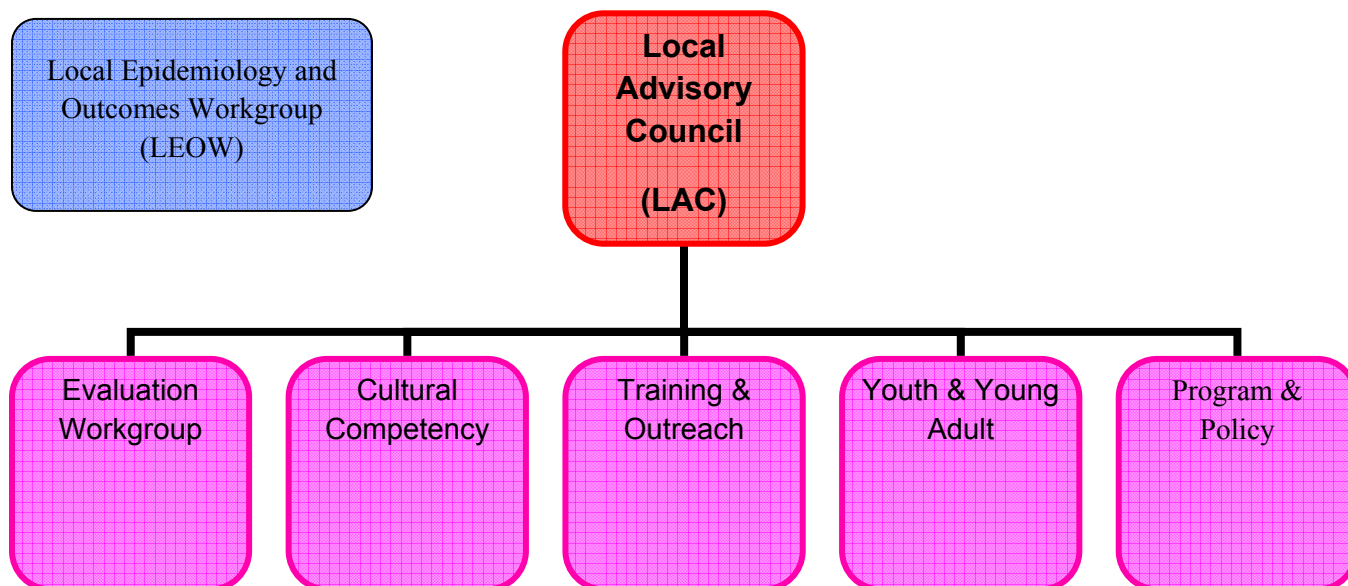
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SPF-SIG Porter County
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SPF-SIG ORGANIZATIONAL STRUCTURE



Members of the Local Advisory Council (LAC):

- Doug McMillan, Attorney at McMillan Law Offices (Chairman of the LAC)
- Sharon Kish, President of United Way of Porter County
- Barbara Young, President of the Porter County Community Foundation
- Porter County Sheriff David Lain
- Victoria Deppe, Porter County Coroner
- Susan Gleason, Executive Director of Tobacco Education and Prevention Coalition
- Judge Julia Jent, Porter County Drug Court

Youth and Young Adult Workgroup:

- Ann Baas, Family & Youth Services Bureau (Youth Advisor for Workgroup)
- Mary Hodson, Executive Director, Mental Health America of Porter County
- Trudi Gallagher, Mental Health America of Porter County (Youth & Young Adult Workgroup Chair)
- Lindsey Miller, Director of Afternoons Rock at Portage YMCA
- Amber Hensell, Executive Director of Frontline Foundations (Young Adult Advisor for Workgroup)
- Tim Kunstek, Director of Student Services at Portage High School East
- Carrie DeLaney, Director of Student Services at Kouts High School
- Paula Dranger, Executive Director of Choices Counseling Services
- Ameenah Pasha, Regional Director of Afternoons Rock
- Dave Kasarda, Executive Director, Portage YMCA
- Rolondo Chilian, Community member
- Rob Klett, Community member
- Zack Burns, Young adult representative
- Pastor Jason O'Neal, Victory Christian Center

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EXECUTIVE SUMMARY

The goal in the first year of the Strategic Prevention Framework State Incentive Grant (SPF-SIG) was to begin the development of an infrastructure for substance abuse prevention that will serve the entire community in the future. Through the efforts of the Local Epidemiology and Outcomes Workgroup (LEOW), the foundation for a centralized data collection center has been established. In addition, the Youth and Young Adult Workgroup recruited young people to conduct focus groups to assist with the data collection process. With the collective cooperation from social service organizations, schools, law enforcement, government agencies, health organizations, and treatment programs, the LEOW was able to gather and analyze additional information to report Porter County's current trends in the area of substance abuse.

This report was founded on three basic principles: that certain factors have an impact on substance abuse behavior (economic, neighborhood attachment), that perceptions (individual, peers, parents) have an impact on behavior, and that early use of gateway drugs can lead to significant problems with that substance or a progression into additional substances.

While we made conclusions based on the current data provided and analyzed, these conclusions can only serve to help guide our actions in future years; they cannot be relied upon for their statistical relevance.

While the goal is to prevent and reduce underage drinking and binge drinking among 18-25 year olds, it is also necessary to focus on additional substances of abuse since addictive behavior is not relegated to alcohol alone but to all drugs of choice. Similarly, because substance use among 18-25 year olds typically is driven by perceptions and use during the ages 12-17, we placed a heavy focus of our analysis on that population.

The results and findings are delineated below.

GATEWAY DRUGS (ALCOHOL, TOBACCO, MARIJUANA)

- Over forty percent (42.91%) of individuals between the ages of 18-25 in the Northwest Region (Jasper, Lake, Newton, Porter, and Pulaski Counties) participate in binge drinking on a monthly basis.
- Porter County residents spend a higher percentage of their disposable income on alcohol than the state average.
- In 2007, Northwest Region 8th graders and 10th graders have alcohol consumption patterns significantly higher than their state cohorts in four of the five different consumption patterns (lifetime, annual, monthly, daily and binge).
- Very few (n=4) 12-17 year olds were admitted to alcohol treatment at Porter-Starke Services in 2007.
- Alcohol treatment episodes are lower in Porter County than the rest of the state.

- A lower percentage of 18-24 year olds believe alcohol/drug abuse and underage drinking is a concern than the other age groups.
- Alcohol was the major cause of death for 36% of all accidental deaths among the 18-25 year old age group.
- In 2007, minor possession charges (n=386) made up 20.4% of total alcohol charges (n=1893) in Porter County.
- Northwest Region 10th, 11th, and 12th grade students had higher consumption rates of marijuana than did their state cohorts.
- Tobacco did not have consumption patterns at a rate higher than the state average.
- The perception of peer disapproval has a strong correlation with less frequent use of the gateway drugs alcohol ($r = -.459$) and marijuana ($r = -.441$).
- For all three gateway substances (alcohol, cigarettes, tobacco), peer disapproval has a stronger correlation with less frequent use than parental disapproval.

OTHER DRUGS (HEROIN, COCAINE, METHAMPHETAMINE, PRESCRIPTION DRUGS)

- Northwest Region 8th grade students had higher percentages of consumption of cocaine and heroin use among all consumption patterns (lifetime, annual, and monthly) than their state cohorts.
- Drugs were the major cause of death for 38% of all accidental deaths among the 18-25 year old age group.
- Heroin treatment episodes are higher in Porter County than the rest of the state and have increased in recent years.
- Methamphetamine did not have consumption patterns at a rate higher than the state average.
- Prescription drugs did not have consumption patterns at a rate higher than the state average, but age group identified increase in pill use among the 12-25 age group.

INTRODUCTION

THE ISSUE

Substance abuse is a progressive disorder. The earlier the identification and/or intervention with substance abuse behavior, the less the impairment experienced from the negative consequences of use.

Porter County is not unlike other communities throughout the United States that have struggled with the devastating effects of substance abuse. A proliferation of heroin/opioid use triggered a community reaction and evoked a concentrated social service response. In fact, Porter County has been very proactive with its efforts to find a solution to the substance abuse problem.

Understanding that the data-driven assessment of behavioral health needs is imperative when requesting state and federal government funding assistance, Porter County submitted a grant application for the 'Indiana Strategic Prevention Framework State Incentive Grant' (SPF-SIG) in 2006 to further support its goal; to prevent the negative effects of substance abuse in the community.

THE HISTORY

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

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

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

In August 2007, the Porter County SPF-SIG began the development of a four year process to establish an infrastructure for substance abuse prevention and to prioritize strategies to prevent and reduce underage drinking and binge drinking among young adults between the ages of 18 and 25.

In short, the goals of the SPF-SIG for Porter County are as follows:

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

THE PROCESS

A high degree of community involvement and coordination is necessary to meet the goals of this project.

In the first year for the grant, the Local Epidemiology and Outcomes Workgroup (LEOW) had an ambitious agenda to recruit membership, identify local resources and data sets, assess the substance abuse needs in the community, collect available data for analysis, and write the Local Epidemiological Report for Porter County.

On November 1, 2007, Larry Baas, Ph.D., chair of the political science department at Valparaiso University agreed to chair the LEOW. In his role at Valparaiso University, Dr. Baas created the Community Research and Service Center (CRSC) to provide research assistance to governmental and not-for-profit organizations in Northwest Indiana. The CRSC involves students in the research process as part of their training.

On the recommendation of Dr. Baas, we also approached Peter Venturelli, Ph.D., Chair of the sociology and criminology department at Valparaiso University, as an additional resource to assist with the community data collection process. He has taught extensively in the field of substance abuse and addictions. The inclusion of Valparaiso University and the leadership of Dr. Baas and Dr. Venturelli adds technical expertise, state-of-the art statistical analysis resources and the renewable resource of students to assist in the SPF-SIG process.

The LEOW meets biweekly for one hour. The members are provided with data and sources for review and discussion. Meeting minutes, data, and source information are compiled and stored at Porter-Starke Services, Inc. The results of the analysis and any recommendations are given to the Local Advisory Council for consideration.

The Local Advisory Council (LAC) provides the governance of the SPF-SIG organizational structure to achieve the program goals and objectives. The LAC has functioned this year without a Chairperson, therefore limiting the effectiveness of the governing body. With the assistance of

Barb Young, President of the Porter County Community Foundation and Sharon Kish, President of the United Way of Porter County, a meeting was held on February 7, 2008 with Attorney Doug McMillan to seek his expertise and leadership to guide the SPF-SIG process as the Chairman of the Local Advisory Council (LAC). He agreed.

With a Chair of the LAC, there now is the leadership to develop and expand the remaining support workgroups. During the void of an operational advisory council, a support team was organized at Porter-Starke Services to temporarily act in this capacity.

The Indiana Prevention Resource Center (IPRC) provides the evaluation component required by the federal government to assess the SPF-SIG process. The Indiana Prevention Resource Center (IPRC) is a part of Indiana University, Bloomington and its staff is trained with specializations in substance abuse prevention, research, methods, and applications. A communication network has been developed consisting of a web site to access the necessary resources to build and sustain the SPF-SIG initiative.

The IPRC web site supplies links to workgroup descriptions and guides, training sites and materials, research resource access, survey and data collection tools, evaluation methods and instruments, as well as links to evidence-based best practice models. The web site is updated as needs of the SPF-SIG are identified.

THE REPORT

The Local Epidemiological Report reflects the achievements of the first six months of the Porter County SPF-SIG program development; we established an infrastructure and collected data to illustrate whether or not Porter County has a significant substance abuse problem.

This report establishes a base-line to conduct a comparative analysis with state and national data sources and allows for a preliminary assessment of the trends and conditions that drive the consumption of alcohol and other drugs within the county. Those areas where Porter County is significantly higher are identified as areas of concern that could potentially benefit from interventions.

Although Porter County received SPF-SIG funding to prioritize the prevention and reduction of underage drinking and binge drinking among young adults between the ages of 18 and 25, prevention efforts are not exclusively limited to this age range; prevention efforts require interventions at earlier ages in order to reduce the incidence of substance abuse among the target population. Therefore, we incorporated data from those in younger age groups in the report.

To help focus our analysis, the Local Epidemiology and Outcomes Workgroup (LEOW) used the Risk and Protective Factor Theory developed in 1994 (Arthur, Hawkins, et al., 1994; Hawkins, Catalano, Miller, 1992). This theory spurred a public health model that illustrates factors that have been proven to increase or decrease the likelihood of problem behaviors, including substance abuse.

The Risk and Protective Factor Theory is partially based on the idea that social and psychological factors influence opinions, perceptions, attitudes and beliefs, which ultimately influence behaviors. In this report, we look at perceptions people in the region have towards substance abuse and its effect on usage among our adolescent population.

A tremendous amount of primary prevention research has been devoted to the importance of the gateway drugs: alcohol, tobacco and marijuana. It has been documented that the initial experimentation with alcohol and drugs most often occurs with these three substances. The Indiana Prevention Resource Center (IPRC) noted this relationship; “Research has clearly shown that the occurrence of illicit drug use is strengthened after an individual uses cigarettes, alcohol and/or marijuana. These are known as “gateway drugs” (Baily, 1992; Donovan & Jessor, 1983; Fleming, Leventhal, Glynn & Ershler, 1989; Golub & Johnson, 2001; Kandel & Yamaguchi, 1993).”

This report was reviewed in draft form prior to publication by the LEOW Chair, Dr. Baas; the Evaluation Workgroup Chair and by Dr. Eric Wright of the State Epidemiology and Outcomes Workgroup (SEOW).

Questions or comments about this report should be directed to:

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DATA USED

The Local Epidemiology and Outcomes Workgroup sought out a wide range of resources, including national data sets, state and regional data, research journals, and county data collected from cooperating agencies and departments (see References). The primary data sources include:

- The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2007. *Indiana State Epidemiology and Outcomes Workgroup, 2007.*
- Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents. *The Indiana Prevention Resource Center, 2007.*
- 2007 Porter County Needs Assessment. *The United Way of Porter County and the Porter County Community Foundation, 2007.*
- 2008 Porter County Needs Assessment. *The United way of Porter County and the Porter County Community Foundation, 2008.*
- Porter County Coroner's Office
- Porter County Sheriff's Department
- Porter-Starke Services, Inc.
- Youth and Young Adult Focus Groups

HOW DATA WAS GATHERED FROM LOCAL SOURCES

PORTER COUNTY NEEDS ASSESSMENT CITIZEN SURVEY

In 2007, the United Way of Porter County and the Porter County Community Foundation completed the *Needs Assessment Citizen Survey*. Residents rated the quality of the schools, family life, neighborhoods, and feelings of safety. The survey included 800 telephone interviews.

PORTER COUNTY SHERIFF'S DEPARTMENT

The Porter County Sheriff Department booking records identify the total number of alcohol charges as well minor possession charges of offenders housed at the county jail for the years 2004-2007.

PORTER-STARKE SERVICES, INC.

Every client that enters treatment at Porter-Starke Services is assessed at admission to service and provided a complete diagnostic assessment, which results in their primary and/or secondary diagnoses. This information was gathered for the time period and broken down by age group and primary diagnosis.

PORTER COUNTY CORONER'S OFFICE

The Porter County Coroner's Office supplied the recorded number of resident accidental deaths by age and cause of accidental death in Porter County for the years 2003 through 2007.

YOUTH AND YOUNG ADULT FOCUS GROUPS

The Youth and Young Adult Workgroup enlisted community leaders with an expertise in family and youth services. The group helped recruit peer facilitators to host focus groups for youth aged 12 to 17 and another for youth aged 18 to 25.

All facilitators received 1.5 hours of training during the pilot program to teach them how to conduct focus groups. The Workgroup developed a list of 11 topics that would be discussed in the focus groups. The topics were drafted and sequenced in order to elicit responses in the following areas:

- Awareness of substance abuse
- Perceptions/opinions of substance abuse
- Problem identification
- Perception of prevention
- Identification of problem solution
- Youth and young adult roles in substance abuse prevention

The questions and topics were reviewed by Dr. Venturelli and Randy Zafutto, Ph.D., of the Indiana Prevention Resource Center. The facilitators also had the opportunity to review the questions to assure that they were appropriate for the age group of the participants. Participants

in the focus group that were under the age of 18 were required to have their parent or guardian sign a permission slip for them to attend the focus group.

The focus groups were conducted by a team consisting of an adult advisor, the group facilitator and an assistant facilitator. The adult was present for supervision and to assist with the debriefing process. The facilitator conducted the actual presentation, while the assistant was responsible for recording the session, taking notes and clarifying responses. The team completed a debriefing following each session to identify any trends or significant findings. The debriefing session also consisted of a discussion about the strengths and weaknesses of the session and suggestions for improving the process in the future.

Each focus group team was supplied with the following materials:

- Focus group questions
- Computer
- Tape recorder
- Group sign-in form
- Pens, pencils
- Name tags
- Index cards
- Focus group reporting form

LIMITATIONS OF THE REPORT

The Local Epidemiological Report has several limitations. Larry Baas, Ph.D., the chair of the LEOW, has evaluated the data collection process and has identified areas that will require modification.

The data collected from national sources are often dated, consistently containing data that are at least three years old. Trends tend to change quickly in the area of substance abuse, which dated data fails to illustrate. In addition, the Indiana Prevention Resource Center (IPRC), Alcohol, Tobacco and Other Drug Use Survey have two limitations that affect the validity and reliability of the data. First, the 2008 Local Epidemiological Report reflects the prevalence rates for the Northwest Substate Region which consists of Jasper, Lake, Newton, Porter, and Pulaski Counties; all findings are limited to the assumption that the consumption patterns of Porter County reflect the patterns of those in the region. Second, the IPRC ATOD Survey was not a random sample and interpretations of the findings should take into consideration the survey's methodology. In the future, the methodological limitations may be balanced by having a larger population size that is more representative of the community.

Without a centralized data collection system and agreed upon methodology of analysis, it is impossible to establish a realistic understanding of the causal factors of substance abuse in the community. Porter County currently does not have a standardized format for the collection of demographic information or antecedent variables for prevention services. Without a standardized format, the data collection has built in limitations that reduce the validity and reliability of the findings from cross-analysis and comparative study.

In addition, the Youth and Young Adult Workgroup focus groups were not entirely representative of the demographic and socioeconomic breakdown in Porter County.

DEMOGRAPHIC PROFILE

This section describes the demographic profile of Porter County with special attention towards economic risk factors referred to in the Risk and Protective Factor Theory.

The estimated 2006 U.S. Census reports that Porter County has a population of 160,105. In Table 1.1 we see other demographic points of interest in Porter County, including:

- \$56,710 median household income (20.0% greater than state average)
- 9.7% citizens living in poverty (equal to state average)
- 13.72% between the age of 10-19 (estimated 21,966 citizens)
- 7.66% between the age of 20-24 (estimated 12,264 citizens)

Table 1.1

2006 CENSUS DATA – NATIONAL, STATE AND LOCAL			
	PORTER COUNTY	INDIANA STATE	NATIONAL
Total Population	160,105	6,313,520	299,398,484
Age			
Median Age	37.1	36.3	36.4
Under 5	6.0%	6.9%	6.8%
18 Years and Over	76.7%	75.0%	75.4%
65 Years and Over	11.1%	12.4%	12.4%
Under 5 years	6.03%	6.87%	6.81%
5 to 9 years	6.30%	6.79%	6.60%
10 to 14 years	6.69%	6.98%	6.91%
15 to 19 years	7.03%	7.29%	7.25%
20 to 24 years	7.66%	6.97%	7.00%
25 to 34 years	13.40%	13.23%	13.33%
35 to 44 years	14.12%	14.20%	14.66%
45 to 54 years	16.00%	14.68%	14.47%
55 to 59 years	7.16%	6.12%	6.03%
60 to 64 years	4.48%	4.51%	4.53%
65 to 74 years	5.95%	6.29%	6.32%
75 to 84 years	3.73%	4.36%	4.42%
85 years and over	1.46%	1.71%	0.00%
Median age (years)	37.1	36.3	36.4
Economics			
Families below poverty	7.1%	7.1%	9.8%
Individuals below poverty	9.7%	9.7%	13.3%
Median Household Income	\$56,710	\$45,394	\$48,451
Median Family Income	\$64,306	\$55,781	\$58,526
Per Capita Income	\$26,183	\$22,781	\$25,267

Source: U.S. Census Bureau, 2006

While Porter County has a higher median income than those throughout Indiana, this also means they may have more disposable income. The *2008 Porter County Needs Assessment* analyzed alcohol spending per household in the county versus that of the United States for the years 2004-2006. This information is presented in Table 1.2. While both the national and state spending per household as a percentage of median income decreased from 2005 to 2006, Porter County's per capita percentage actually increased from 0.9% to 1.1%. This translates to each household on average, as indicated in Table 1.2, spending \$671 on alcohol in 2006, up from \$594 in 2005, or a growth of 13%. It is interesting to note that the Consumer Price Index, or the rate of inflation, grew only at 2.5% in 2006 (McConnell, Brue; *Economics*. McGraw-Hill, 2007).

Table 1.2

Alcohol Spending per Household			
		Alcohol Spending per Household in Dollars	Alcohol Spending per Household as % of Median Household Income
2004	Porter County	\$502	0.8%
	Indiana	\$439	0.8%
	United States	\$460	0.9%
2005	Porter County	\$594	0.9%
	Indiana	\$501	1.0%
	United States	\$545	1.1%
2006	Porter County	\$671	1.1%
	Indiana	\$582	0.7%
	United States	\$622	0.8%

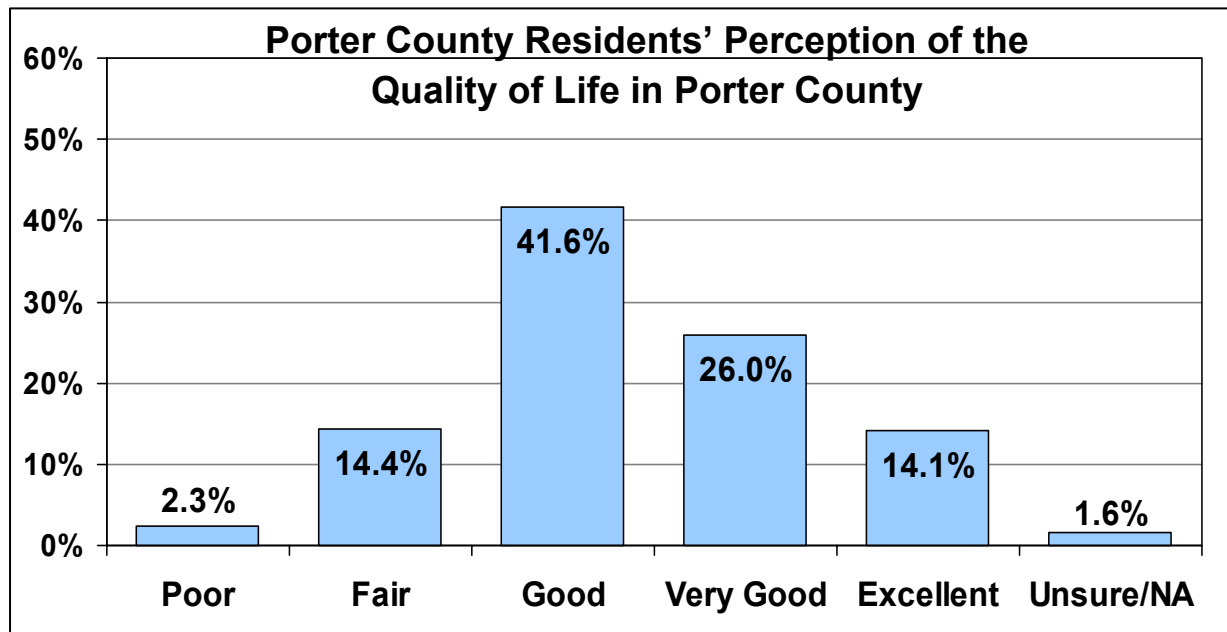
Source: Porter County Profile <http://drugs.indiana.edu>

PERCEPTIONS OF THE COMMUNITY

The Risk and Protective Theory that was mentioned in the introduction of this report proposed that the level of neighborhood attachment is an important factor that influences whether or not the individual participates in problem substance abuse behavior. In order to measure neighborhood attachment, we looked at the perceptions Porter County residents have about the quality of life in the county and the strengths and threats to that quality of life.

In 2007, the United Way of Porter County and the Porter County Community Foundation completed the *Needs Assessment Citizen Survey*. When citizens were asked to rate the quality of life in Porter County, 41.6% rated it as good, followed by those that rated it as very good (26.0%). About fourteen percent (14.1%) rated the quality of life as excellent, closely followed by those that rated it as fair (14.4%). Over two percent (2.3%) indicated the quality of life in Porter County was poor, while 1.6% said that they were unsure.

Figure 1.1



Source: 2007 Porter County Needs Assessment

In addition, the *Needs Assessment Citizen Survey* asked citizens to rank the three greatest strengths about Porter County. Column 3 represents the percentage of respondents that perceived the issue to be the top strength in Porter County, while Columns 4 and 5 show the percentage of respondents that claimed the issue was the second strength and third strength. Column 2 represents the total percentage of respondents that cited the issue as a strength. Using the data from Column 2, we see that 24.1% of respondents cited schools as a strength, followed by people/family (18.0%), community/neighborhoods (11.3%) and location (9.6%).

Table 1.3

Top Strengths of Porter County				
	Total %	Top Strength %	Second Strength %	Third Strength %
Porter County Strengths	Respondents	Respondents	Respondents	Respondents
Schools	24.1%	10.6%	8.6%	4.9%
People/Family	18.0%	5.9%	8.0%	4.1%
Community/Neighbors	11.3%	6.0%	2.7%	2.6%
Location	9.6%	5.6%	2.4%	1.6%
Beaches/Lakes	8.6%	4.3%	2.3%	2.0%
Shopping	7.8%	2.1%	3.1%	2.6%
Employment	7.0%	2.6%	2.7%	1.7%
Parks	6.2%	1.9%	2.7%	1.6%
Rural	5.7%	3.3%	1.5%	0.9%
Close to Chicago	4.5%	2.0%	1.6%	0.9%
Clean	4.0%	2.1%	1.4%	0.5%
Good place to raise a family	3.3%	1.7%	1.1%	0.5%
Familiarity	3.1%	2.4%	0.4%	0.3%
Development	3.0%	0.7%	1.4%	0.9%
Economy	2.6%	1.4%	0.3%	0.9%
Environment	2.5%	1.0%	0.6%	0.9%
Cost of living	2.4%	1.3%	0.5%	0.6%
Police department	2.4%	1.3%	1.0%	0.1%
Low crime	2.2%	1.3%	0.5%	0.4%
Area	2.0%	0.5%	0.9%	0.6%
Business	1.7%	0.5%	0.9%	0.3%
Other	40.9%	15.6%	15.4%	9.9%
Unsure/NA		26.0%	40.0%	61.3%

Source: 2007 Porter County Needs Assessment

In Table 1.4, we see that when citizens were asked to cite the significant issues that face Porter County, 21.9% of citizens referred to employment followed by substance abuse (20.2%), healthcare (17.8%) schools/education (16.3%) and crime (14.2%).

In Table 1.5, we see that when asked to cite significant issues that face their family, 8.5% cited healthcare, followed by employment (6.4%), schools/education (6.0%), senior citizen concerns (5.5%) and youth concerns (4.3%). Only 1.5% cited substance abuse as a significant family concern.

Table 1.4

Significant Porter County Issues	
Significant Porter County Issues	% Respondents
Employment	21.9%
Substance Abuse	20.2%
Health care	17.8%
Schools/Education	16.3%
Crime	14.2%
Housing	13.7%
Taxes	12.0%
Growth	9.6%
Roads	9.2%
Transportation	8.4%
Youth Concerns	7.5%
Senior Citizen Concerns	5.8%
Poverty	4.1%
Economy	1.9%
Diversity	1.0%

Table 1.5

Significant Family Issues	
Significant Family Issues	% Respondents
Health Care	8.5%
Employment	6.4%
Schools/Education	6.0%
Senior Citizen Concerns	5.5%
Youth Concerns	4.3%
Housing	4.1%
Taxes	4.1%
Transportation	2.3%
Crime	1.5%
Substance Abuse	1.5%
Growth	1.4%
Roads	1.3%
Child Care	0.9%
Property Taxes	0.8%
Poverty	0.3%
Teen Pregnancy	0.3%
Domestic Violence	0.3%
Child Abuse/Neglect	0.1%
Mental Health	0.1%
Other	6.0%
Unsure/NA	44.6%

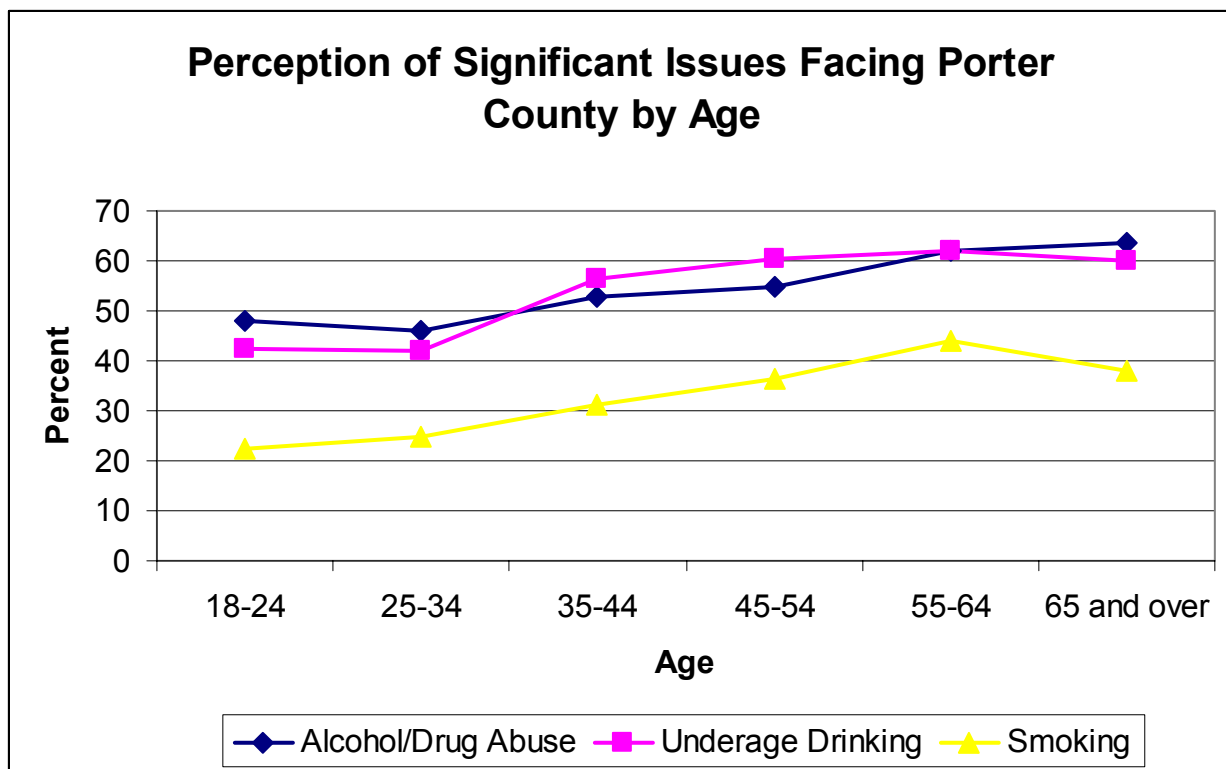
Source: 2007 Porter County Needs Assessment

PERCEPTIONS OF GATEWAY DRUGS

The Risk and Protective Theory also proposes that individual, peer, and parental perceptions are important factors that may influence whether or not the individual partakes in problem substance abuse behavior. The Porter County Needs Assessment Citizen Survey data were broken down to see how various age groups responded to specific questions pertaining to alcohol, drugs and tobacco. The respondent was asked to rate the level of concern about the specific issue (alcohol/drug abuse, underage drinking, and smoking) in Porter County on a 4-point scale from “Not a Concern” to “Major Concern.”

The data in Figure 1.2 shows the percentage of individuals by age group that rated the issues as a major or moderate concern. For persons between 18-24, 48.1% ranked alcohol abuse/drug abuse as a major or moderate concern, followed by 45.2% rating underage drinking as a concern. Smoking was considered to be a concern for 22.6% of the respondents in this age group. 56.2% of 35-44 year olds and 60.5% of 45-54 year olds rated underage drinking as a major or moderate concern, which was the only age group that had a higher percentage rating this issue as a major or moderate concern than alcohol/drug abuse.

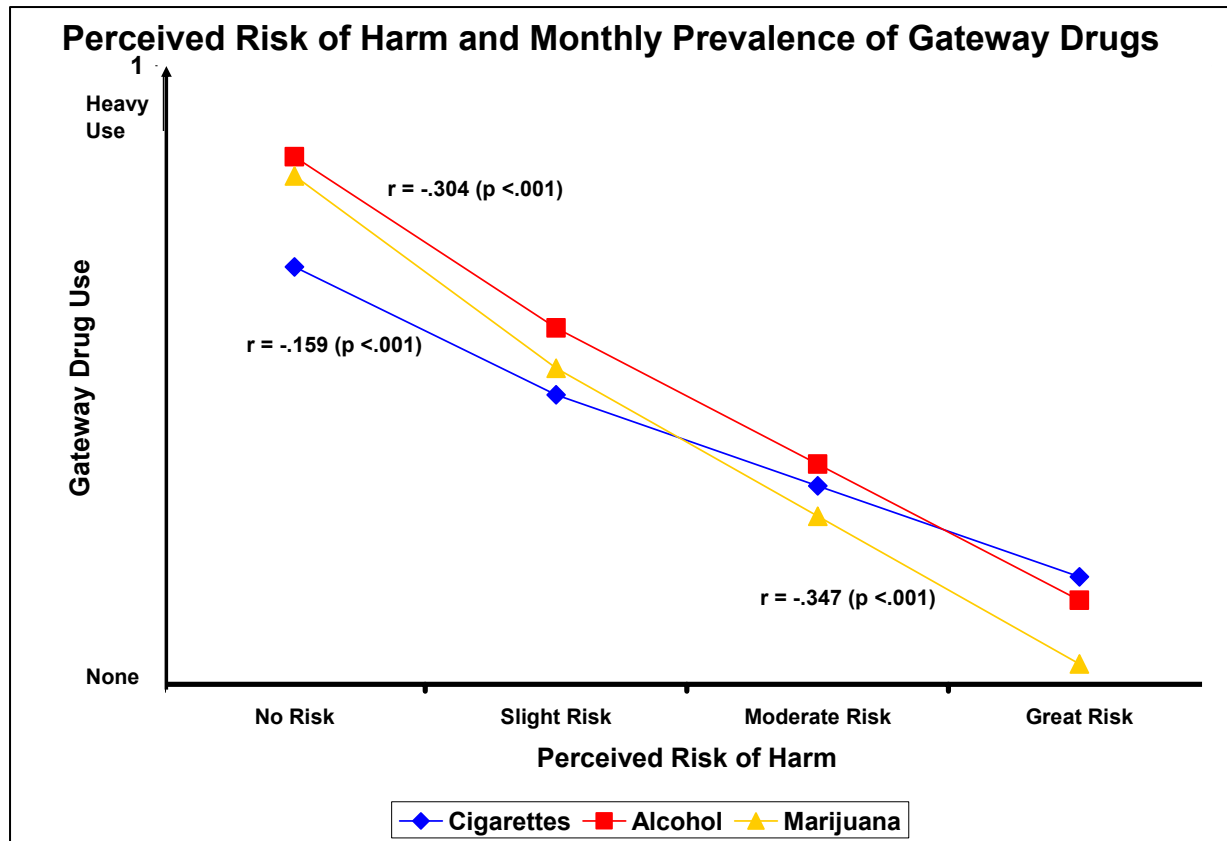
Figure 1.2



Source: 2007 Porter County Needs Assessment
 Note: For complete cross-tab analysis, see Appendix IV

The Indiana Prevention Resource Center (IPRC) demonstrated the relationship between an individual's perceived risk of harm and the prevalence of gateway drug use. Figure 1.3 illustrates that the more harm an individual perceives a gateway drug causes, the less frequent the individual uses them. While all of the relationships are statistically significant, the gateway substance with the strongest correlation between perceived risk of harm and the frequency of use is marijuana ($r = -.347$), followed by alcohol ($r = -.304$) and cigarettes ($r = -.159$).

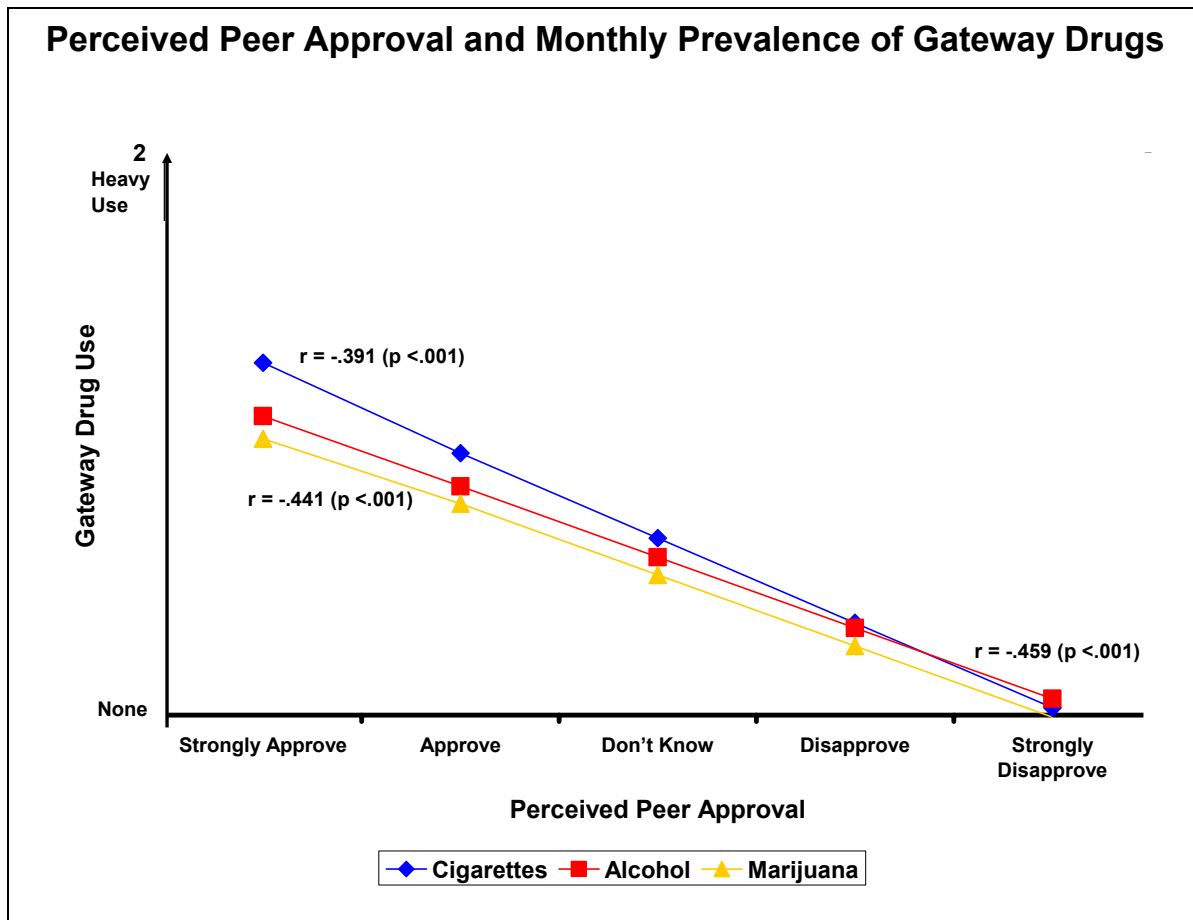
Figure 1.3



Source: Indiana Prevention Resource Center ATOD Monographs
 Note: the r value is the degree of correlation.

The data in Figure 1.4 shows the correlation between the perception of peer disapproval and the frequency of use of gateway drugs. The perceived peer disapproval of cigarettes, alcohol and marijuana shows an impact on the frequency of use. While all of relationships are statistically significant, the gateway substance with the strongest correlation between perceived peer approval and frequency of use is alcohol ($r = -.459$), followed closely by marijuana ($r = -.441$) and cigarettes ($r = -.391$).

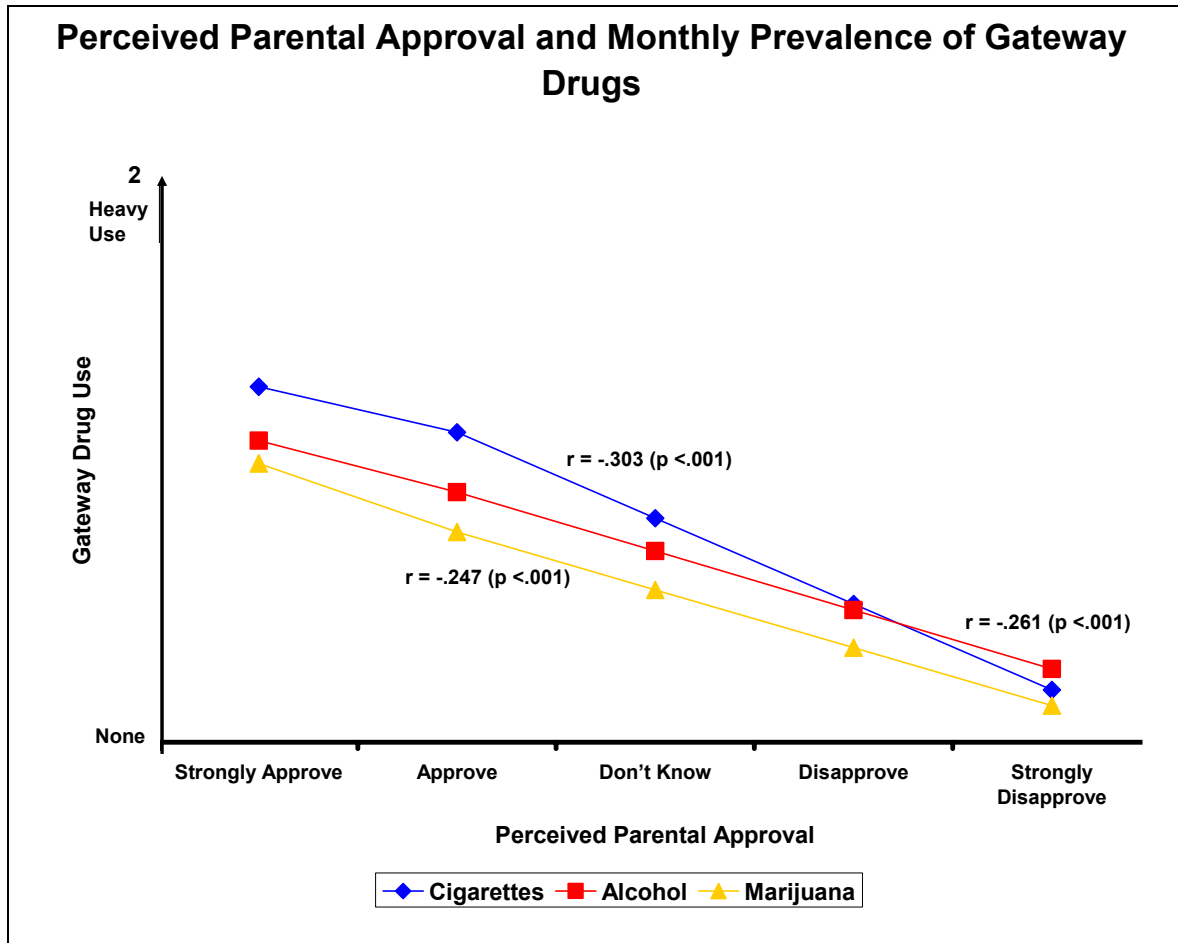
Figure 1.4



Source: Indiana Prevention Resource Center ATOD Monographs

The data in Figure 1.5 shows the correlation between the perception of parental disapproval and the frequency of use of gateway drugs. The perceived parental disapproval of cigarettes, alcohol and marijuana shows an impact on the frequency of use. While all of the relationships are statistically significant, the gateway substance with the strongest correlation between perceived parental approval and frequency of use is cigarettes ($r = -.303$), followed by alcohol ($r = -.261$) and marijuana ($r = -.247$).

Figure 1.5



Source: Indiana Prevention Resource Center ATOD Monographs

To get additional perceptions from this age group (and those between the age of 18 and 24), the Youth and Young Adult Workgroup developed a peer facilitated focus group process to access additional data. Some of the key findings of the focus group that relate to this issue include:

- They responded that substance abuse is a major problem in the community, and that it has appeared to have become progressively worse.
- Indicated that peer-to-peer communication is more effective than adult-to-youth.
- Stated that they would be more responsive to education by peers who have experienced the problem, or by credible authority figures with a clear expertise in addiction.
- Identified healthy communication with parents/family as a solid source for prevention.

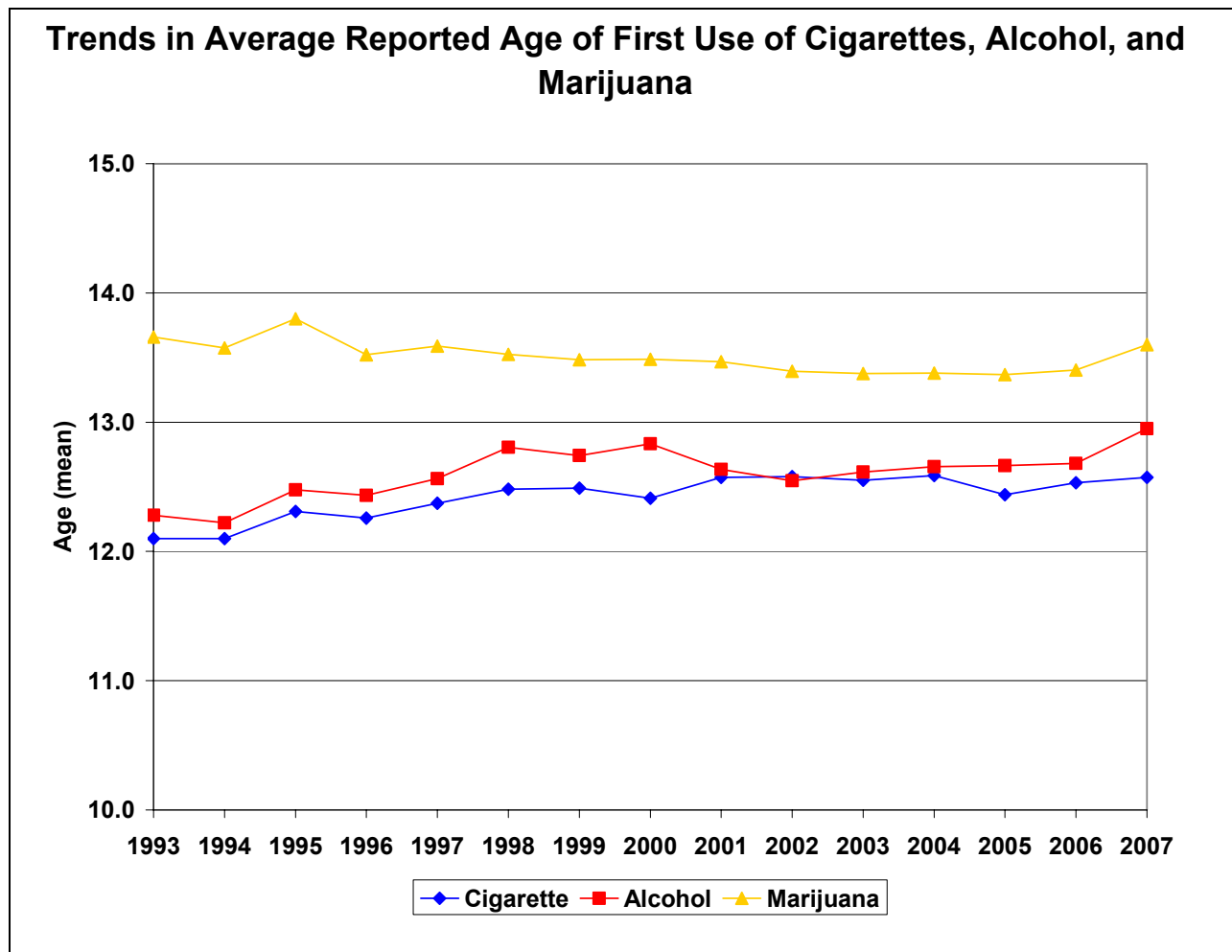
Note: Additional focus group findings are listed in Appendix V

CONSUMPTION PATTERNS OF GATEWAY DRUGS

We have looked at the perceptions that individuals have about the community, substance abuse and gateway drugs. As mentioned in the introduction, gateway drugs can lead to both dependency and a progression to more illicit drugs. In this section, we look at the consumption rates and patterns of those gateway drugs.

Figure 1.6 indicates the average age of the first use of cigarettes, alcohol and marijuana in the state of Indiana from 1993 through 2007. Throughout that period of time, the average first use of marijuana among Hoosiers has been between ages 13 and 14. During the same period, the average first use of both cigarettes and alcohol has been between the ages of 12 and 13.

Figure 1.6



Source: Indiana Prevention Resource Center ATOD Monographs

ALCOHOL

Porter County received funding to reduce underage and binge drinking (five or more drinks in the same occasion) among the 18-25 year old population. As previously mentioned, much of this study focuses on earlier age groups (underage). The data in Table 1.6 illustrates the average monthly binge consumption rate of persons 12-17 and persons 18-25 in the Northwest Region for the years 2002, 2003, and 2004. As of 2004, Northwest Region 18-25 year olds monthly binge drink at a rate (42.91%) that is 1.24 percentage points less than the monthly binge rate at the state level (44.15%). Yet, given the intervals for monthly binge consumption among Northwest Region 18-25 year olds (36.68%-49.36%) and monthly binge consumption among Indiana 18-25 year olds (41.05%-47.29), there is not a statistically significant difference.

Table 1.6

Binge Alcohol Use in Past Month among Persons Aged 12 or Older, by Age Group and Substate Region: Percentages, Annual Averages Based on 2002, 2003, and 2004 NSDUHs						
State/Substate Region	AGE GROUP (Years)					
	12-17		18-25		26 or Older	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Indiana	11.02	(9.43 - 12.83)	44.15	(41.05 - 47.29)	20.35	(18.07 - 22.85)
Central	9.89	(7.54 - 12.86)	41.83	(36.28 - 47.59)	20.44	(16.95 - 24.43)
East	11.57	(8.49 - 15.57)	*	(* - *)	20.38	(16.52 - 24.88)
North Central	11.40	(8.60 - 14.96)	*	(* - *)	19.67	(16.05 - 23.89)
Northeast	9.13	(6.56 - 12.56)	*	(* - *)	19.01	(15.23 - 23.48)
Northwest	10.70	(7.95 - 14.24)	42.91	(36.68 - 49.36)	21.15	(17.21 - 25.70)
Southeast	11.20	(8.31 - 14.93)	*	(* - *)	19.05	(15.28 - 23.50)
Southwest	12.30	(9.16 - 16.32)	*	(* - *)	20.48	(16.38 - 25.29)
West	13.42	(10.08 - 17.66)	51.16	(44.67 - 57.62)	22.77	(18.64 - 27.50)

Source: Department of Health & Human Services, 2005

In Figure 1.6, it is seen that those between the ages of 12 and 13 are typically in the 7th grade. As seen in Table 1.7, Northwest Region 7th graders report higher use of alcohol for all consumption patterns (lifetime, annual, monthly, daily and binge rates) than 7th graders across the state. Furthermore, Table 1.7 shows that students in the Northwest Region had a higher or similar rate of alcohol use in most categories than the State of Indiana average across all grade levels for the 2006 school year.

Additionally, higher consumption levels of alcohol increase at higher grade levels. Monthly use of alcohol among seventh graders (17.2%) was 7.5 percentage points greater than monthly use among sixth graders (9.7%) in the Northwest Region. Similarly, monthly use among eighth graders (24.3%) is 7.1 percentage points greater than monthly use among seventh graders (17.2%). The same progressive increase is evidenced for daily and binge alcohol consumption.

Table 1.7

2006 IPRC Survey Percentage of Students 6 th through 12 th Grade Reporting Lifetime, Annual, Monthly, Daily and Binge Alcohol Use in the State and Northwest Region										
2006 Use of Alcohol 2006	Lifetime Use		Annual Use		Monthly Use		Daily Use		Binge Use	
	State	Northwest	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	25.2	**30.4	17.3	**22.7	7.6	**9.7	0.3	0.4	4.2	4.7
7th grade students	33.3	**40.5	25.5	**32.3	12.9	**17.2	0.8	1	7	**9.9
8th grade students	46.5	**51.4	38.3	**43.4	20.9	**24.3	1.6	1.9	11	**13
9th grade students	55.5	**59.1	47.3	**50.6	28.5	**31	2.7	**3.7	15.6	16.9
10th grade students	62.3	**66.7	53.7	**58.2	33	34.8	3.6	3.3	19.9	21.1
11th grade students	66.7	**70.4	57	**61.9	35.8	**39.6	3.5	3.6	21.8	**25.5
12th grade students	70.2	71.9	61.5	63.7	42.2	43.8	5.6	5.6	27.3	27.4

Note: ** represents statistical significance

Source: Indiana Prevention Resource Center, ATOD Surveys 2007

Table 1.8 illustrates the use of alcohol among 6th graders through 12th graders for the Northwest Region and the State of Indiana for 2007. Similar to alcohol consumption patterns in 2006, Northwest Region 6th through 12th graders exceed or equal the average rate of consumption across all grade levels with one exception: in 2007, 9th graders reported rates below the state average for lifetime, annual, monthly, daily and binge use, but these rates were not statistically significant. Eighth graders in 2007 had significantly higher rates of consumption than 8th graders statewide for lifetime use (47.4%), annual use (38.7%), monthly use (22.8%) and binge use (16.6%). Tenth graders in the Northwest Region also exceeded their state cohorts for lifetime use of alcohol (54.4%), monthly use (33.8%), daily use (4.4%), and binge use (24.5%).

Table 1.8

2007 IPRC Survey Percentage of Students 6 th through 12 th Grade Reporting Lifetime, Annual, Monthly, Daily and Binge Alcohol Use in the State and Northwest Region										
2007 Use of Alcohol 2007	Lifetime Use		Annual Use		Monthly Use		Daily Use		Binge Use	
	State	Northwest	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	22.5	**24.4	15.3	**17.6	6.9	7.6	0.3	0.2	4.9	**5.3
7th grade students	32.7	33.6	24.8	26.2	12.2	**13.6	0.9	0.9	8.3	9.3
8th grade students	45.4	**47.4	36.6	**38.7	19.9	**22.8	1.8	2.1	13.2	**16.6
9th grade students	51.7	51.4	43.4	43.2	24.8	24.3	2.3	1.8	16.9	16.5
10th grade students	61	62.8	51.7	**54.4	31.1	**33.8	3.4	**4.4	21.7	**24.5
11th grade students	64.3	66.4	55.3	57.6	33.8	36.4	3.6	**4.7	23.2	25.4
12th grade students	69.2	71.7	60.2	**63.3	39.7	**42.6	4.6	4.8	28.6	29.8

Note: ** represents statistical significance

Source: Indiana Prevention Resource Center, ATOD Surveys 2007

TOBACCO

Table 1.9 shows the lifetime, annual, monthly and daily use of tobacco products among the state's and northwest region's 6th, 8th, 10th and 12th graders. According to the Indiana Prevention Resource Center (IPRC) survey for the 2007 school year, the tobacco consumption patterns among Northwest and state students are similar. While Northwest Region has a lower level of consumption for both monthly and daily use of tobacco compared to Indiana in all grade levels except 8th grade, the difference is not statistically significant. Similarly, students in 8th grade were equal to the state at 5.5% while monthly cigarette use (11.1%) exceeded the state rate (10.8%), but again, this was not statistically significant.

Table 1.9

2007 IPRC Survey Percentage of Students 6 th , 8 th , 10 th , and 12 th Grade Reporting Lifetime, Annual and Monthly Tobacco Use in the State and Northwest Region								
2007	Lifetime Use		Annual Use		Monthly Use		Daily Use	
Use of Tobacco 2007	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	11.1	10.0	5.3	4.6	2.8	2.2	1.0	0.7
8th grade students	28.1	27.7	18.3	18.1	10.8	11.1	5.5	5.5
10th grade students	40.6	39.9	28.5	27.7	19.3	18.0	11.4	10.1
12th grade students	48.4	46.5	35.2	35.3	24.3	22.4	14.7	14.1

Source: Indiana Prevention Resource Center, ATOD Surveys 2007

MARIJUANA

As seen from Figure 1.6, the average first use of marijuana is between the age of 13 and 14. This age group is typically in the 8th grade. The consumption rate of marijuana among Northwest Region and State of Indiana 6th, 8th, 10th and 12th graders is listed in Table 1.10. Northwest Region 8th graders reported significantly higher annual use (14.5%) than 8th graders throughout the state.

Northwest 6th graders have similar consumption rates to 6th graders statewide. Northwest 7th and 9th graders also had similar rates to their state cohorts. However, consumption rates of marijuana are higher than the state level at higher grade levels, most notably the 11th and 12th grade levels. The Northwest Region's 11th graders had higher lifetime use (35.3%), higher annual use (27.3%), and higher monthly use (16.7%) than 11th graders at the state level, while the Northwest Region's 12th graders had higher consumption rate for annual use (29.4%) and monthly use (17.7%). Northwest Region 10th graders had higher consumption rates than their state cohorts for monthly (16.8%) and daily use (6.6%).

Table 1.10

2007 IPRC Survey Percentage of Students 6 th through 12 th Grade Reporting Lifetime, Annual, Monthly and Daily Marijuana Use in the State and Northwest Region								
2007 Use of Marijuana	Lifetime Use		Annual Use		Monthly Use		Daily Use	
	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	3	3.1	2.3	2.3	1.4	1.6	0.2	0.1
7th grade students	7.7	7.8	6.3	6.9	3.9	4.1	0.8	0.8
8th grade students	16.1	17	13.1	**14.5	8.3	9.1	2	2.3
9th grade students	21.2	20.5	17	16.3	10.3	10.1	2.7	2.4
10th grade students	29.9	31.5	23.5	25.1	14.4	**16.8	4.6	**6.6
11th grade students	32.4	**35.3	24.8	**27.3	14.6	**16.7	4.6	5.1
12th grade students	36.5	38.7	26.6	**29.4	15.8	**17.7	5.3	5.9

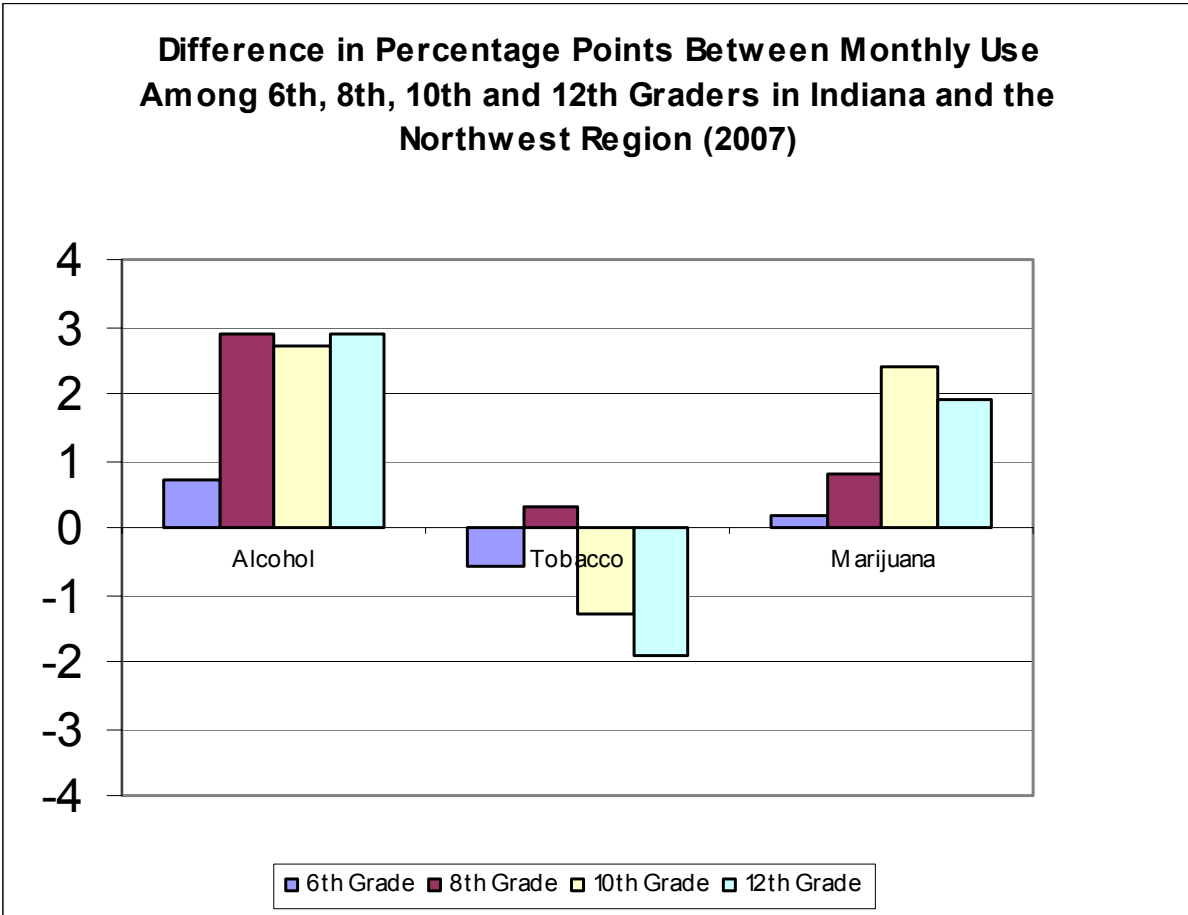
Note: ** represents statistical significance

Source: Indiana Prevention Resource Center, ATOD Surveys 2007

Figure 1.7 illustrates the difference between the monthly consumption patterns of gateway drugs among 6th, 8th, 10th and 12th graders in the Northwest Region and their state cohorts. The x axis "0" represents the baseline. If the column falls below that baseline, a higher percentage of State of Indiana students report monthly consumption of that substance at that grade level. If the column is above that baseline, a higher percentage of Northwest Region report monthly consumption of that substance at that grade level. Figure 1.7 shows that 8th, 10th and 12th grade students in the Northwest Region have a significantly greater percentage of monthly

consumption (almost 3 percentage points) than the statewide rate. Marijuana use for Northwest Region 10th and 12th graders is also significantly greater (approximately 2 percentage points) than consumption rates of 10th and 12th graders statewide.

Figure 1.7



CONSEQUENCES OF ALCOHOL AND DRUG USE IN PORTER COUNTY

We have looked at the perceptions and consumption patterns of gateway drugs, most notably the priority gateway substance, alcohol. In this section, we turn our focus to the consequences of use: treatment episodes, law enforcement (charges), and accidental deaths.

TREATMENT

The treatment admission data for those admitted to Porter-Starke Services from 2004 through 2007 for an alcohol-related primary diagnosis are listed in Table 1.11. For those between the age of 13-17, Porter-Starke Services had one treatment admission for an alcohol primary diagnosis in 2004, followed by three in 2005, three in 2006, and four in 2007.

For those between the ages of 18-25, fifty-nine individuals were admitted to treatment for an alcohol abuse diagnosis in 2004, 52 in 2005, 66 in 2006 and 66 in 2007.

Full Porter-Starke Services treatment admission data is included in Appendix II.

Table 1.11

Porter-Starke Services Treatment Admission Data with Alcohol as a Primary Diagnosis, 2004 through 2007				
	2004	2005	2006	2007
12 and under	0	0	0	0
13-17	1	3	3	4
18-25	59	52	66	66
26-34	61	41	61	77
35-44	81	73	114	95
45-54	42	49	92	92
55-64	8	6	20	20
65-74	1	1	4	3
75 and older	0	0	2	1
Total	253	225	362	358

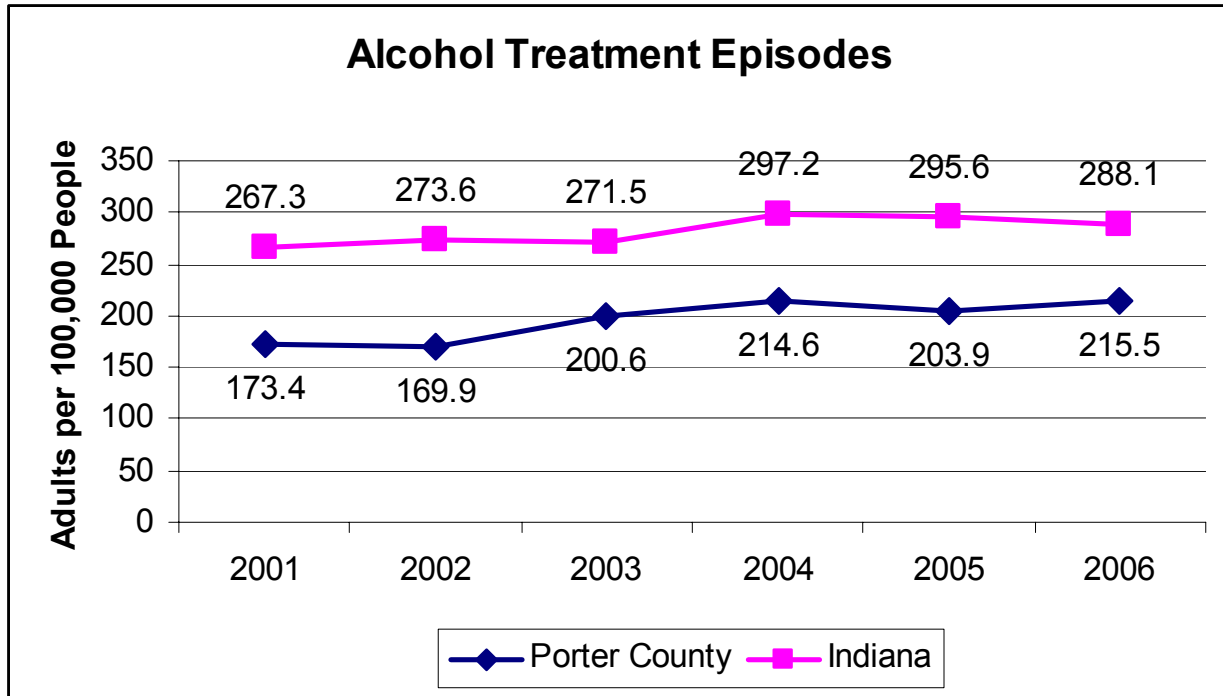
Source: Porter-Starke Services, 2007.

Porter County has higher alcohol abuse rates than Indiana, but has lower alcohol treatment episode rates from 2001-2006. A treatment episode represents an admission to services. In Figure 1.8, the number of treatment episodes in Porter County is compared with the number of treatment episodes in the State of Indiana. Due to the fact that these are very different population sizes, the Porter County Needs Assessment compared these by measuring the number of treatment episodes per 100,000 people in the population. For example, using the population size outlined in Table 1.1, we can calculate that 345 individuals in Porter County received treatment for alcohol in 2006. This was done by dividing the population size of Porter County (160,105) by 100,000 and multiplying by the 288.1 (number of treatment episodes per

100,000). This is similar to the amount of admissions reported by Porter-Starke Services for 2006, but shows clear differences in the data.

If either Porter-Starke Services or Indiana Adult Household Survey data is reliable, it can be seen that Porter County has had significantly less alcohol treatment episodes than the state for each year between 2001 and 2006, despite significantly higher consumption rates at earlier ages.

Figure 1.8

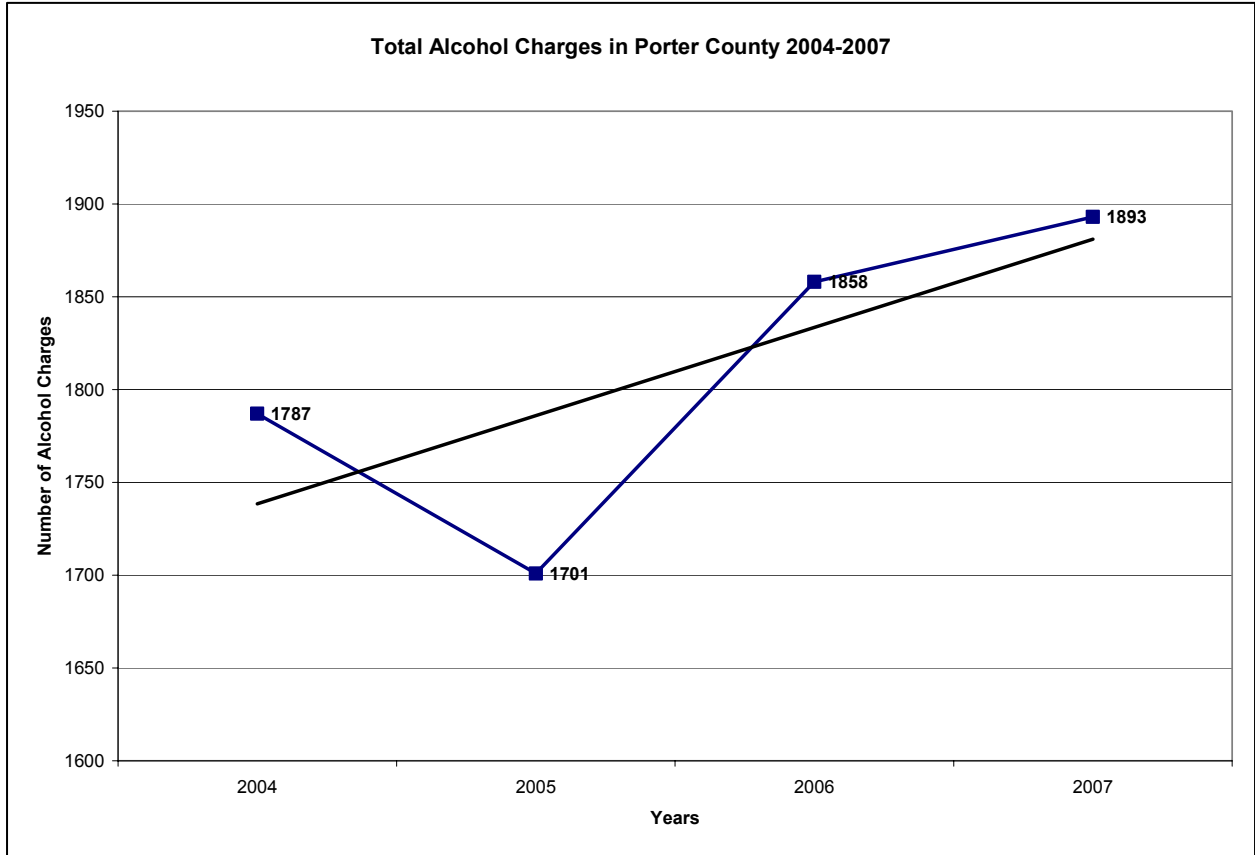


Source: Indiana Adult Household Survey, Treatment Episodes Data Set 2001-2006, 2008 Porter County Needs Assessment

ARRESTS

The Porter County Sheriff's Department provided information about the number of alcohol-related charges in Porter County between 2004 and 2007. Figure 1.9 shows the number of total alcohol charges. In 2007, there were 1893 total alcohol charges in Porter County.

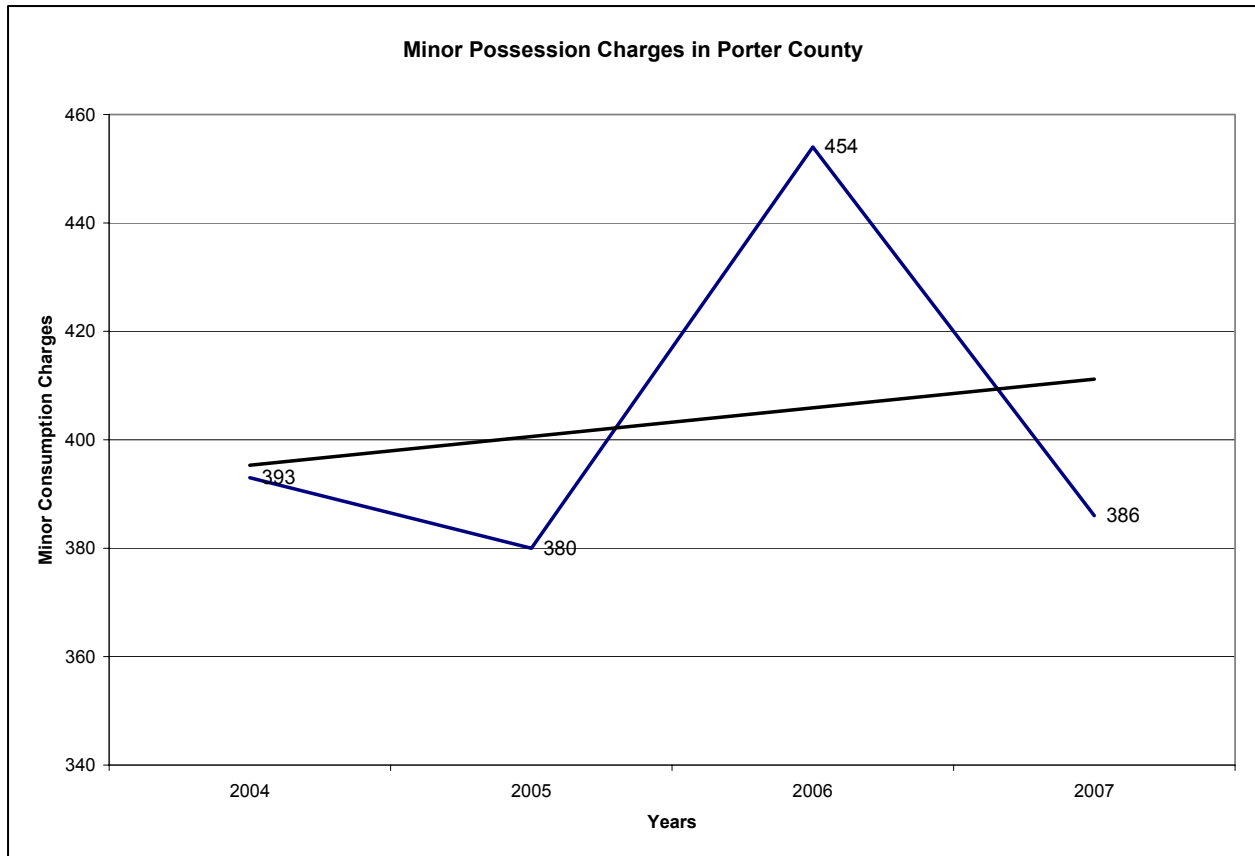
Figure 1.9



Source: Porter County Sheriff's Department

Minor possession charges are an indicator of the access, and potential consumption patterns, of underage drinking. Minor possession charges in Porter County increased 19.5% from the year 2005 (380) to 2006 (454), but decreased 15% from 2006 to 2007 (386) as illustrated by Figure 1.10.

Figure 1.10



Source: Porter County Sheriff's Department

ACCIDENTAL DEATHS

For the final part of this section, we look at the major cause of accidental deaths in Porter County. Table 1.12 illustrates that during the time period 2003-2007, drugs were the major cause for accidental deaths 28.8% of the time (n=66), while alcohol was the major factor 25.3% (n=58) of the time. Together, drugs and alcohol were the major factor for accidental deaths in Porter County 54.1% (n=124) of time.

Table 1.12

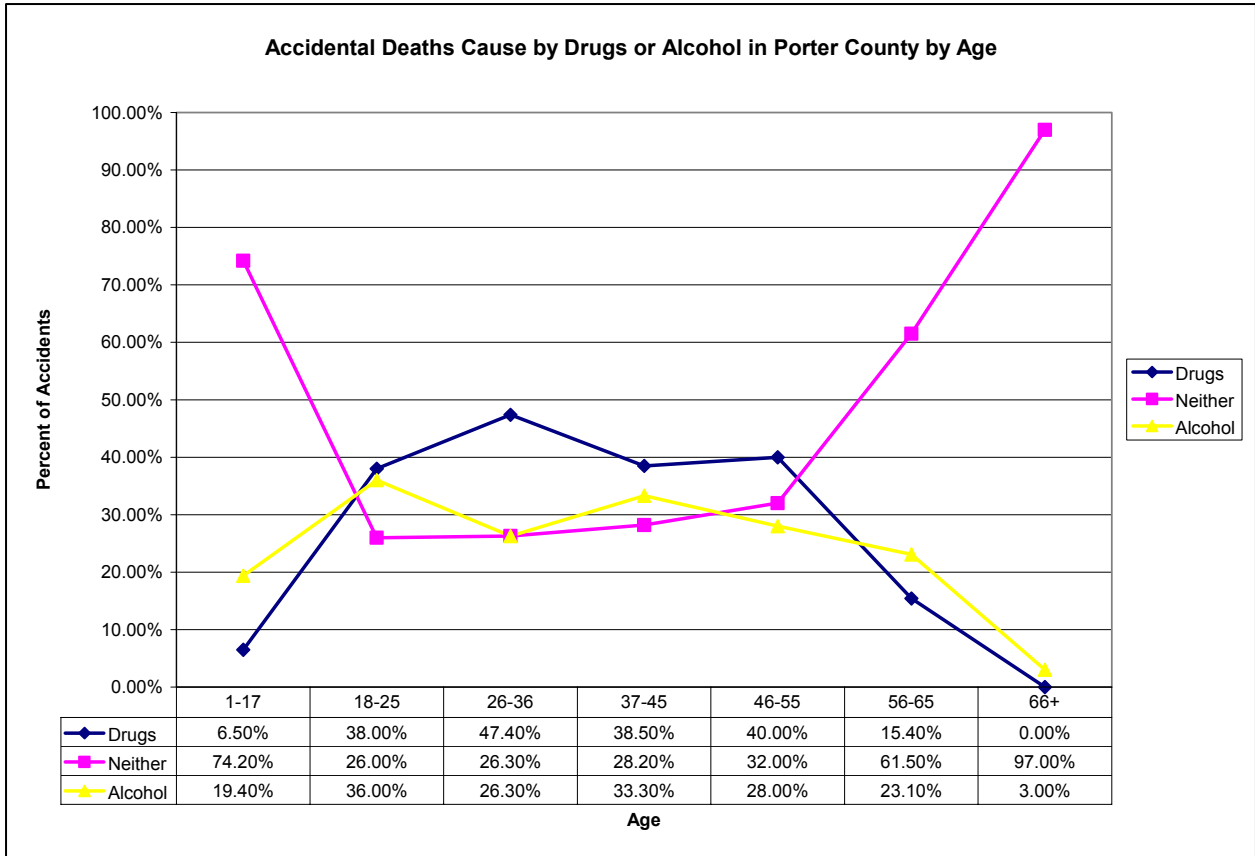
Accidental Deaths Caused by Alcohol, Drugs or Neither for 2003 through 2007					
	2003	2004	2005	2006	2007
Drugs	11	11	11	18	15
Neither	12	21	33	13	26
Alcohol	9	22	11	6	10
Total	32	54	55	37	51

Source: Porter County Coroner, 2007

By breaking down the total number of accidental deaths by age group, it can be seen that of all the accidental deaths among 1-17 year olds (31), 19.4% were caused by alcohol (6), 6.5% were caused by drugs (2), and 74.2% (23) were caused by neither alcohol nor drugs.

Among 18-25 year olds, there were more accidental deaths (50) between 2003-2007 and a greater percentage caused by drugs and alcohol. During this period, 38% of the accidental deaths were caused by drugs (19), 36% were caused by alcohol (18), and 26% were caused by neither (13).

Figure 1.11



Source: Porter County Coroner's Office, 2007

CONSUMPTION PATTERNS OF OTHER DRUGS

HEROIN

A report issued by Roosevelt University indicated that heroin use by high school students in Indiana increased over 700% from 1993 to 2004. The study also indicated that Porter County ranked tenth in the nation in per capita deaths related to heroin in 2002, ahead of metropolitan areas such as New York and Chicago.

Table 1.13 compares the Northwest and State of Indiana students' monthly use of heroin in the 6th grade through 12th grade. In the Northwest region, 8th graders had a higher percentage of use than did 8th graders throughout the state of Indiana in all patterns of use (lifetime, annual and monthly). Monthly use among Northwest 12th graders (1.4%) was also significantly higher than monthly use among Indiana 12th graders (0.8%).

Table 1.13

2007 IPRC Survey Percentage of Students 6 th through 12 th Grade Reporting Lifetime, Annual and Monthly Heroin Drug Use in the State and Northwest Region						
2007 Use of Heroin	Lifetime Use		Annual Use		Monthly Use	
	State	Northwest	State	Northwest	State	Northwest
6th grade students	0.4	0.4	0.2	0.3	0.2	0.2
7th grade students	0.9	1	0.7	0.8	0.4	0.5
8th grade students	1.3	**1.9	0.9	**1.5	0.6	**1.1
9th grade students	1.5	1.5	1.1	0.9	0.7	0.7
10th grade students	2	1.7	1.3	1.1	0.8	0.5
11th grade students	2	2.3	1.4	1.5	0.9	1.1
12th grade students	1.9	2.4	1.3	1.8	0.8	**1.4

Note: ** represents statistical significance

Source: Indiana Prevention Resource Center, ATOD Surveys 2007

The treatment admission data for those admitted to Porter-Starke Services from 2004 through 2007 for heroin or opiates is listed in Table 1.14. For those between the ages of 13-17, Porter-Starke Services had one treatment admission for heroin/opiates in 2004, followed by one in 2005, zero in 2006, and two in 2007.

For those between the ages of 18-25, 31 individuals were admitted to treatment at Porter-Starke Services for heroin/opiates in 2004, 30 in 2005, 39 in 2006 and 33 in 2007.

Table 1.14

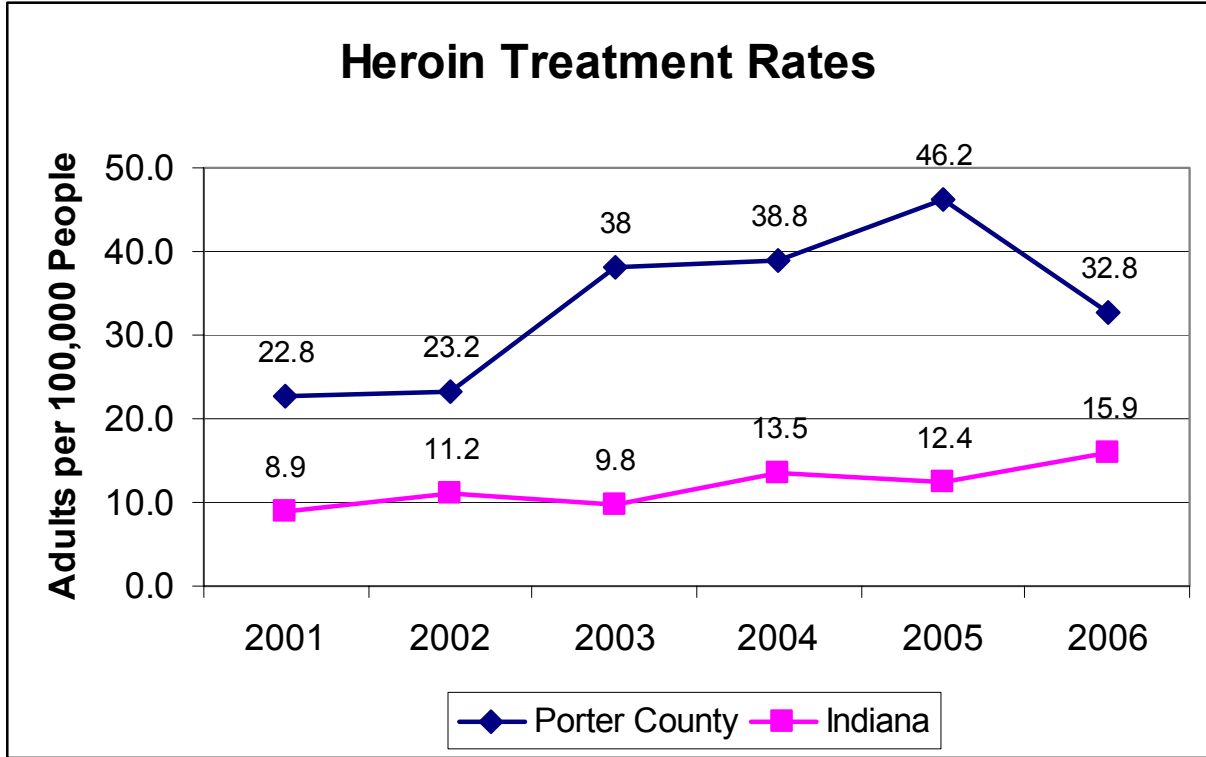
Heroin and Opiate Admissions to Porter-Starke Services, 2004 through 2007				
	2004	2005	2006	2007
12 and under	0	0	0	0
13-17	1	1	0	2
18-25	31	30	39	33
26-34	18	22	36	43
35-44	5	12	24	15
45-54	3	3	8	7
55-64	0	2	1	3
65-74	0	0	0	1
75 and older	0	0	0	0
Total Admissions	58	70	108	104

Source: Porter-Starke Services, 2007.

A treatment episode represents an admission to services. Porter County has a higher rate of heroin treatment episode than throughout the state from 2001-2006. In addition, treatment rates increased significantly during that time in Porter County. In Figure 1.12, the number of treatment episodes in Porter County is compared to the number of treatment episodes in the State of Indiana. Due to the fact that there is need to compare very different population sizes, the Porter County Needs Assessment made comparisons by measuring the number of treatment episodes per 100,000 people in the population. For example, using the population size outlined in Table 1.1, we can calculate that 53 individuals in Porter County received treatment for heroin in 2006. This was done by dividing the population size of Porter County (160,105) by 100,000 and multiplying by the 32.8 (number of treatment episodes per 100,000). The fact that Porter-Starke Services combined heroin and opiates into one category when reporting the data could be the reason for the discrepancy between the number of treatment episodes.

Between 2001 and 2006, Porter County has had more heroin treatment episodes than the state each year.

Figure 1.12



Source: Indiana Adult Household Survey, Treatment Episodes Data Set 2001-2006, 2008 Porter County Needs Assessment

COCAINE

In Table 1.15, cocaine use among state and Northwest students from the 6th through 12th grades is measured by lifetime, annual, and monthly use. Northwest Region students and students statewide had about the same pattern of use, with a few exceptions; Northwest 8th graders had the highest variation from the state averages in all three consumption patterns. In lifetime use, 3.3% of Northwest Region 8th graders claimed use, while only 2.4% percent did so across the state. In annual use, 2.6% of local 8th graders claimed to have used cocaine in the previous 12 months compared to 1.8% statewide. The same held true with daily use, as 1.8% of Northwest 8th graders claimed to use cocaine daily compared to 1.1% percent on the state level.

Table 1.15

2007 IPRC Survey Percentage of Students 6 th through 12 th Grade Reporting Lifetime, Annual and Monthly Cocaine Drug Use in the State and Northwest Region						
2007	Lifetime Use		Annual Use		Monthly Use	
	State	Northwest	State	Northwest	State	Northwest
6th grade	0.5	0.4	0.4	0.3	0.2	0.1
7th grade	1.2	1	1	1.2	0.7	0.6
8th grade	2.4	**3.3	1.8	**2.6	1.1	**1.8
9th grade	3.7	3.7	2.6	2.5	1.4	1.4
10th grade	5.8	6	4	4.3	1.9	2.1
11th grade	6.9	7.8	4.6	**5.8	2.1	2.9
12th grade	7.8	9	5.3	6.3	2.4	**3.3

Note: ** represents statistical significance

Source: Indiana Prevention Resource Center, ATOD Surveys 2007

METHAMPHETAMINE

While 6th through 12th grade students in the Northwest Region had a slightly higher rate of monthly methamphetamine use than the state average among students in the same grade levels, the difference was not found to be statistically significant. Furthermore, the 10th grade students in the Northwest Region reported a lower monthly and annual rate of methamphetamine use than the state average, but the difference was not statistically significant.

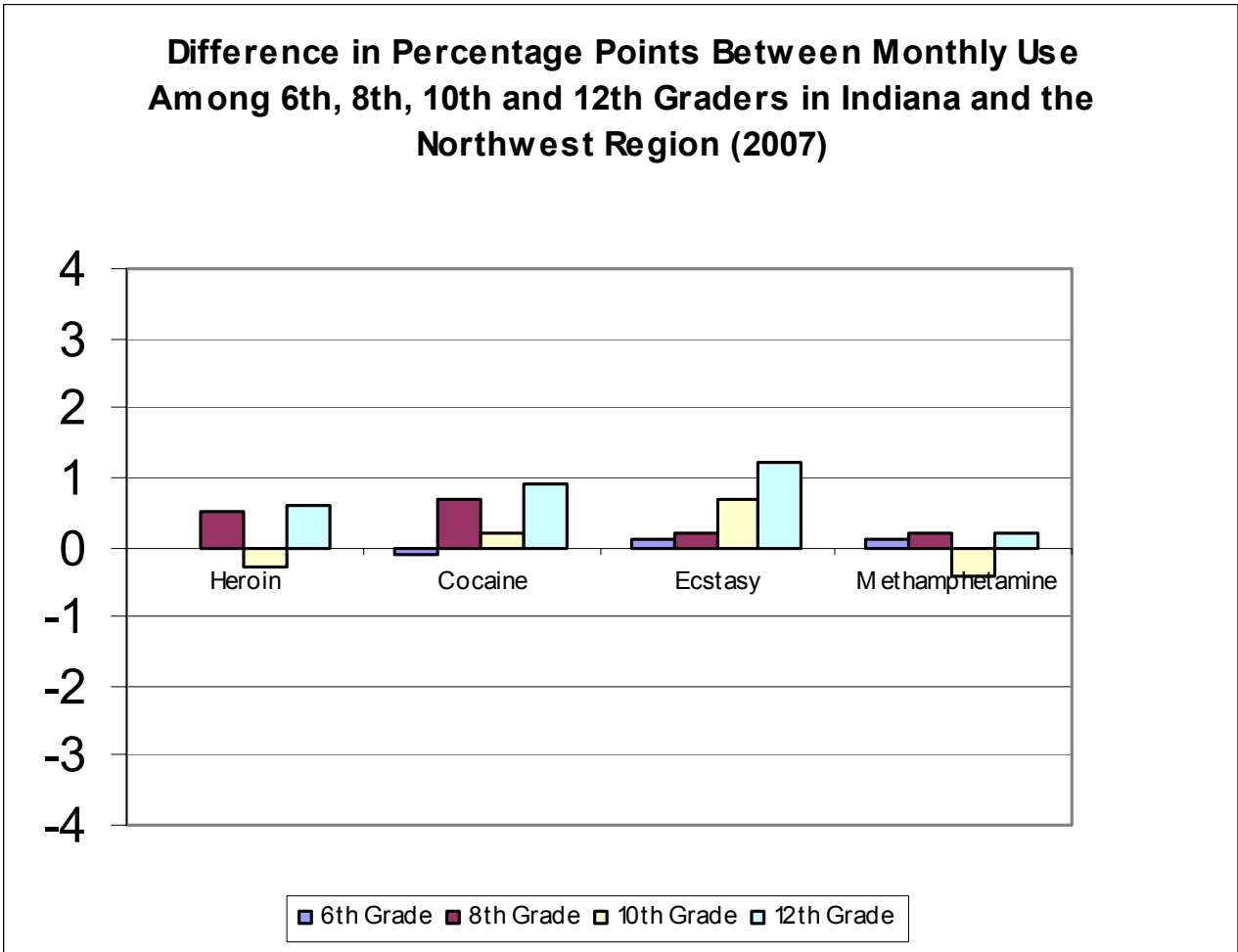
Table 1.16

2007 IPRC Survey Percentage of Students 6 th , 8 th , 10 th , and 12 th Grade Reporting Annual and Monthly Methamphetamine Drug Use in the State and Northwest Region				
2007	Annual Use		Monthly Use	
	State	Northwest	State	Northwest
6th grade	0.2	0.2	0.1	0.2
8th grade	1.2	1.7	0.7	0.9
10th grade	1.9	1.5	1.0	0.6
12th grade	1.9	1.9	1.0	1.2

Source: Indiana Prevention Resource Center, ATOD Surveys 2007

Figure 1.13 summarizes the data from Table 1.13, Table 1.15, and Table 1.16 and illustrates the difference between the monthly consumption patterns of 6th, 8th, 10th and 12th graders in the Northwest Region with their state cohorts. The x axis “0” represents the baseline. If the column falls below that baseline, a higher percentage of State of Indiana students report monthly consumption of that substance at that grade level. If the column is above that baseline, a higher percentage of Northwest Region report monthly consumption of that substance at that grade level. Figure 1.12 shows that 8th, 10th and 12th grade students in the Northwest Region have a greater percentage of monthly consumption at most grade levels for all substances. However, only Northwest Region 12th graders have a monthly consumption rate of any substance that is equal to a full percentage point difference with state 12th graders: cocaine and ecstasy. Heroin and cocaine use among Northwest Region 8th graders, heroin use among Northwest 12th graders, and ecstasy use among Northwest 10th graders were also greater than their state cohorts. While this table summarizes the data, note that the actual consumption rate may be relatively low. For example, while monthly cocaine use among Northwest 8th graders is 0.7 percentage points higher than cocaine use among Indiana 8th graders, only 1.8% of Northwest 8th graders report use of cocaine in the last month.

Figure 1.13



Source: Indiana Prevention Resource Center, ATOD Surveys 2007

PRESCRIPTION DRUGS

The Youth and Young Adult peer facilitated Focus Group findings reported a growing problem with 'pill' use among high school students and the young adult population. 'Pills' include pharmaceutical drugs as well as over-the-counter drugs.

The 2007 IPRC Survey collects data on several drug categories that can be categorized for study in this section. The monthly consumption rate of commonly used pills (amphetamines, Ritalin, tranquilizers, narcotics and over-the-counter) among Northwest Region and State of Indiana 8th, 10th and 12th graders is listed in Table 1.17. Northwest Regions students' monthly consumption rates were not significantly greater than students at the same grade levels throughout the state. Similarly, use of pills among 12th grade students in the Northwest Region were similar to the use of pills among 8th grade students.

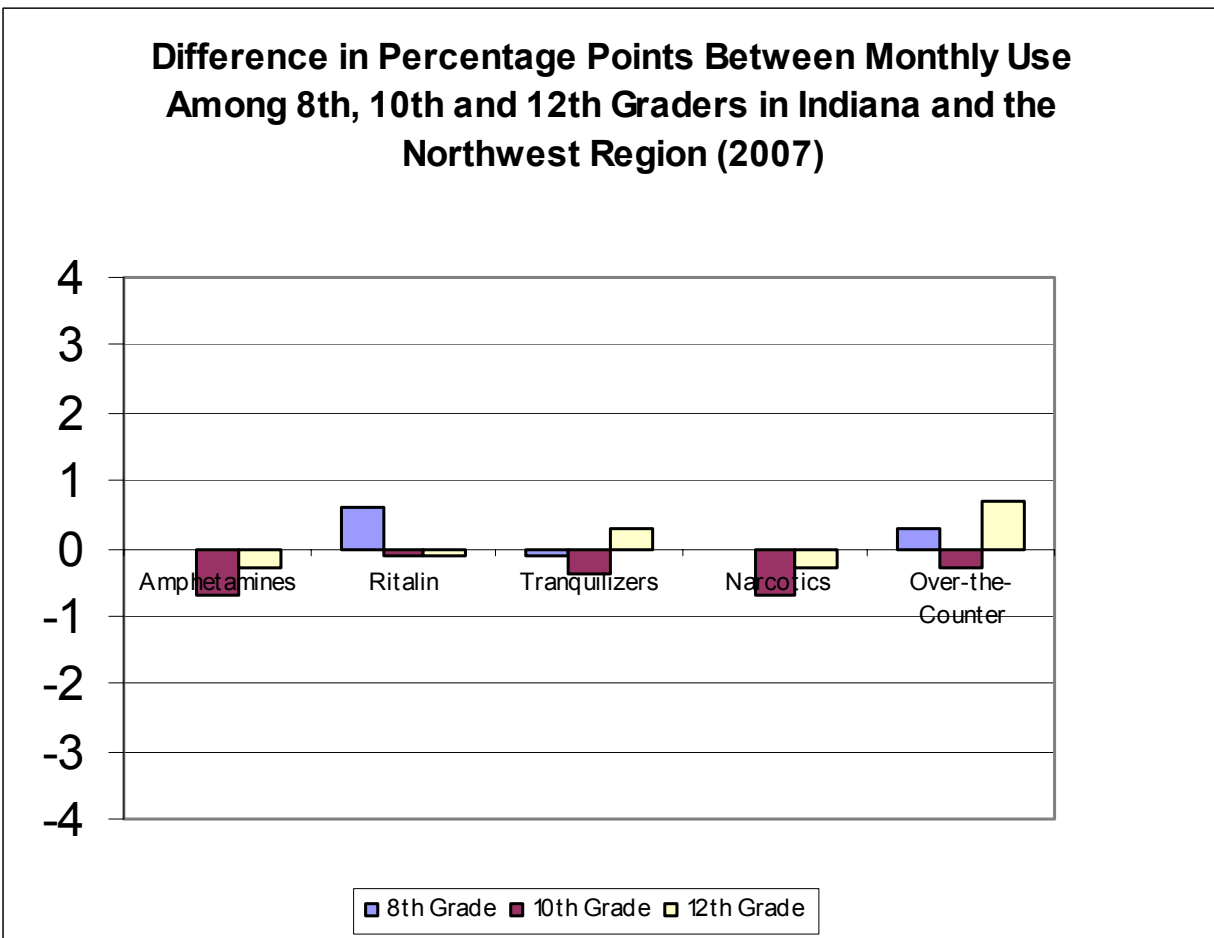
Table 1.17

2007 IPRC Survey Percentage of Students 8 th through 12 th Grade Reporting Monthly Prescription Drug Use in the Northwest Region										
	Amphetamines		Ritalin		Tranquilizers		Narcotics		Over-the-Counter	
	State	Local	State	Local	State	Local	State	Local	State	Local
8th Grade	1.5	1.5	1.9	2.5	3.9	3.8	2.1	2.1	5.2	5.5
10th Grade	2.9	2.2	3.7	3.6	5	4.6	3.9	3.2	5.9	5.6
12th grade	2.5	2.2	2.9	2.8	4	4.3	3.8	3.5	4.3	5

Source: Indiana Prevention Resource Center, ATOD Surveys 2007

Figure 1.14 illustrates the difference between the monthly consumption patterns of 8th, 10th and 12th graders in the Northwest Region with their state cohorts. The x axis “0” represents the baseline. If the column falls below that baseline, a higher percentage of State of Indiana students report monthly consumption of that substance at that grade level. If the column is above that baseline, a higher percentage of Northwest Region report monthly consumption of that substance at that grade level. Figure 1.12 shows that 8th grade students in the Northwest Region have a smaller percentage of monthly consumption than the statewide rate, but the difference is minimal. In fact, across all grade levels, monthly pill use is similar (< 1 percentage point) at the state level and Northwest Region. While this table summarizes the data, note that the actual consumption rate may be relatively low. For example, while monthly prescription narcotic use among Indiana 10th graders is 0.7 percentage points higher than monthly narcotic use among Northwest 10th graders, only 3.9% of Indiana 10th graders report use of narcotics in the last month.

Figure 1.14



Source: Indiana Prevention Resource Center, ATOD Surveys 2007

PORTER COUNTY TREATMENT FACILITIES

Often the most difficult step is reaching out for help or knowing where to go for information. Treatment facilities serving Porter County residents include Alice’s Halfway House for Women, Michiana Behavioral Health Care, Choices Counseling Services, Moraine House, Porter-Starke Services, Fresh Start Counseling, and Joseph Corporation. Most of the facilities have payment assistance and accept many types of health insurance as well as Medicaid and Medicare.

Treatment Facilities

Treatment Type	Alice's Halfway House for Women	Michiana Behavioral Health Center	Choices Counseling Services	Moraine House	Porter-Starke Services	Fresh Start Counseling Services	Joseph Corporation
Substance Abuse Treatment	X	X	X	X	X	X	X
Detox		X					
Halfway House	X			X	X		
Outpatient		X	X		X	X	X
Residential (Short or Long-term)		X		X			
Hospital Inpatient		X			X		
Day Treatment			X		X		
Adolescents		X	X		X	X	
Men		X		X	X	X	
Women	X	X			X	X	
Co-occurring Mental & Substance Disorder			X		X	X	

Source: 2008 Porter County Needs Assessment

In addition to these treatment facilities there are support groups and community resources to aide in the recovery process:

- **Porter County Substance Abuse Council** 219/462-0946
 - Provides drug testing kits for parents and information regarding alcohol and drugs
- **Porter County Drug Task Force** 219/465-3629
 - Law enforcement initiative addressing drug users and dealers
- **Alcoholics Anonymous (AA)** 219/763-6431
 - Nationwide organization of support groups for alcoholics
- **Al-Anon** 219/769-1133
 - Nationwide organization of support groups for families of addicts/alcoholics
- **Narcotics Anonymous (NA)** 219/465-4970
 - Nationwide organization of support groups for addicts

CONCLUSIONS

This report was founded on three basic principles: that certain factors have an impact on substance abuse behavior (economic, neighborhood attachment), that perceptions (individual, peers, parents) have an impact on behavior, and that early use of gateway drugs can lead to significant problems with that substance or a progression into additional substances.

ECONOMIC DEPRIVATION/NEIGHBORHOOD ATTACHMENT

In the first section of this report we looked at the potential level of economic deprivation among Porter County residents. The percentage of individuals living in poverty in Porter County is less than the percentage of individuals in the State of Indiana living in poverty. Additionally, Porter County residents have a higher median income than the state average. The data illustrates that a high percentage of Porter County residents are not economically deprived.

Porter County residents also have positive perceptions about the community. Over eighty percent (81.7%) rated the quality of life in Porter County as good, very good, or excellent and 29.3% rated the people/family and community/neighborhoods as major strengths in Porter County. This suggests strong neighborhood attachment, but the data has yet to be compared at the state level.

CONSUMPTION PATTERNS

In 2004, 42.91% of individuals in the Northwest Region between the ages of 18-25 participated in binge drinking in the past month. Although Porter County received SPF-SIG funding to prioritize the prevention and reduction of underage drinking and binge drinking in this age group, prevention efforts are not exclusively limited to this age range; prevention efforts require interventions at earlier ages in order to reduce the incidence of substance abuse among the target population.

When looking at earlier age groups, specifically persons between 12 and 17, we notice that there has been very little change in the age of first use among Indiana residents for the gateway drugs of alcohol, cigarettes and marijuana since 1992. First use of alcohol and cigarettes has stayed between the ages of 12 and 13 and first use of marijuana has stayed between the ages of 13 and 14.

While data about first use of these substances among Porter County residents was unattainable, we did notice that a higher percentage of individuals at young ages use alcohol than those across the state. For example, Porter County has significantly higher levels of alcohol use among most grade levels, with 8th graders and 10th graders significantly higher in four of the five different consumption patterns (lifetime, annual, monthly, daily and binge). In 2007, Northwest Region 8th graders had significantly higher percentages of use among most alcohol consumption patterns (lifetime, annual, monthly and binge) than 8th grade students throughout the rest of the state. Yet, according to Porter-Starke Services admission data, very few (4) were admitted to alcohol abuse treatment services that same year. Data from additional

treatment centers will be needed to further analyze treatment admissions and total clients served for alcohol treatment.

Northwest Region 10th, 11th, and 12th grade students had statistically significantly higher consumption rates of marijuana than did their state cohorts.

Tobacco use among 6th, 8th, 10th, and 12th graders in the Northwest Region was not significantly higher than the state average at any grade level.

Northwest Region 8th grade students also had higher percentages of consumption of cocaine and heroin use among all consumption patterns (lifetime, annual, and monthly).

The findings from the focus groups suggest a possible trend with prescription drugs among youth and young adults, but this information was not supported by the data. The consumption rate of commonly used pills (amphetamines, Ritalin, tranquilizers, narcotics and over-the-counter) among Northwest Region 8th, 10th and 12th grade students was not significantly greater than students at the same grade levels throughout the state.

The data shows that Northwest Region 8th graders have higher consumption rates in most categories than 8th graders throughout the state. This issue will need to be analyzed further, but could be a target population for prevention efforts.

PERCEPTIONS OF THE PROBLEM

There does seem to be recognition of a substance abuse problem. Over twenty percent (20.2%) of Porter County citizens believe that substance abuse is a significant issue in the community. However, when asked about specific issues that are significant to their family, only 1.5% cited substance abuse. Additionally, among those between the ages of 35-44, a high percentage (56.2%) of individuals believe underage drinking to be a concern, even more so than alcohol/drug abuse. In addition, 60.5% of those between the ages of 45-54 believe this to be a concern, even more so than alcohol/drug abuse. These are the only two age groups in which that pattern exists and could be because this is the age group likely to have children under the age of 21. If this is the case, it would certainly reinforce the viewpoint that perceptions about issues are largely based on personal experiences. Further analysis of this issue needs to be done.

While 18-24 year olds in Porter County recognize that there is a substance abuse problem, a lower percentage of 18-24 year olds believe alcohol/drug abuse and underage drinking is a concern than other age groups. The reason for this will need to be analyzed further as the impact that peers have on one another is substantial. For example, the perception of peer disapproval has a strong correlation with less frequent use of the gateway drugs alcohol ($r = -.459$) and marijuana ($r = -.441$).

Additionally, the focus groups conducted for persons between the ages of 12-25 indicated that peer-to-peer communication is more effective than adult-to-youth communication and that they would be more responsive to education by peers who have experienced the problem. This was

supported by the data; for all three gateway substances, peer disapproval has a stronger correlation with frequency of use than parental disapproval.

Future prevention efforts could be successful by raising awareness of the problem and to gain support among the 12-25 year old population to help with the prevention effort.

While for all three gateway substances, peer disapproval has a stronger correlation with frequency of use than parental disapproval; parental approval does still have a correlation with frequency of use. The more disapproval the parental figure has about the substance, the less frequent the individual will use. The focus groups also highlighted healthy communication between parents and children being effective for prevention.

Future prevention efforts could be successful by raising awareness of the problem and to gain support among the parental figures in the community.

RELIABILITY OF CONCLUSIONS

While we made conclusions based on the data provided and analyzed at this stage, these conclusions only provides a framework to help guide our actions in future years. We need substantially more data to confirm these conclusions.

During our analysis, we discovered additional data that was not included in this report. The data will be further analyzed and tested in the coming year to be included in next year's report and will allow us to make more significant conclusions. We will also continue to work with participating agencies to make the necessary modifications for the data collection process and to allow the data to be presented in a more uniform format.

Through the participation of other organizations, we will also have access to additional data sets.

On February 12, 2008 Mr. Mike Berta, Superintendent of the Portage School Corporation introduced an appeal for the Porter County School Corporations to conduct the Indiana Prevention Resource Center (IPRC), Alcohol Tobacco and Other Drug Use Survey (ATOD) Survey in Porter County School corporations. The current report was based on regional data from the Indiana Prevention Resource Center (IPRC), Alcohol Tobacco and Other Drug Use Survey (ATOD). As a result of the appeal, five of the seven school corporation superintendents have authorized the survey to be conducted in April 2008. They also have agreed to make available the survey results at the county level and allow this information to be analyzed by the LEOW to provide indicators of consumption patterns and consequences of substance abuse that are more representative of Porter County residents.

Laurie Wehner-Evans, Director of the Emergency Department at Porter-Valparaiso Hospital Campus has agreed to share the DAWN (Drug Abuse Warning Network) Report. The DAWN System identifies drug related hospital emergency room episodes. This data will be available for the 2009 Local Epidemiological Report, further expanding the understanding of mortality rates and the prevalence of drug-related emergency room episodes in the county.

The Youth and Young Adult Workgroup will expand their data collection efforts to encompass a representative population in Porter County. The methods above will be revised to reflect the recommendations from the pilot program.

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**Appendix I:
Indiana Prevention Resource Center (IPRC), Alcohol, Tobacco and Other Drugs (ATOD) Survey Statistics**

2007	Lifetime Use		Annual Use		Monthly Use		Daily Use		Binge Use	
Use of Alcohol 2007	State	Northwest	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	22.5	**24.4	15.3	**17.6	6.9	7.6	0.3	0.2	4.9	**5.3
7th grade students	32.7	33.6	24.8	26.2	12.2	**13.6	0.9	0.9	8.3	9.3
8th grade students	45.4	**47.4	36.6	**38.7	19.9	**22.8	1.8	2.1	13.2	**16.6
9th grade students	51.7	51.4	43.4	43.2	24.8	24.3	2.3	1.8	16.9	16.5
10th grade students	61	62.8	51.7	**54.4	31.1	**33.8	3.4	**4.4	21.7	**24.5
11th grade students	64.3	66.4	55.3	57.6	33.8	36.4	3.6	**4.7	23.2	25.4
12th grade students	69.2	71.7	60.2	**63.3	39.7	**42.6	4.6	4.8	28.6	29.8
Use of Marijuana	State	Northwest	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	3	3.1	2.3	2.3	1.4	1.6	0.2	0.1	not reported	
7th grade students	7.7	7.8	6.3	6.9	3.9	4.1	0.8	0.8	not reported	
8th grade students	16.1	17	13.1	**14.5	8.3	9.1	2	2.3	not reported	
9th grade students	21.2	20.5	17	16.3	10.3	10.1	2.7	2.4	not reported	
10th grade students	29.9	31.5	23.5	25.1	14.4	**16.8	4.6	**6.6	not reported	
11th grade students	32.4	**35.3	24.8	**27.3	14.6	**16.7	4.6	5.1	not reported	
12th grade students	36.5	38.7	26.6	**29.4	15.8	**17.7	5.3	5.9	not reported	
Use of Cocaine	State	Northwest	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	0.5	0.4	0.4	0.3	0.2	0.1	not reported		not reported	
7th grade students	1.2	1	1	1.2	0.7	0.6	not reported		not reported	
8th grade students	2.4	**3.3	1.8	**2.6	1.1	**1.8	not reported		not reported	
9th grade students	3.7	3.7	2.6	2.5	1.4	1.4	not reported		not reported	
10th grade students	5.8	6	4	4.3	1.9	2.1	not reported		not reported	
11th grade students	6.9	7.8	4.6	**5.8	2.1	2.9	not reported		not reported	
12th grade students	7.8	9	5.3	6.3	2.4	**3.3	not reported		not reported	
Use of Heroin	State	Northwest	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	0.4	0.4	0.2	0.3	0.2	0.2	not reported		not reported	
7th grade students	0.9	1	0.7	0.8	0.4	0.5	not reported		not reported	
8th grade students	1.3	**1.9	0.9	**1.5	0.6	**1.1	not reported		not reported	
9th grade students	1.5	1.5	1.1	0.9	0.7	0.7	not reported		not reported	
10th grade students	2	1.7	1.3	1.1	0.8	0.5	not reported		not reported	
11th grade students	2	2.3	1.4	1.5	0.9	1.1	not reported		not reported	
12th grade students	1.9	2.4	1.3	1.8	0.8	**1.4	not reported		not reported	

Source: Indiana Prevention Resource Center, ATOD Survey

2006	Lifetime Use		Annual Use		Monthly Use		Daily Use		Binge Use	
Use of Alcohol 2006	State	Northwest	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	25.2	**30.4	17.3	**22.7	7.6	**9.7	0.3	0.4	4.2	4.7
7th grade students	33.3	**40.5	25.5	**32.3	12.9	**17.2	0.8	1	7	**9.9
8th grade students	46.5	**51.4	38.3	**43.4	20.9	**24.3	1.6	1.9	11	**13
9th grade students	55.5	**59.1	47.3	**50.6	28.5	**31	2.7	**3.7	15.6	16.9
10th grade students	62.3	**66.7	53.7	**58.2	33	34.8	3.6	3.3	19.9	21.1
11th grade students	66.7	**70.4	57	**61.9	35.8	**39.6	3.5	3.6	21.8	**25.5
12th grade students	70.2	71.9	61.5	63.7	42.2	43.8	5.6	5.6	27.3	27.4
Use of Marijuana	State	Northwest	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	2.9	3.1	2.3	2.5	1.4	1.7	0.3	0.3	not reported	
7th grade students	6.8	**9.2	5.6	**7.8	3.6	**5.2	0.7	**1.2	not reported	
8th grade students	15.6	**19.3	12.7	**15.9	8.2	**10.5	2	2.3	not reported	
9th grade students	22.5	**25.6	18.4	**21.9	11.4	**14	3.2	**4	not reported	
10th grade students	30.1	**34.1	23.8	**27	14.6	**16.8	4.5	5.2	not reported	
11th grade students	34.4	**40.2	26.5	**31.1	15.7	**17.5	4.9	5.5	not reported	
12th grade students	37.1	**39.9	27.5	**30.3	17.2	**19.9	6.1	**7.5	not reported	
Use of Cocaine	State	Northwest	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	0.6	0.7	0.4	0.6	0.2	0.3	not reported		not reported	
7th grade students	1.5	**2.1	1.2	**1.8	0.8	1.1	not reported		not reported	
8th grade students	2.5	**3.3	1.9	2.4	1.1	**1.9	not reported		not reported	
9th grade students	4.4	4.6	3.3	3.8	1.7	**2.5	not reported		not reported	
10th grade students	5.9	6.7	4.3	5.2	2.1	2.4	not reported		not reported	
11th grade students	7.8	**9.6	5.3	**6.6	2.7	3.2	not reported		not reported	
12th grade students	8.6	**10.3	6.1	**7.5	3.1	**4.1	not reported		not reported	
Use of Heroin	State	Northwest	State	Northwest	State	Northwest	State	Northwest	State	Northwest
6th grade students	0.5	0.7	0.3	0.5	0.2	0.3	not reported		not reported	
7th grade students	1.1	1.4	0.8	1.2	0.5	0.8	not reported		not reported	
8th grade students	1.5	**2	1	1.5	0.7	**1.1	not reported		not reported	
9th grade students	1.9	1.8	1.4	1.3	0.8	1.1	not reported		not reported	
10th grade students	2	1.9	1.3	1.3	0.8	0.6	not reported		not reported	
11th grade students	2.3	2.9	1.6	1.7	1	1.1	not reported		not reported	
12th grade students	2.3	**3.2	1.5	**2.3	1	**1.7	not reported		not reported	

Source: Indiana Prevention Resource Center, ATOD Survey

Appendix II: Porter-Starke Services Admissions and Diagnosis

Porter County Residents Only-Clients Admitted to Porter-Starke Services				
	2004	2005	2006	2007
Total Clients Admitted	3,225	3,310	3,565	3,767
Substance Abuse Clients Admitted	506	486	708	661
% of Substance Abuse Clients	15.7%	14.7%	19.9%	17.5%
	2004	2005	2006	2007
Alcohol as Primary Diagnosis	253	225	362	358
Drug as Primary Diagnosis	253	261	346	303
(Heroin/Opioid)	58	70	108	104
(Sedatives)	1	0	2	3
(Benzodiazepine)	7	8	12	12
(Cocaine/Crack)	83	69	102	73
(Marijuana)	92	107	103	99
(Methamphetamines/Other Amphetamines)	7	3	8	4
(Hallucinogens)	1	1	2	1
(Inhalants)	0	0	0	0
(Non-Prescription Methadone)	1	0	2	0
(Stimulants)	2	0	0	1
(Over-the counter)	0	1	1	3
(Tobacco)	1	1	5	0
(Other Tranquilizers)	0	1	1	1
(Other or Unknown)	0	0	0	2
Total	506	486	708	661
% Alcohol Primary Diagnosis	50.0%	46.3%	51.1%	54.2%
% Drug Primary Diagnosis	50.0%	53.7%	48.9%	45.8%
(%Heroin/Opioid)	22.9%	26.8%	31.2%	34.3%
(%Sedatives)	0.4%	0.0%	0.6%	1.0%
(%Benzodiazepine)	2.8%	3.1%	3.5%	4.0%
(%Cocaine/Crack)	32.8%	26.4%	29.5%	24.1%
(%Marijuana)	36.4%	41.0%	29.8%	32.7%
(%Methamphetamines/Other Amphetamines)	2.8%	1.1%	2.3%	1.3%
(%Hallucinogens)	0.4%	0.4%	0.6%	0.3%
(%Inhalants)	0.0%	0.0%	0.0%	0.0%
(%Non-Prescription Methadone)	0.4%	0.0%	0.6%	0.0%
(%Stimulants)	0.8%	0.0%	0.0%	0.3%
(%Over-the counter)	0.0%	0.4%	0.3%	1.0%
(%Tobacco)	0.4%	0.4%	1.4%	0.0%
(%Other Tranquilizers)	0.0%	0.4%	0.3%	0.3%
(%Other or Unknown)	0.0%	0.0%	0.0%	0.7%

Source: Porter-Starke Services, Inc., 2007

Appendix III: Acronyms used throughout the report

ATOD	Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents Survey
CDC	Center for Disease Control and Prevention
CLEI	County Level Epidemiological Indices
CPY	Countywide Partnership for Youth
CSAP	Center for Substance Abuse and Prevention
DCS	Department of Child Services
DUI	Driving Under the Influence
GAC	Governor's Advisory Council
IPRC	Indiana Prevention Resource Center
LAC	Local Advisory Council
LEOW	Local Epidemiology and Outcomes Workgroup
NSDUH	National Survey of Drug Use and Health
SEOW	State Epidemiology and Outcomes Workgroup
SIS	Social Indicator System
SPF-SIG	Strategic Prevention Framework State Incentive Grant
TEDS	Treatment Episode Data Set
UCR	Uniform Crime Reports

Appendix IV: Needs Assessment Citizen Survey

Alcohol/Drug Abuse	18-24	25-34	35-44	45-54	55-64	65 and over	Refused/NA
Not A Concern	18	16	13	13	12	7	0
Minor Concern	34	49	68	58	24	32	0
Moderate Concern	40	44	65	68	31	38	1
Major Concern	11	15	28	25	31	37	1
Not Sure	3	4	2	6	2	4	0
	106	128	176	170	100	118	2

Underage Drinking	18-24	25-34	35-44	45-54	55-64	65 and over	Refused/NA
Not A Concern	23	27	15	19	12	8	0
Minor Concern	37	45	60	45	23	34	0
Moderate Concern	25	34	50	64	37	35	1
Major Concern	20	20	49	39	25	36	1
Not Sure	1	2	2	3	3	5	0
	106	128	176	170	100	118	2

Smoking	18-24	25-34	35-44	45-54	55-64	65 and over	Refused/NA
Not A Concern	42	33	46	41	21	21	0
Minor Concern	37	59	72	61	31	45	0
Moderate Concern	17	22	33	39	28	26	1
Major Concern	7	10	22	23	16	19	1
Not Sure	3	4	3	6	4	7	0
	106	128	176	170	100	118	2

Alcohol/Drug Abuse	18-24	25-34	35-44	45-54	55-64	65 and over	Refused/NA
Not A Concern	17.0%	12.5%	7.4%	7.6%	12.0%	5.9%	0.0%
Minor Concern	32.1%	38.3%	38.6%	34.1%	24.0%	27.1%	0.0%
Moderate Concern	37.7%	34.4%	36.9%	40.0%	31.0%	32.2%	50.0%
Major Concern	10.4%	11.7%	15.9%	14.7%	31.0%	31.4%	50.0%
Not Sure	2.8%	3.1%	1.1%	3.5%	2.0%	3.4%	0.0%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Underage Drinking	18-24	25-34	35-44	45-54	55-64	65 and over	Refused/NA
Not A Concern	21.7%	21.1%	8.5%	11.2%	12.0%	6.8%	0.0%
Minor Concern	34.9%	35.2%	34.1%	26.5%	23.0%	28.8%	0.0%
Moderate Concern	23.6%	26.6%	28.4%	37.6%	37.0%	29.7%	50.0%
Major Concern	18.9%	15.6%	27.8%	22.9%	25.0%	30.5%	50.0%
Not Sure	0.9%	1.6%	1.1%	1.8%	3.0%	4.2%	0.0%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Smoking	18-24	25-34	35-44	45-54	55-64	65 and over	Refused/NA
Not A Concern	39.6%	25.8%	26.1%	24.1%	21.0%	17.8%	0.0%
Minor Concern	34.9%	46.1%	40.9%	35.9%	31.0%	38.1%	0.0%
Moderate Concern	16.0%	17.2%	18.8%	22.9%	28.0%	22.0%	50.0%
Major Concern	6.6%	7.8%	12.5%	13.5%	16.0%	16.1%	50.0%
Not Sure	2.8%	3.1%	1.7%	3.5%	4.0%	5.9%	0.0%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Appendix V: Youth and Young Adult Workgroup Findings

1. The participants' perceptions of substance abuse prevention are limited. They identified the following as prevention methods:
 - a. Just Say No
 - b. Drug Abuse Resistance Education (D.A.R.E.) (one year participation)They seemed somewhat confused and cynical as to the existence of substance abuse prevention.
2. They responded that substance abuse is a major problem in the community, and that it has appeared to have become progressively worse.
3. Reported that accessing both alcohol and drugs is very easy.
4. Indicated that peer-to-peer communication is more effective than adult-to-youth.
5. Stated that they would be more responsive to education by peers who have experienced the problem, or by credible authority figures with a clear expertise in addiction.
6. Identified healthy communication with parents/family as a solid source for prevention.
7. Indicate interest in consistent, realistic substance abuse education in school. They indicated that the "just say no" agenda is ineffective, as are "scare tactics" on the consequences limited to medical complications.
8. They feel that they have no role in the community to resolve substance abuse problems; they feel they have a place in the discussion, but are not sure of what their responsibility should be.
9. Report that they feel there is little constructive social activity in Porter County for teens. They stated, "There is nothing to do!"
10. Reported on the high prevalence of prescription drugs ("pills") in high schools.

Appendix VI: Porter County Sheriff's Department Data

Police Department	Total Alcohol Charges				Minor Possession			
	2004	2005	2006	2007	2004	2005	2006	2007
Burns Harbor	58	69	63	78	5	3	4	9
Beverly Shores	0	1	0	0	0	0	0	0
Chesterton	78	109	106	138	0	18	16	12
Court District 06	0	0	0	1	0	0	0	0
IN Conservation	4	3	5	9	0	0	4	4
Hebron	56	106	86	85	14	17	10	7
IN Excise – Mich. City	2	2	8	6	1	1	6	1
IN State	95	104	74	120	3	1	0	2
Kouts	46	56	65	41	5	0	4	3
North IN Comm Dist.	1	0	0	0	0	0	0	0
National Lakeshore	3	1	1	0	0	0	0	0
Ogden Dunes	20	19	38	33	14	6	6	1
Judge – IN State	1	0	0	0	0	0	0	0
Other Law Enforce	2	0	1	0	0	0	0	0
PC Narcotics	0	1	1	1	0	0	0	1
PC Sheriff	352	256	316	232	67	70	74	55
Porter	70	41	41	63	3	9	5	5
Portage	452	467	490	590	48	50	85	85
Valparaiso	422	405	489	435	138	154	178	153
Valpo University	123	61	74	61	95	51	62	48
Unknown	2	0	0	0	0	0	0	0
TOTAL	1787	1701	1858	1893	393	380	454	386

Charges	2004	2005	2006	2007
Total Alcohol Charges	1787	1701	1858	1893
Minor Possession	393	380	454	386