

SUBSTANCE MISUSE IN IDAHO

UPDATING THE STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP'S ANALYTICAL FRAMEWORK



Idaho Statistical Analysis Center
Pass-Through Grants & Research
Idaho State Police

Substance Misuse in Idaho: Updating the State Epidemiological Outcomes Workgroup's Analytical Framework

Authors

Kourtnie Rodgers, PhD

Thomas Strauss, MPA

Idaho Statistical Analysis Center
Pass-Through Grants & Research
Idaho State Police

For More Information

Email: pgr@isp.idaho.gov

Website: www.isp.idaho.gov/pgr/isac/

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EXECUTIVE SUMMARY

The Idaho Statistical Analysis Center (ISAC) partnered with the Idaho Office of Drug Policy (ODP), which coordinates the state's Statewide Epidemiological Outcomes Workgroup (SEOW), to investigate Idaho's substance use and misuse data and the extent to which it can help policymakers set state policy around substance use and misuse prevention, as well as develop a public-facing data dashboard (available on both ISAC's and ODP's websites) that houses all of the data included in the SEOW's Needs Assessments. This is the second report on SEOW's data collection and analysis capabilities and includes a reframing of the SEOW's analytical framework from the "use and consequences" model previously used to one that draws from public health best practices. This report provides an overview of Idaho's substance use data and discusses both the strengths and weaknesses in currently available data.

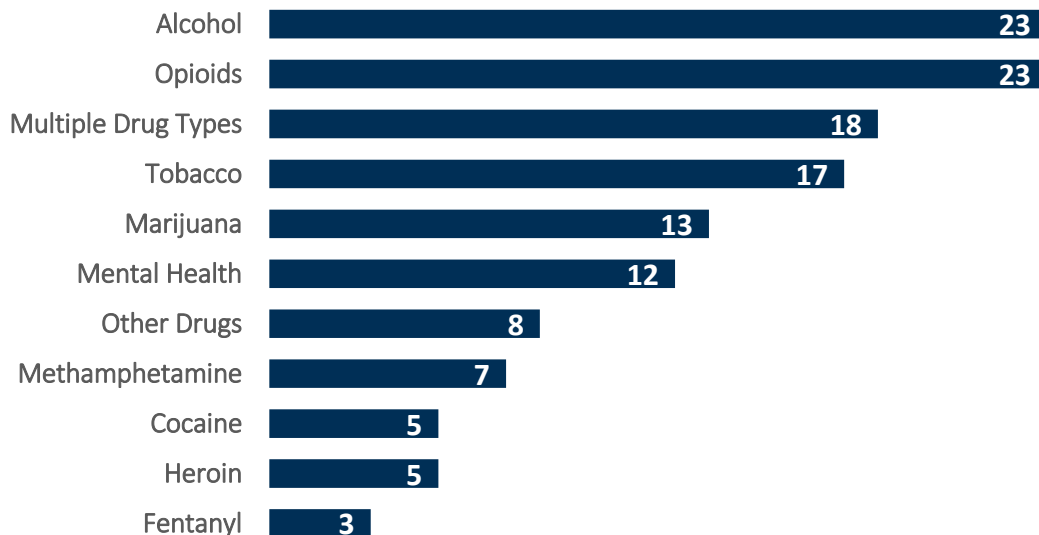


What indicators of substance use and misuse currently exist?

Data currently being used by the SEOW comes from a mix of state and national sources and consists of both survey and administrative data. Specifically, surveys tend to focus on indicators of use and attitudes about various substances (such as the respondent's perception of the risk of using substances), while administrative data sets tend to focus on public health and/or safety outcomes (such as vehicle crashes, drug overdose deaths, and drug arrests).

Much more data is available for substances that have historically been of concern to Idaho policymakers than there are for substances that have emerged as a concern in recent years. There is more data on alcohol and opioid use/misuse than any other substance (23 available indicators each), followed by tobacco (17) and marijuana (13). There is far less data available on newer substances of concern such as methamphetamine (7 available indicators) and fentanyl (3). There were 18 indicators available that measure overall drug use/misuse, or multiple drug types are included in one indicator. Finally, 12 indicators of mental health were included.

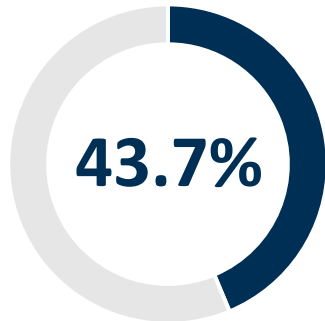
Number of Available Indicators by Substance Type





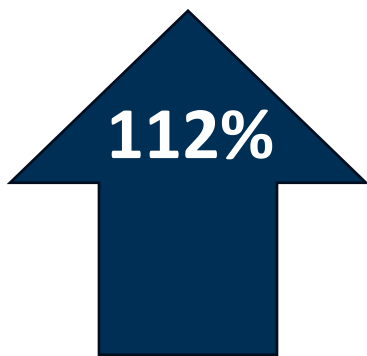
What can existing data tell us about substance use and misuse in Idaho?

The following are some key takeaways from the available data on substance use in Idaho:



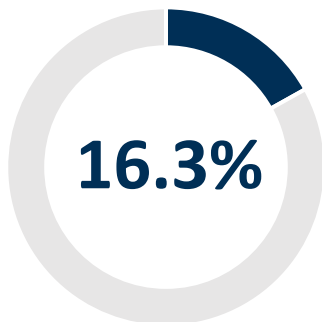
Percentage of Idahoans aged 12+ who reported using **alcohol** in 2023

- ❖ About 2 in 5 Idahoans aged 12+ (43.7%) reported using alcohol in 2023, below the national rate of 44.6%.
- ❖ 23% of Idaho high school students reported using alcohol in 2021, above the national rate of 22.7%. About 1-in 6 (17%) reported having their first alcoholic drink before age 13.
- ❖ 10.6% of Idahoans aged 12+ reported being diagnosed with alcohol use disorder in 2023, and in 2021, 10.7% reported needing treatment for alcohol misuse but not receiving it.



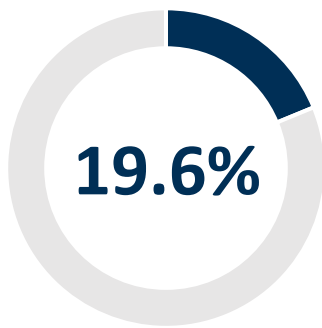
Increase in Idaho's **opioid overdose death rate** between 2014 and 2024

- ❖ In 2021, 3.6% of Idaho adults reported taking more opioids than prescribed by their doctor, while 1.2% reported using opioids they had not been prescribed.
- ❖ In 2021, 14% of Idaho high school students reported that they had ever misused prescription pain medication.
- ❖ Idaho's opioid overdose death rate rose 112% between 2014 and 2024, from 5.0 deaths per 100,000 residents in 2014 to 10.6 in 2024. However, death rate has fallen in recent years, down from a high of 13.9 in 2022.



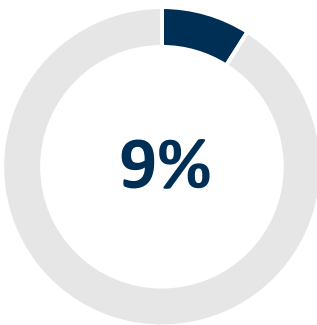
Percentage of Idahoans aged 12+ who reported using **tobacco** in 2023

- ❖ About 1 in 5 Idahoans aged 12+ (16.3%) reported using tobacco products in 2023, below the national rate of 17.8%.
- ❖ In 2021, 19% of Idaho high school students reported ever having tried smoking cigarettes, down from 54% in 2001 but still above the national rate of 17.8%.
- ❖ In 2021, 39% of Idaho high school students reported ever using an electronic vapor product, down from 45% in 2015 but still above the national rate of 36.2%



Percentage of Idahoans aged 12+ who reported using **marijuana** in 2023

- ❖ **19.6% of Idahoans aged 12+ reported using marijuana in 2023**, below the national rate of 21.9%.
- ❖ In 2021, 14% of Idaho high school students reported using marijuana in the previous month, down from 18% in 2001 and below the national rate of 15.8%.
- ❖ The perception of risk from marijuana use has decreased nearly 15 percentage points among adults (from 50.7% reporting a perception of high risk in 2015 to 35.9% in 2021) but has increased among Idaho middle and high school students (from 47.7% in 2017 to 49.6% in 2021).



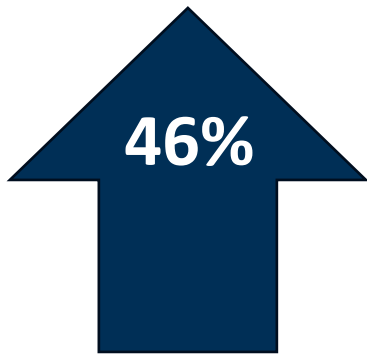
Percentage of Idahoans aged 18+ who reported they had ever used **methamphetamine**

- ❖ **9% of Idahoans aged 18+ reported that they had ever used methamphetamine in 2021**, down from 9.8% in 2019.
- ❖ In 2021, 1% of Idaho high school students reported they had ever used methamphetamine, down from 7% in 2001 and below the national rate of 1.8%.



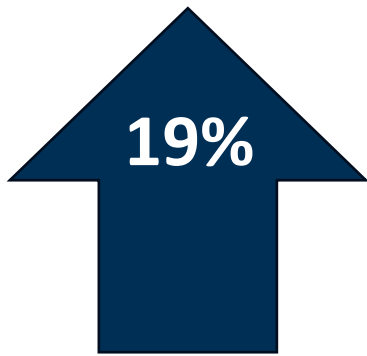
Increase in Idaho's **fentanyl overdose death rate** between 2014 and 2024

- ❖ **Idaho's fentanyl overdose death rate rose 1,500% between 2014 and 2024**, from 0.4 deaths per 100,000 residents in 2014 to 6.4 in 2024. However, the death rate did decline 36% in 2024 (down from a high of 10.0 in 2023).



Increase in Idaho's **fentanyl total drug overdose death rate** between 2012 and 2024

- ❖ Idaho's total drug overdose death rate rose 46% between 2012 and 2024, from 11.5 deaths per 100,000 residents in 2012 to 16.8 in 2024. However, the death rate did decline 14% in 2024 (down from a high of 19.6 in 2023).
- ❖ The rate of emergency department visits for drug overdoses rose 14% between 2019 (244.5 visits per 100,000 residents) and 2021 (277.9), then declined 26% by 2023 (205.7).
- ❖ The DUI crash fatality rate also declined recently, from 0.6 deaths per 100,000 residents in 2022 to 0.4 in 2024 (down 33%).



Increase in Idaho's **suicide death rate** between 2014 and 2023

- ❖ Idaho's suicide death rate rose 19% between 2014 and 2023, from 19.6 deaths per 100,000 residents in 2014 to 23.3 in 2023. The year with the highest death rate during that period was 2018 (23.8).
- ❖ 14.8% of adult Idahoans reported experiencing 14 or more days of poor mental health within the previous month, slightly below the national rate of 15.4%. However, 22.9% reported being diagnosed with depressive disorder, which is above the national rate (22.0%).
- ❖ About 2 in 5 adult Idahoans (39%) reported feeling stressed at least some of the time, while 27% reported feeling socially isolated at least some of the time. Further, 6% reported that their social/emotional needs are rarely or never met, and 4.5% reported that they have seriously considered attempting suicide.



What data improvements can be made to enhance knowledge and fill gaps?

The following are recommendations that the state can implement to improve its understanding of substance use and misuse in Idaho:



Expand current data sources or reporting to capture more county level data and demographics



Develop a model including risk and protective factors that can be used to evaluate and compare counties



Keep the Needs Assessment flexible and utilize SEOW's expertise to keep data and reporting relevant



Continue SEOW's education and outreach efforts

- ❖ The biggest gaps in substance use data are in the lack of county level indicators and indicators that are disaggregated by demographics. There are populations that previous research has identified as more at-risk for adverse or disproportionate effects from substance use, but little data exists to assess these populations. To evaluate substance use and misuse at the county level, these gaps must be addressed.
- ❖ To further inform funding, policy, and programming decisions, creating a data model or index around substance misuse indicators would be highly beneficial. Currently, indicators are mostly evaluated individually, but this creates an issue when trying to address the needs from a public health and/or substance use/misuse prevention standpoint. While stakeholders may know a need exists from anecdotal or surveillance data, continuing to move to an approach centered around public health principles to inform substance use/misuse prevention efforts requires an understanding of the driving forces behind substance use and misuse, which remains difficult given the current state of available data. Pivoting to a model that incorporates risk and protective factors would help fill this gap in knowledge.
- ❖ The SEOW consists of research analysts from multiple entities in the state that have an interest in substance misuse in Idaho. They are a source ripe with knowledge and are likely to know when there is a new trend or topic arising that needs consideration. Flexibility needs to be prioritized so that the group's regular needs assessments can continue to provide the most up to date and relevant information. Continuing to monitor topics through the group also opens the opportunity for SEOW members to contribute data that is already being collected about emerging issues or suggest where data may start to be collected.
- ❖ In recent years, the SEOW has shifted its efforts from purely supporting ODP to being a resource for the broader substance misuse treatment and prevention community. While ISAC recommends that Idaho's SEOW maintain this function, it also supports the expansion of the SEOW's role as a leading source of data and research on substance use and misuse in Idaho.

BACKGROUND

The Idaho Office of Drug Policy (ODP) coordinates the State Epidemiological Outcomes Workgroup (SEOW), an advisory group established in its current form in 2013 that consists of researchers and data analysts who have an interest in or work with state-level data relating to substance use and behavioral health in Idaho. The SEOW is tasked with producing and maintaining two main resources for the state: an annual needs assessment regarding substance use and misuse in Idaho, and an official list of approved evidence-based programs and strategies for community-based prevention programs. SEOW members include representatives from the Idaho Statistical Analysis Center (ISAC), the Idaho Department of Correction (IDOC), the Idaho Department of Juvenile Corrections (IDJC), the Idaho Supreme Court (ISC), the Idaho Transportation Department (ITD), the Idaho Department of Health and Welfare (IDHW; multiple bureaus/programs), the Idaho National Guard's (ING) Counter Drug Unit, and the Idaho Office of Information Technology Services' (ITS) Office of the Chief Data Officer. Former SEOW members include the Idaho State Police, Idaho Supreme Court, and Idaho State Department of Education.

The Idaho Statistical Analysis Center (ISAC) has previously reviewed the data collected and compiled by the SEOW. The report¹, published in 2024, examined what data is currently being captured and used by the SEOW. ISAC offered three key recommendations to improve the scope and quality of these data including the following: expanding the data set to include more localized data and bring the SEOW's analytical framework in line with public health best practices, working toward developing a model that can be used to compare counties, and keeping the needs assessments produced by the SEOW flexible and relevant using SEOW members' expertise.

This report seeks to begin addressing these recommendations by reviewing resources available to SEOWs and using this information to identify specific data points needed to move towards a public health approach. The Idaho SEOW previously used a "use and consequences" framework for collecting, analyzing, and presenting substance use data for its periodic needs assessment reports. However, this approach is now considered to be out of step with best practices put forth by groups like the Council of State and Territorial Epidemiologists (CSTE) and the Strategic Prevention Technical Assistance Center (SPTAC). In 2024, ISAC secured funding from the Bureau of Justice Statistics' (BJS) State Justice Statistics (SJS) Program to help the SEOW move to a framework more in line with public health principles. This report describes the data collected as part of this reframing.

Along with this report, the SEOW Data Dashboard² was also enhanced with the addition of new data points and expansion of data already on the dashboard, along with updates to existing data. The goal of the dashboard is to gather Idaho data surrounding substance use and misuse along with mental health indicators in one dashboard that can be utilized for multiple purposes, including identification of trends and planning of programs or other activities aimed at addressing substance use/misuse and mental health in the state of Idaho.

SEOWs and Data Collection Practices

The concept of the SEOW is not unique to Idaho, as the workgroup was originally created using federal grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA provided funding to state SEOWs to integrate data related to substance use and mental, emotional and behavioral disorders into ongoing assessment, planning and monitoring decisions for states and

¹ Rodgers, K. & Strauss, T. (2024, May). *Substance misuse in Idaho: Overview of data from the State Epidemiological Outcomes Workgroup*. Retrieved from <https://isp.idaho.gov/wp-content/uploads/PGR/ISAC-Library/Justice-System-Performance/Substance-Misuse-In-Idaho.pdf>

² Available online at the SEOW's website: <https://odp.idaho.gov/seow/>

communities.³ While this funding no longer requires the states to utilize an SEOW as an advisory/planning group, many SEOWs that were created with these grants are still operational and continue their mission by disseminating and maintaining publicly available reports, dashboards, and data briefs.

SEOWs' use of data has evolved over the last two decades. As previously noted, the Idaho SEOW has been utilizing a "use and consequences" framework since at least the 2010s. In ISAC's initial round of data collection, analysis, and dashboarding work, ISAC discovered that this approach is not consistent with current best practices in the public health sphere. In an effort to update and improve the Idaho SEOW's data collection and analysis practices, ISAC looked to documents published by CSTE and SPTAC for a review of current best practices.

CSTE

The Council of State and Territorial Epidemiologists (CSTE) has been adopting and maintaining surveillance indicators for multiple diseases since the 1950s.⁴ In 2015, rising deaths from suicide, drug use, and chronic liver disease prompted CSTE to form a workgroup focused on substance use and mental health indicators.⁵ This group consisted of subject matter experts including substance use disorder and mental health epidemiologists who selected and defined key surveillance indicators that could be collected at the state level. The goal was to provide for uniform monitoring data points that could be compared across different areas and between states. The group defined the health domains and key topics, reviewed and refined potential indicators, distilled the topics into brief descriptions, and finalized a set of 18 indicators with their rationales and definitions. The finalized indicators include the following: adult binge drinking, youth binge drinking, alcohol-related crash deaths, mortality from liver disease and cirrhosis, state excise tax (beer, wine, and distilled spirits), drug overdose mortality, hospitalization attributable to drugs with potential for abuse and dependence, prescription opioid sales per capita, drug or alcohol dependence or abuse in the past year, prevalence of use of selected prescription and illicit drugs, suicide rate, hospital discharges for mental disorders, emergency department visits for intentional self-harm, self-reported youth suicide attempts, depressive episodes in the past year, any adult mental illness in the past year, serious adult mental illness in the past year, and frequent mental distress. A suggested data source and specific measure is provided for each indicator recommended by CSTE.

SPTAC

The Strategic Prevention Technical Assistance Center (SPTAC) is a SAMHSA national training and technical assistance center focused on advancing evidence-based substance misuse prevention programs.⁶ SPTAC publishes multiple resources aimed at helping grantees strengthen their prevention systems and address the range of factors that contribute to behavioral health issues. As part of these resources, SPTAC has

³ Substance Abuse and Mental Health Services Administration. (2012). *Data-based planning for effective prevention: State epidemiological outcomes workgroups* (HHS Publication No. SMA 12-4724). U.S. Department of Health and Human Services. <https://library.samhsa.gov/sites/default/files/sma12-4724.pdf>

⁴ Hopkins, R. S., Landen, M., & Toe, M. (2018). Development of indicators for public health surveillance of substance use and mental health. *Public Health Reports*, 133(5), 523–531. <https://doi.org/10.1177/0033354918784913>

⁵ Council of State and Territorial Epidemiologists. (2019). *Recommended CSTE surveillance indicators for substance abuse and mental health (Version 3)*. Substance Use and Mental Health Indicators Subcommittee. <https://www.cste.org/members/group.aspx?id=87616>

⁶ Substance Abuse and Mental Health Services Administration. (2024, August 21). *About SPTAC*. <https://www.samhsa.gov/technical-assistance/sptac/about>

developed recommendations on data dashboards specifically, outlining best practices including data sources to select, design ideas, and dashboard evaluation criteria.⁷

SPTAC suggests that there are three critical things that should be considered when deciding what data to include: geographical reach, data type, and data quality (including relevance, timeliness, validity, and reliability). The types of data SPTAC suggest includes risk and behavior factors associated with substance misuse in communities, along with data on substance misuse consumption patterns and associated consequences. SPTAC states that including these data in a dashboard would allow for prevention strategies that focus on modifying risk and protective factors and allow users to identify trends and the broader impact of substance misuse on communities.

Best Practice Alignment with Current Idaho SEOW Practices

In examining these sources, there are some clear data gaps that can be filled. There are some data that are currently collected by SEOW members but may not be reported in the exact terms as suggested by CSTE. For example, an indicator that the CSTE suggests is alcohol or drug involved *fatality* crashes, while the SEOW was reporting all alcohol and/or drug involved crashes as one number, including those that did not result in a death.

Other data were not currently being collected by the SEOW for the dashboard but had potential to be added because they are collected by another state entity. Data points that were collected and added to the dashboard at this time include drug overdose emergency department visits, mortality from liver disease and cirrhosis, suicide rate, and frequent mental distress. Measures of self-reported youth suicide attempts and emergency department visits for intentional self-harm are also collected by a state entity but were not available for inclusion in this project. Those should be added in the future.

Some CSTE-recommended indicators are not currently collected in a way that makes them accessible to SEOW members or the public. These include hospitalization attributable to drugs with potential for abuse and dependence and hospital discharge for mental disorders. These indicators are typically collected through the Healthcare Cost and Utilization Project (HCUP), one of the nation's most comprehensive sources of hospital care data.⁸ Unfortunately, Idaho does not currently contribute to this project and there is no similar publicly available data that can be used as a substitute.

While some Idaho SEOW historical dashboard data may not align directly with those recommended by the CSTE, they remain included due to their continued relevance to Idaho prevention specialists and other stakeholders. These indicators offer valuable context and contribute to a broader understanding of statewide trends over time. Rather than removing existing items, additional indicators have been introduced to address previous gaps and enhance the dashboard's overall comprehensiveness. The dashboard has also been updated to incorporate the most recent data releases available through 2024.

⁷ Strategic Prevention Technical Assistance Center. (2024). *Data dashboards: Making data interactive*. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/sites/default/files/sptac-data-dashboards.pdf>

⁸ Agency for Healthcare Research and Quality. *Healthcare Cost and Utilization Project (HCUP)*. <https://www.ahrq.gov/data/hcup/index.html>

OVERVIEW OF DATA

All data previously gathered for the SEOW dashboard were gathered from SEOW members or national sources and updated by ISAC to reflect the most up to date data available through 2024. This section provides brief descriptions of each data source and what data points were utilized in the current dashboard. The descriptions are organized by the level at which the data is available, starting with data that is only available at the state level and cannot be further disaggregated.

Data outlined here are available to the public through different means, but the SEOW Dashboard attempts to bring these data together in one location and update them on a yearly basis. This is done to provide a single spot for directors and practitioners of primary prevention programs to access relevant data and for the SEOW to make recommendations to stakeholders for prevention and programming activities.

State Level Sources

Idaho State Liquor Division Annual Report

The Idaho State Liquor Division Annual Report provides data collected by the Idaho State Liquor Division including distributions and financials at the state level, with some data at the county level.⁹ The data specifically available at the county level includes total distributions and sales by fiscal year. At the state level, the data includes number of stores, 9-liter case sales, sales dollars, gross profit, net income, and distributions per fiscal year along with the profit distributions. The report also includes data about consumption per capita for the calendar year.

CDC: Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is a biennial survey conducted by the Centers for Disease Control and Prevention (CDC).¹⁰ The YRBS captures health risk behaviors among youth in the U.S. through a survey given to a representative sample of students grades 9 through 12. In Idaho, the YRBS was conducted by the State Department of Education and was limited to students enrolled in a traditional public or charter school. Idaho no longer participates in the YRBS and 2021 was the final year data was collected. These data will not be updated. These data are presented at the state level and compared to the national findings through line graphs and data tables.

DEA ARCOS Retail Drug Summary

The Automated Reports and Consolidated Ordering System (ARCOS) monitors controlled substance transaction data from manufacturers to point-of-sale or distribution (hospitals, retail pharmacies, practitioners, mid-level practitioners, and teaching institutions) as reported to the Drug Enforcement Administration (DEA).¹¹ The DEA compiles the data and releases annual reports with data available at different levels. Retail drug distribution is released by zip code and state within drug code. Quarterly drug

⁹ Idaho State Liquor Division. *Idaho State Liquor Division Annual Reports*. <https://liquor.idaho.gov/annual-reports.html>

¹⁰ Centers for Disease Control and Prevention (2023, April 27). *YRBSS Overview*. <https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm>

¹¹ Drug Enforcement Administration. *Automation of Reports and Consolidated Orders System (ARCOS)*. <https://www.deadiversion.usdoj.gov/arcos/arcos.html>

distribution and cumulative distribution are available by state rates per 100,000 residents. Statistical and United States summaries for retail drug purchases are also reported.

Idaho Healthy Youth Survey

The Idaho Healthy Youth Survey (IHYS) was facilitated by ODP and conducted bi-annually, with the final survey being conducted in 2022. The sample included 6th, 8th, 10th, and 12th grade students in Idaho. The survey was designed to measure perceptions, attitudes and behaviors of Idaho youth related to the use and misuse of alcohol, tobacco, vaping, marijuana, prescription medication, and other drugs.¹²

SAMHSA National Survey on Drug Use and Health

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH) is conducted annually and releases state-specific estimates for specific measures based on two years of combined data. The survey collects 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 over the age of 12 in the United States.¹³

Alcohol-related Emergencies and Deaths (ARDI)

ARDI is an online application maintained by the CDC that provides national and state estimates of alcohol-attributable deaths, years of potential life lost, and alcohol attributable fractions (deaths from various causes that are attributable to alcohol).¹⁴ These data are reported by age and sex. Unfortunately, much of the data for Idaho is suppressed due to small numbers (fewer than 10 deaths in a given age range or sex).

Public Health District Level Sources

Idaho Behavioral Risk Factor Surveillance System (BRFSS)

The Idaho BRFSS is a public health survey that is conducted annually on a continuous basis. The Idaho BRFSS is collected through random-digit-dialed surveys of residents over the age of 18. Idaho's seven public health districts are used as strata.¹⁵ The survey captures data including health-related risk behaviors, chronic health conditions, and use of preventative services.

County Level Sources

Idaho Incident-Based Reporting System

The Idaho Incident-Based Reporting System (IIBRS) is Idaho's repository of law enforcement data on reported crimes. This data is the most standardized and consistently reported crime data for the state and is available to the public through the yearly *Crime in Idaho* report¹⁶ and a user-friendly dashboard

¹² Idaho Office of Drug Policy. *Idaho Healthy Youth Survey*. Substance Misuse Prevention.

<https://prevention.odp.idaho.gov/ihys/>

¹³ Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health (NSDUH)*.

<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

¹⁴ Centers for Disease Control and Prevention. *Alcohol-Related Disease Impact (ARDI) Application*.

https://nccd.cdc.gov/DPH_ARDI/default/Default.aspx

¹⁵ Division of Public Health, Idaho Department of Health and Welfare. *Idaho Behavioral Risk Factor Surveillance System*. Get Healthy Idaho. <https://www.gethealthy.dhw.idaho.gov/idaho-brfss>

¹⁶ Uniform Crime Reporting, Idaho State Police. *Crime in Idaho*. <https://nibrs.isp.idaho.gov/CrimeInIdaho>

that is maintained by ISAC.¹⁷ The current Crime in Idaho dashboard includes 20 years of data, 2005 through 2024, and is updated on a yearly basis.

CDC: US Opioid Prescribing Rate Maps

The CDC reports retail pharmacy-dispensed opioid prescriptions at the state and county level on an annual basis. The rates are reported per 100 residents. These data are based on IQVIA Xponent data, which is based on a sample of approximately 56,500 retail pharmacies that dispense nearly 93% of all retail prescriptions in the U.S.¹⁸ The geographic location is based on the location of the prescriber and mail-order prescriptions are not included.

Idaho Vital Statistics

The Idaho Department of Health and Welfare's Vital Statistics Program collect records and data related to vital events in the state such as births, deaths, and marriages. For the purposes of this dashboard, drug overdose death, suicide death, and chronic liver disease/cirrhosis death data was included. The death data Vital Statistics captures comes from death certificates completed by coroners across the state. These data are collected at the county level.

Idaho Transportation Department

The Idaho Transportation Department regularly collects multiple types of data relating to transportation on roadways across the state. Data on crashes specifically is released yearly in the *Idaho Traffic Crashes* report. The dashboard specifically includes data about crashes related to drug and alcohol, both fatal and non-fatal.

Idaho Drug Overdose Prevention Program

The Idaho Drug Overdose Prevention Program (DOPP) collects data through an ongoing collaboration between Idaho Division of Public Health, Idaho Board of Pharmacy, CDC, and the Bureau of Justice Assistance and funding from the latter two entities. DOPP developed and maintains a public dashboard that provides data on overdose deaths, emergency department visits, poison control calls, EMS runs, and BRFSS data related to drug use.¹⁹

¹⁷ Idaho Statistical Analysis Center. *Crime in Idaho Data Dashboard*. <https://isp.idaho.gov/pgr/sac/dashboards/crime-in-idaho-data-dashboard/>

¹⁸ Centers for Disease Control and Prevention. *Opioid Dispensing Rate Maps*. <https://www.cdc.gov/drugoverdose/rxrate-maps/opioid.html>

¹⁹ Idaho Department of Health and Welfare. *Drug overdose prevention program*. <https://www.gethealthy.dhw.idaho.gov/drug-overdose-dashboard>

DATA ANALYSIS

To add to understanding and update the data that is available and currently included in the SEOW dashboard, ISAC focused on answering two key questions:

1. What does existing data tell us about substance use and misuse in Idaho?
2. Are there remaining gaps in knowledge about substance use and misuse in Idaho?

Question #1: What does existing data tell us about substance use and misuse in Idaho?

Exploratory analysis of the data was conducted. A summary of the datasets is provided in Table 1 (see page 16). Information about specific factors and which data was used from which source is presented as part of the overview of data in the previous section of this report. The summary table highlights the differences and commonalities in the data sources. By understanding these nuances, stakeholders can gain a better understanding of what data may be reliably compared.

There are differing levels, source types, populations, years for which data is available, and time periods of collection. Each of these differences complicates analysis and creates potential holes in our knowledge of specific topics. As seen in the rightmost column of Table 1, some data are related to one specific drug type, and others contain multiple items that capture information related to multiple drug types. Some of these drug types have more indicators or data points available than others (see Figure 1 on page 17). It is important to note that even if a drug type has a larger number of indicators, the quality may differ for each indicator.

As seen in Figure 1 on page 17, the move to a public health framework expanded the number of indicators included in the data set to 134 (up from 104 under the “use and consequences” framework). However, some of these indicators are no longer being updated as of 2021. Some are survey questions that have been discontinued or modified, and others are from entire data collection efforts that have been shut down. While ISAC decided to keep the historical data for these indicators in the SEOW data set, it is important to note that they are likely to be outdated and present a new gap in knowledge where one did not previously exist.

Many data sources only provide data at the state level. While these data may be useful to establish baselines and state trends, they are unable to help identify geographic areas in Idaho that may not follow the state trends. This causes problems when trying to target programming in any given area, especially because Idaho is characterized by the existence of a handful of urban pockets within largely rural surroundings. One data source reports data at the Public Health District level, and only five data sources report data at the county level. These five also report by calendar year, but other data sources report biannually or combine data over multiple years, making it more difficult to compare elements across data sources for any given period.

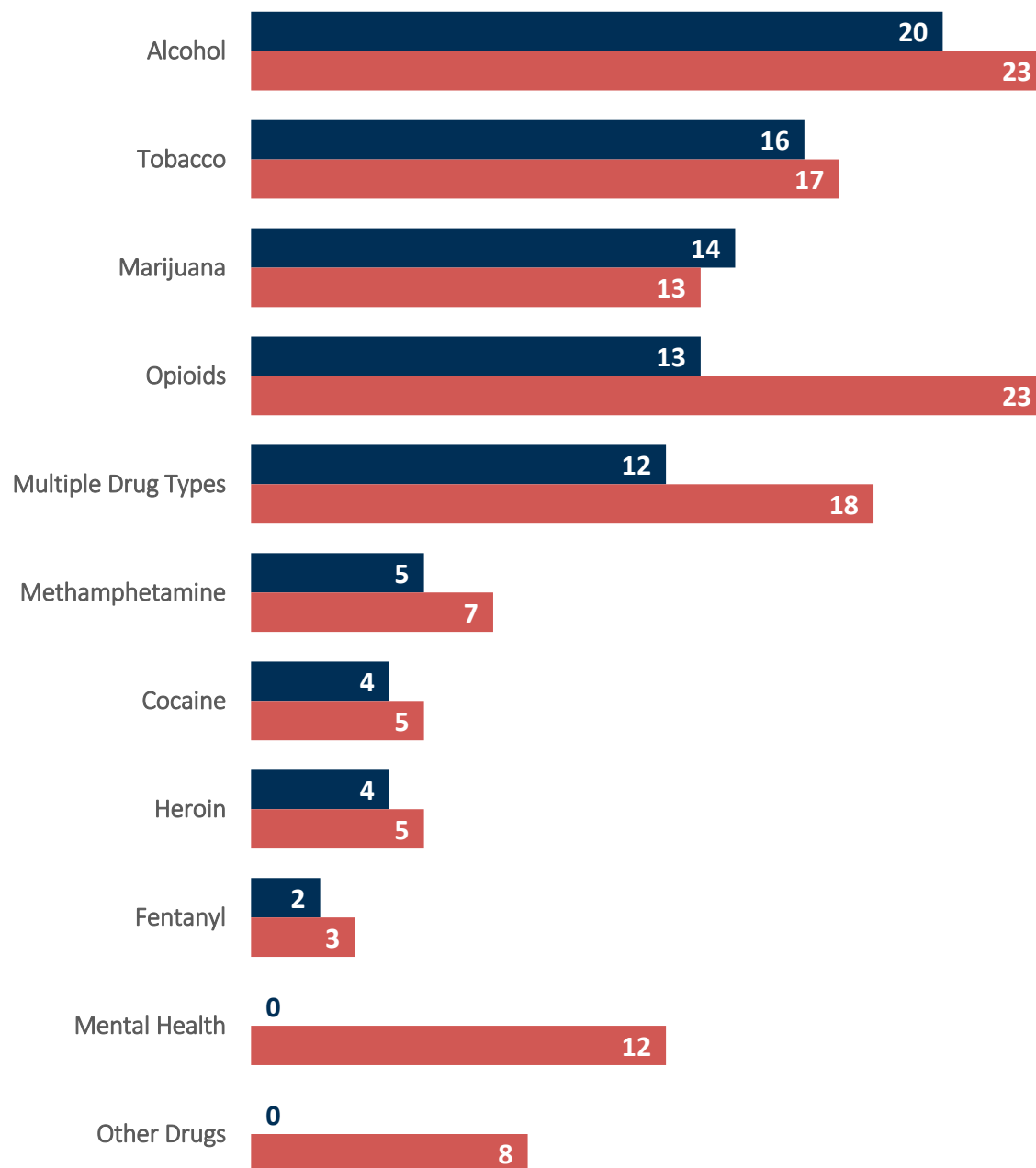
These data reporting and collection issues are especially problematic when trying to apply any statistical tests of relationships at the county level. While county level data analysis would be particularly helpful when trying to target interventions or programs, there are so few overlapping data collection points that the samples become too small to provide reliable statistical analysis.

Table 1. Data source type, geographic levels, populations, reporting periods, and drug types.

Data Source	Data source type	Level of data available	Population	Data Years Available	Reporting Period	Specific Drug types included
Idaho State Liquor Division Annual Report	Administrative	State, some data at county		1999-2024	Some Fiscal, some calendar	Alcohol
DEA ARCOS Retail Drug Summary	Administrative	State		2006-2024	Calendar year	Opioid*
Idaho Healthy Youth Survey (IHYS)	Survey	State, Hub	Youth	2017-2022	Bi-annual release	Alcohol, Marijuana, Prescription, Other
Idaho Youth Risk Behavior Survey (YRBS)	Survey	State	Youth	1991-2021	Bi-annual release	Alcohol, Marijuana, Meth, Heroin
SAMHSA National Survey on Drug Use and Health (NSDUH)	Survey	State	12 and older	2015-2023 (no 2020 data)	Calendar year, state level bi-annual release	Alcohol, Marijuana, Meth, Heroin
Idaho Behavior Risk Factor Surveillance System (BRFSS)	Survey	Public Health District		2011-2023	Calendar year	Alcohol, Marijuana, Meth, Opioid
Idaho Incident-Based Reporting System (IIBRS)	Administrative	County		2005-2024	Calendar year	Alcohol, Marijuana, Meth, Heroin
CDC: US Prescribing Rate Maps	Administrative	County		2006-2023	Calendar year	Opioid
Vital Statistics-Idaho Drug Overdose and Suicide Deaths	Administrative	County		2012-2024	Calendar year	Marijuana, Opioid, Meth, Heroin, Fentanyl *
Idaho Transportation Department	Administrative	County		2020-2024	Calendar year	Alcohol
Idaho Department of Health and Welfare: Drug Overdose Prevention Program	Administrative	County		2019-2023	Calendar year	Benzodiazepine, Cocaine, Fentanyl, Heroin, Meth, Opioids, Stimulants

* Includes multiple other drug types that are not usually specifically highlighted in the SEOW Needs Assessment.

Figure 1. Number of indicators collected by drug type and analysis framework (“use and consequences” framework or public health framework).



To understand how the current data may relate and illustrate considerations that should be taken when analyzing these data, ISAC conducted Pearson and Spearman’s Rho²⁰ correlations with the subset of

²⁰ Spearman’s Rho correlations coefficients have been found to perform well with data clustering at zero. Spearman estimates are generally more accurate with low and medium correlations at multiple sample sizes and only diminish slightly in accuracy as the proportion of zeros increase (see Huson, L.W. (2007). Performance of Some Correlation Coefficients When Applied to Zero-Clustered Data. *Journal of Modern Applied Statistical Methods*, 6(2), p. 530-536. doi: 10.22237/jmasm/1193890560).

indicators available at the county level. These correlations are only able to illuminate the direction and strength of relationships between the data items and are not considered causal analysis. Due to the lack of normality in multiple variables, Spearman’s Rho correlations are likely the most appropriate to use. Care must be taken to examine outliers as well, as there are some particularly small population counties in Idaho that may impact findings, even when examining a larger amount of data points. For example, Clark County, with a population of 776 in 2023, is susceptible to large swings in rates (e.g., drug arrest rates) even when the raw number of occurrences is low. The tables available in the appendix B illustrate the differences in Pearson and Spearman’s Rho results.

State-Level Findings

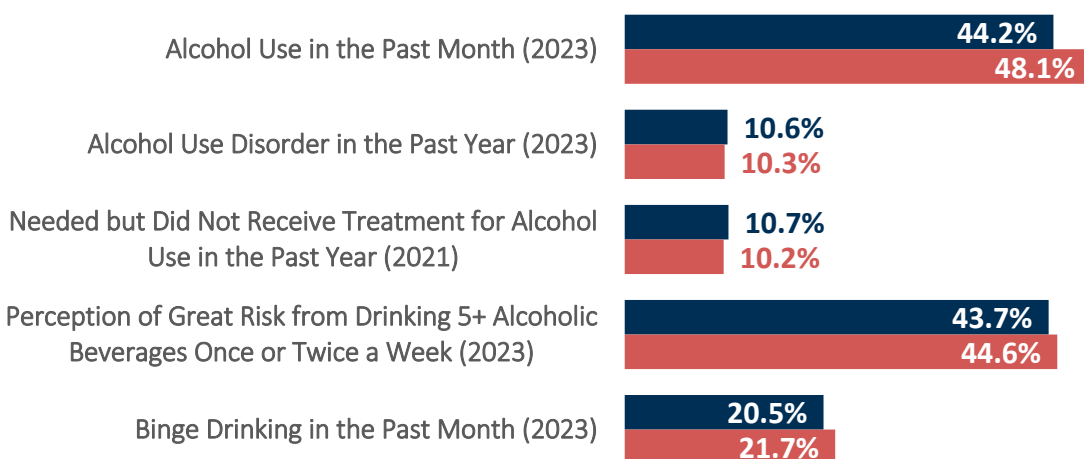
This section offers a state-level analysis of the data presented in the SEOW Data Dashboard. Tables summarizing the indicators discussed below are available in Appendix A, and correlation matrices for 21 indicators are provided in Appendix B. While this section highlights selected findings, the SEOW Data Dashboard contains the full set of indicators, including those that span multiple drug categories and offers additional data and interactive tools for deeper exploration.²¹

Alcohol

As noted in Figure 1 on page 17, there was more available data for alcohol related indicators than any other substance except opioids. ISAC analyzed a total of 23 such indicators. In general, indicators of adult alcohol use in Idaho have been rising and are above the national rate. At the same time, youth alcohol use in Idaho is trending lower.

According to SAMHSA’s National Survey on Drug Use and Health (NSDUH), Idahoans aged 12 and over reported less alcohol use in the previous month than the US as a whole in 2023 (see Figure 2). However, Idahoans reported a higher rate of alcohol use disorder and needing but not receiving treatment for alcohol use. Fewer Idahoans reported binge drinking in the past month, but fewer also have a perception of great risk from binge drinking than the US in total.

Figure 2. 2021/2023 NSDUH alcohol use/misuse indicators for Idaho and the United States.



²¹ The SEOW Data Dashboard is available at both ISAC’s website (<https://isp.idaho.gov/pgr/sac/>) and ODP’s website (<https://odp.idaho.gov/>).

Data from the Behavioral Risk Factor Surveillance System (BRFSS) indicates that both binge and heavy drinking has decreased in recent years among Idaho adults after a period of increase. In 2023, 14.8% of survey respondents reported that they engaged in binge drinking in the past year (see Figure 3), down from 14.9% in 2013 and 15.5% in 2021. Similarly, 5.9% of respondents in 2023 reported engaging in heavy drinking in the past year, down from 6.2% in 2013 and 7.2% in 2021. Per capita consumption of distilled spirits increased slightly from 1.6 gallons per Idaho resident in 2017 to 1.7 gallons in 2023, which was below the national rate (2.2 gallons in 2023; see Figure 4).

Figure 3. Percentage of Idahoans and Americans that reported engaging in binge or heavy drinking during the previous year (2023 BRFSS data).

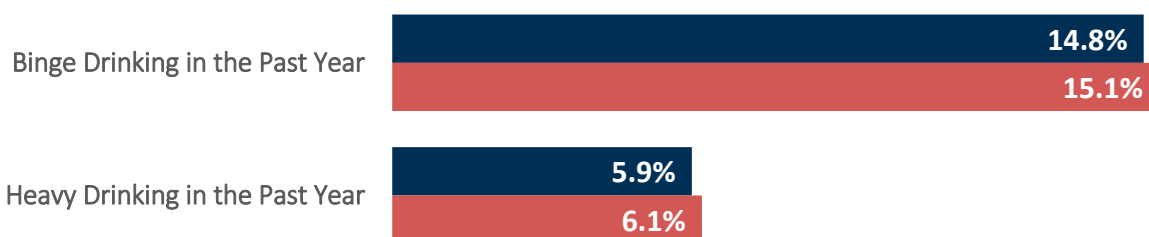


Figure 4. Idahoans consumed less distilled spirits per capita (gallons per person) than the national rate in 2023 (ISLD data).



The rate of alcohol-induced crashes ticked up over a three-year period from 2020 to 2022 before decreasing in 2023, while DUI (driving under the influence) arrest rates reached a 7-year low in 2024. In 2024, the rate of alcohol-induced crashes in Idaho was 7.1 per 10,000 residents, up from 6.6 in 2020 but down from a high of 7.8 in 2022 (see Figure 5). The DUI arrest rate decreased most years between 2017 and 2024, reaching a low point of 3.7 arrests per 1,000 residents in 2024 (see Figure 6 on page 20).

Figure 5. The alcohol-induced crash rate (per 10,000 residents) increased 17% between 2020 and 2024 (ITD data).

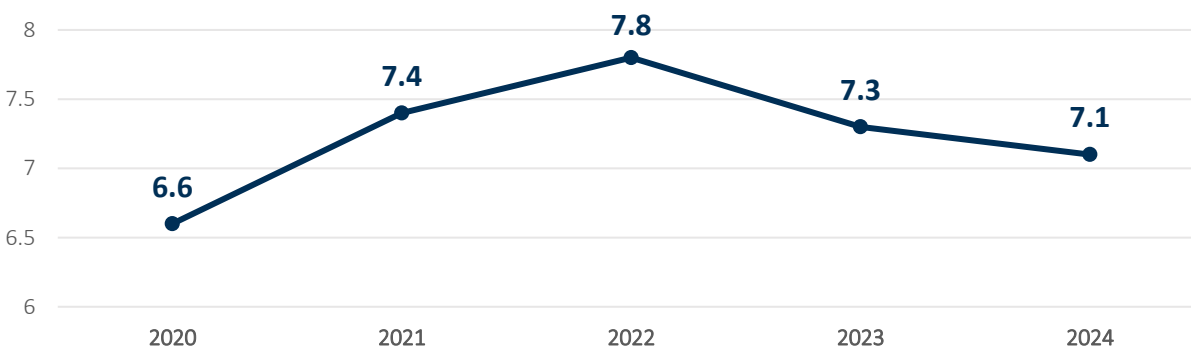
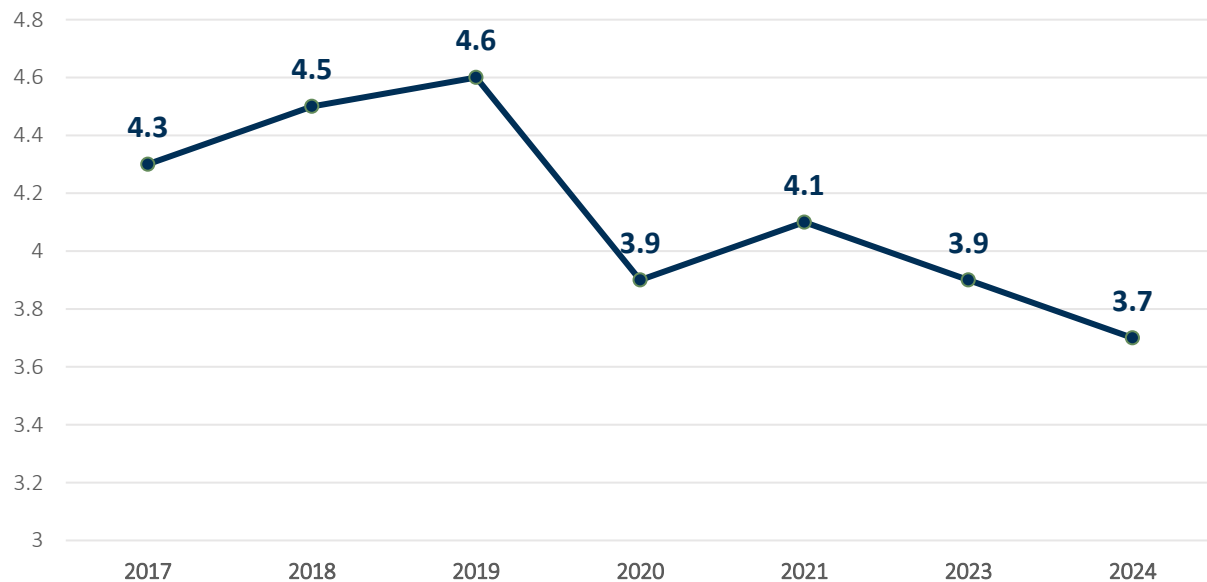
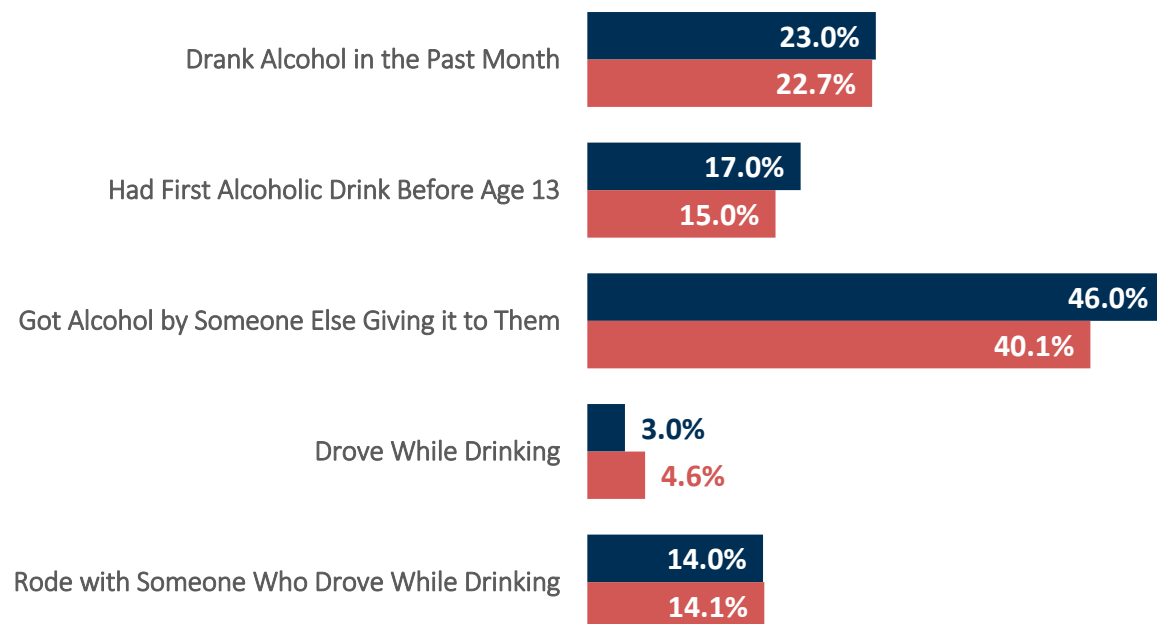


Figure 6. The DUI arrest rate (per 1,000 residents) remained relatively stable between 2017 and 2024 (ISP data).



Idaho youth reported similar rates of alcohol use as the national rate, according to data from the Youth Risk Behavior Survey (YRBS; see Figure 7). In 2021, 23% of respondents reported drinking alcohol in the prior month, nearly identical to the national rate (22.7%). Additionally, 17% of Idaho youth reported drinking their first alcoholic drink before age 13, compared to 15% nationally. Idaho youth reported drinking and driving less than the national rate, with 3% of Idaho youth reporting such activity in the prior month, compared to 4.6% nationally.

Figure 7. 2021 YRBS alcohol use/misuse indicators for Idaho youth and the United States.



According to data from the Idaho Healthy Youth Survey (IHYS), about half of Idaho youth held a perception of great risk from binge and heavy drinking in 2021 (see Figure 8). More than half (57.0%) of respondents reported a perception of great risk from drinking five or more alcoholic beverages once or twice a week, while slightly less than half (47.9%) reported a perception of great risk from drinking one or two alcoholic beverages every day. These numbers are nearly equal to 2017 levels (57.4% and 47.7%, respectively).

Figure 8. About half of Idaho youth reported a perception of great risk from binge and/or heavy drinking in 2021 (IHYS data).



Some indicators of alcohol use/misuse were correlated with other alcohol indicators and/or indicators for other types of drugs (see Appendix B for full correlation matrices). These were generally positive correlations, such as between DUI arrest rate and DUI fatality rate, crash rate (alcohol- and/or drug-induced), and total drug overdose death rate.

Opioids/Prescription Drugs

According to data from the Drug Enforcement Agency's Automated Reports and Consolidated Ordering System (ARCOS), Idaho pharmacies ordered more of some controlled substances (such as amphetamine, hydrocodone, methamphetamine, morphine, oxycodone, and others) per capita than the national rate in 2024 (see Figure 9 on page 22). This is despite orders for 11 out of 15 tracked substances being lower in 2024 than 2017. Similarly, data from the CDC shows that opioid prescriptions per capita also declined between 2019 and 2023 (see Figure 10 on page 23).

*Figure 9. 2024 DEA ARCOS data on controlled substances ordered (grams per 100,000 residents) for **Idaho** and the **United States**.*

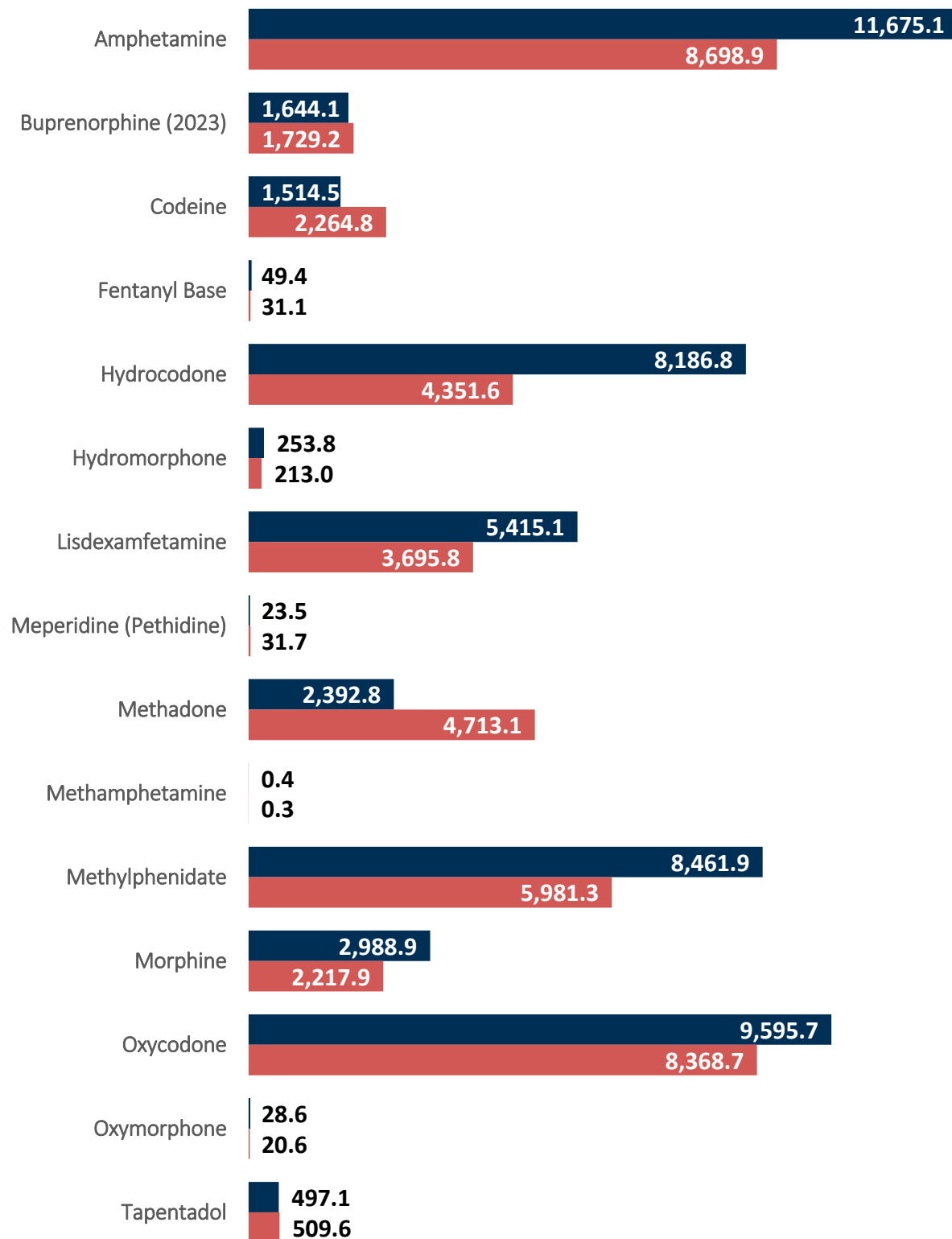
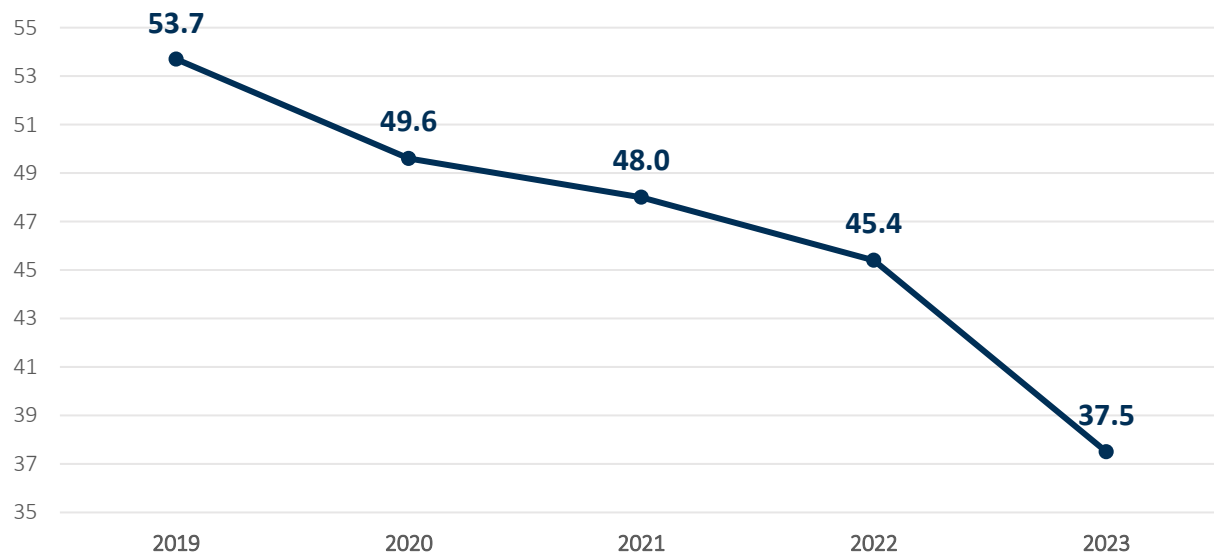
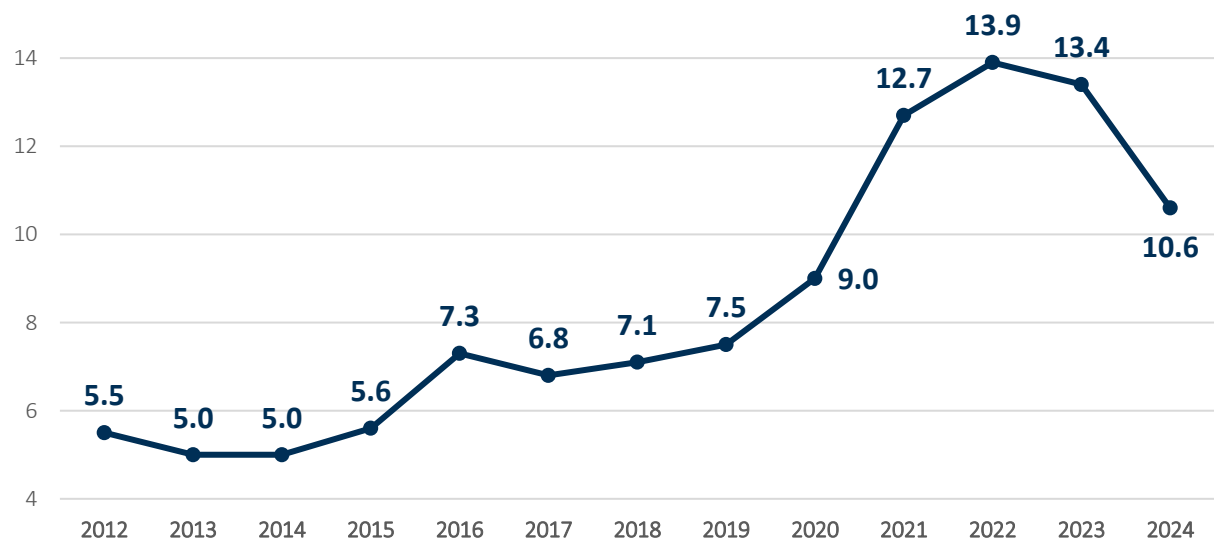


Figure 10. Opioid dispensing rate (prescriptions per 100 Idaho residents) fell between 2019 and 2023 (CDC data).



Conversly, the rate of opioid overdose deaths increased 153% between 2012 and 2022, growing from 5.5 deaths per 100,000 Idaho residents in 2012 to 13.9 in 2022 before showing declines in 2023 and 2024 (see Figure 11). This includes deaths involving heroin, opium, fentanyl, methadone, and other natural and synthetic opioids.

Figure 11. The rate of opioid overdose deaths (per 100,000 Idaho residents) increased 153% between 2012 and 2022, before declining each of the next two years (IDHW data).



Although the rate of opioid overdose deaths declined in 2023 and 2024, the percentage of Idahoans who reported opioid or prescription misuse rose from 2021 to 2023. NSDUH data indicates that a higher percentage of Idahoans reported misusing both opioids and prescription pain relievers in 2023 than 2021, and the 2023 rates are now higher than the national rate. However, the incidence of substance use

disorder for both types of substances remained stable in 2023 compared to 2021, and below the national rate (see Figure 12). Additionally, 95% of BRFSS respondents in 2021 reported holding a perception of high risk from using opioids, while less than 4% reported taking more opioids than they were prescribed and about 1% reported taking opioids that were not prescribed to them (see Figure 13).

Figure 12. 2023 NSDUH data on opioid and prescription misuse for Idaho and the United States.

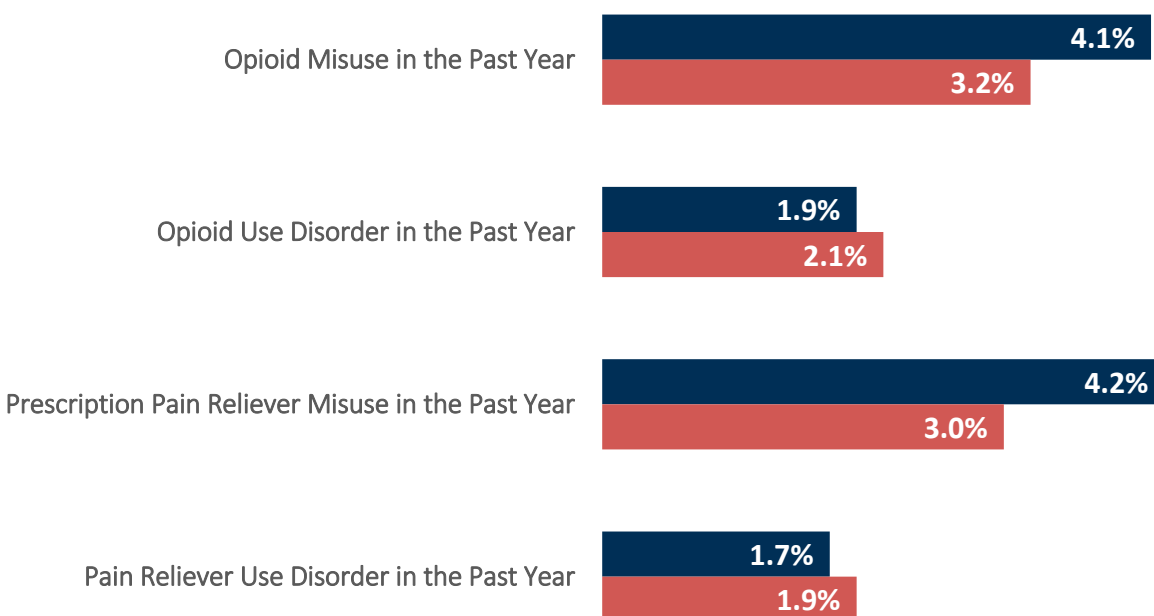
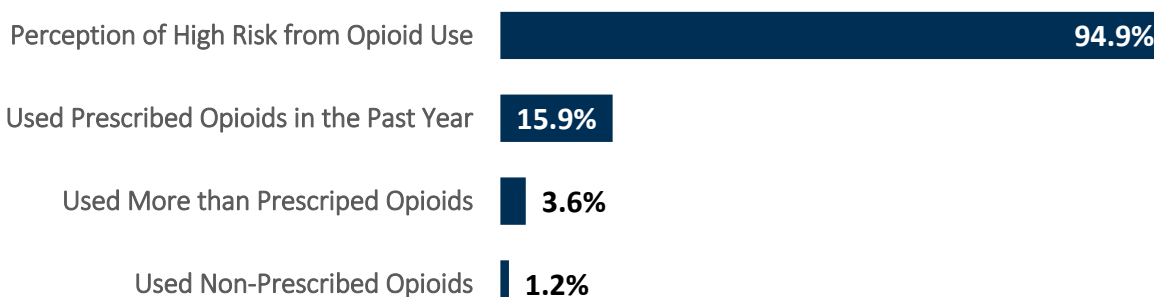


Figure 13. Nearly all Idaho adults reported viewing opioid use as risky, while less than 4% reported misusing prescribed opioids (2021 BRFSS data).



Idaho youth exhibit different reported patterns in prescription misuse than those noted above for adults and opioids. In 2021, about two-thirds (66%) of IHYS respondents reported holding a perception of great risk from misusing prescription drugs (see Figure 14 on page 25), and 14% of YRBS respondents reported taking prescription pain medicine without a prescription or differently than directed by a doctor (compared to 6% nationally; see Figure 15 on page 25).

Figure 14. Percentage of Idaho youth who reported holding a perception of great risk from misusing prescription drugs (2021 IHYS data).

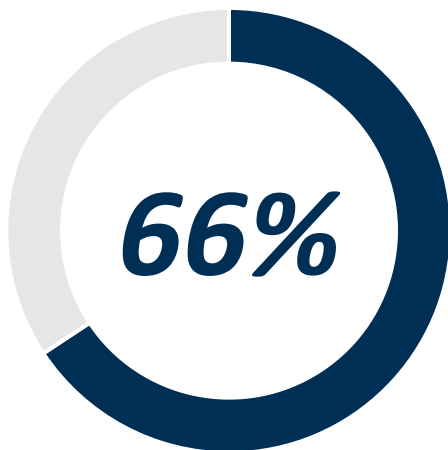
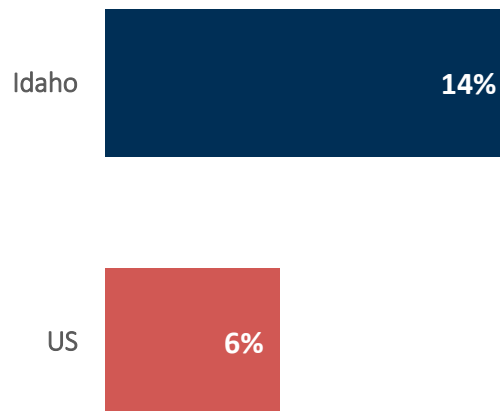
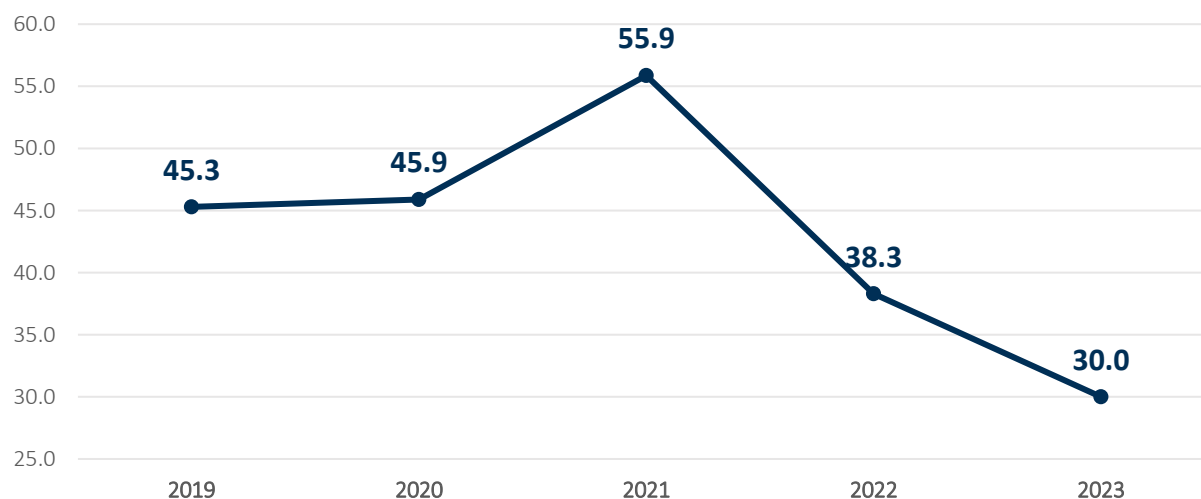


Figure 15. More Idaho youth reported misusing prescription drugs than the national rate (2021 YRBS data).



The Drug Overdose Prevention Program (DOPP) at IDHW collects data on emergency department visits due to a drug overdose. Data from DOPP shows that the rate of emergency department visits for opioid overdoses increased between 2019 (45.3 visits per 100,000 residents) and 2021 (55.9 visits), before declining the following two years (38.3 visits in 2022, and 30.0 visits in 2023; see Figure 16).

Figure 16. The rate of emergency department visits for opioid overdoses (per 100,000 residents) increased between 2019 and 2021, then fell in 2022 and 2023 (IDHW data).



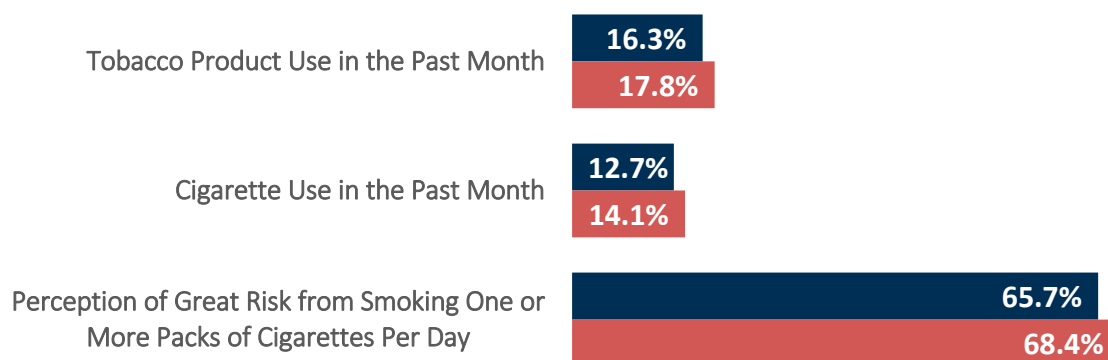
One indicator of opioid use was correlated with adverse impacts of substance misuse (see Appendix B for full correlation matrices). The opioid dispensing rate was positively correlated with the total drug overdose death rate, heroin arrest rate, meth/amphetamines arrest rate, chronic liver disease death rate, and multiple types of overdose emergency room visits. Further, opioid overdose emergency department visits were positively correlated with all other types of drug overdose emergency department visits, as

well as the opioid dispensing rate, heroin and meth arrest rates, total overdose death rate, and chronic liver disease death rate.

Tobacco

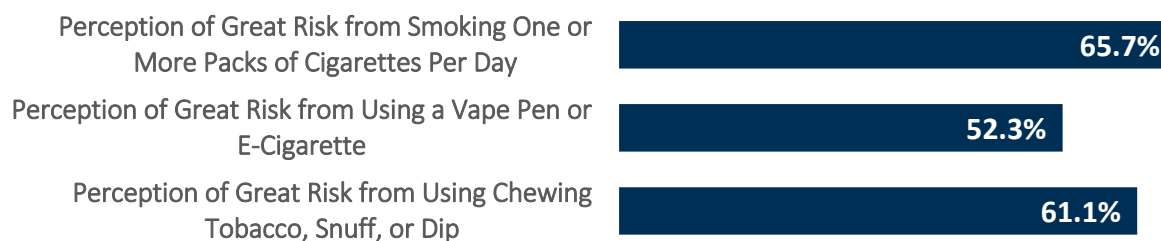
Most of the 17 tobacco use indicators ISAC collected only refer to middle school- and high school-aged children. However, data from the 2023 NSDUH indicates that Idahoans aged 12 and older (including adults) use tobacco products at slightly lower rates as the national rate, but a lower percentage of Idahoans hold a perception of great risk from smoking one or more packs of cigarettes per day (see Figure 17) compared to the nation as a whole.

Figure 17. 2023 NSDUH data on tobacco use for Idaho and the United States.



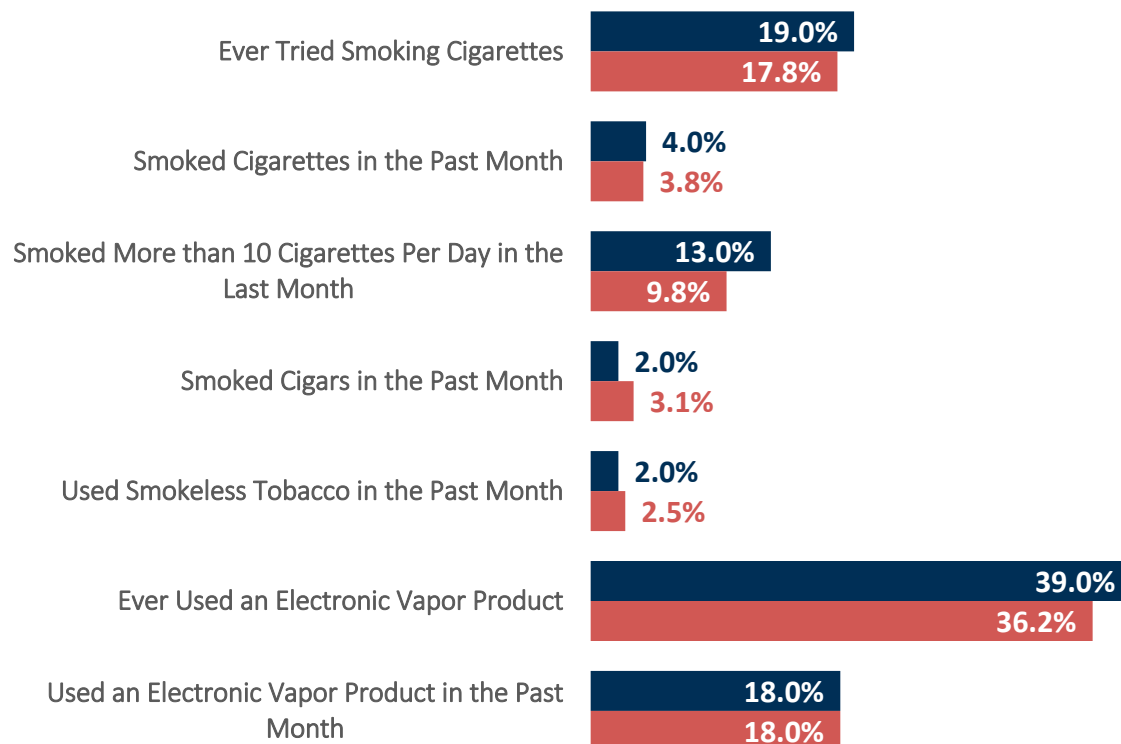
While a greater number of Idaho youth held a perception of great risk from vape/e-cigarette product use in 2021 than in 2017, the percentage of those with a perception of great risk from heavy cigarette use and smokeless tobacco use declined slightly, although the percentages were above 50% for all three categories in 2021 (see Figure 18).

Figure 18. Percentage of Idaho youth who reported holding a perception of great risk from using tobacco products (2021 IHYS data).



In 2021, Idaho youth reported using tobacco products at similar rates as the national rate (see Figure 19 on page 27). About 1-in-5 (19%) had ever tried smoking cigarettes, down from more than half (54%) in 2001. Similarly, about 2-in-5 (39%) had ever tried a vape/e-cigarette product, down from 45% in 2015.

Figure 19. 2021 YRBS data on youth tobacco use for Idaho and the United States.



No indicators of tobacco use were included in the correlation matrices due to the data only being available at the state level.

Marijuana

Available data suggests that attitudes and use of marijuana among Idahoans shifted between 2015 and 2023. Although a smaller percentage of Idahoans reported using marijuana in 2023 than the national rate (see Figure 20), use among Idaho adults increased between 2015 and 2021 (see Figure 21 on page 28), while the percentage of those who hold a perception of high risk from marijuana use declined.

Figure 20. 2023 NSDUH data on marijuana use for Idaho and the United States.

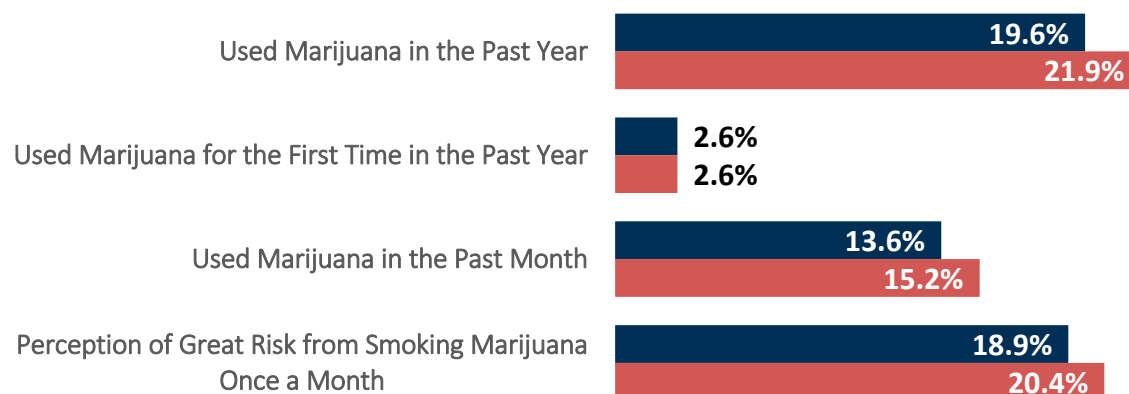
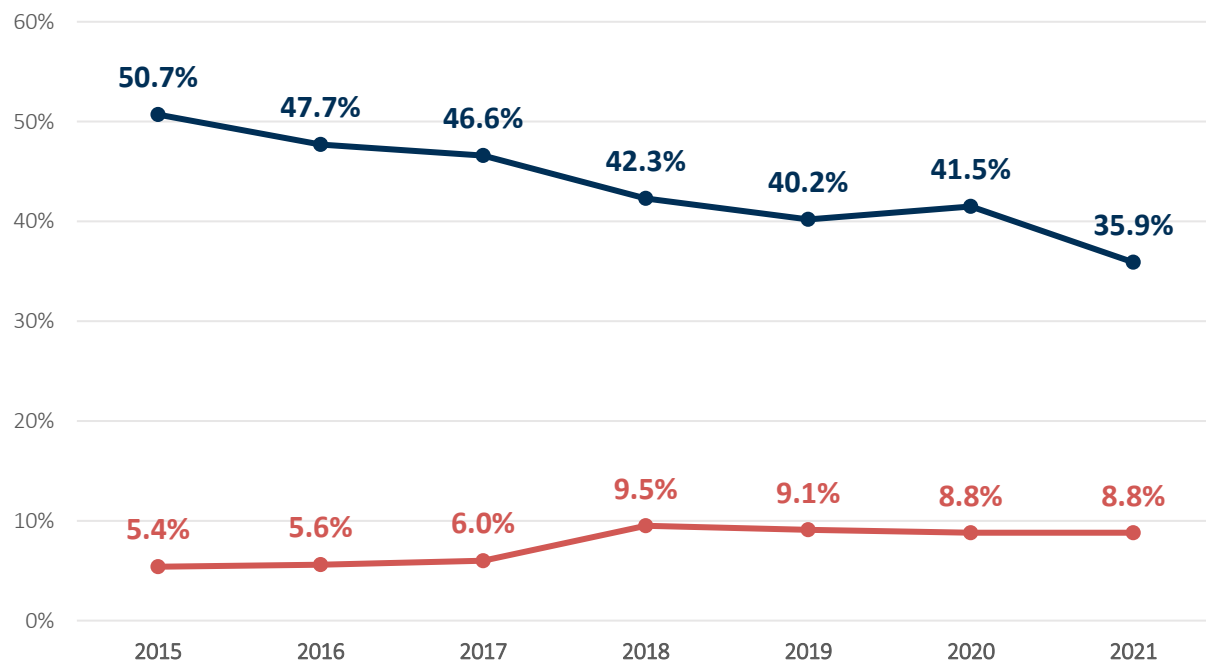


Figure 21. BRFSS data shows an increase in the **percentage of Idaho adults who used marijuana in the past month** between 2015 and 2021, while the **percentage of those holding a perception of high risk from marijuana use declined**.

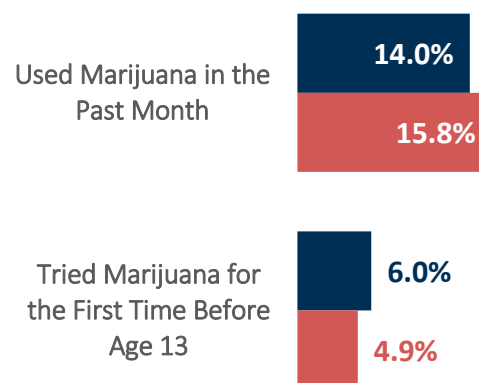


Data from the 2021 YRBS and IHYS indicated that Idaho youth reported using marijuana at higher rates than Idaho adults (14% of Idaho youth used marijuana in the past month, compared to 9% of Idaho adults; see Figure 23), but that a larger share of Idaho youth hold a perception of great risk from using marijuana (50%, compared to 36% of Idaho adults; see Figure 22). Additionally, a larger share of Idaho youth reported trying marijuana for the first time before age 13 than the national rate (see Figure 23).

Figure 22. Percentage of Idaho youth who reported holding a perception of great risk from using marijuana (2021 IHYS data).

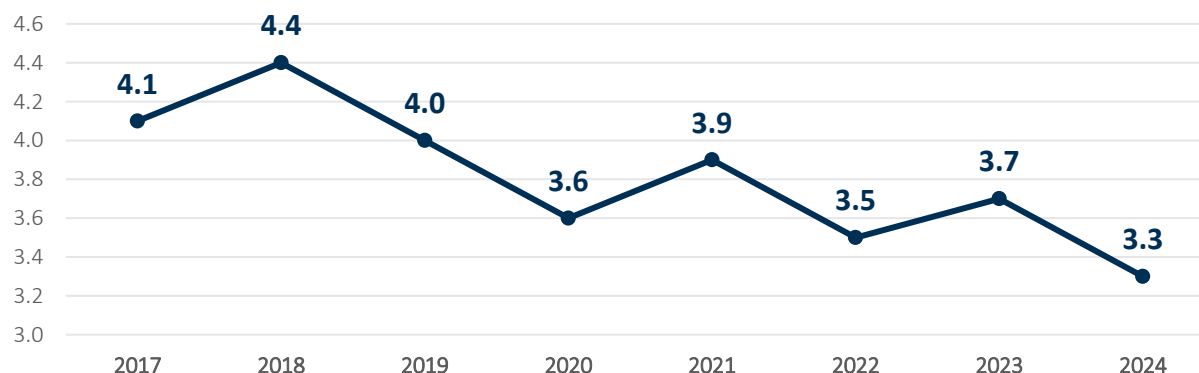


Figure 23. 2021 YRBS data on youth marijuana use for **Idaho** and the **United States**.



Marijuana remains an illicit drug in Idaho, despite some neighboring states legalizing recreational use in recent years. Between 2017 and 2024, arrests for marijuana-related offenses (possession, trafficking, etc.) decreased from around 4 per 1,000 Idaho residents in 2017 to 3.3 in 2024 (see Figure 24).

Figure 24. The marijuana arrest rate declined from 4.1 arrests per 1,000 Idaho residents in 2017 to 3.3 arrests in 2024 (ISP data).



One marijuana indicator (arrest rate) was positively correlated with other indicators in the full data set (DUI arrest rate, liquor law violations arrest rate, heroin arrest rate, meth/amphetamines arrest rate, alcohol-induced crash rate, drug-induced crash rate, alcohol- and drug-induced crash rate, total drug overdose death rate, and multiple types of drug overdose emergency department visits).

Methamphetamine

Beyond the DEA ARCOS data on retail drug ordering (see Figure 8 on page 21), three additional measures of methamphetamine use were available for analysis. Data from the BRFSS and YRBS show that while the percentage of Idaho adults who reported they had ever used methamphetamine fluctuated between 8% and 10% from 2019 to 2021 (see Figure 25), that same number for Idaho youth declined steadily between 2001 and 2021 (see Figure 26 on page 30) and was below the national rate of 1.8% in 2021. Like the adult lifetime use pattern, the arrest rate for meth/amphetamines also remained relatively unchanged between 2017 and 2023, before declining slightly in 2024 (see Figure 27 on page 30).

Figure 25. BRFSS data shows that the percentage of Idaho adults who have ever tried methamphetamine hovered near 9% between 2019 and 2021.

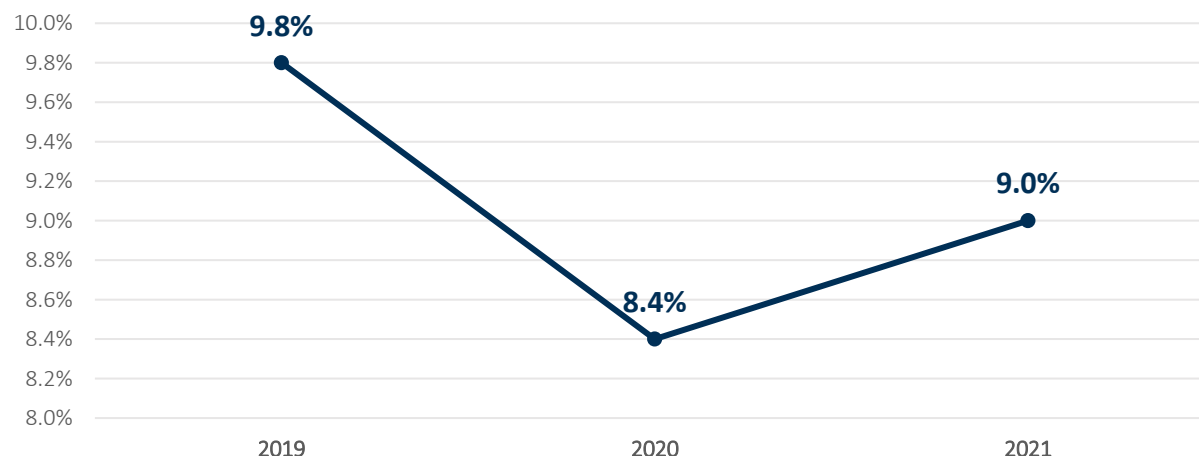


Figure 26. The percentage of Idaho youth who have ever tried methamphetamine declined between 2001 and 2021 (YRBS data).

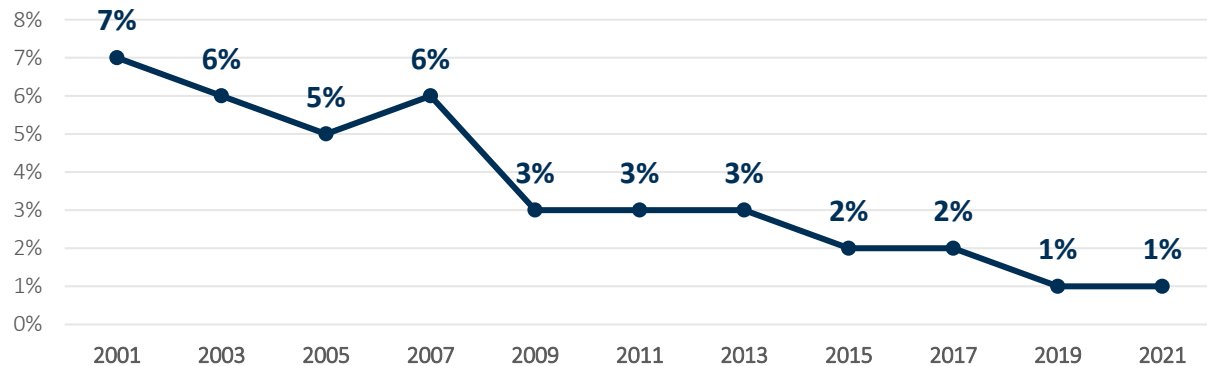
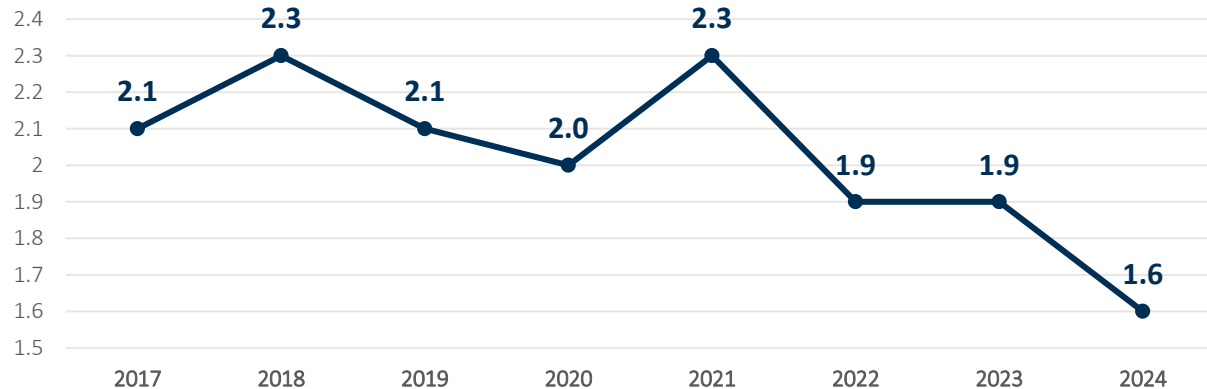
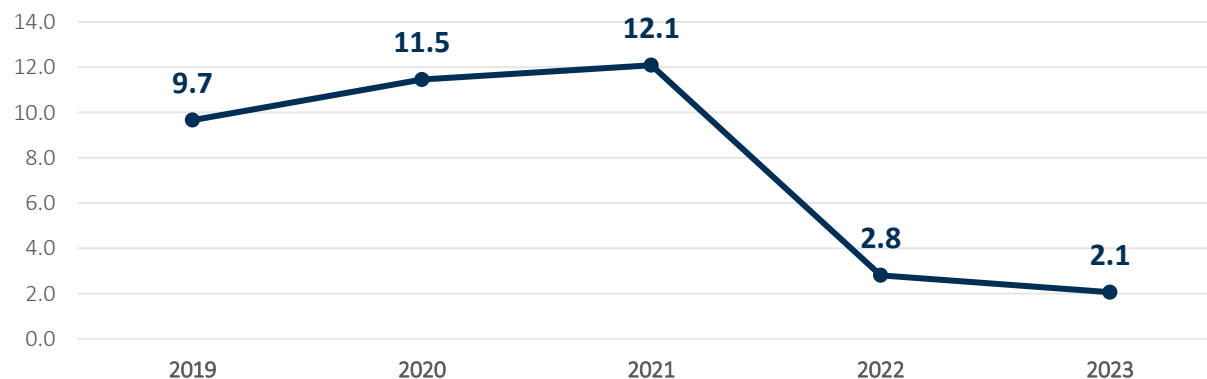


Figure 27. The meth/amphetamine arrest rate hovered near 2 arrests per 1,000 Idaho residents between 2017 and 2023 before declining to 1.6 in 2024 (ISP data).



Data from DOPP shows that the rate of emergency department visits for methamphetamine overdoses increased between 2019 (9.7 visits per 100,000 residents) and 2021 (12.1 visits), before declining the following two years (2.8 visits in 2022, and 2.1 visits in 2023; see Figure 28).

Figure 28. The rate of emergency department visits for methamphetamine overdoses (per 100,000 Idaho residents) increased between 2019 and 2021, then fell in 2022 and 2023 (IDHW data).



Two indicators of methamphetamine use were correlated with other indicators in the full dataset. Meth/amphetamine arrest rate was positively correlated with positively correlated with opioid dispensing rate, DUI arrest rate, liquor law violations arrest rate, heroin arrest rate, marijuana arrest rate, alcohol-induced crash rate, drug-induced crash rate, alcohol- and drug-induced crash rate, total drug overdose death rate, chronic liver disease/cirrhosis death rate, and multiple types of drug overdose emergency department visits. Methamphetamine overdose emergency department visits were positively correlated with alcohol-induced crash rate, total drug overdose death rate, suicide death rate, and multiple types of drug overdose emergency department visits.

Heroin

Five indicators in the full dataset directly describe heroin use. Among those age 12 and older, 0.3% reported using heroin within the past year in 2023, even with the national rate of 0.3% (see Figure 29). The percentage of Idaho youth who reported ever having used heroin dropped from 3% in 2001 to 1% in 2021 (see Figure 30), just below the national rate of 1.3%. Similar to the arrest rates for other drugs mentioned above, the arrest rate for heroin remained stable near 0.5 arrests per 1,000 Idaho residents between 2017 and 2021 before plummeting to near zero in 2023 and 2024 (see Figure 31 on page 32; although there were heroin arrests made in 2023 and 2024, the number was so few that the rate rounds down to 0.0 for both years).

Figure 29. 2023 NSDUH data on heroin use for Idaho and the United States.

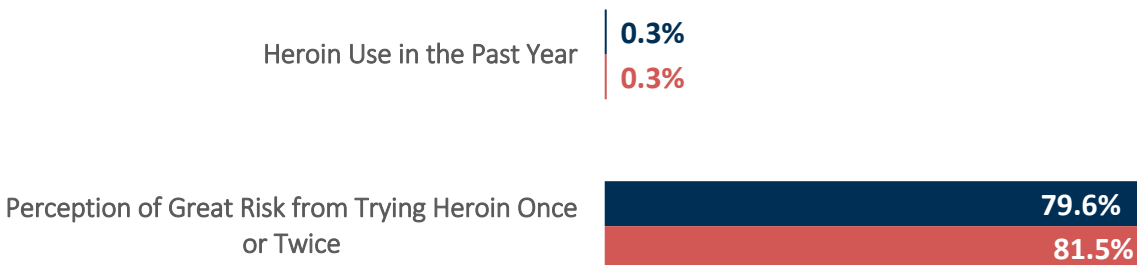


Figure 30. The percentage of Idaho youth who have ever tried heroin declined between 2001 and 2021 (YRBS data).

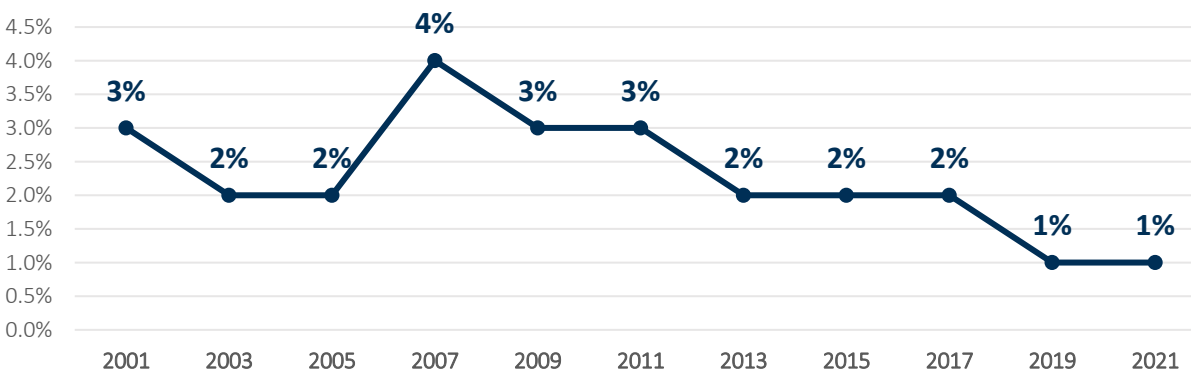
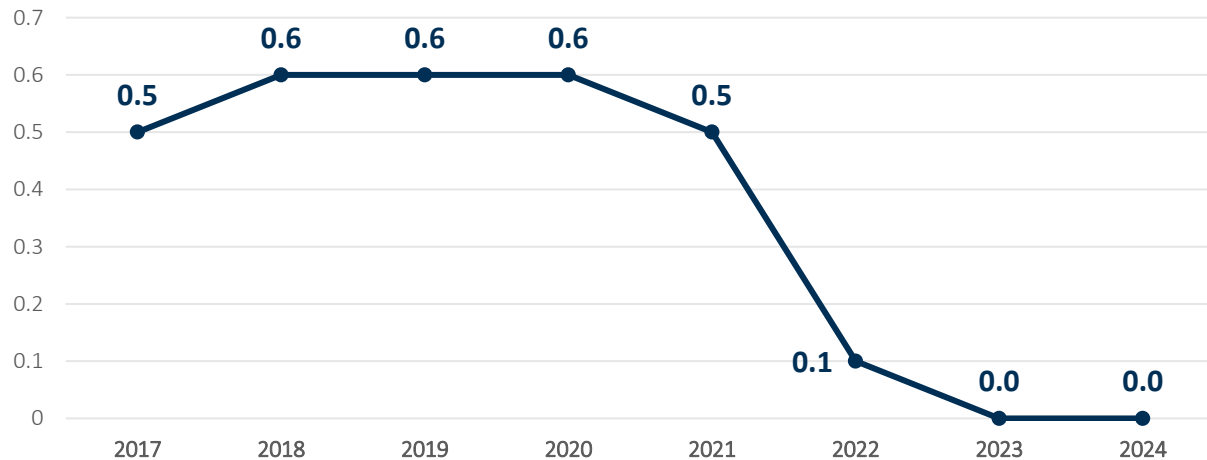


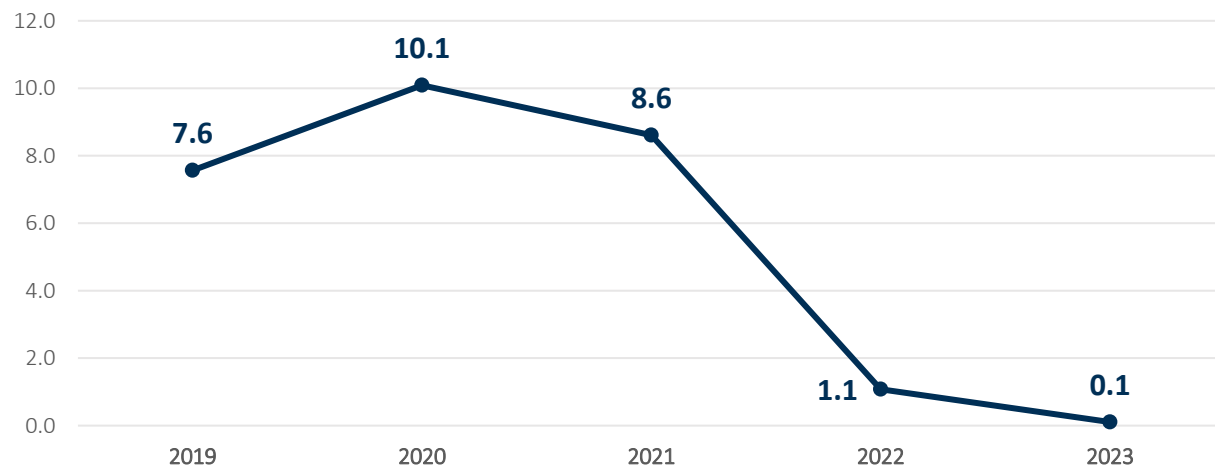
Figure 31. The heroin arrest rate hovered near 0.5 arrests per 1,000 Idaho residents between 2017 and 2021, then declined to near 0 in 2023 (ISP data).



NOTE: Although there were heroin arrests made in 2023 and 2024, the number was so few that the rate rounds down to 0.0 for both years.

Similar to the heroin overdose death rates, data from the DOPP shows that the rate of emergency department visits for heroin overdoses also increased between 2019 (7.6 visits per 100,000 residents) and 2020 (10.1 visits), before declining each year through 2023 (0.1 visits; see Figure 32).

Figure 32. The rate of emergency department visits for heroin overdoses (per 100,000 Idaho residents) declined between 2020 and 2023 (IDHW data).



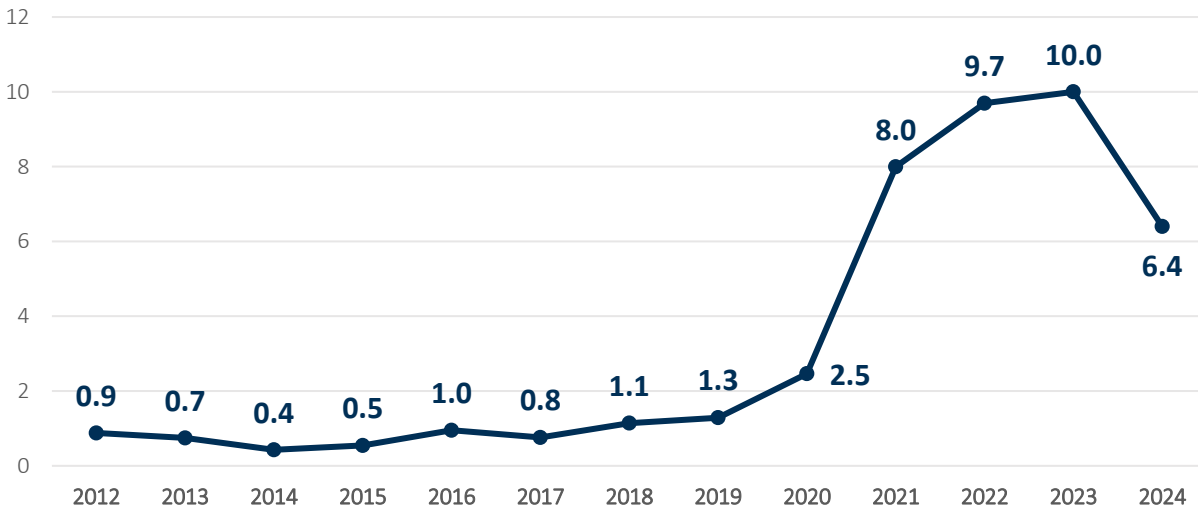
Two indicators of heroin use were correlated with other indicators in the full dataset. Heroin arrest rate was positively correlated with opioid dispensing rate, DUI arrest rate, liquor law violation arrest rate, marijuana arrest rate, meth/amphetamines arrest rate, drug-induced crash rate, and total drug overdose death rate, chronic liver disease/cirrhosis death rate, and multiple types of drug overdose emergency department visits. Heroin overdose emergency department visits were positively correlated with heroin arrest rate, meth/amphetamines arrest rate, alcohol- and drug-induced crash rate, chronic liver disease/cirrhosis death rate, and multiple types of drug overdose emergency department visits.

Fentanyl

Beyond the DEA ARCOS data on retail drug ordering (see Figure 9 on page 22), only two other fentanyl indicators were available for analysis.

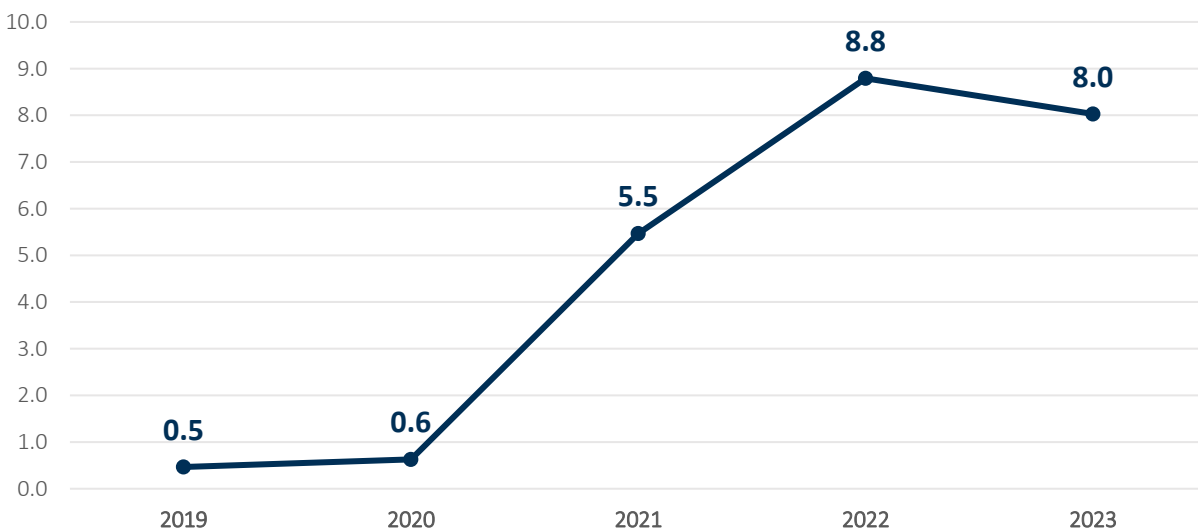
The fentanyl overdose death rate in Idaho increased from 0.9 deaths per 100,000 Idaho residents in 2012 to 9.7 in 2022 (see Figure 33).

Figure 33. The rate of fentanyl overdose deaths (per 100,000 Idaho residents) increased tenfold between 2012 and 2023, then declined 36% in 2024 (IDHW data).



Similar to the fentanyl overdose death rates, data from DOPP shows that the rate of emergency department visits for fentanyl overdoses also increased sharply between 2020 (0.6 visits per 100,000 residents) and 2022 (8.8 visits), before declining slightly in 2023 (8.0 visits; see Figure 34).

Figure 34. The rate of emergency department visits for fentanyl overdoses (per 100,000 Idaho residents) increased sharply between 2019 and 2022, then declined slightly in 2023 (IDHW data).



One indicator of fentanyl use was correlated with other indicators in the full dataset. Fentanyl overdose emergency department visits were positively correlated with marijuana arrest rate, meth/amphetamines arrest rate, total drug overdose death rate, and multiple types of drug overdose emergency department visits.

Any Drug Type

In addition to the indicators previously discussed that are substance-specific, ISAC collected data from three sources that include measures of adverse effects of using any type of drug.

The IDHW's Vital Statistics Program provided data on the total drug overdose death rate. Driven by the recent increase and subsequent decline in fentanyl overdose deaths, the total overdose death rate increased from 11.5 deaths per 100,000 residents in 2012 to a high of 19.6 deaths in 2022 and 2023, before declining to 16.8 in 2024 (see Figure 35). Similarly, DOPP reported a similar rise in hospital emergency department visits from 2019 to 2021, before that number decreased in 2022 and 2023 (see Figure 36).

Figure 35. The total drug overdose death rate rose 70% from 2012 to 2022, the decreased 14% from 2023 to 2024 (IDHW data).

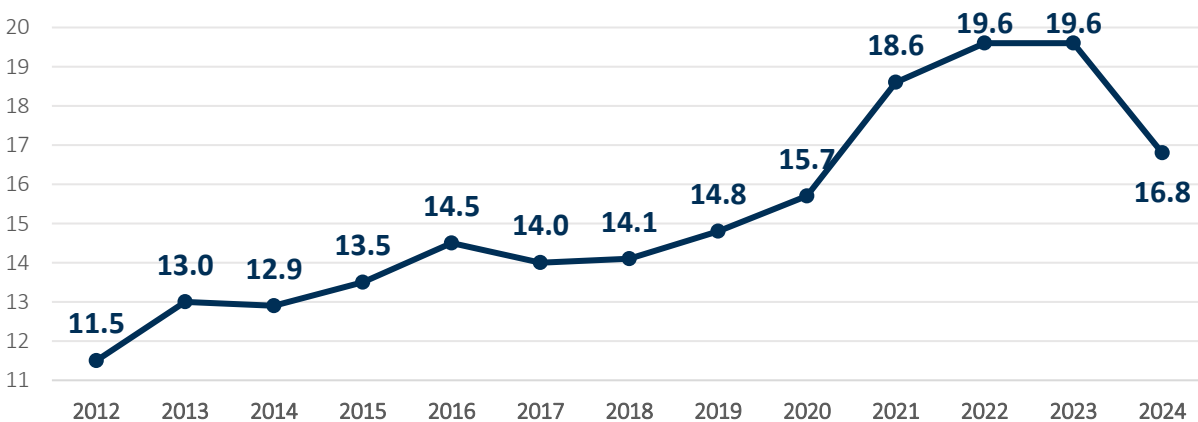
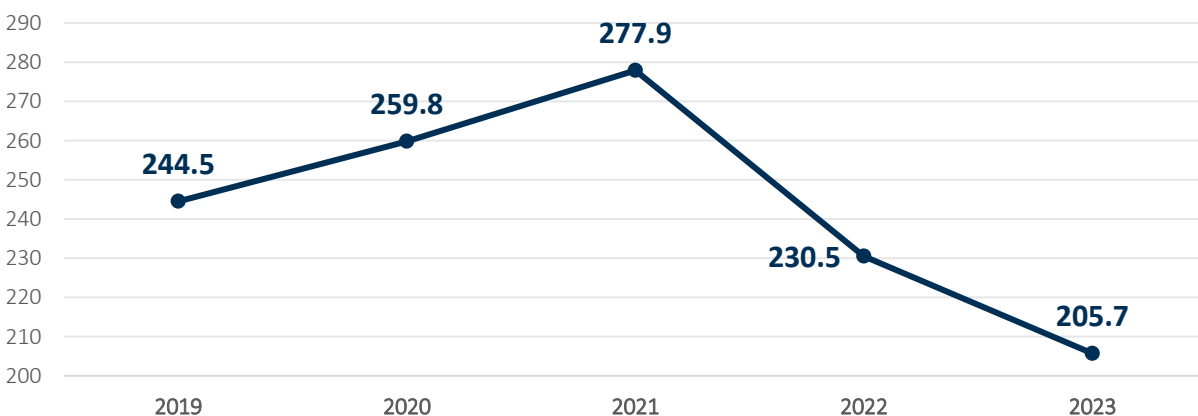
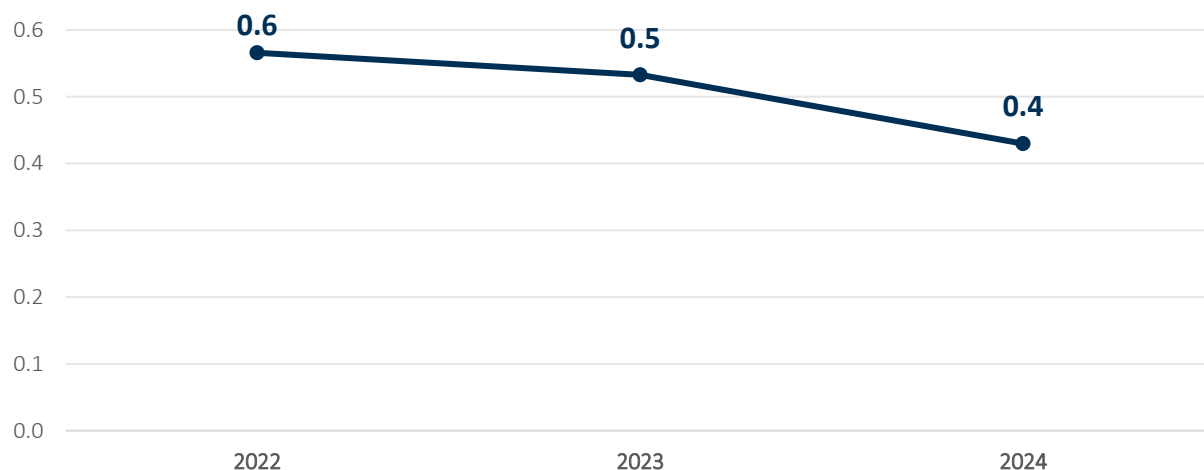


Figure 36. Emergency department visits for drug overdoses increased 14% from 2019 to 2021, then declined 26% from 2021 to 2023 (IDHW data).



The Idaho Transportation Department provided data on the fatality rate for drug- and/or alcohol-induced motor vehicle crashes from 2022 to 2024. The fatality rate decreased slightly during that period, from 0.6 deaths per 100,000 residents in 2022 to 0.4 deaths in 2024 (see Figure 37).

Figure 37. The fatality rate for alcohol- and/or drug-induced vehicle crashes decreased slightly between 2022 and 2024 (ITD data).



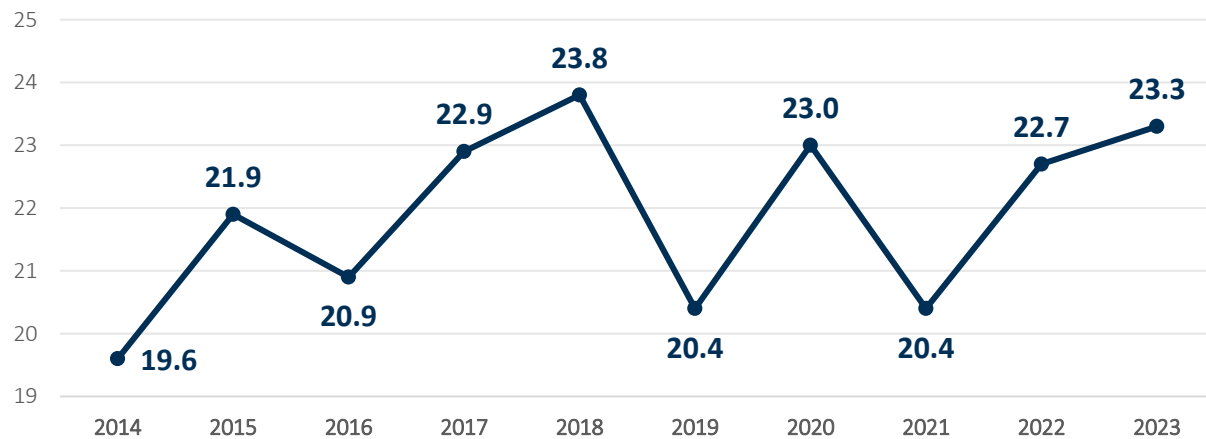
All three of these indicators were correlated with other indicators in the full data set. Total drug overdose death rate was positively correlated with opioid dispensing rate, DUI arrest rate, heroin arrest rate, marijuana arrest rate, meth/amphetamines arrest rate, alcohol-induced crash rate, drug-induced crash rate, suicide death rate, chronic liver disease/cirrhosis death rate, and multiple types of drug overdose emergency department visits. Total drug overdose emergency department visits were positively correlated with opioid dispensing rate, heroin arrest rate, marijuana arrest rate, meth/amphetamines arrest rate, alcohol-induced crash rate, alcohol- and drug-induced crash rate, chronic liver disease/cirrhosis death rate, and multiple types of drug overdose emergency department visits. Alcohol- and drug-induced crash rate was positively correlated with heroin arrest rate, marijuana arrest rate, meth/amphetamines arrest rate, alcohol-induced crash rate, DUI fatality rate, total drug overdose death rate, benzodiazepine overdose emergency department visits, total drug overdose emergency department visits, and heroin overdose emergency department visits.

Mental Health

The most significant addition to the SEOW data set was the inclusion of multiple indicators of mental health among Idahoans. These data come from two sources at IDHW: Vital Statistics and BRFSS.

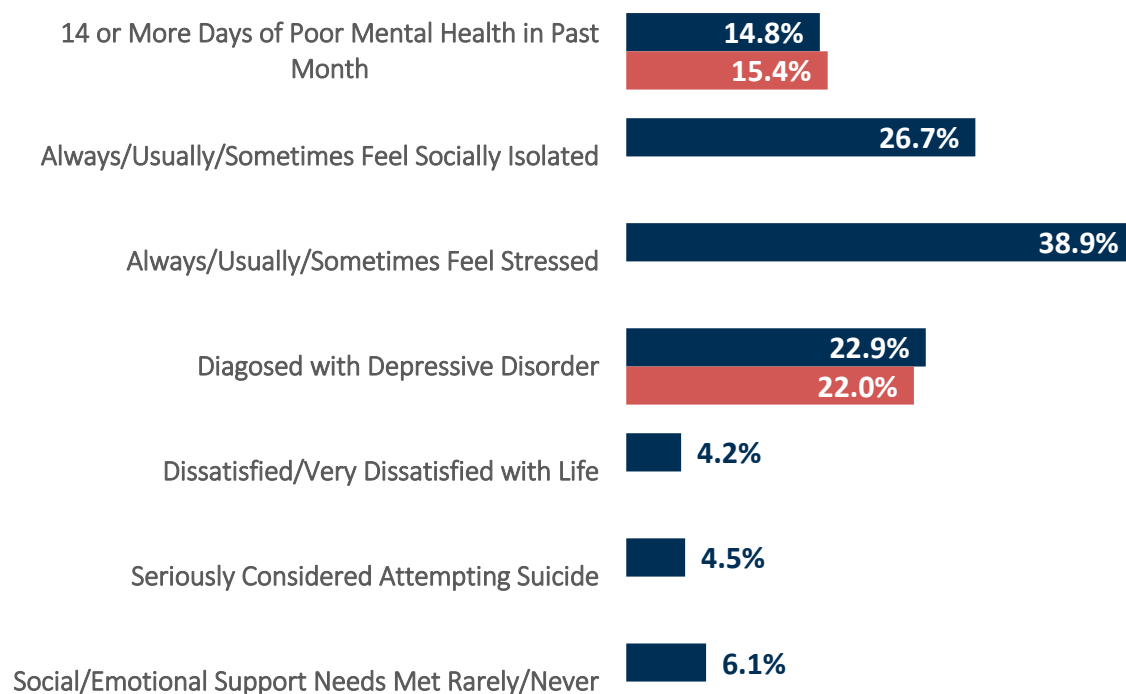
Vital Statistics provided the rates of death by suicide from 2014 – 2023. While the suicide rate has varied over that 10-year period, it has trended upward, from 19.6 deaths by suicide per 100,000 residents in 2014 to 23.3 in 2023 (see Figure 38 on page 36).

Figure 38. The rate of deaths by suicide (per 100,000 residents) varied between 2014 and 2023 but trended slightly upward.



New survey questions included with the 2023 BRFSS give further insight into the mental health of adult Idahoans. In 2023, nearly 14.8% said that they had 14 or more days of poor mental health within the past month, slightly lower than the national rate of 15.4% (see Figure 39). Conversely, a higher percentage of Idahoans said they had been diagnosed with depressive disorder (22.9% of Idahoans, compared with 22.0% nationally). Further, more than one-third (39%) said they feel stressed at least some of the time, more than one-quarter (27%) said they feel socially isolated at least some of the time, and 4.5% said they had seriously considered attempting suicide.

Figure 39. 2023 BRFSS mental health indicators for Idaho adults and the United States.



COVID-19 Impacts on Data Collection and Quality

Due to the timing of this project and the data collected, many of the years for which data are available include 2020 and 2021. The COVID-19 pandemic impacted all data collection, and some sources were more affected than others. The largest impact was seen in survey-based data as respondents were often not accessible by researchers and/or survey collection was paused. One example was seen in SAMHSA's decision not to publish any 2020 NSDUH data. NSDUH state estimates are not available for both the combined 2019-2020 and 2020-2021 periods due to the suspension of in-person data collection. The NSDUH was switched to online collection, introducing a mode effect, and causing SAMHSA to conduct further analysis which confirmed that the results did not seem statistically valid.²² Moving forward, NSDUH plans to continue their new method of data collection, a combination of online and in-person data collection. This means that NSDUH data prior to 2020 is not comparable to succeeding collections based on this mode change.

Beyond impacting data collection, 2020 administrative data indicates that this year was an anomaly in many ways, making trends harder to interpret when 2020 is included. ISAC has observed that in 2020 during Idaho's six-week stay-home-order that was in effect from mid-March until late April, drug and alcohol offenses experienced a significant (45%) decrease when compared to the same period in 2019, and then jumped by 96.7% in 2021.²³ This trend interruption was observed across all types of county populations (i.e., urban or rural). While not analyzed through statistical tests, data in the Crime in Idaho Data Dashboard created and maintained by ISAC also shows that arrests for many drug types experienced a slight drop in 2020, then a return to previous levels in 2021. Overall, drug overdose death rates also dropped slightly from 15.4 per 100,000 residents in 2019 to 12.5 in 2020, then increased to 20.9 in 2021. Based on these observations, care should be taken when examining trends including the year 2020.

Question #2: Are there remaining gaps in knowledge about substance use and misuse in Idaho?

While we were able to fill some gaps in knowledge with expansion of data points collected, especially around mental health, some of the larger gaps remain due to multiple factors. The key indicators added based on recommendations from the CSTE include drug overdose ED visits, mortality from chronic liver disease and cirrhosis, and frequent mental distress. These indicators help create a more complete picture of topics important to the SEOW and its work. Even with these additions, there was some data that could not be captured or added to the dashboard. The remaining items that were not added include hospitalization attributable to drugs with potential for abuse and dependence, hospital discharge for mental disorders, measures of self-reported youth suicide attempts, and emergency department visits for intentional self-harm. As noted above, some of these are currently collected by state entities and could be added to the dashboard in the future, but others are not being collected at all.

A few other gaps remain, largely related to the level at which data is collected and/or can be accessed for public release. Most data in Idaho are only able to be released at the district or even state level. This is

²² Substance Abuse and Mental Health Services Administration. *State data tables and reports from the 2019-2020 NSDUH*. SAMHSA. <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020>

²³ Rodgers, K. and Strauss, T. (2023). *Crime in Idaho During COVID-19: Time series analysis of data from the Idaho incident-based reporting system*. <https://isp.idaho.gov/pgr/wp-content/uploads/sites/16/2023/05/Crime-in-Idaho-During-COVID-19.pdf>

usually based on privacy concerns due to low numbers. Due to lack of data at the community and county levels, local complexities are not captured in the current data available. Priority populations have also been identified in prior Needs Assessments produced by ODP, including young adults, veterans, unhoused people, and racial and ethnic minorities (particularly Native American and Hispanic populations). These populations can also not be fully assessed due to data sources not disaggregating by these variables. More granular data would allow for clearer connections and help to identify distinct needs in specific areas. At the same time, efforts to improve data quality must be balanced with ethical considerations, ensuring that the pursuit of more detailed information does not compromise individual privacy, or the trust of the communities being represented.

Data collection continues to struggle to adapt to capture emerging substances. As concerns shift, relevant data often lag behind policymaker and practitioner needs. Identifying and adjusting data systems to capture emerging substances could be key to keeping the data and dashboard relevant and useful.

Finally, national data is useful but is often outdated and lacks sufficient Idaho-specific samples. Idaho benefits more with consistent state-level surveys that are tailored to needs and also capture enough responses to be reported out at county or public health district levels. BRFSS offers reliable data on adults that is consistent and captured rigorously. Youth-focused efforts are currently lacking in the state, particularly with the discontinuation of the YRBS and IHYS in 2021 and 2022, respectively. Overall, strengthening Idaho's data infrastructure will require both improved granularity and thoughtful design, ensuring that information is accurate, ethical, and responsive to changing patterns of substance use and misuse over time and across regions.

CONCLUSIONS AND POLICY RECOMMENDATIONS

For this project, ISAC expanded the data collection and adjusted the analytical framework of the SEOW. Using guidance from the CSTE and SPTAC, ISAC was able to identify and collect an additional 20 data points for inclusion in the SEOW's data set and dashboard, some of which were previously much harder to access. The inclusion of these data points in the SEOW Dashboard will increase access to those data, especially for practitioners and program managers, and improve the relevance of the dashboard to those who plan programs in the fields of substance misuse treatment and/or prevention.

However, there is still a lack of regional (i.e., public health district, county) data available. Just 21 (16%) of the 134 indicators in the expanded SEOW data set are available for analysis at the county level, and that number only rises to 39 (29%) when looking at data available at the health district level. Additionally, there is still little to no data available to be disaggregated by other demographic groups such as age, gender, and race/ethnicity. This puts the SEOW's analytical capacity behind SEOWs in other states. Some states, such as Colorado²⁴, have the data necessary to create epidemiological profiles at the county or regional level. These documents have proven beneficial for stakeholders in those states to both understand the scope of the substance misuse problem at the state and local levels, and to develop and implement programs that effectively address the issues specific to those localities. If the Idaho SEOW wishes to replicate that type of research, it will first need to work with its partners to expand their data collection capabilities.

The Idaho SEOW should also consider allowing its members to educate stakeholders within their respective spheres of influence about the need for Idaho to join the Healthcare Cost and Utilization Project (HCUP). Idaho's absence from the program means that some CSTE-recommended indicators for SEOWs are not available in Idaho, and this further inhibits Idaho's ability to conduct research and publish data that would be highly beneficial to stakeholders in the substance misuse treatment and prevention fields. Stakeholder education around the HCUP could be worked into the SEOW's existing, broader education role on substance use data, trends, and emerging issues.

Finally, the data landscape in Idaho continues to change rapidly. In just the two years between ISAC projects on this subject, some new data points (such as the indicators of overdose emergency department visits, mental health, and DUI fatalities) have been made available for SEOW use, while other data collection programs (YRBS, IHYS) have been discontinued entirely. The SEOW will need to stay actively engaged in evaluating the changing landscape, ensuring that the SEOW's database, public-facing dashboard, and needs assessments or other reports it publishes have the most timely, relevant, and complete data available.

Based on these findings and conclusions, ISAC makes the following specific recommendations to the Idaho SEOW:

- 1. Continue to expand current data sources or reporting to capture more county level data and demographics.***

The biggest gaps in substance use data are in the lack of county level indicators and indicators that are disaggregated by demographics. There are priority populations that have been identified

²⁴ Colorado SEOW. (n.d.). *2024 regional profiles*. Retrieved from <https://www.coloradoseow.org/2024-regional-profiles/>

in prior research as more at-risk for adverse or disproportionate effects from substance use, but little data exists to assess these populations. To evaluate substance use and misuse at the county level, these gaps must be addressed. Counties and programs would benefit from knowing more about their area at this level, rather than relying on the state level data. Programs would be able to better target their local substance misuse issues and funding could be better targeted to communities and areas that most need it.

2. *Develop a model including risk and protective factors that can be used to evaluate and compare counties.*

To further inform funding, policy, and programming decisions, creating a model or index of substance misuse would be highly beneficial. Currently, indicators are mostly evaluated individually, but this creates an issue when trying to address the needs from a public health and/or substance use/misuse prevention standpoint. While stakeholders may know a need exists from anecdotal or surveillance data, adopting a public health approach to substance use/misuse prevention efforts requires an understanding of the driving forces behind substance use and misuse, which remains difficult given the current state of available data. Pivoting to a model that incorporates risk and protective factors would help fill this gap in knowledge.

3. *Keep the Needs Assessment flexible and utilize SEOW's expertise to keep data and data reporting relevant.*

The SEOW consists of research analysts from multiple entities in the state that have an interest in substance misuse in Idaho. They are a source ripe with knowledge and are likely to know when there is a new trend or topic arising that needs consideration. Flexibility needs to be prioritized so that the Needs Assessment can continue to provide the most up to date and relevant information. Continuing to monitor topics through the group also opens the opportunity for SEOW members to contribute data that is already being collected about emerging issues or suggest where data may start to be collected.

4. *Continue education and outreach to broaden SEOW's audience, distribute SEOW's data and research to stakeholders that could benefit from it, and educate stakeholders on the importance of expanded data collection efforts.*

In recent years, the SEOW has shifted its efforts from purely supporting ODP to being a resource for the broader substance misuse treatment and prevention community throughout Idaho. This is partially a result of SAMHSA no longer requiring states to utilize SEOWs specifically for planning purposes. While ISAC recommends that Idaho's SEOW maintain this function, it also supports the expansion of the SEOW's role as a leading source of data and research on substance use and misuse in Idaho.

APPENDIX A: DATA TABLES BY SUBSTANCE TYPE

All data presented in the following tables is for the state of Idaho unless otherwise noted.

Alcohol

National Survey on Drug Use and Health (NSDUH) – Ages 12+

Indicator	2021	2023		US 2023
Alcohol Use Disorder in the Past Year	11.6%	10.6%		10.3%
Alcohol Use in the Past Month	41.5%	44.2%		48.1%
Needed but Did Not Receive Treatment for Alcohol Use in the Past Year	10.7%			N/A
Perception of Great Risk from Drinking 5+ Alcoholic Beverages Once or Twice a Week	41.6%	43.7%		44.6%
Binge Drinking in the Past Month	19.3%	20.5%		21.7%

Idaho Transportation Department – Crashes per 10,000 Residents

Indicator	2020	2021	2022	2023	2024	
Alcohol-Induced Crash Rate	6.6	7.4	7.8	7.3	7.1	

Behavioral Risk Factor Surveillance Survey (BRFSS) – Ages 18+

Indicator	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		US 2023
Binge Drinking in the Past Year	14.9%	14.8%	14.1%	16.1%	15.1%	15.1%	16.6%	14.4%	14.0%	15.5%	14.8%		15.1%
Heavy Drinking in the Past Year	6.2%	5.0%	5.3%	7.0%	6.7%	6.7%	7.3%	7.1%	6.8%	7.2%	5.9%		6.1%

Youth Risk Behavior Survey (YRBS) – High School Students

Indicator	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021		US 2021
Drank Alcohol in the Past Month	41%	35%	40%	43%	34%	36%	28%	28%	27%	27%	23%		22.7%
Had First Alcoholic Drink Before Age 13	28%	23%	26%	23%	19%	18%	15%	15%	16%	15%	17%		15.0%
Got Alcohol by Someone Else Giving it to Them				39%	41%	44%	41%	42%	47%	43%	46%		40.1%
Drove While Drinking							6%	5%	6%	4%	3%		4.6%
Rode with Someone Who Drove While Drinking	29%	24%	28%	30%	22%	21%	19%	16%	16%	13%	14%		14.1%

Idaho Incident-Based Reporting System (IIBRS) – Arrest Rate per 1,000 Residents

Indicator	2017	2018	2019	2020	2021	2022	2023	2024	
DUI Arrest Rate	4.3	4.5	4.6	3.9	4.1	4.0	3.9	3.7	
Liquor Law Violation Arrest Rate	0.8	0.7	0.7	0.6	0.6	0.6	0.7	0.7	

Idaho State Liquor Division (ISLD) – Gallons Consumed per Resident

Indicator	2017	2018	2019	2020	2021	2022	2023		US 2023
Per Capita Consumption of Distilled Spirits	1.6	1.6	1.7	1.9	1.8	1.8	1.7		2.2

Idaho Department of Health and Welfare (IDHW) Bureau of Vital Statistics – Chronic Liver Disease/Cirrhosis Death Rate per 100,000 Residents

Indicator	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		US 2023
Chronic Liver Disease/Cirrhosis Death Rate	12.0	13.2	11.3	11.5	14.1	13.9	17.6	18.5	16.2	16.6		15.6

Opioids/Prescriptions

Drug Enforcement Administration (DEA) Automated Reports and Consolidated Ordering System (ARCOS) – Pharmacy Orders in Grams per 100,000 Residents

Indicator	2017	2018	2019	2020	2021	2022	2023	2024		US 2024
Amphetamine	6,491.8	7,197.1	7,778.8	8,671.6	8,529.1	9,603.2	10,016.0	11,675.1		8,698.9
Buprenorphine	906.9	1,076.4	1,270.9	1,485.3	1,382.5	1,531.5	1,644.1			1,729.2
Codeine	3,485.9	3,106.3	2,864.5	2,661.0	1,988.8	1,777.2	1,675.0	1,514.5		2,264.8
Fentanyl Base	147.0	126.5	97.6	85.3	68.8	58.3	50.1	49.4		31.1
Hydrocodone	14,548.5	12,826.5	11,516.8	10,967.9	9,082.3	8,773.1	8,407.0	8,186.8		4,351.6
Hydromorphone	480.1	447.7	337.5	366.9	309.4	266.6	280.7	253.8		213.0
Lisdexamfetamine	2,258.1	2,461.7	2,581.2	2,796.0	2,785.6	3,372.6	4,562.3	5,415.1		3,695.8
Meperidine (Pethidine)	212.4	177.8	91.2	45.0	35.2	30.5	32.0	23.5		31.7
Methadone	3,013.1	2,645.1	2,716.0	2,848.1	2,137.4	2,314.1	2,398.5	2,392.8		4,713.1
Methamphetamine		3.5	3.4	3.3	2.5	1.4	0.2	0.4		0.3
Methylphenidate	6,990.8	7,047.0	7,206.9	7,221.4	6,902.5	7,484.3	7,817.6	8,461.9		5,981.3
Morphine	7,178.4	6,188.2	5,364.8	4,806.8	3,778.4	3,505.0	3,134.0	2,988.9		2,217.9
Oxycodone	15,396.5	13,583.1	12,071.5	11,465.4	9,600.8	9,426.2	9,380.1	9,595.7		8,368.7
Oxymorphone	328.2	184.1	137.3	113.3	83.6	71.2	42.7	28.6		20.6
Tapentadol	1,539.1	1,392.4	1,169.9	1,031.2	787.7	696.3	583.8	497.1		509.6

Youth Risk Behavior Survey (YRBS) – High School Students

Indicator	2017	2019	2021	US 2021
Ever took prescription pain medicine without a prescription or differently than as directed by a doctor	14%	14%	14%	6.0%

Behavioral Risk Factor Surveillance Survey (BRFSS) – Ages 18+

Indicator	2018	2019	2020	2021	
Perception of high risk from opioid use	94.9%	95.7%	93.4%	94.9%	
Used More than Prescribed Opioids	3.4%	5.0%	4.1%	3.6%	
Used Non-Prescribed Opioids	1.1%	1.8%	1.5%	1.2%	
Used Prescribed Opioids in the Past Year	19.5%	18.0%	16.4%	15.9%	

Centers for Disease Control and Prevention (CDC) Opioid Dispensing Rate – Prescriptions per 100 Residents

Indicator	2019	2020	2021	2022	2023
Opioid Dispensing Rate	53.7	49.6	48.0	45.4	37.5

National Survey on Drug Use and Health (NSDUH) – Ages 12+

Indicator	2021	2023	US 2023
Opioid Misuse in the Past Year	2.7%	4.1%	3.2%
Opioid Use Disorder in the Past Year	1.9%	1.9%	2.1%
Pain Reliever Use Disorder in the Past Year	1.7%	1.7%	1.9%
Prescription Pain Reliever Misuse in the Past Year	2.5%	4.2%	3.0%

Idaho Department of Health and Welfare (IDHW) Bureau of Vital Statistics – Opioid Overdose Death Rate per 100,000 Residents

Indicator	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Opioid Overdose Death Rate	5.5	5.0	5.0	5.6	7.3	6.8	7.1	7.5	9.0	12.7	13.9	13.4	10.6

Idaho Healthy Youth Survey – Middle and High School Students (Even-Numbered Grade Levels)

Indicator	2017	2019	2021
Perception of great risk from misusing prescription drugs	64.1%	61.8%	65.7%

Tobacco

National Survey on Drug Use and Health (NSDUH) – Ages 12+

Indicator	2021	2023	US 2021
Tobacco Product Use in the Past Month	19.8%	16.3%	17.8%
Cigarette Use in the Past Month	14.7%	12.7%	14.1%
Perception of Great Risk from Smoking One or More Packs of Cigarettes Per Day	65.7%	65.7%	68.4%

Youth Risk Behavior Survey (YRBS) – High School Students

Indicator	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	US 2021
Ever Tried Smoking Cigarettes	54%	43%	45%	48%	40%	39%	33%	31%	28%	22%	19%	17.8%
Smoked Cigarettes in the Past Month	19%	14%	16%	20%	15%	14%	12%	10%	9%	5%	4%	3.8%
Smoked More than 10 Cigarettes Per Day in the Last Month	9%	5%	7%	9%	6%	8%	4%	2%	6%	2%	13%	9.8%
Smoked Cigars in the Past Month	11%	9%	14%	15%	12%	11%	9%	8%	6%	4%	2%	3.1%
Used Smokeless Tobacco in the Past Month									5%	3%	2%	2.5%
Ever Used an Electronic Vapor Product								45%	41%	48%	39%	36.2%
Used an Electronic Vapor Product in the Past Month								25%	14%	22%	18%	18.0%

Idaho Healthy Youth Survey – Middle and High School Students (Even-Numbered Grade Levels)

Indicator	2017	2019	2021
Perception of Great Risk from Smoking One or More Packs of Cigarettes Per Day	70.4%	66.5%	65.7%
Perception of Great Risk from Using a Vape Pen or E-Cigarette	37.5%	48.3%	52.3%
Perception of Great Risk from Using Chewing Tobacco, Snuff, or Dip	63.2%	59.0%	61.1%

Marijuana

Youth Risk Behavior Survey (YRBS) – High School Students

Indicator	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	US 2021
Used Marijuana in the Past Month	18%	15%	17%	18%	14%	19%	15%	17%	16%	17%	14%	15.8%
Tried Marijuana for the First Time Before Age 13	8%	7%	9%	8%	6%	6%	5%	6%	6%	5%	6%	4.9%

National Survey on Drug Use and Health (NSDUH) – Ages 12+

Indicator	2021	2023	US 2023
Used Marijuana in the Past Year	15.3%	19.6%	21.9%
Used Marijuana for the First Time in the Past Year	2.2%	2.6%	2.6%
Used Marijuana in the Past Month	10.1%	13.6%	15.2%
Perception of Great Risk from Smoking Marijuana Once a Month	20.4%	18.9%	20.4%

Behavioral Risk Factor Surveillance Survey (BRFSS) – Ages 18+

Indicator	2015	2016	2017	2018	2019	2020	2021
Perception of High Risk from Marijuana Use	50.7%	47.7%	46.6%	42.3%	40.2%	41.5%	35.9%
Marijuana Use in the Past Month	5.4%	5.6%	6.0%	9.5%	9.1%	8.8%	8.8%

Idaho Incident-Based Reporting System (IIBRS) – Arrest Rate per 1,000 Residents

Indicator	2017	2018	2019	2020	2021	2022	2023	2024
Marijuana Arrests	4.1	4.4	4.0	3.6	3.9	3.5	3.7	3.3

Idaho Healthy Youth Survey – Middle and High School Students (Even-Numbered Grade Levels)

Indicator	2017	2019	2021
Perception of Great Risk from Marijuana Use Once or Twice a Week	47.7%	46.4%	49.6%

Methamphetamine

Behavioral Risk Factor Surveillance Survey (BRFSS) – Ages 18+

Indicator	2019	2020	2021
Ever Used Methamphetamine	9.8%	8.4%	9.0%

Youth Risk Behavior Survey (YRBS) – High School Students

Indicator	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	US 2021
Ever used Methamphetamine	7%	6%	5%	6%	3%	3%	3%	2%	2%	1%	1%	1.8%

Idaho Incident-Based Reporting System (IIBRS) – Arrest Rate per 1,000 Residents

Indicator	2017	2018	2019	2020	2021	2022	2023	2024
Meth/Amphetamine Arrests	2.1	2.3	2.1	2.0	2.3	1.9	1.9	1.6

National Survey on Drug Use and Health (NSDUH) – Ages 12+

Indicator	2021	2023	US 2023
Used Methamphetamine in the Past Year	0.9%	1.3%	0.9%

Heroin

Youth Risk Behavior Survey (YRBS) – High School Students

Indicator	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	US 2021
Ever Used Heroin	3%	2%	2%	4%	3%	3%	2%	2%	2%	1%	1%	1.3%

Idaho Incident-Based Reporting System (IIBRS) – Arrest Rate per 1,000 Residents

Indicator	2017	2018	2019	2020	2021	2022	2023	2024
Heroin Arrests	0.5	0.6	0.6	0.6	0.5	0.1	0.0	0.0

National Survey on Drug Use and Health (NSDUH) – Ages 12+

Indicator	2021	2023	US 2021
Heroin Use in the Past Year	0.3%	0.3%	0.3%
Perception of Great Risk from Trying Heroin Once or Twice	79.7%	79.6%	81.5%

Fentanyl

Idaho Department of Health and Welfare (IDHW) Bureau of Vital Statistics – Death Rate per 100,000 Residents

Indicator	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Fentanyl Overdose Deaths	0.9	0.7	0.4	0.5	1.0	0.8	1.1	1.3	2.5	8.0	9.7	10.0	6.4

Any Drug Type

Idaho Department of Health and Welfare (IDHW) Bureau of Vital Statistics – Death Rate per 100,000 Residents

Indicator	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Drug Overdose Death Rate	11.5	13.0	12.9	13.5	14.5	14.0	14.1	14.8	15.7	18.6	19.6	19.6	16.8

Idaho Transportation Department – Crashes per 10,000 Residents

Indicator	2020	2021	2022	2023	2024
Drug-Induced Crash Rate	1.2	1.4	1.2	1.1	0.9
Alcohol- and Drug-Induced Crash Rate	0.4	0.4	0.4	0.4	0.4
Alcohol- and/or Drug-Induced Crash Fatality Rate			0.6	0.5	0.4

Idaho Department of Health and Welfare (IDHW) Drug Overdose Prevention Program – Emergency Department Visits per 100,000 Residents

Indicator	2019	2020	2021	2022	2023	
Benzodiazapine Overdose Emergency Department Visits	7.9	9.3	7.5	4.4	3.2	
Drug Overdose Emergency Department Visit Rate	244.5	259.8	277.9	230.5	205.7	
Cocaine Overdose Emergency Department Visits	1.3	1.0	1.8	0.6	0.5	
Fentanyl Overdose Emergency Department Visits	0.5	0.6	5.5	8.8	8.0	
Heroin Overdose Emergency Department Visits	7.6	10.1	8.6	1.1	0.1	
Methamphetamine Overdose Emergency Department Visits	9.7	11.5	12.1	2.8	2.1	
Opioid Overdose Emergency Department Visits	45.3	45.9	55.9	38.3	30.0	
Stimulant Overdose Emergency Department Visits	16.9	19.9	20.5	6.4	4.6	

Mental Health

Idaho Department of Health and Welfare (IDHW) Bureau of Vital Statistics – Death Rate per 100,000 Residents

Indicator	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
Deaths by Suicide	19.6	21.9	20.9	22.9	23.8	20.4	23.0	20.4	22.7	23.3	

Behavioral Risk Factor Surveillance Survey (BRFSS) – Ages 18+

Indicator	2022	2023		US 2023
14 or More Days of Poor Mental Health in Past 30 Days	15.1%	14.8%		15.4%
Always/Usually/Sometimes Feel Socially Isolated	29.1%	26.7%		N/A
Always/Usually/Sometimes Feel Stressed	36.3%	38.9%		N/A
Attempted to Commit Suicide within Past 12 Months	1.5%			N/A
Diagnosed with Depressive Disorder	22.7%	22.9%		22.0%
Dissatisfied/Very Dissatisfied with Life	4.7%	4.2%		N/A
Seriously Considered Attempting Suicide		4.5%		N/A
Social/Emotional Support Needs Met Rarely/Never	6.6%	6.1%		N/A

APPENDIX B: CORRELATION MATRICES

Indicator List

- | | |
|--|--|
| 1. CDC: Opioid Dispensing Rate | 12. Vital Statistics: Suicide Death Rate |
| 2. DUI Arrest Rate | 13. Vital Statistics: Chronic Liver Disease/Cirrhosis Death Rate |
| 3. Liquor Law Violations Arrest Rate | 14. IDHW: Benzodiazepine Overdose Emergency Department Visits |
| 4. Heroin Arrest Rate | 15. IDHW: Cocaine Overdose Emergency Department Visits |
| 5. Marijuana Arrest Rate | 16. IDHW: Drug Overdose Emergency Department Visits |
| 6. Meth/Amphetamines Arrest Rate | 17. IDHW: Fentanyl Overdose Emergency Department Visits |
| 7. ITD: Alcohol Crash Rate | 18. IDHW: Heroin Overdose Emergency Department Visits |
| 8. ITD: Drug Crash Rate | 19. IDHW: Methamphetamine Overdose Emergency Department Visits |
| 9. ITD: Alcohol and Drug Crash Rate | 20. IDHW: Opioid Overdose Emergency Department Visits |
| 10. ITD: DUI Fatality Rate | 21. IDHW: Stimulant Overdose Emergency Department Visits |
| 11. Vital Statistics: Drug Overdose Death Rate | |

Pearson Correlations

All County Level Indicators

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	-																				
2	.014	-																			
3	.033	.343**	-																		
4	.235**	.227**	.096	-																	
5	-.065	.552**	.305**	.398**	-																
6	.064	.361**	.150**	.582**	.754**	-															
7	-.137	.324**	.015	-.007	.344**	.216**	-														
8	-.050	.251**	.008	.214**	.641**	.548**	.307**	-													
9	-.135	.187**	.115	-.020	.302**	.084	.546**	-.074	-												
10	-.068	.213*	-.020	-.096	.311**	-.094	.678**	.160	.678**	-											
11	.279**	.108*	.017	.246**	.046	.194**	-.015	-.045	-.064	-.122	-										
12	.014	.011	-.101	-.042	-.063	-.015	.013	-.046	-.161*	-.109	.094*	-									
13	.146	-.010	-.080	.042	.047	.079	-.101	-.058	.158*	.053	.120*	.192**	-								
14	-.017	.011	-.088	-.033	-.040	-.077	.129	-.060	-.015	-.110	.060	.331**	.127	-							
15	-.009	-.031	-.052	.004	-.015	.002	.095	-.003	-.043	-.095	.018	.278**	.017	.481**	-						
16	-.027	.099	-.080	-.012	.022	.070	.180*	.008	-.055	-.121	.109	.221**	.132	.667**	.374**	-					
17	-.029	.039	-.024	-.104	.036	.120	.073	-.065	-.041	-.141	.321**	.070	.047	.188**	.254**	.417**	-				
18	-.040	.037	-.099	.099	-.038	-.019	.096	-.012	-.004	-.053	.003	.215**	.149*	.656**	.289**	.768**	.045	-			
19	-.111	.003	-.140*	-.032	-.054	-.052	.160*	-.002	-.051	-.048	.049	.305**	.076	.638**	.638**	.695**	.217**	.685**	-		
20	-.054	.017	-.100	.035	-.033	.035	.163*	-.016	-.064	-.069	.114	.239**	.103	.660**	.420**	.875**	.379**	.815**	.741**	-	
21	-.029	.036	-.143*	.037	-.044	-.029	.078	-.016	-.065	-.066	.017	.292**	.125	.667**	.595**	.737**	.173*	.734**	.890**	.751**	-

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Spearman's Rho

All County Level Indicators

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	-																				
2	.031	-																			
3	.125	.439**	-																		
4	.342**	.217**	.172**	-																	
5	.006	.603**	.408**	.376**	-																
6	.259**	.382**	.252**	.546**	.686**	-															
7	-.033	.228**	-.102	-.083	.187**	.169*	-														
8	.167	.168*	-.017	.067	.151*	.169*	.303**	-													
9	.069	.100	.087	.164*	.168*	.238**	.096	.002	-												
10	-.005	.136	-.040	.015	.097	.011	.304**	.339**	.305**	-											
11	.322**	.123*	.088	.189**	.119*	.262**	.125	.205**	.142*	.009	-										
12	.096	.066	-.104	.026	-.025	.078	.146	.168*	.023	.086	.221**	-									
13	.205**	.060	-.085	.117*	.004	.120*	.016	.095	.140	.059	.220**	.259**	-								
14	.201**	-.022	-.062	.142*	.017	.108	.071	.060	.182*	-.047	.208**	.198**	.187**	-							
15	.243**	.004	.001	.223**	.067	.182**	-.031	.039	-.006	-.036	.158*	-.028	.062	.183**	-						
16	.191*	.045	-.046	.223**	.212**	.382**	.207**	.132	.176*	.031	.315**	.117	.203**	.453**	.256**	-					
17	.105	-.027	-.031	.001	.134*	.260**	.147	.058	.148	.020	.349**	.046	.128	.254**	.290**	.441**	-				
18	.145	.019	-.072	.388**	.047	.178**	.073	.139	.215**	.005	.071	.051	.175**	.325**	.270**	.418**	.120	-			
19	.034	-.017	-.131	.101	-.029	.082	.205**	.092	.073	.025	.172*	.142*	.116	.190**	.292**	.319**	.341**	.325**	-		
20	.162*	.022	-.073	.189**	.134*	.296**	.293**	.185*	.066	.151	.300**	.085	.151*	.313**	.247**	.671**	.486**	.475**	.401**	-	
21	.207**	.045	-.111	.262**	.066	.200**	.054	.092	.063	.000	.172*	.116	.168*	.321**	.313**	.484**	.243**	.430**	.682**	.420**	-

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).



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pgr@isp.idaho.gov



(208) 884 - 7040