

# Addressing the addiction crisis in Indiana

Indiana does face a serious addiction crisis, especially driven by opioids like fentanyl.

Nearly 1 in 12 Hoosiers—almost half a million people—meet the criteria for a substance use disorder.

Since 2010, official data shows drug overdoses in Indiana have nearly doubled, and opioid-related deaths hit around 4,000 over a decade.

More people in Indiana now die from drug overdoses than from car crashes, and deaths related to synthetic opioids rose over 600% between 2012–2016

Many people think addiction is a personal problem that doesn't impact them, but the reality is there is economic impacts as well as public health concerns

Each case of opioid use disorder costs Indiana an estimated \$670,000, factoring in healthcare, lost productivity, crime, and insurance

From 2000–2014, the rate of drug-induced mortality quadrupled, now costing the state billions—Indiana's opioid use has cost over \$43 billion in 15 years

Now even though Indiana still has an uncomfortably high addiction rate there is a little light on the progress that has been made but I believe more can be done. One of the good signs that I've seen are

The overdose mortality rate dropped from 41 to 34.2 per 100,000 in 2023—one of the sharpest declines in the country

However, the crisis persists with fentanyl and Multi substance use (the “fourth wave”) fueling ongoing fatalities.

Access to evidence-based medication-assisted treatments remains uneven, especially in rural areas.

Stigma, especially in criminal justice settings, hinders people from seeking help.

Despite funding, bureaucratic delays in distributing settlement dollars to local communities linger.

A gap persists: crisis response funding (like Senate Bill 1) was only partially funded—about a third of what advocates say is needed

Indiana has made notable strides, but further comprehensive, strategic actions can significantly deepen its impact on the addiction crisis.

When we look at what the state is currently investing it looks like a lot.

## What the State Is Currently Investing

Indiana’s Behavioral Health Commission initially requested \$50 million/year, escalating to \$100 million in 2025 and \$120 million by 2027

Indiana is slated to receive over \$980 million across 18 years (~\$55 million/year) from opioid settlement funds

IU (the university) has also committed \$50 million toward research, workforce development, and prevention.

Now like I mentioned we have seen a great decrease in the mortality rate but that doesn’t mean the addiction itself has gone down in the same comparison. That’s partly because we did invest in life saving options like Narcan access and distribution, however we didn’t invest in the needed services to address and treat the underlying causes.

Now the way we can address this problem depends on how aggressive we want to fight it. The options are

<b>Level of Investment</b>	<b>Estimated Annual Funding</b>	<b>Purpose &amp; Expected Outcome</b>
Passive minimum	\$100 million+	Supports treatment, harm reduction, crisis teams, and maintains 988 hotlines.
double down	\$200–300 million	Funds deeper recovery infrastructure, expands treatment access, and ramps up prevention.
aggressive response	\$400–600 million+	Aims for comprehensive coverage: prevention, treatment, workforce, recovery, justice reform.

We are currently on slate for \$980 million over 18 years as mentioned earlier that’s only \$55 million dollars a year. That’s about half of the bare minimum. Me and many Hoosiers

I talked to, think that's an embarrassment of our state's requirement to ensure we have all available resources to get better and reintegrate to a productive member of society.

The reason why this matters so much is because like republicans, who trifecta super majority control this state, say "you get what you pay for", when you pay half of the bare minimum you get half of the minimum results. For example,

At \$300 million/year, you're channeling roughly 8% of the \$4 billion+ annual cost into proactive measures.

With a 40%+ cost reduction from treatment, investing \$300 million could potentially save \$1.6 billion in avoided costs—yielding a net benefit of over \$1 billion/year.

Current funding is a start but it only scratches the surface. I am thankful we have, as a state, taken measure to save lives from over doses, but again we can do more. We should do things that actually address the causes and not just the symptoms, such as

Expand Certified Community Behavioral Health Clinics statewide.

Add treatment beds, recovery housing, and mobile/988 support teams.

Boost the behavioral-health workforce, including training, recruitment, and retention.

Fund prevention programs in schools, communities, and justice settings.

Strengthen harm-reduction outreach

The things that I propose are

## Expand Access to Treatment Statewide

**Fund and scale Medication-Assisted Treatment in all counties, including jails and rural areas.**

### **1. Establish a Statewide MAT Expansion Plan**

Create a centralized task force or office under the FSSA to:

We need to as a state invest in all possible options to protect Hoosiers not just protected from overdosing but also from addiction itself. A few investments Indiana can make are,

**Coordinate MAT expansion across counties.**

Medication assisted treatment, while I understand in some cases has been poorly implemented, with better oversight, regulation, and a better structure of guidelines on what medication should be used for each individual situation can be a benefit in combating addiction.

We also have to implement the process in which medication assistance is ended and those suffering are weened off medication and integrated into more therapeutic, and life style change approaches.

### **Monitor implementation in jails and rural areas.**

Our jails have a problem not just in Indiana but across the country of contraband getting in. This problem of contraband will be separately addressed, but for the addiction inside, we need to make sure even those who made mistakes have the resources and options available to get clean and turn their life around.

Some of those resources can be MAT in the jails and prisons, Expanding therapy availability, or even expand Indiana's current Case Plan Credit Time legislation which does allow early release for those who complete therapy, pass drug tests, and sponsor recovery programs inside the jails.

### **Serve as the central hub for funding, technical assistance, and provider support.**

Many local jurisdictions try their best but come up short due to lack of funding, and lack of support. Now I understand that local jurisdictions get to decide how the funding gets appropriated, and I'm not looking to demand they spend it a certain way.

I am however looking to provide them with all the resources they need. I believe that if the resources get made available and the support structure is established the local jurisdictions will gladly use them accordingly. I also believe that Hoosiers are tired of the games from our legislators that they will encourage their local representation to also get onboard.

## **2. Secure Sustainable Funding**

### **Leverage Federal Funds**

In 2018 congress passed what's called the SAMHSA State Opioid Response Grants: They are formula-based grants awarded annually to all states and territories to support comprehensive opioid response strategies.

With this grant Indiana could use these for MAT infrastructure, rural expansion, and jail-based programs.

Medicaid 1115 Waivers are a powerful tool states use to implement innovative or pilot programs that expand or enhance services under Medicaid beyond what standard federal rules normally allow.

With this Indiana can expand coverage and flexibility to fund MAT in non-traditional settings like jails.

Also available to us are DOJ and BJA Grants. And with these we can target corrections-specific MAT funding to make sure our jails and correctional officers have the proper structure and tools to not just get inmates clean but as a result make their jobs safer.

### **b. State Appropriations**

Allocate dedicated line-item funding in the state budget to:

- Fund startup and operational costs for rural and jail-based MAT programs.

- Provide grants to counties to incentivize implementation.

This is a major factor for success. Yes, we have to invest in cleaning up our inmates to make them productive members of society again, we also need to directly offer grants and funds to the counties and local governments to directly help their communities. Now these grants would only be upon request from the local agencies but they will always be available.

### **c. Local Cost-Sharing**

Encourage local governments to match state funds, with flexibility to tailor solutions to community needs.

It will be critical for the local agencies to match the state funds the best they can, however if a city or county can match it will still be reviewed and if the case is severe the state will still assist as the main goal is to fix our addiction crisis.

## **3. Expand MAT in Jails and Correctional Facilities**

### **Legislative Actions:**

Mandate MAT availability in all county jails with support from state grants.

Require continuity of care for individuals reentering the community after incarceration.

Implementation Supports:

Provide grants and technical assistance for jails to:

Hire licensed addiction treatment professionals.

Contract with community MAT providers.

Secure medications and training.

Best Practice: Bridge-to-Community Programs

- Start MAT in jail, then transition individuals to community-based providers post-release.
4. Increase Rural Access to MAT
    - a. Telehealth Expansion
      - Expand broadband and allow Medicaid billing for MAT delivered via telemedicine.
      - Fund virtual hubs that support rural clinicians with specialist backup.
    - b. Mobile MAT Units
      - Invest in mobile treatment units equipped to deliver buprenorphine and naltrexone.
    - c. Provider Incentives
      - Offer loan repayment, housing stipends, or tax credits to clinicians who offer MAT in rural counties.
      - Support training for rural primary care providers to become MAT-capable.
  5. Strengthen the MAT Workforce
    - Fund provider training programs through state universities, focusing on rural and justice-involved populations.
    - Create a statewide MAT training consortium to fast-track licensing and waivers (e.g., for buprenorphine prescribing).
  6. Address Stigma and Build Community Buy-in
    - Launch a statewide public education campaign to promote the effectiveness of MAT.
    - Engage sheriffs, judges, and local leaders as champions of MAT-based solutions.
  7. Monitor Progress and Ensure Accountability
    - Require annual reporting from counties on MAT availability and outcomes.

- Create a performance-based funding model to reward counties and jails that successfully expand and retain MAT patients.

**Require all Medicaid plans to cover MAT without prior authorization.**

**Incentivize provider training in addiction medicine through loan forgiveness and grants.**

**Fast-track licensing for SUD counselors and behavioral health clinicians.**

## Support Recovery Infrastructure

**Invest in recovery housing .**

We have normalized far too long the over usage of ERs and even jails as a way to try and battle the addiction crisis, but it has only made it worse. We need to change our approach.

Reallocate funds from:

Avoidable ER visits and incarceration → to MAT, outpatient care, and recovery housing.

Non-evidence-based prevention → to school-based early intervention and peer support.

Create a state performance audit of addiction-related spending to find inefficiencies.

**Fund Recovery Community Organizations (RCOs) across all regions.**

**Provide reentry support for people released from jail/prison, including peer coaching, housing, and MAT access.**

**Embed peer recovery coaches in ERs, courts, and law enforcement interactions.**

## Expand Crisis Response and Mental Health Services

**Fully implement 988 and mobile crisis response teams across all counties.**

**Fund Certified Community Behavioral Health Clinics (CCBHCs) in every region.**

**Build regional crisis stabilization units as ER alternatives for behavioral health and addiction.**

**Support telehealth expansion for rural SUD and mental health care.**

## Embrace Harm Reduction

**Fund statewide naloxone distribution (to families, first responders, and peers).**

**Support and legalize syringe service programs (SSPs).**

**Provide access to fentanyl test strips and xylazine test kits.**

**Establish a statewide overdose surveillance and alert system.**

## Reform Criminal Justice Approaches

**Expand drug courts, mental health courts, and diversion programs.**

**Decriminalize possession of harm reduction tools (e.g. syringes, test strips).**

**Require MAT access in jails/prisons and warm hand-offs upon release.**

**Seal records for low-level drug offenses after recovery milestones.**

## Prevent Future Addiction

**Fund evidence-based school prevention programs like Life Skills or Botvin.**

**Implement early screening and intervention for youth**

**Fund trauma-informed care and resilience-building in schools.**

**Educate families and caregivers about substance use warning signs.**

## Sustain Funding + Track Outcomes

**Use opioid settlement funds strategically not just to plug budget gaps.**

The opioid settlement funds are awarded from litigation over the pharmaceutical companies who profit off addiction. The same companies who have taken so many lives through their addictive drugs. These funds need to be used accordingly to ensure the cycle of addiction ends. In ways such as,

Dedicate a guaranteed percentage (80%–90%) toward evidence-based treatment, recovery housing, and workforce development.

Pool funds at the state level for larger-scale impact, rather than fragmenting it across small counties.

Establish a State Addiction Investment Fund to coordinate spending and monitor ROI.

The best part is because this is a fund paid for by the corporations because of them doing wrong by the community, that means NO TAXES will be raised to cover it.

Indiana is getting opioid litigations from Purdue and Johnson and Johnson of about 980 billion

Create a state addiction recovery fund (dedicated, protected revenue).

Require transparent reporting of outcomes

Align funding with programs proven to save money and lives (see earlier list).

## Build the Behavioral Health Workforce

Offer scholarships, stipends, and loan forgiveness for addiction specialists, especially in rural areas.

License and reimburse peer recovery coaches.

Fast-track credentialing for professionals relocating to Indiana.

Launch training pipelines in high schools, community colleges, and through Ivy Tech.

## Engage Local Communities and Families

Launch a statewide anti-stigma campaign.

Fund family support groups and caregiver education.

Encourage local municipalities to match state funds with innovation grants.

Partner with faith-based, tribal, and rural organizations to tailor outreach.