#### The Indiana Commission to Combat Drug Abuse



#### **Comprehensive Community Plan 2025**

County: Starke

LCC Name: Hub Coalition Starke County

LCC Contact: Dawn Pelc MPH, MPA

Lead Epdimelogist: Dr. Donna Williams

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#### **County Commissioners:**

Charles Chesak, President 6715 W. 400 S., North Judson, IN 46366

Kathy Norem, VP 0599 N. 650 E., Knox, IN 46534

Bryan Cavender Member 4635 E. 250 S., Knox, IN 46534

#### County Courthouse:

53 E. Washington

Knox, IN 46534

### **Vision Statement**

Proving sustainable initiatives and resources to end substance use disorder in Starke County.

#### **Mission Statement**

The community hub is responsible for building capacity, creating sustainability, and providing resources to enhance the quality of life in Starke County by reducing substance use and the underlying causes and unintended consequences.

| Mem | bership List     |                          |          |        |             |
|-----|------------------|--------------------------|----------|--------|-------------|
| #   | Name             | Organization             | Race     | Gender | Category    |
| 1   | Jodi Aurand      | Girls on the Run         | White    | Female | Youth Serve |
| 2   | Jack Rosa        | Sheriff's Department     | White    | Male   | LE          |
| 3   | Todd Willis      | Porter-Starke Service    | White    | Male   | Treatment   |
| 4   | Abby Columbia    | Prosecutor's Office      | White    | Female | Judicial    |
| 5   | Jack Hudgens     | Sheriff's Department     | White    | Male   | LE          |
| 6   | Shannon Hoekman  | Chamber of Commerce      | White    | Female | Business    |
| 7   | David Robinson   | First Church of Christ   | White    | Male   | Religious   |
| 8   | Debbie Mix       | Purdue University        | White    | Female | Civic       |
| 9   | Terra Keegan     | American Heart Assoc     | White    | Female | Business    |
| 10  | Irene Szakonyi   | SC Youth Club            | White    | Female | Youth Serve |
| 11  | Brandi Pilarczyk | Community                | White    | Female | Volunteer   |
| 12  | Angela Wehner    | Porter-Starke Services   | White    | Female | Business    |
| 13  | Xavier Rodriguez | Veteran's Administration | Hispanic | Male   | Government  |
| 14  | Athena Camp      | HealthLinc               | White    | Female | Recovery    |
| 15  | Donna Swain      | HealthLinc               | White    | Female | Recovery    |
| 16  | Leo Smith        | Porter-Starke Services   | White    | Male   | Recovery    |
| 17  | Megan Johnston   | Hope Restored            | White    | Female | Recovery    |
| 18  | Taylor Long      | Porter-Starke Services   | White    | Female | Media       |
| 19  | Alyssa Quick     | Bowen Center             | White    | Female | Treatment   |
| 20  | Jacque Ryan      | Community Foundation     | White    | Female | Business    |
| 21  | Tracey Robinson  | Bella Vita               | White    | Female | Civic       |
| 22  | Shawn Mattraw    | Detention Center         | White    | Male   | LE          |
| 23  | Frank Lynch      | HD/Coroner               | White    | Male   | Healthcare  |
| 24  | Brandon Pettit   | Detention Center         | White    | Male   | LE          |
| 25  | Anita Goodan     | WKAI Radio               | White    | Female | Media       |
| 26  | Stacey Garcelon  | Anam Cara                | White    | Female | Treatment   |
| 27  | Tara Andrews     | Bowen Center             | White    | Female | Treatment   |
| 28  | April Cooke      | Sheriff's Department     | White    | Female | Law Enforce |
| 29  | Jim Ash          | Oregon-Davis HS          | White    | Male   | School      |
| 30  | Larry Smith      | Intrepid Phoenix         | White    | Male   | Business    |
| 31  | Albert Gay       | Albert Gay Consulting    | Black    | Male   | Business    |
| 21  | David Weinberg   | MSB Fitness              | White    | Male   | Business    |
| 22  | Chuck Bowen      | Hickory Hills Treatment  | White    | Male   | Business    |
| 23  | Craig Ison       | Calvary Baptist Church   | White    | Male   | Religious   |

| 24 | Kathleen DeRolf  | IN Workforce Develop | White    | Female | Government   |
|----|------------------|----------------------|----------|--------|--------------|
| 25 | Erica Gomez      | Girls on the Run     | White    | Female | YouthServing |
| 26 | Cassandra Garber | 1st Source Bank      | White    | Female | Business     |
| 27 | Scott Janson     | Gateway Foundations  | White    | Male   | Recovery     |
| 28 | Wayne James      | Sheriff's Department | Black    | Male   | Law Enforce  |
| 29 | Donna Golob      | PATH                 | White    | Female | YouthServing |
| 30 | Samantha Aguilar | Graceful Yoga        | Hispanic | Female | Business     |

#### **LCC Meeting Schedule:**

January, February, March, April, May, June, July, August, September, October, and November. The December coalition meeting is the award and recognition ceremony. All meetings are held at the Starke County Public Library 152 W. Culver Street, Knox. Coalition meeting time: 11:00 AM-12:00; Recovery RCO meeting: 12:00-1:00 PM. Public meeting all welcome to attend.

#### **II. Community Needs Assessment**

#### **Community Profile**

#### **County Name**

Starke County, Indiana

#### **County Population**

According to U.S. Census Bureau 2023, the estimated population in Starke County was 23,371 which includes 49.6 % females. The population density was 75.08 persons per square mile in 2023. (U.S. Census Bureau,2023).

Most of the population is Caucasian alone, which occupied 94.1% of the entire population.

The second-largest population in Starke County was Hispanic Latino at 4.1 %.

The third-largest population in Starke County was people who have two or more races at 3.6% (U.S. Census Bureau, 2023). \* This section has been updated by the Epidemiologist\*

#### Schools in the community

Starke County has three school corporations. There were 3,173 students enrolled in school in 2023, including 1,535 female students and 1,638 male students.

- 1. Oregon-Davis School Corp
- 2. North Judson-San Pierre Sch Corp
- 3. Knox Community School Corp

## Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)

Starke Hospital, Pulaski Health Care Center, Northwest Health – Starke, HealthLinc

Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)

Porter-Starke Services Inc, Bowen, Michiana, Hickory,

Service agencies/organizations.

Community Service of SC, Indiana Hope Center, North Judson food pantries; Coalition Against Domestic Abuse; Caring Place; Community Services of SC elderly services and energy assistance; Bella Vita Pregnancy Resource Center; SC Women, Infant and Children, WIC; Work One; Professional Employment Partners; Integrity Trade Services; DM Family Staffing; Bowen Center; HealthLinc; Keys Counseling; Porter-Starke Services; Recovery: AA, Al-Anon, NA, SMART Recovery, Celebrate Recovery; 211; Division of Family Resources; Starke County Jail FARM

#### **Local media outlets that reach the community**

ABC57, Tri-County News, WKVI Radio, Lamar, WVLP stream, Matters of Substance stream

#### What are the substances that are most problematic in your community?

Methamphetamine, Heroin/Opioids, Tobacco/Vaping, Marijuana, Alcohol-underage drinking, and Cocaine

#### **Community Risk and Protective Factors**

| Risk Factors                                     | Resources/Assets               | Limitations/Gaps                                   |
|--|--------------------------------|--|
|  |                                | •  |
| There is a low perception of                     | The LCC has created            | Overcoming messaging                               |
| harm for Marijuana, tobacco                      | messaging for the              | challenges from powerhouse                         |
| CBD, vaping related juices                       | consequences of using          | Marijuana and tobacco                              |
| and devices because of                           | Marijuana, cannabinoids, and   | industry, limited budget for                       |
| marketing to youth, social                       | nicotine. Multiple campaigns   | marketing and promotion;                           |
| norming, and generational                        | have been developed and are    | challenges also from                               |
| use.   | circulated through local media | promoting message to youth                         |
| X7 .1 1 1 1.                                     | campaigns. School programs     | through social media                               |
| Youth and adults are                             | available at no charge.        |  |
| exposed to pro-Marijuana                         |                                | T1   |
| promotion and marketing                          |                                | Teachers/schools have limited                      |
| tactics to legalize recreational sales. The fact |                                | influence on students; LCC provides evidence-based |
| that neighboring states                          |                                | robust programming at no cost                      |
| Illinois, Michigan, and now                      |                                | to schools – Avoid; ODLL;                          |
| Ohio have legalized                              |                                | Positive Ticketing, Media                          |
| Marijuana for medicinal and                      |                                | Ready, Preventure, and                             |
| recreational use, increasing                     |                                | Handle with Care.                                  |
| the likelihood of                                |                                |  |
| normalizing the behavior.                        |                                | A significant barrier is the                       |
|  |                                | lack of awareness about                            |
| Nicotine and vaping have a                       |                                | vaping risks. Many                                 |
| perceived low perception of                      |                                | individuals, including parents                     |
| harm and a high level of                         |                                | and youth, underestimate its                       |
| parental acceptance.                             |                                | long-term health effects, such                     |
| X  |                                | as nicotine addiction,                             |
| Youth do not feel a sense of                     |                                | respiratory complications,                         |
| belonging in their                               |                                | cardiovascular issues, and                         |
| community because of the                         |                                | potential harm to brain                            |

transient nature of society development. \*Added by the and the absence of stability, Epidemiologist\* long-term friendships, family, and neighbors. Youth have a high perception of peer use, which can increase the risk of initiation of substance use Youth report a low Targeted messaging The stigma of recovery and perception of harm with campaigns for students, treatment is a barrier to consideration for parents, and schools. Prepared supporting and maintaining heroin/opioids, meth, and social media campaigns with treatment and recovery cocaine. prevention the message, peerbehaviors. Intergenerational substance to-peer group facilitation, and High levels of community use behaviors can increase teacher-led strategies funding with sporadic and low youth experimentation and available. participation. drug use. Fully trained and certified staff provide training and Adults and youth with resources to community, undiagnosed mental health issues go untreated and lead provide Overdose Lifeline to self-medication and program to all school potential drug addiction. corporations, Parents that Host, Take Back Day, INSPECT, and MHFA. Council provides drug tests to parents to test their child if suspicious or to set a baseline. Currently offer urine test cups and DetectaChem iPhone App compatible test pouches. Council will begin funding community agencies to provide direct programming and strategies to youth, mental health training and programs. Funding to address youth substance use and provide tactics to reduce the perception of low harm as related to substance use.

Treatment and recovery efforts are resisted because of shame and judgment.

Mental health training (MHFA) Provide programs and initiatives that reduce the supply and availability of drugs such as INSPECT, and bi-annual DEA supported Take Back Day.

Matters of Substance podcast and local radio broadcast success stories, prevention topics, suicide, anti-bullying messages, and stigma discussions to provide information to listeners for acceptance and action on a weekly basis.

Data indicates the community norm supports underage drinking for celebratory milestones such as graduation, prom, homecoming, and athletic achievements.

Parents often accept or support underage drinking and feel they have the responsibility to monitor the behaviors. Parental monitoring is perceived as safe parenting.

Low perception of harm for long term consequences of underage drinking

Intergenerational alcohol use and permissive parental view

The LCC has developed a marketing campaign to identify the consequences of underage drinking. The campaign airs on local radio station, Matters of Substance podcast and WVLP stream.

Marketing materials are available to interested agencies and community organizations for distribution.

The LCC has secured a list of liquor store outlets/density in Starke and has begun to roll out the Sticker Shock campaign to address minors purchasing alcohol.

Lamar billboard locations in Starke County promote

Parent education is key to reducing underage drinking. Additional resources need to be developed aimed toward adults as a role model.

Youth mentoring opportunities are shown to be effective in reducing substance use, however, there are limited opportunities currently for implementation.

Creating a targeted, extensive, and effective social media following, and subsequent social media campaigns is a time-consuming task.

|   | prevention and recovery efforts.  Coalition members and community agencies trained to identify mental health issues and provide referrals.  Mental Health First Aid, Deflection Academy, and suicide prevention training is available to LE, first responders, educators, and community members to identify and intervene with mental health and substance abuse issues.  |   |
|---|---|---|
| <b>Protective Factors</b>   | Resources/Assets  | Limitations/Gaps  |
| Socioeconomic Status: Median household income \$77,700; Poverty rate: 12.3%. The life expectancy: 72.4 years old. *Updated by Epidemiologist*  Education level: Nearly 85.8% of residents in Starke County earned a high school diploma or higher and 12.6% of residents earned a bachelor or higher degree. *Updated by Epidemiologist*  Access to mental health and | The LCC is the acting hub of substance-related activities and provides expert training, credentialing, continuing education, resources, and support to agencies and the community at no cost.  Legislators are currently restricting the legalization of Marijuana under this administration. Additionally, nicotine and vaping juices, as well as devices, are restricted from youth purchases.  Identification is required and Excise compliance checks in District 1 checks for underage | Unemployment has risen slightly in recent years, and unintended consequences will take time to gauge and respond to.  Although mental health and substance use disorder programs and strategies are available, attendance is generally low.  There is a lack of public transportation, which limits use by those in the lower-income brackets. There is also limited opportunities for youth activities through parks and recreation. |
| preventive medicine. Only 11% of the population are uninsured.  | sales of alcohol, tobacco/vape products, and synthetic cannabinoids.  | 9.1% of county residents under 65 years old are uninsured and that limits their   |
| Community involvement is active in promoting health behaviors and supporting substance use reduction  | School campuses have zero tolerance for substance possession and/use while on school property.  | healthcare access.  Schools often use exclusionary punishment as a  |

initiatives. Consequences are listed in the consequence of substance use policy and procedure manual. at school, which may increase Agencies partner to provide the risk of subsequent use. resources to increase mental School resource officers are health initiatives and reduce stationed at campuses throughout the day and substance use. available for consultation and procuring safe environments that promote learning. K-9's are on-site for therapy and seizure. Active community A law enforcement committee Data indicates that stigma and engagement and agencies led by a newly elected Sheriff the misconceptions that that support prevention, to target impaired driving and support treatment, recovery, and bring prevention strategies to it prevents those in recovery judicial efforts. the community. from fully integrating into the community. Mental health and substance Community agencies and churches form partnerships to use disorders are a Starke County residents address the homeless and struggling with substance community priority. Recovery efforts are those with mental and dependence oftentimes still supported by the substance abuse issues. face the negative stigma and shame. associated with community. addiction. This may prevent Recovery outreach throughout the state is on the upswing. them from fully integrating Indiana Recovery back into society. Network/Mental Health America Indiana provides Lack of insurance, funding avenues, and/or available monthly meetings and webinars to LCC's. Indiana openings at facilities make Addictions Coalition, Indiana inpatient substance Assoc. of Peer Recovery, and abuse/detox treatment within Next Level Recovery provide Starke County, and other structure and support to surrounding counties a LCC's and local agencies. challenge at times. Starke County doesn't have a dedicated detox facility and referrals are to Lake County,

Marshall County, St. Joseph County, downstate, or out of

|   |  | state. An abundance of inpatient and out-patient facilities are bombarding the community making choices difficult for the consumer.  There are limited recovery facilities available for female and male residents; however, community agencies work together to shelter those in active addiction as well as those in recovery.  Due to the homogeneity of the county, marginalized populations may be reluctant to seek help from recovery and treatment services. |
|---|--|--|
|   |  | and treatment services.  |
| Appropriate structure such as limits, rules, monitoring, and predictability | Strong mental health and faith-based communities are invested in preventive measures, treatment modalities such as medication-assisted treatment, recovery, and recovery support.  First Responders are trained to respond to overdose events with Naloxone and refer to treatment for rehabilitation. | Wait times to initiate a therapeutic intervention for both mental health and substance treatment can be lengthy at times.  Parents don't seek help for themselves or their children because of stigma.  Parents aren't able to identify substance use in the experimental stage until it becomes an addiction.   |
|   | The LCC is the community hub for networking, training, and planning substance use prevention, treatment, and recovery strategies with a multitude of agencies.   |  |

## III. Making A Community Action Plan Step 1: Create + Categorize Problem Statements

| Risk Factors | Problem Statement(s) |
|--------------|----------------------|
|              |                      |

Starke County residents, both youth and adult, struggle with marijuana use in all forms. Youth specifically struggle with vaping marijuana, and county residents have a low perception of harm of marijuana. Substance use also adversely affects the mental health of youth and adult residents alike.

Starke County residents do not see the dangers that are associated with Marijuana and liquid nicotine because of ad campaigns that normalize the behaviors.

Starke County experiences challenges in its youth and adult populations about both use and abuse of cannabinoids and/or nicotine products in all their various forms.

Neighboring Illinois and Michigan openly sell Marijuana is in stores oftentimes to minors. The state of Ohio also recently legalized the use and sale of marijuana. Adults and minors travel to legalized Marijuana states in less than an hour and return to Indiana with the product for use and sale.

Stakeholders feel there is a mental health crisis for both adults and youth in the county and should be addressed. Mental health issues can be exacerbated by substance use and misuse.

Misuse of both illicit and prescription drugs like meth, cocaine, heroin, and prescription opioids has caused negative health outcomes and made a negative impact on the quality of life for county residents. Starke County youth may be at higher risk for developing substance use disorder due to peer and family norms that are in favor of use.

Starke County is lacking in youth peer-to-peer mentoring and youth participation in preventative substance use education.

Starke County struggles with the misuse of illicit drugs such as Meth, Heroin, Cocaine, and a variety of prescription medications, with polysubstance use being of key concern. The use of these illegal substances is negatively affecting a variety of legal, health, and social outcomes.

In Starke County, both the youth and adult populations have a low perception of harm when discussing alcohol use/abuse. Underage drinking and driving are two serious concerns in Starke County.

Starke County Residents, both young and old, have impacts in their health, legal, financial, socioeconomic, and quality of life characteristics by the misuse and abuse of alcohol products.

Starke County residents, both young and old, have higher than average rates of binge drinking.

|  | Starke County adults do not properly lock up their alcohol which leads to minors having unlimited, unsupervised access to the alcohol. |
|--|--|
|--|--|

**Step 2: Evidence-Informed Problem Statements** 

| Problem Statements  | Data Establishing Problem   | Data Source  |
|---|---|--|
| Starke County residents, both youth and adult, struggle with marijuana use in all forms. Youth specifically struggle with vaping marijuana, and county residents have a low perception of harm of marijuana. Substance use also adversely affects the mental health of youth and adult residents alike. | Marijuana In 2023 there were 195 treatment episodes in Starke County for substance use, 80 of them included treatment for marijuana use, and 14 included marijuana dependence, 41% and 14% of individuals in treatment, respectively. *Updated by epidemiologist* | Indiana State Epidemiological Outcomes Workgroup. (2024). The Prevalence, Consumption, and Consequences of Alcohol, Tobacco, Marijuana, Opioids, Stimulants, Mental Health, Problem Gambling, and Viral Hepatitis/HIV/AIDS in Indiana, SFY 2024. |
|   | In 2023 there were 128 total incarcerations, which accounted for about 12% of admissions to the Starke County jail. The most common charge was possession of marijuana, which accounted for 63.3% of charges in Starke County in 2023.                            |  |
|   | Tobacco Products:   |  |
|   | Adults: The 2021-2022 National Drug use survey estimated that 23.63% of Indiana residents 12 years or older reported using tobacco products in the past month, which was higher than the national rate of 19.07%. *Updated by epidemiologist*                     |  |
|   | There were approximately 38 deaths attributable to smoking in 2023, as well as an estimated 6 deaths due to secondhand smoke. In 2023 there were approximately 1,147 incidents of smoking related illness in Starke County.                                       |  |
|   | In 2023, smoking during pregnancy was associated with 40 cases of low birth weight,   |  |

sudden infant death syndrome (SIDS), and decreased lung function. Additionally, 16.8% of pregnant women reported smoking that year. \*Added by epidemiologist\*

Adult Smoking Prevalence by Gender, Race/Ethnicity Age in The State of Indiana, 2022

Male – 17.3% Female – 15.2%

White – 16.6% Black – 17.2% Hispanic – 11.8%

18-24 - 5.2% 25-34 - 18.7% 35-44 - 21.4% 45-54 - 21.1% 55-64 - 21.0% 65+ - 10.5%

#### \*Updated by epidemiologist\*

County Health Rankings reports that 24% of Starke County Adults reported current smoking in 2022, and 25% in 2023.

In Indiana in 2021, 19.1% of High School Students reported using electronic vapor products, a rate that was higher than the National Rate of approximately 18%.

#### Youth:

In the 2023 academic year, Starke County recorded 43 incidents involving suspensions or expulsions due to tobacco use. \*Updated by Epidemiology\* Indiana University. (2024). The State of Tobacco Control in Starke County.

Health Rankings and Roadmaps. (2023). Ranked Measure Data.

Misuse of both illicit and prescription drugs like meth, cocaine, heroin, and prescription opioids has caused negative health outcomes and made a negative impact on the quality of life for county residents.

#### Adults:

In 2022 there were 17 deaths due to any drug in Starke County, a rate of 76.3 per 100,000 population, which is much higher rate than the State rate of 40.8 per 100,000 population.

There were 83 emergency department visits due to any drug in 2022 in Starke County, 42 ED visits and 13 hospitalizations involving any opioid.

In 2022 Starke County had 694.45 prescription opioid dispensations per 1,000 county residents.

The top 5 opioids in Starke County were acetaminophen, oxycodone, tramadol, buprenorphine, and naloxone.

In 2024, there were 48 EMS incidents involving Naloxone administration, reflecting a slight increase compared to 2023, which had 30 EMS incidents with Naloxone administration. \* Updated by Epidemiologist\*

There were 234 drug-related arrests in Starke County in 2024, 46.6% of them involved methamphetamine 44.1% of the arrests were due to possession of drug paraphernalia, and 8% of them involving opioids.

#### \* Updated by Epidemiologist\*

In 2023 in Starke County there was a total of 181 treatment episodes in Starke County, 67 involving treatment for prescription opioid misuse, 52

Indiana Government. (2023). Next Level Recovery Data Dashboard.

Indiana Government. (2024). Next Level Recovery Data Dashboard.

|   | involving treatment for prescription opioid dependence, 67 involving heroin use, and 56 involving heroin dependence.  While this demonstrates a decrease in the amount of treatment episodes for Starke County as well as the proportion of treatments for Heroin use and dependence, a larger portion of treatment episodes in 2023 involved prescription opioid and heroin use.  *Updated by Epidemiologist*  4.6% of treatment episodes involved treatment for Cocaine use, 43.6% involved treatment for meth use, and 18.5% involved treatment for meth dependence. | Indiana State Epidemiological<br>Outcomes Workgroup. (2024).<br>The Prevalence, Consumption,<br>and Consequences of Alcohol,<br>Tobacco, Marijuana, Opioids,<br>Stimulants, Mental Health,<br>Problem Gambling, and Viral<br>Hepatitis/HIV/AIDS in Indiana,<br>SFY 2024. |
|---|---|--|
| In Starke County, both the youth  | *Ûpdated by Epidemiologist*   |  |
| In Starke County, both the youth and adult populations have a low perception of harm when discussing alcohol use/abuse. Underage drinking and drinking and drive are two serious concerns in Starke County. | Adults: In 2022 there were 195 treatment episodes in Starke County, 50 of them including treatment for alcohol use, and 33 for alcohol dependence, 25.6% and 16.9% of treatment episodes, respectively. *Updated by Epidemiologist*  Percentage of Adults Reporting Past 30-day Alcohol use by Gender, Race, and Age in the State of Indiana, 2022:  Male – 54.8% Female – 44.5% White – 51.0% Black – 46.5% Asian – 33.2% Hispanic – 45.5%   | Indiana State Epidemiological Outcomes Workgroup. (2024). The Prevalence, Consumption, and Consequences of Alcohol, Tobacco, Marijuana, Opioids, Stimulants, Mental Health, Problem Gambling, and Viral Hepatitis/HIV/AIDS in Indiana, SFY 2024.                         |

35-44-56.9%

45-54-53.6%

55-64 - 47.5%

65+ - 38.8%

#### \*Updated by Epidemiologist\*

Percentage of Adults Reporting Bing Drinking in the past 30 Days by Gender, Race, and age in the State of Indiana, 2022:

Male-18.4%

Female-10.8%

White - 14.7%

Black - 12.3%

Hispanic – 18.2%

18-24-20.4%

25-34 - 19.9%

35-44 - 20.4%

45-54-16.5%

55-64 - 12.0%

65 + -4.3%

#### \*Updated by Epidemiologist\*

In 2022, Indiana reported that 10.05% of individuals aged 12 and older had an alcohol use disorder, which is slightly lower than the national rate of 10.55%. This rate has been.

#### \*Updated by epidemiologist\*

In 2022, the State of Indiana the age-adjusted alcohol-attributable mortality was 15.1 per 100,000 population, an 2.03% increase from 2021, and a 174.07% increase from 2009.

#### \*Updated by epidemiologist\*

In 2023 in Starke County there were 137 criminal charges involving operating a vehicle while intoxicated, and 33 for

public intoxication in the same year.

#### Youth:

In 2022, 8.2% of 8<sup>th</sup> graders, 12.5% of 10<sup>th</sup> graders, and 19.9% of 12<sup>th</sup> graders in the State of Indiana reported monthly alcohol use.

In 2023 there were 33 child removals from their home, 1 of them were due to alcohol abuse.

\*Updated by Epidemiologist\*

Indiana State Epidemiological Outcomes Workgroup. (2023). The Prevalence, Consumption, and Consequences of Alcohol, Tobacco, Marijuana, Opioids, Stimulants, Mental Health, Problem Gambling, and Viral Hepatitis/HIV/AIDS in Indiana, SFY 2024.

**Step 3: Brainstorm** 

| struggle with marijuana use in all forms. Youth specifically struggle with vaping, THC vaping and Marijuana. County residents have a low perception of harm of marijuana. Substance use also adversely affects the mental health of youth and adult residents alike.  2. Encourage elected officials to include product packaging design guidelines whe creating legislation to reduce the appeal to youth.  3. Provide support and resources to community sectors to reduce use/abuse.  4. Support classroom evidence-based health curriculum that addresses Marijuana and related issues.  5. Continue to encourage local schools to participate in the Indiana Youth Survey to | <b>Problem Statements</b>   | What can be done (action)?  |
|---|---|---|
| <ul> <li>6. Create &amp; distribute prevention media campaigns.</li> <li>7. Provide, fund, and support youth mentoring opportunities to assist at-risk youth.</li> <li>8. Support a dedicated Certified Prevention Specialist at each school. Assist with training and certification requirements.</li> </ul>   | 1. Starke County residents, both youth and adult, struggle with marijuana use in all forms. Youth specifically struggle with vaping, THC vaping and Marijuana. County residents have a low perception of harm of marijuana. Substance use also adversely affects the mental health of youth and adult residents | <ol> <li>Educate elected officials to keep them current on the legalization of marijuana by providing them with epidemiological data.</li> <li>Encourage elected officials to include product packaging design guidelines when creating legislation to reduce the appeal to youth.</li> <li>Provide support and resources to community sectors to reduce use/abuse.</li> <li>Support classroom evidence-based health curriculum that addresses Marijuana and related issues.</li> <li>Continue to encourage local schools to participate in the Indiana Youth Survey to collect data.</li> <li>Create &amp; distribute prevention media campaigns.</li> <li>Provide, fund, and support youth mentoring opportunities to assist at-risk youth.</li> <li>Support a dedicated Certified Prevention Specialist at each school. Assist with</li> </ol> |

|  | the public on the topics of Marijuana, cannabinoids, vaping and nicotine      |
|--|---|
|  | products.   |
| 2. Misuse of both illicit and prescription drugs | Provide support and resources to  |
| like meth, cocaine, heroin, and prescription     | community sectors to reduce use/abuse.  |
| opioids has caused negative health outcomes      | 2. Support classroom evidence-based health                                    |
| and made a negative impact on the quality of     | curriculum that addresses illicit   |
| life for county residents.                       | substances and related issues.  |
|  | 3. Create & distribute prevention media                                       |
|  | campaigns to give educational   |
|  | information to the community to increase                                      |
|  | their awareness about the negative health                                     |
|  | outcome of substances use.  |
|  | 4. Support youth driven activities at the                                     |
|  | community level to provide prevention education and reduce the use of         |
|  | prescription drugs, Opioids, Heroin,  |
|  | Cocaine, Meth, and polysubstance use.   |
|  | 5. Support a resolute Certified Prevention                                    |
|  | Specialist at each school. Assist with  |
|  | training and certification requirements.                                      |
|  | 6. Provide youth mentoring opportunities to                                   |
|  | assist with at-risk youth and build self-                                     |
|  | esteem with evidence-based programs.  |
|  | 7. Develop content for Matters of Substance                                   |
|  | podcast and WVLP broadcast to educate   |
|  | the public on related topics.   |
|  | 8. Develop youth council at middle/high                                       |
|  | schools to promote healthy choices,   |
|  | increase protective factors, and reduce                                       |
|  | risk. 9. Support harm reduction efforts to safely                             |
|  | 9. Support harm reduction efforts to safely collect and dispose of unused and |
|  | unwanted prescription drugs in order to                                       |
|  | reduce the risk of spreading infection.                                       |
|  | Purchase additional Take Back drop  |
|  | boxes.  |
|  | 10. Encourage schools to participate in the                                   |
|  | Indiana Youth Survey.   |
| 3. In Starke County, both the youth and adult    | 1. Educate adults about the harm and  |
| populations have a low perception of harm        | potential danger of alcohol misuse,   |
| when discussing alcohol use/abuse. Underage      | including the effect it can have on youth                                     |
| drinking and driving are two serious concerns    | development.  |
| in Starke County.                                | 2. Support classroom evidence-based health                                    |
|  | curriculum that addresses alcohol and   |
|  | related issues.   |

- 3. Provide curriculum to middle/high schools to promote healthy choices, increase protective factors, and reduce risk factors.
- 4. Support a resolute Certified Prevention Specialist at each school. Assist with training and certification requirements.
- 5. Continue to encourage local schools to participate in the Indiana Youth Survey.
- 6. Prevention strategies for underage drinking as classroom curriculum.
- 7. Develop content for Matters of Substance podcast and WVLP broadcast to educate the public on the topics of prevention/treatment/recovery of alcohol use/misuse.

#### **Step 4: Develop SMART Goal Statements**

#### **Problem Statement #1:** Marijuana

#### Goal 1

The LCC will continue to sponsor, fund, and help implement evidence-based interventions and educational opportunities as well as increase the amount of prevention activity concerning the risk of use/abuse of Marijuana, cannabinoids, and nicotine substances and their related products. The data will be used from the Indiana Youth Survey and Indiana Department of Health database.

#### Goal 2

The LCC will encourage and increase participation in the Indiana Youth Survey, which is conducted every two years. The LCC will also conduct qualitative community inquiry into substance use/misuse behaviors in the county, with a specific focus on marijuana use in youth (ages 11-18).

#### **Problem Statement #2: Illicit Drugs**

#### Goal 1

The LCC will increase and maintain advertising, educational interventions, podcast production and dissemination, as well as continue to publish the annual county epidemiological profile along with smaller, more specific trend and data analysis reports. These endeavors will subsequently increase community awareness of the problems associated with illicit and prescription drug misuse, as well as provide the public with information on resources for recovery and resources for treatment of substance misuse and substance use disorders.

#### Goal 2

The LCC will maintain and monitor the series of Naloxone Boxes in the county that provides free naloxone to the community. The LCC will also provide awareness of the availability of naloxone in the community, as well as promote naloxone training.

#### **Problem Statement #3: Alcohol**

#### Goal 1

The LCC will increase collaboration with schools to support education and resources for youth to promote abstinence from underage drinking, as well as work with schools to provide better alternative options to disciplinary actions that can often promote more risky behavior and further substance misuse. The LCC will continue to promote intervention targeted at parents with low perception of harm of underaged drinking.

#### Goal 2

The LCC will work with law enforcement and other community stakeholders to decrease drunk driving incidents in the county, and more specifically the larger cities and towns in the community. The LCC will increase support of evidence-based drunk driving prevention activity and intervention. The LCC with further work to increase data infrastructure to better monitor drunk driving incidents.

#### **Step 5: Plans to Achieve Goals**

| <b>Problem Statement #1 Marijuana</b> |
|---------------------------------------|
| Goal 1                                |

The LCC will continue to sponsor, fund, and help implement evidence-based interventions and educational opportunities as well as increase the amount of prevention activity concerning the risk of use/abuse of Marijuana, cannabinoids, and nicotine substances and their related products. The data will be used from the Indiana Youth Survey and Indiana Department of Health database.

#### Steps

- 1. Educate elected officials on the effects of marijuana use by providing them with epidemiological data.
- 2. Encourage scheduled visits with legislators for professional coalition members and community members.
- 3. Support educational efforts about the mental health risks, prenatal consequences, and brain science of marijuana use.
- 4. Establish focus groups and peer panels in the local area schools to collect data and monitor trends.
- 5. Encourage schools to participate in the Indiana Youth Survey for the purpose of collecting data on marijuana, cannabinoids, and nicotine use.
- 6. Support youth mentoring initiatives with an emphasis on at-risk youth in elementary through high school to increase protective factors and decrease risk factors for substance use/abuse.
- 7. Develop and execute town hall events to support evidence of the risks of Marijuana for elementary aged youth, pre-natal and pregnant populations.

# 8. Support substance use education and trending topics related to marijuana and nicotine through partnerships with the Matters of Substance podcast and mass communication efforts to increase environmental reach.

#### Goal 2

The LCC will encourage and increase participation in the Indiana Youth Survey, which is conducted every two years. The LCC will also conduct qualitative community inquiry into substance use/misuse behaviors in the county, with a specific focus on marijuana use in youth (ages 11-18).

- Conduct focus groups with at-risk youth and other groups of county youth to find trends in marijuana use, marijuana acquisition, and other related health behaviors. Develop timeline.
- Collaborate with school administration to advocate for Participation in the Indiana Youth Survey, explaining the benefits of having it administered every other year.
- 3. Hold Town hall meetings with community members and other stakeholders to better address the issues the community feels most pressing.

### **Problem Statement #2 Illicit Drugs**

#### Goal 1

The LCC will increase and maintain advertising, educational interventions, podcast production and dissemination, as well as continue to publish the annual county epidemiological report along with smaller, more specific trend and data analysis reports. These endeavors will subsequently increase community awareness of the problems associated with illicit and prescription drug misuse, as well as provide the public with information on resources for recovery and resources for treatment of substance misuse and substance use disorders.

#### **Steps**

- 1. Promote the use of the INSPECT prescription database system by doctors and law enforcement to reduce overprescribing of medications.
- 2. Build capacity by partnering with coalition member agencies.
- 3. Partner with treatment agencies to provide innovative and useful programming to address the psychological, emotional impact of incarceration family engagement, art, and music therapy; as well as skill building to increase employment opportunities upon release.
- 4. Support law enforcement and justice for arrest, conviction, rehabilitation of offender. Including but not limited to additional patrols, social worker placement, PARRI/Deflection Academy and recovery support.
- 5. Support and encourage therapeutic and/or alternative treatment evidence-based programming to

- address Fentanyl, Opioid, Meth, Heroin, prescription opioids, and other illicit drug use/abuse with an emphasis on target populations such as veterans.
- 6. Encourage and support recovery and mutual aid groups, as well as the formation of new ones.
- 7. Support stigma-based reduction programs and campaigns.

#### Goal 2

The LCC will maintain and monitor the series of Naloxone Boxes in the county that provides free naloxone to the community. The LCC will also provide awareness of the availability of naloxone in the community, as well as promote naloxone training.

- 1. Promote awareness of the naloxone boxes in the county that are available and free to use in the county.
- 2. Continue to provide naloxone training to institutions and members of the public and promote carrying naloxone.
- 3. Continue to foster and create relationships with representatives of the 12 sectors to increase awareness and find new potential sites for naloxone boxes.

#### **Problem Statement #3 Alcohol**

#### Goal 1

The LCC will increase collaboration with schools to support education and resources for youth to promote abstinence from underage drinking, as well as work with schools to provide better alternative options to disciplinary actions that can often promote more risky behavior and further substance misuse. The LCC will continue to promote intervention targeted at parents with low perception of harm of underaged drinking. Focus on adult alcohol reduction through evidence-based programs and strategies.

#### Steps

- 1. Support and encourage therapeutic programming that focuses on use and/or abuse of alcohol with an emphasis on target populations such as veterans.
- 2. Increase law enforcement capacity and provide technological tools to assist in identifying impaired drivers and assessing environments.
- 3. Encourage and support alternative treatment programming for alcohol related offenders through problem solving courts and other diversionary programming.
- 4. Support stigma-based reduction programs and campaigns.
- 5. Encourage and support formation/expansion of recovery groups and alternative peer groups to aid those individuals struggling with substance use disorder. Develop RCO using Faces and Voices model

| and credentialed through Indian | a |
|---------------------------------|---|
| Recovery Network – MHAI.        |   |

6. Encourage and support programs that serve individuals in recovery as a means to increase protective factors against substance use disorder.

#### Goal 2

The LCC will work with law enforcement and other community stakeholders to decrease drunk driving incidents in the county, and more specifically the larger cities and towns in the community. The LCC will increase support of evidence-based drunk driving prevention activity and intervention. The LCC with further work to increase data infrastructure to better monitor drunk driving incidents.

- 1. Promote alcohol awareness and/or educational programs/strategies.
- 2. Support youth mentoring initiatives with an emphasis on at-risk youth in elementary through high school to increase protective factors and decrease risk factors for substance use and family preservation.
- 3. Support programs that educate parents of their importance in modeling responsible consumption of alcohol in the presence of their children.
- 4. Encourage schools to participate in the Indiana Youth Survey for the purpose of collecting data on alcohol use.
- 5. Support education and all efforts related to substance use through partnership with the Matters of Substance podcast and WVLP radio stream. Increase efforts to provide environmental outreach strategies.
- 6. Support a youth council to promote leadership, peer training, and a school-based initiative encouraging mental and behavioral wellness, healthy choices, increasing protective factors, and reducing risk factors for substance use/abuse. Provide scholarships, national training, and leadership opportunities.

#### **IV. Fund Document**

|   | 1v. runu Document  |   |           |                                 |  |  |  |
|---|--|---|-----------|---------------------------------|--|--|--|
| Fu  | nding Profile  |   |           |                                 |  |  |  |
| 1   | Amount deposited into the County DFC Fund from fees collected last year:                     |   |           | \$24,000.00                     |  |  |  |
| 2   | Amount of unused funds from last year that will roll over into this year:                    |   |           | \$0.00                          |  |  |  |
| 3   | Total funds available for programs and administrative costs for this year (Line 1 + Line 2): |   |           | 24,000.00                       |  |  |  |
| 4   | Amount of funds granted last year:   |   |           | \$38,000.00                     |  |  |  |
| Additional Funding Sources (if no money is received, please enter \$0.00) |  |   |           |                                 |  |  |  |
| A   | Substance Abuse and Mental Health Services Administration (SAMHSA):                          |   |           | \$0.00                          |  |  |  |
| В   | Centers for Disease Control and Prevention (CDC):  |   |           | \$125,000.00                    |  |  |  |
| C   | Bureau of Justice Administration (BJA):  |   |           | \$0.00                          |  |  |  |
| D   | Office of National Drug Control Policy (ONDCP):  |   |           | \$0.00                          |  |  |  |
| E   | Indiana State Department of Health (ISDH):   |   | \$0.00    |                                 |  |  |  |
| F   | Indiana Department of Education (DOE):   |   |           | \$0.00                          |  |  |  |
| G   | Indiana Division of Mental Health and Addiction (DMHA):                                      |   |           | \$0.00                          |  |  |  |
| H   | Indiana Family and Social Services Administration (FSSA):                                    |   |           | \$0.00                          |  |  |  |
| I   | Local entities:  |   |           | \$0.00                          |  |  |  |
| J   | Other:   | \$0.00  |           |                                 |  |  |  |
| Categorical Funding Allocations   |  |   |           |                                 |  |  |  |
| \$6,  | Prevention/Education: Intervention/Treatment: \$6,000.00 \$6,000.00                          |   |           | Justice Services:<br>\$6,000.00 |  |  |  |
|   | nding allotted to administrati   |   |           | <b>#</b> 6.000.00               |  |  |  |
|   | Itemized list of what is being funded  |   |           | \$6,000.00                      |  |  |  |
| Со  | Coordinator Compensation \$6,000.0   |   |           |                                 |  |  |  |
| Funding Allocations by Goal per Problem Statement:                        |  |   |           |                                 |  |  |  |
| Pr  | oblem Statement #1   | Problem Statement #2                                | Problem   | Statement #3                    |  |  |  |
| Go  | al 1: \$2,500.00   | Goal 1: \$4,500.00                                  | Goal 1: S | Goal 1: \$4,500.00              |  |  |  |
| Go  | al 2: \$1,000.00   | 2: \$1,000.00 Goal 2: \$1,500.00 Goal 2: \$4,000.00 |           |                                 |  |  |  |
|   |  |   |           |                                 |  |  |  |