

Opioid and tobacco use have created a dual health crisis in Indiana. While the state has taken important steps to address these epidemics, they still claim thousands of Hoosier lives and cost billions of dollars each year.

- In 2017, more than **1,700 Hoosiers** died from a drug overdose, an all-time high and a **75% increase** since 2011.



- Tobacco use is **seven times as deadly**, causing more than **12,500 premature deaths** in Indiana every year.



Indiana taxpayers and businesses **pay more than \$8.3 billion annually** in healthcare costs and lost productivity due to tobacco consumption and secondhand smoke. In 2017, the state's opioid epidemic added another **\$4.3 billion** in economic damages. Employers pay a high share of these costs through higher insurance premiums, lost productivity on the job and difficulty finding employees. And as more companies look at health rankings when deciding where to set up operations, Indiana's tobacco and opioid epidemics make the state a less desirable place for businesses to locate.



Tobacco and opioid use are **two leading root causes** of Indiana's poor health rankings and affect all Hoosiers—either by impacting their health or their wallets. These two public health challenges can only be effectively addressed with action by all stakeholders. Indiana policymakers can tackle opioid and tobacco use by pursuing a number of proven strategies.

Recommendations for Addressing Opioid Misuse

- **Expanding access to medication-assisted treatment (MAT):** MAT is considered the most effective approach to treating opioid use disorder (OUD). While Indiana Medicaid has taken steps to make MAT available to more Hoosiers in need of help, access among low-income Hoosiers remains low, due in large part to administrative hurdles for Medicaid enrollment. These barriers must be reduced if MAT is to effectively reach people with opioid use disorder and support their recovery without interruption in treatment. Medicaid also must extend reimbursement to include a full range of supportive services, such as housing and transportation.
- **Increasing funding for prevention, treatment, and harm reduction efforts:** State and federal funding should be increased to address two specific gaps. First, we need to eliminate federal and state policies that prevent full financial support of syringe exchange programs so these programs can be strengthened. Second, funding barriers should be broken down so that incarcerated Hoosiers— a population with a particularly high prevalence of opioid use disorder—can access evidence-based treatment.
- **Improving data sharing:** Policymakers can further address the opioid epidemic by eliminating internal policies at state and local government agencies that prevent cross-sector sharing of key data. This includes prescription drug monitoring, which is needed to help track opioid trends and assess the impact of strategies to address the opioid crisis.
- **Strengthening Good Samaritan protections:** Indiana should reform laws and policies that may prevent lay responders from calling 911 at the scene of an overdose. This includes repealing the state's new overdose homicide law, removing the requirement that naloxone be administered at the scene of an overdose, extending protections to the overdose survivor and other bystanders, and providing immunity for a larger range of issues, such as parole and probation violations.

Recommendations for Curbing Tobacco Use

- **Raising Indiana's cigarette tax:** Extensive research clearly shows that the demand for tobacco products follows the most fundamental law of economics: as prices go up, the quantity consumed goes down. One way to adjust the cost of smoking in Indiana would be to raise the state cigarette tax. A \$2 increase in the cigarette tax, for example, would prevent an estimated 58,100 Hoosier youth from becoming adult smokers, encourage 70,100 adults to quit smoking, and prevent 36,300 future smoking-caused deaths in the current Indiana population. It would also generate at least \$78.9 million in healthcare-cost savings in the first five years, a benefit that would grow over time to an estimated long-term savings of \$2.7 billion.
- **Increasing tobacco control funding:** For several years, Indiana was among the leaders nationwide in funding tobacco control programs, but with fiscal year 2018 funding of \$7.5 million, the state now ranks in the bottom half of states, at only ten percent of the CDC's recommended funding level. Restoring tobacco control spending in Indiana to CDC-recommended levels would result in a 10.9 percent reduction in adult smoking, yielding roughly \$373 million in annual healthcare cost savings, and an 8.6 percent reduction in youth and young adult smoking.
- **Raising the legal age for tobacco use:** Most smokers begin using tobacco during adolescence, a time when the brain is vulnerable to nicotine addiction. In addition, the vast majority of individuals who purchase cigarettes for minors in the U.S. are under 21. Raising the minimum age of legal access for tobacco to 21 would have a major impact on decreasing the availability of cigarettes and other tobacco products to youth and young adults.
- **Taxing e-cigarettes and other vaping products:** Use of electronic cigarettes and other vaping products, considered by some to be a gateway for traditional smoking, is growing in Indiana. In 2018, 29 percent of Hoosier high school seniors used e-cigarettes, making them the most common nicotine-containing product used by Hoosier youth. Adopting a significant tax on e-cigarettes—while at the same time raising the tax on traditional cigarettes and other tobacco products—could discourage youth from taking up e-cigarette use and help them avoid the risk of becoming a lifelong nicotine addict.

Sources

Indiana University Richard M. Fairbanks School of Public Health. *The Changing Landscape of the Opioid Epidemic in Marion County and Evidence for Action*. October 2018. John Tauras, Ph.D., Frank Chaloupka, Ph.D., and Paul Halverson, Dr.PH. *Report on the Tobacco Epidemic in Marion County and Indiana and Effective Solutions: 2018 Update*. October 2018.