



# Idaho Opioid Misuse and Overdose Strategic Plan 2017 - 2022

## **2019 Update (Abridged)**

Prepared on Behalf of the Strategic Planning Stakeholder Group by:

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# Introduction

In April 2017, the Governor's Office of Drug Policy convened a planning group to create a statewide, multi-stakeholder opioid misuse and overdose prevention strategic plan. A broad group of stakeholders met over two days and developed the "2017 – 2022 Idaho Opioid Misuse and Overdose Strategic Plan." Subsequent meetings were held in person and by phone to further refine the goals and strategies. The workgroup held its third annual retreat in May 2019. This strategic plan identifies four key goal areas that address the epidemic in a comprehensive, multi-faceted approach to support the plan's 2022 vision of "A safe and healthy Idaho, free of opioid misuse and untreated opioid use disorders."

Drug overdose deaths in the United States continue to increase, with overdose deaths from opioids increasing almost six times since 1999<sup>1</sup>. In 2017, 70,237 Americans died from a drug overdose and nearly 68% of those deaths involved an opioid<sup>2</sup>. Like the rest of the country, Idaho is struggling with the opioid epidemic and has seen an increasing number of drug overdose deaths since 2000<sup>3</sup>. In 2018, 248 Idahoans died from a drug overdose and at least 125 of those deaths reported an opioid<sup>3</sup>. The age adjusted mortality rate has increased from 11.9 per 100,000 Idaho residents in 2009 to 14.5 per 100,000 Idaho residents in 2018<sup>3</sup>. Among the drugs listed on death certificates from drug overdoses in 2018, opioids were reported in more than half (125 out of 217 deaths with one or more drugs reported)<sup>3</sup>. Despite these increases, the burden of opioid abuse in overdose deaths is likely underestimated. Due to the lack of requirement among certifiers to report specific drugs on death certificates and lack of funding for toxicology tests, in 2018, about 13% of drug-overdose deaths did not specify the drugs involved<sup>3</sup>.

Males appear to be at particular risk for drug overdose deaths<sup>3</sup>. Though Idahoans aged 25-34 have the highest drug overdose death rate by age group<sup>3</sup>, the rate for those aged 55-64 increased by 18%<sup>3</sup>. Public Health District 5 has the highest drug overdose mortality rate by district (17.1), with the rate increasing by 35% between 2017 and 2018<sup>3</sup>. Although Public Health District 5 has the highest drug overdose death rate, Public Health District 3 has seen the largest drug overdose death rate increase, 42%, from 2017 to 2018<sup>3</sup>.

Idaho ranks 25<sup>th</sup> among the states and D.C. for past year pain reliever misuse<sup>4</sup>. 4% of Idahoans aged twelve and older reported misusing pain relievers in the past year, but adults aged 18 to 25 are at particular risk; 7.2% reported misusing pain relievers in the past year<sup>4</sup>. Among youth, approximately 1 in 12 Idaho students have misused a prescription pain reliever in their lifetime<sup>5</sup>.

At the outset of the Strategic Plan, access to opioid medications in Idaho had increased; between 2011 and 2016 the retail distribution of oxycodone to pharmacies, hospitals, and physicians increased from over 13,000 grams per 100,000 population to over 16,000 grams per 100,000 population<sup>6</sup>. From 2016 to 2017, Retail distribution of oxycodone decreased by 1000 grams per 100,000 population<sup>6</sup>.

Although less often used, heroin is also becoming an increasing concern. Between 2014 and 2017, drug overdose deaths reporting heroin increased by almost 3-fold<sup>3</sup>. The arrest rate for heroin increased from 0.05 arrests per 1,000 population in 2013 to 0.40 arrests per 1,000 population in Idaho in 2017<sup>7</sup>. In 2018, heroin use was more prevalent than prescription opioid use among the Idaho Department of Correction's supervised population, which includes the community population as well as the incarcerated population and those in the presentence phase<sup>8</sup>. More than 15% of IDOC's supervised population reported heroin as a drug of choice, compared to 8.6% that reported opioid analgesics<sup>8</sup>. Females are more likely to use both opioid

analgesics and heroin than their male counterparts<sup>8</sup>. Among Idaho's incarcerated population currently with drug dependence, over 8% indicated opioid analgesics as a drug of choice, and over 18% indicated heroin as a drug of choice<sup>8</sup>.

<sup>1</sup>Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2018. Available at <http://wonder.cdc.gov>.

<sup>2</sup>Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;67:1419–1427.

<sup>3</sup>Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, July 2018.

<sup>4</sup>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

<sup>5</sup>Office of Drug Policy, Idaho Healthy Youth Survey, 2017.

<sup>6</sup>United State Department of Justice, Drug Enforcement Agency, Diversion Control Division, Data downloaded from the Automated Reports and Consolidated Ordering System (ARCOS), 2017.

<sup>7</sup>Idaho State Police, Idaho Statistical Analysis Center, National Incidence-Based Reporting System, 2007-2017.

<sup>8</sup>Evaluation and Compliance, Idaho Department of Correction, 2018.

# Planning Process

“The greater danger for most of us lies not in setting our aim too high and falling short, but in setting our aim too low and achieving our mark.”

- Michelangelo

A strategic plan provides a powerful roadmap to align and navigate efforts in pursuit of an impactful and inspiring future vision. In April of 2017, the Idaho Office of Drug Policy and the Idaho Department of Health and Welfare’s Division of Public Health convened a strategic planning team comprised of diverse statewide stakeholders connected to the opioid crisis to determine how to address this serious issue and achieve significant positive impact in the next five years. Attending stakeholders included persons and family members directly affected by opioid misuse, addiction, or overdose; the Idaho Office of Drug Policy; the Idaho Department of Health and Welfare; public health districts; Idaho State Senators and Representatives; mental health providers; physicians; treatment and recovery support providers; law enforcement jurisdictions and criminal justice professionals; medical associations and state licensing boards; the Coroner’s Office; and others.<sup>1</sup>

First, the group came to consensus on a collective vision for the ideal future impact on the opioid epidemic in Idaho. Every participant’s input was considered in the process, culminating in a concise, compelling vision to serve as the point of alignment for the rest of the plan.

Next, the group conducted an environmental assessment: an analysis of all factors that have the potential to either help or hinder achievement of the vision. The assessment was informed by business intelligence generated and distributed in advance of the planning retreat, including current Idaho best practices and programs in opioid misuse prevention and control, Idaho’s Opioid Needs Assessment (updated annually), the CDC Opioid Prescribing Guidelines, and the SAMHSA Opioid Prevention Toolkit.

The results of the environmental assessment were synthesized into critical success factors: the most important areas of focus to achieve significant progress toward the vision. SMART goals were developed to address each of the critical success factors. Strategies were created to define how each goal would be attained. Performance measures were established to guide evaluation of progress toward reaching the goals. An accompanying performance measurement plan was created to define the timeframes, responsibilities, and audience for each measure. Finally, action plans were developed, detailing the steps and responsibilities for carrying out each strategy; they will serve as the primary tool for strategic plan implementation.

This plan reflects the results of the strategic planning process, and represents Idaho stakeholders’ commitment to aligning efforts to significantly move the needle on this serious issue.

Consistent strategic plan review and follow-up will continue to be key to success. Strategic planning stakeholders are convened quarterly to report progress on action plans and performance measures, share agency updates, and collaborate on any challenges that arise. In addition, in the spring of 2018 and 2019, the group, along with new members, met to review and update the plan. These meetings include presentations from several subject matter experts on new and emerging topics critical to the opioid crisis, and opportunities to determine how best to refine the existing plan and incorporate new information. The group will continue to meet in-person annually to review and update the strategic plan, optimizing its relevance and effectiveness.

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<sup>1</sup> A detailed list of planning retreat participants and meeting details can be found in the Appendix.

# Vision

A vision describes the ideal future impact of an organization or collaboration of stakeholders. It is the guiding force that inspires stakeholders to take action in influencing success, and provides a point of alignment for all associated efforts. This vision is intended to drive significant positive outcomes with regard to opioid misuse and overdose over the duration of the strategic plan and beyond.

## Idaho's 5-Year Vision (2022)

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

# Goals, Strategies, and Performance Measures

This section outlines the goals, strategies, and performance measures of the strategic plan. Goals articulate the outcomes that will be achieved to realize the vision. Strategies define how the goals will be accomplished. Strategy implementation, including process, timing, responsible parties, and resulting outputs, is detailed in accompanying action plans (please see next section). Performance measures are designed to assess the impact of plan activities. 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.

## Goals and Strategies

### CRITICAL SUCCESS FACTOR 1: EDUCATE PROVIDERS, PATIENTS, AND THE PUBLIC

#### GOAL 1A

**By December 2021, using Idaho's 2017 number of 645.2 as a baseline, reduce the annual amount of opioids prescribed in Morphine Milligram Equivalents (MME) per person in all ages, to 512.6 (the current U.S. average).**

#### Strategies:

- 1) Research and standardize toolkits to ensure they are Idaho-based and electronic
- 2) Public Health Districts to continue peer-to-peer educational approach with Prescriber Champions and implement quality improvement projects to improve clinical workflow to incorporate Prescription Monitoring Program (PMP) checking
- 3) Implement a dissemination plan for provider toolkits and other educational materials
- 4) Explore linking controlled substance licenses with continuing medical education
- 5) Provide information related to opioid stewardship and the state strategic plan to Idaho health education programs
- 6) Ensure sustainability of and increase engagement in the Extension for Community Health Outcomes (ECHO) program in Idaho

#### GOAL 1B

**By December 2019, reduce the past year pain reliever misuse among Idahoans 12 years and older from 4.25% to 4.0%, as measured by the National Survey on Drug Use and Health (NSDUH).**

#### Strategies:

- 1) Expand Idaho branded patient education information for distribution to prioritized communities
- 2) Expand distribution of a patient friendly variation on the Brief Opioid Knowledge test rack card for patients
- 3) Develop patient education tools to implement at pharmacies
- 4) Develop or adopt a web-based opioid education program for patients

**CRITICAL SUCCESS FACTOR 1:  
EDUCATE PROVIDERS, PATIENTS, AND THE PUBLIC (continued)**

**GOAL 1C**

**By December 31, 2020, 85% of Idaho's adult population (as measured by the Behavioral Risk Factor Surveillance System (BRFSS)) will be aware that using prescription painkillers more frequently or in higher doses than directed by a healthcare provider, or using prescription painkillers not prescribed by a healthcare provider, holds great risk.**

**Strategies:**

- 1) Implement and expand evidence-based substance use **prevention education** programs for students
- 2) Provide **information dissemination** through adult-focused education campaign
- 3) Provide **information dissemination** through community statewide prevention education efforts
- 4) Continue **information dissemination** about the availability of local prescription take-back programs

**CRITICAL SUCCESS FACTOR 2:  
IMPROVE OPIOID PRESCRIPTION PRACTICES**

**GOAL 2**

**By December 31, 2019, the percent of Idaho prescribers issuing controlled substance prescriptions who checked the Idaho PMP at least once during calendar year 2019 will be at least 10% greater than the percent who checked during calendar year 2016 (baseline rate).**

**Strategies:**

- 1) Encourage prescribers and healthcare systems to adopt PMP integration into electronic medical records (EMRs)
- 2) Educate prescribers on access to and use of PMP, including use of delegates
- 3) Educate prescribers and administrators about safe opioid prescribing in general
- 4) Help make Idaho PMP data more accessible to public/interested parties
- 5) Coordinate with Medicaid on provisions of SUPPORT Act that involve the Idaho PMP
- 6) Research and consider implementation of best practices to maximize effectiveness of the PMP

**CRITICAL SUCCESS FACTOR 3:  
STRENGTHEN AND SUPPORT FAMILIES**

**GOAL 3**

**By December 2021, reduce Idaho youth opioid misuse by 10% as measured by the Idaho Healthy Youth Survey.**

**Strategies:**

- 1) Collect resources supporting all groups (such as patient, parents, family, friends) affected by opioid misuse or in crisis and coordinate dissemination to established public resource outlets (e.g., 211, Idaho Wellness Guide, Live Better Idaho)
- 2) Create a county resource map to include validated resources collected in Strategy 1, and make available to all stakeholders
- 3) Increase family recovery support services in each county/region (e.g., Narcotics Anonymous and Nar-Anon Family Groups, Family Strong, etc.)
- 4) Educate parents about the signs of drug use, destigmatize, disseminate resources

**CRITICAL SUCCESS FACTOR 4:  
EXPAND AWARENESS OF, AND ACCESS TO, TREATMENT**

**GOAL 4**

**By December 2021, decrease the number of Idahoans with untreated opioid use disorder (OUD) from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health (NSDUH).**

**Strategies:**

- 1) Increase the number of treatment providers
- 2) Increase payment options for treatment by identifying and removing financial barriers
- 3) Reduce stigma around opioid treatment modalities
- 4) Improve pathways to treatment for all populations

## Performance Measurement Plan

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
1A	<p><b>(i) Prescribing Rate per 100 Idahoans</b></p> <p>This figure, reported annually by the CDC, will track the trend/decrease in Idaho and comparison to the national average.</p>	Annually	Megan Hearn, DOPP	Present at the quarterly strategic plan review meeting after the annual results are released.	Strategic Planning Group <sup>2</sup>
1A	<p><b>(ii) Percentage of Opioid Naïve Patients Who are Prescribed a Long-Acting or Extended Release (LA/ER) Opioid</b></p>	Quarterly	Megan Hearn	Present at each quarterly strategic plan update meeting.	Strategic Planning Group
1A	<p><b>(iii) Percentage of Opioid Naïve Patients Who Took Opioids for Longer than Three Days</b></p>	Quarterly	Megan Hearn	Present at each quarterly strategic plan update meeting.	Strategic Planning Group
1A	<p><b>(iv) Percentage of Opioid Prescriptions Dispensed that have Daily MME Doses under 50 MME, Between 50 and 90 MME, and Over 90 MME</b></p> <p>This data, obtained from the PMP, will track changes in proportion for each MME category.</p>	Quarterly	Megan Hearn	Present at each quarterly strategic plan update meeting.	Strategic Planning Group

<sup>2</sup> Strategic Planning Group refers to the participants of the 2017 Idaho Opioid Strategic Planning Retreat, and other parties actively involved in plan implementation since then.

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
1B	<p><b>(i) Statewide Patient Education Campaign Evaluation</b></p> <p>Behavioral intent is measured by patient experience surveys in initial hospitals. Reach numbers during period of campaign implementation.</p>	Collected during campaign, reported immediately after	ODP	Report and presentation of evaluation results at the quarterly strategic plan update meeting following the end of the campaign.	Strategic Planning Group
1B	<p><b>(ii) Expansion of Full Hospital Campaign</b></p> <p>Number of locations to which the full hospital campaign extends. Number of pharmacy participants.</p>	Quarterly	ODP	Report and present numbers at each quarterly strategic plan review meeting.	Strategic Planning Group
1B	<p><b>(iii) Average Daily Supply Dispensed</b></p> <p>Track data via PMP.</p>	Semiannually: January and July	Board of Pharmacy (BOP)  Megan Hearn	Report results at the immediately following quarterly strategic plan review meetings. Megan to update Opioid Needs Assessment (annually).	Strategic Planning Group
IC	<p><b>(i) Statewide Adult Education Campaign Evaluation</b></p> <p>The evaluation will assess campaign reach, engagement and earned media. Additionally, the evaluation will measure change in knowledge, attitudes, behaviors, and how well the CDC campaign materials resonate with Idaho residents.</p>	Annually: August	Kristen Raese, DHW	Report and presentation of evaluation results at the end of the campaign at the next quarterly strategic plan update meeting.	Strategic Planning Group

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
1C	<p><b>(ii) Evidence-Based Program (EBP) Evaluation</b></p> <p>This will be a pre and post survey evaluation of the program aimed at middle school students.</p>	Annually, starting September 2018	Marianne King, ODP	Report and presentation of results at the end of the program at the next quarterly strategic plan update meeting.	Strategic Planning Group
1C	<p><b>(iii) Perceived Risk of Opioid Misuse</b></p> <p>The source of this data is the 2018 IDHW added BRFSS question: "How much do you think people risk harming themselves in any way when they use prescription painkillers more frequently or in higher doses that directed by a healthcare provider or when they use prescription painkillers NOT prescribed by a healthcare provider?"</p>	Annually: starting August/September 2018	ODP/Marianne King	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
2	<p><b>(i) Number of Unique Providers Checking the PMP in a Calendar Year AND Number of Unique Providers Who Wrote a Controlled Substance Prescription that was Filled in the Same Calendar Year</b></p>	Annually	BOP	Data report to Goal Team 2 and presentation at annual strategic plan update retreat	Strategic Planning Group
2	<p><b>(ii) Number of Patients Generating Unsolicited Reports from the Board of Pharmacy</b></p>	Annually	BOP	Data report to Goal Team 2 and presentation at annual strategic plan update retreat	Strategic Planning Group

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
2	<b>(iii) Number of Prescribers Using Gateway or NarxCare to Access the Idaho PMP</b>	Annually	BOP	Data report to Goal Team 2 and presentation at annual strategic plan update retreat	Strategic Planning Group
3	<b>(i) National Survey on Drug Use and Health (NSDUH)</b>  See results concerning prevalence of opioid use for various age groups.	Biannually: starting January 2018	Alex Curd, ODP	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
3	<b>(ii) Youth Risk Behavior Survey (YRBS)</b>  See results concerning prevalence of prescription drug use for high school students.	Biannually per YRBS administration schedule <sup>3</sup>	Alex Curd, ODP	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
3	<b>(iii) Idaho Healthy Youth Survey</b>  See results concerning prevalence of opioid use among students in grades 6, 8, 10 and 12.	Biannually per Health Youth Survey administration schedule <sup>10</sup>	Alex Curd, ODP	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group

<sup>3</sup> The YRBS and Idaho Healthy Youth Surveys are administered in alternating years.

<b>GOAL #</b>	<b>MEASURE AND DESCRIPTION</b>	<b>FREQUENCY OF MEASUREMENT</b>	<b>RESPONSIBLE PARTY(IES)</b>	<b>METHOD FOR COMMUNICATING RESULTS</b>	<b>AUDIENCE</b>
3	<p><b>(iv) Behavioral Risk Factor Surveillance System (BRFSS)</b></p> <p>See results concerning prevalence of opioid use for various youth age groups for those 18 years and older.</p>	Annually: starting August/September 2018	Alex Curd, ODP	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
4	<p><b>(i) Trend in Number of Waivered Providers</b></p> <p>Source: The list of waivered prescribers provided monthly by SAMHSA.</p>	Semiannually: January and July (starting 2018)	Rachel Gillett, DHW DPH	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
4	<p><b>(ii) Annual Trend in Number of Overdose Deaths with Opioid Involvement Among Idaho Residents</b></p> <p>Source: Annual Idaho Vital Records and Health Statistics data, based on calendar year.</p>	Annually: data available in June	Chris Hahn, DHW DPH	Data report	Strategic Planning Group
4	<p><b>(iii) Trend in Individuals Receiving Publicly Funded Treatment and Support Services</b></p>	TBD	Rosie Andueza, DHW DBH	Data report	Strategic Planning Group
4	<p><b>(iv) Amount of Public Funding for Treatment and Recovery Services</b></p> <p>Track the trend in funding.</p>	TBD	Rosie Andueza	Data report	Strategic Planning Group

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
4	<p><b>(v) Trend in Number of Naloxone Prescriptions Dispensed</b></p> <p>Source: Annual PDMP data on naloxone prescriptions dispensed to Idaho residents, by calendar year.</p>	Annually: April	Megan Hearn	Data report	All stakeholders
4	<p><b>(vi) Trend in Number of Opioid Treatment Programs (OTPs) in Idaho</b></p> <p>This will be monitored as Medicaid Expansion is rolled out via data provided by Medicaid. It will include how many BPA providers transition who have not already signed up to be in the Optum network.</p>	Annually: April	Rachel Gillett	Data report	All stakeholders
4	<p><b>(vii) Trend in Warm Handoff Programs Across the State</b></p> <p>This will be tracked through the various related grants as well as word of mouth through our strategic plan groups.</p>	Annually: April	Rachel Gillett	Verbal/written report	All stakeholders
4	<p><b>(viii) Trend in Available Resources for OUD Providers Across the State</b></p> <p>This will be challenging to measure. Initial efforts will include identifying available resources, followed by monitoring completed outreach for provider awareness.</p>	Annually: April	Rachel Gillett	Verbal/written report	All stakeholders

# Action Plans

“Well done is better than well said.”

- Benjamin Franklin

Action plans translate strategies into concrete tasks, and have been developed for each strategy in the strategic plan. These will serve as the primary implementation tool to ensure the strategic plan is executed as intended and on time. They describe the tasks, timelines, and individuals involved in carrying out each strategy, and will be updated annually, as needed.

During development, goal team members were asked to consider and incorporate steps/actions specific to especially vulnerable populations, including those who:

- Are in recovery
- Are incarcerated
- Are in chronic pain
- Have mental illness
- Live in rural Idaho
- Are young people
- Are elderly

Teams were also asked to identify, whenever relevant, barriers and facilitators to implementation.

To view the full-length 61-page version of the plan including all action plans and appendices, request a copy from [info@odp.idaho.gov](mailto:info@odp.idaho.gov).