

## Substance Use in Idaho

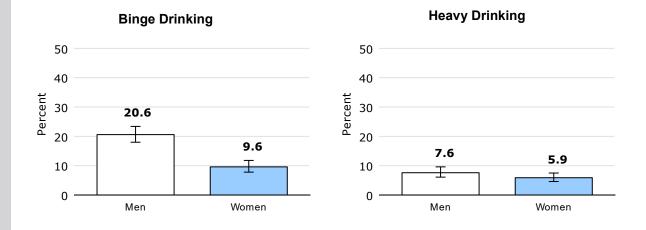
2018

State of Idaho - Department of Health and Welfare - Division of Public Health

## Alcohol Use

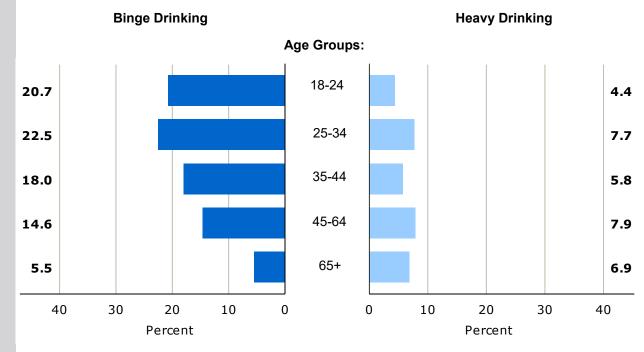
In 2018, *15.1%* of Idahoans reported binge drinking and 6.7% reported heavy drinking<sup>1</sup>.

Men reported significantly higher rates of binge drinking than women.



Binge & Heavy Drinking

Binge drinking was significantly more prevalent among adults aged 25-34 compared to the overall prevalence among all adults.

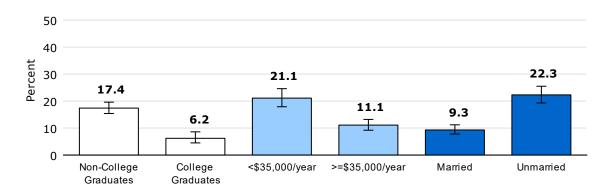


Binge drinking is defined as 5+ drinks per occasion for males, and 4+ drinks per occasion for females. Heavy drinking is defined as 15+ drinks per week for males, and 8+ drinks per week for females in the past 30 days.

## Tobacco Use

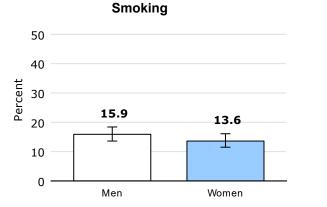
In 2018, 14.7% of Idahoans were smokers, and 4.4% were smokeless tobacco users.

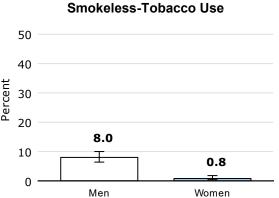
Smoking was associated with education, income, and marital status<sup>2</sup>.



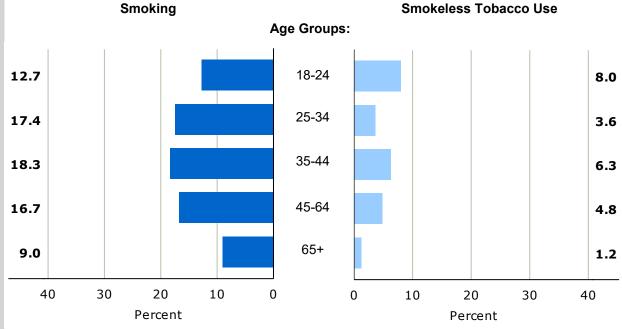
#### Smokeless tobacco use was more prevalent among men than women.

Smoking & Smokeless Tobacco Use





Both smoking and smokeless tobacco use were less common among those 65 years of age and older.

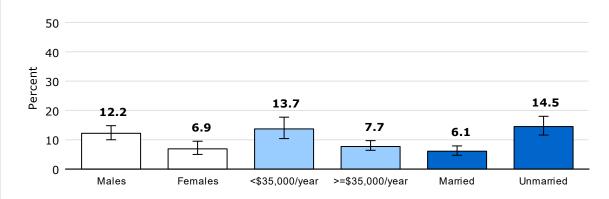


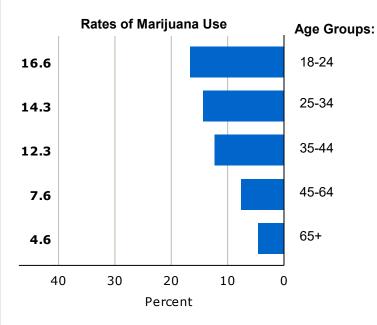
<sup>&</sup>lt;sup>2</sup> The "Unmarried" group includes adults who are divorced, widowed, separated, never married, or part of an unmarried couple.

### Marijuana Use

In 2018, 9.5% of Idahoans used marijuana.

Marijuana use was associated with sex, income, and marital status.

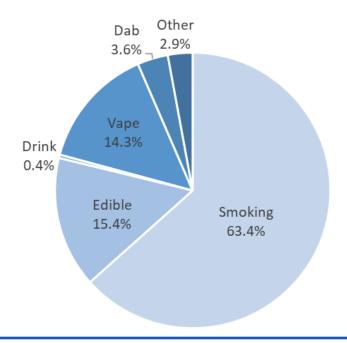




# Adults aged 18 – 24 used marijuana more frequently than adults aged 45+.

#### **Methods of Administration of Marijuana**

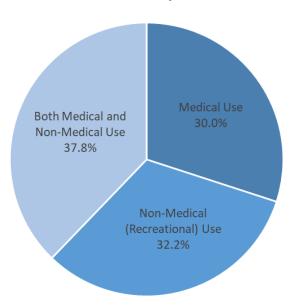
Among Idaho marijuana users, smoking was the most common method of cannabis administration.



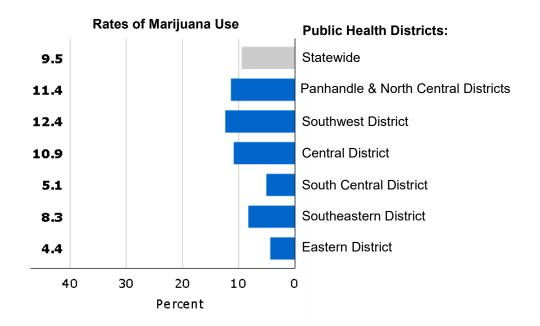
### Marijuana Use

#### **Reasons for Marijuana Use**

30.0% of marijuana users in Idaho reported strictly medical marijuana use, 32.2% reported using for strictly non-medical (e.g. recreational) reasons, and 37.8% reported using for both medical and non-medical reasons.



Rates of marijuana use varied across public health districts. The Panhandle & North Central Districts<sup>3</sup> had significantly higher rates of marijuana use than the South Central or Eastern Districts. The Southwest and Central Districts also had higher rates of marijuana use than the Eastern District.



<sup>&</sup>lt;sup>3</sup> The Panhandle and North Central Public Health districts were combined due to small sample size.





