

2023 Update

IDAHO

Opioid Misuse and Overdose Prevention 2023-2028 Strategic Plan



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This document was updated August 2023

Background

Idaho Opioid Misuse and Overdose Strategic Plan

In April 2017, the Governor’s Office of Drug Policy (ODP) convened a group of stakeholders from various areas of expertise who were dedicated and committed to reducing the burden of the opioid crisis in Idaho. Their collaborative work led to the development of the “2017-2022 Idaho Opioid Misuse and Overdose Strategic Plan.” This five-year Strategic Plan identified three key goal areas that addressed the epidemic with a comprehensive, multi-sector approach to support the workgroup’s 2022 vision of:

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

The 2017-2022 Idaho Opioid Misuse & Overdose Strategic Plan Goals included:

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

Corresponding goals and objectives were developed under each of the three critical success areas, and workgroups were established to move those objectives into action. Implementation of the 2017-2022 Plan began in late 2017 with the expectation that efforts would continue through 2022, and beyond. A detailed list of workgroup accomplishments and 2017-2022 Strategic Plan outcomes can be found under Outcomes & Accomplishments on page 11 of the 2022 Update & Final Report at www.odp.idaho.gov/opioid-use-and-overdose-workgroup

During that time, Idaho experienced an initial decrease in both adult and youth opioid misuse. According to the National Survey on Drug Use and Health, past year pain reliever misuse among Idahoans aged 12 and older decreased from an estimated 59,000 in 2017 to an estimated 40,000 in 2021.¹ According to the 2017 and 2021 Statewide Reports for the Idaho Healthy Youth Survey, the number of Idaho 8-12 graders reporting they had misused a prescription drug one or more times in their lives decreased from 13.4% to 10.5%.²

Unfortunately, and despite these efforts, non-fatal and fatal overdose events continued. New challenges also began to emerge, specifically the COVID-19 pandemic and its associated stresses. These associated stresses included social isolation, job loss, and the disruption of in-person OUD/SUD treatment and recovery support services. In addition, the emergence of illicit fentanyl and illicit xylazine in

¹ [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals in Thousands](#). SAMHSA.

² [Idaho Healthy Youth Survey](#). 2021 State Report. Idaho Office of Drug Policy.

the drug supply, as well as increased methamphetamine and polysubstance use, prevented us from reaching our initial goal.

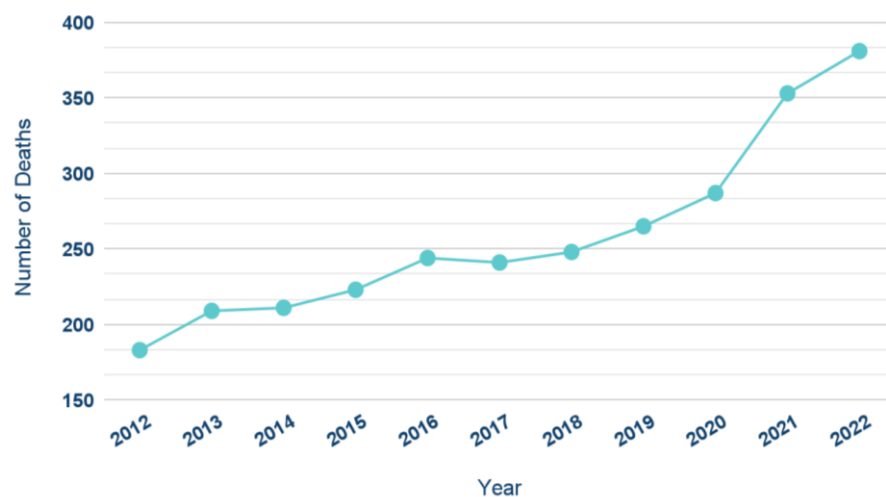
The opioid epidemic continues to change with time, requiring renewed and revised initiatives to address new challenges. In March of 2022, the process for creating an updated *Idaho Opioid Misuse & Overdose Prevention Strategic Plan for 2023-2028* began. The Plan reflects an evolving mission and vision, new priorities, goals, and objectives that will provide a blueprint for moving toward the goal of reducing overdose deaths and addressing the current state of opioid use in Idaho.

State of Opioid Use in Idaho

Drug overdose deaths in the United States continue to escalate, with overdose deaths from opioids increasing fourfold between 1999-2020.³ The COVID-19 pandemic further escalated the opioid crisis, with a reported 109,593 Americans dying from a drug overdose during the 12-month period ending January 2023, a nearly 50% increase from January 2020.⁴ While rapid increases of drug overdose deaths occurred from 2019-2021, preliminary data from 2022 and early 2023 has shown a continued flattening of drug overdose deaths, though these early findings could be a result of incomplete data.

Like the rest of the country, Idaho is struggling with the opioid epidemic and has seen an increasing number of drug overdose deaths (Figure 1).⁵ Between 2017-2022, a total of 1,775 Idaho residents died from a drug overdose.⁵ Data available for 2022 predicts that we lost an additional 381 Idahoans to overdose-related deaths that year, a nearly 33% increase from October 2020.⁶

Figure 1: Drug Overdose Deaths in Idaho 2012 - 2022



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

⁴ [Provisional Drug Overdose Death Counts by Drug or Drug Class](#). 2023. Vital Statistics Rapid Release. NCHS, CDC

⁵ [Facts, Figures, & Trends Annual Report](#). 2022-2023. Idaho Department of Health & Welfare.

⁶ [Idaho Drug Overdose Data Dashboard](#). 2022. IDHW Drug Overdose Prevention Program.

From 2018 to 2022, opioids were involved in 934 reported drug overdose-related deaths across Idaho. This number may be significantly underestimated as toxicology tests were often unavailable or non-specific.⁵ Idahoans aged 25-34 and 35-44 had the highest drug overdose death rate by age group, accounting for nearly 28% of overdose-related deaths between 2017-2021. However, that age group is followed closely by residents aged 45-54, which accounted for 25%, and then those aged 55-64, which accounted for over 23%.⁵

Adult and Youth Opioid Misuse - Results from the most recent Idaho Youth Risk Behavior Survey, completed in 2021, found nearly 19% of high school seniors, and nearly 14% of all Idaho high school students, reported misusing a prescription medication one or more times in their life.⁷ Outcomes from the 2021 Idaho Healthy Youth Survey found that, while a majority of Idaho middle and high school students (grades 8-12) did not misuse prescription drugs, of those that did: 72% misused pain relievers, 33% misused depressants, and 33% misused stimulants. Furthermore, of the students (grades 8-12) that did misuse a prescription, 45% reported that they misused their own prescription while 61% reported that they had either purchased, stolen, or were given the medication from a family member or friend. The majority (73%) reported that they had misused the medication in their own home.²

Opioid Prescriptions - In the ten-year period between 2006-2016, the retail distribution of oxycodone by pharmacies, hospitals, and practitioners increased by 35% - from 13,000 grams per 100,000 population to over 17,500 grams nationwide.^{8,9} In Idaho, the total grams of oxycodone distributed per 100,000 residents increased by nearly 83% during that same time period.^{7,8} However, retail distribution has decreased annually since 2016, falling by nearly 38% to 9,426 grams per 100,000 population in 2022.¹⁰ According to the Idaho Board of Pharmacy, the number of opioid prescriptions per 100 residents decreased from 92 in 2015 to 64 in 2022. Yet, a total of 1,130,638 opioid prescriptions were still dispensed in 2022.¹¹

Opioid-Related Emergency Department Visits - Trend data from the IDHW Drug Overdose Prevention Program (DOPP), Drug Overdose Data Dashboard shows that opioid overdose emergency department visits increased by 27% between 2020-2021, and cumulative visits totaled 2,247 between January 2020-May 2022.⁶

⁷ [Idaho Youth Risk Behavior Survey](#). 2021 State Report. Idaho State Department of Education.

⁸ [Automated Reports and Consolidated Ordering System \(ARCOS\) Retail Drug Summary Reports](#). Cumulative Distribution by State Per 100K Population. 2006. Drug Enforcement Administration (DEA).

⁹ [ARCOS Retail Drug Summary Reports, Quarterly Distribution by State Per 100K Population](#). 2016. DEA.

¹⁰ [ARCOS Retail Drug Summary Reports](#). Cumulative Distribution by State Per 100K Population. 2022. DEA

¹¹ [Idaho Prescription Drug Monitoring Program Data Dashboard](#). Idaho State Board of Pharmacy

Additional Substance Misuse and Overdose Trends

Fentanyl - Fentanyl is a synthetic opioid that is 50-100 times stronger than morphine. Pharmaceutical fentanyl was developed for severe pain management and prescribed in the form of transdermal patches or lozenges. While prescription fentanyl can be diverted for misuse, most cases of fentanyl-related overdoses in the U.S. are linked to illegally made fentanyl that is sold through illicit drug markets for its heroin-like effect.¹²

In 2020, there were more than 56,000 synthetic opioid-related deaths nationwide, more than any other type of opioid. Synthetic opioid-involved death rates increased by over 56% from 2019-2020 and accounted for over 82% of all opioid-involved deaths in 2020. The rate of overdose deaths involving synthetic opioids was more than 18 times higher in 2020 than in 2013. CDC reports indicate that increases in synthetic opioid-involved deaths are being driven by increases in fentanyl-involved overdose deaths, and the source of the fentanyl is more likely to be illicitly manufactured than pharmaceutical.¹³

Illegal fentanyl is commonly distributed through counterfeit prescription medication. According to the Drug Enforcement Administration (DEA), 40% of all counterfeit pills in circulation contain fatal amounts of fentanyl. In 2022, the Oregon-Idaho High Intensity Drug Trafficking Area (OR-ID HIDTA) seized over 3 million counterfeit pills, a 100% increase from 2021. Seizure of larger amounts of fentanyl in powder and pill forms continued in Idaho during 2022.¹⁴

Fentanyl has overtaken methamphetamine as the primary drug threat in Idaho, seized by law enforcement agencies in counterfeit pills and increasingly in powder form. Fentanyl and fentanyl analogs are increasingly found in drug samples submitted by law enforcement agencies to state and federal crime labs for analysis.

The emergence of fentanyl in Idaho's drug supply specifically in the form of counterfeit prescription pills, presents new and concerning challenges. These pills are often indistinguishable from pharmacy dispensed prescription pills, which creates a false sense of acceptability and leads to a dramatic rise in Fentanyl poisoning and fatal overdoses, especially among our teens and young adults.

Methamphetamine - Methamphetamine remains a constant and significant threat in Idaho with continued high availability, high purity, and low prices driving demand. Nationally, in the five-year period between 2017-2022, reported drug overdose-related deaths involving psychostimulants with abuse potential (primarily methamphetamine) increased by 320%.¹ Mortality Annual Reports for 2018-2022 from IDHW show that drug-overdose deaths involving psychostimulants with

¹² [Opioid Basics: Fentanyl](#). 2022. CDC.

¹³ [Synthetic Opioid Overdose Data](#). 2022. CDC.

¹⁴ [Annual Report 2022](#). Oregon-Idaho High Intensity Drug Trafficking Area.

abuse potential (such as methamphetamine) increased by nearly 96% between 2018-2022. Furthermore, of the 381 drug overdose deaths in 2022, 133 were reported to specifically involve methamphetamine - making it the second most frequently involved substance in drug overdose deaths in Idaho.^{15 16}

Xylazine - Xylazine is a non-opioid veterinary sedative and analgesic that has been increasingly misused to enhance the effects of opioids and is often used as an adulterant or cutting agent in illegal opioid substances. This practice poses significant health risks to individuals who consume xylazine-laced opioids, as Xylazine can lead to respiratory depression caused by dangerous levels of oxygen entering the body. While Xylazine is not currently a controlled substance, combining it with fentanyl exacerbates the life-saving measures associated with naloxone administration which is used to reverse opioid overdoses.¹⁷

While the prevalence of Xylazine in Idaho overdose events and overdose deaths is currently unknown, community treatment and recovery providers are self-reporting its use, and drug testing results are beginning to show recurring positives for the substance, typically in combination with fentanyl. From January 2019 to June 2022 there was a 276% surge in deaths related to illicitly manufactured fentanyl (IMF) with xylazine detected across 21 US jurisdictions.¹⁸

Heroin - Nationally the rate of drug overdose deaths involving heroin is falling - decreasing provisionally by 63% between 2018-2023.⁴ In Idaho, drug overdose deaths involving heroin decreased by 67% between 2018-2022.^{15, 16} In Idaho, Heroin availability and seizures have significantly decreased during the past year as the demand for and availability of fentanyl rises among opioid-dependent users and the opioid naïve.

Drug & Alcohol Arrests - Numbers from the Idaho State Police Crime in Idaho Data Dashboard show arrest rates for methamphetamine and heroin increased by 187% and 134% respectively during the 10-year period between 2012-2022.¹⁹

Emergency Department Visits - Trend data from the DOPP Idaho Drug Overdose Data Dashboard show that cumulative stimulant and heroin overdose emergency department visits totaled 544 and 359 respectively between January 2020-May 2022.⁶

¹⁵ [Mortality Annual Report. 2018](#). Idaho Vital Statistics, Idaho Department of Health & Welfare.

¹⁶ Mortality Annual Report. 2022. Idaho Vital Statistics, Idaho Department of Health & Welfare

¹⁷ [Xylazine](#). National Institute on Drug Abuse. 2023.

¹⁸ [Illicitly Manufactured Fentanyl-Involved Overdose Death with Detected Xylazine – United States, January 2019 - June 2022](#). MMWR Morb Mortal Wkly Rep. CDC. 2023.

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

Planning Process

The Idaho Office of Drug Policy (ODP) embarked on a robust strategic planning process aimed at charting a clear and effective path forward. Over the period of one year, ODP engaged in monthly collaboration with a steering committee, followed by the formation of workgroups to implement key impact areas. The below summary provides an overview of the planning process.

Steering Committee Formation

- ODP assembled a diverse and knowledgeable group of stakeholders from across Idaho to form the steering committee.
- The steering committee consisted of individuals with expertise in different areas relevant to our goals and objectives.

Monthly Meetings and Collaboration

- Throughout the planning process, the steering committee met monthly to discuss data trends, develop the future picture for reduced opioid use in Idaho, and identify key impact areas and associated activities.
- These meetings fostered open dialogue, allowing for the exchange of ideas, perspectives, and experiences.

Visioning and Goal Setting

- Building upon the data analysis, the steering committee actively participated in visioning exercises to convey Idaho's future.
- Through a collaborative process, the group defined strategic goals that aligned with the decided vision.

Workgroup Formation

- With the strategic goals identified, the steering committee transitioned into the next phase of the process by convening workgroups at a statewide Strategic Summit on May 9th and 10th, 2023.
- These workgroups were formed to focus on key impact areas related to the strategic goals, allowing for more targeted and actionable planning.
- Workgroup members were referred by the steering committee members.²⁰

Development of Action Plans

- The workgroups were tasked with developing detailed action plans, timelines, and key performance indicators (KPIs) for each strategic goal.
- Each workgroup consisted of subject matter experts and individuals with relevant experience in the respective areas of focus.

Ongoing Collaboration and Monitoring

- Throughout the implementation phase, the steering committee and workgroup leads will convene on a quarterly basis to report progress on action plans and key performance indicators and collaborate on any challenges that arise.

²⁰ A detailed list of steering committee and workgroup members can be found in the Appendix.

- The group will meet annually to review and update the strategic plan to optimize relevance and effectiveness.

Evaluation and Feedback

- The strategic planning process will incorporate mechanisms for gathering feedback from stakeholders and evaluating the overall effectiveness of the implemented strategies.
- Feedback will be used to refine and enhance the ongoing strategic initiatives.

The strategic planning process involved a comprehensive approach that spanned one year and included active engagement with a steering committee and the subsequent formation of workgroups. By leveraging the expertise and perspectives of diverse stakeholders, we developed a clear vision, set strategic goals, and established action plans to drive Idaho forward. The ongoing collaboration and monitoring of progress will ensure the successful execution of these strategic initiatives and the achievement of these objectives.



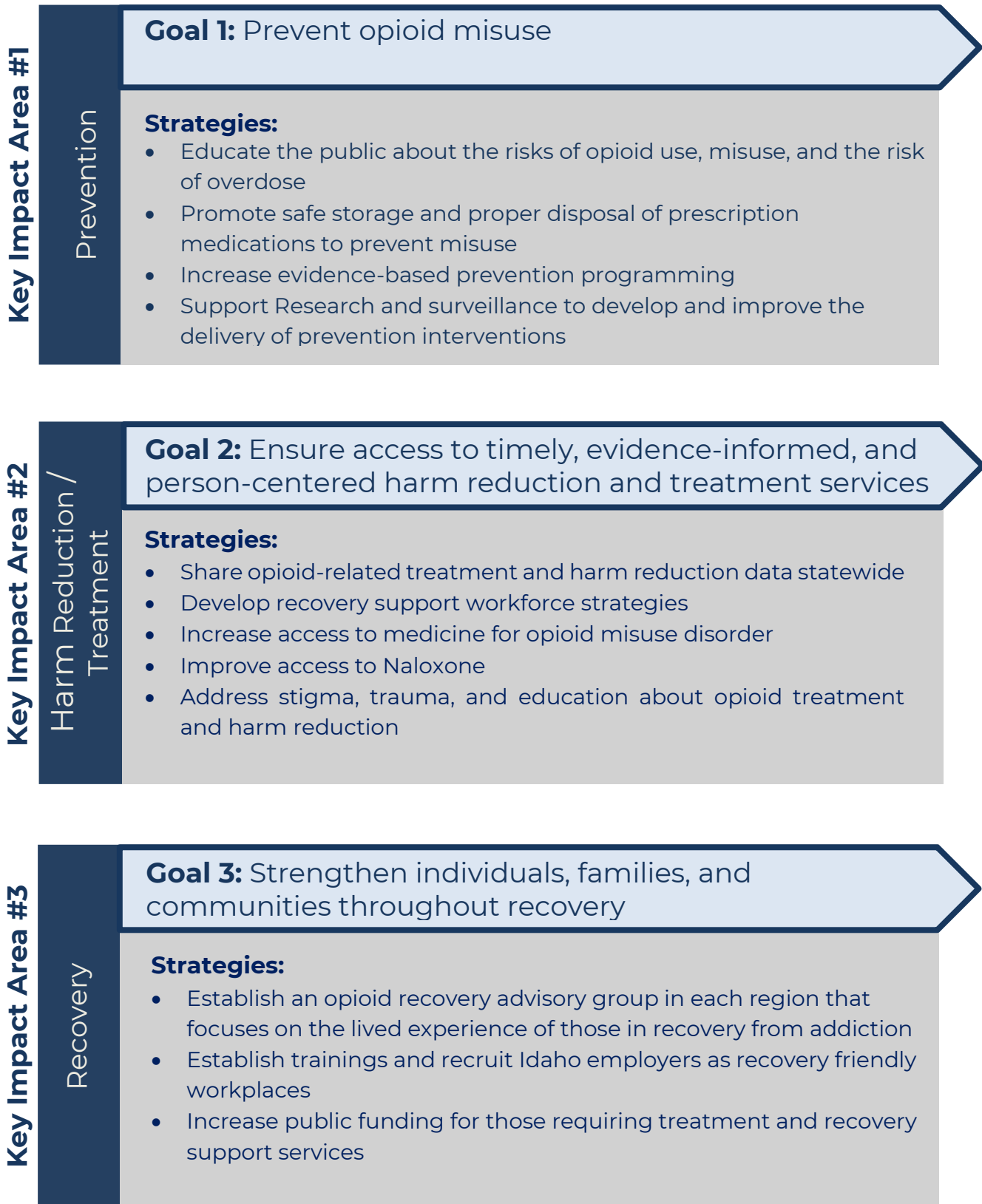
Idaho's 5-Year Vision (2028)

“An Idaho that cares for those impacted by opioids.”

Goals, Strategies, and Objectives

This section outlines the goals and strategies of the strategic plan. Goals are broad, long-term objectives intended to align actions and resources toward a shared desired outcome. Strategies define the approach designed to achieve specific goals or objectives (Figure 2). Objectives provide clear direction and serve as a measurable target to guide efforts and effectively assess success. Measurement data is translated into intelligence that informs progress toward achieving the goals and guides any course adjustments needed to maximize success at reaching the vision. Objectives and measurement data are linked to each strategy and can be found in the [linked Google sheet](#).

Figure 2: Goals and Objectives



Action Plans

Action Plans translate strategies into concrete tasks, and have been developed for each goal in the Strategic Plan. These will serve as the primary implementation tool to ensure the Strategic Plan is executed on time and as intended. The action plans describe the tasks, due dates, and individuals involved in carrying out each activity, and will be updated annually, as needed. Each workgroup will ensure the Action Plans listed below correspond to goals, objectives, and strategies. Each Action Plan includes the following information:

1. Summary of strategies and objectives for each strategic goal
2. A list of workgroup members and affiliation
3. An action plan for each strategy that includes:
 - a. Detailed task to be accomplished
 - b. Task Assignment
 - c. Due Date
 - d. Status Notes

Action plans are updated annually.

1. [Prevention Action Plan](#)
2. [Treatment & Harm Reduction Action Plan](#)
3. [Recovery Action Plan](#)

Appendices

Appendix 1: Dashboard

This dashboard is a tool to document quarterly and annual progress updates to the Strategic Plan. Progress is indicated according to action plans that correspond with each strategy and define implementation steps, schedule, and responsible parties. The linked version of the dashboard below represents the overview of year 1 progress on the Strategic Plan and accompanying performance measures. The full dashboard can be [viewed at this linked Google Sheet](#).

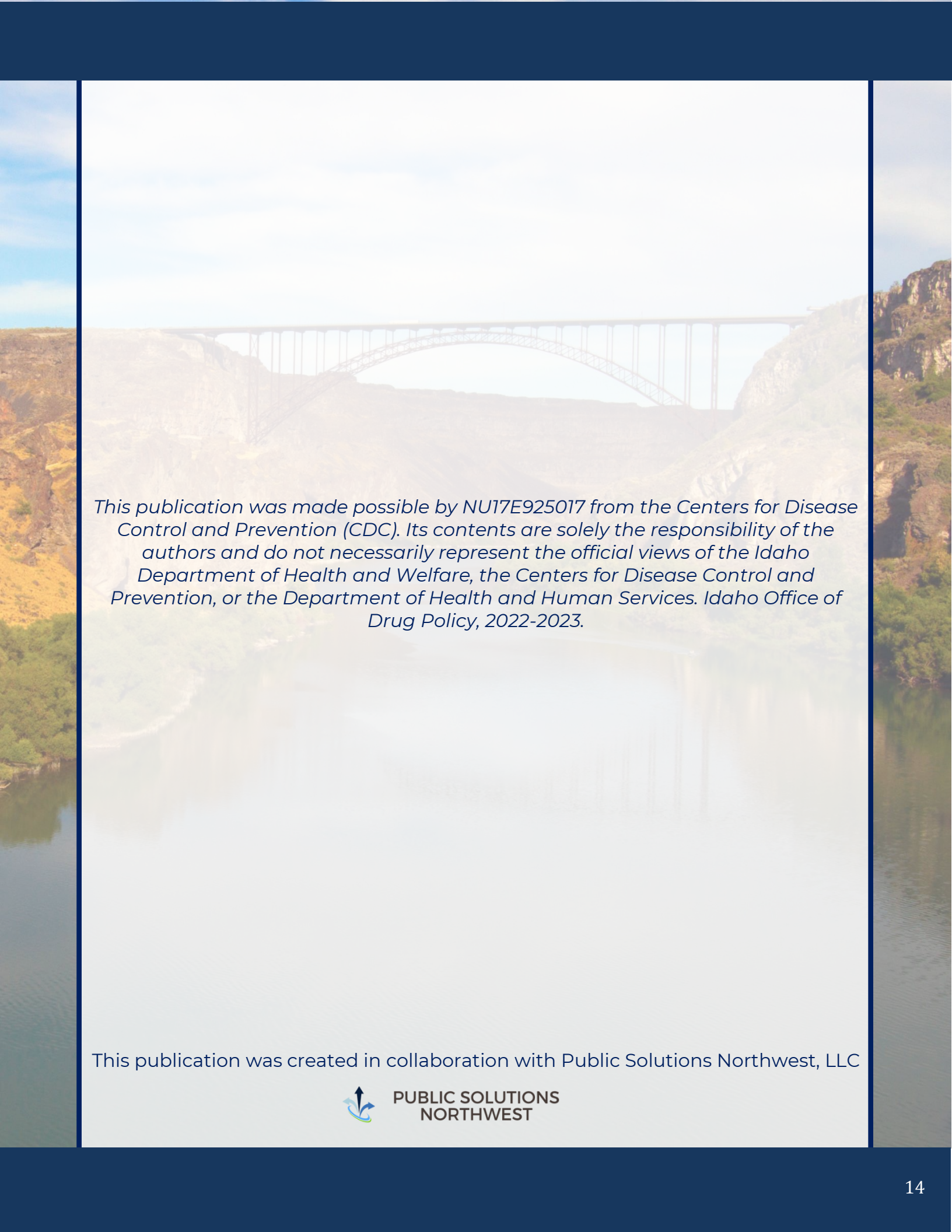
Appendix 2: Workgroup Participants

Year 1: May 2023 - August 2023

First Name	Organization	Key Impact Area
Mallory Johnson	Eastern Idaho Public Health	Prevention
Michael Mudgett	Northwest Portland Area Indian Health Board	Prevention
Chessie Meyer	Southeastern Idaho Public Health	Prevention
Jessie Dexter	ODP	Prevention
Marianne King	ODP	Prevention
Destinie Triplett	ODP	Prevention
Morgan Anderson	Southeastern Idaho Public Health	Prevention
Alayna Hallmark	Southeastern Idaho Public Health	Prevention
Pam Eaton	Idaho State Pharmacy Assn Idaho Retailers Assn	Prevention
Tara Woodward	Southwest District Health	Prevention
Tyler Cowart	Nimiipuu Health	Prevention
Natalie Bodine	Idaho Department of Health and Welfare, DOPP	Prevention
Taylor Bybee	South Central Public Health	Prevention
Tom Hogan	Boise Veterans Medical Center	Treatment & Harm Reduction
Cate Heil / Magni Hamso	Idaho Department of Health & Welfare, Medicaid	Treatment & Harm Reduction
Sarah Buchanan	Idaho Department of Health and Welfare, DOPP	Treatment & Harm Reduction
Ike Oguejiofor	Terry Reilly Health Services	Treatment & Harm Reduction
Sasheena Williams	Nimiipuu Health Clinic	Treatment & Harm Reduction
Janice Jordan	Marimn Health	Treatment & Harm Reduction
Karen Hendren	Nimiipuu Nez Perce Tribe	Treatment & Harm Reduction
Jessica Leston	Northwest Portland Area Indian Health Board	Treatment & Harm Reduction
Brenden Yoshino	Central District Health	Treatment & Harm Reduction
Melanie Chroninger	Southwest District Health	Treatment & Harm Reduction
Kaila Harris	Panhandle Health District	Treatment & Harm Reduction

First Name	Organization	Key Impact Area
Darell Keim	Latah Recovery Center	Recovery
Mark Babson	Ada County Paramedics	Recovery
Angie Delio	Marimn Health	Recovery
Donna Honena	Shoshone-Bannock Tribes, Cedar House Mental Wellness & Recovery Services	Recovery
Fred Martin	DHW	Recovery
Scott Bandy	Ada County PA	Recovery
Stephanie Alvarez	National Guard	Recovery
Kristen Raese	Idaho Department of Health and Welfare, DOPP	Recovery
Sheila Weaver	Boise State University	Recovery
Lucy Debisschop	Boise State University	Recovery
Norma Jaeger	Recovery Idaho	Recovery
Nancy Espeseth	Center for Hope	Recovery

*Names Listed in bold serve in workgroups and the steering committee. A full list of steering committee members can be found [here](#).



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