



## Meeting Agenda

### Governor's Task Force on Drug Enforcement, Treatment, and Prevention

July 26, 2016 | 12:30 p.m. – 4:30 p.m. | Community Hospital East | Indianapolis

#### **Facilitator:**

Dr. John Wernert, Indiana Family Social Services Administration

#### **Task Force and Indiana Commission to Combat Drug Abuse Members Present:**

Dr. Jerome Adams, Indiana State Department of Health  
Mary Beth Bonaventura, Indiana Department of Child Services  
Chief Michael Diekhoff, Bloomington Police Department  
Dr. Joan Duwve, Indiana State Department of Health  
Representative Terry Goodin, Indiana House of Representatives  
Dr. Tim Kelly, Community Health  
Representative Wendy McNamara, Indiana House of Representatives  
Senator Jim Merritt, Indiana State Senate  
Dan Miller, Indiana Prosecuting Attorneys Council  
Dr. Charles Miramonti, Indiana University Medicine/Indianapolis EMS  
Bernard Carter, Lake County Prosecutor  
Cindy Ziemke, Indiana House of Representatives  
Matt Pierce, Indiana House of Representatives  
David Powell, Indiana Prosecuting Attorneys Council  
Dave Murtaugh, Indiana Criminal Justice Institute  
Greg Zoeller, Indiana Attorney General  
Larry Landis, Indiana Public Defender Council

#### **Others Present:**

Veronica Schilb, Office of the Governor  
Adam Baker, Indiana Criminal Justice Institute  
Devon McDonald, Indiana Criminal Justice Institute  
Diane Haver, Indiana Judicial Center

#### **Task Force Members Absent:**

John Hill, Office of the Governor  
Senator Jim Arnold, Indiana State Senate  
Superintendent Doug Carter, Indiana State Police  
Judge Roger Duvall, Scott County Circuit Court  
Dr. Joseph Fox, Anthem, Inc.  
Tony Gillespie, Indiana Minority Health Coalition  
Sheriff John Layton, Marion County Sheriff's Department  
Judge Wendy Davis, Allen Superior Court  
Commissioner Bruce Lemmon, Indiana Department of Correction  
Justice Mark Massa, Indiana Supreme Court  
Reverend Rabon Turner, Sr., New Hope Missionary Baptist Church

**Meeting Summary:**

- Dr. Wernert noted that the first draft of the report will be available soon.
- Overviews on the Children's Mental Health Initiative, Neonatal Abstinence Syndrome Initiative, and the EMS initiative were provided to the Task Force.
- INSPECT updates were reported.

**Presentations:****Child Mental Health and Substance Abuse Issues****Judge Mary Beth Bonaventura, Indiana Department of Child Services**

Judge Mary Beth Bonaventura, Director of the Department of Child Services (DCS), presented to the Task Force on the impact of drugs on Indiana children and families. There are currently 21,374 Child in Need of Services (CHINS) cases statewide, most of which are out-of-home placements. The number of CHINS cases continues to rise in Indiana and across the country. Prevention efforts resulted in the development of the multidisciplinary group, Children's Mental Health Initiative (CMHI). The initiative promotes the training of case managers to conduct thorough family evaluations resulting in linkages to appropriate services that will improve the home life. CMHI targets children ranging in age from six to seventeen years who are experiencing significant emotional and/or functional impairments that impacts their level of functioning at home or in the community. Since 2014, CMHI has completed 1867 family evaluations, serving 944 children.

In 2015, 48% of the children removed from the home were removed as a result of parent substance abuse. By 2016, that percentage increased to 52.2%, but it is believed the percentage is actually higher. For example, a report could initially be related to a domestic issue, but upon evaluation, assessors find that substance use issues are present. In response to the overwhelming rate of substance use-related cases, DCS worked to change the way they reported and tracked substance use of parents in the state. They contract with one drug testing provider to test system-involved parents and track the data from the drug tests. Over the years, the data tracking mechanisms have improved and pro-active responses to the reported data have been initiated. They have found that the top three drugs used by parents are alcohol, opiates, and marijuana.

**Neonatal Abstinence Syndrome****Maureen Greer, Indiana Perinatal Quality Improvement Collaborative**

Ms. Maureen Greer presented to the task for on the Neonatal Abstinence Syndrome Initiative (NAS). The initiative was established by statute (IC 16-19-16) to consistently define, identify, diagnose, report, and treat NAS. NAS is defined as babies who are symptomatic, have 2-3 consecutive Modified Finnegan scores equal to or greater than a total of 24, and have either a positive toxicology test and/or have a maternal history with a positive verbal screen or toxicology test. There are over 65 professionals serving on the Initiative from various disciplines which encourages a broad context approach to the issue. With policy, they have considered what should happen at the expecting level. They consider how they can approach the mother in a way that will allow for positive outcomes. They offer quality medical care with initial screenings and will test for all substances on a 13 panel screen. However, they currently do not have statutory authority to require drug testing. The protocol is voluntary after the physician has a conversation with the mother. The mother may opt out, but they will provide as much education as possible. In an effort to encourage prenatal care, IC 25-1-9-22, protects the mother from arrest as a result of verbal, urine, or blood confirmation of drug use. Mothers who participate in the program and later present for delivery, will complete the 13 panel drug test in order to prepare medical professionals of what precautions may be required upon birth.

Under the pilot launched in January, 2016, infants presenting with NAS will be approached comprehensively. Community services and supports are identified and the mother is provided with as much education, brochures, and family guides as possible. They have found that the resources for substance-related issue for women on Medicaid are available, but those who are self-pay or privately insured are lacking.

Umbilical cord tests have indicted high rates of use of cannabinoids and opiates during pregnancy among Indiana mothers. The pilot has indicated that drug of choice is often impacted geographically, some women may face an interruption of care, and support services during pregnancy are not lacking. Moving forward, the Initiative would like to increase awareness within the medical community on substance use, expand the pilot, include alcohol testing in the cord tissue testing process, continue with collaborative efforts at the state and local levels, and consider universal screening for early intervention.

### **Indianapolis EMS Initiatives**

**Dr. Dan O'Donnell, Indianapolis EMS**

**Dr. Charles Miramonti, Indianapolis EMS**

**Dr. Krista Brucker, IU School of Medicine**

The Task Force was presented an update on the EMS initiative. It was noted that Naloxone dosages increased considerably in 2014. Once transported to the emergency department, the individuals suffering from an overdose create a high on-site acuity level to which medical personnel must attend. As a result, the initiative is working on the front end to prevent overdoses from happening. They implemented a program that allows for the patient to talk with a social worker in the hospital in order to collaborate follow-up care.

The Initiative examined the population overdoses. More than 60% of those interviewed and treated with Narcan and have cases of mental illness and/or childhood trauma. A significant percentage have hepatitis C and over a third of the individuals interviewed reported sharing needles. Most individuals interviewed were interested in intervention and many requested assistance with obtaining insurance. While most interviewees expressed interest in care, many barriers to treatment were discovered. Close to two-thirds of the individuals did not have insurance coverage and for some that did have coverage, confusing and complicated insurance challenges were faced. They found that housing and transportation also create barriers and the majority of patients expressed a fear of criminal justice and/or DCS involvement, which would impede an individual's effort to seek or follow through with care. Slide 47 illustrates the intervention mapping and the linkages between points.

### **INSPECT Updates**

**Mike Brady, INSPECT**

Mr. Mike Brady provided an informative presentation on Indiana's prescription monitoring program, INSPECT. Data fields in INSPECT include dosages, quantity, and dispensing logs of the prescribers and pharmacists. Initially, law enforcement was approved access to prescription records for ongoing criminal cases. The program was created in 1994 and later expanded to include schedule 2,3,4, and 5 drugs, but access was still limited to only law enforcement. In 2007, however, the program expanded to include healthcare practitioners. In 2011, data was shared with Ohio and later expanded to all bordering states by 2013. In 2013, the program became fully funded to ensure its long-term sustainability.

Mr. Brady noted the ways by which they work to overcome any barriers. They are actively corresponding with the VA to allow for inclusion of their prescribing practices. Additionally, they have undergone educational outreach efforts in order to keep users educated on the program. They are also working to speed up the time it takes to access information. Faster access to prescription information would be

particularly useful in fast-paced environments, such as physicians' offices. The system allows for data sharing and the prescription will be indicated in the system within 24 hours of the dispensing of the drug. Furthermore, the system continues to upgrade. For example, INSPECT allows for specialty physicians to see what prescriptions are typically prescribed by their professional peers. INSPECT is efficient, easy to use, and secure.

### **Pharmacy Robberies in Indiana**

**Donna Wall, Indiana Board of Pharmacy**

**Lieutenant Craig McCart, Indianapolis Metropolitan Police Department**

**Randy Hitchens, Indiana Pharmacists Alliance**

The Task Force was informed on pharmacy robberies in Indiana. Ms. Donna Wall informed the Task Force that Indiana has reported the most pharmacy drug robberies since 2011 on a national scale. In Marion County, more than 17 pharmacies were robbed three times in 2015. Ms. Wall attributes the high frequency of pharmacy robberies in Indiana to the supply of highly desired drugs in a relatively unsecured environment. Slide 55 illustrates the controlled substance losses reported pharmacy robberies and slide 56 illustrates the value of the controlled substances that was lost as a result of pharmacy drug robberies. Losses are mostly as a result of non-personnel robbery, but a notable percentage of loss is due to employee theft.

Lieutenant Craig McCart noted that the Indianapolis Metropolitan Police Department began to see an increase in pharmacy robberies in 2014. Upon the increase in robberies, the department had suspicion that the robberies were organized through a hierarchy. Arrests were made in conjunction and the robberies declined as a result. By 2015, however, pharmacy robberies began to spike. While robbery reports in Marion County are indicating a declining trend, Lieutenant McCart noted that the criminal activity has been dispersed into other areas such as Kokomo, Muncie, and into parts of Kentucky.

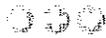
It was reported that most pharmacy robberies do not occur at the hands of addicts. The operations are generally organized in order to filter the drugs to the streets for those suffering from addiction. The operations are sophisticated and continually advance their ideas.

The group offered the Task Force a two suggestions to decrease pharmacy robberies in the state.

- Encourage time delay safes for all pharmacies
- Upgrade security systems to include cameras at pharmacies

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**TASK FORCE**

on Drug Enforcement,  
Treatment & Prevention



## Meeting Agenda

Governor's Task Force on Drug Enforcement, Treatment,  
and Prevention

July 26, 2018 | 12:30 p.m. – 4:30 p.m. | Community Hospital East | Indianapolis

- 12:30 p.m. – 12:45 p.m.    Welcome**  
Dr. John Wernert, Co-Chair, Governor's Task Force on Drug Enforcement, Treatment, and Prevention
- 12:45 p.m. – 1:10 p.m.    Child Mental Health and Substance Abuse Issues**  
Judge Mary Beth Bonaventura, Indiana Department of Child Services
- 1:15 p.m. – 2:00 p.m.    Neonatal Abstinence Syndrome**  
Maureen Greer, Indiana Perinatal Quality Improvement Collaborative
- 2:00 p.m. – 2:30 p.m.    Indianapolis EMS Initiatives**  
Dr. Dan O'Donnell, Indianapolis EMS  
Dr. Charles Miramonti, Indianapolis EMS  
Dr. Krista Brucker, IU School of Medicine
- 2:30 p.m. – 3:00 p.m.    INSPECT Updates**  
Mike Brady, INSPECT
- 3:00 p.m. – 4:00 p.m.    Pharmacy Robberies in Indiana**  
Donna Wall, Indiana Board of Pharmacy  
Lt. Craig McCart, Indianapolis Metropolitan Police Department  
Randy Hitchens, Indiana Pharmacists Alliance
- 4:00 p.m. – 4:30 p.m.    Task Force Discussion**

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Prevention  
  
**Children's Mental Health Initiative  
 (CMHI)**




**Governor's Task Force on Drug  
 Enforcement Treatment &  
 Prevention: Update**  
  
 July 26, 2016

Mary Beth Bonaventura, Department  
 of Child Services Director



**CMHI**

- Some children struggle with significant mental health issues
- Their families have difficulty accessing services (generally due to inability to pay)
- Some families get bounced from agency to agency trying to access services
- Other families end up in the child welfare system as a way to access services when parents have not abused or neglected their child



**DCS Update**

How many children are currently in care statewide?

June 2015		June 2016	
Total CHINS	18,621	Total CHINS	21,371
In Home	5,437	In Home	6,107
Out of Home	13,184	Out of home	15,267
Relative Placement	6,230	Relative placement	7,492
Non-relative placement	5,303	Non-Relative placement	6,567
Residential placement	852	Residential placement	952
Other placement	225	Other placement	258



**CMHI**

Finding a solution:

- DCS and FSSA began meeting to brainstorm solutions. A child should not have to be a CHINS for the sole purpose of accessing services
- What is best for families?
- Need to:
  - Remove agency silos
  - Keep it simple
  - Multiagency solution

*If this were your family, what would you want?*



**CMHI**

**Target Group Eligibility**

Child or adolescent age 6 through the age of 17

Youth who is experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification)



Child Welfare Agency, Substance Abuse and DCS

**Substance Abuse and DCS Involved Families**




Child Welfare Agency, Substance Abuse and DCS

**CMHI**

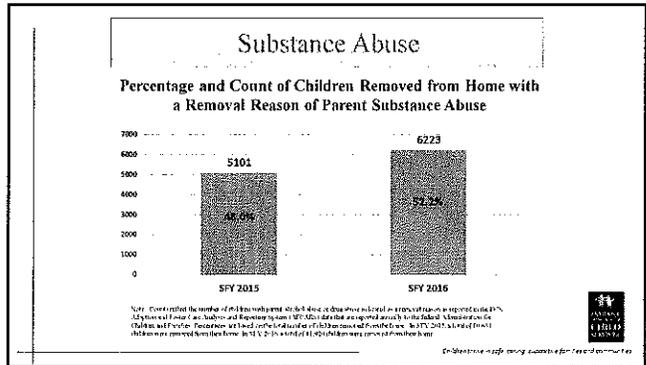
Not eligible for BDDS services

Not eligible for Medicaid

Meet needs based criteria: DSM-IV-TR Diagnosis, Dysfunctional Behavior, or Family Functioning Support



Child Welfare Agency, Substance Abuse and DCS



**CMHI**

Rolled out Statewide (all 92 counties) in March 2014

- 1,867 Family Evaluations
- 944 youth served
- 155 Residential Placements



Child Welfare Agency, Substance Abuse and DCS

**Substance Abuse**

**Number of screens and substances tested in June 2016**

Marijuana: 15,271  
1,712 positive screens (11.2%)

Alcohol: 15,271  
1,610 positive screens (10.5%)

Opiates: 15,270  
1,142 positive screens (7.5%)

Note: Individuals may receive multiple screens per month. The following counts and percentages reflect the number of screens conducted per month, not the number of individuals being screened. The counts reported here include only those reported by the state's three counties (Alameda, Contra Costa, and San Francisco) and are not reflective of the state and percentage above.



Child Welfare Agency, Substance Abuse and DCS

### Substance Abuse

**Amphetamines: 15,270**  
742 positive screens (4.9%)

**Buprenorphine: 15,270**  
626 positive screens (4.1%)

**Benzodiazepines: 15,270**  
568 positive screens (3.7%)

Note: Individuals may receive multiple screens per month. The following counts and percentages reflect the number of screens conducted per month and the number of individuals being screened. The counts reported here include only those processed by the state's fastest track screen processing system and are not reflective of the state's total caseload.



Child Welfare in Ohio: Keeping Supportive Families and Communities

### Substance Abuse

Percentage of Screens with Positive Results by Substance for June 2016

Note: Individuals may receive multiple screens per month. The following counts and percentages reflect the number of screens conducted per month and the number of individuals being screened. The counts reported here include only those processed by the state's fastest track screen processing system and are not reflective of the state's total caseload.



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### Substance Abuse

**Methadone: 15,270**  
508 positive screens (3.3%)

**Oxycodone/Oxymorphone: 7,899**  
210 positive screens (2.7%)

**Misc. Narcotics/Analgesics: 15,270**  
268 positive screens (1.8%)

Note: Individuals may receive multiple screens per month. The following counts and percentages reflect the number of screens conducted per month and the number of individuals being screened. The counts reported here include only those processed by the state's fastest track screen processing system and are not reflective of the state's total caseload.



Child Welfare in Ohio: Keeping Supportive Families and Communities

## Thank You

## Any Questions?




Child Welfare in Ohio: Keeping Supportive Families and Communities

### Substance Abuse

**Cocaine: 15,270**  
252 positive screens (1.7%)

**Synthetic Cannabinoids: 15,270**  
78 positive screens (.51%)

**Barbiturates: 15,270**  
55 positive screens (.36%)

Note: Individuals may receive multiple screens per month. The following counts and percentages reflect the number of screens conducted per month and the number of individuals being screened. The counts reported here include only those processed by the state's fastest track screen processing system and are not reflective of the state's total caseload.



Child Welfare in Ohio: Keeping Supportive Families and Communities

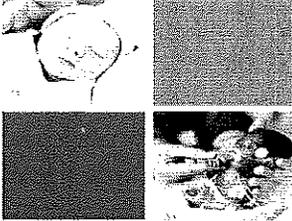
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Child Welfare in Ohio: Keeping Supportive Families and Communities

**ISDH  
Neonatal  
Abstinence  
Syndrome (NAS)  
Initiative**

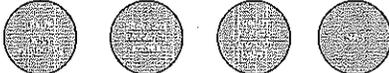


Governor's Task Force on  
Drug Enforcement, Treatment and Prevention  
July 26, 2016

**NAS Definition**

Babies who are:

- Symptomatic;
- Have two or three consecutive Modified Finnegan scores equal to or greater than a total of 24; and
- Have one of the following:
  - A positive toxicology test, or
  - A maternal history with a positive verbal screen or toxicology test.



**IC 16-19-16:**

- The appropriate standard clinical definition of "Neonatal Abstinence Syndrome".
- The development of a uniform process of identifying Neonatal Abstinence Syndrome.
- The estimated time and resources needed to educate hospital personnel in implementing an appropriate and uniform process for identifying Neonatal Abstinence Syndrome.
- The identification and review of appropriate data reporting options available for the reporting of Neonatal Abstinence Syndrome data to the state department, including recommendations for reporting of Neonatal Abstinence Syndrome using existing data reporting options or new data reporting options.
- The identification of whether payment methodologies for identifying Neonatal Abstinence Syndrome and the reporting of Neonatal Abstinence Syndrome data are currently available or needed.

**IDENTIFICATION  
PROTOCOL**



**DEFINITION**



**Recommended Obstetric Protocol**

- At the initial prenatal visit:
  - As part of routine prenatal screening, the primary care provider will conduct:
    - One standardized and validated verbal screening; and
    - One toxicology screening (urine) with an opt out.
  - At the discretion of the primary care provider, INSPECT and/or repeat verbal and toxicology screenings may be performed at any visit.

**+ Recommended "Perinatal" Protocol**

- At presentation for delivery:
  - When the laboring woman arrives at the hospital for delivery, hospital personnel will:
    - Conduct a standardized and validated verbal screening on all women;
    - Conduct toxicology screening (urine) on women with positive or unknown prenatal toxicology screening results;
    - Conduct toxicology screening (urine) on women with a positive verbal screen at presentation for delivery; and
    - Conduct toxicology screening (urine, meconium or cord tissue) on babies whose mothers identified at risk or who had positive toxicology screening results.

**+ Pilot Process**

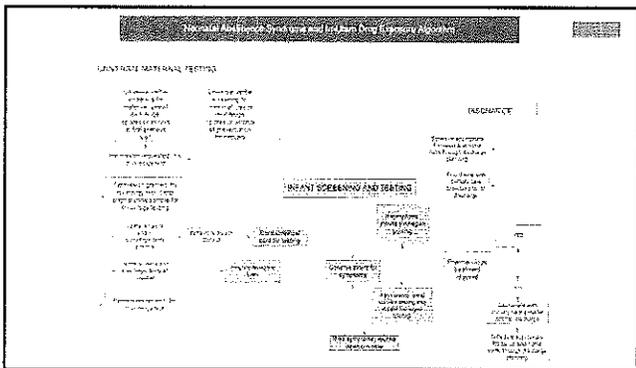


**Recommended Perinatal Action**

Negative verbal and toxicology screens	Newborn with no identifiable risk	No testing recommended at birth
Positive verbal screen and/or positive toxicology screen	Newborn at risk for NAS	Perform urine and cord tissue toxicology screening at birth Perform Modified Finnegan scoring Evaluate maternal support resources
No known verbal or toxicology screen during pregnancy	Newborns with unknown risk	Observe infant for signs If signs: Send cord for testing and Perform Modified Finnegan scoring

**+ Pilot Process**

- Permissive language in the legislation to develop a pilot process for appropriate and effective models for identification, data collection and reporting related to NAS
- Four hospitals volunteered to test pilot process:
  - Schneck Hospital
  - Columbus Regional Hospital
  - Community East Hospital
  - Hendricks County Hospital
- Implementation: January 1, 2016



**+ Cord Tissue Testing**

- Amphetamines
- Cocaines
- Opiates
- Phencyclidine
- Cannabinoids
- Barbiturates
- Methadone
- Benzodiazepine
- Propoxyphene
- Oxycodone
- Meperidine
- Tramadol
- Buprenorphine

**+ Supportive Resources**

- **Materials for consumer:**
  - Brochures for pregnant women re: substance use
  - Family Guide for taking home an infant with NAS
  - All materials in Spanish and English
- **Material for providers:**
  - Treatment Protocol

**+ IC 25-1-9-22**

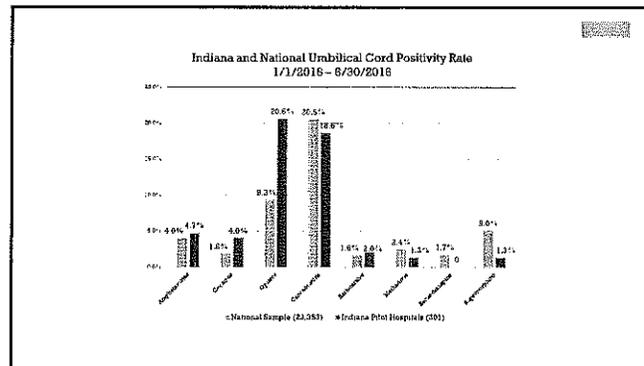
Unless ordered by a court, an individual described in subsection (a) may not release to a law enforcement agency (as defined in IC 35-47-15-2) the results of:

- (1) a verbal screening or questioning concerning drug or alcohol use;
- (2) a urine test; or
- (3) a blood test;

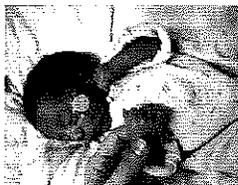
provided to a pregnant woman without the pregnant woman's consent.

**+ Collaborations**

- **Medicaid Managed Care Organizations:**
  - High Risk Obstetric Care Coordinators
- **Community Mental Health Centers**
  - Pilot Centers (scheduled to begin in October) aligned with four pilot hospitals
- **Department of Child Services**
  - Meeting with regional managers



**+ What Have We Learned?**



**+ Pilot Findings**

- Drug of choice changes depending on location
- Co-morbidities
- Lack of treatment programs
  - Referrals to where?
  - Interruption of care
- Support services during and after pregnancy
- Changing the culture of providers and pregnant women

INSTITUTE FOR HEALTH AND HUMAN SERVICES  
Integrated Reporting Form

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	Effect	Strong Effect	No Effect	Effect	Effect	Effect
<b>Short Term - Birth</b>						
Fetal Growth	Effect	Strong Effect	No Effect	Effect	Effect	Effect
Anomalies	No Consensus	Strong Effect	No Effect	No Effect	No Effect	No Effect
Withdrawal	No Effect	No Effect	No Effect	Strong Effect	No Effect	No Data
<b>Neurobehavior</b>	Effect	Effect	Effect	Effect	Effect	Effect
<b>Long Term Effects</b>						
Growth	No Consensus	Strong Effect	No Effect	No Effect	No Consensus	No Data
Behavior	Effect	Strong Effect	Effect	Effect	Effect	No Data
Cognition	Effect	Strong Effect	Effect	No Consensus	Effect	No Data
Language	Effect	Effect	No Effect	No Data	Effect	No Data
Achievement	Effect	Strong Effect	Effect	No Data	No Consensus	No Data

**PROJECT POINT: PLANNED OUTREACH, INTERVENTION, NALOXONE, AND TREATMENT**

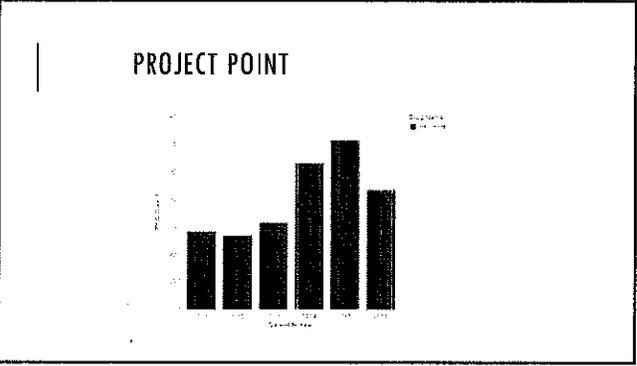
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Department of Emergency Medicine  
Indiana University School of Medicine

Daniel O'Donnell, MD  
Department of Emergency Medicine  
Medical Director, Indianapolis EMS

Charles Miramonti, MD  
Medical Director Emergency Medicine Eskenazi Health  
Chief of Emergency Medical Services, Indianapolis EMS

**+ Future Considerations**

- Focus for Medical Community:
  - Education to increase awareness of substance use including FASD
  - Support for ongoing monitoring and referral
- Expand the voluntary pilot process to new hospitals on the neonatal side
  - Prenatal to be postponed until appropriate support services identified
- Expand cord tissue testing to include alcohol
- Continue to support expansion of support services through collaboration at the state and local level
- Consider value of universal screening to intervene early to eliminate and/or mitigate long term developmental impact.



PROJECT POINT

	2014	2015	2016	2014	2015	2016	Total
Jan	11	11	11	11	11	11	310
Feb	11	11	11	11	11	11	366
Mar	11	11	11	11	11	11	422
Apr	11	11	11	11	11	11	478
May	11	11	11	11	11	11	479
Jun	11	11	11	11	11	11	538
Jul	11	11	11	11	11	11	415
Aug	11	11	11	11	11	11	424
Sep	11	11	11	11	11	11	343
Oct	11	11	11	11	11	11	388
Nov	11	11	11	11	11	11	320
Dec	11	11	11	11	11	11	334
<b>Total</b>	<b>162</b>	<b>162</b>	<b>162</b>	<b>1,561</b>	<b>1,572</b>	<b>1,572</b>	<b>4,868</b>

On track for 1,491 doses in 2016

PROJECT POINT

Most common barriers to care

Access to affordable treatment

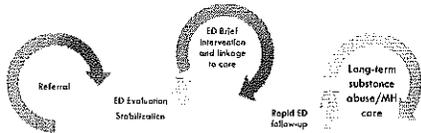
Long intake times

Housing and transportation issues

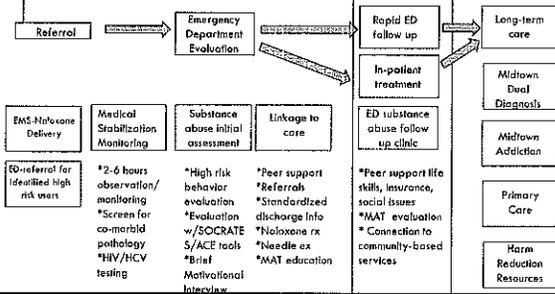
Confusing/complicated insurance situations

Fear of criminal justice and or child protective services

PROJECT POINT



PROJECT POINT



PROJECT POINT

What did we find?

Long-standing substance abuse and other mental health issues

Significant portion with known Hepatitis C

Nearly all interested in engaging in care

- Naloxone
- Clean needles
- HIV/Hep C testing
- Talking to outreach worker
- Getting help with insurance
- Referrals to treatment

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### Indiana Pharmacy Robberies

Donna S. Wall, PharmD, RPh, FASHP  
 Indiana State Board of Pharmacy  
 July 26, 2016

### NUMBER OF PHARMACY ROBBERIES REPORTED

County	Year			Grand Total
	2014	2015	2016*	
Marion	81	159	83	323
Delaware	2	1	1	4
Allen	7	6	2	15
Vanderburgh	1	2	1	4
Hamilton	N/A	2	5	7
All Other Counties	9	32	20	61
<b>Grand Total</b>	<b>80</b>	<b>175</b>	<b>61</b>	<b>316</b>

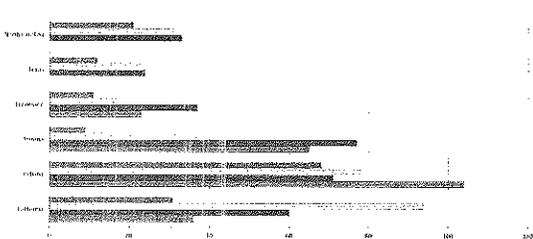
### Robbery Data from 1/1/13 -5/31/16 (DEA 106's)

- Indiana • 367
- California • 310
- Arizona • 114
- North Carolina • 101
- Pennsylvania • 96

### Marion County 2015 Robberies

- 17 pharmacies- robbed 3 times
- 3 pharmacies - robbed 4 times
- 4 pharmacies – robbed 5 times
- 1 pharmacy – robbed 5 times in 2014 & 5 times in 2015
- 1 facility – 4 instances of employee pilferage

### States Affected by Pharmacy Robberies (2012-2015)



### DOSES OF ALL CONTROLLED SUBSTANCE LOSSES REPORTED

Substance	Year			Grand Total
	2014	2015	2016*	
Oxycodone	147,110	176,029	167,714	490,853
Hydrocodone	88,402	94,129	25,001	207,532
Alprazolam	22,856	42,366	13,266	78,488
Hydrocodone/Chlorpheniramine	6,818	13,465	6,755	27,038
Promethazine/Codaine	3,411	6,857	10,844	21,112
All Other Substances	62,479	131,769	140,375	334,623
<b>Grand Total</b>	<b>241,076</b>	<b>414,815</b>	<b>226,955</b>	<b>882,846</b>

\* 1/1-6/30/2016

**CONTROLLED SUBSTANCE LOSSES REPORTED  
PHARMACY ROBBERIES (DOSES)**

Drug Type	Year			Grand Total
	2014	2015	2016*	
Oxycodone	50,525	415,807	37,782	192,114
Hydrocodone	14,702	40,452	12,212	67,366
Alprazolam	9,711	16,907	9,396	29,414
Hydrocodone/Chlorpheniramine	4,899	11,516	5,751	22,166
Promethazine/Codeine	1,892	1,619	10,334	13,845
All Other Substances	35,749	35,913	10,059	81,115
<b>Grand Total</b>	<b>111,472</b>	<b>219,014</b>	<b>75,534</b>	<b>406,020</b>

**VALUE OF CONTROLLED SUBSTANCE LOSSES REPORTED EMPLOYEE  
PILFERAGE (COUNTIES)**

County	Year			Grand Total
	2014	2015	2016*	
Marion	\$1,488	\$74,004	\$10,415	\$11,810
Tippecanoe	N/A	\$282	\$913	\$1,195
Johnson	\$202	\$14,903	N/A	\$15,105
Porter	N/A	\$9,924	\$3,960	\$7,884
Hendricks	\$561	\$672	\$1,011	\$2,244
All Other Substances	\$14,385	\$59,576	\$3,461	\$77,420
<b>Grand Total</b>	<b>\$16,636</b>	<b>\$109,265</b>	<b>\$19,758</b>	<b>\$145,658</b>

**VALUE OF CONTROLLED SUBSTANCE LOSSES REPORTED  
PHARMACY ROBBERIES (COUNTIES)**

County	Year			Grand Total
	2014	2015	2016*	
Marion	\$35,274	\$64,427	\$52,505	\$150,196
Tippecanoe	N/A	\$99,159	\$7,874	\$107,033
Delaware	\$1,512	\$10,756	\$31,027	\$43,695
Allen	\$14,557	\$2,951	\$44	\$16,952
Hendricks	N/A	\$19,707	\$563	\$20,270
All Other Counties (19)	\$5,892	\$40,911	\$57,575	\$104,378
<b>Grand Total</b>	<b>\$55,632</b>	<b>\$477,306</b>	<b>\$159,588</b>	<b>\$692,526</b>

**\* GOVERNOR'S \***  
**TASK FORCE**  
on Drug Enforcement,  
Treatment & Prevention



**CONTROLLED SUBSTANCE LOSSES REPORTED  
EMPLOYEE PILFERAGE (DOSES)**

Drug Type	Year			Grand Total
	2014	2015	2016*	
Oxycodone	70	115	170	170
Hydrocodone	487	21,813	8,340	30,640
Alprazolam	15,516	14,469	4	29,989
Hydrocodone/Chlorpheniramine	1,275	N/A	5	1,280
Promethazine/Codeine	N/A	3,912	N/A	3,912
All Other Substances	66,253	52,422	16,051	114,726
<b>Grand Total</b>	<b>83,740</b>	<b>73,103</b>	<b>24,876</b>	<b>181,719</b>