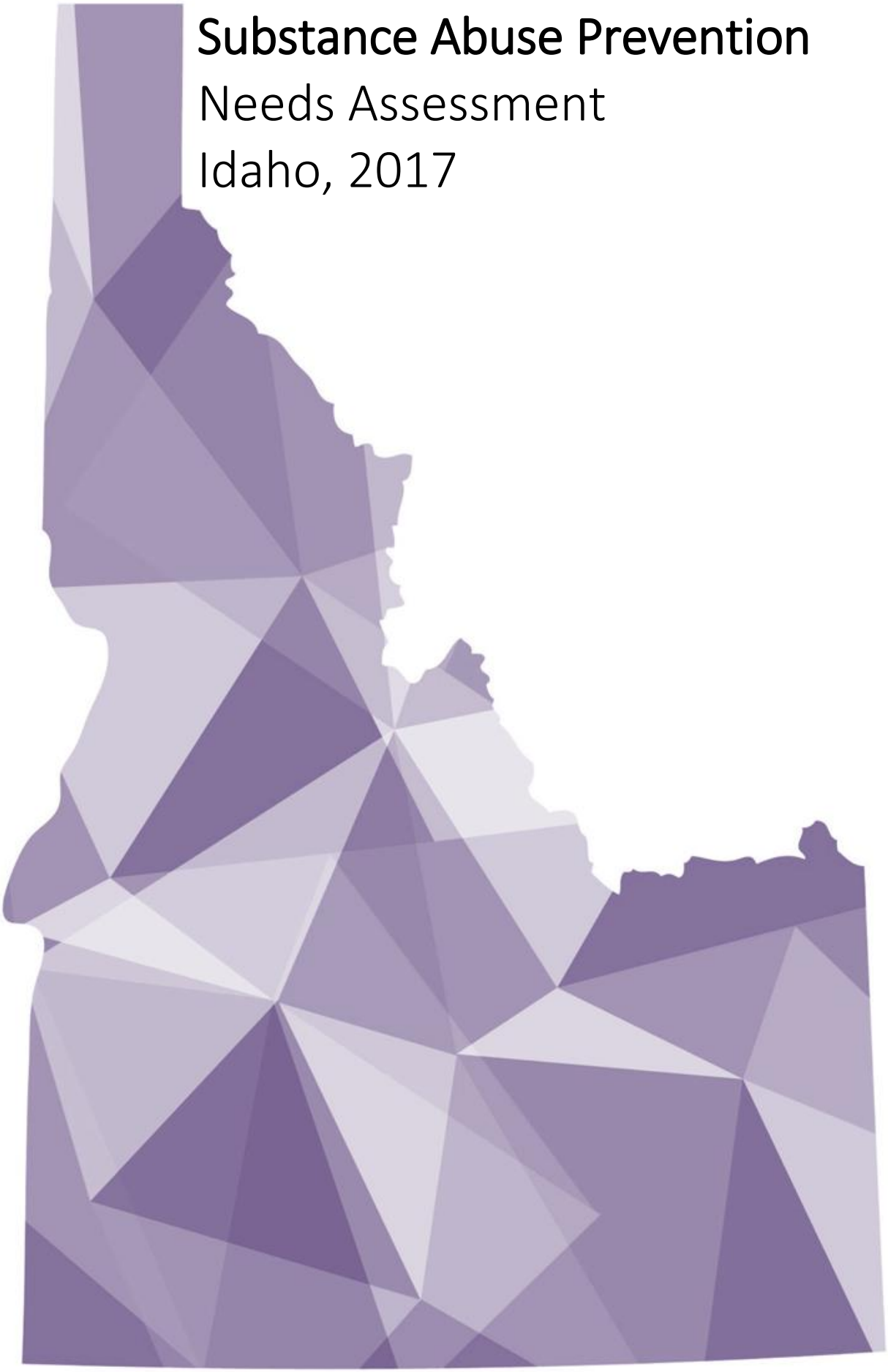
Substance Abuse Prevention

Needs Assessment

Idaho, 2017



Acknowledgements

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

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Methodology

Consumption and Consequences

Consumption is defined as the use and high-risk use of alcohol, tobacco, and illicit drugs. Consumption includes patterns of use of alcohol, tobacco, and illicit drugs, including initiation of use, regular or typical use, and high-risk use. Substance-related **consequences** are defined as adverse social, health, and safety consequences associated with alcohol, tobacco, or illicit drug use. Consequences include mortality, morbidity, and other undesired events for which alcohol, tobacco, and/or illicit drugs are clearly and consistently involved.

The Idaho SEOW chose to classify substances into five categories: prescription drugs, alcohol, marijuana, other drugs, and tobacco. Organizing constructs provides a way to conceptualize key types of consumption patterns and consequences. Given ODP's focus on building and strengthening Idaho's prevention system, the Idaho SEOW concentrated on constructs and indicators that would prove most useful for prevention decision-making. Additionally, with respect to consequences, constructs with clear evidence of causation from substances abuse were used.

Indicator Selection

Step 1: Review Data Indicators

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

Step 2: Incorporate 6 Criterion

The criteria established were as follows:

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

Step 3: Identify Relevance and Record Type

The SEOW refined indicators to reflect a relevance rating and record type. The **relevance** rating was on a scale of one to three, 1-Very Relevant to 3-Not Relevant. After some group discussion, each indicator's relevance was scored by the SEOW member who provided the indicator. The **record type** is a classification of each indicator based on the source, administrative (A) or survey-based (S).

Step 4: Score

The SEOW further eliminated indicators by conducting multiple rounds of scoring. Recommendations were collected from each content expert regarding each indicator, these suggestions were then reviewed, and a second round of scoring was conducted by two additional content experts. The final product was reached by a consensus.

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

Seriousness

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

The **severity** scores were generated by analyzing the following factors in relation to the indicator in question. If an indicator's outcome:

- Was related to mortality, it was scored a 4
- Had both long term and short term health effects, it was scored a 3
- Had long term or short term health effects, it was scored a 2
- Had no effect on health, it was scored a 1

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

- Trending upward, it was assigned a score of 1.5
- Consistent, it was assigned a score of 1
- Trending downward, it was assigned as score of 0.5

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

Seriousness Score = Severity Score x Trend Score

Capacity

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

Capacity Score = Readiness Score x Changeability Score

Size

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

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

State versus National Sources

The SEOW often chose to cite statewide data sources over their corresponding national aggregates. Typically, the data in national sources are simplified from data collected at the state-level. Further, using state-level data sources enhances partnerships and allows for quicker responses. When available, national metrics were included when data was gathered using the same methodology. In some cases, there was a lack of adequate national comparison.

Changing Surveillance

Throughout the years, data measures change due to many unforeseeable reasons including changing agency responsibility, changing priorities or foci, and lack of sustainability or funding. For example, the BRFSS questionnaire has been modified since the indicators were selected for the 2014 Needs Assessment, which no longer includes the item regarding illicit drug use. To fill this need, the Office of Drug Policy added questions to the BRFSS regarding marijuana use, prescription drug abuse, and the risk of underage drinking. Additionally, definitions for various indicators have changed to provide more accurate information to the public. The SEOW has opted to use the most accurate data by conforming to these definitions. For that reason, some trend data in previous Need Assessments may not be identical to the 2016 Needs Assessment. Despite the SEOW's work to identify the best substance abuse indicators available, data measurements are continuously being modified or removed. For this reason, it is important to develop and implement new data sources that may be used in the future.

Priority Areas

Prescription Drugs

On November 1, 2011, the Centers for Disease Control and Prevention declared prescription drug abuse an epidemic. The increasing arrest rates, distribution rates, and drug-induced mortality within the state clarifies that Idaho is not immune to the epidemic.

Alcohol

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

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

Marijuana

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

Idaho Demographics

Idaho is a geographically large state with vast frontier expanses and relatively few heavily populated areas. The state of Idaho is predominantly rural in character and culture, reflecting traditional morals, values, and lifestyles, with pockets of cultural and ethnic diversity. According to the United States Census Bureau, Idaho's largest metropolitan area, the Treasure Valley which includes both Ada and Canyon Counties, contains 39% of the state's population. Idaho's urban, suburban, rural, and tribal lands have very different historical, social, and cultural features. Each community's needs and perspectives regarding alcohol, tobacco, and other drugs (ATOD) may differ from those of other groups and cultures. Within these communities, prevention efforts must focus on the role social and economic conditions play in problems associated with ATOD (e.g., poverty, inequity, inequality), and the need to engage community leaders and networks in prevention.

Population

Population density and change has been found to impact substance abuse and consequences in communities. According to Gfroerer et al.'s article *Drug Use Patterns and Trends in Rural Communities*, the types of drugs that youth use differ in rural and urban areas. Additionally, drastic population changes can leave a community with a deficit in infrastructure or leave residents with a stunted economy. Although Idaho remains below the national average for the number of residents per square mile, Idaho is growing at a faster rate than the national average. Idaho's most popuated counties, Ada County and Canyon County, also had the highest population growth. Similarly, two counties with the lowest population, Clark County and Custer County saw decreases in population.

Economic Factors

Depressed economies can influence substance abuse and related outcomes. Residents with high levels of poverty and unemployment and lower educational attainment and income may have less opportunity to engage in healthful behaviors or access behavioral health services. Although Idaho's median household income is lower than the national average, and the percentage of the population below the poverty level is similar to the national average. Idaho's unemployment rate is lower than the national average, but has a lower percentage of individuals 25 or older with a bachelor's degree or higher.

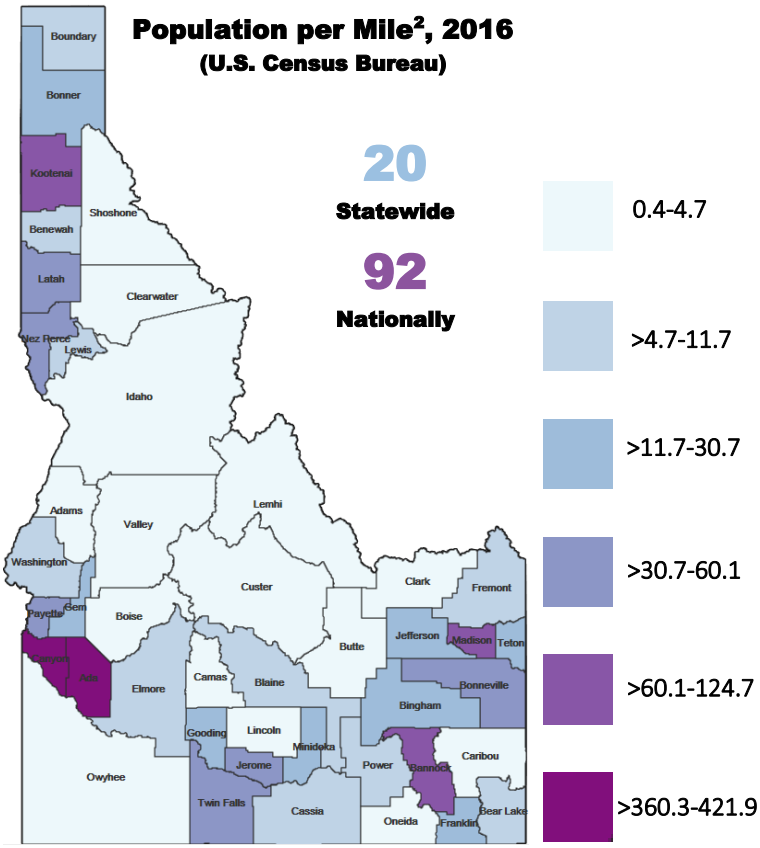
Priority Populations

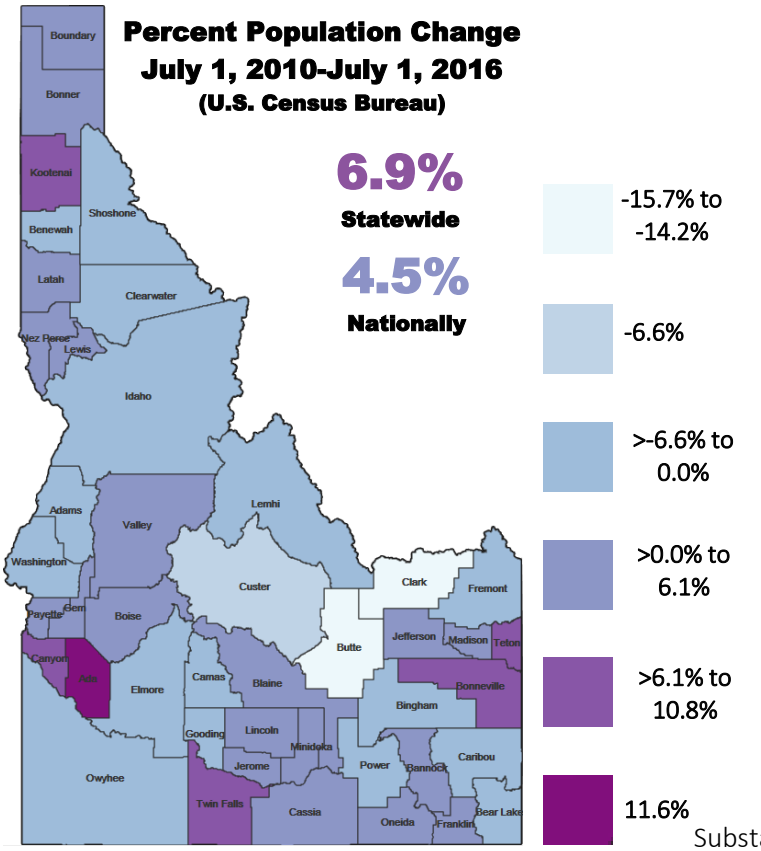
As you will read thoughout this publication and in other literature, some populations may be more at risk for substance abuse and related consequences. The SEOW has chosen to review data relating to young adults, veterans, and racial, and ethinic minority populations to determine priority populations for potential prevention or intervention services. Idaho has a higher prevalence of of American Indians or Alaska Natives than the national average, but a lower prevalence of Hispanics or Latinos, veterans, and individuals 18 to 25.

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

Population

Idaho has a relatively small population, but it is growing at a relatively fast pace.





According to the 2016 Census estimate, the number of people per square mile nationally was 91.5, compared to 20.4 in Idaho. The percent population change between 2010 and 2016 nationally was 4.5% compared to 6.9% in Idaho.

Over the last several years, more populated areas in Idaho are increasing in population; whereas, less populated areas are declining in population.

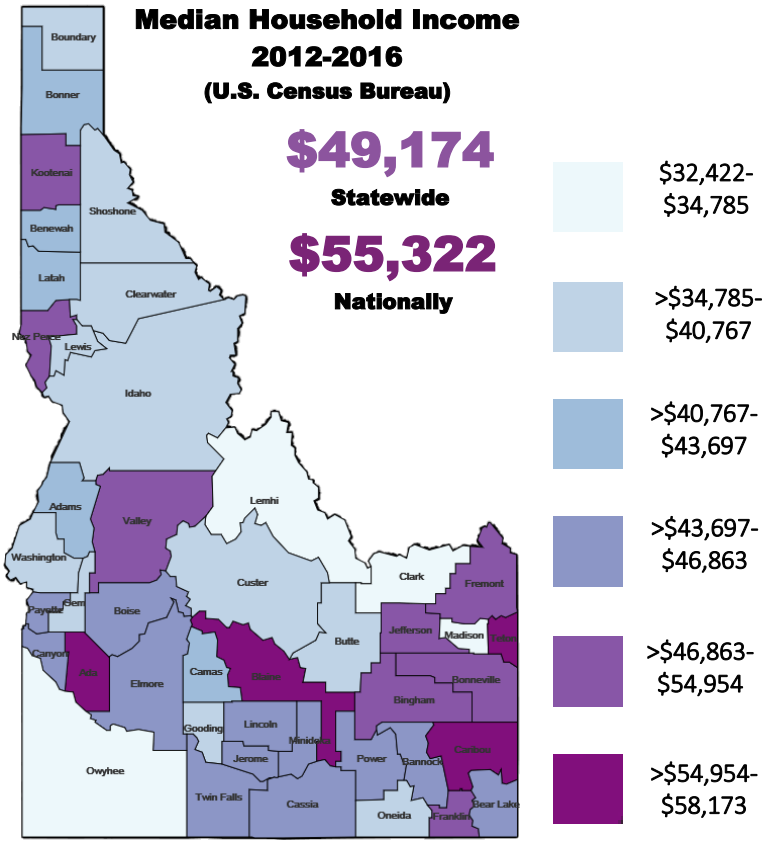
The two counties with significantly higher population per square mile also had the largest population increase. In 2016, 421.9 people per square mile lived in Ada County and the population grew 11.6% between 2010 and 2016. Over 360 people per square mile lived in Canyon County and the population grew 10.8%

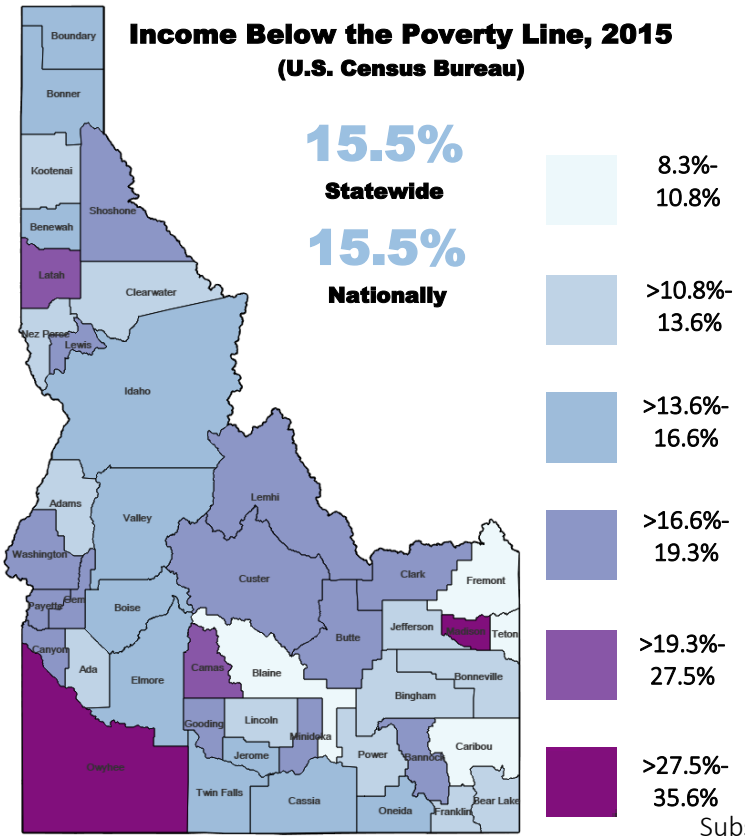
Similarly, the two counties with lowest population per square mile also had substantial population decreases. In 2016, 0.5 people per square mile lived in Clark County and the population fell 14.2% between 2010 and 2016. Approximately 0.8 people per square mile lived in Custer County and the population fell 6.6%.

Butte County had the largest reduction in population between 2010 and 2016, 15.7%.

Economic Factors

Idaho has a lower median household income, but a similar percentage of individuals living in poverty as the national average.





According to the 2016 five-year Census estimate, the median household income nationally was $55,322 and $49,174 in Idaho.

The counties with the highest median household incomes were Teton County ($58,173), Ada County ($58,099), and Blaine County ($58,086).

The counties with the lowest median household incomes were Clark County ($32,422), Madison County ($33,856), and Lemhi County ($34,762).

Teton County, Ada County, Blaine County, and Caribou County had significantly higher median household incomes compared to the average county in Idaho.

According to the 2015 Census estimate, the percentage of the population with a past annual income below the poverty level both nationally and in Idaho was 15.5%.

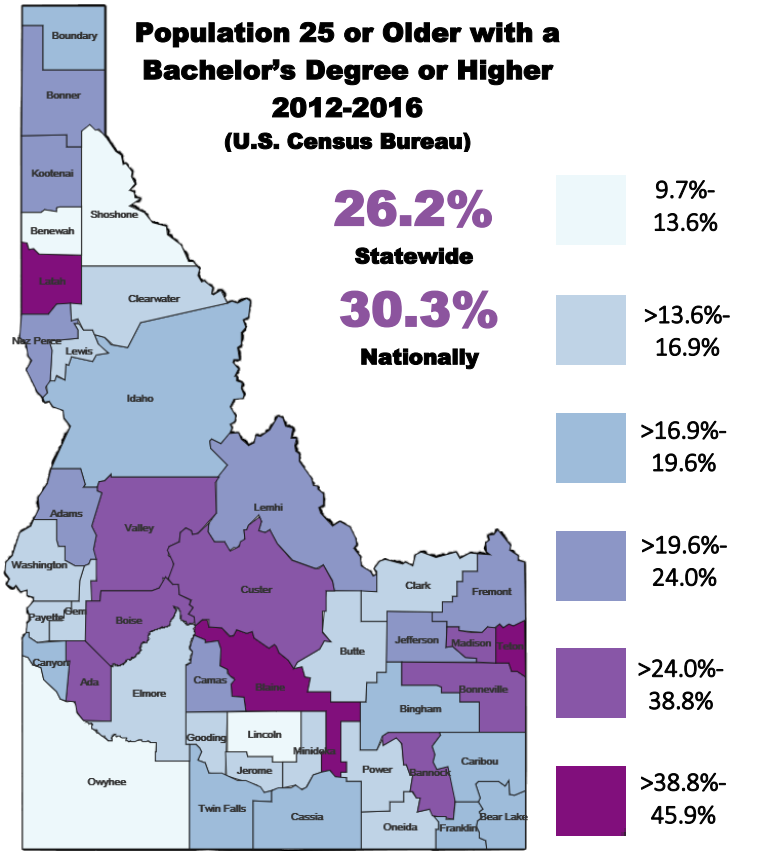
The counties with the lowest percentage of the population with a past annual income below the poverty level were Caribou County (8.3%), Fremont County (10.3%), and Blaine County (10.4%).

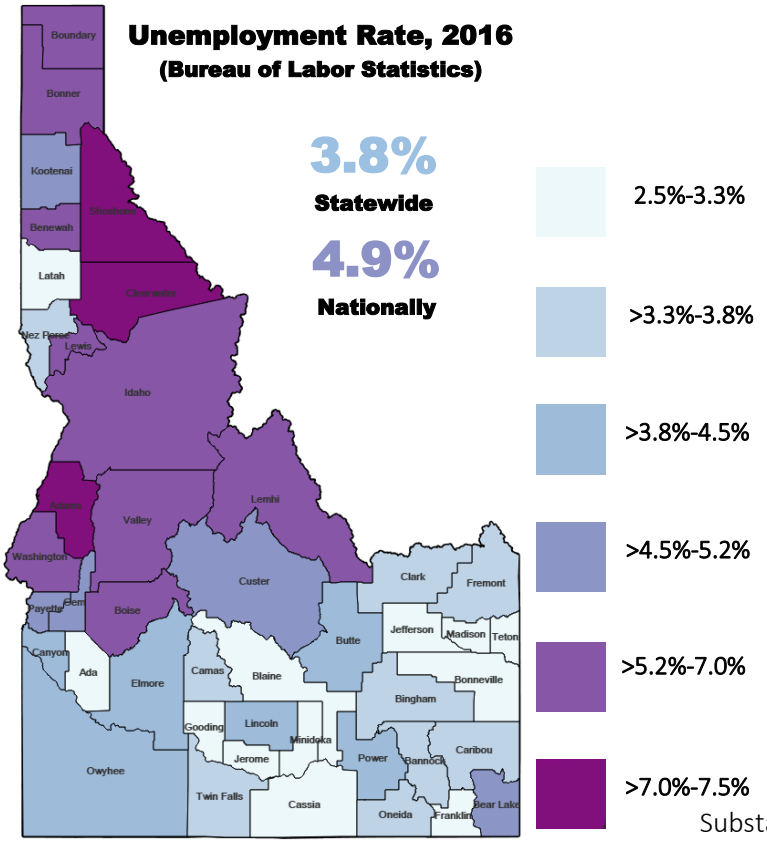
The counties with the highest percentage of the population with a past annual income below the poverty level were Madison County (35.6%), Owyhee County (27.6%), and Camas County (21.8%).

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

Economic Factors

Idaho has a lower percentage of individuals 25 and older with a bachelor's degree or higher, but also a lower unemployment rate compared to the national average.





According to the 2016 five-year Census estimate, the percentage of the population 25 and older with a bachelor's degree or higher nationally was 30.3% compared to 26.2% in Idaho.

The counties with the highest percentage of the population 25 and older with a bachelor's degree or higher were Latah County (45.9%), Blaine County (41.8%), and Teton County (40.0%).

The counties with the lowest percentage of the population 25 and older with a bachelor's degree or higher were Owyhee County (9.7%), Lincoln County (11.8%), and Shoshone County (12.8%).

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

According to the 2016 Bureau of Labor Statistics estimate, the unemployment rate nationally was 4.9% compared to 3.8% in Idaho.

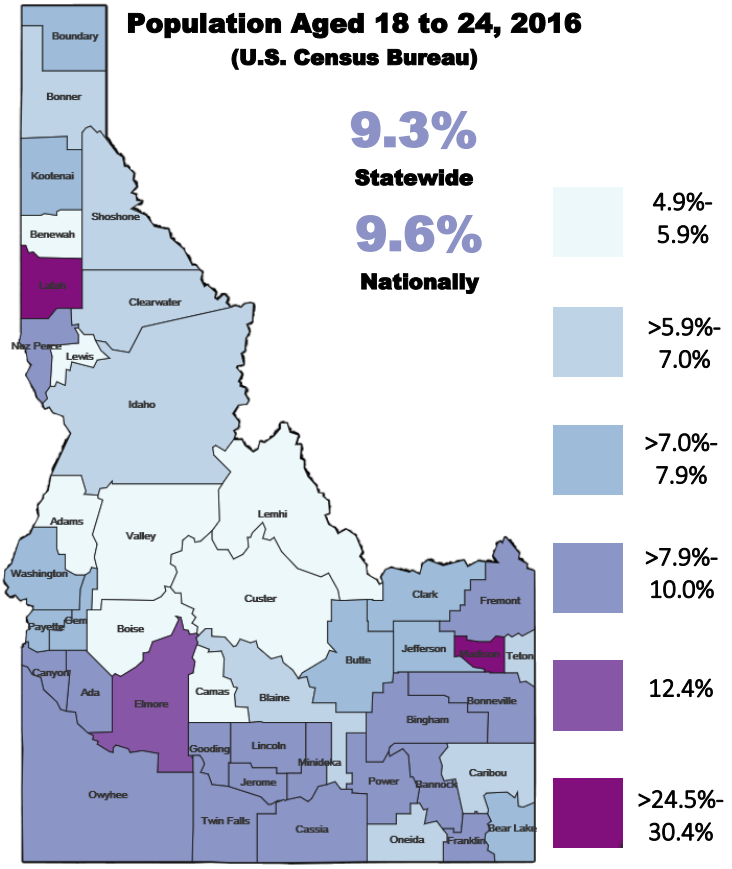
The counties with the highest unemployment rate were Clearwater County (7.5%), Shoshone County (7.3%), and Adams County (7.1%).

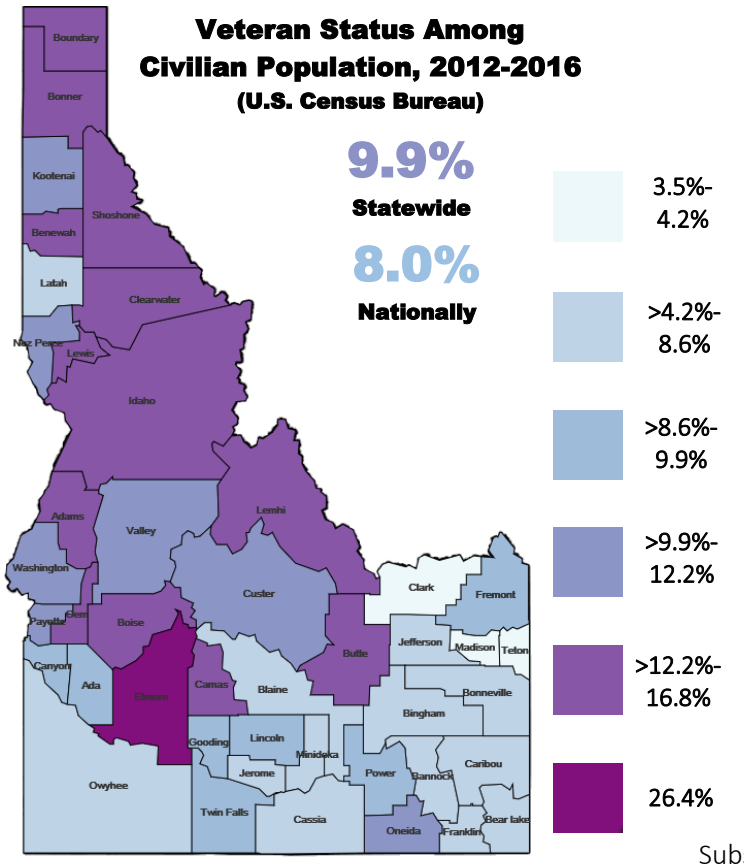
The counties with the lowest unemployment rate were Madison County (2.5%), Franklin County (3.0%), and Cassia County (3.1%).

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

Priority Populations

Idaho has a smaller emerging adult population, but a higher veteran population compared to the national average.





According to the 2016 Census estimate, the percentage of the population between the ages of 18 and 24 nationally was 9.6%, compared to 9.3% in Idaho.

The counties with the highest percentage of the population between the ages of 18 and 24 were Madison County (30.4%), Latah County (24.5%), and Elmore County (12.4%).

The counties with the lowest percentage of the population between the ages of 18 and 24 were Adams County (5.0%), Camas County (5.0%), and Valley County (5.3%).

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

According to the 2016 five-year Census estimate, the percentage of the civilian population 18 and over who were veterans nationally was 8.0%, compared to 9.9% in Idaho.

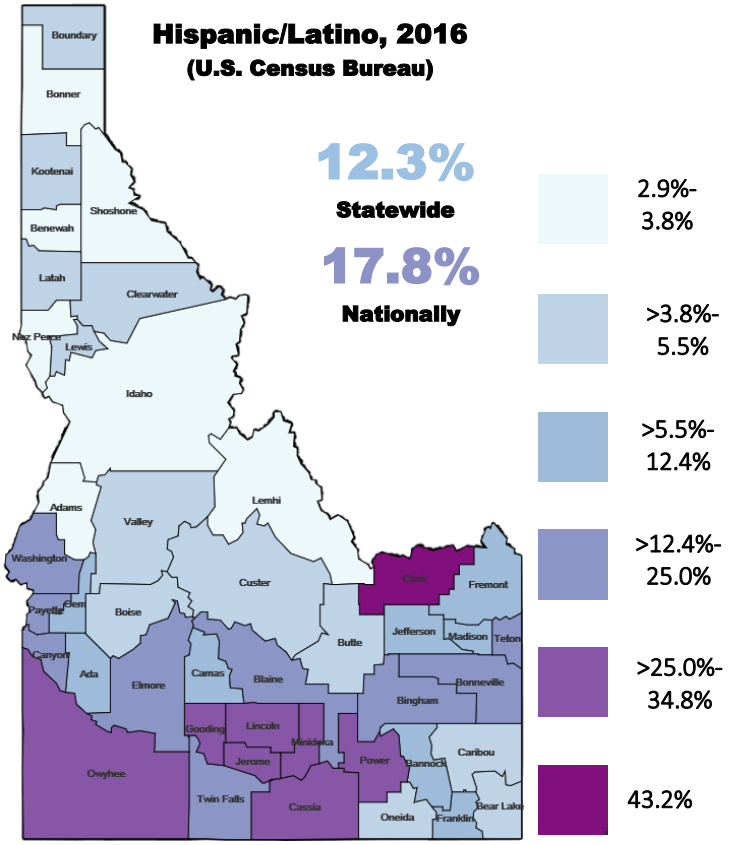
The counties with the highest percentage of veterans among the civilian population were Elmore County (26.4%), Clearwater County (16.8%), and Adams County (16.4%).

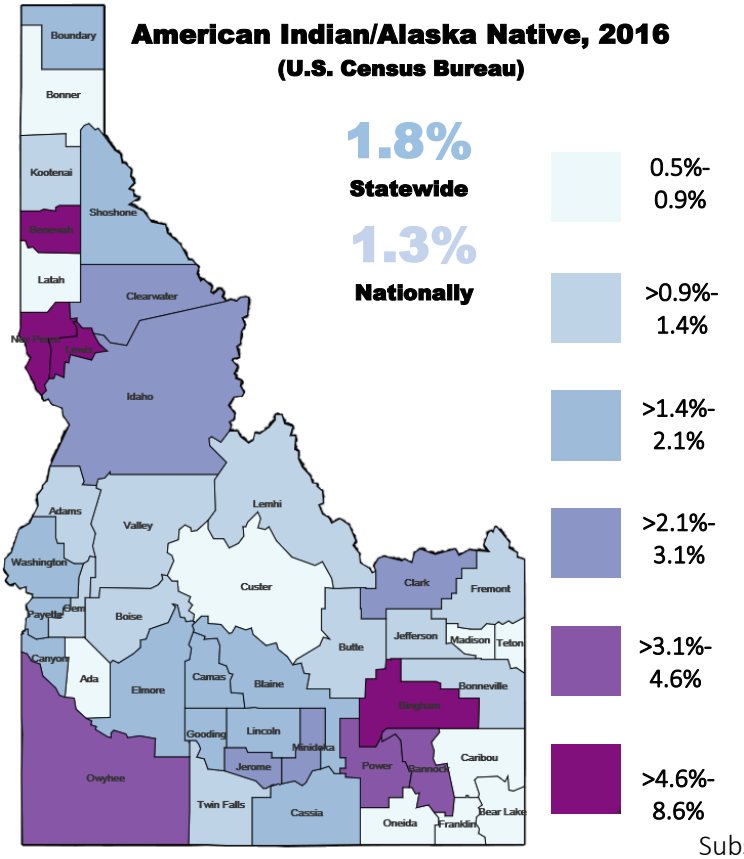
The counties with the lowest percentage of veterans among the civilian population were Madison County (3.5%), Teton County (4.1%), and Clark County (4.2%).

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

Priority Populations

Idaho has a smaller Hispanic/Latino population, but a larger American Indian/Alaska Native population than the national average.





The percentage of the population identifying as Hispanic or Latino nationally was 17.8%, compared to 12.3% in Idaho.

The counties with the highest percentage of Hispanic or Latino people in the population were Clark County (43.1%), Minidoka County (34.8%), and Jerome County (34.3%).

The counties with the lowest percentage of Hispanic or Latino people in the population were Bonner County (2.9%), Lemhi County (3.1%), and Idaho County (3.3%).

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

The percentage of the population identifying as American Indian or Alaska Native (AI/AN) nationally was 1.3%, compared to 1.8% in Idaho.

The counties with the highest percentage of AI/AN people in the population were Benewah County (8.6%), Bingham County (7.5%), and Lewis County (6.6%).

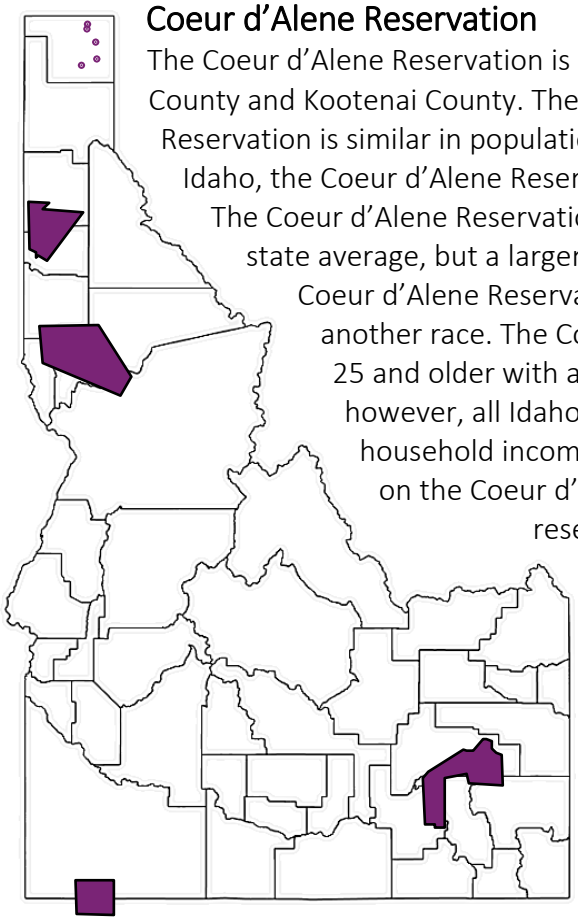
The counties with the lowest percentage of AI/AN people in the population were Madison County (0.5%), Oneida County (0.6%), and Latah County (0.8%).

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

Tribal Reservation Demographics

Metric		Coeur d'Alene	Duck Valley	Fort Hall	Kootenai	Nez Perce
Population Density	Total Population	7,164	1,696	5,950	*55*	**18,739**
	Population per Square Mile	13.7	*3.8*	7.3	12.4	**15.7**
Priority Populations	Percent Hispanic Alone	4.8%	5.3%	**11.4%**	*0.0%*	5.2%
	Percent Native American Alone	20.1%	**83.1%**	64.4%	74.5%	*12.9%*
	Percent Aged 18-24	*7.1%*	9.2%	**9.9%**	9.1%	*7.1%*
	Percent Civilian Veterans	**14.5%**	10.8%	*5.9%*	12.5%	13.0%
Economic Factors	Percent 25 or Older with a Bachelor's Degree or Higher	**17.6%**	11.6%	11.3%	*5.7%*	16.9%
	Median Household Income	$42,896	*$33,203*	$41,532	**$56,250**	$39,355
	Percent Individuals Living Below the Poverty level	19.2%	24.2%	20.0%	**34.5%**	*17.2%*

There are 5 American Indian Reservations in Idaho, and one, Duck Valley, straddles the Nevada-Idaho border. The data from Fort Hall reservation and Kootenai Reservation also include off-reservation Trust Land.



Coeur d'Alene Reservation

The Coeur d'Alene Reservation is located in Northern Idaho nestled in parts of both Benewah County and Kootenai County. The second largest reservation in Idaho, the Coeur d'Alene Reservation is similar in population density to Benewah County. Like all the other reservations in Idaho, the Coeur d'Alene Reservation is below the state average in population per square mile. The Coeur d'Alene Reservation has a smaller Hispanic and young adult population than the state average, but a larger civilian veteran population. One in five individuals living on the Coeur d'Alene Reservation reported being American Indian, not in combination with another race. The Coeur d'Alene Reservation has the largest percentage of individuals 25 and older with a bachelor's degree or higher among all the reservations in Idaho; however, all Idaho reservations are below the state in this metric. The median household income and the percentage of individuals living below the poverty level on the Coeur d'Alene Reservation are similar to that of Canyon County. All reservations in Idaho have a higher poverty rate than the average for the state.

Duck Valley Reservation

The Duck Valley Reservation straddles the Idaho-Nevada border. The second smallest reservation in Idaho, the Duck Valley Reservation has the smallest population density, similar to that of Boise County. The Duck Valley Reservation has a smaller Hispanic population than the state average, but a similar young adult and civilian veteran population. The Duck Valley Reservation has the

largest percentage of residents that report being American Indian not in combination with another race among all reservations in Idaho. The percentage of those who are 25 or older with a bachelor's degree or higher is 56% lower on the Duck Valley Reservation than the average for the state. Economically, the residents of the Duck Valley Reservation have the lowest median household income among Idaho reservations with a percentage of individuals living below the poverty similar to that of Shoshone County.

Fort Hall Reservation

The Fort Hall Reservation is located in South Eastern Idaho. Similar in population density to Washington County, the Fort Hall Reservation has the largest Hispanic and young adult populations, but the smallest civilian veteran population among all reservations in Idaho. Two out of three individuals living on the Fort Hall Reservation reported being American Indian, not in combination with another race. The percentage of those who are 25 or older with a bachelor's degree or higher is 56% lower on the Fort Hall Reservation than the average for the state. The Fort Hall reservation falls in the middle of the other reservations regarding both median household income and the percentage of individuals living below the poverty level.

Kootenai Reservation

The Kootenai Reservation is located in Northern Idaho on the Kootenai River. The smallest reservation in Idaho, the Kootenai Reservation is similar in population density to Benewah County. None of the residents on the Kootenai Reservation reported being Hispanic, but the young adult and the civilian veteran population are similar to the statewide rate. Three out of four individuals living on the Kootenai Reservation reported being American Indian, not in combination with another race. With the smallest percentage of individuals 25 and older with a bachelor's degree or higher, the Kootenai Reservation has the highest median household income, similar to Ada County. Conversely, the percentage of individuals living below the poverty level on the Kootenai Reservation is the highest among reservations, and second only to Madison County.

Nez Perce Reservation

The Nez Perce Reservation is located in North Central Idaho close to the intersection of the Washington-Oregon border. The largest reservation in Idaho in both total population and population density, the Nez Perce Reservation has the lowest percentage of residents reporting being American Indian, not in combination with another race. The Nez Perce Reservation has a smaller Hispanic and young adult population than the state average, but a higher civilian veteran population. The percentage of those who are 25 or older with a bachelor's degree or higher is 35% lower on the Nez Perce Reservation than the average for the state. The median household income on the Nez Perce Reservation is similar to that of Custer County. The Nez Perce Reservation had the lowest percentage of residents living below the poverty level among all the reservations, but was still 11% higher than the state rate.

Indicators

Prescription Drugs

Consumption

According to the National Survey on Drug Use and Health (NSDUH), in 2015/2016, among all 50 states and D.C., Idaho ranked 5th, 15th, 4th, and 5th among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, for pain reliever misuse in the past year. This item on the NSDUH was revised in 2016, so estimates cannot be reliably compared to previous years. Misuse is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Approximately 5.1% of Idahoans reported past year pain reliever misuse compared to 4.5% nationally. Idahoans aged 18-25 were significantly more likely to report pain reliever misuse than other age groups; 9.8% reported misusing pain relievers in the past year.

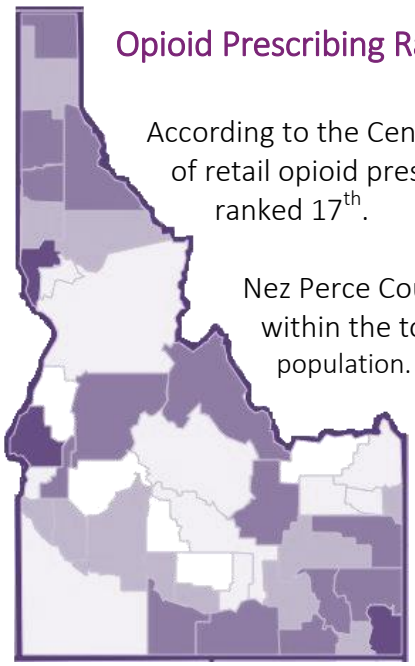
According to the Youth Risk Behavior Survey (YRBS) in 2017, the percentage of high school students in Idaho reporting ever using prescription drugs not prescribed by a doctor decreased by 31% since the item initially appeared on the survey in 2011.

According to the Automation of Reports and Consolidated System (ARCOS), which is a database of controlled substance transactions, Idaho is below the national average in the rate of retail oxycodone distributed. Following an increase over the past several years, the oxycodone distribution rate decreased by 4% between 2015 and 2016. Although Idaho is above the national average in the rate of hydrocodone distributed, the rate continues to decrease.

Consequence

According to Web Infrastructure for Treatment Services (WITS), the proportion of publically funded primary treatment admissions for some prescription drugs, including opioids, barbiturates, and sedatives, appear to be decreasing; however, there has been a slight increase in admissions for stimulants.

According the National Incidence Based Reporting System (NIBRS), prescription drug-related arrests have more than doubled between 2007 and 2016.



Opioid Prescribing Rate per 100 Population

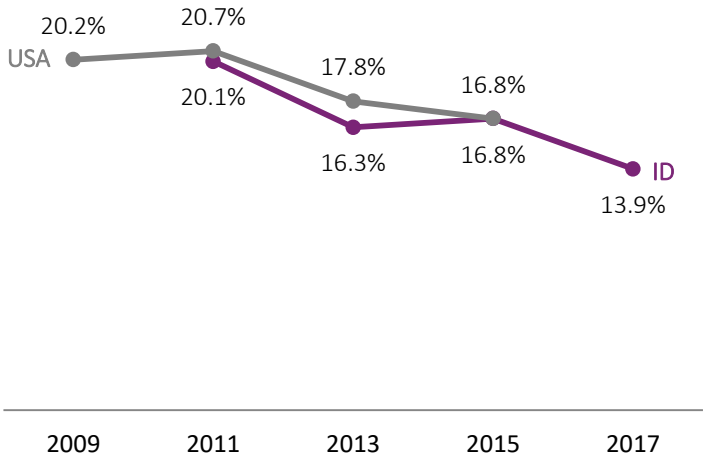
According to the Centers for Disease Control and Prevention's *U.S. Prescribing Rate Maps*, the rate of retail opioid prescriptions dispensed in Idaho was 77.6 per 100 population in 2016; Idaho ranked 17th.

Nez Perce County (127.8), Washington County (113.5), and Bear Lake County (113.3) all fall within the top 16th percentile of all counties in the nation for opioid prescribing rate per 100 population.

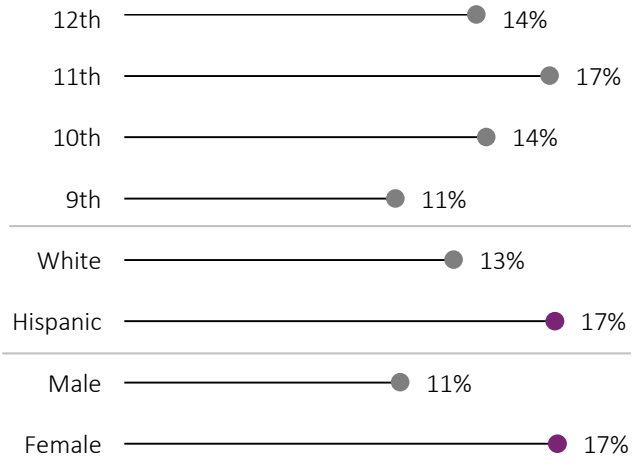
Youth Lifetime Prescription Drug Use without a Doctor's Prescription

Youth Risk Behavior Survey (YRBS)

The percentage of Idaho high school students that abused prescription drugs decreased by 31% between 2011 and 2017.



In 2017, female, Hispanic, and 11th grade students were most likely to report prescription drugs use.



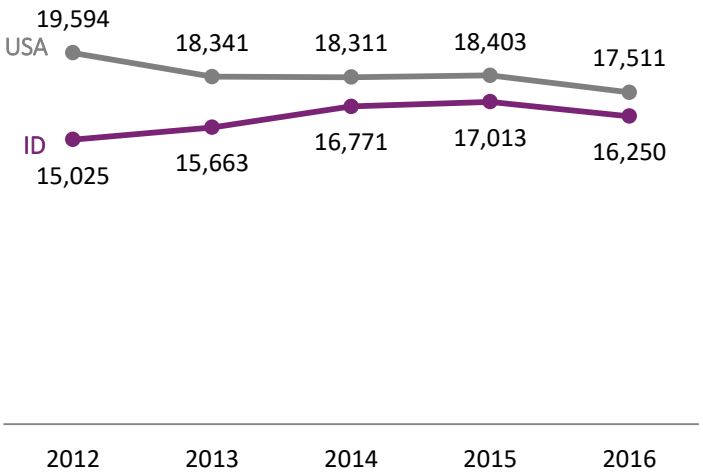
Between 2011 and 2017, the percentage of Idaho high school students that reported having ever used prescription drugs without a doctor's prescription has decreased, with the percentage in Idaho hovering slightly below that of the United States. The YRBS added this prescription drug item in 2011 in Idaho.

According to the Idaho Department of Education's 2017 YRBS report, females (compared to males) and Hispanic (compared to White) students were significantly more likely to report having ever used a prescription drug without a doctor's prescription. Further, academic achievement is significantly associated with prescription drug use; those with lower grades are more likely to report using prescription drugs at least once in their lifetimes.

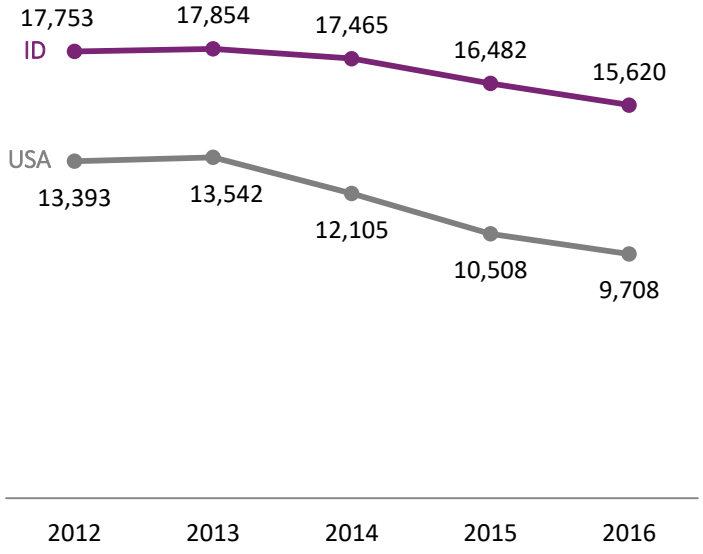
Retail Distribution Rate of Oxycodone and Hydrocodone per 100,000 Population

Automation of Reports and Consolidated Ordering System (ARCOS)

The retail distribution rate of oxycodone increased by 8% between 2012 and 2016.



The retail distribution rate of hydrocodone decreased by 12% between 2012 and 2016.



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

In 2016, over 793,700 grams of opioids were distributed to pharmacies, hospitals, and physicians' offices. Among all opioids within the ARCOS database, oxycodone and hydrocodone have the highest retail distribution per 100,000 in Idaho. In 2016, 254,733.92 grams of oxycodone and 244,856.68 grams of hydrocodone were distributed to pharmacies, hospitals, and physicians' offices in Idaho.

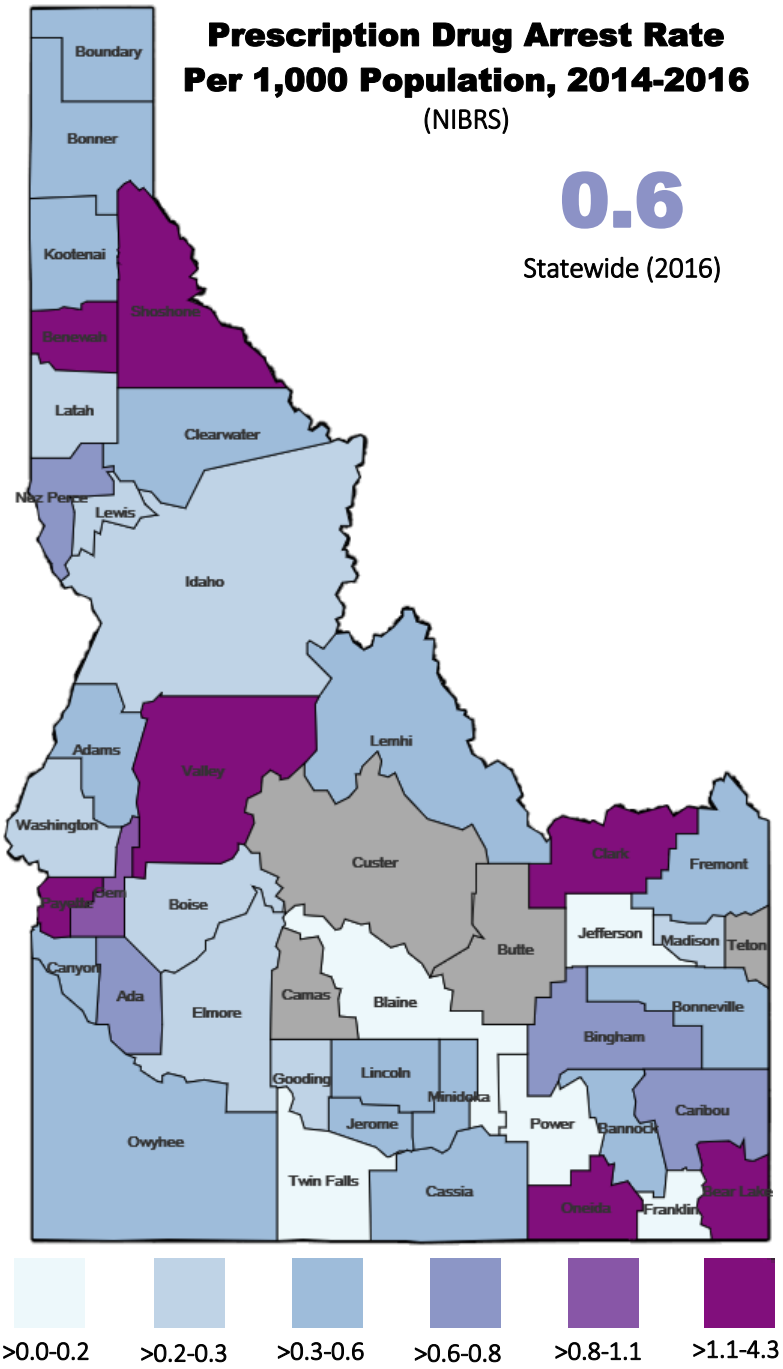
In 2016, Idaho ranked 38th and 9th in the nation for the highest retail distribution per 100,000 population of oxycodone and hydrocodone, respectively.

Between 2012 and 2016, the retail distribution of grams of oxycodone per 100,000 population in the United States decreased by 11%. During the same time period, in Idaho, the retail distribution of grams oxycodone per 100,000 population decreased by 8%. The rate in Idaho has been consistently lower that of the United States.

Between 2012 and 2016, the retail distribution of grams of hydrocodone per 100,000 population in the United States decreased by 28%. During the same time period, in Idaho, the retail distribution of grams hydrocodone per 100,000 population decreased by 12%. The rate in Idaho has been consistently above that of the United States.

Prescription Drug Arrest Rate per 1,000 Population

National Incidence-Based Reporting System (NIBRS)



According to NIBRS, prescription drug (Rx) arrests include all illicit possession, concealing, transporting, transmitting, and importing activities. Between 2007 and 2016, the total prescription drug arrest rate more than doubled. The Rx arrest rate in Idaho in 2016 was 0.62 per 1,000 population.

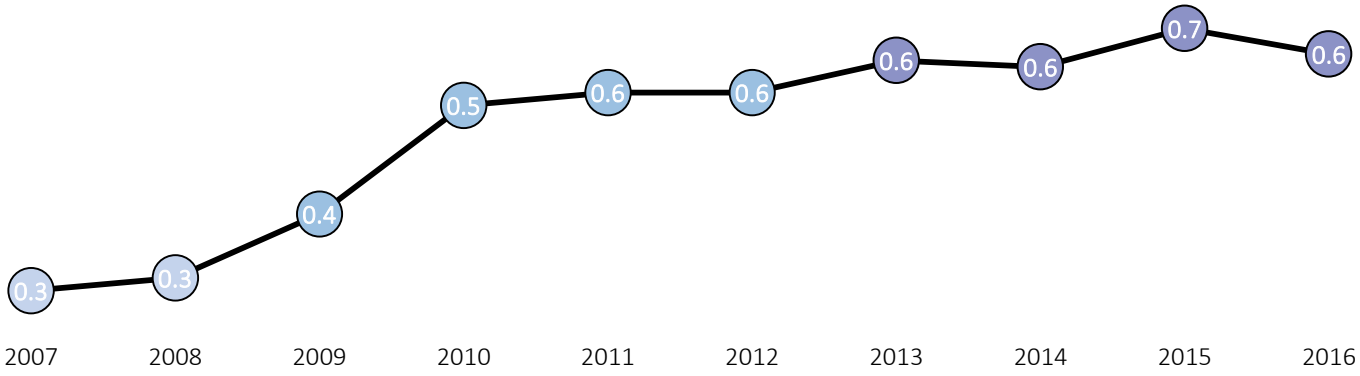
The counties with the highest Rx arrest rate were Clark County (4.30), Benewah County (1.73), and Oneida County (1.62).

The counties with the lowest Rx arrest rate were Blaine County (0.05), Power County (0.13), and Franklin County (0.15).

Camas County, Butte County, Custer County and Teton County did not have any Rx arrests between 2014 and 2016.

Benewah County, Oneida County, Payette County, Bear Lake County, Valley County, and Shoshone County had significantly higher rates of Rx arrests compared to the average county in Idaho.

Clark County also had a significantly higher rate of Rx arrests compared to the average county in Idaho; however, due to their small population, slight increases can appear more dramatic. Between 2014 and 2016, Clark County had 11 Rx arrests compared 47 in Benewah County and 985 in Ada County.



Alcohol

Consumption

According to the NSDUH in 2015/2016, among all 50 states and D.C., Idaho ranked 41st, 39th, 49th, and 40th among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, for alcohol use in the past month. These rankings are down for Idahoans 12 and older and 26 and older from 39th and 32nd, respectively, up from 45th among individuals 12 to 17, and unchanged for Idahoans 18 to 25 in 2011/2012 (before Idaho received the SPF SIG grant).

Alcohol use has decreased among high school students, but not necessarily among adults. According to the YRBS in 2017, the percentage of high school students in Idaho reporting alcohol use and binge drinking in the past 30 days decreased significantly since 2007. According to the BRFSS in 2016, the percentage of adults in Idaho reporting heavy drinking, current alcohol use, and current binge drinking have not changed significantly since 2011.

According to the Idaho State Liquor Division in 2015, an estimated 1.53 gallons of liquor were sold per Idahoan. Between 2011 and 2015, apparent per capita sales of distilled spirits increased by 9%; however, the rate has been consistently lower than that of the United States.

Consequence

According to the Web Infrastructure for Treatment Services (WITS), for every population of 1,000 in Idaho, two entered publically funded treatment for alcohol. In 2016, over 5.2% of Idahoans reported needing but not receiving treatment at a specialty facility for alcohol use in the past year. This percentage was similar to the national average (5.5%). Idahoans 18-25 were the most likely to report needing but not receiving treatment at a specialty facility for alcohol in the past year (9.5%).

Both alcohol-induced mortality and alcoholic liver disease mortality rates have not changed significantly but remain higher than the national rate. Although, according to NIBRS, DUI arrests have decreased, impaired driving fatalities continue to impact Idahoans.

In 2016, more than 1 in 5 driving fatalities in Idaho involved a driver's BAC of 0.15 or greater[1].

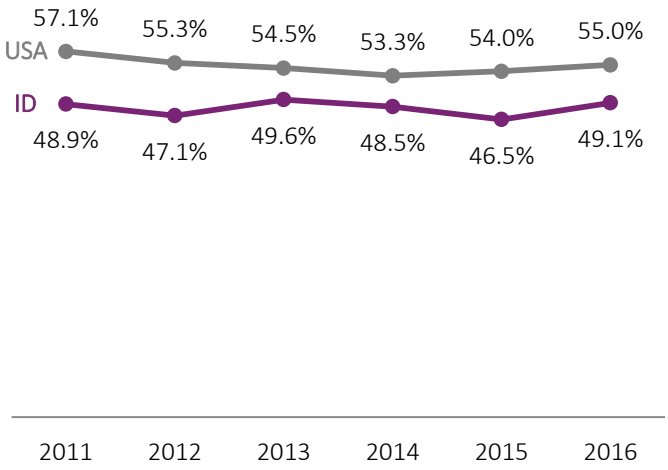
Impaired driving fatalities cost Idahoans over $846 million in 2016[2].

[1]U.S. Department of Transportation, National High Traffic Safety Administration. Traffic Safety Facts: 2016 Data.
[2]Office of Highway Safety, Idaho Transportation Department. Impaired Driving 2016.

Adult and Youth Current Alcohol Use

Behavioral Risk Factor Surveillance System (BRFSS) & Youth Risk Behavior Survey (YRBS)

Current alcohol use among adults has not changed considerably between 2011 and 2016.

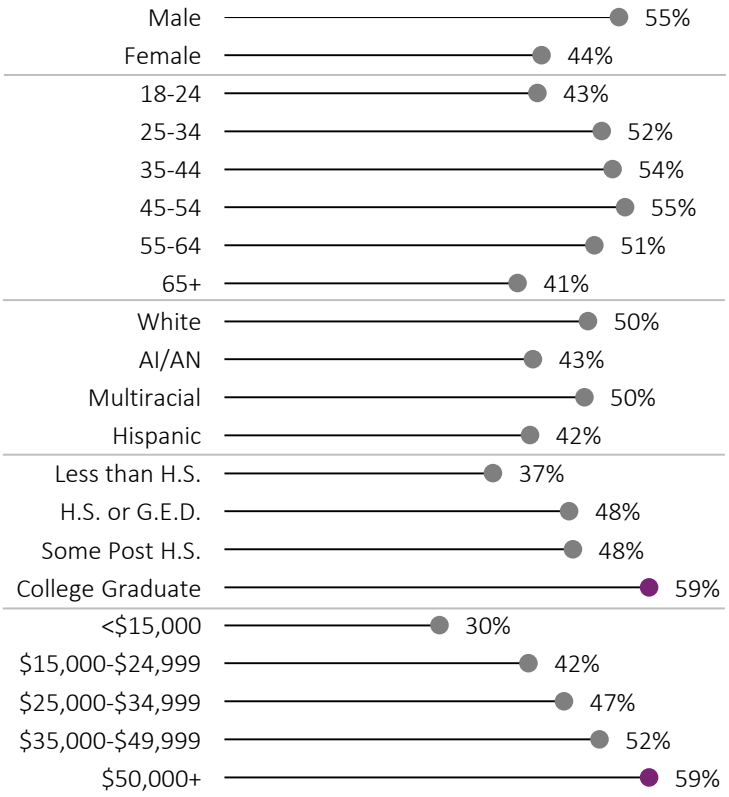


Between 2011 and 2016, the percentage of Idaho adults reporting drinking alcohol in the past 30 days was consistently below that of the United States.

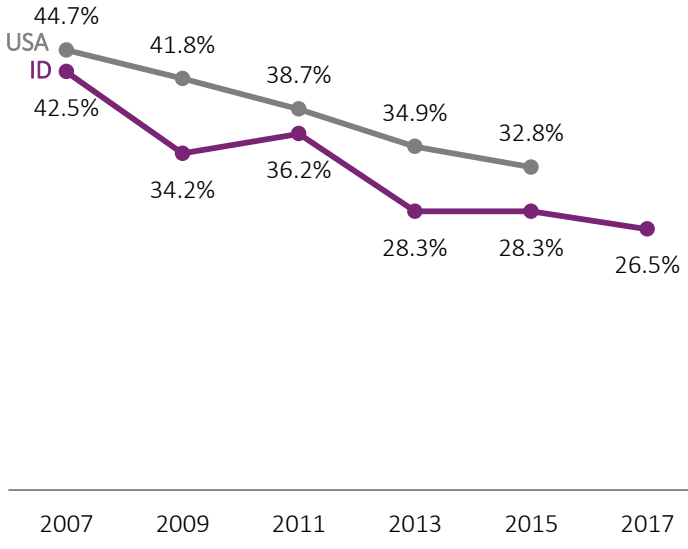
In 2016 current alcohol use was lower among those that have an annual household income below $25,000, those with less than a high school diploma, those aged 65 and older, and women. Current alcohol use was higher among college graduates and those with an annual income of $50,000 or more per year.

Between 2007 and 2017, the percentage of Idaho high school students that reported drinking alcohol in the past 30 days has significantly decreased, with the percentage in Idaho consistently lower than that of the United States. Specifically, significant decreases can be seen among males and females, White students, and students in 9th, 10th, and 12th grade.

In 2016, adults with more education and those with higher incomes were more likely to drink.



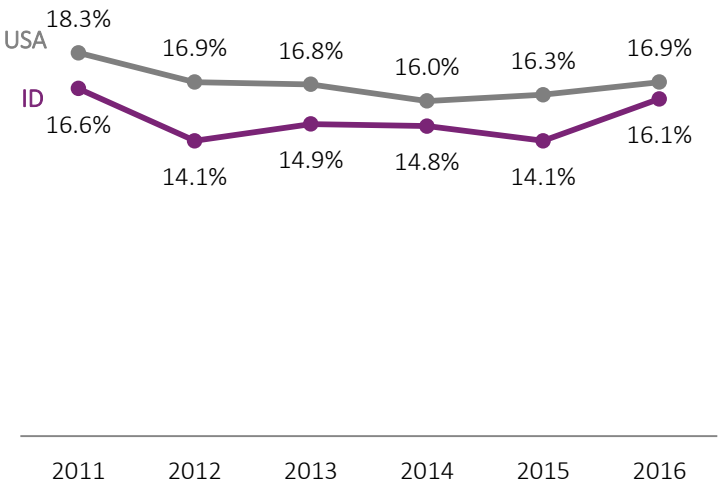
Current alcohol use has decreased by 38% among Idaho high school students from 2007 to 2017.



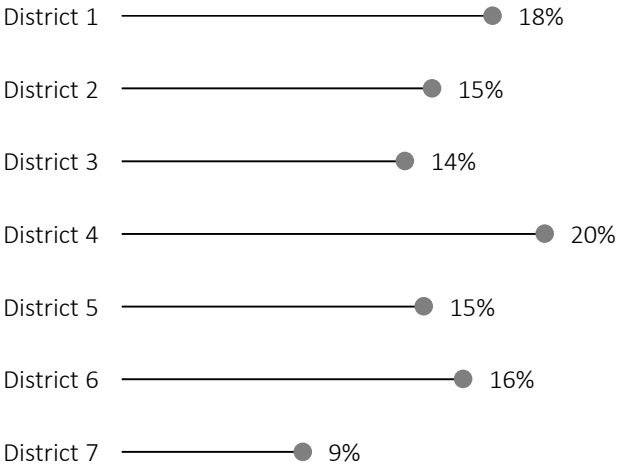
Adult Current Binge Drinking

Behavioral Risk Factor Surveillance System (BRFSS)

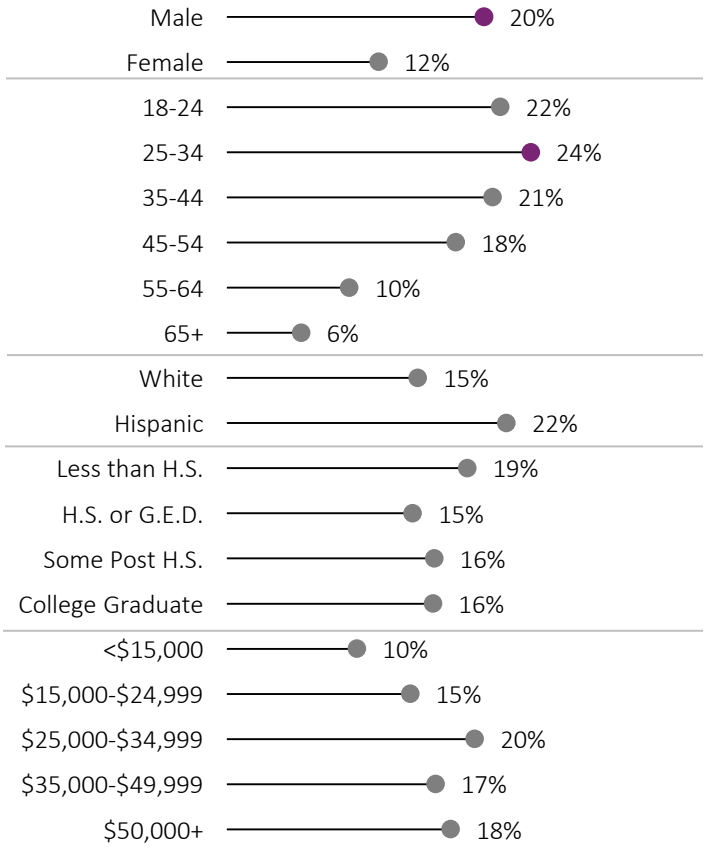
Binge drinking use has stayed consistent between 2011 and 2016.



Adults living in District 7 were significantly less likely to binge drink in 2016.



In 2016, men and those aged 25-34 were most likely to binge drink.



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

Binge drinking is defined as having four or more or five or more drinks in a row within a couple hours for females and males, respectively.

Between 2011 and 2016, the percentage of Idaho adults reporting binge drinking in the past 30 days has decreased, but not significantly, with the percentage in Idaho consistently below that of the United States.

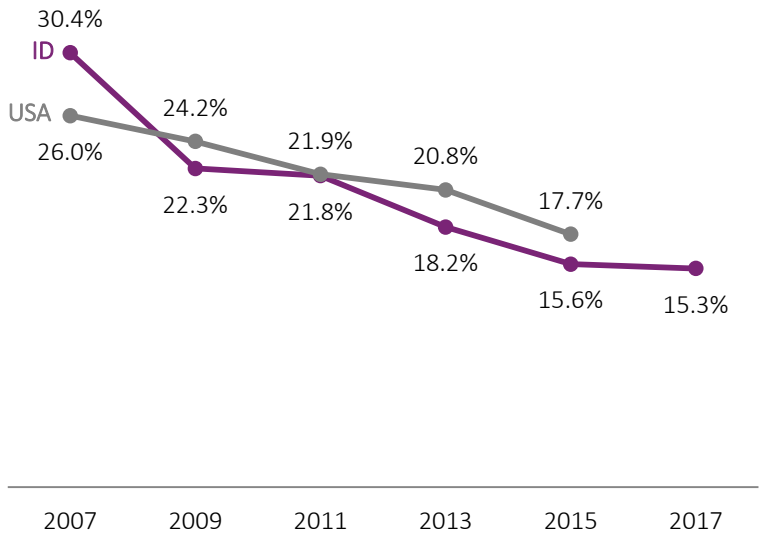
In 2016, past 30-day binge drinking was lower among women, those 55 or older, and adults living in District 7, which includes Lemhi County, Custer County, Clark County, Jefferson County, Madison County, Bonneville County, Teton County, and Fremont County.

In 2016, past 30-day binge drinking was higher among men and adults between the ages of 25 and 34.

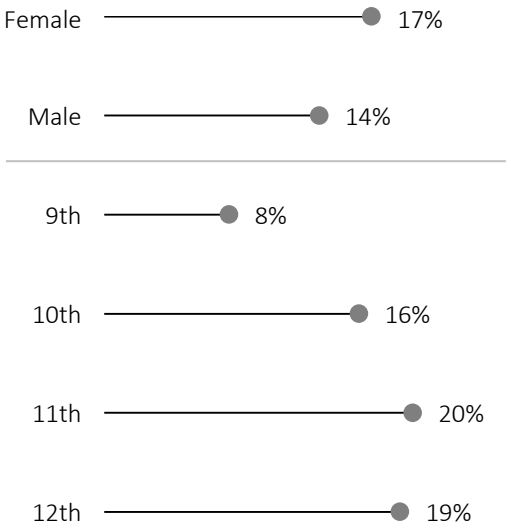
Youth Current Binge Drinking

Youth Risk Behavior Survey (YRBS)

Binge drinking among Idaho high school students decreased by 50% from 2007 to 2017.



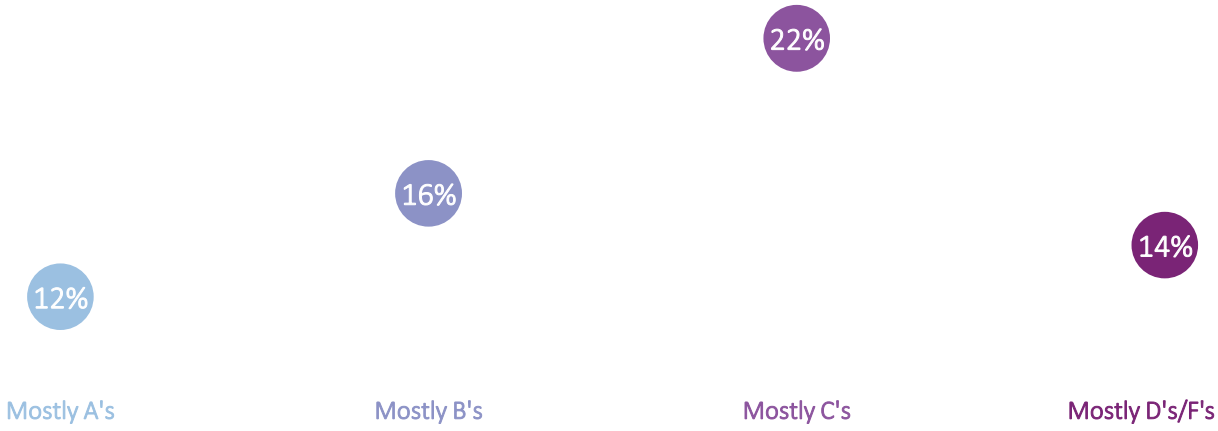
In 2017, 11th grade students were most likely to report binge drinking.



Binge drinking is defined as having four or more or five or more drinks in a row within a couple hours for females and males, respectively.

Between 2007 and 2017, the percentage of Idaho high school students that reported binge drinking in the past 30 days has significantly decreased, with the percentage in Idaho dipping below that of the United States in 2009. Significant decreases can be seen among males and females, Hispanic and White students, and students in all four grades.

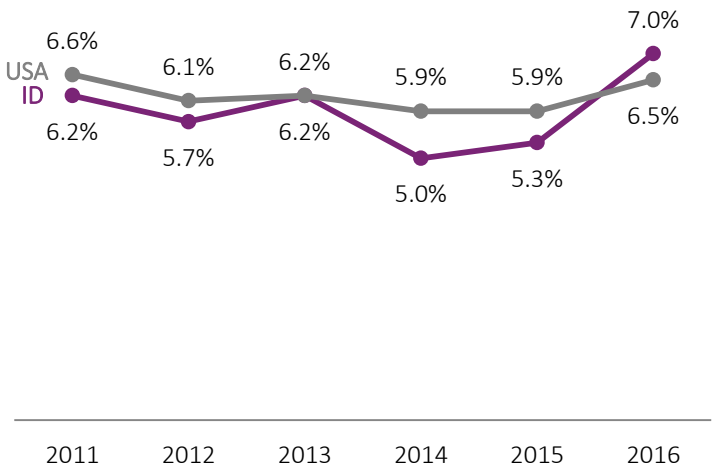
According to the Idaho Department of Education's 2017 YRBS report, academic achievement is significantly associated with binge drinking. Students who earn mostly C's are most likely to binge drink.



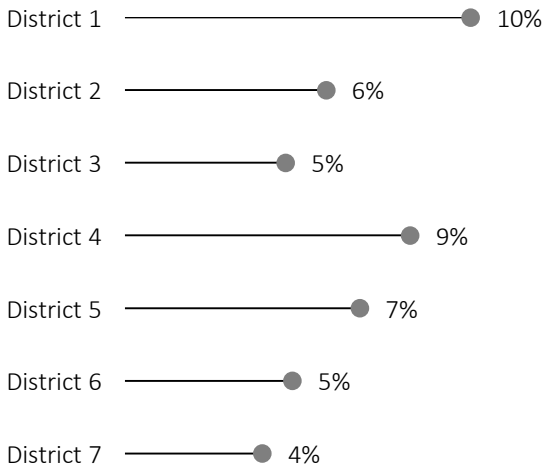
Adult Heavy Alcohol Use

Behavioral Risk Factor Surveillance System (BRFSS)

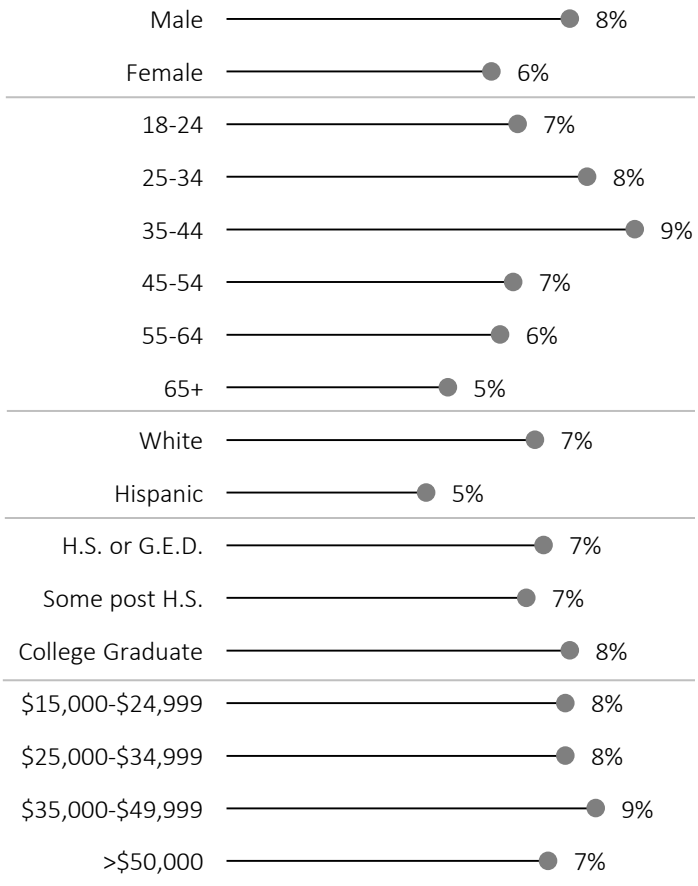
Heavy alcohol use has increased by 13% between 2011 and 2016.



In 2016, adults living in District 1 were most likely to be heavy alcohol users.



In 2016, adults aged of 35 to 44 were most likely to be heavy alcohol users.



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

Heavy drinking is defined as having 14 or more drinks per week for men or having 7 or more drinks per week for women. Prior to 2015, heavy drinking was defined as having 2 or more drinks per day for men or having 1 or more drinks per day for women.

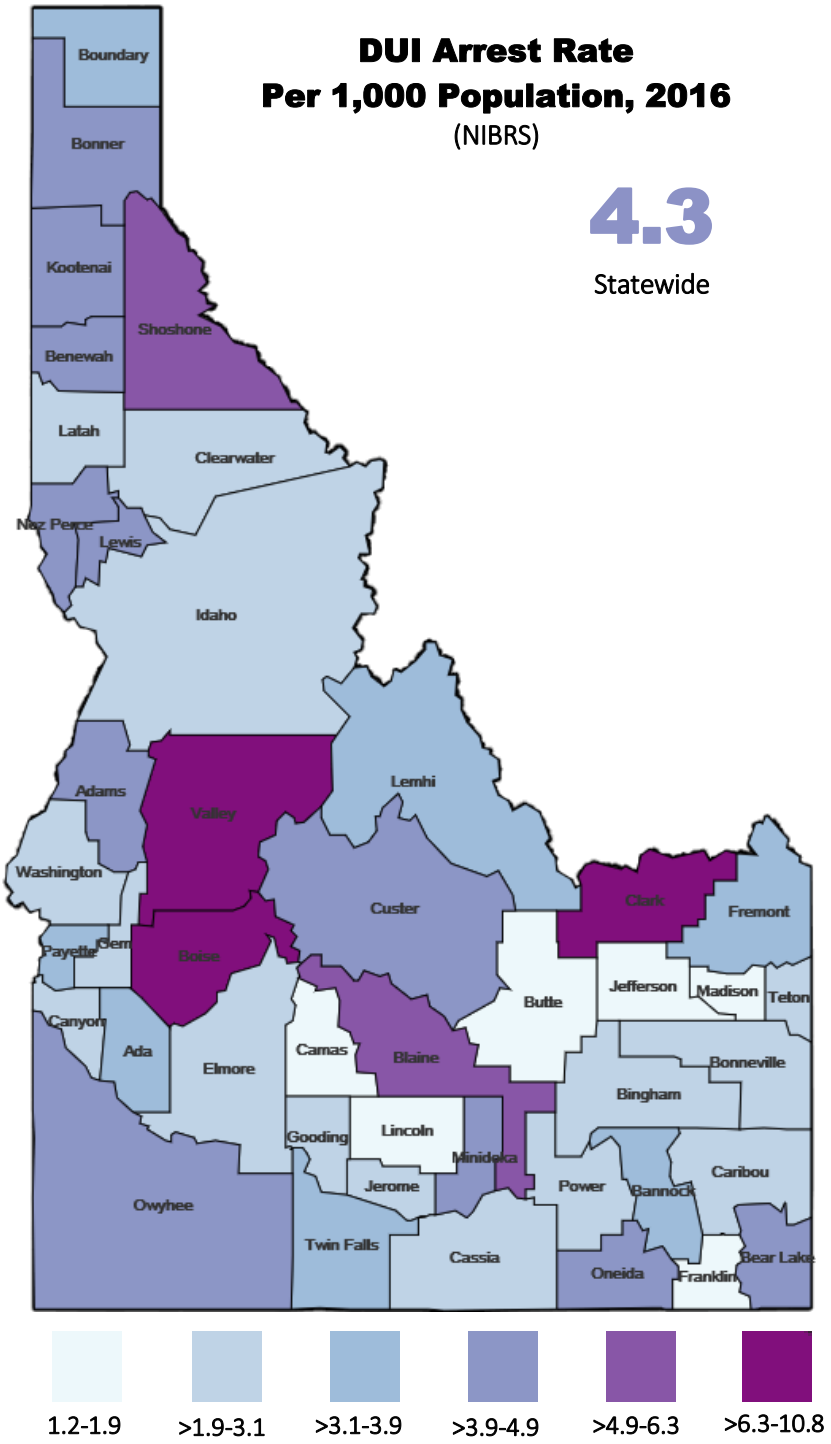
Between 2011 and 2016, the percentage of Idaho adults who met the criteria for heavy drinking increased, but not significantly, with the percentage in Idaho rising above the United States in 2016.

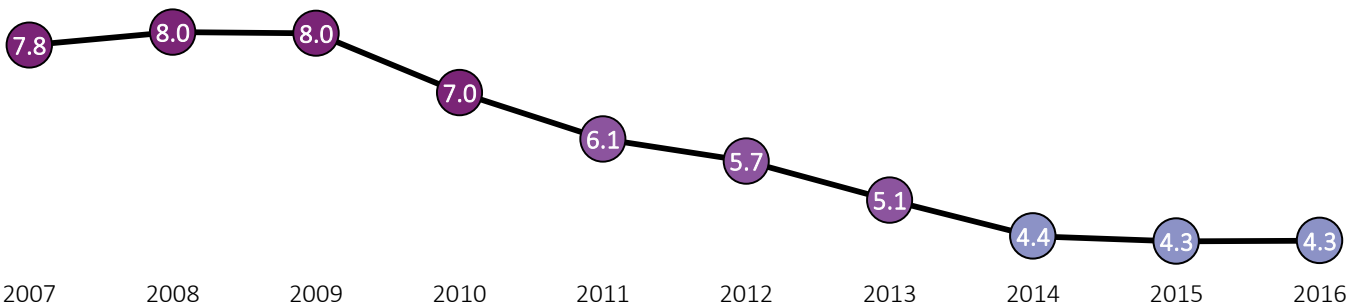
In 2016, there were no significant differences in heavy drinking among demographic groups. In 2016, Idaho adults between the ages of 35 and 44 were the most likely to meet the criteria for heavy drinking.

In 2016, there were no significant differences in heavy drinking among public health districts; however, Idahoans in District 1, which includes Boundary County, Bonner County, Benewah County, Shoshone County, and Kootenai County, were most likely to meet criteria for heavy alcohol use.

Driving Under the Influence Arrest Rate per 1,000 Population

National Incidence-Based Reporting System (NIBRS)





According to NIBRS in 2016, the driving under the influence (DUI) arrest rate in Idaho in 2016 was 4.33 per 1,000 population.

The counties with the highest DUI arrest rate were Valley County (10.8), Clark County (10.4), and Boise County (9.0).

The counties with the lowest DUI arrest rate were Butte County (1.2), Madison County (1.5), and Franklin County (1.5).

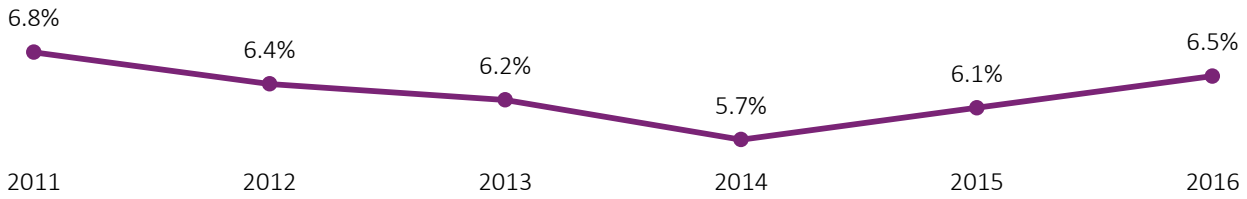
Valley County and Boise County had significantly higher rates of DUI arrests compared to the average county in Idaho.

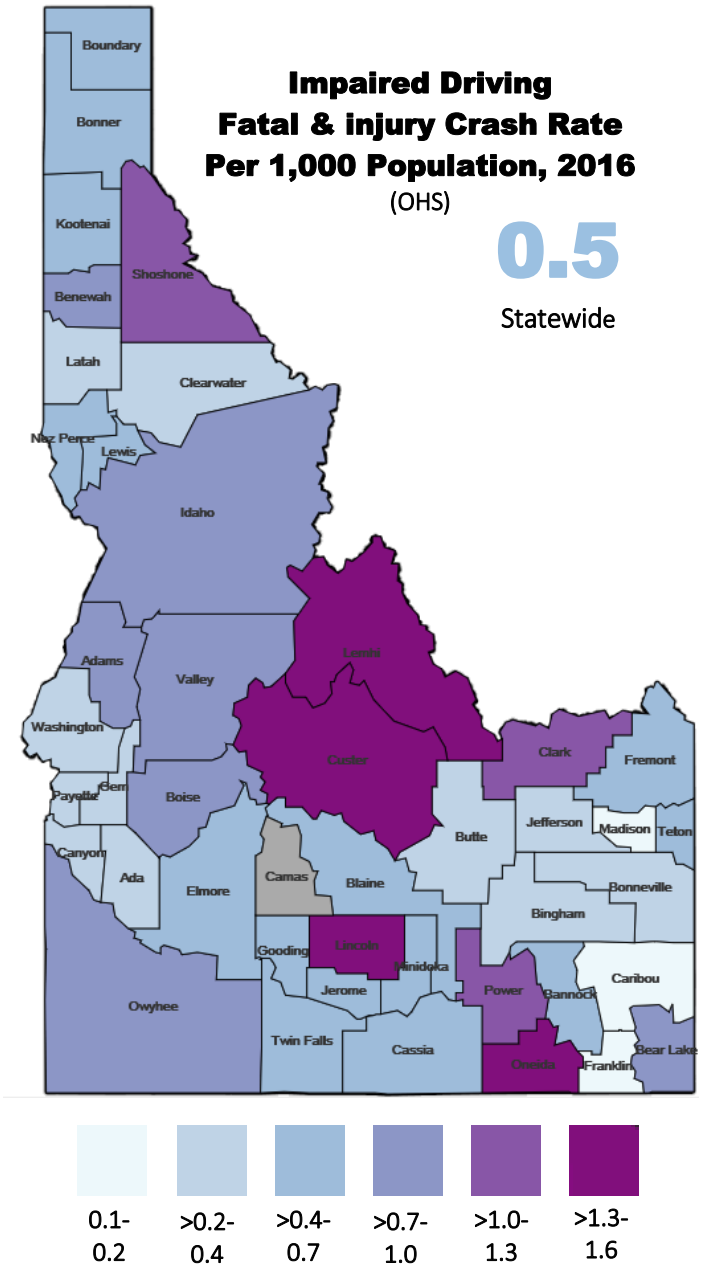
Clark County also had a significantly higher rate of DUI arrests compared to the average county in Idaho; however, due to their small population, slight increases can appear more dramatic. In 2016, Clark County had 9 DUI arrests compared 110 in Valley County and 1,624 in Ada County.

Impaired Driving Crashes

Office of Highway Safety, Idaho Transportation Department

Impaired driving crashes, as a percentage of all crashes, decreased by 4% between 2011 and 2016.





Impaired driving crashes cost Idahoans $1,035,673,537 in 2016; that's approximately $615 per Idahoan. Fatalities accounted for 82% of the cost.

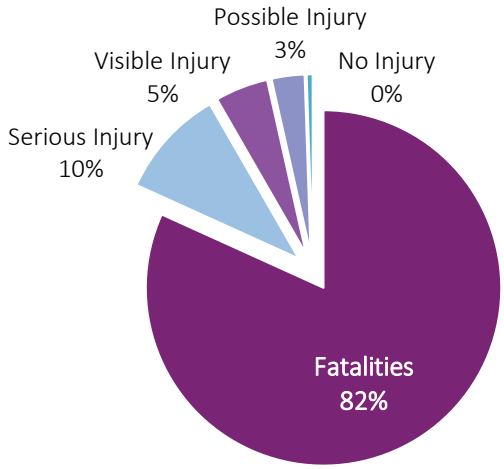
According to the Office of Highway Safety, the rate of impaired driving fatal and injury crashes per 1,000 population was 0.5 in Idaho in 2016; for every 2,000 Idaho residents, 1 person died or was injured in an impaired driving accident in 2016.

The counties with the highest impaired driving fatal and injury crash rate were Oneida County and Lemhi County (both 1.6) and Custer County and Lincoln County (both 1.5). All of these counties had significantly higher rates than the average county in Idaho.

The counties with the lowest impaired driving fatal and injury crash rate were Caribou County (0.1), Franklin County (0.2), and Payette County (0.3).

Camas County did not have any impaired driving fatalities or injuries in 2016.

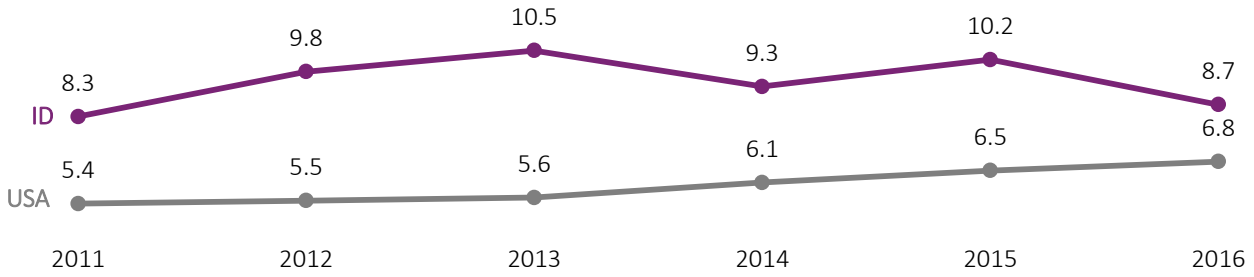
Impaired driving fatalities accounted for 82% of impaired driving costs in 2016.



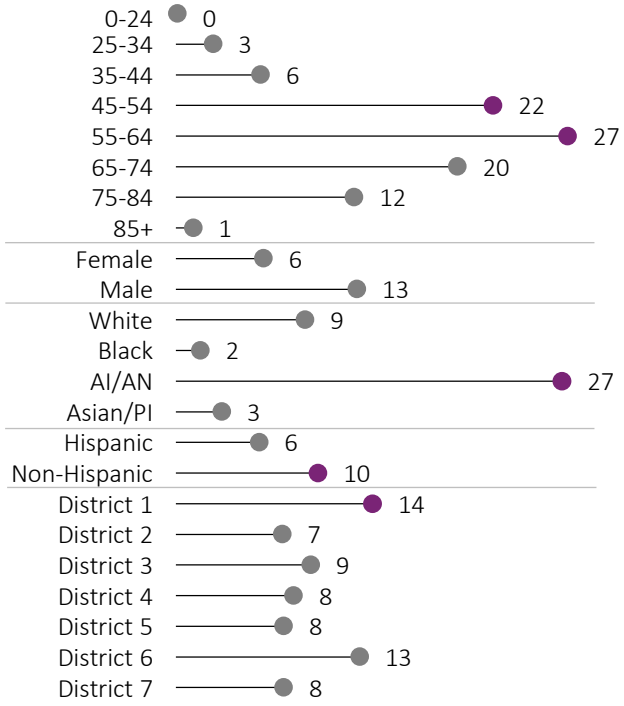
Alcoholic Liver Disease Mortality per 100,000 Population

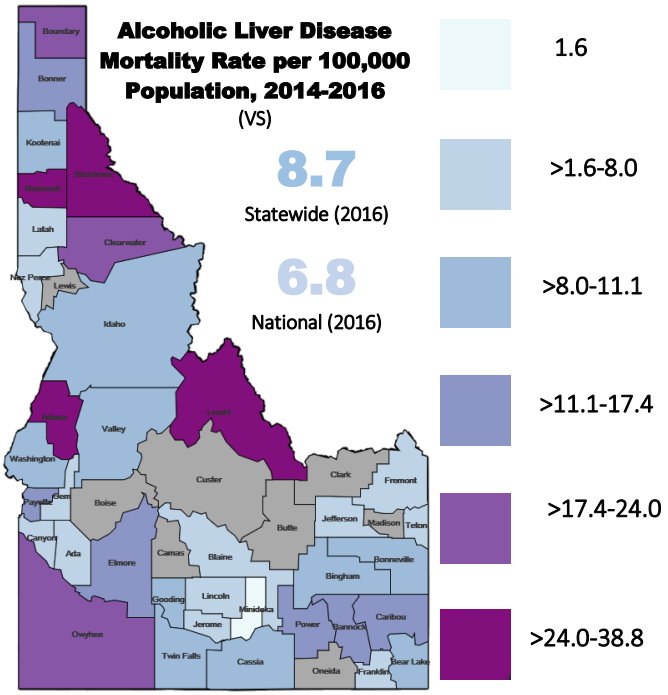
Bureau of Vital Records and Health Statistics (VS)

The crude alcoholic liver disease mortality rate in Idaho increased by 5% between 2011 and 2016.



From 2014-2016 American Indians, adults 45-64, men, non-Hispanic Idahoans, and Idahoans living in District 1, Lemhi County, Benewah County, and Shoshone County were most likely to die from alcoholic liver disease.





In 2016, the alcoholic liver disease mortality rate per 100,000 population was 6.8 nationally and 8.7 in Idaho. Between 2011 and 2016, the alcoholic liver disease mortality rate in Idaho has increased, but not significantly, with the rate in Idaho consistently higher that of the United States.

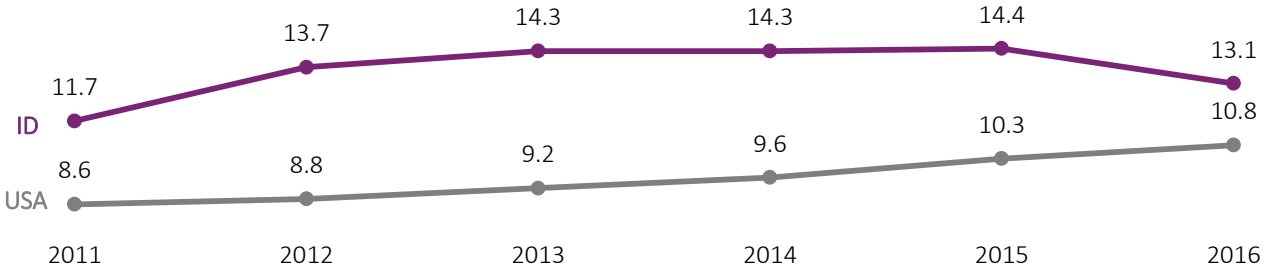
Between 2014 and 2016, the alcoholic liver disease mortality rate was significantly higher among American Indians or Alaska Natives (compared to other races), adults aged 45-64 (compared to other age groups), Idahoans living in District 1, which includes Benewah County, Bonner County, Boundary County, Kootenai County, and Shoshone County (compared to the state three-year rate), males (compared to females), and non-Hispanic (compared to Hispanic) Idahoans.

There were no alcoholic liver disease deaths in Boise County, Butte County, Camas County, Clark County, Custer County, Lewis County, Madison County, or Oneida County between 2014 and 2016. Lemhi County (38.8), Benewah County (33.0), and Shoshone County (24.1) had significantly higher alcoholic liver disease morality rates per 100,000 population compared to the state rate. Minidoka County (1.6) had a significantly lower alcoholic liver disease mortality rate per 100,000 population when compared to the state rate.

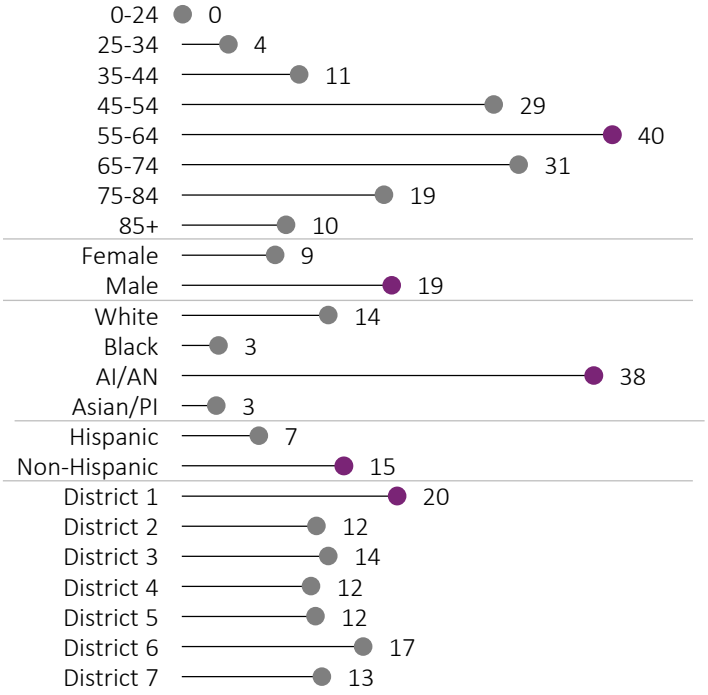
Alcohol-Induced Mortality Rate per 100,000 Population

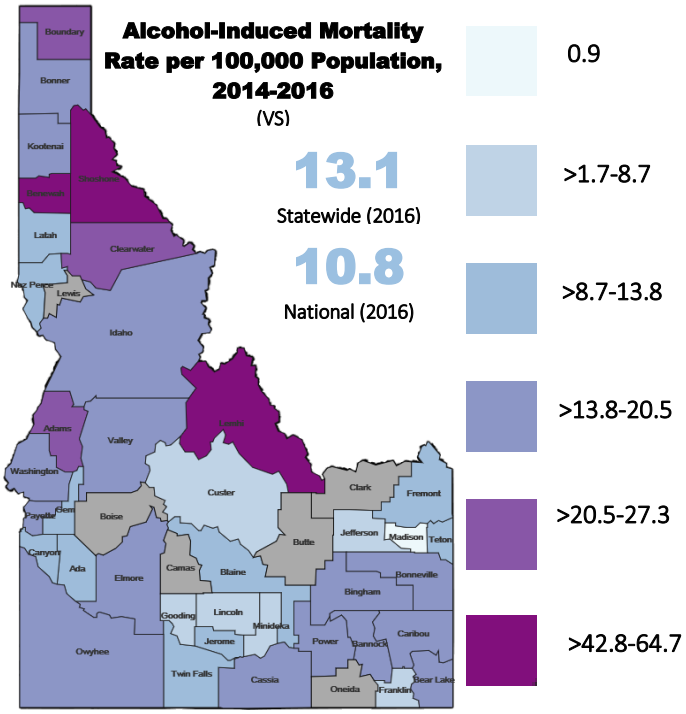
Bureau of Vital Records and Health Statistics (VS)

The crude alcohol-induced mortality rate in Idaho increased by 12% between 2011 and 2016.



From 2014-2016 American Indians, adults 45-54, men, non-Hispanic Idahoans, and Idahoans living in District 1, Lemhi County, Benewah County, and Shoshone County were most likely to die from alcohol directly.





In 2016, the alcohol-induced mortality rate per 100,000 population was 10.8 nationally in 2015 and 13.1 in Idaho. Between 2011 and 2016, the alcohol-induced mortality rate in Idaho has increased, but not significantly, with the rate in Idaho consistently higher that of the United States.

Between 2014 and 2016, the alcohol-induced mortality rate was significantly higher among adults between the ages of 55 and 64 (compared to other age groups), American Indians or Alaska Natives (compared to other races), and Idahoans living in District 1, which includes Benewah County, Bonner County, Boundary County, Kootenai County, and Shoshone County (compared to the state three-year rate), males (compared to females), and non-Hispanic (compared to Hispanic) Idahoans.

There were no alcohol-induced deaths in Boise County, Butte County, Clark County, Camas County, Lewis County, or Oneida County between 2014 and 2016. Lemhi County (64.7), Benewah County (51.4), and Shoshone County (42.9) had significantly higher alcohol-induced morality rates per 100,000 population compared to the state rate. Madison County (0.9) had a significantly lower alcohol-induced mortality rate per 100,000 population when compared to the state rate.

Marijuana

Consumption

According to the NSDUH, in 2015/2016, among all 50 states and D.C. Idaho ranked 37th, 40th, 44th, and 32nd among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, for marijuana use in the past month. These rankings are up from 44th, 42nd, 47th, and 39th among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, in 2011/2012 (before Idaho received the SPF SIG grant).

According to the NSDUH, past month marijuana use has increased in every state between 2008 and 2016, except Hawaii. Significant increases have been seen nationwide, in each Census Bureau region, in the District of Columbia, and in every state except, Alabama, Arizona, Arkansas, Hawaii, Idaho, Nevada, North Dakota, Oklahoma, South Carolina, and Wyoming.

According the BRFSS between 2015 and 2016, 5.5% of Idaho adults reported using marijuana in the past 30 days prior to the survey. Characteristics of Idahoans who were more likely to report past month marijuana use include:

HEAVY DRINKERS (20%), those AT RISK FOR BINGE DRINKING (18%), and SMOKERS (18%)

UNMARRIED COUPLES (18%) and those who were NEVER MARRIED (12%)

Idahoans with POOR MENTAL HEALTH (15%) or DEPRESSIVE DISORDER (12%)

Idahoans aged 18 to 24 (13%) or 25 to 34 (9%)

Idahoans who are UNEMPLOYED (13%)

Idahoans who DID NOT RECEIVE MEDICAL CARE WHEN NEEDED DUE TO COST (11%), those who DID NOT HAVE AN ANNUAL CHECKUP (8%), and those with NO USUAL HEALTH CARE PROVIDER (8%)

Idahoans who make $15,000 OR LESS PER YEAR (11%)

Residents of DISTRIST 1 (8%) compared to those in Region 7 (4%)

MEN (7%) compared to women (4%)

According to the YRBS, past month marijuana use has decreased among Idaho high school students, but not significantly.

Consequence

According to WITS, the proportion of publically funded treatment admission in which the primary substance of abuse was marijuana decreased between 2014 and 2016.

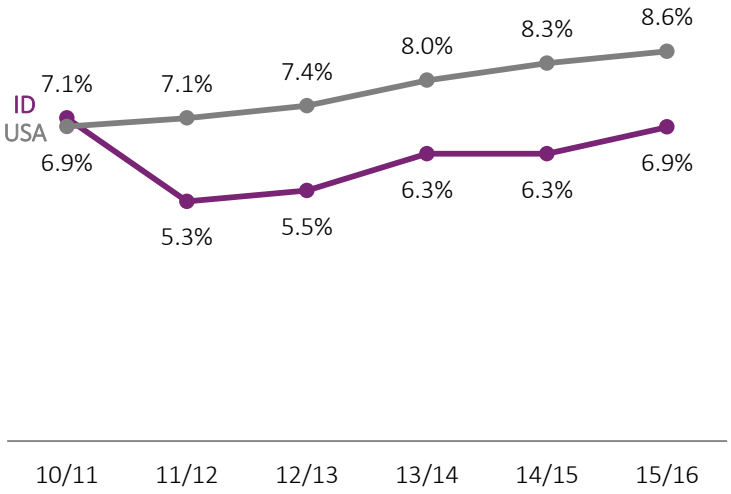
According the NIBRS, between 2007 and 2016, marijuana-related arrests have increased by 26%.

Icons were downloaded from Flaticon from Freepik. The doctor icon was created by Vectors Market.

Past Month Marijuana Use

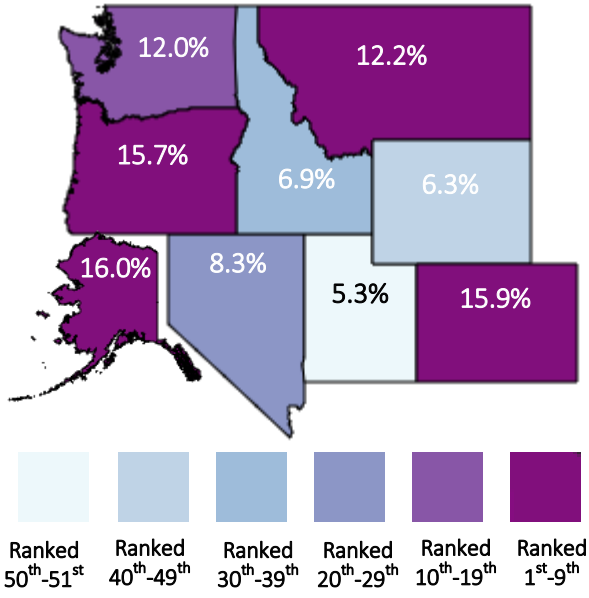
National Survey on Drug Use and Health (NSDUH)

Current marijuana use was the same in 2015/2016 as it was in 2010/2011.



Past month marijuana use among Idahoans aged 18 to 25 was over 2 times higher than use among Idahoans aged 12 to 17. Idahoans aged 12 to 17 were the least likely to report using marijuana in the past 30 days.

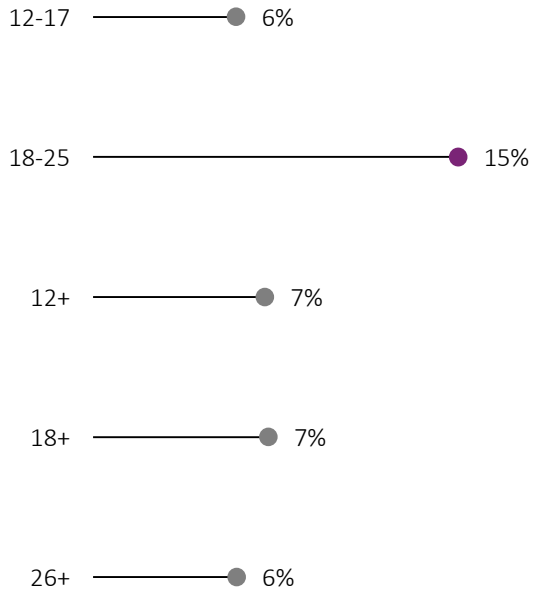
In 2015/2016, the top 19 states with the highest percentage of past month marijuana use have legalized marijuana.



Since 2008, the percentage of Idahoans reporting using marijuana in the past month has increased, especially among individuals 26 or older and 18 or older. Conversely, the percentage of those aged 12-17 reporting marijuana use has decreased.

Between 2011 and 2016, the percentage of individuals 12 and older reporting using marijuana in the past month has increased, with the percentage in Idaho dipping below that of the United States in 2011.

In 2015/2016, current marijuana use was higher among Idahoans aged 18 to 25.



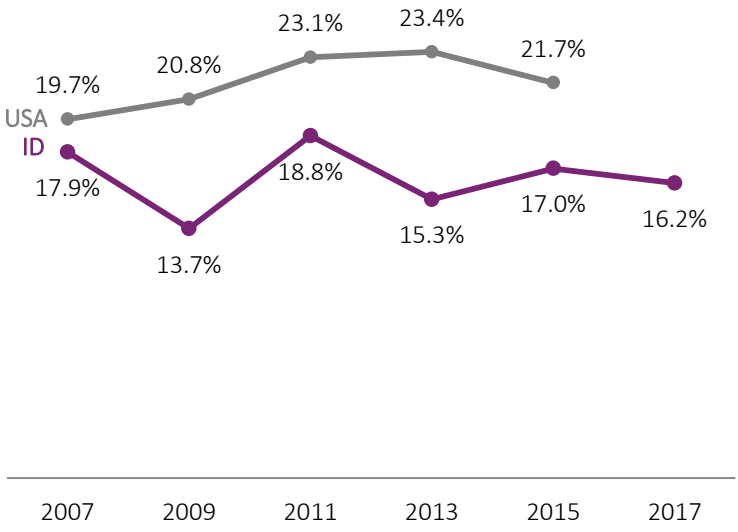
In 2015/2016, Idaho ranked 37th in the nation for past month marijuana use among individuals 12 and older.

The median percentage of individuals reporting past month marijuana use in retail marijuana, medical marijuana, and illegal marijuana states is 14%, 9%, and 7%, respectively. In regard to Idaho's border states, as of 2016, Colorado, Washington, Alaska, and Oregon have legal retail marijuana and Montana and Nevada have legal medical marijuana.

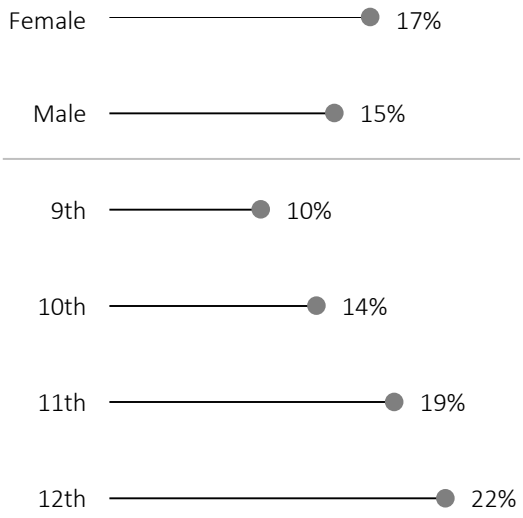
Youth Current Marijuana Use

Youth Risk Behavior Survey (YRBS)

Current marijuana use among Idaho high school students has decreased by 9% since 2007.

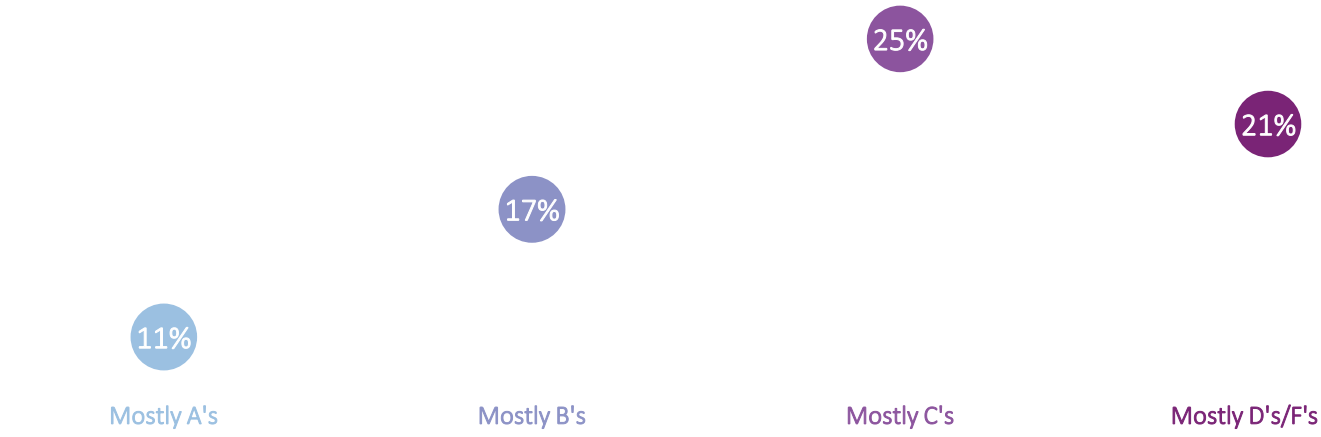


In 2017, 12th grade students were most likely to report marijuana use.



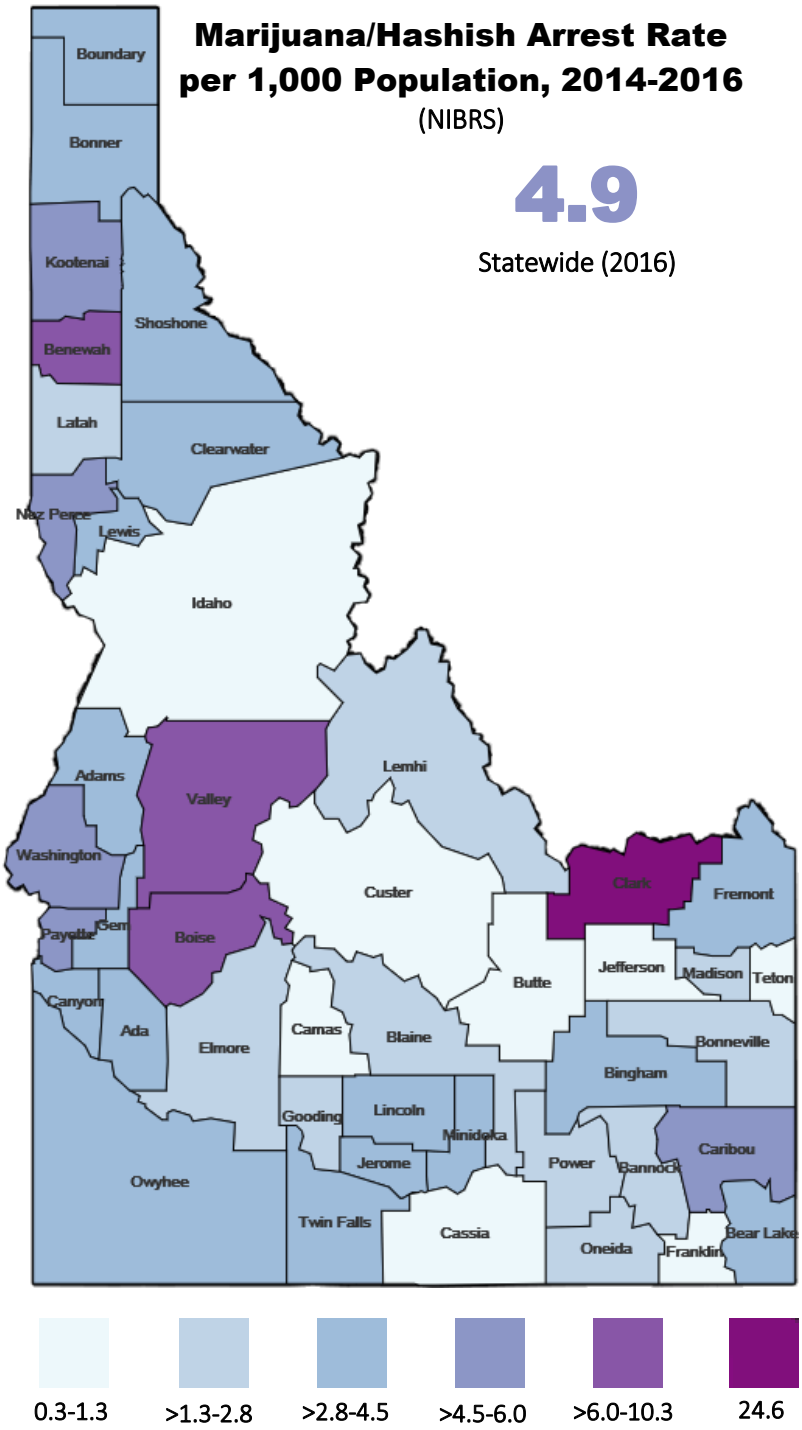
Between 2007 and 2017, the percentage of Idaho high school students that reported using marijuana in the past 30 days decreased, but not significantly, with the percentage in Idaho consistently below that of the United States. Students in 12th grade were most likely to report past 30 day marijuana use in 2017.

According to the Idaho Department of Education's 2017 YRBS report, academic achievement is significantly associated with past 30 day marijuana use. Students who earn mostly C's are most likely to report using marijuana in the past 30 days.



Marijuana Arrest Rate per 1,000 Population

National Incidence-Based Reporting System (NIBRS)



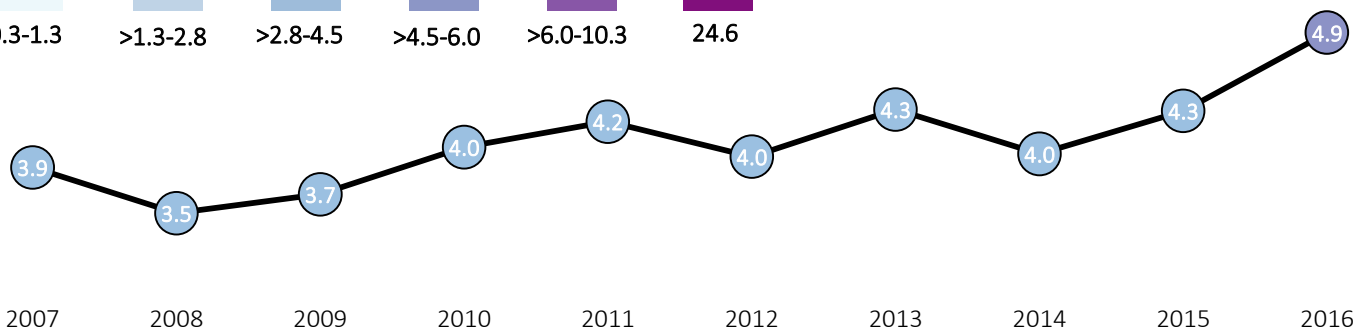
Marijuana arrests include all illicit possession, concealing, transporting, transmitting, and importing activities. Between 2007 and 2016, the total marijuana arrest rate increased by 26%.

In 2016 the marijuana/hashish arrest rate in Idaho was 4.87 per 1,000 population.

The counties with the highest marijuana arrest rate were Clark County (24.6), Boise County (10.3), and Valley County (9.2).

The counties with the lowest marijuana arrest rate were Butte County (0.3), Idaho County (0.3), and Custer County (0.6).

Clark County had a significantly higher rate of marijuana arrests compared to the average county in Idaho; however, due to their small population, slight increases can appear more dramatic. Between 2014 and 2016, Clark County had 63 marijuana arrests compared 204 in Boise County and 4,802 in Ada County.



Other Drugs

Consumption

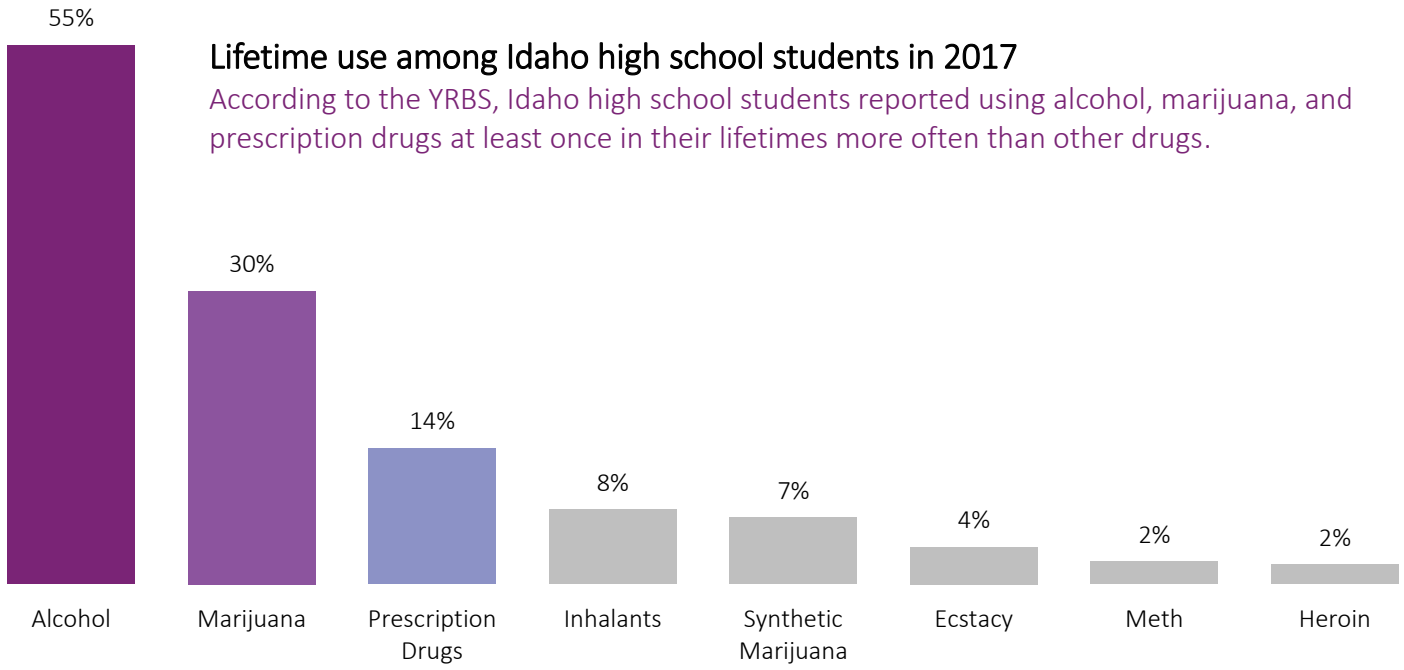
According to the NSDUH, in 2015/2016, among all 50 states and D.C., Idaho ranked 28th, 15th, 28th, and 30th among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, for illicit drug use other than marijuana in the past month. This item on the NSDUH was revised in 2016, so estimates cannot be reliably compared to previous years. Among Idahoans 12 and older, 9% reported any illicit drug use in the past month, and 3.3% reported any illicit drug use in the past month other than marijuana.

Consequence

According to the NSDUH (2015/2016), similar to the national average, 7.6% of Idahoans 12 and older had a substance use disorder in the past year. Idahoans 18-25 were most likely to have a substance use disorder in the past year (14.2%). Approximately 2.6% of Idahoans needed but did not receive treatment at a specialty facility for illicit drug use in the past year.

According to WITS, more than one-third of publically funded treatment admissions were for methamphetamine.

Both drug/narcotic violation arrest rates and drug-induced death rates have increased.



Lifetime use among Idaho high school students in 2017

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

Past Month Illicit Drug Use & Illicit Drug Use Other than Marijuana

National Survey on Drug Use and Health (NSDUH)

Illicit drug use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

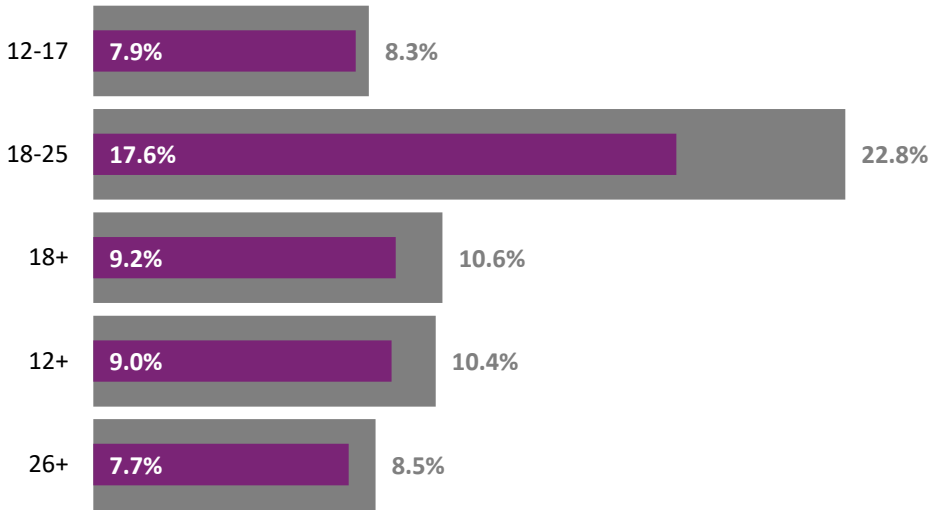
In 2015/2016, 9% of Idahoans reported using illicit drugs in the past month, compared to 10.4% nationally.

Over 3.3% of Idahoans reported using illicit drugs other than marijuana in the past month, compared to 3.4% nationally.

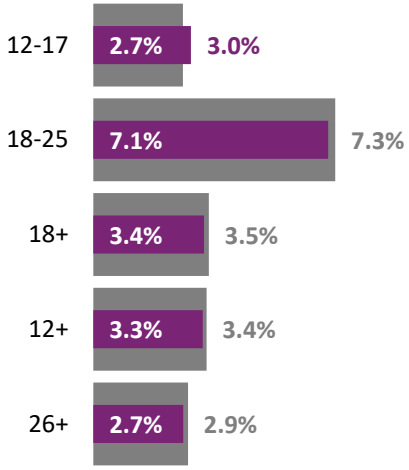
Although illicit drug use appears to be lower in Idaho than the national average, the difference is not significant.

Both nationally and in Idaho, those aged 18-25 were most likely to use illicit drugs.

Past month illicit drug use is 13% lower in Idaho than the national average.



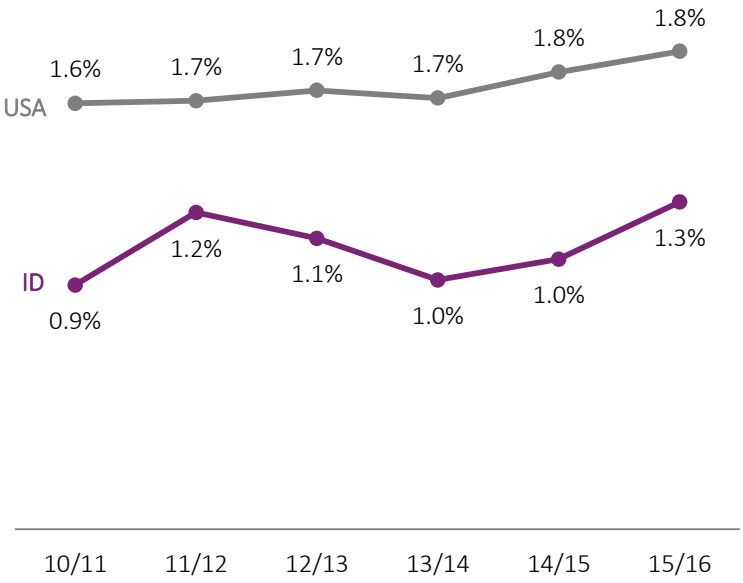
Past month illicit drug use other than marijuana in Idaho is 3% lower than national average.



Cocaine and Heroin Use

National Survey on Drug Use and Health (NSDUH)

Cocaine use increased by 44% among Idahoans between 2010 and 2016.



Since 2008, the percentage of Idahoans reporting using cocaine in the past year has not changed significantly. However, between 2013 and 2015, cocaine use in the past year increased significantly in Alaska, Delaware, Hawaii, Maine, Michigan, Minnesota, Missouri, Montana, New Hampshire, North Carolina, Rhode Island, South Carolina, Tennessee, Vermont, and West Virginia.

Between 2010 and 2015, the percentage of individuals 12 and older reporting cocaine use in the past year has increased, with the percentage in Idaho consistently below that of the United States.

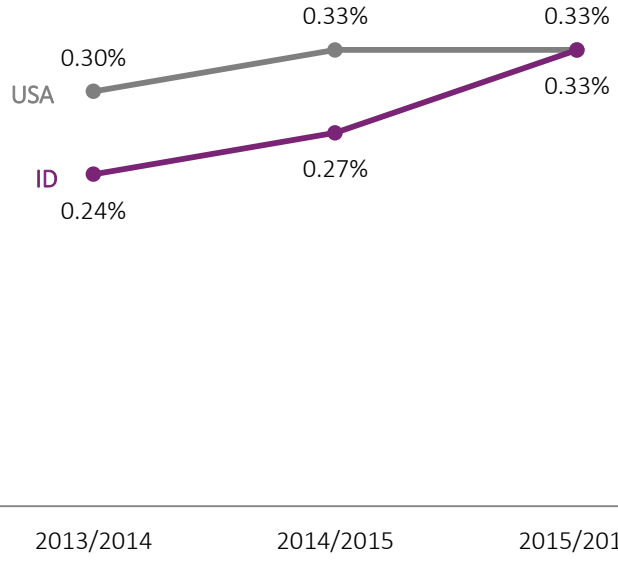
In 2015, Idaho ranked 48th in the nation for past year cocaine use among individuals 12 and older.

Since 2013, the percentage of Idahoans reporting using heroin in the past year has not changed significantly. However, heroin use has significantly increased in Alaska, Arizona, Colorado, Connecticut, Hawaii, Maryland, Minnesota, Nevada, New Jersey, New York, Rhode Island, South Dakota, Vermont, and West Virginia.

Between 2013 and 2015, the percentage of individuals 12 and older reporting heroin use in the past year has increased but not significantly.

In 2015, Idaho ranked 29th in the nation for past year heroin use among individuals 12 and older.

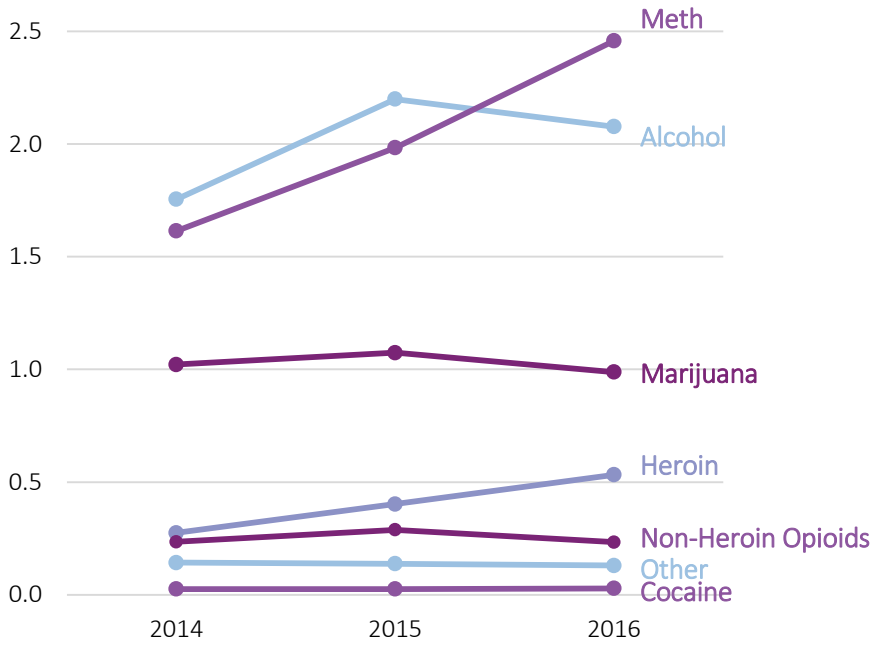
Heroin use increased by 38% among Idahoans between 2013 and 2016.



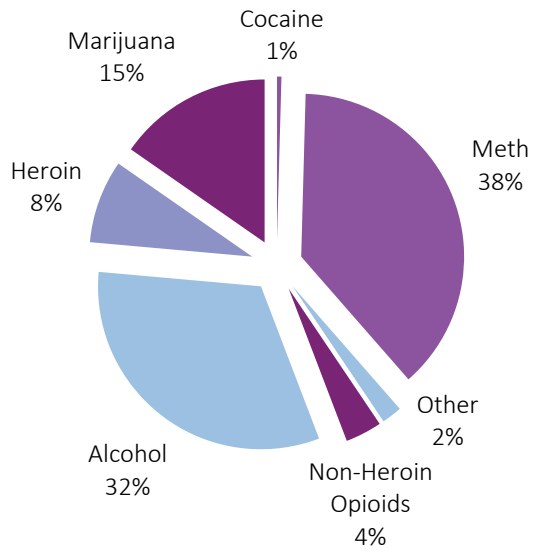
Rate of Primary Treatment Admissions per 1,000 Population

Web Infrastructure for Treatment Services (WITS)

Between 2014 and 2016, treatment admission rates have increased the most for methamphetamine.



Methamphetamine accounted for 38% of publically funded treatment admissions in 2016.



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

WITS data do not include all substance abuse treatment admissions in Idaho.

Methamphetamine is the most often reported primary substance of abuse upon treatment entry, followed by alcohol. The rate of treatment admissions in which meth is the primary substance of abuse increased by 52% between 2014 and 2016. Approximately 38% of all publically funded treatment admissions are for individuals reporting meth as their primary substance.

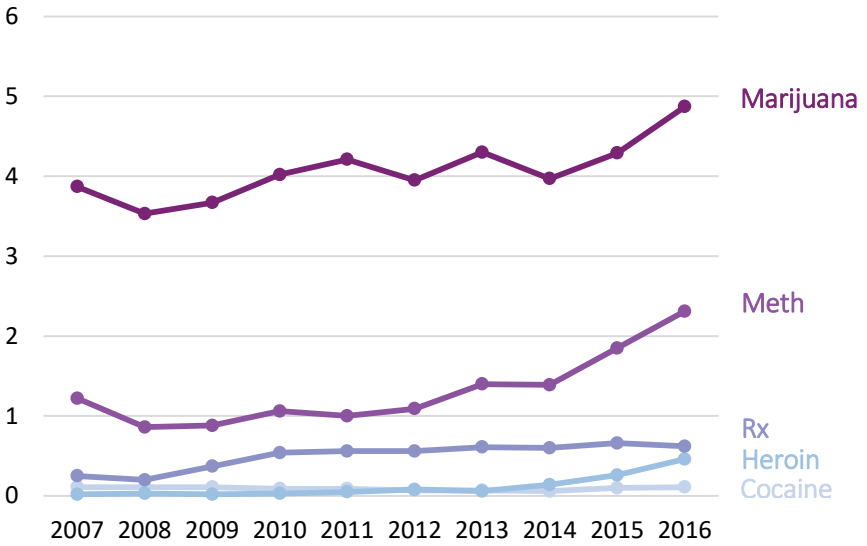
In 2014, the rates of publically funded treatment admissions per 1,000 population for heroin and opioid pain relievers were similar, but recently, admissions for heroin are increasing, while admissions for other opioids are decreasing.

Other drugs include barbiturates, benzodiazepines, other sedatives or hypnotics, other stimulants, other tranquilizers, club drugs, hallucinogens, inhalants, nicotine, other amphetamines, over-the-counter medications, phencyclidine, and other drugs.

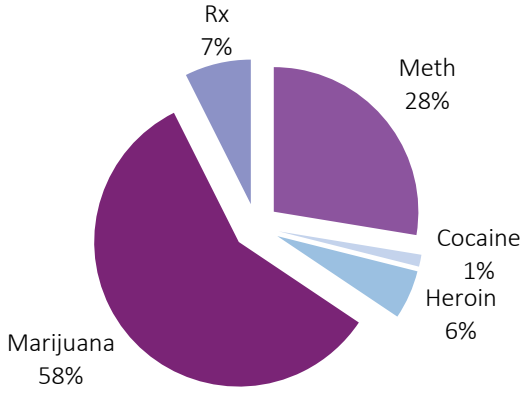
Other Drug Arrest Rate per 1,000 Population

National Incidence-Based Reporting System (NIBRS)

Between 2007 and 2016, drug arrest rates have increased for all selected drugs except cocaine.



(Meth)amphetamine accounted for 28% of drug/narcotic violation arrests in 2016.



Drug/narcotic violations include the unlawful cultivation, manufacture, distribution, sale, purchase, use, possession, transportation, or importation of any controlled drug or narcotic substance. Between 2007 and 2015, the total drug/narcotic arrest rate increased by 39% in Idaho.

The largest percent increases in drug narcotic violations were for heroin and prescription drugs which increased by 23-fold and over 2-fold, respectively. Drug/narcotic violations increased 89% for amphetamine/methamphetamine and 26% for marijuana.

Although marijuana accounts for the highest proportion of drug/narcotic arrests, more than 23 times as many people have used marijuana as meth in the past year. Approximately 12% of Idahoans reported using marijuana compared to 0.5% that reported using meth in the past year.

In 2007, marijuana represented 71% of all drug/narcotic violations, amphetamine/methamphetamine, 22%, and prescription drugs, 4%.

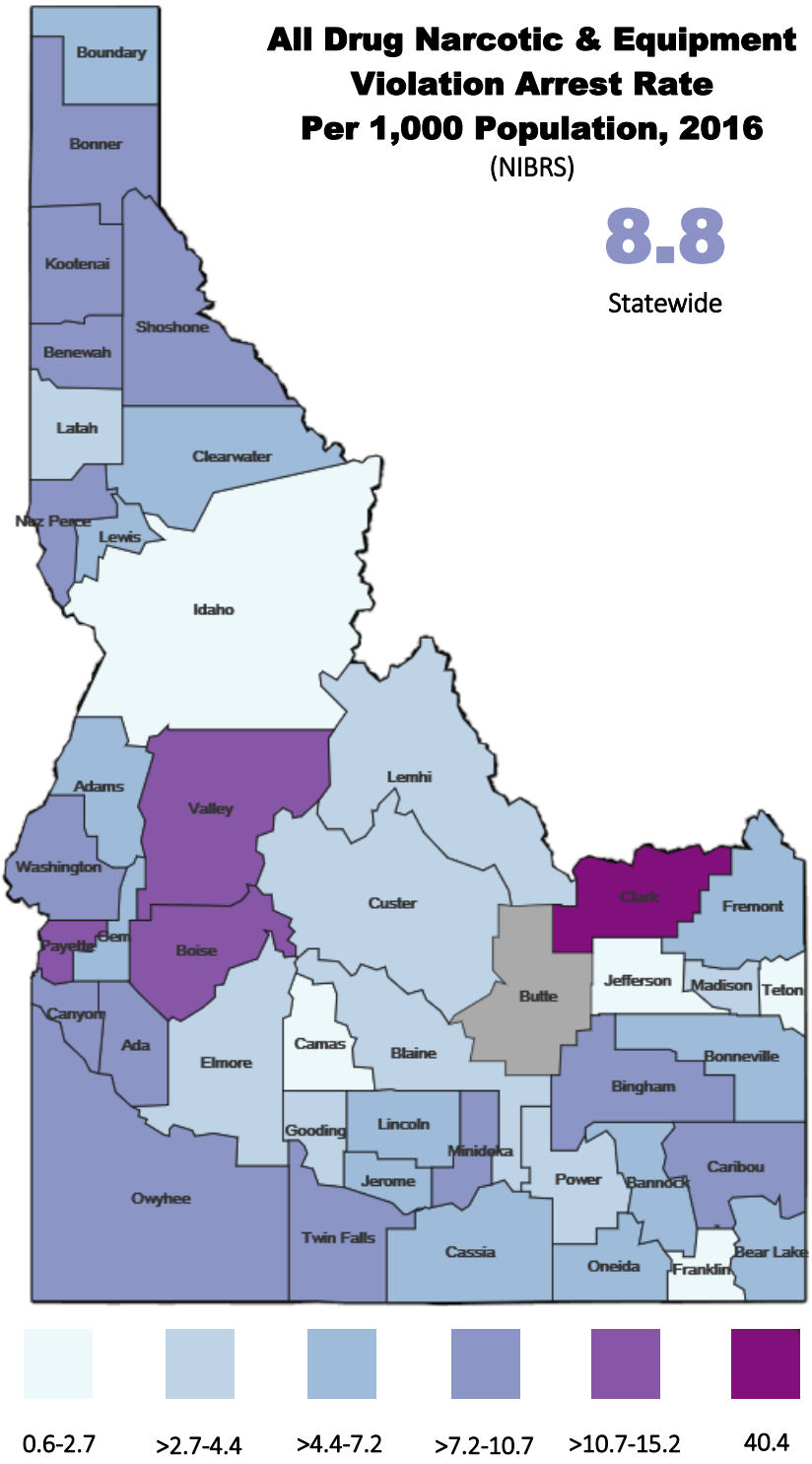
Drug/Narcotic Violation Arrest Rate per 1,000 and Number by Top Three Counties

	Highest Rate			2nd Highest Rate			3rd Highest Rate		
	Name	Rate	Number	Name	Rate	Number	Name	Rate	Number
Marijuana	Clark	21.9	19	Boise	12.8	91	Valley	10.2	104
(Meth)amphetamines	Clark	6.9	6	Payette	4.2	97	Bingham	4.1	185
Prescription Drugs	Clark	8.1	7	Bear Lake	2.0	12	Shoshone	1.6	20
Heroin	Clark	3.5	3	Bannock	1.0	85	Kootenai	0.88	135
Cocaine/Crack	Clark	2.3	2	Minidoka	0.3	7	Payette	0.2	5

Although Clark County has the highest rate of drug/narcotic violations, the number of violations is relatively small.

Drug Narcotic & Equipment Violation Arrest Rate per 1,000 Population

National Incidence-Based Reporting System (NIBRS)



Drug narcotic violations and drug equipment violations include the unlawful cultivation, manufacture, distribution, sale, purchase, use, possession, transportation, or importation of any controlled drug or narcotic substance. Specifically, drug equipment violations include cases involving drug paraphernalia, equipment, chemicals, illegal labs, etc. Various statutes and/or codes may vary in the description of equipment or paraphernalia involved with drugs/narcotics.

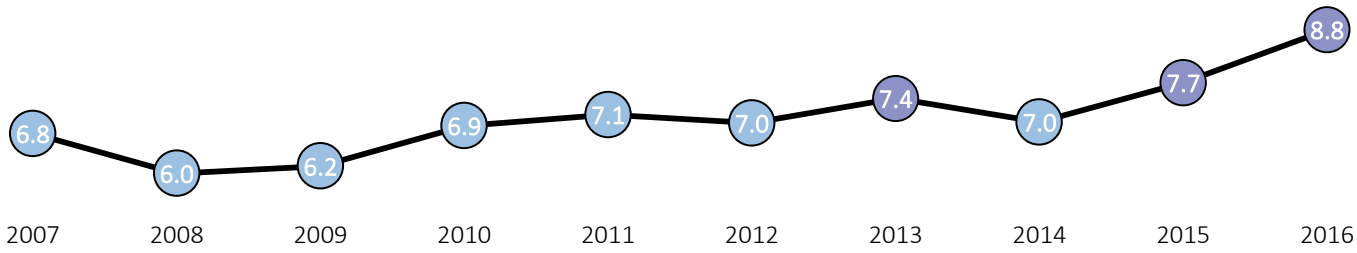
According to the 2016 NIBRS, the drug narcotic and equipment violation (DNEV) arrest rate in Idaho was 8.8 per 1,000 population.

The counties with the highest rate of all DNEV arrests were Clark County (40.4), Boise County (15.2), and Valley County (15.0).

The counties with the lowest rate of all DNEV arrests were Idaho County (0.6), Camas County (0.9), and Jefferson County (1.7).

Butte County did not have any DNEV arrests in 2016.

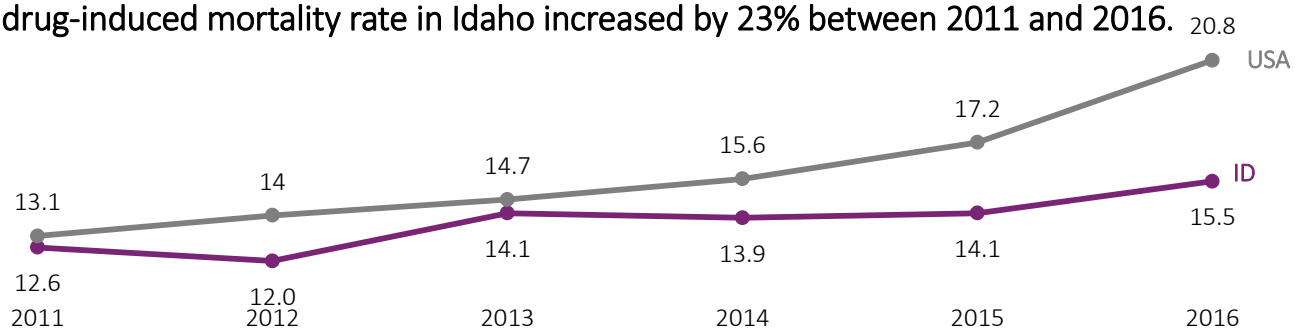
Clark County had a significantly higher rate of DNEV arrests compared to the average county in Idaho; however, due to their small population, slight increases can appear more dramatic. In 2016, Clark County had 35 DNEV arrests compared 108 in Boise County and 3,313 in Ada County.



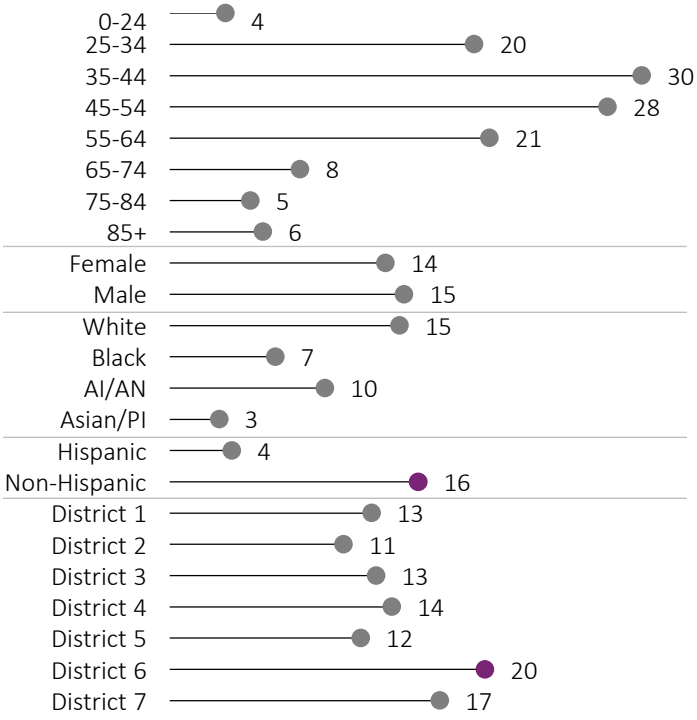
Drug-Induced Mortality per 100,000 Population

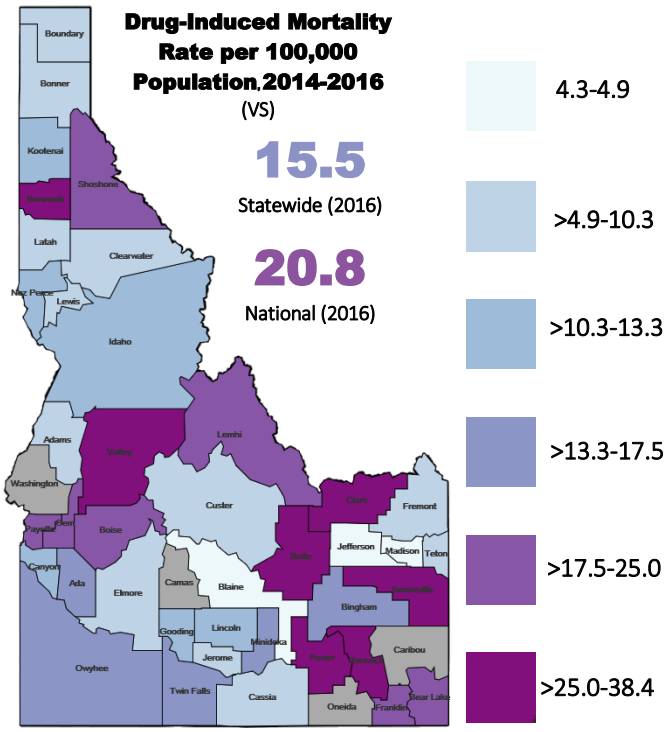
Bureau of Vital Records and Health Statistics (VS)

The drug-induced mortality rate in Idaho increased by 23% between 2011 and 2016.



Between 2014 and 2016, non-Hispanic Idahoans and those living in District 6, Bonneville County and Bannock County were more likely to die from drugs.





In 2016, the drug-induced mortality rate per 100,000 population was 20.8 nationally and 15.5 in Idaho. Between 2007 and 2016, the drug-induced mortality rate in Idaho has increased significantly, with the rate in Idaho consistently lower that of the United States.

Between 2014 and 2016, the drug-induced mortality rate was significantly higher among non-Hispanic (compared to Hispanic) Idahoans and those living in District 6 (compared to the state rate), which includes Butte County, Bingham County, Power County, Bannock County, Caribou County, Oneida County, Franklin County and Bear Lake County.

There were no drug-induced deaths in Washington County, Camas County, Oneida County, or Caribou County between 2014 and 2016. Bonneville County (26.6) and Bannock County (25.5) had significantly higher drug-induced morality rates per 100,000 population compared to the state rate. Madison County (4.3) and Jefferson County (4.9) had a significantly lower drug-induced mortality rates per 100,000 population when compared to the state rate.

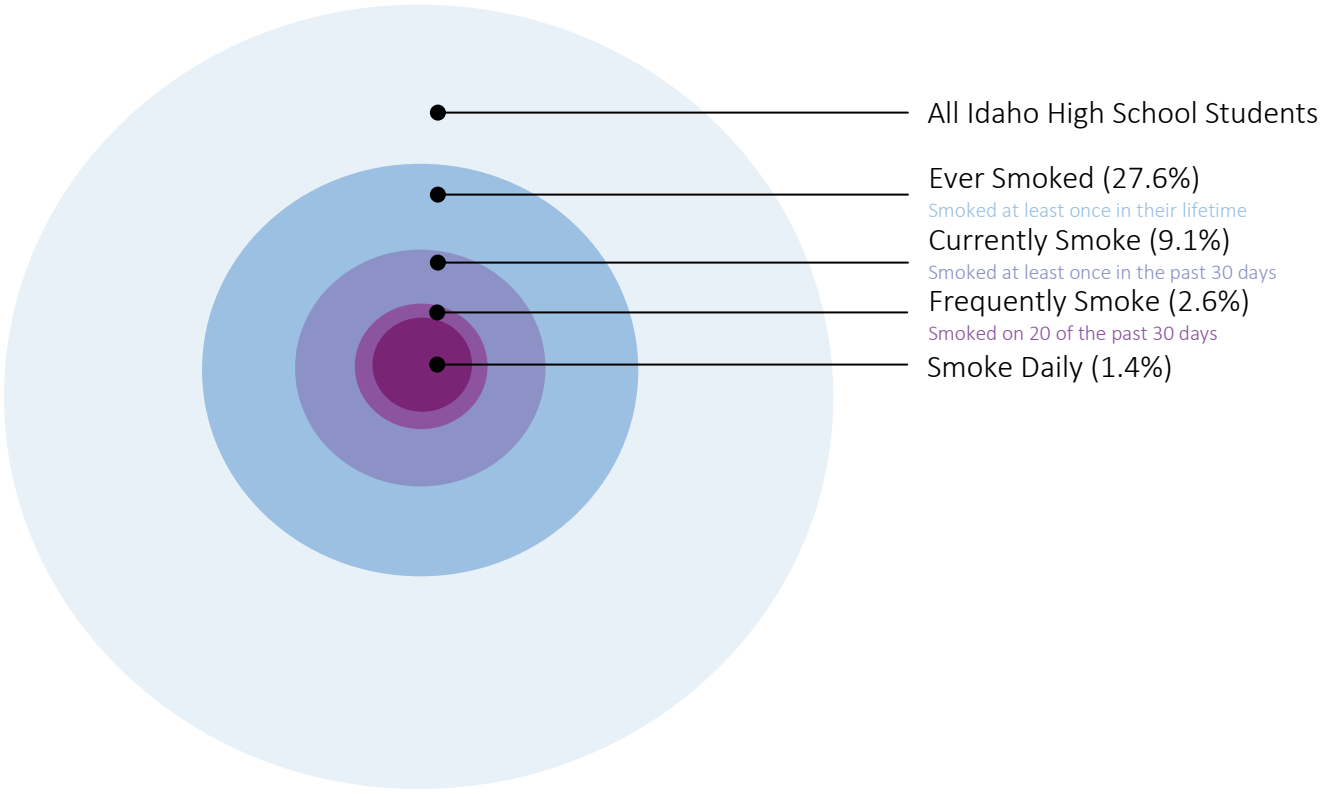
Tobacco

According to the NSDUH in 2015/2016, among all 50 states and D.C., Idaho ranked 44th, 31st, 38th, and 43rd among individuals 12 and older, 12 to 17, 18 to 25, and 26 and older, respectively, for tobacco use in the past month. These rankings are down from 38th and 30th among individuals 12 and older and 26 and older, respectively, and up from 36th, and 45th, among those 12 to 17 and 18 to 25, respectively, in 2011/2012 (before Idaho received the SPF SIG grant).

According to the BRFSS between 2011 and 2016, the percentage of Idaho adults reporting current cigarette smoking decreased significantly; however, the percentage of adults reporting current smokeless tobacco use increased. In 2016, 22.5% of Idaho adults reported ever using e-cigarettes.

Among Idaho high school students, according to the YRBS in 2017, 19% have used tobacco products in the past 30 days. More than 1 in 4 have tried smoking cigarettes and 9% reported smoking in the past 30 days. Vaping remains a large issue among high school students. More than 2 in 5 high school students have ever tried vaping, and 14% reported vaping in the past 30 days. According the Idaho YRBS report in 2017, over half of those who currently vape have attempted to quit at least once in the past 12 months. Overall though, tobacco use has decreased. Among high school students, past month tobacco use, cigarette smoking, smokeless tobacco use, lifetime cigarette use, smoking initiation, and frequent smoking have all decreased significantly between 2007 and 2017.

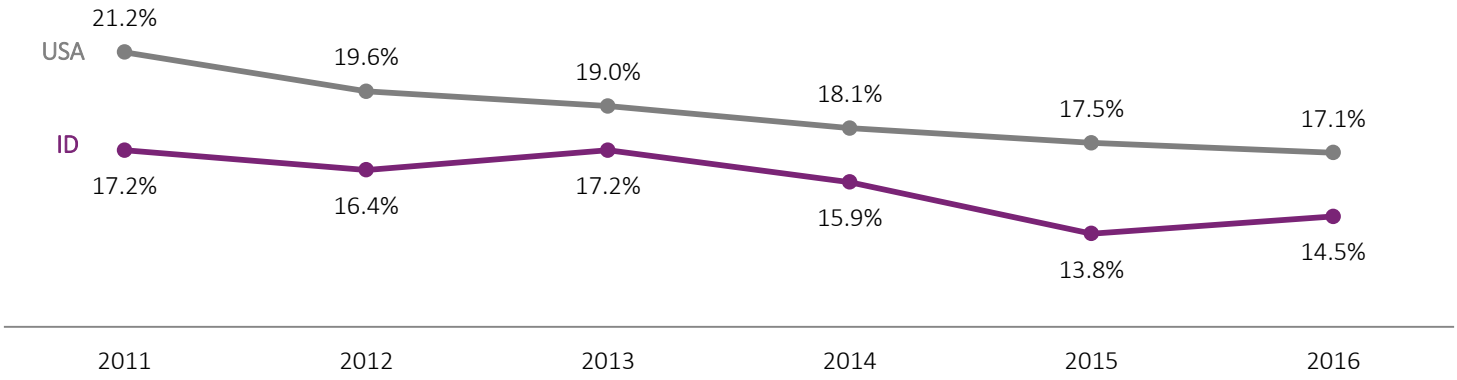
Approximately 15% of Idaho high school students who smoked in the last month smoke daily.



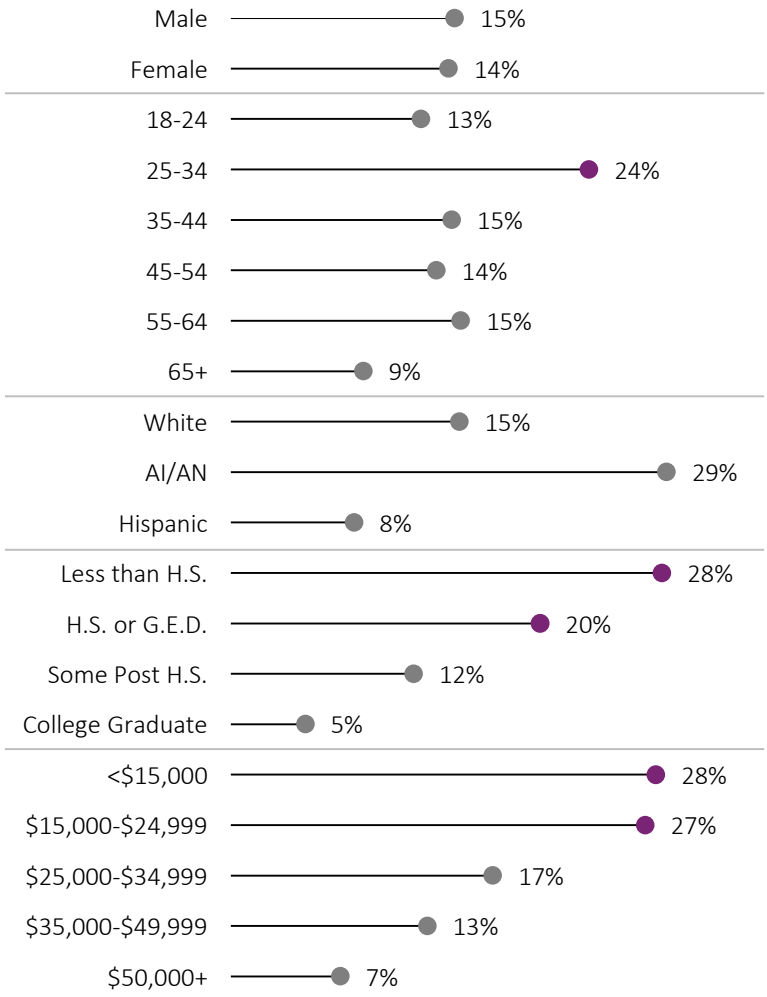
Adult Current Cigarette Smoking

Behavioral Risk Factor Surveillance System (BRFSS)

Current cigarette smoking decreased by 16% between 2011 and 2016.



In 2016, those with a lower annual income and education were most likely to smoke.



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

Between 2011 and 2016, the percentage of Idaho adults reporting current cigarette use has decreased, with the percentage in Idaho consistently below that of the United States.

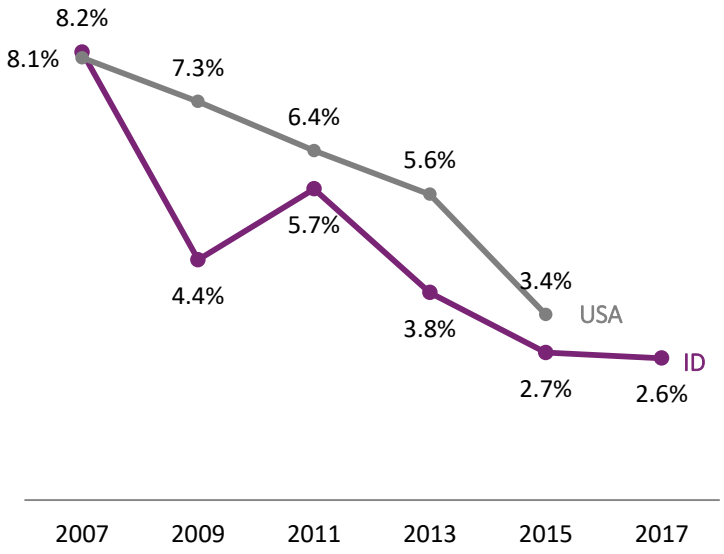
In 2016, current cigarette smoking was lower among adults older than 65, Hispanic Idahoans, college graduates, and those who made more than $50,000 annually.

In 2016, current cigarette smoking was higher among Idahoans between the ages of 25 and 34, those with a high school diploma or less, and those who made less than $25,000 annually.

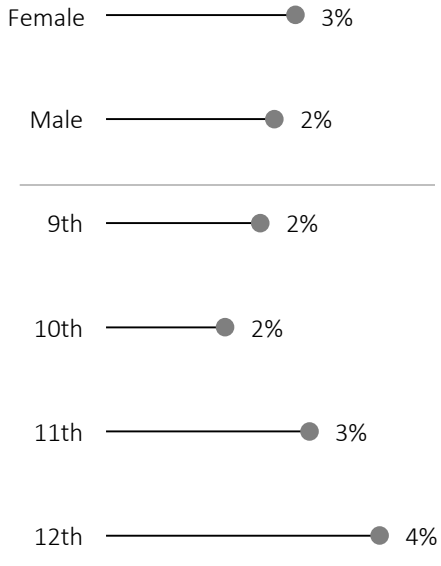
Youth Frequent Cigarette Smoking

Youth Risk Behavior Survey (YRBS)

Frequent cigarette smoking decreased by 68% between 2007 and 2017.



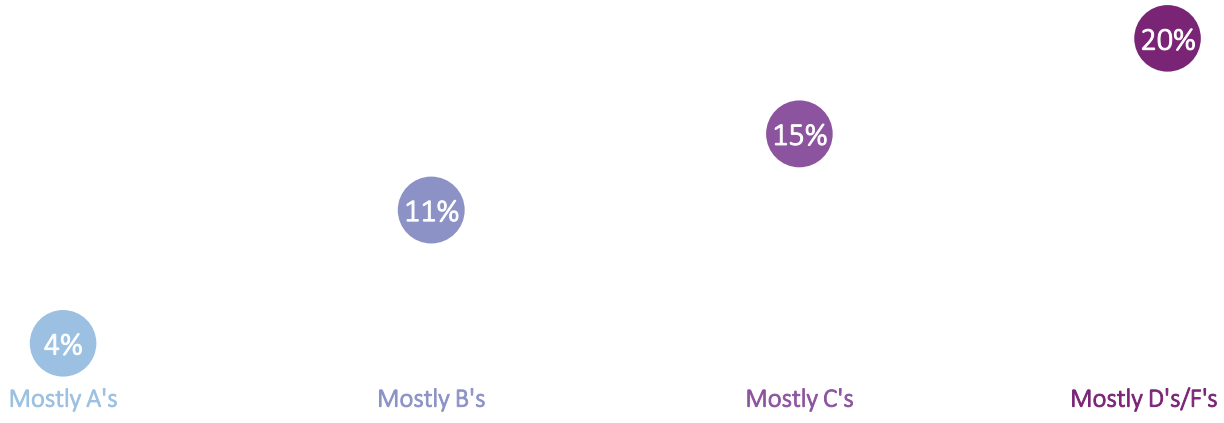
In 2017, 12th grade students were most likely to report frequent smoking.



Frequent smoking is defined as smoking on 20 of the past 30 days.

Between 2007 and 2017, the percentage of Idaho high school students that reported frequent smoking in the past 30 days has significantly decreased, with the percentage in Idaho consistently below that of the United States since 2009.

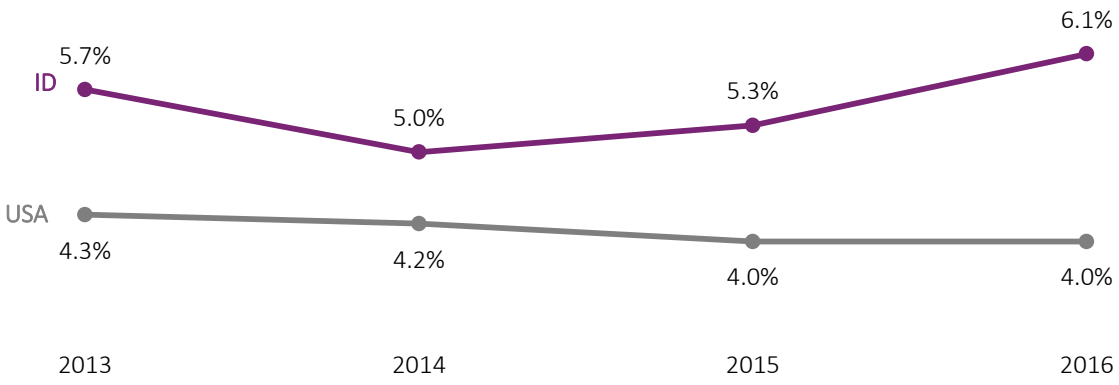
According to the Idaho Department of Education's 2017 YRBS report, academic achievement is significantly associated with past 30 day smoking. Students who earn lower grades are significantly more likely to currently smoke.



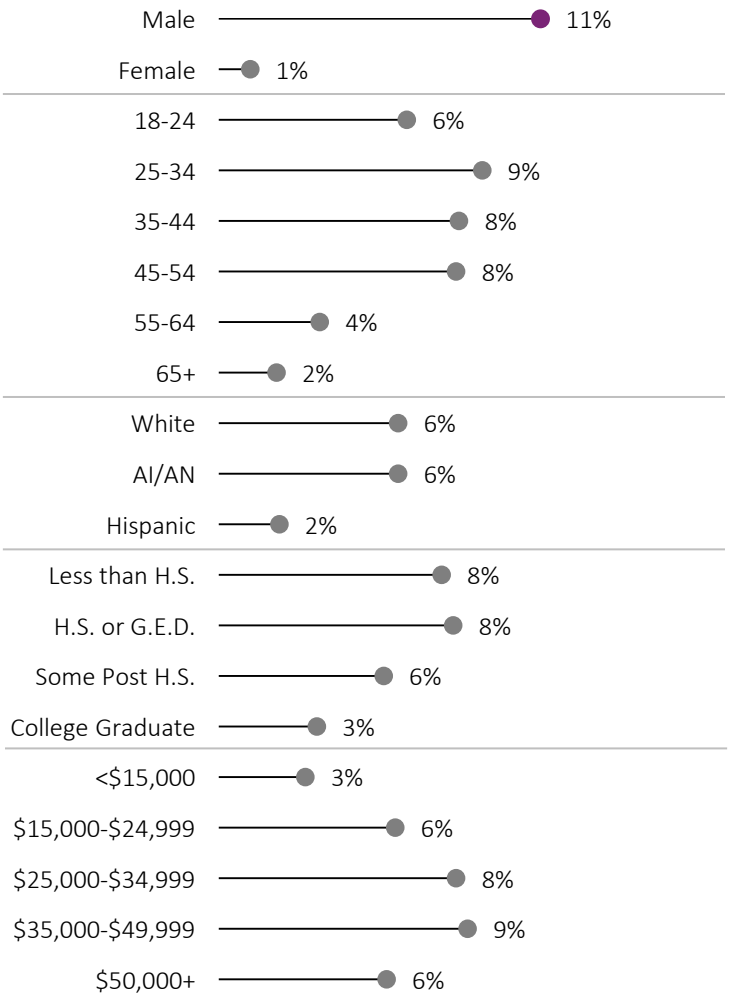
Adult Current Smokeless Tobacco Use

Behavioral Risk Factor Surveillance System (BRFSS)

Current smokeless tobacco use has increased by 7% between 2013 and 2016.



Men are most likely to use smokeless tobacco.



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

Between 2013 and 2016, the percentage of Idaho adults reporting current smokeless tobacco use has increased, but not significantly, with the percentage in Idaho consistently above that of the United States.

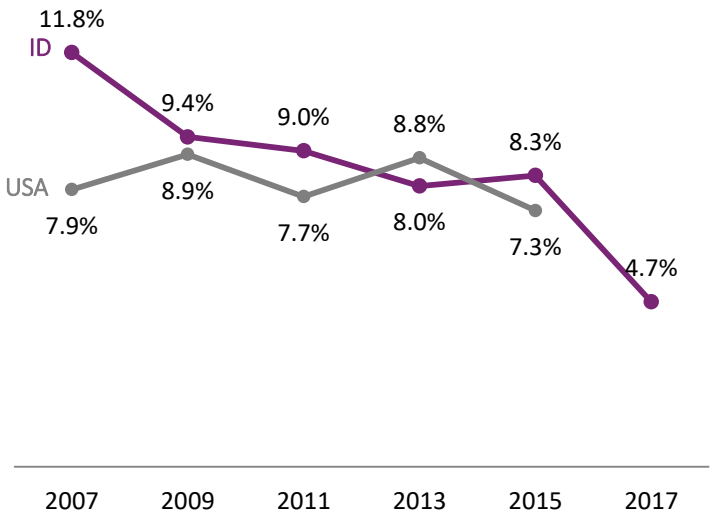
In 2016, current smokeless tobacco use was lower among women, adults 65 or older, Hispanic Idahoans, and college graduates. Current smokeless tobacco use was significantly higher among men.

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

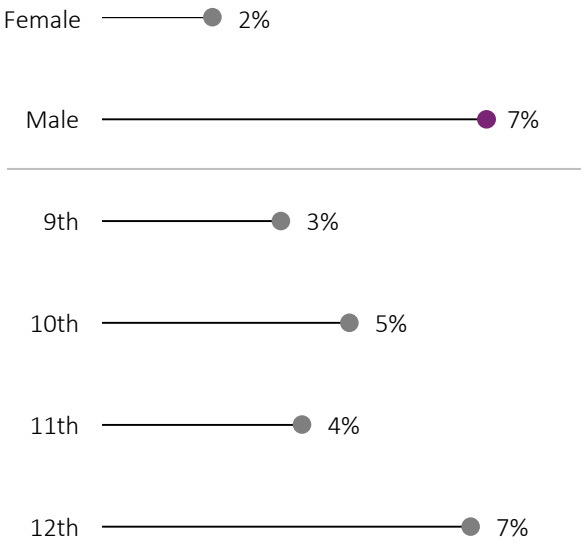
Youth Current Smokeless Tobacco Use

Youth Risk Behavior Survey (YRBS)

Current smokeless tobacco use among high school students decreased by 30%.



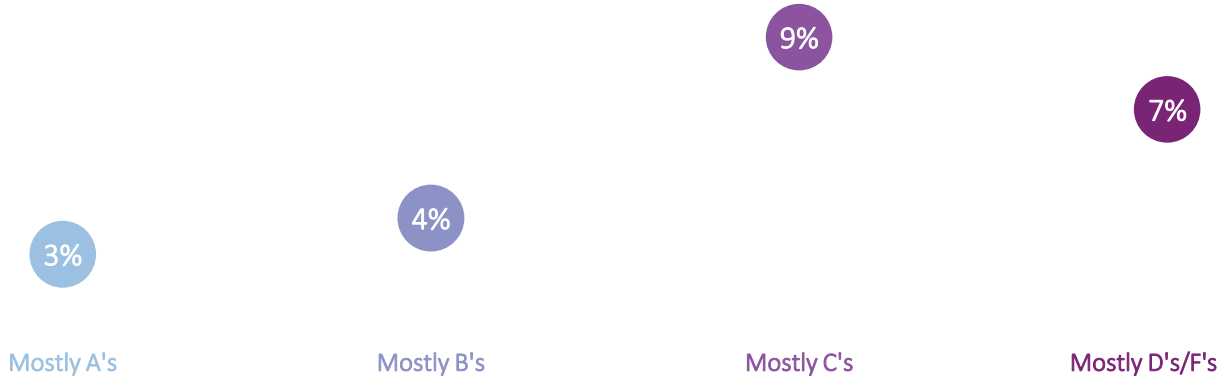
In 2017, males were most likely to report current smokeless tobacco use.



Smokeless tobacco is often referred to as chewing tobacco and includes snuff or dip.

Between 2007 and 2017, the percentage of Idaho high school students that reported smokeless tobacco use in the past 30 days has significantly decreased.

According to the Idaho Department of Education's 2017 YRBS report, academic achievement is significantly associated with past 30 day smokeless tobacco use. Students who earn mostly C's are most likely to currently use smokeless tobacco.



Summary

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

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

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

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

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

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

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

Summary Score = National Comparison + (Significance x Trend)

Legend

	Idaho has Significantly Improved	Idaho has Improved, but not Significantly	No Change	Idaho has Worsened, but not Significantly	Idaho has Significantly Worsened
Idaho is Better than the National Average					
Idaho is the Same as the National Average					
Idaho is Worse than the National Average					

Prescription Drugs

Consumption:

Retail Distribution Rate of Hydrocodone per 100,000 Population

The retail distribution rate of hydrocodone per 100,000 population was higher in Idaho than the national rate but has decreased significantly between 2011 and 2016 (ARCOS, 2011-2016).

Retail Distribution Rate of Oxycodone per 100,000 Population

The retail distribution rate of oxycodone per 100,000 population was lower in Idaho than the national rate but has increased between 2011 and 2016 (ARCOS, 2011-2016).

Consequence:

Prescription Drug Arrest Rate per 1,000 Population

The prescription drug arrest rate per 1,000 population increased between 2012 and 2016 (NIBRS, 2012-2016).
Identified risk population(s): Clark County, Benewah County, Oneida County, Payette County, Bear Lake County, Valley County, and Shoshone County

The indicators below do not include 5 or more points of data:

Past Year Pain Reliever Misuse

The percentage of Idahoans 12 and older reporting past year pain reliever misuse was higher than the national average in 2015/2016 (NSDUH, 2015/2016).
Identified risk population(s): 18-25

Lifetime Prescription Drug Abuse Among High School Students

The percentage of Idaho high school students reporting ever using prescription drugs without a doctor's prescription was the same as the national average in 2015 but decreased between 2011 and 2017 (YRBS, 2011-2017).
Identified risk population(s): Female, Hispanics, and students who earn lower grades

Prescription Drug Treatment Rate per 1,000 Population

The rate of individuals entering publically funded treatment who reported prescription drugs (including barbiturates, benzodiazepines, opioids, sedatives/hypnotics, stimulants, and tranquilizers) as their primary drug upon treatment entry per 1,000 population decreased between 2014 and 2016 (WITS, 2014-2016).

Alcohol

Consumption

Current Alcohol Use Among High School Students

The percentage of Idaho high school students reporting alcohol use in the past 30 days was lower than the national average in 2015 and has decreased significantly between 2007 and 2017 (YRBS, 2007-2017).

Current Binge Drinking Among High School Students

The percentage of Idaho high school students reporting binge drinking in the past 30 days was lower than the national average in 2015 and has decreased significantly between 2007 and 2017 (YRBS, 2007-2017).
Identified risk population(s): Students who earn mostly C's

Past Month Alcohol Use

The percentage of Idahoans 12 and older reporting past month alcohol use was lower than the national average and decreased between 2011 and 2016 (NSDUH, 11/12-15/16).

Apparent Per Capita Consumption of Distilled Spirits

The number of gallons of distilled spirits sold in Idaho per capita was lower than the national average in 2015 but has increased between 2011 and 2015 (ILD, 2011-2015).

Current Alcohol Use Among Adults

The percentage of Idaho adults reporting alcohol use in the past 30 days was lower than the national median in 2016 but increased between 2012 and 2016 (BRFSS, 2012-2016).
Identified risk population(s): College graduates, Annual income greater than $50,000

Current Binge Drinking Among Adults

The percentage of Idaho adults reporting binge drinking in the past 30 days was lower than the national median in 2016 but increased between 2012 and 2016 (BRFSS, 2012-2016).
Identified risk population(s): Male, 25-34

The definition for heavy drinking was modified prior to the 2015 administration, so there are not 5 points of consistent data available:

Heavy Drinking Among Adults

The percentage of Idaho adults that met criteria for heavy drinking was higher than the national median in 2016 and increased between 2015 and 2016 (BRFSS, 2015-2016).

Alcohol

Consequence

Driving Under the Influence Arrest Rate

The DUI arrest rate in Idaho has decreased between 2012 and 2016.
Identified risk population(s): Valley County, Boise County, Clark County

Alcoholic Liver Disease Mortality Rate per 100,000 Population

The alcoholic liver disease mortality rate per 100,000 population in Idaho was higher than the national average in 2015 but decreased between 2012 and 2016 (VS, 2012-2016).
Identified risk population(s): American Indians/Alaska Natives, 45-64, non-Hispanic, Public Health District 1, Lemhi County, Benewah County, and Shoshone County

Alcohol-Induced Mortality Rate per 100,000 Population

The alcohol-induced mortality rate per 100,000 population in Idaho was higher than the national average in 2015 but decreased between 2012 and 2016 (VS, 2012-2016).
Identified risk population(s): 55-64, American Indians/Alaska Natives, Males, non-Hispanic, Public Health District 1, Benewah County, Lemhi County, and Shoshone County

Impaired Driving Crashes

The impaired driving crashes, as a percentage of all crashes, increased between 2012 and 2016. (OHS, 2016).
Identified risk population(s): Oneida County, Lemhi County, Custer County, and Lincoln County

The indicators below do not include 5 or more points of data:

Needing but not Receiving Treatment at a Specialty Facility for Alcohol Use in the Past Year

The percentage of Idahoans 12 and older that needed but did not receive treatment at a specialty facility for alcohol use in the past year was lower than the national average in 2015/2016 (NSDUH, 2015/2016).
Identified risk population(s): 18-25

Alcohol Treatment Rate per 1,000 Population

The rate of individuals entering publically funded treatment who reported alcohol as their primary drug upon treatment entry per 1,000 population increased between 2014 and 2016 (WITS, 2014-2016)

Marijuana

Consumption

Current Marijuana Use Among High School Students

The percentage of Idaho high school students reporting past 30-day marijuana use was lower than the national average in 2015 but increased between 2009 and 2017 (YRBS, 2009-2017).
Identified risk population(s): Students who earn mostly C's

Marijuana Use in the Past Month

The percentage of Idahoans 12 and older reporting marijuana use in the past month was lower than the national average in 2015/2016, but has increased between 2011 and 2016 (NSDUH, 11/12-15/16).
Identified risk population(s): 18-25

Consequence

Marijuana Arrest Rate per 1,000 Population

The marijuana arrest rate per 1,000 population has increased between 2012 and 2016 (NIBRS, 2012-2016).
Identified risk population(s): Clark County and Boise County

The indicator below does not include 5 or more points of data:

Marijuana Treatment Rate per 1,000 Population

The rate of individuals entering publically funded treatment who reported marijuana as their primary drug upon treatment entry per 1,000 population decreased between 2014 and 2016 (WITS, 2014-2016)

Other Drugs

Consumption

Cocaine Use in the Past Year

The percentage of Idahoans 12 and older reporting cocaine use in the past year was lower than the national average in 2015/2016 but increased between 2012 and 2016 (NSDUH, 11/12-15/16).
Identified risk population(s): 18-25

The indicators below do not include 5 or more points of data:

Illicit Drug Use in the Past Month

The percentage of Idahoans 12 and older reporting illicit drug use in the past month was lower than the national average in 2015/2016 (NSDUH, 2015/2016).
Identified risk population(s): 18-25

Illicit Drug Use Other than Marijuana in the Past Month

The percentage of Idahoans 12 and older reporting illicit drug use other than marijuana in the past month was lower than the national average in 2015/2016 (NSDUH, 2015/2016).
Identified risk population(s): 18-25

Methamphetamine Use in the Past Year

The percentage of Idahoans 12 and older reporting methamphetamine use in the past year was lower than the national average in 2015/2016 (NSDUH, 2015/2016).

Heroin Use in the Past Year

The percentage of Idahoans 12 and older reporting heroin use in the past year was the same as national average in 2015/2016 and has increased between 2013 and 2016 (NSDUH, 13/14-15/16).

Other Drugs

Consequence

Drug-Induced Mortality per 100,000 Population

The drug-induced mortality rate was lower than the national average but increased between 2012 and 2016.
Identified risk population(s): Public Health District 6, Bonneville County, Bannock County, and non-Hispanics

All Drug Narcotic & Equipment Violation Arrest Rate per 1,000 Population

The drug narcotic & equipment violation arrest rate increased between 2012 and 2016 (NIBRS, 2012-2016).
Identified risk population(s): Clark County, Boise County, Valley County, and Payette County

Crack/Cocaine Arrest Rate per 1,000 Population

The crack/cocaine arrest rate increased between 2012 and 2016 (NIBRS, 2012-2016).
Identified risk population(s): Minidoka County

Amphetamines/Methamphetamines Arrest Rate per 1,000 Population

The amphetamine/methamphetamine arrest rate increased between 2012 and 2016 (NIBRS, 2012-2016).
Identified risk population(s): Payette County, Bingham County, Oneida County, and Shoshone County

Heroin Arrest Rate per 1,000 Population

The heroin arrest rate has increased between 2012 and 2016 (NIBRS, 2012-2016).
Identified risk population(s): Bannock County and Kootenai County

The indicators below do not include 5 or more points of data:

Needing but Not Receiving Treatment at a Specialty Facility for Illicit Drug Use in the Past Year

The percentage of Idahoans reporting needing but not receiving treatment at a specialty facility for illicit drug use in the past year was higher than the national average in 2015/2016 (NSDUH, 2015-2016).
Identified risk population(s): 18-25

Methamphetamine Treatment Rate per 1,000 Population

The rate of individuals entering publically funded treatment who reported methamphetamine as their primary drug upon treatment entry per 1,000 population increased between 2014 and 2016 (WITS, 2014-2016).

Heroin Treatment Rate per 1,000 Population

The rate of individuals entering publically funded treatment who reported heroin as their primary drug upon treatment entry per 1,000 population increased between 2014 and 2016 (WITS, 2014-2016).

Cocaine Treatment Rate per 1,000 Population

The rate of individuals entering publically funded treatment who reported cocaine as their primary drug upon treatment entry per 1,000 population increased between 2014 and 2016 (WITS, 2014-2016).

Other Drug Treatment Rate per 1,000 Population

The rate of individuals entering publically funded treatment who reported other drugs (including amphetamine, club drugs, hallucinogens, inhalants, non-prescription methadone, over-the-counter medications phencyclidine, and other drugs) as their primary drug upon treatment entry per 1,000 population decreased between 2014 and 2016 (WITS, 2014-2016).

Tobacco

Consumption

Tobacco Use in the Past Month

The percentage of Idahoans 12 and older reporting tobacco use in the past month was lower than the national average in 2015/2016 and decrease significantly between 2011 and 2016 (NSDUH, 11/12-15/16).
Identified risk population(s): 18-25

Current Cigarette Smoking among Adults

The percentage of Idaho adults reporting cigarette smoking in the past 30 days was lower than the national median in 2016 and has decreased significantly between 2012 and 2016 (BRFSS, 2012-2016).
Identified risk population(s): 25-34, those with less than a high school diploma, and who earn less than $25,000 annually

Frequent Cigarette Smoking Among High School Students

The percentage of Idaho high school students reporting smoking cigarettes on 20 or more days of the past 30 days was lower than the national average in 2015 and decreased significantly between 2007 and 2017 (YRBS, 2007-2017).

Current Smokeless Tobacco Use Among High School Students

The percentage of Idaho high school students reporting using smokeless tobacco products in the past 30 days was higher than the national average in 2015 but decreased significantly between 2007 and 2017 (YRBS, 2007-2017).
Identified risk population(s): Males and students who earn mostly C's

The indicators below do not include 5 or more points of data:

Current Tobacco Use Among High School Students

The percentage of Idaho high school students reporting using tobacco products (including cigarettes, smokeless tobacco, cigars, or electronic vapor products) in the past 30 days was lower than the national average in 2015 and has decreased between 2015 and 2017 (YRBS, 2015-2017).

Current Smokeless Tobacco Use Among Adults

The percentage of Idaho adults reporting current smokeless tobacco use was higher than the national median in 2016 and has increased between 2013 and 2016 (BRFSS, 2013-2016).
Identified risk population(s): Men

Current e-Cigarette Use among Adults

The percentage of Idaho adults reporting past 30-day e-cigarette use was lower than the national median in 2016 (BRFSS, 2016).

Current Electronic Vapor Product use Among High School Students

The percentage of Idaho high school students reporting using electronic vapor products in the past 30 days was higher than the national average in 2015 but decreased between 2015 and 2017 (YRBS, 2015-2017).
Identified risk population(s): Hispanic students and students who earn lower grades

Limitations

Consequence Indicators

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

High Risk Populations

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

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

Appendix A. Final Scores

Construct	Indicator	Data Source	Size	Seriousness	Capacity	Final Score
Alcohol Consumption						
Current use	Percent of students in grades 9-12 reporting use of alcohol in the past 30 days	YRBS	3.0	1.8	1.8	11.8
	Idaho gallons sales per capita	Liquor				
	Percent of adults (aged 18 or older) reporting use of alcohol in past 30 days	BRFSS				
Excessive Drinking	Percent of adults aged 18 and older reporting average daily alcohol consumption greater than two (male) or greater than one (female) per day in past 30 days	BRFSS	1.7	1.7	1.6	7.8
	Percent of students in grades 9-12 reporting 5+ drinks in a row within a couple of hours in the past 30 days	YRBS				
	Percent of adults (aged 18 or older) binge drinking of alcohol in past 30 days	BRFSS				
Alcohol Consequences						
Crime	DUI arrests per 1,000	IBRS	2.0	1.4	2.6	12.6
	Alcohol related arrests per 1,000	IBRS				
	Alcohol related crashes 1,000	ITD				
	Underage alcohol related arrests per 1,000	IBRS				
Alcohol Health Outcomes	Rate of alcoholic liver disease deaths per 100,000	VS	2.3	4.1	2.0	21.0
	Rate of Alcohol Induced Death per 100,000	VS				
	Percent report alcohol as primary substance of use upon treatment entry	TEDS				
	Percent of persons aged 12 and older reporting alcohol dependence/abuse	NSDUH				
Tobacco Consumption						
Use	Percent of students in grades 9-12 that smoked cigarettes on 20 or more days in the last 30 days	YRBS	2.0	1.7	2.7	14.2
	Percent of adults 18 and older who smoke everyday	BRFSS				
	Percent of adults ever using smokeless tobacco	BRFSS				

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

Appendix B. Definitions

Definitions

Lifetime use: Using at least once in one's lifetime.

Current use: Using at least once in the past 30 days.

Frequent smoking: Smoking on 20 or more of the past 30 days.

Heavy drinking: Drinking 7 or more drinks per week for females or drinking 14 or more drinks per week for males.

Binge drinking: drinking 4 or 5 drinks within a few hours for females and males, respectively.

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

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

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

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