



Special Topic Report II-2024

METHAMPHETAMINE USE

**Regional Trends of Methamphetamine Use and
Consequences in Indiana**



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1. INDIANA STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP (SEOW)

The Indiana State Epidemiological Outcomes Workgroup (SEOW) is a grant-supported collaborative of addiction, mental health, and behavioral health experts from state agencies and the public and private sectors whose mission is to:

1. Analyze substance use, mental health, and behavioral health data and identify public health trends.
2. Provide evidence-based recommendations for addressing problematic public health trends.
3. Deliver data-informed suggestions for establishing statewide prevention priorities.

Additional SEOW Reports and the SEOW Data Dashboards can be accessed at [SEOW Reports](#) & [SEOW Data Dashboard](#).

2. PURPOSE OF SPECIAL TOPICS REPORT

The State Epidemiological Outcomes Workgroup (SEOW) Special Topic Reports (STRs) provide current information and data on substance misuse and mental and behavioral health issues in Indiana. These reports are designed to inform strategic planning and public health policy development. This report provides an overview of regional trends and summarizes the psychological and physiological impacts of methamphetamine use on Indiana.

3. WHAT IS METHAMPHETAMINE?

Methamphetamine is a strong central nervous system stimulant known for its white, bitter-tasting crystalline form that can dissolve in water or alcohol. Originally derived from amphetamine and used in nasal decongestants and bronchial inhalers, methamphetamine significantly increases physical activity and talkativeness, induces a sense of euphoria, and decreases appetite. It can enter the brain in larger quantities compared to amphetamine, making it a more potent and longer-lasting drug. As a result, methamphetamine has more severe effects on the central nervous system and a high potential for misuse.¹ In the United States (US), methamphetamine, a Schedule II stimulant, is available for the treatment of deficit hyperactivity disorder (ADHD) at much lower doses than those misused. It is classified as a Schedule II stimulant, indicating its limited medical use for ADHD and weight-loss treatments at much lower doses than those misused.^{2,3} Methamphetamine differs from other stimulants, such as cocaine, in that methamphetamine increases release and blocks the re-absorption of dopamine, leading to higher concentrations in the brain with the potential damage to nerve terminals. Moreover, methamphetamine's similarity to dopamine and amphetamine affects the brain's reward

system uniquely, setting it apart from cocaine.^{2,3}

Evolution of Methamphetamine

Methamphetamine's roots trace back to the late 19th century. In 1885, Japanese chemist Nagai Nagayoshi identified ephedrine, a stimulant in the ephedra plant. By 1919, another Japanese chemist, Akira Ogata, developed a method to synthesize methamphetamine in its crystalline form. During World War II, both the Allies and Axis powers widely used methamphetamine to keep troops awake. In Germany, the drug was sold under the brand name Pervitin. It was considered a 'miracle drug' because of its ability to increase alertness and enhance a person's willingness to take risks. After the war, the use of methamphetamine increased dramatically in the U.S. despite being outlawed for use in 1970. Today, methamphetamine has become associated with homemade labs, addiction, and a wide range of physical and psychological side effects. Methamphetamine can generally be found as a powder, in pill form, or as a solid crystalline substance known as "crystal meth." Methamphetamine can be smoked, swallowed, crushed, snorted, or injected. The method of use can affect the strength and duration of the drug's effects on the human body. Despite being classified as a Schedule II stimulant in the U.S. and available only with a non-refillable prescription, methamphetamine remains a significant public health concern due to its potential for misuse and addiction.⁴

Who Uses Methamphetamine

Data from the 2021 National Survey on Drug Use and Health (NSDUH) indicate that an estimated 16.8 million (6%) U.S. residents 12 or older have used methamphetamine at least once in their lifetime. In 2021, an estimated 2.5 million individuals aged 12 or older (0.9%) reported using methamphetamine in the past 12 months. In Indiana, the percentage is higher, with 1% of individuals aged 12 or older reporting past-year methamphetamine use.⁵

Nationally, a higher incidence of methamphetamine use was observed among adults aged 26 and over compared to those aged 18–25 years. Men were more likely to have used methamphetamine compared to women. Individuals with less than a high school diploma, a high school diploma, and some college or associate degree were more likely to use methamphetamine compared to college graduates. Those with lower annual household income (less than \$20,000 or \$20,000–\$49,999) had higher odds of methamphetamine use compared to those with an income of \geq \$75,000. Medicaid recipients and uninsured individuals were also more likely to use methamphetamine than those with private or other insurance. Methamphetamine use was more prevalent in small metro and nonmetro counties

compared to large metro counties. Other factors associated with methamphetamine use included past-month nicotine dependence, use of cannabis, cocaine, and heroin, misuse of prescription opioids, sedatives, tranquilizers, or stimulants, and past-year mental illness (not necessarily serious mental illness).⁵

Methamphetamine Misuse

Methamphetamine can be misused in different ways, including smoking, snorting, injecting, or oral ingestion. People’s preferences for these methods can vary by region and over time. When smoked or injected, the drug quickly enters the bloodstream and the brain, causing a rapid and intense “rush,” which increases the potential for addiction and adverse health effects. On the other hand, snorting or

oral consumption leads to euphoria without the intense rush, with effects appearing within 3 to 5 minutes and 15 to 20 minutes, respectively. The short duration of the pleasurable effects of methamphetamine often results in a pattern of abuse known as “binge and crash,” where users consume more of the drug to maintain the high, sometimes using it continuously for days without eating or sleeping. This pattern highlights the high risk of addiction and the harmful health effects associated with methamphetamine misuse.⁶

4. METHAMPHETAMINES IN INDIANA AND THE UNITED STATES: REGIONAL, STATE, AND USER DEMOGRAPHIC

Overview

The threat of methamphetamine is increasing in Indiana. It’s becoming more available, and the price is dropping (See Figure 1). According to the 2023 Indiana High-Intensity Drug Trafficking Areas (HIDTA) Threat Assessment Survey, methamphetamine is ranked as the second most significant drug threat in Indiana, except in some parts of southern Indiana, where it’s ranked as the first.

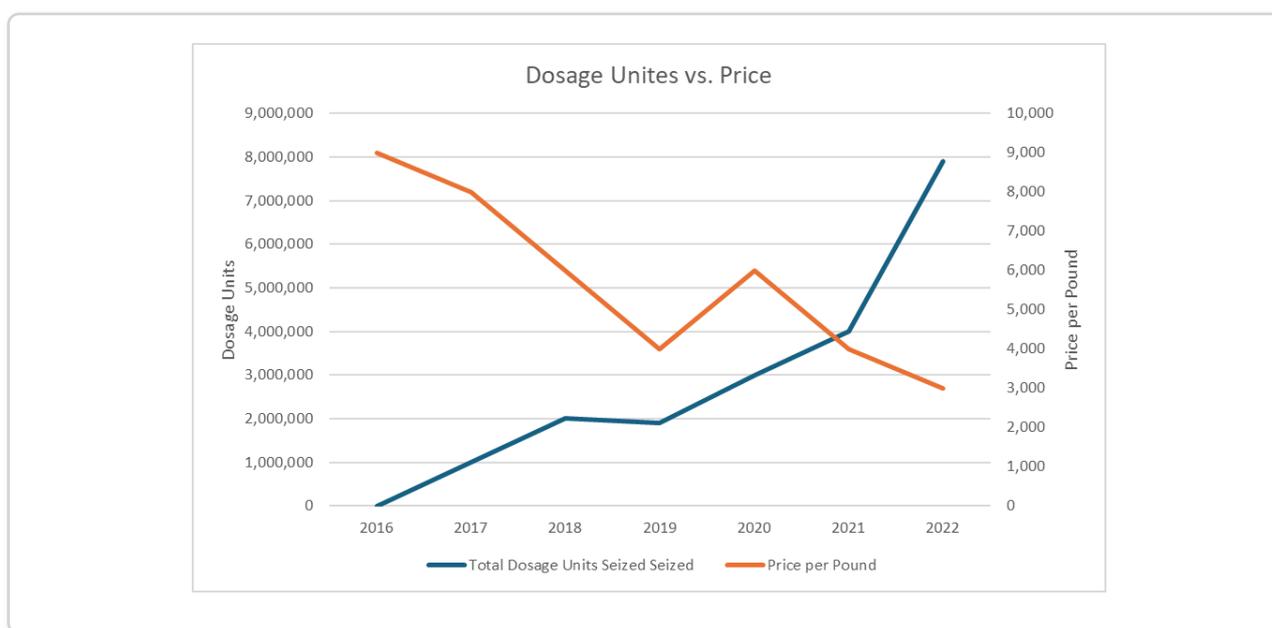
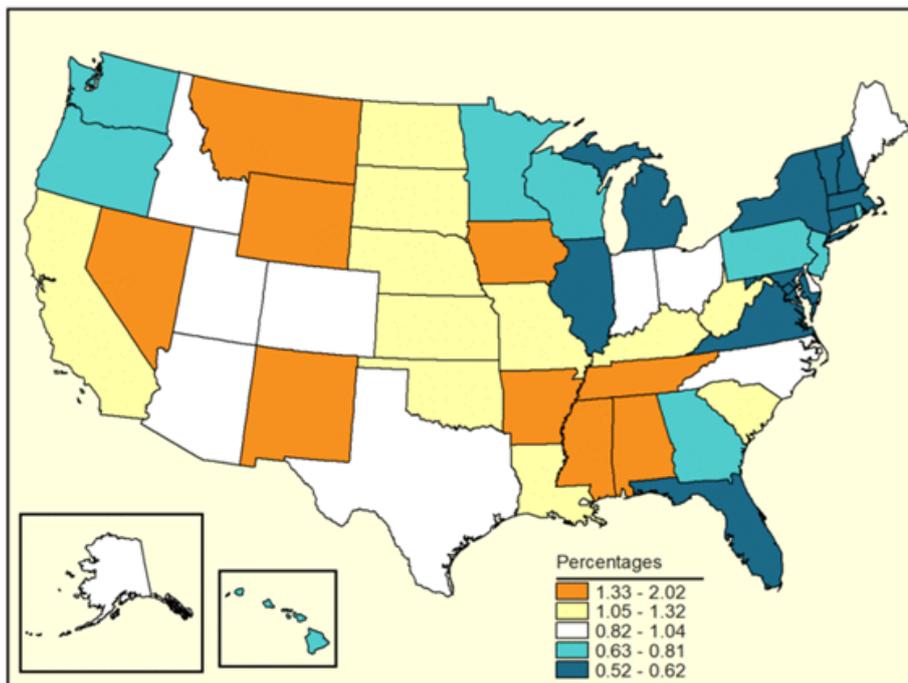


Figure 1: Dosage Units vs Price; Source: Indiana HIDTA PMP and Indiana HIDTA Price Survey Data

Indiana has a significant history of methamphetamine use, and it remains one of the top states for dismantling clandestine laboratories. Although seizures have decreased recently, Indiana still ranked second nationally in 2022 for the number of processed laboratories. The availability of methamphetamines in Indiana remains high because Mexican drug trafficking organizations have taken over the

supply chain. In recent years, methamphetamines have been increasingly mixed with fentanyl, leading to a rise in drug-related deaths in Indiana.

Map 1: Methamphetamine Use in the Past Year: Among People Aged 12 or Older; by State, Percentages, 2021



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

Prevalence of Methamphetamine Consumption in the General Population

In 2022, Indiana-state residents reported using methamphetamine over the past year at a rate of 1.24%, which is 113% higher than the usage rate in 2016. Indiana’s use rate was 30% higher than the total U.S. use rate of 0.95% in 2022. See Figure 2. Prevalence rates by age group are found in Figure 3 (SAMHSA 2022).

Methamphetamine use in Indiana by region for the 2016-2018 timeframe indicated that the highest usage was in the Southeast, West, and East regions, and the lowest was in the Central and Northwest regions. See Figure 4. For more information about the regional breakdown, see Appendix A.

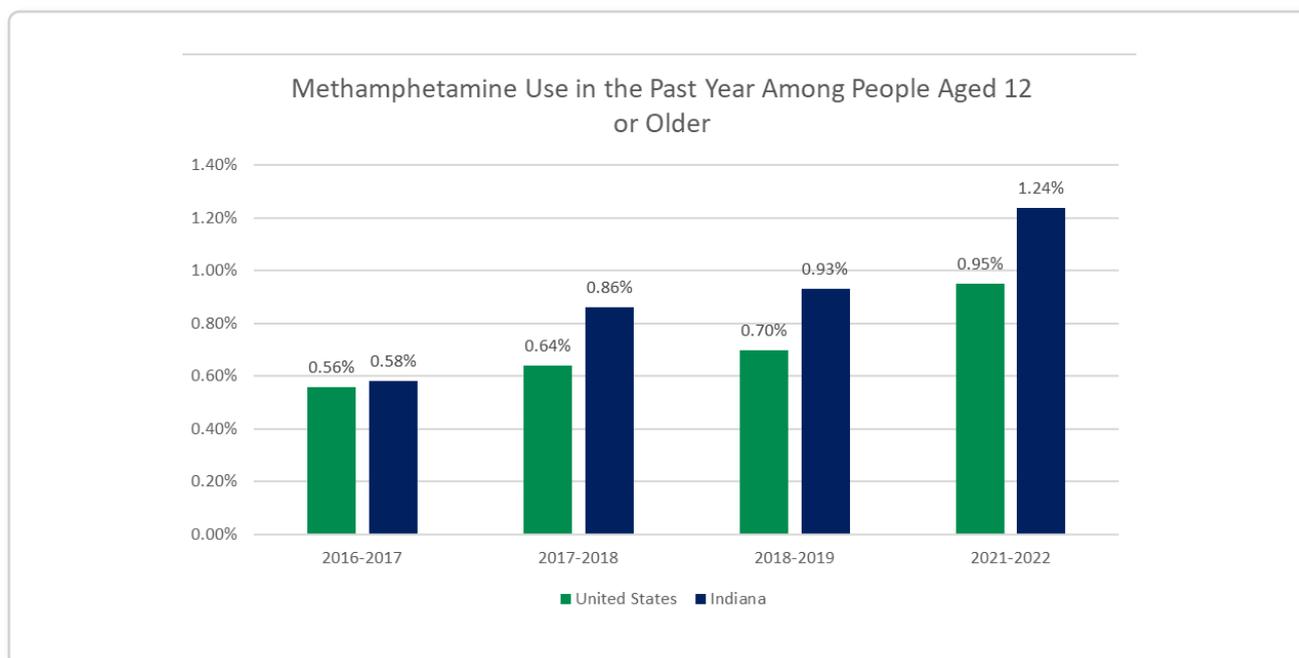


Figure 2: Source: SAMSHA-NSDUH, 2022

*Note: There is no data for 2019-2020

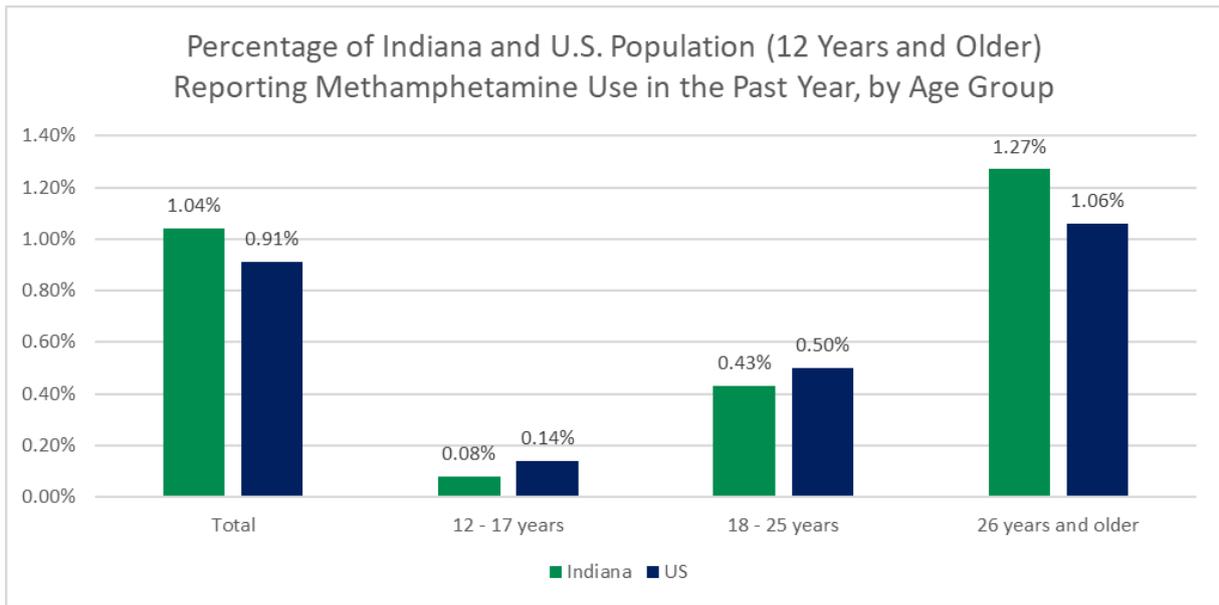


Figure 3: Source: SAMSHA-NSDUH, 2022

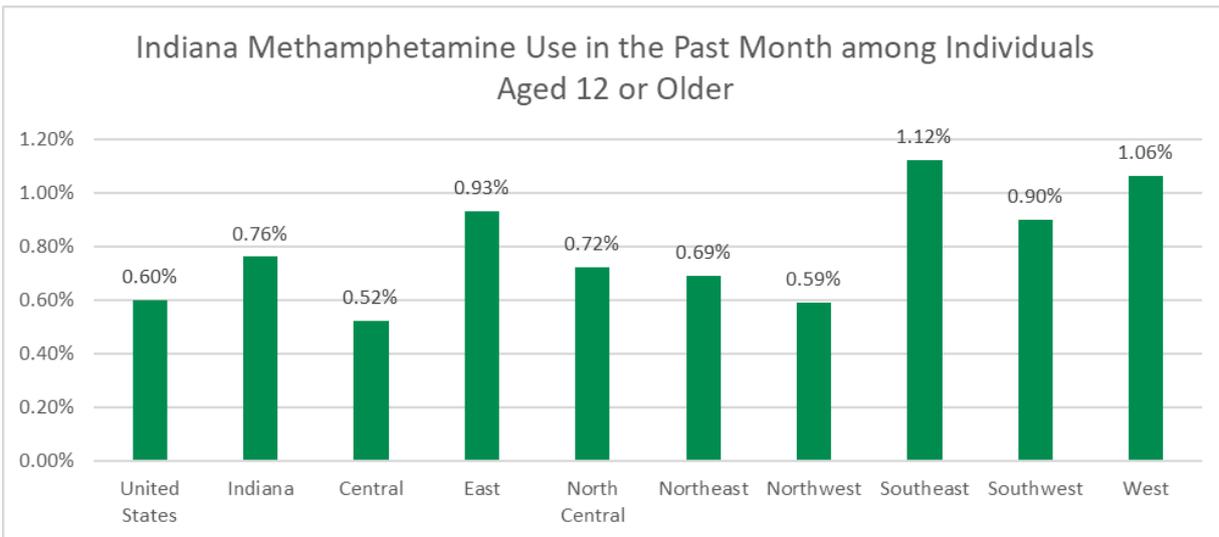


Figure 4: Source: NSDUH 2016 – 2018

Prevalence of Methamphetamine Consumption in the General Population by Grade
Youth Risk Behavior Surveillance Survey (YRBSS)

According to the YRBSS in 2021, Methamphetamine usage among high school students within Indiana was higher compared to the U.S. (3.7% vs. 1.8%). See Figure 5. In Indiana in 2021, methamphetamine use was higher among males (4.1%), Blacks (3.8%), and 10th and 11th graders (5.8%). See Figure 6.

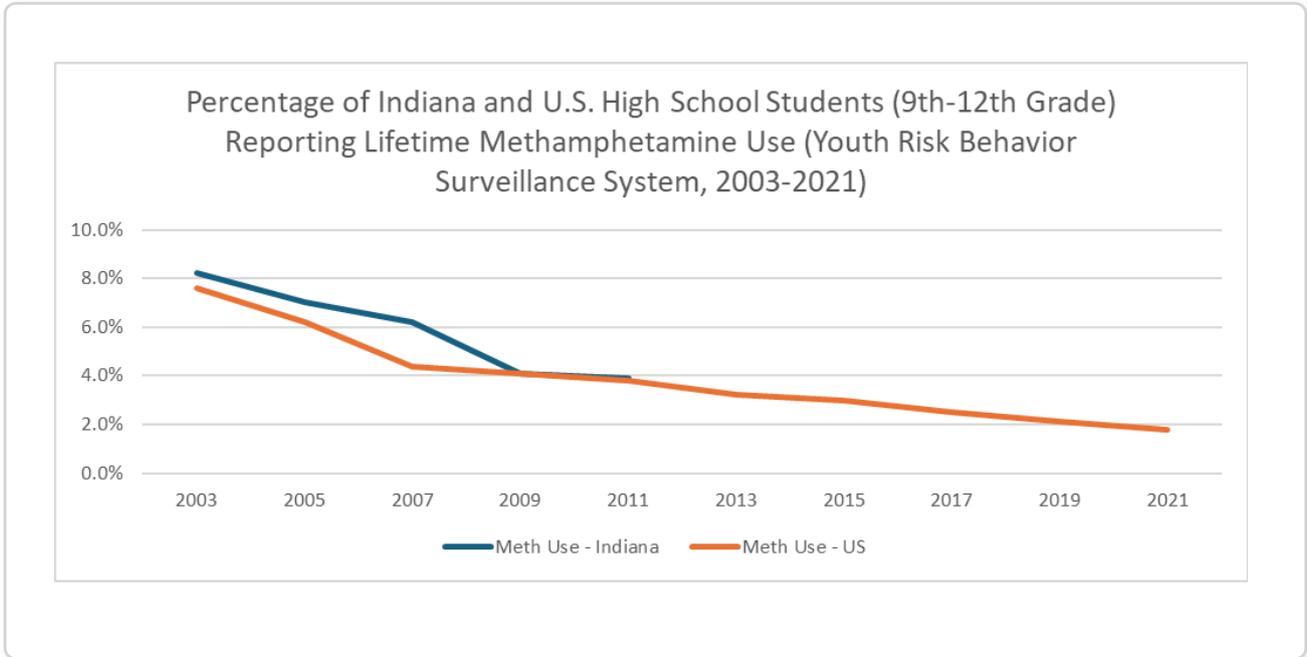


Figure 5: Student Lifetime Methamphetamine use: Source: CDC, YRBSS, 2003-2021

*Indiana estimates are unavailable for 2013, 2017, and 2019 due to low response rates.

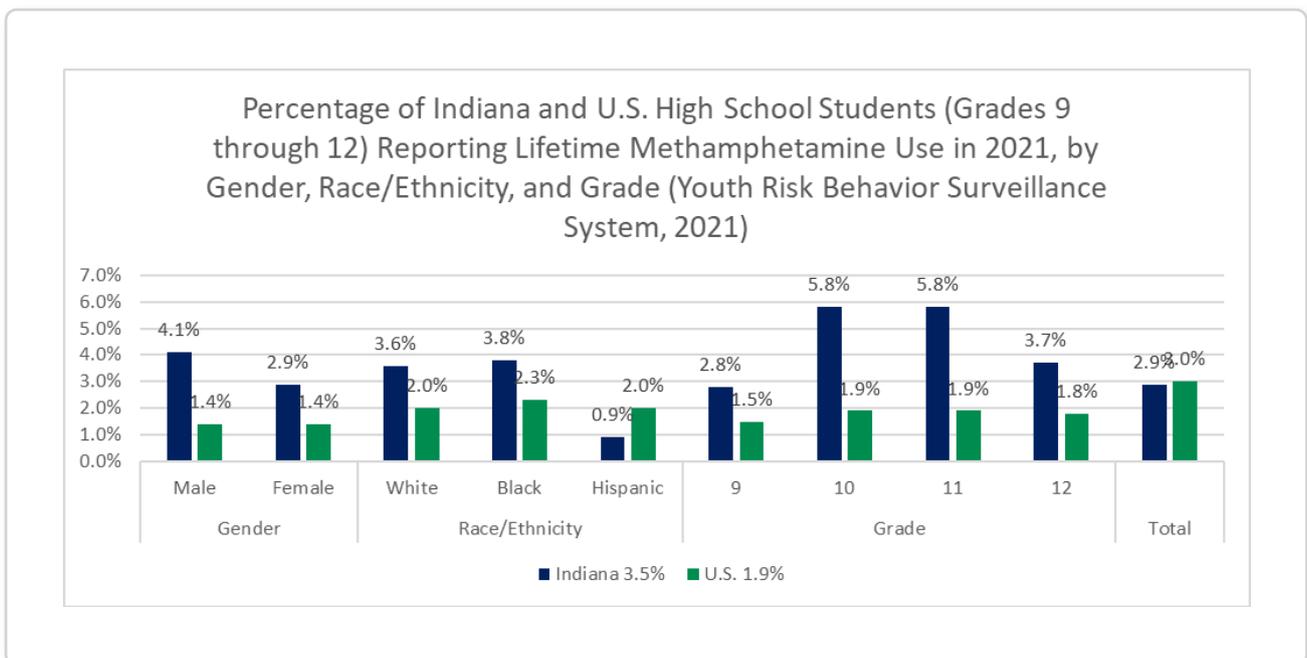


Figure 6: Source: CDC, YRBSS, 2022

In 2022, methamphetamine use by grade in Indiana was similar for five of the six grades at 0.20%, with 8th-grade students reporting a lower 0.10% usage rate.

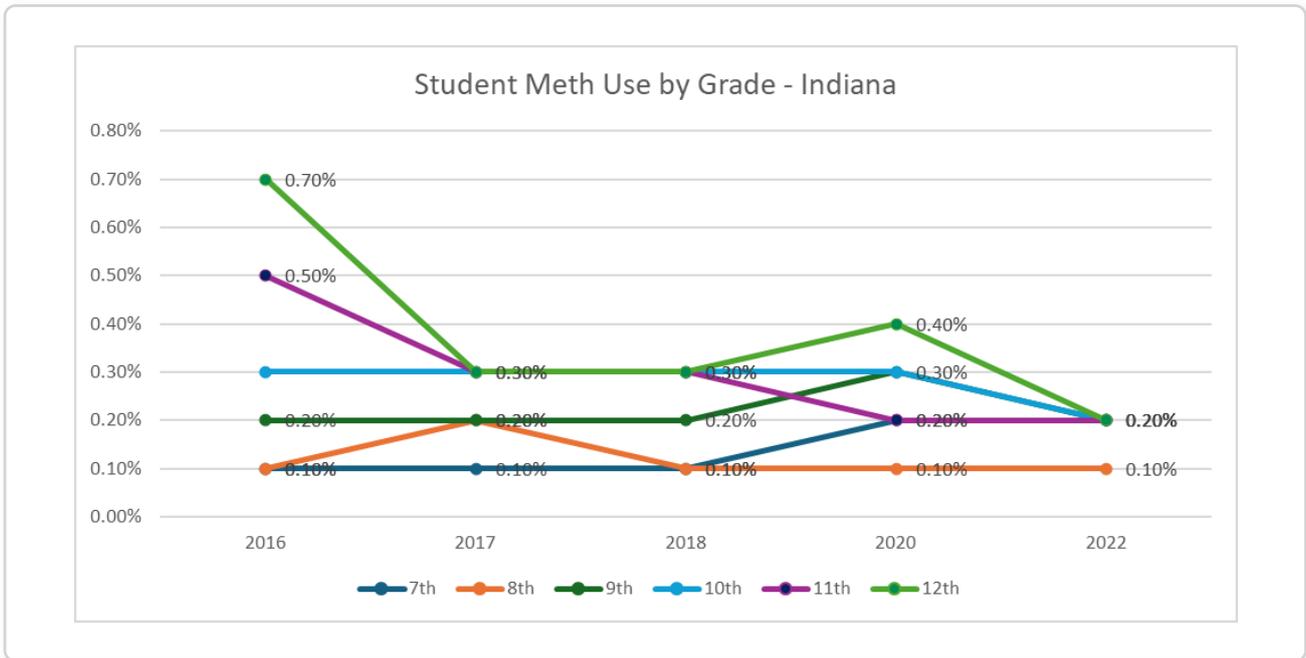


Figure 7: Source: Indiana Youth Survey, 2022

Indiana Youth Survey and Monitoring the Future Survey

The Indiana Youth Survey (INYS) and Monitoring the Future Survey (MTF) both provide estimates of Methamphetamine use among 8th, 10th, and 12th graders. The INYS focuses on Indiana state rates, whereas the MYF handles national rates. Neither of them reports current inappropriate use of prescription stimulants. Based on the 2022 INYS survey results, only a few shares of Indiana's youth reported any current methamphetamine use. The prevalence of methamphetamine among youth in Indiana has been declining over the past decade, which is consistent with trends in the United States. See Figure 8. The latest available 2022 data on methamphetamine use among students (grades 7-12) by Indiana region can be found in Appendix A.

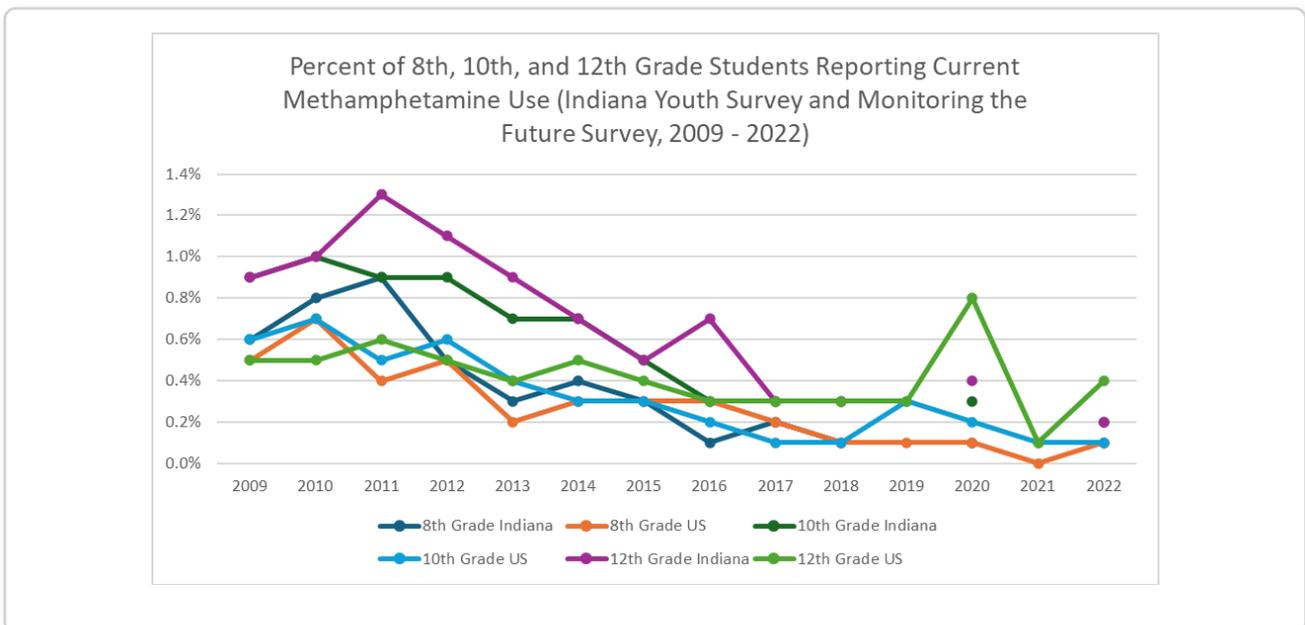


Figure 8: Source: Indiana Youth Survey, 2022 & Monitoring the Future Survey, 2022

The Indiana College Substance Use Survey

The Indiana College Substance Use Survey (ICSUS) estimates alcohol, tobacco, and other such drug use within the population of Indiana college students. The 2023 survey on 23 participating colleges and universities found the following: 0.1% of Indiana college students reported the use of methamphetamine in the past month.

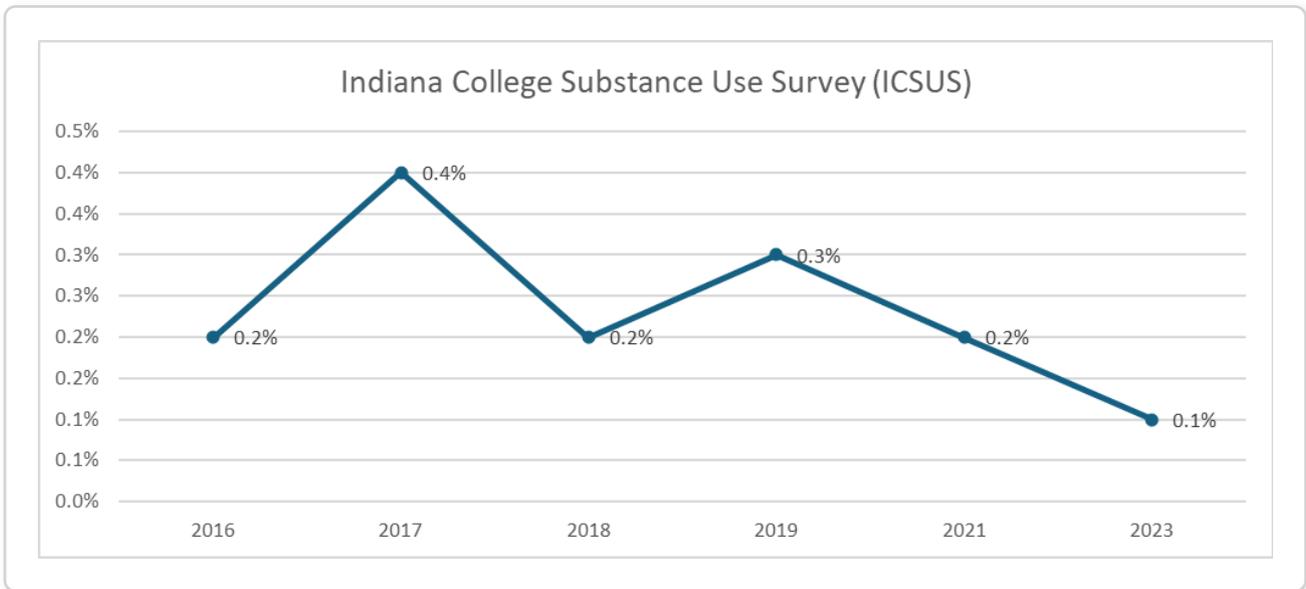


Figure 9: Source: Indiana College Use Survey, 2023

2023 Indiana HIDTA Threat Assessment Survey – Drug Survey

Indiana HIDTA conducts a Drug Survey. This survey provides data on Methamphetamine usage in Indiana among the general population. This section presents the findings from the 2023 HIDTA Drug Survey on methamphetamine use in Indiana.

AVAILABILITY AND USE

Availability of methamphetamines was high in 2022, according to 85% (75% for HIDTA Counties) of IN HIDTA Drug Survey respondents, and 59% (75% for HIDTA Counties) of respondents indicated availability increased or significantly increased over the previous year in Indiana*. Indiana HIDTA methamphetamine/ice seizures paint a similar picture, as the amount per seizure of methamphetamines spiked in 2022 from 2021, a 149% increase.

Methamphetamine is found in many forms in Indiana. Crystal/ICE was seized most frequently according to IN HIDTA Drug Survey respondents at 34%, followed by powder/fluff form at 16% (See Figure 10).

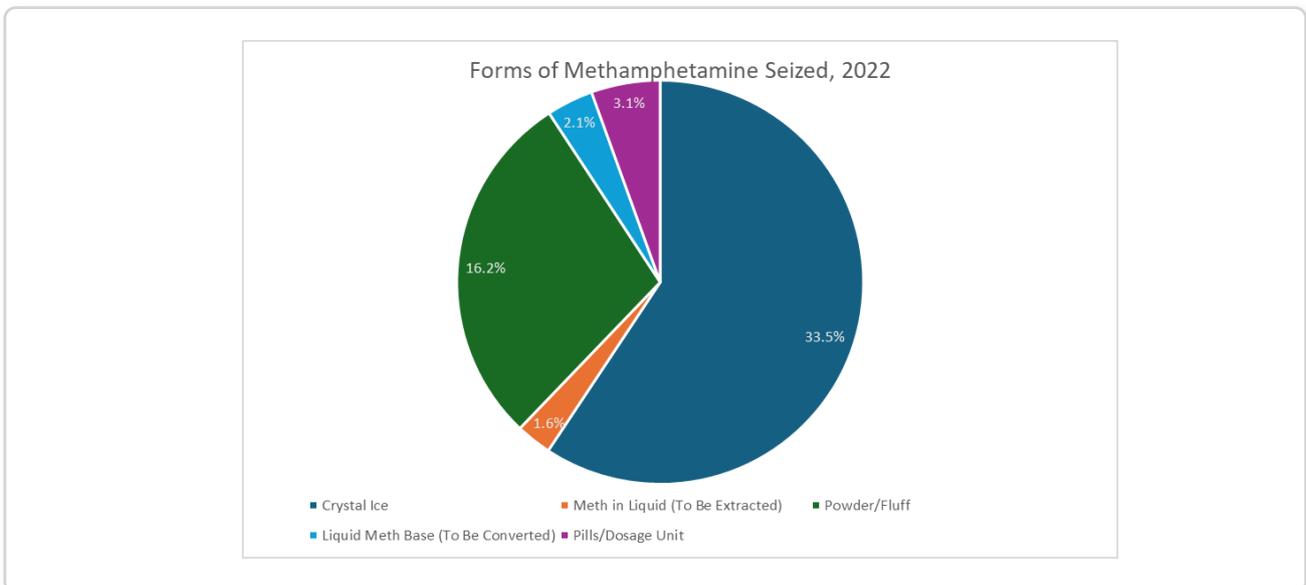


Figure 10: Source: Indiana HIDTA Threat Assessment Survey 2023

Methamphetamines in pill form are limited but will increase in 2022. Figure 11 below shows the Indiana HIDTA methamphetamine seizures for the last five years.

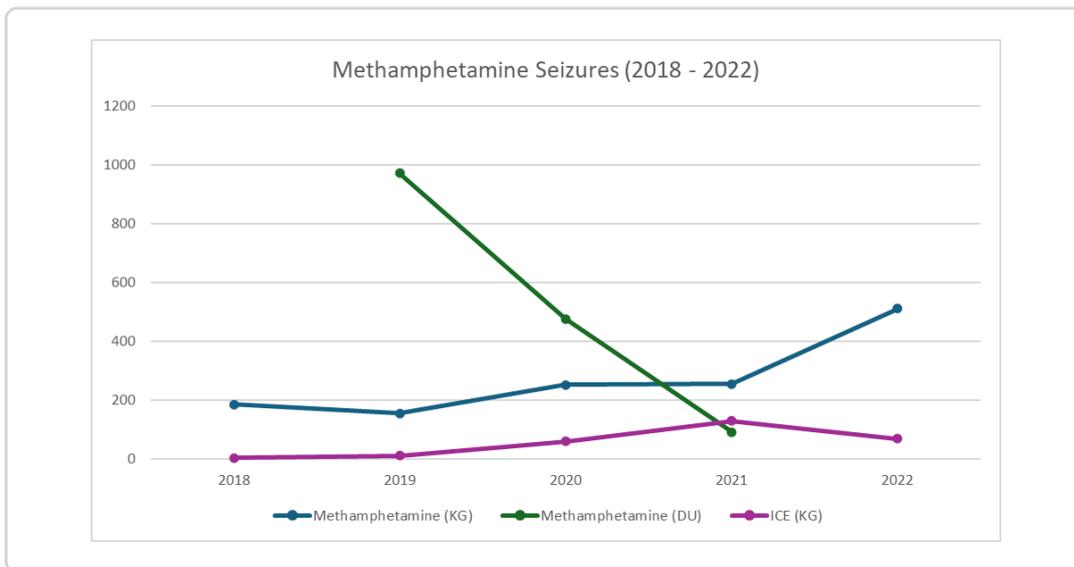


Figure 11: Source: Indiana HIDTA PMP

Demand of methamphetamine is also high, with 87% of IN HIDTA Drug Survey respondents indicating demand was high and 59% indicated demand increased or significantly increased over the previous year. This increase in the use of methamphetamines in all parts of Indiana, coupled with a rise of fentanyl being mixed in, has resulted in an increase in psychostimulant deaths over the years.

Psychostimulant overdoses accounted for 36% of total overdose deaths in Indiana in 2022, up from only 8% in 2016. This gradual increase in methamphetamine-related fatal overdoses coincides with the decrease in Indiana methamphetamine laboratory seizures and the increase in Mexican DTO methamphetamine production. The availability of methamphetamine, indicated by Indiana HIDTA seizures and methamphetamine overdoses, began to rise gradually since 2016 when fentanyl was introduced to methamphetamines.

PRICING

The price of methamphetamine has declined steadily in recent years in wholesale and retail prices in the Indiana HIDTA region (See Figure 12). Reported pricing in 2022 indicated that the price per pound of methamphetamine hovers around \$3,000. The price for a methamphetamine pill ranges broadly between \$10-\$22.

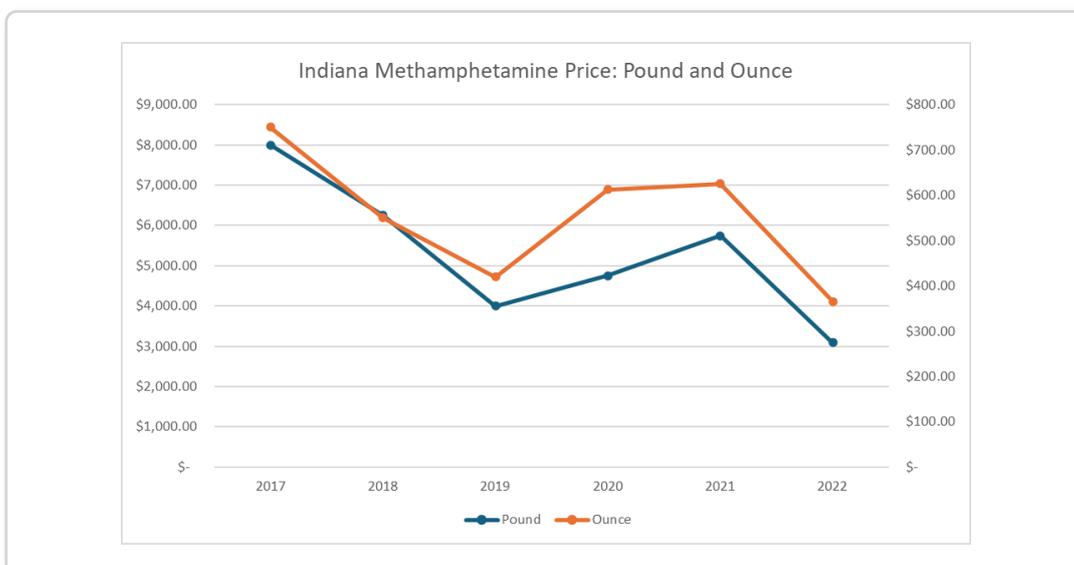


Figure 12: Source: Indiana HIDTA Survey Data.

Use of Meth in the Treatment Population – Treatment Episode Data Series

Methamphetamine was the most widely used stimulant among Indiana’s treatment population, according to the Treatment Episode Data Set. In 2020, 41.8% of Indiana treatment admissions had reported methamphetamine use. This percentage was noticeably higher than that of the United States (19.5%). Methamphetamine use was also seen more among specific demographics. Most notably, this was seen in women, white people, and adults aged 18 to 14 (See Figure 12). Methamphetamine use among the Indiana treatment population has tripled since 2008 (See Figure 14). The highest TEDS usage of Methamphetamine by county in Indiana was in Franklin County (59.5%) and Daviess County (50.7%), with the lowest being in Lake County (3.8%), Porter County (10.2%), and Hamilton County (11.5%). See Appendix A for the distribution of treatment episodes by county for Methamphetamine use and dependence for SFY 2022.

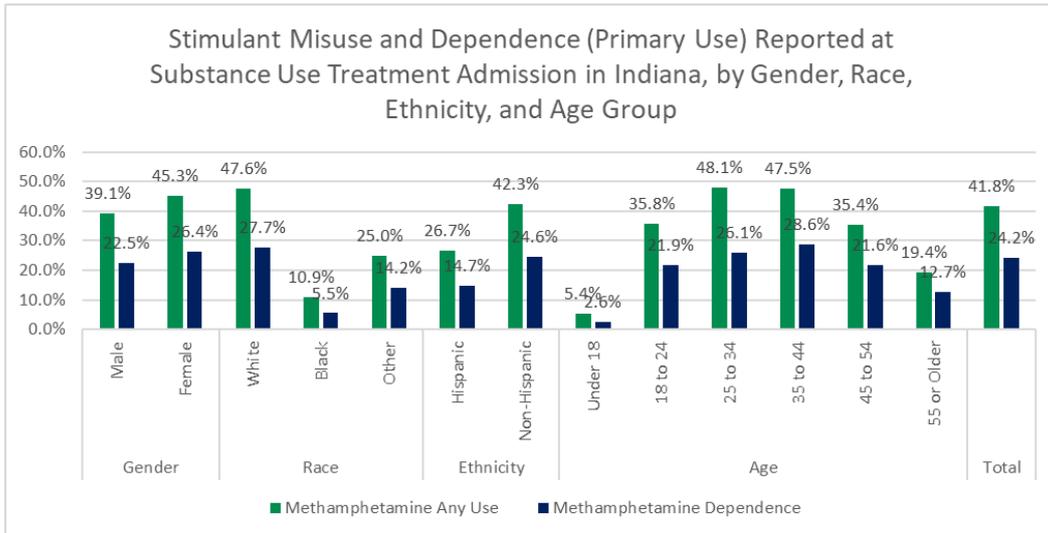


Figure 13: Source: SAMHDA-Treatment Episode Data Set, 2022

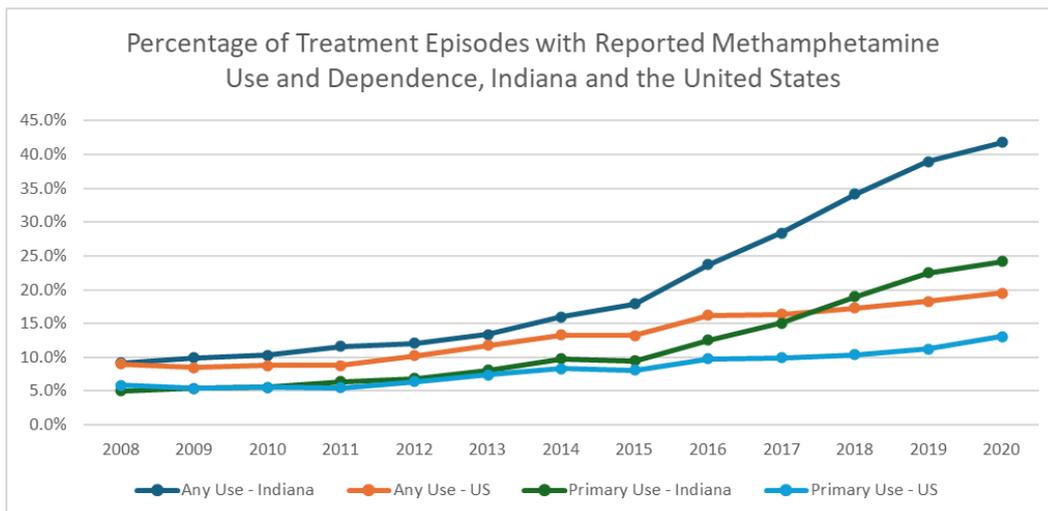


Figure 14: Source: SAMHDA-Treatment Episode Data Set, 2022

Indiana State Police Meth Lab Seizure – from SEOW State Profile 2023

While most of the methamphetamine in the U.S. is made at “super labs” in Mexico, smaller, clandestine labs are sometimes formed to create the illicit material. These smaller labs gather the ingredients (pseudoephedrine, lithium batteries, fertilized, etc.) to create meth, or the drug can be created with one-pot/” shake and bake” methods that combine all the substances into one container to shake together. As these labs are not sterile or monitored by any regulatory body, there is a significant risk to people within or around them. Toxic fumes, chemical contamination, fires/explosions, and other such dangers are commonplace in this form of meth production. Not only that but the bottles used for the “shake and bake” method would be cast aside to become a potential harm to the environment.

Indiana State Police made 11 Methamphetamine lab-related arrests, along with seizing 21 clandestine labs in 2023. The state has seen a noticeable decline in lab seizures after the peak in 2013 (1,808 lab seizures). See Figure 15.

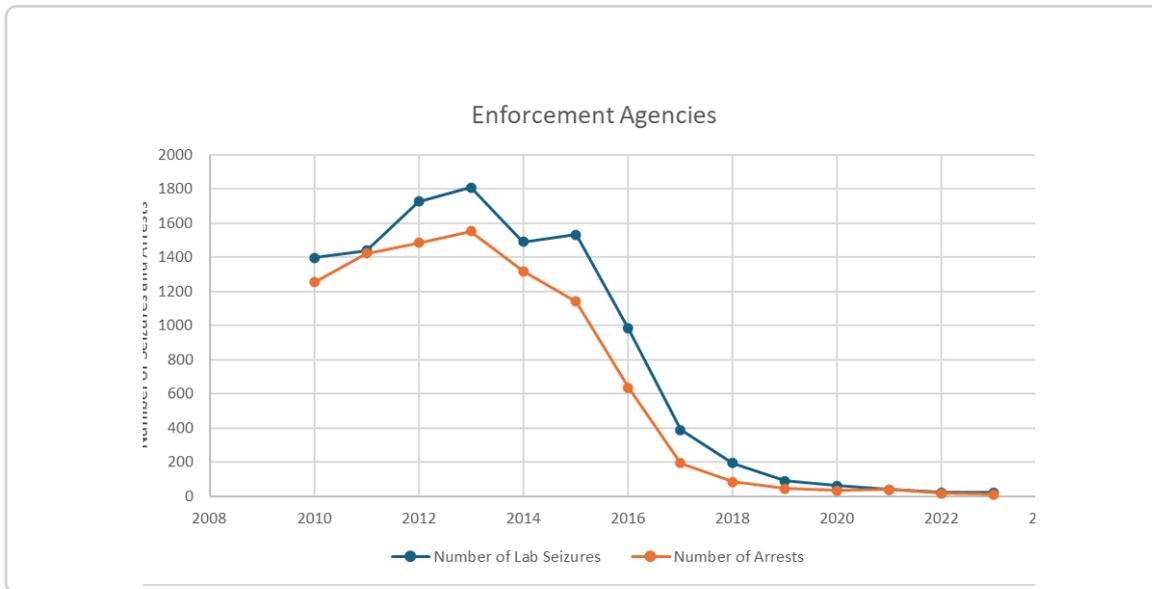


Figure 15: Source: ISP, 2023

Children Taken from Methamphetamine Lab Homes

The social consequences that come with substance abuse are prevalent. This is especially so when examining the impact of methamphetamine meth lab homes on the children and families related to them. Interpersonal conflicts, violence, financial issues, and poor parenting are just a small number of possible, negative consequences. The family unit is also disrupted by the incarceration of the parents and the placement of children in protective custody. Much like lab seizures, 2013 was the peak of ISP removing children from methamphetamine lab homes (458 children). The number of children taken has since dropped to 1 in 2023. See Figure 16.

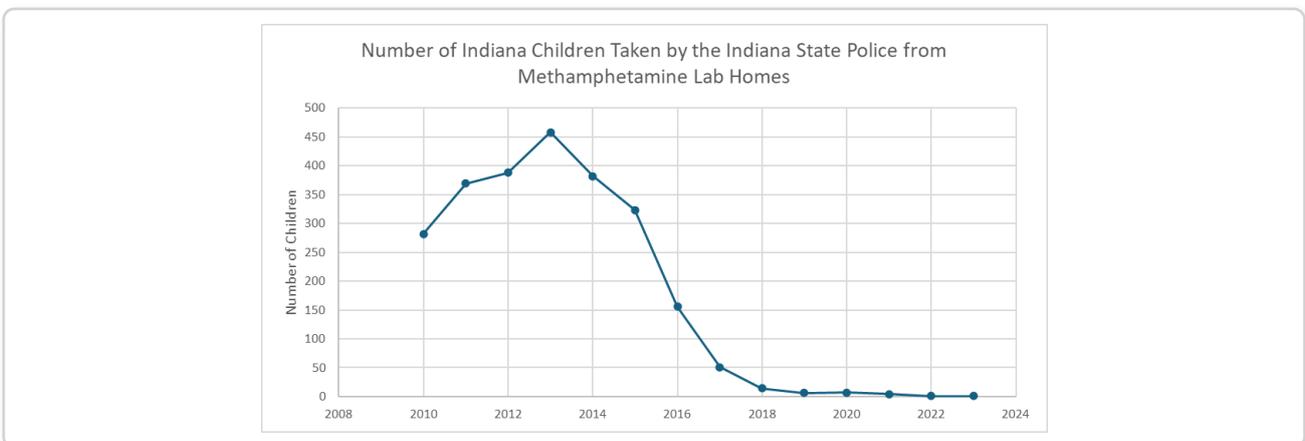


Figure 16: Source: ISP, 2023

Emergency Department Visits

This section was planned to report on regional trends in ED visits. We have used data on rates per 100,000 residents from the Indiana Department of Health at the county level on non-fatal emergency department visits involving any Methamphetamine overdose.

However, the data on Non-Fatal Emergency Department Visits Involving Any Methamphetamine Overdose and on Non-Fatal Inpatient Hospitalizations Involving Any Methamphetamine Overdose were not available for this report.

Societal Impact of Methamphetamine Use

Meth: A community Disease

Beyond its devastating effects on individual health, methamphetamine use threatens whole communities, causing new waves of crime, unemployment, child neglect or abuse, and other social ills. Methamphetamine production and use negatively impact the quality of life in areas where it has taken hold.

1. Social Services

Criminal involvement resulting from Methamphetamine use leads to the loss of social welfare benefits, substantially affecting families and children through economic hardships and foster care exposure.

2. Health Services

Methamphetamine use poses significant challenges to healthcare professionals, including large costs associated with morbidity and mortality.

3. Legal System

The availability and use of methamphetamine affects the legal system at all points, resulting in an increased strain on justice system resources.

4. Law Enforcement

Crime and arrests related to methamphetamine use create a burden for law enforcement. Methamphetamine has a close-knit distribution system that impedes officers' ability to use traditional investigative methods to identify offenders and takedown operations.

5. Housing

Neighborhoods experience social harm from systemic violence, trafficking, and dealing with Methamphetamine. Toxic waste and chemicals contaminate surrounding properties where meth is produced.

6. Schools

Illegal drugs, such as Methamphetamine, are associated with indicators of school violence, including weapon-carrying, physical fighting, having property stolen or damaged, being threatened or injured, and being absent

from school because of feeling unsafe.

7. Businesses

Methamphetamine use in the workplace contributes to a higher prevalence of accidents, abuse of others, absenteeism, and health-related productivity losses.

8. Relationships

Domestic violence and coercion tend to occur in methamphetamine users' relationships. Meth is a major cause of child abuse, neglect, and out-of-home child welfare placements.

Additionally, the social and monetary costs due to the proliferation of methamphetamine include the following: Methamphetamine toxicity and death.

Injury and loss of innocent life due to actions of the users.

Abuse or abandonment of children by parents involved in meth use.

Theft of money and property diverted for drug use.

Loss of employment for users.

Costs of social services to care for neglected children and dependents of users.

Costs for medical care of users and their victims increased rate of sexually transmitted disease.

Cost of law enforcement, prosecution, and incarceration.

Cost of rehabilitating users.

Destruction of the social fabric of family and community

Hazmat cleanups of lab sites.

Flight of businesses and professionals from meth-related crime.

Enrichment of a criminal subculture that funds a continuum of antisocial activity.

5. HEALTH CONSEQUENCES

Methamphetamine Abuse Health Issues

Methamphetamine abuse can create short-term highs, but the long-term consequences can leave a negative impact for many years to come. Methamphetamine users demonstrate severe weight loss, dental problems, anxiety, memory loss, paranoia, hallucinations, and violent behavior (NIDA, 2021c). These effects can create destructive behavior that affects both themselves and the people around them. Methamphetamine is highly addictive, making withdrawal difficult. This is made especially worse as those recovering experience depression, fatigue, and slowed thinking.

6. CONCLUSION

In summary, state methamphetamine uses trends show that methamphetamine continues to be a significant problem in Indiana. It was identified that methamphetamine usage has more than doubled in Indiana since 2008, and usage in Indiana is 30% higher than in the U.S. These higher usage numbers in Indiana are also true for Indiana's youth. Availability of methamphetamine was high in 2022, as most Indiana residents indicated that availability increased or significantly increased over the previous year, possibly due to decreasing prices. Additionally, there has been an upward trend in psychostimulant overdoses accounting for a higher percentage of total overdose deaths in Indiana, and methamphetamine use among Indiana's treatment population is double the U.S. average. On a positive note, lab seizures and children being taken from methamphetamine lab homes have substantially decreased. However, more needs to be done to provide support for enforcement and education and incentives for methamphetamine users and potential users to stop or not start.

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APPENDIX A

For our regional analysis, we aggregate counties using the regions defined by NSDUH. We then created unweighted averages for the regions by comparing county-level estimates to the state of Indiana. The NSDUH regions are as follows: Central: Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Shelby East: Blackford, Delaware, Fayette, Grant, Henry, Jay, Madison, Randolph, Rush, Union, Wayne

North Central: Cass, Elkhart, Fulton, Howard, Kosciusko, LaPorte, Marshall, Miami, St. Joseph, Tipton, Wabash

Northeast: Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells, Whitley

Northwest: Jasper, Lake, Newton, Porter, Pulaski, Starke

Southeast: Bartholomew, Brown, Clark, Crawford, Dearborn, Decatur, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Lawrence, Ohio, Orange, Ripley, Scott, Switzerland, Washington

Southwest: Daviess, Dubois, Gibson, Greene, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick

West: Benton, Carroll, Clay, Clinton, Fountain, Monroe, Montgomery, Owen, Parke, Putnam, Sullivan, Tippecanoe, Vermillion, Vigo, Warren, White

Percentage of Indiana Students Reporting Monthly Methamphetamine Use by Region and Grade (Indiana Youth Survey, 2022)

	Indiana	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
7th Grade	0.2%	0.2%	0.3%	0.5%	0.0%	0.0%	0.2%	0.2%	0.2%	0.3%	0.0%
8th Grade	0.1%	0.2%	0.1%	0.3%	0.0%	0.0%	0.1%	0.2%	0.0%	0.2%	0.0%
9th Grade	0.2%	0.1%	0.1%	0.2%	0.3%	0.1%	0.2%	0.3%	0.2%	0.0%	0.2%
10th Grade	0.2%	0.1%	0.1%	0.4%	0.3%	0.2%	0.5%	0.4%	0.1%	0.1%	0.2%
11th Grade	0.2%	0.0%	0.3%	0.2%	0.0%	0.1%	0.3%	0.0%	0.2%	0.5%	0.1%
12th Grade	0.2%	0.2%	0.2%	0.3%	0.3%	0.0%	0.0%	0.0%	0.3%	0.1%	0.1%

Source: Gassman et al, 2022

APPENDIX B

Number of Treatment Episodes with Methamphetamine use and Dependence Reported at Treatment Admission in Indiana by County (Treatment Episode Data Set, SFY 2022)

County	Methamphetamine Use		Methamphetamine Dependence	
	#	%	#	%
Adams	25	44.6%	11	19.6%
Allen	264	28.5%	140	15.1%
Bartholomew	1701	60.5%	101	35.9%
Benton	13	38.2%	13	38.2%
Blackford	38	77.6%	21	42.9%
Boone	113	47.1%	58	24.2%
Brown	16	45.7%	6	17.1%
Carroll	27	65.9%	17	41.5%
Cass	35	61.4%	18	31.6%
Clark	165	42.0%	112	28.8%
Clay	39	70.9%	22	40.0%
Clinton	40	49.4%	21	25.9%
Crawford	5	50.0%	<5	30.0%
Daviess	36	80.0%	27	60.0%
Dearborn	120	42.3%	57	20.1%
Decatur	64	52.5%	43	35.2%
DeKalb	111	57.8%	81	42.2%
Delaware	220	44.4%	132	26.6%
Dubois	106	44.0%	65	27.0%
Elkhart	154	48.6%	114	36.0%
Fayette	165	65.7%	97	38.6%
Floyd	74	46.3%	51	31.9%
Fountain	29	56.9%	14	27.5%
Franklin	19	50.0%	15	39.5%
Fulton	22	57.9%	18	47.4%
Gibson	61	57.5%	41	38.7% ¹
Grant	172	54.6%	86	27.3%
Greene	23	67.6%	16	47.1%
Hamilton	140	26.5%	54	10.2%
Hancock	44	38.6%	19	16.7%
Harrison	18	51.4%	15	42.9%
Hendricks	183	34.9%	92	17.5%
Henry	158	51.8%	94	30.8%
Howard	275	57.8%	154	32.4%
Huntington	100	44.4%	67	29.8%
Jackson	110	73.8%	80	53.7%
Jasper	34	42.5%	21	26.3%
Jay	74	52.9%	50	35.7%

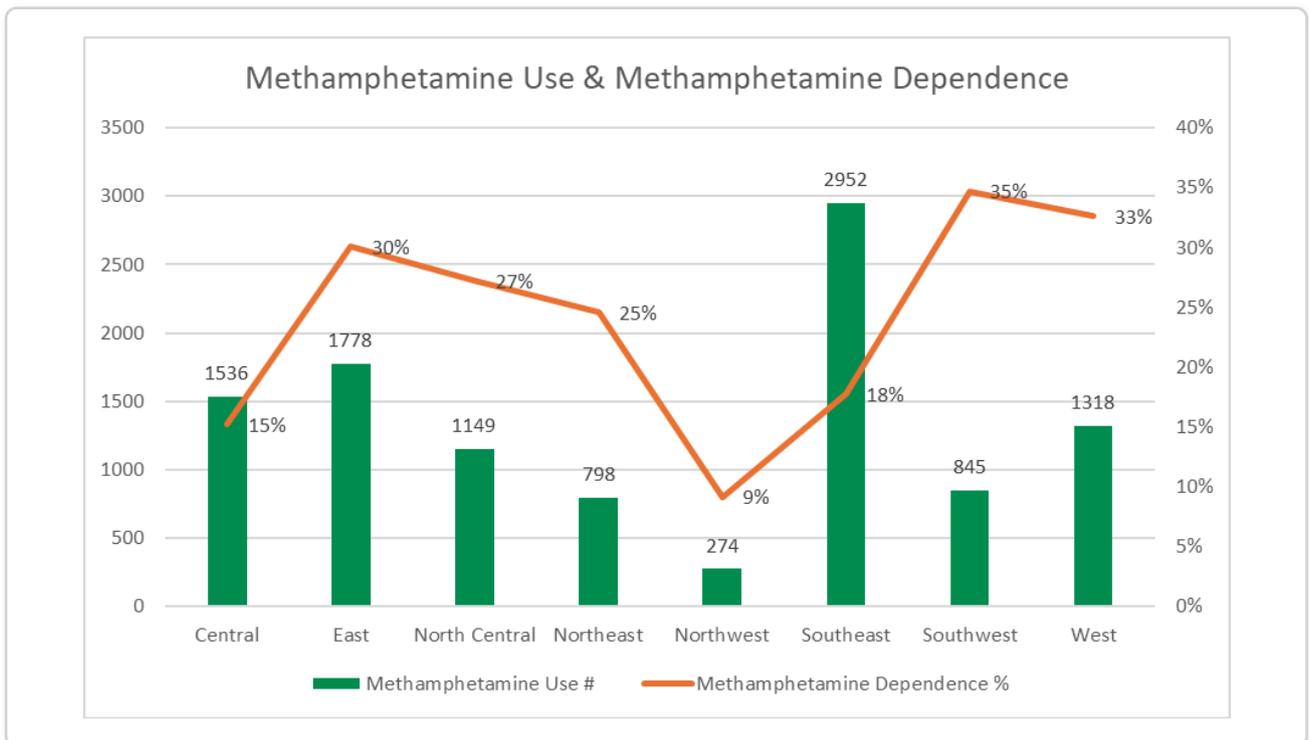
	Methamphetamine Use		Methamphetamine Dependence	
Jefferson	169	63.8%	124	46.8%
Jennings	106	70.7%	70	46.7%
Johnson	92	40.4%	56	24.6%
Knox	51	56.0%	31	34.1%
Kosciusko	132	52.8%	86	34.4%
LaGrange	45	45.9%	34	34.7%
Lake	57	6.0%	29	3.0%
LaPorte	86	21.9%	59	15.1%
Lawrence	159	71.0%	108	48.2%
Madison	585	54.9%	320	30.0%
Marion	719	25.3%	313	10.8%
Marshall	48	39.3%	25	20.5%
Martin	<5	33.3%	<5	33.3%
Miami	35	42.7%	15	18.3%
Monroe	328	60.0%	184	33.6%
Montgomery	221	63.5%	117	33.6%
Morgan	184	56.8%	119	36.7%
Newton	5	29.4%	<5	17.6%
Noble	109	54.0%	76	37.6%
Ohio	10	55.6%	7	38.9%
Orange	14	45.2%	11	35.5%
Owen	18	42.9%	11	26.2%
Parke	15	68.2%	6	27.3%
Perry	29	40.3%	25	34.7%
Pike	6	60.0%	<5	30.0%
Porter	82	23.9%	52	15.2%
Posey	40	54.8%	28	38.4%
Pulaski	26	59.1%	16	36.4%
Putnam	94	45.6%	53	25.7%
Randolph	49	43.0%	28	24.6%
Ripley	39	47.0%	21	25.3%
Rush	79	55.6%	60	42.3%
Saint Joseph	250	32.9%	167	22.0%
Scott	120	56.3%	65	30.5%
Shelby	61	62.9%	35	36.1%
Spencer	50	51.5%	49	50.5%
Starke	70	38.7%	30	16.6%
Steuben	64	41.6%	45	29.2%
Sullivan	<5	44.4%	<5	33.3%
Switzerland	22	40.7%	11	20.4%
Tippecanoe	268	47.3%	175	30.9%
Tipton	26	61.9%	20	47.6%
Union	18	51.4%	13	37.1%
Vanderburgh	394	52.9%	254	34.1%

	Methamphetamine Use		Methamphetamine Dependence	
	Count	Percentage	Count	Percentage
Vermillion	9	47.4%	5	26.3%
Vigo	147	70.7%	83	39.9%
Wabash	86	58.1%	55	37.2%
Warren	7	38.9%	<5	560.0%
Warrick	49	46.2%	26	24.5%
Washington	21	44.7%	13	27.7%
Wayne	220	44.0%	125	25.0%
Wells	43	38.7%	23	20.7%
White	63	52.1%	48	39.7%
Whitley	37	39.8%	29	31.2%
Indiana	9135	42.9%	5414	25.4%

Source: Indiana Family and Social Services Administration, 2023

Notes: Dependence is defined as “individuals in substance abuse treatment listing methamphetamine their primary substance at admission.”

The percentages are calculated by taking the count of reported methamphetamine use and dependence and dividing by the count of treatment episodes. As a result of confidentiality concerns, data was suppressed if the count of treatment episodes was less than 5.





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