

**2009**

# **Vanderburgh County Epidemiological Study**

A Local Epidemiological Study Examining Risk and Protective Factors, Mediating Factors, and Consequences of Alcohol and Other Drug Use in Vanderburgh County with an emphasis on youth and 18 to 25 year olds

**Completed by the  
Local Epidemiology and  
Outcomes Workgroup (LEOW)  
of the Vanderburgh County Substance  
Abuse Prevention-State Incentive  
Grant (SPF-SIG) awarded to the  
Vanderburgh County Substance Abuse  
Council**



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# 2009 Vanderburgh County Epidemiological Study

**Purpose:** Document the causes, prevalence, perceptions, and consequences of alcohol and other drug use in Vanderburgh County with a focus on alcohol use among youth and 18-25 year olds through the development of a Local Epidemiology and Outcomes Workgroup (LEOW).

**Mission of the LEOW:** To comprehensively describe substance use in Vanderburgh County to better understand alcohol and other drug issues.

**Vision of the LEOW:** To provide the community with key substance use indicators to guide the development and implementation of prevention and intervention services, along with a process for measuring the efficacy of prevention programs and intervention services within Vanderburgh County.

# Acknowledgments

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Collectively, this document represents the work of many individuals and organizations within Vanderburgh County. The authors gratefully acknowledge the time and energy devoted to this project from these various entities:

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Criminal Justice Institute  
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## Organizations Participating in Focus Groups

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## **Youth Review**

Youth First, Inc. Crusaders

# Table of Contents

**Purpose, Mission and Vision**..... page ii

**Acknowledgements** ..... page iii

**Table of Contents**..... page vii

**Executive Summary**..... page viii

**Technical Report**

    Introduction ..... page 1

    Section 1: Risk and Protective Factors..... page 21

    Section 2: Mediating Variables..... page 57

    Section 3: Prevalence Data ..... page 110

    Section 4: Consequences..... page 123

**Conclusions** ..... page 179

**References**..... page 181

# Executive Summary

The 2009 Vanderburgh County Epidemiological Study was conducted by Diehl Evaluation and Consulting Services, Inc in partnership with the Local Epidemiology and Outcomes Workgroup (LEOW) of the Substance Abuse Prevention State Incentive Grant (SPF SIG). This Epidemiological Report reflects an objective collection and analysis of data associated with the causes, prevalence, perceptions, and consequences of alcohol and other drug use. A specific focus of the report is alcohol use by individuals in the 18 to 25 year old age group. The following themes were identified from an analysis of data and represent key concerns related to alcohol and other drug issues in Vanderburgh County.

## Risk Factors

Risk factors are variables that underlie the development of alcohol use and may increase the chance that youth engage in underage drinking.

- One of the main risk factors for underage drinking that was identified for Vanderburgh County is the level of economic deprivation in the county. Although the unemployment rate tends to be slightly lower than the state and sometimes the nation, poverty rates are on the rise. Poverty has increased considerably since 2000 and now exceeds state and national rates. Many individuals in the community appear to represent the term “working poor” since they are residents who maintain jobs that do not pay enough to place them above the poverty threshold. Further, the percentage of students on free or reduced lunch is higher than the state public school average and has risen the last several years, and the number of people who receive food stamps also has climbed.
- In addition to concerns specifically related to alcohol use in the community, Vanderburgh County has been identified by the Indiana State Epidemiology and Outcomes Workgroup as having significant problems with other substances such as methamphetamine possession and sale/manufacturing, marijuana possession and sale/manufacturing, and overall drug arrests and sale/manufacturing. In fact, priority scores for Vanderburgh County rank the county as first or tied for first among all counties in Indiana in those particular substance areas. These co-occurring substance use issues indicate that concerns are not confined to alcohol and that there are broader drug use problems in the county.



- Another risk factor identified for Vanderburgh County was early and persistent problem behaviors. Data suggest that suspensions and expulsions for Vanderburgh County public schools are higher than the state average and that the numbers have not shown a significant decline over the past several years. Additionally, the number of juvenile delinquency case filings in Vanderburgh County has steadily risen over the past few years. Although these data represent a younger age group than 18-25 year olds, the problems that exist with middle school and high school aged youth may be a good predictor of the problems that young adults experience.

## Protective Factors

Protective factors are variables that also underlie the development of alcohol use, but serve to decrease the likelihood of underage drinking. With protective factors in their lives, youth may be guided into positive behaviors rather than substance use.

- One of the primary protective factors addressed through the Epi Report development process is the presence of a strong external support system, particularly parents, prevention programs and professionals who are able to directly address problems that youth may experience.
  - One issue consistently mentioned by participants in key informant interviews and youth/young adult focus groups is parental influence over a youth's decision to drink alcohol. Many of the participants indicated that parents are often the most influential person in their lives. Therefore, parental support appears to be a significant protective factor.
  - Overall, key informants believe the community has made progress in the area of drug and alcohol prevention. Individuals recognize the positive programs in schools and community organizations and acknowledge the impacts that some initiatives have made.
- The one concern expressed about prevention programs is that not enough residents in Vanderburgh County are fully aware of the programs and the results they have achieved. Therefore, it appears that there is definitely an opportunity for additional community engagement and promotion of the efforts that are being made in drug and alcohol prevention.

## Mediating Variables

Mediating variables are factors that help to determine whether risk and protective factors will actually lead to alcohol use. A young person may experience a significant number of protective factors, for instance, but the presence of mediating variables may change the effect that those protective factors have on actual alcohol use.

- The main mediating variable identified by key informants and youth/young adult focus groups was the social availability of alcohol.
  - Based on responses from these individuals, it is very easy for youth and young adults under the age of 21 to obtain alcohol in Vanderburgh County. The main sources of alcohol are older friends and siblings, as well as parents. The latter may either directly supply alcohol to their children who are under 21 or may indirectly provide it to them by not securing the alcohol that is in their households.
  - Contributing to the underage use is the perception that the community is somewhat permissive about alcohol use by individuals under the age of 21. While residents express concern about underage use, such as through the most recent United Way needs assessment, those who participated in the key informant interviews and focus groups believe alcohol use in general and underage use in particular are accepted in the community. Note that these are perceptions and should be explored in more depth to determine the validity of such comments and whether such views are significantly different from other similar communities. Additionally, the United Way survey found that residents of Vanderburgh County believe that the community is doing a fairly good job of addressing drug and alcohol concerns, which may take some of the focus off the continual need to prevent use and acknowledge the problems that do exist.
- While many individuals from the key informant interviews and focus groups did not view alcohol advertising and promotion as a particular problem in the community, youth in particular recognize that campaigns that are primarily developed at a national level are targeting them through television and magazine advertisements. Also, although alcohol advertising is not particularly apparent in the immediate vicinity of the universities in Vanderburgh County, students have easy access to alcohol-related messages from businesses that serve alcohol and cater to student clientele.
- In terms of retail availability, there are many outlets throughout Vanderburgh County where individuals of legal age may purchase alcohol.
  - The number of outlets appears to have increased in the last few years. It does appear that most businesses are responsible in obeying alcohol laws, particularly those that pertain to underage individuals.

- A few businesses have been cited for selling to minors or allowing them in prohibited areas. Fortunately, a small number of the businesses are multiple offenders, and the others who violate the law quickly move to take corrective action and do not violate the laws again.
- One reason that the multiple offenders may not be encouraged to stop violating alcohol laws is the level of fines they are required to pay. Fines for most violations range between \$150 and \$250, which are extremely minimal, particularly for breaking laws pertaining to underage drinking.

## Prevalence

- Alcohol use among local college students combined is quite high. Core Survey results indicate that approximately 80% of students had used alcohol within the past year. Binge drinking rates are a particular concern among this age group. Approximately 37% of college students indicated that they had engaged in binge drinking, defined as drinking at least five alcoholic drinks in one sitting in the past two weeks.
- Data from the IPRC Alcohol, Tobacco, and Other Drugs Survey indicate that 72% of Vanderburgh County 12<sup>th</sup> grade students and 63% of 10<sup>th</sup> grade students had used alcohol in their lifetime. In terms of annual use, 54% of 10<sup>th</sup> graders and 61% of 12<sup>th</sup> graders consumed alcohol within the past twelve months. Approximately 3 to 4% of students use alcohol on a daily basis. Rates of binge drinking for 10<sup>th</sup> and 12<sup>th</sup> grade students range from 23% to 31%, respectively (defined as drinking at least five alcoholic drinks in one sitting in the past two weeks). These rates are higher than the state and national averages.
- While figures related to alcohol consumption among high school, and particularly college-aged, students are a concern, data from the Youth First, Inc. and Evansville Vanderburgh School Corporation (EVSC) Grants to Reduce Alcohol Abuse project 'MOST of Us' indicate that 7 out of 10 high school students in EVSC schools never or rarely drink alcohol. This may speak to the importance of prevention programs that have the opportunity to impact students before they enter college. It is clear that the transition from high school to college brings with it a greater likelihood that students will engage in alcohol use, and in many cases, binge drinking.

## Consequences

- It terms of drunk driving incidents, it is a concern to see that the number of Operating a Motor Vehicle While Intoxicated (OMVWI) arrests in Vanderburgh County has not declined in the past several years.
  - In fact, the number of arrests in some OMVWI charge categories has increased. For instance, the number of OMVWI with a BAC of .15 or more increased from 372 in 2004 to 424 in 2008.
  - It is particularly troubling to note the number of youth who are arrested for alcohol-related incidents and who are under the influence while involved in an accident. Overall, juvenile alcohol arrest rates for all of Vanderburgh County have not changed significantly over the past few years.
- The drug-induced death rate for Vanderburgh County has increased over the past few years, which mirrors state and national trends.
  - Compared to 2000-2004, the rate of alcohol-related deaths in the county showed an average annual increase in the period of 2005-2006. There was an average of 9.4 deaths per year between 2000 and 2004 and an average of 11 per year between 2005 and 2006. Additional data would be needed to determine if this is a trend or an anomaly.
  - Further, based on feedback from the Vanderburgh County Coroner, the number of accidental overdoses rose considerably between 2007 and 2008. Given that many individuals who participated in the Epidemiological Study indicated a rise in illegal prescription drug use, the number of overdoses may continue the upward trend.

## Conclusions

This Epidemiological Report highlighted many key factors related to alcohol consumption by 18 to 25 year old residents and students in Vanderburgh County. The following conclusions are based on quantitative and qualitative data associated with the risk/protective factors, mediating factors, and outcomes that pertain to alcohol. These conclusions may help members of the community identify issues related to substance use that may need the greatest attention.

- Based on available data, it is apparent that there is a fairly high rate of alcohol consumption among the 18-25 year old age group. Further, as evidenced in this report, some individuals in this age group participate in high-risk drinking behaviors, such as driving while intoxicated. Additional data collection will be required in the community to better understand alcohol consumption among members of the 18-25 year old group who are not in school. However, based on available data, future prevention and intervention efforts related to alcohol consumption may benefit from a focus on promoting responsible behavior associated with legal-aged drinking and developing interventions that successfully reduce drinking problems experienced by 18-25 year olds.
- Data from the latest IPRC Alcohol, Tobacco, and Drugs Survey indicate that almost one-third of Vanderburgh County 12<sup>th</sup> graders had engaged in binge drinking within the past two weeks. This figure is higher than the state and national average and is fairly similar to rates among local university students. An independent analysis of data provided by Youth First, Inc. for Southwestern Indiana students shows that binge drinking rates have remained fairly consistent since 2003. This is in contrast to monthly and daily rates, which have declined in the past few years. Binge drinking is a particular concern due to the high level of alcohol that is consumed within a short time period. Future investigations may seek to better understand the underlying reasons for this activity and lead to programs that deal with this specific form of alcohol consumption.
- While this report focuses on the 18-25 year old age group, findings suggest a need for continuous focus on individuals in younger age brackets to ensure that potential problems are addressed before they lead to serious consequences. It is more desirable to engage in prevention activities designed for youth than intervention for young adults who have already developed alcohol problems that negatively impact their personal and professional lives.
- Although some areas of the county are specifically mentioned in the report, this study does not intend to target specific sections that exhibit more alcohol-related problems than others. Additional data collection related to prevalence and consequences in different neighborhoods would need to occur to say with confidence that particular areas have a more significant problem than others.

- One issue consistently mentioned by participants in key informant interviews and youth/young adult focus groups is parental influence over a youth's decision to drink alcohol. Many of the participants in this study expressed concern about parents and guardians providing alcohol to individuals under 21, giving them a location where alcohol can be consumed, or choosing not to be aware of their children's drinking behaviors. This issue may point to the need to provide parents or guardians with a deeper understanding of the hazards that their children face by drinking alcohol and to empower them to be a more significant influence over their children's decisions to engage in alcohol and drug use.
- Although the focus of this report is alcohol use by 18 to 25 year olds, the community faces other drug use issues. As noted by the priority scores presented at the beginning of the report, Vanderburgh County ranks first among all Indiana counties in the possession and sale/manufacturing of marijuana. Substances such as methamphetamines or alcohol typically receive much of the community's attention given the obvious consequences of their use, such as meth lab explosions or drunk driving accidents. However, marijuana also has negative consequences such as decreased work productivity, family and relationship problems, and potential health effects. Prevention and intervention efforts should ensure that marijuana use in the community is addressed.

Additionally, several key informants expressed concern about the rise of illegal prescription drug use. Improper use of over-the-counter drugs also falls into this category. Future studies should investigate the use of prescription and over-the-counter drugs to determine whether the feedback provided by key informants is substantiated by prevalence data.

# Introduction

## Purpose of the Epidemiological Report

The purpose of this Epidemiological (Epi) Report is to document the causes, prevalence, perceptions, and consequences of alcohol and other drug use in Vanderburgh County. The report includes a particular focus on alcohol use by 18-25 year olds since that population was identified by the state as having higher-than-average prevalence rates. To comprehensively describe substance use in the community, additional data related to protective and risk factors, mediating variables, and substance-related consequences are presented. These data allow for the triangulation of findings and development of a more thorough understanding of alcohol and other drug issues that residents in Vanderburgh County face.

## What is SPF SIG?

The impetus for this Epi Report was the Strategic Prevention Framework State Incentive Grant (SPF SIG) that was awarded to the Substance Abuse Council of Vanderburgh County in 2008. The purpose of the SPF SIG is to “assist communities in building an infrastructure to enable the implementation of an evidence-based prevention process in addressing drug and alcohol abuse at their community level.” The grant for Vanderburgh County involves two primary components: 1) development of an epidemiological report related to drug and alcohol issues, which indicates the prevalence and consequences of use/abuse and 2) development of a strategic plan to address drug and alcohol concerns identified by stakeholders in the community. The collaborative work on the SPF SIG is intended to create a common vision of how the community should focus resources in an effort to prevent drug and alcohol abuse.



## **How does the Epi Report benefit the community?**

This Epi Report will benefit the Vanderburgh County community in several ways, including

- Providing a picture of the community's needs and strengths associated with alcohol and other drug issues,
- Integrating quantitative data sources with qualitative information gathered from key informants and youth across Vanderburgh County,
- Presenting data from multiple perspectives rather than a narrow view of the issues that exist in the community,
- Establishing the basis for further dialogue about prevention efforts in the community, and
- Creating the foundation for the development of a strategic plan to target the areas of greatest need related to alcohol and other drug problems.

## **Methods**

### **Formation of the LEOW**

The initial step in developing the Epi Report was to form a Local Epidemiology and Outcomes Workgroup (LEOW). The role of the LEOW was to help develop the framework for the Epi Report and recommend resources from which data could be gathered. The LEOW was comprised of individuals who represented a cross-section of roles in the community including prevention, law enforcement, prosecution, education and enrichment, and other positions closely associated with alcohol and other drug issues. LEOW members met once a month for approximately 1 ½ hours each meeting to discuss the progress of the Epi Report and provide expert advice on aspects of the report-writing process and data collection. LEOW members also reviewed and approved data for the Epi Report. Further, members collected data for the report by contacting individuals in the community and requesting specific information. The names of LEOW members are included in the Acknowledgements section of this report.

### **Collaboration with the LAC**

In addition to the LEOW, a Local Advisory Council (LAC), which is comprised of stakeholders in the area of alcohol and other drug issues, also served to inform the development of the Epi Report. Throughout creation of the report, the LEOW Chair attended monthly LAC meetings to report on the progress of the report and invite members to submit data and recommend data sources.

### **Development of the Epi Report Framework**

Prior to actual data collection, the LEOW created a framework for the report that was based on the alcohol logic model provided by the State Epidemiology and Outcomes Workgroup. The LEOW determined that the most informative presentation of data would follow the elements of



the logic model, including protective and risk factors, mediating variables, alcohol and other drug use prevalence, and consequence or outcome data.

## Secondary Data Collection and Analysis

Next, the evaluators for this project, who also served as the LEOW Chair, conducted a secondary data search to determine data that exist related to elements of the logic model. Data sources included existing surveys such as the IPRC Alcohol, Tobacco, and Other Drug Survey, the Core Survey of university and college students, and PREV-STAT data from IPRC based on U.S. Census block groups. Data from many other local, state, and national organizations also were identified (see Reference section for a complete list of sources). To ensure that data were meaningful and could serve as indicators of the logic model elements, criteria were developed for inclusion in the report. Data were included if

- They were directly related to an element of the logic model,
- They could be disaggregated at the local level, either Vanderburgh County as a whole or at the neighborhood level, and
- They were collected through sound data collection procedures that used reliable and valid instruments.

## Additional Data Collection Procedures

Based on the data that were collected during the secondary data analysis, the LEOW determined which logic model elements were not represented by existing data sources and which would require data collection by the evaluators. Due to the qualitative nature of some of the protective/risk factors and mediating variables, the LEOW decided to focus on several of those elements. Quantitative data are difficult to locate for many of the elements. Two primary data collection methods were identified – key informant interviews and youth/young adult focus groups. Each is described in more detail below.

**Key Informant Interviews.** The LEOW identified 27 individuals in the community who represented different perspectives on substance use issues. Roles of the key informants included work in prevention, law enforcement, prosecution, the court system, education, treatment, emergency healthcare, social services, and Latino/Hispanic outreach. The Acknowledgements section presents the individuals who agreed to participate in the key informant interview process and their professional roles.

To gather qualitative data from key informants, the LEOW developed an interview protocol. Questions on the protocol related to issues such as community norms regarding substance use, prevalence of alcohol and other drug use, prevention and law enforcement efforts, alcohol promotion and advertising, impacts on families, and consequences associated with substance use. Many questions related to both the general public and the 18-25 year old population as a subset of the broader community. Interview questions from the protocol are presented in the following table.

<b>Table 1. Key Informant Interview Protocol Questions</b>	
1.	What are your perceptions regarding prevalence of drug use and alcohol misuse in our community, and describe any changes you have witnessed in prevalence over the past years? What are your perceptions regarding prevalence specifically for 18-25 year olds?
2.	What are the main consequences you have witnessed of drug use or alcohol misuse in our community? Specifically with 18-25 year olds, what consequences have you witnessed?
3.	Specifically pertaining to underage alcohol use, what is your perception regarding how and where youth obtain alcohol?
4.	Thinking about individual neighborhoods in Vanderburgh County, which areas experience a particularly significant problem with alcohol misuse and drug use?
5.	In your job, what have you witnessed that leads you to believe that the neighborhoods you mentioned experience significant problems with alcohol misuse and drug use?
6.	In addition to drug use and alcohol misuse, what co-occurring crimes have you witnessed in our community (e.g., driving while intoxicated, assaults, vandalism)? Are the crimes committed by 18-25 year olds different from the general population?
7.	What impact on families in our community have you witnessed as a result of drug use and alcohol misuse?
8.	What examples have you seen of family-related risk factors contributing to drug and alcohol problems?
9.	Specifically pertaining to alcohol, what are your perceptions regarding how responsible our community is in promoting and advertising alcohol consumption?
10.	How well do you think our community does in the area of underage alcohol and drug use prevention? What are individuals and groups doing to prevent such activity?
11.	How well do you think our community does in the area of enforcement of laws related to alcohol and drugs? Provide examples of enforcement activities that you have witnessed?
12.	Based on your professional position in the community, please describe your perception of our community's beliefs and norms associated with alcohol consumption.

As an initial step in the interview process, the evaluators sent key informants an email that described the SPF SIG project and the interview process. The actual interview questions were included with the email to give key informants an opportunity to review the items and prepare their responses. Approximately one week later, the evaluators contacted key informants by telephone to set up interviews. In many cases, key informants had already responded to the questions on the form that the evaluators provided to them. Therefore, they were asked to return the form to the evaluators and were contacted with any follow-up questions. In a few cases, key informants suggested names of additional individuals to participate in the interview process. A total of 20 out of 27 (74.1%) participated in the key informant interviews.

**Youth and Young Adult Focus Groups.** The second main qualitative data collection process involved conducting focus groups with youth and young adults. Given that the focus of the SPF SIG project was alcohol use by 18-25 year olds, it was important to directly survey individuals in this age group. Similar to the key informant interviews, the LEOW developed a focus group protocol. This protocol includes many of the same types of questions as the key informant interview protocol but attempted to gather data from the unique perspective of young people. Additionally, focus groups primarily targeted alcohol issues, but participants were free to discuss issues related to other drug use if they chose to do so. Questions from the protocol are presented in the following table.

<b>Table 2. Youth and Young Adult Focus Group Protocol Questions</b>	
1.	How easy or difficult is it for youth to obtain alcohol in our community?
2.	Where and from whom do youth in our community obtain alcohol?
3.	How well do you think our community is doing in preventing underage alcohol use?
4.	How aware are you of alcohol advertising in our community? Do you see alcohol advertisements near schools?
5.	How well do you think our community is doing in enforcing underage alcohol laws? Do you have examples of friends who have been cited for underage possession/consumption?
6.	Are laws that prohibit alcohol effective in deterring youth alcohol consumption? If not, what would be effective in preventing underage use?
7.	Are there particular areas of Vanderburgh County where underage alcohol use is a greater problem than other parts of the county?
8.	What do you think are our community's perceptions or beliefs regarding alcohol use in general and underage use in particular?
9.	Have you participated in any alcohol and drug prevention programs? Did they alter your perceptions or behavior?
10.	Are you aware of where someone can get treatment for substance abuse? How does the community view people who need treatment?
11.	How much influence do you think parents have over young peoples' decisions to use alcohol?

A total of three focus groups were conducted. Groups were established through community partners who were participating in some aspect of the SPF SIG project. A brief description of each group follows.

- Youth First, Inc. Crusaders: This is a group comprised on high school students from public and private schools in Vanderburgh County. The group is operated through Youth First, Inc., which is a local alcohol and drug prevention organization and is represented on both the LEOW and LAC. A total of six individuals participated in this focus group.
- Tri-State Alliance: This group was comprised of both high school and college-aged individuals who are part of Tri-State Alliance, which is a local Lesbian, Gay, Bisexual, and Transgendered group in the tri-state (Indiana, Illinois, and Kentucky) area. A total of twelve individuals participated in this focus group.
- Substance Abuse Council: This group was comprised of 18-25 year olds who assist the Substance Abuse Council of Vanderburgh County in youth programs. A total of six individuals participated in this focus group.

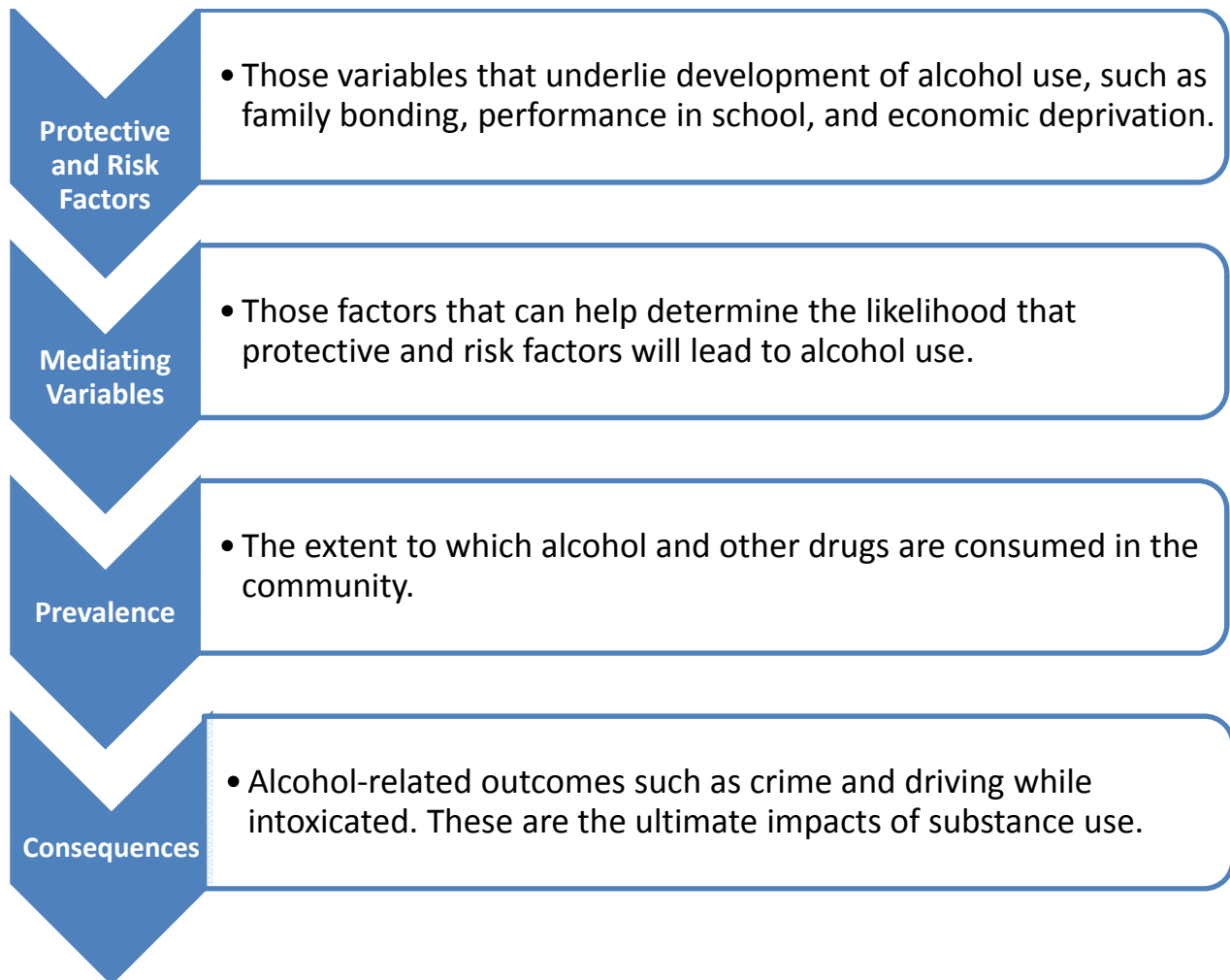
Prior to conducting the focus groups, a parental consent form was sent to parents or guardians of individuals who were under the age of 18. Parents were informed of the project and given the opportunity to remove their child from participation. Individuals who were at least 18 years of age signed informed consent forms prior to participation.

During the focus groups, a member of the evaluation team asked youth and young adults the questions from the focus group protocol. Focus group sessions were tape recorded and transcribed for analysis. Participants were encouraged to contribute their opinions regarding alcohol and other drug issues but were assured that comments would remain confidential and that individual names would not be associated with specific comments in the Epi Report.

To analyze data from both the key informant interviews and focus groups, the evaluators reviewed comments from all participants and identified themes and concepts that emerged from the discussions. These themes were associated with particular elements of the logic model and are organized as such throughout this report.

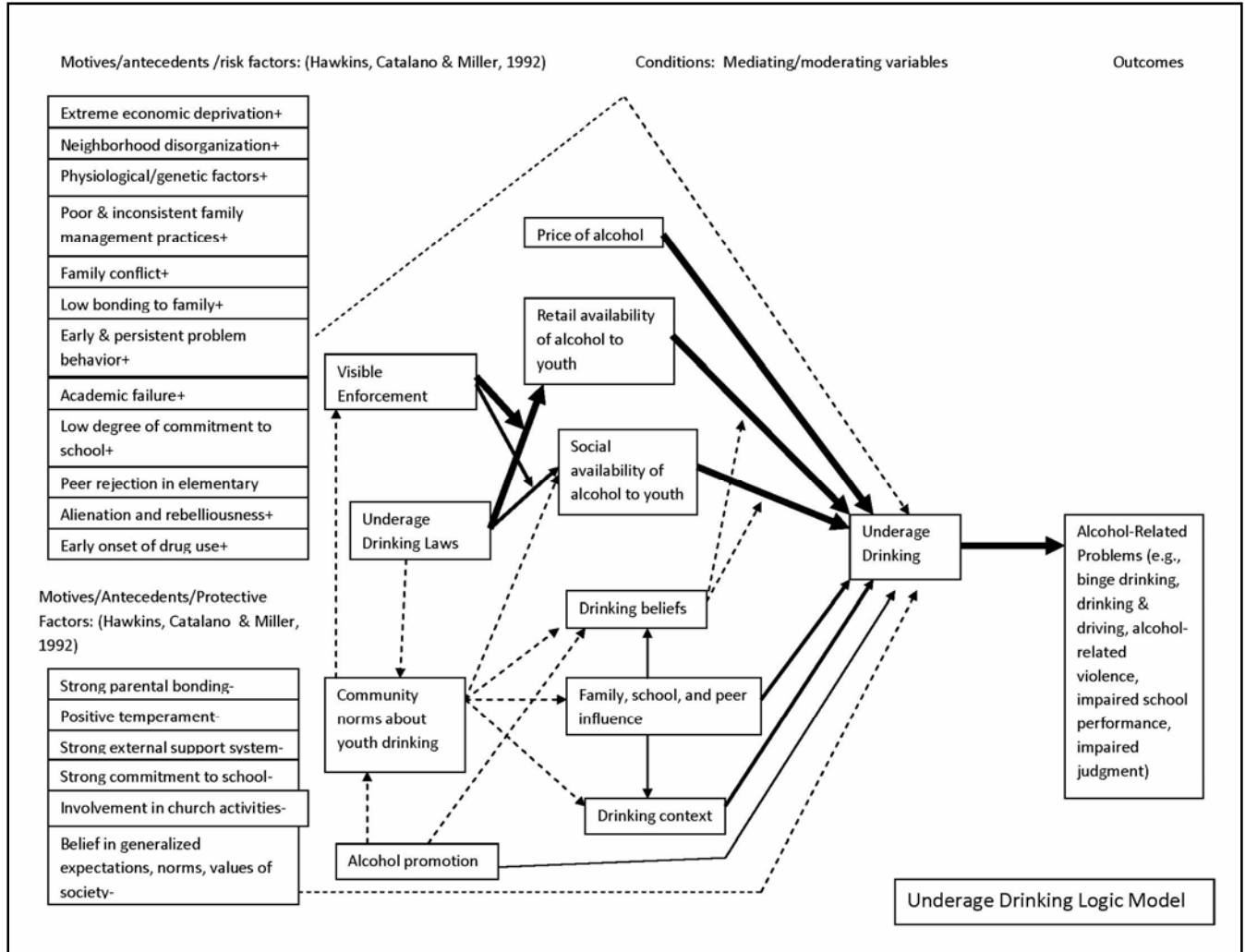
## Organization of the Epidemiological Report

This Epi Report begins with a description of Vanderburgh County and demographic data primarily from U.S. Census surveys. Next, alcohol and other drug priority scores calculated by the State Epidemiology and Outcomes Workgroup are presented to establish the basis for the SPF SIG project and Epi Report. Quantitative and qualitative data are organized by the elements included in the logic model, which is shown on the following page. The following sections of the logic model are addressed in this report.



# Alcohol Logic Model

The following logic model was used to identify protective/risk factors and moderating variables that impact alcohol use and alcohol-related outcomes.



Source: Logic model provided by the Indiana State Epidemiology and Outcomes Workgroup

## Vanderburgh County Community Description

Comprised of approximately 174,000 residents, Vanderburgh County is a community located in the southwestern region of Indiana. The county seat and largest city in Vanderburgh County is Evansville, which has a population of approximately 116,000. The county is part of the tri-state area of Indiana, Illinois, and Kentucky, and draws individuals from communities in those states for shopping, recreation, employment, and education.

The primary regional transportation highway is US 41, which bisects the county from north to south. I-64 runs along the northern-most border of Vanderburgh County. No other major interstate runs directly into the city of Evansville. Partially for that reason, Vanderburgh County is often viewed as somewhat isolated from other sections of Indiana. Vanderburgh County is served by one regional airport, which operates daily flights to and from many eastern, Midwestern, and southwestern cities, including Chicago, Cincinnati, Detroit, and Dallas. The nearest international airport is in Louisville, Kentucky. An additional transportation route is the Ohio River, which borders the southern section of Vanderburgh County. The Ohio River is also used for recreation and commerce.

Vanderburgh County and the surrounding area includes a fairly significant presence of industry, including Whirlpool, Mead Johnson, Berry Plastics, Toyota, Alcoa, and SABIC. TJ Maxx and American General Finance also employ a large number of residents. The county is also a regional hub for healthcare, with two hospitals, Deaconess and St. Mary's, inside the boundaries of Vanderburgh County and an additional hospital/medical complex just outside its eastern border.

In terms of education, approximately 23,000 students attend one of 38 public elementary, middle, high, alternative, and career/technical schools in Vanderburgh County. Several private schools, including those operated through the Evansville Catholic Diocese and other private entities, also have a presence in Vanderburgh County. Post-secondary institutions include Ivy Tech (community college; enrollment: 6,000+), the University of Evansville (four-year private university; enrollment: 2,600), and the University of Southern Indiana (four-year public university; enrollment: 10,126). The number of individuals in Vanderburgh County with advanced degrees is higher than the state average but lower than the U.S. average.

Vanderburgh County has a number of annual social activities, the most prominent of which include the week-long fall festival in October and the Freedom Festival, which is held along the banks of the Ohio River in June. Other activities include university athletics, minor league baseball (Evansville Otters), minor league hockey (Evansville Icemen), the Mesker Park Zoo & Botanic Garden and Amazonia, the Koch Family Children's Museum, the Evansville Museum of Art, History, and Science, the Evansville Half Marathon, several 5K races, and other small community festivals.

As noted in the following table, the median household income for Vanderburgh County is below the state and national averages. Additionally, poverty rates exceed the state and national

averages, which is a change from measurements conducted in 2000, when all groups combined were below the state and national poverty rates. As of the end of 2008, unemployment rates were slightly lower than the state and national averages. However, these are subject to change given the volatile nature of employment activities in 2009.

In terms of race, there is a fairly high degree of homogeneity among the population of Vanderburgh County, with approximately 89% identifying as white. Although the Hispanic population has grown in recent years, the county is still far below state and national rates. The most self-identified ancestry is German, with almost 1/3 of the community identifying with that background. Additionally, while the majority of people are protestant or unclaimed, the largest single identified religious affiliation is Catholic, with a percentage that is higher than the state percentage but slightly lower than that of the nation.

<b>Table 3. Demographic Data for Vanderburgh County, Indiana, and the United States</b>			
<b>Demographic</b>	<b>Vanderburgh Co.</b>	<b>Indiana</b>	<b>United States</b>
Population, 2007	174,425	6,345,289	301,621,157
Population, 2000	171,922	6,080,485	281,421,906
Population, percent change, April 1, 2000 to July 1, 2007	+1.5%	+4.4%	+7.2%
Population of 18-24 year olds, 2007 (U.S. Census; Indiana Business Research Center)	18,799	605,135	29,492,415
<b>Sex (2007 Quickfacts<sup>1</sup>)</b>			
Female	52.3%	50.7%	50.7%
Male	47.7%	49.3%	49.3%
<b>Age (2007 Quickfacts)</b>			
Persons under 5 years old	6.8%	6.9%	6.9%
Persons under 18 years old	23.2%	25.0%	24.5%
Persons 65 years old and over	14.5%	12.5%	12.6%
<b>Age (2007 Population Estimates Program<sup>2</sup>)</b>			
Under 5 years	11,887	437,494	20,724,125
5 to 9 years	11,208	434,918	19,849,628
10 to 14 years	10,735	437,919	20,314,309
15 to 19 years	12,350	452,551	21,473,690
20 to 24 years	13,164	428,771	21,032,396
25 to 39 years	33,095	1,283,207	61,767,386
40 to 49 years	24,933	935,070	44,846,202
50 to 64 years	31,709	1,139,918	53,725,463
65 years and over	25,352	715,229	37,887,958
<b>Race/Ethnicity (2007 Quickfacts)</b>			
White	88.7%	88.1%	80.0%
Black	8.6%	9.0%	12.8%
American Indian and Alaska Native	0.2%	0.3%	1.0%
Asian	1.1%	1.4%	4.4%
Native Hawaiian and Other Pacific Islander	Z	Z	0.2%



Persons reporting two or more races	1.4%	1.1%	1.6%
Persons of Hispanic or Latino origin	1.2%	5.0%	15.1%
White persons not Hispanic	87.6%	83.5%	66.0%
<b>Households by Type (2007 ACS<sup>3</sup>)</b>			
Total households	71,827 (100%)	2,462,278 (100%)	112,377,977 (100%)
Family households (families)	43,505 (60.6%)	1,662,403 (67.5%)	75,119,260 (66.8%)
With own children under 18 years	20,082 (28.0%)	765,595 (31.1%)	34,999,584 (31.1%)
Married-couple family	32,513 (45.3%)	1,265,979 (51.4%)	55,867,091 (49.7%)
With own children under 18 years	13,003 (18.1%)	522,254 (21.2%)	24,086,303 (21.4%)
Male householder, no wife present, family	3,719 (5.2%)	108,498 (4.4%)	5,208,231 (4.6%)
With own children under 18 years	1,951 (2.7%)	61,213 (2.5%)	2,565,010 (2.3%)
Female householder, no husband present, family	7,273 (10.1%)	287,926 (11.7%)	14,043,938 (12.5%)
With own children under 18 years	5,128 (7.1%)	182,128 (7.4%)	8,348,271 (7.4%)
Nonfamily households	28,322 (39.4%)	799,875 (32.5%)	37,258,717 (33.2%)
Householder living alone	24,457 (34.0%)	666,234 (27.1%)	30,645,140 (27.3%)
65 years and over	7,281 (10.1%)	217,684 (8.8%)	10,264,914 (9.1%)
<b>Households with one or more people under 18 years</b>			
	21,950 30.6%	838,822 34.1%	38,639,706 34.4%
<b>Households with one or more people 65 years and over</b>			
	16,499 23.0%	545,314 22.1%	26,256,977 23.4%
<b>Average household size</b>			
	2.31	2.50	2.61
<b>Average family size</b>			
	2.95	3.04	3.20
<b>Housing Units, 2007</b>			
	81,475	2,778,394	127,901,934
<b>Homeownership rate, 2000</b>			
	66.8%	71.4%	66.2%
<b>Housing units in multi-unit structures, 2000</b>			
	26.1%	19.2%	26.4%
<b>Median value of owner-occupied housing units, 2000</b>			
	\$82,400	\$94,300	\$119,600
<b>Median household income, 2007</b>			
	\$42,512	\$47,422	\$50,740
<b>Relationship (2007 ACS)</b>			
<b>Population in households</b>	165,567 100%	6,159,026 100%	293,499,975 100%

Householder	71,827 43.4%	2,462,278 40.0%	55,824,105 38.3%
Spouse	32,644 19.7%	1,265,794 20.6%	55,824,105 19.0%
Child	45,665 27.6%	1,841,369 29.9%	89,604,479 30.5%
Other relatives	6,335 3.8%	281,094 4.6%	19,655,231 6.7%
Nonrelatives	9,096 5.5%	308,491 5.0%	16,038,183 5.5%
Unmarried partner	3,827 2.3%	141,695 2.3%	6,240,153 2.1%
<b>Marital Status (2007 ACS)</b>			
<b>Males 15 years and over</b>	66,261 100%	2,453,302 100%	117,459,139 100%
Never married	22,201 33.5%	747,516 30.5%	39,982,351 34.0%
Now married, except separated	34,014 51.3%	1,336,697 54.5%	61,434,971 52.3%
Separated	595 0.9%	31,017 1.3%	2,166,837 1.8%
Widowed	1,894 2.9%	62,276 2.5%	2,979,103 2.5%
Divorced	7,557 11.4%	275,796 11.2%	10,895,877 9.3%
<b>Females 15 years and over</b>	74,909 100%	2,582,623 100%	123,264,879 100%
Never married	18,690 25.0%	635,529 24.6%	34,078,165 27.6%
Now married, except separated	34,519 46.1%	1,315,958 51.0%	59,485,793 48.3%
Separated	1,240 1.7%	44,937 1.7%	3,127,433 2.5%
Widowed	7,938 10.6%	251,871 9.8%	12,164,063 9.9%
Divorced	12,522 16.7%	334,328 12.9%	14,409,425 11.7%
<b>Grandparents (2007 ACS)</b>			
<b>Number of grandparents living with own grandchildren under 18 years</b>	1,964 100%	102,978 100%	6,210,076 100%
Responsible for grandchildren	1,138 57.9%	49,044 47.6%	2,514,256 40.5%
<b>School Enrollment (2007 ACS)</b>			
<b>Population 3 years and over enrolled in school</b>	43,894 100%	1,669,122 100%	79,329,527 100%
Nursery school, preschool	2,500 5.7%	100,411 6.0%	4,913,688 6.2%

Kindergarten	2,142 4.9%	90,248 5.4%	4,028,537 5.1%
Elementary school (grades 1-8)	16,610 37.8%	697,625 41.8%	32,160,255 40.5%
High school (grades 9-12)	8,845 20.2%	351,436 21.1%	17,433,099 22.0%
College or graduate school	13,797 31.4%	429,402 25.7%	20,793,948 26.2%
<b>Educational Attainment (2007 ACS)</b>			
<b>Population 25 years and over</b>	114,930 100%	4,143,519 100%	197,892,369 100%
Less than 9 <sup>th</sup> grade	4,069 3.5%	173,481 4.2%	12,575,318 6.4%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	10,097 8.8%	416,755 10.1%	18,098,125 9.1%
High school graduate (includes equivalency)	39,384 34.3%	1,542,222 37.2%	59,658,315 30.1%
Some college, no degree	25,839 22.5%	803,293 19.4%	38,522,312 19.5%
Associate's degree	9,002 7.8%	293,297 7.1%	14,704,788 7.4%
Bachelor's degree	16,769 14.6%	586,250 14.1%	34,364,477 17.4%
Graduate or professional degree	9,770 8.5%	328,221 7.9%	19,969,034 10.1%
<b>Percent high school graduate or higher</b>			
	87.7%	85.8%	84.5%
<b>Percent bachelor's degree or higher</b>			
	23.1%	22.1%	27.5%
<b>Place of Birth (2007 ACS)</b>			
Native	171,114 98.1%	6,081,441 95.8%	263,561,465 87.4%
Born in United States	170,493 97.7%	6,046,473 95.3%	259,762,585 86.1%
State of residence	123,064 70.6%	4,344,573 68.5%	177,509,272 58.9%
Different state	47,429 27.2%	1,701,900 26.8%	82,253,313 27.3%
Born in Puerto Rico, US Island areas, or born abroad to American parent(s)	621 0.4%	34,968 0.6%	3,798,880 1.3%
Foreign born	3,311 1.9%	263,848 4.2%	38,059,694 12.6%
<b>US Citizenship Status (2007 ACS)</b>			
Foreign-born population	3,311 100%	263,848 100%	38,059,694 100%
Naturalized US citizen	1,372 41.4%	96,401 36.5%	16,181,883 42.5%

Not a US citizen	1,939 58.6%	167,447 63.5%	21,877,811 57.5%
Language other than English spoken at home, age 5+, 2000	3.8%	6.4%	17.9%
<b>Ancestry (2007 ACS)</b>			
American	17.6%	10.0%	6.4%
English	9.9%	10.1%	9.3%
French (except Basque)	2.6%	2.8%	3.2%
German	32.2%	27.4%	16.8%
Irish	12.5%	13.4%	12.1%
Italian	3.0%	3.1%	5.9%
Polish	1.8%	3.5%	3.3%
<b>Religious Affiliation (2000 ARDA<sup>4</sup>)</b>			
Catholic	31,497 (18.3%) <sup>5</sup>	836,009 (13.7%)	62,035,042 (22.0%)
Christian Churches and Churches of Christ	3,164 (1.8%)	205,408 (3.4%)	1,439,253 (0.5%)
Lutheran Church	3,337 (1.9%)	111,522 (1.8%)	2,521,062 (0.9%)
Southern Baptist Convention	19,243 (11.2%)	124,452 (2.0%)	19,881,467 (7.1%)
United Church of Christ	7,353 (4.3%)	51,177 (0.8%)	1,698,918 (0.6%)
United Methodist Church	7,160 (4.2%)	288,308 (4.7%)	10,350,629 (3.7%)
Unclaimed	84,981 (49.4%)	3,471,691 (57.1%)	140,057,419 (49.8%)

<sup>1</sup>U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, States and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report.

<sup>2</sup>U.S. Census Population Estimates Program

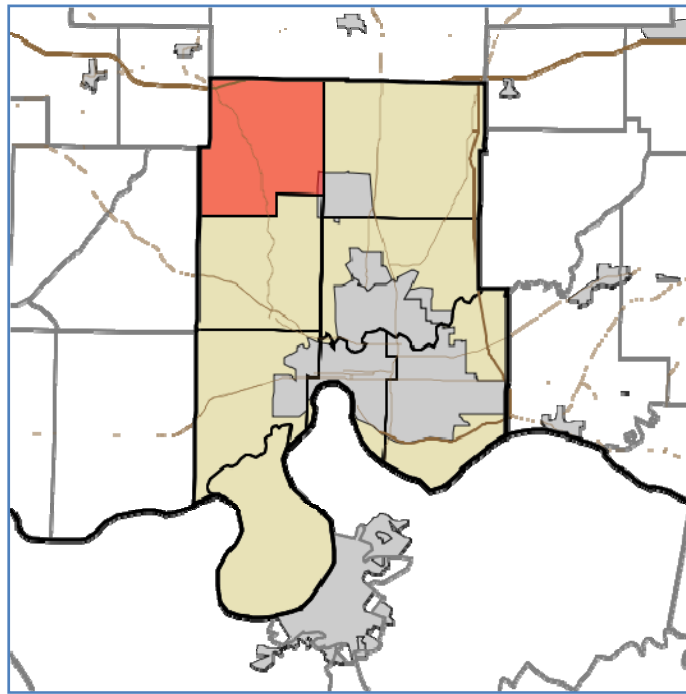
<sup>3</sup>U.S. Census American Community Survey

<sup>4</sup>The Association of Religion Data Archives; *Religious Congregations & Membership in the United States, 2000*, published by the Glenmary Research Center

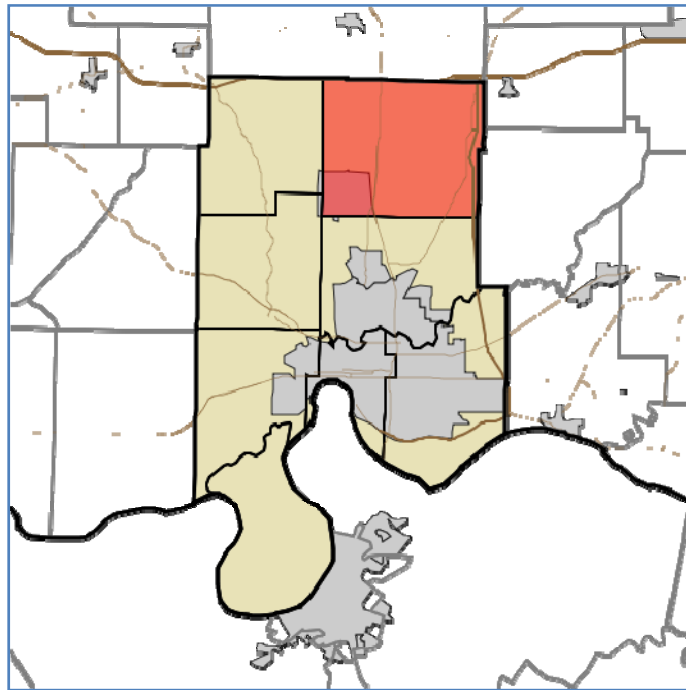
<sup>5</sup>Figure represents a percentage of the 2000 population

## Vanderburgh County Townships

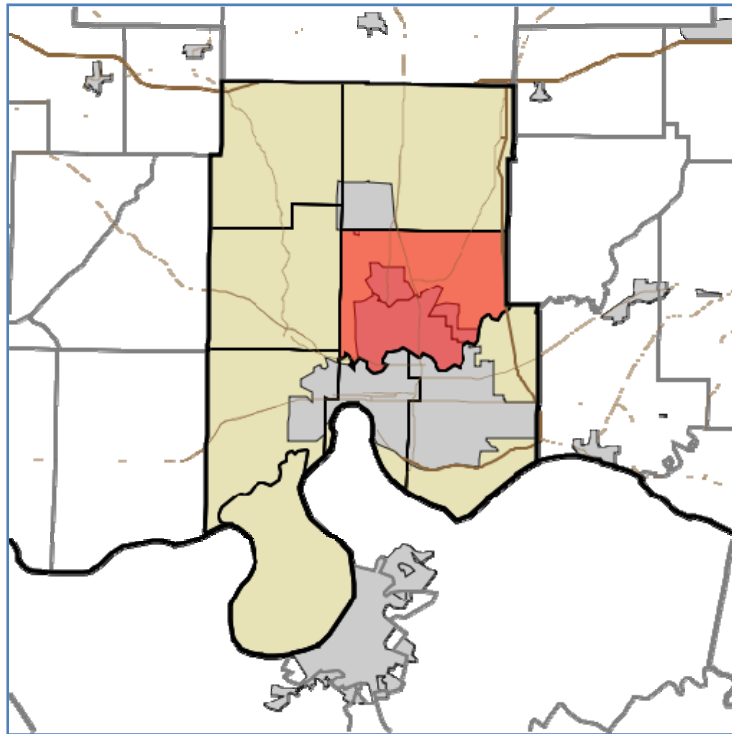
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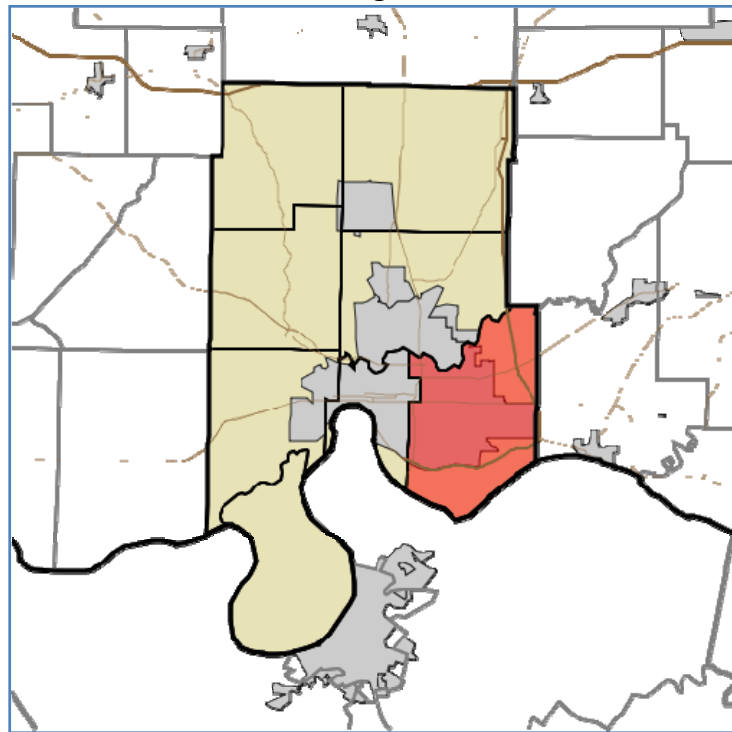
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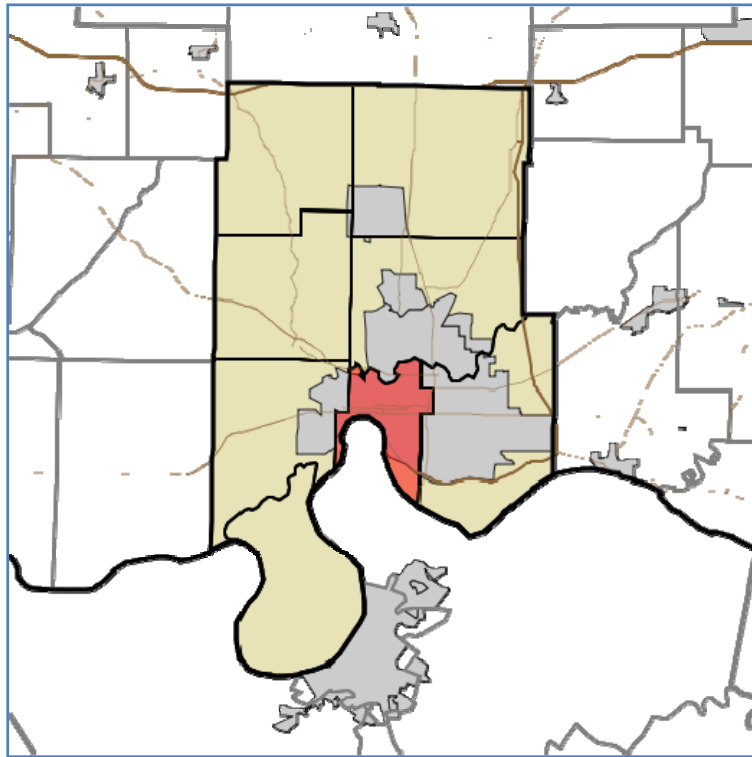
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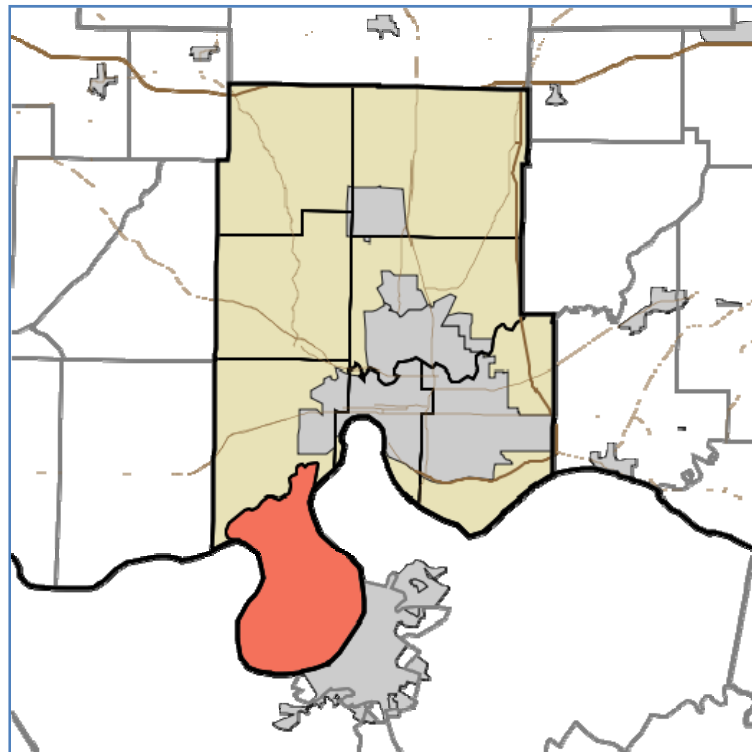
**Knight**



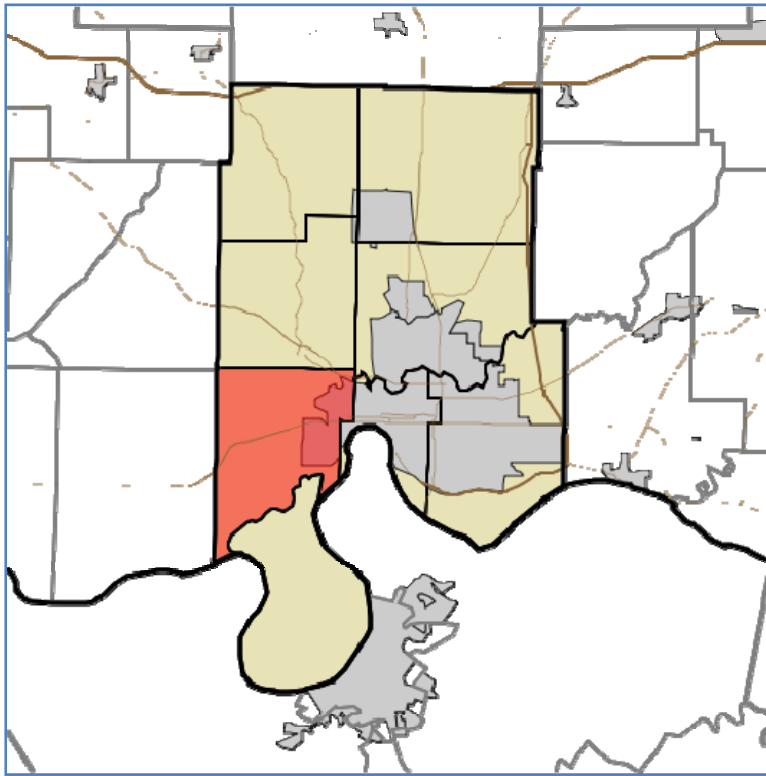
Pigeon



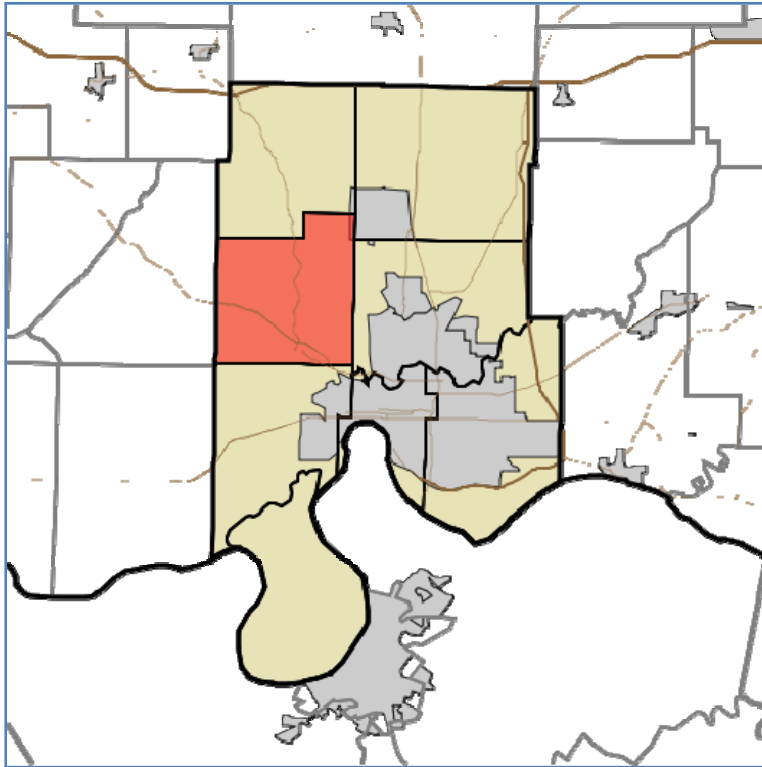
Union



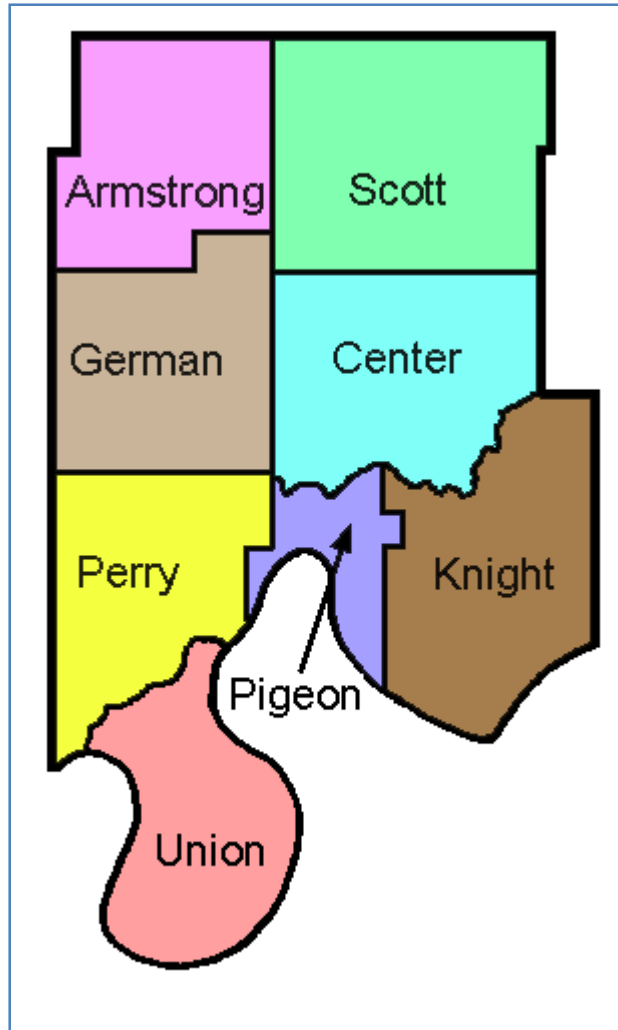
Perry



German







## Description of Priority Scores for Vanderburgh County

The following priority scores for Vanderburgh County were provided in the Indiana State Epidemiological Profile and help to establish the importance of the epidemiological report for Vanderburgh and the SPF SIG project as a whole. Priority scores are based on crime and/or traffic data related to various substances and serve as a proxy indicator for overall substance use. As noted below, Vanderburgh County is ranked either 4<sup>th</sup> or 6<sup>th</sup> in the alcohol priority area depending on the calculation that is used. To show the correlation with other substances and issues, Vanderburgh is 1<sup>st</sup> in marijuana priority and tied for 1<sup>st</sup> in methamphetamine and overall drug priority scores. Additionally, Vanderburgh County is tied for 1<sup>st</sup> in the runaway priority score, which is used as an indicator of substance use.

<b>Table 4. Alcohol and Drug Priority Scores Vanderburgh County</b>		
<b>Substance</b>	<b>Priority Score</b>	<b>State Ranking</b>
Alcohol Priority (2006 method-six indicators) <sup>1</sup>	17	4 <sup>th</sup>
Alcohol Priority (2007 method-ten indicators) <sup>2</sup>	23	6 <sup>th</sup>
Cocaine Possession and Sale/Manufacture	6	Tied for 8 <sup>th</sup>
Methamphetamine Possession and Sale/Manufacture	8	Tied for 1 <sup>st</sup>
Marijuana Possession and Sale/Manufacture	16	1 <sup>st</sup>
Drug Arrest and Sale/Manufacture	8	Tied for 1 <sup>st</sup>
Runaway Priority	8	Tied for 1 <sup>st</sup>

<sup>1</sup>The six indicators used for this priority score include: number of alcohol-related fatal auto accidents; rate of alcohol-related fatal auto accidents; number of alcohol-related crashes; rate of alcohol-related crashes; number of arrests for public intoxication; and rate of public intoxication arrests.

<sup>2</sup>In addition to the six indicators listed above, this priority score also includes: number of arrests for driving under the influence (DUI); rate of DUI arrests; number of arrests for liquor law violations; and rate of liquor law violation arrests.

Source: Primary-Indiana State Police and National Archive of Criminal Justice Data; Secondary-2007 Indiana State Epidemiological Profile

# Section 1:

## Risk and Protective Factors

- Those variables that underlie development of alcohol use, such as family bonding, performance in school, and economic deprivation.

### **Identified Risk Factors include:**

- 1.1 Extreme Economic Depression
- 1.2 Neighborhood Disorganization
- 1.3 Physiological and Genetic
- 1.4 Early and Persistent Problem Behavior
- 1.5 Academic Failure
- 1.6 Alienation and Isolation

### **Identified Protective Factors include:**

- 1.7 Strong External Support Systems

## 1.1 RISK FACTOR: EXTREME ECONOMIC DEPRESSION

Overall, unemployment rates in Vanderburgh County tend to be slightly lower than the average for Indiana and the United States (Table 5). Data show that there have been a few exceptions to that trend depending on the year. The most recent figures show a spike in the unemployment rate for the county, which in January 2009 was slightly higher than the national average but lower than the rate for Indiana. Since 2000, unemployment rates for Vanderburgh County have shown an overall increase, which is somewhat similar to the state and national trends.

Year	Vanderburgh Co.	Indiana	United States
2000	3.1%	2.9%	4.0%
2001	3.8%	4.2%	4.7%
2002	4.5%	5.2%	5.8%
2003	4.7%	5.3%	6.0%
2004	4.9%	5.3%	5.5%
2005	5.1%	5.4%	5.1%
2006	4.7%	4.9%	4.6%
2007	4.7%	4.5%	4.6%
2008	5.1% <sup>1</sup>	5.9% <sup>2</sup>	5.8%
January 2009	8.0% <sup>3</sup>	9.2% <sup>3</sup>	7.6%
February 2009	--	--	8.1%

<sup>1</sup>Average based on 11 months of data (January-November 2008)

<sup>2</sup>Average based on 12 months of data, with a preliminary December rate

<sup>3</sup>Based on data reported by the Evansville Courier and Press on March 6, 2009

Source: Bureau of Labor Statistics

The percentage of students on free or reduced lunch in the Evansville Vanderburgh School Corporation increased between the 2003/2004 and 2007/2008 school years (Table 6). This trend also was witnessed in all Indiana public schools. While the trends were similar, EVSC exceeds the free lunch state average by approximately ten percentage points each year and the reduced lunch state average by approximately two percentage points.

School Year	Evansville Vanderburgh School Corp.		Indiana Public Schools	
	Free	Reduced	Free	Reduced
2003/2004	36.3%	9.3%	27.1%	7.7%
2004/2005	38.3%	9.7%	28.2%	7.9%
2005/2006	38.4%	10.4%	28.1%	7.9%
2006/2007	39.5%	10.6%	29.4%	8.1%
2007/2008	40.7%	10.0%	31.0%	8.2%

Source: Indiana Department of Education

The average number of persons issued food stamps in the county increased considerably between 2003 and 2008 (Table 7). Although this increase is a significant concern in Vanderburgh County, the degree of growth in food stamps issued across the state of Indiana is even larger than that in this community. These data show that more people are accessing public assistance to obtain food each year. While food stamp rates have increased, TANF grants have actually decreased for both Vanderburgh County and Indiana (Table 8). Although it may appear that fewer families are receiving the financial help they need, the state is making efforts to provide transitional services to families to help them find employment and to be less dependent upon what has traditionally been known as welfare, or public aid.

<b>Table 7. Annual average of persons issued food stamps, Vanderburgh County, 2003-2007</b>		
<b>Year</b>	<b>Vanderburgh County</b>	<b>Indiana</b>
2003	16,935	487,433
2004	18,424	535,199
2005	19,367	561,860
2006	19,277	577,970
2007	19,077	593,011
% Change 2003-2007	+12.6%	+21.7%
October 2008	19,289	740,347

Source: Indiana Family & Social Services Administration

<b>Table 8. Annual average of families receiving Temporary Assistance for Needy Families (TANF) grants, Vanderburgh County, 2003-2007</b>		
<b>Year</b>	<b>Vanderburgh County</b>	<b>Indiana</b>
2003	1,679	47,033
2004	1,533	44,705
2005	1,541	43,458
2006	1,493	41,498
2007	1,352	39,367
% Change 2003-2007	-19.5%	-16.3%
October 2008	1,096	36,592

Source: Indiana Family & Social Services Administration

Between 2003 and 2007, the number of participants in the Women, Infant, and Children (WIC) program increased in both Vanderburgh County and Indiana (Table 9). Per the USDA Food and Nutrition Service, WIC provides the following benefits to participants: supplemental nutritious foods; nutrition education and counseling; and screening and referrals to other welfare, health, and social services.

<b>Year</b>	<b>Vanderburgh County</b>	<b>Indiana</b>
2003	5,808	227,713
2004	5,955	236,767
2005	5,977	224,140
2006	6,079	246,668
2007	6,303	255,119
% Change 2003-2007	+8.5%	+12.0%

Source: Indiana State Department of Health

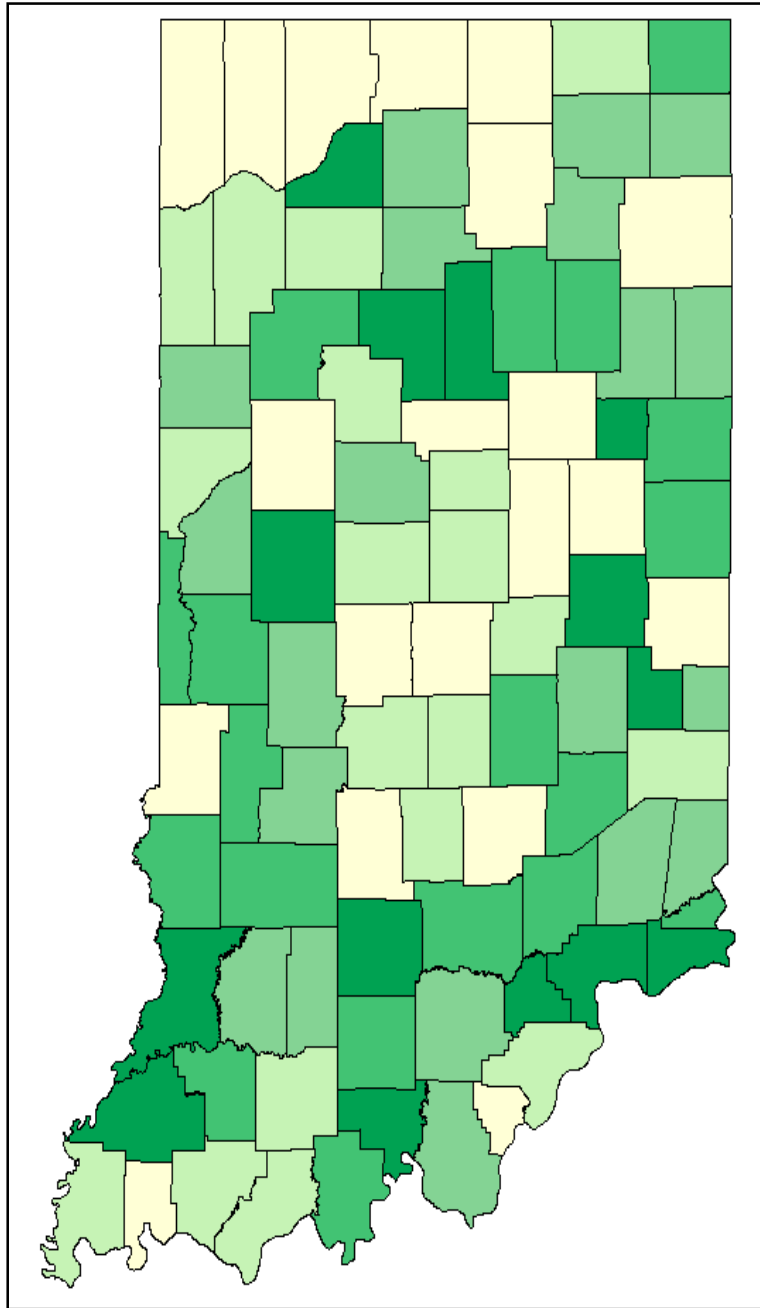
Given that economic problems may be magnified in families where there is only one parent, data associated with the percentage of lone parent households is important to review as a potential risk factor for alcohol-related problems. In Vanderburgh County, 26.9% of household were comprised of single parent families in 2007 (Table 10). This figure is somewhat lower than the percentage in Indiana and the United States. If broken down by gender, the percentage of lone parent male households in Vanderburgh County is slightly higher than the state and national rates, while the percentage of lone parent female households is lower than Indiana and the United States. Specifically examining lone parent female households, which are typically significantly higher than lone parent male households, Vanderburgh County is actually lower than other counties in the southwestern Indiana region (Figure 1). Further, over 70 Indiana counties have higher percentages of lone parent female households. This is a positive indicator of the stability of families and welfare of children in Vanderburgh County. This community is also lower than other surrounding areas in the percentage of all single parent households.

A more detailed view of Vanderburgh County highlights the sections of the county where the most single parent families reside (Figures 3 and 4, Table 11). This may help to show the level of economic stability in particular neighborhoods. Data show that the southeast section of the county has the highest percentages of single parent households. In particular, the southernmost boundary of Knight Township has the largest concentration of single parent households. Other sections of Knight and some areas in Pigeon Township also have higher rates than other sections of the county.

<b>Type</b>	<b>Vanderburgh Co.</b>	<b>Indiana</b>	<b>United States</b>
Lone Parent Male (%)	10.4%	8.3%	8.0%
Lone Parent Female (%)	16.5%	24.2%	25.8%
Single Parent Families (M+F) (%)	26.9%	32.4%	33.8%
Year	2007	2007	2007

Source: Primary – Applied Geographic Solutions, 2008; Secondary – IPRC PREV-STAT

Figure 1. Lone Parent Female as % of all Households with Children – Indiana



Lone Parent Female (% of all Households with Children)  
Indiana by Co. (AGS, 2007 est. 2008)

48 to 55	(14)
45 to 48	(19)
41 to 45	(20)
20 to 41	(19)
15 to 20	(20)

Figure 2. Single Parent Families as % of Families with Children – Indiana

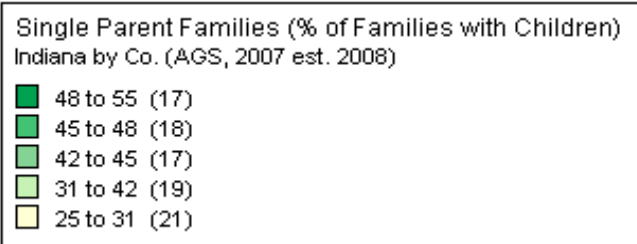
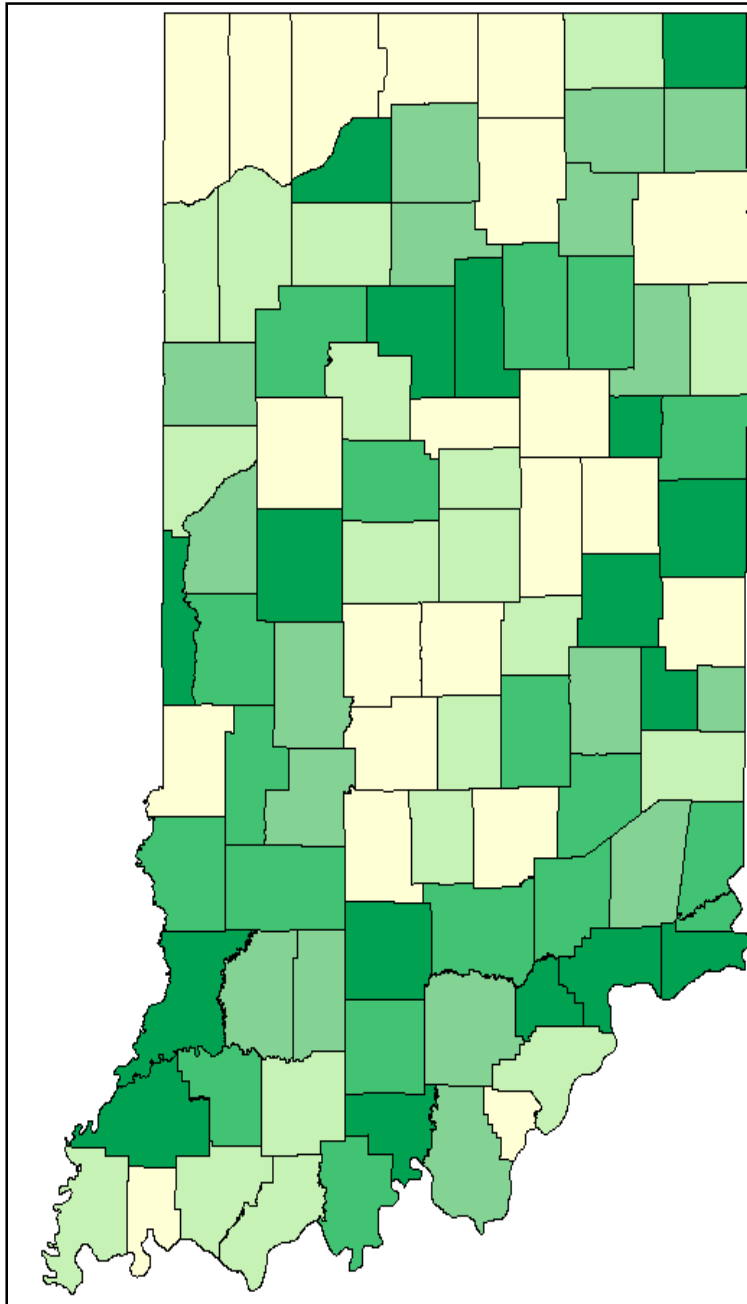
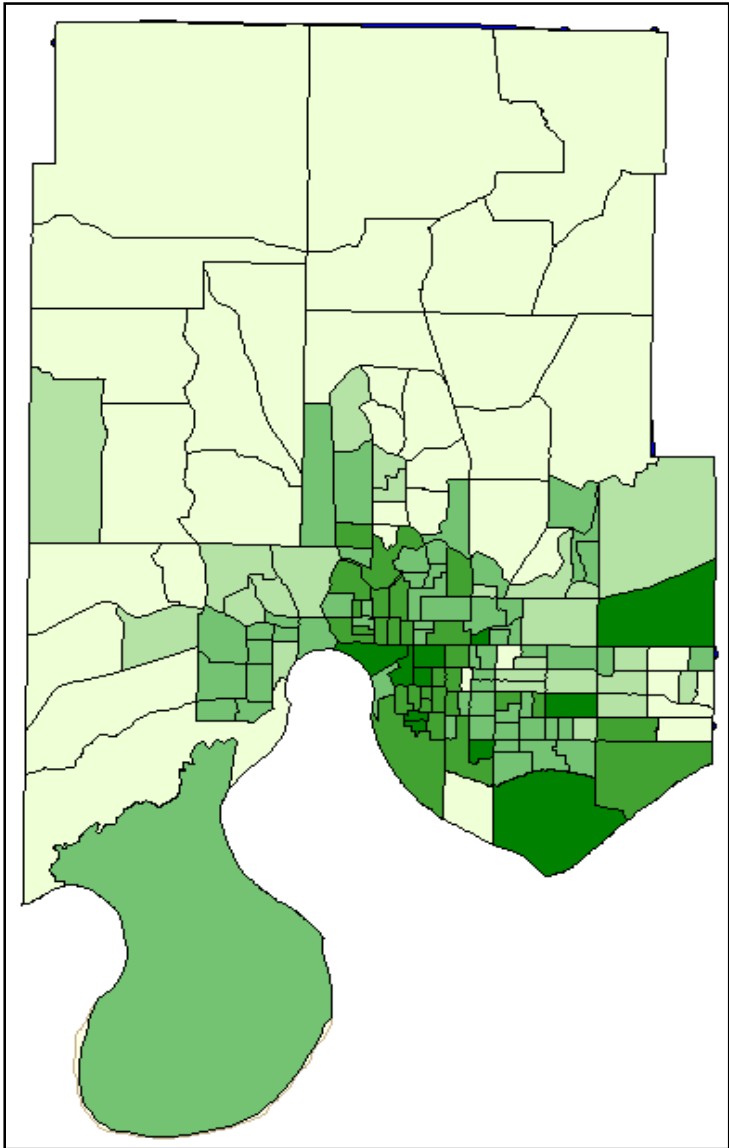




Figure 3. Single Parent Families as % of Families with Children – Vanderburgh County (Map 1)



Vanderburgh County, IN  
Single Parent HHs (% of All HH w/ ch) by Block group

55 to 100	(11)
40 to 55	(29)
23 to 40	(57)
16 to 23	(24)
0 to 16	(38)

Figure 4. Single Parent Families as % of Families with Children – Vanderburgh County (Map 2)

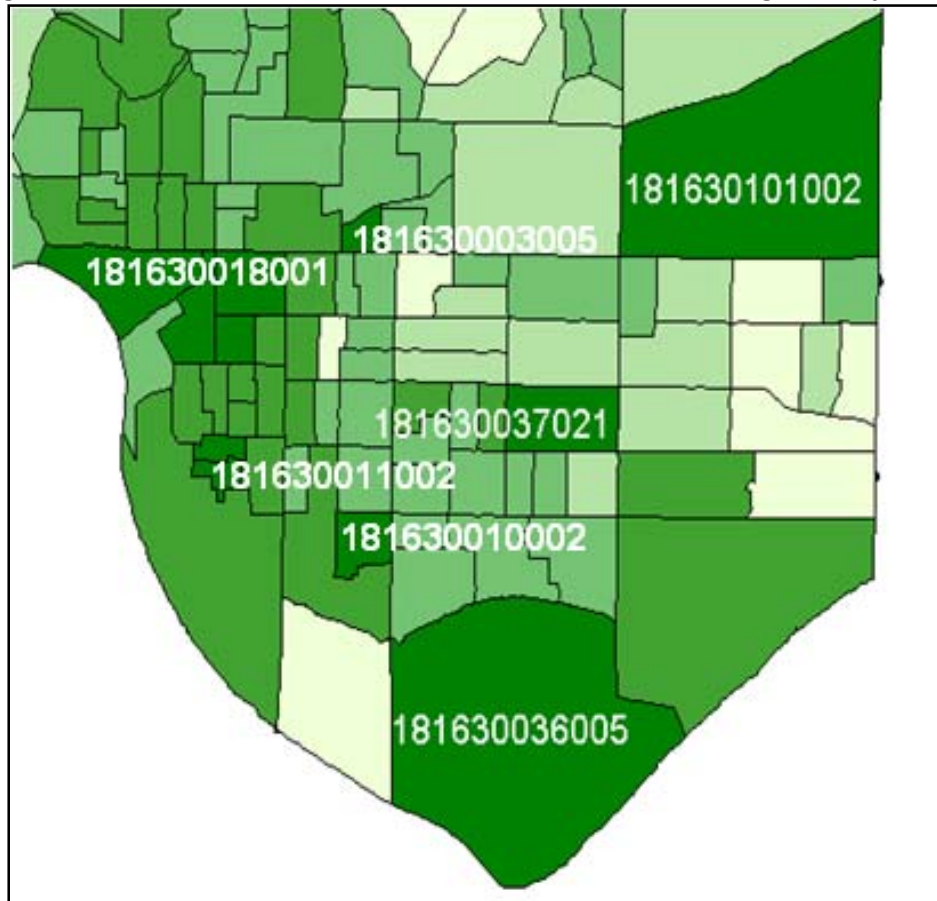


Table 11. Single Parent Households by Block Group, Vanderburgh County		
Rank	Block Group	Single Parent Households
1	181630036005	100.0
2	181630017002	72.8
3	181630011002	64.9
4	181630003005	62.2
5	181630018001	61.1
6	181630037021	60.3
7	181630015001	60.2
8	181630011003	59.8
9	181630014001	58.2
10	181630010002	56.7
11	181630101002	56.4
12	181630026004	54.5

Source: Primary – U.S. Census; Secondary – IPRC PREV-STAT

The level of poverty in Vanderburgh County is an issue that has shown an increase over the past several years (Table 12). In 2000, the percentage of individuals in all age groups who were classified in poverty status was 8.8%. This rate was lower than the state and national rates. As of 2007, the rate had increased to 13.8%, which was higher than the poverty rates for Indiana and the United States. This change represents a 57% increase in poverty in Vanderburgh County. Specifically with children under the age of 18, approximately 1 in every 5 children (approximately 20%) is living in poverty in Vanderburgh County. This rate exceeds state and national rates, which are both quite high. The change in poverty rates for children represents a 64% increase since 2000.

A group particularly impacted by poverty is the undereducated, namely individuals who do not have a high school diploma. Data show that individuals who have not graduated from high school are three times as likely to be classified in poverty. Given that Vanderburgh County's poverty rates for those who do not have a high school diploma are higher than the state or national rates, this community is even more impacted by the lack of education.

<b>Table 12. Poverty Rates</b>			
<b>Group/Year</b>	<b>Vanderburgh County</b>	<b>Indiana</b>	<b>United States</b>
<b>Poverty-all age groups</b>			
2007	13.8%	12.3%	13.0%
2006	14.4%	12.7%	13.3%
2005	12.6%	12.2%	13.3%
2000	8.8%	10.6%	11.3%
<b>Poverty-under 18 years</b>			
2007	19.9%	17.3%	18.0%
2006	20.4%	17.9%	18.3%
2005	16.7%	16.7%	18.5%
2000	12.1%	14.5%	16.2%
<b>Poverty-males</b>			
2007	12.8%	10.9%	11.5%
2006	11.8%	11.1%	11.9%
2005	10.0%	10.7%	11.8%
2000	9.4%	8.3%	11.1%
<b>Poverty-females</b>			
2007	14.8%	13.8%	14.3%
2006	16.9%	14.3%	14.7%
2005	15.0%	13.7%	14.8%
2000	12.7%	10.6%	13.5%
<b>Poverty-less than high school graduate (age 25 and over)</b>			
2007	26.7%	21.3%	23.3%
2006	26.8%	21.0%	23.7%
2005	26.1%	20.3%	23.6%
<b>Poverty-high school graduate (age 25 and over)</b>			
2007	9.1%	9.2%	11.3%
2006	9.7%	9.5%	11.5%
2005	9.1%	9.6%	11.2%

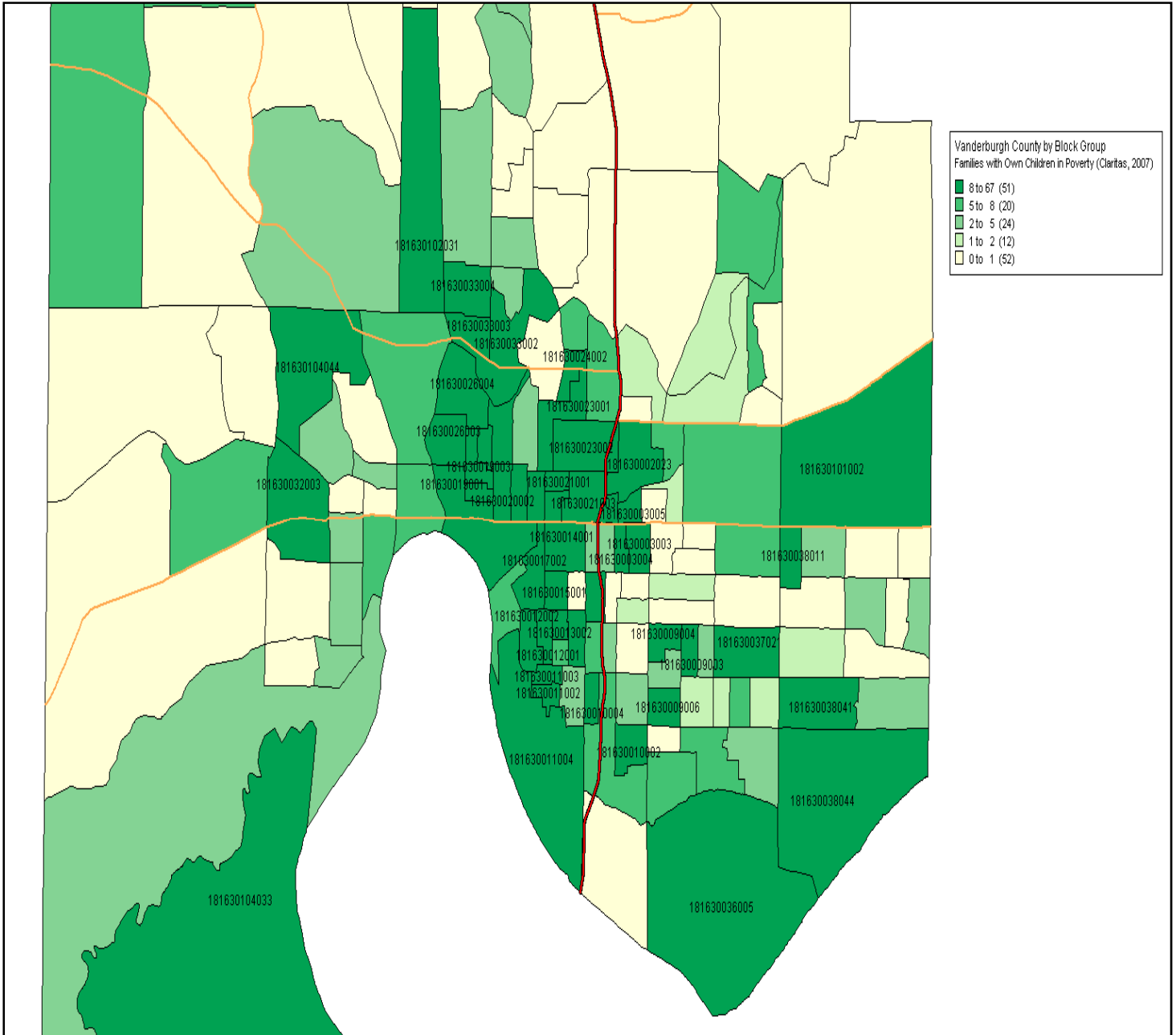
Source: 2000 U.S. Census; 2005-2007 American Community Survey

Given that single mothers with children represent the higher percentage of lone parent households (as compared to single fathers), it is important to analyze the level of poverty that these types of families experience (Table 13). Overall, single mothers in poverty represent approximately 36% of all single mothers. While the overall percentage of single mothers in Vanderburgh County is lower than other counties in the region, the level of poverty among those single mothers in this community is quite high. Specifically looking at all households with children in poverty, single mothers in poverty make up over 60% of that group, which is the highest figure in the region and among the top 19 counties in the state (Figure 6). Needless to say, poverty among single mothers is a significant concern in Vanderburgh County. A breakdown of census block groups shows that this is a problem that exists throughout the county and is not focused on a particular section.

<b>Table 13. Families in Poverty (Claritas, 2007)</b>			
<b>Group</b>	<b>Vanderburgh Co.</b>	<b>Indiana</b>	<b>United States</b>
Families with own child under 18 in poverty as % of all families with own children under 18	12.9%	10.2%	--
Married couple families with child in poverty as % of married couple families with children	3.7%	3.9%	6.6%
Single dads in poverty, % of single dads	18.1%	14.1%	17.7%
Single moms in poverty, % of single moms	36.3%	30.4%	34.3%
Single parents in poverty, % of all single parents	32.5%	26.4%	30.5%
Year	2006	2006	2006

Source: Primary – Claritas, 2007; Secondary – IPRC PREV-STAT

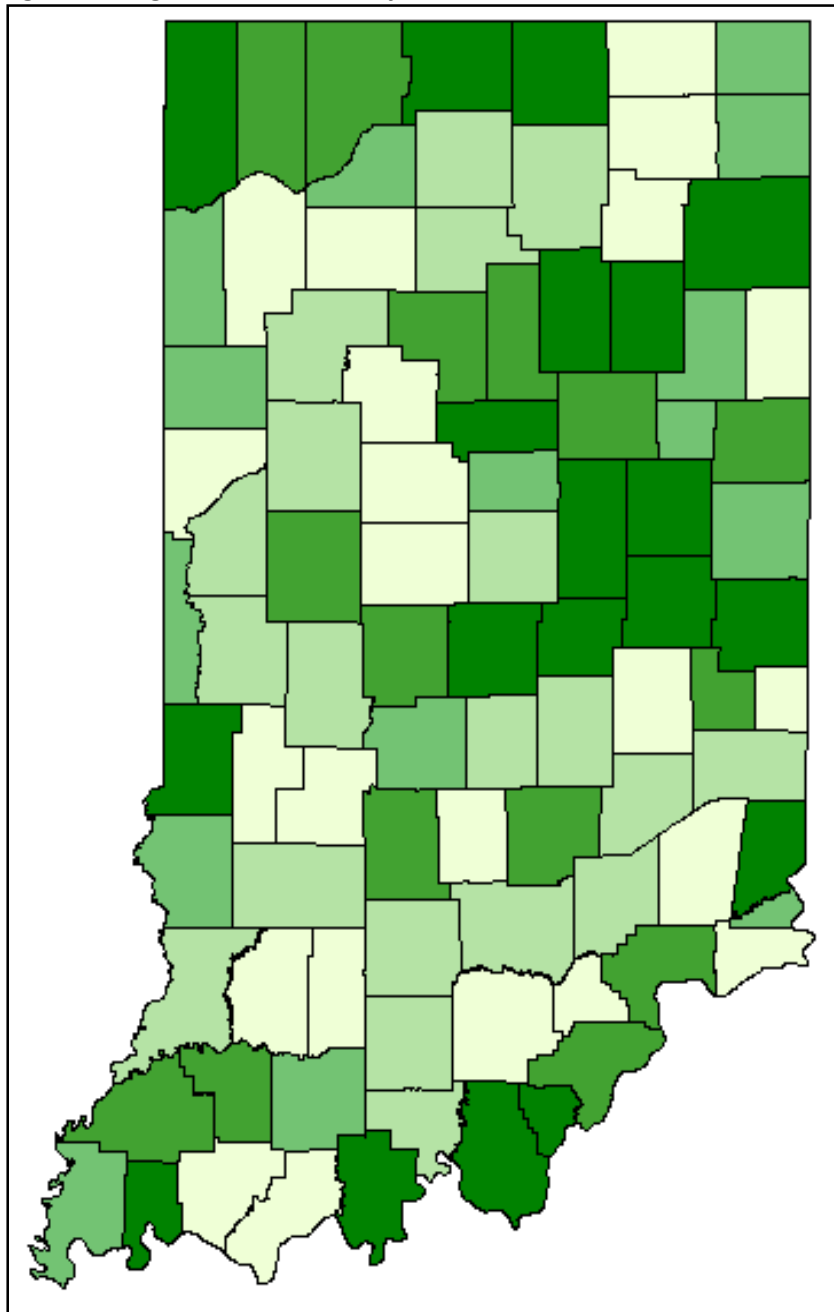
**Figure 5. Families with Own Children in Poverty – Vanderburgh County**



<b>Table 14. Families with own Children in Poverty, Vanderburgh County</b>		
<b>Rank</b>	<b>Block Group</b>	<b>Families with Own Children in Poverty</b>
1	181630036005	66.7
2	181630003005	51.4
3	181630017002	42.7
4	181630101002	38.6
5	181630026004	35.5
6	181630037021	34.7
7	181630012002	30.0
8	181630012001	29.9
9	181630010002	29.6
10	181630019003	28.4
11	181630021002	25.8
12	181630033002	25.6

Source: Primary – Claritas, 2007; Secondary – IPRC PREV-STAT

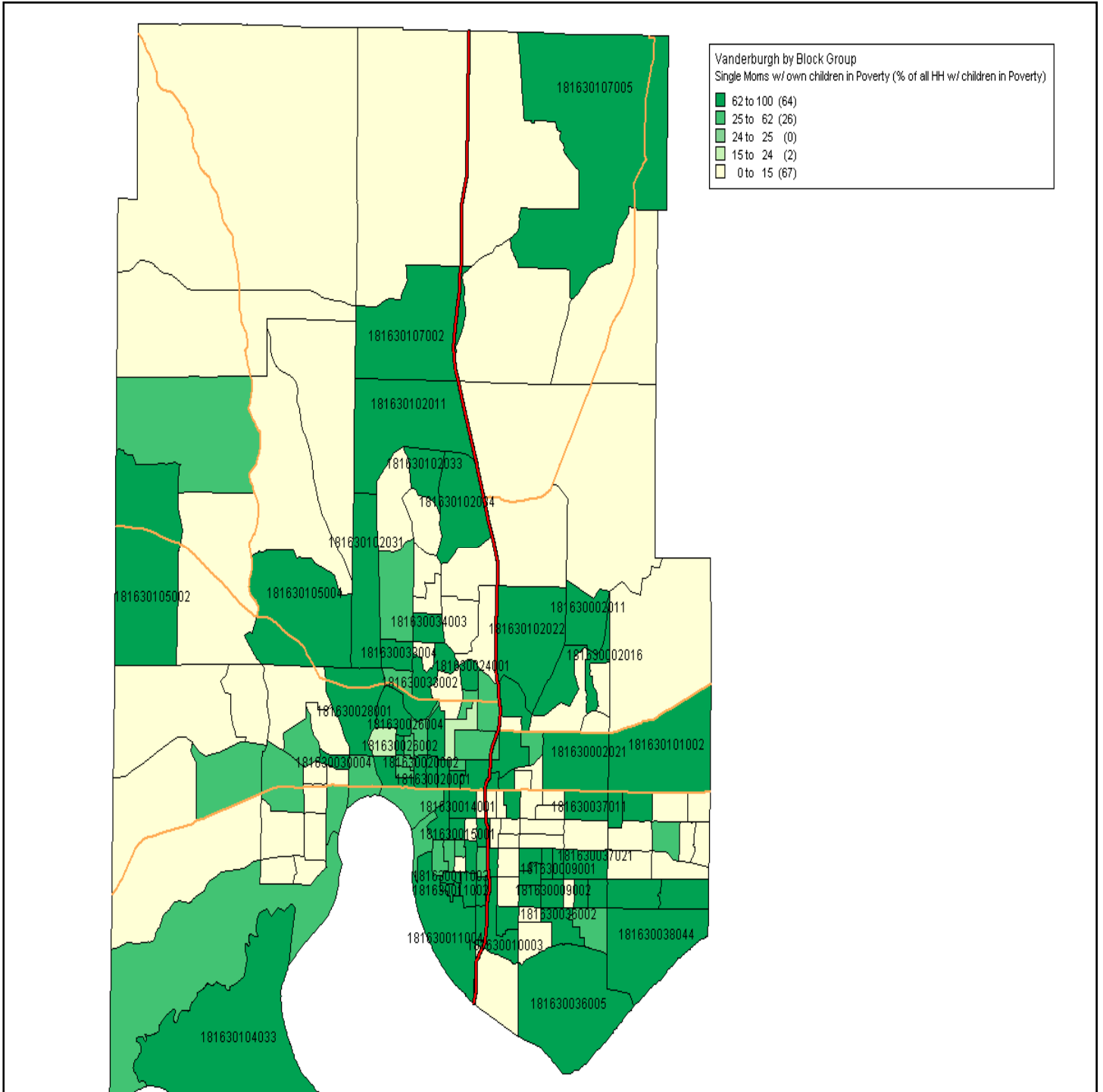
Figure 6. Single Moms in Poverty as % of all Households with Children in Poverty – Indiana



Single Moms in Poverty As % of All HHs w/ Children in Poverty. 2007 est.  
Indiana by County (Claritas, 2007 Updates, 2008)

- 61 to 73 (19)
- 55 to 61 (15)
- 52 to 55 (15)
- 45 to 52 (20)
- 24 to 45 (23)

**Figure 7. Single Moms in Poverty as % of all Households with Children in Poverty – Vanderburgh County**





<b>Table 15. Single Moms with own Children in Poverty, Vanderburgh County</b>		
<b>Rank</b>	<b>Block Group</b>	<b>Single Moms with wwn Children in Poverty</b>
1	181630009001	100.0
2	181630009002	100.0
3	181630037023	100.0
4	181630034003	100.0
5	181630009005	100.0
6	181630038042	100.0
7	181630038012	100.0
8	181630008002	100.0
9	181630038011	100.0
10	181630015001	100.0
11	181630011001	100.0
12	181630011002	100.0

Source: Primary – Claritas, 2007 (Updates 2008); Secondary – IPRC PREV-STAT

Finally, as another indication of economic deprivation, 18.4% of individuals 18 and over in Vanderburgh County did not have health insurance in 2006 (Table 16). This represents over 24,000 individuals. Although this rate is high, it is still lower than the state and national averages, which were each over 20%. It should be noted that this figure does not represent the percentage of individuals who may be classified as underinsured, which represents people who do have health insurance but are not able to cover many of their health care costs since coverage may be minimal.

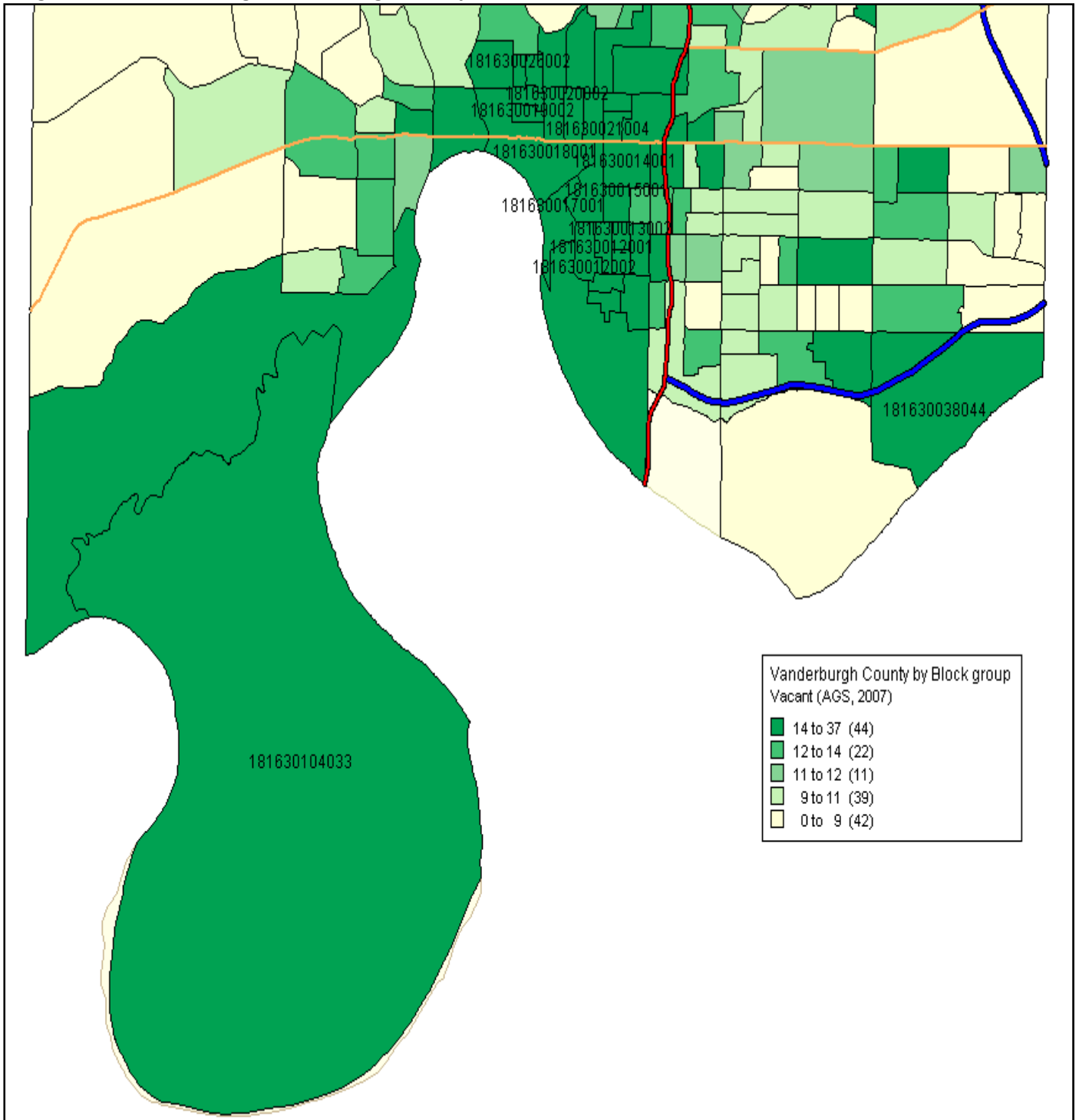
<b>Table 16. Health Insurance Status (AGS, 2007)</b>			
<b>Group</b>	<b>Vanderburgh Co.</b>	<b>Indiana</b>	<b>United States</b>
Current Year Population 18 years and over	133,143	4,723,130	225,572,418
Have any medical insurance	108,700	3,723,100	166,314,200
No health insurance	24,443	1,000,030	59,258,218
Population 18 and over with no health insurance	18.4%	21.2%	26.3%
Rank for no health insurance	9	34	--
Year	2006	2006	2006

Source: Primary – Applied Geographic Solutions, 2007; Secondary – IPRC PREV-STAT

## 1.2 RISK FACTOR: NEIGHBORHOOD DISORGANIZATION

The quantitative data sources presented in this Epi Report that serve as indicators of neighborhood disorganization are the amount of vacant housing that exists in Vanderburgh County and the burglaries in different sections of town. The vacant housing figure is an indicator of the level of poverty that exists within a community and may show a lack of connection among individuals who live in neighborhoods (Figure 8, Table 17). Additionally, vacant houses may be more likely to be vandalized and used for criminal activities, such as drug use and distribution. Specifically examining census blocks in Vanderburgh County, it appears that the highest levels of vacant housing are in Pigeon Township, with elevated levels in Union Township and the southeast section of Knight Township. In terms of burglaries (Tables 18 and 19), data from the Evansville Police Department and Vanderburgh County Sheriff's Office indicate that the highest percentage of burglaries in 2008 occurred in the 2E3 beat, which is the southernmost section of Knight Township that is patrolled by the Evansville Police Department. Interstate 164 runs along the southern portion of this beat. The other south sector beats show the next three highest levels of burglary. These beats primarily represent the southern sections of Pigeon Township. While these data are just two indicators of neighborhood disorganization, other indicators such as teenage loitering and homelessness may be used in future reports to further clarify the level of disorganization that exists in Vanderburgh County neighborhoods.

Figure 8. Vacant Housing – Vanderburgh County



<b>Table 17. Vacant Housing by Block Group, Vanderburgh County (AGS, 2007)</b>		
<b>Rank</b>	<b>Block Group</b>	<b>Vacant Housing</b>
1	181630013002	36.7
2	181630038044	32.8
3	181630020002	32.7
4	181630012001	32.4
5	181630012002	29.8
6	181630019002	27.5
7	181630013003	27.2
8	181630014001	26.9
9	181630021002	25.1
10	181630019001	24.9
11	181630011003	24.5
12	181630015001	24.4

Source: Primary – Applied Geographic Solutions, 2007; Secondary – IPRC PREV-STAT

<b>Table 18. 2008 Burglaries by EPD and VCSO Sectors</b>			
<b>Sector</b>	<b>Number of Charges</b>	<b>Percent in Each Sector</b>	<b>Percent of Residents that Live in Each Sector*</b>
2E	524	23.3%	42.0%
2S	607	26.9%	21.4%
2W	723	32.1%	36.6%
31	87	3.9%	--
32	89	4.0%	--
33	115	5.1%	--
34	108	4.8%	--

\*Based on 2000 Census

Source: Evansville Police Department

Table 19. 2008 Burglaries by EPD and VCSO Beats		
Beat	Number of Charges	Percent in Each Beat
2E1	99	4.4%
2E2	108	4.8%
2E3	250	11.1%
2E4	69	3.1%
2S1	98	4.3%
2S2	169	7.5%
2S3	158	7.0%
2S4	178	7.9%
2W1	105	4.7%
2W2	146	6.5%
2W3	150	6.7%
2W4	133	5.9%
2W5	114	5.1%
2W6	77	3.4%
3V1	91	4.0%
3V2	89	4.0%
3V3	111	4.9%
3V4	108	4.8%

Source: Evansville Police Department

### **Key Informant Perceptions of Alcohol and Drug Use Prevalence in Vanderburgh County Neighborhoods**

Feedback from key informants regarding areas of the county that experience the greatest problems with alcohol and other drugs presents a tale of perception versus reality. Consumers of this report should exercise caution when drawing conclusions regarding key informants' perceptions because they may or may not be based on quantitative data that supports opinions. Overall, key informants acknowledged that no section of Vanderburgh County is immune to the effects of alcohol and other drugs and that youth in the majority of neighborhoods have at least experimented with alcohol. However, several of the key informants did identify particular areas that appear to have higher rates of arrests and a larger problem with substance abuse. Specifically, the areas around the universities and student housing were noted for higher-than-average rates of citations for underage possession and consumption. This appears to somewhat correspond to police data regarding arrest rates for these charges. Arrests for minors possessing, consuming, and transporting alcohol are higher in the area near USI than many other sections, but rates in the section of town around the University of Evansville do not appear to be among the highest in the county. Public housing, sections of downtown, and the south side of Evansville were noted for higher rates of drug use. This perception is also reflected in the police arrest data, which indicates that the section of Evansville that is just south of Washington Avenue and is bordered by US 41 to the east and Veteran's Memorial Parkway to the south/southwest has the highest percentage of drug arrests. Further, there is a perception among some in the community that the west side of the

county has a more significant problem with alcohol and a more permissive attitude toward underage drinking. While sections of the west side of the county do have some of the highest rates for underage possession, consumption, and transport, caution should be taken when attempting to broadly paint the west side as having greater problems with alcohol than other sections of the county.

### **Youth and Young Adult Perceptions of Alcohol and Drug Use Prevalence in Vanderburgh County Neighborhoods**

Youth and young adults noted that while the perception may be that the south side and west side of the county have higher rates of substance use, the issues exist throughout the county. This is in line with responses provided by key informants. Focus group participants actually seemed a little more resistant than key informants to identify certain sections of Vanderburgh County. One point that was raised multiple times was that youth may prefer to drink outside the Evansville city limits where they believe less law enforcement will be present.

### 1.3 RISK FACTOR: PHYSIOLOGICAL/GENETIC

One key risk factor that makes the treatment of substance abuse and addiction more challenging is the presence of a co-occurring mental illness. Not only must the individual deal with the addiction to alcohol or other drugs, he or she requires help in addressing mental health issues that may exacerbate the addiction. Based on data from the Indiana DMHA (Table 20), between 1,600 and 1,700 individuals in Vanderburgh County have serious mental illness with chronic addiction. This represents approximately 1.3% of the adult population. While this may not be a particularly large figure compared to the entire population, the resources necessary to treat someone with multiple mental health/addiction issues may be significant to the community. Future reports should further examine the relationship between substance use and other mental health concerns, and explore other physiological/genetic conditions that may predict whether an individual will turn to alcohol or other drugs at some point during their lifetime.

County/State	Year	All Income Levels			At or Below 200% of the Federal Poverty Level	
		Estimated Total Population	Estimated Adult Population	Estimated Prevalence of Adults with Co-occurring Disorder	Estimated Number of Adults at or Below 200% FPL	Adults with Co-occurring Disorder who are Eligible for DMHA
Vanderburgh	2005	173,559	131,971	1,653	41,359	272
	2006	174,395	132,004	1,654	41,365	272
	2007	173,803	132,004	1,654	56,935	370
Indiana	2005	6,250,792	4,578,119	57,358	1,209,785	9,962
	2006	6,293,476	4,579,475	57,374	1,210,005	9,942
	2007	6,316,266	4,579,475	57,374	1,697,286	13,795

Source: Indiana Family and Social Services Administration, Division of Mental Health and Addiction, 2005-2007

## 1.4 RISK FACTOR: FAMILY CONFLICT

The U.S. Census Bureau reports that the average percentage of individuals classified as divorced in Vanderburgh County for the combined period 2005-2007 was 13.7% (Table 21). This is an increase from the 2000 rate, which was 13.0%. The percentage of divorced individuals in Vanderburgh County is higher than both the state and national averages. Although the Census data show an increase in divorced individuals, data from the Vanderburgh County Clerk's office show that the number of divorce filings issued decreased considerably between 2000 and 2008 (1408 filings in 2000 and 964 filings in 2008) (Table 22). These latter data are a positive sign for the stability of families in the county, and in turn the economic welfare of those families and their children.

Year	Vanderburgh County	Indiana	United States
2000	13.0%	10.9%	9.7%
2005-2007 average	13.7%	11.8%	10.5%

Source: U.S. Census Bureau

Year	Divorce Filings Issued	Marriage Licenses
2000	1408	1132
2001	1345	1125
2002	1343	1135
2003	1297	1105
2004	1296	1417
2005	1290	1230
2006	1287	1247
2007	829	1099
2008	964	--

Source: Primary-Vanderburgh County Clerk; Secondary-Community Marriage Builders

Specifically examining the sections of the county that have the highest divorce rates, it appears that parts of Pigeon and Knight Townships exceed the other areas of Vanderburgh County (Figures 9 and 10, Table 23). In particular, the section of Pigeon Township that is just north of the Lloyd Expressway between St. Joseph and Fulton Avenues appears to have the highest level of divorces. Other neighborhoods throughout Pigeon Township and two sections on the eastern border of Knight Township also have especially high divorce rates. While these rates don't necessarily mean that youth from the divorced families will have alcohol or other drug problems, they represent one factor that may combine with other family-related factors to increase the likelihood of substance use at young ages.



Figure 9. Divorce Rate – Vanderburgh County (Map 1)

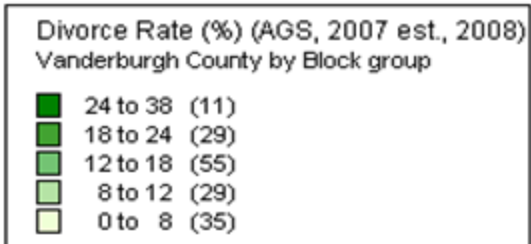
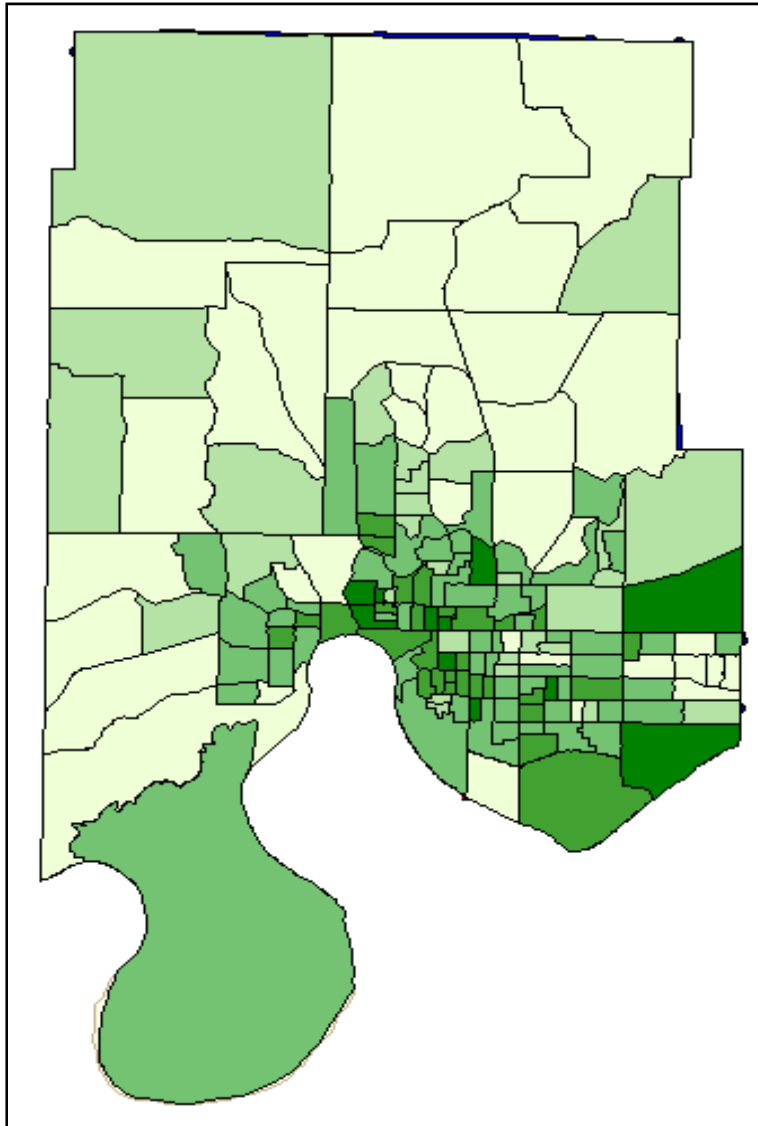
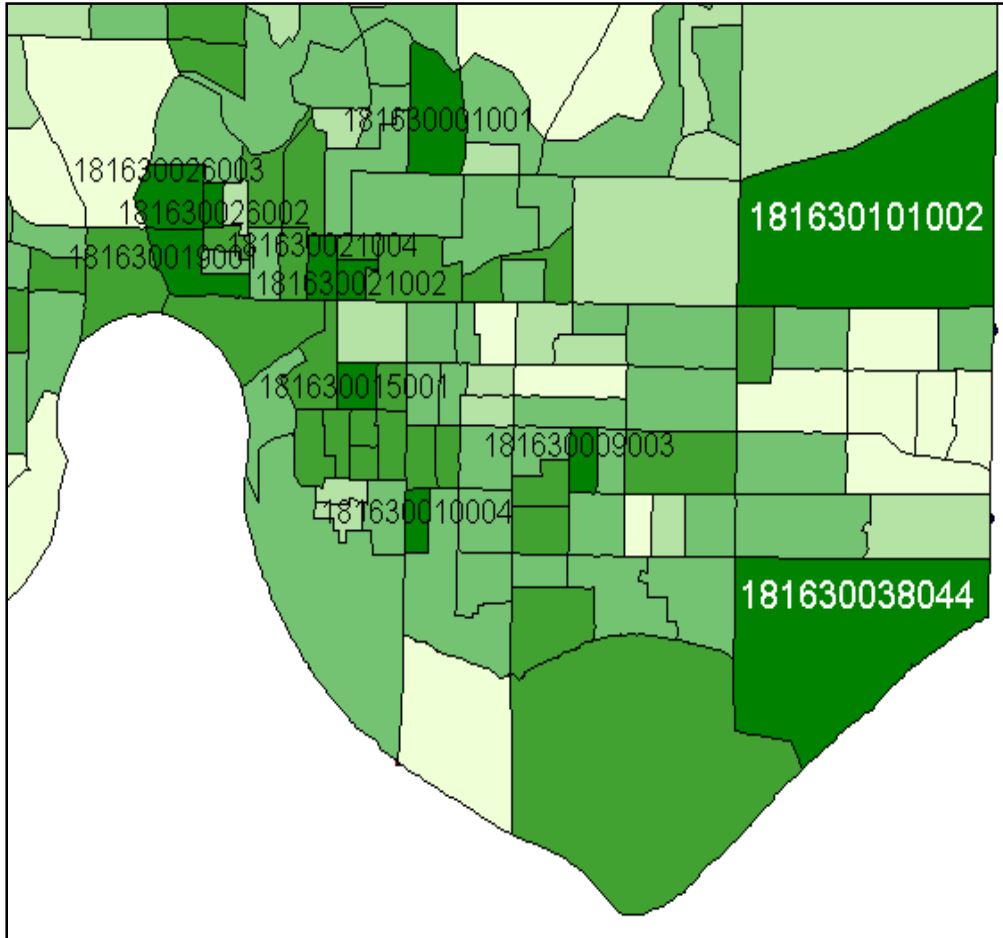


Figure 10. Divorce Rate – Vanderburgh County (Map 2)



<b>Table 23. Divorced Individuals by Block Group, Vanderburgh County (AGS, 2007)</b>		
<b>Rank</b>	<b>Block Group</b>	<b>Divorced</b>
1	181630026002	38.0
2	181630001001	31.0
3	181630021002	30.5
4	181630026003	27.4
5	181630009003	27.0
6	181630015001	27.0
7	181630038044	25.7
8	181630019001	25.2
9	181630101002	24.8
10	181630010004	24.6
11	181630021004	24.1
12	181630025001	23.8

Source: Primary – Applied Geographic Solutions, 2007; Secondary – IPRC PREV-STAT

### **Key Informant Perceptions of Family-Related Risk Factors**

Compared to other issues to which key informants were asked to respond, there was considerable agreement on family-related risk factors that contribute to alcohol use. Parents who are addicts or who abuse alcohol or other drugs was identified as the main risk factor. Many children learn negative behaviors from their parents and continue the cycle of abuse and addiction that they have witnessed with their care takers. Use by parents also may lead to the inability to care for their children, either due to the physical destruction of the individual or incarceration related to criminal activity. This lack of presence by the parent serves as a risk factor since the child may be left without a stable support system and teacher of positive behaviors. Several key informants also identified poor supervision of children by the parents and parents with permissive attitudes about underage alcohol use as key risk factors for underage consumption. As mentioned in another section, one of the main concerns identified through the key informant interview process is the degree to which parents are enabling children to engage in drinking prior to age 21 and not consistently educating their children about the potential effects of alcohol use. The message is that it is not acceptable to drink before it is legal to do so and that parents should be held at least partially responsible for the consequences of their child’s drinking behavior if they provide alcohol or a location where they can consume alcohol.

## 1.4 RISK FACTOR: EARLY AND PERSISTENT PROBLEM BEHAVIOR

As indicators of early and persistent problem behavior, data show that incidents of suspension or expulsion per 100 students for the Evansville Vanderburgh School Corporation exceeded the Indiana rate in the 2007-2008 school year (Table 26). The EVSC rate is actually the 17<sup>th</sup> highest among school corporations in Indiana. From 2004-2007, the number of suspensions for Vanderburgh County as a whole showed overall decreases, though the numbers have varied over that time period (Table 24). While overall expulsions have decreased across Indiana during the same period, suspensions have actually increased. Further examination would be warranted to determine if these increases are proportional to increases in student enrollments or whether they have outpaced enrollment figures. Specifically examining suspensions or expulsions that involve alcohol, drugs, or weapons, the number for Vanderburgh showed considerable variability between 1999 and 2005 (Table 25). This is a similar pattern for the state of Indiana. While these figures did not show significant decreases, data also do not show significant increases in this indicator.

Type/Location	2004	2005	2006	2007
<b>No. of expulsions</b>				
Vanderburgh	145	76	105	131
Indiana	6,596	6,273	6,656	6,095
<b>No. of suspensions</b>				
Vanderburgh	5,197	4,681	4,654	4,957
Indiana	296,946	307,016	313,322	332,168
<b>No. of out-of-school suspensions</b>				
Vanderburgh	5,197	4,681	4,616	4,936
Indiana	144,488	142,595	147,466	153,785

Source: Primary – Indiana Department of Education; Secondary – Indiana Youth Institute; The Annie E. Casey Foundation

Location	1999	2000	2001	2002	2003	2004	2005
Vanderburgh	115	86	139	127	117	101	117
Indiana	6,301	5,537	6,659	6,402	6,005	6,026	5,977

Source: The Indiana Division of Mental Health and Addiction, Indiana Alcohol and Other Drugs County Level Epidemiological Indicators Website, 1999-2005

Year	Evansville Vanderburgh School Corp.	Indiana
2007-2008	24.8*	15.2

\*This rate is the 17<sup>th</sup> highest rate of suspensions or expulsions for school corporations in Indiana.

Source: Indiana Department of Education

In addition to suspensions and expulsions, the numbers of juvenile delinquency and status case filings were determined to examine early and persistent problem behavior (Table 27). Overall, the number of juvenile delinquency case filings for Vanderburgh County increased between 2004 and 2007. Further, the number of juvenile status filings, those that would have been defined as offenses if committed by adults, remained fairly consistent, with a slight decrease in 2007.

<b>Table 27. Number of Juvenile Delinquency and Status Case Filings for Vanderburgh County and Indiana, 2004-2007</b>				
<b>Type/Location</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>No. of juvenile delinquency case filings</b>				
Vanderburgh	455	500	523	551
Indiana	25,024	26,926	27,835	24,706
<b>No. of juvenile status case filings</b>				
Vanderburgh	126	123	127	114
Indiana	7,376	6,661	7,448	6,091

Source: Primary – Indiana Supreme Court, Division of State Court Administration; Secondary – Indiana Youth Institute; Annie E. Casey Foundation

These two data sources combined indicate that a number of youth in the community may be at a higher risk for alcohol and other drug issues partially due to the negative behaviors demonstrated in schools and their neighborhoods. Further studies may investigate the alternatives for students who are suspended or expelled to ensure that they are not being placed in situations outside of school where they are even more likely to engage in substance use. Additional data related to alcohol and other drug issues that juveniles who are processed through the court system experience may better help to understand the connection between negative behaviors and substance use.

## 1.5 RISK FACTOR: ACADEMIC FAILURE

Data indicate that approximately 88% of Vanderburgh County residents 25 years and older have at minimum graduated from high school (Table 28). This percentage is slightly higher than both the state and national averages. The percentage of individuals with some college but no degree is also higher for Vanderburgh County than the rates for Indiana and the United States. Rates of completion in all post-secondary categories are slightly higher than the state average, but lower than the U.S. average for bachelor's and graduate/professional degrees. This figure is important to examine because of its relationship with economic vitality, and in turn its role in predicting underage alcohol use and substance use later in life. As noted previously, individuals who have not received a high school diploma are three times as likely to experience poverty compared to those with a high school diploma.

<b>Education</b>	<b>Vanderburgh</b>	<b>Indiana</b>	<b>United States</b>
Population 25 years and over	114,930 100%	4,143,519 100%	197,892,369 100%
Less than 9 <sup>th</sup> grade	4,069 3.5%	173,481 4.2%	12,575,318 6.4%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	10,097 8.8%	416,755 10.1%	18,098,125 9.1%
High school graduate (includes equivalency)	39,384 34.3%	1,542,222 37.2%	59,658,315 30.1%
Some college, no degree	25,839 22.5%	803,293 19.4%	38,522,312 19.5%
Associate's degree	9,002 7.8%	293,297 7.1%	14,704,788 7.4%
Bachelor's degree	16,769 14.6%	586,250 14.1%	34,364,477 17.4%
Graduate or professional degree	9,770 8.5%	328,221 7.9%	19,969,034 10.1%
Percent high school graduate or higher	87.7%	85.8%	84.5%
Percent bachelor's degree or higher	23.1%	22.1%	27.5%

Source: 2007 American Community Survey

In terms of the areas of the county where residents do not have a high school diploma (Figures 12, 13, and 14; Table 29), the largest percentage is in the southernmost section of Knight Township. It is estimated that approximately 67% of individuals have not graduated from high school, which is by far the highest concentration of undereducated individuals. The next highest levels of residents without a high school diploma are in Pigeon Township in the section north of the Lloyd Expressway around Fulton Avenue, First Avenue, and even stretching slightly east of First Avenue. In certain neighborhoods in these identified areas, over 30% of residents do not have a high school diploma.

**Figure 11. Percentage of Population (Adults 25+) with Less than High School Diploma – Indiana**

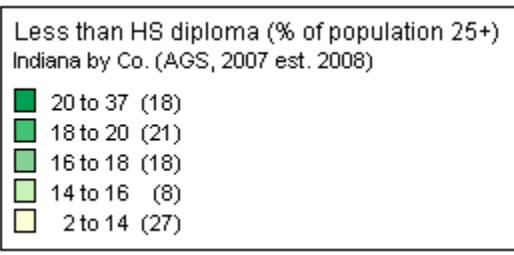
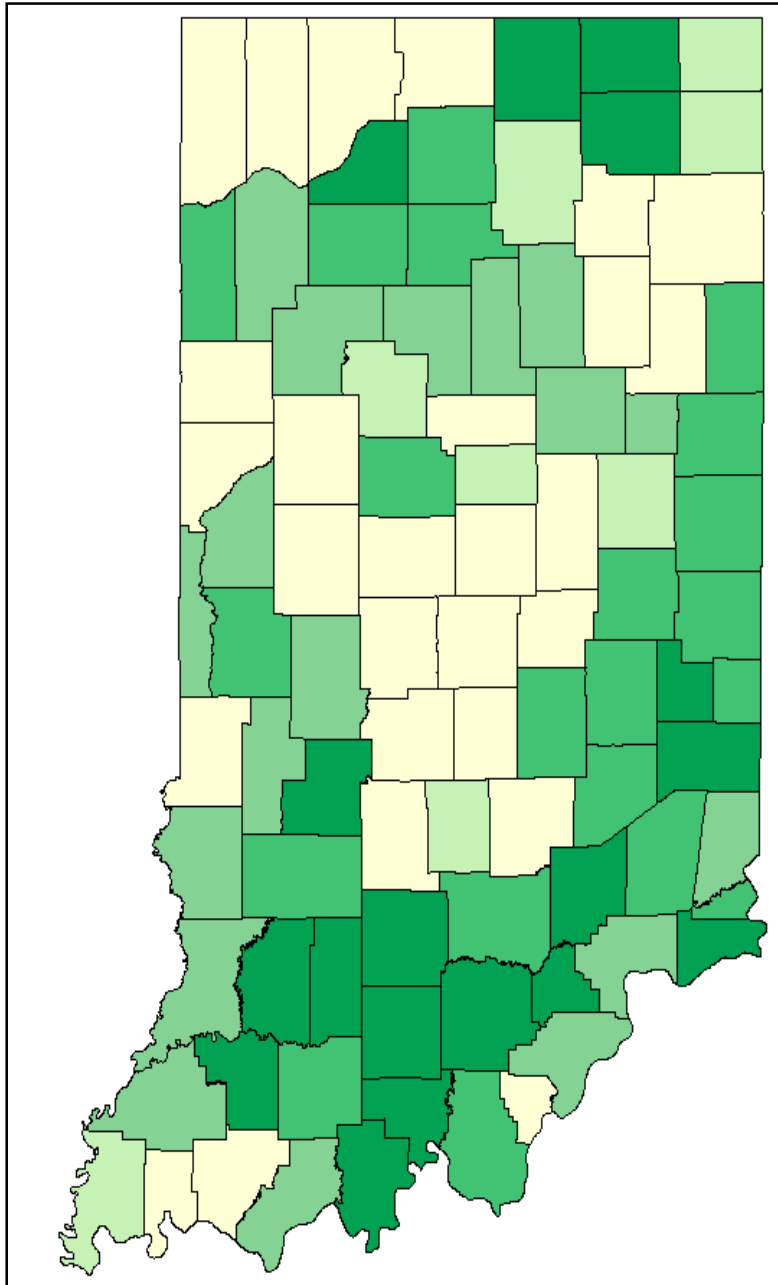
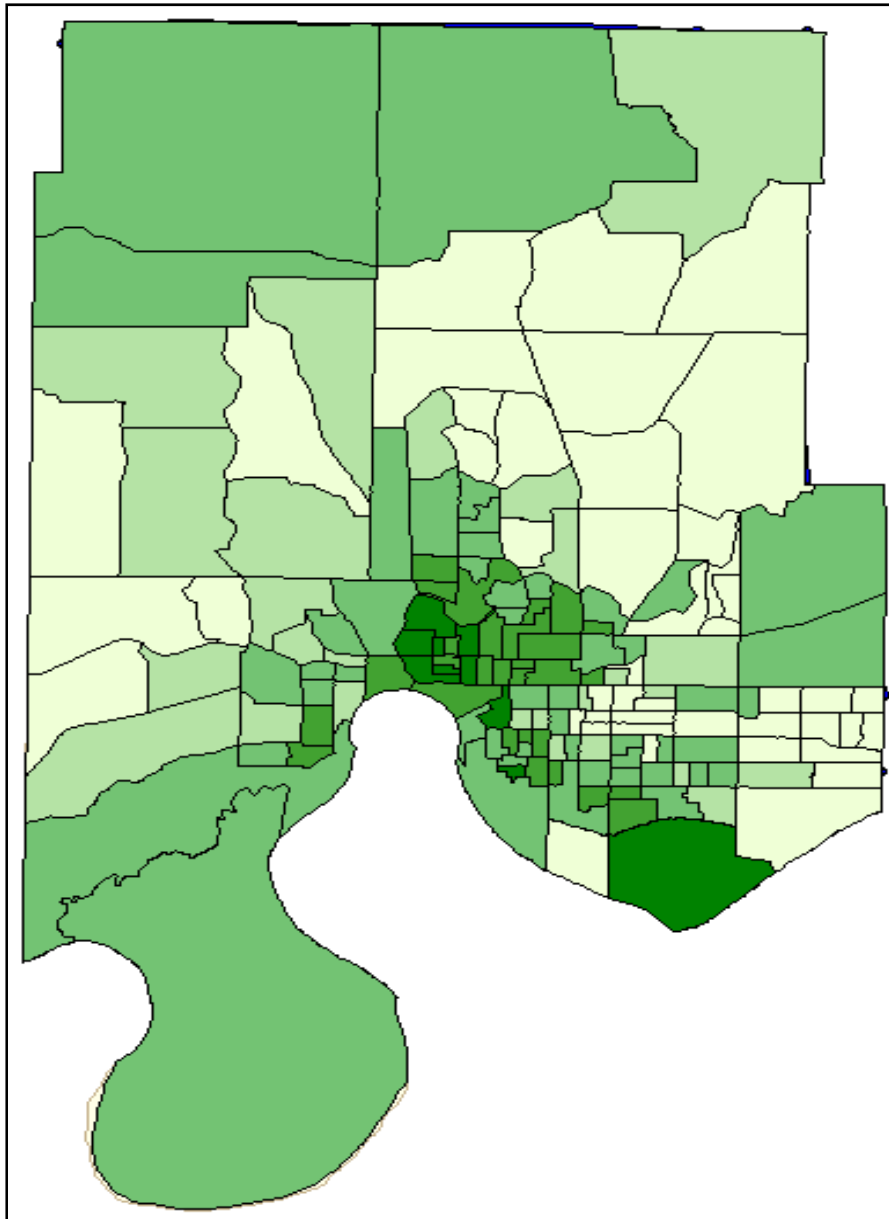


Figure 12. Percentage of Population (Adults 25+) with Less than High School Diploma – Vanderburgh County (Map 1)

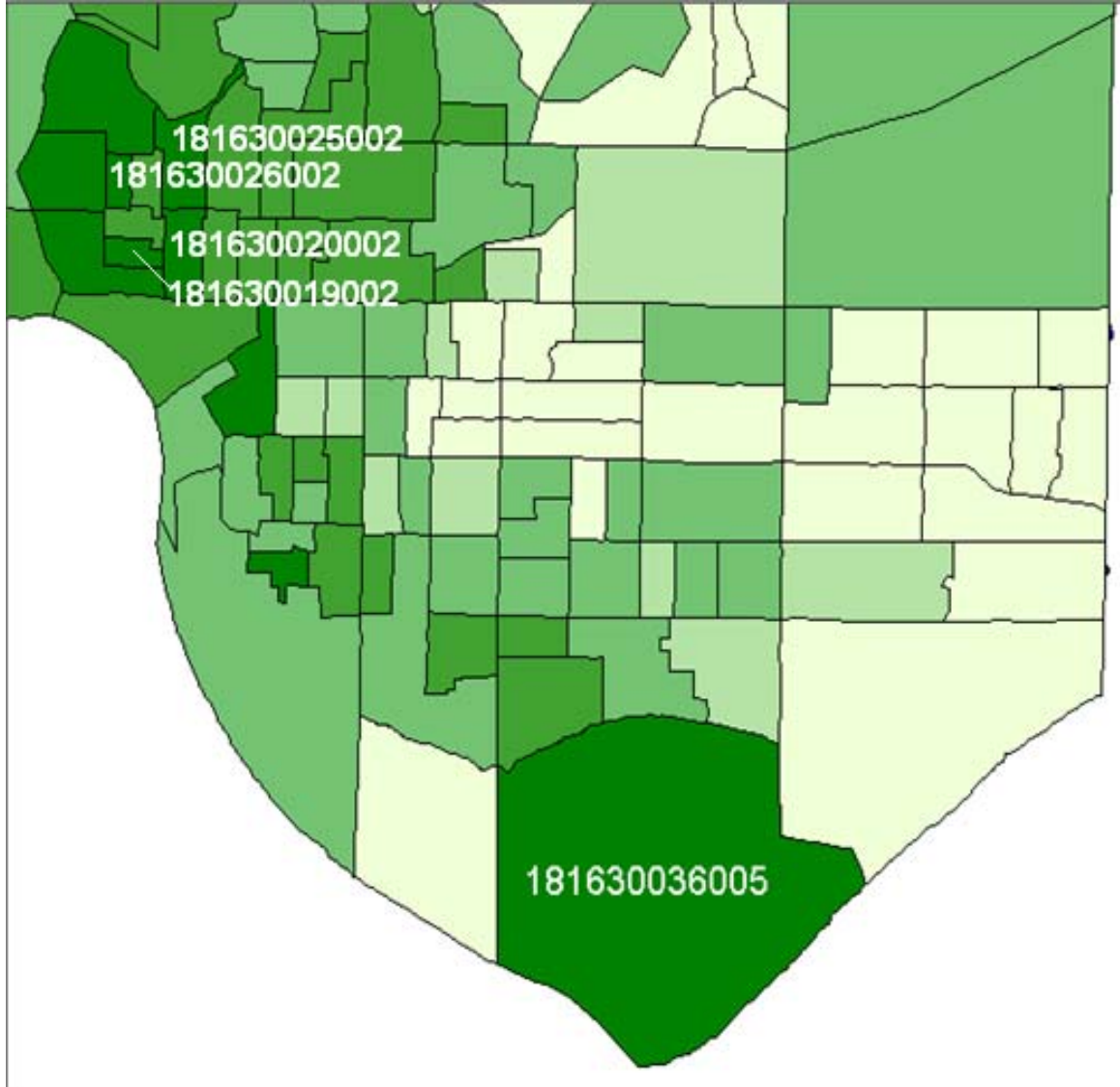


Vanderburgh County, IN  
Adults (25+) w < HS Diploma by Block group

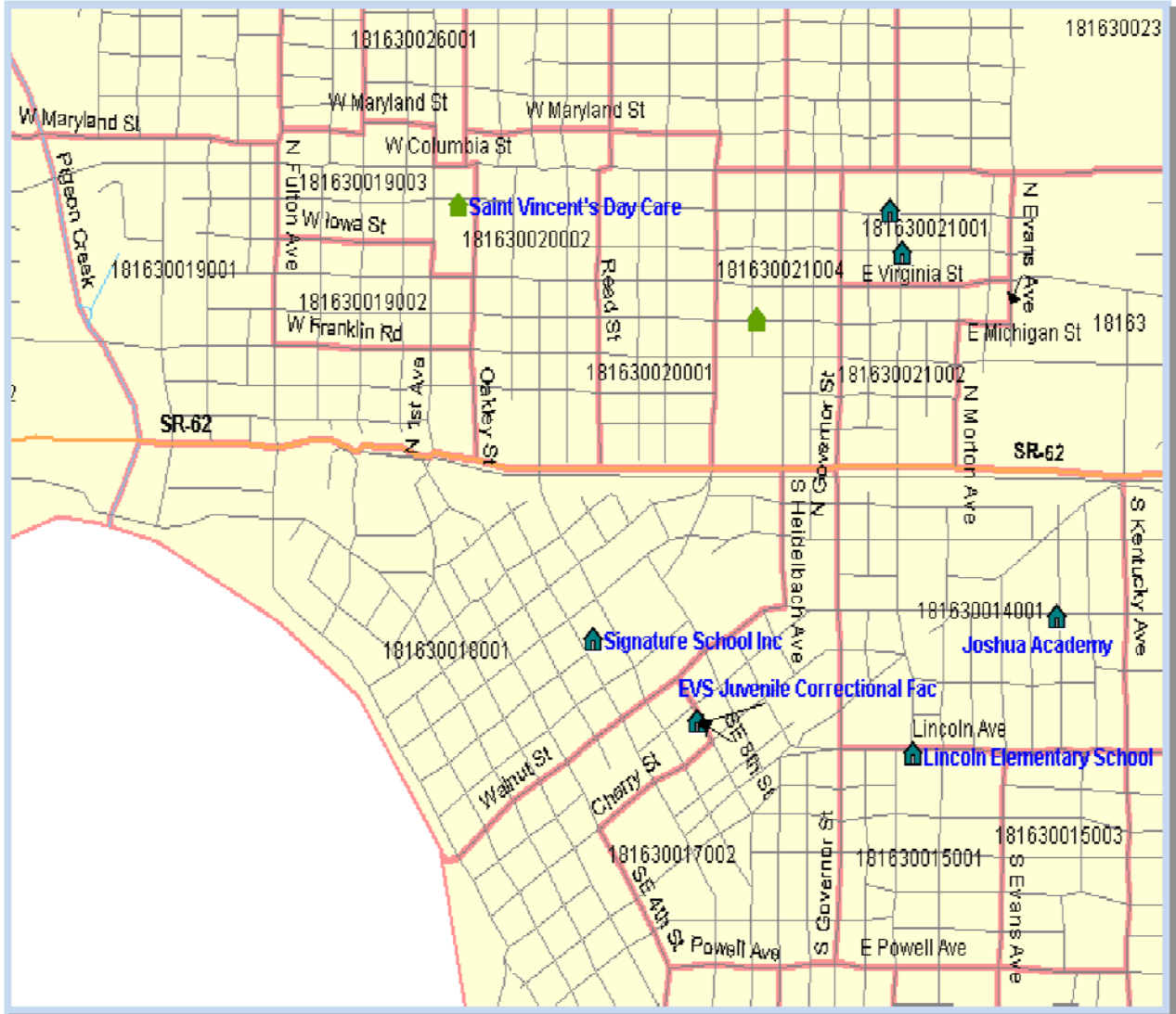
■	26.5 to 67	(10)
■	18 to 26.5	(29)
■	10 to 18	(49)
■	7 to 10	(26)
■	0 to 7	(45)



Figure 13. Percentage of Population (Adults 25+) with Less than High School Diploma – Vanderburgh County (Map 2)



**Figure 14. Percentage of Population (Adults 25+) with Less than High School Diploma – Vanderburgh County (Map 3)**



<b>Table 29. Less than High School Education by Block Group, Vanderburgh County, AGS 2007</b>		
<b>Rank</b>	<b>Block Group</b>	<b>Less than High School Education</b>
1	181630036005	66.7
2	181630020002	36.9
3	181630026002	35.6
4	181630025002	35.1
5	181630019002	33.1
6	181630026004	31.6
7	181630026003	30.0
8	181630019001	29.7
9	181630017002	28.1
10	181630011002	26.8
11	181630021002	26.1
12	181630020001	25.9

Source: Primary – Applied Geographic Solutions, 2007; Secondary – IPRC PREV-STAT

## 1.6 RISK FACTOR: ALIENATION AND ISOLATION

As shown in the table below, it is estimated that over 7% of persons in southwestern Indiana age 12 and older who need treatment for alcohol issues do not receive it each year. It is important to identify the population that is not successfully connected with treatment services to ensure that everyone in the community has access to professionals who can help them address substance use problems. While a certain number of individuals may need services but choose not seek them out, it should be assumed that a portion of those who did not receive treatment failed to do so because they did not have the financial resources nor the knowledge about treatment options. As noted below in the feedback from youth and young adults, some individuals did not know who they could contact for treatment. This is an aspect of alienation and isolation that youth in particular may experience as a risk factor for alcohol and other drug use, particularly if they lack the family support system to help them access services and provide positive reinforcement during the recovery process.

Substance Type	Southwestern Indiana		Indiana	
	2002-2004 (%)	2004-2006 (%)	2002-2004 (%)	2004-2006 (%)
Alcohol	7.42	7.56	7.38	7.50
Illicit Drugs <sup>2</sup>	2.67	2.75	2.56	2.59

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, 2005, and 2006

<sup>1</sup> Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol or illicit drug, but not receiving treatment for the problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

<sup>2</sup> Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used non-medically.

### **Youth and Young Adult Perceptions of Sources for Treatment and Views of Those who Need Treatment**

Results were somewhat mixed among focus group participants regarding where to seek treatment. One group was not aware of where and how to receive treatment. Others mentioned social workers in schools and a specific treatment provider. Most participants believed they could find treatment resources if they needed them. Responses were also mixed regarding how individuals who need treatment are viewed in the community. Some participants expressed sympathy for those who need treatment, while others acknowledged that some individuals may be treated like outcasts. These perceptions may be partially determined by the extent to which an individual acknowledges his or her problem. If a person needs treatment, but refuses to seek help, he or she may be more negatively viewed than if he or she admitted the problem and sought some form of assistance.

*“Depends on who you are and the people you have around you. Some people would see it as a good thing and support you in it...others probably wouldn’t want to talk to or have anything to do with you.”*

*-Focus Group Participant regarding how the community views people who need treatment*

Interestingly, some youth and young adults have the perception that the more prominent one is, the more difficult it is to seek out treatment given the amount of discussion that the community would have about the individual. Finally, if middle school or high school students were in need of treatment, some focus group participants believe teachers would view the individual as a “bad kid,” a label that would carry through their secondary education. Overall, it does appear that how successfully someone is able to transition through a treatment process greatly depends on their support system. If they have family and friends who support their recovery, it is likely they will not be looked down upon and have a better chance of overcoming their alcohol or other drug problems.

## **1.7 PROTECTIVE FACTOR: STRONG EXTERNAL SUPPORT SYSTEM**

### **Key Informant Perceptions of Underage Alcohol and Drug Use Prevention Efforts**

Overall, key informants believe the community has made progress in the area of alcohol and drug prevention and are further along in efforts compared to other similar communities. Individuals recognize the positive programs in schools and community organizations and acknowledge the impacts that some initiatives have made. There are still segments of the population, however, that are not particularly aware of prevention efforts and who are not ready for dialogue regarding alcohol and other drug issues. Promotion of prevention efforts is seen as lacking and not targeting parents or guardians enough to make an impact on this demographic. Key informants recommended better community engagement regarding prevention and more visible promotion of programs associated with drug and alcohol prevention.

### **Youth and Young Adult Perceptions of Underage Alcohol Prevention Efforts**

Based on the opinions expressed by focus group participants, the community is not doing a particularly good job of preventing alcohol use. Youth and young adults seem to be more aware of enforcement activities opposed to prevention efforts. While some students who are involved in Youth First activities such as the MOST of Us campaign are aware of specific prevention activities in high schools, most participants referred to elementary or middle school programs such as DARE or special school assemblies when asked whether they have participated in prevention activities. Most individuals indicated that their own perceptions or behaviors associated with alcohol or drugs were not particularly impacted by the programs in which they had participated. They acknowledged that some programs are successful in creating immediate, short-term impacts but they had not witnessed lasting change associated with such initiatives. Based on focus group responses, many of the youth believe that if they want to drink alcohol or experiment with drugs, the programs with which they were familiar would not have kept them from doing so. It should be noted that many focus group participants had limited knowledge of the prevention programs that exist in the community. These individuals may not have participated in programs that have been shown to significantly impact student behavior. Therefore, the responses by focus group youth and young adults may be largely based on their awareness of prevention efforts rather than the actual efficacy of programs.

# Section 2:

## Mediating Variables

- Those factors that can help determine the likelihood that protective and risk factors will lead to alcohol use.

### **Identified Mediating Variables Include:**

- 2.1 Visible Enforcement
- 2.2 Underage Drinking Laws
- 2.3 Alcohol Promotion
- 2.4 Price of Alcohol
- 2.5 Retail Availability of Alcohol to Youth
- 2.6 Social Availability of Alcohol to Youth
- 2.7 Family, School and Peer Influence
- 2.8 Community Norms about Youth Drinking

## 2.1 MEDIATING VARIABLE: VISIBLE ENFORCEMENT

### Alcohol Violations

In terms of visible enforcement of alcohol laws, the number of business citations for violations of laws was presented. Since 2006, the number of violations for Vanderburgh County has remained fairly constant (Table 31). It should be noted that in 2005, several grocery and drug stores were cited for violations related to minors during a one-month period. The number of violations during this month was higher than the usual monthly average of approximately three to five businesses. However, even without these establishments figured into the calculations, the violations for 2005 still would have exceeded the numbers for each of the subsequent years.

<b>Violation</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008<sup>2</sup></b>
221 Permit	0	1	0	0
Acting without permit; defenses	7	3	6	5
Check deception	1	0	0	0
Coercion prohibited; unequitable termination of contract prohibited	1	0	0	0
Credit sales prohibited	0	2	0	0
Determination of reputation and character	0	0	1	0
Discrimination in sales prohibited; exception-special discounts for certain products	1	0	0	1
Employee's permit	0	0	0	1
Examination of permit by employer; display (employee permits)	3	0	1	4
Floor plans	1	0	0	0
Illegal possession	0	1	0	0
Minimum requirements	0	2	0	0
Minors in taverns prohibited	10	3	7	2
Nudity in exhibition or professional dancing; restrictions	0	0	1	0
Package alcoholic beverages; change of approved floor plan a violation	1	0	0	1
Public nuisance	2	1	1	3
Regulation of advertising	1	0	0	0
Removal of containers after closing hours	2	0	1	2
Required permit; expired	1	1	0	0
Sale to intoxicated person	1	1	0	0
Sales to minors prohibited	17	2	6	3
Scope of permit	2	3	1	1
Service to non-members	1	0	0	0
Solicitation of certain orders prohibited	1	0	0	0
Taking alcoholic beverage on licensed premises; exceptions	0	0	0	1
Term of permit; renewal	0	1	0	0
Time for consumption of alcoholic beverages after retail closing hours	1	0	1	1



<b>Violation</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008<sup>2</sup></b>
Time when sales unlawful	3	0	1	1
Unlawful acts by retailers	0	1	0	0
<b>Totals</b>	<b>57</b>	<b>22</b>	<b>27</b>	<b>26</b>

<sup>1</sup>Cases represent those that were adjudicated and fines paid. Outstanding cases are not represented in this table.

<sup>2</sup>Based on records from the Indiana State Excise Police, a total of 49 alcohol violations representing 28 separate instances were filed for Vanderburgh County in 2008. Some of these filings have not been adjudicated and fines have not been paid.

Note: Fines for most violations range between \$150-\$250. Approximately half of violations related to minors resulted in a \$500 fine. The most costly fines between 2005 and 2008 were for sales to an intoxicated person (one fine at \$3,750 and another at \$5,000) and scope of permit (highest fine at \$1900).

Source: Indiana State Excise Police

Overall, businesses that have received violations in the past four years are fairly spread out across the city of Evansville, with a few clusters on the west side of town and the section of the city that is bordered by First Avenue to the west, Diamond to the north, Highway 41 to the east, and the Lloyd Expressway to the south. Additionally, several businesses along North Green River Road, where many restaurants that serve alcohol are located, have received citations for alcohol violations.

In terms of the proximity of businesses to schools, the following maps show a few instances where businesses that have violated laws, particularly ones that involve minors, are located close to elementary, middle, and high schools.

## Figures 15-18. Maps of Business Alcohol Violations and Schools in Vanderburgh County

- Notes: 1.) Alcohol violations are for 2005 through 2008  
 2.) Maps 1 and 2 are equivalent to Maps 3 and 4 except Maps 3 and 4 are zoomed in to more clearly show the location of businesses in proximity to schools



Businesses with violations that involve minors

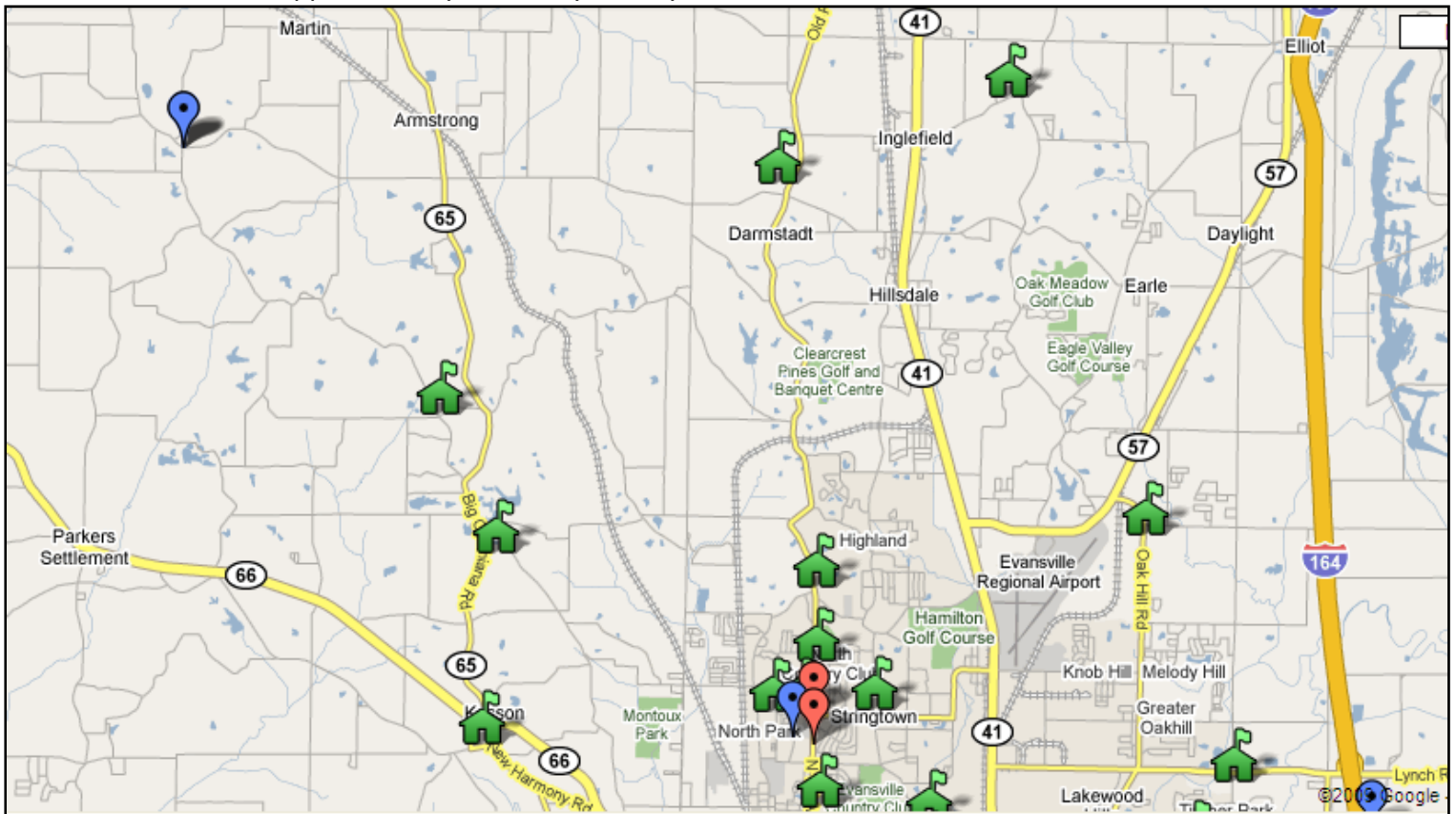


Businesses with violations that do not involve minors

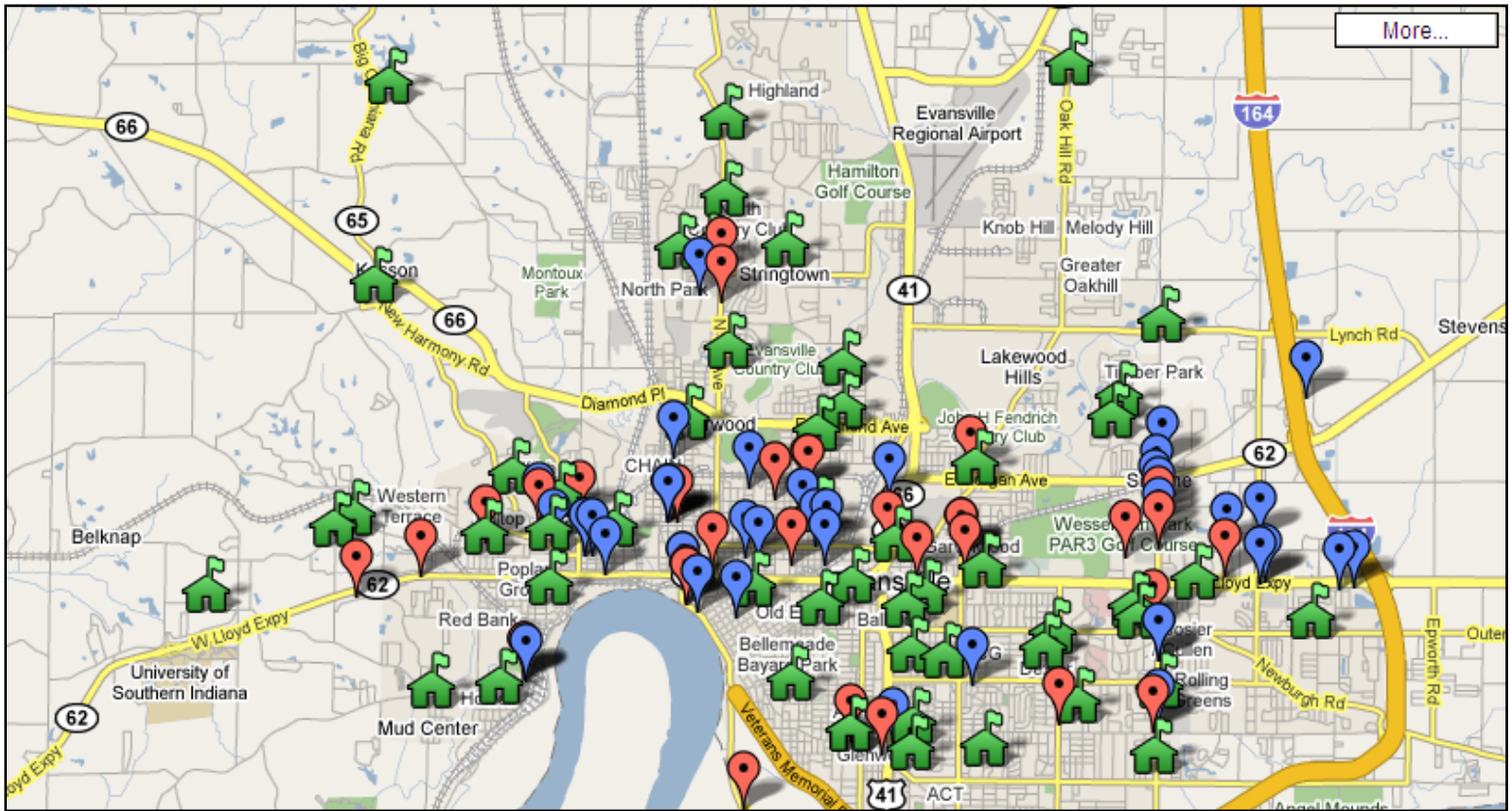


Schools – include public and private elementary, middle, and high schools; universities are noted in text on the maps

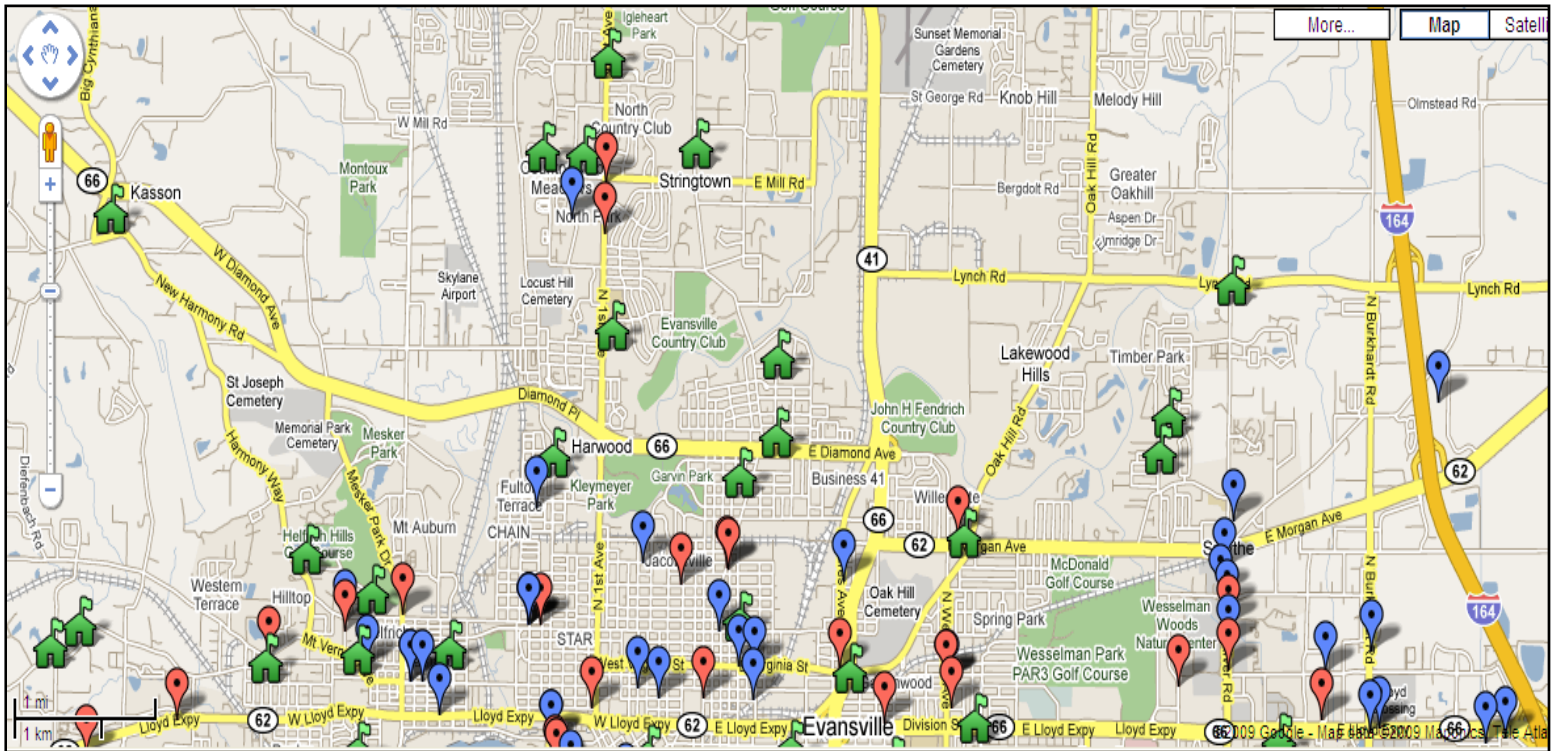
Map 1. Boundaries include Baseline Road to the north, I-164 to the east, Lynch Road to the south, and approximately the Posey County line to the west



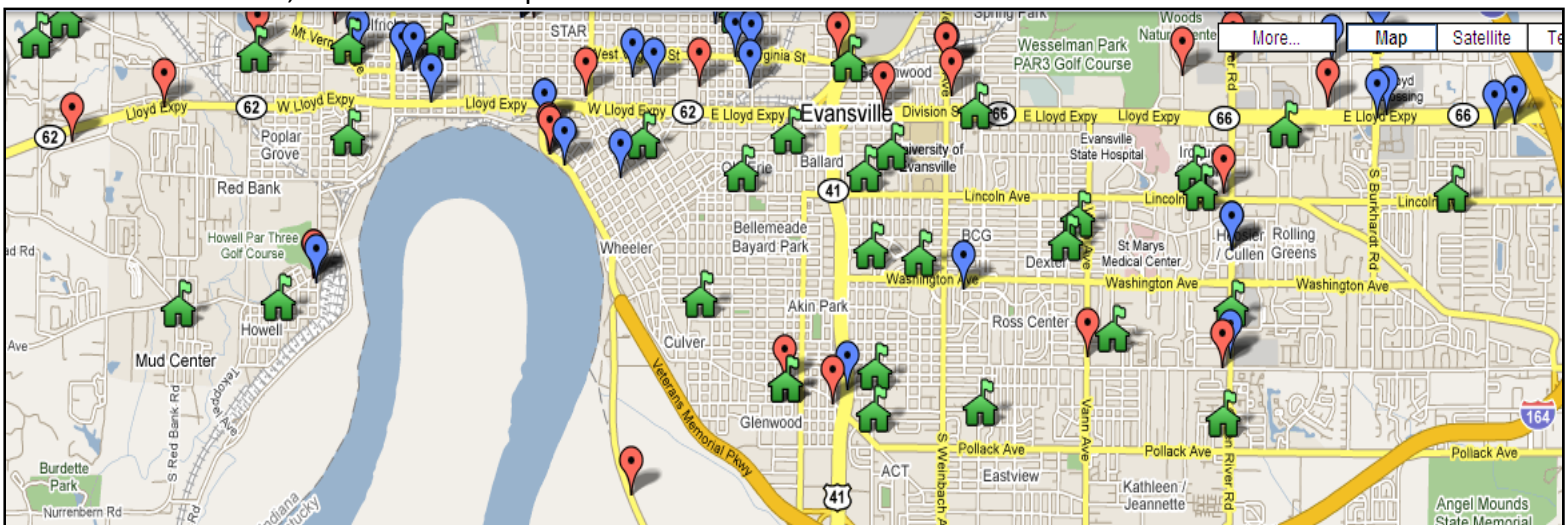
Map 2. Boundaries include Highway 57 to the north, I-164 to the east, Pollack Avenue to the south, and approximately the Posey County line to the west



Map 3. Boundaries include approximately St. Joseph/Petersburg Road to the north, I-164 to the east, the Lloyd Expressway to the south, and Big Cynthia Road to the west



Map 4. Boundaries include approximately the Lloyd Expressway to the north, I-164 to the east and south, and Bohne Camp to the west



Source: Indiana State Excise Police  
 Note: Maps created using Google Maps

As noted in the following summary table for alcohol law violations, approximately 38% of the violations were related to minors, particularly selling to minors and allowing minors in bars or taverns. Further, eight of the ten locations that had multiple instances of being cited had violations pertaining to minors. While there were not a significant number of businesses that had multiple violations, the fact that many of these violations involved selling to youth or allowing youth in areas designated for adults over the age of 21 should be a concern. In a few instances, these businesses were in fairly close proximity to primary or secondary schools, which serves as a risk factor for youth in these areas. If youth frequent sections of town where business owners are not adhering to laws pertaining to underage consumption or presence in establishments, these youth likely have easier access to alcohol, which serves as a mediating factor for underage consumption. Individual businesses are not identified in this report, but their names and addresses may be obtained by contacting the Indiana State Excise Police or access their website at [www.in.gov/atc/isepl/](http://www.in.gov/atc/isepl/).

<b>Table 31a. Summary of Business Alcohol Law Violations, Vanderburgh County, 2005-2008<sup>1</sup></b>
• There were a total of 80 instances <sup>2</sup> in which businesses were cited in Vanderburgh County
• A total of 66 individual locations were cited
• There were a total of 134 violations between 2005 and 2008
• A total of 10 locations had multiple instances in which they were cited
• The largest number of instances at one location = 4 (Note: 1 company that has multiple locations had 6 total instances among its 4 locations)
• The largest number of violations at one location = 7 (Note: 1 company that has multiple locations had 12 total violations among its 4 locations; all involved violations pertaining to minors)
• Of the 134 violations, 51 (38.1%) involved violations pertaining to minors; specifically, 28 involved sales to minors)
• 8 of the 10 locations with multiple instances had violations pertaining to minors
• The individual location with the most instances and violations had 2 violations involving minors
• As noted above, the company with the largest number of instances and violations (among 4 locations) involved violations pertaining to minors in all instances

<sup>1</sup>Represents cases that were adjudicated and fines paid

<sup>2</sup>An instance equates to an individual date on which citations were issued

Source: Indiana State Excise Police

### **Tobacco Violations**

The following tables show the Tobacco Retailer Inspection Program fail and pass rates for Vanderburgh County. Between 2003 and 2008, Vanderburgh County has experienced a substantial decrease in the percentage of businesses that fail inspections. This mirrors the same trend witnessed across the state of Indiana and several counties in the southwestern section of the state.

<b>Table 32. Intensity of Inspection (Tobacco Retailer Inspection Program) 2006</b>		
	<b>Vanderburgh County</b>	<b>Indiana</b>
Intensity of Inspection	1.09	1.00
Inspections per 1,000 Youth 10-17	10.50	8.93
Population 10-17	18,089	707,908
Total Population	174,063	6,310,320
Number of Tobacco Retailers	104	4,602
Total Inspections Completed	190	6,322

Source: Primary-Indiana Alcohol and Tobacco Commission; Secondary-Indiana Prevention Resource Center

<b>Table 33. Percent Passed and Failed Tobacco Retailer Inspection Program Inspection 2006</b>		
	<b>Vanderburgh County</b>	<b>Indiana</b>
Total Inspections Completed	190	6,322
Total Failed Inspections	14	609
Failed Inspections (%)	7.4%	12.6%
Passed Inspections (%)	92.6%	87.4%
Ranking for Failed Inspections	31*	--
Ranking for Passed Inspections	29**	--

\*Lower numbers indicate a greater number of failed inspections

\*\*Lower numbers indicate a greater number of passed inspections

Source: Primary-Indiana Alcohol and Tobacco Commission; Secondary-Indiana Prevention Resource Center

<b>Table 34. Tobacco Retailer Inspection Program Non-compliance Rate, 2002-2008</b>		
<b>Year</b>	<b>Vanderburgh County</b>	<b>Indiana</b>
2002	16.7%	18.9%
2003	11.1%	13.6%
2004	11.4%	13.2%
2005	11.0%	12.7%
2006	7.2%	10.5%
2007	9.3%	12.6%
2008	0.7%	7.2%

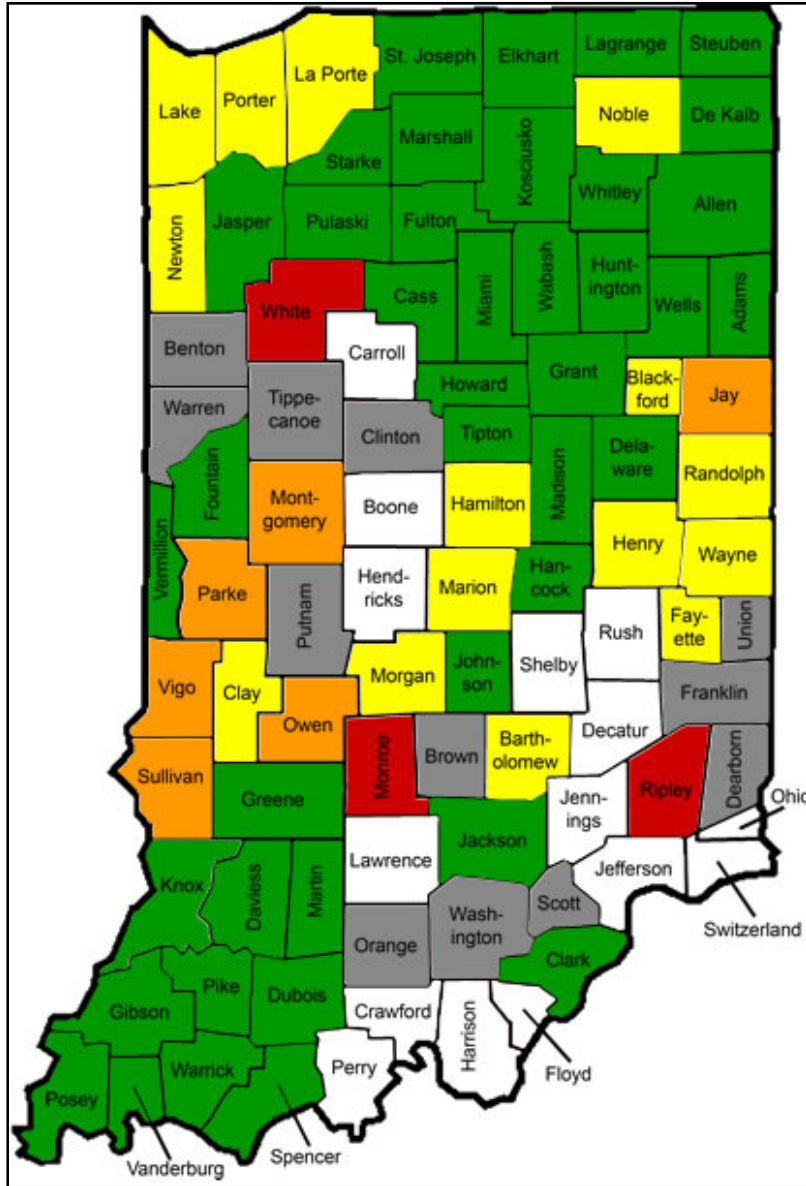
Source: Primary-Indiana Alcohol and Tobacco Commission; Secondary-Indiana Prevention Resource Center

<b>Table 35. Tobacco Retailer Inspection Program Inspections for Vanderburgh County by Year and Month</b>				
<b>Year/Month</b>	<b>Total Inspections</b>	<b>Passed Inspections</b>	<b>Failed Inspections</b>	<b>Non-Compliance Rate*</b>
<b>2006</b>				
January	25	20	5	20.0%
February	13	12	1	7.7%
March	30	27	3	10.0%
April	29	28	1	3.4%
May	26	25	1	3.8%
June	0	--	--	--
July	0	--	--	--
August	0	--	--	--
September	17	17	0	0.0%
October	49	45	4	8.2%
November	20	19	1	5.0%
December	10	10	0	0.0%
<b>2007</b>				
January	45	41	4	8.9%
February	25	22	3	12.0%
March	34	30	4	11.8%
April	22	20	2	9.1%
May	16	14	2	12.5%
June	10	10	0	0.0%
July	32	28	4	12.5%
August	4	4	0	0.0%
September	13	10	3	30.0%
October	10	10	0	0.0%
November	31	31	0	0.0%
December	46	41	5	10.9%
<b>2008</b>				
January	0	--	--	--
February	1	1	0	0.0%
March	52	51	1	1.9%
April	21	21	0	0.0%
May	49	49	0	0.0%
June	6	6	0	0.0%
July	0	--	--	--
August	28	28	0	0.0%
September	58	57	1	1.7%
October	2	2	0	0.0%
November	43	43	0	0.0%
December	8	8	0	0.0%
<b>2009</b>				
January	22	20	2	9.1%

\*Non-compliance rate = Failed Inspections divided by Total Inspections

Source: Indiana Alcohol and Tobacco Commission

**Figure 19. 2008 Tobacco Retail Inspection Program Failed Inspection Percentage – Indiana**  
 Statewide Average: 7.2%

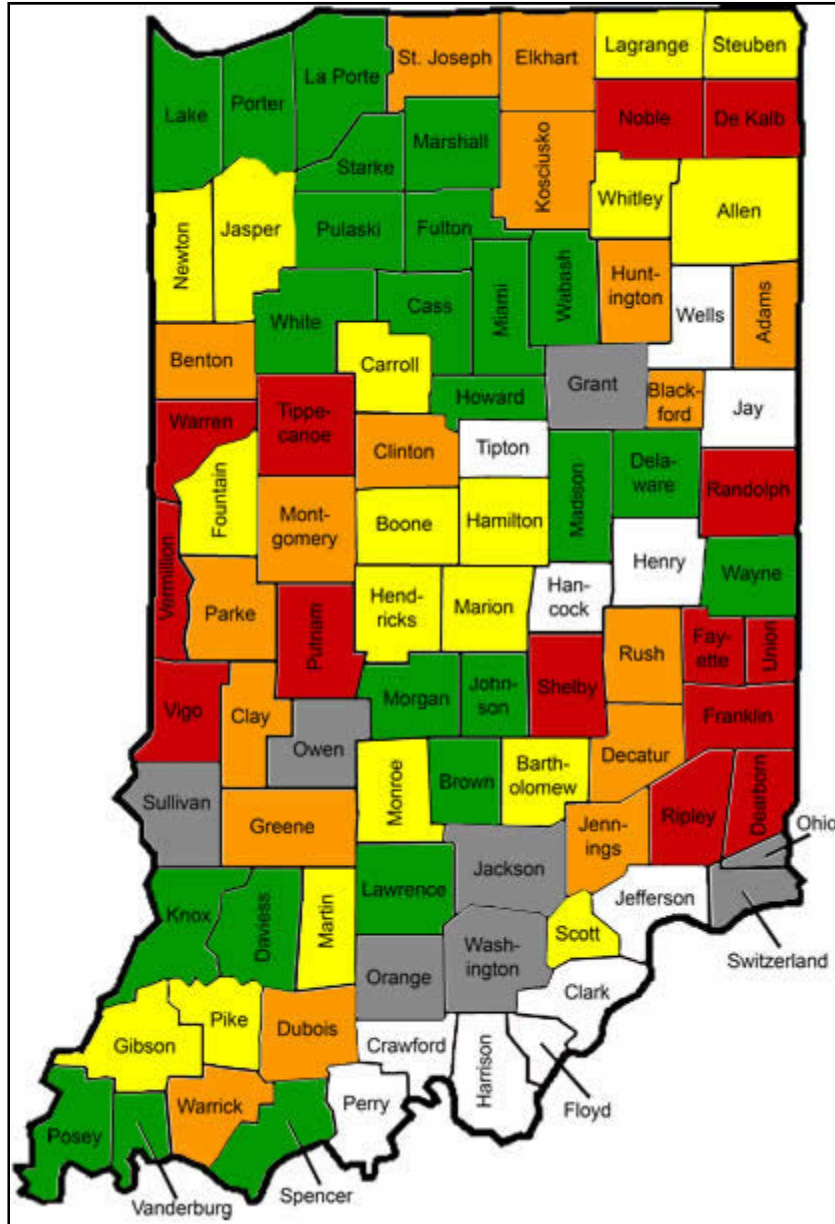


- Greater than 24%
- 15% ~ 24%
- 10% ~ 14%
- Less than 10%
- Not enough inspections (< 10)
- No data collected

Source: Indiana Alcohol and Tobacco Commission



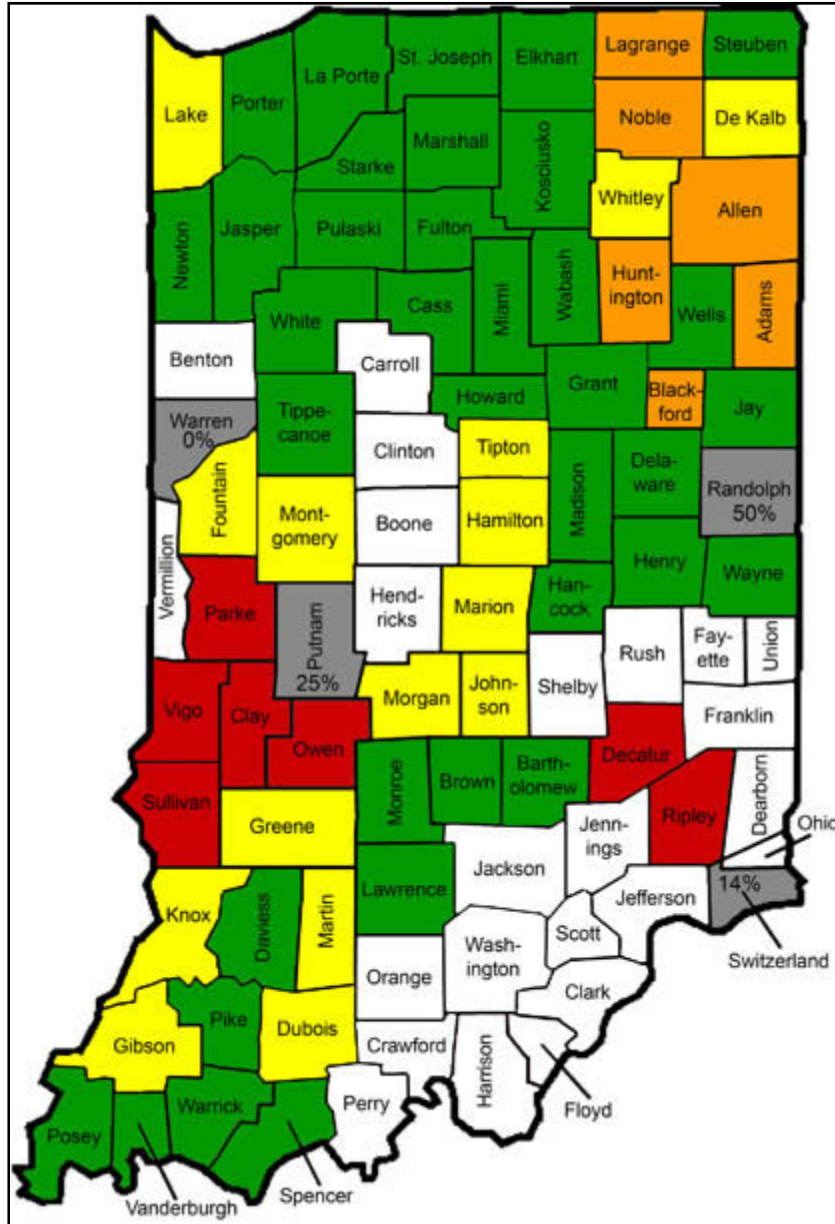
**Figure 20. 2007 Tobacco Retail Inspection Program Failed Inspection Percentage – Indiana**  
 Statewide Average: 12.6%



- Greater than 24%
- 15% ~ 24%
- 10% ~ 14%
- Less than 10%
- Not enough inspections (< 10)
- No data collected

Source: Indiana Alcohol and Tobacco Commission

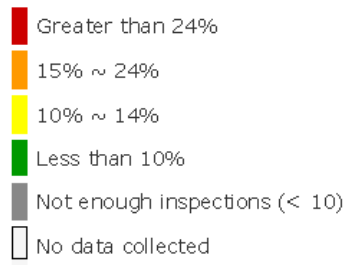
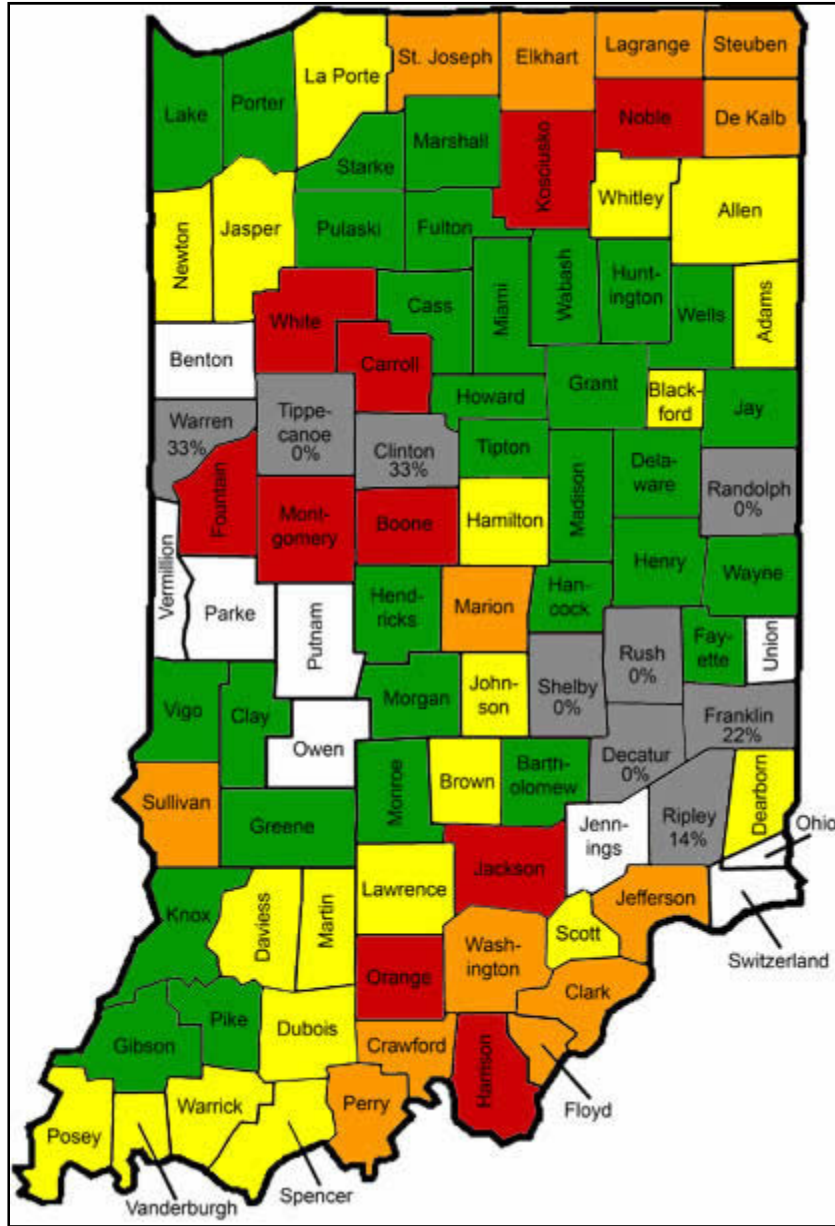
Figure 21. 2006 Tobacco Retail Inspection Program Failed Inspection Percentage – Indiana  
 Statewide Average: 10.5%



- Greater than 24%
- 15% ~ 24%
- 10% ~ 14%
- Less than 10%
- Not enough inspections (< 10)
- No data collected

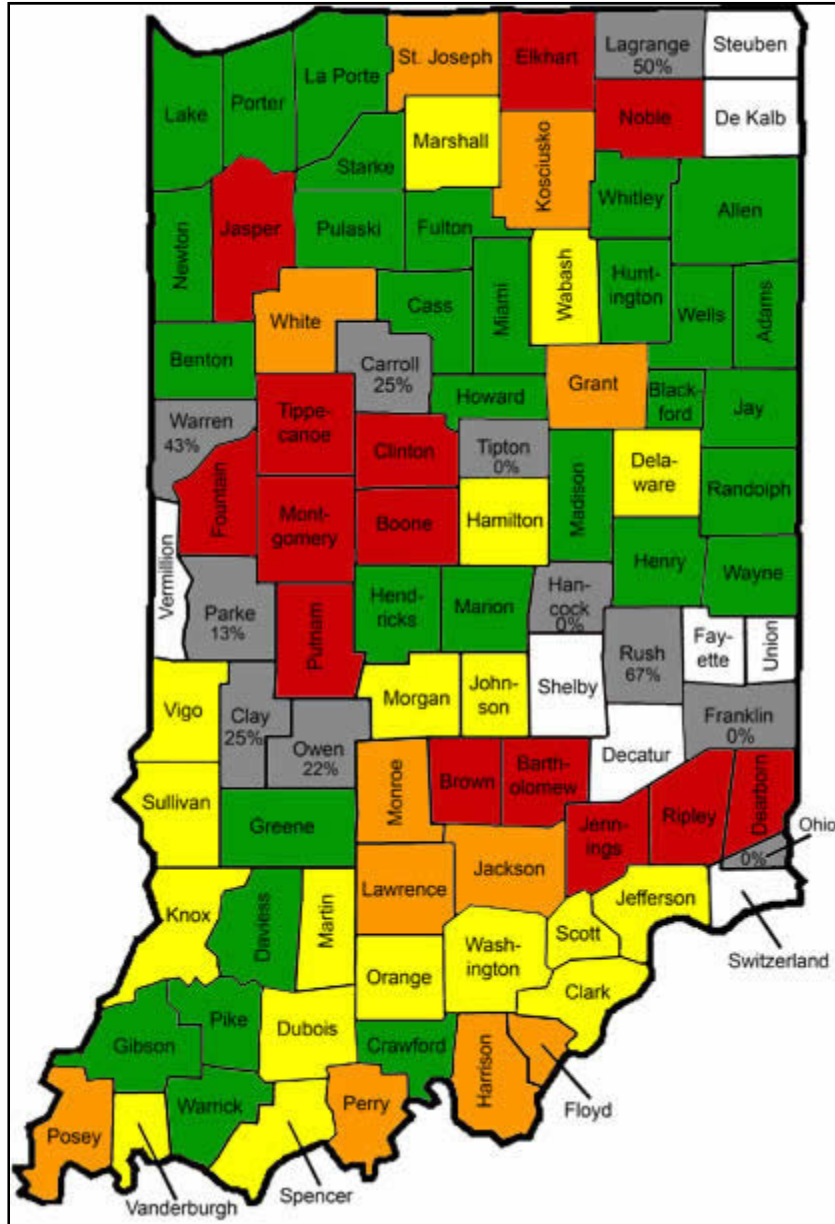
Source: Indiana Alcohol and Tobacco Commission

**Figure 22. 2005 Tobacco Retail Inspection Program Failed Inspection Percentage – Indiana**  
 Statewide Average: 12.7%



Source: Indiana Alcohol and Tobacco Commission

**Figure 23. 2004 Tobacco Retail Inspection Program Failed Inspection Percentage – Indiana**  
 Statewide Average: 13.2%



- Greater than 24%
- 15% ~ 24%
- 10% ~ 14%
- Less than 10%
- Not enough inspections (< 10)
- No data collected

Source: Indiana Alcohol and Tobacco Commission

## **Key Informant Perceptions of Enforcement of Drug and Alcohol Laws**

Key informants view law enforcement activities related to drug and alcohol laws in a fairly positive light. Individuals acknowledge the presence of the Excise Police, Evansville Police Department, Vanderburgh County Sheriff's Office, and Indiana State Police at various locations and events. Although each organization is not recognized as having the same degree of impact, all are cited for their hard work in enforcing laws. While impossible to ticket everyone who is violating alcohol and drug laws, efforts such as saturation patrols and DUI grants are seen as making a difference. There is concern that the consequences associated with violation of laws are not severe enough to deter individuals from adhering to the laws. Examples such as relatively small fines for business violations and diversion programs that allow youth to escape significant punishment after multiple citations were provided to support the idea that consequences are sometimes too lax. In addition to punishment of those who are breaking the law, some key informants indicated the need to target parents of youth who may be allowing their children to consume alcohol prior to age 21. This is another example of the continuous theme that ran through the key informant interviews regarding the need to better address parents' roles in their children's drinking behaviors.

## **Youth and Young Adult Perceptions of Enforcement of Underage Alcohol Laws**

Overall, youth and young adults believe that law enforcement is doing a good job of enforcing laws. Participants are at least aware of law enforcement presence at various events and on college campuses. However, it does appear that young people are quite savvy regarding how to elude punishment or recognize that punishment is not particularly severe. Youth are familiar with the areas of the community where the risk of being caught engaging in underage drinking is minimal. Consequently, young people hold their parties in those locations.

In terms of the degree to which laws are a deterrent, most focus group participants do not believe laws related to underage drinking keep youth from consuming alcohol. Youth who want to abide by the law will do so. Those who do not will not be deterred by laws that result in consequences that are seen as a slap on the wrist. As for what would be effective, suggestions included showing more negative consequences resulting from underage alcohol use, focusing more on people who are buying alcohol for youth, establishing harsher penalties for parents, and parents caring more about their children's whereabouts and participating more in their activities.

*"I think the police officers do a good job...they deal with it like they should as far as they're not crazy gung ho about throwing anybody in jail but they're not letting people off either."*

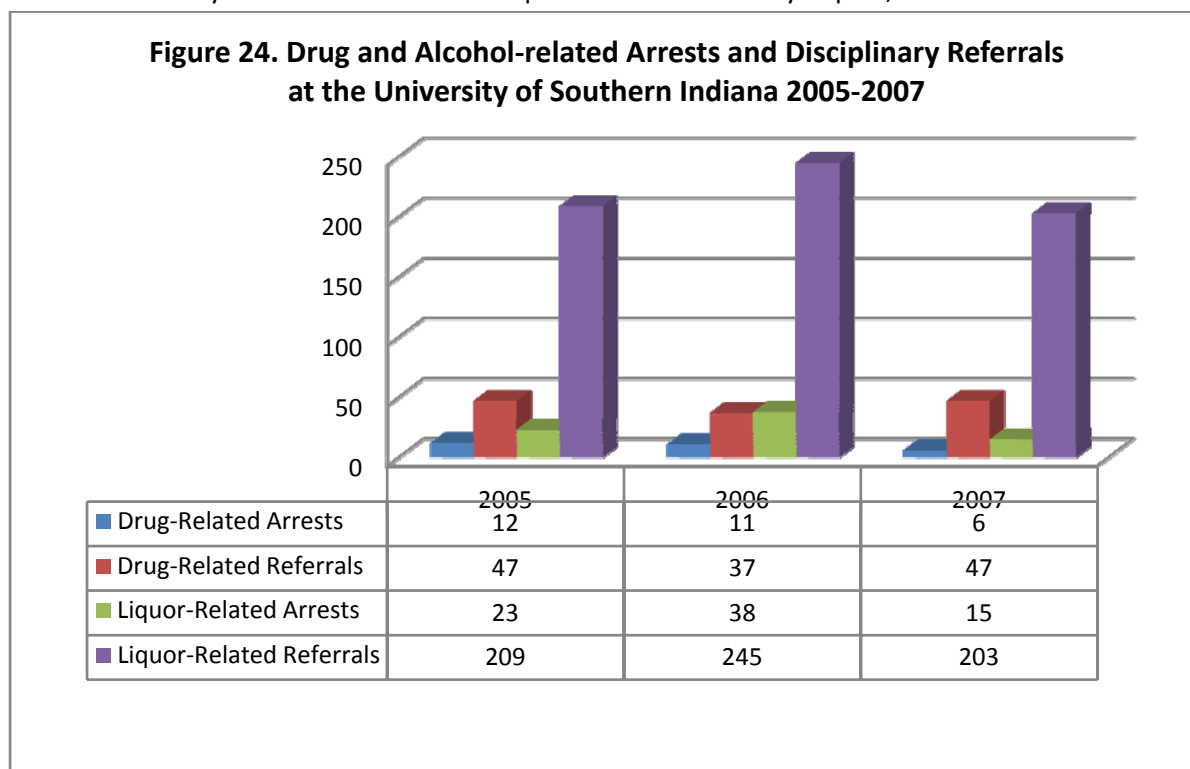
*-Focus Group Participant  
regarding how well the  
community enforces  
underage alcohol laws.*

## 2.2 MEDIATING VARIABLE: UNDERAGE DRINKING LAWS

As one indicator associated with the mediating factor of underage drinking laws, alcohol and other drug offenses at the University of Evansville and University of Southern Indiana were examined (Tables 36, 37, and 38; Figures 24, 25, 26). At first glance, the data show that both four-year universities have students who were arrested for alcohol and other drug offenses. At both universities, the number of alcohol law violations was higher than the number of drug-related violations. It appears that there are a number of situations where students are cited for violating laws but may not be processed through the court system. Future Epi Reports may want to examine the procedures that each university has in place to address students who violate alcohol and other drug laws. This would allow for an analysis of the extent to which universities are dealing with alcohol and other drug issues in a similar, or dissimilar, fashion compared to the rest of the community.

<b>Table 36. Drug and Alcohol-related Arrests and Disciplinary Referrals at the University of Southern Indiana 2005-2007</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Arrests</b>			
Drug-related Violations	12	11	6
Liquor Law Violations	23	38	15
<b>University Discipline Referrals</b>			
Drug-related Violations	47	37	47
Liquor Law Violations	209	245	203

Source: University of Southern Indiana Campus Crime and Security Report, 2005-2007

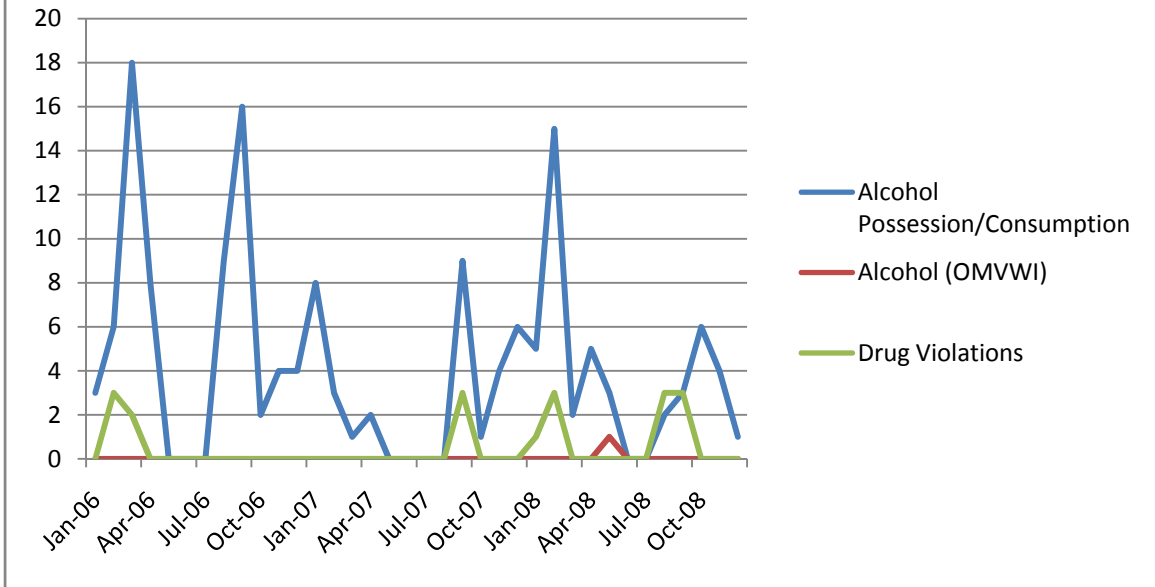


Source: University of Southern Indiana Campus Crime and Security Report, 2005-2007

<b>Table 37. Drug and Alcohol-related Offenses at the University of Evansville 2006-2008</b>			
<b>Month/Year</b>	<b>Alcohol Possession or Consumption</b>	<b>Alcohol (Operating Motor Vehicle While Intoxicated)</b>	<b>Drug Violations</b>
January 2006	3	0	0
February 2006	6	0	3
March 2006	18	0	2
April 2006	8	0	0
May 2006	0	0	0
June 2006	0	0	0
July 2006	0	0	0
August 2006	9	0	0
September 2006	16	0	0
October 2006	2	0	0
November 2006	4	0	0
December 2006	4	0	0
<b>2006 Total</b>	<b>70</b>	<b>0</b>	<b>5</b>
January 2007	8	0	0
February 2007	3	0	0
March 2007	1	0	0
April 2007	2	0	0
May 2007	0	0	0
June 2007	0	0	0
July 2007	0	0	0
August 2007	0	0	0
September 2007	9	0	3
October 2007	1	0	0
November 2007	4	0	0
December 2007	6	0	0
<b>2007 Total</b>	<b>34</b>	<b>0</b>	<b>3</b>
January 2008	5	0	1
February 2008	15	0	3
March 2008	2	0	0
April 2008	5	0	0
May 2008	3	1	0
June 2008	0	0	0
July 2008	0	0	0
August 2008	2	0	3
September 2008	3	0	3
October 2008	6	0	0
November 2008	4	0	0
December 2008	1	0	0
<b>2008 Total</b>	<b>46</b>	<b>1</b>	<b>10</b>

Source: University of Evansville Office of Safety and Security Crime Statistics

**Figure 25. Drug and Alcohol-related Offenses at the University of Evansville 2006-2008**



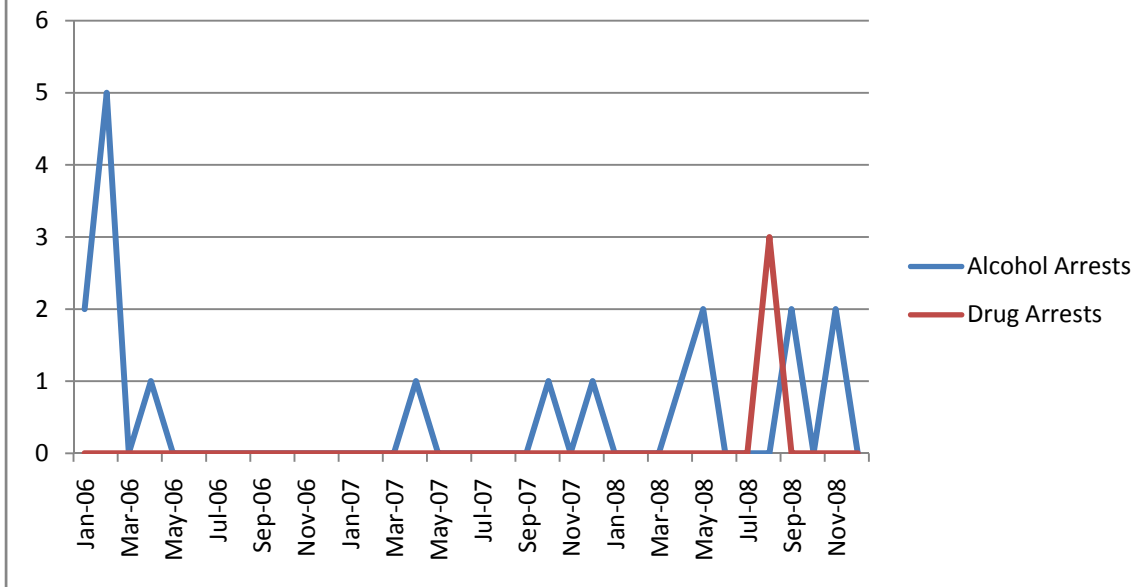
Source: University of Evansville Office of Safety and Security Crime Statistics



<b>Table 38. Drug and Alcohol-related Arrests at the University of Evansville 2006-2008</b>		
<b>Month/Year</b>	<b>Alcohol Arrests</b>	<b>Drug Arrests</b>
January 2006	2	0
February 2006	5	0
March 2006	0	0
April 2006	1	0
May 2006	0	0
June 2006	0	0
July 2006	0	0
August 2006	0	0
September 2006	0	0
October 2006	0	0
November 2006	0	0
December 2006	0	0
<b>2006 Total</b>	<b>8</b>	<b>0</b>
January 2007	0	0
February 2007	0	0
March 2007	0	0
April 2007	1	0
May 2007	0	0
June 2007	0	0
July 2007	0	0
August 2007	0	0
September 2007	0	0
October 2007	1	0
November 2007	0	0
December 2007	1	0
<b>2007 Total</b>	<b>3</b>	<b>0</b>
January 2008	0	0
February 2008	0	0
March 2008	0	0
April 2008	1	0
May 2008	2	0
June 2008	0	0
July 2008	0	0
August 2008	0	3
September 2008	2	0
October 2008	0	0
November 2008	2	0
December 2008	0	0
<b>2008 Total</b>	<b>7</b>	<b>3</b>

Source: University of Evansville Office of Safety and Security Crime Statistics

**Figure 26. Drug and Alcohol-related Arrests at the University of Evansville 2006-2008**



Source: University of Evansville Office of Safety and Security Crime Statistics

In addition to the university data presented above, this report includes the City of Evansville and Vanderburgh County ordinances related to alcohol (Tables 39 and 40). An overview of the Indiana laws is also provided. The city and county ordinances would include any laws that supplement or strengthen laws that apply to the entire state of Indiana. As noted, the city and county have few ordinances in addition to state law. While it may appear that communities are limited to state laws, other communities throughout the United States have successfully enacted laws that are more stringent and provide for more severe punishment or fines. This information is beneficial to those individuals and groups that seek to change policy at both the local and state level.

<b>Table 39. Alcohol-related ordinances, City of Evansville</b>	
<b>Code</b>	<b>Terms of the Ordinance</b>
3.30.071	Department of Park Administration. Rules and regulations. It shall be a violation for any person to sell or offer for sale any alcoholic beverage in or upon park property.
9.80.01	Smoking prohibited. Definitions. Retail tobacco stores are not licensed for the consumption of meals or alcoholic beverages on the premises nor operated in conjunction with another business that is licensed for the on-premises consumption of meals or alcoholic beverages.
9.95.10	Public wharves. Alcoholic beverages at Dress Plaza prohibited. No person shall consume any alcoholic beverage at Dress Plaza.
9.95.13	Dress Plaza marine safety plan. I.C. 14-15-8-8 prohibits any person from operating a boat while intoxicated, as defined by Indiana Law as a person with a blood alcohol volume of equivalent to or greater than .10%.
11.116.02	Relates to drug and alcohol testing for taxi drivers.
11.119.04	General regulations for sidewalk cafes. 1) Licensee shall agree to comply with all rules, regulations, guidelines, and orders of the Alcoholic Beverage Commission and its agents, officials, and employees. All laws pertaining to alcoholic beverage permit premise shall be in full force and effect. 2) No alcoholic beverages may be stored, mixed, or dispensed in the café area. 3) All alcoholic beverages must be carried to the table by a licensed employee. There will be no carry-out. 4) The licensee must have one employee responsible for the supervision of the café area at all times. Among other duties, this employee shall prevent the carry-out of alcoholic beverages, service to minors, and the passing of beverages over, under, or through the dividing structure.
11.122.07	Tattoo operation and body piercing facility responsibilities. The tattoo operator shall insure that no illegal drugs or alcohol are consumed or permitted in the tattoo parlor.
11.122.25	Tattoo/body-piercing operator requirements and professional standards. Operators shall refuse service to any person who, in the opinion of the operator, is under the influence of alcohol or drugs.
15.153.003	Zoning code definitions. "Juice bar" is an adult cabaret which does not serve alcoholic beverages.

Source: City of Evansville, Indiana Municipal Code

<b>Table 40. Alcohol-related ordinances, Vanderburgh County</b>	
<b>Code</b>	<b>Terms of the Ordinance</b>
Section 2.36.020	Superior Court—Drug and alcohol deferral service. The drug and alcohol deferral service is operated as a separate agency under the jurisdiction of the Vanderburgh County superior court.
Section 12.24.010	County park rules and regulations. It shall be a violation for any person to do any of the following in or upon the grounds or facilities of any Vanderburgh County Park without the express permission of the Board of Commissioners of Vanderburgh County or the County Parks Manager: sell or offer for sale any alcoholic beverage in or upon County Park property.
Section 17.08.030	Defines "juice bar" as an adult cabaret which does not serve alcoholic beverages.
Section 17.20.110	Specifies the list of uses permitted in the C-2, C-4, M-1, and M-2 districts. Includes taverns and restaurants that serve alcoholic beverages.

Source: Vanderburgh County, Indiana Code

<b>Table 41. State Profile of Underage Drinking Laws</b>	
<b>Law</b>	<b>Explanation</b>
Underage Possession of Alcohol	Possession is prohibited; no explicit exceptions noted in the law
Underage Consumption of Alcohol	Consumption is prohibited; no explicit exceptions noted in the law
Underage Purchase of Alcohol	Purchase is not explicitly prohibited; Indiana does not have a statute that specifically prohibits purchase, but it does prohibit purchasing or attempting to purchase alcohol in connection with making a false statement or using false evidence of majority or identity. See Ind. Code 7.1-5-7-1
Furnishing of Alcohol to Minors	Furnishing is prohibited; no explicit exceptions noted in the law
Minimum Ages for On-Premises Servers and Bartenders	Beer: Server-19, Bartender-21; Wine: Server-19, Bartender-21; Spirits: Server-19, Bartender-21  Condition(s) that must be met in order for an underage person to sell alcoholic beverages: establishment type must be dining area or family room of restaurant or hotel AND manager/supervisor is present AND beverage service training
Minimum Ages for Off-Premises Sellers	Beer, Wine, and Spirits: 18  Condition(s) that must be met in order for an underage person to sell alcoholic beverages: manager/supervisor is present
False Identification for Obtaining Alcohol	Use of a false ID to obtain alcohol is a criminal offense; penalty may include driver's license suspension through a judicial procedure  Provision targeting suppliers: it is a criminal offense to lend, transfer, or sell a false ID  Retailer support provisions: licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older; general affirmative defense-the retailer came to a good faith or reasonable decision that the purchaser was 21 years or older; inspection of an identification card not required
Blood Alcohol Concentration Limits: Youth (Underage Operators of Noncommercial Motor Vehicles)	BAC limit: 0.02 – a BAC level at or above the limit is per se (conclusive) evidence of a violation; applies to drivers under age 21

Law	Explanation
Keg Registration	<p>Keg definition: at least 7 ¼ gallons</p> <p>Prohibited: possessing an unregistered, unlabeled keg – max. fine/jail: \$1000</p> <p>Purchaser information collected: purchaser’s name and address – verified by a government-issued ID</p> <p>Warning information to purchaser: not required</p> <p>Deposit: not required</p> <p>Provisions do not specifically address disposable kegs</p>
Loss of Driving Privileges for Alcohol Violations by Minors (“Use/Lose Laws”)	<p>Type(s) of violation leading to driver’s license suspension, revocation, or denial: underage purchase; underage possession</p> <p>Use/lose penalties apply to minors under age 21</p> <p>Authority to impose driver’s license sanction: mandatory</p> <p>Length of suspension/revocation: minimum-90 days; maximum-365 days</p>
Prohibitions Against Hosting Underage Drinking Parties	No criminal social host law

Source: Alcohol Policy Information System-National Institute on Alcohol Abuse and Alcoholism

## 2.3 MEDIATING VARIABLE: ALCOHOL PROMOTION

### Key Informant Perceptions of the Community's Responsibility Associated with Alcohol Promotion and Advertising

Overall, key informants believe the community is doing well in not directing alcohol advertising at youth. Most businesses appear to be responsible in their promotion and advertising activities. While Vanderburgh County appears to limit alcohol advertising, individuals do recognize that national advertising campaigns are quite present and sometimes seem to target younger people. Specifically pertaining to the universities, representatives believe that there is not a significant amount of advertising through campus media such as student newspapers. A review of campus media advertising policies shows that both four-year universities in Evansville accept alcohol-related ads to be included in their newspapers, which are typically from bars that advertise daily specials. Indiana law prevents advertising for specials that targets students. Therefore, any advertisement must be for products or pricing that are available to the general public. Although they accept alcohol-related ads, neither newspaper receives many because establishments already draw students to their businesses and generally do not need to advertise their products.

In addition to campus media, some university key informants did not believe that there were businesses that sell alcohol that are in close proximity to their schools. While these establishments may not directly border the campuses, many such locations are either within walking or a short driving distance from the two universities. These businesses may not be visible from campus grounds, as they are at universities in other cities, but students do have easy access to them and appear to have few barriers to frequenting such places if they choose to do so.

While this issue was primarily meant to collect information regarding responsible advertising by businesses, several key informants viewed the item in a different manner. Those individuals discussed the promotion of prevention messages related to alcohol. The consensus was that while the community is not actively promoting the consumption of alcohol in a significant way through advertising, it also is not promoting the concept of prevention, awareness, and the consequences of alcohol use. What is not being said in the community was identified as a significant concern and recommendation for change in the community. This has implications for the programs that are engaging in prevention efforts and for the need to identify additional ways to communicate to members of the county that alcohol use, particularly by underage individuals, has significant consequences to the community as a whole.

## Youth and Young Adult Awareness of Alcohol Advertising in the Community

Responses from youth and young adults regarding alcohol advertising were somewhat mixed. One focus group indicated that they see a great deal of advertising particularly aimed at university students. They cited advertisements in college newspapers as an example. Other participants do not see a significant concern with advertising and believe that such media are mainly developed at a national level. Advertising is minimal in areas where youth congregate. They do acknowledge, however, that advertising campaigns such as those by beer companies are, in essence, targeting young individuals and attempting to make drinking appealing to youth.

*“The commercials on TV are cool. They’re funny and stuff but it doesn’t make me want to drink. [They] target more like the teenagers and the people our age. They make them funny to attract us. They’re trying to get you raring and ready to go as soon as you turn 21.”*

*-Focus Group Participant  
regarding alcohol  
advertising in the  
community*

## 2.4 MEDIATING VARIABLE: PRICE OF ALCOHOL

The level of spending on alcohol in the community provides an indicator of the degree to which it is an affordable commodity, and thus potentially more available to youth in the community. As noted in the Table 42, the average annual alcohol spending per household in Vanderburgh County is \$556. This amount is less than the Indiana and United States averages. However, as a percent of annual household income, Vanderburgh County is higher than the state and national averages, primarily because the median household income is considerably lower than the state and nation. Vanderburgh County residents spend, on average, over 2% of their median household income on alcohol, compared to 1.2% to 1.3% for the state and nation. This percentage for Vanderburgh County is the 7<sup>th</sup> highest among the state's 92 counties. This rate exceeds all surrounding southwestern Indiana counties.

Type	Vanderburgh Co.	Indiana	United States
Annual Alcohol Spending per HH	\$556.00	\$664.90	\$621.70
Beer and Ale – Away from Home	\$77.90	\$93.00	\$87.00
Wine – Away from Home	\$38.00	\$45.40	\$42.50
Whiskey – Away from Home	\$63.30	\$75.60	\$70.70
Alcohol On Out-Of-Town Trips	\$68.40	\$81.70	\$76.40
Alcohol Consumption at Home	\$306.90	\$367.20	\$434.40
Beer and Ale – At Home	\$164.80	\$197.10	\$184.30
Wine – At Home	\$88.70	\$106.20	\$99.30
Whiskey – At Home	\$21.60	\$25.90	\$24.20
Whiskey and Other Liquor at Home	\$53.40	\$63.90	\$59.70
Median HH Income	\$42,050	\$54,272	\$48,277
Total Spending as % of Med. HH Income	2.05%	1.23%	\$1.29%
Rank For Spending as % of Med. HH Income	7*	40**	--

\* Rank out of 92 Indiana counties – Lower numbers indicate greater spending

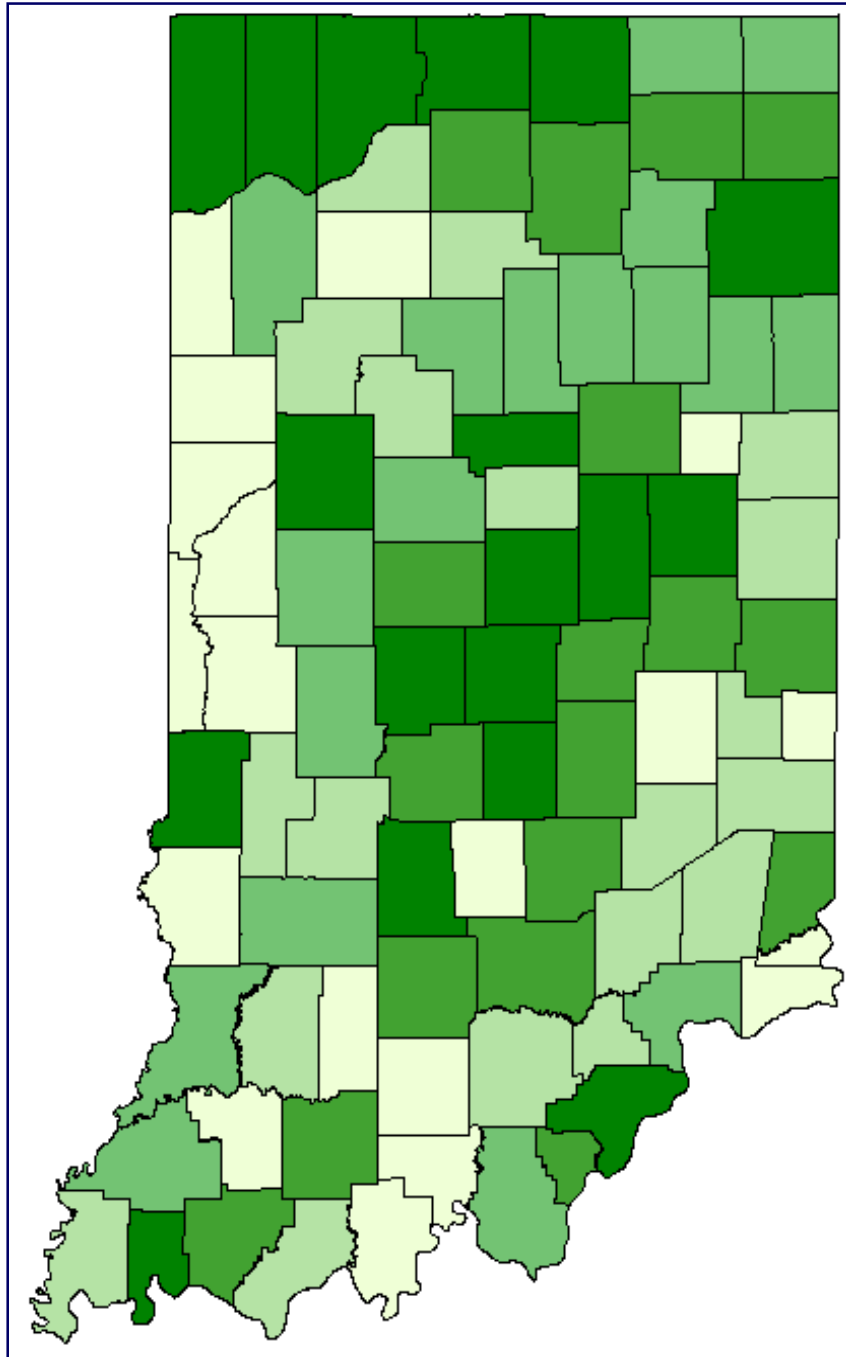
\*\* Rank out of 50 US states – Lower numbers indicate greater spending

Source: Primary – Applied Geographic Solutions; Secondary – IPRC PREV-STAT



In terms of the areas of the county that have the highest levels of spending on alcohol, it appears that there are pockets throughout the county where the average annual amount of total spending is particularly high (Figures 28, 29, 31, and 32; Tables 43 and 44). Most of these represent neighborhoods with homes that are at a higher price point than other sections of the county. These include an area along Lincoln Avenue to the far east side of Knight Township almost to the border of the Vanderburgh/Warrick County line; a section on the northern border of Perry Township on the west side of town in the vicinity of Upper Mt. Vernon Road and Peerless; the southern section of Armstrong Township; and a fairly large section in the vicinity of the McCutchanville area of the county.

Figure 27. Total Annual Spending on Alcohol – Indiana



Total Annual Spending on Alcohol (\$)	
Indiana by County (AGS, Consumer Spending, 2007 est., 2008)	
<span style="display:inline-block; width:10px; height:10px; background-color:#006400;"></span>	18,387,200 to 202,060,600 (18)
<span style="display:inline-block; width:10px; height:10px; background-color:#008000;"></span>	8,728,000 to 18,387,200 (18)
<span style="display:inline-block; width:10px; height:10px; background-color:#3CB371;"></span>	5,884,200 to 8,728,000 (18)
<span style="display:inline-block; width:10px; height:10px; background-color:#90EE90;"></span>	3,823,400 to 5,884,200 (19)
<span style="display:inline-block; width:10px; height:10px; background-color:#E0F0E0;"></span>	1,287,800 to 3,823,400 (19)

Figure 28. Total Annual Spending on Alcohol – Vanderburgh County (Map 1)

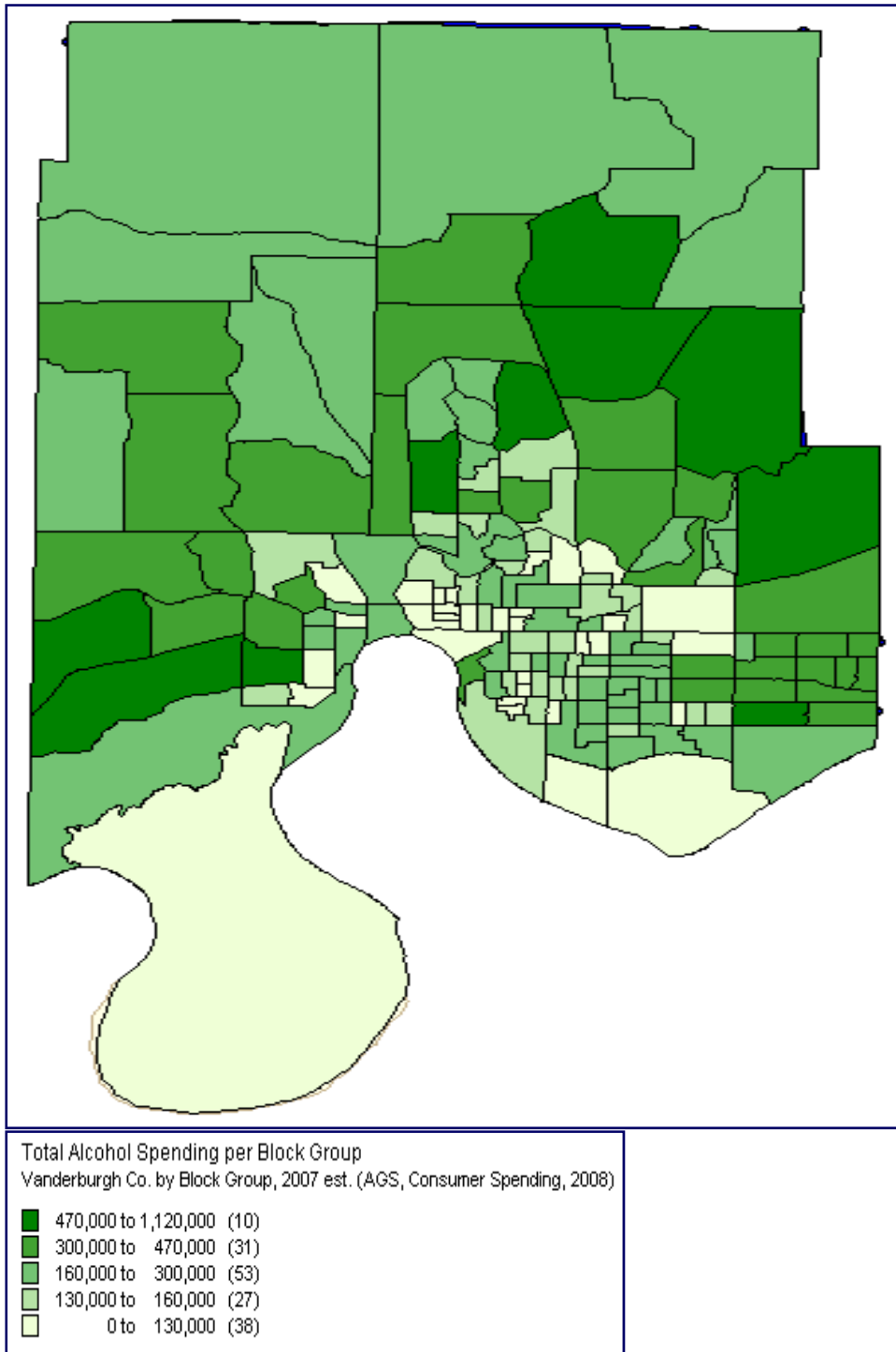
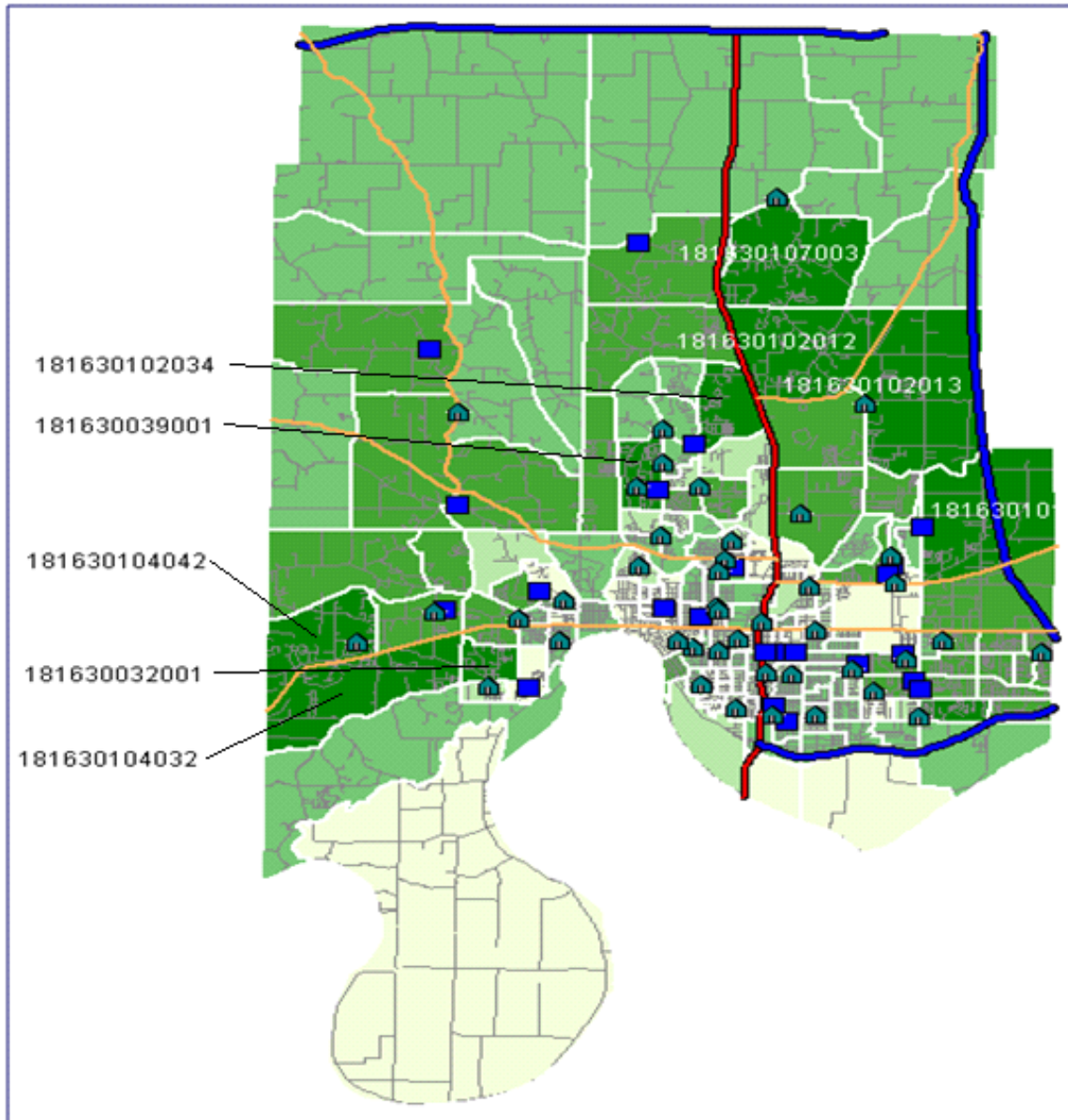


Figure 29. Total Annual Spending on Alcohol – Vanderburgh County (Map 2)



 Public Schools     NonPublic Schools

<b>Table 43. Total Alcohol Beverage Spending \$ per Year, Vanderburgh County</b>		
<b>Rank</b>	<b>Block Group</b>	<b>Total Alcohol Beverage Spending \$ per Year</b>
1	181630102013	\$1,118,900
2	181630102012	\$1,002,600
3	181630102034	\$883,800
4	181630107003	\$647,700
5	181630101001	\$636,300
6	181630039001	\$598,400
7	181630104042	\$573,100
8	181630038041	\$542,800
9	181630104032	\$516,700
10	181630032001	\$471,100

Source: Primary – Applied Geographic Solutions, 2007; Secondary – IPRC PREV-STAT

Figure 30. Average Annual Spending on Alcohol per Household – Indiana

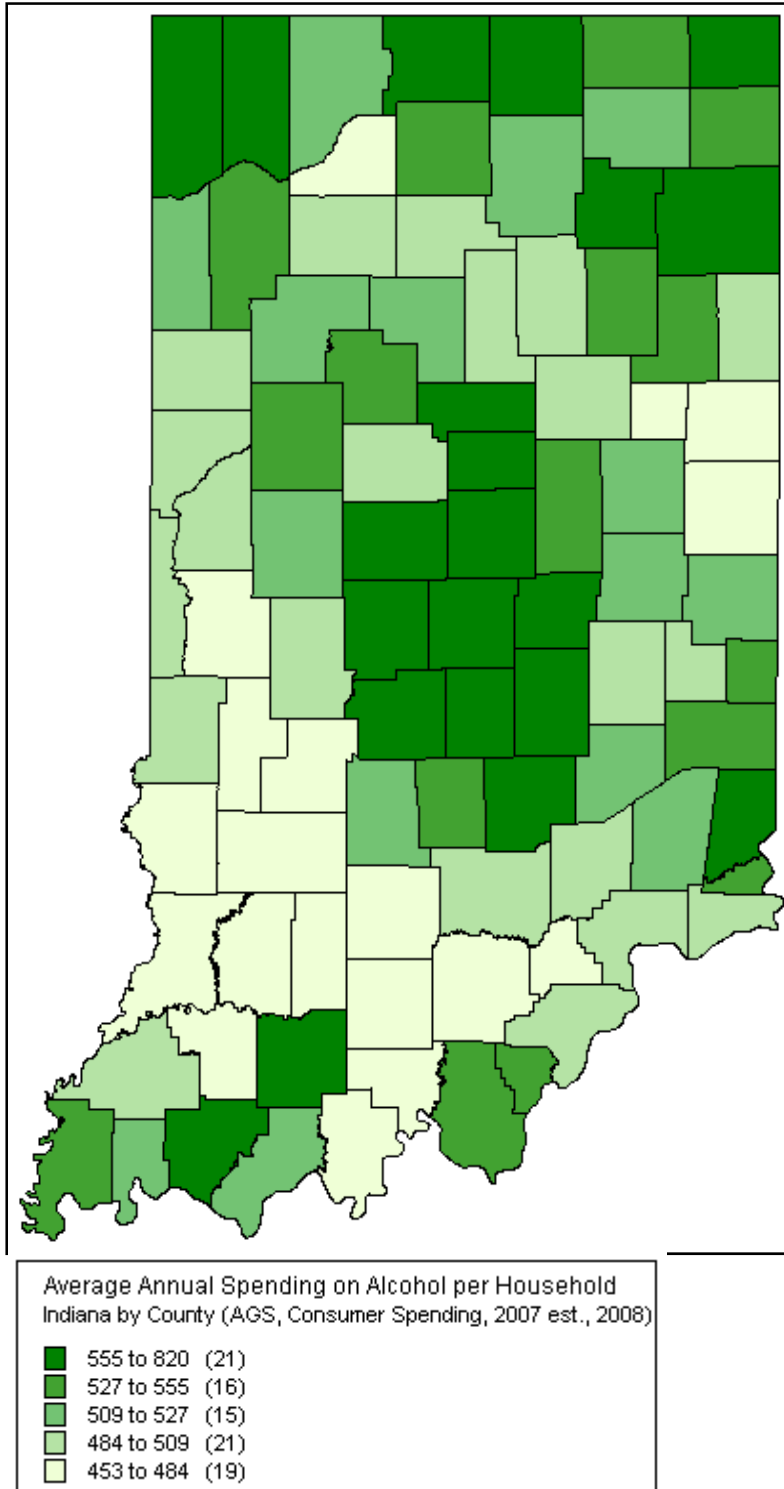


Figure 31. Average Annual Spending on Alcohol per Household – Vanderburgh County (Map 1)

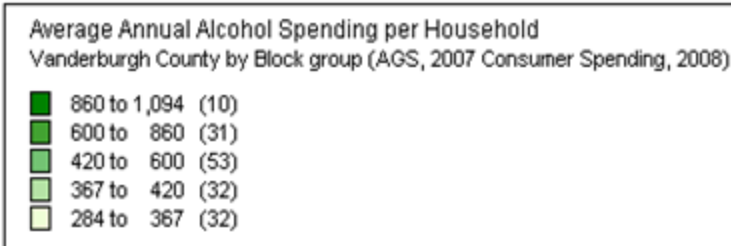
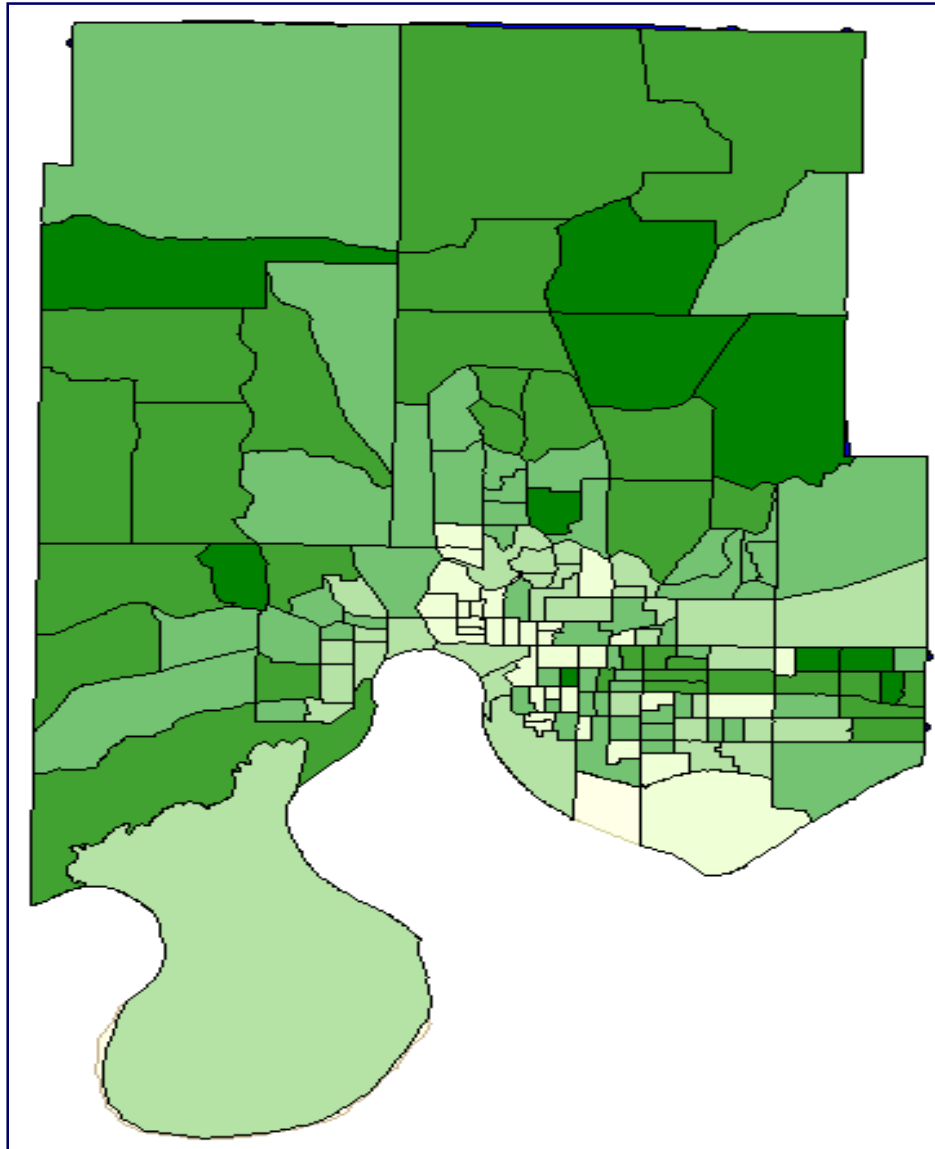
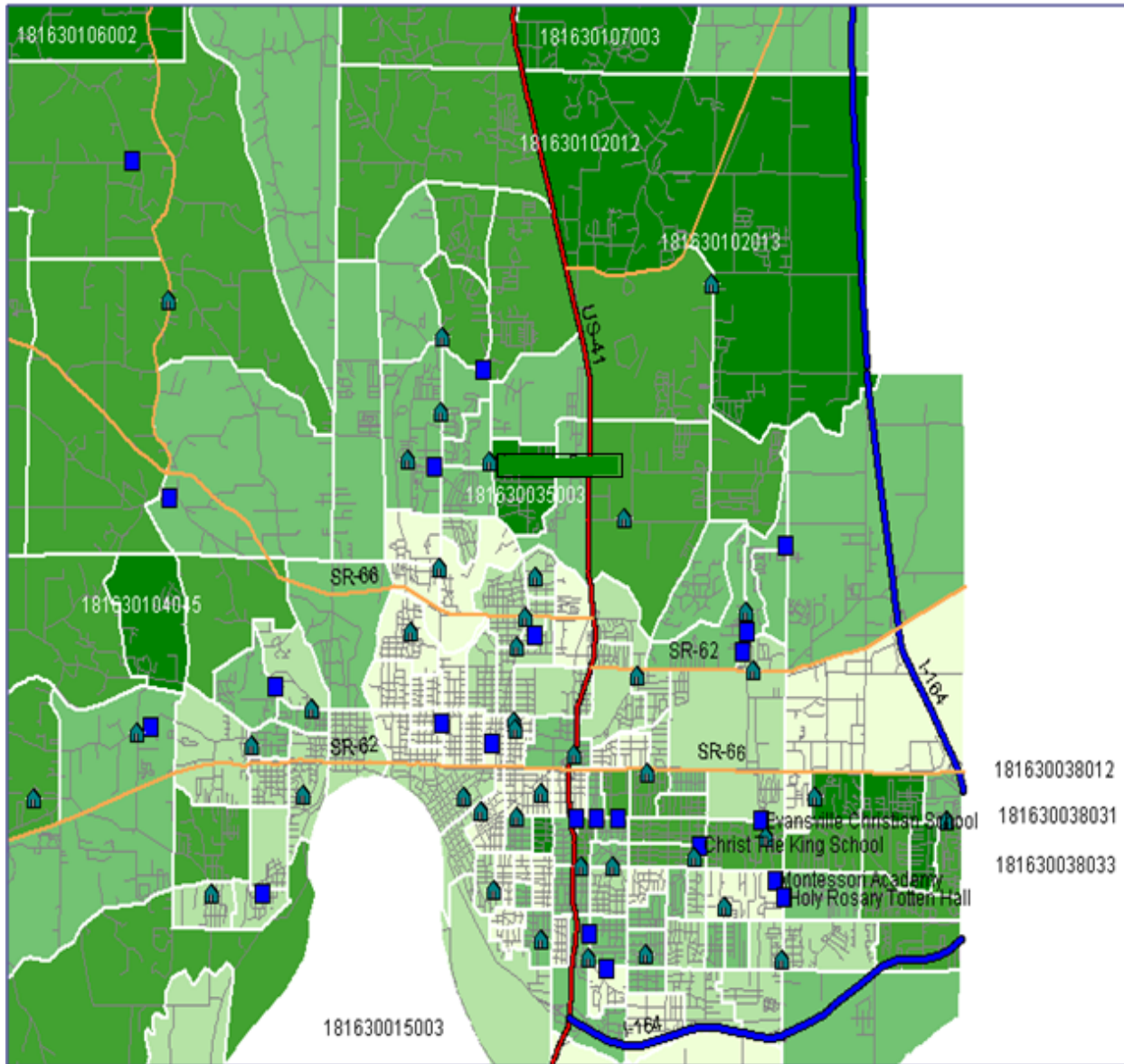


Figure 32. Average Annual Spending on Alcohol per Household – Vanderburgh County (Map 2)





<b>Table 44. Total Annual Average Spending on Alcoholic Beverages \$ per Household, Vanderburgh County</b>		
<b>Rank</b>	<b>Block Group</b>	<b>Total Alcohol Beverage Spending \$ per Year</b>
1	181630038031	\$1,094
2	181630104045	\$1,049
3	181630038033	\$1,029
4	181630035003	\$927
5	181630015003	\$913
6	181630102012	\$887
7	181630102013	\$887
8	181630107003	\$885
9	181630106002	\$874
10	181630038012	\$861

Source: Primary – Applied Geographic Solutions, 2007; Secondary – IPRC PREV-STAT

While the areas listed above are those that spend the highest total dollars on alcohol, they are not necessarily the sections that devote the largest percentages of their income to alcohol. In terms of the percent of total median income spent on alcohol, the highest levels in the county are primarily centered on the inner city sections of town or much of Pigeon Township (Figures 34-37, Table 45). Specifically, the area with the highest percentage (3.24%) of median household income is located just south of the Lloyd Expressway, west of US 41, with Lincoln Avenue bisecting the section from east to west. The southern border of this section is approximately Washington Avenue. Other sections of town in this general vicinity also have a high proportion of income going towards alcohol. Overall, most of these areas represent many of the lower-income sections of town.

Figure 33. Average Annual Alcohol Spending per Household as a Fraction of Median Income – Indiana

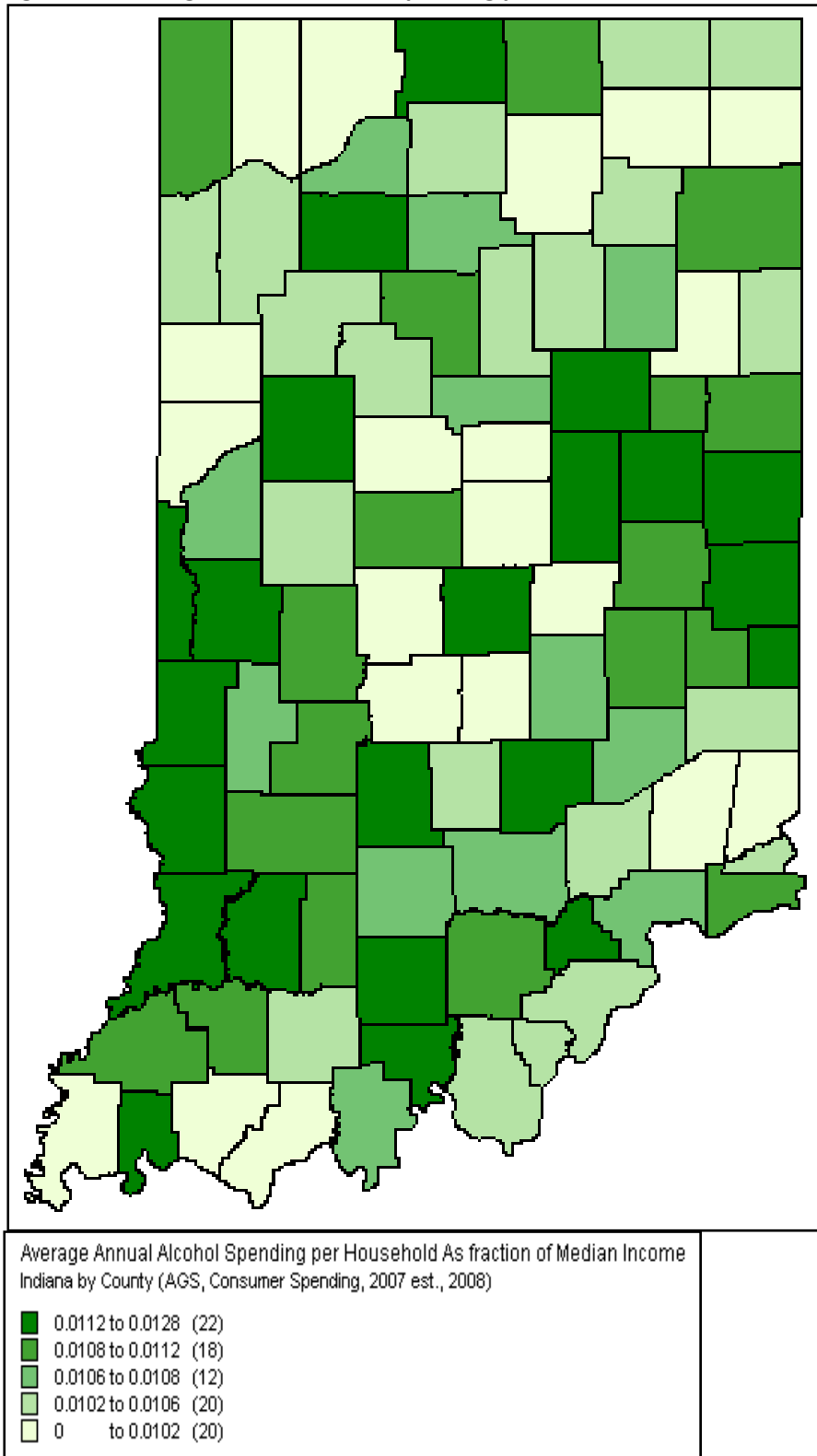
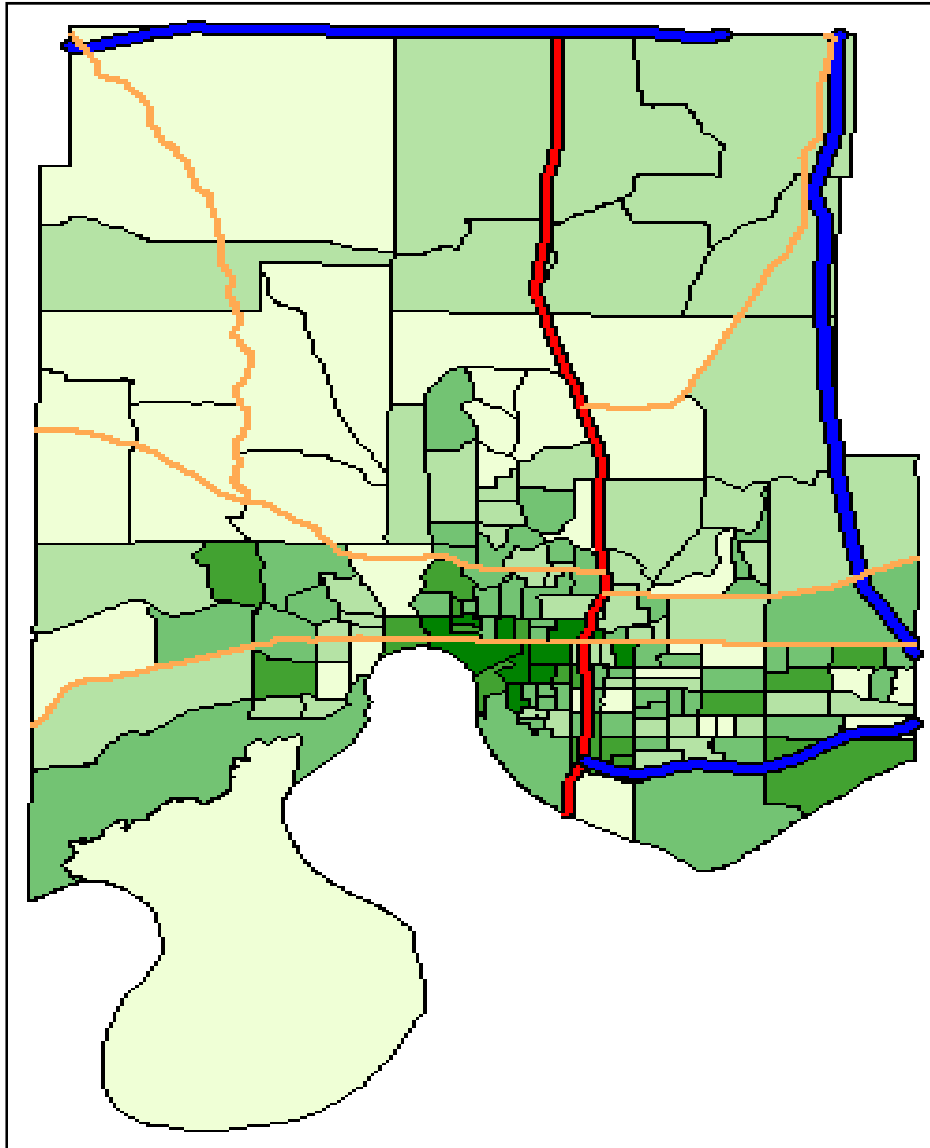


Figure 34. Annual Alcohol Spending per Household as a Percentage of Median Household Income – Vanderburgh County (Map 1)



Annual Alcohol Spending per Household As % of Median Household Income  
Vanderburgh by Block Group, 2007 est. (AGS, Consumer Spending, 2008)

- 1.8 to 3.24 (10)
- 1.4 to 1.8 (16)
- 1.1 to 1.4 (51)
- 0.94 to 1.1 (50)
- 0 to 0.94 (32)

**Figure 35. Annual Alcohol Spending per Household as a Percentage of Median Household Income – Vanderburgh County (Map 2)**

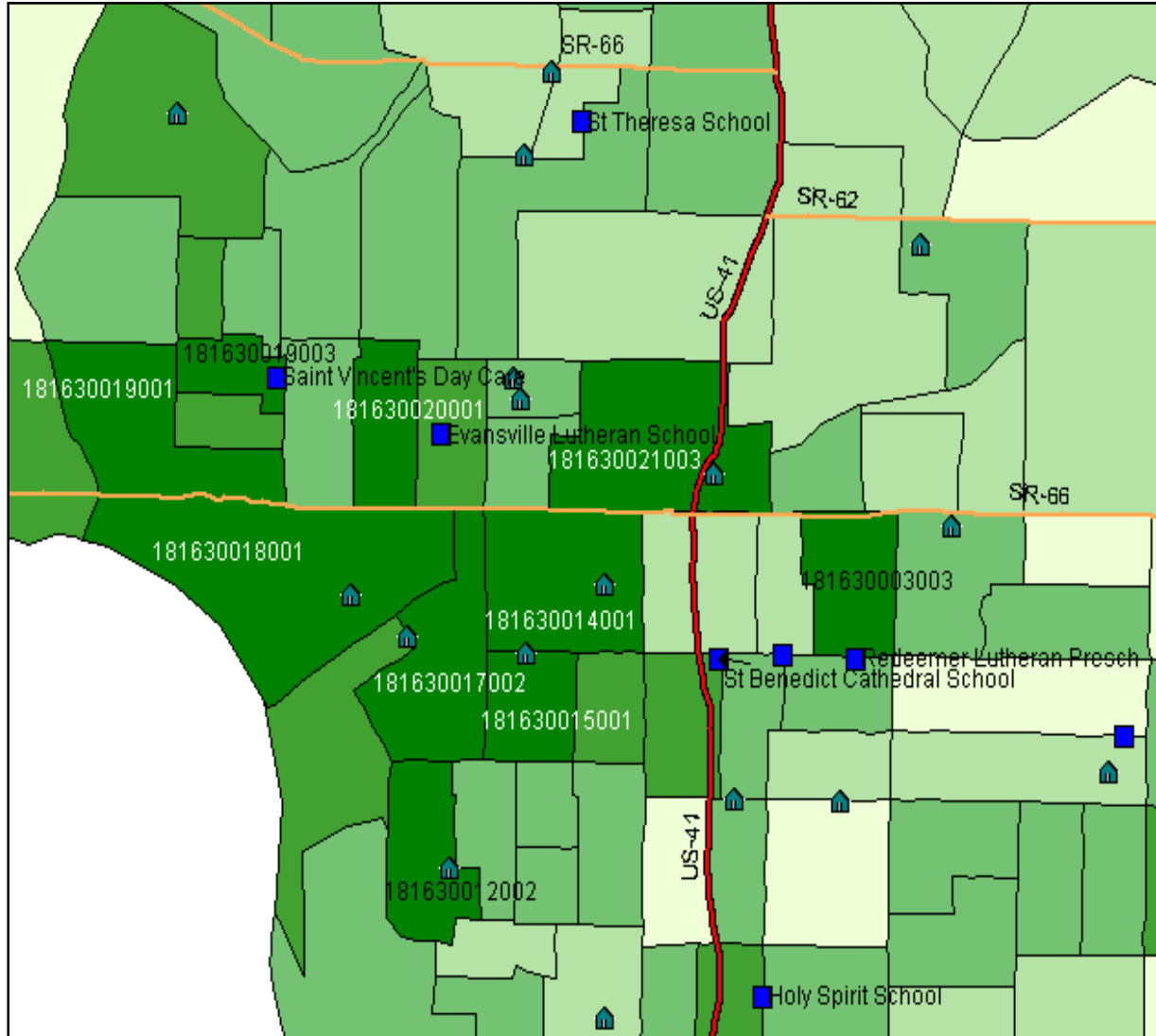


Figure 36. Annual Alcohol Spending per Household as a Percentage of Median Household Income – Vanderburgh County (Map 3)

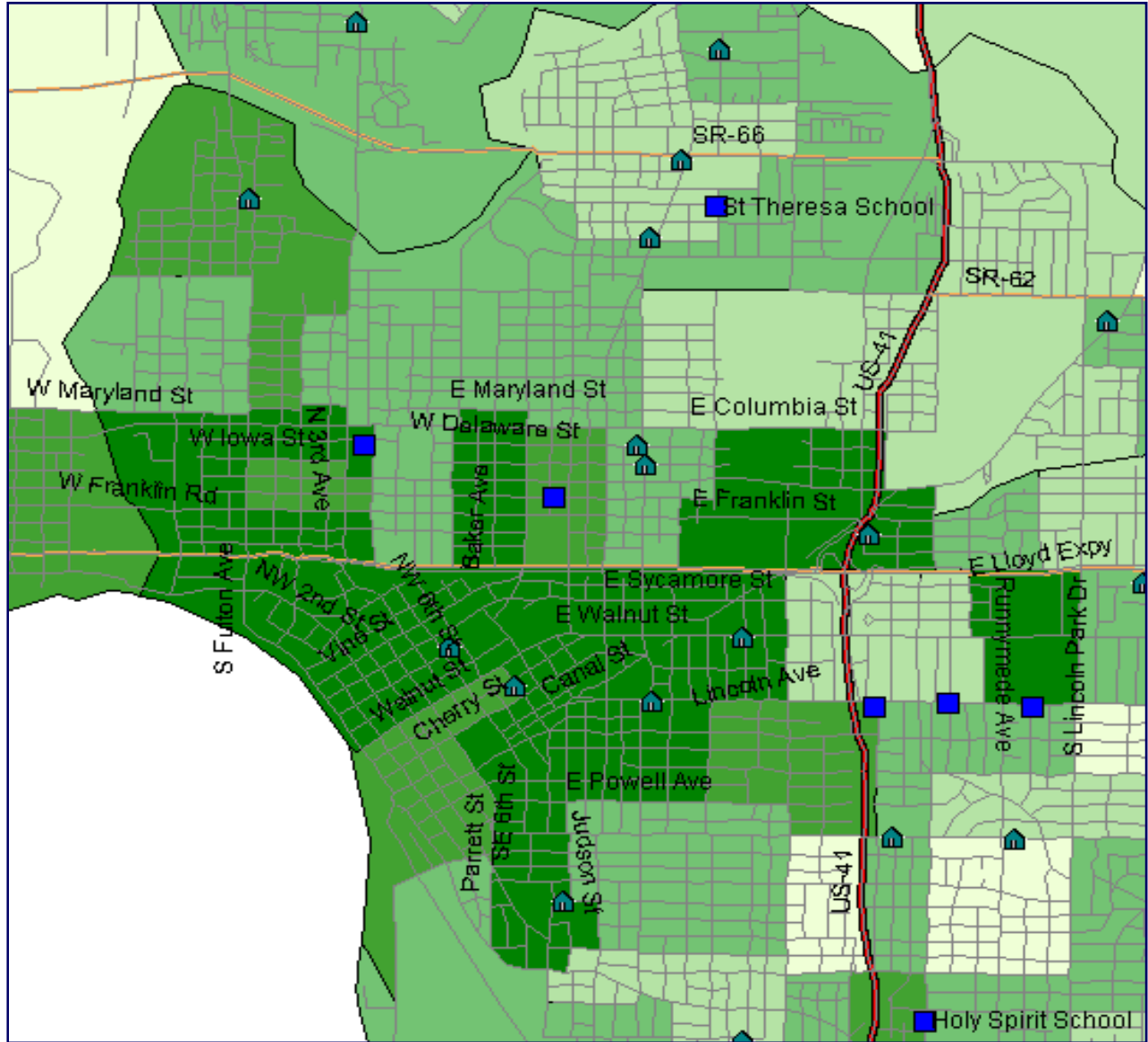
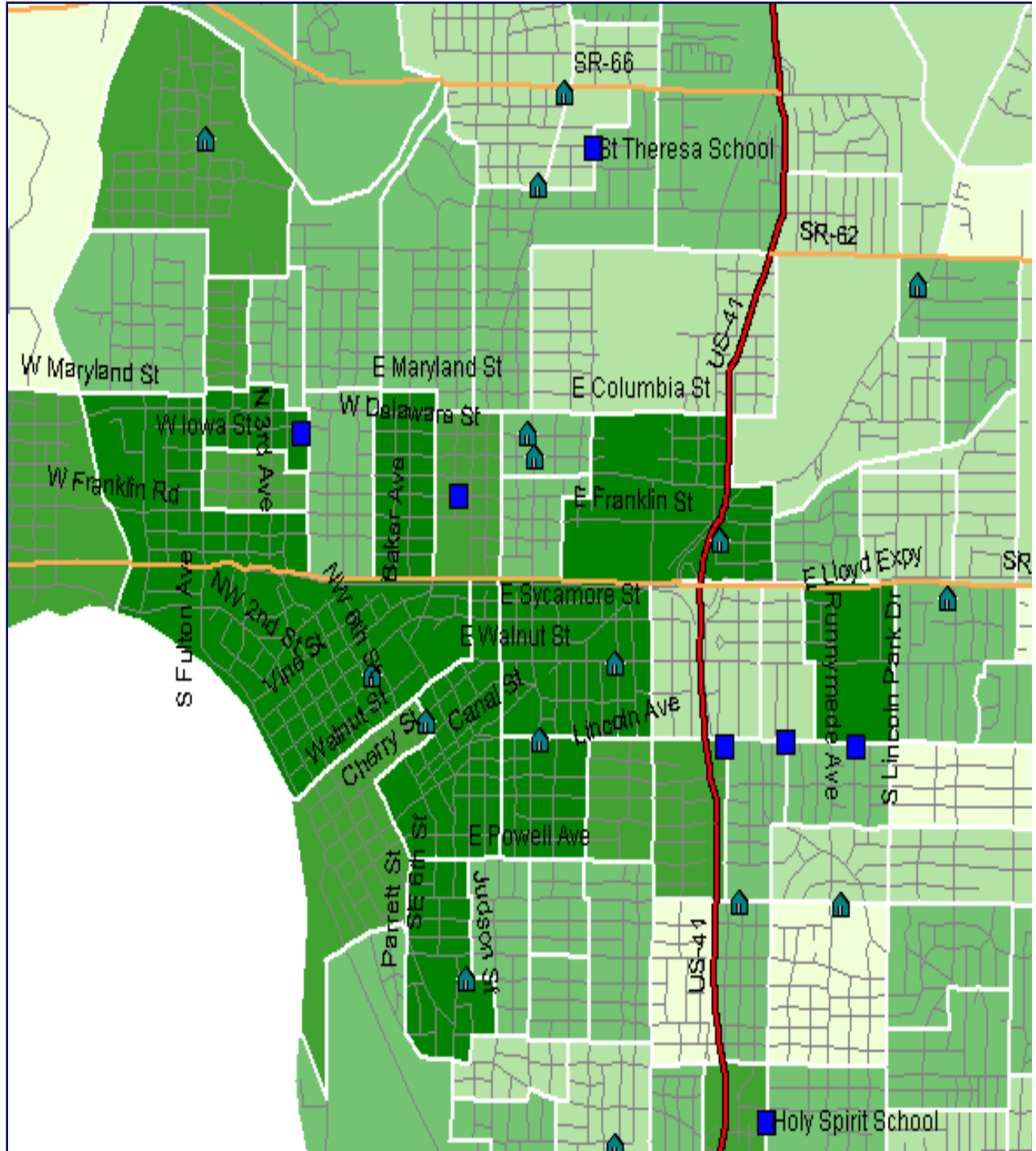


Figure 37. Annual Alcohol Spending per Household as a Percentage of Median Household Income – Vanderburgh County (Map 4)



<b>Table 45. Total Annual Alcohol Spending per Household as % of Median Income, Vanderburgh County</b>		
<b>Rank</b>	<b>Block Group</b>	<b>Total Annual Alcohol Spending per Household as % of Median Income</b>
1	181630017002	3.24
2	181630019003	2.10
3	181630020001	2.06
4	181630018001	1.99
5	181630021003	1.95
6	181630019001	1.94
7	181630012002	1.92
8	181630003003	1.91
9	181630014001	1.80
10	181630015001	1.80

Source: Primary – Applied Geographic Solutions, 2007; Secondary – IPRC PREV-STAT

For comparison purposes, spending on tobacco products also was examined (Table 46). While overall annual spending in Vanderburgh County is lower than it is in Indiana and the U.S., the discrepancies are not as great as they are with alcohol. Similar to alcohol, though, Vanderburgh County residents spend a larger portion of their income on tobacco products than do families throughout Indiana and the nation. Vanderburgh County ranks 22<sup>nd</sup> among 92 counties in tobacco spending as a percentage of median household income.

<b>Table 46. Household Spending on Tobacco 2006</b>			
	<b>Vanderburgh Co.</b>	<b>Indiana</b>	<b>United States</b>
Annual Tobacco Spending per HH	\$332.00	\$342.00	\$347.00
Cigarettes	\$299.00	\$307.00	\$312.00
Other Tobacco Products	\$33.00	\$34.00	\$35.00
Median HH Income	\$42,050	\$54,272	\$48,277
Total Spending as % of Median HH Income	0.79%	0.68%	0.72%
Rank for Spending as % of Median HH Income	22*	31**	--

\*Rank out of 92 Indiana counties – Lower numbers indicate greater spending

\*\*Rank out of 50 states – Lower numbers indicate greater spending

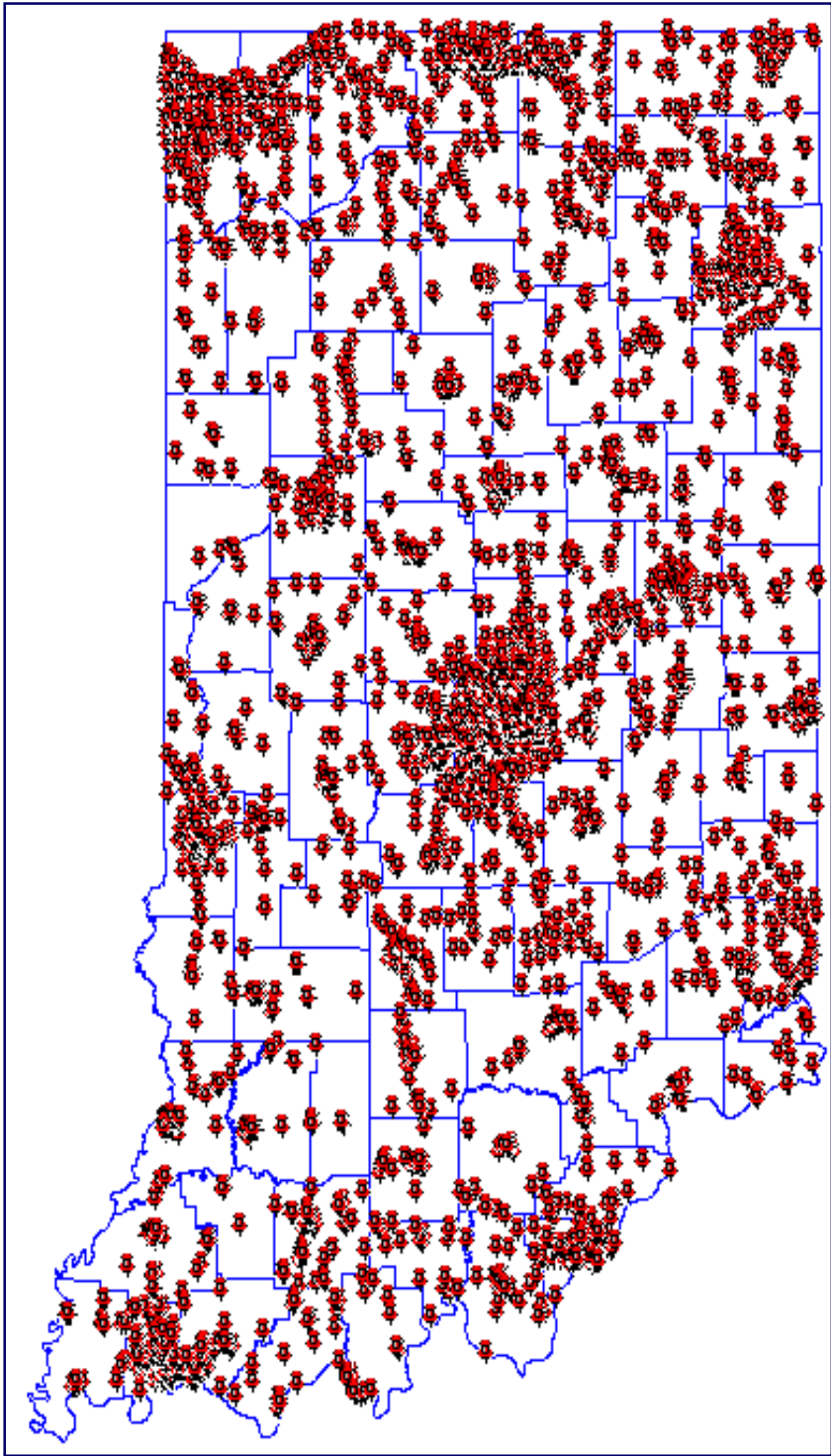
Source: Indiana Prevention Resource Center

## **2.5 MEDIATING VARIABLE: RETAIL AVAILABILITY OF ALCOHOL TO YOUTH**

As of March 1, 2009, there were 591 total active alcohol licenses for Vanderburgh County (Table 47). Excluding Sunday Sales and Catering, which are licenses that are often obtained by businesses in addition to their primary alcohol sales license, there are 416 outlets for alcohol in the community. Based on data provided by IPRC for 2006 (Table 48), this figure represents an increase of approximately 40 outlets since that time. In 2006, there were approximately 2.17 outlets per 1000 persons in Vanderburgh County, which was higher than the state average. That number is approximately 2.40 outlets per 1000 persons in 2009.

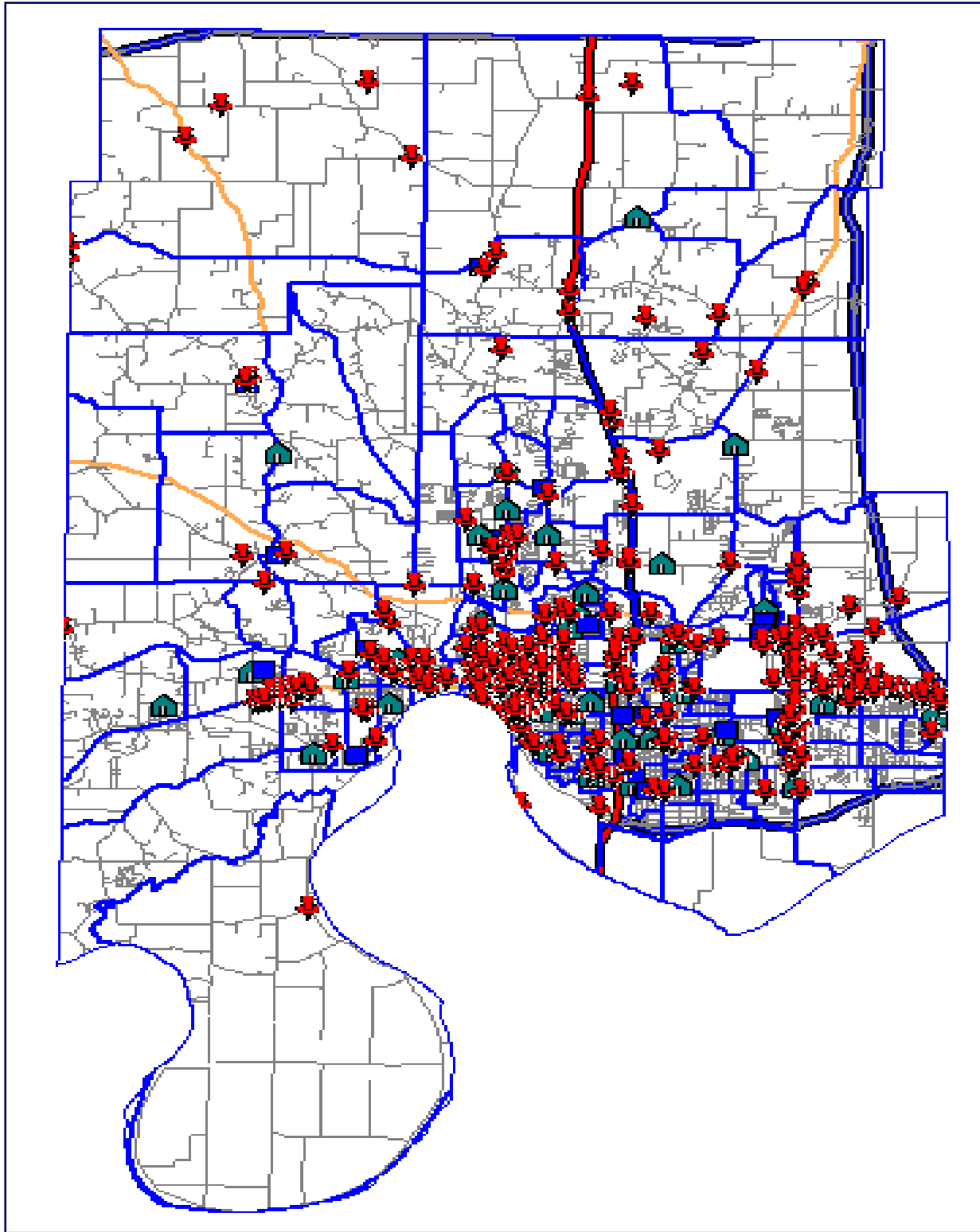


Figure 38. Alcohol Licenses – Indiana



Source: IPRC – PREV-STAT

Figure 39. Alcohol Licenses – Vanderburgh County



Source: IPRC – PREV-STAT

Table 47. Alcohol Licenses in Vanderburgh County by Type <sup>1</sup>		
License Type	Description <sup>2</sup>	Number in Vanderburgh County
101-1 Small Brewer		2
102 Wholesaler		1
103 Restaurant	Beer Retailer-Incorporated	10
104 Grocery	Beer Dealer-Incorporated	4
111 Restaurant	Beer and Wine Retailer-Unincorporated	3
112 Restaurant	Beer and Wine Retailer-Incorporated	53
114 Resort Hotel	Beer and Wine Retailer	1
115 Grocery	Beer and Wine Dealer-Incorporated	37
116 Grocery	Beer and Wine Dealer-Unincorporated	11
208 Drug Store	Liquor, Beer and Wine Dealer-Incorporated	16
208-3 Drug Store	Liquor, Beer and Wine Dealer-Unincorporated	5
209 Restaurant	Liquor, Beer and Wine Retailer-Unincorporated	44
210 Restaurant	Liquor, Beer and Wine Retailer-Incorporated	112
210-1 Restaurant (no carry out)	Liquor, Beer and Wine Retailer-Incorporated	1
211-1 Social Club	Liquor, Beer and Wine Retailer-Incorporated	4
211-3 Social Club	Liquor, Beer and Wine Retailer-Unincorporated	2
211-4 Fraternal Club	Liquor, Beer and Wine Retailer	14
214 Hotel	Liquor, Beer and Wine Retailer-Unincorporated	5
215 Hotel	Liquor, Beer and Wine Retailer-Incorporated	12
217 Package Store	Liquor, Beer and Wine Dealer-Incorporated	36
219 Civic Center	Liquor, Beer and Wine Retailer	4
219-2 Civic Center	Beer and Wine Retailer	1
220 Sunday Sales		118
221 Airport/Railway	Liquor, Beer and Wine Retailer	1
221-3 Riverfront	Liquor, Beer and Wine Retailer	13
222 Catering	Liquor, Beer and Wine Retailer	57
224-2 Horsetrack Satellite Facility	Liquor, Beer and Wine Retailer	1
225-1 Gaming Boat	Liquor, Beer and Wine Retailer	1
225-2 Gaming Boat Adjacent Land	Liquor, Beer and Wine Retailer	1
227 Gaming Site	Liquor, Beer and Wine Retailer	1
230 Catering Hall	Liquor, Beer and Wine Retailer-Incorporated	1
231 Historic District	Liquor, Beer and Wine Retailer	1
302 Wine Wholesaler		4
303 Restaurant	Wine Retailer	1
504 Type II Gaming Endorsement	Retailer	13
<b>Total Licenses</b>		<b>591</b>
<b>Licenses excluding Sunday Sales and Catering</b>		<b>416</b>

<sup>1</sup>Data as of March 1, 2009

<sup>2</sup>Description includes type of retailer/dealer and incorporated/unincorporated status of the city or town.

Source: Indiana Alcohol and Tobacco Commission

<b>Table 48. Alcohol Sales Per Capita 2006</b>		
	<b>Vanderburgh County</b>	<b>Indiana</b>
Total Population	174,063	6,310,320
Number of Outlets (March 2006)	378	11,011
Outlets per Capita	0.0022	0.0017
Outlets per 1000 persons	2.17	1.74

Source: Indiana Prevention Resource Center

The number of tobacco outlets in Vanderburgh County was somewhat smaller than the number of alcohol outlets and was less than the state average in terms of outlets per 1000 persons (Table 49). Additionally, there were 5.75 outlets for 1000 youth in 2006.

<b>Table 49. Tobacco Outlet Density 2006</b>		
	<b>Vanderburgh County</b>	<b>Indiana</b>
Total Tobacco Retail Outlets	104	4,602
Total Population	174,063	6,310,320
Outlets per 1000 persons	0.60	0.73
Population 10-17 years	18,089	707,908
Outlets per 1000 youth	5.75	6.50

Source: Indiana Prevention Resource Center

The number of alcohol outlets in the county indicates that there are many locations in which individuals can purchase alcoholic products, and for the purposes of this report, a high degree of retail availability to youth. With the vast number of locations for alcohol sales in Vanderburgh County comes a high level of responsibility for businesses to ensure that they adhere to alcohol laws and resist promoting their alcohol sales in a way that appeal to youth.

## 2.6 MEDIATING VARIABLE: SOCIAL AVAILABILITY OF ALCOHOL TO YOUTH

### Key Informant Perceptions of How and Where Youth Obtain Alcohol

In terms of how and where youth obtain alcohol, key informants were in relative agreement regarding the sources of the substance. The vast majority of individuals identified older friends or siblings as the suppliers of alcohol to those who are underage. This is particularly evident on college campuses with the mix of underage and of-age individuals who are friends with one another and attend the same social events. To a lesser degree, key informants mentioned the use of fake IDs or other peoples' IDs. While this does not seem to be pervasive, it is one method that some youth seem to use to obtain alcohol.

One issue that was presented through the key informant interviews, and interviews with youth as well, is that parents are a substantial source of alcohol for children who are under the age of 21. In some situations, parents may not monitor the alcohol that is in their house, and children may take it without the parents' knowledge. Although the lack of parent awareness is of great concern, an even more troubling issue relates to the idea that parents are actually providing alcohol to their underage children and even their children's friends. This may occur in social situations such as wedding receptions, parties, and holiday events or simply because parents think it is safer for children to drink at home as opposed to drinking at another location and driving after consuming alcohol. Several key informants were aware that some parents have a "kids will be kids" attitude, expecting them to drink prior to 21, and believe that it's better to provide a safe environment for drinking. This finding has significant implications for prevention and law enforcement activities. In addition to prevention strategies aimed at youth, key informants suggest that such activities target parents to educate them about the potential consequences of their views regarding the supply of alcohol to children. Further, laws regarding the responsibility of parents or guardians related to youth alcohol possession and consumption should be reviewed to determine if they account for the full scope of the problem as opposed to only citing the youth who are caught with various substances.

### Youth and Young Adult Perceptions of the Social Availability of Alcohol

Individuals in all focus groups expressed that it is quite easy to obtain alcohol in Vanderburgh County. There was very little additional discussion related to this item since all youth were in complete agreement that anyone who chooses to drink alcohol can obtain it. Further, in terms of the main sources of alcohol, responses mirror those provided by key informants. The key source of alcohol for youth is older friends or siblings, who either purchase for youth or provide it to them in social settings. Parents were mentioned as another main source. Youth either steal alcohol from parents, or parents provide alcohol to their children on social occasions or to ensure that they do not drink and drive. To a lesser degree, youth may obtain fake IDs or use someone else's ID.

*"On a scale of 1 to 10, with 10 being the easiest, it's a 9 for me. We don't actually go buy it. We have friends and know people."*

*"Somebody always knows somebody who knows somebody."*

*-Focus Group Participants regarding the availability of alcohol to youth*

## 2.7 MEDIATING VARIABLE: FAMILY, SCHOOL, AND PEER INFLUENCE

### Youth and Young Adult Perceptions of Parental Influence Over Decisions to Use Alcohol

Based on responses from youth and young adults, most participants believe that parents have a great deal of influence over their decisions to use alcohol or other drugs. This influence either may be positive or negative. Parents may be the greatest deterrents by educating their children about the consequences of alcohol and drugs and by being good personal role models for their children's behavior. Parents also may be the biggest supporters of alcohol use, either intentionally or unintentionally. As noted in other sections of this report, interview and focus group respondents expressed concerns about the role that some parents play in allowing their children to drink alcohol prior to age 21. While they may technically be adults at 18, supplying alcohol to an individual under 21 is a violation of the law. Parents also may provide the location for alcohol consumption with the intentions of keeping their children safe. Although the motives are pure, the outcomes are seen as potentially devastating. It should be noted that while parents play a crucial role in influencing a child's decision to drink alcohol, the entire burden is not placed on the care taker's shoulders. As pointed out by some focus group participants, the influence of friends may be strong enough persuade youth to experiment with alcohol.

*"As far as parents, I think they are either the greatest deterrent to me drinking or they can be an enabler. Either they're not taking enough interest in you doing it or they're not willing to put down their foot and tell you not to do something."*

*-Focus Group Participant  
regarding the influence  
parents have over their  
children's decisions about  
whether to drink*

## 2.8 MEDIATING VARIABLE: COMMUNITY NORMS ABOUT YOUTH DRINKING

### Community Perceptions of Priority Needs

The 2008 United Way Comprehensive Community-wide Needs Assessment examined priority needs and strengths related to social service issues within a four-county area. The first phase of the study employed traditional needs assessment methods by administering a comprehensive community-wide needs assessment survey to various stakeholder groups (community-at-large, social service clients, social service directors and providers, and community leaders), along with an extensive document review of secondary data sources. Participants were asked to first rate how important each of the 56 issues from the survey are to the community, and next, rate how well the issue is currently being addressed.

Priority needs and strengths were based on a ranking of the respondents' ratings on importance and being-addressed-well response combinations. Specifically, the priority needs reflect issues that have the highest rank based on the percentage of participants who fell within the high in importance and low in being-addressed-well response combination quadrant. On the other hand, the strengths reflect issues that have the highest rank based on the percentage of participants who fell within the high in importance and high in being-addressed-well response combination quadrant. In addition to this approach, the average for the importance rating and the being-addressed-well rating were also computed and ranked.

Readers are encouraged to review the study in its entirety (United Way Comprehensive Community Assessment, 2008<sup>1</sup>). For purposes of this report, key community issues are summarized below.

**Priority Issues:** For Vanderburgh County, the five highest percentages of participants across all stakeholder groups falling in the high in importance and low in being-addressed-well quadrant (represents priority needs) were noted for the following community issues:

- Understanding the cycle of poverty that occurs in successive generations
- Families' understanding of finances, budgeting, and tax credits
- Affordable and accessible health care for low- to moderate-income individuals
- Cost of prescription medicine
- Affordable and available care for mental health issues

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<sup>1</sup> [http://www.unitedwayswi.org/publications.php?page=com\\_needs\\_assessment](http://www.unitedwayswi.org/publications.php?page=com_needs_assessment)

**Strengths:** For Vanderburgh County, the five highest percentages of participants across all stakeholder groups falling in the high in importance and high in being-addressed-well quadrant (represents strengths) were noted for the following community issues:

- Recruitment and coordination of volunteers
- Cooperation of community organizations in effectively addressing needs
- Adult literacy
- School violence
- Children prepared to enter kindergarten

### ***Analysis Specific to Drug and Alcohol Issues***

For this report, with permission from the United Way of Southwestern Indiana, further analyses were conducted on the eight issues related to drug and alcohol issues contained within the community assessment survey. Data specific to these items follow.

**Priority Needs:** Specific to the eight items that relate to alcohol and other drug use, the highest percentages of participants across all stakeholder groups falling in the high in importance and low in being-addressed-well quadrant (represents priority needs relative to each other) were noted for the following community issues:

1. Underage use of drugs other than alcohol or tobacco
2. Adult drug use
3. Underage alcohol use
4. Drug and alcohol related crimes
5. Underage tobacco use
6. Adult alcohol abuse
7. Driving under alcohol/drug influence
8. Adult tobacco use

**Importance of the issue to the community:** While the above issues did not rank within the top ten of all priority community issues, some drug and alcohol specific issues were identified within the top ten when only the importance items were examined. Specifically, driving under the influence of alcohol and/or drugs (ranked 2 out of 56 overall), drug and alcohol related crimes (ranked 4 out of 56 overall), underage use of drugs other than alcohol or tobacco (ranked 5 out of 56 overall), adult drug use (ranked 7 out of 56 overall), and underage alcohol use (ranked 9 out of 56 overall). Given that 5 out of the 8 issues relating to drug and alcohol use fell within the top ten important issues to the community, it is apparent that these issues are perceived as important to Vanderburgh County.

**How well issues are being addressed:** Despite being high in importance, none of the 8 issues related to drug and alcohol use were identified within the top ten issues in relation to how well they are being addressed within the community. Findings are presented in Table 51. To aid in interpreting the data table, a reference guide is first presented in Table 50.



<b>Table 50. Reference Guide for Understanding Data Table</b>	
<b>Importance-Being Addressed Response Pattern</b>	<b>Description</b>
<b>N</b>	Represents the total number of valid responses to this item. A valid response is defined as a response from 1 (Strongly disagree) to 4 (Strongly agree). Only respondents who had a valid rating for both rating scales are included in this number.
<b>HL Rank</b>	Items are ranked from highest value to the lowest. A rank of 1 corresponds to the highest percentage of individuals who had this response pattern.
<b>HL</b>	<u>High Importance/Low in Being Addressed Well</u> : This category represents <u>priority needs</u> of the community and areas where immediate attention is required.
<b>HH Rank</b>	Items are ranked from highest value to the lowest. A rank of 1 corresponds to the highest percentage of individuals who had this response pattern.
<b>HH</b>	<u>High in Importance/High in Being Addressed Well</u> : This category represents <u>strengths</u> of the community and warrants continued level of current effort.
<b>LL</b>	<u>Low in Importance/Low in Being Addressed Well</u> : This category represents areas where the community may want to discuss why these issues have low value to individuals.
<b>LH</b>	<u>Low in Importance/High in Being Addressed Well</u> : This category represents areas where resources may need to be redirected to other areas in greater need or higher in importance.
<b>Overall Importance Rating</b>	
<b>Importance Mean</b>	Average importance rating for all respondents who gave a valid response to this item.
<b>Importance Rank</b>	Items are ranked from highest value to the lowest. A rank of 1 corresponds to the highest average importance rating for all individuals.
<b>Importance N</b>	Represents the total number of valid responses to this item. A valid response is defined as a response from 1 (Strongly disagree) to 4 (Strongly agree).
<b>Overall Being Addressed Well Rating</b>	
<b>Being Addressed Well Mean</b>	Average being addressed well rating for all respondents who gave a valid response to this item.
<b>Being Addressed Well Rank</b>	Items are ranked from highest value to the lowest. A rank of 1 corresponds to the highest average being addressed well rating for all individuals.
<b>Being Addressed Well N</b>	Represents the total number of valid responses to this item. A valid response is defined as a response from 1 (Strongly disagree) to 4 (Strongly agree).
<b>Do Not Know How the Issue is Being Addressed</b>	
<b>Don't Know N</b>	Represents the total number of individuals who selected 5 (Don't Know) as a response to the being addressed well rating.
<b>% Don't Know</b>	Percent of individuals who did not know based on the how well the issue is being addressed well scale.

**Table 51. Vanderburgh County: All Subgroups Combined**

**Note: Issues are sorted by the HL Rank (High in importance and Low in how the issue is being addressed)**

Item from Needs Assessment	Importance-Being Addressed Response Patterns							Overall Mean Ratings						Do not know how well issue is being addressed	
	N	HL		HH		LL	LH	Importance			How well issue is being addressed				
		Rank	%	Rank	%	%	%	Rank	Mean	N	Rank	Mean	N	N	%
Underage use of drugs other than alcohol or tobacco	634	19	48.70	33	45.70	4.70	.80	5	3.59	844	34	2.44	648	196	21.70
Adult drug use	631	25	45.00	28	49.60	4.10	1.30	7	3.57	833	30	2.48	649	179	19.80
Underage alcohol use	643	26	44.20	31	49.10	4.80	1.90	9	3.54	830	26	2.51	657	169	18.70
Drug and alcohol related crimes	660	28	43.20	22	52.00	3.30	1.50	4	3.61	856	21	2.54	667	172	19.00
Underage tobacco use	619	37	36.80	19	53.20	6.10	3.90	41	3.40	816	17	2.58	640	182	20.10
Adult alcohol abuse	665	39	36.70	12	57.10	4.40	1.80	18	3.48	860	11	2.61	679	171	18.90
Driving under alcohol/drug influence	660	42	35.80	9	59.70	3.00	1.50	2	3.62	802	9	2.65	679	127	14.00
Adult tobacco use	640	49	30.80	23	51.70	9.80	7.70	54	3.15	839	12	2.60	652	185	20.40

Source: 2008 Comprehensive Community Assessment [http://www.unitedwayswi.org/publications.php?page=com\\_needs\\_assessment](http://www.unitedwayswi.org/publications.php?page=com_needs_assessment)

### **Key Informant Perceptions of Community's Beliefs and Norms Associated with Alcohol Consumption**

Overall, key informants view the use of alcohol as an accepted part of the community's culture, a substance that is very integrated into the social fabric of Vanderburgh County. Whether this is due to ancestry, the economic conditions of the southwestern Indiana region, religious affiliations, or other factors, individuals see alcohol as an accepted entity. In terms of underage drinking, many key informants believe the community is too permissive. While many people would acknowledge that youth drink alcohol, they only appear to speak out against underage consumption when youth are injured or killed in accidents. In many respects, parents are seen as responsible for their children's drinking behaviors due to their perceived permissive attitudes. This is seen as paradoxical, though, since the community is recognized for its strong commitment to the welfare of children. As one key informant indicated, the perception is that the community does not have enough concern about underage drinking, but when you speak to individuals one on one about alcohol issues, they are very concerned about the effects of alcohol on their families and the entire community. It is important to acknowledge that perceptions may or may not have a basis in reality and that to truly understand the correlation between perception and reality, one must create dialogue in the community to uncover the reasons for individuals' perceptions. This open discussion is seen as a necessary component for furthering alcohol and other drug prevention efforts.

### **Youth and Young Adult Perceptions of the Community's Beliefs and Norms Associated with Alcohol Consumption**

As with key informants, youth and young adults believe the community associates alcohol with social activities and views alcohol use as a normal part of life in Vanderburgh County. As with some key informants, a portion of focus group participants cited the ancestry and religious affiliation of many in the community as contributing to the carefree attitude associated with alcohol. Further, some participants referred to families who have children under the age of 21 who serve in the military. They believe that the common view is that if they are able to serve in the armed forces they are old enough to consume alcohol. The permissive attitude that youth and young adults perceive regarding youth consumption is typically only interrupted when young individuals are injured or killed in accidents. Otherwise, they believe that consumption is often overlooked.

# Section 3:

## Prevalence Data

- The extent to which alcohol and other drugs are consumed in the community.

### Identified Prevalence Data:

#### 3.1 Alcohol and Other Drug Use Prevalence

### 3.1 ALCOHOL AND OTHER DRUG USE PREVALENCE

Several sources of data were utilized to indicate the prevalence of alcohol and other drug use among individuals in the community. As noted by the National Survey on Drug Use and Health (Tables 52, 53, and 54), approximately 50% of individuals 12 years of age and older in Southwestern Indiana had used alcohol within the past month, approximately 23-24% of individuals had engaged in binge drinking, approximately 30% had used cigarettes, and slightly over 5% had used marijuana. Specifically with the 12-20 year old group, approximately 28% had used alcohol within the past month and close to 20% had engaged in binge drinking. All rates for Southwestern Indiana were fairly consistent with the Indiana rates. In terms of drug dependence or abuse, approximately 8% of individuals 12 and over reported alcohol dependence or abuse, and approximately 3% reported illicit drug dependence or abuse.

Substance Type	Southwestern Indiana		Indiana	
	2002-2004 (%)	2004-2006 (%)	2002-2004 (%)	2004-2006 (%)
Any Illicit Drugs <sup>1</sup>	8.07	7.25	7.77	7.72
Illicit Drugs Excluding Marijuana	3.92	4.06	3.55	3.94
Marijuana	5.60	5.22	5.93	5.51
Alcohol (12+)	49.36	50.45	48.11	49.72
Binge Drinking (12+) <sup>2</sup>	23.23	23.91	22.65	21.84
Alcohol (12-20)	28.52	27.53	28.05	27.54
Binge Drinking (12-20) <sup>2</sup>	20.19	20.39	19.18	19.05
Cigarettes	29.77	31.05	28.35	28.03
Any Tobacco Product <sup>3</sup>	34.74	35.97	33.08	33.12

<sup>1</sup> Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used non-medically.

<sup>2</sup> Binge Drinking is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days.

<sup>3</sup> Tobacco product includes cigarettes, smokeless tobacco (i.e., chewing tobacco, or snuff), cigars, or pipe tobacco.

Source: SAMSHA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, 2005, and 2006

Substance Type	Southwestern Indiana		Indiana	
	2002-2004 (%)	2004-2006 (%)	2002-2004 (%)	2004-2006 (%)
Marijuana	9.88	8.56	10.54	9.60
Cocaine	2.13	2.14	2.41	2.24
Pain Relievers <sup>1</sup>	6.06	5.34	5.84	5.73

<sup>1</sup> Refers to non-medical use

Source: SAMSHA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, 2005, and 2006

<b>Drug Dependence or Abuse Type</b>	<b>Southwestern Indiana</b>		<b>Indiana</b>	
	<b>2002-2004 (%)</b>	<b>2004-2006 (%)</b>	<b>2002-2004 (%)</b>	<b>2004-2006 (%)</b>
Alcohol Dependence	3.52	3.30	3.40	3.47
Illicit Drug Dependence <sup>1</sup>	1.77	2.20	1.90	2.01
Alcohol Dependence or Abuse	8.10	8.02	8.01	7.81
Illicit Drug Dependence or Abuse <sup>1</sup>	2.87	3.04	2.86	2.87
Illicit Drug or Alcohol Dependence or Abuse	9.72	9.82	9.36	9.14

<sup>1</sup> Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used non-medically.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, 2005, and 2006

To explore the prevalence of substance use by individuals within the 18-25 year old population, the Core Institute Alcohol and Drug Survey results from the University of Evansville and University of Southern Indiana were examined (Table 55). Data from both universities were provided in an aggregated form so not to identify results from one particular school. As noted in the results, approximately 80% of respondents reported use of alcohol within the past year. This figure is just slightly lower than the overall state rate. In terms of 30-day prevalence for the entire student population, 62% reported use within the past 30 days. This figure is compared to approximately 72% for Indiana. For students under 21, almost 55% of student admitted drinking within the past 30 days. This represents individuals who are consuming alcohol illegally. Further, 37% of students indicated that they had engaged in binge drinking within the past two weeks.

In addition to alcohol, 19% of university students reported using illegal drugs within the past year, and approximately 10% stated they had used drugs within the past 30 days. The rates for the two Vanderburgh County universities are similar to rates across the state of Indiana. The most frequently used illegal drug within the past 30 days was marijuana.

In terms of consequences of drug and alcohol use, students reported experiencing public misconduct (28.9% of respondents) and serious personal problems (20.1% of respondents). Similar rates were found in other Indiana universities.

<b>Table 55. Core Survey Results, University of Evansville &amp; University of Southern Indiana Aggregated, 2008</b>		
	<b>Local</b>	<b>State</b>
<b>Gender</b>		
<i>Female</i>	682	4711
<i>Male</i>	267	3508
<i>Valid Survey Total</i>	949	8219
<b>Student Use (Alcohol)</b>		
<i>Annual Prevalence</i>	79.8%	84.4%
<i>30-day Prevalence</i>	62.2%	71.6%
<i>30-day Prevalence (under 21)</i>	54.6%	63.3%
<i>Binge Drinking (5 or more drinks at a sitting in previous 2 weeks)</i>	37.2%	44.2%
<b>Student Use (Illegal Drugs)</b>		
<i>Annual Prevalence</i>	18.7%	21.0%
<i>30-day Prevalence</i>	9.6%	9.7%
<i>Illegal Drug Other Than Marijuana (Annual Prevalence)</i>	8.8%	7.5%
<i>Current Users Other Than Marijuana (30-day Prevalence)</i>	4.5%	3.9%
<b>Most frequently reported illegal drugs (past 30 days)</b>		
<i>Marijuana</i>	9.6%	9.7%
<i>Amphetamines</i>	2.5%	2.0%
<i>Sedatives</i>	1.8%	1.4%
<b>Consequences of Drug &amp; Alcohol Use</b>		
<i>Public Misconduct</i>	28.9%	33.3%
<i>Serious Personal Problems</i>	20.1%	21.4%

Source: Primary – Core Institute; Secondary – The Real U, an Initiative of Youth First in collaboration with Ivy Tech, UE, and USI

Although the focus of this Epi Report is the 18-25 year old age group, data associated with use by high school students also was examined. Data from the IPRC Alcohol, Tobacco, and Other Drugs Survey (Table 56, Figures 40-48) indicated that 72% of Vanderburgh County 12<sup>th</sup> grade students and 63% of 10<sup>th</sup> grade students had used alcohol in their lifetime. Alcohol use was the highest when compared to lifetime use of marijuana, cigarettes, and over the counter medications. Local rates for lifetime alcohol use are slightly higher than state and national rates for 10<sup>th</sup> grade students and higher than the state figures for 12<sup>th</sup> graders. In terms of annual use, 54% of 10<sup>th</sup> grade students and 61% of 12<sup>th</sup> grade students consumed alcohol within the past twelve months. Once again, these local figures are slightly higher than those for the state of Indiana. For both grades, the rates are lower than the national levels. Depending on the grade level, approximately 3 to 4% of students use alcohol on a daily basis. This is in line with Indiana rates but higher than national rates. Rates of binge drinking for 10<sup>th</sup> (23%) and 12<sup>th</sup> (31%) grade students in Vanderburgh County are higher than the state and national rates. This is particularly evident for 12<sup>th</sup> graders.

**Table 56. Summary of Cigarette, Marijuana, Alcohol and Prescription Drug Daily, Monthly, Annual, and Lifetime Use for Vanderburgh County 10<sup>th</sup> and 12<sup>th</sup> Grade Students with State and National Comparisons (Source: Indiana Prevention Resource Center, 2007 used with permission of local public and parochial school districts serving Vanderburgh County)**

<b>10<sup>th</sup> grade (N=1566)</b>			
<b>Type of Use</b>	<b>All Districts Combined</b>	<b>Indiana</b>	<b>National</b>
	<b>%</b>		
Daily use alcohol	3.2	3.4	1.4
Daily use marijuana	5.2	4.6	2.8
Daily use cigarette	11.7	11.4	7.6
Binge drinking	22.8	21.7	21.9
Monthly use cigarettes	20.9	19.3	14.5
Monthly use alcohol	33.9	31.1	33.8
Monthly use marijuana	17.9	14.4	14.2
Monthly use over the counter	7.0	5.9	---
Annual use cigarettes	29.0	28.5	---
Annual use alcohol	53.9	51.7	55.8
Annual use marijuana	27.5	23.5	25.2
Annual use over the counter	11.3	10.3	---
Lifetime use cigarettes	40.3	40.6	36.1
Lifetime use alcohol	62.6	61.0	61.5
Lifetime use marijuana	34.2	29.9	31.8
Lifetime use over the counter	16.6	14.4	---
<b>12<sup>th</sup> grade (N=1092)</b>			
<b>Type of Use</b>	<b>All Districts Combined</b>	<b>Indiana</b>	<b>National</b>
	<b>%</b>		
Daily use alcohol	4.3	4.6	3.0
Daily use marijuana	5.1	5.3	5.0
Daily use cigarette	13.0	14.7	12.2
Binge drinking	31.2	28.6	26.5
Monthly use cigarettes	22.8	24.3	21.6
Monthly use alcohol	41.7	39.7	45.3
Monthly use marijuana	15.2	15.8	18.3
Monthly use over the counter	4.0	4.3	---
Annual use cigarettes	33.7	35.2	---
Annual use alcohol	60.9	60.2	66.5
Annual use marijuana	27.6	26.6	31.5
Annual use over the counter	8.9	8.5	---
Lifetime use cigarettes	48.2	48.4	47.1
Lifetime use alcohol	71.9	69.2	72.7
Lifetime use marijuana	40.7	36.5	42.3
Lifetime use over the counter	15.1	13.5	---

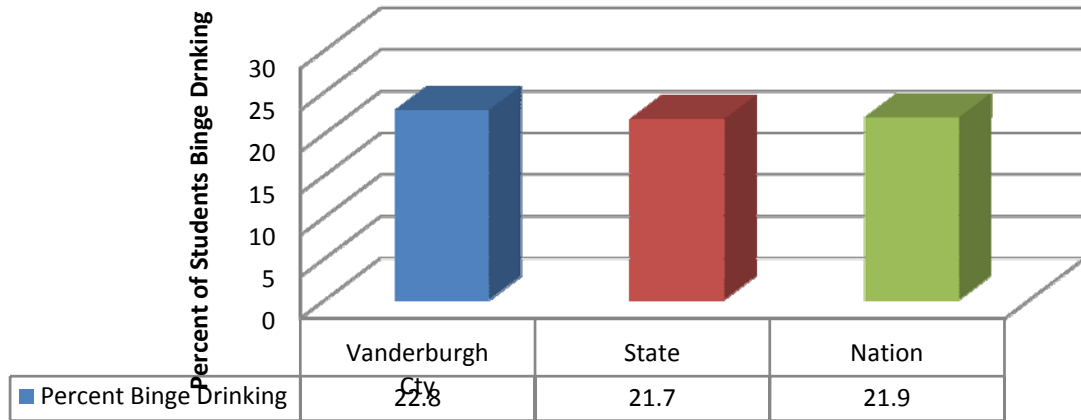
\*Binge drinking: Drinking at least 5 alcoholic drinks at a sitting in the past two weeks.

Note: Forty-four (44) tenth grade students and 34 twelfth grade students sampled attended schools located outside of Vanderburgh County.

Source: Indiana Prevention Resource Center, 2007 used with permission of local school districts

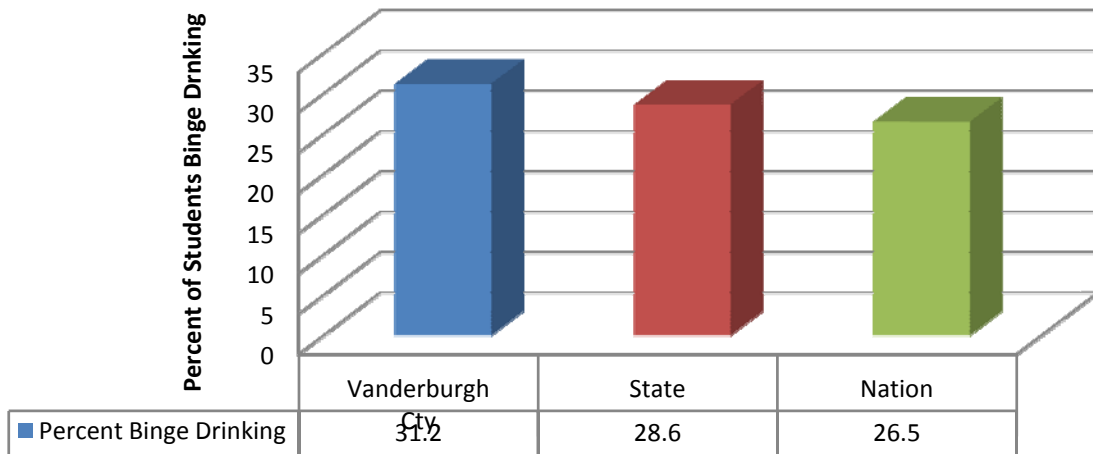


**Figure 40. Percent of Vanderburgh County 10th Grade Students Binge Drinking with State and National Comparisons (N=1566)**



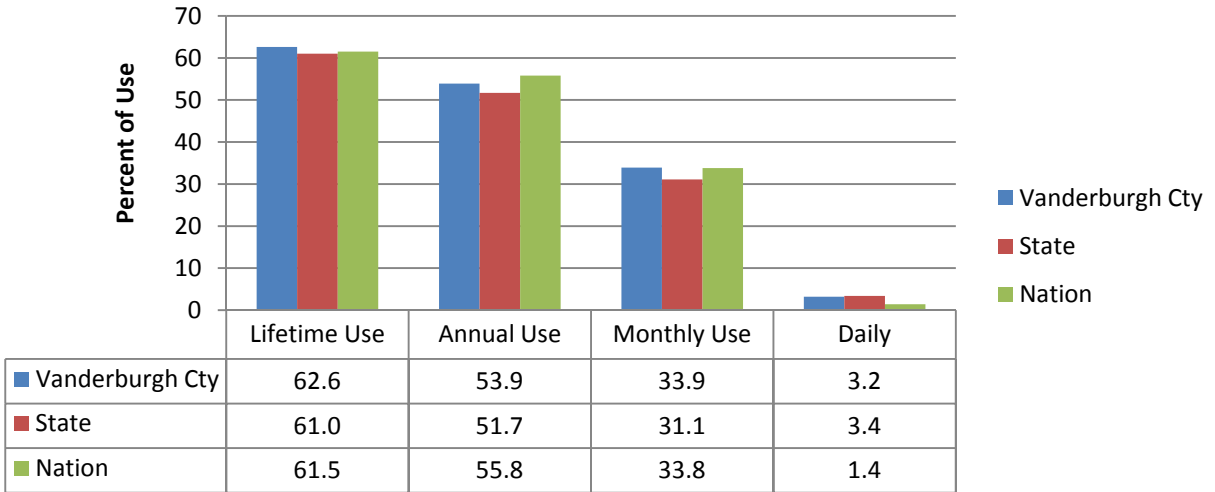
Source: Indiana Prevention Resource Center, 2007 used with permission of local school districts

**Figure 41. Percent of Vanderburgh County 12th Grade Students Binge Drinking with State and National Comparisons (N=1092)**



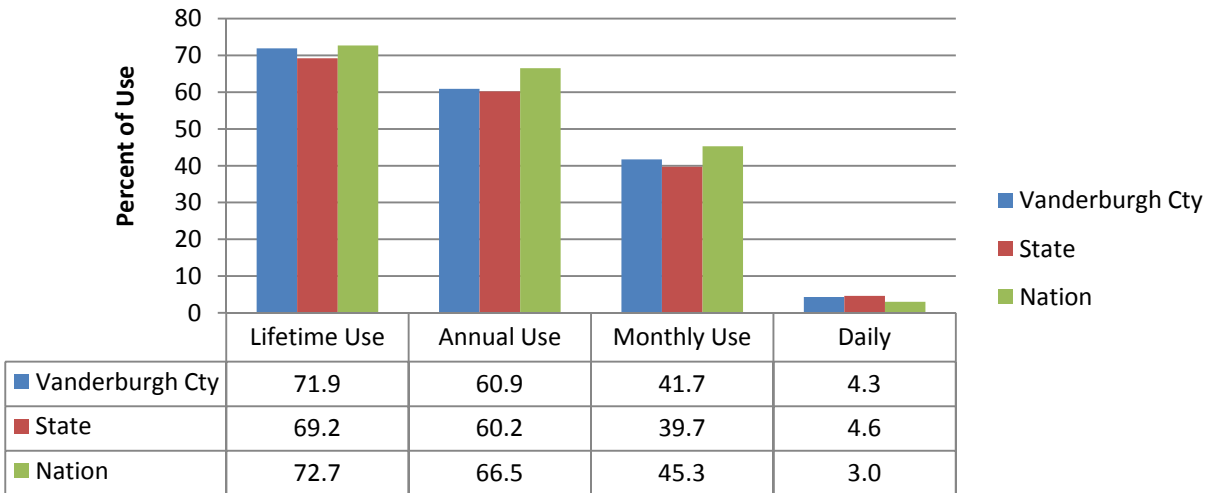
Source: Indiana Prevention Resource Center, 2007 used with permission of local school districts

**Figure 42. Percent of Lifetime, Annual, Monthly and Daily Alcohol Use for Vanderburgh County 10th Grade Students with State and National Comparisons (N=1566)**



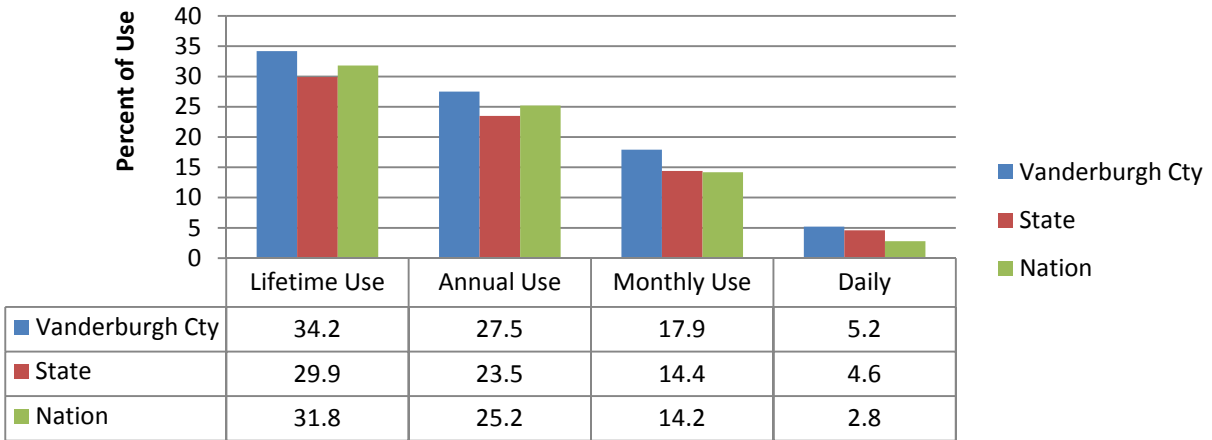
Source: Indiana Prevention Resource Center, 2007 used with permission of local school districts

**Figure 43. Percent of Lifetime, Annual, Monthly and Daily Alcohol Use for Vanderburgh County 12th Grade Students with State and National Comparisons (N=1092)**



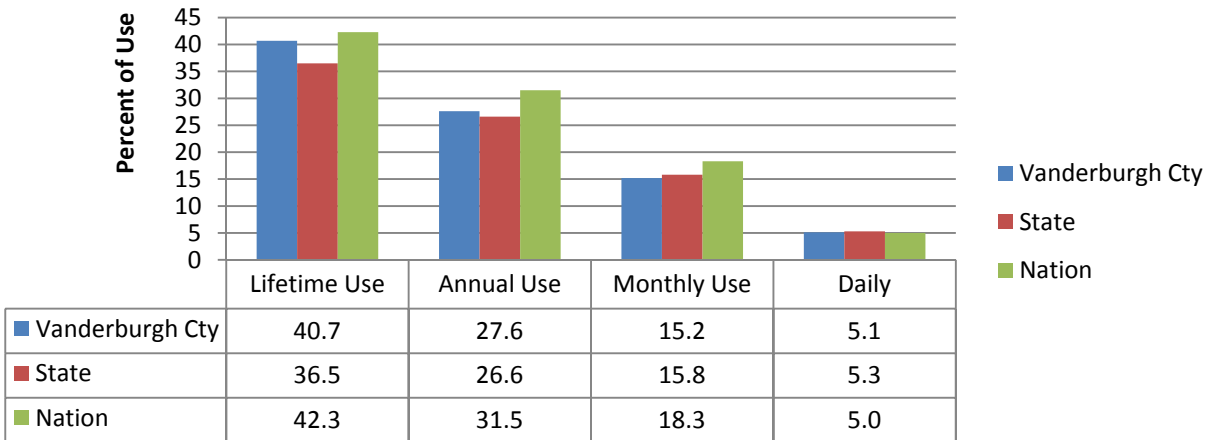
Source: Indiana Prevention Resource Center, 2007 used with permission of local school districts

**Figure 44. Percent of Lifetime, Annual, Monthly and Daily Marijuana Use for Vanderburgh County 10th Grade Students with State and National Comparisons (N=1566)**



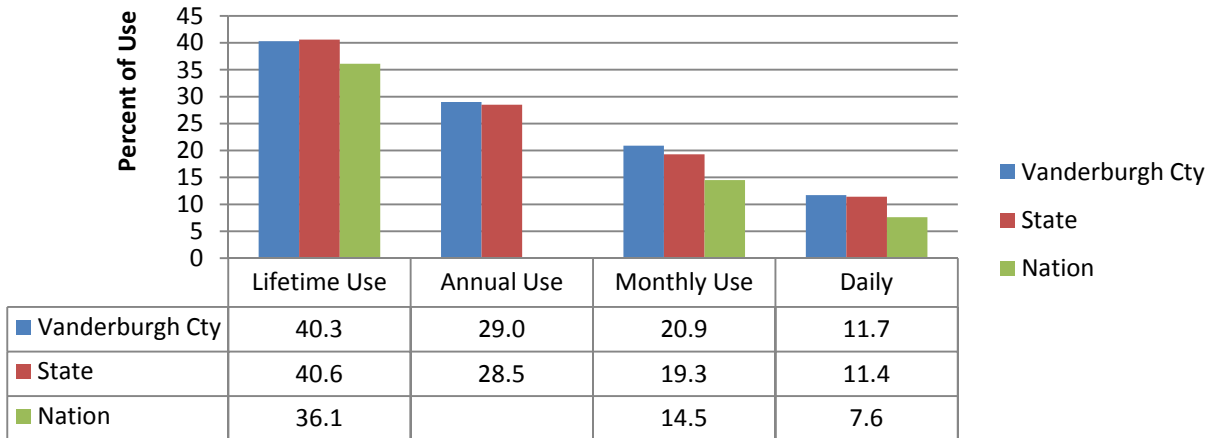
Source: Indiana Prevention Resource Center, 2007 used with permission of local school districts

**Figure 45. Percent of Lifetime, Annual, Monthly and Daily Marijuana Use for Vanderburgh County 12th Grade Students with State and National Comparisons (N=1092)**



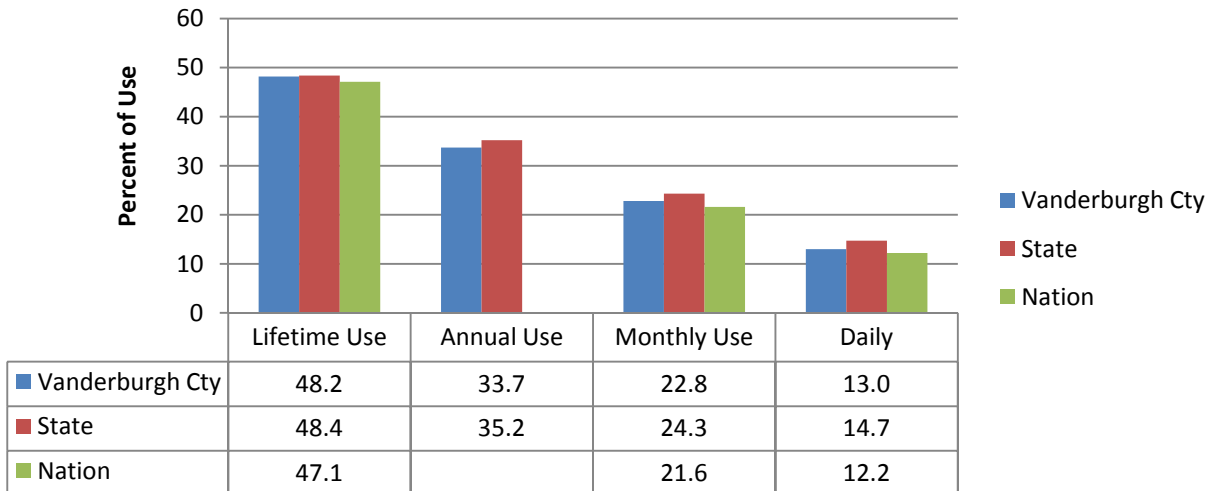
Source: Indiana Prevention Resource Center, 2007 used with permission of local school districts

**Figure 46. Percent of Lifetime, Annual, Monthly and Daily Cigarette Use Use for Vanderburgh County 10th Grade Students with State and National Comparisons (N=1566)**



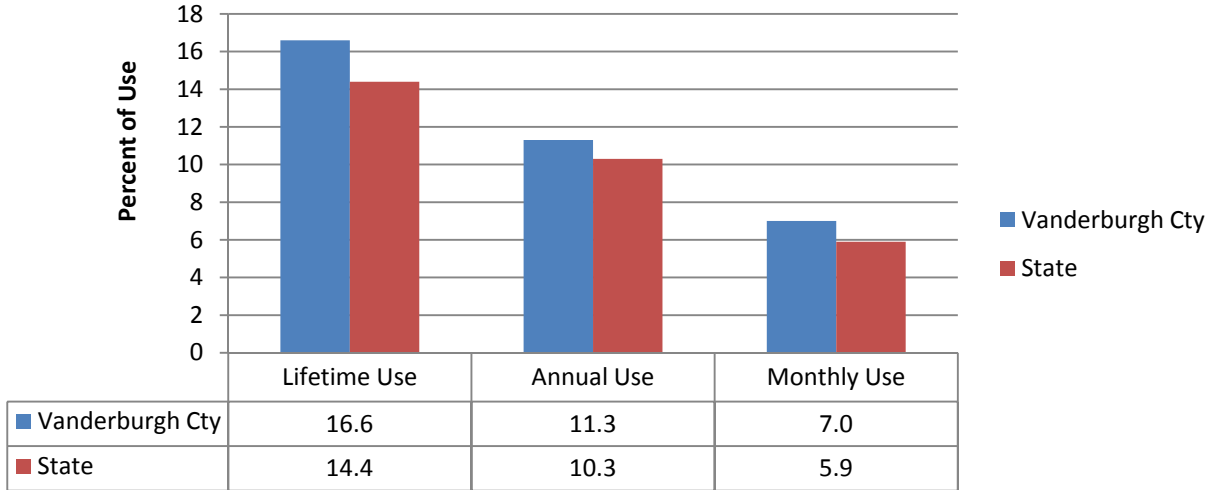
Source: Indiana Prevention Resource Center, 2007 used with permission of local school districts

**Figure 47. Percent of Lifetime, Annual, Monthly and Daily Cigarette Use for Vanderburgh County 12th Grade Students with State and National Comparisons (N=1092)**



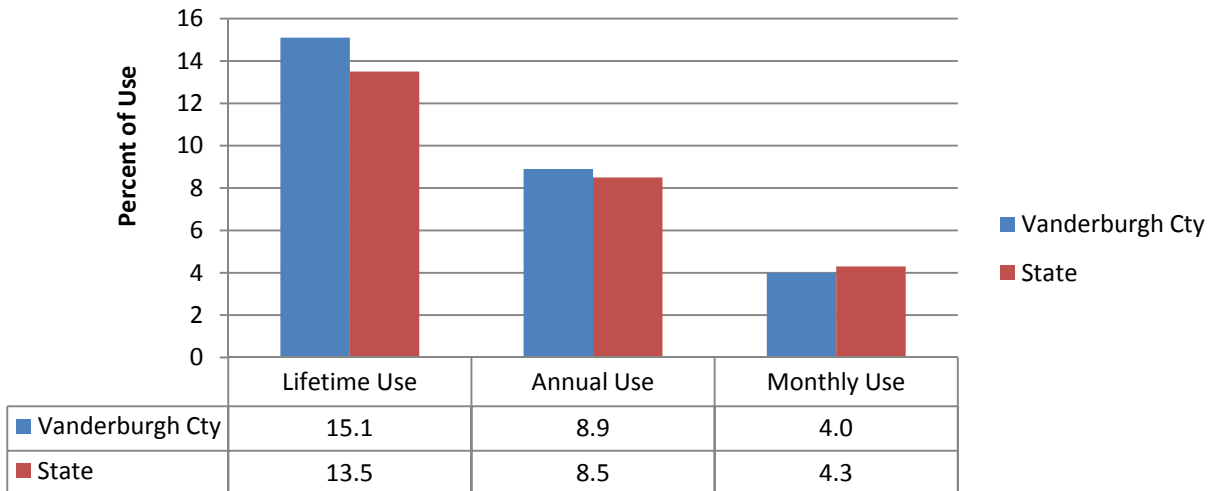
Source: Indiana Prevention Resource Center, 2007 used with permission of local school districts

**Figure 48. Percent of Lifetime, Annual and Monthly Over the Counter Drug Use for Vanderburgh County 10th Grade Students with State Comparisons (N=1566)**



Source: Indiana Prevention Resource Center, 2007 used with permission of local school districts

**Figure 49. Percent of Lifetime, Annual and Monthly Over the Counter Drug Use for Vanderburgh County 12th Grade Students with State Comparisons (N=1092)**



Source: Indiana Prevention Resource Center, 2007 used with permission of local school districts

Additional data related to high school student prevalence of use was reported in association with the MOST of Us prevention campaign sponsored by Youth First and the EVSC Grants to Reduce Alcohol Abuse (Table 57). One of the key findings from the survey administered for the project was the seven out of ten EVSC high school students never or rarely drink alcohol. While it is difficult to compare this result directly to the IPRC Survey, the point that is made by the message is that most students never or rarely drink, which is often not the perception of classmates and residents of the community.

<b>Table 57. Data from MOST of Us Social Norms Campaign, Youth First, Inc. and Grants to Reduce Alcohol Abuse (EVSC)</b>	
•	Most (7 out of 10) EVSC high school students never or rarely drink alcohol ( <i>Rarely is defined as 2 or fewer drinks in a year</i> )
•	Most (6 out of 10) EVSC high school students think getting drunk is never a good thing for anyone their age to do.
•	Most (7 out of 10) EVSC high school students want adults to talk with them about not using alcohol.

Source: 2007 MOST of Us Survey of 4539 students

In addition to prevalence related to specific substances, data associated with chronic addiction that were reported by the Indiana DMHA were reviewed (Tables 58, 59, and 60). As of 2007, it was estimated that approximately 2,700 residents of Vanderburgh County in the 18-25 year old age group were identified as having a chronic addiction. This figure represents approximately 12-14% of the age group. Based on DMHA records, less than half of the adults with a chronic addiction (not co-occurring with a mental disorder) were treated by the state. This indicates that other services are needed in the community to address the needs of this population.

<b>Table 58. Estimated Prevalence of Chronic Addiction by Age Groups 2005-2007</b>					
<b>County/State</b>	<b>Year</b>	<b>Ages 12 to 17</b>	<b>Ages 18 to 25</b>	<b>Ages 26 and Over</b>	<b>Estimated Total Population</b>
Vanderburgh	2005	1,469	2,676	8,998	173,559
	2006	1,497	2,689	8,996	174,395
	2007	1,497	2,689	8,996	173,803
Indiana	2005	58,266	79,411	316,652	6,250,792
	2006	59,395	79,870	316,599	6,293,476
	2007	59,395	79,870	316,599	6,316,266

Source: Indiana Family and Social Services Administration, Division of Mental Health and Addiction, 2005-2007

County/State	Year	Adults and Children	Women with Children or who are Pregnant	Total with Chronic Addiction	Estimated Total Population
Vanderburgh	2005	2,140	762	2,902	173,559
	2006	2,140	749	2,889	174,395
	2007	2,832	1,055	3,887	173,803
Indiana	2005	63,927	22,700	86,627	6,250,792
	2006	63,968	22,289	86,257	6,293,476
	2007	87,421	31,834	119,255	6,316,266

Source: Indiana Family and Social Services Administration, Division of Mental Health and Addiction, 2005-2007

County/State	Year	Co-occurring Disorder (Serious Mental Disorder with Chronic Addiction)	Chronic Addiction (Not Co-occurring)		
			Adults	Women with Children or Pregnant	Total Chronic Addiction
Vanderburgh	2005	63.3%	57.9%	28.1%	55.8%
	2006	73.2%	54.9%	45.9%	59.4%
	2007	64.6%	44.0%	25.0%	45.0%
Indiana	2005	47.3%	39.7%	13.1%	38.0%
	2006	46.1%	41.0%	13.2%	39.0%
	2007	41.5%	29.6%	9.9%	29.1%

Source: Indiana Family and Social Services Administration, Division of Mental Health and Addiction, 2005-2007

## **Key Informant Perceptions of Alcohol and Other Drug Use Prevalence**

Based on feedback from key informants, there was consistency in the belief that alcohol and other drugs are readily available to individuals in the community. Key informants perceive a relatively high prevalence of substance use among all age groups and believe that most youth have experimented with alcohol or other drugs. There is less agreement regarding the amount of change that has occurred in the prevalence of substance use. Some individuals in the community believe that the rate of use has remained consistently high in the past several years, while others have witnessed larger numbers of people using a wider variety of substances. The latter finding is particularly noted for youth, who seem to be more daring and knowledgeable about substances than less than a decade ago. Although most key informants either reported similar levels of use or increase of use, a few did recognize survey data that indicates that youth, in particular, have reduced their substance use by slight margins over the past few years. A review of the IPRC ATOD Survey results for Southwestern Indiana supports these conclusions (<http://www.youthfirstinc.org/problem/index.html>). Additionally, as noted by one key informant, it is important to acknowledge the data that indicate that most youth are making good decisions rather than accepting as fact that everyone has a drug and alcohol problem. Findings from the Youth First/GRAA Social Norms Survey support this idea.

Caution should be taken when reviewing comments from key informants regarding the prevalence of alcohol and other drug use. While these individuals are in positions that provide them a unique perspective on adult and juvenile behavior related to substance use, each person has a fairly narrow perspective based on their own experiences. Further, it is not known whether information reported by key informants is based purely on perception or isolated cases, or whether they have used actual data sources to support their responses. However, the convergence of opinions expressed by key informants does indicate that individuals in the community recognize that there is a concern regarding the levels of use in the community and that efforts should be made to reduce the prevalence of alcohol and other drug use rates.

Through a discussion of general prevalence, a few specific issues came to light during the key informant interviews. First, it appears that binge drinking may be one form of alcohol consumption that is on the rise, particularly among teens and young adults. Data from the IPRC Survey suggest that this is a concern for Vanderburgh County students, particularly since binge drinking rates are higher in this county than the state and nation. Further, a few key informants relayed concerns about alcohol poisoning, which would go hand-in-hand with concerns about increases in binge drinking. Individuals who enforce laws related to alcohol have reported more cases involving excessive drinking that have led to alcohol poisoning. Finally, a number of key informants indicated a rise in the abuse of prescription and over-the-counter medications. IPRC ATOD Survey results for Vanderburgh County indicate that between 15 and 17% of students use over-the-counter drugs inappropriately. While this SPF SIG project targets alcohol use, the potential proliferation of prescription and over-the-counter drug abuse should be acknowledged as a growing concern for the community, and prevention efforts should recognize the need to educate the public about such substances.



# Section 4:

## Consequences

- **Alcohol-related outcomes such as crime and driving while intoxicated. These are the ultimate impacts of substance use.**

### **Identified Consequence Data:**

4.1 Consequences: Related Problems – Treatment Episode Data

4.2 Consequences: Alcohol-Related Problems – Traffic Accidents/Traffic Fatalities

4.3 Consequences: Alcohol-Related Problems – Alcohol and Drug Arrests and Citations

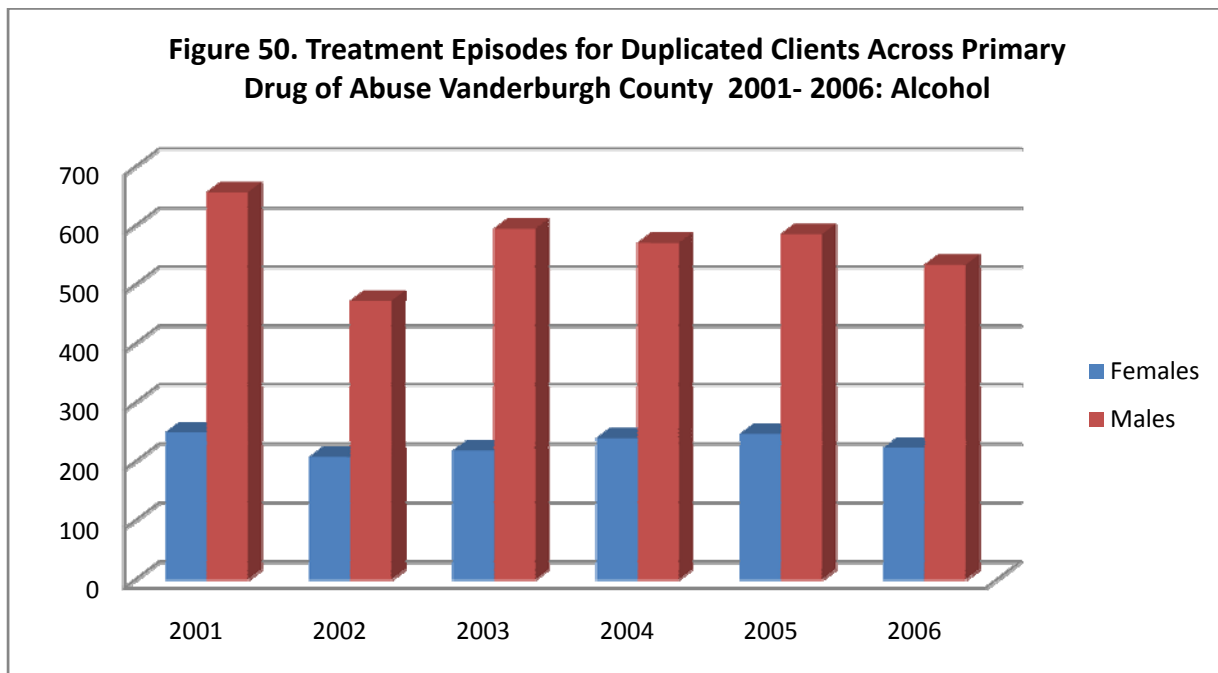
4.4 Consequences: Alcohol-Related Problems – Property and Violent Crime

4.5 Consequences: Alcohol-Related Problems – Drug-Induced Deaths

## 4.1 CONSEQUENCES: ALCOHOL-RELATED PROBLEMS – TREATMENT EPISODE DATA

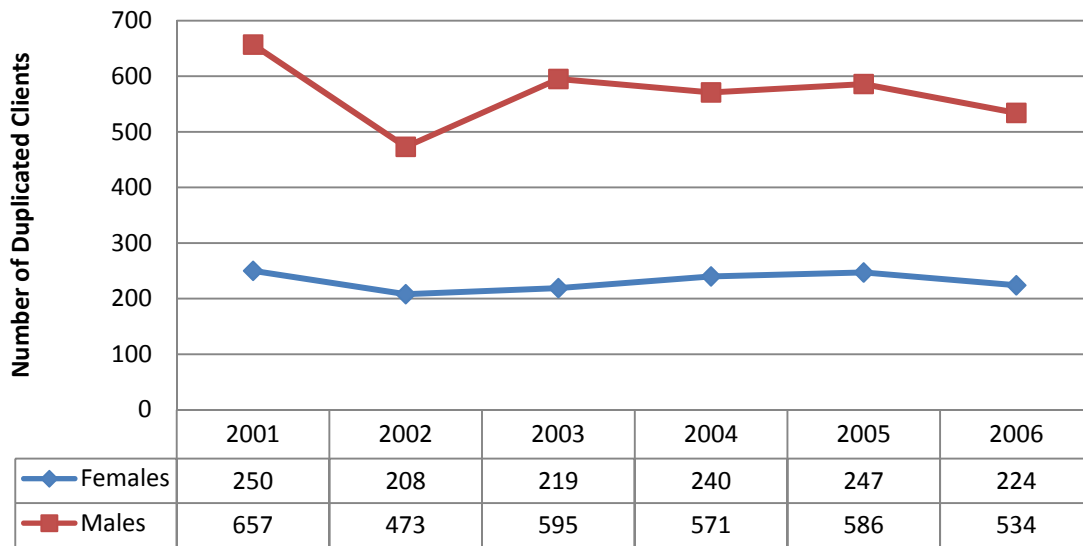
Data from the Treatment Episode Data Set show that the number of individuals in Vanderburgh County who have been treated for alcohol-related issues has remained fairly consistent over the last several years (Figures 50 and 51). This is the case when alcohol is both the primary and secondary drug of abuse (Figures 52 and 53). Overall, males have over twice the number of treatment episodes than females when alcohol is the primary drug of abuse. Males also have more episodes than females when alcohol is the secondary drug of abuse, but this difference is not as great as when alcohol is the primary drug.

For both males and females, alcohol is the most frequent substance for which individuals receive treatment (Table 61). Within the male population, alcohol is by far the primary substance for which they receive treatment (Figure 55). When taking into account all substances, females are more likely to be treated for other substances such as cocaine or meth than males (Figure 54). While cocaine and meth have traditionally been the second and third most common drugs for which males and females receive treatment, respectively, the frequency of treatment for cocaine and meth as the primary drug of abuse has become quite similar in recent years. In terms of the secondary drug of abuse, meth has exceeded cocaine as the number two drug for the female population (Figure 56). Since the data are available only through 2006, it would be interesting to determine whether the rise in meth treatment has continued into 2009.



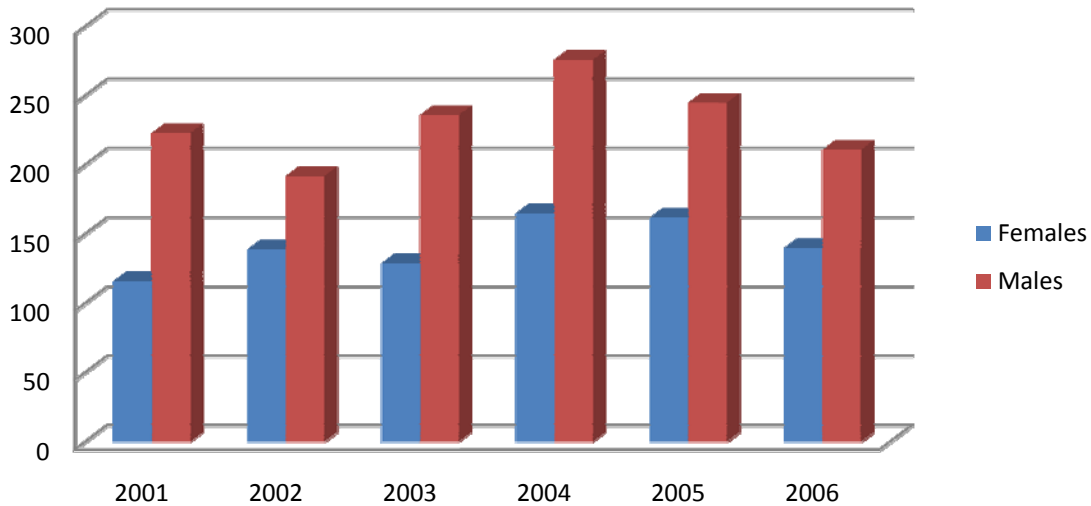
Source: Primary – SAMHSA, Treatment Episode Data Set 2001-2006; Secondary – IPRC

**Figure 51. Treatment Episodes for Duplicated Clients Across Primary Drug of Abuse Vanderburgh County 2001- 2006: Alcohol**



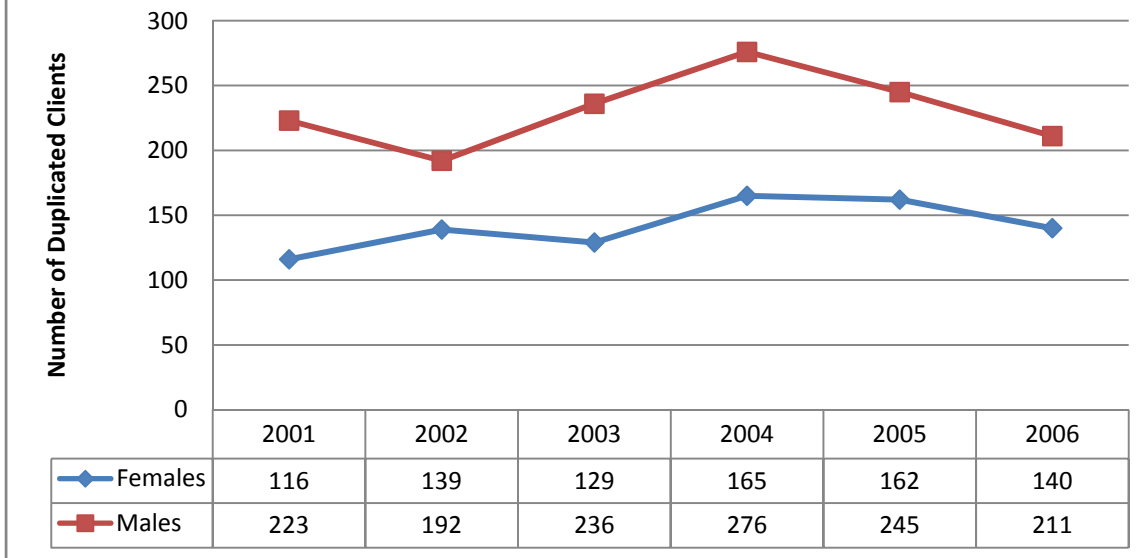
Source: Primary – SAMHSA, Treatment Episode Data Set 2001-2006; Secondary – IPRC

**Figure 52. Treatment Episodes for Duplicated Clients Across Secondary Drug of Abuse Vanderburgh County 2001- 2006: Alcohol**



Source: Primary – SAMHSA, Treatment Episode Data Set 2001-2006; Secondary – IPRC

**Figure 53. Treatment Episodes for Duplicated Clients Across Secondary Drug of Abuse Vanderburgh County 2001- 2006: Alcohol**



Source: Primary – SAMHSA, Treatment Episode Data Set 2001-2006; Secondary – IPRC

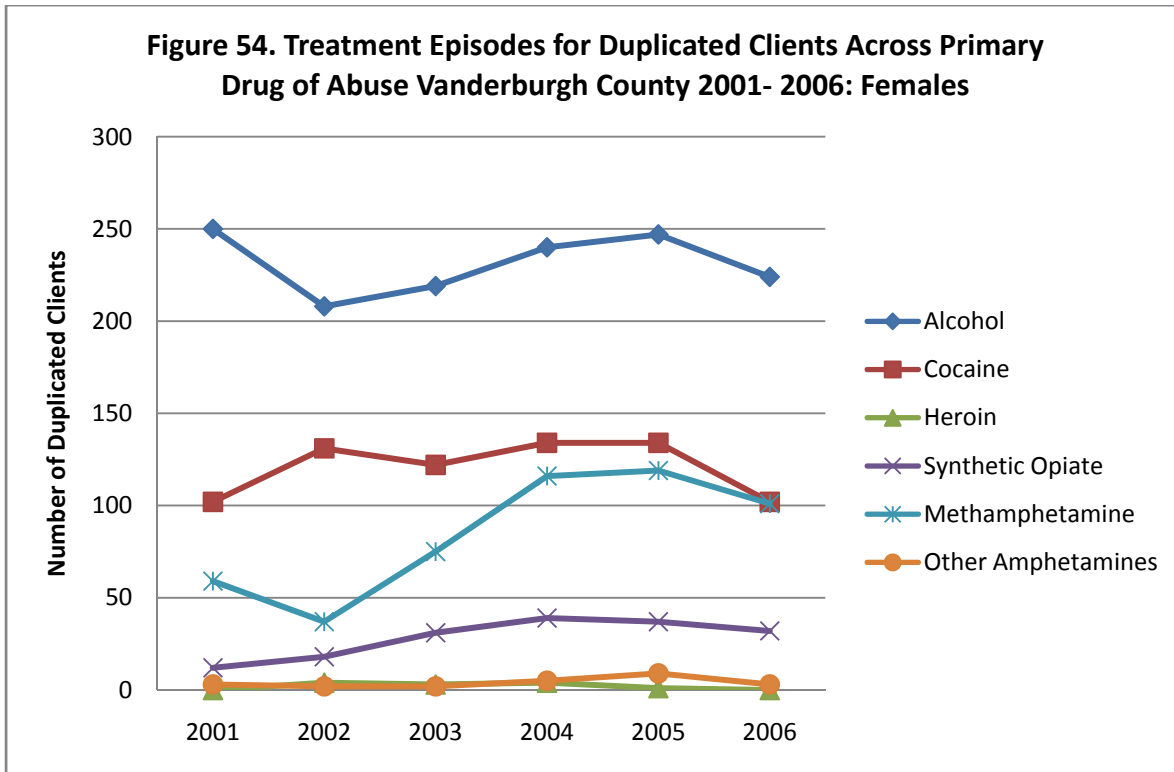
**Table 61. Treatment Episodes for Duplicated Clients Across Primary Drug of Abuse Vanderburgh County 2001-2006**

Primary Drug	Females						Males					
	2001	2002	2003	2004	2005	2006	2001	2002	2003	2004	2005	2006
Alcohol	250	208	219	240	247	224	657	473	595	571	586	534
Cocaine	102	131	122	134	134	102	93	85	97	150	115	123
Heroin <sup>1</sup>	0	4	3	4	1	0	1	5	5	8	9	1
Synthetic Opiate <sup>1</sup>	12	18	31	39	37	32	12	15	16	23	31	34
Methamphetamine <sup>2</sup>	59	37	75	116	119	101	54	43	71	106	123	118
Other Amphetamines <sup>2</sup>	3	2	2	5	9	3	0	3	2	5	0	2

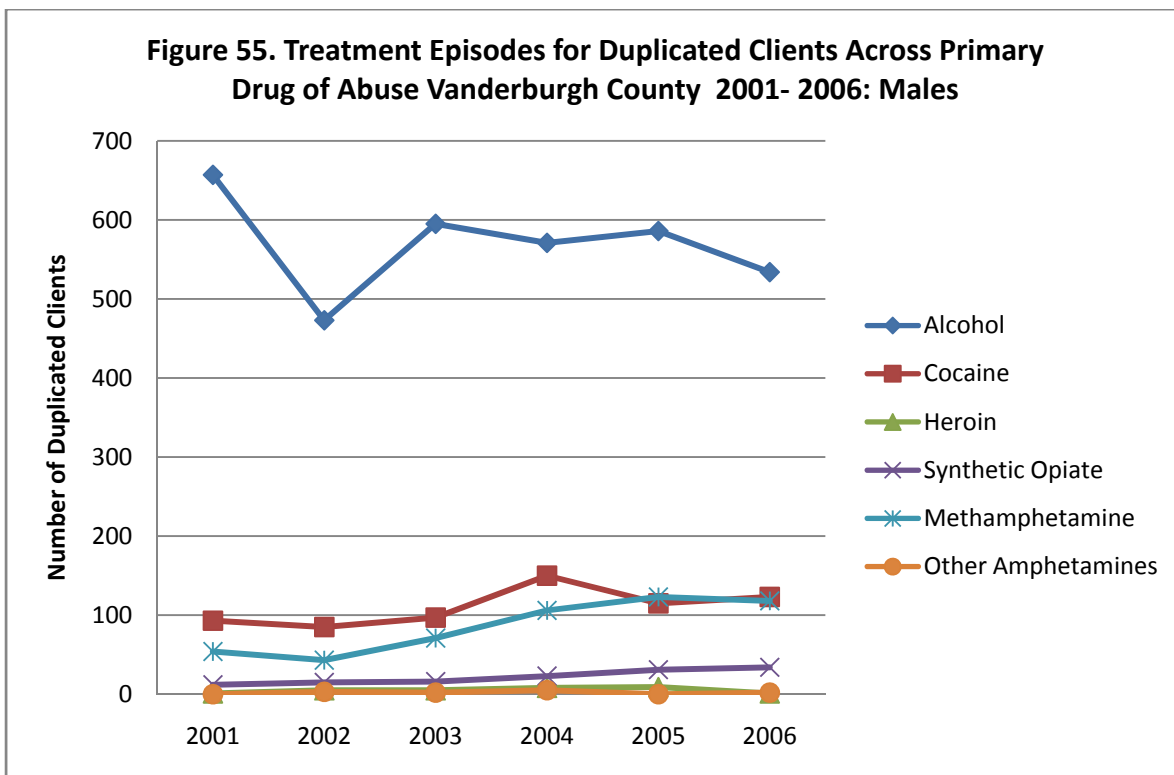
<sup>1</sup> For 2005-2006, opiates were divided into two categories: *Heroin* and *Synthetic Opiates*. For 2001-2004, all opiates were counted in one category.

<sup>2</sup> For 2001-2004, all amphetamines were grouped in one category.

Source: Primary – SAMHSA, Treatment Episode Data Set 2001-2006; Secondary – IPRC



Source: Primary – SAMHSA, Treatment Episode Data Set 2001-2006; Secondary – IPRC



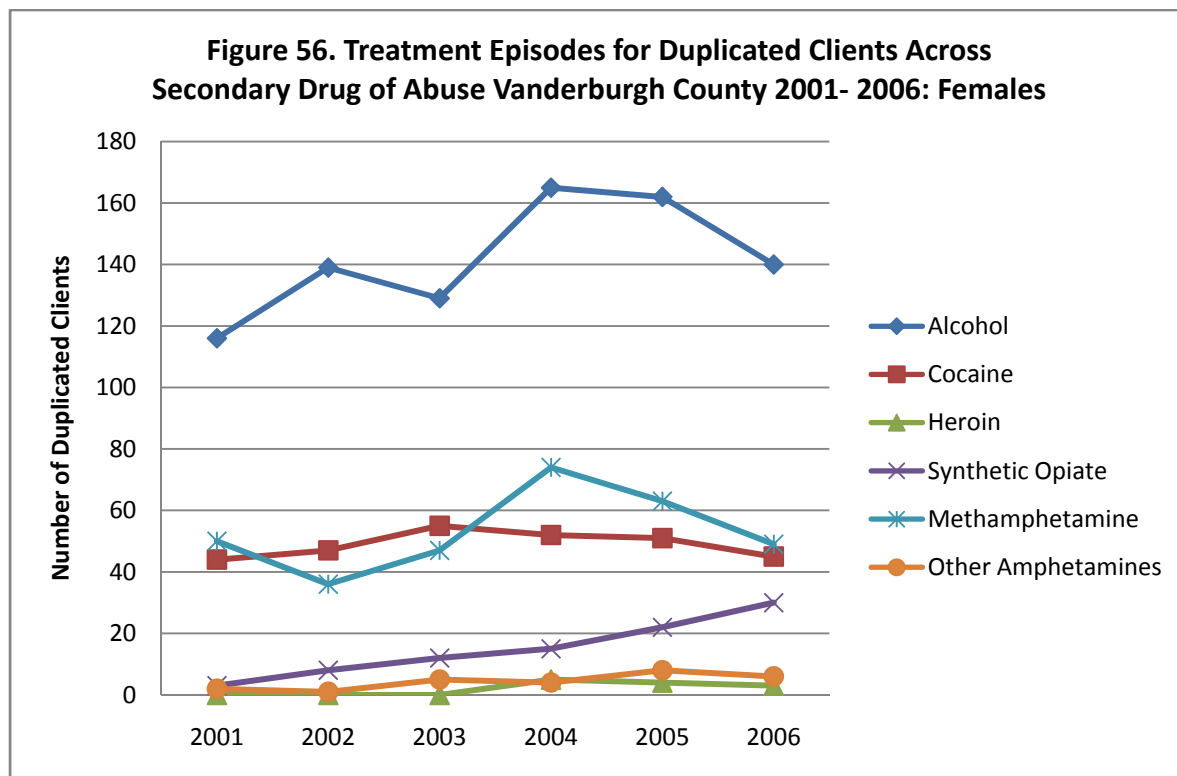
Source: Primary – SAMHSA, Treatment Episode Data Set 2001-2006; Secondary – IPRC

Table 62. Treatment Episodes for Duplicated Clients Across Secondary Drug of Abuse Vanderburgh County 2001-2006												
Primary Drug	Females						Males					
	2001	2002	2003	2004	2005	2006	2001	2002	2003	2004	2005	2006
Alcohol	116	139	129	165	162	140	223	192	236	276	245	211
Cocaine	44	47	55	52	51	45	59	74	79	74	75	75
Heroin <sup>1</sup>	0	0	0	5	4	3	0	0	1	0	0	2
Synthetic Opiate <sup>1</sup>	3	8	12	15	22	30	8	17	13	37	25	17
Methamphetamine <sup>2</sup>	50	36	47	74	63	49	31	31	52	75	74	66
Other Amphetamines <sup>2</sup>	2	1	5	4	8	6	2	5	10	7	6	4

<sup>1</sup> For 2005-2006, opiates were divided into two categories: *Heroin* and *Synthetic Opiates*. For 2001-2004, all opiates were grouped in one category.

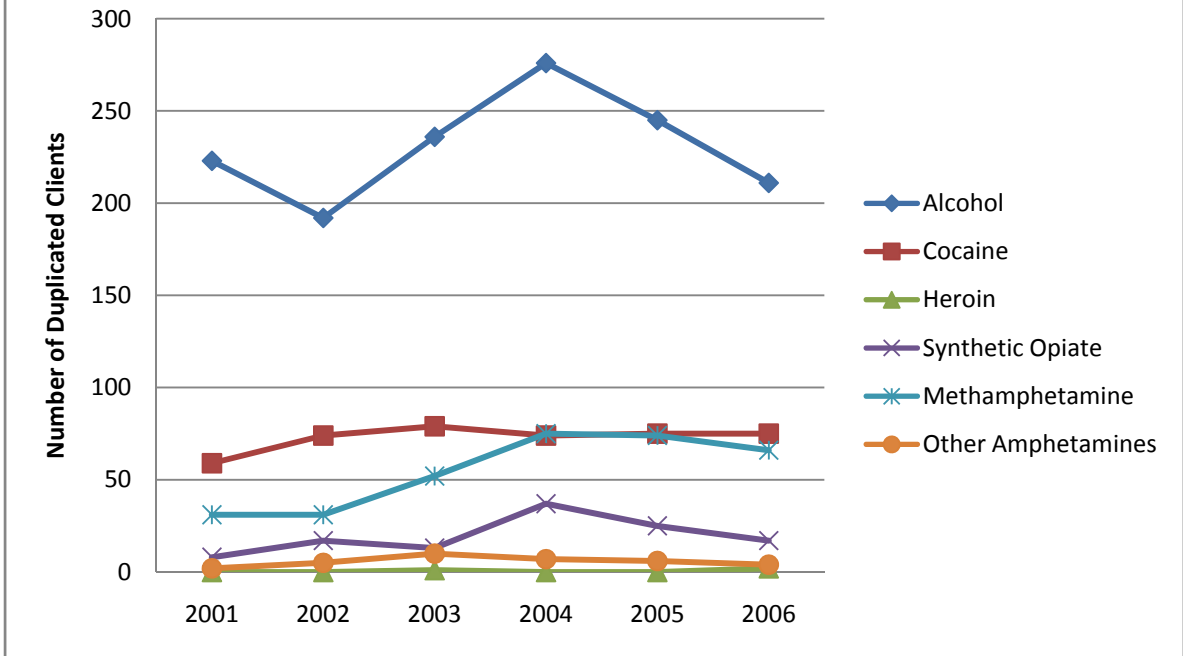
<sup>2</sup> For 2001-2004, all amphetamines were grouped in one category.

Source: Primary – SAMHSA, Treatment Episode Data Set 2001-2006; Secondary – IPRC



Source: Primary – SAMHSA, Treatment Episode Data Set 2001-2006; Secondary – IPRC

**Figure 57. Treatment Episodes for Duplicated Clients Across Secondary Drug of Abuse Vanderburgh County 2001- 2006: Males**



Source: Primary – SAMHSA, Treatment Episode Data Set 2001-2006; Secondary – IPRC

## 4.2 CONSEQUENCES: ALCOHOL-RELATED PROBLEMS – TRAFFIC ACCIDENTS/TRAFFIC FATALITIES

While the number of fatal accidents spiked in 2006, the number that involved drivers with alcohol in their systems remained consistent between 2005 and 2007 (Table 63). Based on data from the Fatality Analysis Reporting System, the vast majority of individuals, both drivers and passengers, who were killed in traffic accidents registered a BAC of .00.

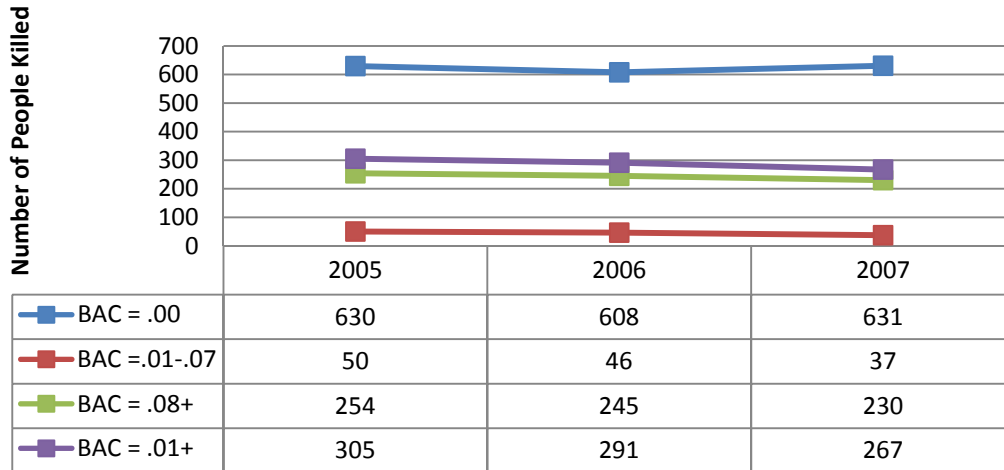
Data from 2006 show that a fairly large number of drivers involved in alcohol-related crashes registered BAC levels above the legal limit (Table 67). Not only had these individuals driven under the influence, they had consumed amounts that deemed them legally drunk. It should be noted that a significant number of drivers did not have BACs reported, which indicates that the numbers of intoxicated drivers actually may have been higher. In terms of the age of drivers, 18 of those in Vanderburgh County who were involved in alcohol-related crashes and had a BAC of at least .01 were under the age of 21 (Table 68). Further, 39 were in the 21-24 year old age group. Once again, due to limited results, it is possible that more drivers in the age group were under the influence of alcohol when involved in traffic accidents.

<b>Table 63. Total Persons Killed in Accidents by Driver Blood Alcohol Concentration 2005-2007</b>						
<b>Blood Alcohol Level</b>	<b>Vanderburgh County</b>			<b>Indiana</b>		
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
BAC = .00 (no alcohol present)	60% (n=6)	79% (n=19)	69% (n=11)	67% (n=630)	68% (n=608)	70% (n=631)
BAC = .01-.07 (alcohol present/ below legal limit)	0% (n=0)	4% (n=1)	0% (n=0)	5% (n=50)	5% (n=46)	4% (n=37)
BAC = .08+ (alcohol present/ above legal limit)	40% (n=4)	17% (n=4)	31% (n=5)	27% (n=254)	27% (n=245)	26% (n=230)
BAC = .01+ (alcohol present- both below and above legal limit)	40% (n=4)	21% (n=5)	31% (n=5)	33% (n=304)	32% (n=291)	30% (n=267)
<b>Total Fatalities</b>	100% (n=10)	100% (n=24)	100% (n=16)	100% (n=934)	100% (n=899)	100% (n=898)

Source: Fatality Analysis Reporting System, 2005-2007

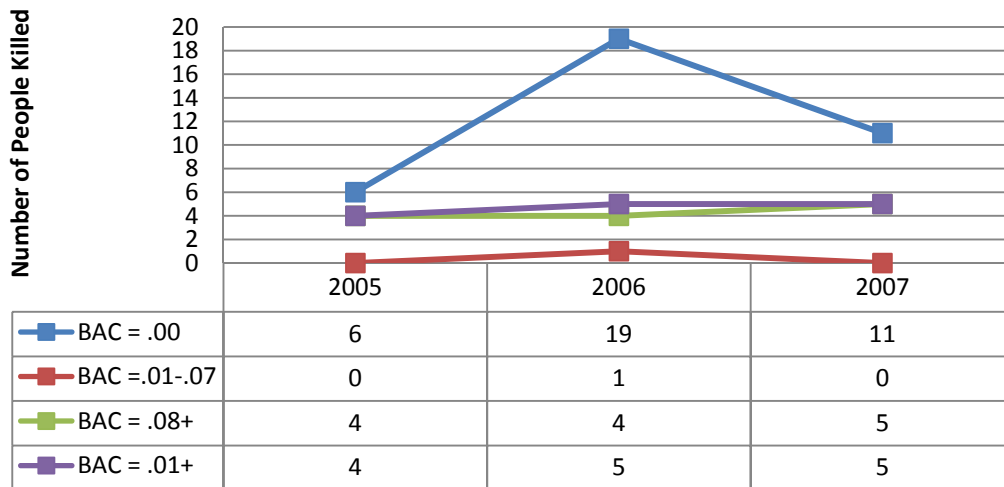


**Figure 58. Total Persons Killed in Accidents  
by Driver Blood Alcohol Concentration  
2005-2007  
Indiana**



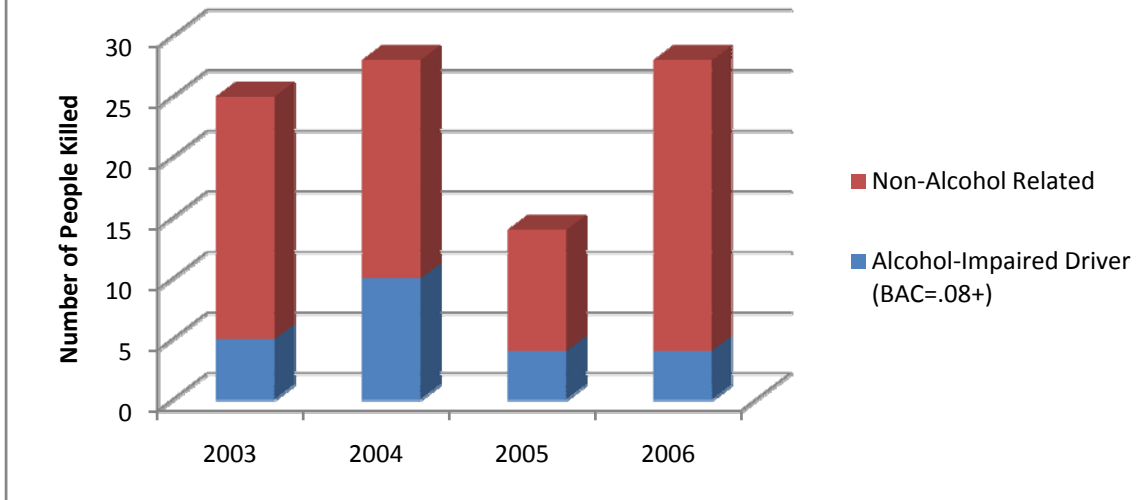
Source: Fatality Analysis Reporting System, 2005-2007

**Figure 59. Total Persons Killed in Accidents  
by Driver Blood Alcohol Concentration  
2005-2007  
Vanderburgh County**



Source: Fatality Analysis Reporting System, 2005-2007

**Figure 60. Traffic Fatalities 2003-2007  
Vanderburgh County**



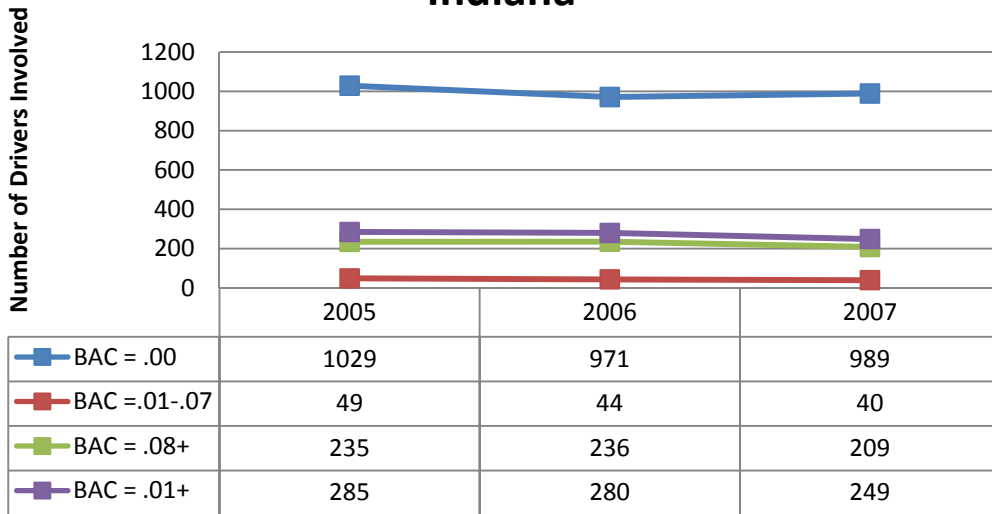
Source: National Highway Traffic Safety Administration, 2003-2007

**Table 64. Drivers Involved in Fatal Crashes by Blood Alcohol Concentration 2005-2007**

Blood Alcohol Level	Vanderburgh County			Indiana		
	2005	2006	2007	2005	2006	2007
BAC = .00 (no alcohol present)	69% (n=11)	88% (n=36)	72% (n=13)	78% (n=1,029)	78% (n=971)	80% (n=989)
BAC = .01-.07 (alcohol present/ below legal limit)	0% (n=0)	2% (n=1)	0% (n=0)	4% (n=49)	4% (n=44)	3% (n=40)
BAC = .08+ (alcohol present/ above legal limit)	31% (n=5)	10% (n=4)	28% (n=5)	18% (n=235)	19% (n=236)	17% (n=209)
BAC = .01+ (alcohol present- both below and above legal limit)	31% (n=5)	12% (n=5)	28% (n=5)	22% (n=284)	22% (n=280)	20% (n=249)
<b>Total Drivers</b>	100% (n=16)	100% (n=41)	100% (n=18)	100% (n=1,313)	100% (n=1,251)	100% (n=1,238)

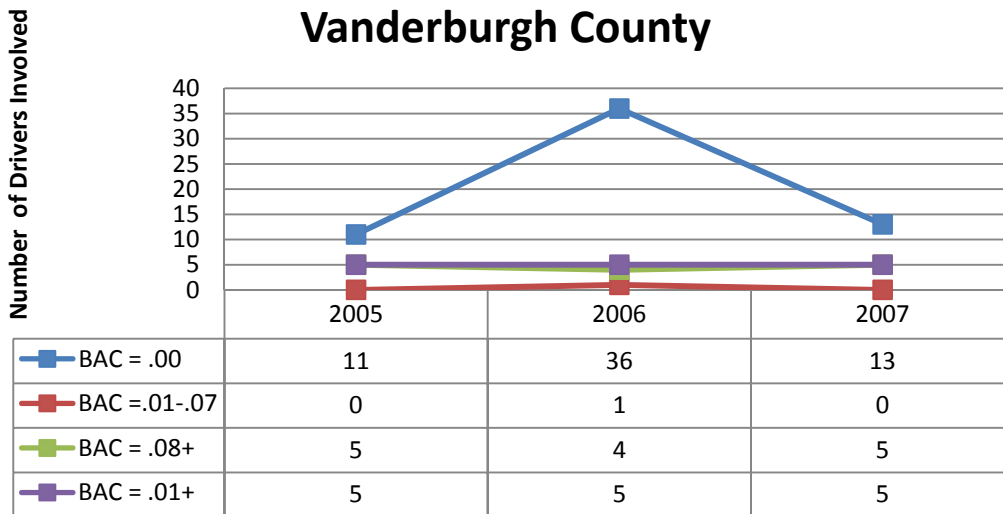
Source: Fatality Analysis Reporting System, 2005-2007

**Figure 61. Drivers Involved in Fatal Crashes by Blood Alcohol Concentration  
2005-2007  
Indiana**



Source: Fatality Analysis Reporting System, 2005-2007

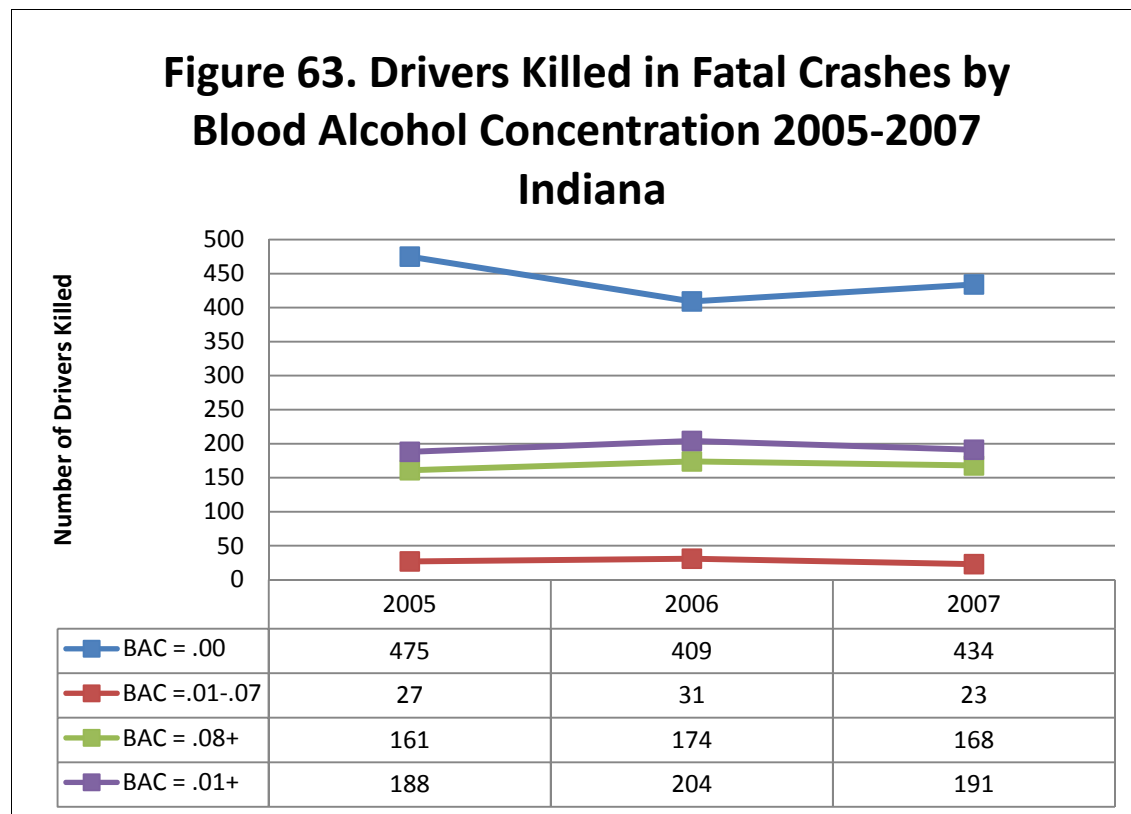
**Figure 62. Drivers Involved in Fatal Crashes by Blood Alcohol Concentration  
2005-2007  
Vanderburgh County**



Source: Fatality Analysis Reporting System, 2005-2007

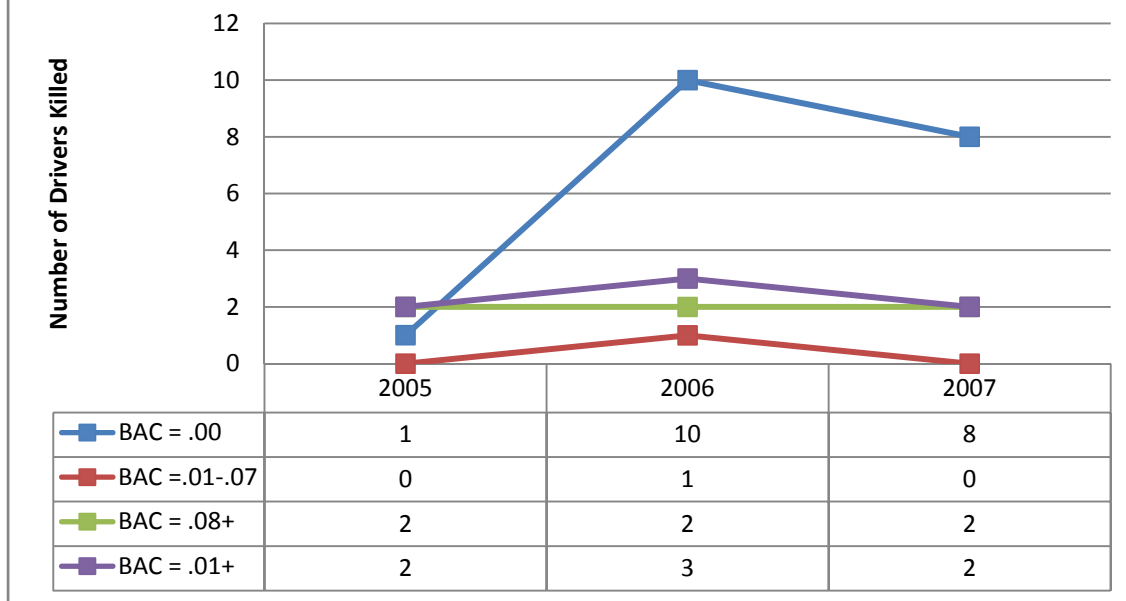
Blood Alcohol Level	Vanderburgh County			Indiana		
	2005	2006	2007	2005	2006	2007
BAC = .00 (no alcohol present)	33% (n=1)	77% (n=10)	80% (n=8)	72% (n=475)	67% (n=409)	69% (n=434)
BAC = .01-.07 (alcohol present/ below legal limit)	0% (n=0)	8% (n=1)	0% (n=0)	4% (n=27)	5% (n=31)	4% (n=23)
BAC = .08+ (alcohol present/ above legal limit)	67% (n=2)	15% (n=2)	20% (n=2)	24% (n=161)	28% (n=174)	27% (n=168)
BAC = .01+ (alcohol present- both below and above legal limit)	67% (n=2)	23% (n=3)	20% (n=2)	28% (n=188)	33% (n=204)	31% (n=191)
<b>Total Drivers</b>	100% (n=3)	100% (n=13)	100% (n=10)	100% (n=663)	100% (n=614)	100% (n=625)

Source: Fatality Analysis Reporting System, 2005-2007



Source: Fatality Analysis Reporting System, 2005-2007

**Figure 64. Drivers Killed in Fatal Crashes by Blood Alcohol Concentration 2005-2007  
Vanderburgh County**

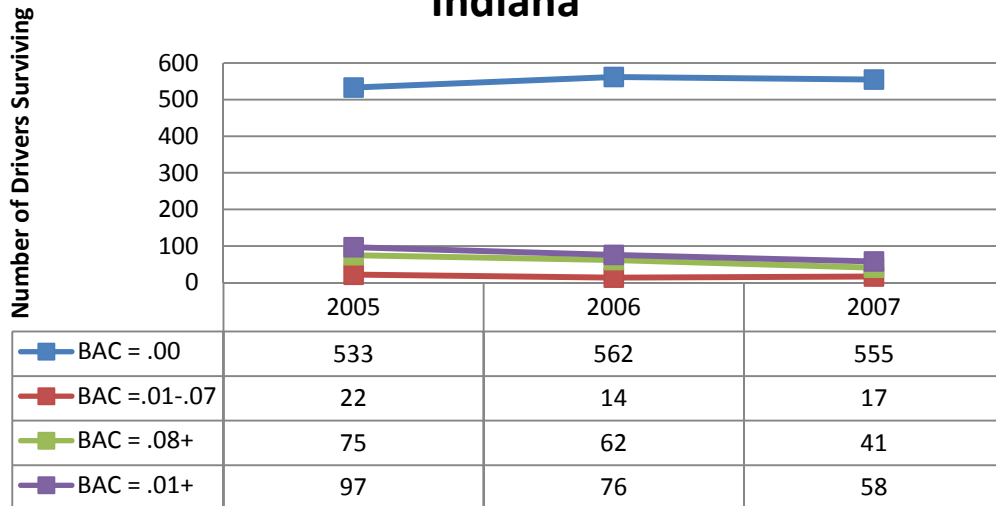


Source: Fatality Analysis Reporting System, 2005-2007

<b>Table 66. Drivers Surviving Fatal Crashes by Blood Alcohol Concentration 2005-2007</b>						
<b>Blood Alcohol Level</b>	<b>Vanderburgh County</b>			<b>Indiana</b>		
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
BAC = .00 (no alcohol present)	77% (n=10)	93% (n=26)	63% (n=5)	85% (n=553)	88% (n=562)	91% (n=555)
BAC = .01-.07 (alcohol present/ below legal limit)	0% (n=0)	0% (n=0)	0% (n=0)	3% (n=22)	2% (n=14)	3% (n=17)
BAC = .08+ (alcohol present/ above legal limit)	23% (n=3)	7% (n=2)	38% (n=3)	12% (n=75)	10% (n=62)	7% (n=41)
BAC = .01+ (alcohol present- both below and above legal limit)	23% (n=3)	7% (n=2)	38% (n=3)	15% (n=97)	12% (n=76)	9% (n=58)
<b>Total Drivers</b>	100% (n=13)	100% (n=28)	100% (n=8)	100% (n=650)	100% (n=638)	100% (n=613)

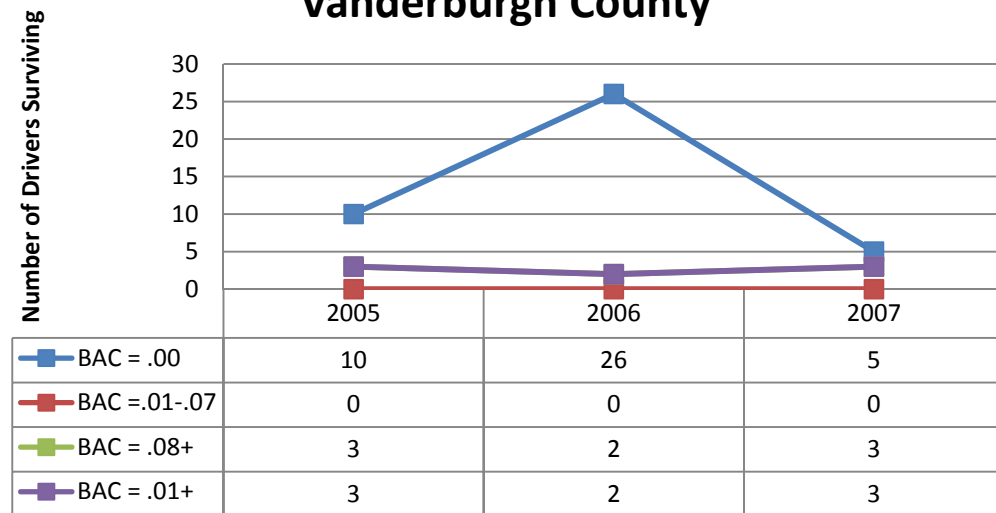
Source: Fatality Analysis Reporting System, 2005-2007

**Figure 65. Drivers Surviving Fatal Crashes by Blood Alcohol Concentration 2005-2007  
Indiana**



Source: Fatality Analysis Reporting System, 2005-2007

**Figure 66. Drivers Surviving Fatal Crashes by Blood Alcohol Concentration 2005-2007  
Vanderburgh County**



Source: Fatality Analysis Reporting System, 2005-2007

## 2006 Traffic Data

Municipality	BAC = .00	BAC = .01-.07	BAC = .08+	BAC Not Reported	Invalid Results	Drivers Tested	Total Drivers
Darmstadt	0	0	0	0	0	0	0
Evansville	13	34	85	242	0	211	374
Rural	12	35	32	66	1	102	146
<b>Total</b>	<b>25</b>	<b>69</b>	<b>117</b>	<b>308</b>	<b>1</b>	<b>313</b>	<b>520</b>

Source: Fatality Analysis Reporting System, 2007

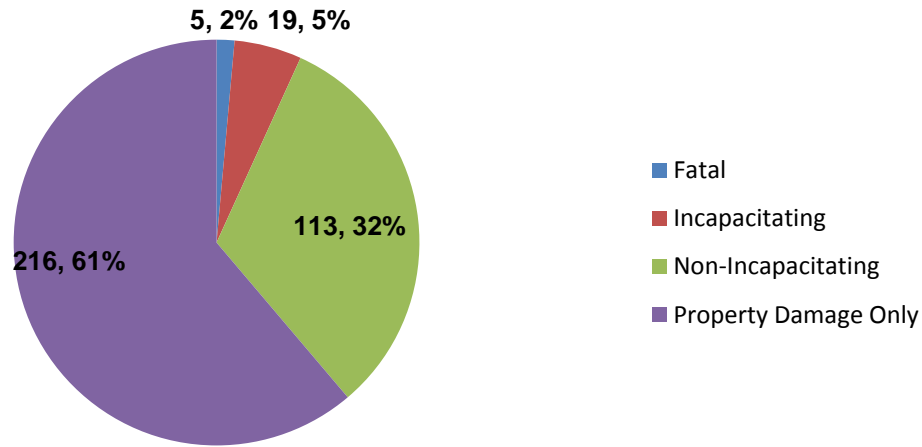
Age Group	BAC = .00	BAC = .01-.07	BAC = .08+	BAC Not Reported	Invalid Results	Drivers Tested	Total Drivers
0-15	0	0	0	1	0	0	1
16-20	2	10	8	35	0	29	55
21-24	3	12	27	42	0	60	84
25-44	13	31	50	142	1	146	237
45-64	5	13	31	76	0	68	125
65+	2	3	1	10	0	10	16
Unknown	0	0	0	2	0	0	2
<b>Total</b>	<b>25</b>	<b>69</b>	<b>117</b>	<b>308</b>	<b>1</b>	<b>313</b>	<b>520</b>

Source: Fatality Analysis Reporting System, 2007

Collision Type	Fatal	Incapacitating	Non-Incapacitating	Property Damage Only	Total
Alcohol-related	1.4% (n=5)	5.4% (n=19)	32.0% (n=113)	61.2% (n=216)	353
Speed-Related	0.7% (n=2)	3.2% (n=9)	34.6% (n=98)	61.5% (n=174)	283
Young Driver	16.7% (n=4)	31.8% (n=27)	28.4% (n=296)	31.4% (n=677)	1,004
Other	0.7% (n=13)	1.8% (n=30)	32.2% (n=536)	65.2% (n=1,087)	1,666
Total Collisions	0.7% (n=24)	2.6% (n=85)	31.5% (n=1,043)	65.2% (n=2,154)	3,306

Source: Primary – Indiana Criminal Justice Institute; Secondary – Indiana State Police Vehicle Crash Records System

**Figure 67. Vanderburgh County Alcohol-Related Crashes by Severity (n= 353) 2006**



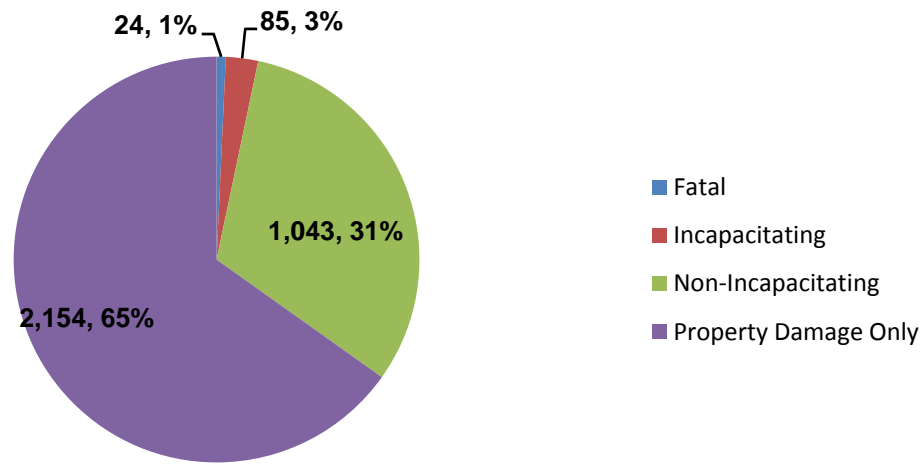
Source: Primary – Indiana Criminal Justice Institute; Secondary – Indiana State Police Vehicle Crash Records System

Severity	Alcohol-related	Speed-Related	Young Driver	Other	Total Collisions
Fatal	20.8% (n=5)	8.3% (n=2)	16.7% (n=4)	54.2% (n=13)	24
Incapacitating	22.4% (n=19)	10.6% (n=9)	31.8% (n=27)	35.3% (n=30)	85
Non-Incapacitating	10.8% (n=113)	9.4% (n=98)	28.4% (n=296)	51.4% (n=536)	1,043
Property Damage Only	10.0% (n=216)	8.1% (n=174)	31.4% (n=677)	50.5% (n=1,087)	2,154

Source: Primary – Indiana Criminal Justice Institute; Secondary – Indiana State Police Vehicle Crash Records System



**Figure 68. Vanderburgh County Total Crashes by Severity (n= 3,306) 2006**



Source: Primary – Indiana Criminal Justice Institute; Secondary – Indiana State Police Vehicle Crash Records System

**2007 Traffic Data**

Table 71. Collisions by Severity, Vanderburgh County and Indiana, 2007					
Location	Fatal	Incapacitating	Non-Incapacitating	Property Damage Only	Total
Vanderburgh	0.2% (n=14)	1.5% (n=85)	18.2% (n=1031)	80.1% (n=4537)	5667
Indiana	0.4% (n=804)	1.5% (n=3076)	16.8% (n=34,343)	81.4% (n=166,782)	205,005

Source: Primary – Indiana Criminal Justice Institute; Secondary – Indiana State Police Vehicle Crash Records System

Table 72. Speed-Related Collisions by Severity, Vanderburgh County and Indiana, 2007				
Location	Fatal	Personal Injury	Property Damage Only	Total
Vanderburgh	1.7% (n=5)	25.9% (n=76)	72.4% (n=213)	294
Indiana	0.9% (n=165)	23.7% (n=4376)	75.4% (n=13,950)	18,491

Source: Primary – Indiana Criminal Justice Institute; Secondary – Indiana State Police Vehicle Crash Records System

Location	Fatal	Personal Injury	Property Damage Only	Total
Vanderburgh	1.4% (n=5)	30.5% (n=110)	68.1% (n=246)	361
Indiana	2.3% (n=232)	35.8% (n=3557)	61.9% (n=6153)	9942

Source: Primary – Indiana Criminal Justice Institute; Secondary – Indiana State Police Vehicle Crash Records System

Location	Fatal	Incapacitating	Non-Incapacitating	Unknown Injury	Not Injured	Total
Vanderburgh	0.1% (n=2)	0.4% (n=6)	10.1% (n=168)	1.1% (n=19)	88.3% (n=1471)	1666
Indiana	0.1% (n=68)	0.7% (n=361)	11.5% (n=6059)	2.8% (n=1481)	84.8% (n=44551)	52520

Source: Primary – Indiana Criminal Justice Institute; Secondary – Indiana State Police Vehicle Crash Records System

The table below provides data associated with self-reported drinking and driving by students attending college in Vanderburgh County. Refer to Table 55 for additional information about the sample utilized in the Core survey of alcohol and drug use.

Gender		Age		Residence	
Male	Female	16-29	21+	On Campus	Off Campus
27.5%	15.6%	16.4%	23.7%	12.3%	31.2%

Source: Primary – Core Institute; Secondary – The Real U, an Initiative of Youth First in collaboration with Ivy Tech, UE, and USI

### 4.3 CONSEQUENCES: ALCOHOL-RELATED PROBLEMS – ALCOHOL AND DRUG ARRESTS AND CITATIONS

Data from the Evansville Police Department and Vanderburgh County Sheriff’s Office show that between 2004 and 2007 the total number of alcohol-related arrests each year remained fairly consistent (Tables 75 and 76). In 2008, however, that number jumped considerably. Among juveniles, there was relative consistency in arrests between 2004 and 2008, with a slight dip in 2007 (Tables 77 and 78). Individuals 21 and older, however, experienced a significant increase in alcohol-related arrests in 2008, up approximately 500 arrests over the 2007 figure.

In terms of law enforcement sectors (see Figures 69-72 for law enforcement patrol areas), there were a substantially higher number of arrests in the EPD west sector than all other law enforcement sectors (Table 75). With one exception, this was true for individuals under 21 and those 21 and older each year between 2004 and 2008 (Table 77). This finding is interesting given that the west sector has a smaller population than the east sector. However, the west sector has six beats (compared to four in each of the east and south sectors) and includes parts of Pigeon Township just north of the Lloyd Expressway, where crime rates tend to be higher than other areas and where some neighborhoods spend more of their income on alcohol. Arrest rates in the west sector have remained fairly consistent over the last several years. An examination of the EPD south sector data shows that arrest rates in that area have increased in the past few years. This is the smallest EPD sector in terms of population but arrest rates are consistently higher for the 21 and over age group than the east sector, the largest area in terms of population, and have recently exceeded the east sector in the number of juvenile arrests.

In terms of the county (outside of the Evansville city limits), arrests for juveniles have actually decreased slightly overall during the past five years. Except for an increase in 2008, rates for those 21 and over have remained fairly consistent. Further analysis could compare arrest rates in each sector to the sector populations to determine actual arrests, which would allow for a more meaningful direct comparison of the sections of the county.

<b>Beat</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Total</b>
2E	474	482	481	442	639	2518
2S	452	605	471	623	675	2826
2W	792	805	756	756	865	3974
31	66	64	58	56	75	319
32	77	91	74	91	100	433
33	89	84	109	102	118	502
34	50	56	55	53	56	270
Unknown	72	24	28	43	185	352
<b>Total</b>	<b>2072</b>	<b>2211</b>	<b>2032</b>	<b>2166</b>	<b>2713</b>	<b>11194</b>

Source: Evansville Police Department and Vanderburgh County Sheriff’s Office, 2004-2008

<b>Table 76. Alcohol Arrests by Year and EPD/VCSO Beats</b>						
<b>Beat</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Total</b>
2E1	124	101	121	110	165	621
2E2	136	133	115	110	199	693
2E3	139	145	168	129	198	779
2E4	75	103	77	93	77	425
2S1	229	274	218	282	331	1334
2S2	86	99	87	123	96	491
2S3	68	132	78	99	124	501
2S4	69	100	88	119	124	500
2W1	179	124	94	105	104	606
2W2	166	167	176	139	195	843
2W3	209	241	188	213	259	1110
2W4	105	119	115	121	115	575
2W5	65	97	81	67	103	413
2W6	68	57	102	111	89	427
3V1	66	64	58	56	75	319
3V2	77	91	74	91	100	433
3V3	89	84	109	102	118	502
3V4	50	56	55	53	56	270
Unknown	72	24	28	43	185	352
<b>Total</b>	<b>2072</b>	<b>2211</b>	<b>2032</b>	<b>2166</b>	<b>2713</b>	<b>11194</b>

Source: Evansville Police Department and Vanderburgh County Sheriff's Office, 2004-2008

<b>Table 77. Arrests for All Alcohol Charges by EPD and VCSO Sectors and Age Group 2004-2008</b>							
<b>Sector</b>	<b>Age Group</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Total</b>
<b>2E</b>	<b>Juveniles</b>	76	79	101	56	60	372
	<b>21 +</b>	398	405	384	390	576	2153
<b>2S</b>	<b>Juveniles</b>	64	53	57	86	88	348
	<b>21 +</b>	396	551	414	540	587	2488
<b>2W</b>	<b>Juveniles</b>	115	129	99	90	115	548
	<b>21 +</b>	688	680	658	669	754	3449
<b>31</b>	<b>Juveniles</b>	20	11	10	9	6	56
	<b>21 +</b>	50	53	50	49	69	271
<b>32</b>	<b>Juveniles</b>	15	10	11	5	6	47
	<b>21 +</b>	64	82	67	88	97	398
<b>33</b>	<b>Juveniles</b>	32	26	52	39	33	182
	<b>21 +</b>	55	58	57	64	89	323
<b>34</b>	<b>Juveniles</b>	18	20	11	10	13	72
	<b>21 +</b>	31	36	45	43	45	200
<b>Sector Not Provided</b>	<b>Juveniles</b>	7	4	3	2	16	32
	<b>21 +</b>	43	14	13	26	159	255
<b>Total</b>	<b>Juveniles</b>	<b>347</b>	<b>332</b>	<b>344</b>	<b>297</b>	<b>337</b>	<b>1657</b>
	<b>21 +</b>	<b>1725</b>	<b>1879</b>	<b>1688</b>	<b>1869</b>	<b>2376</b>	<b>9537</b>

Source: Evansville Police Department and Vanderburgh County Sheriff's Office, 2004-2008

<b>Table 78. Arrests for All Alcohol Charges by EPD and VCSO Beats and Age Group 2004-2008</b>							
<b>Beat</b>	<b>Age Group</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Total</b>
2E1	Juveniles	18	17	23	15	20	93
	21 +	106	84	98	95	145	528
2E2	Juveniles	31	17	27	11	27	113
	21 +	105	116	88	99	172	580
2E3	Juveniles	18	19	23	7	7	74
	21 +	121	126	145	122	191	705
2E4	Juveniles	11	25	28	23	8	95
	21 +	64	78	49	70	69	330
2S1	Juveniles	23	17	16	45	50	151
	21 +	206	257	202	237	281	1183
2S2	Juveniles	22	11	14	9	6	62
	21 +	64	88	73	114	90	429
2S3	Juveniles	8	7	7	12	12	46
	21 +	60	125	71	87	112	455
2S4	Juveniles	10	18	20	20	20	88
	21 +	59	82	68	99	104	412
2W1	Juveniles	38	33	22	18	22	133
	21 +	141	91	72	87	82	473
2W2	Juveniles	14	24	23	10	24	95
	21 +	152	143	153	129	171	748
2W3	Juveniles	23	26	21	23	23	116
	21 +	186	215	167	190	236	994
2W4	Juveniles	14	13	10	16	15	68
	21 +	91	106	105	105	100	507
2W5	Juveniles	6	20	18	7	16	67
	21 +	59	77	63	60	87	346
2W6	Juveniles	18	12	4	14	12	60
	21 +	50	45	98	97	77	367
3V1	Juveniles	19	11	10	9	6	55
	21 +	47	53	48	47	69	264
3V2	Juveniles	14	10	7	5	6	42
	21 +	63	81	67	86	94	391
3V3	Juveniles	32	26	52	39	30	179
	21 +	57	58	57	63	88	323
3V4	Juveniles	19	20	11	10	13	73
	21 +	31	36	44	43	43	197
Sector Not Provided	Juveniles	9	6	8	4	20	47
	21 +	63	18	20	39	165	305
Total	Juveniles	347	332	344	297	337	1657
	21 +	1725	1879	1688	1869	2376	9537

Source: Evansville Police Department and Vanderburgh County Sheriff's Office, 2004-2008

Based on EPD and VCSO records, the largest percentage of alcohol arrests in Vanderburgh County is for public intoxication (Table 79). The numbers for individuals over 21 drive this ranking since this charge is actually the second highest ranked one for those under 21 (Table 81). The latter group is cited most for possession, consumption, and transport. Specifically for the Excise Police (Table 88), minors are most charged for consuming alcohol, with possession and transporting the next highest alcohol-related charges.

<b>Table 79. Arrests for Most Commonly Occurring Alcohol Charges Evansville 2004-2008</b>						
<b>Charge</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Total</b>
ALC-PUBLIC INTOX [BM]	842	912	748	719	851	4072
OMVWI-BAC .15 OR MORE [AM]	372	377	392	343	424	1908
OMVWI [AM]	147	151	209	392	653	1552
OMVWI-BAC .08<1.5 [CM]	257	288	243	224	226	1236
ALC-MINOR, POSSESS, CONSUME, TRANSPORT [CM]	142	118	154	123	123	660
OMVWI-PRIOR OR PASSENGER <18 IN VEH [DF]	0	59	149	180	212	600
OMVWI-REFUSAL	107	134	73	86	95	495

Source: Evansville Police Department and Vanderburgh County Sheriff's Office, 2004-2008

<b>Table 80. All Alcohol-related Arrests Evansville 2004-2008</b>						
<b>Age Group</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Total</b>
Juveniles	347	332	344	297	337	1657
21 +	1725	1879	1688	1869	2376	9537

Source: Evansville Police Department and Vanderburgh County Sheriff's Office, 2004-2008

Charge	Age Group	2004	2005	2006	2007	2008	Total
ALC-PUBLIC INTOX [BM]	Juveniles	88	89	76	54	65	372
	21 +	754	823	672	665	786	3700
OMVWI-BAC .15% OR MORE [AM]	Juveniles	36	46	33	30	27	172
	21 +	327	321	352	299	381	1680
OMVWI [AM]	Juveniles	18	20	21	30	50	139
	21 +	126	119	177	345	590	1357
OMVWI-BAC .08<1.5 [CM]	Juveniles	41	32	38	23	31	165
	21 +	216	254	205	201	195	1071
ALC-MINOR, POSSESS, CONSUME, TRANSPORT [CM]	Juveniles	142	118	154	122	123	659
	21 +	0	0	0	1	0	1
OMVWI-PRIOR OR PASSENGER <18 IN VEH [DF]	Juveniles	0	1	5	3	5	14
	21 +	0	58	144	177	207	586
OMVWI-REFUSAL	Juveniles	5	6	1	7	3	22
	21 +	102	128	72	79	92	473

Source: Evansville Police Department and Vanderburgh County Sheriff's Office, 2004-2008

An examination of the most common alcohol-related charges by the section of the county in which they occur shows that the west sector is the highest in every category (Table 82). A comparison of the south and east sectors is more interesting since the sector with the highest percentage of arrests depends on the specific charge. The south has a significantly higher rate of public intoxication charges, but the two sectors are much more in line with the charges of Operating a Motor Vehicle with a BAC of .08 or more and minors possessing, consuming, or transporting alcohol. The east sector has a higher rate of Operating a Motor Vehicle While Intoxicated without exceeding the legal BAC limit, having a prior or passenger less than 18 in the vehicle, and refusing a chemical test.

<b>Charge</b>	<b>Sector</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Total</b>
ALC-PUBLIC INTOX [BM]	2E	189 22.4%	193 21.2%	148 19.8%	134 18.6%	160 18.8%	824 20.2%
	2S	233 27.7%	296 32.5%	211 28.2%	250 34.8%	295 34.7%	1285 31.6%
	2W	339 40.3%	339 37.2%	319 42.6%	264 36.7%	351 41.2%	1612 39.6%
	31	15 1.8%	11 1.2%	10 1.3%	6 0.8%	7 0.8%	49 1.2%
	32	22 2.6%	34 3.7%	22 2.9%	16 2.2%	9 1.1%	103 2.5%
	33	11 1.3%	20 2.2%	20 2.7%	27 3.8%	20 2.4%	98 2.4%
	34	11 1.3%	16 1.8%	13 1.7%	16 2.2%	6 0.7%	62 1.5%
	Unknown	22 2.6%	3 0.3%	5 0.7%	6 0.8%	3 0.4%	39 1.0%
OMVWI-BAC .15% OR MORE [AM]	2E	98 26.3%	66 17.5%	100 25.5%	69 20.1%	95 22.4%	428 22.4%
	2S	62 16.7%	101 26.8%	83 21.2%	79 23.0%	110 25.9%	435 22.8%
	2W	135 36.3%	131 34.7%	138 35.2%	128 37.3%	122 28.8%	654 34.3%
	31	17 4.6%	13 3.4%	14 3.6%	10 2.9%	20 4.7%	74 3.9%
	32	19 5.1%	22 5.8%	14 3.6%	21 6.1%	24 5.7%	100 5.2%
	33	22 5.9%	27 7.2%	21 5.4%	16 4.7%	21 5.0%	107 5.6%
	34	11 3.0%	12 3.2%	20 5.1%	14 4.1%	15 3.5%	72 3.8%
	Unknown	8 2.2%	5 1.3%	2 0.5%	6 1.7%	17 4.0%	38 2.0%
OMVWI [AM]	2E	34 23.1%	36 23.8%	61 29.2%	96 24.5%	185 28.3%	412 26.5%
	2S	22 15.0%	38 25.2%	46 22.0%	91 23.2%	88 13.5%	285 18.4%
	2W	73 49.7%	57 37.7%	77 36.8%	117 29.8%	164 25.1%	488 31.4%
	31	7 4.8%	9 6.0%	6 2.9%	28 7.1%	25 3.8%	75 4.8%
	32	6 4.1%	1 0.7%	7 3.3%	23 5.9%	37 5.7%	74 4.8%
	33	4 2.7%	6 4.0%	9 4.3%	17 4.3%	42 6.4%	78 5.0%



OMVWI [AM]	34	1 0.7%	1 0.7%	1 0.5%	11 2.8%	11 1.7%	25 1.6%
	Unknown	0 0.0%	3 2.0%	2 1.0%	9 2.3%	101 15.5%	115 7.4%
OMVWI-BAC .08<1.5 [CM]	2E	55 21.4%	62 21.7%	50 20.6%	53 23.7%	45 19.9%	265 21.4%
	2S	41 16.0%	69 24.1%	53 21.8%	64 28.6%	54 23.9%	281 22.7%
	2W	101 39.3%	106 37.1%	84 34.6%	69 30.8%	75 33.2%	435 35.2%
	31	9 3.5%	11 3.8%	16 6.6%	7 3.1%	6 2.7%	49 4.0%
	32	10 3.9%	15 5.2%	11 4.5%	10 4.5%	10 4.4%	56 4.5%
	33	22 8.6%	11 3.8%	19 7.8%	11 4.95	9 4.0%	72 5.8%
	34	13 5.1%	9 3.1%	10 4.1%	7 3.15	6 2.7%	45 3.6%
	Unknown	6 2.3%	3 1.0%	0 0.0%	3 1.3%	21 9.3%	33 2.7%
ALC-MINOR, POSSESS, CONSUME, TRANSPORT [CM]	2E	27 19.0%	38 32.2%	52 33.8%	19 15.4%	17 13.8%	153 23.2%
	2S	36 25.4%	19 16.1%	25 16.2%	43 35.0%	48 39.0%	171 25.9%
	2W	43 30.3%	38 32.2%	35 22.7%	41 33.3%	43 35.0%	200 30.3%
	31	9 6.3%	4 3.4%	5 3.2%	4 3.3%	0 0.0%	22 3.3%
	32	8 5.6%	3 2.5%	7 4.5%	1 0.8%	4 3.3%	23 3.5%
	33	7 4.9%	8 6.8%	25 16.2%	13 10.6%	9 7.3%	62 9.4%
	34	7 4.9%	7 5.9%	5 3.2%	2 1.6%	1 0.8%	22 3.3%
	Unknown	5 3.5%	1 0.8%	0 0.0%	0 0.0%	1 0.8%	7 1.1%
OMVWI-PRIOR OR PASSENGER <18 IN VEH [DF]	2E	--	18 30.5%	39 26.2%	31 17.2%	67 31.6%	155 25.8%
	2S	--	12 20.3%	24 16.1%	55 30.6%	38 17.9%	129 21.5%
	2W	--	22 37.3%	60 40.3%	67 37.2%	58 27.4%	207 34.5%
	31	--	0 0.0%	4 2.7%	2 1.1%	5 2.4%	11 1.8%
	32	--	2 3.4%	11 7.4%	15 8.3%	9 4.2%	37 6.2%

OMVWI-PRIOR OR PASSENGER <18 IN VEH [DF]	33	--	3 5.1%	9 6.0%	7 3.9%	3 1.4%	22 3.7%
	34	--	2 3.4%	2 1.3%	3 1.7%	6 2.8%	13 2.2%
	Unknown	--	0 0.0%	0 0.0%	0 0.0%	26 12.3%	26 4.3%
OMVWI-REFUSAL	2E	28 26.2%	32 23.9%	17 23.3%	26 30.2%	23 24.2%	126 25.5%
	2S	17 15.9%	21 15.7%	23 31.5%	27 31.4%	21 22.1%	109 22.0%
	2W	47 43.9%	60 44.8%	22 30.1%	22 25.6%	34 35.8%	185 37.4%
	31	4 3.7%	9 6.7%	2 2.7%	0 0.0%	2 2.1%	17 3.4%
	32	3 2.8%	8 6.0%	1 1.4%	7 8.1%	3 3.2%	22 4.4%
	33	7 6.5%	3 2.2%	0 0.0%	2 2.3%	6 6.3%	18 3.6%
	34	1 0.9%	0 0.0%	5 6.8%	0 0.0%	3 3.2%	9 1.8%
	Unknown	0 0.0%	1 0.7%	3 4.1%	2 2.3%	3 3.2%	9 1.8%

Source: Evansville Police Department and Vanderburgh County Sheriff's Office, 2004-2008

In terms of specific beats (Table 83), the 2S1 beat, which is just south of the Lloyd Expressway in the downtown area, has the highest overall public intoxication rate, followed by 2W3, which is a beat just to the north (see Figures 71 and 72 for police beats). The 2S1 beat also has the highest overall rate of arrests for OMVWI with a BAC of .15 or more, OMVWI with BAC of .08 to .15, and minors possessing, consuming, and transporting. The 2W3 and 2W1 beats are also quite high in several categories. The 2W1 beat is a fairly large area that extends from north to south of the Lloyd Expressway and to the west of the downtown area. One interesting finding is that the 3V3 beat, which includes much of Perry and Union Townships, has a fairly high arrest rate for minors possessing, consuming, or transporting alcohol. This area includes a large number of college-aged students who attend USI and live in that section of the county.

**Table 83. Arrests for Most Commonly Occurring Alcohol Charges by Beat EPD and VCISO 2004-2008**

Charge	Sector	2004	2005	2006	2007	2008	Total
ALC-PUBLIC INTOX [BM]	2E1	50 5.9%	44 4.8%	29 3.9%	30 4.2%	40 4.7%	193 4.7%
	2E2	33 3.9%	34 3.7%	27 3.6%	20 2.8%	34 4.0%	148 3.6%
	2E3	70 8.3%	67 7.3%	62 8.3%	59 8.2%	62 7.3%	320 7.9%
	2E4	35 4.2%	48 5.3%	29 3.9%	24 3.3%	23 2.7%	159 3.9%
	2S1	130 15.4%	148 16.2%	121 16.2%	118 16.4%	156 18.3%	673 16.5%
	2S2	38 4.5%	38 4.2%	30 4.0%	54 7.5%	43 5.1%	203 5.0%
	2S3	40 4.8%	72 7.9%	36 4.8%	44 6.1%	55 6.5%	247 6.1%
	2S4	20 2.4%	38 4.2%	24 3.2%	30 4.2%	41 4.8%	153 3.8%
	2W1	41 4.9%	21 2.3%	23 3.1%	16 2.2%	21 2.5%	122 3.0%
	2W2	83 9.9%	82 9.0%	83 11.1%	61 8.5%	86 10.1%	395 9.7%
	2W3	122 14.5%	129 14.1%	102 13.6%	89 12.4%	142 16.7%	584 14.3%
	2W4	49 5.8%	45 4.9%	52 7.0%	57 7.9%	50 5.9%	253 6.2%
	2W5	26 3.1%	38 4.2%	26 3.5%	19 2.6%	31 3.6%	140 3.4%
	2W6	19 2.3%	21 2.3%	33 4.4%	19 2.6%	19 2.2%	111 2.7%
	3V1	13 1.5%	11 1.2%	10 1.3%	6 0.8%	7 0.8%	47 1.2%
	3V2	22 2.6%	34 3.7%	22 2.9%	16 2.2%	9 1.1%	103 2.5%
	3V3	10 1.2%	20 2.2%	20 2.7%	26 3.6%	19 2.2%	95 2.3%
	3V4	10 1.2%	16 1.8%	13 1.7%	16 2.2%	6 0.7%	61 1.5%
	Unknown	31 3.7%	6 0.7%	6 0.8%	15 2.1%	7 0.8%	65 1.6%
	OMVWI-BAC .15% OR MORE [AM]	2E1	30 8.1%	13 3.4%	21 5.4%	17 5.0%	25 5.9%
2E2		40 10.8%	24 6.4%	20 5.1%	19 5.5%	33 7.8%	136 7.1%
2E3		20 5.4%	21 5.6%	40 10.2%	19 5.5%	28 6.6%	128 6.7%

OMVWI-BAC .15% OR MORE [AM]	2E4	10 2.7%	8 2.1%	19 4.8%	12 3.5%	8 1.9%	57 3.0%
	2S1	29 7.8%	49 13.0%	33 8.4%	34 9.9%	45 10.6%	190 10.0%
	2S2	11 3.0%	19 5.0%	13 3.3%	10 2.9%	18 4.2%	71 3.7%
	2S3	10 2.7%	16 4.2%	17 4.3%	15 4.4%	18 4.2%	76 4.0%
	2S4	11 3.0%	18 4.8%	20 5.1%	21 6.1%	29 6.8%	99 5.2%
	2W1	41 11.0%	23 6.1%	31 7.9%	24 7.0%	26 6.1%	145 7.6%
	2W2	20 5.4%	19 5.0%	22 5.6%	20 5.8%	22 5.2%	103 5.4%
	2W3	22 5.9%	36 9.5%	29 7.4%	33 9.6%	29 6.8%	149 7.8%
	2W4	23 6.2%	24 6.4%	18 4.6%	24 7.0%	19 4.5%	108 5.7%
	2W5	16 4.3%	19 5.0%	12 3.1%	7 2.0%	13 3.1%	67 3.5%
	2W6	12 3.2%	9 2.4%	26 6.6%	21 6.1%	11 2.6%	79 4.1%
	3V1	15 4.0%	13 3.4%	14 3.6%	8 2.3%	20 4.7%	70 3.7%
	3V2	18 4.8%	21 5.6%	14 3.6%	21 6.1%	24 5.7%	98 5.1%
	3V3	21 5.6%	27 7.2%	21 5.4%	16 4.7%	21 5.0%	106 5.6%
	3V4	12 3.2%	12 3.2%	19 4.8%	14 4.1%	15 3.5%	72 3.8%
	Unknown	11 3.0%	6 1.6%	3 0.8%	8 2.3%	20 4.7%	48 2.5%
	OMVWI [AM]	2E1	5 3.4%	7 4.6%	13 6.2%	22 5.6%	46 7.0%
2E2		11 7.5%	15 9.9%	24 11.5%	31 7.9%	66 10.1%	147 9.5%
2E3		12 8.2%	11 7.3%	19 9.1%	19 4.8%	50 7.7%	111 7.2%
2E4		5 3.4%	3 2.0%	5 2.4%	23 5.9%	27 4.1%	63 4.1%
2S1		8 5.4%	15 9.9%	18 8.6%	40 10.2%	41 6.3%	122 7.9%
2S2		1 0.7%	9 6.0%	12 5.7%	14 3.6%	11 1.7%	47 3.0%
2S3		6 4.1%	6 4.0%	7 3.3%	11 2.8%	13 2.0%	43 2.8%

OMVWI [AM]	2S4	6 4.1%	8 5.3%	9 4.3%	26 6.6%	23 3.5%	72 4.6%
	2W1	20 13.6%	21 13.9%	10 4.8%	27 6.9%	18 2.8%	96 6.2%
	2W2	13 8.8%	10 6.6%	20 9.6%	17 4.3%	40 6.1%	100 6.4%
	2W3	16 10.9%	13 8.6%	10 4.8%	30 7.7%	34 5.2%	103 6.6%
	2W4	7 4.8%	7 4.6%	13 6.2%	8 2.0%	13 2.0%	48 3.1%
	2W5	5 3.4%	4 2.6%	11 6.3%	17 4.3%	24 3.7%	61 3.9%
	2W6	9 6.1%	2 1.3%	13 6.2%	17 4.3%	33 5.1%	74 4.8%
	3V1	7 4.8%	9 6.0%	6 2.9%	28 7.1%	25 3.8%	75 4.8%
	3V2	6 4.1%	1 0.7%	7 3.3%	21 5.4%	35 5.4%	70 4.5%
	3V3	6 4.1%	6 4.0%	9 4.3%	17 4.3%	39 6.0%	77 5.0%
	3V4	1 0.7%	1 0.7%	1 0.5%	11 2.8%	11 1.7%	25 1.6%
	Unknown	3 2.0%	3 2.0%	2 1.0%	13 3.3%	104 15.9%	125 8.1%
	OMVWI-BAC .08<1.5 [CM]	2E1	16 6.2%	11 3.8%	19 7.8%	11 4.9%	14 6.2%
2E2		17 6.6%	19 6.6%	9 3.7%	18 8.0%	15 6.6%	78 6.3%
2E3		11 4.3%	16 5.6%	15 6.2%	12 5.4%	12 5.3%	66 5.3%
2E4		11 4.3%	15 5.2%	6 2.5%	12 5.4%	12 2.2%	66 4.0%
2S1		17 6.6%	29 10.1%	16 6.6%	29 12.9%	17 7.5%	108 8.7%
2S2		7 2.7%	14 4.9%	13 5.3%	7 3.1%	9 4.0%	50 4.0%
2S3		5 1.9%	12 4.2%	6 2.5%	14 6.3%	16 7.1%	53 4.3%
2S4		12 4.7%	14 4.9%	18 7.4%	14 6.3%	12 5.3%	70 5.7%
2W1		30 11.7%	26 9.1%	18 7.4%	13 5.8%	15 6.6%	102 8.3%
2W2		16 6.2%	28 9.8%	16 6.6%	17 7.6%	23 10.2%	100 8.1%
2W3		20 7.8%	14 4.9%	16 6.6%	14 6.3%	15 6.6%	79 6.4%

OMVWI-BAC .08<1.5 [CM]	2W4	10 3.9%	16 5.6%	10 4.1%	12 5.4%	12 5.3%	60 4.9%
	2W5	12 4.7%	8 2.8%	11 4.5%	3 1.3%	4 1.8%	38 3.1%
	2W6	8 3.1%	14 4.9%	12 4.9%	10 4.5%	6 2.7%	50 4.0%
	3V1	9 3.5%	11 3.8%	16 6.6%	7 3.1%	6 2.7%	49 4.0%
	3V2	9 3.5%	15 5.2%	10 4.1%	10 4.5%	9 4.0%	53 4.3%
	3V3	24 9.3%	11 3.8%	19 7.8%	11 4.9%	9 4.0%	74 6.0%
	3V4	13 5.1%	9 3.1%	10 4.1%	7 3.1%	6 2.7%	45 3.6%
	Unknown	10 3.9%	4 1.4%	3 1.2%	3 1.3%	21 9.3%	41 3.3%
ALC-MINOR, POSSESS, CONSUME, TRANSPORT [CM]	2E1	8 5.6%	7 5.9%	17 11.0%	6 4.9%	7 5.7%	45 6.8%
	2E2	7 4.9%	5 4.2%	12 7.8%	3 2.4%	6 4.9%	33 5.0%
	2E3	7 4.9%	9 7.6%	11 7.1%	3 2.4%	3 2.4%	33 5.0%
	2E4	5 3.5%	16 13.6%	12 7.8%	7 5.7%	1 0.8%	41 6.2%
	2S1	11 7.7%	4 3.4%	9 5.8%	25 20.3%	32 26.0%	81 12.3%
	2S2	18 12.7%	5 4.2%	5 3.2%	6 4.9%	3 2.4%	37 5.6%
	2S3	1 0.7%	1 0.8%	2 1.3%	5 4.1%	2 1.6%	11 1.7%
	2S4	5 3.5%	9 7.6%	9 5.8%	7 5.7%	11 8.9%	41 6.2%
	2W1	17 12.0%	11 9.3%	1 0.6%	6 4.9%	7 5.7%	42 6.4%
	2W2	7 4.9%	6 5.1%	9 5.8%	4 3.3%	6 4.9%	32 4.8%
	2W3	7 4.9%	9 7.6%	10 6.5%	16 13.0%	11 8.9%	53 8.0%
	2W4	3 2.1%	3 2.5%	3 1.9%	3 2.4%	6 4.9%	18 2.7%
	2W5	2 1.4%	6 5.1%	10 6.5%	4 3.3%	9 7.3%	31 4.7%
	2W6	8 5.6%	3 2.5%	2 1.3%	8 6.5%	4 3.3%	25 3.8%
	3V1	10 7.0%	4 3.4%	5 3.2%	4 3.3%	0 0.0%	23 3.5%

ALC-MINOR, POSSESS, CONSUME, TRANSPORT [CM]	3V2	8 5.6%	3 2.5%	4 2.6%	1 0.8%	4 3.3%	20 3.0%
	3V3	7 4.9%	8 6.8%	25 16.2%	13 10.6%	9 7.3%	62 9.4%
	3V4	7 4.9%	7 5.9%	5 3.2%	2 1.6%	1 0.8%	22 3.3%
	Unknown	4 2.8%	2 1.7%	3 1.9%	0 0.0%	1 0.8%	10 1.5%
OMVWI-PRIOR OR PASSENGER <18 IN VEH [DF]	2E1	--	8 13.6%	8 5.4%	11 6.1%	20 9.4%	47 7.8%
	2E2	--	4 6.8%	10 6.7%	6 3.3%	22 10.4%	42 7.0%
	2E3	--	5 8.5%	15 10.1%	8 4.4%	19 9.0%	47 7.8%
	2E4	--	1 1.7%	4 2.7%	6 3.3%	6 2.8%	17 2.8%
	2S1	--	2 3.4%	9 6.0%	17 9.4%	15 7.1%	43 7.2%
	2S2	--	1 1.7%	4 2.7%	16 8.9%	9 4.2%	30 5.0%
	2S3	--	8 13.6%	7 4.7%	8 4.4%	13 6.1%	36 6.0%
	2S4	--	1 1.7%	4 2.7%	14 7.8%	1 0.5%	20 3.3%
	2W1	--	6 10.2%	8 5.4%	7 3.9%	8 3.8%	29 4.8%
	2W2	--	0 0.0%	15 10.1%	18 10.0%	12 5.7%	45 7.5
	2W3	--	6 10.2%	15 10.1%	15 8.3%	17 8.0%	53 8.8%
	2W4	--	6 10.2%	15 10.1%	8 4.4%	7 3.3%	36 6.0%
	2W5	--	4 6.8%	4 2.7%	9 5.0%	4 1.9%	21 3.5%
	2W6	--	0 0.0%	3 2.0%	10 5.6%	10 4.7%	23 3.8%
	3V1	--	0 0.0%	2 1.3%	2 1.1%	5 2.4%	9 1.5%
	3V2	--	2 3.4%	11 7.4%	15 8.3%	9 4.2%	37 6.2%
	3V3	--	3 5.1%	9 6.0%	7 3.9%	3 1.4%	22 3.7%
	3V4	--	2 3.4%	2 1.3%	3 1.7%	6 2.8%	13 2.2%
	Unknown	--	0 0.0%	4 2.7%	0 0.0%	26 12.3%	30 5.0%

OMVWI-REFUSAL	2E1	6 5.6%	6 4.5%	7 9.6%	5 5.8%	3 3.2%	27 5.5%
	2E2	9 8.4%	17 12.7%	7 9.6%	10 11.6%	8 8.4%	51 10.3%
	2E3	9 8.4%	7 5.2%	2 2.7%	7 8.1%	9 9.5%	34 6.9%
	2E4	3 2.8%	2 1.5%	1 1.4%	4 4.7%	3 3.2%	13 2.6%
	2S1	4 3.7%	8 6.05	10 13.7%	8 9.3%	15 15.8%	45 9.1%
	2S2	5 4.7%	2 1.5%	9 12.3%	13 15.1%	2 2.1%	31 6.3%
	2S3	2 1.9%	7 5.2%	3 4.1%	2 2.3%	3 3.2%	17 3.4%
	2S4	6 5.6%	4 3.0%	1 1.4%	4 4.7%	1 1.1%	16 3.2%
	2W1	14 13.1%	9 6.7%	3 4.1%	4 4.7%	8 8.4%	38 7.7%
	2W2	8 7.5%	11 8.2%	6 8.2%	0 0.0%	4 4.2%	29 5.9%
	2W3	11 10.3%	18 13.4%	5 6.8%	7 8.1%	8 8.4%	49 9.9%
	2W4	8 7.5%	12 9.0%	1 1.4%	6 7.0%	4 4.2%	31 6.3%
	2W5	3 2.8%	7 5.2%	0 0.0%	2 2.3%	7 7.4%	19 3.8%
	2W6	3 2.8%	3 2.2%	7 9.6%	3 3.5%	5 5.3%	21 4.2%
	3V1	4 3.7%	9 6.7%	2 2.7%	0 0.0%	2 2.1%	17 3.4%
	3V2	3 2.8%	8 6.0%	1 1.4%	7 8.1%	3 3.2%	22 4.4%
	3V3	7 6.5%	3 2.2%	0 0.0%	2 2.3%	6 6.3%	18 3.6%
	3V4	1 0.9%	0 0.0%	5 6.8%	0 0.0%	1 1.1%	7 1.4%
	Unknown	1 0.9%	1 0.7%	3 4.1%	2 2.3%	3 3.2%	10 2.0%

Source: Evansville Police Department and Vanderburgh County Sheriff's Office, 2004-2008



<b>Table 84. Charges Filed in Vanderburgh County by Indiana State Excise Police</b>			
<b>Charge</b>	<b>2006<sup>1</sup></b>	<b>2007<sup>1</sup></b>	<b>2008</b>
BATTERY - TOUCH	--	--	2
CHILD PASSENGER RESTRAINT SYSTEMS	--	--	1
CRIMINAL CONFINEMENT	--	--	1
CRIMINAL RECKLESSNESS	--	--	1
DEALING IN MARIJUANA OR HASH	--	--	4
DEALING IN METHAMPHETAMINE	--	--	1
DISOBEYANCE OF TRAFFIC REGULATIONS	--	--	2
DRIVER NEVER LICENSED	--	--	3
DRIVING WHILE SUSPENDED INFRACTION	--	--	5
DRIVING WHILE SUSPENDED PRIOR	--	--	2
DUTIES - DAMAGE UNATTENDED VEHICLE	--	--	1
FAILURE TO APPEAR	7	19	11
FAILURE TO STOP / REMAIN AT SCENE	--	--	1
FALSE GOVERNMENT ISSUED ID	--	--	5
FALSE INFORMING - OFFICIAL INVESTIGATION	--	--	5
FALSE REPORTING	--	--	9
FALSE STATEMENT OF AGE	--	--	7
FLEE L.E. OFFICER (FOOT)	--	--	1
FORCIBLY RESIST L.E.	--	--	4
FURNISH ALCOHOL BEVERAGE TO MINOR	55	49	67
IMPROPER FICTITIOUS REGISTRATION	--	--	1
INDUCING MINOR TO POSSESS ALC BEV	62	46	49
JUVENILE POSSESSION OF TOBACCO	105	111	160
KNIFE W/ BLADE OPENS AUTOMATICALLY	--	--	2
LITTERING	--	--	1
MAINTAINING A COMMON NUISANCE	--	--	2
MINOR CONSUMING ALC BEV <sup>2</sup>	--	--	241
MINOR IN TAVERN PROHIBITED	--	--	11
MINOR LOITERING	16	19	--
MINOR POSSESSION ALC BEV <sup>2</sup>	432	435	80
MINOR TRANSPORTING ALC BEV	--	--	72
MISUSE OF IDENTIFICATION CARD	--	--	1

Charge	2006 <sup>1</sup>	2007 <sup>1</sup>	2008
MISUSE OF LICENSE	--	--	2
NO LICENSE WHEN REQUIRED	--	--	1
OBSTRUCTION OF JUSTICE	--	--	1
OPEN CONTAINER	12	15	12
OPERATING MV W/OUT FINANCIAL RESPONS.	--	--	1
OPERATING W/ EXPIRED DL	--	--	1
POSS KEG WITH MISSING/ALTERED MARKER	--	--	1
POSSESS METHAMPHETAMINE	--	--	2
POSSESS PARAPHERNALIA	--	9	22
POSSESSION CONTROLLED SUBSTANCE	--	--	14
POSSESSION FALSE ID	19	19	16
POSSESSION MARIJUANA	14	21	47
POSSESSION MARIJUANA D FELONY	--	--	1
PUBLIC INTOXICATION	2	--	2
PUBLIC NUDITY	3	--	2
SALE TOBACCO TO JUVENILE	--	--	3
SEATBELT VIOLATION	--	--	13
SERVICE AND ARREST ON WARRANT	--	--	4
TAKING LIQUOR INTO RESTAURANT PROHIBITED	--	--	2
THEFT	--	--	1
THROWING BURNING MATERIAL FROM MOVING VH	--	14	4
VISITING A COMMON NUISANCE	--	--	1
Totals	800	806	906

<sup>1</sup>Although requested, not all citations were provided for 2006 and 2007.

<sup>2</sup>These charges were reported differently for 2006/2007 compared to 2008.

Source: Indiana State Excise Police

Additional data related to drug arrests in Vanderburgh County also were presented (Tables 85 and 86). Overall, it appears that the south and west EPD sectors experience the highest percentage of drug arrests, with the south actually slightly higher than the west. Specifically, the 2S3 beat, which is bordered by US 41 to the east, Veteran's Memorial Parkway to the south/southwest, and Washington Avenue to the north, has the highest rate of drug arrests. The 2W3 and 2S1 beats also have fairly high rates of drug arrests.

<b>Sector</b>	<b>Number of Charges</b>	<b>Percent in Each Sector</b>	<b>Percent of Residents that Live in Each Sector<sup>1</sup></b>
2E	469	19.5%	42.0%
2S	825	34.3%	21.4%
2W	789	32.8%	36.6%
31	71	3.0%	--
32	90	3.7%	--
33	92	3.8%	--
34	63	2.6%	--
Unknown	3	0.1%	--

<sup>1</sup>Based on 2000 Census

Source: Evansville Police Department

<b>Beat</b>	<b>Number of Charges</b>	<b>Percent in Each Beat</b>
2E1	132	5.5%
2E2	71	3.0%
2E3	177	7.4%
2E4	89	3.7%
2S1	204	8.5%
2S2	177	7.4%
2S3	257	10.7%
2S4	184	7.7%
2W1	90	3.7%
2W2	167	7.0%
2W3	234	9.7%
2W4	149	6.2%
2W5	96	4.0%
2W6	53	2.2%
3V1	72	3.0%
3V2	92	3.8%
3V3	92	3.8%
3V4	63	2.6%
Unknown	3	0.1%

Source: Evansville Police Department

<b>Table 87. Alcohol and Drug Arrest Rates Vanderburgh County 2005</b>	
<b>Arrest Type</b>	<b>Rate<sup>1</sup></b>
DUI Arrest Rate	6.28
Public Intoxication Arrest Rate	5.31
Liquor Law Violation Arrest Rates	0.59
Marijuana Possession Arrest Rate	3.53
Marijuana Sale Manufacture Arrest Rate	0.79
Cocaine/Opium Possession Arrest Rate	0.63
Cocaine/Opium Sales Arrest Rate	0.53
Synthetic Drug Possession Arrest Rate	0.78
Synthetic Drug Sale/Manufacture Arrest Rate	0.62
Other Drug (Barbiturates and Benzedrine) Possession Arrest Rate	1.06
Other Drug (Barbiturates and Benzedrine) Sale/Manufacture Arrest Rate	0.26
<b>Total Drug Possession and Sale/Manufacture Arrest Rate</b>	<b>8.19</b>

<sup>1</sup>Rate per 1,000 People

Source: National Archive of Criminal Justice Data, Uniform Crime Reports, 2005

<b>Table 88. Drug-Related Arrests – Indiana 2007</b>		
<b>Drug-Related Crimes</b>	<b>Under 18</b>	<b>Total All Ages</b>
Drug abuse violations	41.3% (n=2,510)	30.5% (n=22,753)
Driving under the influence	3.6% (n=217)	31.4% (n=23,463)
Liquor laws	46.7% (n=2,839)	14.5% (n=10,839)
Drunkenness	8.3% (n=507)	23.5% (n=17,567)
<b>Total Arrests</b>	<b>6,073</b>	<b>74,622</b>

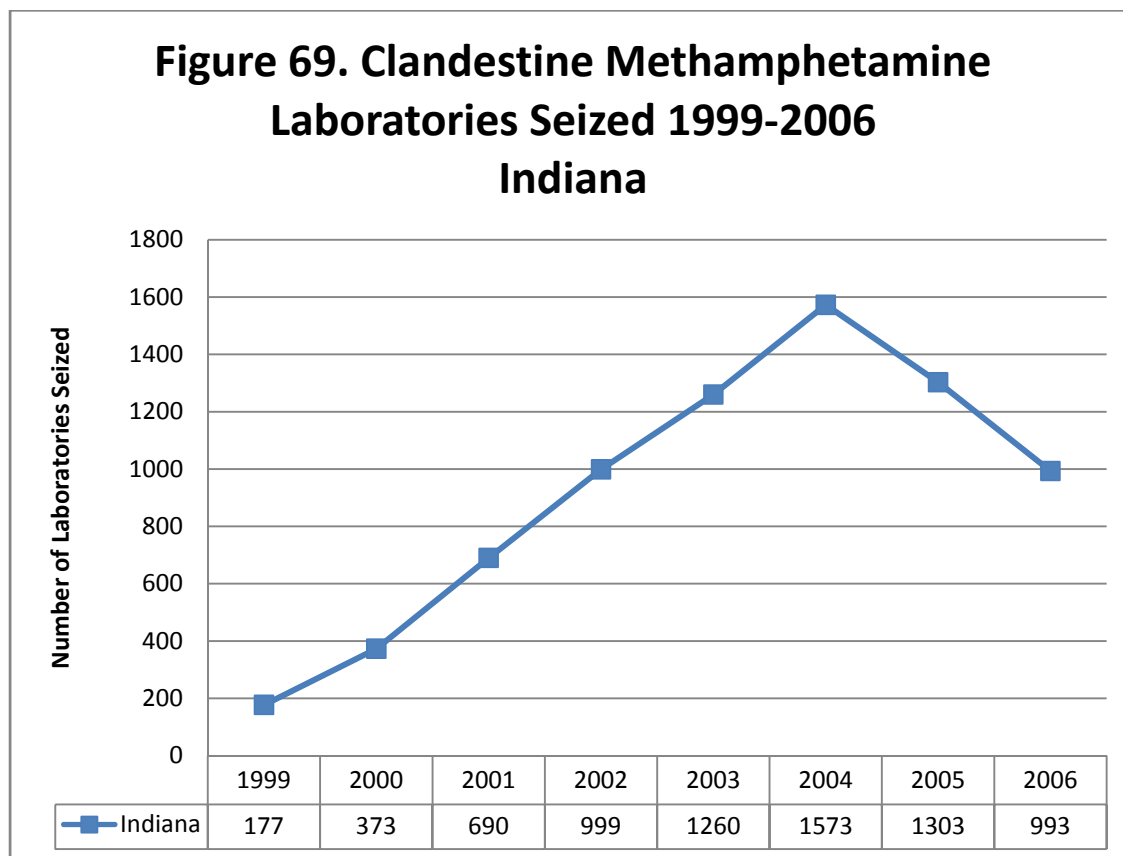
Source: FBI, Uniform Crime Reporting (UCR) Program, Crime in the United States, 2007

<b>Table 89. Juvenile Drug-Related Arrests 2005</b>	
<b>Drug-Related Crimes</b>	<b>Vanderburgh County</b>
Marijuana Sale/Manufacture	n=138
Opium Sale/Manufacture	n=92
Synthetic Drug Sale/Manufacture	n=108
<b>Total Arrests</b>	<b>383</b>

Source: FBI, Uniform Crime Reporting (UCR) Program, Crime in the United States, 2007

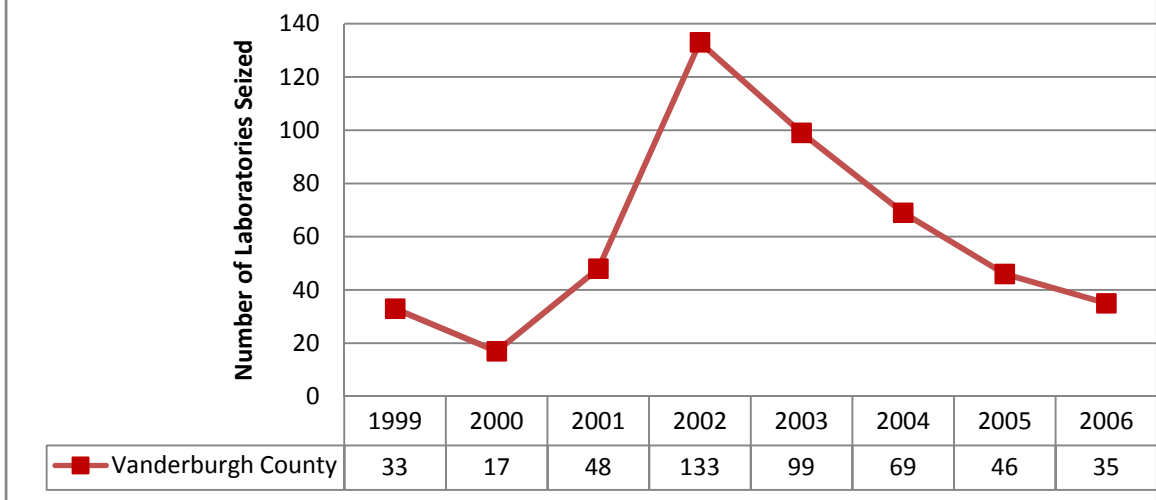
Offense	Juveniles					All Ages				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Liquor law violations	55	65	63	56	40	82	102	--	110	62
Drunkenness	13	18	25	16	31	690	750	--	857	894
DUI	12	11	10	9	5	852	1,075	--	1,019	1,088
Marijuana Possession	6	11	30	84	113	98	106	--	578	501
Marijuana Sale/Manufacture	0	0	5	4	4	7	11	--	125	124
Cocaine/Opiates Possession	4	1	0	3	2	118	153	--	100	107
Cocaine/Opiates Sale/Manufacture	0	0	0	9	7	0	0	--	121	85
Synthetic Drug Possession	0	0	0	8	7	0	0	--	151	128
Synthetic Drug Sale/Manufacture	0	0	1	1	5	0	1	--	132	103
Other Drug Possession	0	0	5	7	7	0	0	--	179	178
Other Drug Sale/Manufacture	0	0	6	5	17	1	0	--	47	28

Source: FBI, Uniform Crime Reporting (UCR) Program, Crime in the United States, 2007



Source: IPRC, 1999-2006

**Figure 70. Clandestine Methamphetamine Laboratories Seized 1999-2006  
Vanderburgh County**



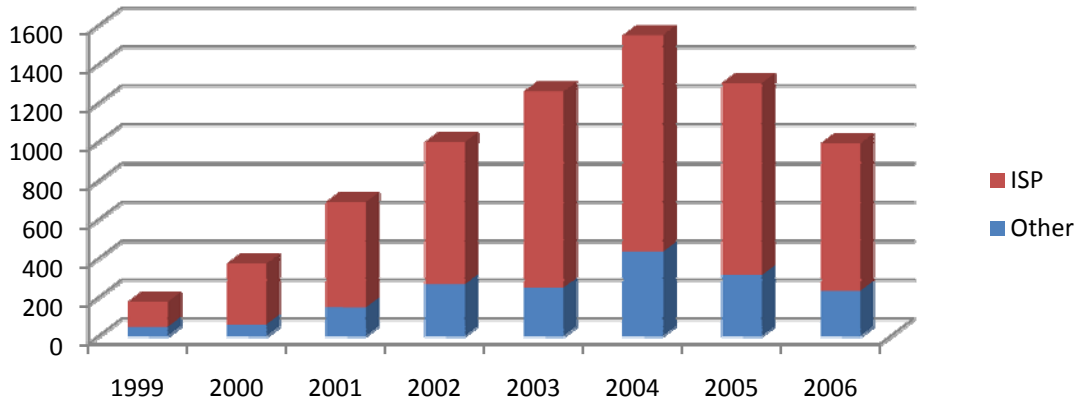
Source: IPRC, 1999-2006

**Table 91. Clandestine Methamphetamine Laboratories Seized 1999-2006 by Law Enforcement Agency**

Year	Vanderburgh County			Indiana		
	Indiana State Police	Other Agencies	Total	Indiana State Police	Other Agencies	Total
1999	3.0% (n=1)	97.0% (n=32)	33	72.9% (n=129)	27.1% (n=48)	177
2000	5.9% (n=1)	94.1% (n=16)	17	84.0% (n=314)	16.0% (n=60)	374
2001	0.0% (n=0)	100% (n=48)	48	78.6% (n=542)	21.4% (n=148)	690
2002	0.0% (n=0)	100% (n=133)	133	73.3% (n=732)	26.7% (n=267)	999
2003	2.0% (n=2)	98.0% (n=97)	99	80.2% (n=1,011)	19.8% (n=249)	1,260
2004	1.4% (n=1)	98.6% (n=68)	69	71.9% (n=1,113)	28.1% (n=436)	1,549
2005	4.3% (n=2)	95.7% (n=44)	46	75.9% (n=989)	24.1% (n=314)	1,303
2006	0.0% (n=0)	100% (n=35)	35	76.5% (n=760)	23.5% (n=233)	993

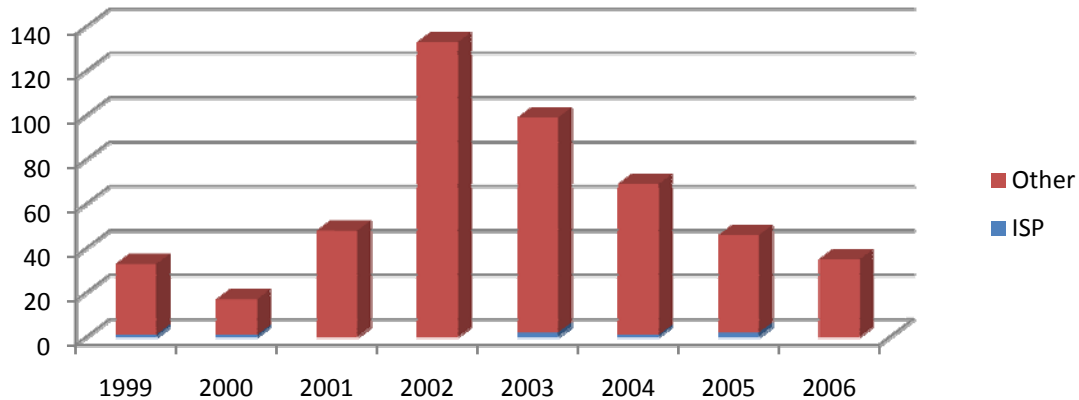
Source: IPRC, 1999-2006

**Figure 71. Clandestine Methamphetamine Laboratories Seized  
1999-2006 by Law Enforcement Agency  
Indiana**



Source: IPRC, 1999-2006

**Figure 72. Clandestine Methamphetamine Laboratories Seized  
1999-2006 by Law Enforcement Agency  
Vanderburgh County**



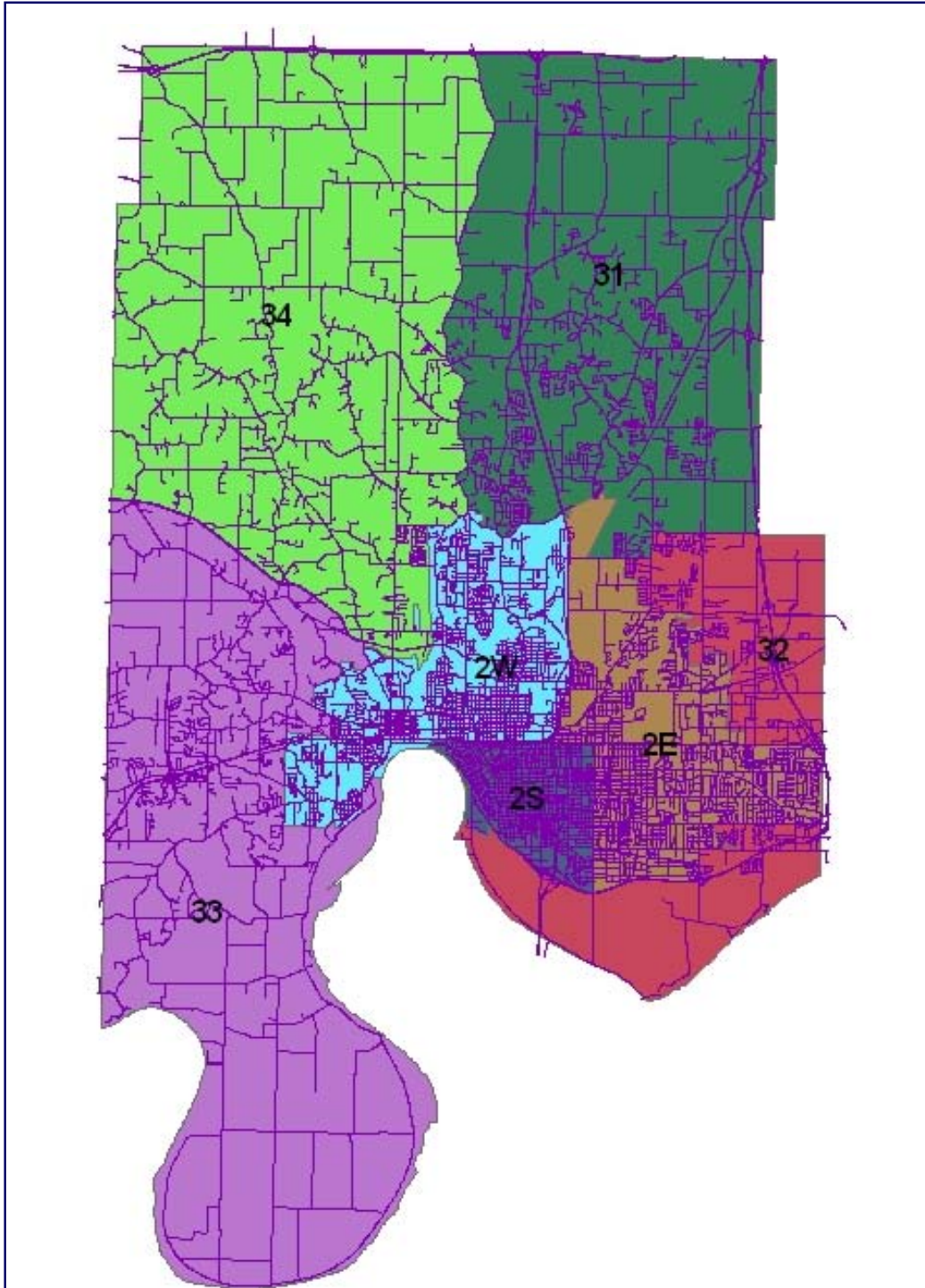
Source: IPRC, 1999-2006

<b>Table 92. Rate for Oxycodone Dosage Units Purchased by Registrants per Person 2006</b>	
<b>County</b>	<b>Dosage Per Person</b>
Daviess County	6.25
Dubois County	6.25
Knox County	7.17
Gibson County	3.66
Martin County	6.03
Perry County	3.68
Pike County	6.02
Posey County	3.25
Spencer County	1.99
Vanderburgh County	10.34
Warrick County	6.03

Source: Drug Enforcement Agency, 2007

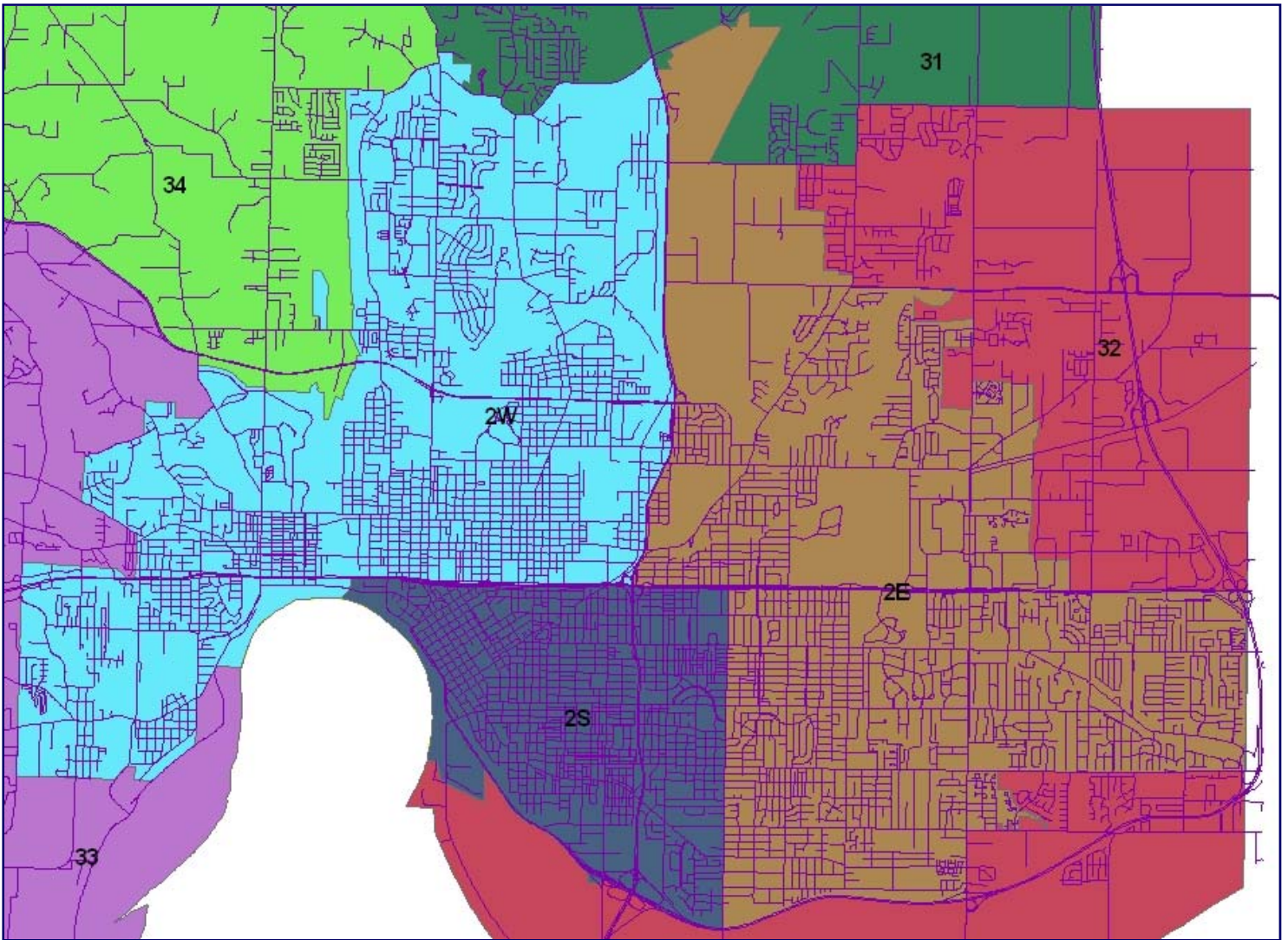


Figure 73. Evansville Police Department and Vanderburgh County Sheriff's Department Sectors (Map 1)



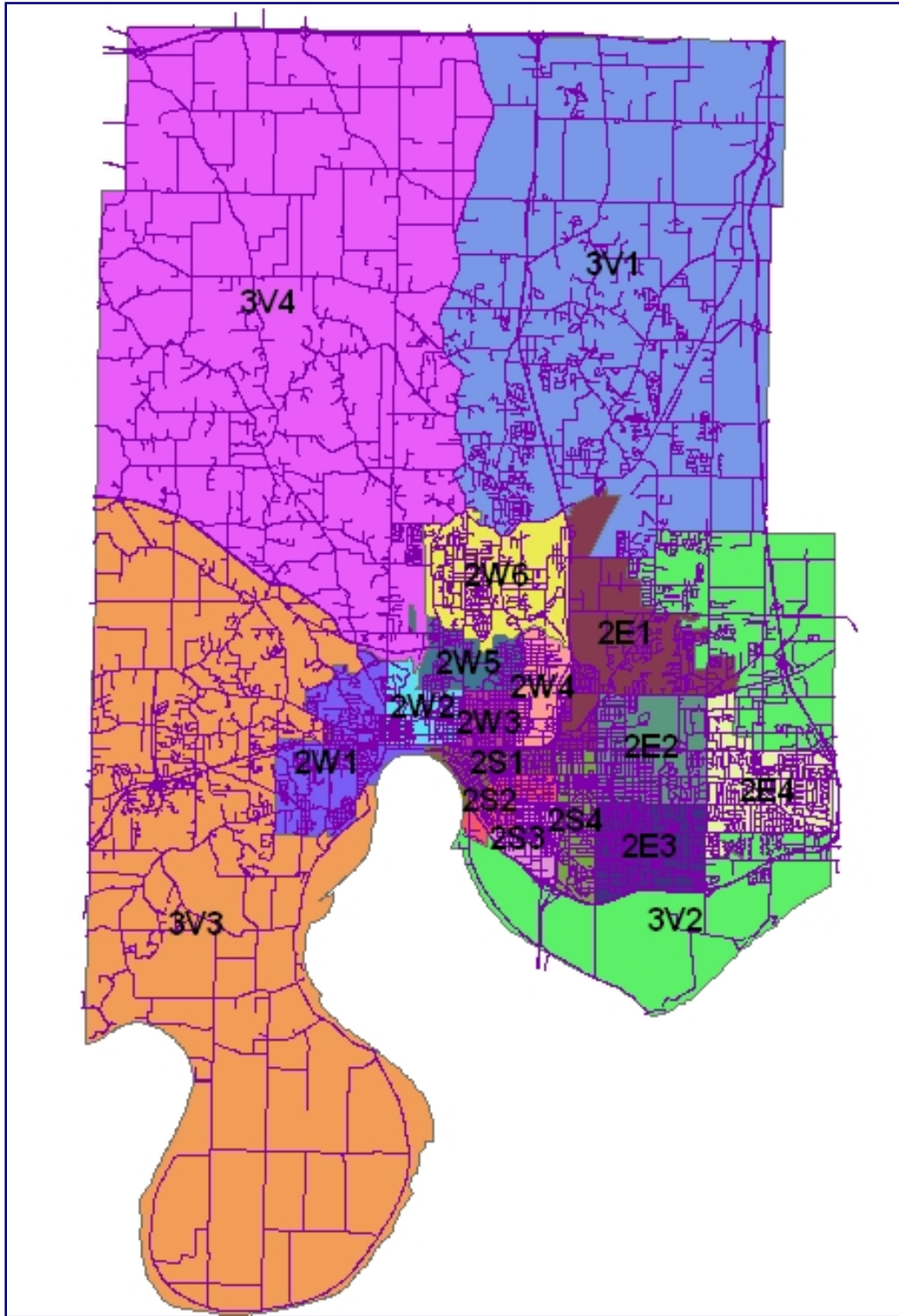
Source: Evansville Police Department

Figure 74. Evansville Police Department and Vanderburgh County Sheriff's Department Sectors (Map 2)



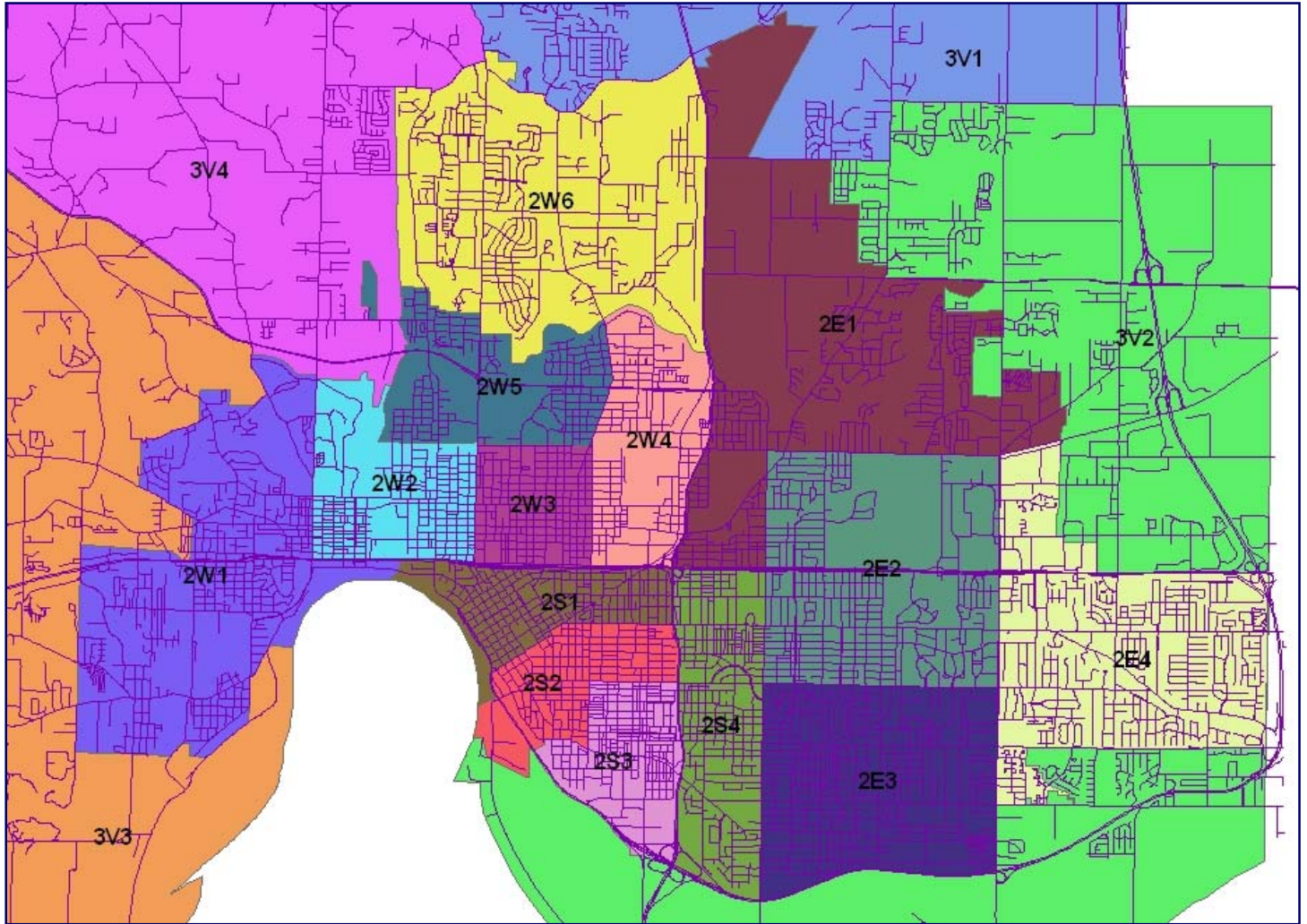
Source: Evansville Police Department

Figure 75. Evansville Police Department and Vanderburgh County Sheriff's Department Beats (Map 1)



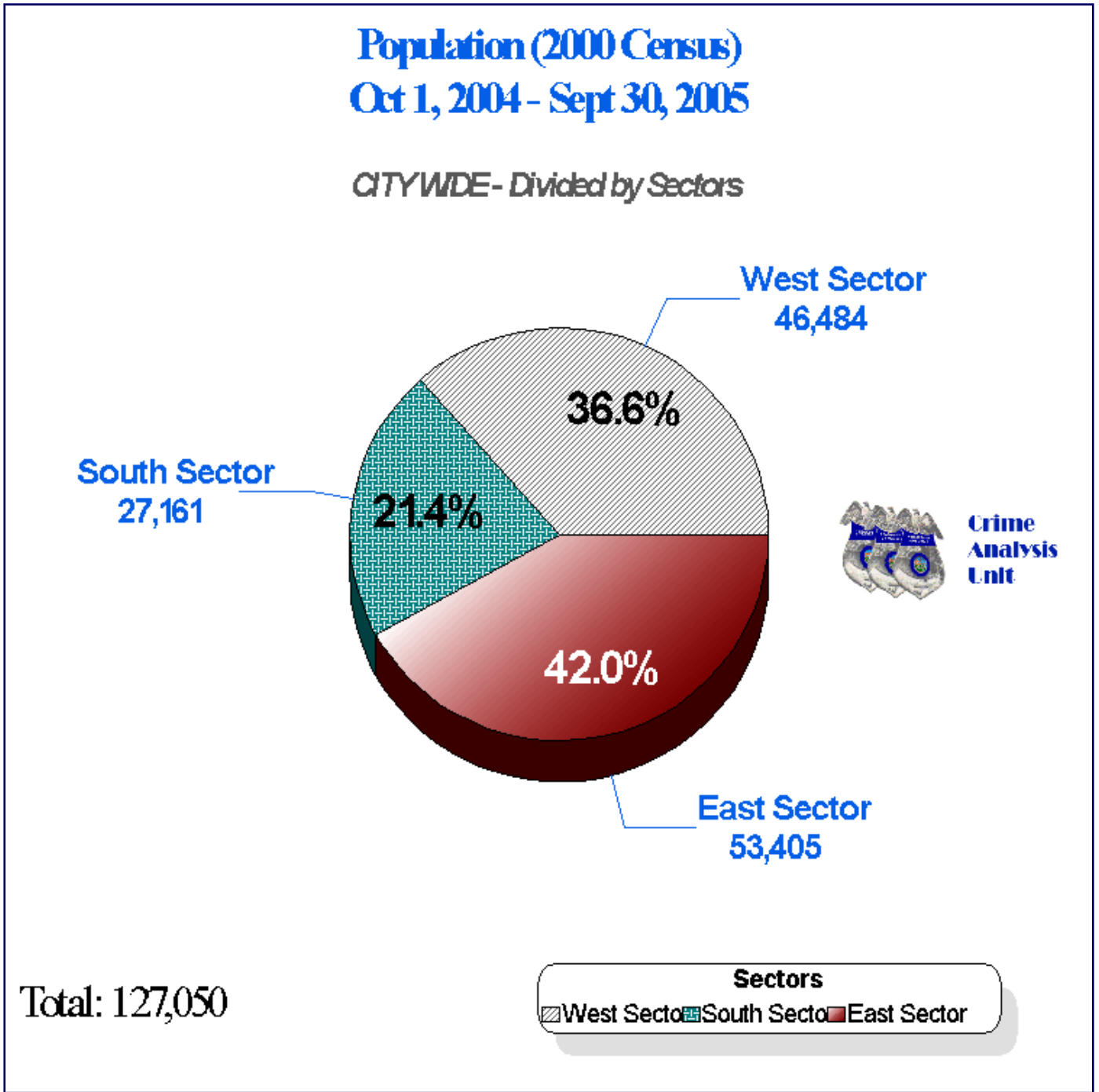
Source: Evansville Police Department

Figure 76. Evansville Police Department and Vanderburgh County Sheriff's Department Beats (Map 2)



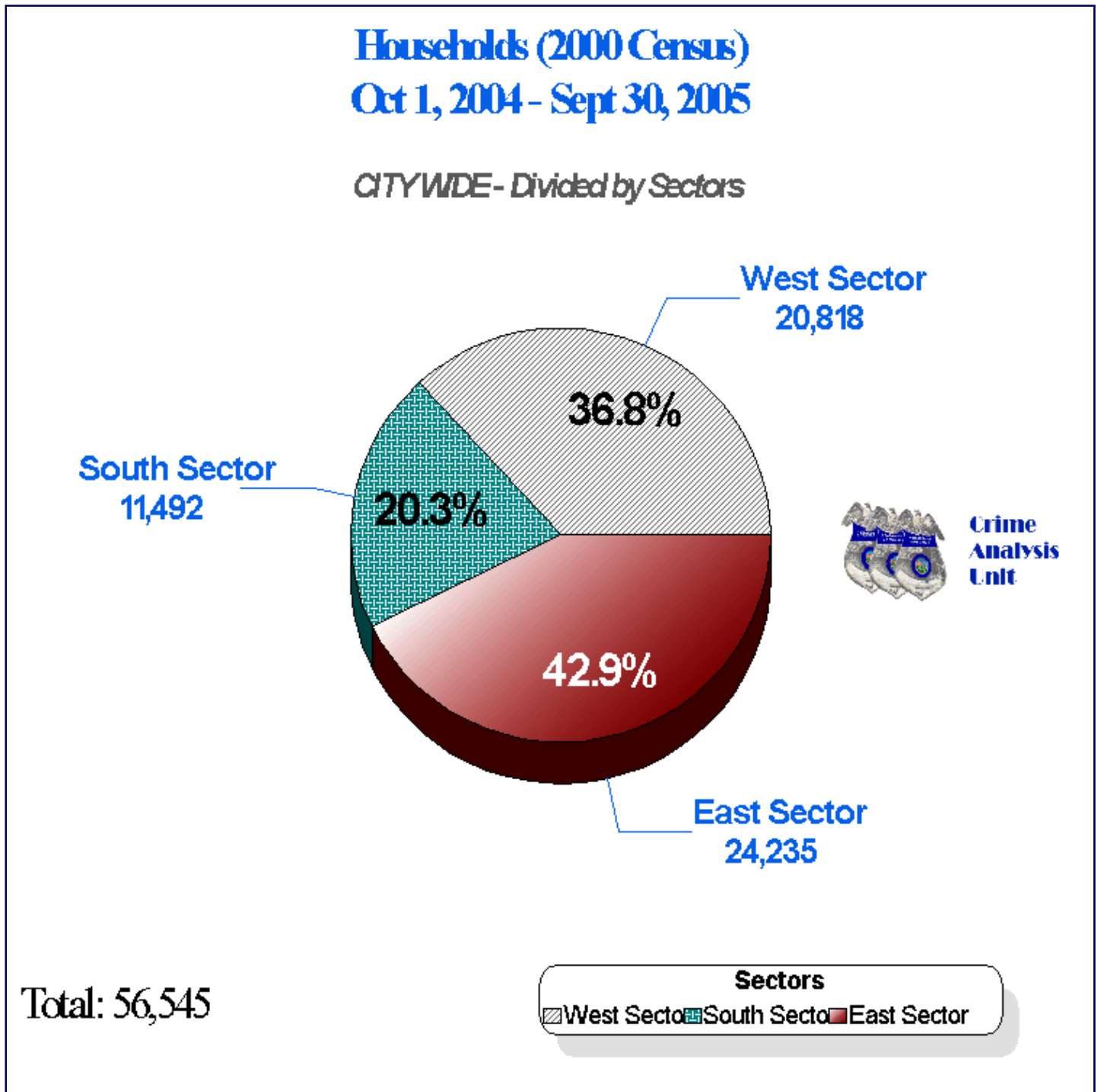
Source: Evansville Police Department

Figure 77. 2000 Census Population by Evansville Police Department Sector



Source: Evansville Police Department

Figure 78. 2000 Census Households by Evansville Police Department Sector



Source: Evansville Police Department

#### 4.4 CONSEQUENCES: ALCOHOL-RELATED PROBLEMS – PROPERTY AND VIOLENT CRIME

Property, violent, and other crime data are presented to allow an examination of crimes that co-occur with alcohol-related arrests. When comparing data supplied directly by the EPD for all crimes committed in Vanderburgh County to data from the IPRC PREV-STAT analysis, some discrepancies are noted based on where crimes are concentrated. While EPD data show that a section of the southern part of Knight Township and north central section of Pigeon Township experience the highest rates of crime, data from IPRC show areas in the northern section of Evansville as experiencing a great concentration of crime (IPRC-Figures 81 and 82, Table 99). These discrepancies may be due to the manner in which data are reported by different organizations. Therefore, caution should be used when drawing conclusions based on crime data. For the EPD data, all charges from a single incident are included, whereas in other systems, only the most serious crime is reported. Nevertheless, comparison of property and violent crime to alcohol related arrests from EPD data sources shows that many of the same areas that have the highest rates of alcohol arrests also experience higher rates of other types of crime, supporting the notion that alcohol-related issues are often associated with more serious criminal activity.

<b>Table 93. Total Violent Crime Known to Law Enforcement By County and City 2007</b>		
<b>Violent Crimes</b>	<b>Evansville</b>	<b>Vanderburgh County</b>
Murder and nonnegligent manslaughter	0.4% (n=2)	1.2% (n=1)
Forcible rape	10.7% (n=56)	7.2% (n=6)
Robbery	34.3% (n=179)	8.4% (n=7)
Aggravated assault	54.6% (n=285)	83.1% (n=69)
<b>Total Violent Crimes</b>	<b>522</b>	<b>83</b>

Source: FBI, Uniform Crime Reporting (UCR) Program, Crime in the United States, 2007

<b>Table 94. Total Property Crime Known to Police By County and City 2007</b>		
<b>Property Crimes</b>	<b>Evansville</b>	<b>Vanderburgh County</b>
Burglary	20.5% (n=1,108)	11.4% (n=133)
Larceny-theft	72.4% (n=3,905)	84.1% (n=977)
Motor vehicle theft	5.5% (n=295)	3.7% (n=43)
Arson	1.6% (n=84)	0.7% (n=9)
<b>Total Property Crimes</b>	<b>5,392</b>	<b>1,162</b>

Source: FBI, Uniform Crime Reporting (UCR) Program, Crime in the United States, 2007

<b>Table 95. Total Violent Crime Arrests – Indiana 2007</b>		
<b>Violent Crime</b>	<b>Under 18</b>	<b>Total All Ages</b>
Murder and nonnegligent manslaughter	1.7% (n=18)	3.0% (n=223)
Forcible rape	3.4% (n=37)	3.8% (n=278)
Robbery	29.4% (n=318)	25.6% (n=1,897)
Aggravated assault	65.5% (n=707)	67.6% (n=5,004)
<b>Total Arrests</b>	<b>1,080</b>	<b>7,402</b>

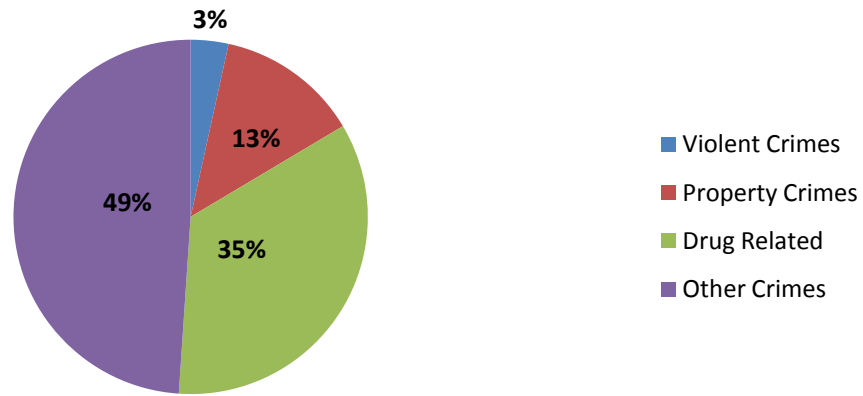
Source: FBI, Uniform Crime Reporting (UCR) Program, Crime in the United States, 2007

<b>Table 96. Total Property Crime Arrests – Indiana 2007</b>		
<b>Property Crimes</b>	<b>Under 18</b>	<b>Total All Ages</b>
Burglary	12.8% (n=1,001)	14.1% (n=3,963)
Larceny-theft	78.5% (n=6,118)	77.8% (n=21,803)
Motor vehicle theft	7.7% (n=603)	7.3% (n=2,056)
Arson	1.0% (n=76)	0.7% (n=199)
<b>Total Arrests</b>	<b>7,798</b>	<b>28,021</b>

Source: FBI, Uniform Crime Reporting (UCR) Program, Crime in the United States, 2007

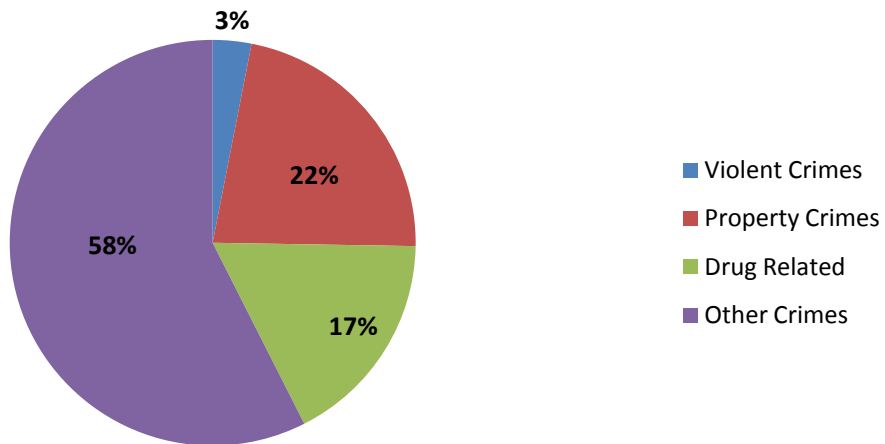


**Figure 79. Total Indiana Arrests (All Age Groups)  
2007**



Source: FBI, Uniform Crime Reporting (UCR) Program, Crime in the United States, 2007

**Figure 80. Total Indiana Arrests (Under 18)  
2007**



Source: FBI, Uniform Crime Reporting (UCR) Program, Crime in the United States, 2007

<b>Sector</b>	<b>Number of Charges</b>	<b>Percent in Each Sector</b>	<b>Percent of Residents that Live in Each Sector<sup>2</sup></b>
2E	5501	26.6%	42.0%
2S	4859	23.5%	21.4%
2W	6659	32.2%	36.6%
31	778	3.8%	--
32	1178	5.7%	--
33	858	4.2%	--
34	807	3.9%	--
Unknown	26	0.1%	--

<sup>1</sup>Data do not include alcohol or drug crimes

<sup>2</sup>Based on 2000 Census

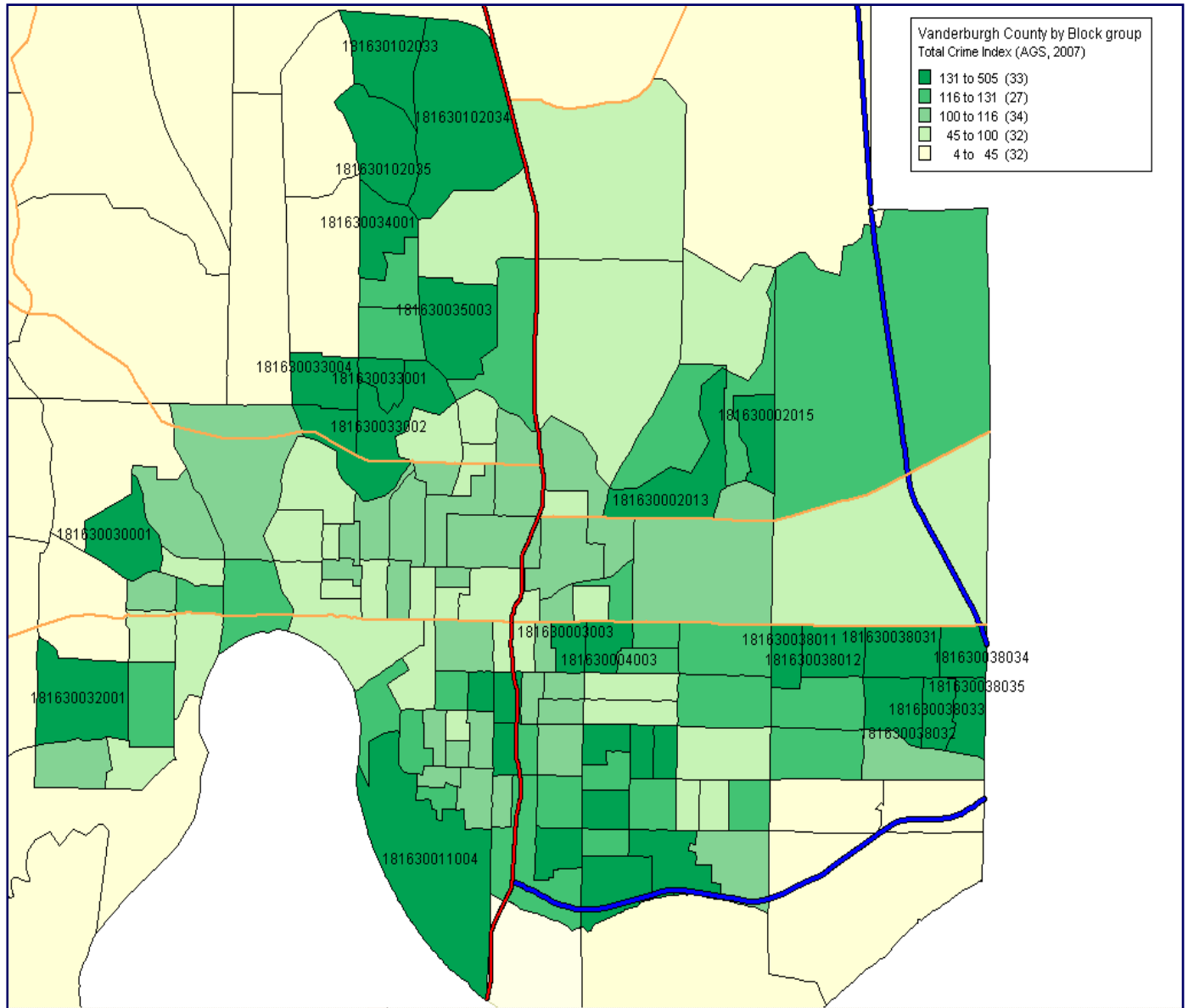
Source: Evansville Police Department

<b>Beat</b>	<b>Number of Charges</b>	<b>Percent in Each Beat</b>
2E1	1015	4.9%
2E2	1392	6.7%
2E3	1901	9.2%
2E4	1200	5.8%
2S1	1232	6.0%
2S2	1136	5.5%
2S3	1225	5.9%
2S4	1273	6.2%
2W1	1154	5.6%
2W2	1190	5.8%
2W3	1690	8.2%
2W4	1029	5.0%
2W5	789	3.8%
2W6	805	3.9%
3V1	778	3.8%
3V2	1174	5.7%
3V3	854	4.1%
3V4	806	3.9%
Unknown	23	0.1%

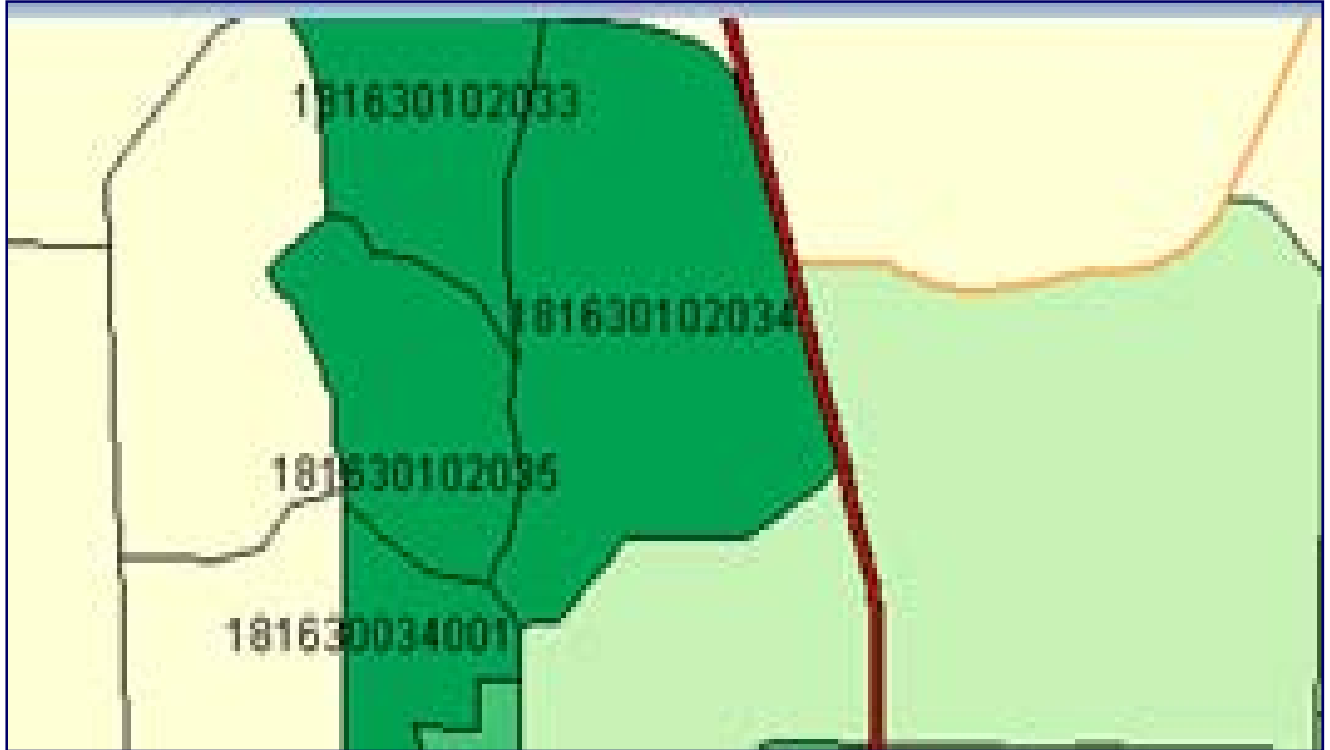
<sup>1</sup>Data do not include alcohol or drug crimes

Source: Evansville Police Department

**Figure 81. Total Crime Index by Block Group – Vanderburgh County**



**Figure 82. Total Crime Index by Block Group – Vanderburgh County**



**Table 99. Total Crime Index by Vanderburgh Block Group**

Rank	Block Group	Total Crime Index
1	181630102033	505.0
2	181630102035	469.0
3	181630102034	358.0
4	181630033003	178.0
5	181630038033	165.0
6	181630038032	163.0
7	181630036003	161.0
8	181630032001	157.0
9	181630038034	156.0
10	181630009004	153.0
11	181630038031	153.0
12	181630038035	151.0

Source: Primary – Crime Risk, 2006, Applied Geographic Solutions, 2007; Secondary – IPRC PREV-STAT

## 4.5 CONSEQUENCES: ALCOHOL-RELATED PROBLEMS – DRUG-INDUCED DEATHS

As noted in Table 100, the number of drug-induced deaths in Vanderburgh County, as well as the corresponding death rate based on population, increased between 2003 and 2005. Between 1999 and 2005, Vanderburgh County had 116 drug-induced deaths, which places the county in the 75<sup>th</sup> percentile bracket for the state of Indiana (Table 101). As noted in Figure 83, drug-induced death rates have increased not only in Vanderburgh County, but in Indiana and the U.S. as well.

Indiana County	2003			2004			2005		
	Number of Deaths	Population Estimate	Death Rate	Number of Deaths	Population Estimate	Death Rate	Number of Deaths	Population Estimate	Death Rate
Daviess	1	30,021	0.03*	0	30,262	0.00*	3	30,284	0.10*
Dubois	3	40,257	0.07*	3	40,614	0.07*	2	40,922	0.05*
Gibson	2	32,990	0.06*	3	33,224	0.09*	6	33,347	0.18*
Knox	4	38,434	0.10*	4	38,447	0.10*	0	38,298	0.00*
Martin	1	10,342	0.10*	0	10,401	0.00*	2	10,320	0.19*
Perry	0	18,845	0.00*	1	19,016	0.05*	3	18,915	0.16*
Pike	0	12,926	0.00*	0	12,933	0.00*	1	12,766	0.08
Posey	0	26,871	0.00*	8	26,909	0.30*	5	26,834	0.19*
Spencer	3	20,254	0.15*	2	20,321	0.10*	1	20,476	0.05*
Vanderburgh	21	172,387	0.12	22	172,691	0.13	25	172,774	0.14
Warrick	1	54,649	0.02*	4	55,396	0.07*	4	56,435	0.07*
<b>Indiana</b>	<b>493</b>	<b>6,191,719</b>	<b>0.08</b>	<b>605</b>	<b>6,223,329</b>	<b>0.10</b>	<b>665</b>	<b>6,266,019</b>	<b>0.11</b>

\* Rate is based on total number of deaths <20 and, therefore, is statistically unstable.

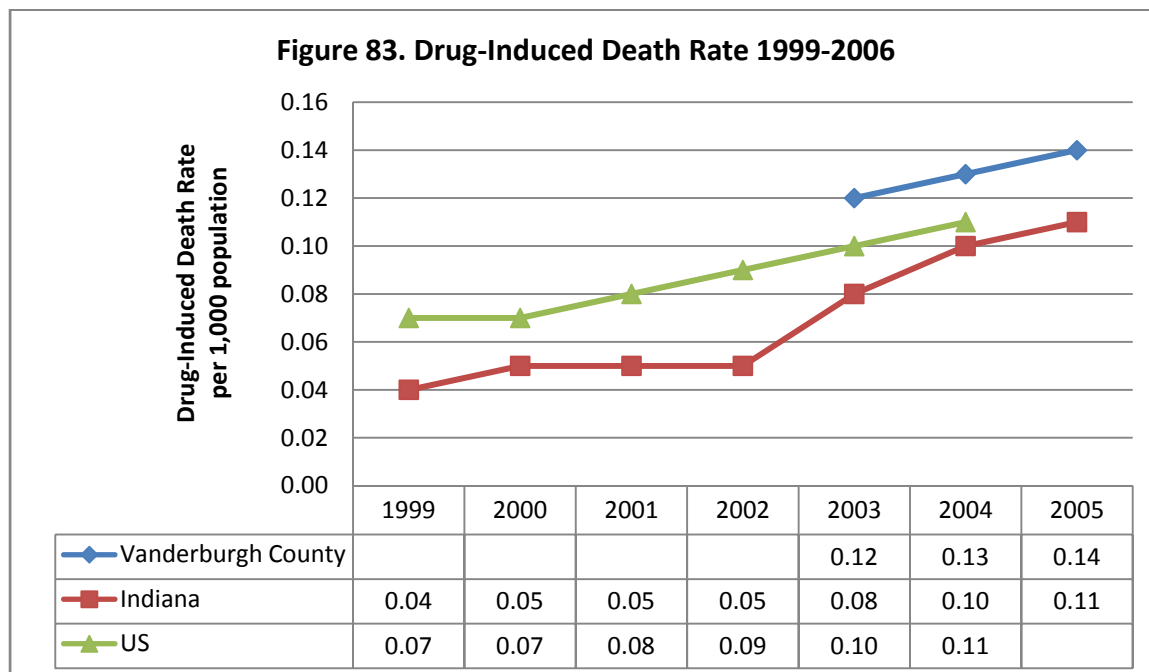
Source: Indiana Department of Health, 2007

Indiana County	Number of Deaths (1999-2005)	Population Estimate (1999-2005)	Death Rate	Overdose Mortality Priority (OMP) Score <sup>1</sup>
Daviess	14	208,987	0.07*	0
Dubois	13	281,538	0.05*	0
Gibson	16	229,679	0.07*	0
Knox	12	271,404	0.04*	0
Martin	3	72,522	0.04*	0
Perry	5	132,535	0.04*	0
Pike	2	90,286	0.02*	0
Posey	16	187,959	0.09*	0
Spencer	9	143,248	0.06*	0
Vanderburgh	116 (75 <sup>th</sup> Percentile)	1,201,449	0.10 (75 <sup>th</sup> Percentile)	4
Warrick	12	378,198	0.03*	0
<b>Indiana</b>	<b>2,958</b>	<b>42,997,435</b>	<b>0.07</b>	<b>--</b>

<sup>1</sup> For each indicator (number of deaths and death rate), counties were given 3 points if they ranked in the top 10% (90<sup>th</sup> percentile rank), 2 points if they were in the top 25% (75<sup>th</sup> percentile rank), 1 point if they were in the top 50% (50<sup>th</sup> percentile rank), and 0 points if they ranked below. The points for each indicator were then summed to an overall Overdose Mortality Priority (OMP) score.

\* Rate is based on total number of deaths <20 and, therefore, is statistically unstable.

Source: Primary – Indiana Department of Health, 2007; Secondary – Indiana University Center for Health Policy



Source: Primary – Indiana State Department of Health, 2007; U.S. Centers for Disease Control and Prevention, 2007; Secondary – Indiana University Center for Health Policy

A comparison of the alcohol-related deaths between 2000-2004 and 2005-2006 indicates that the rate of death due to alcohol increased in the two most recently reported years (Table 102). There was an average of 9.4 deaths per year in 2000-2004 and an average of 11 in 2005-2006.

<b>Table 102. Alcohol-Related Deaths</b>		
<b>Indiana County</b>	<b>2000-2004</b>	<b>2005-2006</b>
Daviess County	4	0
Dubois County	3	0
Knox County	6	1
Gibson County	5	3
Martin County	2	0
Perry County	5	2
Pike County	2	2
Posey County	3	5
Spencer County	5	2
Vanderburgh County	47	22
Warrick County	5	2

Source: Indiana State Department of Health, Epidemiology Resource Center, 2007

It should be noted that per the Vanderburgh County Coroner, the number of accidental overdoses that resulted in death increased between 2007 and 2008. The number in 2007 was 26, and the number in 2008 was 33. The 2008 figure represents a record high for Vanderburgh County. Additional investigation would be needed to determine the substances that were used by the deceased and whether this represents a pattern in accidental overdoses.

### **Key Informant Perceptions of Consequences of Alcohol and Other Drug Use**

Responses from key informants regarding the consequences of alcohol and other drug use are clearly based on their professional roles and reflect different stages of the effects of substance use. For instance, someone working in the schools may witness academic failure and decreased job prospects. An individual in the law enforcement field may see the arrest and incarceration of an individual who has dropped out of school and has turned to crime as a means of income. Finally, someone who works in the coroner’s office may witness the ultimate consequence of a life of failed jobs, failed relationships, a criminal past, and drug use – death.

It should be no surprise then to note that among all key informants, there were approximately 50 separate consequences identified through the interview process. This alone shows the wide-ranging effects of alcohol misuse and other drug use. Among all the consequences, the ones cited by multiple sources included job loss and instability, poor performance in school and non-completion of high school, legal problems and incarceration, physical problems such as injuries, sexual diseases, and cirrhosis, and as mentioned previously, the eventual consequence of death. Specifically among 18-25 year olds, the focus appeared to be on the inability to get started in life, either due to low commitment to school, the inability to find or maintain employment, or a number of family issues that serve as risk factors for youth. No matter the

consequence cited by key informants, all agreed that negative outcomes will, and do, happen to individuals who make the decision to abuse alcohol and engage in illegal drug use.

### **Key Informant Perceptions of Co-Occurring Crimes Associated with Alcohol and Other Drug Use**

As with general consequences related to alcohol and drug use, key informants noted many different crimes that they have witnessed that are associated with substance use. The number of crimes shows how far reaching the effects of alcohol misuse and drug use can be in the community. Key crimes cited by key informants include theft, battery, operating a vehicle while intoxicated, and assaults. Other crimes such as domestic violence, sex crimes, and vandalism were indicated by multiple sources. It should be noted that many of the key informants are on the front lines of enforcement and are very familiar with the crimes that occur in the community. Unlike general perceptions regarding an issue, many of the individuals have a solid basis for noting the crimes mentioned in the interviews.

### **Key Informant Perceptions of the Impact of Alcohol and Other Drug Use on Families**

Key informants have witnessed many different family-related impacts of alcohol misuse and other drug use. These include the disintegration of the family unit, the separation of children from their parents primarily due to incarceration, and a great deal of conflict among members of a family. Given that many families experience cycles of addiction, the issues that may represent consequences for some families actually may be risk factors for others since they are continuing the patterns established by past generations. As with a set of dominos, individual family consequences may set off a chain reaction that leads to a series of family-related problems. Based on feedback from key informants, the order in which issues appear are different depending on the unique family situation. While many cited financial issues as the starting point for outcomes such as failed marriages, arrests, and other problems, the outcomes may appear in many different orders. The common agreement among key informants, though, is that alcohol and drug issues ultimately impact families, and in turn the larger community, in negative ways.



# Conclusions

This Epidemiological Report highlighted many key factors related to alcohol consumption by 18 to 25 year old residents and students in Vanderburgh County. The following conclusions are based on quantitative and qualitative data associated with the risk/protective factors, mediating factors, and outcomes that pertain to alcohol. These conclusions may help members of the community identify issues related to substance use that may need the greatest attention.

- Based on available data, it is apparent that there is a fairly high rate of alcohol consumption among the 18-25 year old age group. Further, as evidenced in this report, some individuals in this age group participate in high-risk drinking behaviors, such as driving while intoxicated. Additional data collection will be required in the community to better understand alcohol consumption among members of the 18-25 year old group who are not in school. However, based on available data, future prevention and intervention efforts related to alcohol consumption may benefit from a focus on promoting responsible behavior associated with legal-aged drinking and developing interventions that successfully reduce drinking problems experienced by 18-25 year olds.
- Data from the latest IPRC Alcohol, Tobacco, and Drugs Survey indicate that almost one-third of Vanderburgh County 12<sup>th</sup> graders had engaged in binge drinking within the past two weeks. This figure is higher than the state and national average and is fairly similar to rates among local university students. An independent analysis of data provided by Youth First, Inc. for Southwestern Indiana students shows that binge drinking rates have remained fairly consistent since 2003. This is in contrast to monthly and daily rates, which have declined in the past few years. Binge drinking is a particular concern due to the high level of alcohol that is consumed within a short time period. Future investigations may seek to better understand the underlying reasons for this activity and lead to programs that deal with this specific form of alcohol consumption.
- While this report focuses on the 18-25 year old age group, findings suggest a need for continuous focus on individuals in younger age brackets to ensure that potential problems are addressed before they lead to serious consequences. It is more desirable to engage in prevention activities designed for youth than intervention for young adults who have already developed alcohol problems that negatively impact their personal and professional lives.
- Although some areas of the county are specifically mentioned in the report, this study does not intend to target specific sections that exhibit more alcohol-related problems than others. Additional data collection related to prevalence and consequences in different neighborhoods would need to occur to say with confidence that particular areas have a more significant problem than others.

- One issue consistently mentioned by participants in key informant interviews and youth/young adult focus groups is parental influence over a youth's decision to drink alcohol. Many of the participants in this study expressed concern about parents and guardians providing alcohol to individuals under 21, giving them a location where alcohol can be consumed, or choosing not to be aware of their children's drinking behaviors. This issue may point to the need to provide parents or guardians with a deeper understanding of the hazards that their children face by drinking alcohol and to empower them to be a more significant influence over their children's decisions to engage in alcohol and drug use.
- Although the focus of this report is alcohol use by 18 to 25 year olds, the community faces other drug use issues. As noted by the priority scores presented at the beginning of the report, Vanderburgh County ranks first among all Indiana counties in the possession and sale/manufacturing of marijuana. Substances such as methamphetamines or alcohol typically receive much of the community's attention given the obvious consequences of their use, such as meth lab explosions or drunk driving accidents. However, marijuana also has negative consequences such as decreased work productivity, family and relationship problems, and potential health effects. Prevention and intervention efforts should ensure that marijuana use in the community is addressed.

Additionally, several key informants expressed concern about the rise of illegal prescription drug use. Improper use of over-the-counter drugs also falls into this category. Future studies should investigate the use of prescription and over-the-counter drugs to determine whether the feedback provided by key informants is substantiated by prevalence data.

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