IDAHO

Substance Misuse Prevention Needs Assessment 2024

Table of Contents

Author: Grace Peck

Executive Summary

The Idaho Office of Drug Policy's 2024 Needs Assessment is designed to provide an overview of the substance use and mental health landscape across the state of Idaho. Drawing upon the latest data and literature, this report focuses on a variety of substance use indicators, selected with guidance from the Idaho State Epidemiological Workgroup (SEOW). The key substances addressed in this report include alcohol, marijuana, prescription drugs, opioids, and methamphetamine. Various mental health indicators such as the prevalence of suicidal ideation and suicide attempt, as well as substance use disorder indicators, are included where data is available. Additionally, national comparisons are incorporated where possible to provide context for Idaho's substance use trends.

Data utilized in this report is derived from a variety of diverse sources, each possessing unique characteristics such as data collection methods, reporting frequency, level of data availability, and target population. Additionally, some data has been collected by national agencies, while others originated from state agencies. Due to the wide variety of data collection methods, this report is organized by data source, not by substance use or mental health indicator.

Key Findings

Increase in number of overdose deaths in Idaho from 2021 to 2022.

- In 2022, Idaho's Bureau of Vital Records reported that 381 Idahoans died from drug-related overdoses compared to 353 in the previous year.
- In the same year, 188 of the 381 reported overdose deaths (approximately 50%) involved fentanyl, making it the most frequently cited substance related to overdose fatalities.
- 2020/2021 averages from the Alcohol-Related Disease Impact (ARDI) application indicate that 986 Idahoans died each year from alcohol-related causes, a 41% increase from 2015-2019 averages.

Percent of Idaho adolescents aged 12-17 that report misusing opioids in the past year, a rate higher than the national average of 1.9%.

- National Survey on Drug Use and Health (NSDUH) data shows that in 2021/2022, Idaho adolescents (12-17) reported higher past-year marijuana use rates than the national average, 11.8% versus 11.2%.
- According to NSDUH, 5.1% of Idaho adolescents (12-17) reported at least one suicide attempt in the previous year.
- In the 2021 Idaho Healthy Youth Survey (IHYS), females in grades 6,8,10, and 12 showed a 30-day alcohol use rate of 10.7%, higher than males at 8.6%. Those identified as "other" had the highest rate at 15.3%.

Key Findings Continued

18.8%

Percentage of young adults aged 18-25 in Idaho with a drug use disorder.

- NSDUH reporting indicates that in 2021/2022, 33.8% of Idaho's young adults (18-25) reported past-year marijuana use, a rate lower than the national average of 37.3%.
- During that same time, NSDUH data indicates that young adults (18-25) in Idaho reported higher rates of serious mental illness, major depressive episodes, serious thoughts of suicide, and suicide attempts than national averages.
    - Serious Mental Illness: ID-13.5%, US-11.6%
    - Major Depressive Episodes: ID-23.2%, US-20.1%
    - Serious Thoughts of Suicide: ID-16.6%, US-13.6%
    - Suicide Attempt: ID-2.5%, US-2.1%
- Idaho's young adult population (18-25) reported the highest rates of alcohol use disorder and drug use disorder among all age groups, exceeding national averages (NSDUH).
    - Alcohol Use Disorder: ID-18.9%, US-16.4%
    - Drug Use Disorder: ID-18.8%, US-18.6%

3.7%

Rate of Idahoans aged 26 and above who report using illicit substances other than marijuana in past month.

- According to NSDUH, Idaho's population aged 26 and older reported the highest rates of past-year opioid misuse at 3.1%.
- Behavioral Risk Factor Surveillance System (BRFSS) data shows a decrease in prescription opioid misuse among Idaho's adult males (18+) from 2018 to 2021. However, among females, there has been an increase from 0.6% to 1.1% in non-prescribed opioid use and from 0.6% to 2.7% in prescribed opioid use during the same period.
- BRFSS data indicates that heavy drinking rates among adult females (18+) in Idaho have increased from 5.9% in 2018 to 7.1% in 2021, now aligning closely with their adult male counterparts' rate of 7.2%.
- According to BRFSS data, 30-day marijuana use has risen from 2015 to 2021 for both adult males and females in Idaho (18+), with rates reaching 10.7% for males and 7% for females.
- Data from NSDUH indicate that Idaho's older adult population aged 26 and above reported higher rates of illicit drug use compared to the national average, at 3.7% and 3.4% respectively.

National & State-Level Overview

Population Stability:

According to the 2020 U.S. Census, Idaho has the second-fastest population growth rate in the nation (17.3%), second only to Utah (18.4%). However, Idaho's population of 22 people per square mile remains much lower than the national average of 94. The state's two-year population growth estimate was recorded to be 5.4% in 2022, while the nation experienced a much lower rate of .6%.[1] This rapid growth is in large part due to state-to-state migration. State-to-state mobility mapping from the 2021 American Community Survey indicates that a majority of Idaho's new residents are relocating from surrounding states, with the four states contributing to the most migratory residents being California (27,193), Washington (20,131), Oregon (5,707), and Utah (4,470).[2,3]

Economic Health:

The Bureau of Labor Statistics unemployment averages for 2022 report Idaho's unemployment rate to be approximately 2.8%, a lower rate than the national average of 3.6%.[4] Idaho's median household income in this same year was $70,214, which remains lower than the nation's $75,149. Although median household income lags behind national averages, the state's poverty rate of 10.7% remains below the national average (11.5%).[5]

Education:

In 2021, The National Assessment of Educational Progress, a nationwide K-12 student achievement assessment, gave Idaho an overall ranking of 40th with a grade of C (73.3/100).[6] Although this indicates room for improvement, no states earned an A grade during this year and only three received B grades. As of 2020, the percentage of individuals aged 25 and older with advanced degrees in Idaho (29.1%) falls below the national average (35.6%), a trend that has persisted for years.[1]

Mental Health:

Idaho consistently shows low performance on indicators of mental well-being when compared to other states. The 2021/2022 NSDUH data showed that Idaho's adult population aged 18 and above had experienced a serious mental illness in the past year at a rate higher than the national average: 6.6% compared to 5.9%.[8] The CDC reported that the national suicide rate per 100,000 residents was 14.1 in 2021. Idaho exceeds these rates by approximately 37%, reporting 20.5 suicides per 100,000 residents in that same year.[7]

---

[1] Quick Facts: Idaho; United States, U.S. Census Bureau, 2020.
[2] Margin of error based on 90% confidence intervals: California (+/- 6,571), Washington (+/-4,058), Oregon (+/- 2,103), Utah (+/-1296)
[3] State-to-State Migration Flows, American Community Survey 1-Year Estimates, 2021.
[4] Unemployment Rates, U.S. Bureau of Labor Statistics, 2022.
[5] Social, Economic, Housing and Demographics Data Profiles, American Community Survey 5-year Data Profile, 2018-2022.
[6] Nationwide Student Achievement Rankings, Idaho State Department of Education, 2021.
[7] Suicide Mortality by State, Center for Disease Control and Prevention, 2021.

Alcohol:

Idaho's prevalence of alcohol use disorders (AUD) among individuals aged 12 and above of 11% is very similar to the national average of 10.5%.[8] However, prevalence appears to be greatest among the 18-25 age group, with an estimated AUD rate of nearly 19%, a rate higher than the national average of 16%. This places Idaho among the top 10 states with the highest AUD prevalence in this age group. However, the rate of Idahoans aged 12 and above who have used alcohol in the past month (44%) is lower than the national average (48%).[9]

Marijuana:

Marijuana has been legalized either medicinally, recreationally, or both in all but four states: Idaho, Wyoming, Kansas, and South Carolina. Rates of marijuana usage in Idaho and around the U.S. have steadily increased in past years due to its growing popularity and increased availability in surrounding states. In 2021, it was reported that 15.3% of Idaho's population aged 12 and above had used marijuana in the past year, which continues to be less than the national average of 18.7%.[9]

Opioids & Fentanyl:

According to the CDC, in 2022, the age-adjusted rate of drug overdose deaths involving synthetic opioids other than methadone, which includes fentanyl, increased to 22.7 per 100,000 from 21.8 in the previous year.[10] CDC reports indicate that increases in synthetic opioid-involved deaths are being driven by increases in fentanyl-related overdose deaths, and the source of the fentanyl is more likely to be illicitly manufactured than pharmaceutical.[11]

In 2022, Idaho State lost 270 persons to opioid overdose, marking a 1.2% increase from the previous year.[12] As fentanyl, a synthetic opioid with 50-100 times the potency of morphine, increases in popularity and prevalence, deaths associated with its use have risen drastically. In 2020, the Idaho Department of Health and Welfare recorded 23 fentanyl-related deaths, and in 2022, the number rose to 188, indicating a staggering 717% increase.[10]

Fentanyl has overtaken methamphetamine as the primary drug threat in Idaho. Fentanyl is seized by law enforcement agencies most often in counterfeit pill and powder form. In 2023, the Oregon-Idaho High Intensity Drug Trafficking Area (OR-ID-HIDTA) seized over 220,000 counterfeit pills and 3.4 kilograms of powdered fentanyl. This marks an increase of 190% in pill seizures and a decline of 77% in kilograms of powder seized.[13]

Methamphetamine & Other Drugs:

Methamphetamine remains a constant and significant threat in Idaho, with continued high availability, high purity, and low prices driving demand. Of the 381 drug overdose

[8] Interactive NSDUH State Estimates Map.
[9] National Survey on Drug Use and Health: Model-Based Prevalence Estimates. 2021-2022.
[10] Drug Overdose Deaths in the United States, 2002-2022, March 2024, NCHS data brief No. 491.
[11] Synthetic Opioid Overdose Data, CDC, 2022.
[12] Idaho Drug Overdose Data Dashboard, Idaho Department of Health & Welfare, 2022.
[13] Annual State Report, Oregon-Idaho High Intensity Drug Trafficking Area, 2023.

deaths in 2022, 133 were reported to involve methamphetamine, making it the second most frequently involved substance in drug overdose deaths in Idaho.[14] In 2023, OR-ID-HITDA seized approximately 143 kilograms of methamphetamine, marking an increase of 222% from the previous year. From 2022 to 2023, Idaho's heroin seizures have declined by 90% as the demand for and availability of fentanyl rises among opioid-dependent users and the opioid naïve. In alignment with this decline in heroin seizures across the state, overdose deaths involving heroin decreased by 67% between 2018-2022.[14,15]

Overdose Deaths:

Drug overdose deaths in the United States continue to escalate, with overdose deaths from opioids increasing fourfold between 1999-2020.[16] Similarly, Idaho has seen an increasing number of drug overdose deaths. Between 2012 and 2022, 2,845 Idaho residents died from a drug overdose.[17] According to the CDC, the 2022 Idaho age-adjusted rate for drug-induced mortality was 19.6 per 100,000 population compared to the national rate of 32.6.[18] While Idaho's overdose deaths per 100,000 remain lower than the national average, the rate of overdose deaths across the state have increased by approximately 40% from 2018 to 2022 based on this same age-adjusted metric. Idahoans aged 25-54 had the highest drug overdose death rate by age group, accounting for almost 68% of overdose-related deaths in 2022.[17]

Prevention Programs:

In SFY2022, The Idaho Office of Drug Policy (ODP) administered two federal grants to help Idaho communities identify, implement, and sustain evidence-based substance misuse prevention programs: the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) and the Strategic Prevention Framework Partnership for Success (SPF PFS) Grant. Additionally, ODP managed funds from two pandemic relief programs: the COVID-19 Response & Relief Supplemental Appropriations and the American Rescue Plan Act (ARPA) to assist eligible entities in preparing for and responding to the coronavirus. Approximately $4,675,000 in funding was awarded to 65 community-based programs through these grants. In the fall of 2023, ODP published a resource dashboard with the purpose of providing key information on available substance misuse prevention programs and activities across the state. While the dashboard offers valuable insight into the prevention landscape across Idaho, it is not exhaustive. Table 1 presents a brief overview of the number of services accessible in each health district as documented in the dashboard. For more detail on these services, please visit prevention.odp.idaho.gov.

Table 1:

District	***D1***	***D2***	***D3***	***D4***	***D5***	***D6***	***D7***
Number of Services	51	80	70	55	79	75	77

[14] Idaho Vital Statistics, Mortality Annual Report, Idaho Department of Health & Welfare, 2022.
[15] Idaho Vital Statistics, Mortality Annual Report, Idaho Department of Health & Welfare, 2018.
[16] Drug Overdose Deaths in the United States, 1999-2020. National Center for Health Statistics (NCHS), CDC.
[17] Facts, Figures, & Trends Annual Report, Idaho Department of Health & Welfare, 2022-2023.
[18] Drug Overdose Deaths in the United States, NCHS Data Brief No. 491, 2022-2022.

Report Overview

Expected Use:

This report intends to provide a high-level view of the substance misuse and mental health landscape across the state of Idaho. The report utilizes the most current and up-to-date data on a variety of substance use indicators, selected with guidance from the Idaho State Epidemiological Workgroup (SEOW.) While certain data sources provide information suitable for assessing statistical significance, it should be noted that this report should not be used to establish direct correlation and/or causation between indicators.

Instead, it is recommended to refer to published research on the relationships between specific indicators of interest, such as suicidal ideation and substance use. To enhance nuance and overall insight, this report incorporates research of this type where applicable. However, it is strongly encouraged that readers seek out the latest research on the constructs and indicators most relevant to the communities they serve.

Report Format:

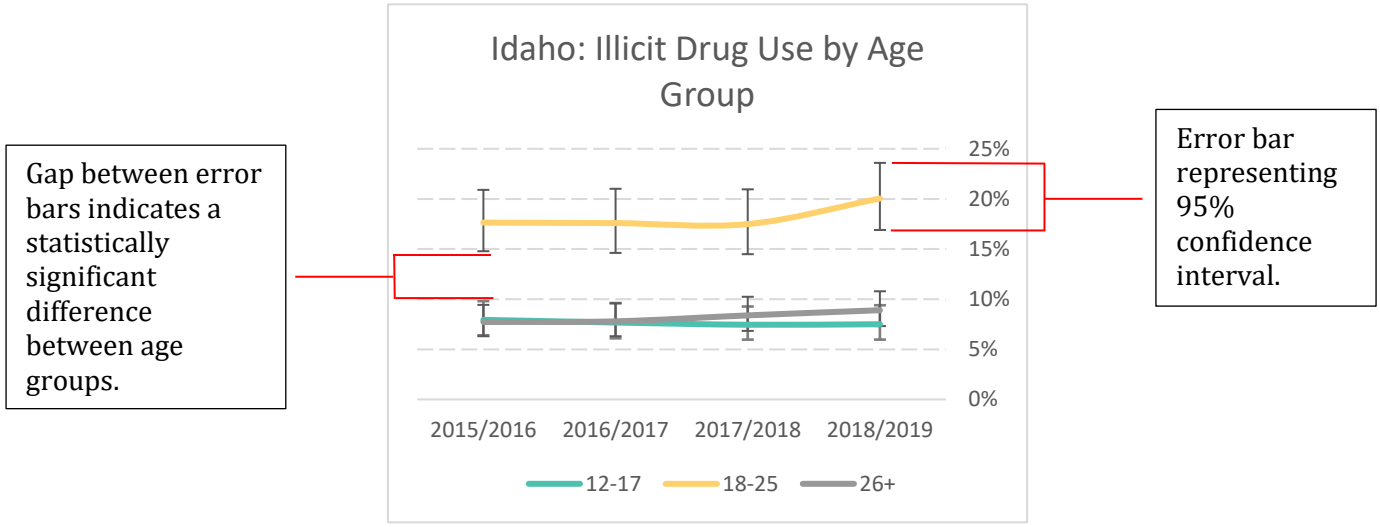
This report is first organized by data source. It begins with selected demographics for each health district. It is followed by trend data from three surveys: The National Survey on Drug Use and Health (NSDUH), the Idaho Healthy Youth Survey (IHYS), and the Behavioral Risk Factor Surveillance System (BRFSS). The report concludes by providing the latest data on alcohol and drug-related fatalities across the state, along with a discussion on the fourth wave of the opioid crisis and the emerging trends in overdoses in Idaho and across the nation. Supplemental information such as data resources, helpful definitions, and a comprehensive list of indicators is provided in the appendix.

Reading Error Bars:

Error bars are present throughout the graphics in this report. These error bars visually represent the confidence interval reported for a given data point, i.e., a population estimate. Confidence intervals represent a range around the data point (the population estimate) likely to contain the true value within a 95% confidence level. When the error bars of subpopulations do not intersect, it is reasonable to conclude that a statistical difference exists between the two populations.[19] This principle also applies over time; if the error bars of a certain time period do not overlap with those of another, it is reasonable to conclude that there is a significant difference between the two time periods.

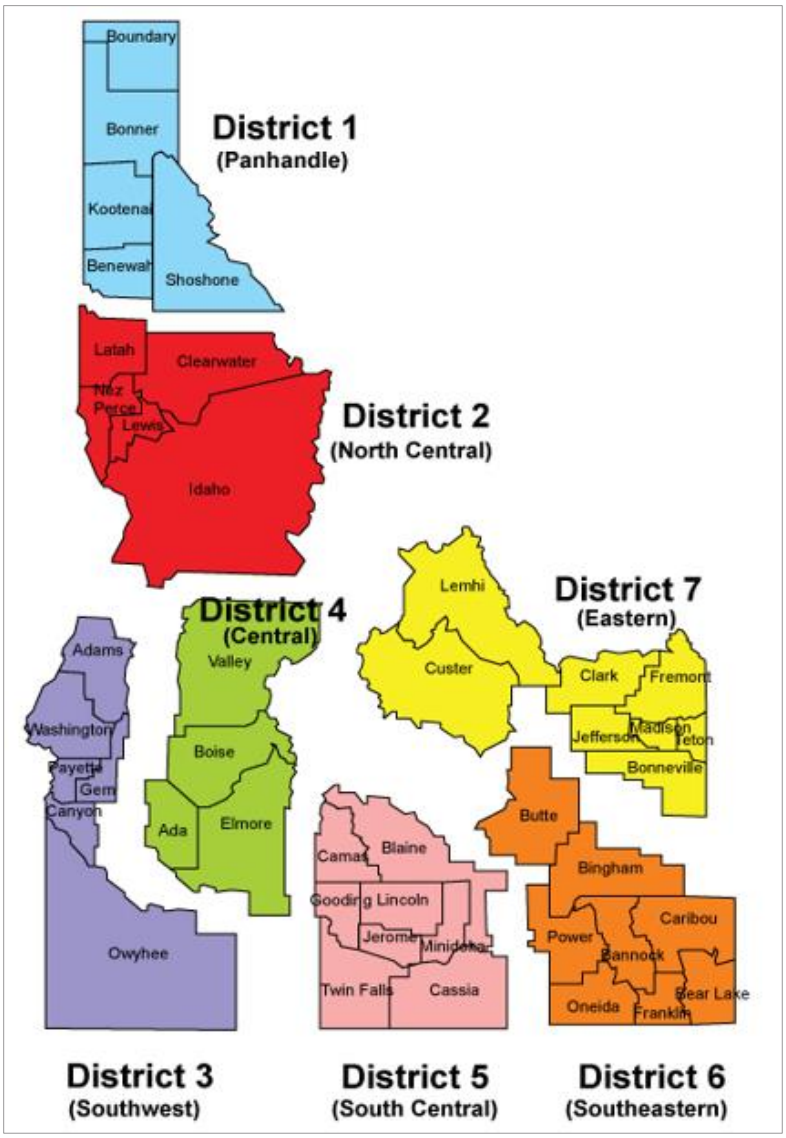
[19] Often, the term "significant" is applied when rates differ between populations, even if the difference is not statistically significant. In the context of this report, when something is described as significant, it implies statistical significance, not merely a greater amount and/or rate of prevalence. Where you encounter the term "significant" in this report, it should be understood as indicating statistical significance.

Example:



Health District Map:

Where possible, this report provides a breakdown of data by health district. The following map illustrates the distribution of Idaho's 44 counties across the seven health districts.



Data Source Snapshots

The data utilized in this report is derived from a variety of diverse data sources, each possessing unique characteristics such as data collection methods, reporting frequency, level of data availability, and target population. Additionally, some data has been collected by national agencies, while others originated from state agencies. Table 2 summarizes each data source used in this report.

Table 2:

Health District	Level of Data Availability	Age	Years Used in Report	Data Reporting Frequency	Data Type
American Community Survey (ACS)	County	All Ages	2018-2022 (5-year estimate)	Annual	Survey
Decennial Census	County	All Ages	2020	Decennial	Survey
National Survey on Drug Use and Health (NSDUH)	State	All Ages (12-17, 18-25, 26+)	2015/2016-2018/2019 & 2021/2022	Annual	Survey
Idaho Healthy Youth Survey (IHYS)	Hub (North, East, West)	12-17	2017, 2019, 2021	Biennial	Survey
Behavioral Risk Factor Surveillance System (BRFSS)	Health District	18+	2013-2022	Annual	Survey
Overdose Mortality Data	County	All Ages	2018-2022	Annual	Administrative
Alcohol-Related Disease Impact Application (ARDI)	State	All Ages	2015-2019 & 2020-2021	Sporadic	Administrative

Page Left Intentionally Blank

Demographics

American Community Survey / Decennial Census
All Ages
(*2018-2022*) / (2020)

The American Community Survey (ACS) is a comprehensive demographic survey conducted by the U.S. Census Bureau. It collects detailed information about the population and housing characteristics of communities throughout the United States. The ACS is an ongoing survey that provides annual and multi-year estimates, offering a dynamic and up-to-date snapshot of the nation's social, economic, housing, and demographic characteristics.

The ACS releases state-level data annually for public access. However, due to Idaho's population being dispersed across a rural landscape, the annual samples for the state lack the size required for data analysis at the county and health district levels. To address this limitation, the report relies on the latest 5-year ACS estimate, which provides a larger sample size, allowing all Idaho health districts to be included in the demographic analysis.

The 2020 Decennial Census, a nearly complete and accurate count of the U.S. population, is used in this report to capture the rate of rural and urban populations across the state.

Selected Demographics: The table below summarizes essential population characteristics within each health district. Emphasis is placed on those identifying as Hispanic or Latino and those who identify as being two or more races, as they constitute the largest non-white populations in Idaho. Additionally, Idaho's American Indian/ American Native population is highlighted for exceeding the national average, comprising 0.8% and 1.2%, respectively. While the data sources used in this report do not offer findings for these specific subpopulations, it remains valuable to consider the demographic traits of your health district as you engage with this report.

Demographics by Health District

Table 3:

Health District	*Population*	*Hispanic or Latino*	*American Indian & American Native*	*Two or More Races*	*25+ with Bachelor's Degree*	*Median Income*	*% of Population in Poverty*	*Urban / Rural*
Panhandle (1)	256,837	9.8%	6.4%	6.3%	15.4%	$29,543	10.8%	57% / 43%
North Central (2)	111,299	4.4%	2.8%	4.9%	13.2%	$29,688	13.4%	54% / 46%
Southwest (3)	306,946	23.4%	1.1%	10.8%	15%	$29,554	10.8%	72% / 28%
Central (4)	545,885	9.2%	.7%	6.9%	27%	$33,444	9.1%	90% / 10%
South Central (5)	207,655	25%	1%	10%	15%	$31,773	12.1%	55% / 45%
Southeastern Idaho (6)	178,652	11.7%	.1%	6%	16.6%	$29,804	11.5%	52% / 48%
Eastern Idaho (7)	246,835	11.9%	.6%	9.5%	22%	$28,954	14%	64% / 36%
Statewide	1,854,109	13.1%	1.2%	7.2%	20.2%	*Male:* $56,484 *Female:* $43,029	10.7%	69% / 31%

National Survey on Drug Use and Health

Ages: 12+
(*2015/2016 - 2018/2019, 2021/2022*)

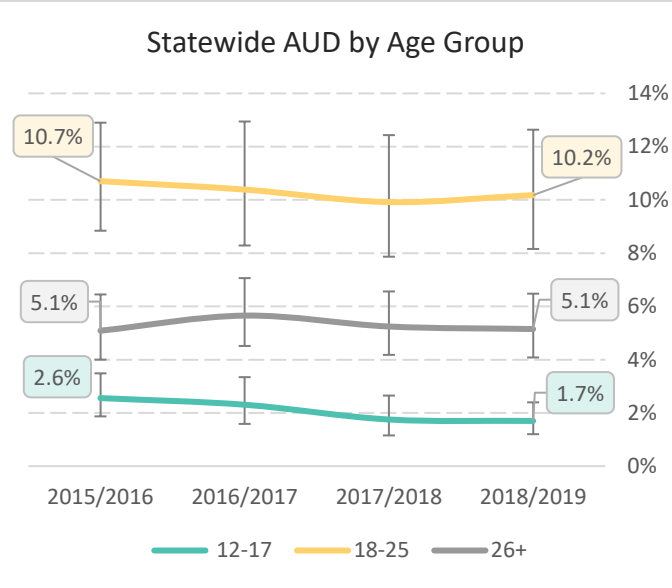
The National Survey on Drug Use and Health (NSDUH), conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides nationally representative data on the use of tobacco, alcohol, and drugs; substance use disorders; mental health issues; and receipt of substance use and mental health treatment among the civilian, noninstitutionalized population aged 12 or older in the United States.

NSDUH's state-level survey estimates are presented as two-year averages to improve data reliability and precision. This approach is employed to address sample size limitations and increase the statistical power of the survey. Due to methodological changes in 2021, estimates from this year and the following years cannot be pooled or compared with previous years. Additionally, data from 2019/2020 has been flagged as unreliable due to methodological concerns with combining the data. Considering these limitations, this report compiles trend data, where available, using the publicly available state-level biennial aggregate estimates from 2015/2016-2018/2019 and looks at 2021/2022 data in a stand-alone snapshot. This section extracts national-level data from the 2022 Key Substance Use and Mental Health Indicators in the United States report, published annually by the Substance Abuse and Mental Health Services Administration.[20]

[20] Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators, 2022.

Alcohol Use Disorder (AUD) in Past Year

From 2015/2016 to 2018/2019, there is a significant distinction in AUD rates among the three age groups, with 18 to 25-year-olds exhibiting the highest prevalence. More recent data from 2021/2022 show that Idaho's rates of AUD are higher across all age groups than national averages, with the greatest discrepancy being among the young adult (18-25) population.

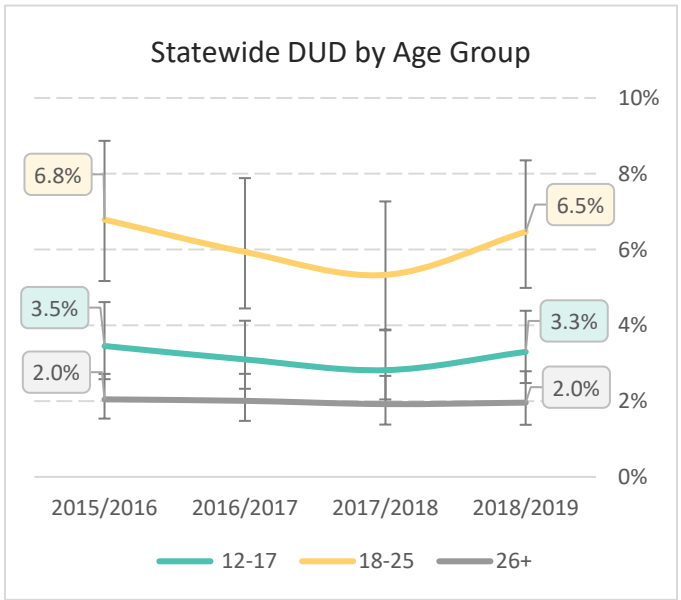


Idaho vs. U.S. Snapshot

AGE GROUP	*Idaho (2021/2022)*	*U.S. (2022)*
12-17	**3.4%**	**2.9%**
18-25	**18.9%**	**16.4%**
26+	**10.7%**	**10.4%**

Drug Use Disorder (DUD) in Past Year

From 2015/2016 to 2018/2019, young adults aged 18 to 25 showed a statistically significant higher rate of DUD compared to other age groups. More recent 2021/2022 data show that Idaho's adolescent and young adult populations have similar rates of DUD to national averages, with the young adult population continuing to show much higher rates of DUD than the other two age groups.

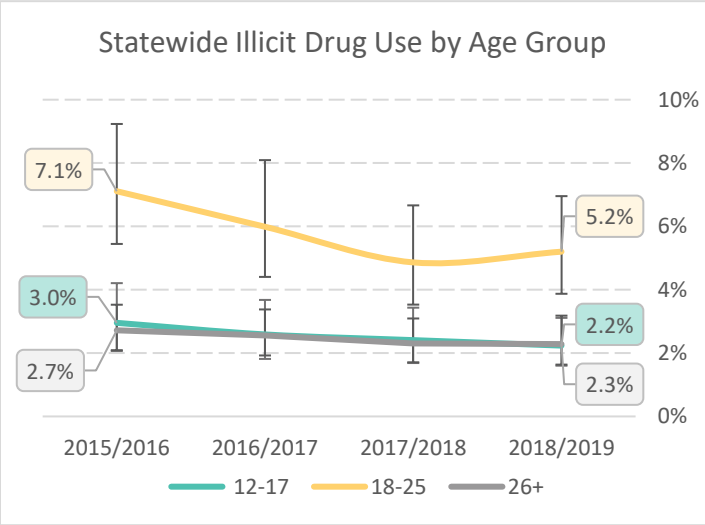


Idaho vs. U.S. Snapshot

AGE GROUP	*Idaho (2021/2022)*	*U.S. (2022)*
12-17	**7.2%**	**7%**
18-25	**18.8%**	**18.6%**
26+	**7.7%**	**8.5%**

Illicit Drug Use (other than Marijuana) in Past Month

From 2015/2016 to 2018/2019, young adults aged 18 to 25 displayed a significantly higher rate of illicit drug use compared to the other age groups. Nationally, the most common illicit drugs besides marijuana are hallucinogens (8.5 million users annually), prescription pain relievers (8.5 million), cocaine (5.3 million), prescription sedatives (4.8 million), prescription stimulants (4.3 million), methamphetamine (2.7 million), inhalants (2.3 million), and heroin (1 million). Idaho's adolescent and older adult populations use illicit drugs at similar rates to the national average, while young adults indicate a lower rate of use.

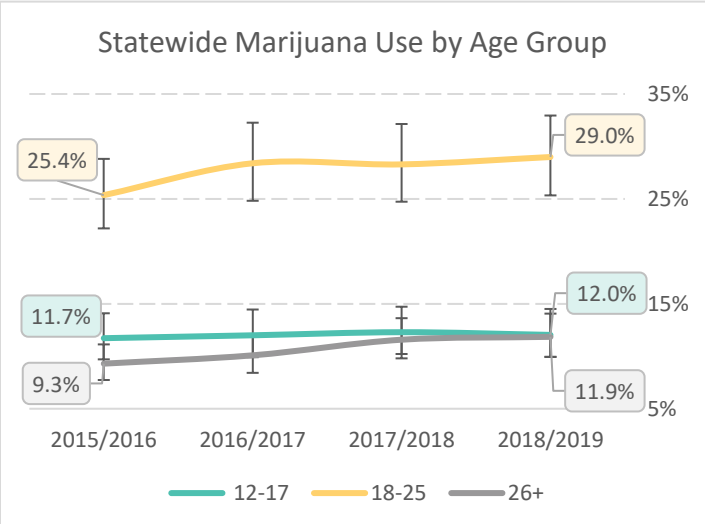


Idaho vs. U.S. Snapshot

AGE GROUP	*Idaho* *2021/2022*	*U.S.* *2022*
12-17	**1.8%**	**1.8%**
18-25	**3.4%**	**4.3%**
26+	**3.7%**	**3.4%**

Marijuana Use in Past Year

From 2015/2016 to 2018/2019 young adults in Idaho, aged 18 to 25, exhibited a significantly higher rate of marijuana use compared to other age groups. More recent data from 2021/2022 shows that Idaho's adolescent population uses marijuana at similar rates to the national average, with young adults and older adults having slightly lower usage rates. In 2022, NSDUH estimates indicated that across all age groups, marijuana was the most frequently used illicit drug nationally, with 62 million annual users.



Idaho vs. U.S. Snapshot

AGE GROUP	*Idaho* *(2021/2022)*	*U.S.* *(2022)*
12-17	**11.8%**	**11.2%**
18-25	**33.8%**	**37.3%**
26+	**15.6%**	**18.9%**

Opioid Misuse in Past Year

Opioid misuse data is not available in the years prior to 2021 & 2022.[21]

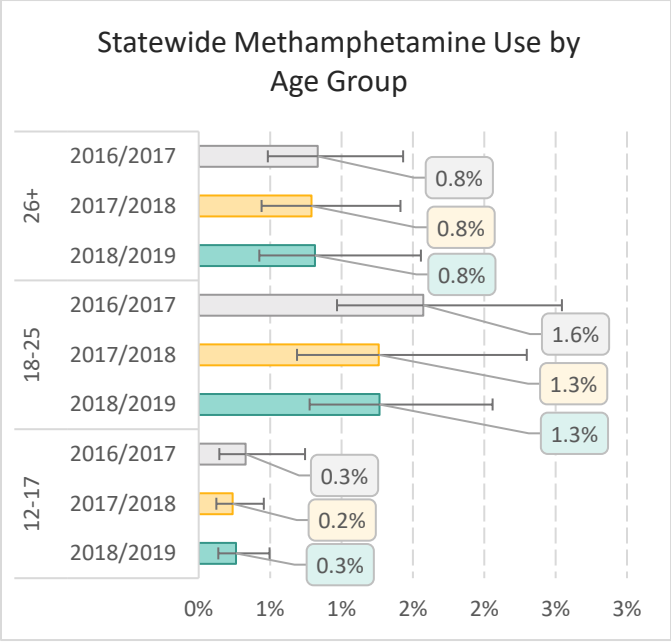
Both young adult (18-25) and adult populations (26+) in Idaho report lower opioid misuse rates than the national average, while adolescents (12-17) report higher rates. This is particularly concerning, given that fentanyl, a synthetic opioid, has become the number one substance associated with overdose deaths across the United States and in Idaho.

Idaho vs. U.S. Snapshot

AGE GROUP	*Idaho (2021/2022)*	*U.S. (2022)*
12-17	**2.1%**	**1.9%**
18-25	**2.9%**	**3.2%**
26+	**3.1%**	**3.4%**

Methamphetamine Use in Past Year

From 2015/2016 to 2018/2019, methamphetamine use has remained relatively stable within each age group. The most current data from 2021/2022 show that older adults (26+) are using methamphetamine more than other age groups, with young adults and older adults in Idaho demonstrating similar rates of methamphetamine use to the national average. Notably, Idaho's adolescent population appears to use methamphetamine at about half the rate of the national average.[22] Methamphetamine continues to be the second most frequently cited substance related to overdose deaths across the United States and in Idaho.



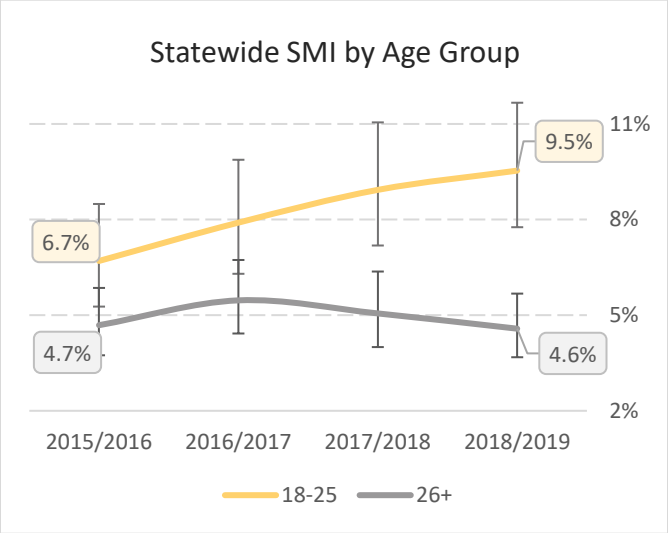
Idaho vs. U.S. Snapshot

AGE GROUP	*Idaho (2021/2022)*	*U.S. (2022)*
12-17	**.05%**	**.1%**
18-25	**.57%**	**.5%**
26+	**1.02%**	**1.1%**

[21] To allow for comparison between 2021 and 2022 estimates, opioid misuse estimates do not include illegally made fentanyl.
[22] Although methamphetamine is legally available by prescription, most methamphetamine used in the United States is produced and distributed illicitly rather than through the pharmaceutical industry.

Serious Mental Illness (SMI) in Past Year

From 2015/2016 to 2018/2019, there was a growing disparity of serious mental illness between the young adult (18-25) and adult (26+) populations, where there used to be no significant difference between the two groups. This suggests an alarming trend in serious mental illness among Idaho's young adult population. Snapshot data from 2021/2021 show that these rates have increased for both young adult and adult populations, with young adults in Idaho showing greater rates of SMI than young adults nationwide.

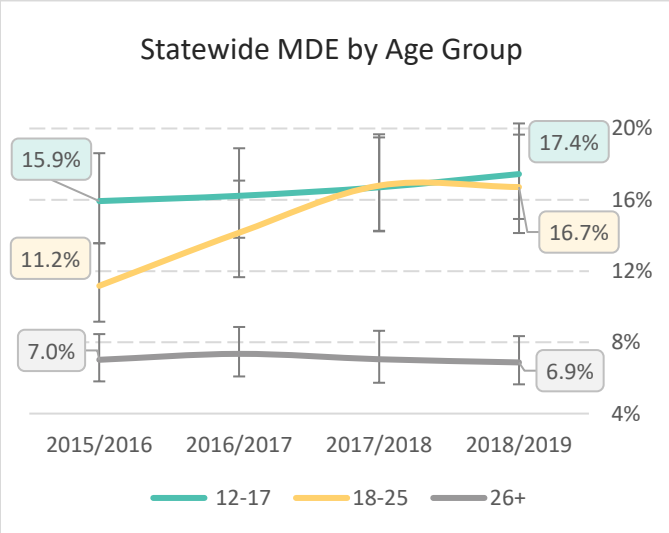


Idaho vs. U.S. Snapshot

AGE GROUP	***Idaho*** *(2021/2022)*	***U.S.*** *(2022)*
12-17	**-**	**-**
18-25	**13.5%**	**11.6%**
26+	**5.5%**	**7.6% (26-49)** **3% (50+)**

Major Depressive Episodes (MDE) in Past Year

From 2015/2016 to 2018/2019, MDE remained relatively consistent for all age groups, except for the young adult (18-25) population, which has experienced a more than 5% increase in MDE prevalence. The most recent 2021/2022 data reveals even more discouraging rates of MDE among all age groups, with a higher prevalence among Idaho adolescents (12-17) and young adults (18-25) compared to national rates for these age groups.



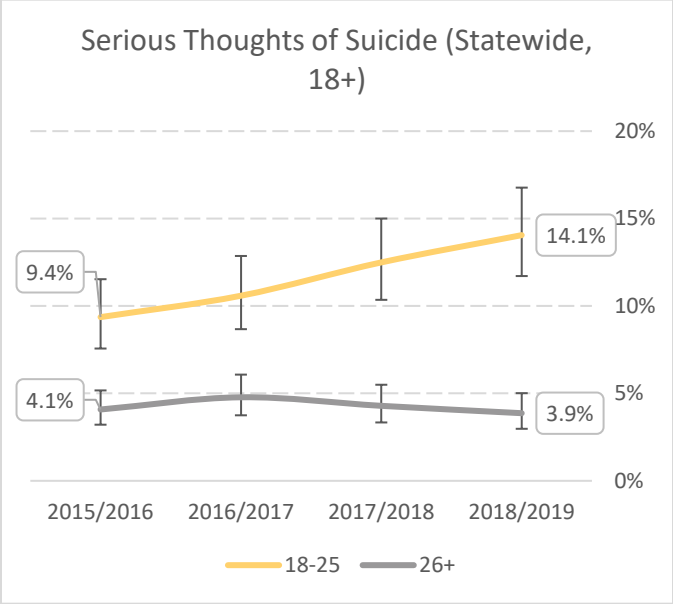
Idaho vs. U.S. Snapshot

AGE GROUP	***Idaho*** *(2021/2022)*	***U.S.*** *(2022)*
12-17	**21.5%**	**19.5%**
18-25	**23.2%**	**20.1%**
26+	**8.23%**	**9.7% (26-49)** **4.6% (50+)**

Suicidal Ideation & Attempt in Past Year

Suicide attempt data is not available prior to 2018/2019

The graphic below indicates an increasing rate of serious thoughts of suicide among the young adult population (18-25) from 2015/2016 to 2018/2019. This pattern of divergence between the young adult (18-25) and adult populations (26+) is mirrored above in the previous section in the rates of serious mental illness, indicating a growing mental health crisis among the young adult population. More recent snapshot data from 2021/2022 suggests that young adults in Idaho experience suicidal ideation and attempts at a greater rate than the national average. Although trend data on suicide attempts is not available for the adolescent (12-17) population, it is evident that this group is facing similar challenges, with a rate of suicide attempts approximately double that of the young adult population.



Idaho vs. U.S. Snapshot

Serious Thoughts of Suicide in Past Year

AGE GROUP	**Idaho** (2021/2022)	**U.S.** (2022)
12-17	**14.9%**	**-**
18-25	**16.6%**	**13.6%**
26+	**5%**	**5.5% (26 - 49)** **2.4% (50+)**

Suicide Attempt in Past Year

AGE GROUP	**Idaho** (2021/2022)	**U.S.** (2022)
12-17	**5.1%**	**-**
18-25	**2.5%**	**2.1%**
26+	**.5%**	**.5% (26 - 49)** **.3% (50+)**

Idaho Healthy Youth Survey

Grades: 6, 8, 10 & 12
(*2017, 2019, 2021*)

The Idaho Healthy Youth Survey (IHYS) was designed to measure substance misuse, risk and protective factors, mental health, suicide, and other health behaviors. The purpose of the IHYS is to gather local-level data to aid in targeting efforts to prevent youth behavioral health issues. This survey provides data by state, hub, and school district to allow for planning at varying jurisdictional levels. This report focuses on variations in substance use and risk perceptions between sexes and across three geographic hubs, depicted below.

The IHYS was administered in the fall and winter of 2021, 2019 & 2017 to Idaho public and charter school students in grades 6, 8, 10, and 12. A summary of the number of valid surveys gathered each year, and the number of participating schools and school districts are as follows:

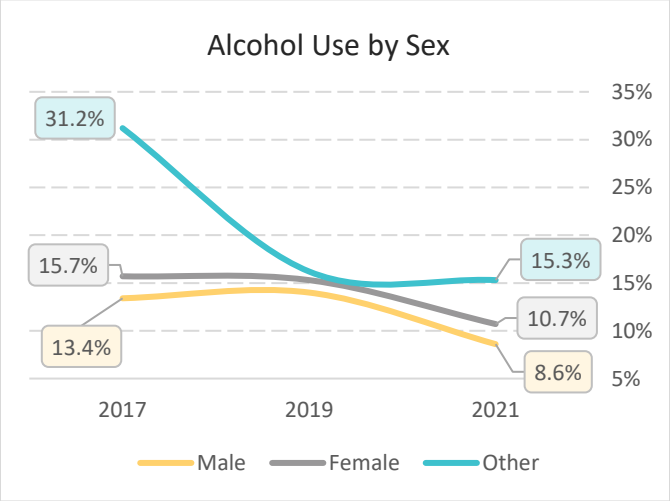
IHYS 2017: N = *20,927*, Schools = *149*, School Districts= *45*
IHYS 2019: N = *9,935*, Schools = *83*, School Districts= *34*
IHYS 2021: N = *9,381*, Schools = *54*, School Districts= *24*

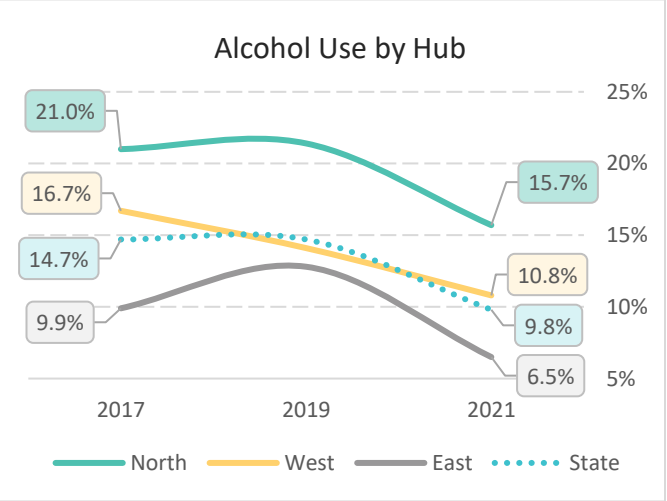
Post-stratification weighting was done by sex, grade, race/ethnicity, and geographic hub to correct under and over-representation in the sample. No confidence intervals were calculated for these samples. Estimates in this section merely represent averages of the weighted sample.

Alcohol Use

(At Least 1 Drink in Past 30 Days)

A report from The National Institute on Alcohol Abuse and Alcoholism found that in 2022, female adolescents (12-17) reported more alcohol use and binge drinking than males, marking a shift from the historical trend of adolescent males drinking more than females.[23] This is particularly concerning considering the research that indicates a greater reduction in the size of important brain areas involved in memory and decision-making for female adolescents who drink heavily compared to their male counterparts.[24] The graphic below indicates an encouraging overall decline in alcohol use among Idaho youth (grades 6, 8, 10, & 12); however, females align with national trends, exhibiting higher rates of alcohol consumption compared to their male counterparts. Particularly noteworthy is the substantial decline in alcohol use among those grouped as "other," showing a remarkable decrease of more than 50% from 2017 to 2021. However, it is essential to note that the alcohol use within this population remains higher than that of individuals identifying as male or female.





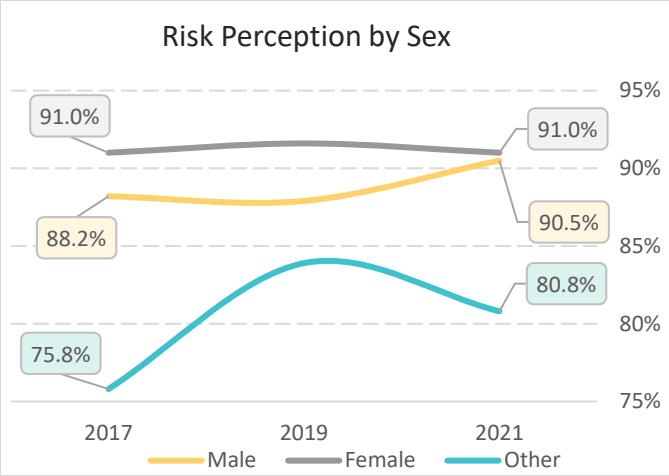
Alcohol Misuse Risk Perception

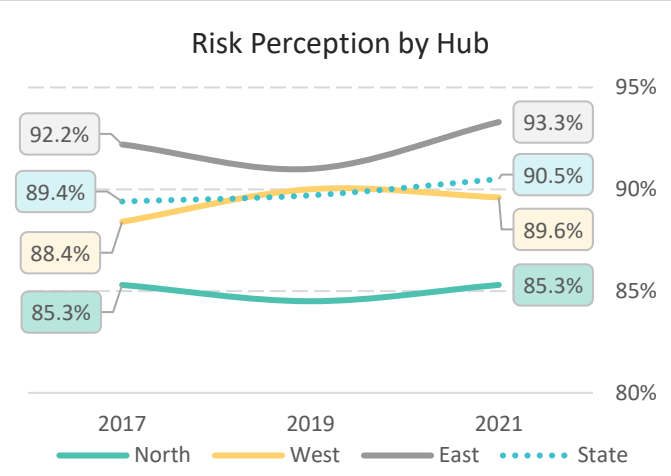
(5 or More Drinks Once or Twice a Week)

The graphics below indicate the percentage of respondents who answered either "wrong" or "very wrong" when questioned about their perceptions of alcohol misuse, defined as *5 or more drinks once or twice per week*. Idaho youth (grades 6, 8, 10, & 12) grouped as "other" reported the lowest perception of risk associated with alcohol misuse, an expected outcome when considering their higher rates of usage indicated in the previous section. Although the inverse relationship between risk perception and substance misuse has been well established in the literature, female adolescents in Idaho use alcohol more than male adolescents despite their higher perceptions of risk associated with alcohol misuse.[25] It is evident that Idaho youth have a nuanced perspective on

[23] National Institute on Alcohol Abuse and Alcoholism. (n.d.). Underage Drinking Statistics.
[24] Seo S., Risk profiles for heavy drinking in adolescence: differential effects of gender. Addict Biol. 2019;24(4):787–801.
[25] Lipari, R.N. (2013, January 3). Trends in Adolescent Substance Use and Perception of Risk from Substance Use. The CBHSQ Report. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

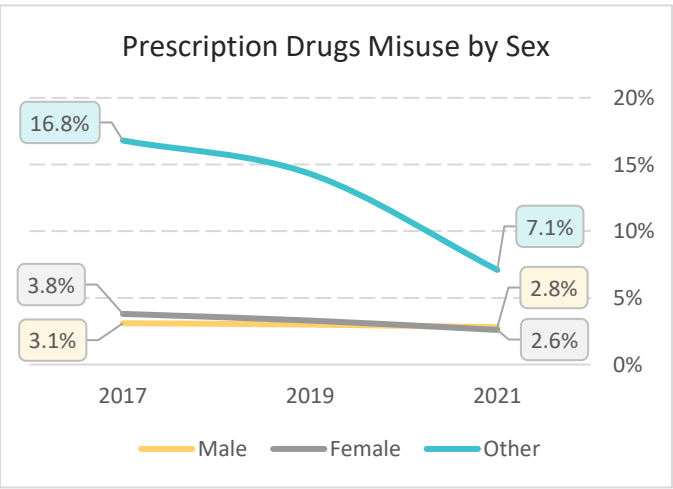
alcohol use and misuse, perceiving alcohol use as more acceptable and, as a result, engaging in it more. This nuance is again emphasized in the Risk Perceptions by Hub graphic, illustrating a relatively stable perception of risk associated with alcohol misuse across all three hubs. Yet, there is a continued decline in alcohol use across these same geographical regions depicted in the previous section.

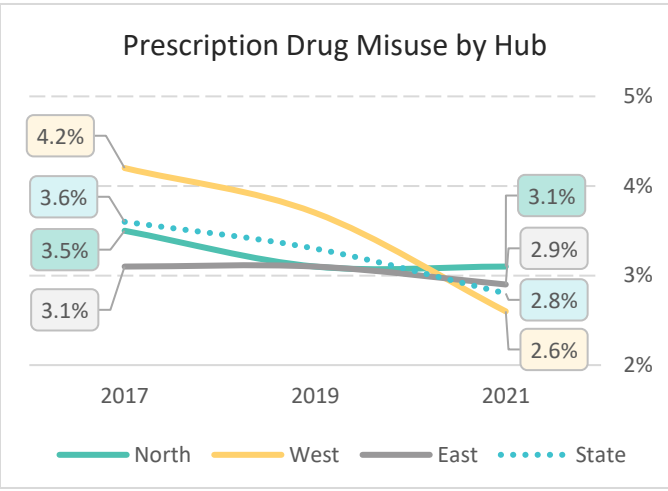




Prescription Drug Misuse in Past 30 Days

The graphics in this section indicate an overall decline in prescription drug misuse among Idaho youth (grades 6, 8, 10, & 12), with a notable decline in use for those grouped as "other." Although this group experienced a decline in prescription drug misuse, they continue to have rates more than double that of their peers identifying as male or female. These findings are in alignment with national surveys and research that suggest higher rates of prescription drug misuse among LGBTQ youth.[26,27]



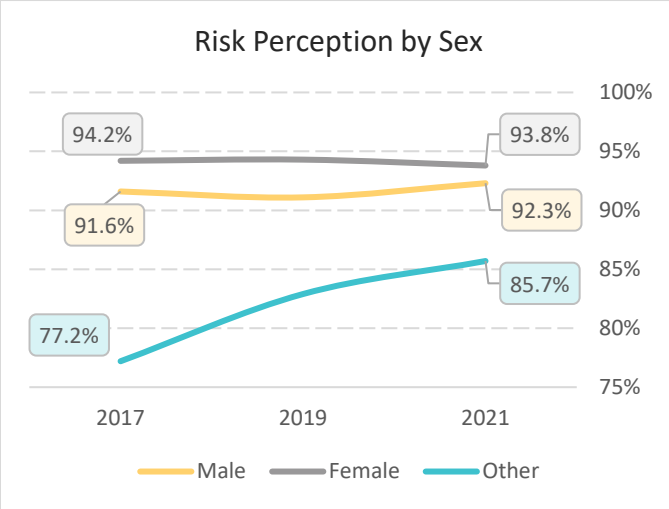


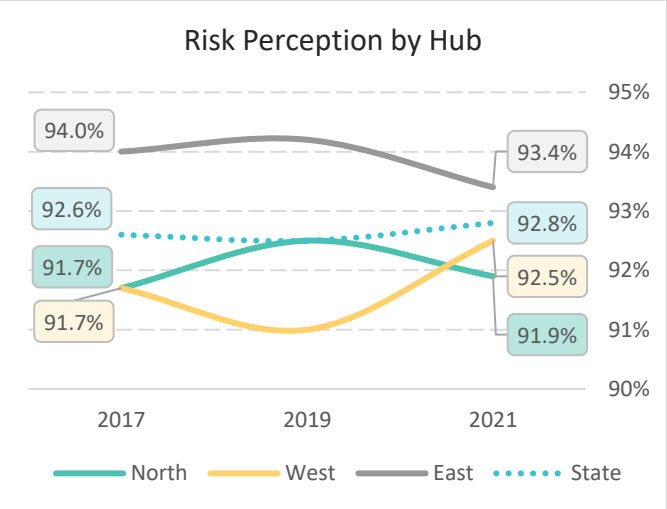
[26] Jones, C. M., Clayton, H. B., Deputy, N. P., Roehler, D. R., Ko, J. Y., Esser, M. B., ... & Hertz, M. F. (2020). Prescription opioid misuse and use of alcohol and other substances among high school students—Youth Risk Behavior Survey, United States, 2019. *MMWR Supplements, 69*(1), 38.

[27] National Survey on LGBTQ Youth Mental Health, 2021.

Prescription Drug Misuse Risk Perception

The graphics below indicate the percentage of respondents who answered either "wrong" or "very wrong" when questioned about their perceptions of prescription drug misuse. Research has demonstrated a strong inverse correlation between adolescents' perception of the risk associated with substance misuse and the actual incidence of substance misuse.[19,28] Among Idaho youth (grades 6, 8, 10, & 12), risk perceptions for individuals identifying as either male or female remained relatively consistent from 2017 to 2021, mirroring the relative stability observed in prescription drug misuse illustrated in the previous section. Individuals grouped as "other" experienced a substantial increase in their perception of the risks associated with prescription misuse, corresponding to the notable decline in prescription drug misuse.



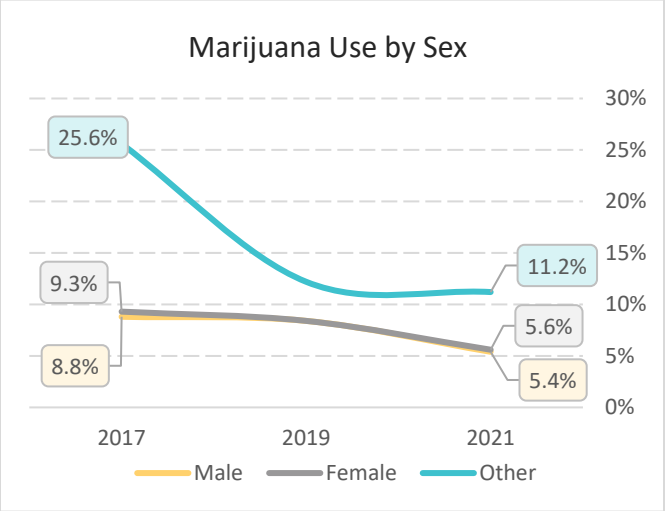


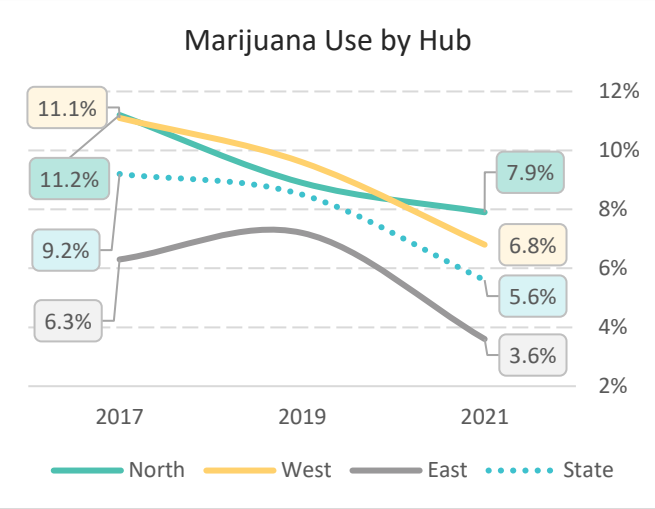
Marijuana Use in Past 30 Days

The graphics below indicate an overall decline in marijuana use among Idaho youth (grades 6, 8, 10, & 12), with a notable decrease in use for those grouped as "other." Although this group has experienced the greatest decline, they continue to use marijuana at a rate more than double their male and female counterparts. This is consistent with research that points to the high rates of marijuana use among sexual and gender minorities.[29] A 2020 systematic review of the health outcomes associated with marijuana use found that "adolescent cannabis use, especially early-onset, chronic, high frequency, and high-potency cannabis use is associated with impairments in cognitive function; increased prevalence of mood, psychotic, and addictive disorders; and poorer academic/vocational outcomes" (Hammond, C.J. et al., 2020).[30] Although it is encouraging to observe a general decline in marijuana use among Idaho adolescents, their specific use behaviors remain unknown, impeding a more in-depth understanding of adolescent marijuana use in the state.

---

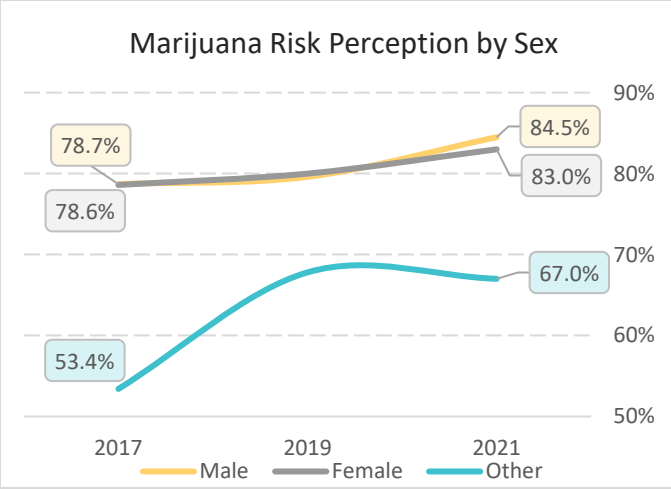
[28] Nawi, A. M., et al., (2021). Risk and protective factors of drug abuse among adolescents: a systematic review. BMC public health, 21(1), 2088.
[29] Ruppert R, Kattari SK, Sussman S. Review: Prevalence of Addictions among Transgender and Gender Diverse Subgroups. Int J Environ Res Public Health. 2021 Aug 22.
[30] Hammond, C. J., Chaney, A., Hendrickson, B., & Sharma, P. (2020). Cannabis use among U.S. adolescents in the era of marijuana legalization: a review of changing use patterns, comorbidity, and health correlates. International review of psychiatry (Abingdon, England), 32(3), 221–234.

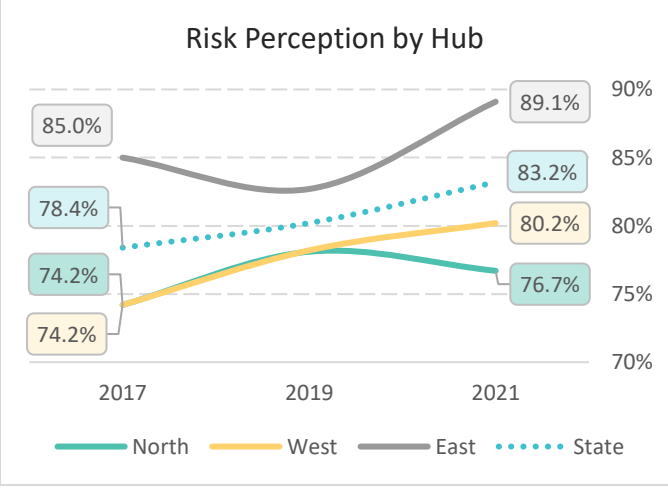




Marijuana Use Risk Perception

The graphics below indicate the percentage of respondents who answered either "wrong" or "very wrong" when questioned about their perceptions of marijuana use. While all Idaho youth (grades 6, 8, 10, & 12) demonstrate an increase in their perceptions of the risks associated with marijuana use, it is noteworthy that marijuana has a lower rate of perceived risk in comparison to alcohol and prescription drugs. A study conducted in 2021 found that "adolescents who perceived that monthly cannabis use was risky had high parental monitoring, low perceptions of peer use, high perceptions of school importance, and participated more in extracurricular activities" (Mariani, A.C., & Williams, A.R., 2021).[31] These findings, coupled with research showing the association between risk perception and substance use incidence rates, underscore the significance of environmental risk and protective factors in adolescent marijuana use.

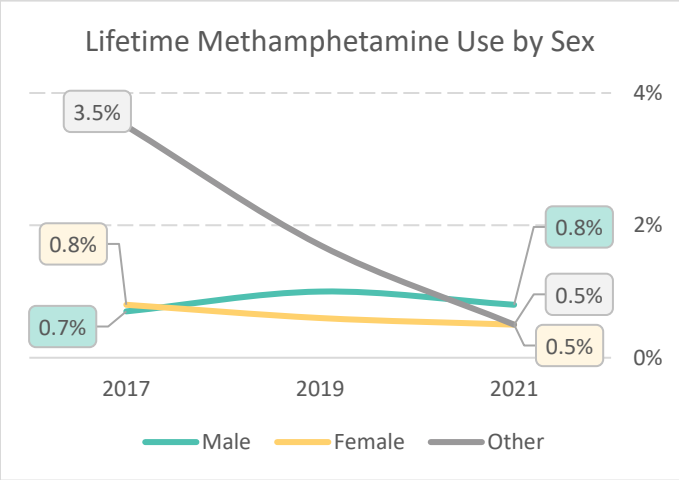


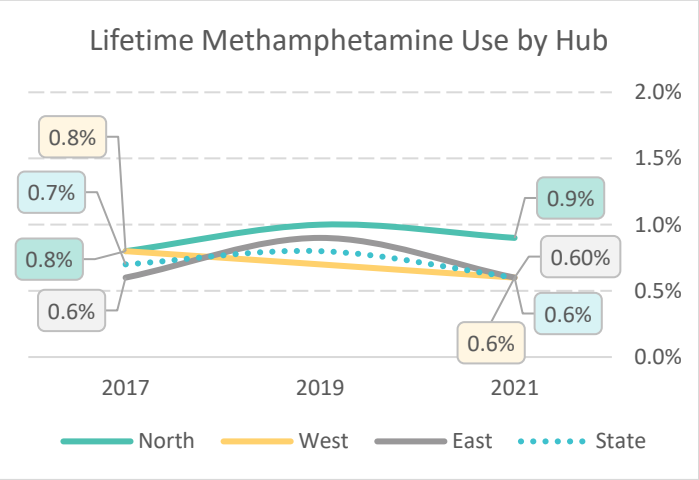


[31] Mariani, A. C., & Williams, A. R. (2021). Perceived risk of harm from monthly cannabis use among US adolescents: National Survey on drug Use and Health, 2017. Preventive medicine reports, 23, 101436.

Lifetime Methamphetamine Use

Methamphetamine use among Idaho youth (grades 6, 8, 10, & 12) remains low with approximately .6% of adolescents across the state reporting lifetime methamphetamine use. The data indicated that males have the highest rates of use while females and those grouped as "other" have the lowest rates. This is consistent with findings that point to males being more at risk for methamphetamine use than their female counterparts. [32]

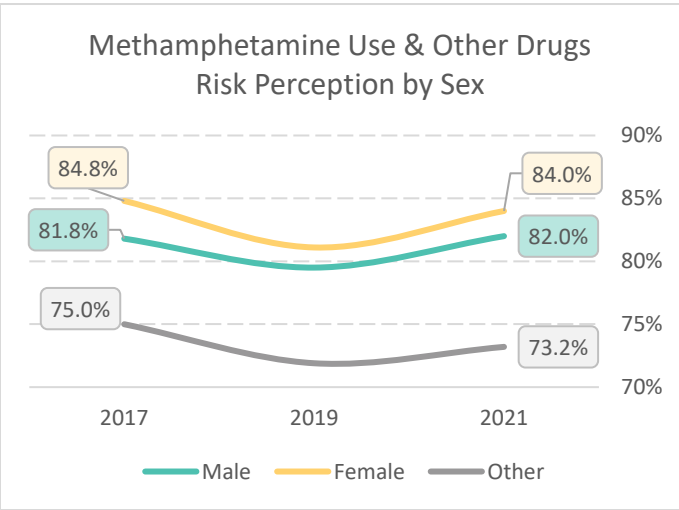


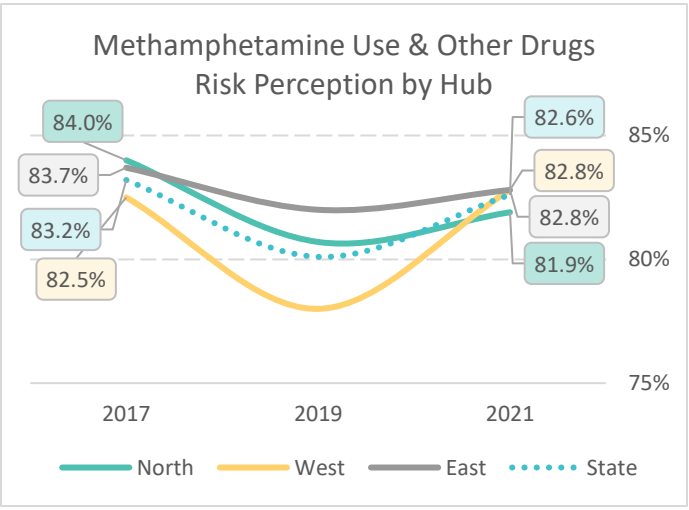


Risk Perception of Methamphetamine and Other Drugs

(Heroin, Cocaine & LSD)

Just as rates of methamphetamine use have remained relatively stable, so too has the perception of risk associated with using this and other drugs such as heroin, cocaine, and LSD. Interestingly, Idaho youth (grades 6, 8, 10, & 12) grouped as "other" report perceiving these substances with the least amount of risk compared to their male and female counterparts, yet Idaho males use at higher rates.

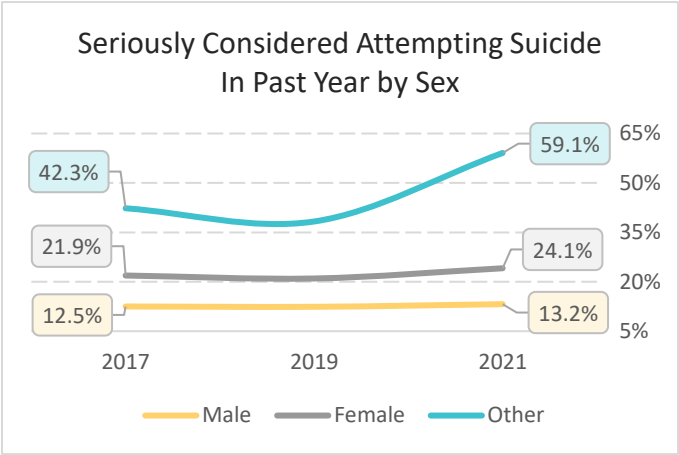


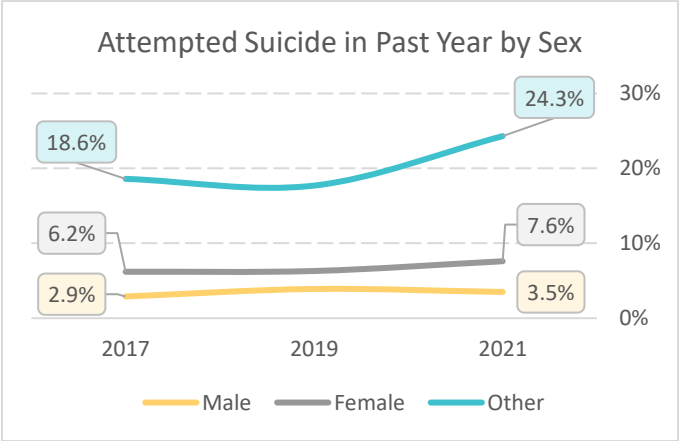


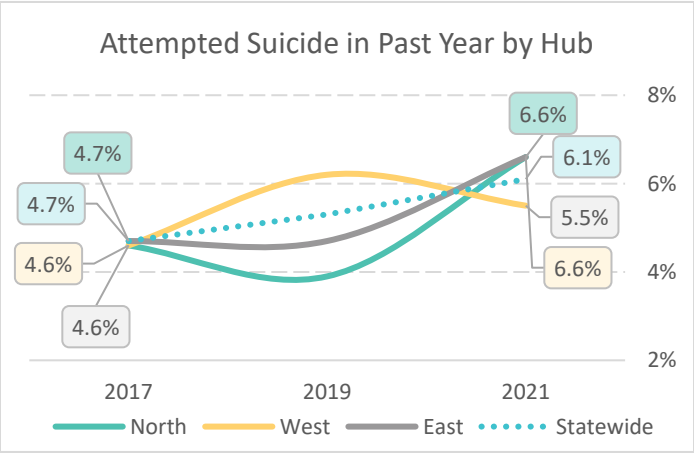
[32] Jones, C. M., Houry, D., Han, B., Baldwin, G., Vivolo-Kantor, A., & Compton, W. M. (2022). Methamphetamine use in the United States: epidemiological update and implications for prevention, treatment, and harm reduction. Annals of the New York Academy of Sciences, 1508(1), 3–22.

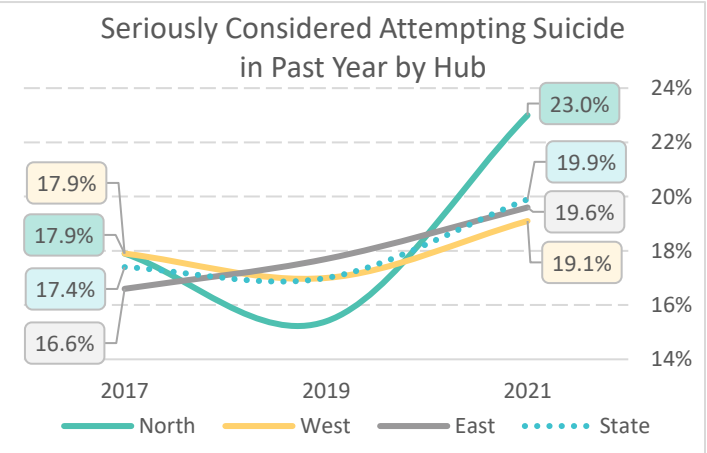
Suicide Ideation & Attempt in Past Year

In 2021, nationally, suicide ranked as the second leading cause of death among adolescents aged 10-14 and as the third leading cause of death among 15 to 19-year-olds.[33] A study published in 2022 on the risk of suicide ideation in comorbid substance use and major depression found that individuals presenting with both major depressive episodes and substance abuse disorders were found to be 9-16 times more likely to experience 12-month suicide ideation.[34] Additionally, a study conducted in 2019 on the predictors of suicide attempts among adolescents with suicidal ideation found that the greatest predictors were non-suicidal self-harm, cannabis use, other illicit drug use, and exposure to self-harm.[35] This research and others like it emphasize the strong association between mental health, substance abuse, and suicide. The graphics in this section indicate that suicidal ideation has increased across all sexes and hubs in Idaho, with the greatest change being for those grouped as "other." In alignment with the increase in suicidal ideation, suicide attempts have also increased across all sex groupings. The rise in suicide attempts parallels the trends seen in suicidal ideation, with those grouped as "other" experiencing the greatest increase, followed by those identifying as female and finally by those identifying as male.









[33] National Vital Statistics System – CDC WONDER (2021).
[34] Onaemo, V. N., Fawehinmi, T. O., & D'Arcy, C. (2022). Risk of suicide ideation in comorbid substance use disorder and major depression. PloS one, 17(12), e0265287.
[35] Mars, B., Heron, J., Klonsky, E. D., Moran, P., O'Connor, R. C., Tilling, K., Wilkinson, P., & Gunnell, D. (2019). Predictors of future suicide attempt among adolescents with suicidal thoughts or non-suicidal self-harm: a population-based birth cohort study. The lancet. Psychiatry, 6(4), 327–337.

Behavioral Risk Factor Surveillance System

Ages: 18+
(*2018-2021*)

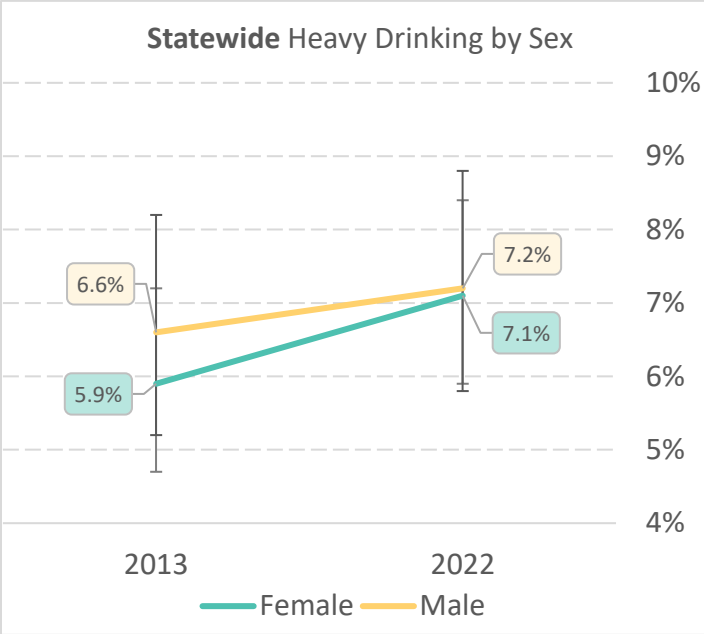
The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative project between all 50 states and participating U.S. territories and the Centers for Disease Control and Prevention (CDC). The BRFSS is a system of ongoing health-related telephone surveys that collect data on health-related risk behaviors, chronic health conditions, health-care access, and use of preventive services from the noninstitutionalized adult population (≥ 18 years) residing in the United States and participating areas.

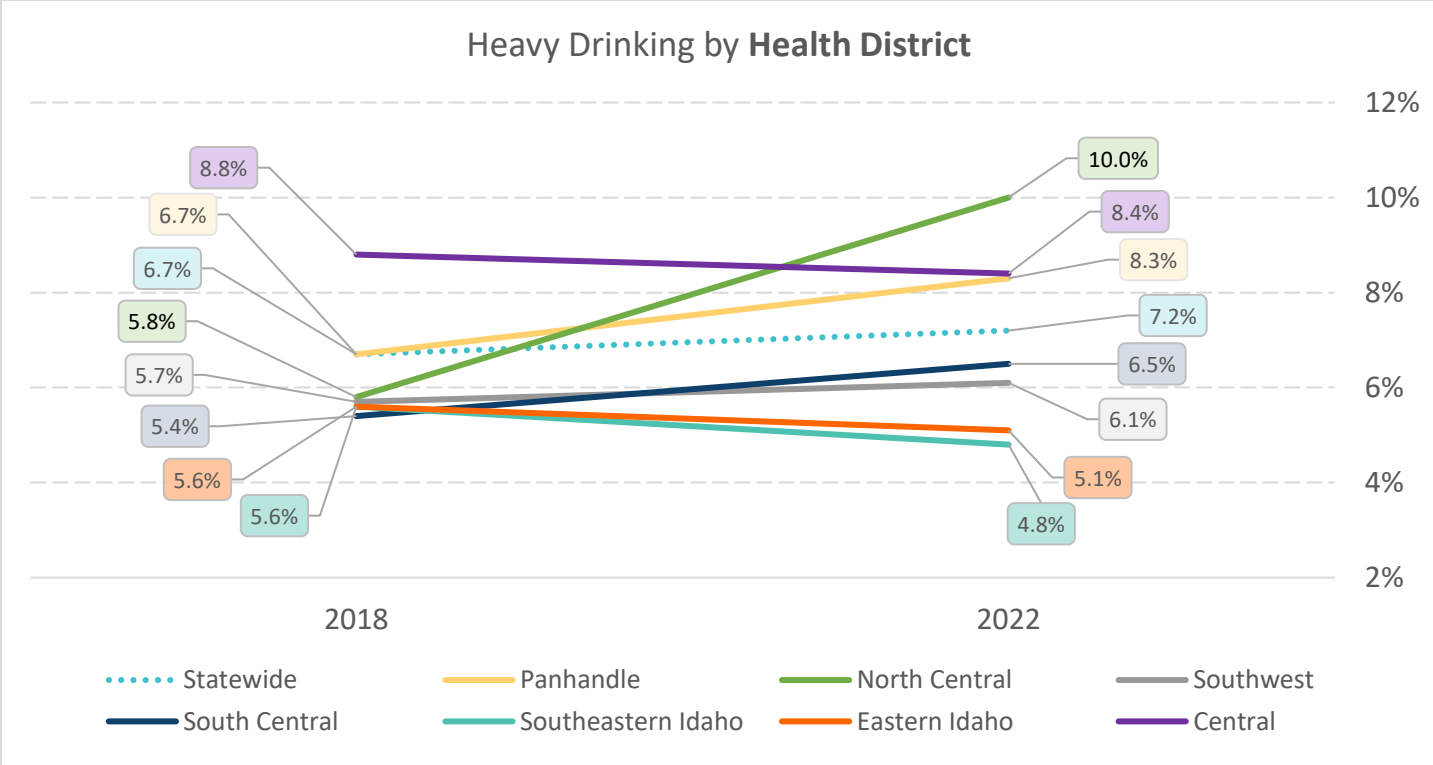
The BRFSS core questionnaire is administered by all 50 states and U.S. territories. In addition to this core questionnaire, states gather additional information through supplemental modules or by adding state-specific questions. This flexibility allows each state to choose whether to participate in extra modules and tailor the survey to address health concerns unique to their population. Notably, Idaho has incorporated a variety of supplemental questions related to substance use into the core questionnaire from 2013 to 2021.

Idaho began including supplemental questions about alcohol in 2013 and continued to add more substances over the years, including marijuana, opioids, and methamphetamine. To enhance visual clarity, some graphics in this section may include only the earliest and most recent data points. Health district-level data is limited to the most recent years of data, five or fewer, depending on availability. This approach aims to offer an overall trend of use across Idaho as far back as possible while also providing district-level granularity for the most recent data collection periods.

Heavy Drinking in Past Year

National 2022 BRFSS data shows that approximately 7% of adults (18+) report heavy drinking, a rate similar to that in Idaho. Although males and females in Idaho have not exhibited statistically significant differences in heavy drinking over the 2013-2022 time period, it is important to note the convergence of heavy drinking behavior among both sexes. National drinking trends indicate that in recent years, the rates of women using and misusing alcohol have steadily increased.[36] This is particularly concerning, as women face a higher risk of various alcohol-related health emergencies compared to men who consume similar amounts, including liver damage, heart disease, and brain damage. [37, 38, 39]

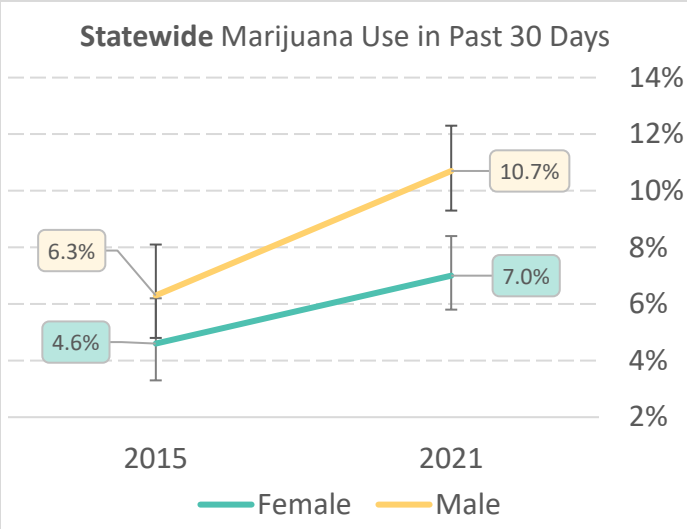


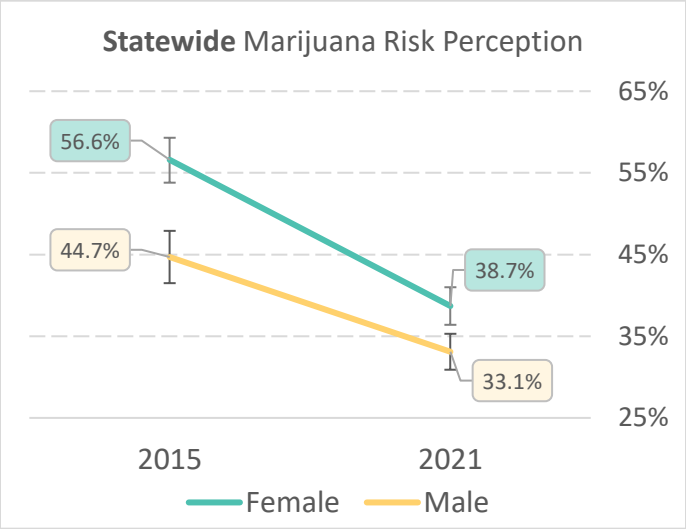


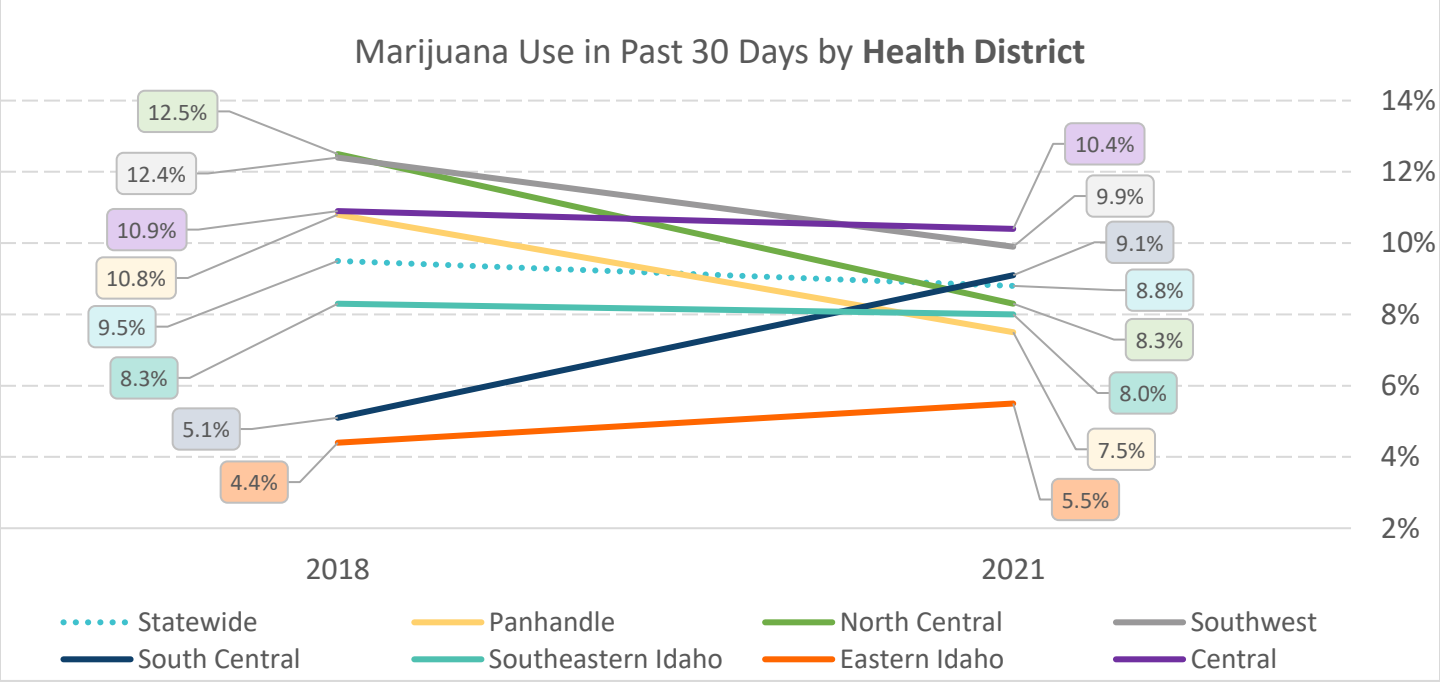
[36] White A, Castle IJ, Chen CM, Shirley M, Roach D, Hingson R. Converging Patterns of Alcohol Use and Related Outcomes Among Females and Males in the United States, 2002 to 2012. Alcohol Clin Exp Res. 2015 Sep;39(9):1712-26. doi: 10.1111/acer.12815.
[37] Guy J, Peters MG. Liver disease in women: the influence of gender on epidemiology, natural history, and patient outcomes. Gastroenterol Hepatol. 2013;9(10):633–639.
[38] Erol A, Karpyak V. Sex and gender-related differences in alcohol use and its consequences: contemporary knowledge and future research considerations. Drug and Alcohol Dependence. 2015;156:1–13.
[39] Hommer DW. Male and female sensitivity to alcohol-induced brain damage. Alcohol Res Health. 2003;27(2):181–5.

Marijuana Use & Risk Perception[40]

The graphics below indicate a statistically significant difference between the rates of marijuana use among males and females (18+) in Idaho, with males having consistently higher rates of use. Perceived low risk of harm is widely understood to be highly correlated with increased incidence of substance use, often used as a predictor of future use.[41] This strong inverse relationship between risk perception and use is displayed below. Research shows that not only have perceptions of risks associated with marijuana declined, but they have fallen below the perceived risk associated with cigarette use. [42] Given Idaho's trend in declining risk perception, it is likely that rates of marijuana use in future years will continue to climb.



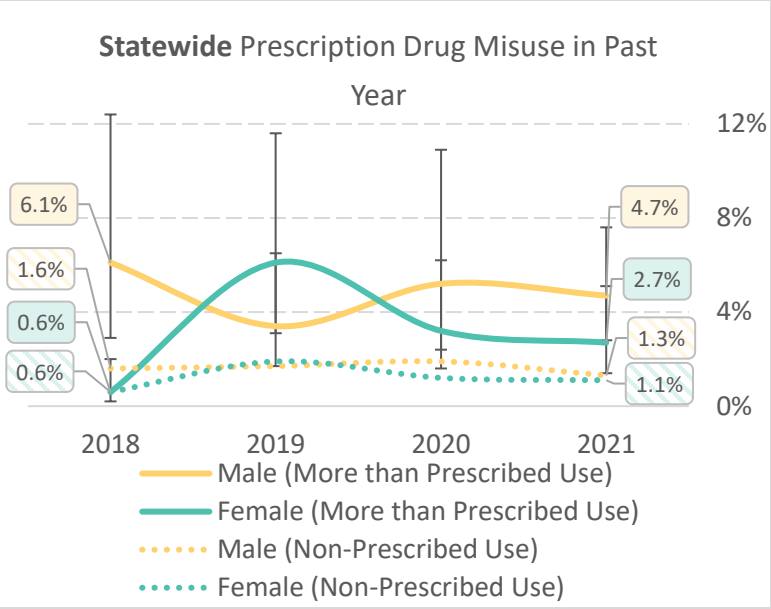


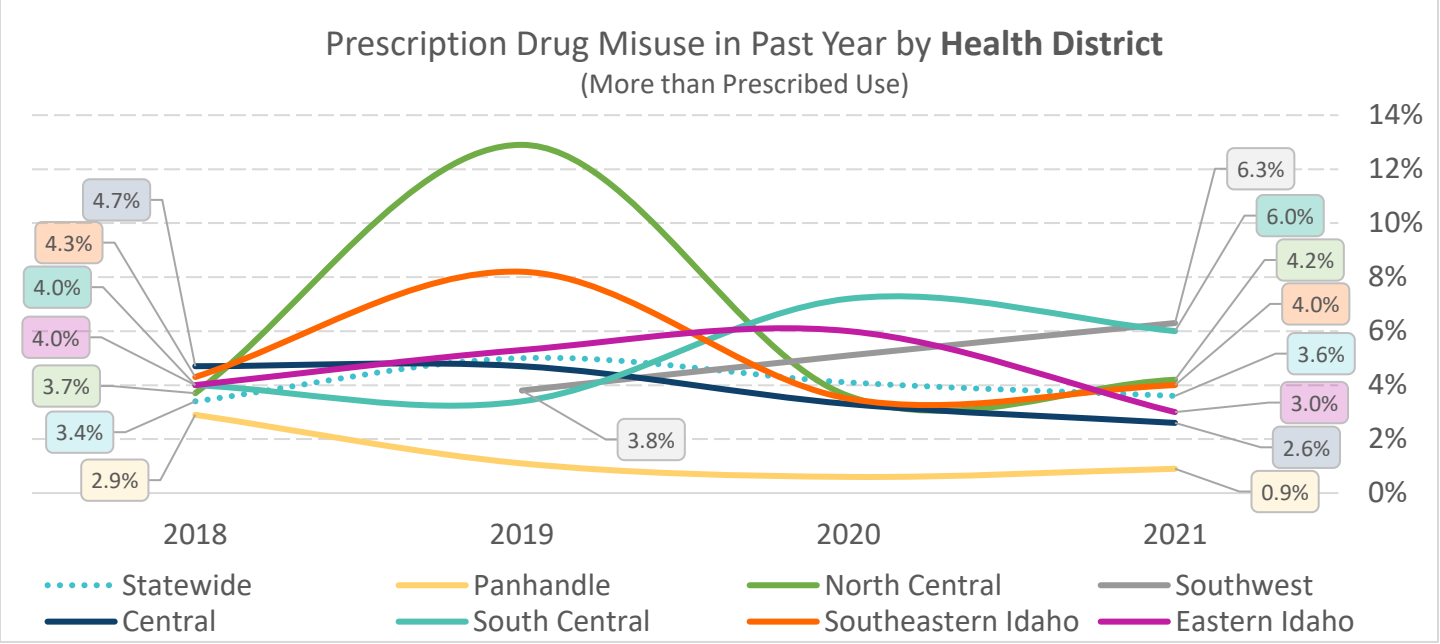


[40] Respondents who perceived *moderate to great risk* from marijuana use.
[41] Broman C. L. (2016). The Availability of Substances in Adolescence: Influences in Emerging Adulthood. Journal of child & adolescent substance abuse, 25(5), 487–495.
[42] Roditis ML, Delucchi K, Chang A, Halpern-Felsher B. Perceptions of social norms and exposure to pro-marijuana messages are associated with adolescent marijuana use. Prev Med. 2016 Dec;93:171-176. doi: 10.1016/j.ypmed.2016.10.013.

Prescription Drug Misuse in Past Year

A 2022 study on prescription drug misuse in the United States found that approximately 28% of opioid overdose deaths are due to prescription opioid misuse.[43] For this reason, nationwide efforts have been made to reduce opioid dispensing rates with great success. However, recent research presents conflicting evidence regarding the impact of opioid dispensing rates on reducing opioid misuse and overdose.[44,45] In recent years, dispensing rates have declined in Idaho and across the U.S., while opioid overdose deaths have reached an all-time high. [46] The literature suggests that this phenomenon could be attributed to users being driven into the illicit drug market, where it becomes challenging to ascertain the quantity and purity of the substance being consumed. [47] Given the highly dangerous nature of prescription drug misuse, for both the onset of substance use disorder and overdose, it is concerning to observe the rising misuse of prescription medication among Idaho females (18+).

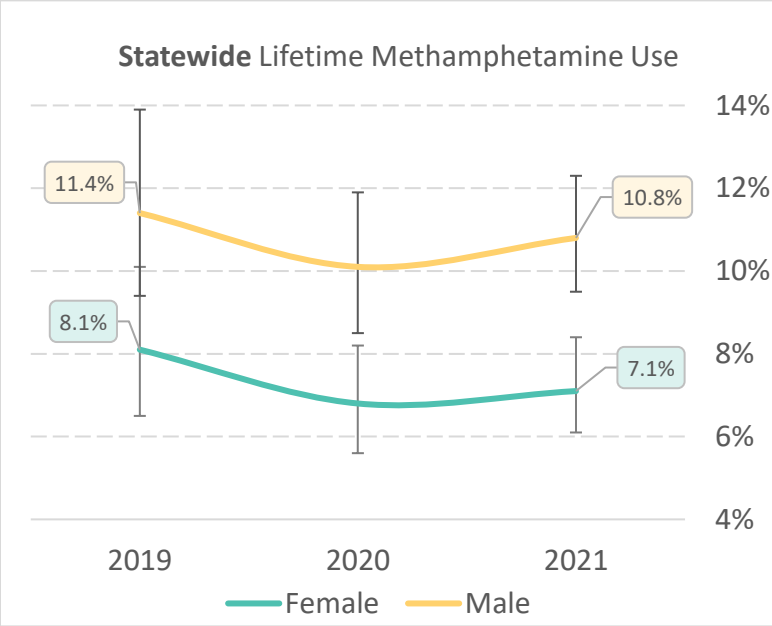


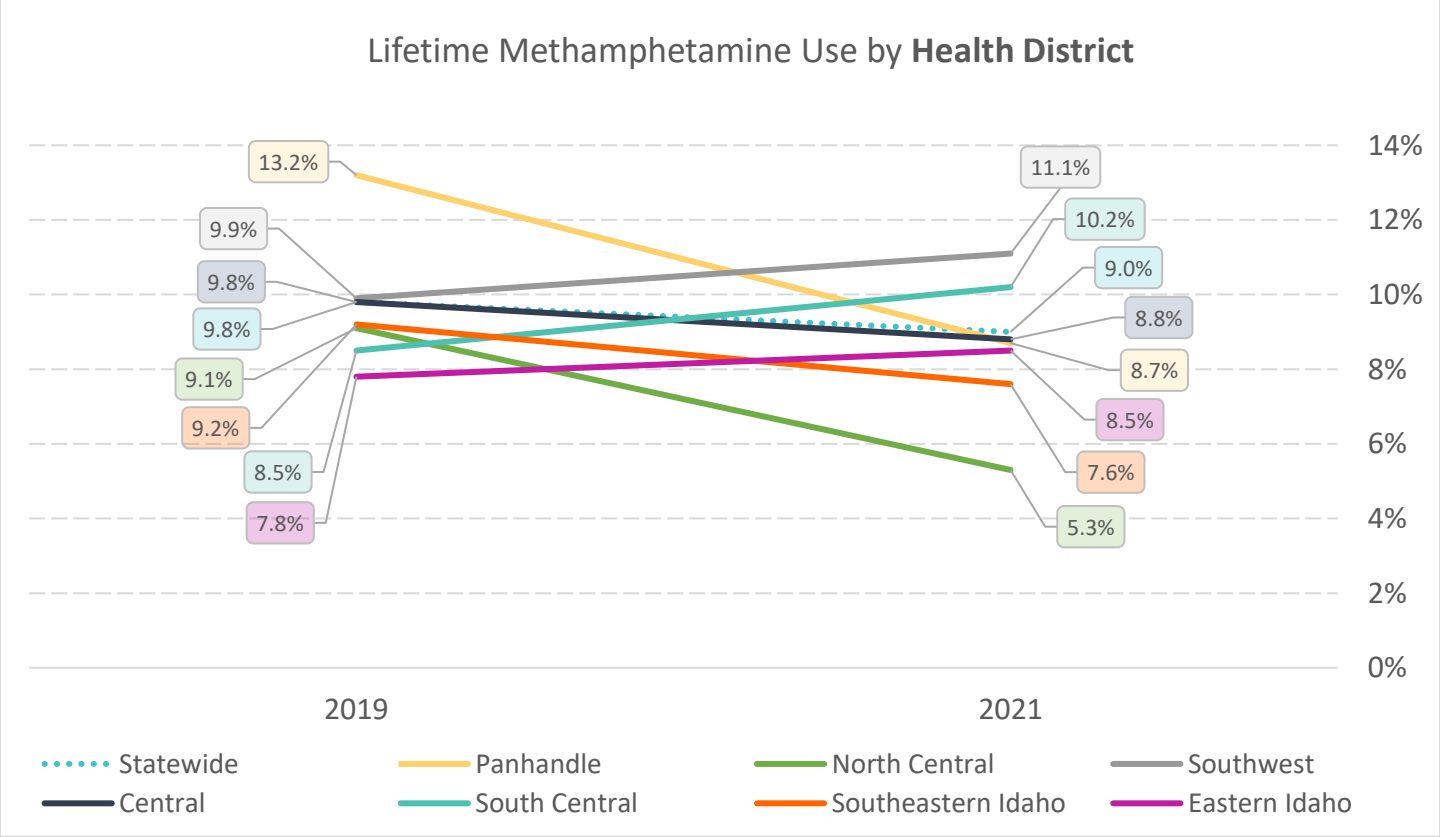


[43] Schepis, T. S., McCabe, S. E., & Ford, J. A. (2022). Recent trends in prescription drug misuse in the United States by age, race/ethnicity, and sex. The American journal on addictions, 31(5), 396–402.
[44] Vuolo, M., & Kelly, B. C. (2022). Effects of County-Level Opioid Dispensing Rates on Individual-Level Patterns of Prescription Opioid and Heroin Consumption: Evidence From National U.S. Data. The American journal of psychiatry, 179(4), 305–311.
[45] Jones, W., Lee, M. A., Kaoser, R., & Fischer, B. (2021). Correlations between Changes in Medical Opioid Dispensing and Contributions of Fentanyl to Opioid-Related Overdose Fatalities: Exploratory Analyses from Canada. International journal of environmental research and public health, 18(14), 7507.
[46] CDC Opioid Dispensing Rate Maps, 2019-2022.
[47] Brummett CM, Waljee JF, Goesling J, et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. JAMA Surg. 2017;152(6):e170504. doi:10.1001/jamasurg.2017.0504

Lifetime Methamphetamine Use

While fentanyl has become the substance most associated with overdose death in Idaho and across the U.S., methamphetamine continues to pose a threat as it remains the second most prevalent substance associated with drug overdose deaths in Idaho. Although methamphetamine-related overdose deaths continue to climb, BRFSS data indicates an overall decline in lifetime methamphetamine use for both males and females over the age of 18. It is important to note that data on lifetime use provides no information on risky use behaviors, such as route of administration (injection) and frequency of use. Additionally, the growing accessibility of fentanyl in the illicit drug market and the ubiquity of polysubstance use amplify the risk associated with methamphetamine consumption. For this reason, lifetime use alone is not an adequate indicator of the risk that methamphetamine poses to Idaho residents.





Alcohol and Drug-Related Mortality

Ages: All Ages
(*2018-2022, 2020/2021*)

Overdose death data is provided by the Bureau of Vital Records and Health Statistics, Division of Public Health; Idaho Department of Health and Welfare.[48] Overdose deaths are recorded as such when the underlying cause of death was acute poisoning by drugs in which the manner of death was accident, suicide, homicide, or undetermined intent. Drug overdose deaths are a subset of drug-induced deaths and exclude illness, disorders, and diseases resulting from long-term or chronic drug use. This classification is also referred to as drug poisoning.

These data are recorded at the county level; however, this report restricts its analysis to the seven health districts. It is important to note that each drug death may involve *one* or *more drugs*. Keep this in mind when reading the graphics below, as these substances may or may not have been the primary cause of the individual's overdose death. Additionally, overdose deaths do not encompass deaths resulting from the cumulative impact of chronic substance abuse on the body, contributing to medical conditions such as stroke, myocardial infarction, HIV/AIDS, or pulmonary hypertension.

To show a more comprehensive overview of overdose deaths across Idaho, this report focuses its attention on overdose deaths per 100,000 residents rather than total overdose deaths per health district. This approach aims to present a more nuanced and thorough picture of the overdose landscape in Idaho, allowing for meaningful comparisons across diverse locales with varying population sizes. Using this method is considered superior to simply reporting case numbers, as it offers a more accurate and insightful representation of the prevalence of incidents. The data is subdivided into the following age groups: 0-17, 18-25, and 26+, aligning closely with NSDUH age groupings to facilitate comparisons between substance use and overdose rates.

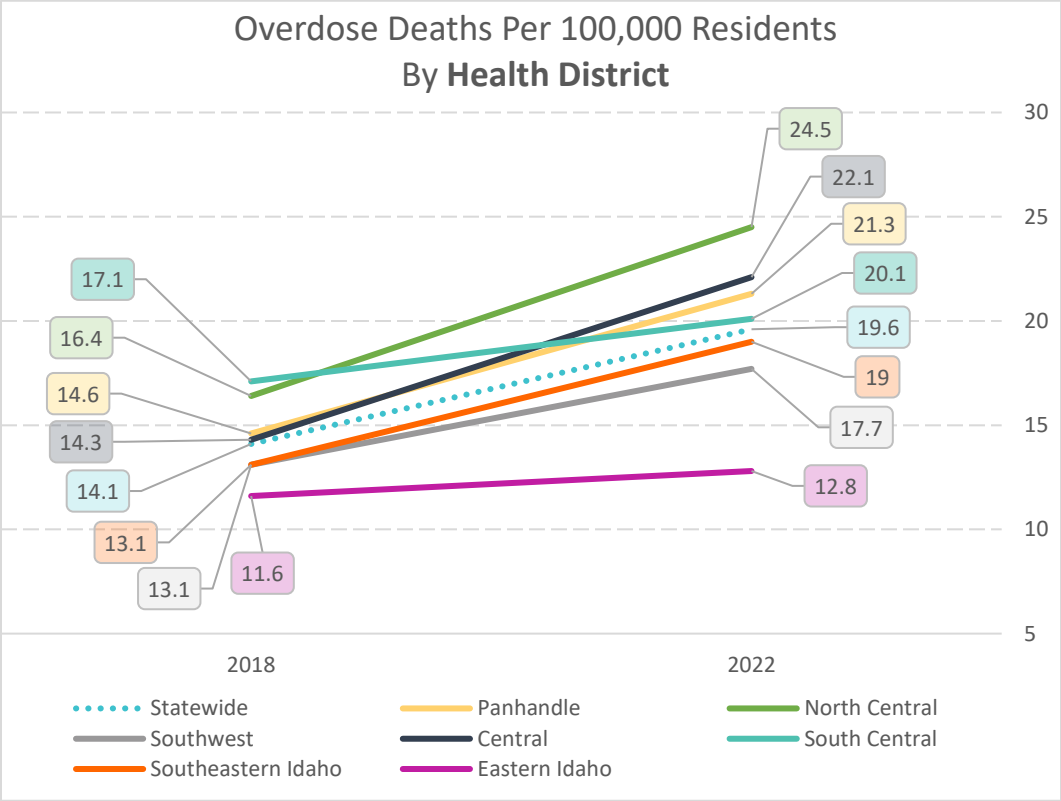
Alcohol-attributed deaths are captured using the Alcohol-Related Disease Impact (ARDI) application. This resource, managed by the Center for Disease Control and Prevention (CDC), provides national and state estimates of alcohol-related health impacts. Estimates are calculated for 58 acute and chronic causes using alcohol-attributed fractions and are reported by age and sex.

[48] Idaho's Bureau of Vital Records and Health Statistics; Division of Public Health (Issued: Feb 2024).

Drug and Alcohol Related Deaths

Overdose Deaths:

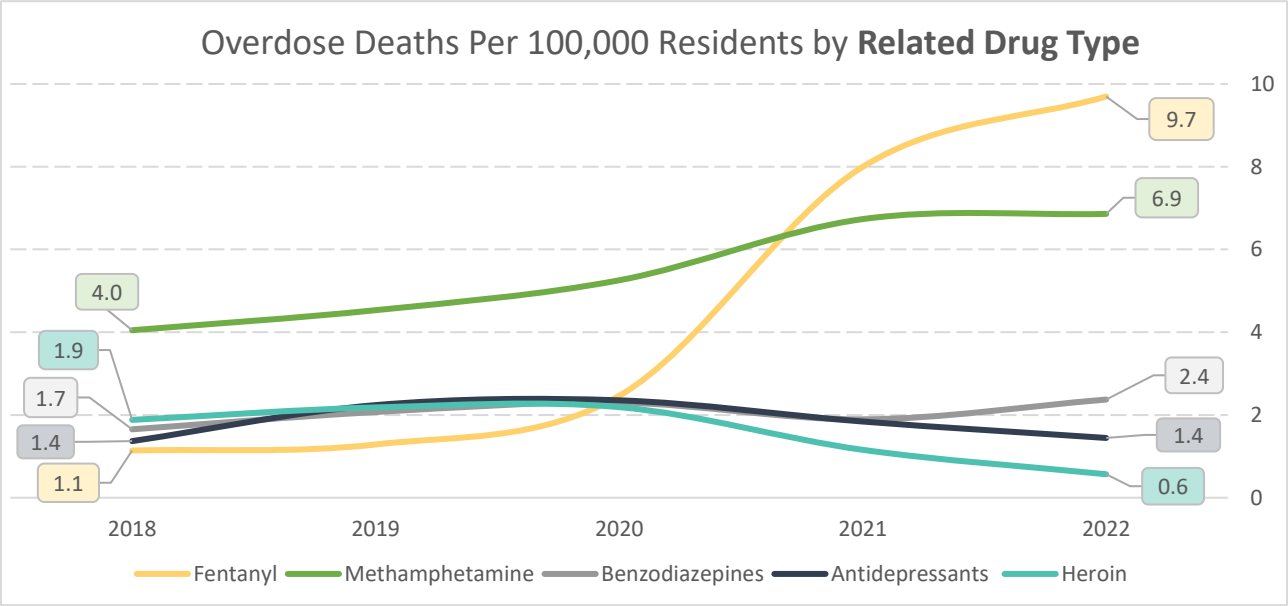
Deaths related to drug overdoses remain a threat to the health and well-being of Idahoans as deaths attributed to substance misuse steadily rise across the state. Idaho's overdose deaths mirror national trends, both experiencing record highs.[49] In 2022 alone, Idaho recorded 381 overdose fatalities, with 188 attributed to fentanyl, a driving force behind this increase.



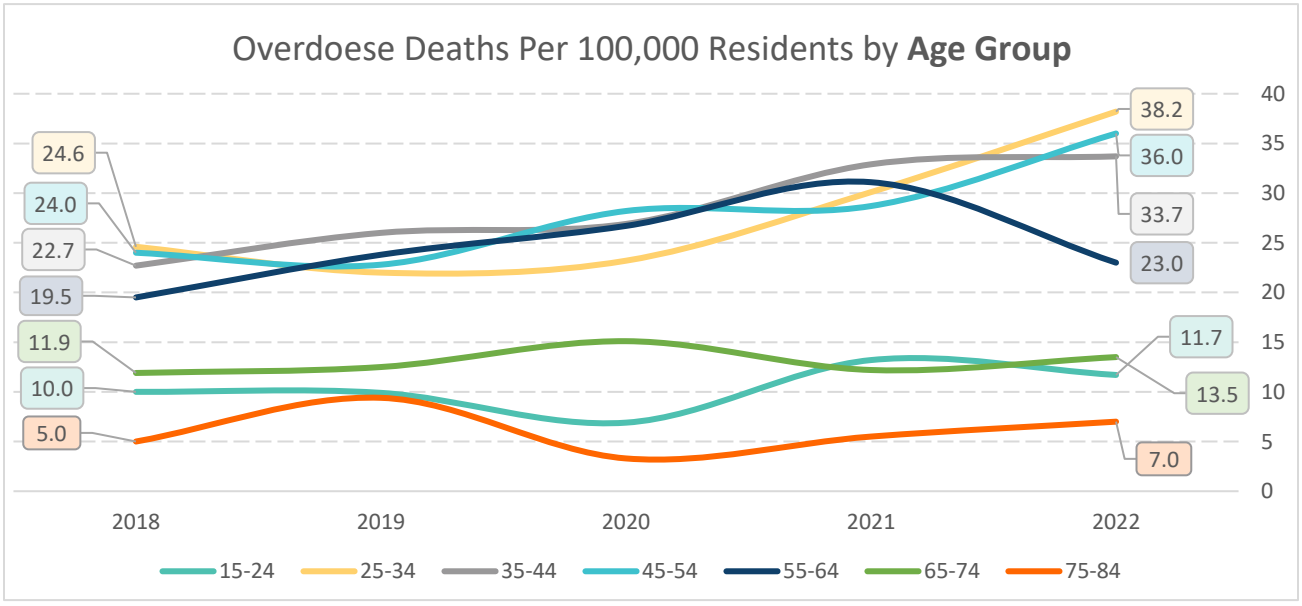
In Idaho, prior to 2021, methamphetamine was the most common substance related to overdose death. While fentanyl has now taken its place, the incidence of methamphetamine-related overdoses continues to climb.[50] Nationally, methamphetamine-related fatalities tripled from 2015 to 2019, attributed to high-risk behaviors like administration through injection and polysubstance use. This surge was also characterized by a 66% increase in frequent methamphetamine users, defined as those using 100 times or more in the past year.[51] Historically, methamphetamine use has been most prevalent among middle-aged white individuals. However, during the 2015-2019 spike, there was a fourfold increase in methamphetamine use disorder without injection among young adults aged 18 to 23. While concerns persist regarding trends in methamphetamine misuse, the more lethal substance, fentanyl, has now surpassed methamphetamine as the

[49] NCHS Data Brief, Drug Overdose Deaths in the United States, 2001-2021.
[50] National Institute on Drug Abuse, Drug Overdose Death Rates, 1999- 2021.
[51] Han B, Compton WM, Jones CM, Einstein EB, Volkow ND. Methamphetamine Use, Methamphetamine Use Disorder, and Associated Overdose Deaths Among US Adults. JAMA Psychiatry. 2021;78(12):1329–1342. doi:10.1001/jamapsychiatry.2021.2588

primary substance associated with overdose deaths in Idaho and across the United States. Methamphetamine is more often associated with chronic use, whereas fentanyl is known for its potency and lethality in doses as small as a grain of rice. The spike in its prevalence within the illicit drug market has resulted in a staggering increase in overdose deaths. The graphic below depicts just how drastic this increase in fentanyl-related overdoses has been, with methamphetamine following closely behind.



Data from the CDC indicates that nationally, people aged 35-44 have the highest rates of overdose deaths, followed by 25-34 and 45- to 54-year-olds. As depicted in the graphic below, Idaho has seen similarities to these national patterns, with overdose deaths occurring at the highest rates among the 45-54 age group, followed by the 35-44 and 25-34 age groups. It is important to note that although the young adult population reports using substances to a greater degree than the adult population, this age group experiences fewer overdoses. This raises questions about how risky use behaviors, length of drug use, and polysubstance use differ across age groups, as well as the effect of environmental factors such as the lethality of substances in the illicit drug market.



Alcohol-Related Deaths:

Using alcohol-related data from 2020 and 2021, the Center for Disease Control reports that approximately 178,000 people die from excessive alcohol use in the United State each year. This is an increase of 29% from the last national average that was taken using data from 2016-2017. Two-thirds of recorded alcohol-related deaths are due to chronic conditions that develop from long-term use, while one-third are associated with acute instances of excessive drinking, such as motor vehicle crashes, alcohol poisoning, and suicide.[52] Idaho reported 986 alcohol-related deaths annually during this same time period, marking a 40% increase from averages recorded using 2015-2019 data.[53,54] Table 4 summarizes findings from the 2020-2021 Alcohol-Related Disease Impact Application (ARDI) on alcohol-related deaths among males and females in Idaho, categorized by chronic versus acute cases.

Table 4:
Idaho 2020-2021 ARDI Harmful Effects Summary

	Overall	*Males*	*Females*
Chronic Causes	692	430	261
Acute Causes	294	223	71
Total for All Causes	986	654	332

[52] Center for Disease Control, Deaths from Excessive Alcohol Use in the United States. 2020-2021.
[53] Idaho Department of Health and Welfare, Excessive Alcohol Use. 2015-2019.
[54] Alcohol and Public Health: Alcohol-Related Disease Impact (ARDI), 2020-2021.

Discussion

Today, our nation is experiencing the *fourth wave* of the opioid overdose crisis driven by synthetic opioids and polysubstance use. The first wave began with prescription opioids in the 1990s, the second wave was characterized by a surge of heroin use, followed by synthetic opioids such as fentanyl, driving the third wave in the early 2010s that spread westward in later years. Overdose deaths have been steadily rising since 1979, repeatedly reaching record highs in Idaho and across the United States throughout the past 10 years, while rates of illicit drug use remain relatively stable.[55] This phenomenon is likely due to the unique characteristics of the *fourth wave* that indicate a 50-fold increase in overdose deaths related to fentanyl and stimulants from 2010-2021. Findings from a UCLA study charting the *fourth wave* found that "by 2021, stimulants such as cocaine and methamphetamine had become the most common drug class found in fentanyl-related overdose in every US state." [56] The same UCLA study found that "Universally in the West, and in the majority of states in the South and Midwest, methamphetamine-fentanyl co-involvement predominated by 2021. Additionally, the proportion of stimulant involvement in fentanyl-related overdose deaths rose in virtually every state from 2015-2020" (Friedman J., & Shover CL., 2023). Historically, overdose deaths were associated with years of chronic substance use. Today, as fentanyl contaminates the drug supply in pill and powder form, both first-time and experienced users face an elevated risk of overdose as the potency of fentanyl and the prevalence of polysubstance use compound the dangers of substance use.

As indicated above, Idaho's overdose death rates involving both fentanyl and methamphetamine have increased exponentially in recent years. However, rates of prescription drug misuse and lifetime methamphetamine use among Idahoans have remained relatively stable, and in some segments of the population, have even declined. This disparity between overdose occurrences and substance use affirms that the recent surge in overdose deaths in Idaho, mirroring national trends, is due to a rise in the lethality of the available substances on the market. This emerging trend underscores the importance of increased flexibility in data collection efforts and prevention strategies to adapt swiftly to the ever-changing substance use landscape.

A report from Millennium Health found that among those receiving some form of drug addiction care, 93% were polysubstance users. This same report found that methamphetamine was detected in 60% of fentanyl-positive urine tests in 2023. [57] These staggering rates of polysubstance use, coupled with the ubiquity of fentanyl-laced substances in the illicit drug market, indicates a need to better target data collection that captures the behaviors of polysubstance users in the state of Idaho. Additionally, it is essential that prevention efforts continue to educate on the risks of substance misuse, placing a particular emphasis on the significant dangers associated with polysubstance use. By understanding the shifting dynamics of substance use and overdose, we can better tailor interventions to effectively combat the rising tide of fatalities and safeguard the well-being of our Idaho communities.

---

[55] National Survey on Drug Use and Health: Model-Based Prevalence Estimates, *Illicit Substance Use Other than Marijuana*, 2021-202.

[56] Friedman, J., & Shover, C. L. (2023). Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021. Addiction, 118(12), 2477–2485. https://doi.org/10.1111/add.16318

[57] Millennium Health Signals Report Volume: 6. The Rise of Stimulants and the evolution of polysubstance use in America's Fentanyl Crisis. 2023.

Page Left Intentionally Blank

Appendix

Appendix A: Indicator Catalog

Data Source	Indicator	Focus
NSDUH	Alcohol use disorder in past year	Substance Use Disorder
NSDUH	Drug use disorder in past year	Substance Use Disorder
NSDUH	Illicit drug use (other than marijuana) in past 30 days	Substance Use
NSDUH	Marijuana use in past year	Substance Use
NSDUH	Opioid misuse in past year	Substance Use
NSDUH	Methamphetamine use in past year	Substance Use
NSDUH	Serious mental illness in past year	Mental Health
NSDUH	Major depressive episode in past year	Mental Health
NSDUH	Serious thoughts of suicide in past year	Mental Health
NSDUH	One or more suicide attempts in past year	Mental Health
IHYS	Alcohol use in past 30 days	Substance Use
IHYS	Alcohol misuse risk perception	Risk Perception
IHYS	Misused prescription drugs in past 30 days	*Substance Use*
IHYS	Prescription drug misuse risk perception	*Risk Perception*
IHYS	Marijuana use in past 30 days	Substance Use
IHYS	Marijuana use risk perception	Risk Perception
IHYS	Lifetime methamphetamine use	Substance Use
IHYS	Risk perception of methamphetamine and other drugs	Risk Perception
IHYS	Suicide ideation in past year	Mental Health
IHYS	Suicide attempts in past year	Mental Health
BRFSS	Heavy drinking in past year	Substance Use
BRFSS	Marijuana use in past 30 days	Substance Use
BRFSS	Marijuana risk perception	Risk Perception
BRFSS	Prescription drug misuse in past year	Substance Use
BRFSS	Lifetime methamphetamine use	Substance Use
Vital Stats	Drug overdose deaths by health district, related drug type, and age group	Mortality
ARDI	Alcohol-related deaths	Mortality

Appendix B: Resource List

United States Census Bureau Demographic Data:

- Census Bureau Tables

IHYS Reports:

- Idaho Healthy Youth Survey | Substance Misuse Prevention

BRFSS Data:

- CDC - BRFSS Annual Survey Data

NSDUH Data:

- State Data Tables and Reports From the 2021/2022 NSDUH (samhsa.gov)
- Home | SAMHSA DAS

Overdose Data:

- Drug Overdose Prevention Program | Idaho

Alcohol-Related Disease Impact Application

- Alcohol-Related Disease Impact | CDC

Prevention Resource Dashboard:

- Idaho Prevention Resources Dashboard | Substance Misuse Prevention

Idaho State Epidemiological Workgroup Data Dashboard

- SEOW Data Dashboard

Appendix C: Terminology & Definitions

Alcohol Use Disorder: Respondents who reported using alcohol on 6 or more days in the past 12 months were classified as having an alcohol use disorder if they met two or more of the DSSM -5 criteria for alcohol use disorder.

Drug Use Disorder: Drug use disorder was defined as meeting DSM-5 SUD criteria for one or more of the following drugs that were used in the past year: marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutic drugs.

Marijuana Use Disorder:

Serious Mental Illness (SMI): Adults 18 and older were classified as having SMI if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities.

Major Depressive Episode (MDE): Respondents were classified as having had MDE if (1) they had at least one period of 2 weeks or longer in the past year when, for most of the day, nearly every day, they felt depressed or lost interest or pleasure in daily activities and (2) they also had problems with sleeping, eating, energy, concentration, self-worth, or having recurrent thoughts of death or recurrent suicidal ideation.

Heavy Drinking: Defined as consuming 8 or more drinks per week for women and 15 or more drinks per week for men.

Polysubstance Use: Either the intentional or unintentional combining of two or more substances simultaneously or taken within a short period of each other.