



# 2022 Update & Final Report

## Idaho Opioid Misuse and Overdose Strategic Plan 2017-2022

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This document was updated July 2022.

## Message from the Administrator

Dear Idahoans,

On behalf of the Idaho Office of Drug Policy (ODP) and Idaho Department of Health and Welfare, Division of Public Health (IDHW), please find the enclosed report outlining the accomplishments of the **Idaho Opioid Misuse and Overdose Strategic Plan Workgroup** for federal fiscal years 2017–2022. The report provides updates and final outcomes on the three key goal areas:

1. Improve opioid prescribing practices by educating prescribers, patients, & community
2. Strengthening and Supporting Families
3. Increasing Awareness of and Access to Treatment

As we finish the fifth and final year of this Strategic Plan, the work of this group and its members has remained committed to ensuring a collaborative, coordinated, and comprehensive approach to addressing the impact of opioids across Idaho.

More than 9 million Americans misused prescription pain relievers in 2020,<sup>1</sup> including 55,000 Idahoans ages 12 and older.<sup>2</sup> Additionally, results from the 2019 Idaho Youth Risk Behavior & 2021 Idaho Healthy Youth Surveys found that nearly 23% of Idaho 12th graders reported that they had misused a prescription drug one or more times in their life. While a majority of Idaho students (grades 8-12) had not misused prescription drugs, of those that did: 45% reported that they misused their own prescription and 61% reported that they had either bought, stolen, or were given the medication from a family member or friend.

Unfortunately, substance misuse and drug overdose deaths have been exacerbated by the COVID-19 pandemic, with the Centers for Disease Control and Prevention reporting that 106,848 Americans died from a drug overdose during the 12-month period ending January 2022, a 48% increase from January 2020.

While we are pleased to report a number of accomplishments from this workgroup over the last five years, it is clear we have much work yet to do. As this iteration of the Idaho Opioid Misuse & Overdose Strategic Plan comes to a close, we are committed to continue working in tandem with Governor Brad Little, and all of our prevention partners, to do everything we can to support our communities moving forward.

Thank you for your continued work and collaboration.

Sincerely,



Marianne King  
Director, Idaho Office of Drug Policy

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<sup>1</sup> [Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health](#), 2021. Substance Abuse and Mental Health Services Administration (SAMHSA).

<sup>2</sup> [2019-2020 National Surveys on Drug Use and Health: Estimated Totals by State](#), 2022. SAMHSA.

## Executive Summary

### 2017-2022 Idaho Opioid Misuse & Overdose Workgroup Strategic Plan

In April 2017, the Governor’s Office of Drug Policy convened a multifaceted group of stakeholders committed to reducing the burden of the opioid crisis in Idaho. The workgroup gathered to create a statewide, collaborative opioid misuse and overdose prevention blueprint; leading to the development of the “2017-2022 Idaho Opioid Misuse and Overdose Strategic Plan.” The five-year Strategic Plan identified three key goal areas to comprehensively address the epidemic to support the workgroup’s 2022 vision of: *“A safe and healthy Idaho, free of opioid misuse and untreated opioid use disorders.”*

#### Idaho Opioid Misuse & Overdose Strategic Plan Goals:

1. Improve opioid prescribing practices by educating prescribers, patients, and the community.
2. Strengthen and support families.
3. Expand awareness of, and access to, treatment.

#### Key Workgroup & Strategic Plan Accomplishments:

<b>Legislation</b>	<ul style="list-style-type: none"> <li>○ Senate Bill 1348 - strengthens Idaho’s efforts to combat opioid misuse by enhancing the use of the prescription drug monitoring program (PDMP). Effective 07/01/2020.</li> <li>○ House Joint Memorial 13 - sought to remove barriers to accessing suboxone to make buprenorphine more accessible to patients. Completed on 03/06/2020.</li> <li>○ House Bill 12 - amended Idaho code to clarify that licensed health professionals may prescribe and dispense Naloxone, and any person acting in good faith may administer Naloxone to a person experiencing an opioid-related overdose. Effective 07/01/2019.</li> </ul>	
<b>Awareness Campaigns</b>	<ul style="list-style-type: none"> <li>○ Real Idahoans</li> <li>○ StopOverdosedIdaho.org</li> </ul>	<ul style="list-style-type: none"> <li>○ Speak Out/Opt Out/Throw Out</li> <li>○ National Prescription Drug Take Back Day</li> </ul>
<b>Educational Resources</b>	<ul style="list-style-type: none"> <li>○ Online Idaho Opioid Resource Map by Public Health District</li> <li>○ Substance Use Resources Wallet Card</li> <li>○ Opioid Addiction Treatment Guide</li> </ul>	<ul style="list-style-type: none"> <li>○ Regional Permanent Prescription Drug Take Back Location Rack Cards</li> <li>○ Be Prepared, Save a Life: An Overdose Awareness and Naloxone Guide</li> </ul>
<b>Successful Initiatives</b>	<ul style="list-style-type: none"> <li>○ Increase use of evidence-based programs and strategies</li> <li>○ Enhance mental health support for youth and young adults</li> <li>○ Increase access to Law Enforcement Assisted Diversion (LEAD) programs</li> </ul>	<ul style="list-style-type: none"> <li>○ Increase dissemination of in-home drug deactivation systems and overdose response kits</li> <li>○ Identify a centralized clearinghouse for opioid misuse prevention materials for prevention providers and the public</li> </ul>
<b>Behavior Change</b>	<ul style="list-style-type: none"> <li>○ Increase in PDMP usage by prescribers</li> <li>○ Increase in Naloxone distribution</li> <li>○ Increase in risk awareness of prescription opioids</li> </ul>	<ul style="list-style-type: none"> <li>○ Decrease in opioid prescription rates</li> <li>○ Increase in access to, and use of, proper prescription drug disposal options</li> <li>○ Decrease in adult and youth opioid misuse</li> </ul>

**A detailed list of Workgroup accomplishments and Strategic Plan outcomes can be found under Outcomes & Accomplishments on page 11.**

# Background

## Idaho Opioid Misuse and Overdose Strategic Plan

In April 2017, the Governor’s Office of Drug Policy convened a multifaceted group of stakeholders deeply concerned and committed to reducing the burden of the opioid crisis in Idaho. The workgroup gathered for a two-day retreat, followed by additional meetings and phone calls, to create a statewide, collaborative opioid misuse and overdose prevention blueprint; leading to the development of the “2017-2022 Idaho Opioid Misuse and Overdose Strategic Plan.” The five-year Strategic Plan identifies three key goal areas that address the epidemic with a comprehensive, multi-sector approach to support the workgroup’s 2022 vision:

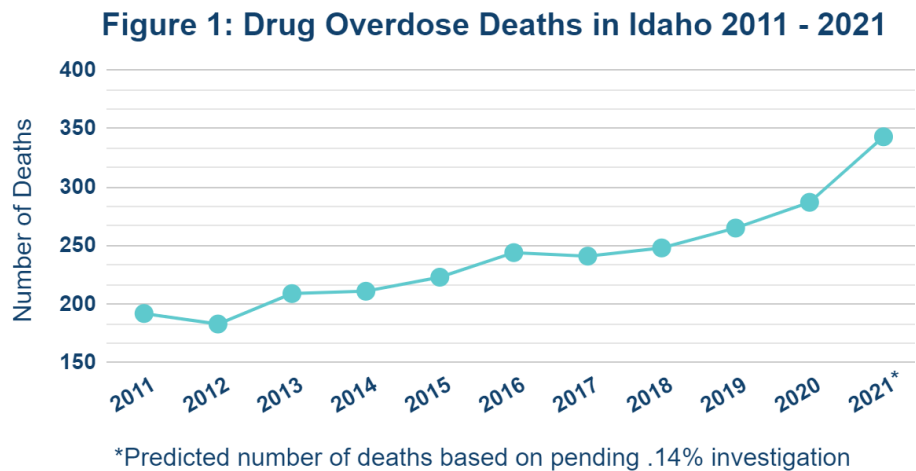
*“A safe and healthy Idaho, free of opioid misuse and untreated opioid use disorders.”*

The Idaho Opioid Misuse & Overdose Workgroup continued to reconvene annually to review and revise the Strategic Plan. The group held its fifth Annual Retreat in April 2021 and its final Bi-Annual Progress Review Meeting in October 2021 to review the plan, share updates, organize final activities, and identify key outcomes and accomplishments. This document outlines those planning efforts and final outcomes.

### Opioid Misuse and Overdose and Trends

**Opioid Overdose-Related Deaths** - Drug overdose deaths in the United States continue to escalate, with overdose deaths from opioids increasing fourfold between 1999-2020.<sup>3</sup> The COVID-19 pandemic further escalated the opioid crisis, with a reported 106,848 Americans dying from a drug overdose during the 12-month period ending January 2022, a 48% increase from January 2020.<sup>4</sup>

Like the rest of the country, Idaho is struggling with the opioid epidemic and has seen an increasing number of drug overdose deaths (Figure 1).<sup>4</sup> Between 2016-2020, a total of 1,285 Idaho residents died from a drug overdose.<sup>5</sup> Provisional data available for 2021 predicts that we lost an additional 343 Idahoans to overdose-related deaths by October of that year, a nearly 22% increase from October 2020.<sup>2</sup>



From 2016 to 2020, opioids were involved in 662 reported drug overdose-related deaths across Idaho. This number may be significantly underestimated as toxicology tests were often unavailable or non-specific.<sup>3</sup> Idahoans aged 25-34 and 35-44 had the highest drug overdose death rate by age group, with each group accounting for nearly 22% of overdose-related deaths between 2016-2020. However, that age group is

<sup>3</sup> [Drug Overdose Deaths in the United States, 1999-2020](#). 2021. National Center for Health Statistics (NCHS), CDC.

<sup>4</sup> [Provisional Drug Overdose Death Counts by Drug or Drug Class](#). 2022. Vital Statistics Rapid Release. NCHS, CDC.

<sup>5</sup> [Facts, Figures, & Trends Annual Report](#). 2021-2022. Idaho Department of Health & Welfare.



followed closely by residents aged 45-54, which accounted for 21%, and then those aged 55-64, which accounted for over 18%.<sup>3</sup>

Adult and Youth Opioid Misuse - In 2020, an estimated 55,000 Idahoans aged 12 and over misused pain relievers.<sup>6</sup> Additionally, results from the most recent Idaho Youth Risk Behavior Survey, completed in 2019, found that nearly 23% of high school seniors, and over 14% of all Idaho high school students, reported misusing a prescription medication one or more times in their life.<sup>7</sup> Outcomes from the 2021 Idaho Healthy Youth Survey found that, while a majority of Idaho middle and high school students (grades 8-12) did not misuse prescription drugs, of those that did: 72% misused pain relievers, 33% misused depressants, and 33% misused stimulants. Furthermore, of the students (grades 8-12) that did misuse a prescription, 45% reported that they misused their own prescription while 61% reported that they had either bought, stolen, or were given the medication from a family member or friend. The majority (73%) reported that they had misused the medication in their own home.<sup>8</sup>

Opioid Prescriptions - In the ten-year period between 2006-2016, the retail distribution of oxycodone by pharmacies, hospitals, and practitioners increased by 35% - from 13,000 grams per 100,000 population to over 17,500 grams nationwide.<sup>9,10</sup> In Idaho, the total grams of oxycodone distributed per 100,000 residents increased by nearly 83% during that same time period.<sup>7,8</sup> However, retail distribution has decreased annually since 2016, falling by nearly 48% to 8,529 grams per 100,000 population in 2021.<sup>11</sup>

According to the Idaho Board of Pharmacy, the number of opioid prescriptions per 100 residents decreased from 92 in 2015 to 65 in 2020. Yet, a total of 1,180,947 opioid prescriptions were still dispensed in 2021.<sup>12</sup>

Opioid-Related Emergency Department Visits - Trend data from the IDHW Drug Overdose Prevention Program (DOPP), Drug Overdose Data Dashboard shows that opioid overdose emergency department visits increased by 27% between 2020-2021, and cumulative visits totaled 2,247 between January 2020-May 2022.<sup>13</sup>

### **Additional Substance Misuse and Overdose Trends**

Fentanyl - Fentanyl is a synthetic opioid that is 50-100 times stronger than morphine. Pharmaceutical fentanyl was developed for severe pain management and prescribed in the form of transdermal patches or lozenges. While prescription fentanyl can be diverted for misuse, most cases of fentanyl-related overdoses in the U.S. are linked to illegally made fentanyl that is sold through illicit drug markets for its heroin-like effect.<sup>14</sup>

In 2020, there were more than 56,000 synthetic opioid-related deaths nationwide, more than any other type of opioid. Synthetic opioid-involved death rates increased by over 56% from 2019-2020 and accounted for over 82% of all opioid-involved deaths in 2020. The rate of overdose deaths involving synthetic opioids was more than 18 times higher in 2020 than in 2013. CDC reports indicate that increases in synthetic

<sup>6</sup> [2019-2020 Estimated Totals by State, National Survey on Drug Use and Health](#). SAMHSA.

<sup>7</sup> [Idaho Youth Risk Behavior Survey](#), 2019 State Report. Idaho State Department of Education.

<sup>8</sup> [Idaho Healthy Youth Survey 2021 State Report](#). Idaho Office of Drug Policy.

<sup>9</sup> [Automated Reports and Consolidated Ordering System \(ARCOS\) Retail Drug Summary Reports. Cumulative Distribution by State Per 100K Population. 2006](#). Drug Enforcement Administration (DEA).

<sup>10</sup> [ARCOS Retail Drug Summary Reports. Quarterly Distribution by State Per 100K Population. 2016](#). DEA.

<sup>11</sup> [ARCOS Retail Drug Summary Reports. Cumulative Distribution by State Per 100K Population. 2021](#). DEA.

<sup>12</sup> [Idaho Prescription Drug Monitoring Program Data Dashboard](#). Idaho State Board of Pharmacy.

<sup>13</sup> [Idaho Drug Overdose Data Dashboard](#), 2022. IDHW Drug Overdose Prevention Program.

<sup>14</sup> [Opioid Basics: Fentanyl](#), 2022. CDC.

opioid-involved deaths are being driven by increases in fentanyl-involved overdose deaths, and the source of the fentanyl is more likely to be illicitly manufactured than pharmaceutical.<sup>15</sup>

Illegal fentanyl is commonly distributed through counterfeit prescription medication. According to the Drug Enforcement Administration (DEA), 40% of all counterfeit pills in circulation contain fatal amounts of fentanyl. In 2021, the Oregon-Idaho High Intensity Drug Trafficking Area (OR-ID HIDTA) seized 1.5 million counterfeit pills, a 51% increase from 2020 and a 137% increase from 2019. In Idaho, fentanyl is most commonly seen in blue pills made to look like pharmaceutical oxycodone.<sup>16</sup>

Methamphetamine - Nationally, in the five-year period between 2017-2022, reported drug overdose-related deaths involving psychostimulants with abuse potential (primarily methamphetamine) increased by 320%.<sup>2</sup> While we do not yet have annual drug overdose mortality data by substance for Idaho in 2021 or 2022, the Mortality Annual Reports for 2017-2020 from IDHW show that drug-overdose deaths involving psychostimulants with abuse potential (such as methamphetamine) increased by nearly 63% between 2017-2020. Furthermore, of the 287 drug overdose deaths in 2020, 96 were reported to specifically involve methamphetamine - making it the second most frequently involved substance in drug overdose deaths in Idaho.<sup>17, 18</sup>

Heroin - Nationally the rate of drug overdose deaths involving heroin is falling - decreasing by 44% between 2017-2022.<sup>9</sup> However, in Idaho, drug overdose deaths involving heroin increased by 67% between 2017-2020.<sup>11, 12</sup>

Drug & Alcohol Arrests - Numbers from the Idaho State Police Crime in Idaho Data Dashboard show arrest rates for methamphetamine and heroin increased by 228% and 1,315% respectively during the 10-year period between 2011-2021.<sup>19</sup>

Emergency Department Visits - Trend data from the DOPP Idaho Drug Overdose Data Dashboard show that cumulative stimulant and heroin overdose emergency department visits totaled 544 and 359 respectively between January 2020-May 2022.<sup>9</sup>

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<sup>15</sup> [Synthetic Opioid Overdose Data](#). 2022. CDC.

<sup>16</sup> [Community Threat Bulletin](#). 2022. Oregon-Idaho High Intensity Drug Trafficking Area.

<sup>17</sup> [Mortality Annual Report. 2017](#). Idaho Vital Statistics, Idaho Department of Health & Welfare.

<sup>18</sup> [Mortality Annual Report. 2020](#). Idaho Vital Statistics, Idaho Department of Health & Welfare.

<sup>19</sup> [Crime in Idaho Data Dashboard. Drug & Alcohol Arrests](#). 2021. Idaho State Police, Idaho Statistical Analysis Center.

## 2017-2022 Planning Process

A strategic plan has provided a powerful roadmap to align efforts in pursuit of an impactful and inspiring future vision. In April of 2017, ODP and the IDHW Division of Public Health convened a strategic planning team of diverse statewide stakeholders connected to the opioid crisis to determine how to address this serious issue and achieve a significant positive impact in the next five years. Participating stakeholders included individuals and family members directly affected by opioid misuse or overdose; ODP; IDHW; public health districts; Idaho State Senators and Representatives; mental health providers; physicians; treatment and recovery support providers; law enforcement jurisdictions and criminal justice professionals; medical associations and state licensing boards; the Coroner's Office; and others.

First, the group agreed on a collective vision for the ideal future impact on the opioid epidemic in Idaho. Every participant's input was considered in the process, culminating in a concise, compelling vision for the Strategic Plan.

Next, the group conducted an environmental assessment: an analysis of all factors that have the potential to either help or hinder the achievement of the vision. The assessment was informed by state and national resources gathered and distributed in advance of the planning retreat, including current Idaho best practices and programs in opioid misuse prevention and control, Idaho's Annual Opioid Needs Assessment, the CDC Opioid Prescribing Guidelines, and the SAMHSA Opioid Prevention Toolkit.

The results of the environmental assessment were synthesized into critical success factors: the most important areas of focus to achieve significant progress toward the vision. SMART goals were developed to address each of the critical success factors. Strategies were created to define how each goal would be attained. Performance measures were established to guide the evaluation of progress toward reaching the goals. An accompanying performance measurement plan was created to define the timeframes, responsibilities, and audience for each measure. Finally, individual goal groups were formed and action plans were developed, detailing the steps and responsibilities for carrying out each strategy. The Plan reflected the results of the strategic planning process and represented Idaho stakeholders' commitment to aligning efforts to make progress on this serious issue.

Consistent review and follow-up were key to success. While the individual goal groups met monthly, the entire workgroup reconvened each spring from 2018-2022 for an Annual Retreat to review and update the plan - resulting in the production and publication of Annual Updates each summer. Additionally, the group held bi-annual meetings to report progress on action plans and performance measures, share agency updates, and collaborate on any challenges. The Annual Retreats and Bi-Annual Progress Review Meetings included presentations from subject matter experts on new and emerging topics critical to the opioid crisis, and opportunities to determine how best to refine the existing plan and incorporate new information.



## Vision

A vision describes the ideal future impact of an organization or collaboration of stakeholders. It is the guiding force that inspires stakeholders to take action in influencing success and provides a point of alignment for all associated efforts. This vision is intended to drive significant positive outcomes with regard to opioid misuse and overdose over the duration of the Strategic Plan and beyond.

### Idaho's 5 Year Vision

**"A safe and healthy Idaho, free of opioid misuse and untreated opioid use disorders."**



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**DRUG  
POLICY**

*policy • partnership • prevention*

## 2022 Update & Final Report

The 2017-2022 Idaho Opioid Misuse & Overdose Strategic Plan came to a close in April 2022. The Workgroup convened for the final time on October 19, 2021 to review the Strategic Plan and formulate six-month action plans to guide efforts as they wrapped up projects. ODP, in partnership with IDHW, is in the planning process to initiate the next iteration of the Strategic Plan in the fall of 2022.

In 2022, the Annual Retreat and Bi-Annual Progress Review Meeting were held virtually due to the ongoing challenges of the COVID-19 pandemic. Despite being virtual, the Annual Retreat and Bi-Annual Meeting had an average of 54 registrants and were positively reviewed by attendees.

Annual Retreat - The 2021 Annual Retreat was a two-day virtual gathering held on April 27-28, 2021. During the retreat, participants reviewed the vision of the Strategic Plan and heard presentations on current drug overdose and trafficking trends from the IDHW Drug Overdose Prevention Program and the Oregon-Idaho High Intensity Drug Trafficking Agency (HIDTA). Members then broke out into their Goal Groups to discuss past year progress and make any necessary updates to their goals, strategies, performance measures, and action plans. Updates & proposed changes were shared with the entire Workgroup to ensure alignment and decrease overlapping efforts.

Bi-Annual Progress Review Meeting - The 2021 Bi-Annual Progress Review Meeting was a virtual meeting held on October 19, 2021. During the meeting, participants broke into Goal Groups to review the updates made at the 2021 Annual Retreat and develop six-month action plans for closing out the final phase of the Strategic Plan. They then reconvened with the entire Workgroup to review their six-month action plans and share their Goal Group accomplishments over the past five years.

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A 2022 Annual Retreat was not organized because the Idaho Opioid Misuse and Overdose Workgroup and 5-Year Strategic Plan came to a close in April 2022, eliminating the need to hold a retreat and update the plan for the following year. However, in April of 2022 Goal Groups provided final action plan updates to identify continued efforts and culminating activities and accomplishments. Those final outcomes are outlined in this document.

## Outcomes & Accomplishments

When the Idaho Opioid Misuse & Overdose Workgroup created the Strategic Plan in 2017 they identified the 2022 vision and three key goal areas. The Strategic Plan was built around these goal areas, which were supported by strategies, performance measures, and action plans. More information about the goals, strategies, and performance measures can be found in Appendix 1. Below you will find a detailed list of Workgroup accomplishments identified under each goal area.

### Goal 1: Improve opioid prescribing practices through educating prescribers, patients, and the community.

- Legislation

- Senate Bill 1348 - strengthens Idaho's efforts to combat opioid misuse by enhancing the use of the prescription drug monitoring program (PDMP), requiring a check prior to prescribing opioids or benzodiazepines. Effective 07/01/2020. [Learn more.](#)

- Awareness Campaigns

- *Speak Out/Opt Out/Throw Out* - a statewide, hospital- and public-focused prescription opioid misuse prevention awareness campaign.
  - Five hospitals across Idaho implemented the patient and provider-focused education initiative in their institutions.
  - More than 206,000 campaign print materials were ordered and distributed for free to public health and community-based organizations statewide.



- Education and Support Resources

- *National Prescription Drug Take Back Day Event Planning Toolkit* - initiated by the DEA in 2010, Take Back Day events happen twice a year in April and October to provide Americans with opportunities to safely dispose of unused medications to help prevent diversion and misuse. The workgroup developed and disseminated the Toolkit to help community partners organize and promote Take Back Day events in their towns. The Toolkit aims to increase the number of events held across Idaho and increase the weight of drugs collected.
- Supported efforts to increase the number of *Permanent Prescription Drug Take Back Locations* - these disposal locations at pharmacies and law enforcement agencies provide a secure way for Idahoans to dispose of unused or unneeded medication year-round.
  - Between 2017-2022, the number of permanent prescription drug take back locations increased from virtually 0 to 112 statewide.
- Developed regional *Permanent Prescription Drug Take Back Location Rack Cards* as a resource to help Idahoans know where they can find permanent prescription drug take back locations in their communities.
  - More than 30,000 rack cards have been distributed across Idaho.
- Idaho Public Health Districts held 184 awareness events on the risks of prescription drug misuse.
  - These events reached a total of 9,650 individuals statewide.



PUBLIC HEALTH - IDAHO NORTH CENTRAL DISTRICT	
PRESCRIPTION DRUG TAKE BACK LOCATIONS*	
<small>*This listing is an informational resource and does not constitute any representation or warranty by the State of Idaho. We recommend calling prior to returning your medication to confirm hours and operation.</small>	
<b>Clearwater County Sheriff's Office</b> 150 Michigan Ave Orofino, ID 83844 208-478-4621	<b>Lewiston Police Dept.</b> 1224 F St Lewiston, ID 83801 208-748-5171
<b>Grangeville Police Dept.</b> 225 W North St Grangeville, ID 83830 208-852-2251	<b>Moscow Police Dept.</b> 118 E 4th St Moscow, ID 83843 208-863-7504
<b>Kamiah City Hall</b> 507 Main St Kamiah, ID 83886 208-852-8572	<b>Orofino Police Dept.</b> 217 First St Orofino, ID 83844 208-874-6551
<b>Latah County Sheriff's Office</b> 522 S Adams St Moscow, ID 83843 208-882-2218	<b>Halpern's Pharmacy</b> 414 N Main St Moscow, ID 83843 208-882-4078
<b>Lewis County Sheriff's Office</b> 512 Oak St #6 Napavine, ID 83843 208-837-2447	<b>Walgreen's Pharmacy</b> 2202 MacPherson Dr Lewiston, ID 83801 208-743-4434



- Behavior Change

- Increase in PDMP usage by prescribers
  - Between January 2017 and January 2020, Pharmacist Aware and PDMP Gateway Searches increased by 185% and 441% respectively.<sup>12</sup>
- Decrease in opioid prescription rates.
  - Opioid prescriptions decreased from 82.82 per 100 Idaho residents in 2017 to 65.20 per 100 Idahoans in 2020.<sup>12</sup>
- Increase in access to, and usage of, proper prescription drug disposal options.
  - Between 2017-2022, the number of law enforcement agencies and pharmacies across Idaho that installed permanent prescription drug take back locations increased from virtually 0 to 112 statewide.
  - In October 2020, the first Take Back Day after the development of the Toolkit, there were 42 events held across the state with a total of 10,526 lbs. of drugs collected - breaking the state record for the most drugs collected on National Prescription Drug Take Back Day.
  - Between 2016-2022 the total weight of drugs collected in Idaho during National Prescription Drug Take Back Days increased by 49%. Nationwide, the average weight of drugs collected decreased by 2% during that same period.

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## Goal 2: Strengthen and support families.

- Legislation

- House Bill 12 - amended Section 54-1733B, Idaho Code to revise provisions regarding opioid antagonists to clarify that licensed health professionals may prescribe and dispense an opioid antagonist; and any person acting in good faith may administer an opioid antagonist to a person experiencing an opioid-related overdose. Effective 07/01/2019. [Learn more.](#)

- Awareness Campaigns and Educational Support Resources

- Centralized access to, and distribution of, opioid misuse prevention materials - the Workgroup identified the Idaho Regional Alcohol Drug Awareness Resource (RADAR) Center as the information clearinghouse to serve as the central distribution hub for opioid misuse prevention materials, supporting access for Idahoans.
- Developed the *Be Prepared, Save a Life: An Overdose Awareness and Naloxone use Guide for Patients, Families, and Caregivers*. Available for free from the RADAR Center. [Link.](#)
- Developed the *ASAM Opioid Addiction Treatment: A Guide for Patients, Families, and Friends*. Available for free from the RADAR Center.
- Developed the online *Idaho Opioid Resource Map*. [Link.](#)
- Added “Find Naloxone” on the IDHW online HSHS locator tool. [Link.](#)

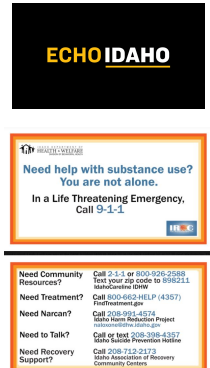


- Behavior Change

- Centralization of all state and local opioid misuse prevention resources so prevention providers and community members can find all relevant materials in one online location and order or download the materials for free.
- Increase in Naloxone distribution.
  - Naloxone prescriptions increased from 1.258 per 100 Idaho residents in 2017 to 1.831 per 100 Idahoans in 2020.<sup>12</sup>

### Goal 3: Expand awareness of, and access to, treatment.

- Legislation
  - House Joint Memorial 13 - sought to remove barriers to accessing suboxone to make buprenorphine more accessible to patients. Delivered to Secretary of State on 03/06/2020. [Learn more.](#)
- Awareness Campaigns
  - *Real Idahoans* - a statewide, public-focused opioid misuse prevention and awareness campaign.
    - Campaign evaluation that surveyed a randomized sample of nearly 1,000 Idaho residents found that 39.2% of respondents reported media exposure and awareness of prescription opioid messages.
    - Overall, the majority of those that reported being exposed to campaign messaging said that at least one of the messages was effective in sharing information about the risks of prescription opioid use and medication-assisted treatment (MAT).
- Education and Support Resources
  - Increase accessibility to treatment and recovery support services through community-based programs including Law Enforcement Assisted Diversion (LEAD) programs that provide the opportunity for offenders to access treatment instead of jail, emergency department warm handoff programs that provide immediate access to recovery coach services, and referrals to community treatment providers.
  - Support Idaho's treatment providers by the distribution of free SUD educational and treatment materials through the Boise State University RADAR Center and Project ECHO Idaho sessions, a virtual educational resource that empowers healthcare professionals in the treatment of OUD.
  - Developed the *Idaho Response to the Opioid Crisis Substance Use Resources Wallet Card*. Available for free from the RADAR Center. [Link](#).
- Behavior Change
  - Decrease in adult and youth opioid misuse.
    - According to the National Survey on Drug Use and Health, past year pain reliever misuse among Idahoans age 12 and older decreased from an estimated 59,000 in 2017 to an estimated 55,000 in 2020.
    - According to the 2017 and 2021 Statewide Reports for the Idaho Healthy Youth Survey, the number of Idaho 8-12 graders reporting that they had misused a prescription drug one or more times in their lives decreased from 13.4% to 10.5%.
  - Increase in the number of Idaho practitioners obtaining waivers to provide medication-assisted treatment (MAT) for opioid use disorders.
    - The number of Idaho Waivered prescribers who agreed to be listed on the SAMHSA website increased from 105 (2017) to 688 (June, 2022)<sup>20</sup>.



<sup>20</sup> [FAQ - ECHO Idaho X-Waiver Training Information](#). Project ECHO Idaho, University of Idaho.



## Appendices

### Appendix 1: Goals, Strategies, and Performance Measures

The entire strategic planning Workgroup reconvened at the 2021 Annual Retreat and individual Goal Groups had breakout sessions to assess and update their goals, strategies, and performance measures. The entire Workgroup then reassembled to review the progress over the past year and make necessary updates to the Strategic Plan for its fifth and final year. These updates are outlined in detail in the [2021 Update to the Idaho Opioid Misuse & Overdose Strategic Plan](#).

#### Key Goals, Goal Groups, Objectives, and Strategies

##### KEY GOALS:

1. Improve opioid prescribing practices by educating prescribers, patients, & community.
2. Strengthen and support families.
3. Expand awareness of, and access to, treatment.

**GOAL GROUPS** - Goal Groups are smaller groups within the broader Opioid Misuse & Overdose Workgroup tasked with specific objectives. The Goal Groups have shifted over the five years as needed when objectives were accomplished or identified. By April 2022, four goal groups remained:

- Goal Group 1A/2
- Goal Group 1C
- Goal Group 3
- Goal Group 4

**OBJECTIVES AND STRATEGIES** - Each Goal Group had specified objectives within the three key goal areas. Goal groups then identified strategies for each objective. The key goal areas, goal group objectives, and strategies are provided below in the following format:

- Key Goal
  - Goal Group Objective
    - Strategies to Reach Objective
      - ★ Outcomes as of April 2022

## KEY GOAL 1: IMPROVE OPIOID PRESCRIBING PRACTICES THROUGH EDUCATING PRESCRIBERS, PATIENTS, AND THE COMMUNITY.

### GOAL GROUP 1A/2 - OBJECTIVES

**Objective 1:** By December 2021, the percent of high MME prescribers who check the prescription drug monitoring program (PDMP) 0% of the time will be reduced by 10 percentage points from the baseline of the last quarter of 2020.

- **Strategies:**

1. Update and reformat Idaho-based information and tools for Idaho's health workforce and distribute in a format that is easily accessed.
2. Educate prescribers and administrators about safe opioid prescribing in general & Identify and implement strategies to connect opioid prescribing outliers with prescriber champions for peer-to-peer education.
4. Serve as a resource to advisory groups and other professional organizations as they explore linking controlled substance licenses to continuing medical education.
5. Provide information related to opioid stewardship and the state strategic plan to Idaho health education programs.
6. Identify and implement strategies to support the sustainability of and increase engagement in Idaho's Extension for Community Health Outcomes (ECHO) SUD/OD programs.
7. Encourage prescribers and healthcare systems to adopt PMP integration into electronic medical records (EMRs).
8. Educate prescribers on access to and use of PMP, including use of delegates.

★ **Outcomes:** Between January 2017 and January 2020, Pharmacist Aware and PDMP Gateway Searches increased by 185% and 441% respectively.<sup>12</sup>

**Objective 2:** By December 2021, reduce the past year pain reliever misuse among Idahoans 12 years and older from 4.25% to 4.0%, as measured by the National Survey on Drug Use and Health (NSDUH).

- **Strategies:**

1. Expand Idaho branded patient education information for distribution to rural and frontier communities.
2. Expand distribution of a patient-friendly variation on the Brief Opioid Knowledge test rack card.
3. Develop patient education tools to implement at pharmacies

★ **Outcomes:** According to the 2019-2020 NSDUH State Prevalence Estimates, an estimated 3.71% of Idahoans ages 12 years and older misused prescription pain relievers in 2020. Exceeding the objective to reduce past year pain reliever misuse among Idahoans 12 years and older from 4.25% to 4.0% by December 2021. (Note: 2020-2021 NSDUH State Prevalence Estimates were not available as of August 2022).

## GOAL GROUP 1C - OBJECTIVE

**Objective 1:** By December 31, 2022, 80% of Idaho's adult population - as measured by the Behavioral Risk Factor Surveillance System (BRFSS) - will be aware that using prescription painkillers more frequently or in higher doses than directed by a healthcare provider, or using prescription painkillers not prescribed by a healthcare provider, holds great risk.

- **Strategies:**

1. Implement/expand evidence-based substance use prevention education programs for students (K-12).
2. Provide information dissemination through adult-focused education campaigns.
3. Research and develop ways to create targeted messaging for priority populations within Idaho. Including, but not limited to, senior citizen, rural, hispanic, and Native American communities.

- ★ **Outcomes:** As of April 2022, the Opioid Misuse and Overdose Workgroup facilitated four statewide prescription drug misuse prevention awareness campaigns, including:

1. Real Idahoans
2. Speak Out/Opt Out/ Throw Out
3. StopOverdoseIdaho.org
4. National Prescription Drug Take Back Day

These campaigns aimed to educate Idahoans on the risks associated with prescription opioid and painkiller misuse. The cumulative reach of these campaigns amongst Idaho's adult population is unknown. As of April 2022, the [BRFSS](#) does not report measurements on the percentage of populations aware of the risks associated with prescription pain reliever misuse.

## KEY GOAL 2: STRENGTHEN AND SUPPORT FAMILIES

### GOAL GROUP 3 - OBJECTIVE

**Objective 1:** Expanding the coordination of substance misuse information, awareness and support services to assist families to reduce the rate\* of opioid-related drug overdose deaths from 7.4 to 7.2 by December 2021.

- **Strategies:**

1. Collect resources supporting all groups (patients, parents, families) affected by opioid misuse in crisis and coordinate dissemination to a predetermined public resource outlet. Part of that is to determine the single source outlet and use it exclusively.
2. Disseminate wallet card with resources from Strategy 1 to identified target populations.
3. Increase awareness of family recovery support services available in person or online (narcotics anonymous, nar-anon family groups, Family Strong, Intherooms.com).
4. Educate families about the signs of drug use, destigmatize, disseminate resources.

\*Age-adjusted mortality rate per 100,000 population

- ★ **Outcomes:** As of April 2022, the Opioid Misuse and Overdose Workgroup facilitated the following accomplishments:

1. Centralized access to, and distribution of, opioid misuse prevention materials - the Workgroup identified the Idaho RADAR Center as the information clearinghouse to serve as the central distribution hub for opioid misuse prevention materials, supporting access for Idahoans.
2. Developed the *Be Prepared, Save a Life: An Overdose Awareness and Naloxone use Guide* for Patients, Families, and Caregivers. Available for free from the RADAR Center.
3. Developed the *ASAM Opioid Addiction Treatment: A Guide for Patients, Families, and Friends*. Available for free from the RADAR Center.
4. Developed the online *Idaho Opioid Resource Map*.
5. Added "Find Naloxone" on the IDHW online HSHS locator tool.
6. Increase accessibility to treatment and recovery support services through community-based programs including Law Enforcement Assisted Diversion (LEAD) programs that provide the opportunity for offenders to access treatment instead of jail, emergency department warm handoff programs that provide immediate access to recovery coach services, and referrals to community treatment providers.
7. Support Idaho's treatment providers by the distribution of free SUD educational and treatment materials through the RADAR Center and Project ECHO Idaho sessions, a virtual educational resource that empowers healthcare professionals in the treatment of OUD.
8. Developed the IROC Substance Use Resources Wallet Card. Available for free from the RADAR Center.

**KEY GOAL 3:  
EXPAND AWARENESS OF, AND ACCESS TO, TREATMENT**

**GOAL GROUP 4 - OBJECTIVE**

**Objective 1:** By December 2021, decrease the number of Idahoans with untreated opioid use disorder (OUD) from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health (NSDUH).

● **Strategies:**

1. Increase payment options for treatment by identifying and removing financial barriers.
2. Reduce stigma around opioid treatment modalities and harm reduction principles.
3. Improve pathways to treatment for all populations.
4. Increase the number of buprenorphine prescribers who are actively treating patients with OUD.
5. Increase access to SUD psychosocial treatment providers, emphasizing access in rural areas and increasing the use of telehealth throughout the state.
6. Increase the number of patients accessing OUD treatment, including MAT.
7. Increase the number of Opioid Treatment Programs (OTP) and/or Medication Units, focusing on locations outside of the Treasure Valley.

★ **Outcome(s):** According to the 2019-2020 NSDUH Estimated State Totals, an estimated 55,000 Idahoans ages 12 years and older misused prescription pain relievers in 2020, a 20% decrease from the estimated 69,000 Idahoans ages 12 years and older that reported misusing prescription pain relievers in the past year according to the 2015-2015 NSDUH Estimated State Totals. However, those same NSDUH reports found that an estimated 14,000 Idahoans ages 12 and older suffered from a prescription pain reliever use disorder between 2019-2020, a nearly 17% increase from 2015-2016. (Note: the NSDUH State Estimates do not include measurements for untreated opioid use disorder as of August 2022).

## Performance Measurement Plan

Performance measures provide a way to measure the success of the goals and objectives laid out in a strategic plan. They provide accountability to the workgroup and the public so that those invested in this work can see whether the interventions implemented are effective and a good use of resources. Each Goal Group working on the Strategic Plan has identified the Performance Measures listed below to correspond with each goal. Each Performance Measure plan includes the following information: (1) Measure and Description of the Performance Measure; (2) Frequency of Measurement; (3) the Party Responsible for Collecting the Data; (4) Method for Communicating Results; (5) and the Audience to which they plan to present the data.

In this document, only the Measure and Description of each Performance Measure is displayed. For the full plan on each Performance Measure, [see this linked Google Sheet](#).

To see how Performance Measures have changed from year to year in this Strategic Plan’s lifecycle, please see the Strategic Plans from previous years.

GOAL GROUP	MEASURE AND DESCRIPTION
<b>1A/2</b>	(i) Prescribing Rate per 100 Idahoans This figure, reported annually by the CDC, will track the trend/decrease in Idaho and comparison to the national average.
<b>1A/2</b>	(ii) Percent of patients prescribed LA/ER opioid who were opioid-naïve
<b>1A/2</b>	(iii) Percentage of Opioid Naïve Patients Who Took Opioids for Longer than Three Days
<b>1A/2</b>	(iv) Number of Patients Generating Unsolicited Reports from the Board of Pharmacy moving to 4 prescribers and 2 pharmacies
<b>1A/2</b>	(v) Using the PDMP Mandatory checking compliance tool to track check rates by profession.
<b>1A/2</b>	(vi) (Goal related measure): Percent of high MME prescribers who checked the prescription monitoring program (PMP) 0% of the time. (Quarterly for 2021 calendar year)
<b>1B</b>	(i) Statewide Patient Education Campaign Evaluation Behavioral intent is measured by patient experience surveys in initial hospitals. Reach numbers during the period of campaign implementation.
<b>1B</b>	(ii) Expansion of Full Hospital Campaign Number of locations to which the full hospital campaign extends. Number of pharmacy participants.



<b>1B</b>	(iii) Average Daily Supply Dispensed Track data via PMP.
<b>1B</b>	(iv) Track the locations where Campaign materials are distributed / displayed Public health districts, hospitals, clinics, pharmacies, dentists, physical therapy, pain specialists.
<b>1C</b>	(i) Statewide Adult Education Campaign Evaluation The evaluation will assess campaign reach, engagement and earned media. Additionally, the evaluation will measure change in knowledge, attitudes, behaviors, and how well the CDC campaign materials resonate with Idaho residents. (i.i) Rural populations (i.ii) College populations
<b>1C</b>	(ii) Evidence-Based Program (EBP) Evaluation This will be a pre and post survey evaluation of the program aimed at middle school students.
<b>1C</b>	(iii) Perceived Risk of Opioid Misuse The source of this data is the 2018 IDHW added BRFSS question: “How much do you think people risk harming themselves in any way when they use prescription painkillers more frequently or in higher doses that directed by a healthcare provider or when they use prescription painkillers NOT prescribed by a healthcare provider?”
<b>3</b>	(i) National Survey on Drug Use and Health (NSDUH) See results concerning prevalence of opioid use for various age groups.
<b>3</b>	(ii) Youth Risk Behavior Survey (YRBS) See results concerning prevalence of prescription drug use for high school students.
<b>3</b>	(iii) Idaho Healthy Youth Survey See results concerning prevalence of opioid use among students in grades 6, 8, 10 and 12.
<b>3</b>	(iv) Behavioral Risk Factor Surveillance System (BRFSS) See results concerning prevalence of opioid use for various youth age groups for those 18 years and older.
<b>3</b>	(v) Drug overdose death rate per 100,000 residents per IDHW vital statistics.
<b>4</b>	(ii) Annual Trend in Number of Overdose Deaths with Opioid Involvement Among Idaho Residents Source: Annual Idaho Vital Records and Health Statistics data, based on calendar year.
<b>4</b>	(iii) Trend in Individuals Receiving Publicly Funded Treatment and Support Services (DBH/BPA, Medicaid, Medicare)
<b>4</b>	(iv) Amount of Public Funding for Treatment and Recovery Services Track the trend in funding.

4	(v) Trend in Number of Naloxone Prescriptions Dispensed Source: Annual PDMP data on naloxone prescriptions dispensed to Idaho residents, by calendar year.
4	(vi) Trend in Number of Opioid Treatment Programs (OTPs) in Idaho This will be monitored as Medicaid Expansion is rolled out via data provided by Medicaid. It will include how many BPA providers transition who have not already signed up to be in the Optum network.
4	(vii) Trend in Warm Handoff Programs Across the State This will be tracked through the various related grants as well as word of mouth through our strategic plan groups.
4	(viii) Trend in the Number of Buprenorphine prescriptions in Idaho *The use of this measurement will be determined on the accessibility of this data.
4	(ix) Trend in what OUD treatment services, including MAT, are covered by private insurances (blue cross, idaho insurance exchange, etc.)
4	(x) Trend in the number of patients Medicaid providers are prescribing to
4	(xi) Trend in the number of Idahoans accessing MAT through Public Funding/Medicaid
4	(xii) Trend in the number of SUD psychosocial treatment sites, specifically focusing on rural areas
4	(xiii) Trend in the utilization of telehealth for SUD treatment across the state
4	(xiv) Trend in the number of patients identified through syringe exchange who accept a referral to treatment

## Appendix 2: Strategic Planning Workgroup Participants

Workgroup membership and participation fluctuates from year to year as job roles change and as Goal Groups and objectives shift. The list below identified Workgroup Participants as of April 2022.

First Name	Organization	Goal Group
Annie Dixon	Idaho Academy of Physician Assistants	1A/2
Jeremy Brown	Idaho Board of Veterinary Medicine	1A/2
Megan Hearn	IDHW, Division of Public Health, Drug Overdose Prevention Program	1A/2
Jamie Neill*	Idaho Medical Association	1A/2
Jessica Oliver*	Idaho State Dental Association	1A/2
Todd Palmer	Family Medical Residency of Idaho	1A/2
Susie Pouliot Keller	Idaho Medical Association	1A/2
Lachelle Smith	Project ECHO, University of Idaho, WWAMI Medical Education Program	1A/2
Claudia Coatney	Southwest District Health	1A/2
Taylor Bybee	South Central Public Health District	1C
Jessie Dexter	Idaho Office of Drug Policy	1C
MaryAnn Doshier	South Central Public Health District	1C
Derek Gerber	Idaho Physical Therapy Association / Idaho State University PT	1C
Mallory Johnson	Eastern Idaho Public Health	1C
Marianne King*	Idaho Office of Drug Policy	1C
Kristen Raese*	IDHW, Division of Public Health, Drug Overdose Prevention Program	1C
Courtney Boyce	Central District Health	3
Sarah Buchanan*	IDHW, Division of Public Health, Drug Overdose Prevention Program	3
Amanda Cox	BPA Health	3

Liza Crook	Idaho Dept of Juvenile Corrections	3
Theresa Davis	North Idaho AIDS Coalition (NIAC)	3
Catherine Kaplan*	IDHW, Division of Behavioral Health	3
Traci Lambson	Southeastern Idaho Public Health	3
Caitlin Rusche	Idaho North Central District Public Health	3
Dr. Omair Shamim	Idaho Department of Health and Welfare	3
Bill Foxcroft	Idaho Head Start Association	4
Brant Massman	Center for Behavioral Health	4
Rachel Nenno*	IDHW, Division of Behavioral Health	4
Randi Pedersen	Idaho Department of Health and Welfare	4

\*Goal Group Leaders



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