

Drug Overdose Epidemic in Indiana: Behind the Numbers



Indiana State
Department of Health
Trauma and Injury Prevention

Division of Trauma and Injury Prevention
Drug Overdose Prevention Program
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Executive Summary

Key points:



Drug overdose deaths, more specifically opioid-involved deaths, have continued to rise in Indiana and impact people of all races, sexes, ages and locations.



The drug epidemic, driven mainly by opioid-involved deaths, has evolved over the last decade in three distinct waves: an increase in prescription opioid-involved deaths, a spike in heroin involved deaths and a surge in synthetic opioid-involved deaths primarily consisting of illicitly manufactured fentanyl.



Opioids continue to be the most frequently found substance in overdose deaths. Public health officials, law enforcement and other stakeholders should also be concerned about polysubstance use and the rise in deaths involving non-opioid substances, such as cocaine, benzodiazepines and amphetamines.

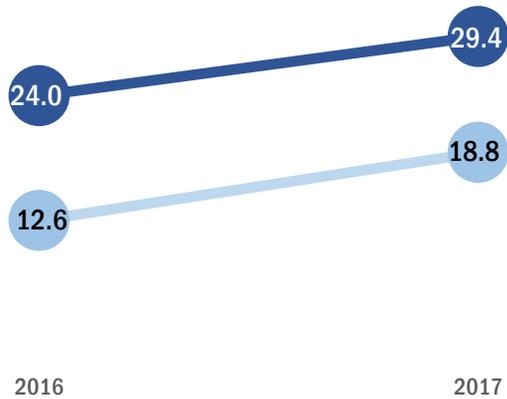
The state of Indiana is comprised of 92 counties, and the Indiana State Department of Health's Drug Overdose Prevention team is primarily responsible for conducting surveillance on non-fatal and fatal overdoses, monitoring disease trends, providing early detection of outbreaks and implementing evidence-based practices to effectively manage limited resources. Additionally, the Drug Overdose Prevention Team provides technical assistance to local health departments and local organizations across the state who are focused on overdose prevention efforts.

While this report focuses on fatal overdoses, it is important to note that these data underscore the larger issue of the driver behind the drug and opioid epidemic – substance use disorder. Communities are encouraged to see substance use disorder as a disease, understand that treatment is available and that recovery from the disease is possible. Substance use disorder impacts every county, and to address this problem, the risk and protective factors associated with this disease must be understood.

This report was created to disseminate useful and pertinent data to Indiana residents and community leaders to promote dialogue about overdose deaths and substance use disorder disease prevention in their communities to improve the health of all Hoosiers.

Drug overdoses and opioid-involved overdose deaths increased from 2016 to 2017.

Age-adjusted overdose death rate per 100,000



Drug overdose deaths in Indiana have been on the rise for almost two decades, with a loss of more than 15,000 Hoosiers due to drug overdoses since 1999. In 2017, Indiana reached its highest age-adjusted drug overdose rate at 29.4 per 100,000, a statistically significant 22% increase from 2016. The Indiana 2017 rate was also statistically higher than the national rate of 21.7 per 100,000. From 2016-2017, Indiana had the third-highest drug overdose rate increase in the nation behind only New Jersey (29%) and Nebraska (26%)¹.

In 2017, there were over 1,800 drug overdose deaths in Indiana averaging to five Hoosiers a day.

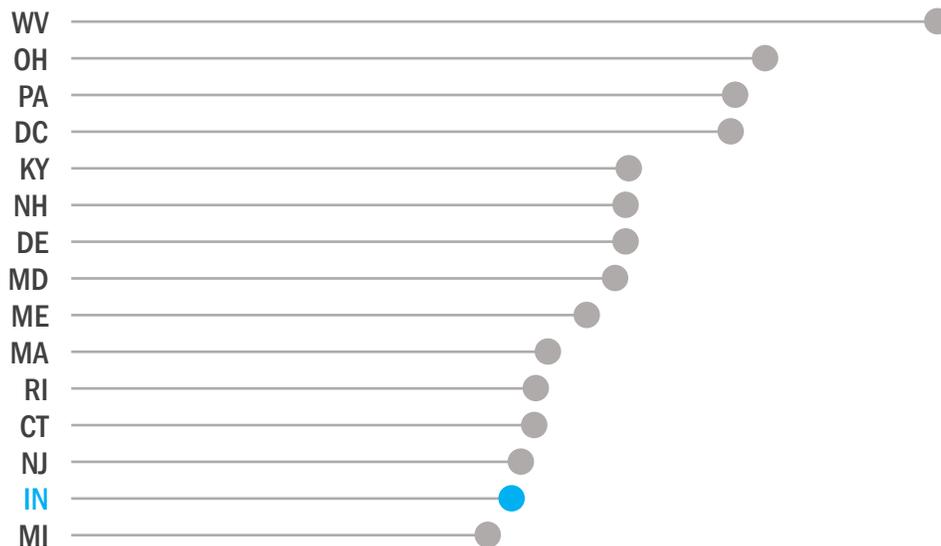
The primary driver of overdose deaths is opioids as three out of the five Hoosiers who died from an overdose each day involved an opioid.



Indiana has consistently placed in the top half of U.S. states and territories for the highest drug overdose death rate since 2013 and consistently has a higher overdose death rate than the U.S. average.

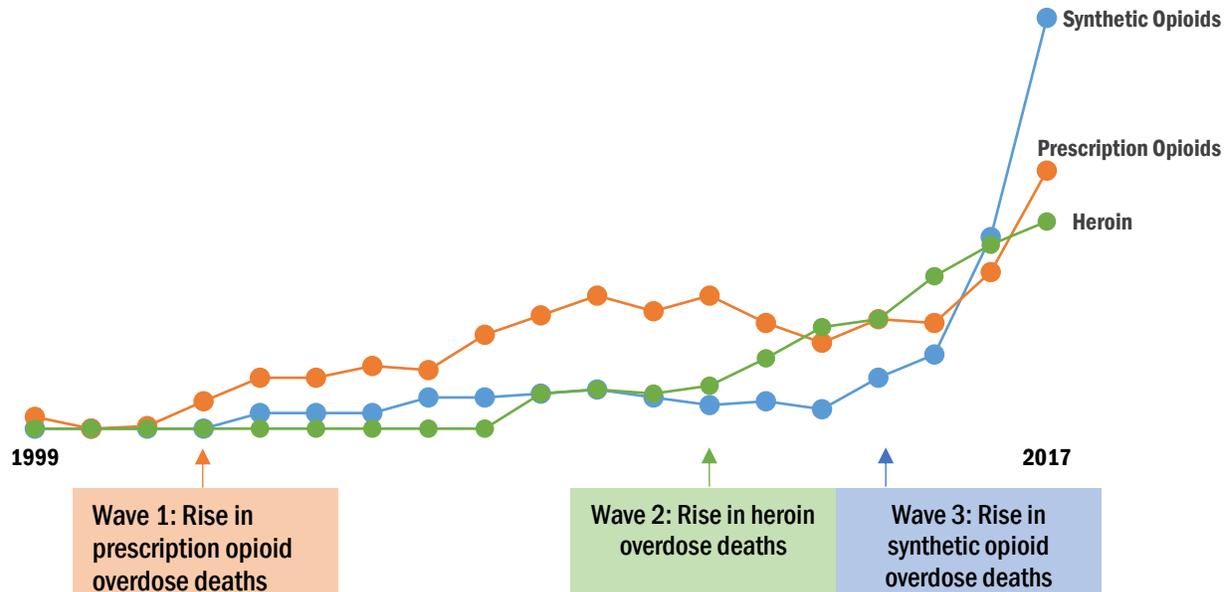
Indiana had the 14th highest drug overdose death rate in the U.S. in 2017.

Age-adjusted drug overdose death rate per 100,000



The evolving nature of the opioid epidemic in Indiana has come in three distinct waves.

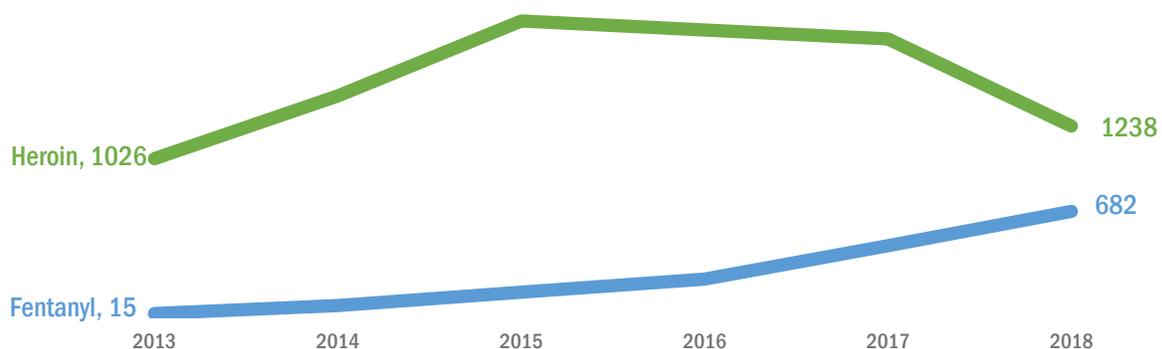
Age-adjusted opioid drug class overdose death rates 1999-2017



The rise in opioid-involved overdose deaths on both the national and state levels has been attributed to multiple factors. The first wave of the epidemic began in the late 1990s with the increased prescribing of opioids. The second wave began in the middle to late 2000s when individuals who could no longer receive legal medications chose to opt for the cheaper alternative of heroin. The third wave, beginning in Indiana primarily in 2014, was likely driven by illicitly manufactured fentanyl (IMF) and fentanyl analogs that are an even cheaper and more potent alternative to heroin. An increase in drug case submissions of fentanyl and its analogs were seen by the Indiana State Police prior to the third wave. **The IMF market continues to change, and IMF is now found in combination with heroin, cocaine and counterfeit pills². The influx of IMF into non-opioid substances places all substance users at risk of overdose death.**

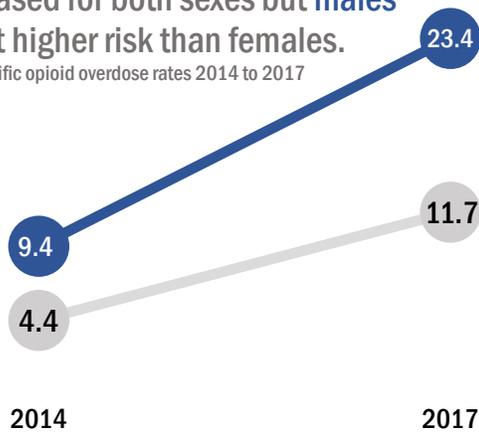
Heroin has been found in many drug submission cases, but **fentanyl** submissions were still on the rise into 2018.

Indiana State Police Laboratory Division's drug case submissions



The risk of opioid overdose has increased for both sexes but **males** are at higher risk than females.

Sex-specific opioid overdose rates 2014 to 2017

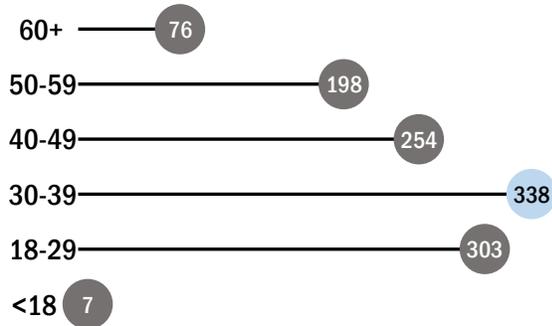


Gender differences exist between male and female overdose rates. Males made up 64% of all overdose deaths in 2017 and are at a higher risk of overdose than females. The risk for women has increased over the years, suggesting that both sexes struggle with substance use disorder. This same trend is seen for opioid-involved overdose deaths.

Age distribution among all overdose deaths show that the majority of deaths are among those who are of the primary working ages of 18 to 60. This has resulted in the overall decline of the U.S. life expectancy since 2016.

Almost 30% of all opioid-involved deaths were among those between the ages of **30-39**.

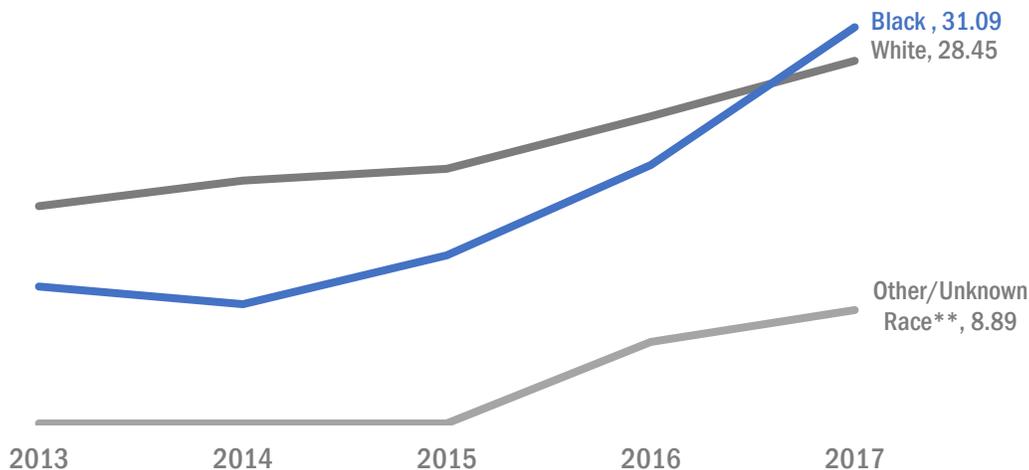
Number of opioid overdoses 2017



Racial disparities exist among overdose death rates in Indiana. While the white population made up more than 80% of overdose deaths in 2017, the black population made up only 11% and had the highest race-specific overdose death rate. Increases for all races were seen but the black population saw a more aggressive rise in recent years. These data suggest substance use disorder is wide reaching and barriers to prevention measures and treatment access should be understood in a cultural context.

Overdose death rates reached a high for all populations in 2017, but the rate increase was highest for the **black** population.

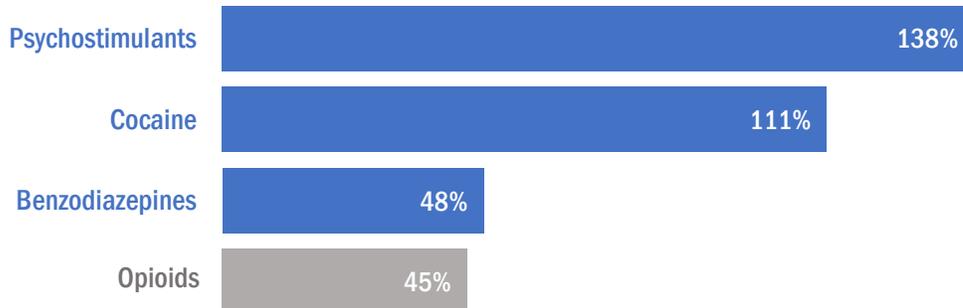
Race-specific rates per 100,000. **indicates an unstable rate for 2013-2015 based on counts less than 20.



The drug overdose epidemic that has occurred both nationally and in Indiana has been primarily driven by opioids, but the involvement and co-use of other non-opioid substances cannot be ignored. The number of drug overdose deaths involving cocaine, benzodiazepines and psychostimulants has increased simultaneously in the past few years. These data indicate that opioids are not the only factor in the evolving drug epidemic and that polysubstance use is frequent among overdose deaths. The findings suggest that overdose prevention be comprehensive in its approach to address all types of substance users.

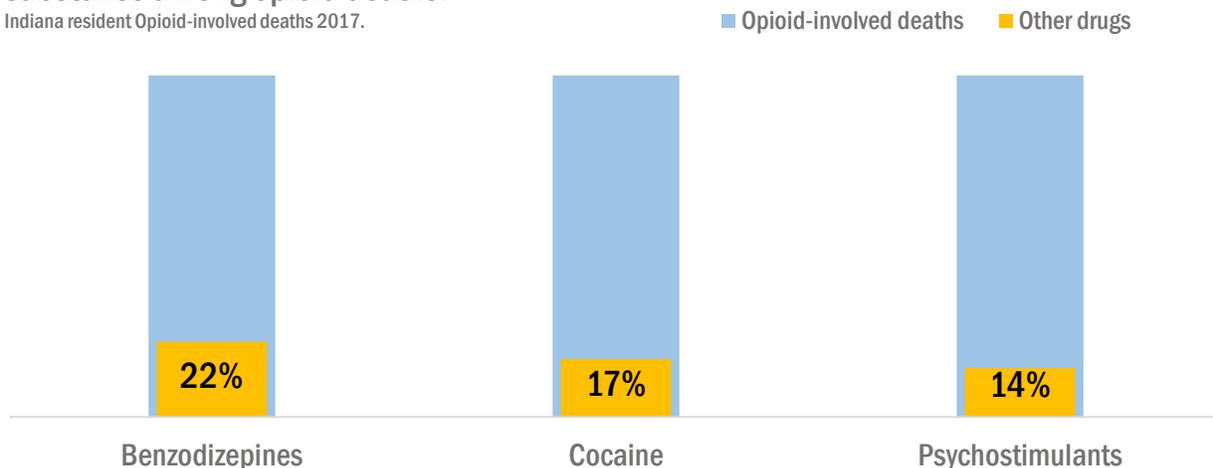
The percent change in rate increased more for **non-opioid substances** than the opioid category.

Percent change in rate from 2016 to 2017



Among **opioid-involved** overdose deaths **other types of drugs** were found to be involved, and benzodiazepines were the most frequently found substance among opioid deaths.

Indiana resident Opioid-involved deaths 2017.



Are we changing the tide of the overdose epidemic?

Although the drug overdose epidemic has continued to worsen, provisional data from 2018 indicates potential decreases in the annual number of drug overdose deaths. Analysis of final data from 2018 is necessary for confirmation, and if improvements are confirmed with 2018 data it would still remain imperative that overdose prevention efforts be continued to remain ahead of the epidemic and to ensure future annual increases do not occur.

Sources

1. CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2018. <https://wonder.cdc.gov/>
2. Drug Enforcement Administration, Strategic Intelligence Section. Counterfeit Prescription Pills Containing Fentanyl: A Global Threat. 2016.
3. All icons created by the Noun Project. <https://thenounproject.com/>

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