State of Idaho Substance Abuse Needs Assessment

State Epidemiological Outcomes Workgroup Report

December 2013

Idaho Office of Drug Policy

Prepared by:
Idaho State Epidemiological Outcomes Workgroup
Idaho Office of Drug Policy

Funded by: Strategic Prevention Framework State Incentive Grant

Acknowledgements

The 2013 State of Idaho Substance Abuse Needs Assessment report is a collaborative effort between the Office of Drug Policy and numerous State and County agencies. The material represents the work of multiple contributors who offered the insight, discussion and research necessary to conduct a statewide needs assessment and to create a data informed document that will aid decision makers in establishing state-level priorities.

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Disclaimer

This document was produced by the Idaho Office of Drug Policy under the Idaho Strategic Prevention Framework State Incentive Grant (SPF SIG). The Idaho SPF SIG is part of a federal initiative created by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP) to assist states and US territories to prevent the abuse of alcohol, tobacco and other drugs (ATOD). Publication of this document does not necessarily reflect the opinions or policies of the sponsoring agencies that participated in or funded the aforementioned.

The document was produced by the Idaho Office of Drug Policy as part of its efforts to develop a practical and user-friendly ATOD needs assessment for Idaho and its communities.

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Executive Summary

The State of Idaho Substance Abuse Needs Assessment reports information from on-going statewide surveillance programs such as the Youth Risk Behavior Survey (YRBS), the Behavioral Risk Factor Surveillance System (BRFSS), the National Survey on Drug Use and Health (NSDUH), and Treatment Episode Data Set (TEDS). The resulting study provides baseline and trend information on substance use, abuse, and dependence in Idaho.

In addition, this report informs the State Strategic Prevention Framework (SPF) Advisory Council of the findings from the comprehensive needs assessment completed by the Strategic Prevention Framework State Incentive Grant (SPF SIG) State Epidemiological Outcomes Workgroup (SEOW). It should be used as a starting point for the SPF Advisory Council's creation of the SPF SIG strategic plan, and will assist members in their next step of prioritizing substance abuse issues. Ultimately, this document will also inform their decisions regarding the allocation of SPF SIG funding to Idaho communities. Data in this document should not only guide the SPF SIG project, but also serve as a state-level overview from various sources to help researchers, program managers, policymakers, and other interested parties identify data sources for further exploration and guide decision making processes.

The report details the assessment process undertaken to narrow substance-related consumption and consequence data to a targeted need. The SEOW followed a rigorous four-step process to determine those indicators which are most vital to appropriate statewide substance abuse prevention planning. This process included a literature review, identification of a comprehensive list of constructs and indicators, application of criteria to refine the indicator list to reflect relevance, and use of a hybrid Delphi method to further refine the constructs and indicators. Based on the outcomes of this process and the resulting assessment, the SEOW encourages the SPF Advisory Council to consider the following while planning and implementing Idaho's SPF SIG project:

Over the past several years Idaho has seen several positive trends in regards to substance abuse epidemiology.

- Nearly all consumption related indicators are steady or falling.
- Surveys indicate that methamphetamine use rates have been cut in half in the past decade.
- According to the YRBS fewer and fewer students are having their first drink of alcohol before the age of 13 (27.6% in 2001, 15.3% in 2013).
- Drug possession arrests have fallen and Idaho has experienced a decline in alcohol-related crime.

These are welcome improvements, but there continues to be areas of concern.

- Idaho's drug mortality rate was once well below the national average, but at this time is trending to meet or surpass the national rate. This coincides with the increasing rate of seizures of prescription drugs.
- Marijuana trafficking charges have nearly tripled since 2009.
- Alcohol sales continue to rise and there is a consistent rise in most indicators of alcohol mortality.

Introduction

Idaho was awarded the SPF SIG in August 2013. The Idaho Office of Drug Policy (ODP) serves as the agency overseeing the implementation of the SPF SIG. The goals of this project include:

1) Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking
2) Reduce substance abuse related problems in the communities and
3) Build prevention capacity and infrastructure at the State/Tribal/Territory and community levels

These goals are accomplished through the implementation of the strategic prevention framework. The framework (shown in Figure 1 below) includes five steps with special attention paid to sustainability and competence throughout the process.

The SPF requires states and communities to systematically:

Assess their prevention needs based on epidemiological data,

Build their prevention ***capacity***

Develop a strategic ***plan***

Implement effective community prevention programs, policies and practices, and

Evaluate their efforts for outcomes.

Figure 1: SPF Framework

This first phase is an attempt to gain better understanding of substance use and abuse patterns both within different substance abuse typologies and specific geographic areas. This assessment was conducted by the Idaho SEOW and involves the collection of data to understand population's needs, review the resources that are required and available, and identify the readiness of the community to address prevention needs and service gaps.

The Idaho SEOW is a multidisciplinary workgroup whose members are connected to key decision making and resource allocation bodies in the state. The Idaho SEOW was established in 2006 under the State Epidemiological Outcomes Workgroup Contract. In regards to the SPF SIG process, the SEOW is responsible for:

1) Developing a set of key data indicators for use in describing substance use/abuse in Idaho including:

   a) Patterns of consumption over time
   b) Magnitude and distribution of substance related consequences
2) Conducting a careful, systematic review and analysis of data
3) Interpreting and communicating findings
4) Recommending objectives for review, modification and/or approval by the Advisory Council
5) Considering and recommending which data indicators are appropriate for evaluation purposes
6) Serving as consultant to the SPF Advisory Council in determining resource allocation methods

The assessment relies mainly on three potential sources of data for information on substance users: Surveys containing self-reported data on substance abuse, drug-related arrest data, and mortality data. While these information sources are good, they do have limitations. As such, this assessment should be combined with other data sources (e.g. local experts, other archival data) to provide a more thorough basis for understanding substance use practices within the specific areas of the state.

In an effort to provide a more useable product to our stakeholders, the Idaho SEOW elected to update and change the format implemented in past years for the State of Idaho Epidemiological Profile. For methodological and purpose driven reasons, some previously reported data that is still available was not reported in this assessment. In other cases, new data has been reported and to a finer level. For any questions beyond the contents of this report, please contact the appropriate contact listed in the "Availability" column on Appendix D.

Demographics

The State of Idaho is predominantly rural in character and culture, reflecting traditional morals, values, and lifestyles, with pockets of cultural and ethnic diversity. Its largest metropolitan area, the Treasure Valley, which includes both Ada and Canyon Counties, contains about 37% of the state's population. Idaho's urban, suburban, rural, and tribal lands have very different historical, social, and cultural features. Each community's needs and perspectives about ATOD may differ from those of other groups and subcultures. Within these communities, prevention efforts must take into special account the role social and economic conditions play in problems associated with ATOD (e.g., poverty, inequity, inequality), and the need to engage community leaders and networks in prevention.

Idaho is a geographically large state with vast frontier expanses and relatively few heavily populated areas. To provide a better understanding of the state of Idaho, the following six maps highlight demographic characteristics at the county level in Idaho. (See Appendix B for a map of Idaho counties.)

Idaho Population per Square Mile, 2010

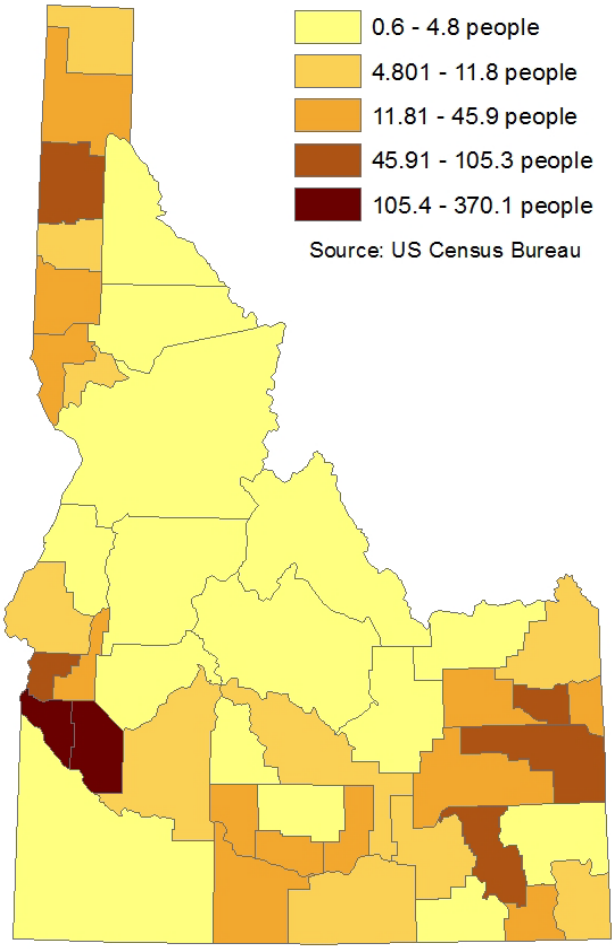


Figure 2

Idaho's most populated counties are Ada, Canyon, and Kootenai counties. Idaho's population in 2010 was 1,567,582, up 21.1% from the 2000 Census. During the 1990's the population in Idaho increased by 28.5%, with this rate of growth still occurring in some areas. It should be noted that the population growth in metropolitan areas has continuously outpaced growth in nonmetropolitan areas. This is important to keep in mind in relation to capacity.

Idaho Population Change, 2000 to 2010

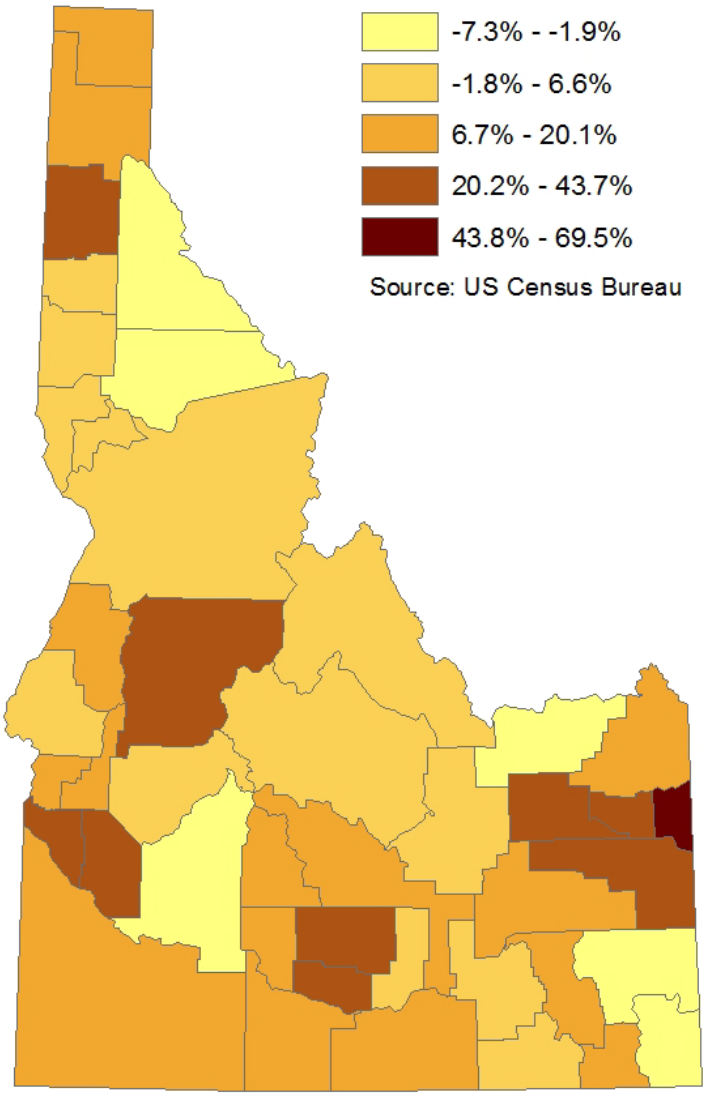


Figure 3

Counties which experienced the highest levels of population growth from 2000 to 2010 were urban or resort based economies. Counties with natural resource based economies often experienced declines in population. Like population density, growth rate can also affect capacity. Additionally, extreme population growth or contraction can affect the nature of problems that communities are dealing with on a local level.

Percent Population age 25+ in Idaho with Bachelor's Degree or Higher, 2009

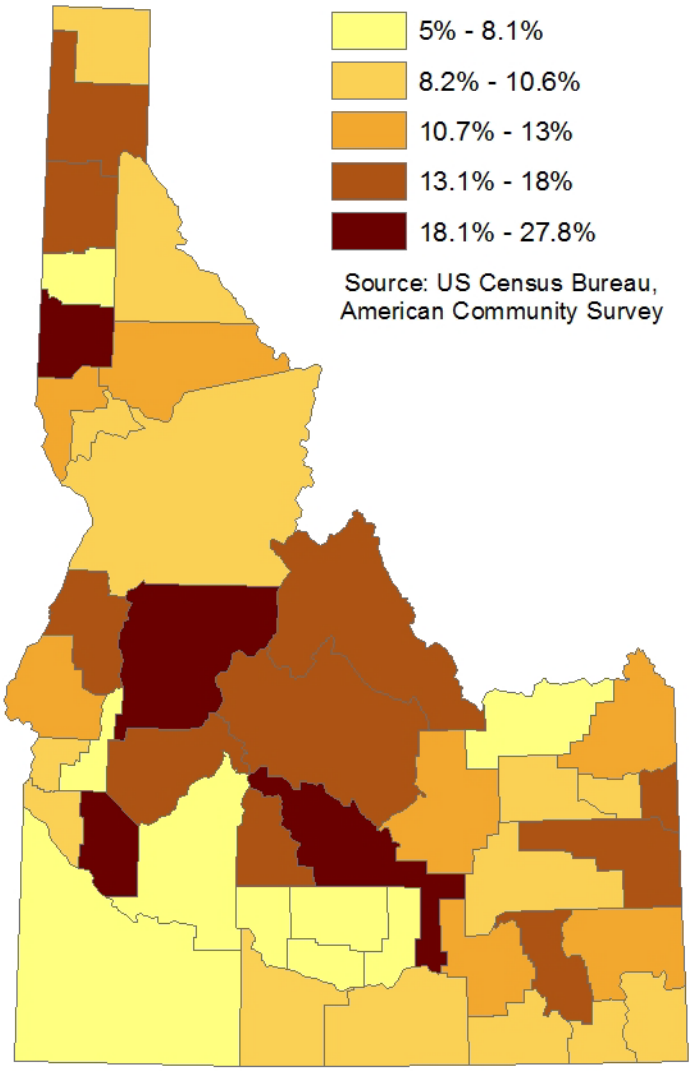


Figure 4

The percent of the population age 25 and over that has earned either a Bachelor's Degree or higher is 27.9% nationally compared with Idaho's rate of 24.3%. Educational attainment is a commonly addressed risk factor that can be linked to a variety of community level social issues including substance abuse.

Percent of Idaho Households with Income below Poverty Level, 2009

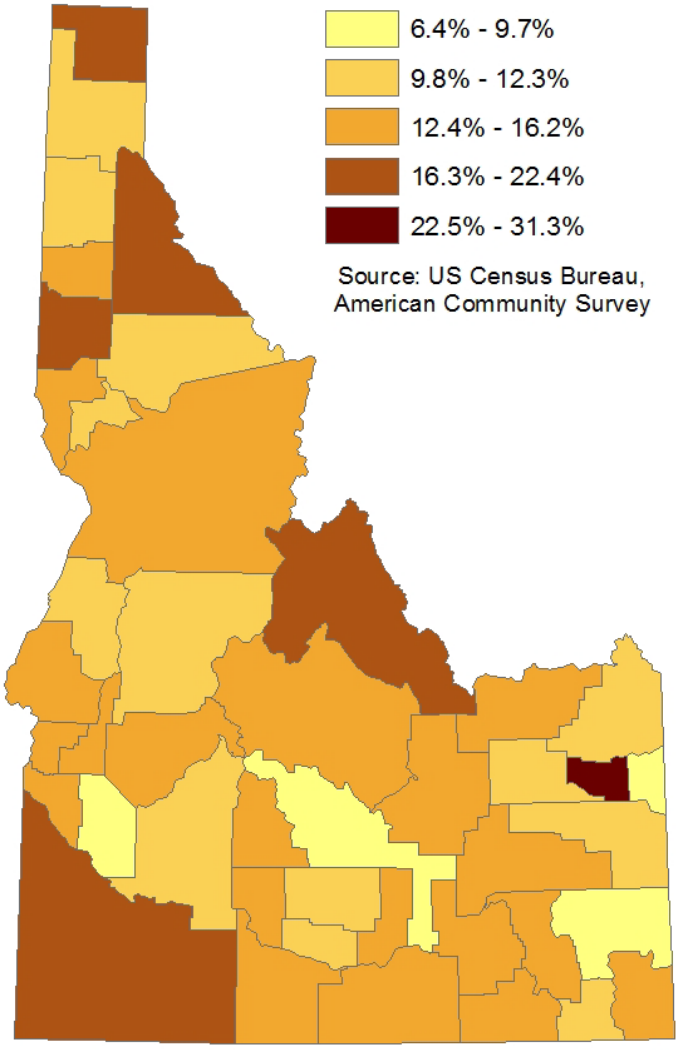


Figure 5

In 2009, nationally the percent of the population in poverty was 14.3%, and interestingly in Idaho the rate was also 14.3%. The counties with the lowest percent of the population in poverty were Ada, Blaine, Caribou and Teton. The community with the highest rate of poverty was Madison with 31.1%. Like educational attainment, poverty level has been shown to have a strong correlation with substance abuse issues and is a common risk factor.

Idaho Median Household Income, 2010

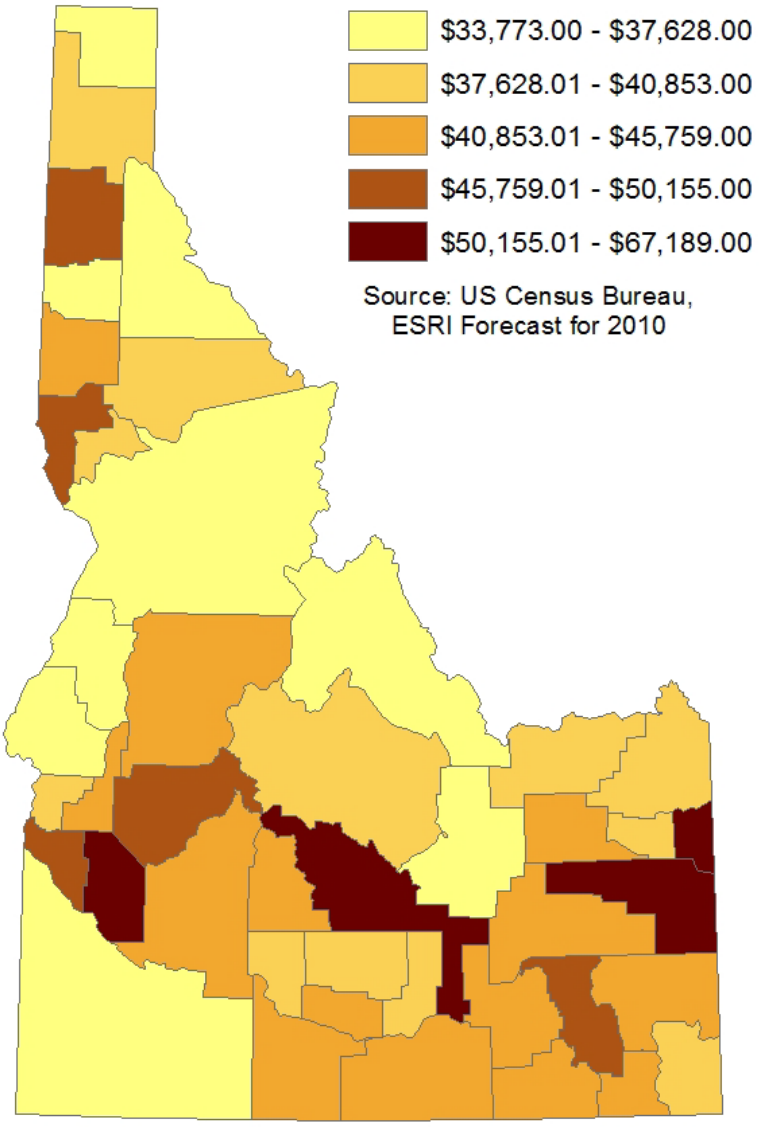


Figure 6

Within Idaho the median household income in 2010 was $46,423, while nationally this figure was $51,914. Median household income in the counties ranged from a low of $33,773 in Clark County to a high of $67,189 in Blaine County.

Idaho Unemployment Rate, March 2011

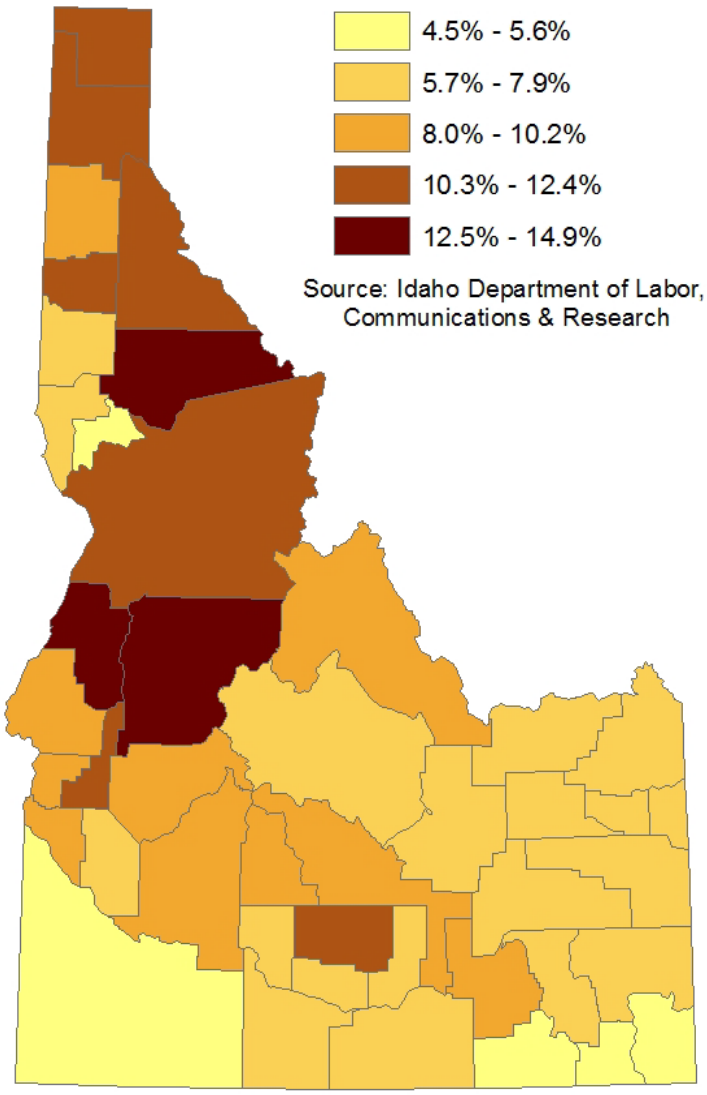


Figure 7

The March 2011 unemployment rate in Idaho was 8.7%, compared to 8.8% for the nation. This ranged from an unemployment rate of 4.5% in Owyhee County to 14.9% in Adams County.

Methodology

General Review

The State of Idaho Substance Abuse Needs Assessment has been developed under the direction of the SEOW and in turn the methodology used to develop this report is a standard format provided to all SEOWs. The following is a review of that methodology developed by the Pacific Institute for Research and Evaluation (PIRE).

Substance abuse prevention planning begins with a clear understanding of alcohol, tobacco, and other drug use (ATOD), the risk and protective/causal factors associated with ATOD use, and the chief consequences of their use (Figure 8).

Figure 8: Outcomes-Based Prevention Model

In such an outcome-based approach, understanding the nature and extent of substance use and its related problems (consumption and consequences) is critical for determining prevention priorities and aligning relevant and effective strategies to address them. The Center for Substance Abuse Prevention (CSAP) recommends that state epidemiological profiles and assessments predominantly focus on substance use and related consequences as the first step in developing an outcomes based approach to prevention. Focusing on consumption and consequences does not by any means undermine the importance of measuring and understanding causal factors that lead to substance abuse and substance abuse-related consequences. Understanding the factors that contribute to substance use and related problems (also referred to as "intervening variables or "risk and protective factors") is the logical next step after the State has developed a full understanding of the substance use patterns and consequences it seeks to address.

Following this guidance, the following consumption and consequences information was compiled for Idaho.

CONSUMPTION:

Consumption is defined as the use and high-risk use of alcohol, tobacco, and illicit drugs. Consumption includes patterns of use of alcohol, tobacco, and illicit drugs, including initiation of use, regular or typical use, and high-risk use.

CONSEQUENCES:

Substance-related consequences are defined as adverse social, health, and safety consequences associated with alcohol, tobacco, or illicit drug use. Consequences include mortality and morbidity and other undesired events for which alcohol, tobacco, and/or illicit drugs are clearly and consistently involved. Although a specific substance

may not be the single cause of the consequence, scientific evidence must support a link to alcohol, tobacco, or illicit drugs as a contributing factor to the consequence.

Each of these two major groupings can be broken down into discrete categories or prevention-related "constructs" for each of the major substance types. The Idaho SEOW chose to break substances into five categories; alcohol, tobacco, prescription drugs, marijuana and other drugs. The constructs provide a way to conceptualize and organize key types of consumption patterns and consequences. For example, with respect to alcohol, constructs related to consequences include mortality and crime and constructs related to consumption patterns include current binge drinking and age of initial use. For each construct, Idaho attempted to find one or more specific data measures (or "indicators") to assess and quantify the prevention-related constructs. Idaho's indicator data is collected and maintained by various community and government partners.

Numerous constructs and indicators for substance use and related consequences exist at the national, State, and sub-State level. As such, assembling and interpreting all of the available prevention-relevant data would be unproductive. Therefore, starting with a set of key constructs assisted Idaho in organizing and narrowing the search for data relevant to decision making in Idaho. As suggested by PIRE, Idaho was guided in this process by what information was needed rather than starting with an inventory of all the data available. That is, the existence of data did not drive decisions about which problems to focus on. Rather, constructs of real interest were determined followed by the identification of indicators available to measure those constructs. If insufficient data was available, that construct was not represented.

Given the Office of Drug Policy's focus on building and strengthening Idaho's prevention system, the Idaho SEOW focused on those constructs and indicators that will prove most useful for prevention decision-making. All indicators included in this assessment have been found to be valid and reliable measures of the constructs they were intended to reflect. Additionally, with respect to consequences, constructs for which there is strong research evidence regarding the causal influence of substances abuse were used.

Indicator Selection

The Idaho SEOW went through a four step process to determine appropriate indicators.

Step 1: A review of the literature was conducted by the research staff establishing a comprehensive list of over 150 possible indicators grouped by substance and construct type. A factor which complicates data in Idaho is that although we have a significant breadth of sources, due to small populations we struggle to provide granularity to that data. With that in mind, the SEOW chose to look at the problem in the context of the whole state. The SPF Advisory Council will next address subpopulations and communities of interest in detail. Over the next three months a Priority Setting Subcommittee composed of SEOW membership and SPF Advisory Council membership will work together to review the data, indicators and analysis contained in

this report. The subcommittee's work will conclude by setting a list of priorities upon which the state will focus.

Step 2: Driven by the aforementioned interest of having data sources that would reflect a wide scope, the workgroup reviewed the indicators and their sources. This resulted in a narrowed list of 129 indicators. While this list was narrowed from the original review, it was the consensus of the workgroup that criteria needed to be established to further guide the process, with the goal of the workgroup to reduce the list to a manageable level of approximately 40 indicators. The criteria established were as follows:

1) Five years of data had to be available on the indicator.
2) At least one indicator in each construct had to be collected on a community or regional geographic level.
3) At least one indicator in each construct had to be available with data regarding the key subpopulations of transition-aged youth (18-25); military, veterans and their families; Native Americans; Hispanics; and/or individuals exposed to adverse childhood experiences.
4) At least one indictor in each construct had to be available with data regarding youth (under 18).
5) Indicators should be prioritized based on data sources' level of contact.
6) Constructs must have at least three indicators available to be considered.

For the purposes of the fifth criterion, level of contact was defined as "at what point does each dataset interact with their population". For example, arrest records interact with an individual before court records do which precedes the correctional system involvement. With that in mind; arrest records are the first level of contact, courts are the second, and correctional systems the third.

In regard to the sixth criterion: when insufficient indicators were available in a construct, the indicators were merged with the indicators from another construct to create a new broader construct. A construct with a single indicator could result in priorities that are driven by isolated phenomena. By ensuring constructs contain multiple indicators only, constructs that clearly demonstrate a consistent trend across multiple indicators will emerge. An example of this is in the Prescription Drugs category. While the SEOW felt strongly that prescription drugs should be considered, Idaho lacks the depth of data to adequately portray both consumption (Use) and consequences (Crime). As a result, indicators were included from both constructs to create a general Prescription Drug Use construct. So while constructs were eliminated based on this criterion, indicators were not eliminated due to this criterion.

Step 3: After applying these criteria to each indicator, the workgroup reassembled and further eliminated 51 indicators. In the process of reviewing the criteria, the fifth criterion, prioritizing data sources based on level of contact, was further refined to reflect a relevance rating and record type. Relevance rating was on a scale of one to three, with one being very relevant and three being not very relevant. After some discussion, the SEOW found that while expression of an indicators "level of contact" was critical to establish, it was better represented by providing a score of "Relevance" and classifying each indicator by record type. Each indicator's relevance score was provided by the SEOW member who provided the indicator after some group discussion. Record type was a classification of each indicator based on if it was an administrative or survey based source. Table 1 (shown below) is an example of the scoring system employed. Scoring for all indicators can be found in Appendix C. At this point, the resulting list of 78 indicators was turned over to SEOW staff to further elimination.

Constructs and Indicators			Criteria					
Constructs	Indicators	Sources	Community/Regional Collection	5 years of data available	Sub Population Data Available	Youth Data Available	Relevance	Record Type
Alcohol Consumption								
Current use	Percent of students in grades 9-12 reporting use of alcohol in the past 30 days	YRBS	N	Y	N	Y	2	S
	Idaho gallons sales per capita	Liquor	Y	Y	N	N	1	A
	Percent of adults (aged 18 or older) reporting use of alcohol in past 30 days	BRFSS	Y	Y	Y	N	1	S

Table 1: Sample of Appendix C

Step 4: SEOW staff employed a hybrid Delphi method to further eliminate 40 indicators. The Delphi method was developed as a forecasting tool by the RAND Corporation in the 1960s. While initially developed to address national security forecasting, it has since been deployed to deal with any number of complex issues in many fields. By relying on the opinions of a panel of experts in multiple rounds of questioning (or scoring in our case) it has been found a "correct" answer can be established through consensus. The process is concluded after a pre-determined point is reached. In the case of Idaho's efforts this was two rounds of review.
First, recommendations were collected from each content expert regarding each indicator. These suggestions were then reviewed and a second round of analysis was conducted by two

additional content experts, following which, their recommendations implemented. The resulting indicator list (See "Final Indicator Table" in Appendix C) is composed of 12 constructs and 38 indicators.

Constructs & Indicators

An effort was made to ensure that as many constructs as possible were represented in the needs assessment, but not at the expense of reliability. This resulted in the identification of roughly the same number of constructs that Idaho has identified in past epidemiological profiles. However, significantly more indicators are represented with a greater capacity to review subpopulations.

It should be noted that the BRFSS changed methods for collecting and analyzing survey data starting in 2011. Changes made in 2011 increased the representation of formerly underrepresented adults such as those living in cell phone-only households, those with lower incomes, minorities, and younger adults. Due to these improvements, 2011 estimates may vary slightly from previous years. Because of the new methods, figures for 2011 and forward cannot be statistically compared with those from 2010 and earlier. Shifts in observed prevalence from 2010 to 2011 for BRFSS measures may simply reflect improved methods of measuring risk factors, rather than true trends in risk-factor prevalence.

For a more comprehensive review of data sources please see Appendix D. It should be noted that while the SEOW often choose to cite state data sources over their corresponding national aggregates, in many cases that state data source is providing the information that is found in the national data source. Typically the data in those national data sources is simplified from what is collected at the state level. A strong example of this is in the case of the Uniform Crime Reports (UCR) program. As a state, Idaho collects data using the National Incident Based Reporting System which provides a much more comprehensive data source than UCR program. Additionally using state data sources enhances the partnership the SEOW has built over the past 6 years and allows for quicker responses should questions arise at the local level.

While the SEOW reviewed subpopulations, due to a high degree of variance created by small denominators, the determination was made that they should not be published. From an ethical perspective it would be irresponsible to do so and may only serve to create confusion or undue bias. The data around the subpopulations is maintained by the SEOW and may be used on a case by case basis with appropriate cultural sensitivity.

While comparisons to national metrics were considered, they often were found to be irrelevant due to Idaho generating significantly lower rates on some indicators. In many cases, there was simply a lack of adequate national comparisons.

Finally, it should be noted that the SEOW elected to merge both consequences and consumption on the substance abuse areas of marijuana and prescription drugs. Due to limited data sources, there simply were not indictors of sufficient relevance to have constructs representing both consumption and consequences for these substances. That said, the SEOW felt both marijuana and prescription drug abuse were sufficiently important to justify remaining distinct from other substances.

The following pages include graphs and tables on the specific constructs the SEOW selected for Idaho. By displaying the constructs in this format, it is hoped that the document can be more easily disseminated to, and used by, stakeholders and policy makers.

Current Use of Alcohol

Alcohol Consumption		
Construct	**Indicator**	**Source**
Current use	% of students gr. 9-12 reported use of alcohol past 30 days	**YRBS**
	Idaho gallons sales per capita	**Liquor Division**
	% of adults(aged 18 or older) reporting use of alcohol past 30 days	**BRFSS**

Table 2: Current Use of Alcohol Construct

Note that due to the aforementioned sampling methodology change in 2011 of the BRFSS, a definitive conclusion should be approached with caution. Additionally, the YRBS is only sampled in the spring of odd years.

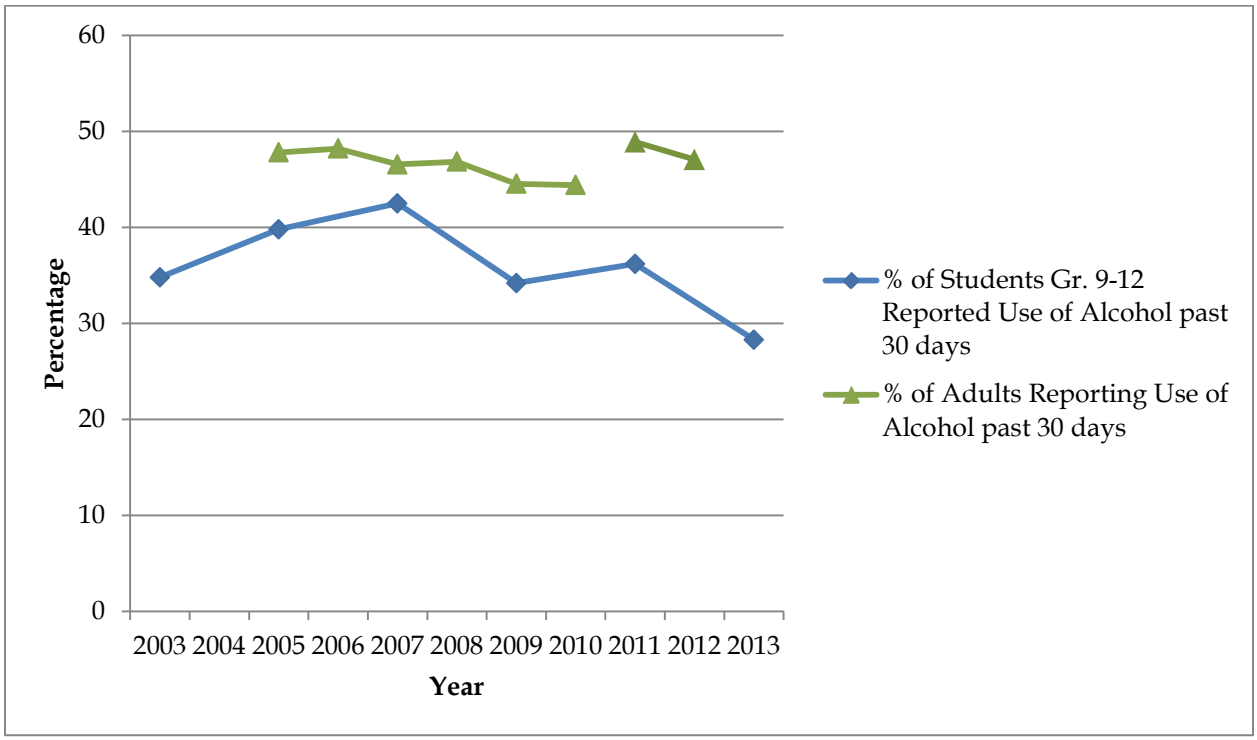


Figure 9: Alcohol Consumption Indicator Trends

While alcohol consumption seems to be steady, it is interesting that sales remain consistently on the rise.

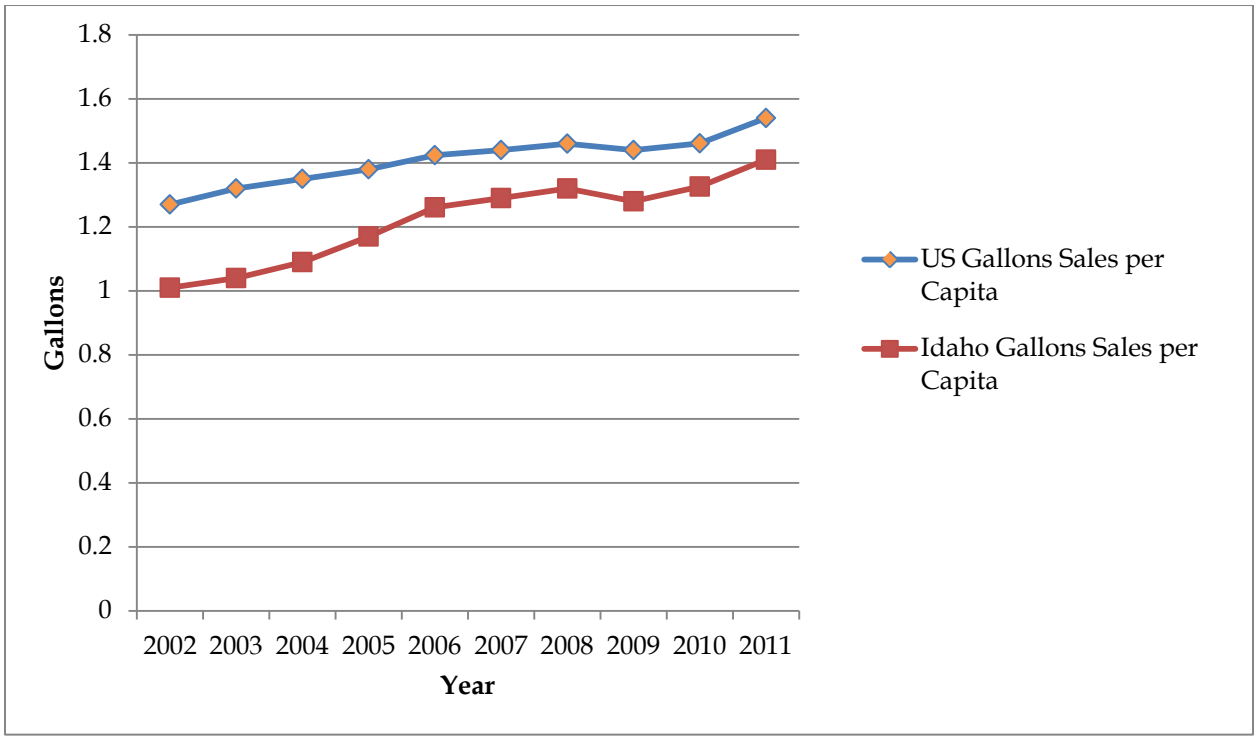


Figure 10: Alcohol Sales Indicator Trends

Excessive Drinking

Alcohol Consumption		
Construct	**Indicator**	**Source**
Excessive Drinking	% of adults aged 18 and older reporting average daily alcohol consumption greater than two (male) or greater than one (female) per day in past 30 days	**BRFSS**
	% of students in gr. 9-12 reporting 5+ drinks in a row within a couple of hours in the past 30 days	**YRBS**
	Percent of adults (aged 18 or older) binge drinking of alcohol in past 30 days	**BRFSS**

Table 3: Excessive Drinking Construct

While the significant changes among BRFSS variables due to the change in sampling methodology is notable, the consistent pattern of overall decreasing trends since 2007 is encouraging.

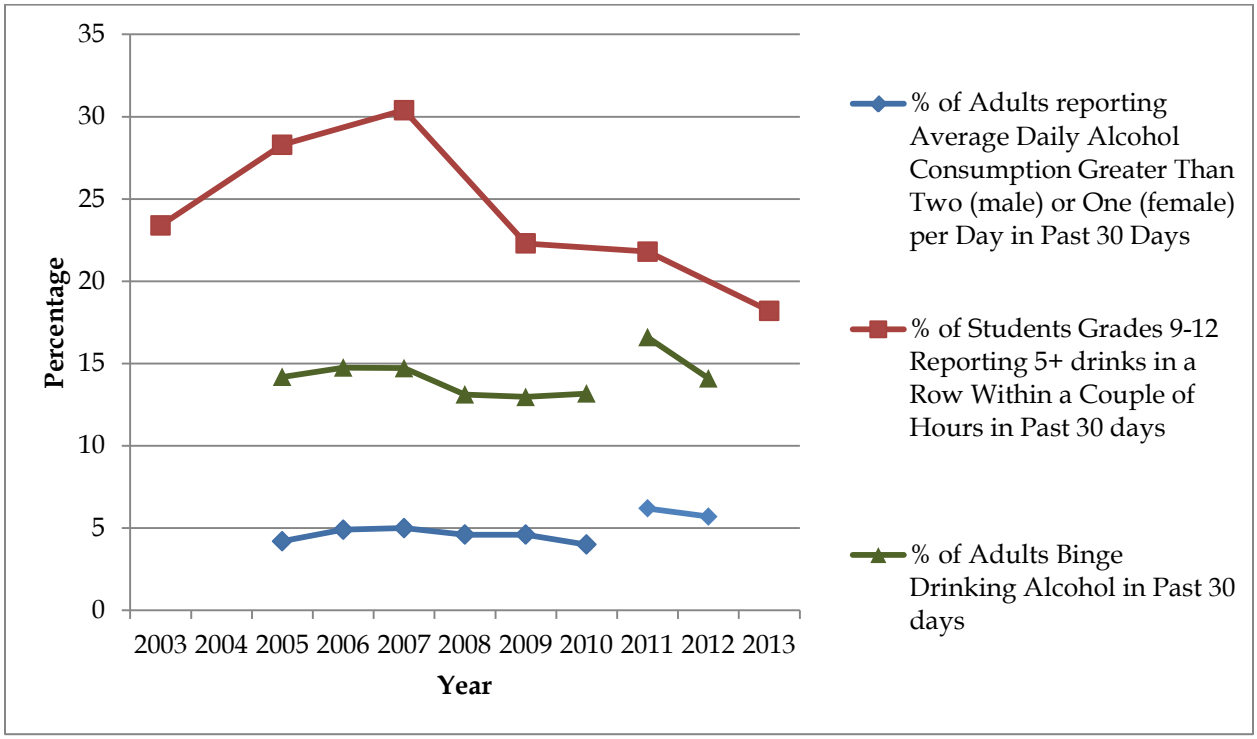


Figure 11: Excessive Drinking Indicator Trends

Alcohol Related Mortality

Alcohol Consequences		
Construct	**Indicator**	**Source**
Alcohol Related Mortality	Rate of alcoholic liver disease deaths per 100,000	DHW-VS
	Rate alcohol induced deaths per 100,000	DHW-VS
	Deaths sustained in alcohol related vehicular crashes per 100,000	ITD

Table 4: Alcohol Related Mortality Construct

While most alcohol mortality data is trending up, like DUI rates, traffic fatalities due to drivers under the influence of alcohol is on the decline.

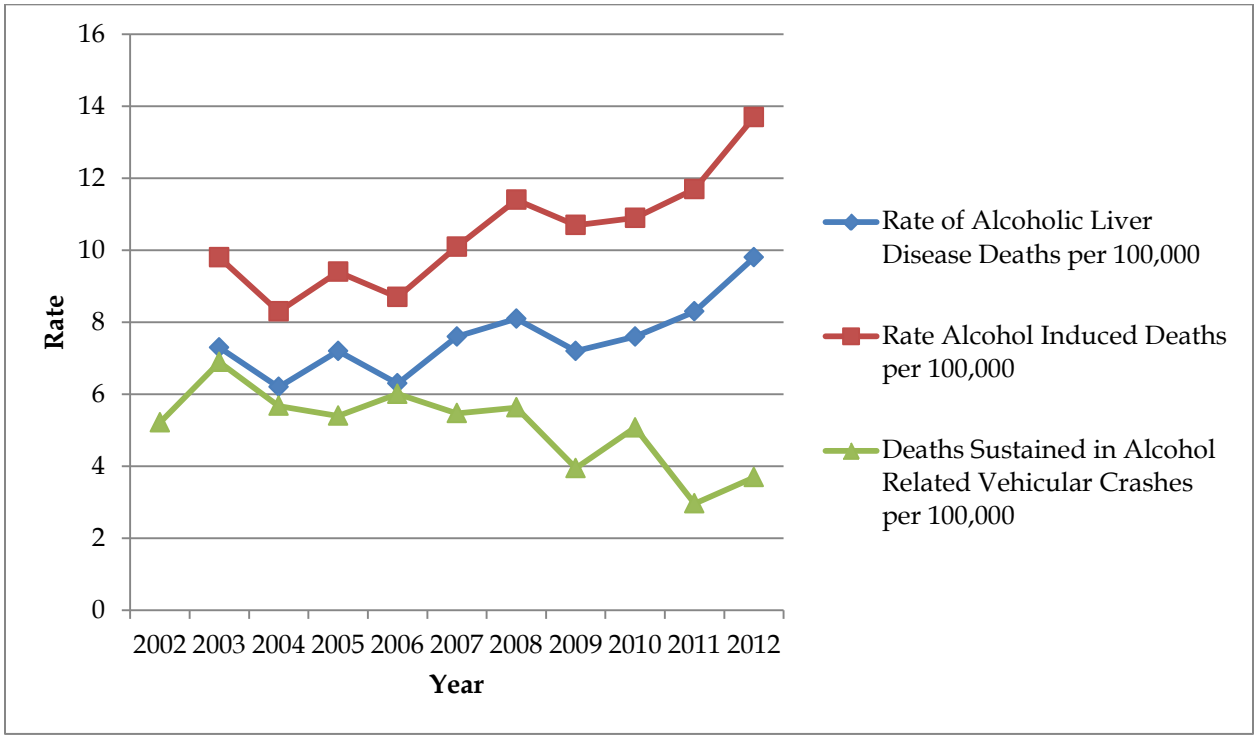


Figure 12: Alcohol Related Mortality Indicator Trends

Crime Related to Alcohol

Alcohol Consequences		
Construct	**Indicator**	**Source**
Crime	DUI arrests per 1,000	**IBRS**
	Alcohol related crashes per 1,000	**ITD**
	Alcohol related arrests per 1,000	**IBRS**
	Underage alcohol-related arrests per 1,000	**IBRS**

Table 5: Crime Related to Alcohol Construct

All crime related to alcohol has been on the decline since 2009. Please note on the following page that of the counties that experienced high DUI rates, several are resort communities (Blaine, Boise, Kootenai and Valley Counties).

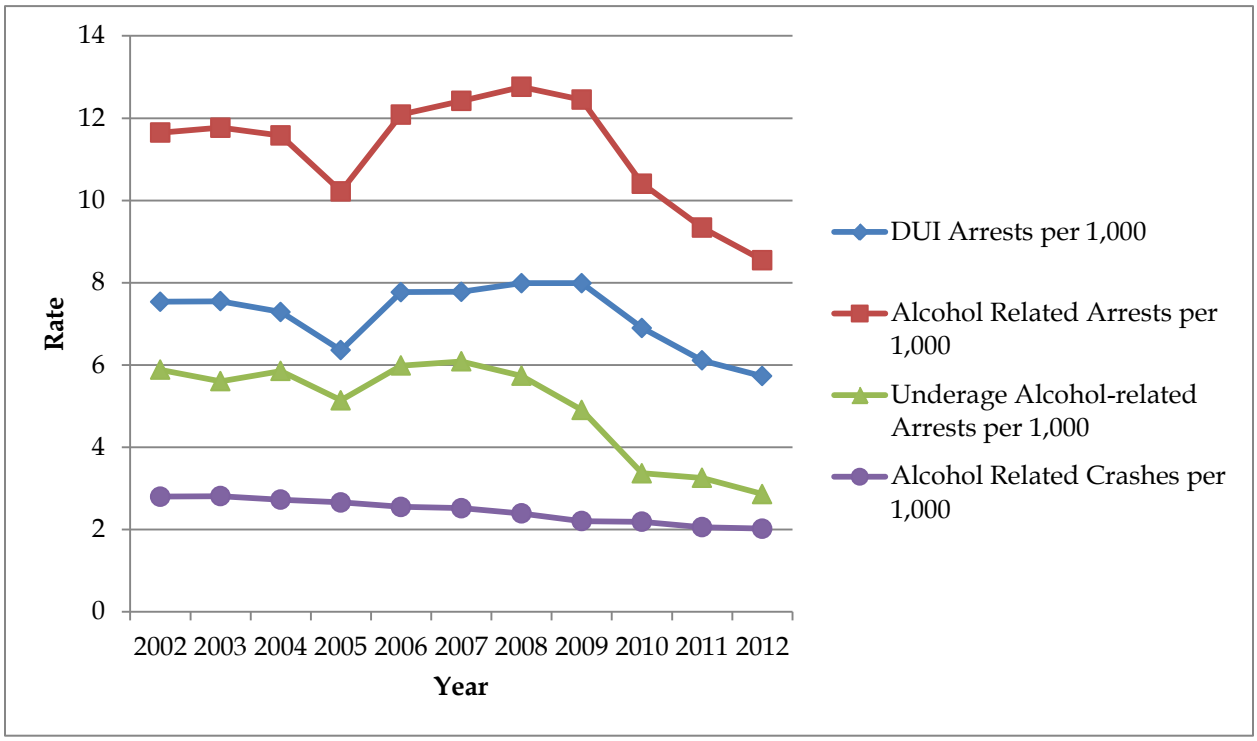


Figure 13: Crime Related to Alcohol Indicator Trends

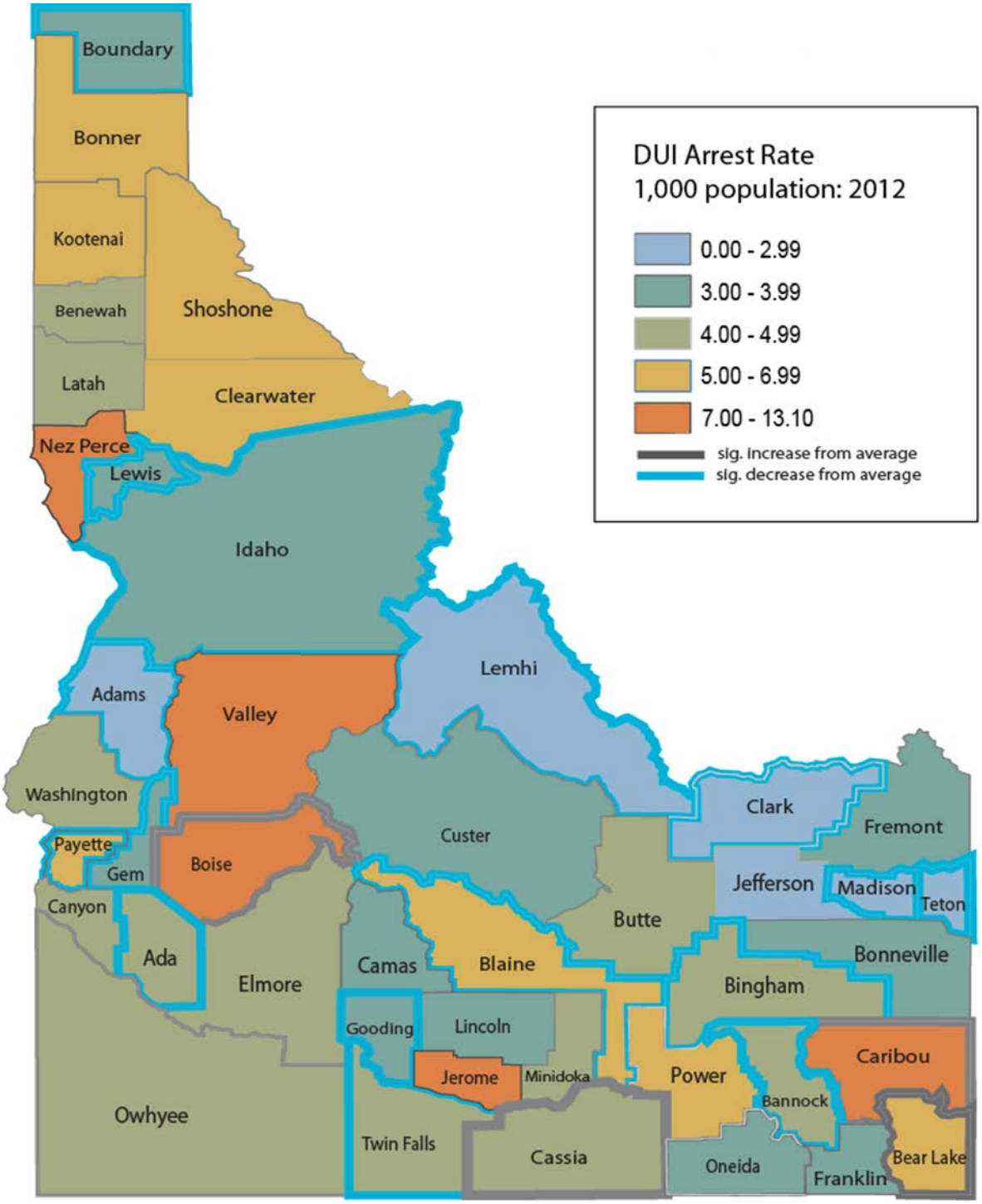


Figure 14: DUI Arrest Rate by County Map

Abuse and Dependence of Alcohol

Alcohol Consequences		
Construct	**Indicator**	**Source**
Abuse and Dependence	% reporting alcohol as primary substance of use upon treatment entry	TEDS
	% reporting alcohol as substance of use upon treatment entry	TEDS
	% of persons needing but not receiving treatment for alcohol use	NSDUH

Table 6: Abuse and Dependence of Alcohol Construct

Alcohol being reported as a substance of use upon treatment entry has been on the decline. It should be noted that due to changes in substance abuse treatment policy and funding it can be difficult to draw conclusions from these types of measures.

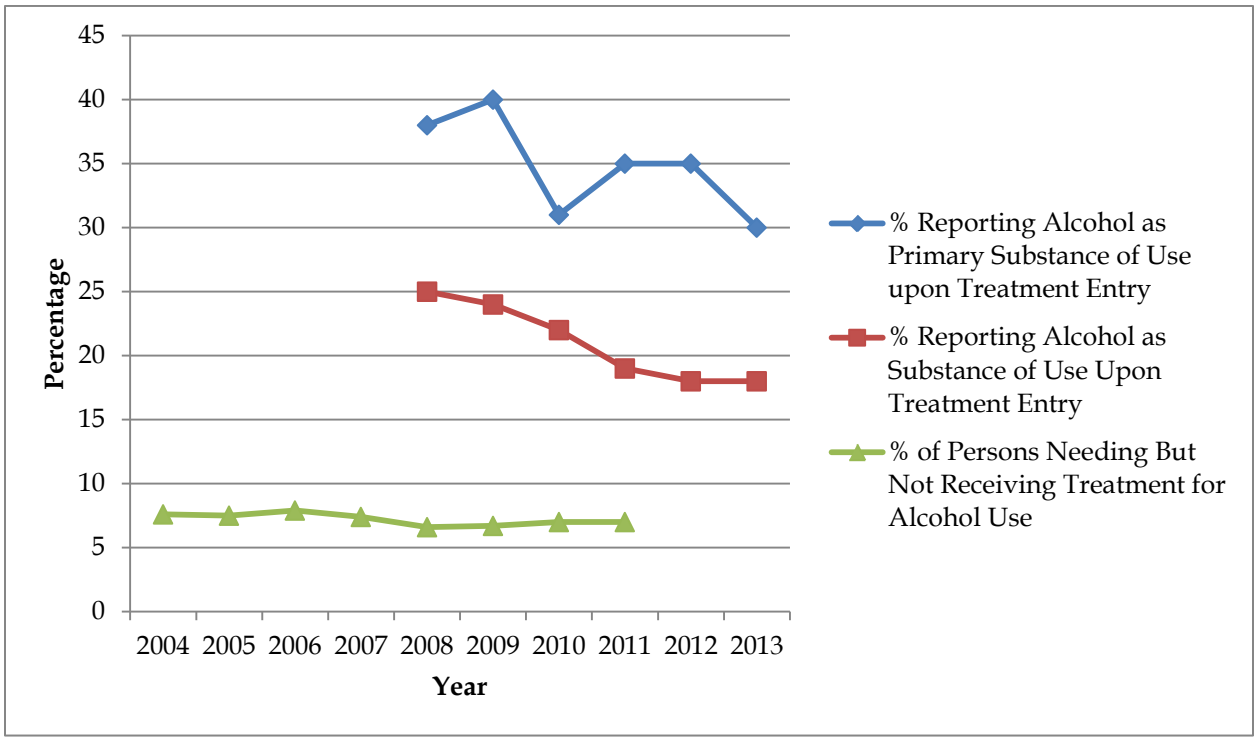


Figure 15: Abuse and Dependence of Alcohol Indicator Trends

Use of Tobacco

Tobacco Consumption		
Construct	**Indicator**	**Source**
Use	% of students in grades 9-12 that smoked cigarettes on 20 or more days in the last 30 days	**YRBS**
	% of adults who smoke everyday	**BRFSS**
	% of adults ever using smokeless tobacco	**BRFSS**

Table 7: Use of Tobacco Construct

Measures of tobacco use have all been steady or falling since 2009. Note that due to the aforementioned sampling methodology change in 2011 of the BRFSS, a definitive conclusion should be approached with caution.

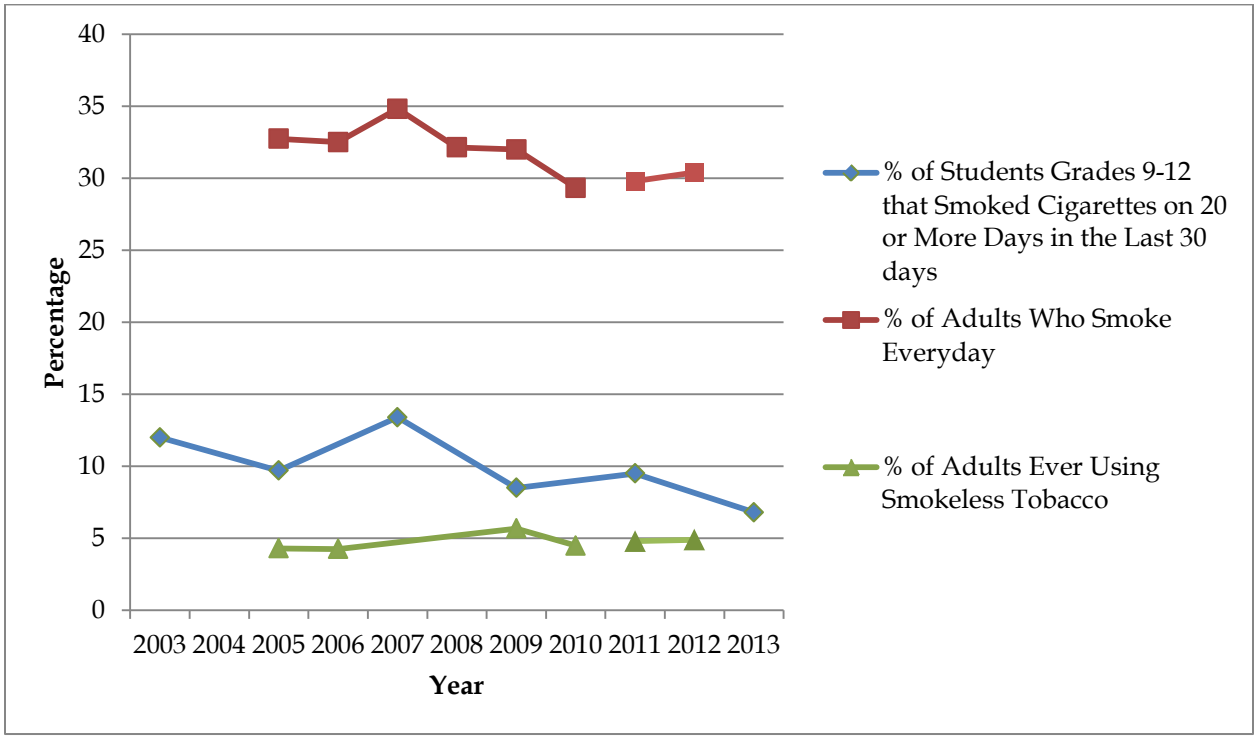


Figure 16: Use of Tobacco Indicator Trends

Use of Prescription Drugs

Prescription Consumption & Consequence		
Construct	**Indicator**	**Source**
Use	Nonmedical Use of pain relievers in the past year per 1,000	**NSDUH**
	Prescription drug distribution rates	**ARCOS**
	Number of deaths from drug induced mortality per 100,000 population	**DHW-VS**
	Prescription Drug Seizures per 100,000 population	**IBRS**

Table 8: Use of Prescription Drugs Construct

Due to limited data sources, there simply were not indictors of sufficient relevance to have constructs representing both consumption and consequences for these substances.

Note that "Deaths from Drug Induced Mortality per 100,000" is displayed on the secondary axis to allow for it to be included in the same slide as the other indicators of prescription drug use. While drug induced mortality is not exclusive to prescription drugs, a large portion of the mortalities coded with a known drug type are prescription medications.

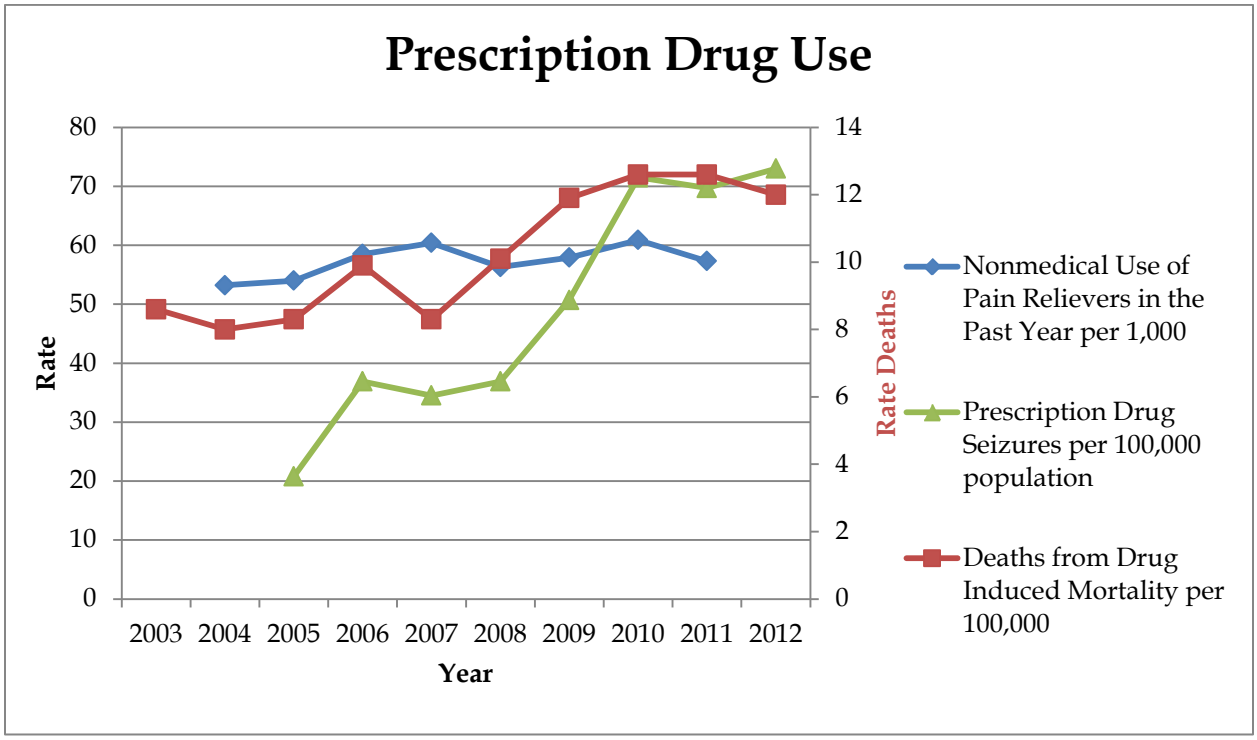


Figure 17: Use of Prescription Drugs Indicator Trends

This data, coupled with the previous graph, shows that all indicators of prescription drug use are on the rise.

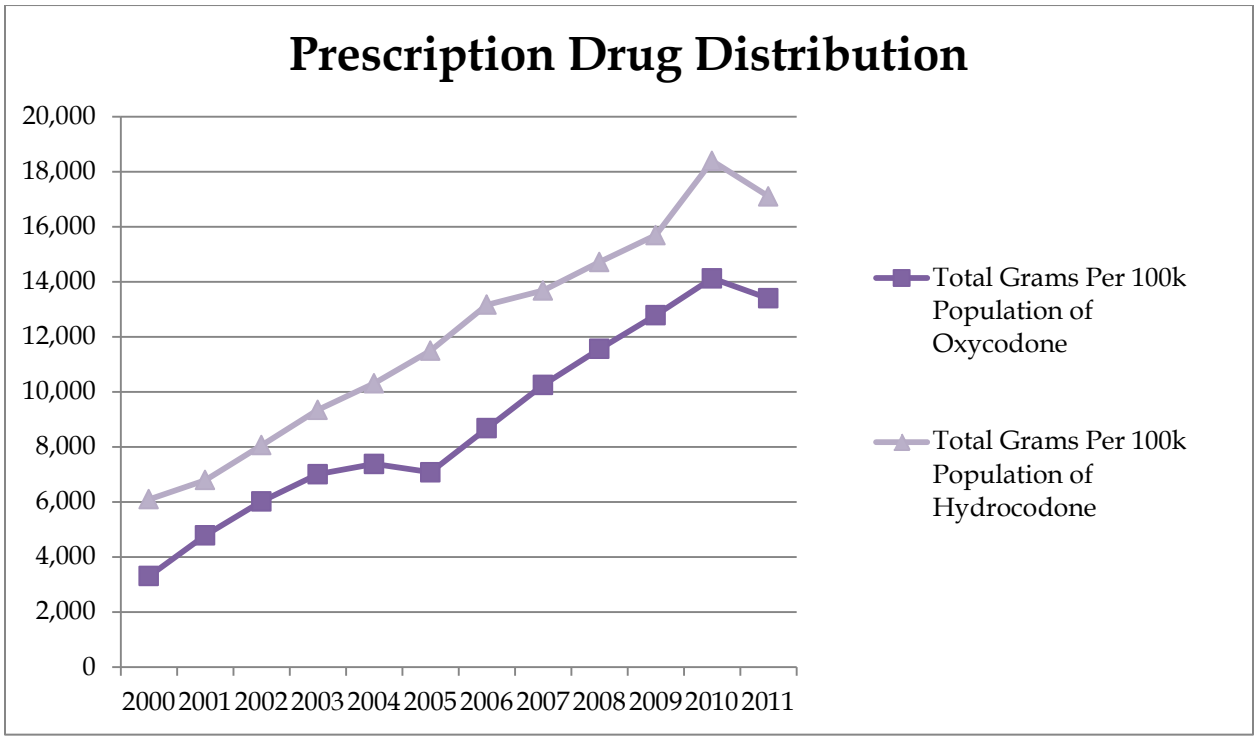


Figure 18: Prescription Drug Distribution Indicator Trends

Health Outcomes of Marijuana

Marijuana Consumption		
Construct	**Indicator**	**Source**
Use	% reporting marijuana primary substance of use upon treatment entry	TEDS
	% students in grades 9-12 who used marijuana one or more times during the past 30 days	YRBS
	% report marijuana as substance of use upon treatment entry	TEDS

Table 10: Health Outcomes of Marijuana Construct

It should be noted that due to changes in substance abuse treatment policy and funding it can be difficult to draw conclusions from these types of measures.

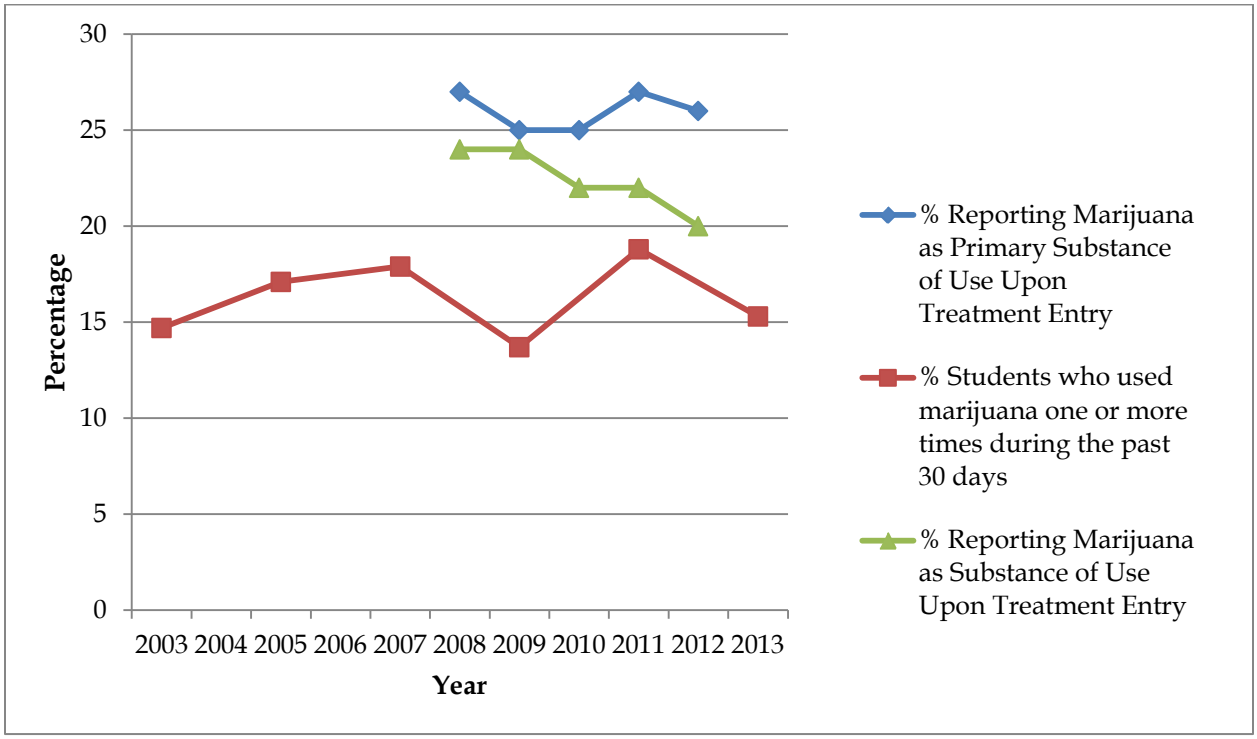


Figure 19: Health Outcomes of Marijuana Indicator Trends

Crime Related to Marijuana

Marijuana Consequence		
Construct	**Indicator**	**Source**
Crime	Marijuana possession arrests per 1,000	**IBRS**
	Marijuana trafficking arrests per 100,000	**IBRS**
	Marijuana seizures per 1,000	**IBRS**

Table 11: Crime Related to Marijuana Construct

All crime related to marijuana is on the rise, but the increase in trafficking arrests is particularly noteworthy.

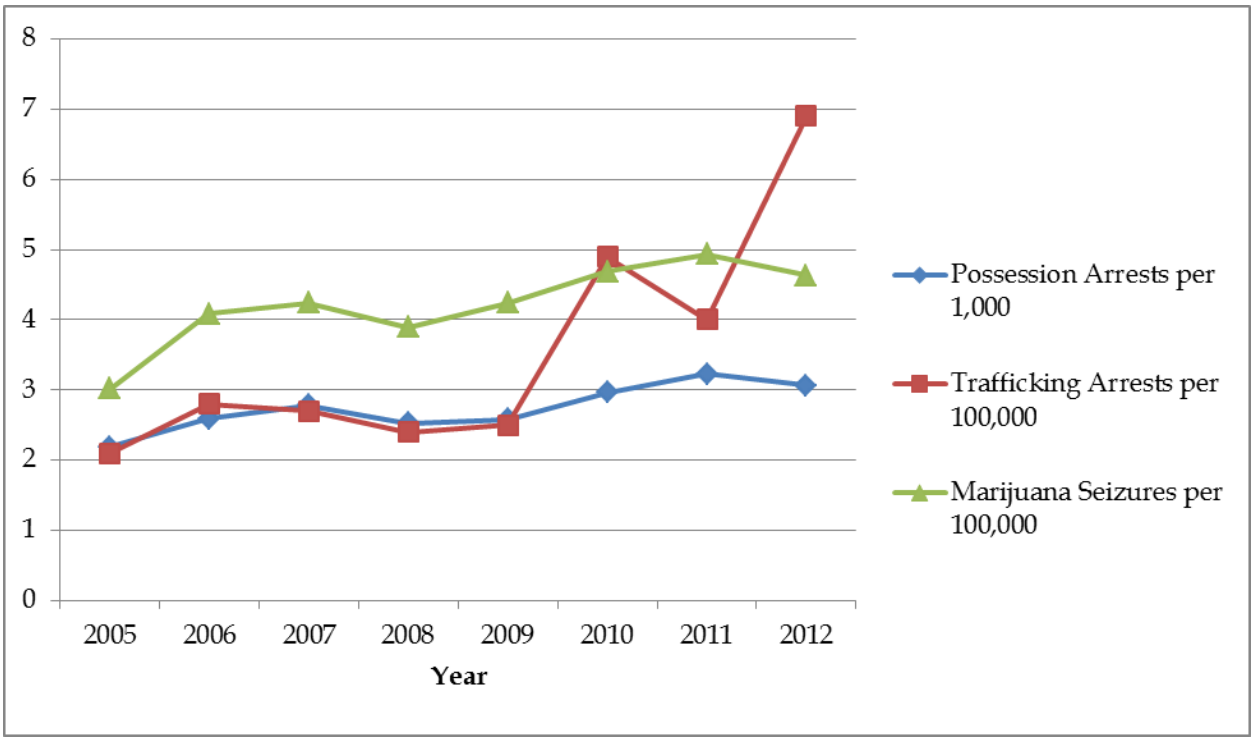


Figure 20: Crime Related to Marijuana Indicator Trends

Use of Other Drugs

Other Drug Consumption		
Construct	**Indicator**	**Source**
Use	Illicit drug use other than marijuana past month per 1,000	**NSDUH**
	Drug seizures per 100,000	**IBRS**
	Lifetime illicit drug use per 1,000	**BRFSS**

Table 12: Use of Other Drugs Construct

Like other seizure rates, the seizure of other drugs has been consistently on the rise. It should be noted that "Lifetime Illicit Drug Use per 1,000" includes all illicit drugs and not just other drugs. It was included as the SEOW felt it was a strong indicator of trends within the state. Note that due to the aforementioned sampling methodology change in 2011 of the BRFSS, a definitive conclusion should be approached with caution.

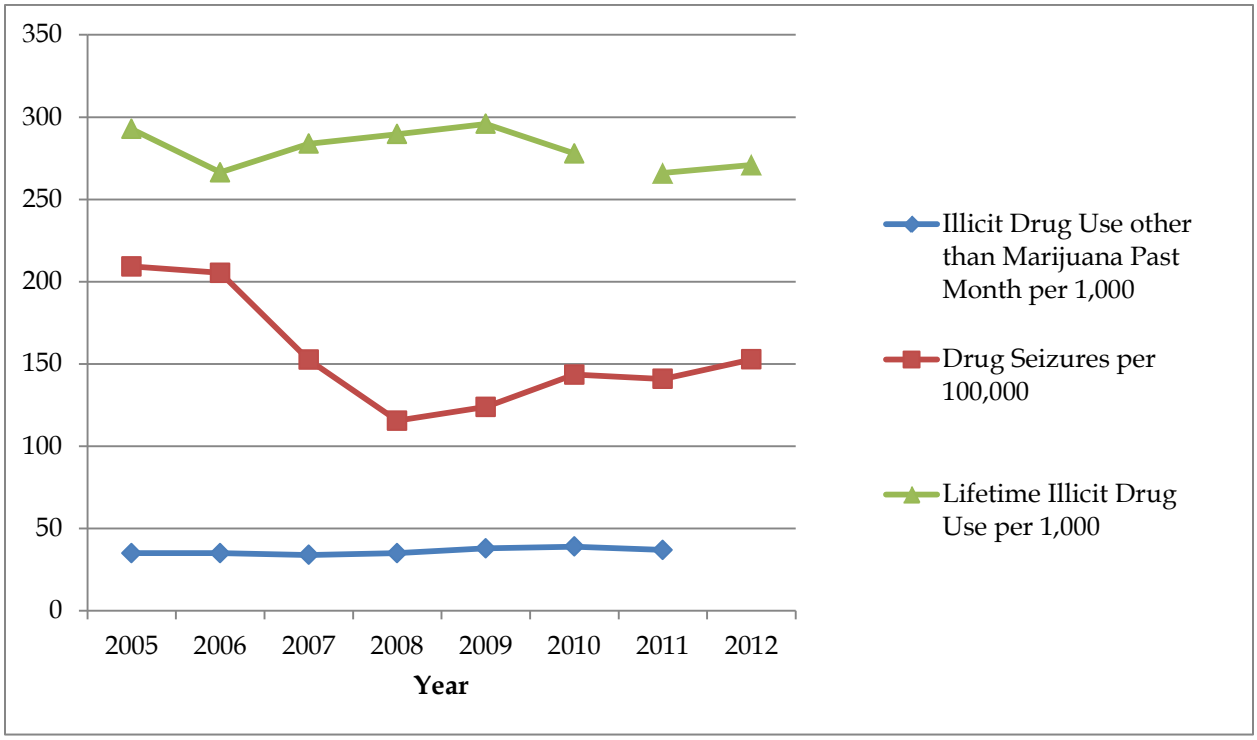


Figure 21: Use of Other Drugs Indicator Trends

The map on the following page shows other drug arrests per county. Please note that a large number of the counties reflecting a high number of other drug arrests are geographically proximate to the state's freeway system.

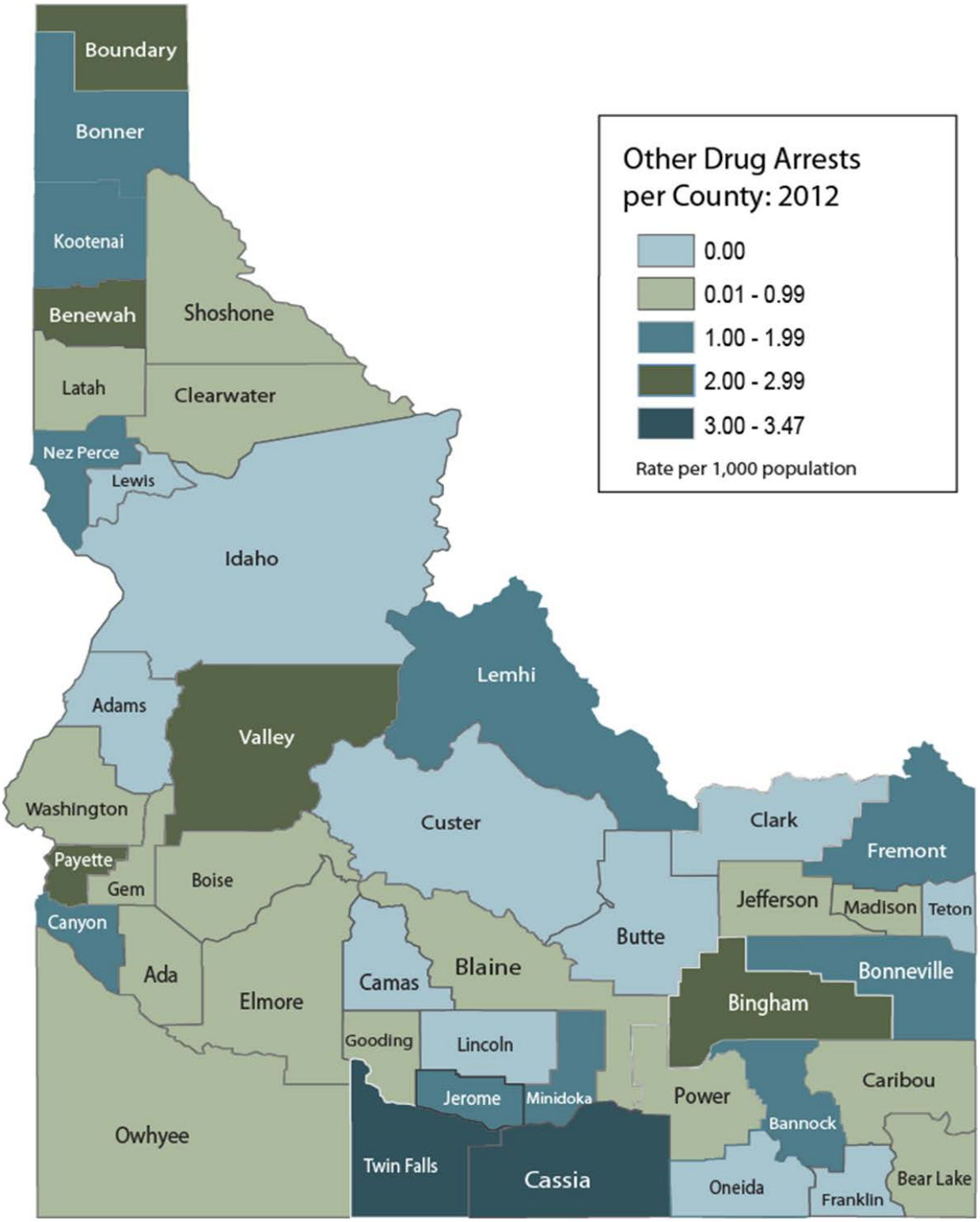


Figure 22: Other Drug Arrests by County Map

Health Outcomes of Other Drugs

Other Drug Consumption & Consequences		
Construct	**Indicator**	**Source**
Health Outcome	% reporting other drugs as primary substance of use upon treatment entry	TEDS
	Adult drug induced mortality per 100,000	DHW-VS
	% reporting other drugs as substance of use upon treatment entry	TEDS

Table 13: Health Outcomes of Other Drugs Construct

Similar to alcohol being reported as a substance of use upon treatment entry, one should be cautioned about drawing conclusions from TEDS based data. It is possible that these trends are created by changes in substance abuse treatment policy. "Adult Drug Induced Mortality per 100,000" is displayed on the secondary axis in order to appropriately display it alongside the other indicators.

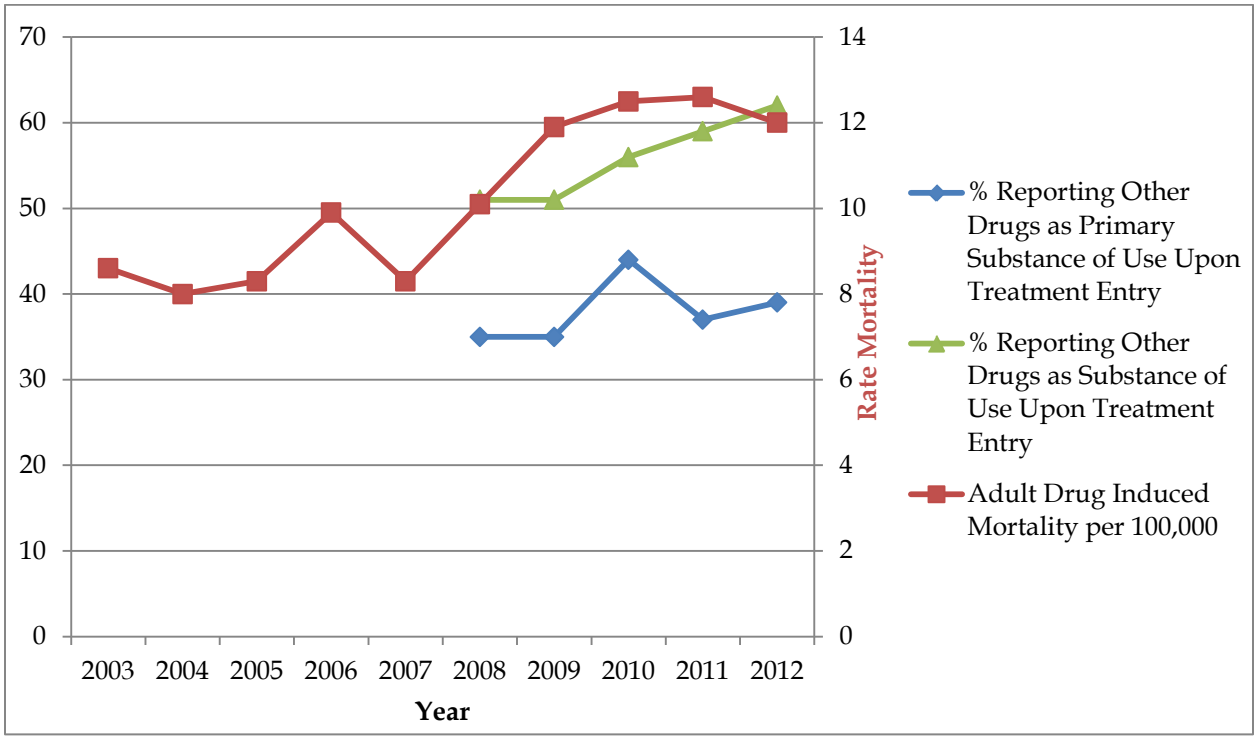


Figure 23: Health Outcomes of Other Drugs Indicator Trends

Crime Related to Other Drugs

Other Drug Consequences		
Construct	**Indicator**	**Source**
Crime	Other drug possession arrests per 1,000	**IBRS**
	Other drug trafficking arrests per 100,000	**IBRS**
	Other drug seizures per 100,000	**IBRS**

Table 14: Crime Related to Other Drugs Construct

While crime related to other drugs is still down from 2005 levels, the upward trend since 2008 is concerning. Regarding trafficking arrests, the extreme variance is the result of small numerators. Small numerators are largely a result of removing marijuana trafficking charges from the indicator. The majority of trafficking charges in the state of Idaho are marijuana related and can be found in the construct of "Crime Related to Marijuana" on page 33.

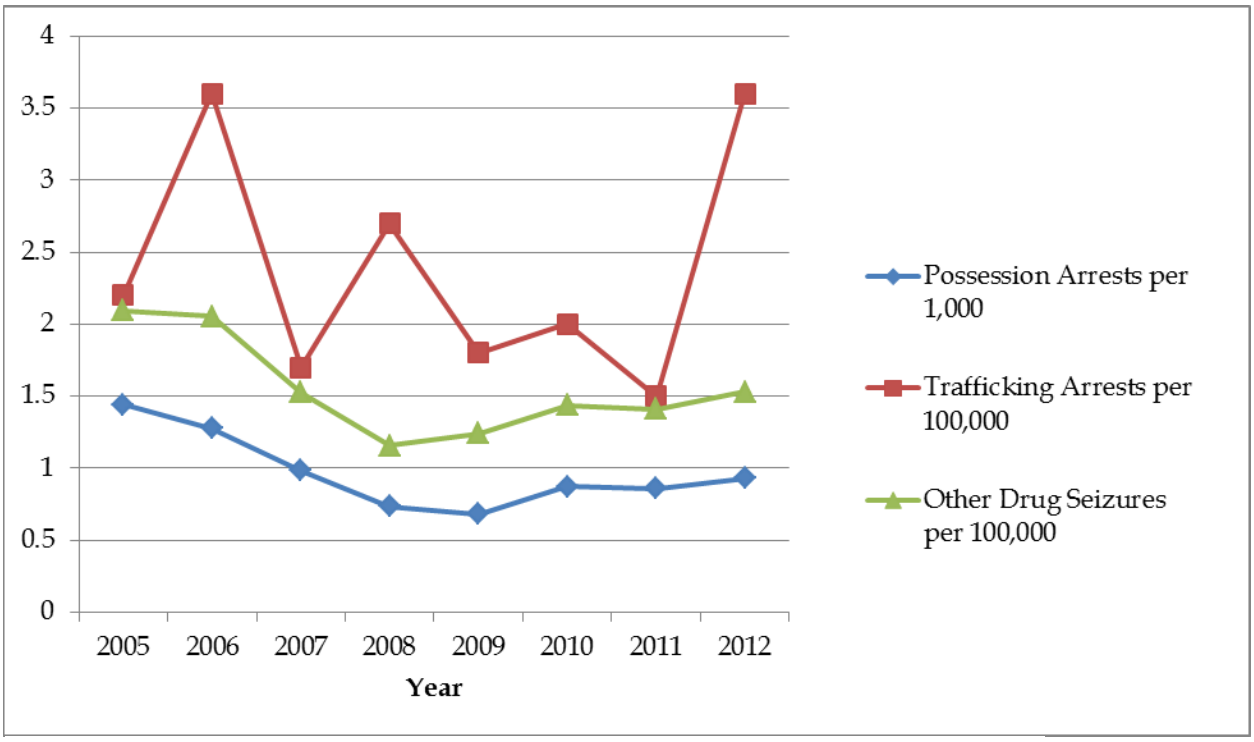


Figure 23: Health Outcomes of Other Drugs Indicator Trends

Data Gaps & Limitations

Survey Data

On a methodological level, Idaho struggles to collect indicators that directly describe and measure substance abuse rather than aspects related to usage. Among other issues, survey/self-report data has often been exposed as unreliable in a state with a demographic as diverse as Idaho's. Statistical modeling assumes a certain degree of homogeneity that simply is not present. This, coupled with the low funding levels, results in small sample sizes with questionable validity. As a result we've attempted to use capacity measures as a substitute for reliable survey data. However, in the future, efforts may be undertaken to expand the sample sizes on the NSDUH, BRFSS and YRBS to remedy this issue.

In some cases this issue may be remedied by aggregating data by region, but that creates additional complications. While it is certainly easier to discuss seven regions than it is to discuss 44 counties, a great deal of detail is lost in the conversion to regions. Because only some of our counties are demographically similar to those counties that adjoin them, mean regional scores can mischaracterize trends occurring in the rural and frontier counties that represent the majority of the state's land mass.

Administrative Data

All of these issues lead to administrative data composing a majority of the indicators in this report. However, of those administrative databases, the state has serious gaps in coverage. Idaho lacks a hospital discharge database. In many states this is the major source of morbidity indicators which Idaho lacks in totality. It has only been in the last year that Idaho has established a longitudinal data system to track students and their behaviors, which four to five years from now will be vastly superior to the previous database which only tracked aggregate numbers by school. Unfortunately these two systems fail to be translatable, resulting in the loss of any trend data in the interim. While the previous data system collected similar metrics, they were always in aggregate form based on the school. The new system is student based. As a result, it isn't possible to deduce in the previous system how many occurrences were the same student.

Another challenge of administrative databases is that fluctuations in budget can result in fluctuations in the resulting data. For example the workgroup chose to use "rate of clients reporting alcohol as primary substance of use" rather than the rate of the general population of clients reporting alcohol as primary substance of use. This was done due to the fact that treatment admissions have fluctuated significantly based on grant and state funds provided for treatment services and are not reflective of the actual problems they are intended to address. Quite simply, as NSDUH data suggests, treatment services are underfunded. Similar complications can be found with DUI related data. Often local authorities will receive extra

funds for patrols, which leads to a spike in the region the patrols occurred. Therefore, the indicator is not as reflective of a growing DUI problem as one may suspect.

Finally, database cardinality with administrative databases is a persistent issue. This is particularly noteworthy in regards to education which, as earlier noted, lacked even a client level database until recently. While most agencies function on a regional system composed of seven districts which are built up from the state's 44 counties, education has 118 districts which almost completely disregard county boundaries. Beyond education, few partner agencies use the same administrative regions. While they normally do not vary to a large degree, there is enough variance that direct comparisons are cumbersome and often unreliable.

Subpopulations

As earlier noted, Idaho has a relatively small population in general. Once you segment that population to any degree, by any means (geographically or demographically), occurrences are magnified a great deal. Additionally, due to the statistical complications small sample sizes create, the SEOW felt compelled to be sensitive to the cultural implications that documenting questionably relevant subpopulation data may create. With these issues in mind, the SEOW chose to limit its documentation of subpopulations to only those showing significant variation from the general populations which they are a component of.

In the future it is the hope of the workgroup that more robust data sources may be available. To this end, the SEOW has been a key player working with local community coalitions to establish the Idaho Youth Prevention Survey that will be issued to students statewide beginning 2014. The sampling frame for that survey calls for a sample size of approximately 20,000 students and should provide significantly more opportunities for subpopulation documentation in coming years.

Capacity & Readiness

Local

In regards to community capacity and readiness, the SEOW felt that these were not issues they could adequately or appropriately address through either the data available or the knowledge base of the membership. In order to address this complication, a search was made for an adequate tool to measure a community's capacity and the Coalition Kaizen was found.

The Coalition Kaizen is a survey that measures a coalition's ability to implement essential processes and the Strategic Prevention Framework. The National Guard facilitates the survey which is conducted during the course of a normal coalition meeting. Digital survey collection tools (somewhat like mobile phones) are used so that all responses are anonymous. Questions are projected for the whole group to see, as the results are available several minutes after the survey is completed. The Kaizen process produces a multipage diagnostic (see Appendix E for

example) along with other supporting reports that provide more detail and recommendations. The one-page diagnostic highlights coalition strengths in green, caution areas in yellow, and weaknesses in red. This allows coalitions to quickly and easily interpret results, celebrate strengths, and make plans to improve weaknesses. The Kaizen results can be used in many ways including: To help a coalition create a capacity development plan; to provide the data for grant or scholarship applications; and to allow the team to track progress over time.

In addition, the National Guard has made this tool available to communities at no expense. Over the coming months the SEOW is working to have community coalitions in each region of the state conduct Coalition Kaizens, the results of which will be used in conjunction with this report to assess appropriate priorities at the community level.

Like capacity, readiness is a topic the SEOW feels ill equipped to address due to members' expertise primarily in data and research methodology.

State

In order to appropriately address capacity and readiness on a state level the SEOW will enlist the efforts of the Priority Setting Subcommittee. This group will be comprised primarily of SPF Advisory Council members, with some representatives from the SEOW. Because of the special expertise possessed by these individuals, this group is better suited to address the issues of capacity & readiness.

While the SEOW did not feel confident in addressing this issue, they did design the methodology to do so. Borrowing from a ranking system that Wyoming used to analyze their indicators, Idaho has produced a score sheet (see Appendix F) for the Priority Setting Subcommittee. Unlike Wyoming, however, Idaho will use this score sheet on constructs as opposed to indicators. This needs assessment will be used by the Primary Setting Subcommittee to inform their scores that will be recorded on the score sheet. The constructs resulting in high scores will then be reviewed in the context of subpopulations and geography to select appropriate priorities for the State to address with SPF SIG funds.

Conclusions

While many indicators relevant to substance abuse seem to be steady or declining, there are multiple notable indicators on the rise. Although several indicators of alcohol use are falling, alcohol sales continue to rise and are closing the gap in relation to the rest of the nation. In addition, there is a consistent rise in most indicators of alcohol mortality. Also of note, tobacco indicators are steady or declining, prescription drug abuse is clearly increasing, and of particular interest, marijuana trafficking charges have nearly tripled since 2009.

The data regarding alcohol consumption in Idaho is somewhat complicated. According to self-response surveys, alcohol consumption would seem to be decreasing. This is of note considering sales of liquor in the state have consistently been on the rise and have risen in relation to the rest of the nation. While in recent years this may be explained to a degree by individuals coming to Idaho from other states to purchase alcohol, the majority of that phenomenon was only recently created by increasing prices in Washington. Even when controlling for these factors, the Idaho State Liquor Division has found the sales rate for Idaho residents is on the rise.

Alcohol induced mortality data is significantly clearer. While most other mortality indicators have been declining or stagnant, almost all alcohol induced mortality rates have been on the rise (with the exception of vehicular related incidents). This is of note because nationally similar variables have been stagnant or dropping over the same period. Also, over the same period as the rise in alcohol related mortality, Idaho has seen a decline in alcohol related crime.

The research reveals that rates of tobacco use among all populations in Idaho are on the decline or steady over the course of the last decade. This would seem to suggest that current efforts to prevent tobacco use are effective and finding success.

The SEOW's concern regarding prescription drug abuse over the past two years has clearly emerged. With this assessment it becomes very apparent that prescription drug use is of notable concern. The increasing rate of seizures, coupled with the startling continued rise in drug related mortality which is primarily driven by prescription drugs, lines up alongside the increasing prescription distribution rates within the state to make it very clear that there is potential for an epidemic.

Finally, the extreme rise in marijuana trafficking charges since 2009 may be a result of legalization of the drug for both medicinal and recreational purposes in neighboring states. The timing of the increase is curious given that in 2008 Washington state adopted new policies around private cultivation. More research will be done in coming months by the SEOW to better explain the occurrence, but issues like this would seem to suggest that there may be intervening variables that could be addressed.

Next Steps

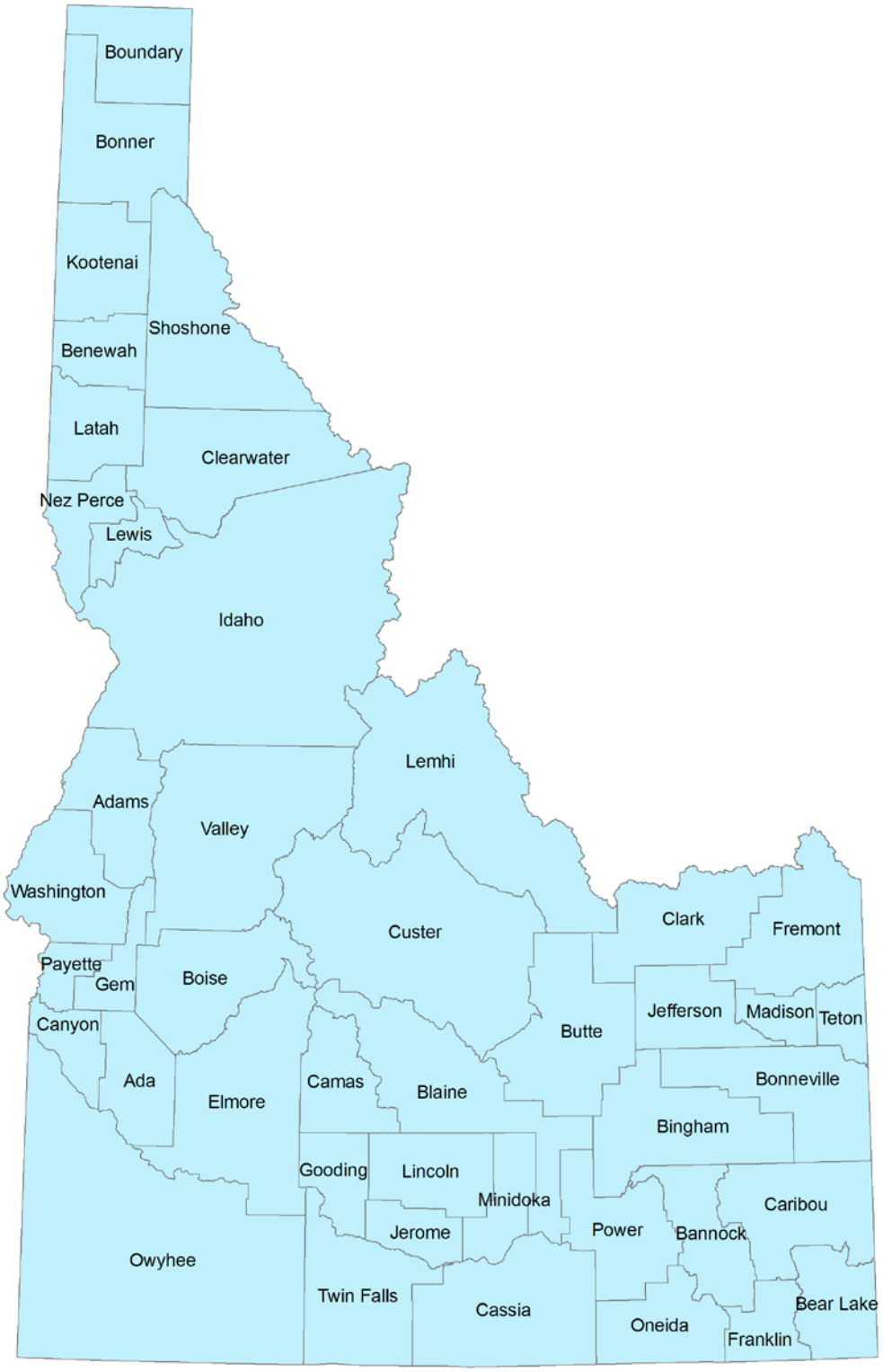
As mentioned previously, the final selection of priorities for the State to address will be Idaho's next step. While in some states the SEOW has selected these priorities for the SPF Advisory Council, the SEOW felt it most appropriate to approach priority setting collaboratively. To do this, a group of seven individuals representing the SPF Advisory Committee and the SEOW has been selected to analyze each construct in terms of size, seriousness, changeability, and readiness. The scores generated from this exercise will then be used to select constructs for prioritization. These constructs will be reviewed by subpopulation and geography to potentially provide additional guidance to the priority setting process.

Appendices

Appendix A - Glossary of Acronyms

ARCOS	Automation of Reports and Consolidated Orders System
ATOD	Alcohol, Tobacco & Other Drugs
BRFSS	Behavioral Risk Factor Surveillance Survey
CSAP	Center for Substance Abuse Prevention
DHW	Department of Health & Welfare
IBRS	Incident Based Reporting System
ITD	Idaho Transportation Department
NSDUH	National Survey on Drug Use and Health
ODP	Office of Drug Policy
PIRE	Pacific Institute for Research and Evaluation
SEOW	State Epidemiological Outcome Workgroup
SPF	Strategic Prevention Framework
SIG	State Incentive Grant
SPF	Strategic Prevention Framework
TEDS	Treatment Episode Data Set
VS	Vital Statistics
YRBS	Youth Risk Behavior Survey

Appendix B – Idaho state map with counties labeled



Appendix C: Final Indicator Table

Constructs and Indicators			Criteria					
Constructs	Indicators	Sources	Community/Regional Collection	5 years of data available	Sub Population Data Available	Youth Data Available	Relevance	Record Type
Alcohol Consumption								
Current use	Percent of students in grades 9-12 reporting use of alcohol in the past 30 days	YRBS	N	Y	N	Y	2	S
	Idaho gallons sales per capita	Liquor	Y	Y	N	N	1	A
	Percent of adults (aged 18 or older) reporting use of alcohol in past 30 days	BRFSS	Y	Y	Y	N	1	S
Excessive Drinking	Percent of adults aged 18 and older reporting average daily alcohol consumption greater than two (male) or greater than one (female) per day in past 30 days	BRFSS	Y	Y	Y	N	1	S
	Percent of students in grades 9-12 reporting 5+ drinks in a row within a couple of hours in the past 30 days	YRBS	N	Y	N	Y	2	S
	Percent of adults (aged 18 or older) binge drinking of alcohol in past 30 days	BRFSS	Y	Y	Y	N	1	S
Alcohol Consequences								
Alcohol related Mortality	Rate of alcoholic liver disease deaths per 100,000	DHW-VS	Y	Y	Y	Y	2	A
	Rate of Alcohol Induced Death per 100,000	DHW-VS	Y	Y	Y	Y	2	A
	Deaths sustained in alcohol related vehicular crashes per 100,000	ITD	Y	Y	N	Y	1	A
Crime	DUI arrests per 1,000	IBRS	Y	Y	Y	Y	2	A
	alcohol related arrests per 1,000	IBRS	Y	Y	Y	Y	2	A
	Alcohol related crashes 1,000	ITD	Y	Y	N	Y	1	A
	underage alcohol related arrests per 1,000	IBRS	Y	Y	Y	Y	2	A
Abuse and Dependence	Percent report alcohol as primary substance of use upon treatment entry	TEDS	Y	N	Y	Y	2	A
	Percent report Alcohol as substance of use upon treatment entry	TEDS	Y	N	Y	Y	2	A
	Percent of persons aged 12 and older reporting alcohol dependence/abuse	NSDUH	N	Y	Y	Y	1	S
Tobacco Consumption								
Use	Percent of students in grades 9-12 that smoked cigarettes on 20 or more days in the last 30 days	YRBS	N	Y	N	Y	2	S
	Percent of adults 18 and older who smoke everyday	BRFSS	Y	Y	Y	N	1	S
	Percent of adults ever using smokeless tobacco	BRFSS	Y	Y	Y	N	1	S
Prescription Drug								
Use	Rate of prescription drug use past month	NSDUH	N	Y	Y	Y	1	S
	Prescription drug distribution rates	ARCOS	N	Y	N	N	3	A
	Number of deaths from drug induced mortality per 100,000 population	DHW-VS	Y	Y	Y	Y	2	A
	Seizure rates per 1000 population	IBRS	Y	Y	Y	Y	2	A
Other Drug Consumption								
Use	Illicit drug use other than marijuana past month per 1,000	NSDUH	N	Y	Y	Y	1	S
	Drug seizures per 100,000	IBRS	Y	Y	Y	Y	2	A
	Lifetime illicit drug use per 1,000	BRFSS	Y	Y	Y	N	1	S

Appendix C: Final Indicator Table

Other Drug Consequences								
Health Outcome	Percent report other drugs as primary substance of use upon treatment entry	TEDS	Y	N	Y	Y	2	A
	Adult Drug Induced Mortality per 100,000	DHW-VS	Y	Y	Y	Y	2	A
	Percent report other drugs as substance of use upon treatment entry	TEDS	Y	N	Y	Y	2	A
Crime	Other Drug Possession Arrests per 1,000	IBRS	Y	Y	Y	Y	2	A
	Other Drug Trafficking Arrests per 100,000	IBRS	Y	Y	Y	Y	2	A
	Other Drug Seizure per 100,000	IBRS	Y	Y	Y	Y	2	A
Marijuana Consequences								
Health Outcome	Percent report marijuana primary substance of use upon treatment entry	TEDS	Y	N	Y	Y	2	A
	Percent of students in grades 9-12 who used marijauana one or more times during the past 30 days	YRBS	N	Y	N	Y	2	S
	Percent report marijuana as substance of use upon treatment entry	TEDS	Y	N	Y	Y	2	A
Crime	Marijuana possession arrests per 1,000	IBRS	Y	Y	Y	Y	2	A
	Marijuana trafficking arrests per 100,000	IBRS	Y	Y	Y	Y	2	A
	Marijuana seizures per 1,000	IBRS	Y	Y	Y	Y	2	A

Appendix D - National and State Data Sources

Data Sources for Needs Assessment							
Acronym	Data Source	Availability	Validity	Consistency	Collection/Timeliness	Sensitivity	Limitations
State Data Source							
ISTARS	Convictions data from Idaho Statewide Trial-Court Automated Records System (ISTARS)	Data are readily available to Idaho Supreme Court staff through automated reports.	All convictions of possession and trafficking offenses in Idaho.	ISTARS records are not the official court record. Because it serves primarily as a case management tool for individual courts, there is some variability in how data are entered across the state. However, with respect to entry of convictions, we believe there is a relatively high level of consistency.	1995-Present. Data are readily retrievable from the county databases and data entry is typically within a few days of being up to date.	Can feasibly compare conviction trends by years or months. Can also compare regions of the state down to the county level.	Fluctuations in conviction rates may have to do with factors other than trafficking or possession. For example, shifts in political climate, prosecutorial practices, or statutory changes can influence conviction numbers.
RMPDC	Idaho Poison Control Data Base, Idaho Department of Health and Welfare, Bureau of Community & Environmental Health, Injury Prevention & Surveillance Program (Rocky Mountain Poison and Drug Center)	Data developed by the Nebraska Regional Poison Center (NRPC) is provided quarterly to the IDHW.	Call volume associated with human poisoning exposures to NRPC from Idaho residents, health care facilities, and law enforcement seeking poisoning and drug information and consultation.	The National Poison Data System (NPDS) is the only comprehensive poisoning exposure surveillance database in the United States. Maintained by the American Association of Poison Control Centers, NPDS contains information from the human poison exposure case phone calls taken by the Nebraska Regional Poison Center from Idaho residents, health care facilities, law enforcement, and others. The Idaho Poison Control Data Base is the repository for data characterizing Idaho poisoning exposure case phone calls on an annual basis. Data quality is maintained in accordance with the American Association of Poison Control Centers (AAPCC) data quality standards.	2009-2012 (Digital, annual) (Note that hardcopy data is available 2001-2008.)	Poisoning exposure of Idaho residents characterized by age, gender, site of exposure (e.g., residence, health care facility, law enforcement, etc.), majorly pharmaceutical/non-pharmaceutical drug or substance(s) of concern, and other perspectives.	Poisoning data recorded by the Nebraska Regional Poison Center (NRPC) are used as a surrogate in the absence of such hospital discharge data in Idaho. Although some qualitative data on patient outcomes are reported from calls received from health care facilities, these cases only represented about 17-percent of the total case call volume in 2012. Only information shared with the NRPC specialist in poison information (SPI) is entered into the case call record. NRPC does follow-up on calls received from health care facilities.
DHW-VS	Tobacco Mortality: Lung cancer, Emphysema, Cardiovascular, Smoking-Attributable Mortality	Pam Harder, Bureau of Vital Records and Health Statistics, harderp@dhw.idaho.gov. Web: www.healthstatistics.idaho.gov	Total number of deaths per year and rate per 100,000 population	Population-based, state-wide mortality data sets maintained by the Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare.	Prior to 1984 and 1984-present (Annual). The 10th revision of the International Classification of Diseases (ICD-10) took place in 1999	Able to detect changes in mortality rates over time by age group, gender, race and ethnicity.	The death certificate was revised in 2003 and some data prior to 2003 are not comparable with data in 2003 - present.
DHW-VS	Drug-Induced Mortality	Pam Harder, Bureau of Vital Records and Health Statistics, harderp@dhw.idaho.gov. Web: www.healthstatistics.idaho.gov	Total number of deaths per year and rate per 100,000 population	Population-based, state-wide mortality data sets maintained by the Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare.	NCHS defined drug-induced deaths based on ICD-10. The 10th revision of the International Classification of Diseases (ICD-10) took place in 1999. 1999-2012 annually.	Able to detect changes in mortality rates over time by age group, gender, race and ethnicity.	Drug-induced mortality include deaths due to natural causes, accidental overdose, suicide, homicide, and undetermined external causes. Drug-induced deaths can be broken into prescription or non-prescription. Approximately 35% of death certificates do not report type of drug(s) involved in the death. Accidental deaths such as MVA with drugs involved are not included.

Appendix D - National and State Data Sources

Data Sources for Needs Assessment							
Acronym	Data Source	Availability	Validity	Consistency	Collection/Timeliness	Sensitivity	Limitations
DHW-VS	Alcohol-Induced Mortality	Pam Harder, Bureau of Vital Records and Health Statistics, harderp@dhw.idaho.gov. Web: www.healthstatistics.idaho.gov	Total number of deaths per year and rate per 100,000 population	Population-based, state-wide mortality data sets maintained by the Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare.	NCHS defined alcohol-induced deaths based on ICD-10. The 10th revision of the International Classification of Diseases (ICD-10) took place in 1999. 1999-2012 annually.		Alcohol-induced mortality include deaths due to natural causes, accidental overdose, suicide, homicide, and undetermined external causes. Accidental deaths such as MVA with alcohol involved are not included.
DHW-VS	Morbidity, Oral and lung cancer	Chris Johnson, Cancer Data Registry of Idaho, cjohnson@teamiha.org. Web: www.idcancer.org	Total number of cases per year and rate per 100,000 population	Population-based cancer registry for assessing the extent of cancer burden in a specified geographic area. The Cancer Data Registry of Idaho (CDRI) is a population-based cancer registry that collects incidence and survival data on all cancer patients who reside in the state of Idaho or who are diagnosed and/or treated for cancer in the state of Idaho.	1995-2010 (Annual)	Able to detect changes in incidence over time, monitor trends and patterns of cancer incidence over time, and identify high-risk populations	Persons diagnosed with cancer may not have lived in Idaho when they attained cancer.
BRFSS	Behavioral Risk Factor Surveillance Survey	Chris Murphy, Behavioral Risk Factor Surveillance System Program Director, murphyc@dhw.idaho.gov. Web: www.healthstatistics.idaho.gov .	Prevalence among Idaho adults aged 18 and older.	The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing public health surveillance program developed and partially funded by the Centers for Disease Control and Prevention (CDC). The BRFSS uses surveys of adults aged 18 and older to estimate the prevalence of risk factors for the major causes of morbidity and mortality in the United States. For certain state and national objectives, the BRFSS is the only source of data.	New methodology began in 2011 with the inclusion of cell phones in the survey sample. Data in 2011-2012 are not comparable with data prior to 2011.	Trends for 2001-2010 and two points in time, 2011-2012. Data are available by gender, age group, education, employment, income, and ethnicity	Alcohol consumption is self-reported. Any drinking is based on adults who had at least one drink of alcohol in the past 30 days. Binge drinking is based on males consuming 5+ drinks and females consuming 4+ drinks on an occasion in the past 30 days. Heavy drinking is based on males consuming >60 drinks or females consuming >30 drinks in the past 30 days. Youth are not included in the survey.
BRFSS	Tobacco: cigarette smoking	Chris Murphy, Behavioral Risk Factor Surveillance System Program Director, murphyc@dhw.idaho.gov. Web: www.healthstatistics.idaho.gov .	Prevalence among Idaho adults aged 18 and older.	The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing public health surveillance program developed and partially funded by the Centers for Disease Control and Prevention (CDC). The BRFSS uses surveys of adults aged 18 and older to estimate the prevalence of risk factors for the major causes of morbidity and mortality in the United States. For certain state and national objectives, the BRFSS is the only source of data.	New methodology began in 2011 with the inclusion of cell phones in the survey sample. Data in 2011-2012 are not comparable with data prior to 2011.	Trends for 2001-2010 and two points in time, 2011-2012. Data are available by gender, age group, education, employment, income, and ethnicity	Cigarette smoking is self-reported and based on smoking at least 100 cigarettes in their lives and currently smoked every day or some days. Youth are not included in the survey.
BRFSS	Illicit drug use	Chris Murphy, Behavioral Risk Factor Surveillance System Program Director, murphyc@dhw.idaho.gov. Web: www.healthstatistics.idaho.gov .	Prevalence among Idaho adults aged 18 and older.	The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing public health surveillance program developed and partially funded by the Centers for Disease Control and Prevention (CDC). The BRFSS uses surveys of adults aged 18 and older to estimate the prevalence of risk factors for the major causes of morbidity and mortality in the United States. For certain state and national objectives, the BRFSS is the only source of data.	New methodology began in 2011 with the inclusion of cell phones in the survey sample. Data in 2011-2012 are not comparable with data prior to 2011.	Trends for 2001-2010 and two points in time, 2011-2012. Data are available by gender, age group, education, employment, income, and ethnicity	Illicit drug use is self-reported and based on using prescription drugs when not prescribed by a doctor or using drugs to get high or for curiosity. BRFSS survey does not distinguish between types of illicit drugs. Youth are not included in the survey.

Appendix D - National and State Data Sources

Data Sources for Needs Assessment							
Acronym	Data Source	Availability	Validity	Consistency	Collection/Timeliness	Sensitivity	Limitations
IBRS	Idaho Incident Based Reporting System	Idaho Statistical Analysis Center (ISAC) http://www.isp.idaho.gov/CrimeInIdaho2/toQuery.action and Idaho State Police Bureau of Criminal Identification (BCI) http://www.isp.idaho.gov/BCI/ucr/crimeinidaho2012.html	Nearly complete (99.9%) reporting of NIBRS from all police jurisdictions in the state (some states have jurisdictions reporting a combination of NIBRS and UCR). We are very lucky in this regard.	Idaho law enforcement agencies submit reports to the Idaho State Police repository. ISP provides an online web application by the ISAC and yearly publication by BCI. In addition, specific types of requests can be obtained from ISAC. The repository contains information on all incidents (date/time and reporting agency), offense information (property or violent crime, weapon(s) used, type of criminal activity such as trafficking, buying/selling, or manufacturing, offense location, suspected use of alcohol or drugs by offender), victim information (age, race, sex, ethnicity, injury, victim/offender relationship), offender information (age, race sex) and arrestee information (age, race sex/ethnicity, arrest date).	Yearly counts are available in July of the following year. 2013 data will be available in July of 2014.	Able to detect changes (with reservations due to the limitations) associated with substance use over time	Limited by coding of drug types. No information regarding synthetics is available and prescription drugs is not a perfect reflection, but rather notes pill seizure arrests. Also, is a reflection of police activity and not a true indicator of consumption or consequences throughout the state.
iCARE	Child Welfare data is from iCARE, our Statewide Automated Child Welfare Information System	Sarah Siron, Division of Family and Community Services, sirons@dhw.idaho.gov	Child welfare workers enter case information into iSTARS in accordance with the national AFCARS (Adoption and Foster Care and Reporting System) and Idaho Child Welfare Standards	iCARE data is entered by child welfare social workers at critical points during the child welfare case.	2000 - present. Data is retrievable from iCARE dependent on social worker timely entry	Can compare child protection trends by years or months. Can also compare regions of the state down to the county level.	Presence of substance use is limited to whether or not the worker enters it as a contributing condition to the child protection referral. This is dependent upon it being present at the time of referral, if it was a contributing factor to child's safety, and whether it gets entered period because it is not a required field.
iSEE	Idaho System for Education Excellence	Data available in aggregate form only.	Incidents of crime and violence in schools and disciplinary actions. ISEE has robust data quality controls in place.	Monthly uploads are required for every school district and public charter school in the state.	Monthly- during the school year.	Able to identify trends throughout the year	Data availability limitations exist due to the sensitivity of the data established by FERPA.

Appendix D - National and State Data Sources

Data Sources for Needs Assessment							
Acronym	Data Source	Availability	Validity	Consistency	Collection/Timeliness	Sensitivity	Limitations
TEDS	Treatment Episode Dataset	Tony Jones, Division of Behavioral Health	Contains all publicly funded substance abuse treatment episodes.	Reporting standards have varied over the years. Data is consistent from 2008 onward.	1998- current Reported annually to the federal government but available within 2 weeks of case action.	Fairly accurate and responsive but since it only covers publicly funded treatment the data is limited to what funding and policy dictate and does not actually represent need or circumstance.	In addition to the limitations listed in sensitivity before 2009 the data is very suspect. Poor database management and quality assurance was rampant. From 2009 until current things have been better but going forward from 2012 due to a new reporting system the data will be most reliable.
OMS	Offender Management System (OMS) Data from the Idaho Department of Correction	Contact IDOC Research and Analysis for data		IDOC collects data on incarcerated and probation/parole offenders. Data including demographics, crime type, sentence length, programming and education, location, assessments, etc. is collected.	ongoing. Typically download data once a month, but IDOC is moving to a data warehouse functionality which will allow for more real time reporting		Data is only as good as what is entered. Many different people within the IDOC enter data into the Offender Management System, and errors can occur.
ITD	Idaho Statewide Traffic Crash Database CIRCA (Crash Information Retrieval ,Collection, and Analysis system)	Data is available through the Office of Highway Safety or directly using WebCARS. WebCARS is an online reporting and analysis system for the Idaho Statewide Crash Database. Accounts are provided to any governmental or non-profit agencies. Data is also available on the OHS website at www.itd.idaho.gov/ohs	All traffic crashes involving a motor vehicle that are unintentional, occur on a public roadway and result in an injury or more than $1,500 in property damage to any one person in the crash. Prior to 2006, the property damage threshold was $750.	Every law enforcement agency in the State of Idaho uses eIMPACT as the data collection tool for motor vehicle crashes. The software was created and provided to each agency, free of charge, as per Idaho Statute 49-1307. The crash data elements have been evaluated and changes were implemented in 1997 and in 2011.	1987 to Present - As of 2010, all eIMPACT crash reports are transmitted electronically to the Office of Highway Safety upon completion of the crash investigation. The reports are available, but incomplete, in WebCARS the day after they are received. The information is checked for accuracy and additional information is added to each report before it is completed in CIRCA. Typically, there is about a 2 to 3 month delay in completing the crashes.	As per Idaho Statute 49-1311, reports are subject to disclosure according to title 3, chapter 9, Idaho Code , and shall be used for accident prevention purposes. Can feasibly compare crash trends by years or months. Can also compare regions of the state down to the county or city level.	Reportable crashes are those that are unintentional, occur on a public roadway and result in an injury or more than $1,500 in property damage to any individual involved in the crash. Crashes not meeting the Reportable criteria are in the database and coded as non-reportable. The additional information is not added to these reports and information provided by the law enforceme3nt agency is not checked. There is no consistency to which these reports are transmitted to the OHS.
YRBS	Youth Risk Behavior Survey	Data available in aggregate form only. Available via web	Self reports of youth risk behaviors- reported on	A sample of 9-12 grade responses are collected in the Spring of the odd years.	Every other year in the Spring.	Able to detect prevalence and changes through time.	Small sample size, self reporting.

Appendix D - National and State Data Sources

Data Sources for Needs Assessment							
Acronym	Data Source	Availability	Validity	Consistency	Collection/Timeliness	Sensitivity	Limitations
National Data Source							
ARCOS	Automation of Reports and Consolidated Orders System	By request from the DEA	ARCOS is an automated, comprehensive drug reporting system which monitors the flow of DEA controlled substances from their point of manufacture through commercial distribution channels to point of sale or distribution at the dispensing/retail level - hospitals, retail pharmacies, practitioners, mid-level practitioners, and teaching institutions. Included in the list of controlled substance transactions tracked by ARCOS are the following: All Schedules I and II materials (manufacturers and distributors); Schedule III narcotic and gamma-hydroxybutyric acid (GHB) materials (manufacturers and distributors); and selected Schedule III and IV psychotropic drugs (manufacturers only).	ARCOS accumulates these transactions which are then summarized into reports which give investigators in Federal and state government agencies information which can then be used to identify the diversion of controlled substances into illicit channels of distribution. The information on drug distribution is used throughout the United States (U.S.). by U.S. Attorneys and DEA investigators to strengthen criminal cases in the courts.	2000-2011, released semi annually and provided by request of the DEA	Tracks all legal drug production and distribution but is subject to stockpiling and warehousing issues.	In additional to the limitations listed in sensitivity the database can be difficult to acquire. The DEA requires special requests in writing be made and it helps significantly if you have a Special Agent fronting your efforts.
NSDUH	National Survey on Drug Use and Health	https://nsduhweb.rti.org/	The National Survey on Drug Use and Health (NSDUH) is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older. The Substance Abuse and Mental Health Services Administration (SAMHSA), which funds NSDUH, is an agency of the U.S.Public Health Service in the U.S. Department of Health and Human Services (DHHS). Supervision of the project comes fromSAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ).	A scientific random sample of households is selected across the United States, and a professional RTI interviewer makes a personal visit to each selected household. Once a household is chosen, no other household can be substituted for any reason. This practice is to ensure the NSDUH data represent the many different types of people in the United States. After answering a few general questions during the in-person visit by the interviewer, one or two residents of the household may be asked to participate in the survey by completing an interview. It is possible no one will be selected for the interview. If an individual is selected for the interview, their participation is voluntary, but no other person can take their place. Since the survey is based on a random sample, each selected person represents more than 4,500 United States residents. At the end of the completed interview, the selected person will receive $30 in cash.	1997-current, released annual for the prior year and conducted year round to normalize for seasonal implications	Stratified and sampled based on population demographics.	Uses imputation and weighting to adjust for variations is sampling and sampling inconsistences.

Appendix E – Kaizen Diagnostic Process Report

Coalition Process SPF Report

	Completed: Measures if the task has been completed by your coalition.	**Participation:** Measures the extent to which members were involved in the task.	**Consensus:** Measures how much members agree with the decisions made in this area.	**Utility:** Measures if the members have found the decisions or plans to be useful.
Assessment & Planning				
Mission Statement				
Goals/Objectives				
Problem Analysis				
Logic Models			N/A	
Action Plan				
Capacity				
Clearly Defined Structure			N/A	
Clearly Defined Rules			N/A	
Technical Assistance				
Implementation				
Community Change			N/A	N/A
Services Provided			N/A	N/A
Media			N/A	N/A
Evaluation				
Evaluation Plan & Data				
Community Level Data		N/A	N/A	
Sustainability				
Sustainability Plan				
Cultural Competency				
Not Assessed	N/A	N/A	N/A	N/A

Your coalition's overall assessment score is 1.62.

Scores by Dimension				
1.00	Completed	2.14	Consensus	*The scale ranges from 1 to 3. A score of 1 is the ideal score.*
2.00	Participation	1.64	Utility	

Coalition Summary

Your coalition may want to review its mission statement to determine if it needs to be updated.

Your coalition appears to have some goals and objectives. However, you may want to further clarify these goals and objectives with member input.

It appears that you have conducted a problem analysis but you may want to review it to determine if it is still accurate and useful for guiding your coalition's work.

Right on - your coalition has a diagram or picture of your community problem (logic model) and why it is happening. Remember to make this is available to all members and to use it regularly to guide your work.

Your coalition appears to have an action plan to guide its work. However, you may want to review it and update it with coalition member input.

Your coalition appears to have a somewhat defined structure but it may need to be better defined for role clarity and structured in a way that makes more sense to members.

Your coalition appears to have some rules but they may need to be clarified and/or more comprehensive to help guide decision-making and your ability to take action.

Your coalition members appear to receive technical assistance, training, and/or coaching. A benefit of being a coalition member is the opportunity to develop skills - thank you for making that available to your members.

Your coalition should determine if it can facilitate change faster with more input and assistance from your members. It takes a lot of lending hands to facilitate collective impact.

Your coalition might be able to better optimize the services in its community by seeking more help from coalition members and coalition partners.

Your coalition can take its media effort to the next level by involving the sectors you are trying to inform in the campaign development. It can also be helpful to seek outside help from media experts in your community to help with your media initiatives.

Your coalition appears to have an evaluation plan but it may need to be reviewed and improved upon. This plan should be easy for your members to communicate to others in the community

and utilize in guiding their work.

Your coalition has done a great job of utilizing available data to describe the drug trends in your community. Keep up the good work and remember to routinely seek additional data as it becomes available.

Your coalition appears to have somewhat of a sustainability plan but it may need to be reviewed with coalition members and further enhanced or developed.

Appendix F - Priority Setting Score Sheet of Final Indicators

Construct	Indicator	Data Source	Size	Seriousness	Capacity	Changeability	Readiness	Final Score
Alcohol Consumption								
Current use	Percent of students in grades 9-12 reporting use of alcohol in the past 30 days	YRBS						
	Idaho gallons sales per capita	Liquor						
	Percent of adults (aged 18 or older) reporting use of alcohol in past 30 days	BRFSS						
Excessive Drinking	Percent of adults aged 18 and older reporting average daily alcohol consumption greater than two (male) or greater than one (female) per day in past 30 days	BRFSS						
	Percent of students in grades 9-12 reporting 5+ drinks in a row within a couple of hours in the past 30 days	YRBS						
	Percent of adults (aged 18 or older) binge drinking of alcohol in past 30 days	BRFSS						
Alcohol Consequences								
Alcohol related Mortality	Rate of alcoholic liver disease deaths per 100,000	DHW-VS						
	Rate of Alcohol Induced Death per 100,000	DHW-VS						
	Deaths sustained in alcohol related vehicular crashes per 100,000	ITD						
Crime	DUI arrests per 1,000	IBRS						
	Alcohol related arrests per 1,000	IBRS						
	Alcohol related crashes 1,000	ITD						
	Underage alcohol related arrests per 1,000	IBRS						
Abuse and Dependence	Percent report alcohol as primary substance of use upon treatment entry	TEDS						
	Percent report Alcohol as substance of use upon treatment entry	TEDS						
	Percent of persons aged 12 and older reporting alcohol dependence/abuse	NSDUH						

Appendix F - Priority Setting Score Sheet of Final Indicators

Construct	Indicator	Data Source	Size	Seriousness	Capacity	Changeability	Readiness	Final Score
Tobacco Consumption								
Use	Percent of students in grades 9-12 that smoked cigarettes on 20 or more days in the last 30 days	YRBS						
	Percent of adults 18 and older who smoke everyday	BRFSS						
	Percent of adults ever using smokeless tobacco	BRFSS						
Prescription Drug								
Use	Rate of prescription drug use past month	NSDUH						
	Prescription drug distribution rates	ARCOS						
	Number of deaths from drug induced mortality per 100,000 population	DHW-VS						
	Seizure rates per 1000 population	IBRS						
Other Drug Consumption								
Use	Illicit drug use other than marijuana past month per 1,000	NSDUH						
	Drug seizures per 100,000	IBRS						
	Lifetime illicit drug use per 1,000	BRFSS						
Other Drug Consequences								
Health Outcome	Percent report other drugs as primary substance of use upon treatment entry	TEDS						
	Adult Drug Induced Mortality per 100,000	DHW-VS						
	Percent report other drugs as substance of use upon treatment entry	TEDS						
Crime	Other Drug Possession Arrests per 1,000	IBRS						
	Other Drug Trafficking Arrests per 100,000	IBRS						
	Other Drug Seizure per 100,000	IBRS						

Appendix F - Priority Setting Score Sheet of Final Indicators

Construct	Indicator	Data Source	Size	Seriousness	Capacity	Changeability	Readiness	Final Score
Marijuana Consequences								
Health Outcome	Percent report marijuana primary substance of use upon treatment entry	TEDS						
	Percent of students in grades 9-12 who used marijauana one or more times during the past 30 days	YRBS						
	Percent report marijuana as substance of use upon treatment entry	TEDS						
Crime	Marijuana possession arrests per 1,000	IBRS						
	Marijuana trafficking arrests per 100,000	IBRS						
	Marijuana seizures per 1,000	IBRS						