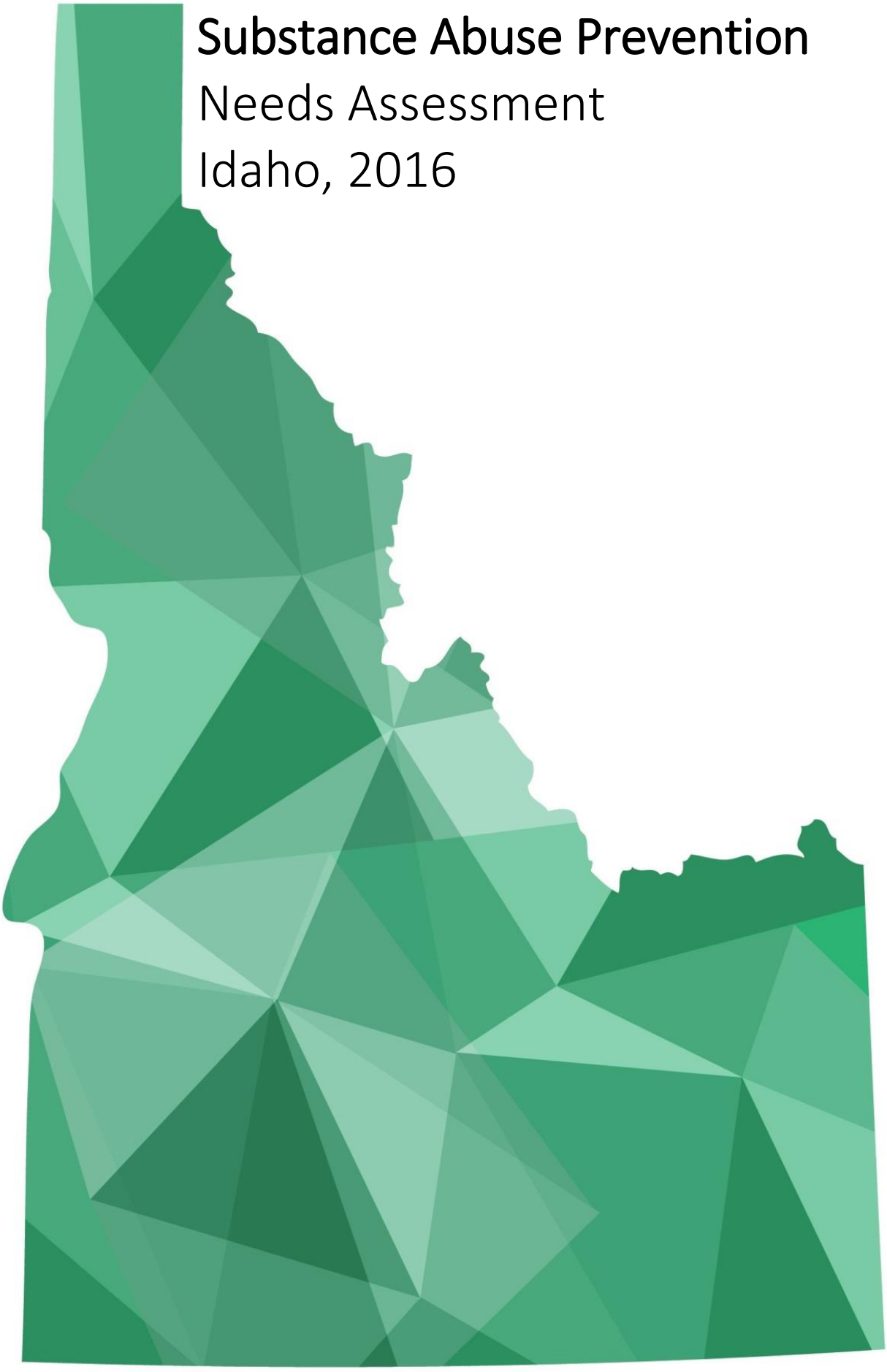
Substance Abuse Prevention

Needs Assessment

Idaho, 2016



Acknowledgements

The development of this publication was funded through the Strategic Prevention Framework State Incentive Grant through the Substance Abuse and Mental Health Administration. Preparing the 2016 State of Idaho Substance Abuse Needs Assessment was a collaborative of Idaho's State Epidemiolgoical Outcomes Workgroup (SEOW), through the Office of Drug Policy. The material represents the work of multiple contributors who offered the insight, discussion, and research necessary to conduct a statewide needs assessment.

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In addition to the SEOW, other vital state partners that contributed to this report were the Drug Enforcement Administration, the Idaho Department of Transportation, and the Idaho Liquor Division. Thank you for allowing your data to be used in this Needs Assessment.

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Methodology

Consumption and Consequences

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.

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.

Substance-related consequences are defined as adverse social, health, and safety consequences associated with alcohol, tobacco, or illicit drug use. Consequences include mortality, 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.

The Idaho SEOW chose to classify substances into five categories: alcohol, tobacco, prescription drugs, marijuana and other drugs. Organizing constructs provides a way to conceptualize 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 include current use and excessive use. For each construct, the SEOW attempted to find one or more specific data measures (indicators) to assess and quantify the prevention-related constructs. Idaho's indicator data is collected and maintained by various community and government partners.

Establishing a set of key constructs assisted Idaho in organizing and narrowing the search for data relevant to decision making. The existence of data did not drive decisions about which problems to focus on. Rather, specific constructs of interest were ascertained, and then indicators were identified to measure those constructs.

Given ODP's focus on building and strengthening Idaho's prevention system, the Idaho SEOW concentrated on constructs and indicators that would prove most useful for prevention decision-making. All indicators included in this assessment are valid and reliable measures of the constructs. Additionally, with respect to consequences, constructs with clear evidence of causation from substances abuse were used.

State versus National Sources

The SEOW often chose to cite statewide data sources over their corresponding national aggregates. Typically, the data in national sources are simplified from data collected at the state-level, such as with the example of Uniform Crime Reports (UCR) program. Idaho uses the National Incident-Based Reporting System (NIBRS) which provides more comprehensive data than the UCR program. Using state-level data sources also enhances partnerships and allows for quicker responses. When available, national metrics were included when data was gathered using the same methodology. In some cases, there was a lack of adequate national comparison.

Indicator Selection

The Idaho SEOW implemented a four step process to determine appropriate indicators:

Step 1: Review Data Indicators

A review of the literature and existing data sources was conducted, establishing a comprehensive list of possible indicators grouped by substance and construct type. The Priority Setting Subcommittee, composed of SEOW and SPF Advisory Council members, worked together to review the data indicators.

Step 2: Incorporate 6 Criterion

The criteria established were as follows:

- Five years of available data for each indicator
- At least one indicator in each construct collected on a community or regional level
- At least one indicator in each construct regarding the key subpopulations:
    - Youth aged 18-25
    - Military veterans and their families
    - American Indians/Alaska Natives
    - Hispanics/Latinos
    - Individuals exposed to adverse childhood experiences
- Youth under 18 needed to be represented in at least one indictor in each construct
- Indicators should be prioritized based on data sources' earliest level of contact
    - The level of contact is the point at which each indicator interacts with the population. For example, arrest records are document in an earlier phase of contact than court records, which precedes correctional system involvement.
- Constructs must have at least three indicators available
    - When an insufficient number of indicators were available in a construct, the SEOW created a new, broader construct. A construct with a single indicator could result in priorities that are driven by an isolated phenomenon.

Step 3: Identify Relevance and Record Type

The SEOW refined indicators to reflect a relevance rating and record type.

The relevance rating was on a scale of one to three, 1-Very Relevant to 3-Not Relevant. After some group discussion, each indicator's relevance was scored by the SEOW member who provided the indicator.

The record type is a classification of each indicator based on the source, administrative (A) or survey-based (S).

Step 4: Score

The SEOW employed a hybrid Delphi method to further eliminate indicators. In the Delphi method, a panel convenes to participate in multiple rounds of scoring, after which, the final product is reached by a consensus.

For the SEOW, recommendations were collected from each content expert regarding each indicator. These suggestions were then reviewed, and a second round of scoring was conducted by two additional content experts.

The SEOW designed the priority setting methodology by borrowing from a ranking and scoring system from Wyoming. The constructs resulting in high scores were then reviewed in the context of subpopulations and geography to select appropriate priorities for the State to address with SPF SIG funds. Under the guidance of the methodology developed by the SEOW, scoring addressed seriousness, capacity, and size.

Seriousness

A seriousness index was created by tracking the severity of the outcome for each indicator, which was used to calculate the severity score in combination with trend data associated with the indicator.

The **severity** scores were generated by analyzing the following factors in relation to the indicator in question:

- If an indicator's outcome was related to mortality it was scored a 4
- If an indicator's outcome had both long term and short term health effects it was scored a 3
- If an indicator's outcome had long term or short term health effects, it was scored a 2
- If an indicator's outcome had no effect on health it was scored a 1

Each indicator was also assigned a score based on the **trend** of the data by the following guidelines:

- If the indicator was trending upward it was assigned a score of 1.5
- If the indicator was remaining relatively consistent it was assigned a score of 1
- If the indicator was trending downward it was assigned as score of 0.5

These scores were then multiplied together to create the seriousness score using the formula below:

Seriousness Score = Severity Score x Trend Score

Capacity

After some discussion, the Priority Setting Subcommittee reached the conclusion that capacity was a combination of both changeability and readiness. Changeability and readiness were independently scored by each member, and then scores were discussed in a group setting. These scores were then averaged together to create a score for each construct for both changeability and readiness. The following formula was created to generate the score for capacity:

Capacity Score = Readiness Score x Changeability Score

Size

To create a score for size, the Priority Setting Subcommittee compared the indicator's effect. The indicators were then assigned a score of 1 to 4 based on which quartile they represented when compared to the other like indicators. Final Scores can be found in Appendix A.

Final Score = [Size Score + (2 x Seriousness)] x Capacity Score

Priority Areas

Prescription Drugs

In recent years, the Centers for Disease Control and Prevention declared prescription drug abuse an epidemic. The increasing rate of seizures, prescription distribution rates, and drug-related mortality, primarily driven by prescription drugs, within the state clarifies that Idaho is not immune to the epidemic.

Alcohol

Although several indicators of alcohol use are falling, such as alcohol-related arrests, alcohol sales continue to rise. Despite the increase in alcohol sales, according to self-report surveys, alcohol consumption seems to be decreasing. The increase in alcohol sales may be explained, to a degree, by individuals from other states, namely Washington, traveling to Idaho to purchase alcohol at a lower price. In recent years, Washington privatized liquor, increasing alcohol prices in the Evergreen State. However, according to the Idaho State Liquor Division, even when controlling for these factors, the alcohol sales rate for Idaho residents is increasing. Alcohol related death rates have also been increasing.

The recent reclassification of underage alcohol misdemeanor charges to infractions in Idaho may have some influence on the alcohol indicators. It will be important in the coming years to monitor underage alcohol consumption and consequence indicators to identify the outcomes of this legislation.

Marijuana

Marijuana use and treatment seem to be slightly decreasing while arrests related to marijuana are slightly increasing. The largest percent change among marijuana-related indicators can be seen with the marijuana trafficking arrest rate, which has nearly quadrupled since 2009. The rise in trafficking may be a result of the trend of policies relating to private cultivation, decriminalization, and marijuana legalization in neighboring states. Due to the sudden shifts in cultural attitudes, perceptions of harm, and availability, marijuana consumption and related consequences warrant particular surveillance.

Indicators for State Priorities

SPF SIG grant sub-recipients will be required to address these priority areas and indicators in their grant applications and submitted strategic plans. It is anticipated that communities will be able to effectively improve outcomes in their local communities, thereby improving outcomes statewide.

- Prescription Drug Use (sub-recipients are required to choose at least one indicator):
    - Percent reporting nonmedical use of prescription pain relievers
    - Rate of prescription drug retail distribution
    - Rate of drug-induced death
    - Rate of prescription drug seizure rates

And one or both of the following (sub-recipients are not required to choose either construct):

- Alcohol Health Outcomes (sub-recipients may choose at least one indicator):
    - Rate of alcoholic liver disease deaths
    - Rate of alcohol-induced deaths
    - Percent reporting alcohol as the primary substance of abuse upon treatment entry
    - Percent of persons 12 and older reporting alcohol dependence/abuse

- Marijuana Use (sub-recipients may choose at least one indicator):
    - Rate of marijuana possession arrests
    - Rate of marijuana trafficking arrests
    - Rate of marijuana seizures
    - Percent reporting marijuana as the primary substance of abuse upon treatment entry
    - Percent of students in grades 9-12 who used marijuana one or more times in the past 30 days

Changing Surveillance

Throughout the years, data measures change due to many unforeseeable reasons (e.g., changing agency responsibility, changing priorities or foci, lack of sustainability or funding, etc.).

The Behavioral Risk Factor Surveillance System (BRFSS) changed methods for collecting and analyzing survey data in 2011. Changes made in 2011 increased representation of adults living in cell phone-only households, minorities, younger adults, and those with lower incomes. Due to these improvements, 2011 estimates may vary slightly from previous years, and therefore, cannot be compared with data from 2010 and earlier. Shifts in observed prevalence from 2010 to 2011 for indicators measured by the BRFSS may simply reflect improved methods of measuring indicators, rather than true trends.

The BRFSS questionnaire has also been modified since the indicators were selected for the 2014 Needs Assessment. The BRFSS questionnaire no longer includes the item regarding illicit drug use. To fill this need, the Office of Drug Policy has added questions to the BRFSS regarding the perception of risk of using marijuana once or twice a week and using prescription medication not prescribed. Moreover in 2015, adults were asked about their perception of risk for underage drinking. Items regarding use were also added to the BRFSS and include the use of marijuana and prescription medication in the past 30 days.

Definitions for various indicators, namely arrest rates, have changed to provide more accurate information to the public. The SEOW has opted to use the most accurate data by conforming to these definitions. For that reason, some trend data in previous Need Assessments may not be identical to the 2016 Needs Assessment.

Despite the SEOW's work to identify the best substance abuse indicators available, data measurements are continuously being modified or removed. For this reason, it is important to develop and implement new data sources that may be used in the future.

Idaho Demographics

Idaho is a geographically large state with vast frontier expanses and relatively few heavily populated areas. The state of Idaho is predominantly rural in character and culture, reflecting traditional morals, values, and lifestyles, with pockets of cultural and ethnic diversity. According to the United States Census Bureau, Idaho's largest metropolitan area, the Treasure Valley which includes both Ada and Canyon Counties, contains over 38% 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 regarding alcohol, tobacco, and other drugs (ATOD) may differ from those of other groups and cultures. Within these communities, prevention efforts must focus on 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.

- ## Population Density

  Although Idaho remains below the national average for the number of residents per square mile, Idaho is growing at a faster rate than the rest of the nation. Idaho's most popuated counties, Ada and Canyon, have the highest population growth.

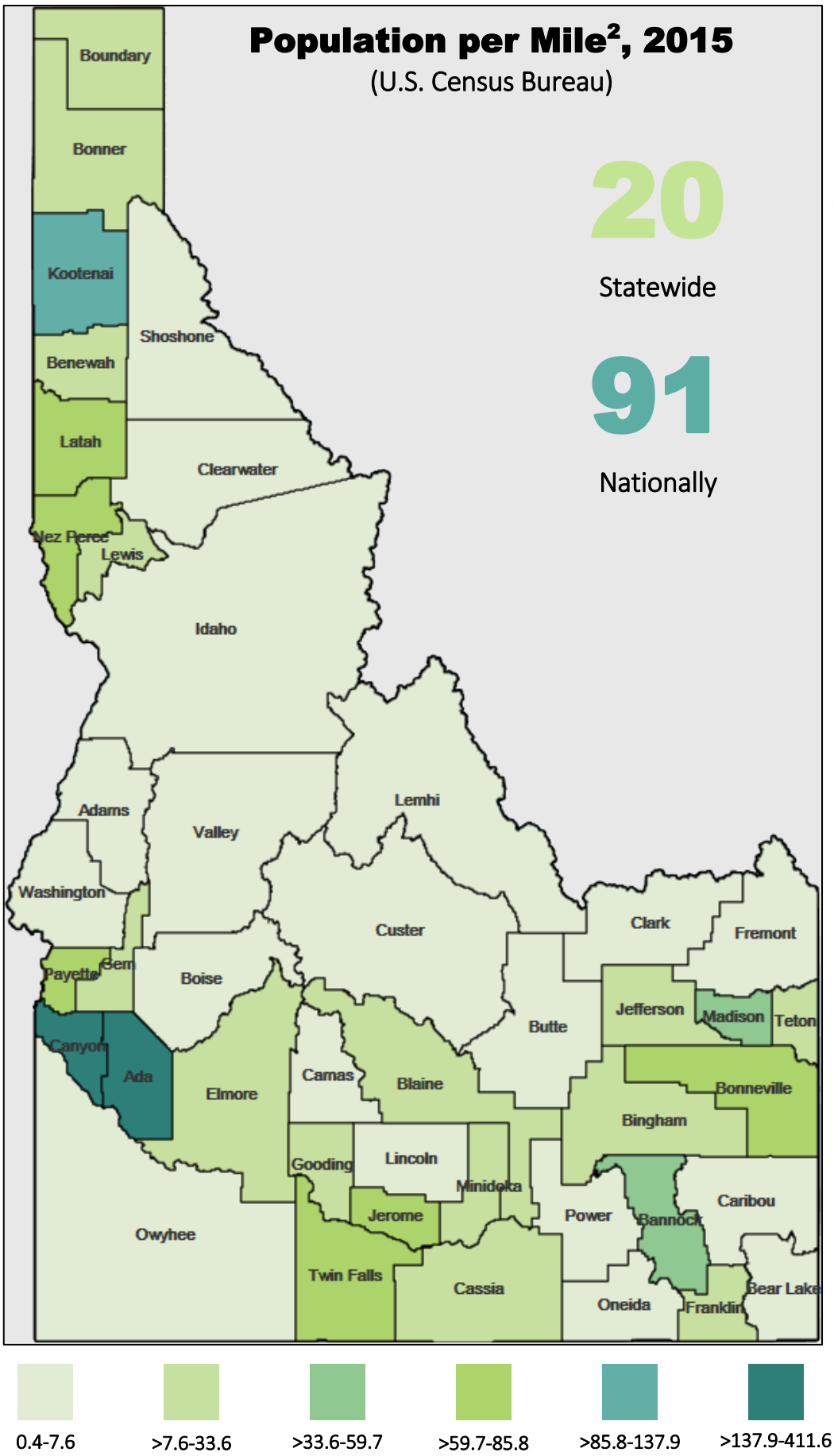
- ## Priority Populations

  Idaho has a higher prevalence of of American Indians or Alaska Natives than the national average. Idaho has a lower prevalence of Hispanic or Latinos, veterans, individuals 18 to 25, and individuals 25 or older with a bachelor's degree or higher than the national average.

- ## Economic Factors

  Although Idaho's median household income is lower than the national average, and the percentage of the population below the poverty level is similar to the national average, and Idaho's unemployment rate is lower than the national average.

To provide a better understanding of the demographics, the following maps highlight demographic characteristics at the county level in Idaho.

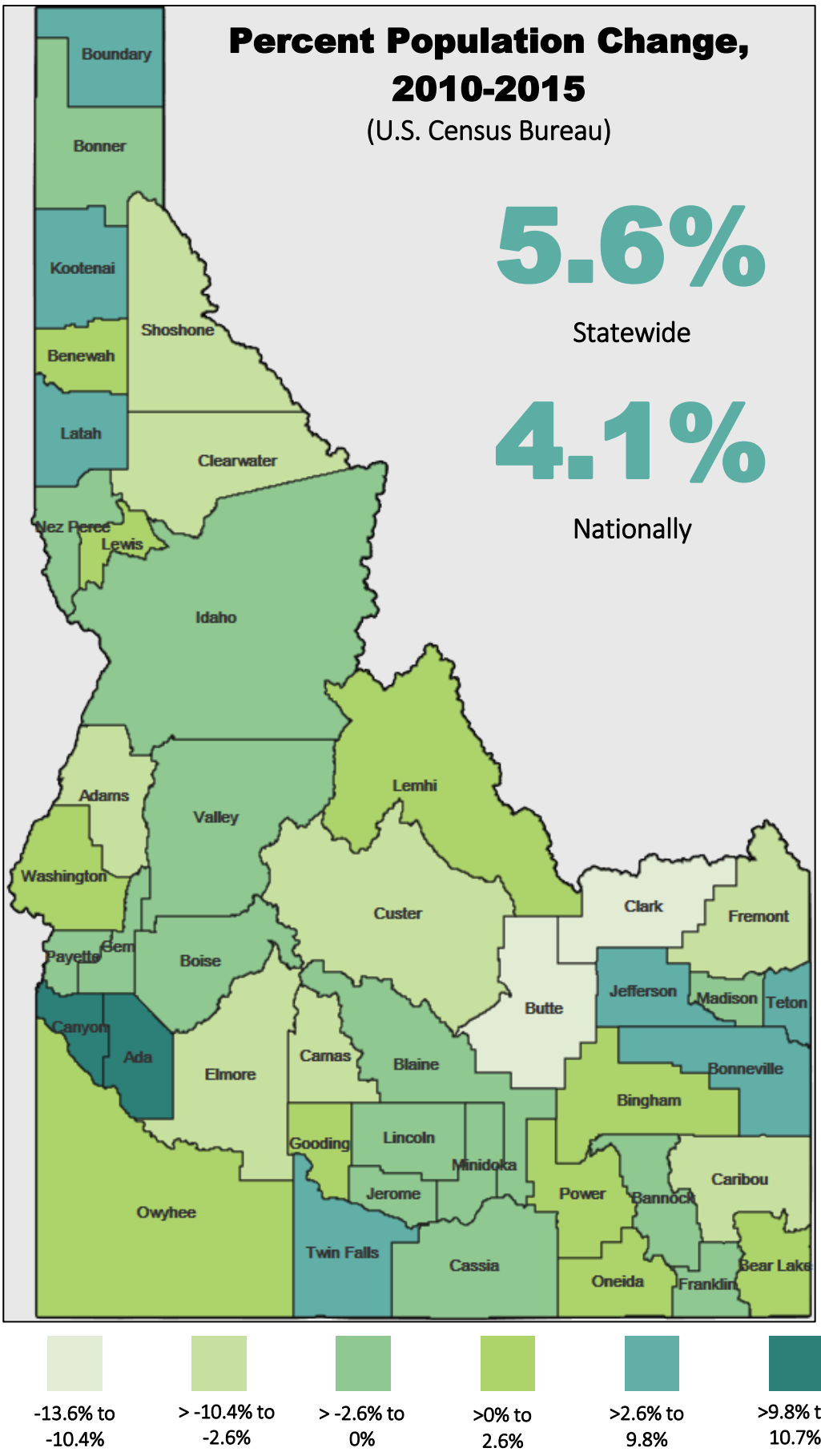


According to the 2015 Census estimate, the number of people per square mile nationally was 91.0, compared to 20.0 in Idaho.

The counties with the highest number of people per square mile were Ada County (411.6), Canyon County (351.7), and Kootenai County (120.8).

The counties with the lowest number of people per square mile were Clark County (0.5), Custer County (0.8), and Camas County (1.0).

Ada County and Canyon County had significantly more people per square mile than the average county in Idaho.



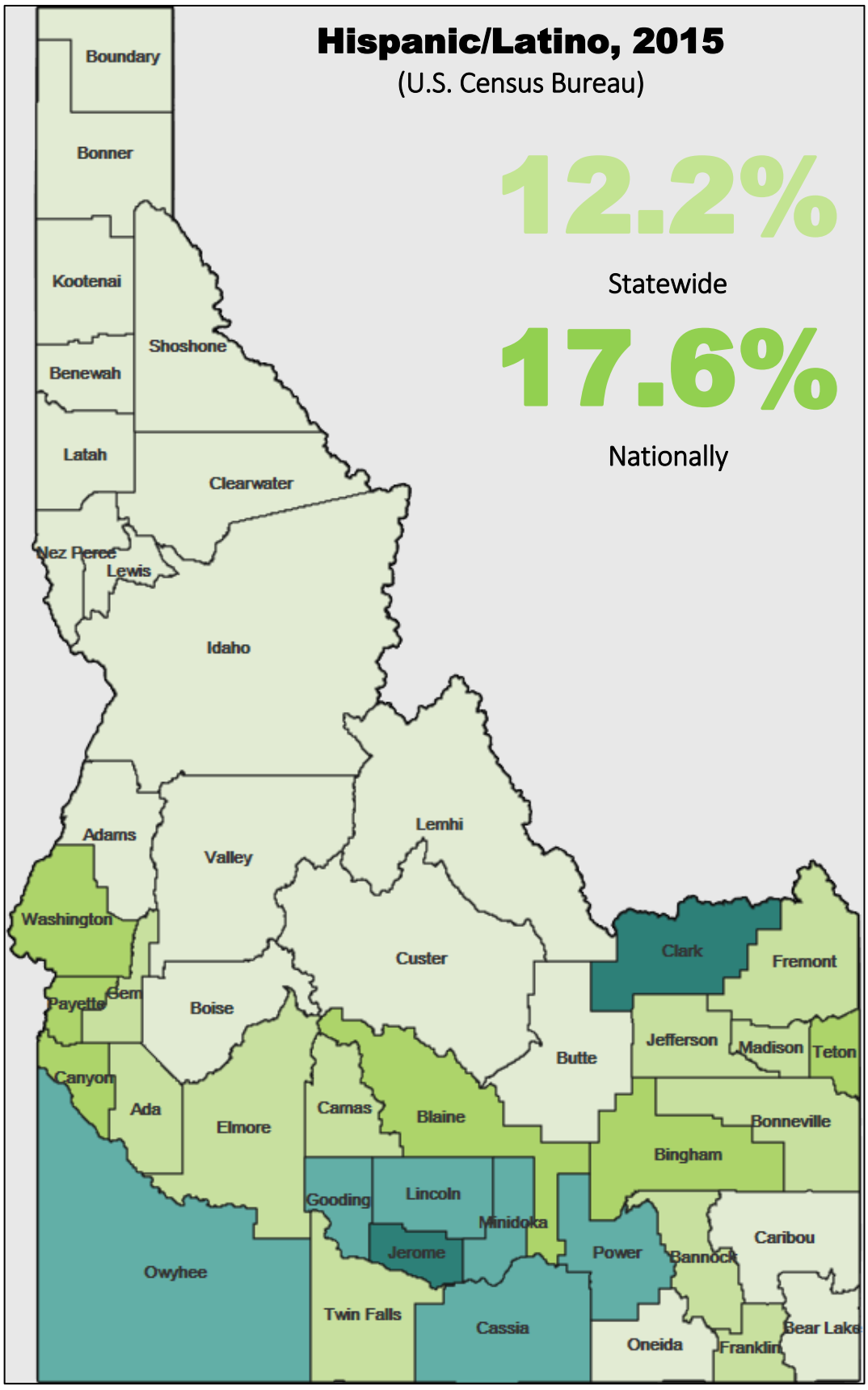
According to the 2015 Census estimate, the percent population change between 2010 and 2015 nationally was 4.1% compared to 5.6% in Idaho.

The counties with the greatest, positive population change were Ada County (10.7%), Canyon County (9.8%), and Kootenai County (8.6%).

The counties with the greatest, negative population change were Butte County (-13.6%), Clark County (-10.4%), and Custer County (-6.4%).

The populations in Butte County and Clark County decreased significantly between 2010 and 2015 compared to the average county in Idaho.

The populations increased significantly in Ada County and Canyon County compared to the average county in Idaho.

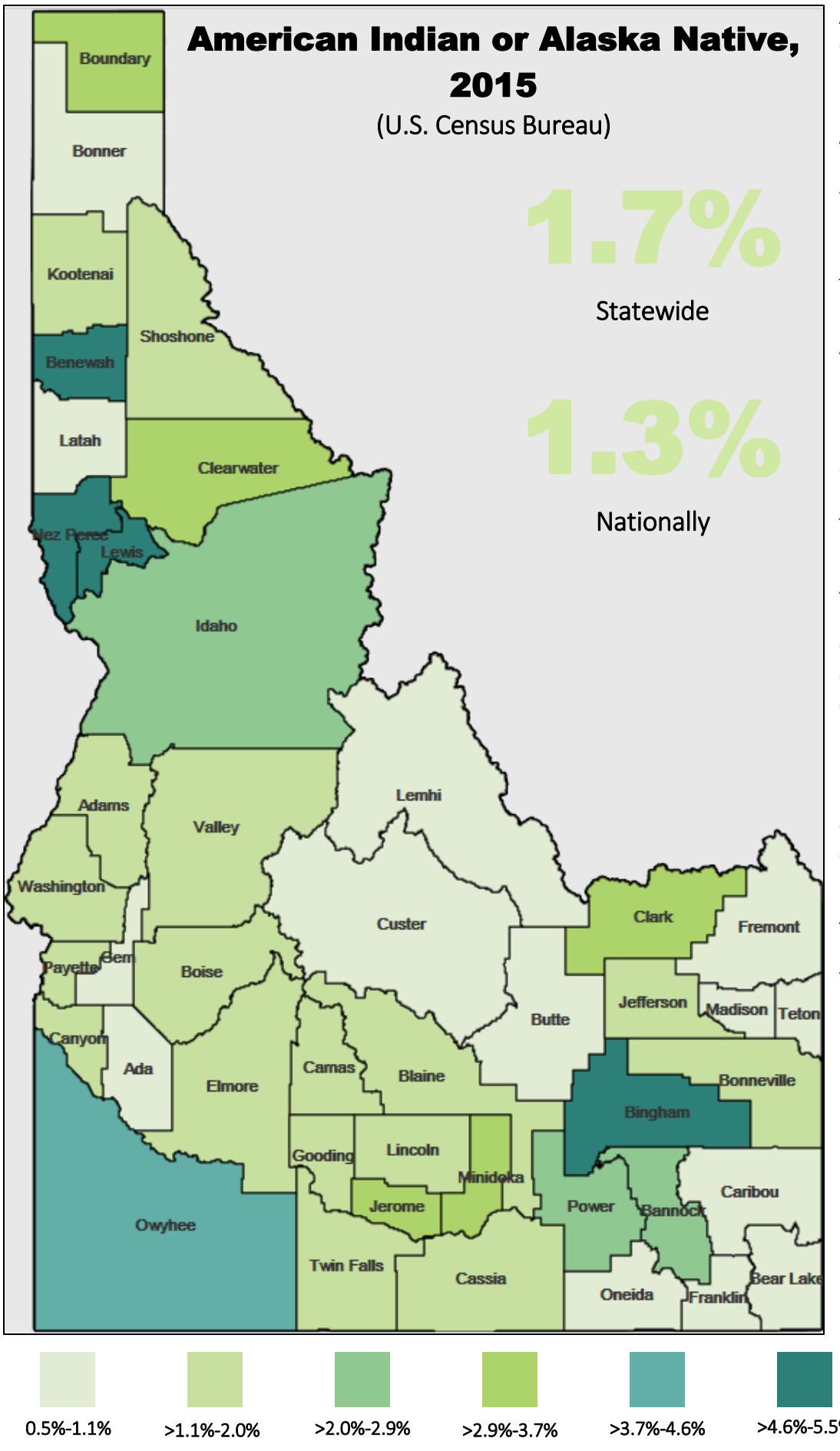


According to the 2015 Census estimate, the percentage of the population identifying as Hispanic or Latino nationally was 17.6%, compared to 12.2% in Idaho.

The counties with the highest percentage of Hispanic or Latino people in the population were Clark County (42.4%), Jerome County (34.7%), and Minidoka County (34.1%).

The counties with the lowest percentage of Hispanic or Latino people in the population were Adams County (3.0%), Bonner County (3.1%), and Benewah County (3.4%).

Clark County and Jerome County had a significantly higher percentage of Hispanic or Latino people in the population compared to the average county in Idaho.

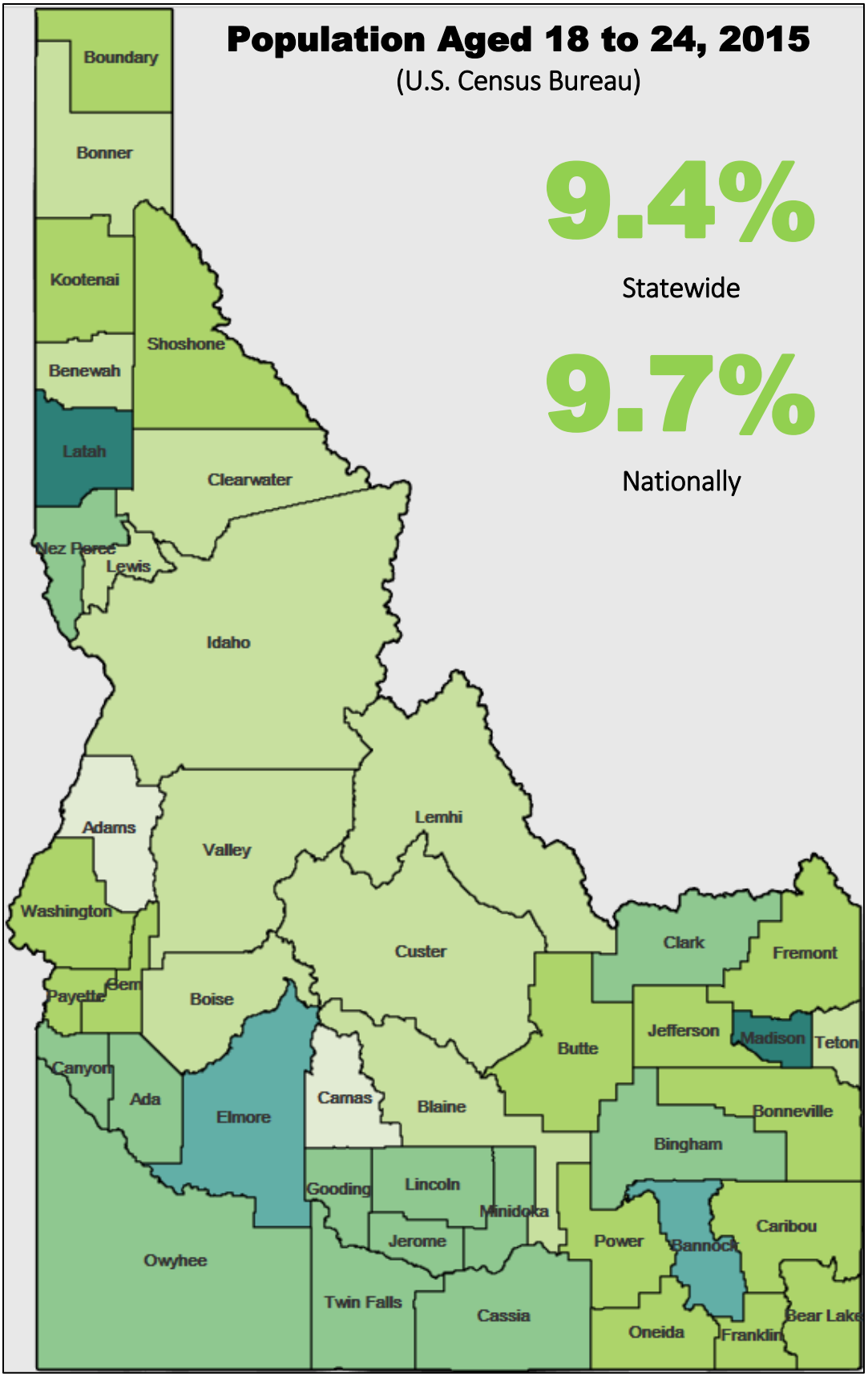


According to the 2015 Census estimate, the percentage of the population identifying as American Indian or Alaska Native (AI/AN) nationally was 1.3%, compared to 1.7% in Idaho.

The counties with the highest percentage of AI/AN people in the population were Benewah County (8.6%), Bingham County (7.6%), and Lewis County (6.5%).

The counties with the lowest percentage of AI/AN people in the population were Oneida County (0.5%), Madison County (0.5%), and Caribou County (0.7%).

Benewah County, Bingham County, Lewis County, and Nez Perce County had a significantly higher percentage of AI/AN people in the population compared to the average county in Idaho.

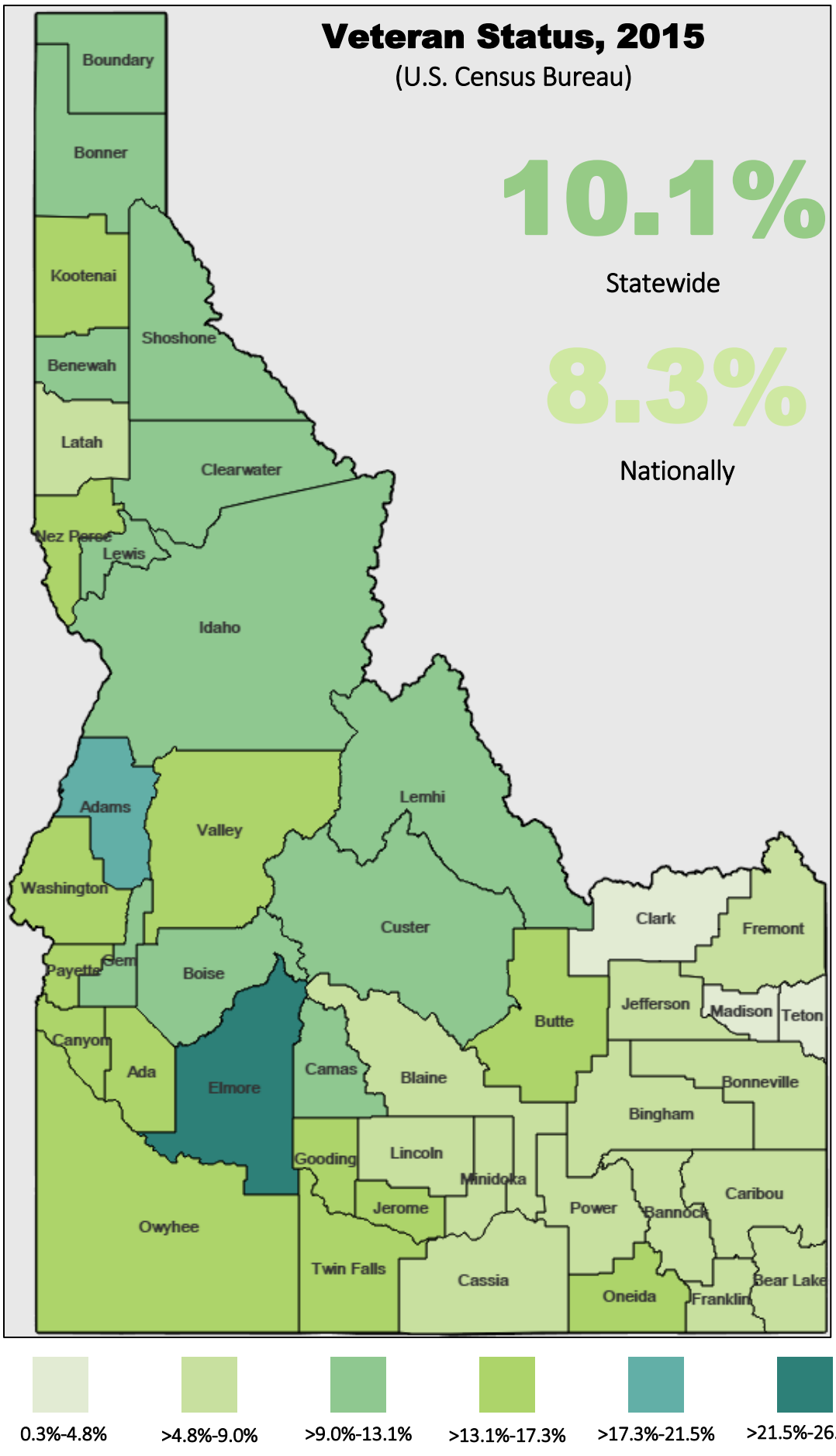


According to the 2015 Census estimate, the percentage of the population between the ages of 18 and 24 nationally was 9.7%, compared to 9.4% in Idaho.

The counties with the highest percentage of the population between the ages of 18 and 24 were Madison County (30.4%), Latah County (24.9%), and Elmore County (13.0%).

The counties with the lowest percentage of the population between the ages of 18 and 24 were Camas County (4.6%), Adams County (5.3%), and Valley County (5.4%).

Madison County and Latah County had a significantly higher percentage of the population between the ages of 18 and 24 compared to the average county in Idaho.

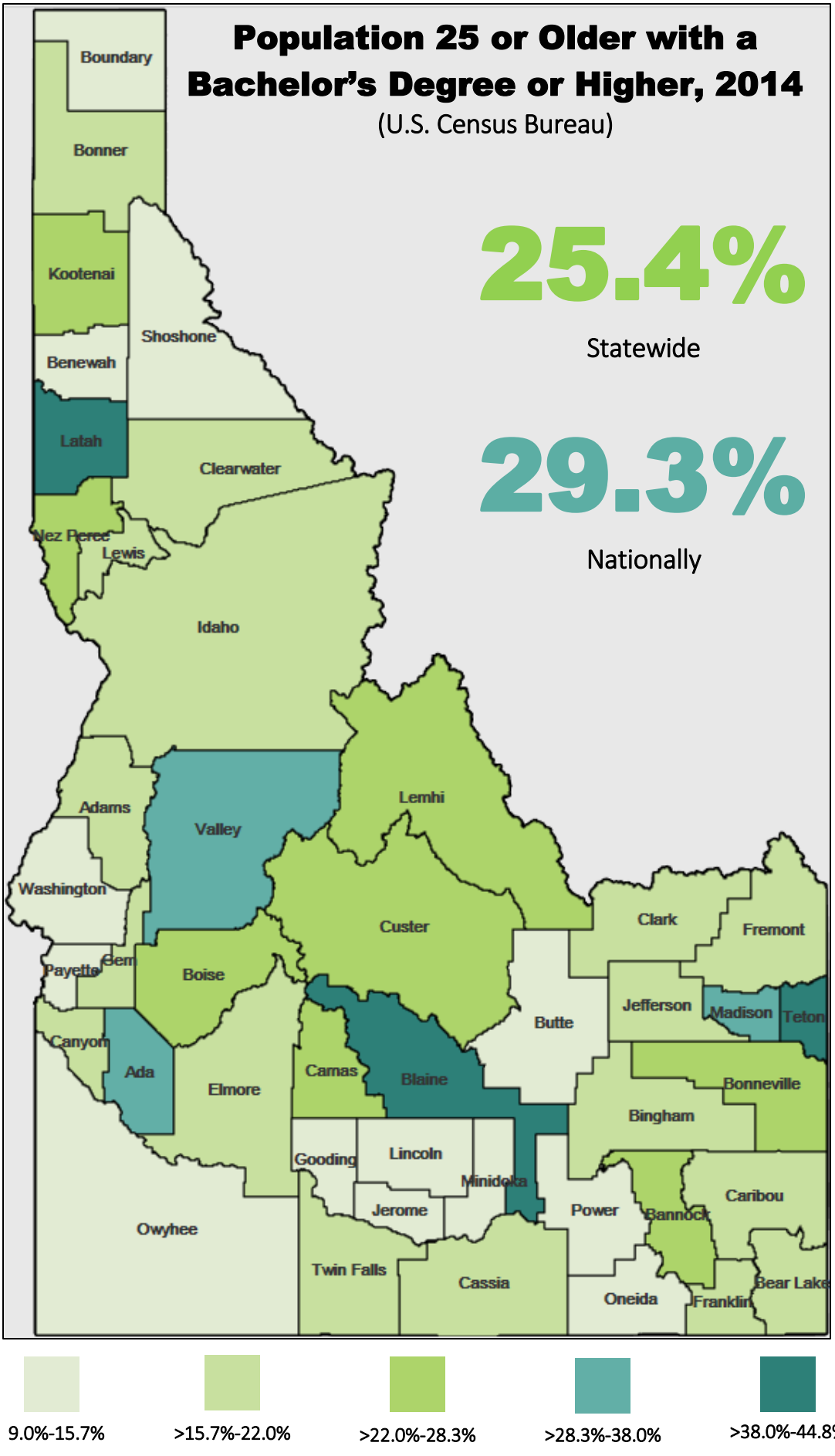


According to the 2015 Census estimate, the percentage of the population 18 and over who were veterans nationally was 8.3%, compared to 10.1% in Idaho.

The counties with the highest percentage of veterans in the population were Elmore County (26.9%), Adams County (17.5%), and Clearwater County (16.3%).

The counties with the lowest percentage of veterans in the population were Madison County (3.4%), Clark County (3.6%), and Teton County (4.3%).

Elmore County had a significantly higher veteran population compared to the average county in Idaho.

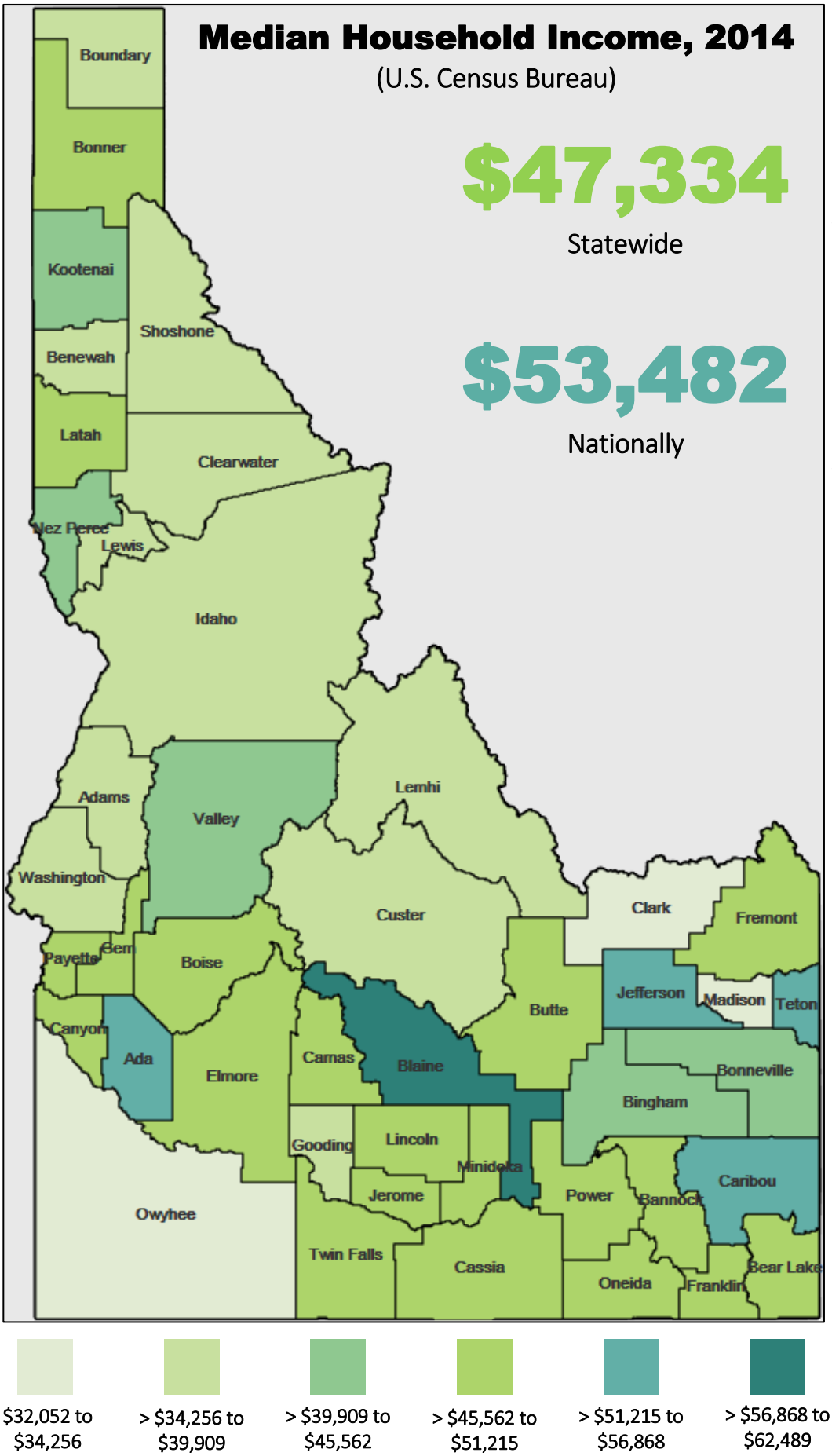


According to the 2014 Census estimate, the percentage of the population 25 and older with a bachelor's degree or higher nationally was 29.3% compared to 25.4% in Idaho.

The counties with the highest percentage of the population 25 and older with a bachelor's degree or higher were Blaine County (44.8%), Latah County (44.0%), and Teton County (38.2%).

The counties with the lowest percentage of the population 25 and older with a bachelor's degree or higher were Owyhee County (9.0%), Lincoln County (11.3%), and Gooding County (11.8%).

Blaine County, Latah County, and Teton County had a significantly higher percentage of the population 25 and older with a bachelor's degree or higher compared to the average county in Idaho.

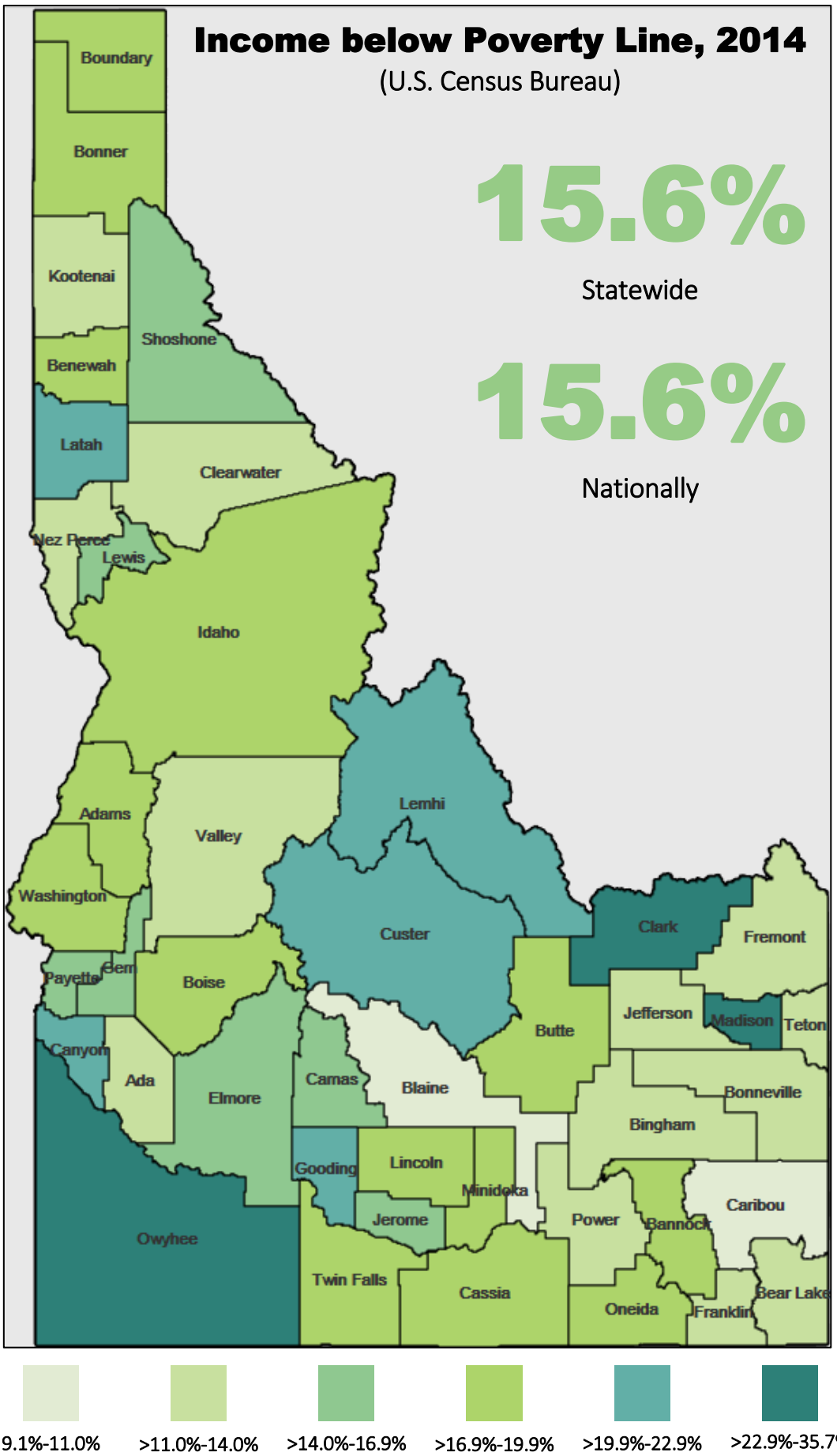


According to the 2014 Census estimate, the median household income nationally was $53,482 and $47,334 in Idaho.

The counties with the highest median household incomes were Blaine County ($62,489), Ada County ($55,805), and Caribou County ($54,481).

The counties with the lowest median household incomes were Madison County ($32,052), Owyhee County ($32,589), and Clark County ($32,770).

Blaine County had a significantly higher median household income compared to the average county in Idaho.

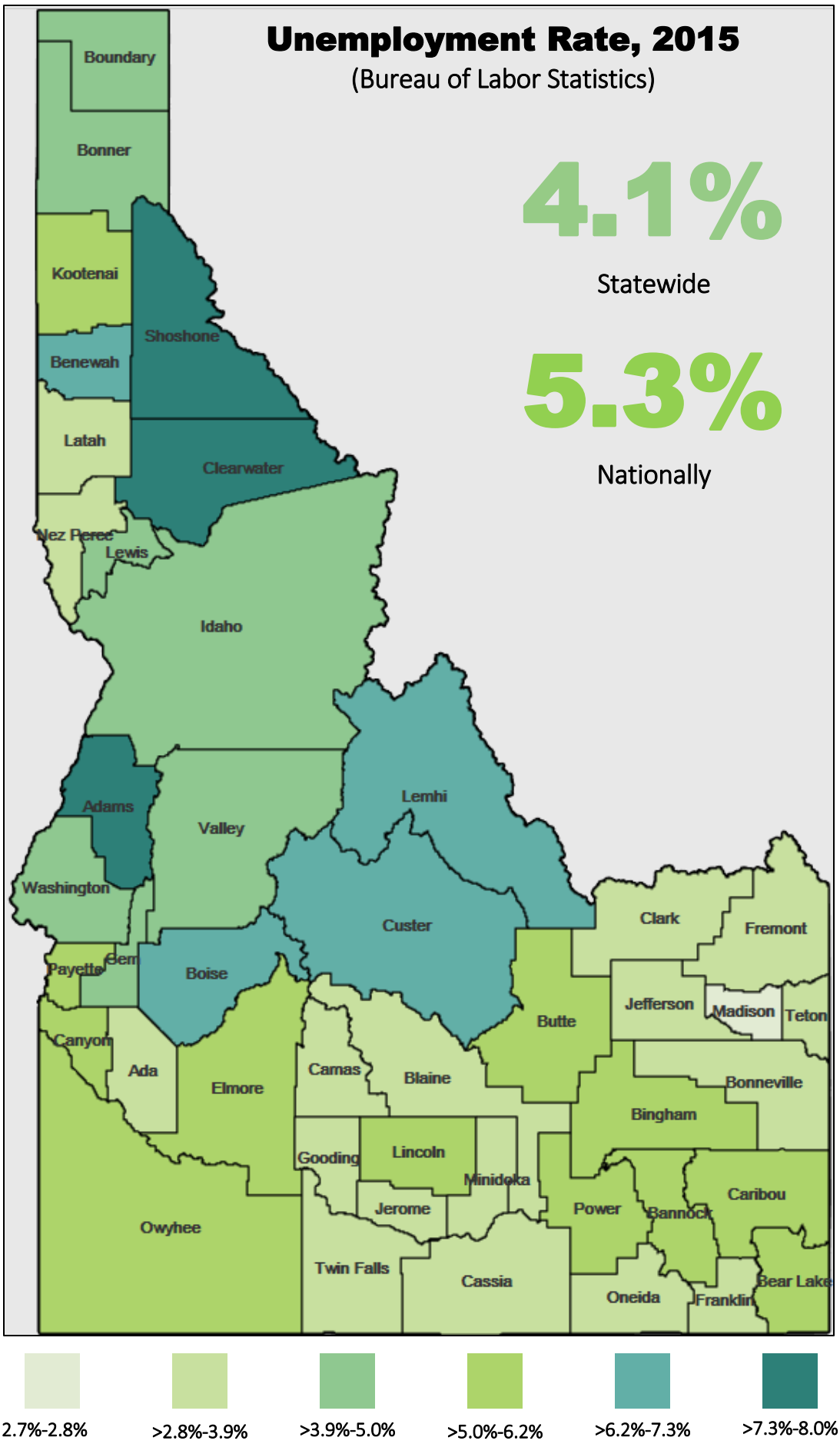


According to the 2014 Census estimate, the percentage of the population with a past annual income below the poverty level both nationally and in Idaho was 15.6%.

The counties with the highest percentage of the population with a past annual income below the poverty level were Madison County (35.7%), Clark County (27.8%), and Owyhee County (27.4%).

The counties with the lowest percentage of the population with a past annual income below the poverty level were Caribou County (9.1%), Blaine County (10.8%), and Teton County (11.4%).

Madison County, Clark County, and Owyhee County had a significantly higher percentage of the population with a past annual income below the poverty level compared to the average county in Idaho.



According to the 2015 Bureau of Labor Statistics estimate, the unemployment rate nationally was 5.3% compared to 4.1% in Idaho.

The counties with the highest unemployment rate were Clearwater County (8.0%), Shoshone County (7.7%), and Adams County (7.6%).

The counties with the lowest unemployment rate were Madison County (2.7%), Franklin County (3.1%), and Cassia County (3.3%).

Clearwater County, Shoshone County, and Adams County had a significantly higher unemployment rate compared to the average county in Idaho.

Indicators

Prescription Drugs

Consumption

According to the National Survey on Drug Use and Health (NSDUH), in 2013-2014, among all 50 states and D.C., Idaho ranked 35th, 22nd, 30th, and 35th among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, for the nonmedical use of prescription pain medication in the past year. These rankings are down from 11th, 15th, 9th, and 14th among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, in 2011-2012 (before Idaho received the SPF SIG grant).

According to the Youth Risk Behavior Survey (YRBS) in 2015, the percentage of high school students in Idaho reporting ever using prescription drugs not prescribed by a doctor did not change significantly since the item initially appeared on the survey in 2011.

In 2014, the BRFSS included two items regarding un-prescribed prescription drugs. The first item asked whether Idaho adults used prescription drugs without a doctor's prescription in the past 30 days; approximately 1% of Idahoans reported doing so. Males between the ages of 18 to 34 were more likely to report past month prescription drug use when compared to the state as a whole. The second item asked whether Idaho adults perceive that using prescription drugs not prescribed is risky. Approximately 6.1% of Idaho adults reported that there was no or slight risk in using prescription drugs not prescribed. Individuals with less than a high school diploma and those identifying as Hispanic were more likely to report that using prescription drugs was not risky.

According to the Automation of Reports and Consolidated System, which is a database of controlled substance transactions, Idaho is below the national average in the rate of retail oxycodone distributed, but it has increased in recent years. Further, Idaho is above the national average in the rate of hydrocodone distributed.

Consequence

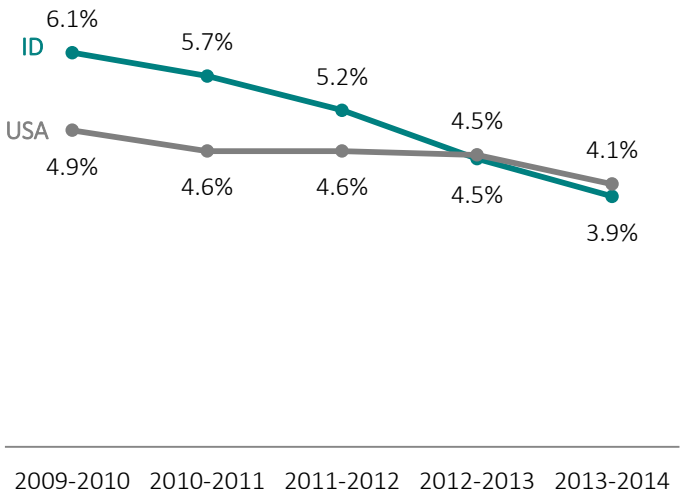
According to Treatment Episodes Data Set, the proportion of publically funded primary treatment admissions for non-heroin opiates (i.e., codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, propoxyphene, tramadol, and any other drug with morphine-like effects), is decreasing in Idaho and is below the national average.

According the NIBRS, all prescription drug-related arrests have increased. Specifically, the prescription drug trafficking arrest rate has more than tripled since 2011.

Past Year Nonmedical Use of Prescription Pain Relievers

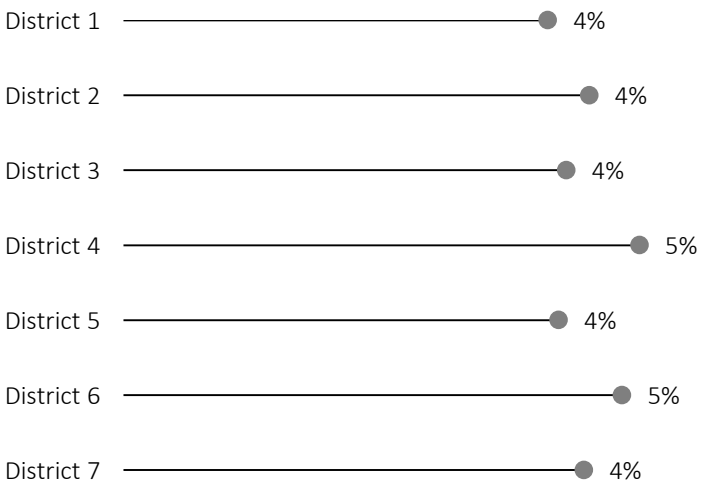
National Survey on Drug Use and Health (NSDUH)

Prescription pain reliever abuse has decreased by 36% among Idahoans 12 and older between 2009 and 2014.



Past year nonmedical prescription pain reliever use among Idahoans aged 18 to 25 was 74% higher than use among Idahoans aged 12 to 17 and twice as high among Idahoans aged 26 and older. Idahoans aged 26 and older were the least likely to misuse prescription pain relievers.

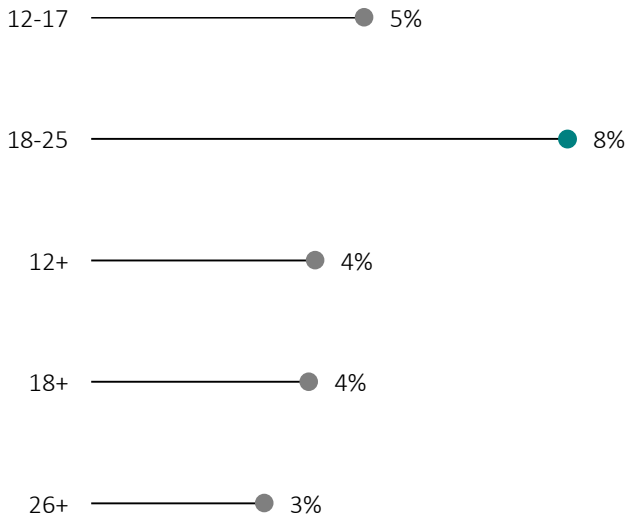
From 2012-2014, prescription pain reliever abuse was similar across public health districts.



Since 2002, the percentage of Idahoans reporting nonmedical use of prescription pain relievers in the past year has decreased significantly, especially among individuals 12-25 statewide and among Idahoans in Districts 1 and 2. In 2014, Idaho ranked 35th in the nation for past year nonmedical use of prescription pain relievers among individuals 12 and older.

Between 2009 and 2014, the percentage of individuals 12 and older who used prescription pain relievers non-medically in the past year has decreased significantly, with the percentage in Idaho dipping below that of the United States in 2013.

In 2013-2014, prescription pain reliever abuse was significantly higher among Idahoans aged 18-25.

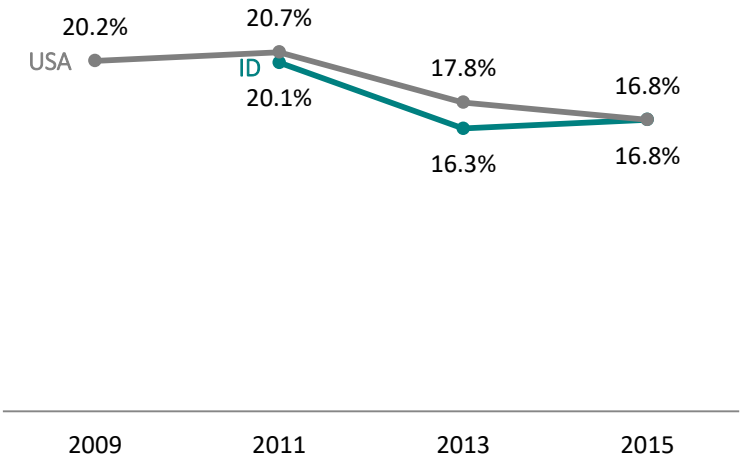


Past year nonmedical prescription pain reliever use among Idahoans did not differ significantly among public health districts. Idahoans in District 4, which includes Valley County, Boise County, Ada County, and Elmore County, were most likely to report misusing prescription pain relievers.

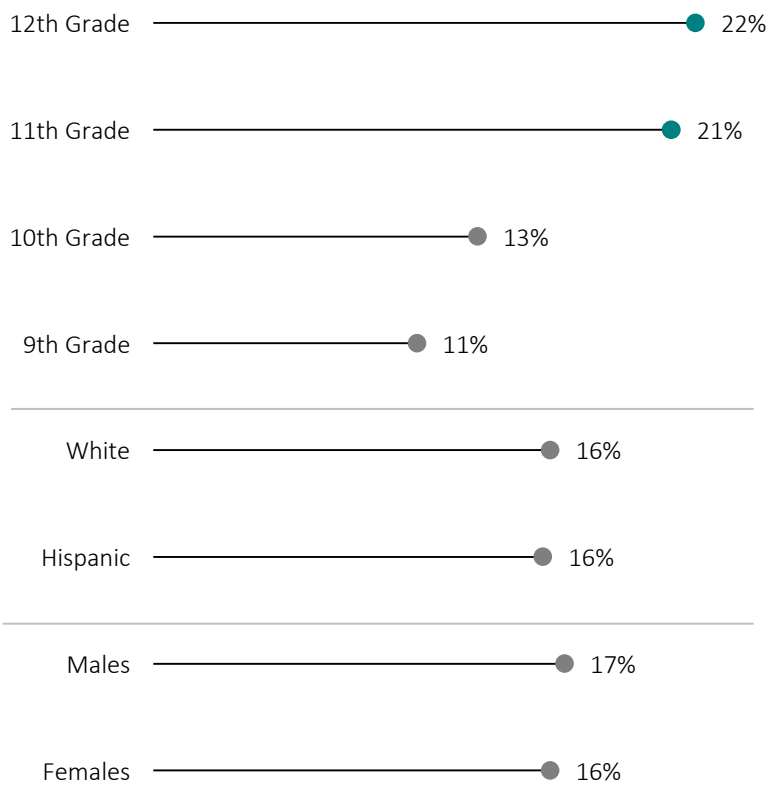
Youth Ever Prescription Drug Use without a Doctor's Prescription

Youth Risk Behavior Survey (YRBS)

The percentage of Idaho high school students that abused prescription drugs decreased by 16% between 2011 and 2015.



In 2015, 12th and 11th grade students were significantly more likely than 9th grade students to report abusing prescription drugs.



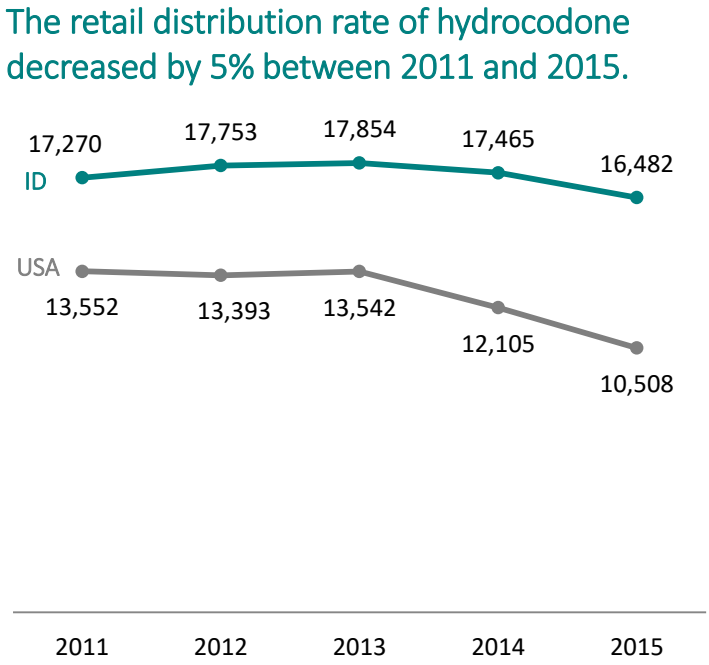
Between 2011 and 2015, the percentage of Idaho high school students reporting having ever used prescription drugs without a doctor's prescription has decreased, but not significantly, with the percentage in Idaho lower than that of the United States in 2011 and 2013.

In 2015, out of the 35 states for which data is available, Idaho high school students ranked 7th in ever using prescription drugs without a doctor's prescription. Data was not available for Arizona, Colorado, Georgia, Iowa, Kansas, Louisiana, Massachusetts, Minnesota, New Jersey, New York, Ohio, Oregon, Tennessee, Texas, Utah, Vermont, Washington, and Wisconsin.

In 2015, lifetime prescription drug use without a doctor's prescription did not differ significantly between demographic groups when compared to the state as a whole. When comparing within demographic groups, 12th and 11th grade students were significantly more likely to report using prescription drugs without a doctor's prescription in their lifetime compared to 9th grade students.

Retail Distribution Rate of Hydrocodone per 100,000 Population

Automation of Reports and Consolidated Ordering System (ARCOS)



ARCOS is a database of controlled substance transactions destined for pharmacies, hospitals, or physicians' offices, collected from manufacturers and distributors and reported to the Drug Enforcement Administration (DEA).The rates reported above are based on population estimates in 2010.

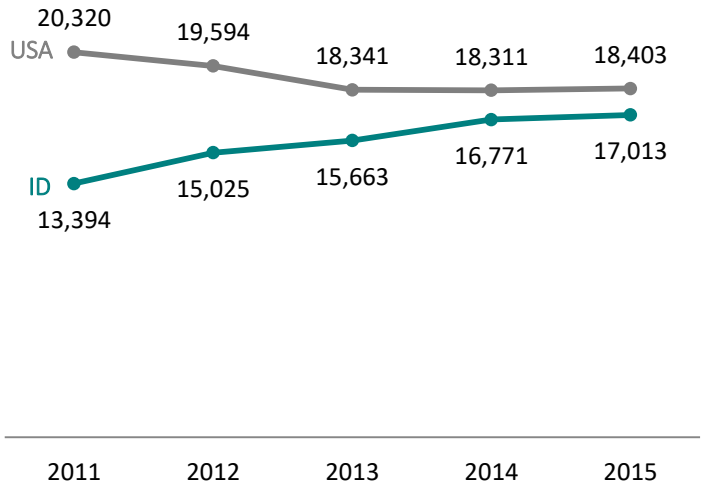
Between 2011 and 2015, the retail distribution of grams of hydrocodone per 100,000 population decreased by 5%, with the rate in Idaho consistently above that of the United States.

Among 3-digit zip codes in 2015, 835 had the highest rate of hydrocodone retail distribution per 100,000 population, 60% higher than the state rate. Despite the seemingly large difference, this was not statistically significant.

Retail Distribution Rate of Oxycodone per 100,000 Population

Automation of Reports and Consolidated Ordering System (ARCOS)

The retail distribution rate of oxycodone increased by 27% between 2011 and 2015.



ARCOS is a database of controlled substance transactions destined for pharmacies, hospitals, or physicians' offices, collected from manufacturers and distributors and reported to the DEA.The rates reported above are based on population estimates in 2010.

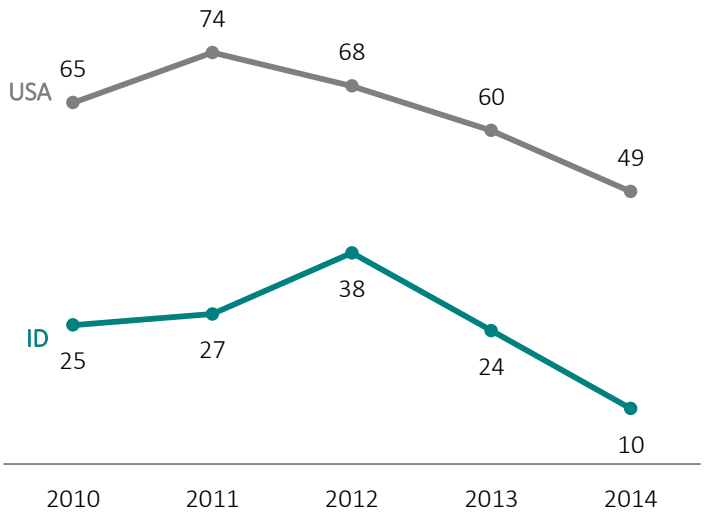
Between 2011 and 2015, the retail distribution of grams of oxycodone per 100,000 population increased by 27%, with the rate in Idaho consistently below that of the United States.

Among 3-digit zip codes in 2015, 837 had the highest rate of oxycodone retail distribution per 100,000 population, 57% higher than the state rate. Despite the seemingly large difference, this was not statistically significant.

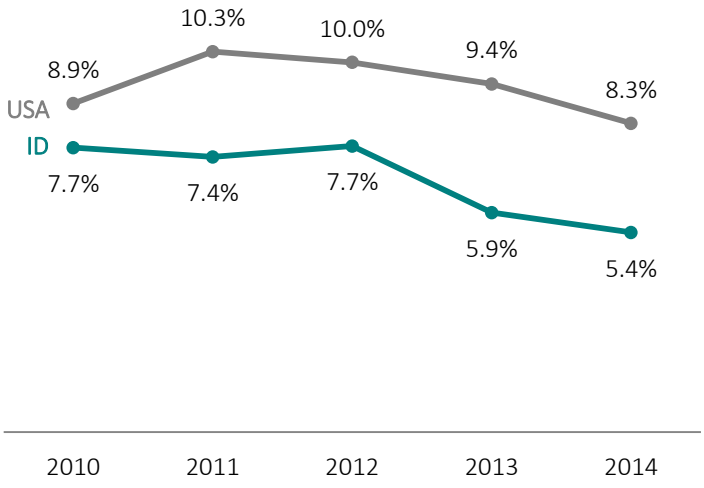
Primary Non-Heroin Opiate Treatment Admissions

Treatment Episode Data Set (TEDS)

The rate of primary treatment admissions for non-heroin opiates decreased by 60%.



The proportion of primary treatment admissions that were attributable to non-heroin opiates decreased by 30%.



Data from the Treatment Episode Data Set (TEDS) are based on admission records for individuals entering publically funded Substance Use Disorder Treatment. This data includes individuals that received funding for Substance Use Disorder Treatment through Idaho Department of Health and Welfare, Idaho Department of Correction, Idaho Department of Juvenile Correction, and Idaho Supreme Court.

The rate of primary treatment admissions shows the number of people in a standardized population who reported non-heroin opiates as their primary substance of abuse upon treatment entry. Although the rate of primary treatment admissions for non-heroin opiates has decreased, it is difficult to tell whether it is a result of a decrease in treatment for non-heroin opiates, or a decrease in treatment admissions in general.

To provide a clearer picture of treatment admissions, both the primary treatment admission rate per 100,000 population and the proportion of all primary treatment admissions for non-heroin opiates are reported.

In 2014, out of all treatment admissions reported in TEDS in Idaho, 5% of patients reported that non-heroin opiates were their primary substance of abuse upon treatment entry.

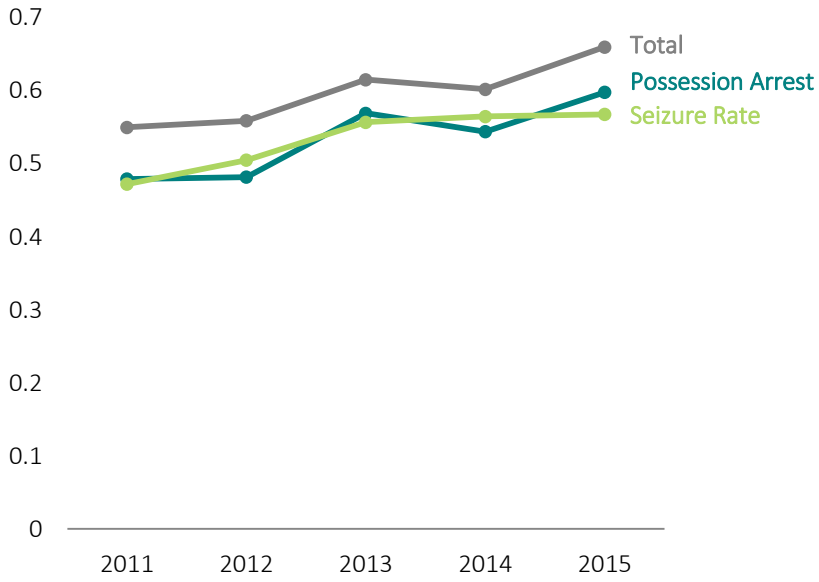
Between 2010 and 2014, the proportion of primary treatment admissions for non-heroin opiates in Idaho decreased by 30%, while the rate of primary treatment admission for non-heroin opiates decreased by 60%.

Nationally, the proportion of primary treatment admissions for non-heroin opiates decreased by 7%, while the rate of primary treatment admission for non-heroin opiates decreased by 25%.

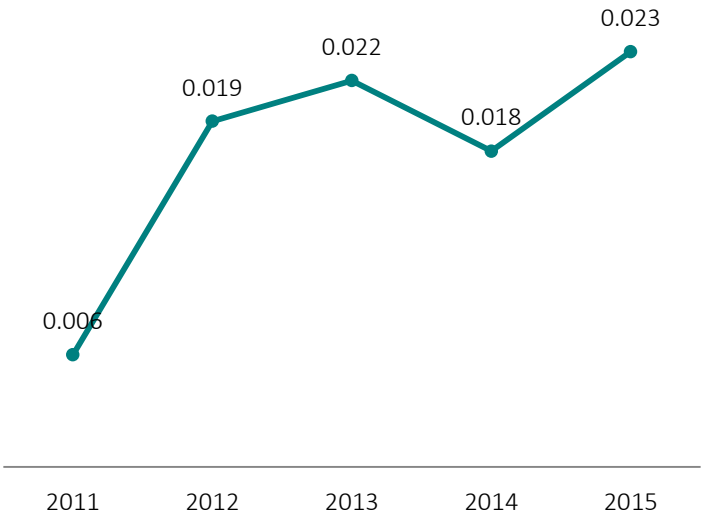
Prescription Drug Arrest Rate per 1,000 Population

National Incidence-Based Reporting System (NIBRS)

The total prescription drug arrest rate increased by 20% between 2011 and 2015.



The prescription drug trafficking arrest rate has more than tripled since 2011.



All rates are per 1,000 population.

Prescription drug arrests include all illicit possession, concealing, transporting, transmitting, and importing activities. Between 2011 and 2015, the total prescription drug arrest rate increased by 20%.

The prescription drug seizure rate is the number of incidents in which law enforcement seize prescription drugs per 1,000 population. Between 2011 and 2015, the prescription drug seizure rate increased by 21%. During the same timeframe, the prescription drug possession arrest rate increased by 25%.

Prescription drug trafficking arrests include arrests for transporting, transmitting, and importing prescription drugs. Although the prescription drug trafficking arrest rate appears low, it has more than tripled between 2011 and 2015.

Alcohol

Consumption

According to the NSDUH in 2013-2014, among all 50 states and D.C., Idaho ranked 43rd, 33rd, 50th, and 41st among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, for alcohol use in the past month. These rankings are down for Idahoans 12 and older and 26 and older from 39th and 32nd, respectively, up from 45th among individuals 12 to 17, and unchanged for Idahoans 18 to 25 in 2011-2012 (before Idaho received the SPF SIG grant).

According to the YRBS in 2015, the percentage of high school students in Idaho reporting alcohol use and binge drinking in the past 30 days decreased significantly since 2007.

According to the BRFSS in 2015, the percentage of adults in Idaho reporting heavy alcohol use, current alcohol use, and current binge drinking decreased, but not significantly, since 2011.

According to the Idaho Liquor Division (ILD), although Idaho is below the national average in the per capita consumption of distilled spirits, the rate has increased.

Consequence

According to TEDS, the proportion of individuals entering publically funded treatment that reported their primary substance of abuse was alcohol increased between 2010 and 2013; however, Idaho is below the national average. The percentage of Idahoans needing but not receiving treatment for alcohol use in the past year decreased significantly between 2009 and 2014, but is above the national average.

According to NIBRS, all alcohol-related arrests have decreased, including DUI arrests and underage arrests.

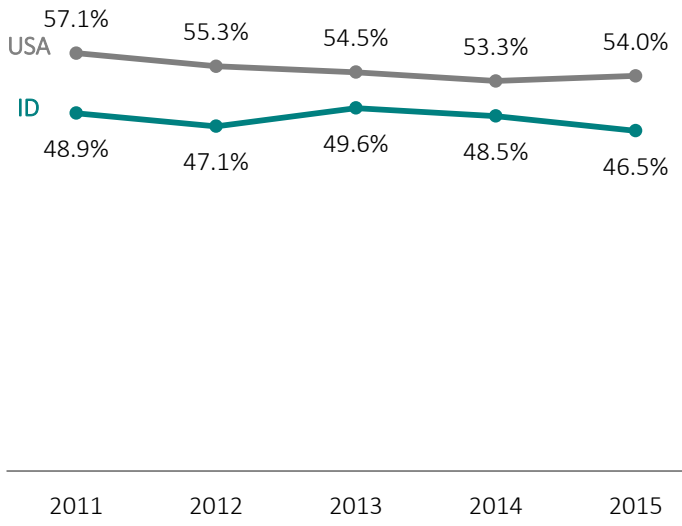
According to data from ITD, the impaired driving crash rate per 100,000 has slightly decreased between 2011 and 2015; however, the impaired driving fatality rate has slightly increased.

According to data from the Bureau of Vital Records and Heath Statistics, both alcoholic liver disease mortality and alcohol-induced mortality rates in Idaho have increased and are above the national average.

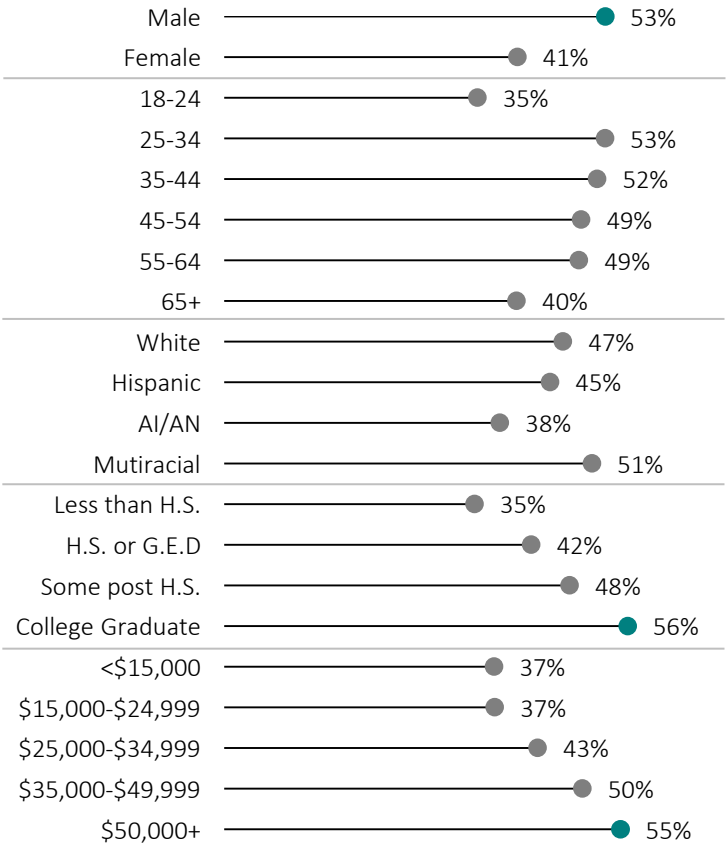
Adult Current Alcohol Use

Behavioral Risk Factor Surveillance System (BRFSS)

Current alcohol use among Idaho adults decreased by 4% between 2011 and 2015.



In 2015, men, those with college degrees, and those who make over $50,000 annually are significantly more likely to drink alcohol.



The BRFSS methodology uses the median, instead of the mean, to represent national estimates.

Between 2011 and 2015, the percentage of Idaho adults reporting drinking alcohol in the past 30 days has decreased, but not significantly, with the percentage in Idaho consistently below that of the United States.

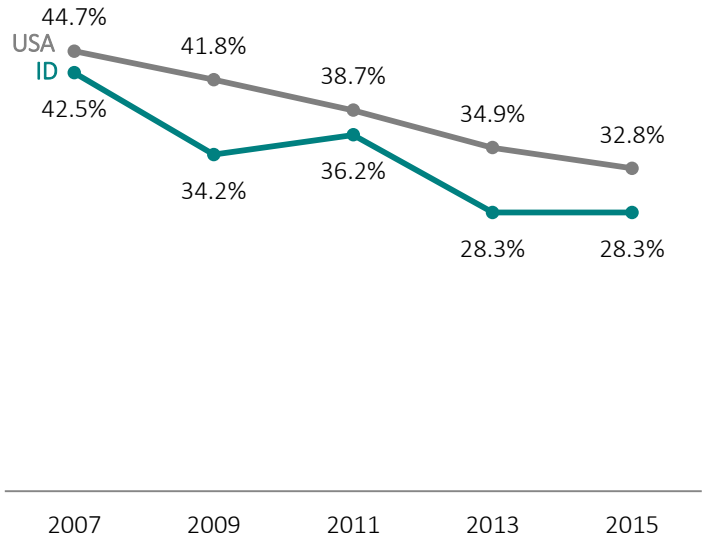
In 2015, past 30-day alcohol use was significantly lower among women, adults between the ages of 18 and 24 and those older than 65, those with less than a high school diploma, and those who made less than $25,000 per year.

In 2015, past 30-day alcohol use was significantly higher among men, those who graduated college, and those who made more than $50,000 per year.

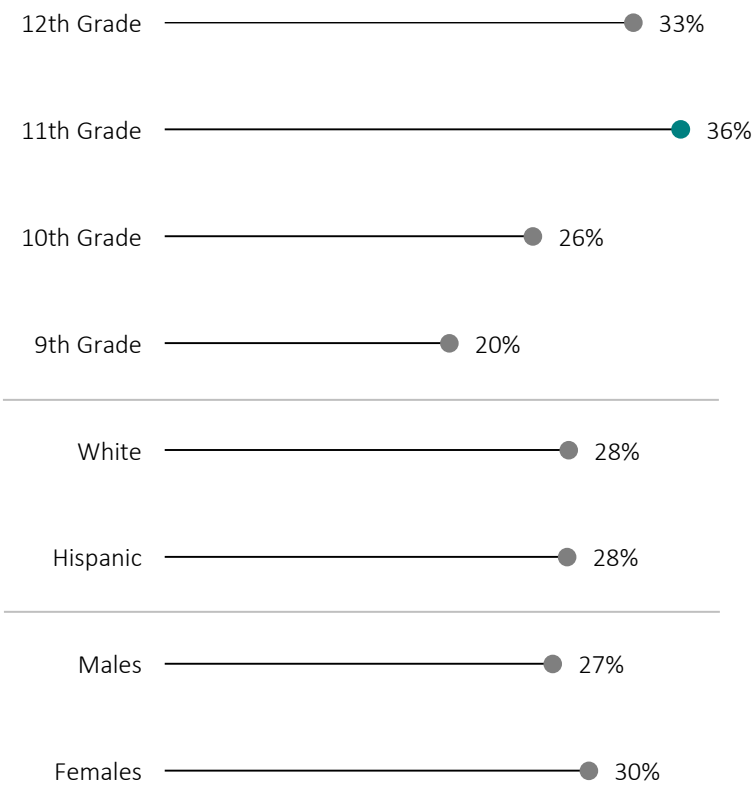
Youth Current Alcohol Use

Youth Risk Behavior Survey (YRBS)

Current alcohol use has decreased by 33% among Idaho high school students from 2007 to 2015.



In 2015, 11th grade students were significantly more likely than 9th grade students to report drinking alcohol in the past 30 days.



Since 2001, the percentage of Idaho high school students reporting drinking alcohol in the past 30 days has decreased significantly. Significant decreases can be seen among males and females, White students, and students in 9th, 10th, and 12th grade.

In 2015, out of the 36 states for which data is available, Idaho high school students ranked 23rd for past 30-day alcohol use. Data was not available for Colorado, Georgia, Iowa, Kansas, Louisiana, Minnesota, New Jersey, Ohio, Oregon, Tennessee, Texas, Utah, Washington, and Wisconsin.

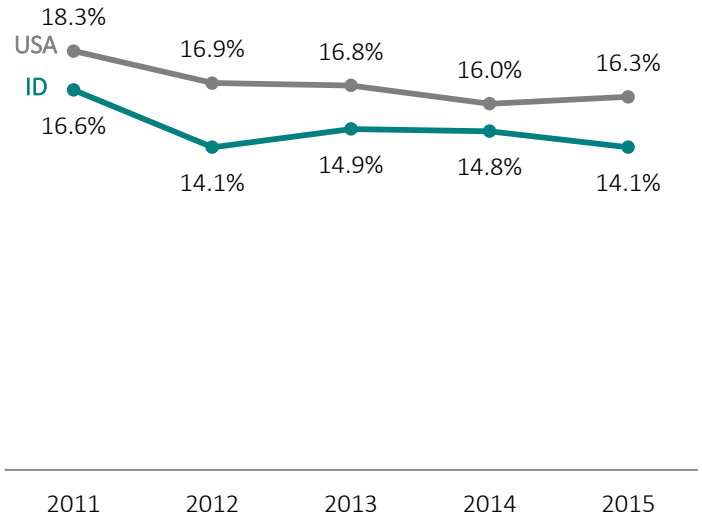
Between 2007 and 2015, the percentage of Idaho high school students that reported drinking alcohol in the past 30 days has significantly decreased, with the percentage in Idaho consistently lower than that of the United States.

In 2015, past 30-day alcohol use did not differ significantly between demographic groups when compared to the state as a whole. When comparing within demographic groups, 11th grade students were significantly more likely to report drinking alcohol in the past 30 days than 9th grade students.

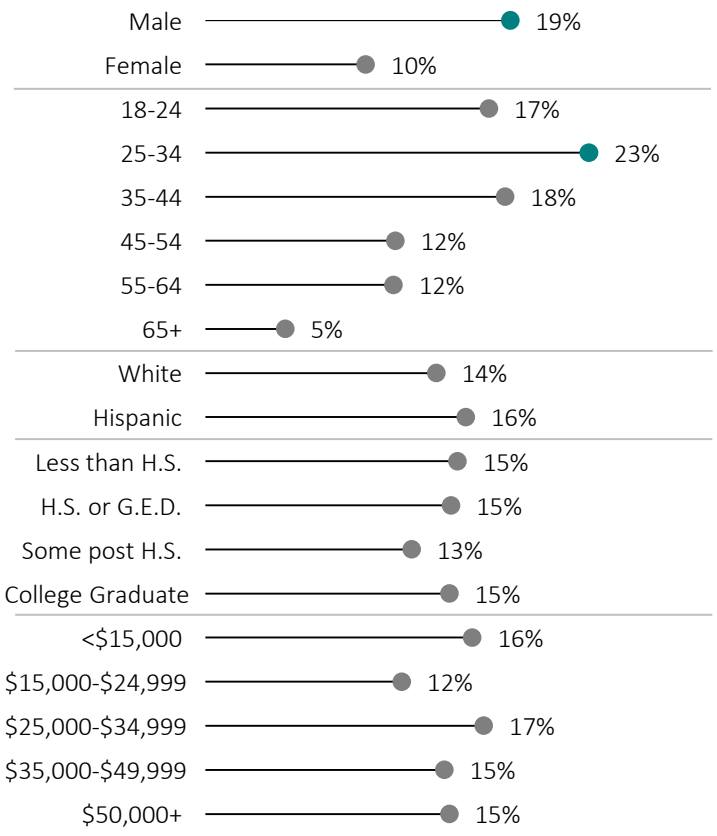
Adult Current Binge Drinking

Behavioral Risk Factor Surveillance System (BRFSS)

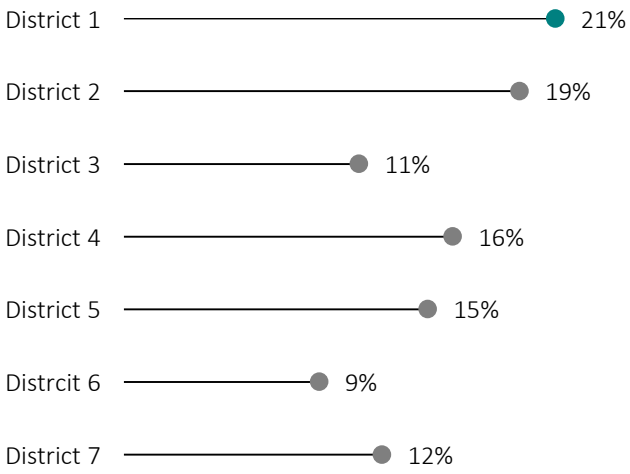
Between 2011 and 2015, binge drinking among Idaho adults decreased by 15%.



Among Idaho adults in 2015, men and adults between 25 and 34 were significantly more likely to binge drink.



Among Idaho adults in 2014, those living in District 1 were significantly more likely to binge drink.



The BRFSS methodology uses the median, instead of the mean, to represent national estimates.

Between 2011 and 2015, the percentage of Idaho adults reporting binge drinking in the past 30 days has decreased, but not significantly, with the percentage in Idaho consistently below that of the United States.

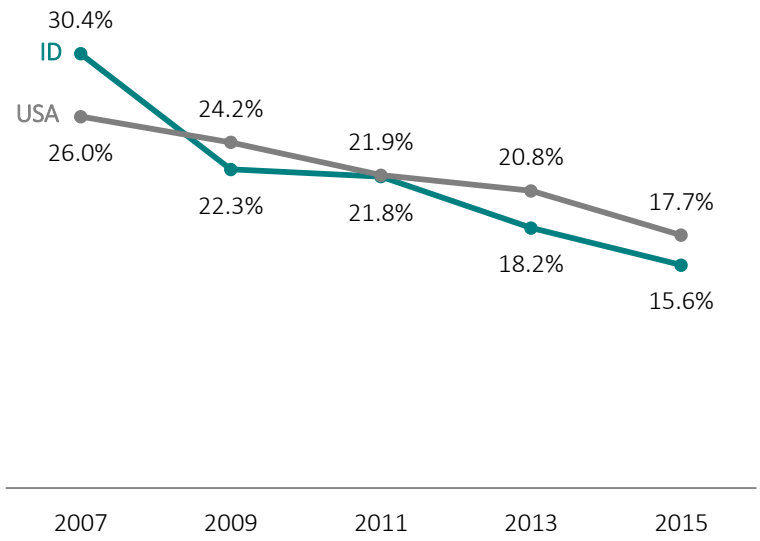
In 2015, past 30-day binge drinking was significantly lower among women and adults older than 65. In 2014, past 30-day binge drinking was significantly lower among adults living in District 6, which includes Bannock County, Bear Lake County, Bingham County, Butte County, Caribou County, Franklin County, Oneida County and Power County.

In 2015, past 30-day binge drinking was significantly higher among men and adults between the ages of 25 and 34. In 2014, past 30-day binge drinking was significantly higher among adults living in District 1, which includes Benewah County, Bonner County, Boundary County, Kootenai County, and Shoshone County.

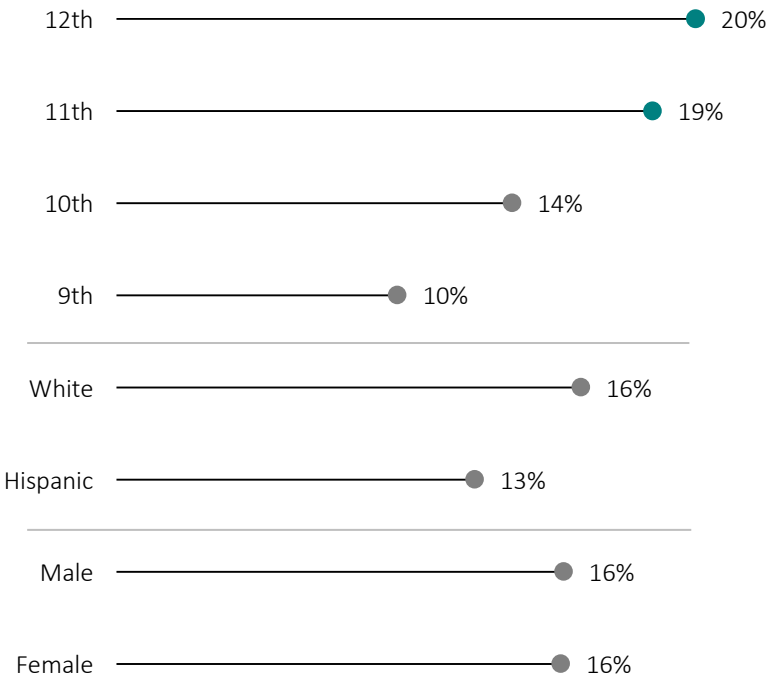
Youth Current Binge Drinking

Youth Risk Behavior Survey (YRBS)

Binge drinking among Idaho high school students decreased by 49% from 2007 to 2015.



In 2015, 11th and 12th grade students were significantly more likely than 9th grade students to report binge drinking.



Since 2001, the percentage of Idaho high school students reporting binge drinking in the past 30 days has decreased significantly. Significant decreases can be seen among males and females, Hispanic and White students, and students in all four grades.

In 2015, out of the 36 states for which data is available, Idaho high school students ranked 17th for past 30-day binge drinking. Data was not available for Colorado, Georgia, Iowa, Kansas, Louisiana, Minnesota, New Jersey, Ohio, Oregon, Tennessee, Texas, Utah, Washington, and Wisconsin.

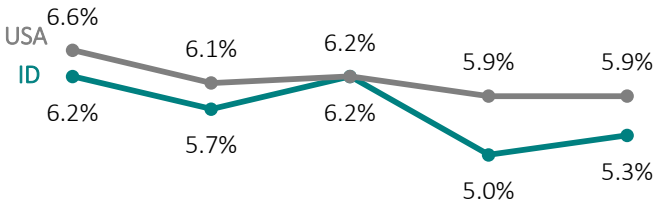
Between 2007 and 2015, the percentage of Idaho high school students that reported binge drinking in the past 30 days has significantly decreased, with the percentage in Idaho dipping below that of the United States in 2009.

In 2015, past 30-day binge drinking did not differ significantly between demographic groups when compared to the state as a whole. When comparing within demographic groups, 12th and 11th grade students were significantly more likely to report binge drinking in the past 30 days than 9th grade students.

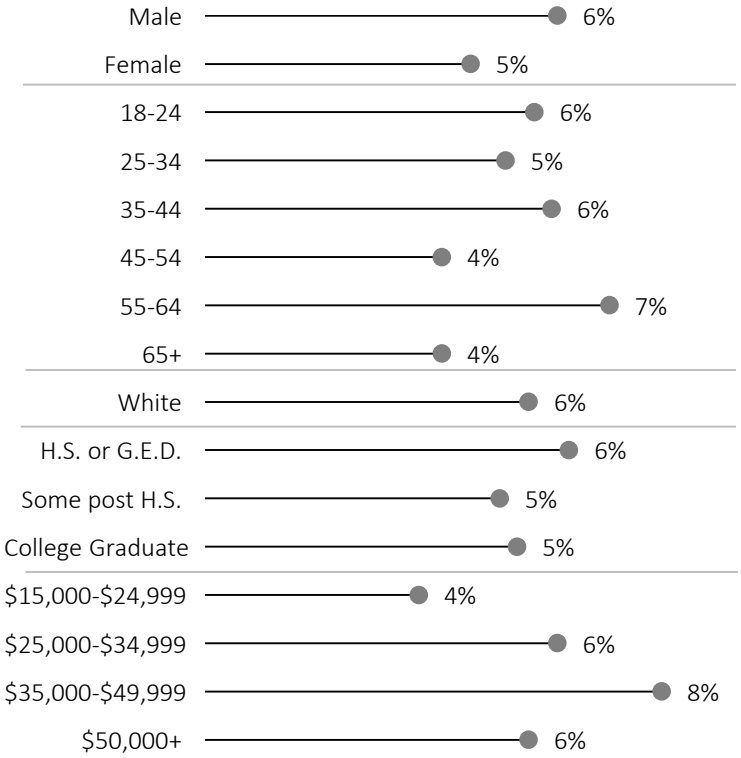
Adult Heavy Alcohol Use

Behavioral Risk Factor Surveillance System (BRFSS)

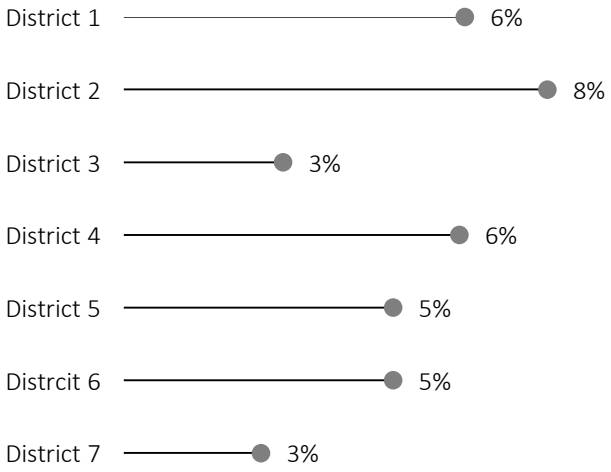
Between 2011 and 2015, heavy drinking among Idaho adults decreased by 15%.



In 2015, there were no statistically significant differences in heavy drinking among demographic groups.



There were no statistically significant differences in heavy alcohol use among Idaho adults living in different Districts.



The BRFSS methodology uses the median, instead of the mean, to represent national estimates.

Heavy drinking is defined as having 14 or more drinks per week for men or having 7 or more drinks per week for women.

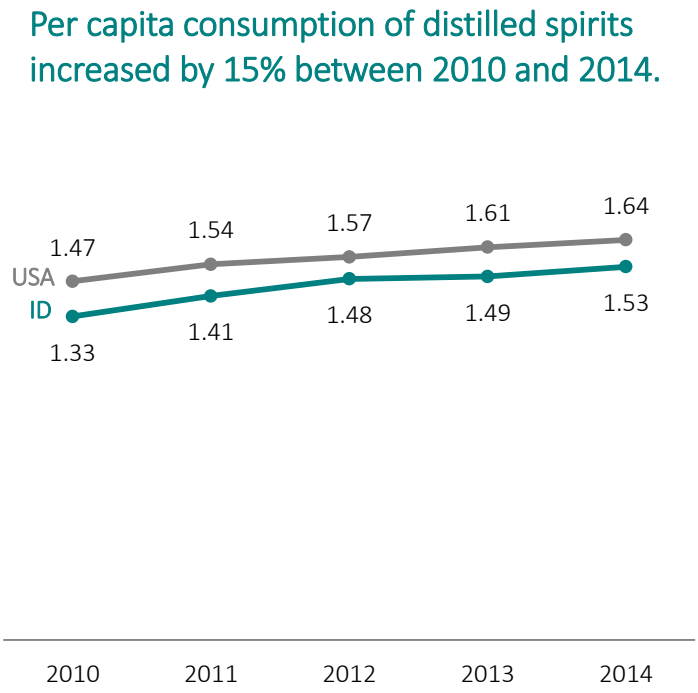
Between 2011 and 2015, the percentage of Idaho adults who met the criteria for heavy drinking decreased, but not significantly, with the percentage in Idaho consistently below that of the United States.

In 2015, there were no significant differences in heavy drinking among demographic groups. In 2015, Idaho adults who made between $35,000 and $49,000 annually were the most likely to meet the criteria for heavy drinking.

In 2014, there were no significant differences in heavy drinking among public health districts. Idahoans in District 2, which includes Latah County, Clearwater County, Nez Perce County, Lewis County, and Idaho County, were most likely to meet criteria for heavy alcohol use.

Apparent per Capita Consumption of Distilled Spirits

Idaho Liquor Division (ILD)



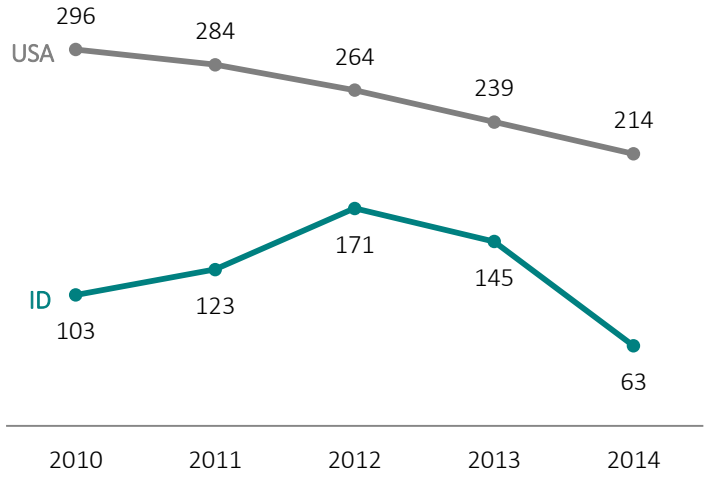
The apparent per capita consumption of distilled spirits is an estimate of the number of gallons of liquor sold in Idaho per capita. The estimate is based on the total population, which includes individuals under the age of 21. The methodology does not factor in cross-border sales, which may artificially inflate the rate.

In 2015, an estimated 1.53 gallons of liquor were sold per Idahoan. Between 2010 and 2014, apparent per capita sales of distilled spirits increased by 15%; however, the rate has been consistently lower than that of the United States.

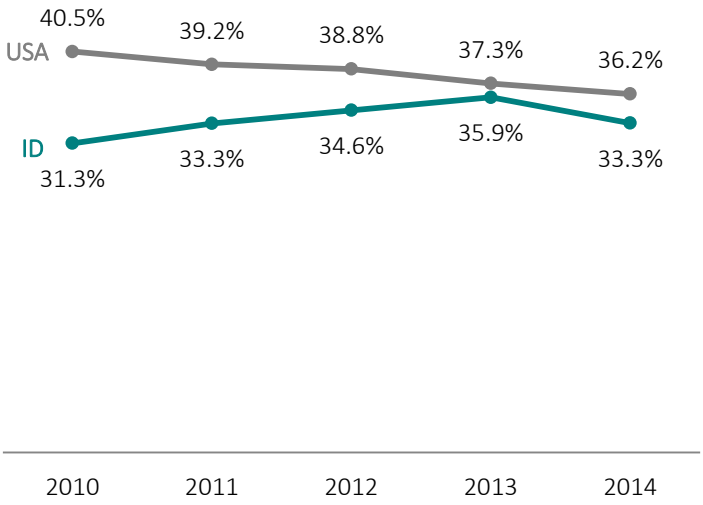
Primary Alcohol Treatment Admissions

Treatment Episode Data Set (TEDS)

The rate of primary treatment admissions for alcohol decreased by 39%.



The proportion of primary treatment admissions for alcohol increased by 6%.



Data from the TEDS are based on admission records for individuals entering publically funded Substance Use Disorder Treatment. This data includes individuals that received funding for Substance Use Disorder Treatment through Idaho Department of Health and Welfare, Idaho Department of Correction, Idaho Department of Juvenile Correction, and Idaho Supreme Court.

The rate of primary treatment admissions shows the number of people in a standardized population who reported alcohol as their primary substance of abuse upon treatment entry. Although the rate of primary treatment admissions for alcohol has decreased, it is difficult to tell whether it is a result of a decrease in treatment for alcohol, or a decrease in treatment admissions in general.

To provide a clearer picture of treatment admissions, both the primary treatment admission rate per 100,000 population and the proportion of all primary treatment admissions for alcohol are reported.

In 2014, out of all treatment admissions reported in TEDS in Idaho, 33% reported that alcohol was their primary substance of abuse upon treatment entry.

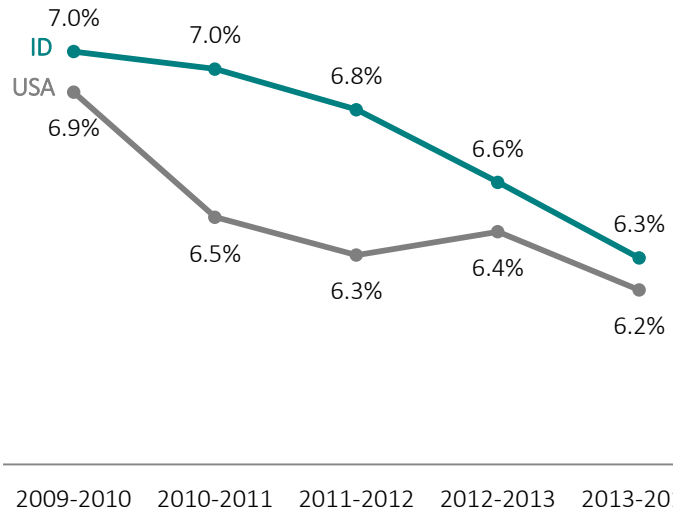
Between 2010 and 2014, the proportion of primary treatment admissions for alcohol in Idaho increased by 6%, while the rate of primary treatment admission for alcohol decreased by 39%.

Nationally, the proportion of primary treatment admissions for alcohol decreased by 11%, while the rate of primary treatment admission for alcohol decreased by 28%.

Needing but not Receiving Treatment for Alcohol Use in the Past Year

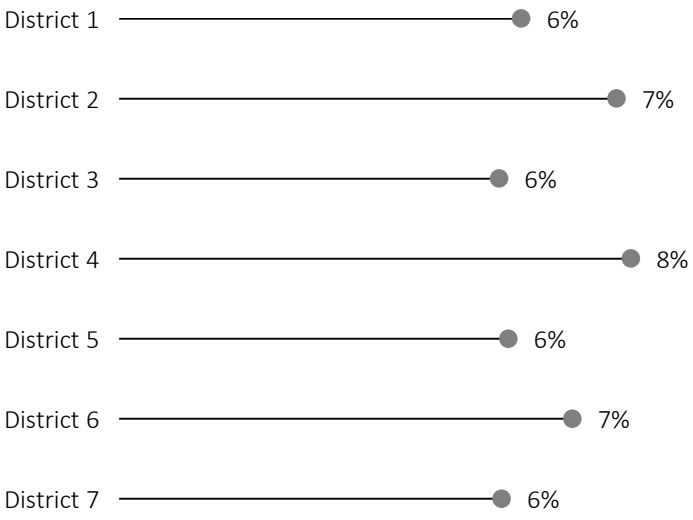
National Survey on Drug Use and Health (NSDUH)

The percentage of Idahoans needing but not receiving treatment for alcohol use decreased by 11% since 2009.



Needing but not receiving treatment for alcohol use in the past year among Idahoans aged 18 to 25 was over 3 times higher than among Idahoans aged 12 to 17 and 94% higher than among Idahoans aged 26 and older. Idahoans aged 12 to 17 were the least likely to report needing but not receiving treatment for alcohol use in the past year.

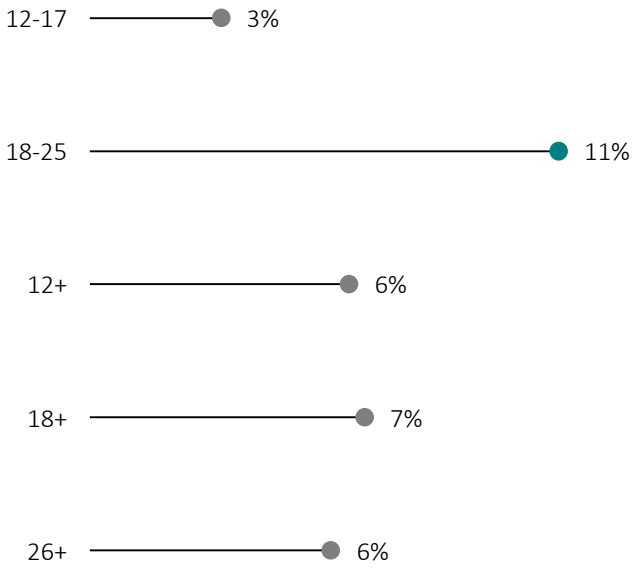
From 2012-2014, needing but not receiving treatment for alcohol use was similar across public health districts in Idaho.



Since 2002, the percentage of Idahoans reporting needing but not receiving treatment for alcohol use in the past year has decreased significantly, especially among individuals aged 12 to 25.

Between 2009 and 2014, the percentage of individuals 12 and older who reporting needing but not receiving treatment for alcohol use in the past year has slightly decreased, with the percentage in Idaho consistently higher than that of the United States.

From 2013-2014, Idahoans 18 to 25 were significantly more likely to report needing but not receiving treatment for alcohol use.

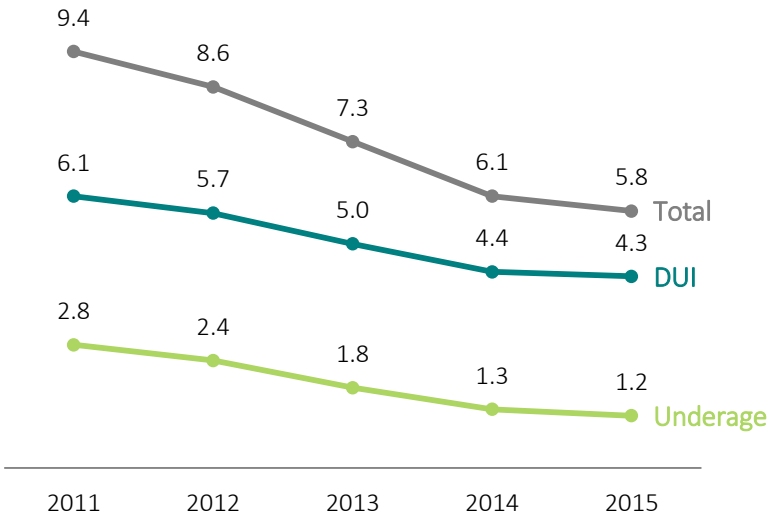


Between 2012 and 2014, the percentage of Idahoans needing but not receiving treatment for alcohol use in the past year did not differ significantly among public health districts. Idahoans in District 4, which includes Valley County, Boise County, Ada County, and Elmore County, were most likely to report needing but not receiving treatment for alcohol use in the past year.

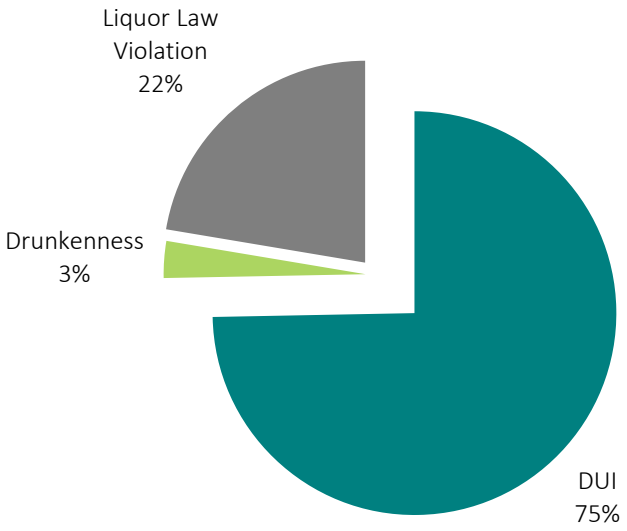
Alcohol Arrest Rate per 1,000 Population

National Incidence-Based Reporting System (NIBRS)

The alcohol arrest rate in Idaho decreased 38% between 2011 and 2015.



In 2015 in Idaho, 75% of total alcohol arrests were for driving under the influence.



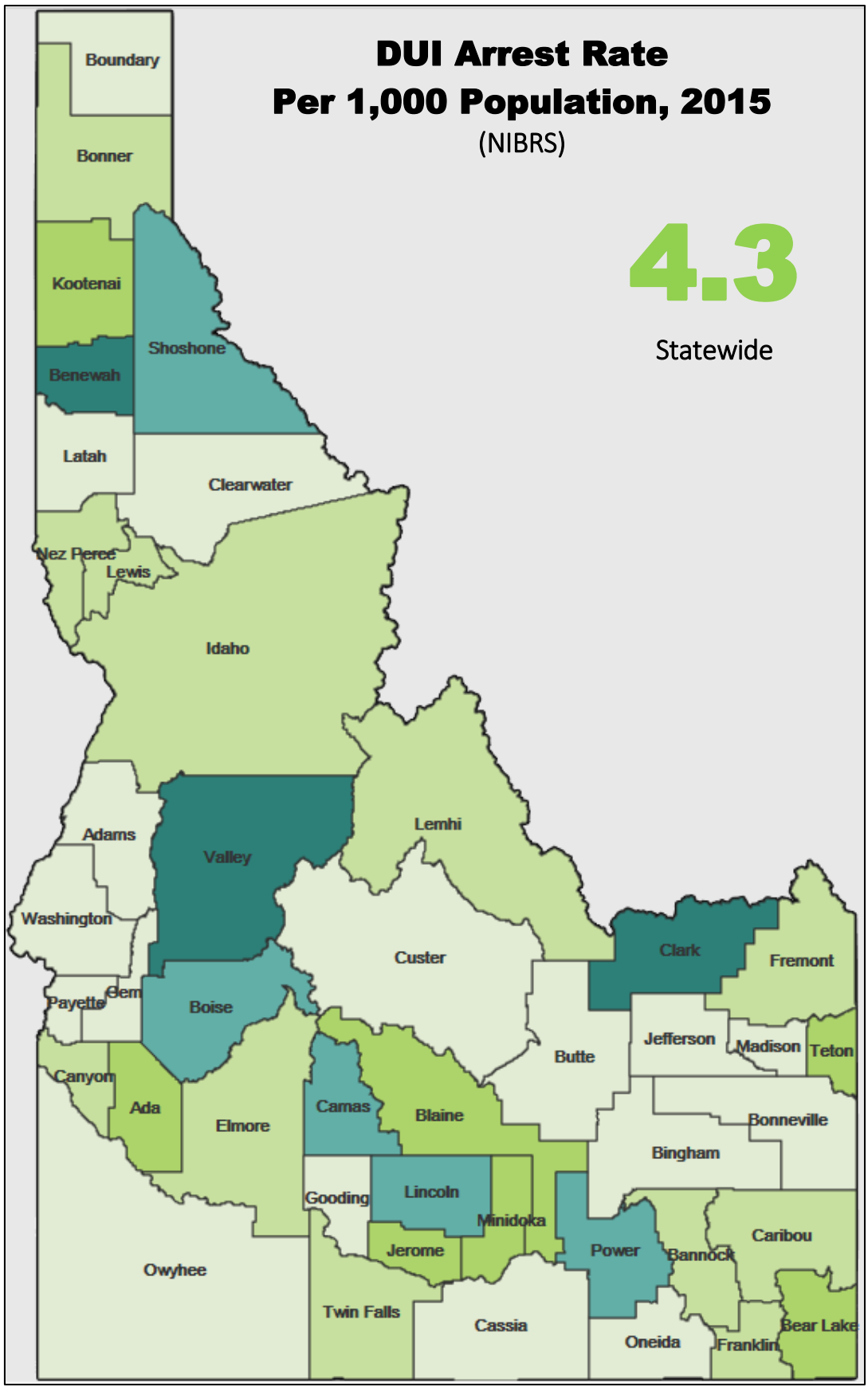
All rates are per 1,000 population.

Alcohol arrests include driving under the influence (DUI), drunkenness and liquor law violations.

According to the Uniform Crime Reporting Program, the definition of liquor law violations is "the violation of laws or ordinances prohibiting the manufacture, sale, transporting, furnishing, possessing of intoxicating liquor; maintaining unlawful drinking places; bootlegging; operating a still; furnishing liquor to a minor or intemperate person; using a vehicle for illegal transportation of liquor; drinking on a train or public conveyance; and all attempts to commit any of the aforementioned."

Between 2011 and 2015, all alcohol arrests decreased. The total alcohol arrest rate, DUI arrest rate, and underage alcohol arrest rate decreased by 38%, 30%, and 57%, respectively.

Driving under the influence accounted for the largest proportion of alcohol arrests. In 2015, 75% of all alcohol arrests were for DUIs.



According to the 2015 NIBRS, the DUI arrest rate in Idaho was 4.3 per 1,000 population.

The counties with the highest DUI arrest rate were Valley County (11.8), Clark County (9.5), and Benewah County (9.0).

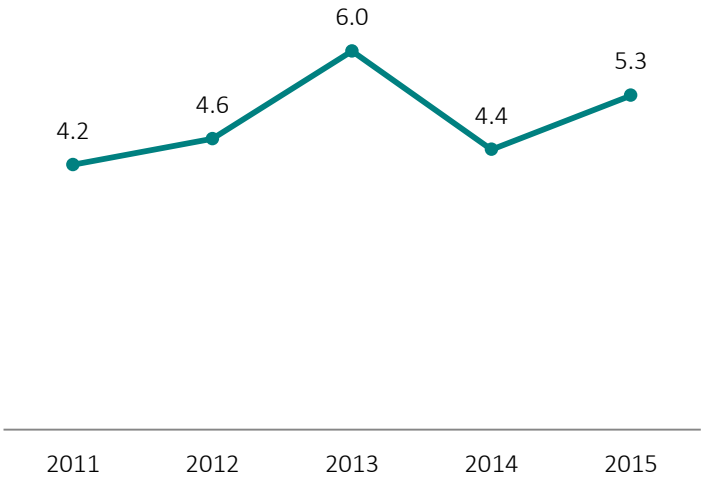
The counties with the lowest DUI arrest rate were Madison County (0.9), Jefferson County (1.4), and Oneida County (1.6).

Valley County, Clark County, and Benewah County had a significantly higher DUI arrest rate compared to the average county in Idaho.

Impaired Driving Fatality Rate per 100,000 Population

Idaho Transportation Department (ITD)

The impaired driving fatality rate in Idaho has increased by over 26% between 2011 and 2015.



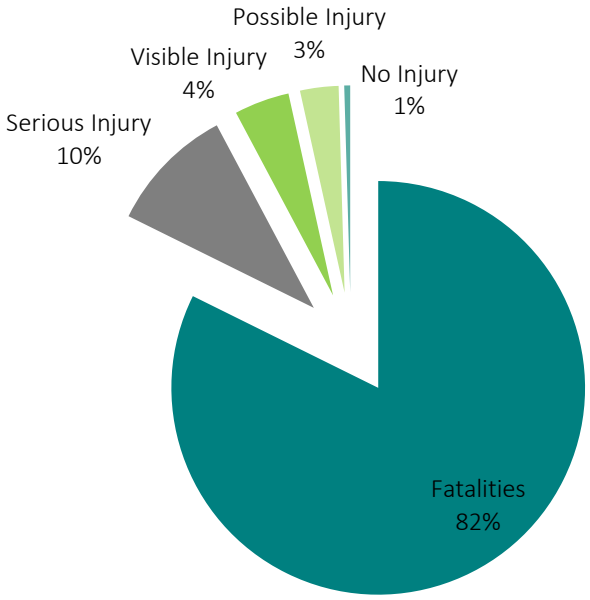
According to data from ITD, the impaired driving fatality rate per 100,000 population increased by 26% between 2011 and 2015.

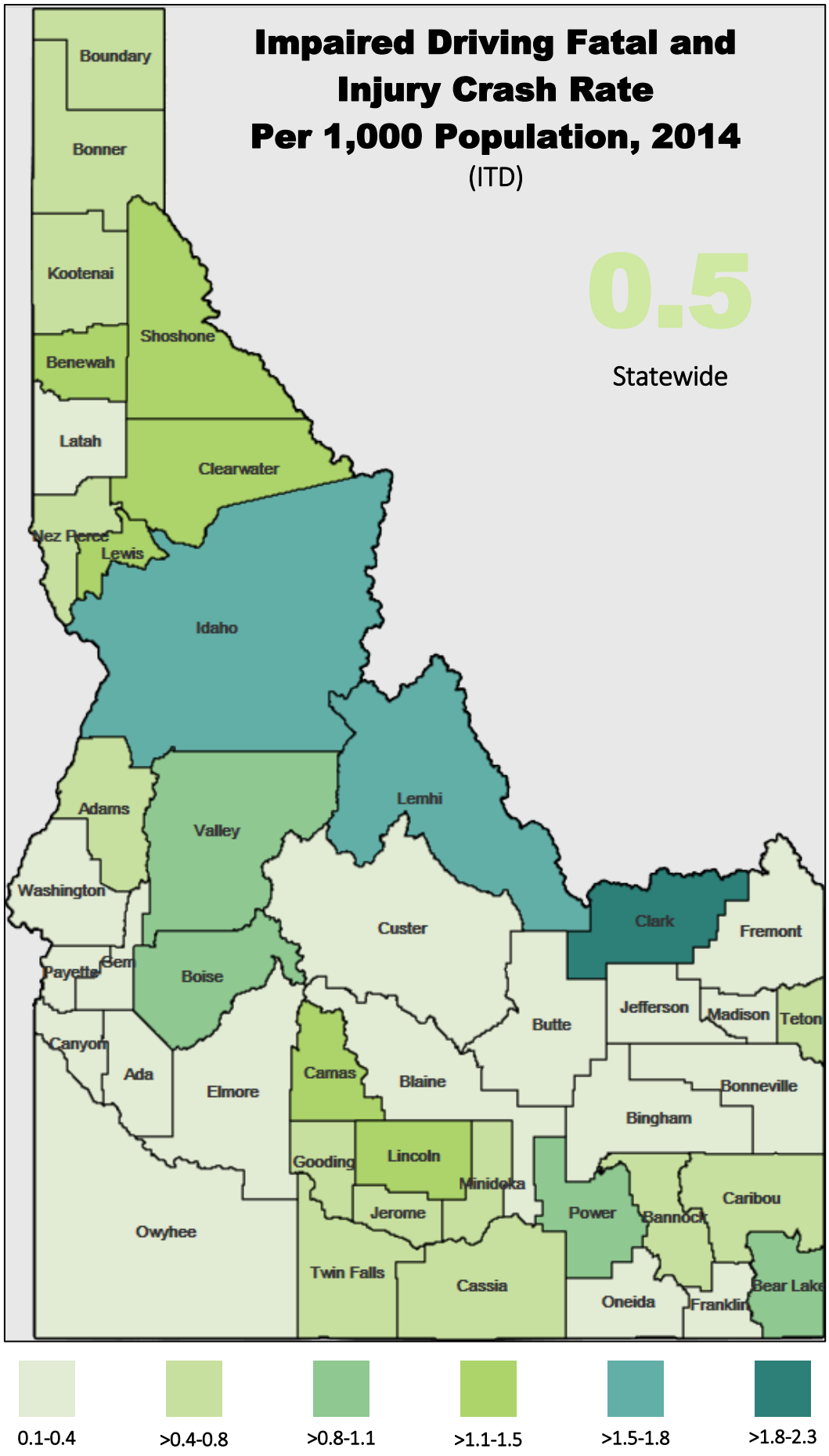
Despite a slight increase in fatalities, the impaired driving crash rate per 100,000 population has decreased by 10% between 2011 and 2015.

In 2015, impaired driving cost $1,003,962,940 in Idaho; that's more than $600 per Idahoan.

Fatalities from impaired driving accounted for the highest proportion of cost, 82%.

Fatalities account for over 82% of the cost of impaired driving in 2015.





According to the ITD, in 2014, the impaired driving fatal and injury crash rate was 0.5 per 1,000 population.

The counties with the highest impaired driving fatal and injury crash rate were Clark County (2.3), Idaho County (1.6), and Lemhi County (1.6).

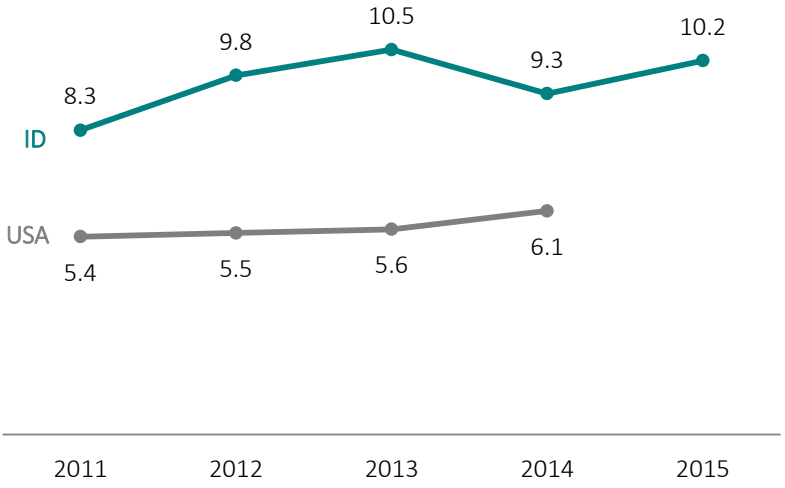
The counties with the lowest impaired driving fatal and injury crash rate were Madison County (0.1) and Owyhee County (0.1).

Clark County had a significantly higher impaired driving fatal and injury crash rate per 1,000 population compared to the average county in Idaho.

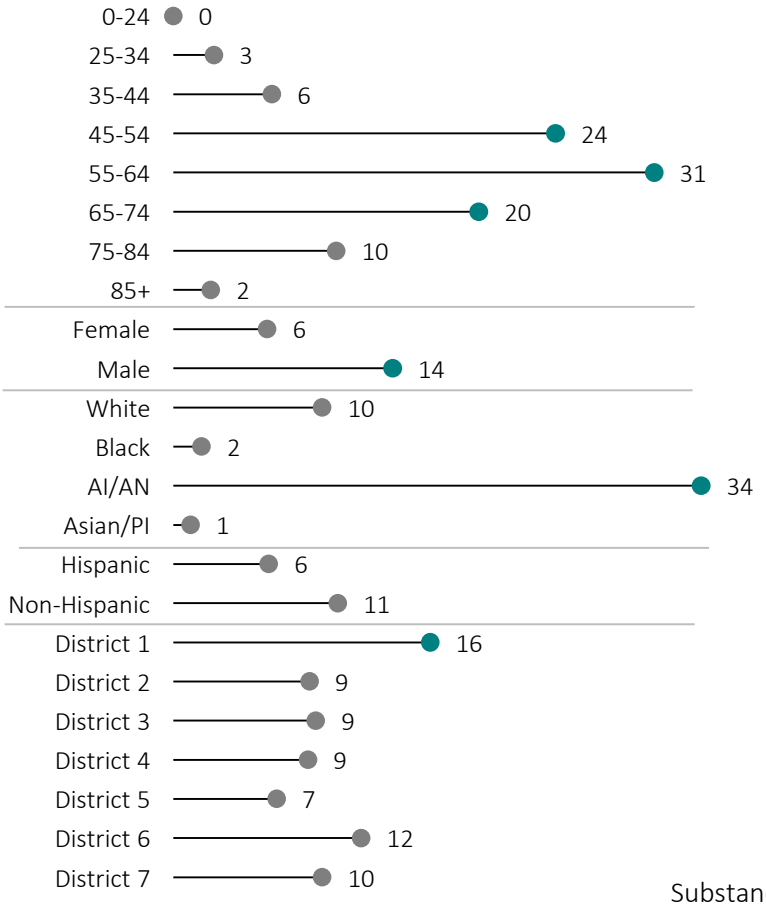
Alcoholic Liver Disease Mortality per 100,000 Population

Bureau of Vital Records and Health Statistics (VS)

The alcoholic liver disease mortality rate in Idaho increased by 23% between 2011 and 2015.



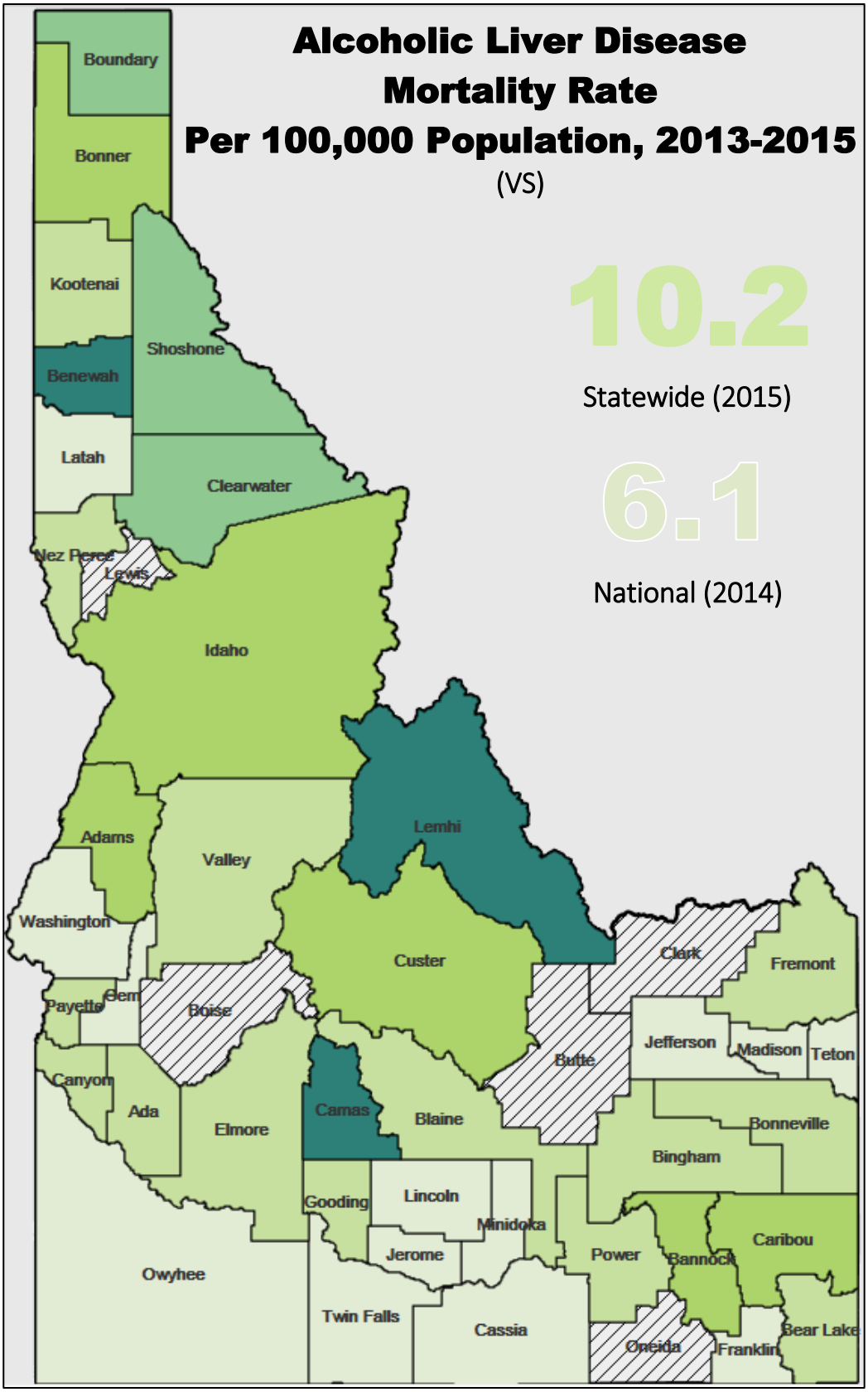
Between 2013 and 2015, men, American Indians, adults between the ages of 45 and 74, and Idahoans living in District 1 were significantly more likely to die from alcoholic liver disease.



Between 2011 and 2015, the alcoholic liver disease mortality rate in Idaho has increased, but not significantly, with the percentage in Idaho consistently higher that of the United States.

Between 2013 and 2015, the alcoholic liver disease mortality rate was significantly lower among women, Asian or Pacific Islanders, and individuals younger than 34.

Between 2013 and 2015, the alcoholic liver disease mortality rate was significantly higher among men, American Indian or Alaska Natives, adults between the ages of 45 and 74, and Idahoans living in District 1, which includes Benewah County, Bonner County, Boundary County, Kootenai County, and Shoshone County.



According to the Idaho Bureau of Vital Records and Health Statistics, between 2013 and 2015, the alcoholic liver disease mortality rate per 100,000 population was 6.1 nationally and 10.2 in Idaho.

The counties with the highest alcoholic liver disease mortality rate were Benewah County (47.8), Camas County (31.8), and Lemhi County (30.2).

The counties with the lowest alcoholic liver disease mortality rate were Madison County (0.9), Owyhee County (2.9), and Minidoka County (3.3)

There were no alcoholic liver disease deaths in Boise County, Butte County, Clark County, Lewis County, and Oneida County between 2013 and 2015.

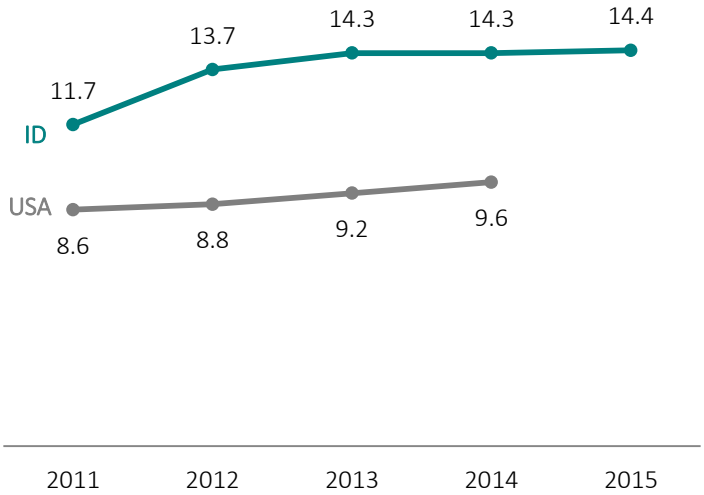
Benewah County and Lemhi County had significantly higher alcoholic liver disease morality rates per 100,000 population compared to the state rate.

Madison County had a significantly lower alcoholic liver disease mortality rate per 100,000 population when compared to the state rate.

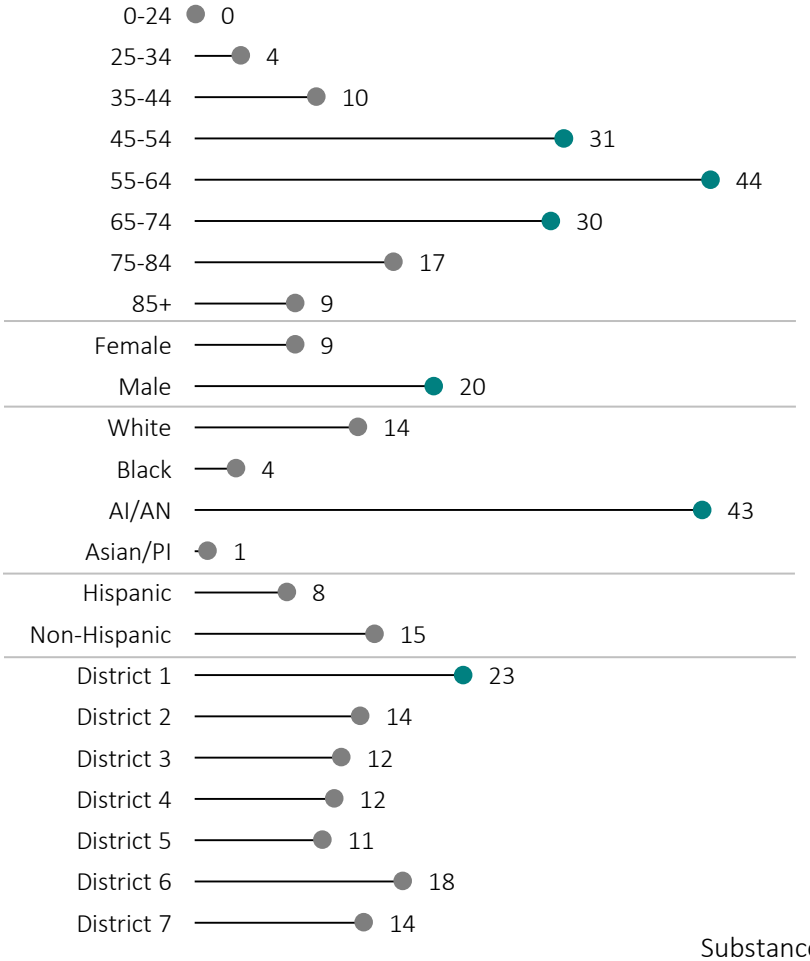
Alcohol-Induced Mortality Rate per 100,000 Population

Bureau of Vital Records and Health Statistics (VS)

The alcohol-induced mortality rate in Idaho increased by 23% between 2011 and 2015.



From 2013-2015, men, American Indians, adults 45 to 74, and those living in District 1 were significantly more likely to die from alcohol-induced death.



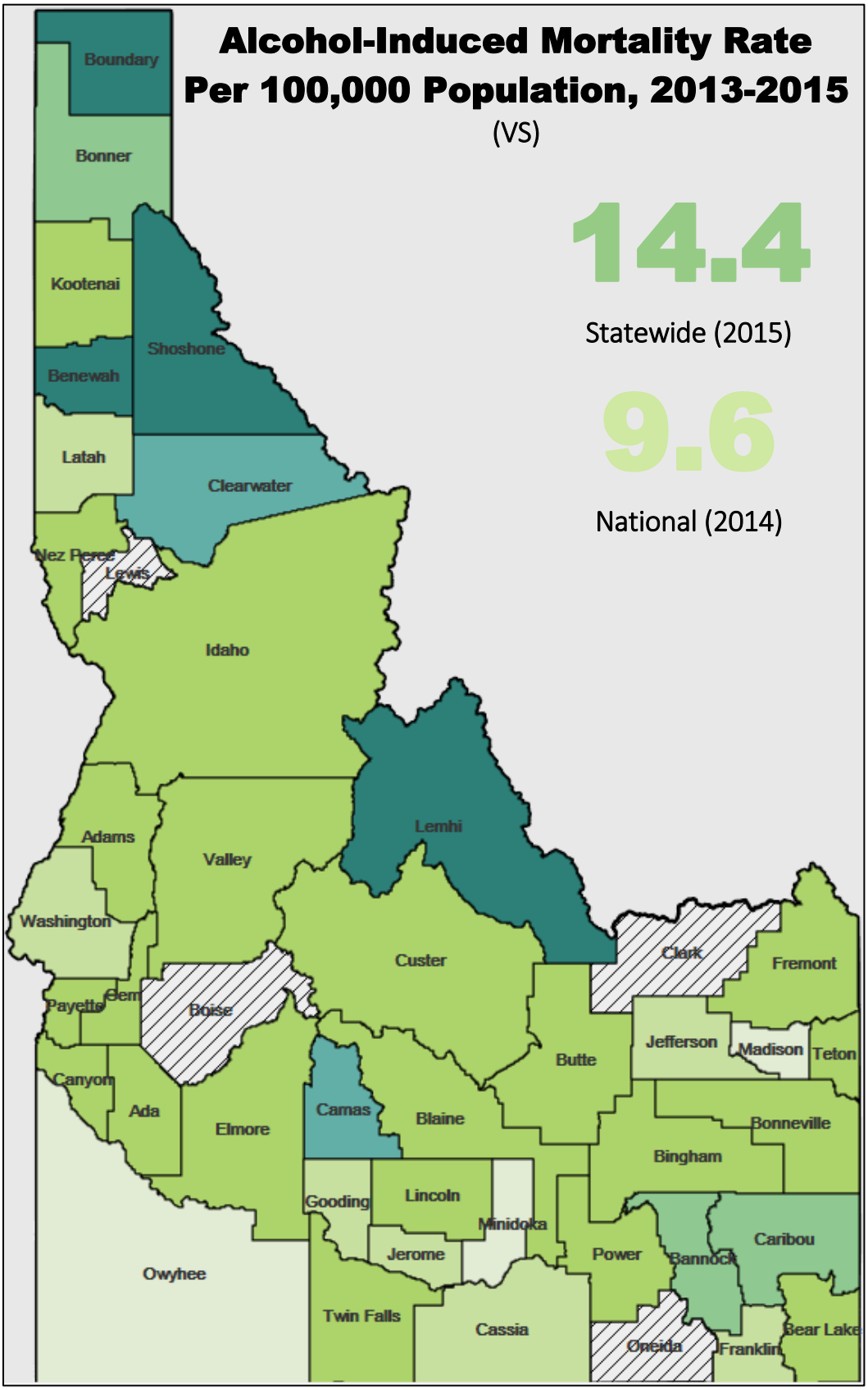
Alcohol-induced deaths include mental and behavioral disorders due to alcohol use; degeneration of nervous system due to alcohol; alcoholic polyneuropathy; alcoholic cardiomyopathy; alcoholic gastritis; alcoholic liver disease; alcohol-induced chronic pancreatitis; alcohol-induced acute pancreatitis; findings of alcohol in blood; accidental poisoning by and exposure to alcohol; intentional self-poisoning (suicide) by exposure to alcohol; poisoning by exposure to alcohol; and poisoning by exposure to alcohol, undetermined intent.

Alcohol-induced deaths do not include homicides, accidents such as falls and motor vehicle crashes, and other causes indirectly related to alcohol use. This category also excludes newborn deaths associated with maternal alcohol use.

Between 2011 and 2015, the alcohol-induced mortality rate in Idaho has increased, but not significantly, with the percentage in Idaho consistently higher that of the United States.

Between 2013 and 2015, the alcohol-induced mortality rate was significantly lower among women, Asian or Pacific Islanders and Hispanics, and individuals younger than 34.

Between 2013 and 2015, the alcohol-induced mortality rate was significantly higher among men, American Indian or Alaska Natives, adults between the ages of 45 and 74, and Idahoans living in District 1, which includes Benewah County, Bonner County, Boundary County, Kootenai County, and Shoshone County.



According to the Idaho Bureau of Vital Records and Health Statistics, between 2013 and 2015, the alcohol-induced mortality rate per 100,000 population was 9.6 nationally and 14.4 in Idaho.

The counties with the highest alcohol-induced mortality rates were Benewah County (62.5), Lemhi County (51.8), and Shoshone County (37.3).

The counties with the lowest alcohol-induced mortality rates were Madison County (2.6), Owyhee County (2.9), and Minidoka County (3.3)

There were no alcohol-induced deaths in Boise County, Clark County, Lewis County, and Oneida County between 2013 and 2015.

Benewah County, Lemhi County, Shoshone County, and Boundary County had significantly higher alcohol-induced morality rates per 100,000 population compared to the state rate.

Madison County and Minidoka County had significantly lower alcohol-induced mortality rates per 100,000 population when compared to the state rate.

Marijuana

Consumption

According to the NSDUH, in 2013-2014, among all 50 states and D.C. Idaho ranked 36th, 30th, 47th, and 34th among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, for marijuana use in the past month. These rankings are up from 44th, 42nd, and 39th among individuals 12 and older, 12 to 17, and 26 and older, respectively, and unchanged among 18 to 25 year olds in 2011-2012 (before Idaho received the SPF SIG grant).

According to the YRBS in 2015, the percentage of high school students in Idaho reporting marijuana use in the past 30 days did not change significantly since 2007.

According to the NSDUH, the percentage of Idahoans reporting marijuana use in the past 30 days has slightly increased between 2012 and 2014.

In 2014, the BRFSS included two items regarding marijuana use. The first item asked whether Idaho adults used marijuana in the past 30 days; approximately 5% reported doing so. Unemployed Idahoans, those between the ages of 18 and 34, and those who made less than $15,000 annually were more likely to report past month marijuana use when compared to the state as a whole. The second item asked whether Idaho adults perceive marijuana use as risky. Approximately 49% of Idaho adults reported that there was no or slight risk in using marijuana. Unemployed Idahoans, those between the ages of 18 to 34, and men were more likely to report that using marijuana was not risky.

Consequence

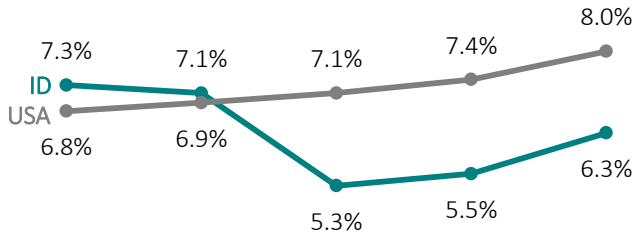
According to TEDS, the proportion of individuals entering publically funded treatment that reported their primary substance of abuse was marijuana decreased between 2011 and 2014; however, Idaho is above the national average.

According the NIBRS, all marijuana-related arrests have stayed relatively stable. Despite this, the marijuana trafficking arrest rate has almost doubled since 2011.

Current Marijuana Use

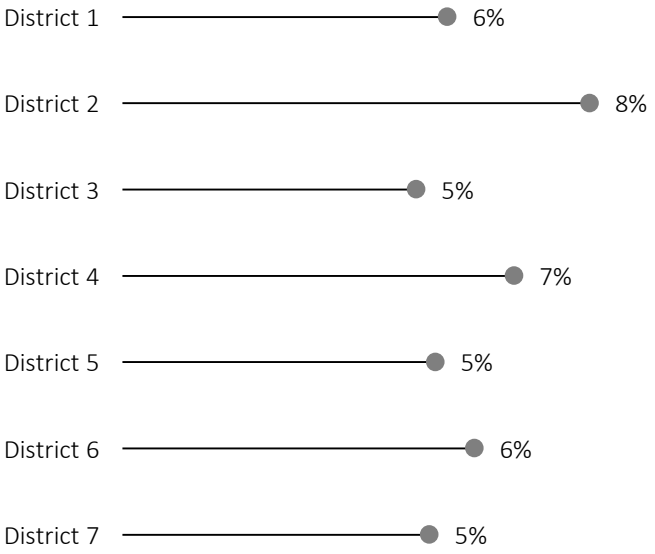
National Survey on Drug Use and Health (NSDUH)

Current marijuana use among Idahoans has decreased by 14% between 2009 and 2014.



Past month marijuana use among Idahoans aged 18 to 25 was over 2 times higher than use among Idahoans aged 12 to 17 and almost 3 times higher than among Idahoans aged 26 and older. Idahoans aged 26 and older were the least likely to report using marijuana in the past month.

From 2012-2014, current marijuana use was similar across public health districts in Idaho.

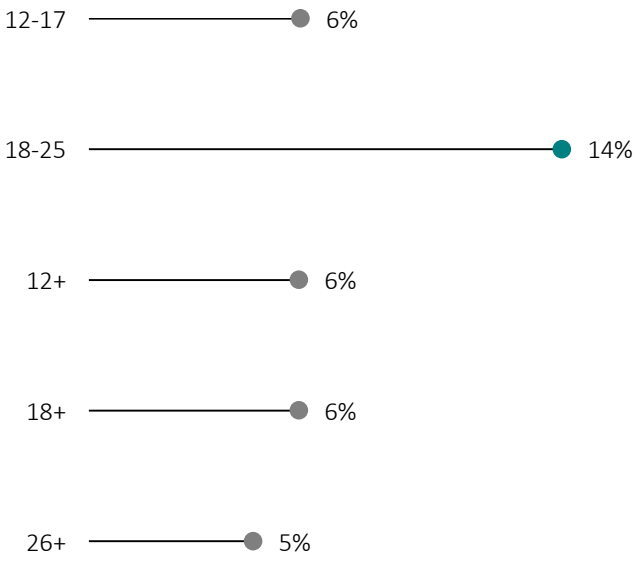


Since 2002, the percentage of Idahoans reporting using marijuana in the past month has increased significantly, especially among individuals 26 and older statewide and among Idahoans living in District 4, which includes Valley County, Boise County, Ada County, and Elmore County.

Between 2009 and 2014, the percentage of individuals 12 and older reporting using marijuana in the past month has slightly decreased, with the percentage in Idaho dipping below that of the United States in 2011.

In 2014, Idaho ranked 36th in the nation for past month marijuana use among individuals 12 and older.

From 2013-2014, current marijuana use was significantly higher among Idahoans aged 18 to 25.

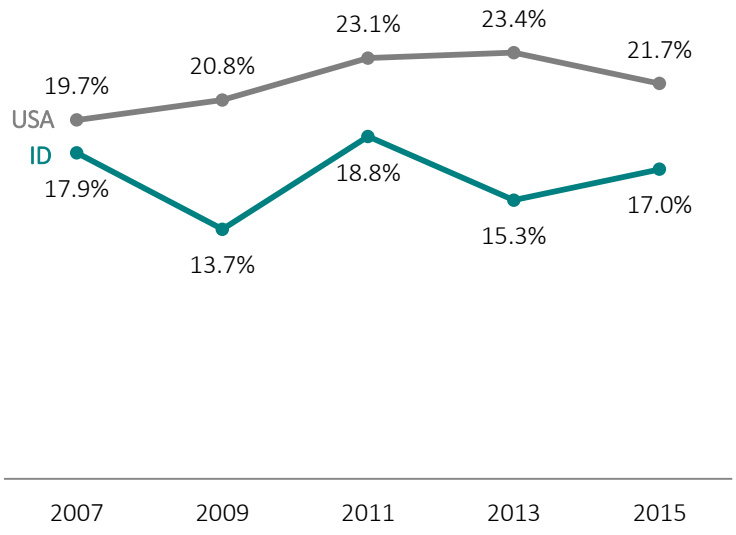


Between 2012 and 2014, marijuana use in the past month among Idahoans did not differ significantly among public health districts. Idahoans in District 2, which includes Latah County, Clearwater County, Nez Perce County, Idaho County and Lewis County, were most likely to report marijuana use in the past month.

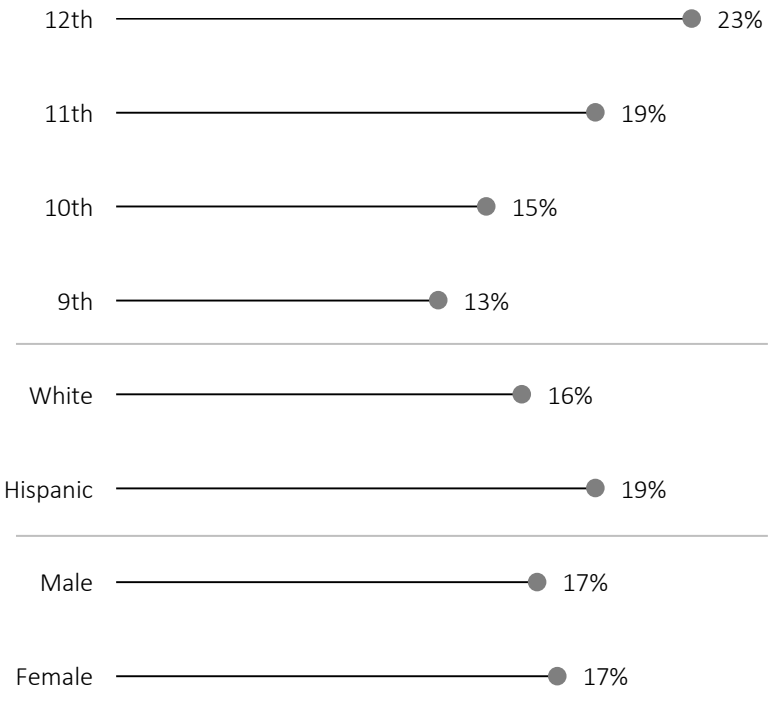
Youth Current Marijuana Use

Youth Risk Behavior Survey (YRBS)

Current marijuana use among Idaho high school students has decreased by 5% since 2007.



In 2015, current marijuana use did not differ significantly between or within demographic groups.



Since 2001, the percentage of Idaho high school students reporting using marijuana in the past 30 days has not changed significantly.

In 2015, out of the 36 states for which data is available, Idaho high school students ranked 29th for past 30-day marijuana use. Data was not available for Colorado, Georgia, Iowa, Kansas, Louisiana, Minnesota, New Jersey, Ohio, Oregon, Tennessee, Texas, Utah, Washington, and Wisconsin.

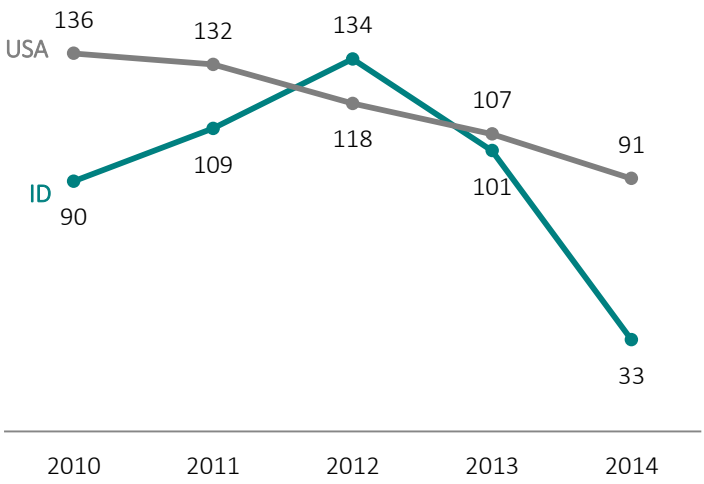
Between 2007 and 2015, the percentage of Idaho high school students that reported using marijuana in the past 30 days has not changed significantly, with the percentage in Idaho consistently below that of the United States.

In 2015, past 30-day marijuana use did not differ significantly between demographic groups when compared to the state as a whole or when comparing within demographic groups. Twelfth grade students were most likely to report using marijuana in the past 30 days.

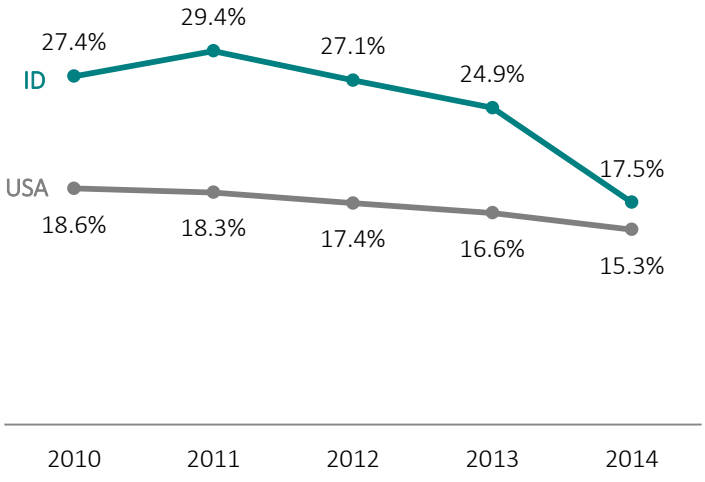
Primary Marijuana Treatment Admissions

Treatment Episode Data Set (TEDS)

The rate of primary treatment admissions for marijuana decreased by 63%.



The proportion of primary treatment admissions for marijuana decreased by 36%.



Data from the TEDS are based on admission records for individuals entering publically funded Substance Use Disorder Treatment. This data includes individuals that received funding for Substance Use Disorder Treatment through Idaho Department of Health and Welfare, Idaho Department of Correction, Idaho Department of Juvenile Correction, and Idaho Supreme Court.

The rate of primary treatment admissions shows the number of people in a standardized population who reported marijuana as their primary substance of abuse upon treatment entry. Although the rate of primary treatment admissions for marijuana has decreased, it is difficult to tell whether it is a result of a decrease in treatment for marijuana, or a decrease in treatment admissions in general.

To provide a clearer picture of treatment admissions, both the primary treatment admission rate per 100,000 population and the proportion of all primary treatment admissions for marijuana are reported.

In 2014, out of all treatment admissions reported in TEDS in Idaho, 18% reported that marijuana was their primary substance of abuse upon treatment entry.

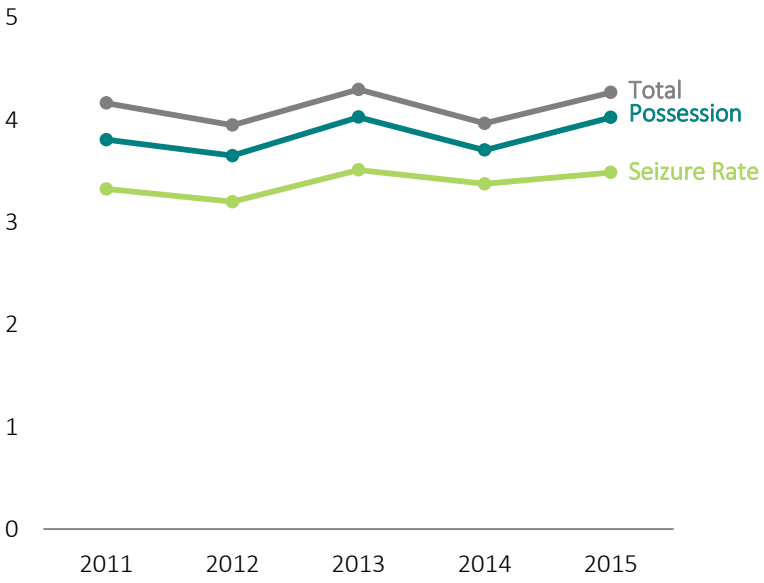
Between 2010 and 2014, the proportion of primary treatment admissions for marijuana in Idaho decreased by 36%, while the rate of primary treatment admission for marijuana decreased by 63%.

Nationally, the proportion of primary treatment admissions for marijuana decreased by 17%, while the rate of primary treatment admission for marijuana decreased by 33%.

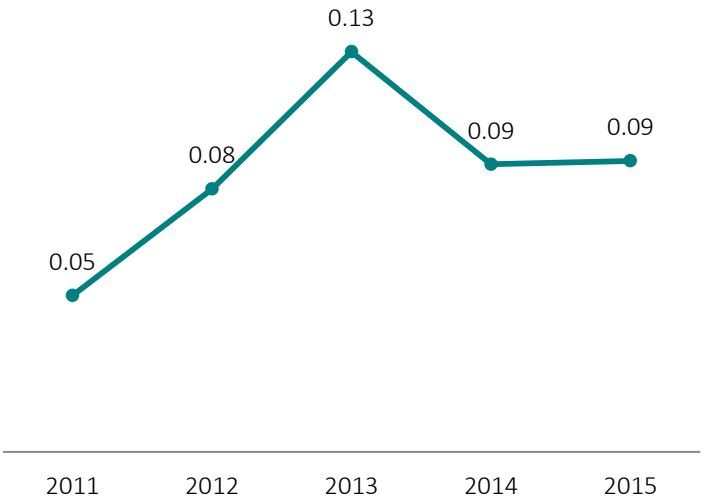
Marijuana Arrest Rate per 1,000 Population

National Incidence-Based Reporting System (NIBRS)

Between 2011 and 2015, the total marijuana arrest rate increased by 3%.



Marijuana trafficking arrest rates per 1,000 has increased by 80% since 2011.

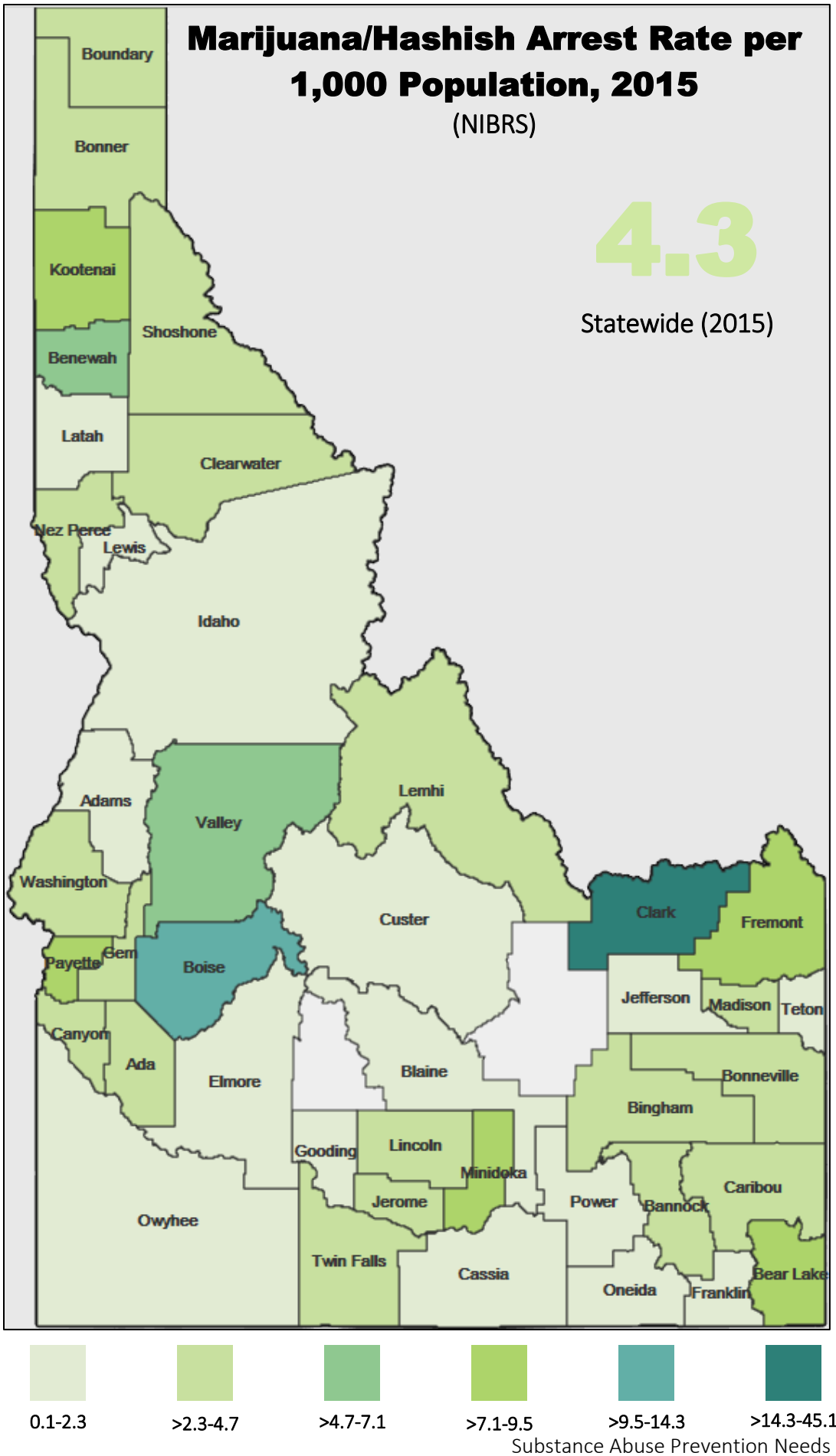


All rates are per 1,000 population.

Marijuana arrests include all illicit possession, concealing, transporting, transmitting, and importing activities. Between 2011 and 2015, the total marijuana arrest rate increased by 3%.

The marijuana seizure rate is the rate of incidents in which law enforcement seized marijuana. Between 2011 and 2015, the marijuana seizure rate increased by 5%. During the same timeframe, the marijuana possession arrest rate increased by 6%.

Marijuana trafficking arrests include arrests for transporting, transmitting, and importing marijuana. The marijuana trafficking arrest rate increased by 86% between 2011 and 2015.



According to the 2015 National Incidence-Based Reporting System, the marijuana/hashish arrest rate in Idaho was 4.3 per 1,000 population.

The counties with the highest marijuana/hashish arrest rate were Clark County (45.1), Boise County (12.5), and Valley County (9.3).

The counties with the lowest marijuana/hashish arrest rate were Idaho County (0.1), Franklin County (0.5), and Jefferson County (0.5).

Camas County and Butte County did not have any marijuana/hashish arrests between 2013 and 2015.

Clark County had a significantly higher marijuana /hashish arrest rate compared to the average county in Idaho.

Other Drugs

Consumption

According to the NSDUH, in 2013-2014, among all 50 states and D.C., Idaho ranked 47th, 41st, 46th, and 44th among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, for illicit drug use other than marijuana in the past month. These rankings are down from 23rd, 18th, 20th, and 22nd among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, in 2011-2012 (before Idaho received the SPF SIG grant).

According to the NSDUH, the percentage of Idahoans reporting any illicit drug use in the past month decreased, but not significantly, between 2009 and 2014.

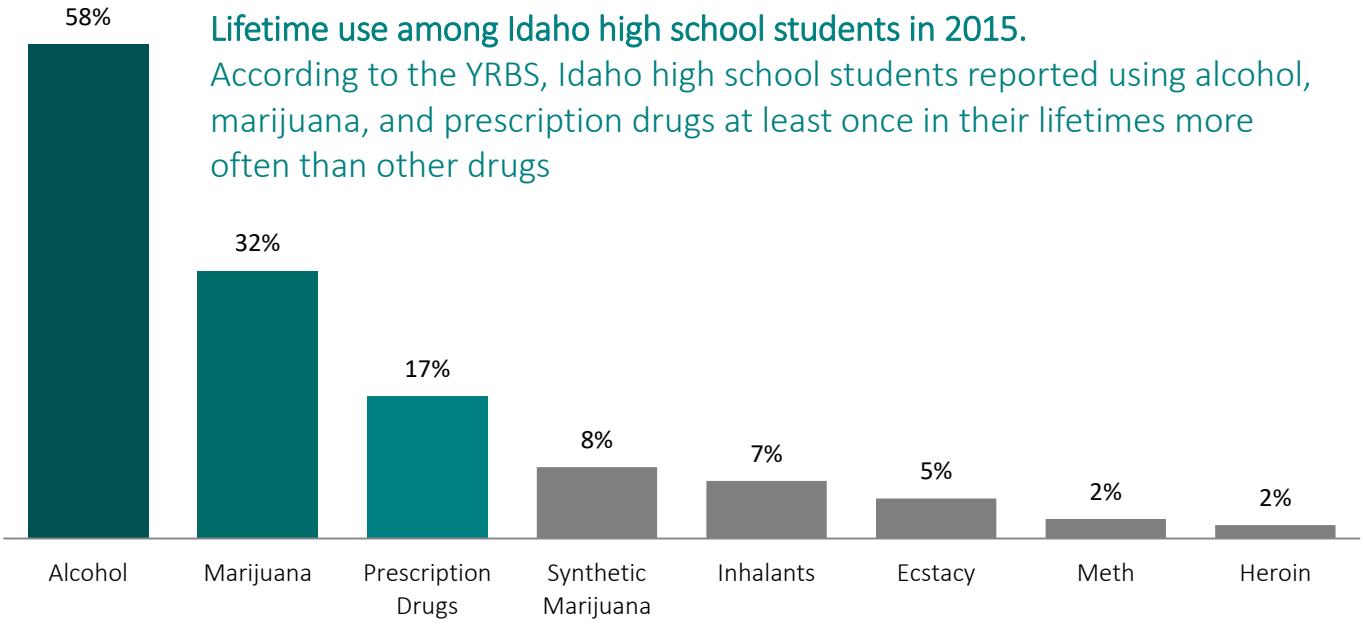
Consequence

According to the NSDUH, the percentage of Idahoans needing but not receiving treatment for illicit drug use in the past year has decreased between 2009 and 2014 and is below the national average.

According to the TEDS, the largest proportion of primary treatment admissions was for methamphetamine in Idaho in 2014.

According to NIBRS, all other drug-related arrest rates have increased, including for possession and trafficking.

According to data from the Bureau of Vital Records and Heath Statistics, drug-induced mortality rates in Idaho have increased, but are below the national average.



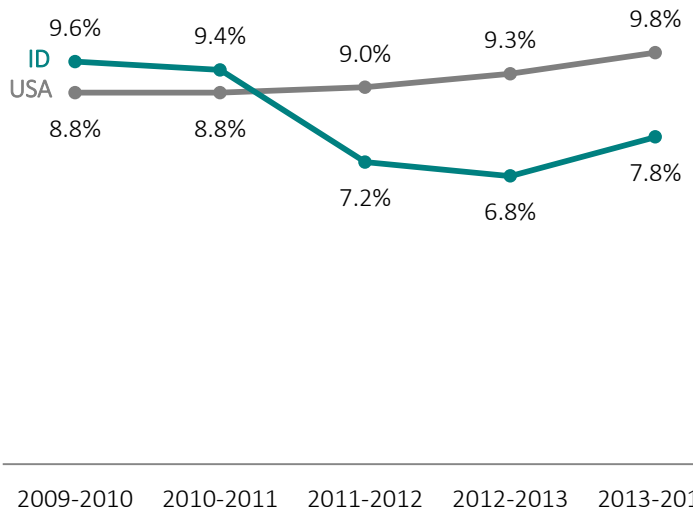
Lifetime use among Idaho high school students in 2015.

According to the YRBS, Idaho high school students reported using alcohol, marijuana, and prescription drugs at least once in their lifetimes more often than other drugs

Past Month Illicit Drug Use

National Survey on Drug Use and Health (NSDUH)

Illicit drug use dropped by 19% among Idahoans 12 and older between 2009 and 2014.



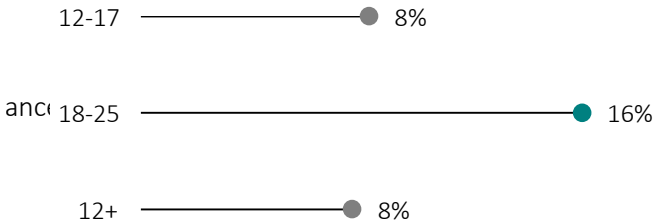
Past month illicit drug use among Idahoans aged 18 to 25 was 94% higher than use among Idahoans aged 12 to 17 and over 2 times higher than Idahoans aged 26 and older. Idahoans aged 26 and older were the least likely to report using illicit drugs in the past month.

Since 2002, the percentage of Idahoans 12 to 17 reporting using illicit drugs in the past month has decreased significantly.

Between 2009 and 2014, the percentage of individuals 12 and older reporting using illicit drugs in the past month has decreased, with the percentage in Idaho dipping below that of the United States in 2012.

In 2014, Idaho ranked 43th in the nation for past month illicit drug use among individuals 12 and older.

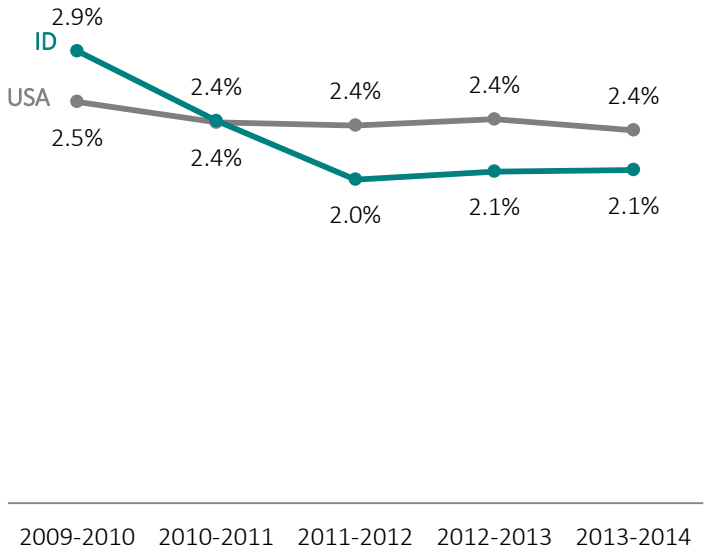
From 2013-2014, Idahoans 18 to 25 were significantly more likely to report using illicit drugs in the past month.



Needing but not Receiving Treatment for Illicit Drug Use in the Past Year

National Survey on Drug Use and Health (NSDUH)

The percentage of Idahoans needing but not receiving treatment for illicit drug use decreased by 28% since 2009.

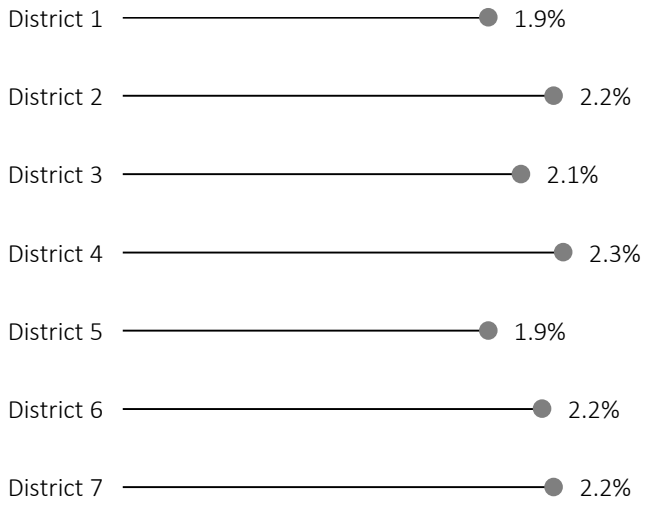


Since 2002, the percentage of Idahoans reporting needing but not receiving treatment for illicit drug use in the past year has decreased significantly, especially among individuals 12 to 17.

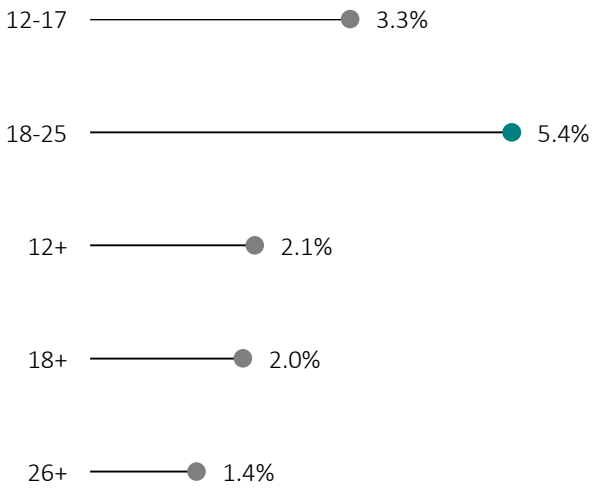
Between 2009 and 2014, the percentage of individuals 12 and older that reported needing but not receiving treatment for illicit drug use in the past year has slightly decreased, with the percentage in Idaho dipping below that of the United States in 2011.

Needing but not receiving treatment for illicit drug use in the past year among Idahoans aged 18 to 25 was 62% higher than among Idahoans aged 12 to 17 and almost 4 times higher than among Idahoans aged 26 and older. Idahoans aged 26 and older were the least likely to report needing but not receiving treatment for illicit drug use in the past year.

From 2012-2014, needing but not receiving treatment for illicit drug use was similar across public health districts in Idaho.



From 2013-2014, Idahoans 18 to 25 were significantly more likely to report needing but not receiving treatment for illicit drug use.

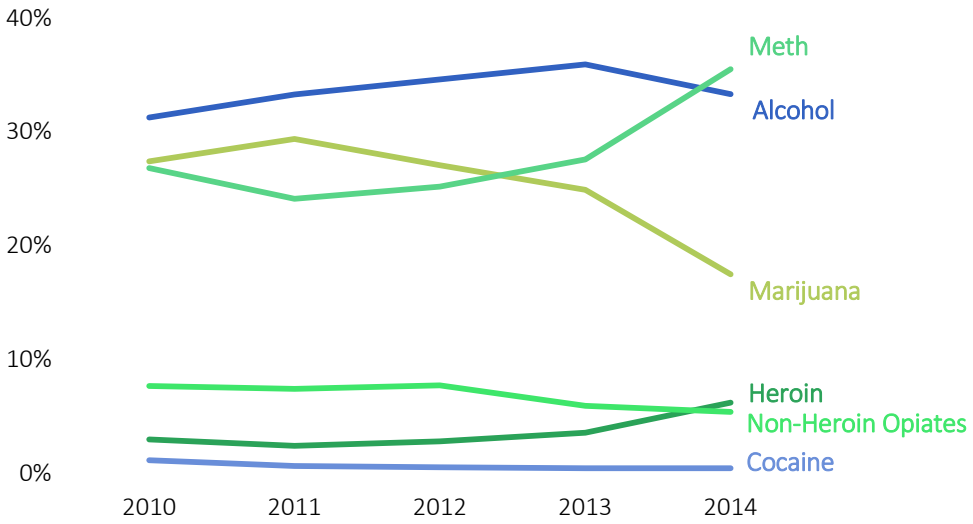


Needing but not receiving treatment for illicit drug use in the past year among Idahoans did not differ significantly among public health districts. Idahoans in District 4, which includes Valley County, Boise County, Ada County, and Elmore County, were most likely to report needing but not receiving treatment for illicit drug use in the past year.

Percentage of Primary Treatment Admissions by Drug

Treatment Episode Data Set (TEDS)

In 2014, the largest proportion of primary treatment admissions in Idaho was for methamphetamine.



Data from the TEDS are based on admission records for individuals entering publically funded Substance Use Disorder Treatment. This data includes individuals that received funding for Substance Use Disorder Treatment through Idaho Department of Health and Welfare, Idaho Department of Correction, Idaho Department of Juvenile Correction, and Idaho Supreme Court.

Out of all treatment admissions reported in TEDS in Idaho, approximately 35% reported that methamphetamine was their primary substance of abuse upon treatment entry.

Between 2010 and 2014 the proportion of primary treatment admissions for:

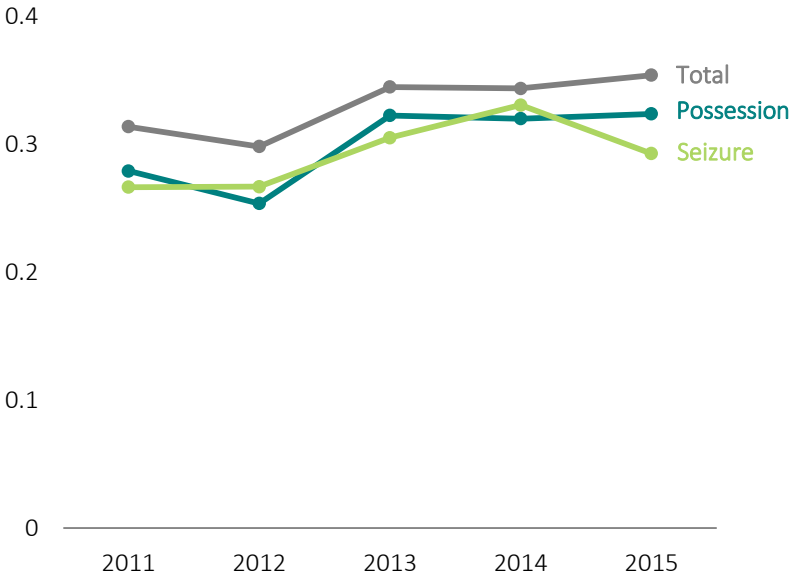
- Heroin doubled.
- Methamphetamine increased by 47%.
- Alcohol increased by 6%.
- Non-heroin opiates decreased by 30%.
- Marijuana decreased by 36%.
- Cocaine decreased by 62%.

- In 2014, the largest proportion of primary treatment admissions in Idaho was for methamphetamine.
- Between 2010 and 2013, the largest proportion of primary treatment admissions in Idaho was for alcohol.
- Between 2010 and 2012, the proportion of primary treatment admissions for marijuana was higher than for methamphetamine.
- In 2014, the proportion of primary treatment admissions for heroin was greater than for non-heroin opiates.
- Between 2010 and 2014, the smallest proportion of primary treatment admissions in Idaho was for cocaine.

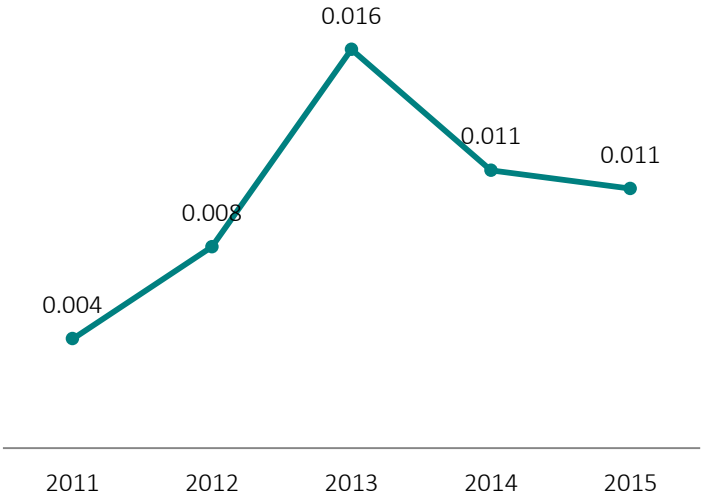
Other Drug Arrest Rate per 1,000

National Incidence-Based Reporting System (NIBRS)

The total other drug arrest rate has increased by 13% between 2011 and 2015.



The other drug trafficking arrest rates have almost tripled between 2011 and 2015.

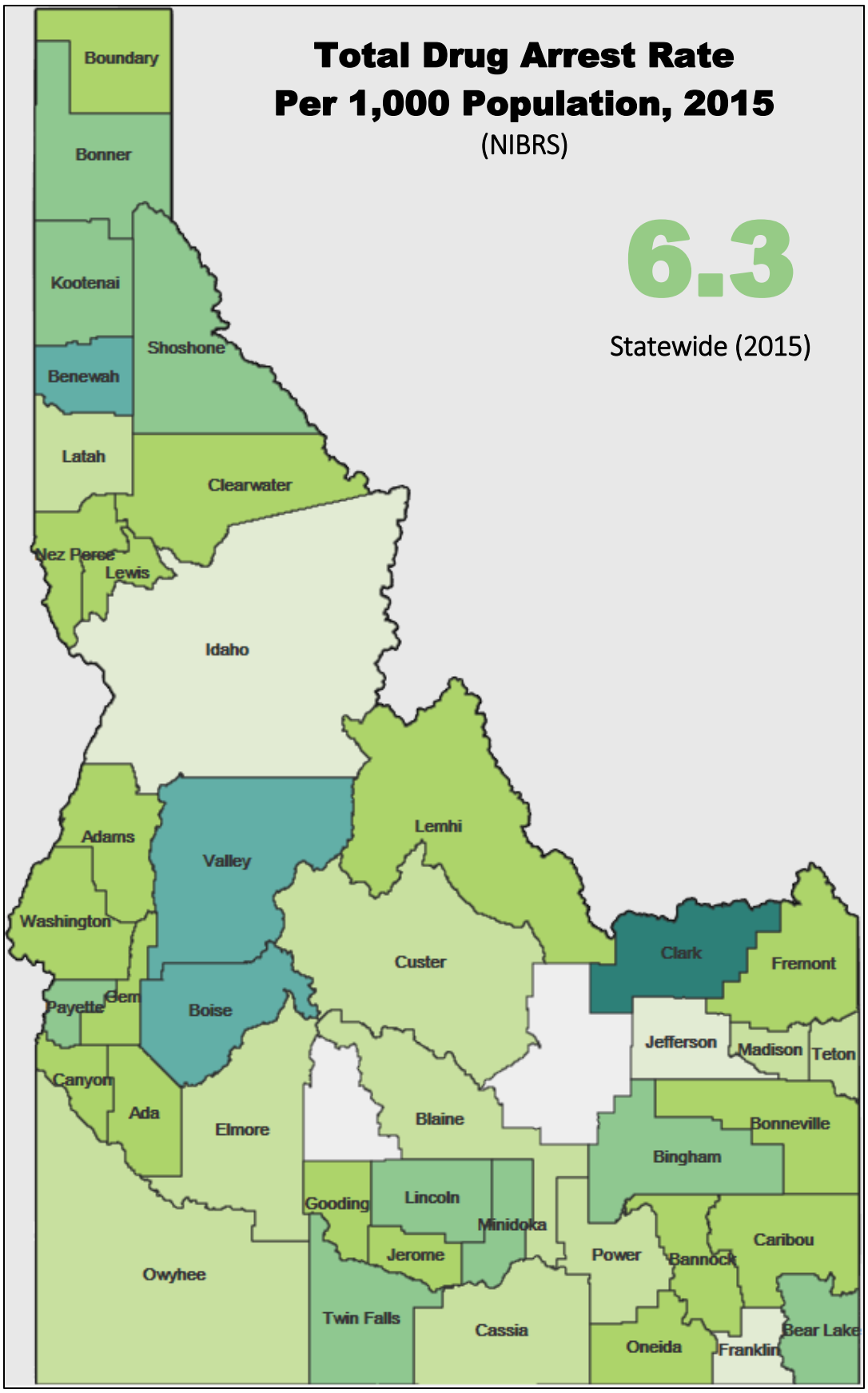


All rates are per 1,000 population.

Other drug arrests include all illicit possession, concealing, transporting, transmitting, and importing activities. Between 2011 and 2015, the total other drug arrest rate increased by 13%.

The other drug seizure rate is the rate of incidents in which law enforcement seized other drugs. Between 2011 and 2015, the other drug seizure rate increased by 10%. During the same timeframe, the other drug possession arrest rate increased by 16%.

Other drug trafficking arrests include arrests for transporting, transmitting, and importing other drugs. The other drug trafficking arrest rate more than doubled between 2011 and 2015.



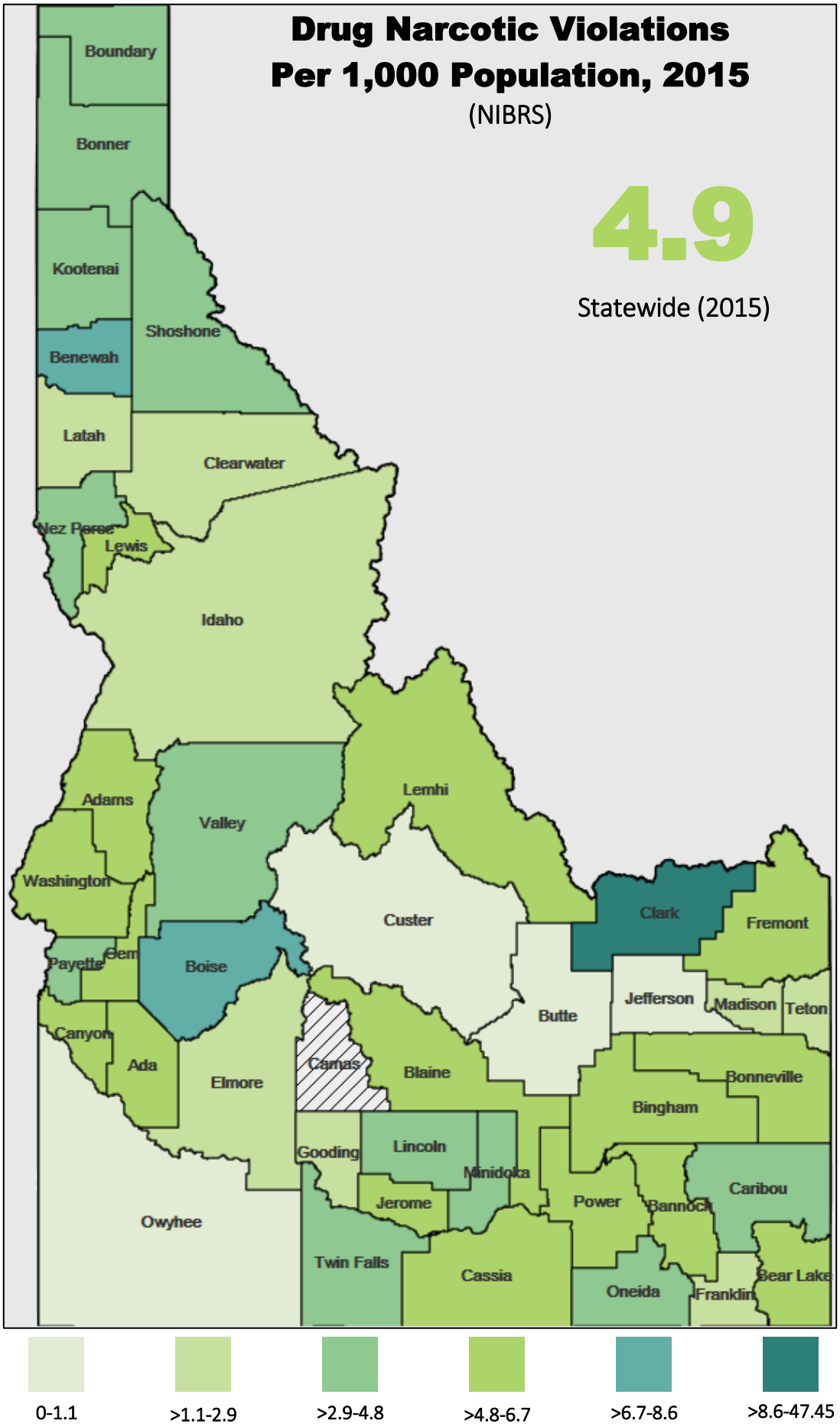
According to the 2015 National Incidence-Based Reporting System, the drug arrest rate in Idaho was 6.3 per 1,000 population.

The counties with the highest drug arrest rate were Clark County (53.4), Boise County (13.7), and Valley County (10.2).

The counties with the lowest drug arrest rate were Idaho County (0.3), Jefferson County (0.7), and Franklin County (0.8).

Camas County and Butte County did not have any drug arrests in 2015.

Clark County had a significantly higher drug arrest rate compared to the average county in Idaho.



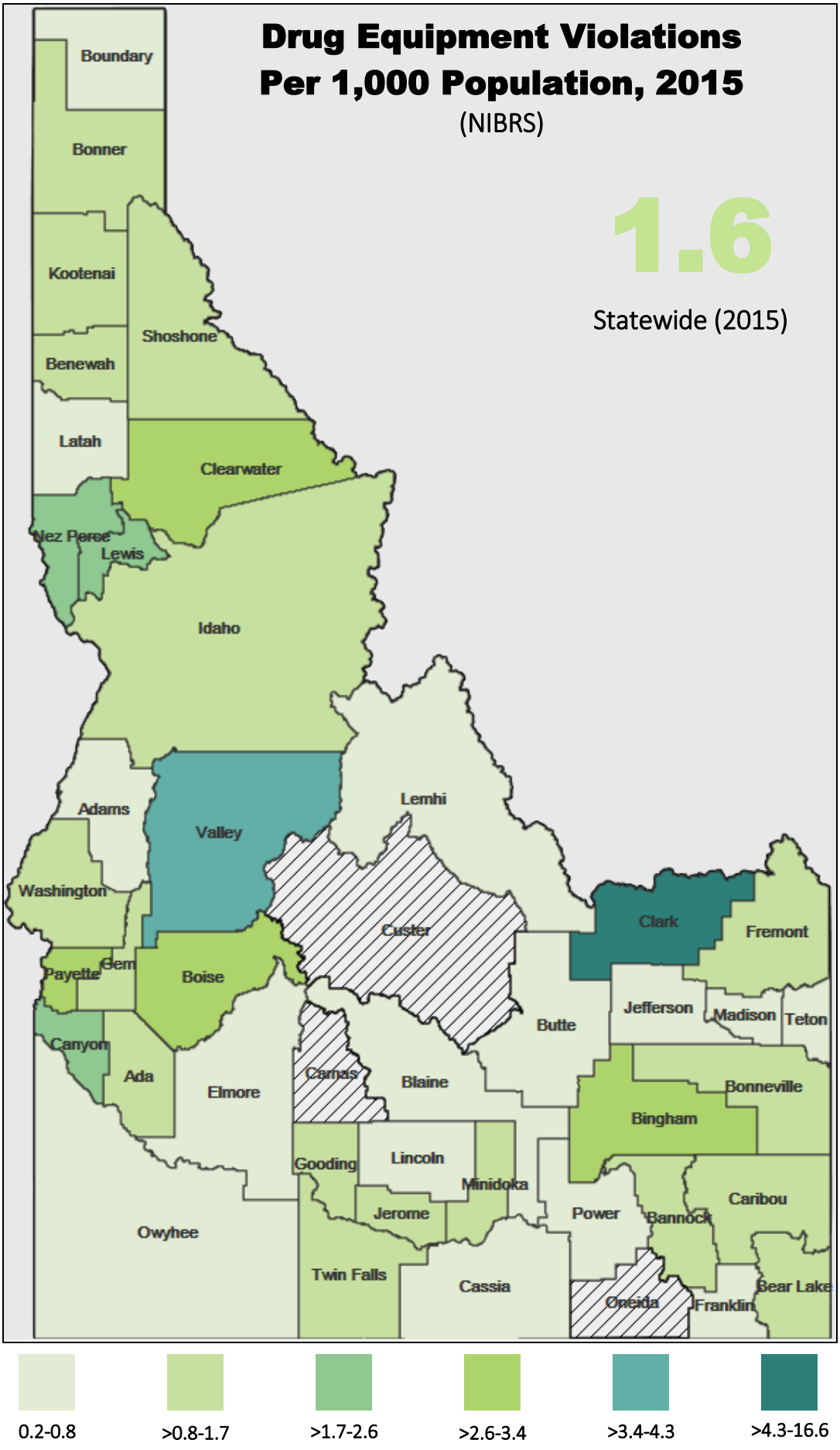
According to the 2015 National Incidence-Based Reporting System, the drug narcotic violation rate in Idaho was 4.9 per 1,000 population.

The counties with the highest drug narcotic violation rate were Clark County (47.5), Benewah County (8.2), and Boise County (7.3).

The counties with the lowest drug narcotic violation rate were Butte County (0.6), Jefferson County (0.7), and Owyhee County (0.8).

Camas County did not have any drug narcotic violations in 2015.

Clark County had a significantly higher drug narcotic violation rate compared to the average county in Idaho.



According to the 2015 National Incidence-Based Reporting System, the drug equipment violation rate in Idaho was 1.6 per 1,000 population.

The counties with the highest drug equipment violation rate were Clark County (16.6), Valley County (3.6), and Lewis County (3.4).

The counties with the lowest drug equipment violation rate were Jefferson County (0.2), Franklin County (0.2), and Blaine County (0.2).

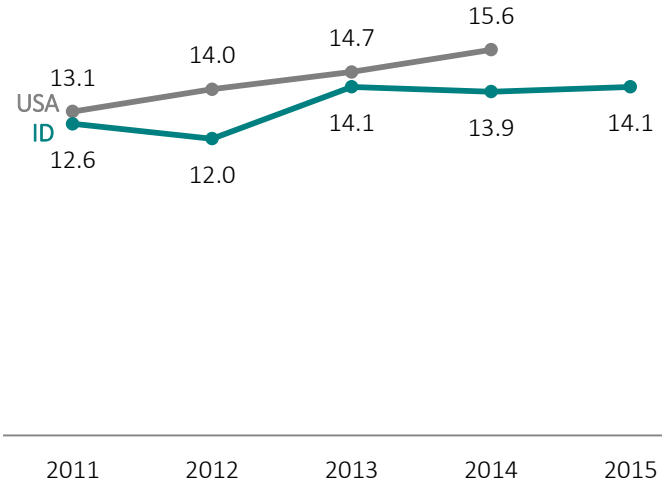
Camas County, Custer County, and Oneida County did not have any drug equipment violations in 2015.

Clark County had a significantly higher drug equipment violation rate compared to the average county in Idaho.

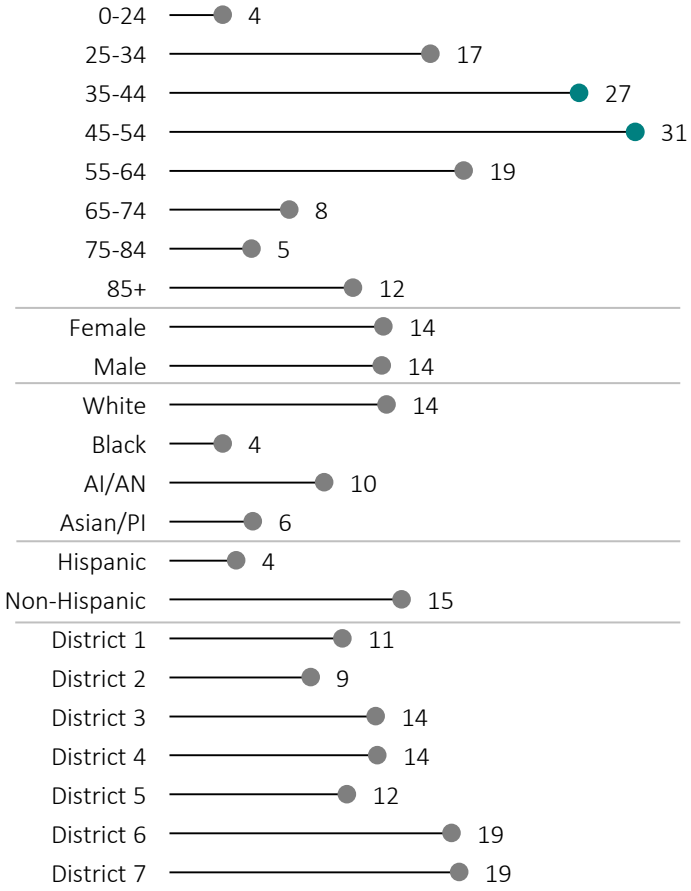
Drug-Induced Mortality per 100,000 Population

Bureau of Vital Records and Health Statistics (VS)

The drug-induced mortality rate in Idaho increased by 12% between 2011 and 2015.



Between 2013 and 2015, Idahoans between the ages of 35 and 54 were significantly more likely to die from drug-related causes.



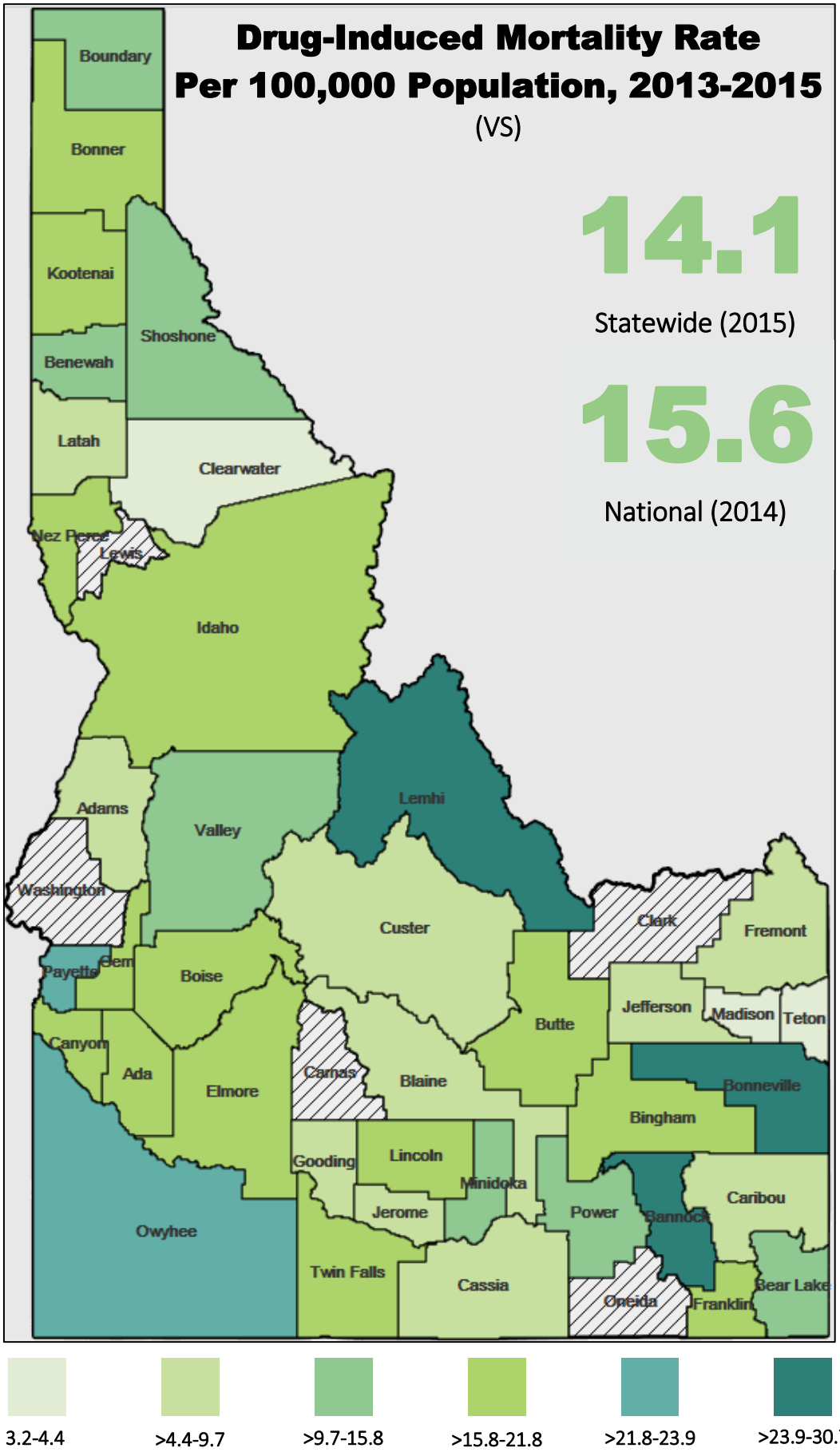
Drug-induced deaths include deaths due to drug psychosis; drug dependence; nondependent use of drugs not including alcohol and tobacco; drug-induced pancreatitis; drug-induced fever; accidental poisoning by drugs, medicaments, and biologicals; suicide by drugs, medicaments, and biologicals; assault from poisoning by drugs and medicaments; and poisoning by drugs, medicaments, and biologicals, undetermined whether accidental or purposely inflicted.

Drug-induced deaths do not include accidents, homicides, and other causes indirectly related to drug use. Also excluded are newborn deaths associated with maternal drug use. Types of drugs listed on the death certificate include prescriptions, over-the-counter drugs, and narcotics.

Between 2011 and 2015, the drug-induced mortality rate in Idaho has increased, but not significantly, with the percentage in Idaho consistently lower that of the United States.

Between 2013 and 2015, the drug-induced mortality rate was significantly lower among Hispanics and individuals younger than 24 and between the ages of 65 and 84.

Between 2013 and 2015, the drug-induced mortality rate was significantly higher among adults between the ages of 35 and 54.



According to the Idaho Bureau of Vital Records and Health Statistics, between 2013 and 2015, the drug-induced mortality rate per 100,000 population was 15.6 nationally and 14.1 in Idaho.

The counties with the highest drug-induced mortality rates were Bonneville County (30.7), Lemhi County (25.9), and Bannock County (24.0).

The counties with the lowest drug-induced mortality rates were Teton County (3.2), Clearwater County (3.9), and Madison County (4.4)

There were no drug-induced deaths in Camas County, Clark County, Lewis County, Oneida County, and Washington County between 2013 and 2015.

Bonneville and Bannock County had significantly higher drug-induced morality rates per 100,000 population compared to the state rate.

Madison County had a significantly lower drug-induced mortality rate per 100,000 population when compared to the state rate.

Tobacco

According to the NSDUH in 2013-2014, among all 50 states and D.C., Idaho ranked 37th, 27th, 38th, and 35th among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, for tobacco use in the past month. These rankings are down from 30th among individuals 26 and older, and up from 38th, 36th, and 45th, 12 and older, 12 to 17, 18 to 25, and, respectively, in 2011-2012 (before Idaho received the SPF SIG grant).

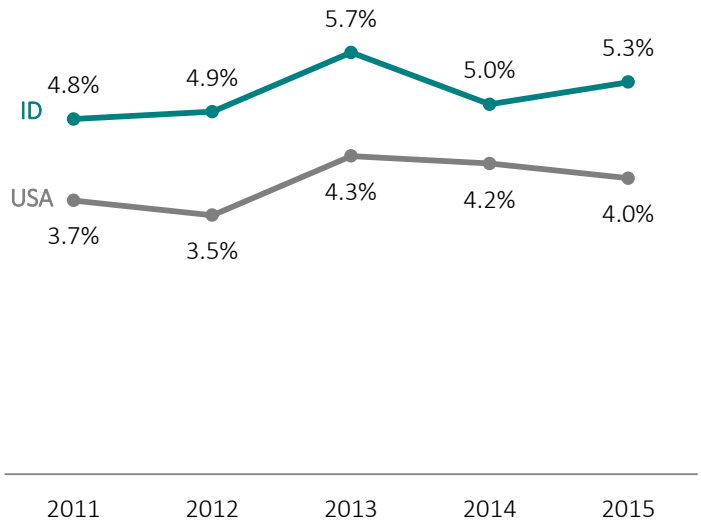
According to the BRFSS between 2011 and 2015, the percentage of Idaho adults reporting current cigarette smoking decreased significantly; however, the percentage of adults reporting current smokeless tobacco use increased slightly.

According to the YRBS between 2007 and 2015, the percentage of youth reporting smoking cigarettes on 20 or more days in the past 30 days decreased significantly.

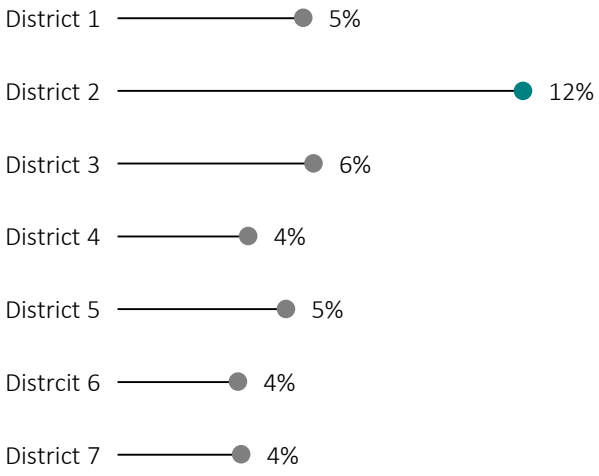
Adult Current Smokeless Tobacco Use

Behavioral Risk Factor Surveillance System (BRFSS)

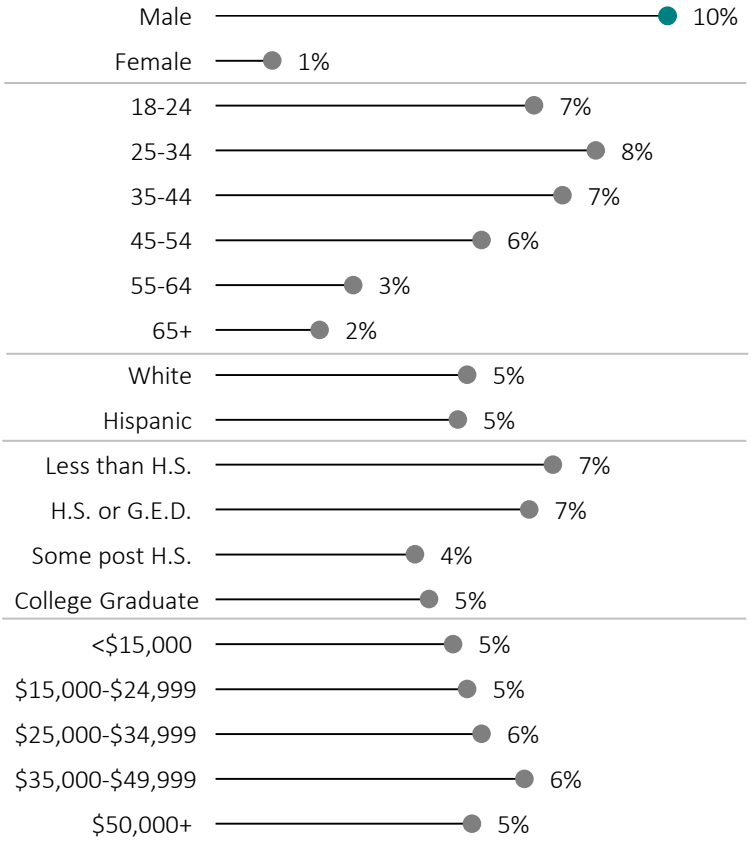
Between 2011 and 2015, current smokeless tobacco use among Idaho adults has increased by 10%.



In 2014, Idahoans in District 2 were significantly more likely to use smokeless tobacco.



In 2015, men were significantly more likely to use smokeless tobacco.



The BRFSS methodology uses the median, instead of the mean, to represent national estimates.

Between 2013 and 2015, the percentage of Idaho adults reporting current smokeless tobacco use has increased, but not significantly, with the percentage in Idaho consistently above that of the United States.

In 2015, current smokeless tobacco use was significantly lower among women and adults older than 55.

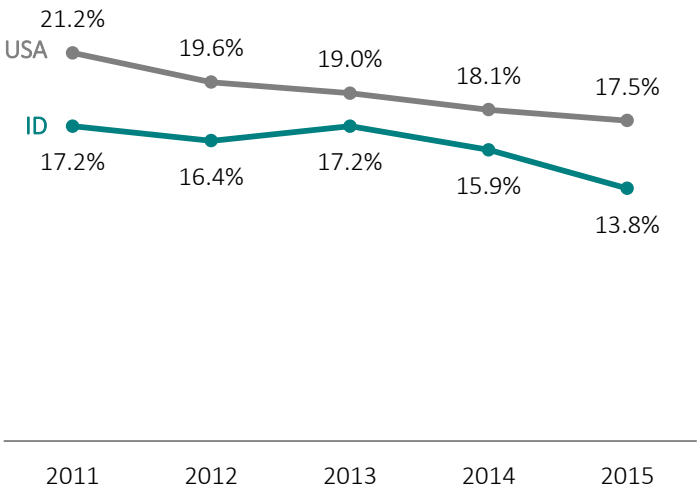
In 2015, current smokeless tobacco use was significantly higher among men.

In 2014, current smokeless tobacco use was significantly higher among adults living in District 2, which includes Clearwater County, Idaho County, Latah County, Lewis County, and Nez Perce County.

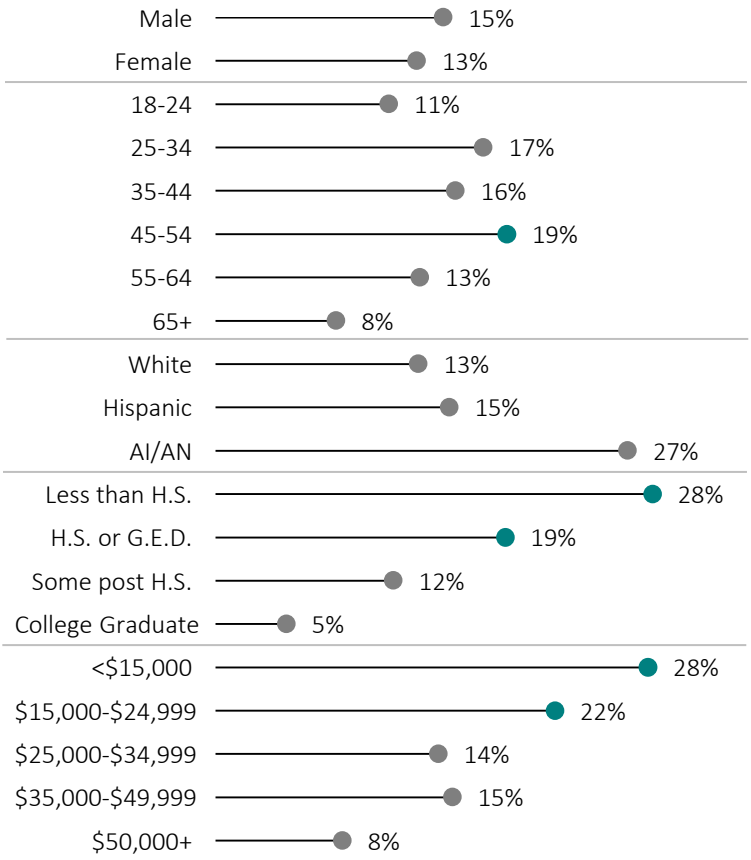
Adult Current Cigarette Smoking

Behavioral Risk Factor Surveillance System (BRFSS)

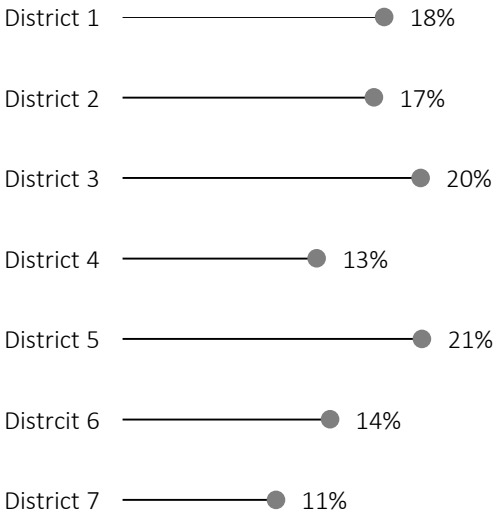
Between 2011 and 2015, current cigarette smoking among Idaho adults decreased by 20%.



In 2015, adults 45-54, those with a high school diploma or less, and those who made less than $25,000 were significantly more likely to smoke.



In 2014, Idahoans in District 7 were significantly less likely to smoke.



The BRFSS methodology uses the median, instead of the mean, to represent national estimates.

Between 2011 and 2015, the percentage of Idaho adults reporting current cigarette use has significantly decreased with the percentage in Idaho consistently below that of the United States.

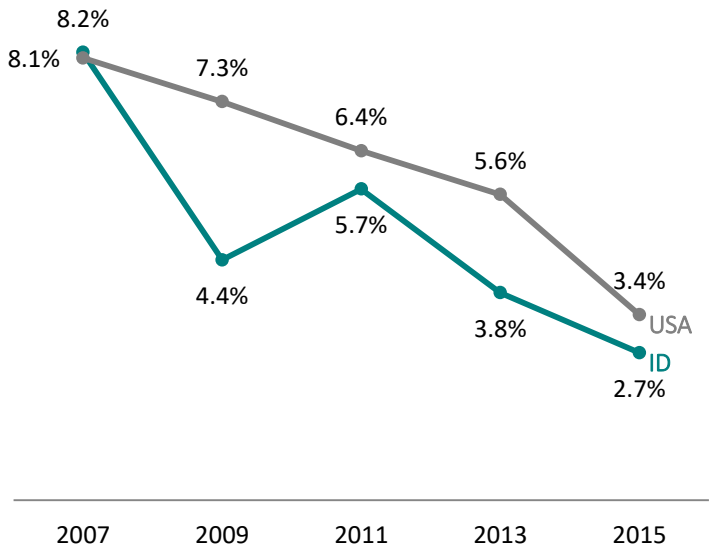
In 2015, current cigarette smoking was significantly lower among adults older than 65, college graduates, and those who made more than $50,000 annually. In 2014, current cigarette smoking was significantly lower among adults living in District 7, which includes Bonneville County, Clark County, Custer County, Fremont County, Jefferson County, Lemhi County, Madison County, and Teton County.

In 2015, current cigarette smoking was significantly higher among Idahoans between the ages of 45 and 54, those with a high school diploma or less, and those who made less than $25,000 annually.

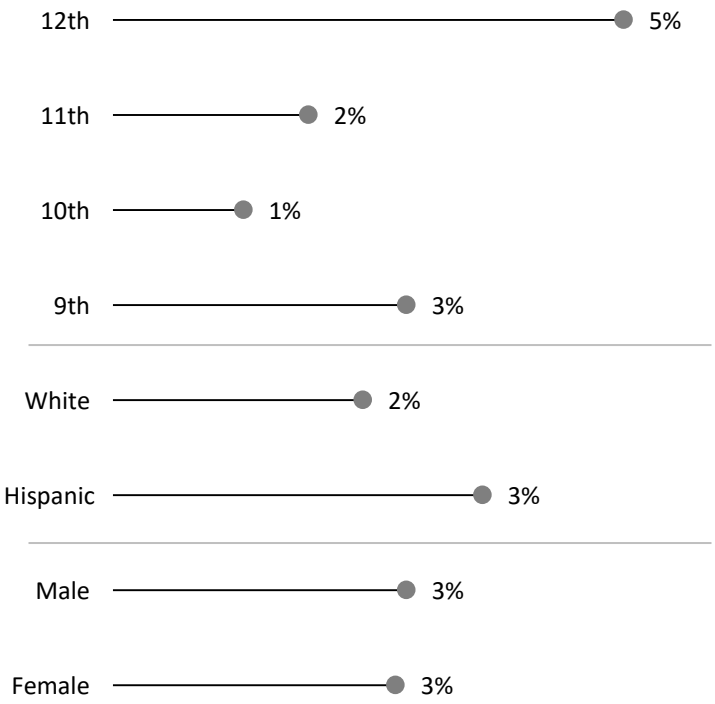
Youth Frequent Cigarette Smoking

Youth Risk Behavior Survey (YRBS)

Frequent cigarette smoking decreased by 67% since 2007.



Frequent cigarette smoking did not differ significantly between or within demographic groups in 2015.



Since 2001, the percentage of Idaho high school students reporting smoking cigarettes on 20 or more days in the past 30 days has decreased significantly. Significant decreases can be seen among males and females, White students, and students in all four grades.

In 2015, out of the 37 states for which data is available, Idaho high school students ranked 26th for frequent cigarette smoking. Data was not available for Colorado, Georgia, Iowa, Kansas, Louisiana, Minnesota, New Jersey, Ohio, Oregon, Texas, Utah, Washington, and Wisconsin.

Between 2007 and 2015, the percentage of Idaho high school students that reported frequent cigarette smoking in the past 30 days has significantly decreased, with the percentage in Idaho dipping below that of the United States in 2009.

In 2015, past 30-day frequent cigarette smoking did not differ significantly between demographic groups when compared to the state as a whole or when comparing within demographic groups. Twelfth grade students were most likely to report smoking cigarettes on 20 or more days in the past 30 days.

Summary

To provide interested parties with a review of the progress Idaho has made regarding the selected indicators, this summary is provided. Each indicator was given a **Summary Score** based on whether rates in Idaho are below or above the national average, if the past 5 years of data resulted in an overall positive or negative trend, and if that trend resulted in a statistically significant change from the first to the last point based on confidence intervals, if provided, or z-scores.

Each indicator was assigned a **National Comparison score**. If the last Idaho data point in the indicator was:

- Better (higher or lower depending on the desired direction) than the U.S. data point, it was scored a 1
- The same as the U.S. data point or if there was no national comparison, it was scored a 0
- Worse (higher or lower depending on the desired direction) than the U.S. data point, it was scored a -1

Each indicator was assigned a **Significance score**. If the first data point was:

- Statistically different than the last data point in the 5-year trend, it was scored a 2
- Not statistically different than the last data point in the 5-year trend, it was scored a 1

Each indicator was assigned a **Trend score**. If the slope of the 5-year trend was:

- Improving (positive or negative depending on the desired direction), it was scored a 1
- Worsening (positive or negative depending on the desired direction), it was scored a -1

Summary Score = National Comparison + (Significance x Trend)

Legend

	Idaho has Significantly Improved	Idaho has Improved, but not Significantly	Idaho has Worsened, but not Significantly	Idaho has Significantly Worsened
Idaho is Better than the National Average				
Idaho is the Same as the National Average				
Idaho is Worse than the National Average				

Prescription Drugs

Higher Risk for Consumption

- Those aged 18-25
- 11th and 12th grade students

Consumption:

Past Year Nonmedical Use of Prescription Pain Relievers

The percentage of Idahoans reporting past year nonmedical use of prescription pain relievers was significantly lower than the national average in 2014 and has decreased significantly between 2009 and 2014 (NSDUH, 2009-2014).

Lifetime Prescription Drug Abuse Among High School Students

The percentage of Idaho high school students reporting ever using prescription drugs without a doctor's prescription was the same as the national average in 2015 and has decreased between 2011 and 2015 (YRBS, 2009-2015).

Retail Distribution Rate of Hydrocodone per 100,000 Population

The retail distribution rate of hydrocodone per 100,000 population was higher in Idaho than the national rate but has decreased between 2011 and 2015 (ARCOS, 2011-2015).

Retail Distribution Rate of Oxycodone per 100,000 Population

The retail distribution rate of oxycodone per 100,000 population was lower in Idaho than the national rate but has increased significantly between 2011 and 2015 (ARCOS, 2011-2015).

Consequence:

Proportion of Primary Treatment Admissions for Non-Heroin Opiates

The proportion of Idahoans entering publically funded substance abuse treatment that reported that their primary substance of abuse was non-heroin opiates was significantly lower than the national average in 2014 and has decreased significantly between 2010 and 2014 (TEDS, 2010-2014).

Prescription Drug Arrest Rate per 1,000 Population

The prescription drug arrest rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015).

Prescription Drug Possession Arrest Rate per 1,000 Population

The prescription drug possession arrest rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015).

Prescription Drug Seizure Rate per 1,000 Population

The prescription drug seizure rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015).

Prescription Drug Trafficking Arrest Rate per 1,000

The prescription drug trafficking arrest rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015)

Alcohol

Consumption

Higher Risk for Consumption:

- Men
- College Graduates
- Those who make over $50,000 per year
- 11th and 12th grade students
- Those aged 25-34
- Those living in Public Health District 1

Current Alcohol Use Among High School Students

The percentage of Idaho high school students reporting past 30-day alcohol use was significantly lower than the national average in 2015 and has decreased significantly between 2011 and 2015 (YRBS, 2009-2015).

Current Binge Drinking Among High School Students

The percentage of Idaho high school students reporting past 30-day binge drinking was significantly lower than the national average in 2015 and has decreased significantly between 2011 and 2015 (YRBS, 2009-2015).

Current Alcohol Use Among Adults

The percentage of Idaho adults reporting past 30-day alcohol use was lower than the national median in 2015 and has decreased between 2011 and 2015 (BRFSS, 2011-2015).

Current Binge Drinking Among Adults

The percentage of Idaho adults reporting past 30-day binge drinking was lower than the national median in 2015 and has decreased between 2011 and 2015 (BRFSS, 2011-2015).

Heavy Drinking Among Adults

The percentage of Idaho adults that met criteria for heavy drinking was lower than the national median in 2015 and has decreased between 2011 and 2015 (BRFSS, 2011-2015).

Apparent Per Capita Consumption of Distilled Spirits

The gallons of distilled spirits sold in Idaho per capita was lower than the national average in 2014 but has increased between 2010 and 2014 (ILD, 2010-2014).

Alcohol

Consequence

Higher Risk for Consequence:

- Men
- American Indians/Alaska Natives
- Those 18-25 and 45-74
- Those living in Public Health District 1
- Those Living in Benewah County, Lemhi County, Valley County, Camas County, Boundary County, Shoshone County, and Clark County

Alcohol Arrest Rate per 1,000 Population

The alcohol arrest rate per 1,000 population has decreased between 2011 and 2015 (NIBRS, 2011-2015).

DUI Arrest Rate per 1,000 Population

The DUI arrest rate per 1,000 population has decreased between 2011 and 2015 (NIBRS, 2011-2015).

Underage Alcohol Arrest Rate per 1,000 Population

The underage alcohol arrest rate per 1,000 population has decreased between 2011 and 2015 (NIBRS, 2011-2015).

Needing but Not Receiving Treatment for Alcohol Use in the Past Year

The percentage of Idahoans reporting needing but not receiving treatment for alcohol use in the past year was higher than the national average in 2014 but has decreased between 2009 and 2014 (NSDUH, 2009-2014).

Proportion of Primary Treatment Admissions for Alcohol

The proportion of Idahoans entering publically funded substance abuse treatment that reported that their primary substance of abuse was alcohol was lower than the national average in 2014 but has increased between 2010 and 2014 (TEDS, 2010-2014).

Impaired Driving Fatality Rate per 100,000 Population

The impaired driving fatality rate per 100,000 population in Idaho has increased between 2011 and 2015 (ITD, 2011-2015).

Alcoholic Liver Disease Mortality Rate per 100,000 Population

The alcoholic liver disease mortality rate per 100,000 population in Idaho was higher than the national average in 2015 and has increased between 2011 and 2015 (VS, 2010-2014).

Alcohol-Induced Mortality Rate per 100,000 Population

The alcohol-induced mortality rate per 100,000 population in Idaho was higher than the national average in 2015 and has increased between 2011 and 2015 (VS, 2010-2014).

Marijuana

High Risk for Consumption:

- 18-25

High Risk for Consequence:

- Clark County

Consumption

Current Marijuana Use
The percentage of Idahoans reporting past 30-day marijuana use was lower than the national average in 2014 and has decreased between 2009 and 2014 (NSDUH, 2009-2014).

Current Marijuana Use Among High School Students
The percentage of Idaho high school students reporting past 30-day marijuana use was lower than the national average in 2015 and has slightly decreased between 2011 and 2015 (YRBS, 2009-2015).

Consequence

Proportion of Primary Treatment Admissions for Marijuana
The proportion of Idahoans entering publically funded substance abuse treatment that reported that their primary substance of abuse was marijuana was higher than the national average in 2014 but has decreased significantly between 2010 and 2014 (TEDS, 2010-2014).

Marijuana Arrest Rate per 1,000 Population
The marijuana arrest rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015).

Marijuana Possession Arrest Rate per 1,000 Population
The marijuana possession arrest rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015).

Marijuana Seizure Rate per 1,000 Population
The marijuana seizure rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015).

Marijuana Trafficking Arrest Rate per 1,000 Population
The marijuana trafficking arrest rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015).

Other Drugs

Higher Risk for Consumption:

- Those 18-25

Higher Risk for Consequence:

- Those aged 18-25 and 35-54
- Individuals living in Bonneville County, Bannock County, Lemhi County, and Clark County

Consumption

Illicit Drug Use in the Past Month
The percentage of Idahoans reporting past 30-day illicit drug use was lower than the national average in 2014 and has decreased between 2009 and 2014 (NSDUH, 2009-2014).

Consequence

Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year
The percentage of Idahoans reporting needing but not receiving treatment for illicit drug use in the past year was lower than the national average in 2014 and has decreased between 2009 and 2014 (NSDUH, 2009-2014).

Drug-Induced Mortality Rate per 100,000 Population
The drug-induced mortality rate per 100,000 population in Idaho was lower than the national average in 2015 but has increased between 2011 and 2015 (VS, 2010-2014).

Total Other Drug Arrest Rate per 1,000 Population
The other drug arrest rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015).

Other Drug Possession Arrest Rate per 1,000 Population
The other drug possession arrest rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015).

Other Drug Seizure Rate per 1,000 Population
The other drug seizure rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015).

Other Drug Trafficking Arrest Rater per 1,000 Population
The other drug trafficking arrest rate per 1,000 population has increased between 2011 and 2015 (NIBRS, 2011-2015).

Tobacco

Higher Risk for Consumption

- Men
- Those living in Public Health District 2
- Those aged 45-54
- Those with a high school diploma or less
- Those who made $25,000 or less annually

Consumption

- Current Cigarette Smoking among Adults
  The percentage of Idaho adults reporting past 30-day cigarette smoking was lower than the national median in 2015 and has decreased significantly between 2011 and 2015 (BRFSS, 2011-2015).

- Frequent Cigarette Smoking Among High School Students
  The percentage of Idaho high school students reporting smoking cigarettes on 20 or more days in the past 30 days was significantly lower than the national average in 2015 and has decreased significantly between 2011 and 2015 (YRBS, 2009-2015).

- Current Smokeless Tobacco Use Among Adults
  The percentage of Idaho adults reporting current smokeless tobacco use was higher than the national median in 2015 and has increased between 2011 and 2015 (BRFSS, 2011-2015).

Limitations

Consequence Indicators

For consequence indicators such as primary treatment admissions and arrests, it is difficult to determine whether higher rates equates to negative or positive outcomes. For example, regarding treatment, a low rate of primary treatment admissions could mean that there is no great need for treatment. Conversely, it could mean that there is a great need, but limited resources are available. This is also the case with arrests. Small arrest rates could mean that the issue in that particular area is minor; however, it could also mean that the issue has remained unchecked by lack of enforcement resources. Funding may also impact agencies' abilities to garner resources toward increased treatment and enforcement, which might also impact consequence data. For these reasons, all data should be regarded as a small part of a larger, complex issue.

High Risk Populations

All the data in this report are limited by access to information. For some indicators, a great breadth of information is available by demographic and geographic variables; for others, it is not. Some information is simply not available. For example, veteran status was not reported for any of the indicators, so in this report, the SEOW cannot state that rates of consumption or consequence were significantly higher for this group, although national data may demonstrates otherwise.

Despite these, and potentially other, limitations, completing an assessment of the current landscape is the necessary first step in combatting the social and economic consequences of substance abuse in Idaho.

Appendix A. Final Scores

Construct	Indicator	Data Source	Size	Seriousness	Capacity	Final Score
Alcohol Consumption						
Current use	Percent of students in grades 9-12 reporting use of alcohol in the past 30 days	YRBS	3.0	1.8	1.8	11.8
	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	1.7	1.7	1.6	7.8
	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						
Crime	DUI arrests per 1,000	IBRS	2.0	1.4	2.6	12.6
	Alcohol related arrests per 1,000	IBRS				
	Alcohol related crashes 1,000	ITD				
	Underage alcohol related arrests per 1,000	IBRS				
Alcohol Health Outcomes	Rate of alcoholic liver disease deaths per 100,000	VS	2.3	4.1	2.0	21.0
	Rate of Alcohol Induced Death per 100,000	VS				
	Percent report alcohol as primary substance of use upon treatment entry	TEDS				
	Percent of persons aged 12 and older reporting alcohol dependence/abuse	NSDUH				
Tobacco Consumption						
Use	Percent of students in grades 9-12 that smoked cigarettes on 20 or more days in the last 30 days	YRBS	2.0	1.7	2.7	14.2
	Percent of adults 18 and older who smoke everyday	BRFSS				
	Percent of adults ever using smokeless tobacco	BRFSS				

Construct	Indicator	Data Source	Size	Seriousness	Capacity	Final Score
Prescription Drug						
Use	Nonmedical Use of Pain Relievers per 1,000	NSDUH	3.8	3.8	4.0	45.0
	Prescription drug distribution rates per 100,000 population	ARCOS				
	Number of deaths from drug induced mortality per 100,000 population	VS				
	Seizure rates per 100,000 population	IBRS				
Other Drug Consumption						
Use	Illicit drug use other than marijuana past month per 1,000	NSDUH	4.0	2.0	1.7	13.4
	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	3.7	4.5	1.6	19.8
	Adult Drug Induced Mortality per 100,000	VS				
	Percent report other drugs as substance of use upon treatment entry	TEDS				
Crime	Other drug Possession Arrests per 1,000	IBRS	1.3	1.7	2.1	9.9
	Other drug Trafficking Arrests per 100,000	IBRS				
	Other Drug Seizure per 100,000	IBRS				
Marijuana Consequences						
Use	Percent report marijuana primary substance of use upon treatment entry	TEDS	2.5	3.4	2.6	24.1
	Percent of students in grades 9-12 who used marijuana one or more times during the past 30 days	YRBS				
	Marijuana trafficking arrests per 100,000	IBRS				
	Marijuana seizures per 1,000	IBRS				