Southwest Indiana Methamphetamine Alliance

Methamphetamine Use
In Greene and Daviess Counties, Indiana

An epidemiological profile

March, 2008
Introduction

Daviess and Greene Counties are neighboring rural counties in Southwestern Indiana, with a combined population of 63,580. The land area of the two counties is over 970 square miles, giving a population density of 65 residents per square mile. The largest towns in Daviess County are Washington (11,279), and Odon (1,405). In Greene County, Linton is the largest town with 5,786 residents, followed by Bloomfield (2,534), Jasonville (2,497) and Worthington (1,482) [25]. The small towns and communities are nestled among rolling, fertile farmlands that stretch to the horizons.

Over 98% of the population in the two counties is White. American Indian, Asian, and Black individuals each constitute 0.3% of the population. Slightly more than two percent of the residents are Hispanic (of any race) [25]. The Hispanic population of the two counties has grown dramatically in recent years, from 232 individuals in 1990 to 1,340 in 2006 [25, 29]. The majority of Hispanic individuals (75.7%) lives in Daviess County, with over three-fourths of those (82.8%) living in and around Washington. In Greene County, one-third of the Hispanic population (34.5%) lives in the Linton area [11].

Amish and Mennonite communities are present in both counties. The Old Order Amish community first settled in Daviess County in the mid 1800’s [6]. Approximately 2,450 individuals are members of the Mennonite, Beachy Amish Mennonite, and the Old Order Amish communities in Daviess County. A smaller community of Amish and Beachy Amish Mennonite, with approximately 136 members, is located in Greene County [27].

Greene and Daviess Counties exemplify the idyllic picture of rural life in many ways. However, hidden behind the tranquility lies a menacing problem of methamphetamine. The Southwest Indiana Methamphetamine Alliance is a collaborative effort of two community-based coalitions in Greene and Daviess Counties, who have come together to increase their impact on the methamphetamine problem in their communities. Greene United Against Methamphetamine (GUAM) was organized in 2003, with a mission to disseminate information about methamphetamine to Greene County citizens, businesses, and professionals, and to sponsor methamphetamine awareness events. The Meth Awareness Is Necessary (MAIN) Team was established in Daviess County in 2004 to raise awareness of the production, use, effects and recovery from methamphetamine. Both are grassroots coalitions made up of volunteers from governmental agencies, businesses, law enforcement, schools, and concerned citizens.
Local Epidemiological Outcomes Workgroup (LEOW) Members


Jonas Uland – CEO, Greene County General Hospital. Mr. Uland serves as Co-chair of the Local Epidemiological Outcomes Workgroup (LEOW).

Melinda J. Berry – Director, Daviess County Department of Family and Children’s Services (DFC). Ms. Berry has worked with DFC for 28 years. She is certified in Family Mediation and has served on the boards of various community groups, including the Meth Awareness is Necessary (MAIN) Team.

Cheri R. Campbell – Indiana Data and Communication System Coordinator, Greene County Sheriff’s Department. Ms. Campbell has worked with the Sheriff’s Department for 20 years and is a member of the National Emergency Number Association and the National Academy of Emergency Medical Dispatch.

Blakely Clements – Executive Director, United Way of Daviess County. Mr. Clements is a member of the Daviess County Partnership and the Daviess County Connection Boards. He has been active with the Daviess County 4-H and serves as a Daviess County Extension Board Member.

Jean Anne Sanders – Tobacco Youth Educator and Administrative Assistant, Greene County Probation Department, Juvenile Division. Ms. Sanders has been employed with the Probation Department for 28 years. She is involved with juvenile justice issues in Greene County, and is a member of the Greene County Local Coordinating Council.
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Executive Summary

In October 2007, the Southwest Indiana Methamphetamine Alliance received funding from the Indiana Division of Mental Health and Addiction (DMHA) through a Strategic Prevention Framework-State Incentive Grant (SPF-SIG) to address methamphetamine use in Daviess and Greene Counties. A Local Advisory Committee (LAC) was formed to guide the efforts to impact this problem. The LAC established a Local Epidemiological Outcomes Workgroup, whose task was to determine the extent of the methamphetamine problem, including its use and the consequences borne by the individuals and the communities.

A thorough analysis of data from multiple sources was completed to identify the general patterns of methamphetamine use in the two counties. The results presented in this report provide a detailed description of the magnitude of the problem, the demographic characteristics correlated with methamphetamine use, the prevalence of other drug use in the communities, and the communities’ readiness to implement prevention strategies. This “epidemiological profile” will allow the LAC to develop a strategic plan based on a thorough understanding of the problem as it exists in the two counties. The data can be used to target prevention activities to the population most at risk for methamphetamine use, and to tailor activities to be most effective in reducing its use.

The key findings of this report are:

- 4.2% of high school seniors in Daviess and Greene Counties have used methamphetamine in their lifetime, exceeding the state rate of 3.4%.
- 52% of students who reported using methamphetamine were females.
- The average age of first use of methamphetamine reported by students was 14.1 years.
- Nearly all individuals initiate methamphetamine use after having used alcohol and marijuana.
- 38% of individuals receiving DMHA-funded addiction treatment in Daviess County and 25% in Greene County used methamphetamine as the primary or secondary drug of choice.
- Methamphetamine use has had devastating consequences to the individual users and their families, and has created significant burdens on the law enforcement, judicial, child welfare, and health care systems in both counties.
- Significant risk factors in family, school and community domains exist in both counties, including extreme poverty, family conflict, school failure, and early initiation in substance abuse.
- Local data collection systems do not currently capture all information on methamphetamine use and its consequences, and many do not use computerized systems that allow for easy access, extraction and analysis. Noted absences in data include collection of comprehensive demographic
factors of users (including age, gender, educational level, income, race and
ethnicity); location of use, arrest, or manufacture; and documentation when
consequences (e.g., hospital/emergency room visits, child protective service
cases, court-appointed special advocate cases, sexually-transmitted diseases)
are a result of, or associated with, methamphetamine use.
Methods

The Local Epidemiological Outcomes Workgroup (LEOW) was established in December 2007. Five meetings were held between December 2007 and February 2008 to identify data sources that could be used to document the methamphetamine problem. Use, treatment, arrest, and consequences data were identified to indicate the severity of problem, and determine demographic and risk factors correlated with use. Data on individual- and community-level risk factors that have been identified in national research was analyzed to determine the level of existence in Daviess and Greene Counties. Schools, treatment facilities, law enforcement agencies, hospitals, and social service agencies were contacted to provide data on the prevalence and consequences of methamphetamine use.

The Indiana Prevention Resource Center (IPRC) provided data on family and community risk factors broken down by US Census Block Group level (61 Block Groups in the two counties) to allow analysis of geographic significance of various factors.

Four school corporations that had participated in the 2007 “Alcohol, Tobacco and Other Drug Use Survey” conducted by the IPRC granted permission to access the data. The IPRC pooled the data to provide rates for the two counties combined.

Two focus groups were conducted in Daviess County in February 2008. The first group was held at the Daviess County Security Center on February 18, 2008. Seven incarcerated females, all former methamphetamine users, answered questions related to risk factors, protective factors, and former drug use patterns. A second focus group was held with 12 males (all former methamphetamine users) at the Lighthouse Recovery Center on February 21, 2008.

To assess “Community Readiness”, 106 individuals in prevention, government, business and education from both counties were invited to complete an online “Community Key Leader” survey [20]. The survey consisted of 40 questions on awareness of prevention efforts, concern about alcohol and other drug use in the community, and level of involvement with prevention efforts. The survey was administered through the IPRC. Sixty-seven individuals completed the survey between February 19 - 28, 2008 (63% response rate). Approximately three-fourths of the respondents (72%) were female, and 98% were Caucasian. One-third of the respondents were from Greene County, two-thirds were from Daviess. Two-tailed tests of means (95% confidence level) were conducted to determine statistical significance of differences between the two counties.

The Southwest Indiana Methamphetamine Alliance contracted with the IPRC to provide analysis of the data and report the findings. This report (“Methamphetamine Use in Greene and Daviess Counties, Indiana: An Epidemiological Profile”) was prepared and written by the IPRC.
Findings Regarding Methamphetamine

Methamphetamine use can lead to a range of serious health and social consequences. It has a particularly high potential for abuse and addiction [28] and can cause significant structural abnormalities in the brain [7]. In addition to dependence, methamphetamine use can cause convulsions, stroke, kidney failure, psychosis, panic, hallucinations, suspiciousness, and paranoid delusions that may lead to aggressive behavior, violence, and homicidal and suicidal tendencies [28].

Consequences of methamphetamine use impact the health care, criminal justice and social and child welfare systems [1]. Children of methamphetamine users are at heightened risk of neglect and abuse [1, 17] and use by pregnant women can have severe health consequences on the fetus, including retardation, premature birth, & developmental disorders [1].

Risk Factors for Methamphetamine Use

Nearly all methamphetamine users have previously used alcohol, marijuana and tobacco, and most have used other illicit drugs [3, 26, 28]. Initiation of methamphetamine use occurs primarily through friends [2]. Unlike alcohol or any other illicit drug, women use methamphetamine at rates nearly equal to that of men. Nationally, 45% of the individuals receiving treatment for methamphetamine use are women, compared to only 26% for alcohol and marijuana [22].

Methamphetamine users are more likely to be employed in low-skill service industries [23]. Early antisocial behavior, academic failure beginning in late elementary school, and early initiation in substance abuse are individual-level risk factors for methamphetamine use [18]. High sensation-seeking motivations [2, 16], being the victim of physical or sexual abuse [28] and negative self-perceptions [24] are also correlated with methamphetamine use.

Family and community risk factors for methamphetamine use include family conflict and management problems, favorable parental attitudes toward and involvement in substance abuse, and having friends who engage in substance abuse [18].

♦ Risk Factors in Daviess and Greene Counties

Poverty

Both Daviess and Greene Counties have high rates of poverty. The median household income in Daviess County in 2005 was $37,074, ranking it 83rd (out of 92) in the state. Greene County’s median household income for that year was $37,441, ranking it 81st in the state. Greene and Daviess Counties ranked 5th and
6th in the state for the percent of children under 18 years in poverty in 2005, with rates of 23.3% and 23.0% respectively [25]. Analysis of the poverty data by US Census Block Group shows that while there are areas in and around the towns of Washington, Bloomfield, Jasonville, and Linton with high rates of poverty, there are substantial numbers of families in poverty living throughout the counties in more rural and isolated settings [11]. These rural poor experience significant transportation barriers and isolation from social service resources.

Employment

“Blue collar” employment is correlated with methamphetamine use [5, 23]. Both Daviess and Greene Counties exceed the state average for “blue collar” occupations.

![Figure 1: Percent of Workforce in "Blue Collar" Occupations, 2006 Estimates.](image)

Source: Indiana Prevention Resource Center, 2007b.
Family management and conflict

Almost one-fourth (23.1%) of family households with children in the two counties were headed by a single parent. The divorce rate (2006 estimate) was 9.1% in Daviess and 11.0% in Greene, compared to 10.7% for the state [11]. There were 21 case filings for termination of parental rights in the two counties in 2006, and 115 Children in Need of Services (CHINS) case filings that year [15].

![Figure 2: Number of CHINS and Termination of Parental Rights Cases by County, 2006.](image)

Source: Indiana Youth Institute, 2007.

The following table summarizes the levels of substantiated child abuse and neglect in the two counties.

**Figure 3. Number of Child Neglect and Abuse Cases, by County, 2001-2006.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Substantiated Child Neglect Cases</th>
<th>Number of Substantiated Physical Abuse Cases</th>
<th>Number of Substantiated Sexual Abuse Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daviess</td>
<td>Greene</td>
<td>Daviess</td>
</tr>
<tr>
<td>2001</td>
<td>48</td>
<td>119</td>
<td>10</td>
</tr>
<tr>
<td>2002</td>
<td>42</td>
<td>181</td>
<td>14</td>
</tr>
<tr>
<td>2003</td>
<td>68</td>
<td>167</td>
<td>10</td>
</tr>
<tr>
<td>2004</td>
<td>82</td>
<td>165</td>
<td>12</td>
</tr>
<tr>
<td>2005</td>
<td>56</td>
<td>140</td>
<td>13</td>
</tr>
<tr>
<td>2006</td>
<td>49</td>
<td>94</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>345</td>
<td>866</td>
<td>67</td>
</tr>
</tbody>
</table>

Source: Indiana Youth Institute, 2007.
School failure

Both Greene and Daviess Counties have high rates of adults without high school diplomas. In Greene County 19.1% of adults aged 25 or older do not have a high school diploma. In Daviess County, the rate is 26.6%. Both of these rates exceed the state rate of 14.6% [11]. In 2006, 119 students dropped out from the eight public school corporations in the two counties [15].
Antisocial behavior

There were 284 case filings for juvenile delinquency in 2006 in the two counties combined. Figure 7 shows the trend of juvenile delinquency cases for the past six years [15].
**Perceptions of Risk of Harm and Peer Disapproval**

Individuals who believe there is a risk of harming themselves if they use a substance, or that their peers disapprove of their use of a substance, are less likely to use that substance [4, 19]. Four school corporations in the two counties participated in the “Alcohol, Tobacco and Other Drug Use Survey” conducted by the Indiana Prevention Resource Center in the spring of 2007. Combined data from the school surveys indicates the level of perceptions of peer disapproval for the use of alcohol, and risk of harm (Figures 8 and 9).

![Figure 8: Percent of Students Perceiving No Risk of Harm for Select Activities, by Grade, 2007.](image)


![Figure 9: Percent of Students Perceiving Peer Disapproval for Select Activities, by Grade, 2007.](image)

**Unsupervised Activities**

The school survey data provides information on children who have unsupervised after-school hours at home or in social situations. By 7th grade, almost half (47.9%) of the students have over ten days of unsupervised socialization during after-school hours. By 8th grade, most students (55%) have over ten days with unsupervised after-school hours at home [10].

![Figure 10: Percent of Students with Unsupervised After-School Hours at Home, by Grade, 2007.](image)


![Figure 11: Percent of Students with Unsupervised Socialization During After-School Hours, by Grade, 2007.](image)

Risk Factors Reported by Recent Methamphetamine Users in Greene and Daviess Counties

Information was collected from 19 former methamphetamine users (7 women, 12 men) during two focus-group sessions, to identify the prevalence of risk factors in the participants’ lives prior to use, and to identify factors associated with methamphetamine use and the patterns of its use in Daviess and Greene Counties. The results provide insight into the commonality of risk factors in the participants’ experiences.

Family- and School-Related Factors
Questions were asked regarding the home environment in which the individuals were raised. All of the women reported that their parents had divorced, and almost three-fourths (72.7%) of the men had parents who had either divorced or were never married. Use of drugs or abuse of alcohol by their parents was reported by 68% of the participants. Six of the seven women reported that violence occurred in their home, and over half (57.9%) of the participants had family members who had been incarcerated. Sixty-one percent of the participants did not graduate from high school.

First Use
The average age of first use of methamphetamine for the women was 16.9 years, with a range of 13 to 24 years. For the men, the average age of first use was 17.8 years, with a range of 12 to 25 years. Individuals were most likely to be home or at a family member’s home when they used methamphetamine the first time.

![Figure 12: Location of First Methamphetamine Use by Males.](image-url)
Almost half of the women were with a boyfriend the first time they used. Friends (including boyfriends) were the most common companions during the individual’s first use (Figure 14). Methamphetamine was supplied by various individuals for the first use (Figure 15). All of the men claimed their first use was free. Two-thirds of the men cooked their own drug for subsequent use, although only one woman reported cooking it.
Patterns of Use

Sixty-eight percent of the participants snorted the drug during their first use. All of the men also reported smoking it, and 42% of the respondents had injected it. Prior to methamphetamine, almost all of the participants (89.5%) had used marijuana. Only one woman reported using illicit drugs (other than marijuana) before methamphetamine, while 83.3% of the men reported previous use of other illicit drugs. One individual reported that methamphetamine was the first illicit drug (including marijuana) he used.

Having fun was reported by almost half (47.4%) of the participants as the reason for use, while a desire for more energy was reported by 42.1%.
**Figure 16: Motivation for Methamphetamine Use by Males.**
- Fun: 50%
- Energy: 42%
- Sex: 8%

**Figure 17: Motivation for Methamphetamine Use by Females.**
- Fun: 34%
- Energy: 33%
- Sex: 33%
Eighty-three percent of the individuals were employed while they were using methamphetamine. All of the men and 60% of the women who were employed reported using methamphetamine while working.

Six of the seven women have children, while half of the men do. All of the women reported that they had done drugs in front of their children. When asked what might have prevented the participants from using methamphetamine, most described unstable homes with poor parenting, violence and a lack of parental supervision. Several indicated that they felt their choice of friends had had a negative impact. Two of the women identified a lack of knowledge on the
damaging effects of the drug and thought being more informed might have prevented them from using. Although throughout the focus groups, the response rates had been at or near 100% for each question, when asked to identify something that might have prevented their use, one-third of the men had no response.

The focus groups provide insight into the lives of individuals at risk for methamphetamine use. Most of the participants were raised in deeply troubled family situations, with high rates of divorce and violence. School failure was extremely common among the participants, and prior illicit drug use was nearly universal.

**Methamphetamine Use in Daviess and Greene Counties**

Methamphetamine use in Indiana is most prevalent in the western and southern regions bordering Illinois [11]. The southwestern region of Indiana had the 2nd highest rate (3.92%) of illicit drug use (other than marijuana) in the state among persons 12 years of age or older [21].

*Use Among High School Students*

Over 2,000 students from four school corporations in Daviess and Greene Counties participated in the “Alcohol, Tobacco and Other Drug Use Survey” conducted by the Indiana Prevention Resource Center in the spring of 2007. More than half of the students (51.7%) who reported using methamphetamine were female. The average age of first use of methamphetamine was 14.1 years. Due to the small number of students in racial or ethnic groups other than White and non-Hispanic, it is not possible to analyze the school survey data across race and ethnicity variables. Reported use of methamphetamine in the past 30 days varied by grade level and ranged from no 10th-grade students reporting past month use to 1.5% of 11th-grade students [10].
Figure 20: Rates of Methamphetamine Use in the Past 30 Days, by Grade Level, 2007.


Figure 21: Rates of Lifetime Use of Methamphetamine, by Grade, 2007.

Individuals Receiving Treatment for Methamphetamine Addiction

The Indiana Division of Mental Health and Addiction (DMHA) collects data on addiction-treatment patients who have received services from state-funded substance abuse treatment programs. The DMHA-funded provider in Greene County is the Hamilton Center. In Daviess County, the Samaritan Center receives state funds to provide addiction treatment. Between the State Fiscal Years (SFY) 2001-2006, a total of 361 individuals in the two counties received addiction treatment for methamphetamine as either the primary or secondary drug of choice. This represents 32.3% of all clients at the state-funded treatment programs in the counties. Forty-four percent of the clients were female [9].

Figure 22. Number of Clients Receiving Addiction Treatment by DMHA-funded Providers, by County, SFY 2001-2006.

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Greene</th>
<th>Daviess</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Individuals Receiving DMHA-funded Treatment for Meth</td>
<td>Clients with Meth Use as Percent of All Individuals Receiving Treatment</td>
</tr>
<tr>
<td>2001</td>
<td>7</td>
<td>13.5%</td>
</tr>
<tr>
<td>2002</td>
<td>16</td>
<td>21.1%</td>
</tr>
<tr>
<td>2003</td>
<td>23</td>
<td>29.1%</td>
</tr>
<tr>
<td>2004</td>
<td>25</td>
<td>29.1%</td>
</tr>
<tr>
<td>2005</td>
<td>29</td>
<td>27.4%</td>
</tr>
<tr>
<td>2006</td>
<td>25</td>
<td>24.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>125</td>
<td>24.9%</td>
</tr>
</tbody>
</table>
Figure 24 illustrates the age of patients who received DMHA-funded treatment services for methamphetamine addiction. The Daviess County patients were more likely to be between 35-44 years. Almost half (41.8%) of the patients from the two counties were between 25-34 years of age [9].
Over 99% of all clients treated for methamphetamine addiction from SFY 2001 - 2006 by state-funded providers in the two counties were Caucasian. Less than two percent were Hispanic [9].

In addition to the state-funded treatment providers, each county has a private treatment provider. In Daviess County, the Lighthouse Recovery Center provides residential addictions treatment. They currently have 51 clients, 31 of whom (60.8%) are being treated for methamphetamine. Almost two-thirds (61.3%) of the current clients are males. The Greene County Rehabilitation Center provided treatment to 240 clients during 2006 and 2007. Approximately 40 of the clients used methamphetamine.

Consequences of Methamphetamine Use

- Arrests for Methamphetamine Production and Use

As methamphetamine use spread into Indiana in the 1990’s, Southwestern Indiana was one of the first regions in the state where it appeared. Reports on methamphetamine lab seizures from the Indiana State Police beginning in 1992 show that the only meth lab seizure reported in Indiana in 1992 by the Indiana State Police occurred in Greene County [12]. Since then, 315 labs have been seized in the two counties, with slightly more than half of them seized in Greene County [13, 14]. The number of seized labs peaked in 2003 and has steadily declined since then. A state law enacted July 1, 2005 requires retailers to keep medications containing ephedrine or pseudoephedrine (key ingredients in the manufacturing of methamphetamine) behind a counter. The new restrictions may be contributing to the decline in lab seizures.
Figure 25: Trend of Methamphetamine Laboratory Seizures, by County, 1998-2007.


Figure 26. Methamphetamine Laboratory Seizures by County. Rates per 10,000 Population.

Data from the FBI Uniform Crime Report provides the number of arrests made in the two counties for manufacture, sale, or possession of methamphetamine from 2001-2005.

**Figure 27: Number of Arrests for Manufacture, Sale, or Possession of Methamphetamine, by County, 2001-2006.**

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daviess</td>
<td>97</td>
<td>10</td>
<td>64</td>
<td>62</td>
<td>66</td>
</tr>
<tr>
<td>Greene</td>
<td>16</td>
<td>10</td>
<td>21</td>
<td>32</td>
<td>23</td>
</tr>
<tr>
<td>TOTAL</td>
<td>113</td>
<td>20</td>
<td>85</td>
<td>94</td>
<td>89</td>
</tr>
</tbody>
</table>

Source: Indiana Prevention Resource Center, 2007b.

There were 17 methamphetamine-related arrests in Greene County in 2006; one of whom was female, and 100% were White. In 2007 there were 19 arrests involving methamphetamine; five of whom were female, and 100% were White. In Daviess County there were a total of 96 arrests for all drug-related offenses in 2006, and 69 in 2007. These figures include arrests for methamphetamine, marijuana, cocaine and all other controlled substances.

**Other Consequences**

Other consequences of methamphetamine use include medical emergencies, sexually-transmitted diseases, interpersonal violence, and child neglect and abuse. Many of these consequences are not recorded as methamphetamine-related in the data collection systems of the various agencies, making a comprehensive assessment of the impact of methamphetamine difficult. However, partial data on some of the indicators was retrieved through manual review of records:

- In 2007, there were 27 individuals treated at the Greene County General Hospital with suspected methamphetamine involvement.
- Of the 64 children in Foster Care in Greene County in 2007, 14 were due to drug-related problems. In 2006, 60 Greene County children were in Foster Care, 23 of whom had been removed from the family because of drug-related problems.
- Middle Way House provides crisis intervention to victims of domestic violence and sexual assault in Greene County. In 2007, 241 clients were served. According to the Middle Way House Director, substance abuse, especially methamphetamine use, is common among the women.
Findings Regarding Other Substance Use and Abuse

The combined data from schools participating in the IPRC surveys reveals the prevalence of other substance use among school-aged youth in Daviess and Greene Counties. Alcohol is the most commonly used substance in all grades, followed by cigarettes. Over-the-counter drugs were the third most commonly used substance in the past 30 days by 6th-, 7th-, and 9th-graders, while marijuana was the third most commonly used substance in the past month by 8th-, 10th-, 11th-, and 12th-graders. Almost three-fourths (72.2%) of high school seniors had used alcohol at least once in their life, half (50.9%) had used cigarettes, and almost one-third (29.2%) had used marijuana. Thirty percent of high school seniors reported having binge drank (defined as having five or more drinks in one setting in the past two weeks) [10].

Figure 29: Rates of Lifetime Use of Select Substances, by Grade, 2007.


Figure 30: Rates of Binge Drinking, by Grade, 2007.

Figure 31 depicts consequences of alcohol use experienced by youth. Over one-fourth of 11th- and 12th-graders (32.1% and 27.3% respectively) had ridden with a drunk driver, and almost one out of five (18.1% and 18.5% respectively) had driven while drunk [10].
Community Resources and Readiness

Community groups in both counties have responded to the problem of methamphetamine use. In Greene County, citizens came together in 2003 to form Greene United Against Meth (GUAM). They have created public awareness campaigns, provided information seminars to professionals and the general public, and presented educational activities at four participating school corporations. In Daviess County, the Meth Awareness is Necessary (MAIN) Team was formed in 2004. They have held forums, community meetings and educational events, as well as used newspaper articles and advertisements to raise awareness of the issue in Daviess County. The two groups joined forces in 2007 as the Southwest Indiana Methamphetamine Alliance to advance their efforts.

Numerous community-based programs are operated in both counties, providing prevention, treatment, and law enforcement services. These resources provide a solid foundation upon which to build a comprehensive community strategy to address methamphetamine use. A preliminary listing of available community resources has been compiled for both counties (see Appendix) to determine the capacity of the communities to implement methamphetamine prevention programming and to identify gaps in services needing to be addressed.

To assess “Community Readiness”, individuals in prevention, government, business and education were invited to complete an online “Community Key Leader” survey [20]. Sixty-seven individuals completed the survey between February 19 - 28, 2008 (63% response rate from 106 invited individuals). Approximately three-fourths of the respondents (72%) were female, and 98% were Caucasian. The following chart depicts the type of organization to which the respondents belong.
Participants responded to questions in three areas: awareness of prevention efforts, concern about alcohol and other drug use in the community, and level of involvement with prevention efforts. Participants responded both on a personal level, and on their perceptions of their organization’s and other community members’ concerns on these issues. There was not a significant difference between the two counties on most of the measures.

The survey results indicate that there is considerable concern in the community about the harms of substance use. Community concern is an important component for intervening effectively in the problem of methamphetamine use. Respondents almost unanimously agreed (97%) that it is “very true” that preventing alcohol and other drug abuse among youth is important. Eight-four percent of respondents indicated that it was “moderately true” or “very true” that they are interested in learning more about community-related alcohol and other drug abuse prevention programs. Figure 33 shows the level of concern respondents have concerning the sufficiency of alcohol and other drug abuse prevention programs in their communities.
Several questions were asked to determine the level of involvement and collaboration among individuals and community organizations. Four out of five respondents (82%) answered “moderately true” or “very true” when asked if they know which alcohol and other drug abuse prevention programs serve their community. With regard to personal involvement in organized activities for the prevention of alcohol and other drug abuse, 40% indicated their involvement in such activities had increased over the past year. High levels of personal awareness and collaboration were reported.
Figure 35: Responses to "I spend time collaborating with others on ATOD prevention".

- Very True: 45%
- Moderately True: 25%
- Slightly True: 21%
- Not at all: 9%

Figure 36: Responses to "In past year, my personal knowledge of risk factors has ______.".

- Increased a Lot: 19%
- Increased a Little: 38%
- Not Changed: 43%
Respondents were also asked to assess their organization’s knowledge and involvement in alcohol and other drug abuse issues. Figure 37 shows the level of staff knowledge regarding alcohol and other drug abuse programs in the community as perceived by the respondent.

![Figure 37: Responses to "Staff in my organization know which ATOD programs serve our community".](image)

Some measures did show statistically significant differences (p < .05) between the two counties. Daviess County respondents reported greater increases in their organization’s involvement in addressing alcohol and other drug abuse in the past year, their organization’s undertaking joint projects, and their organization’s participation in media coverage.

![Figure 38: Responses to "In past year, my organization’s involvement in ATOD has."
](image)
Figure 39: Responses to “In past year, my organization’s undertaking joint ATOD projects has:”

Figure 40: Responses to “In past year, my organization’s participation in media coverage on ATOD has:”
Conclusion

The information presented in this report confirms that methamphetamine use is a serious problem with devastating consequences in Daviess and Greene Counties. This report provides detailed information on the level of methamphetamine use, as well as the demographic and risk factors correlated with its use. These findings represent the first step in creating a comprehensive strategic plan for decreasing methamphetamine use and its consequences in the two counties.

This report can be used to develop an informed evidence-based strategy for impacting the methamphetamine problems in Daviess and Greene Counties, using the information to identify potential areas to intervene and inform the selection of prevention strategies.
References


6. Daviess County Visitor’s Bureau, www.daviesscounty.net/history.asp


Appendix

List of Resources

**Daviess County**

- Just Say No Programs in Elementary Schools
- Afternoons Rock Program at YMCA
- Power House in Washington
- The Barn in Odon
- Lighthouse Recovery Center
- Long Distance Dad Program for Inmates
- GED Program for Inmates
- AA and NA Groups
- Post Prom Events
- Red Ribbon Week
- Anti Drug March and Rally
- LEAD Program - Legal Education to Arrest Delinquency
- Keeping Our Kids Drug Free Program for all area high school students
- Turning Bullies into Buddies Program
- STAND Program - Students Taking A New Stand
- SADD Program - Students Against Drunk Driving
- Random Drug Screenings in 3 Daviess County Schools
- Keeping Kids From Ever Using Drugs Presentation
- Ephedrine Tracking Program at Daviess County Sheriff Department
- KATS Program at Washington Police Department - Active tracking system for canine activities
- H3 Program (Habits, Hang-ups and Hurts) at Antioch Christian Church
- MAIN Team
- Daviess County LCC
- COPS Grant
- 4 Communities
- Daviess County Community Foundation
- United Way of Daviess County
- Daviess Community Hospital
- 4-H
- Samaritan Center, Counseling Services
- Transitions Behavioral Health Services
- C.R.O.P (Community Resources Organizations and Programs)

**Greene County**

- GED Program for Inmates
• 12-Step Program that has a spiritual emphasis
• AA Group
• Thinking for a Change Program
• Families Supporting Families Program
• Greene County LCC
• Middle Way House
• GUAM (Greene United Against Meth)
• Greene County Rehabilitation, Inpatient and Outpatient services
• Greene County Hospital
• 4-H
• Greene County Alliance
• Greene County Community Foundation
• Red Ribbon Week
• Meth Awareness Vigil
• Hamilton Center, Counseling Services
• Open Arms Christian Ministries Home for Girls
• Meth is Death Week