

## Has the opioid epidemic reached Idaho? Not like what's seen back East

Idaho health officials hope a new source of federal funding will assist efforts to fight back against opioid addiction, overdoses and deaths.

But this state has yet to see the full brunt of the national opioid crisis. Just as methamphetamine use spiked in the West two decades ago and slowly moved to the East Coast, officials here fear the opioid epidemic will move west.

In 2015, 218 Idahoans died from overdoses, according to the national Centers for Disease Control and Prevention. More than 60 percent of the deaths were attributed to prescription painkillers and other opioids.

How does that compare to other states? That 2015 figure amounted to 14.2 drug-induced deaths per 100,000 Idahoans, the CDC says. In West Virginia the same year, that rate was 41.5 deaths per 100,000. New Hampshire, Kentucky, Ohio and Rhode Island all had rates exceeding 28 deaths per 100,000.

Drug overdoses are now the leading cause of accidental death among Americans, according to the American Society of Addiction Medicine. Last week, The New York Times estimated that drug overdose deaths across the country in 2016 likely exceeded 59,000 — a 19 percent increase over the 52,404 deaths recorded a year earlier. More than 20,000 of the 2015 deaths were related to prescription pain relievers and nearly 13,000 were related to heroin.

The Times did not offer any 2016 estimates for Idaho, and the CDC and the Idaho Department of Health and Welfare told the Statesman they won't have their 2016 figures available until this fall.

Last year, Congress approved \$1 billion in funding over two years to battle the opioid epidemic. Idaho has been awarded an initial \$2 million for what's been dubbed "Idaho's Response to the Opioid Crisis." The state could be eligible for an equal amount in the second year of funding.

"The overarching goal of the IROC grant project is to decrease the number of opiate-related deaths in Idaho," said Nicole Fitzgerald, interim administrator for the Idaho Office of Drug Policy. "Our hope is that the strategies we carry forward will address the opioid crisis by increasing access to treatment and recovery support services, reduce unmet treatment needs, and reduce opioid overdose-related deaths."

### ***How opioids work***

Prescription opioids such as oxycodone, hydrocodone and codeine work by binding to opioid receptors in the brain, reducing the intensity of pain and increasing a person's tolerance to pain.

Heroin, an opioid drug made from morphine, works the same way.

Another opioid that helps account for the difference in death rates is fentanyl, which is more potent and more deadly. Back East, it may be mixed into powdered heroin whether the person using it knows it or not. Ohio has been hit especially hard by the introduction of a version called carfentanil — an elephant tranquilizer deemed inappropriate for use in humans — that is 5,000 times stronger than heroin. On one day last summer in Akron, 17 people overdosed and one person died in a nine-hour span, the Times reported in its story.

As the Times, Fox News and others report, the western U.S. has historically seen heroin in a black tar form instead. Fentanyl is not a concern at the same level out here yet.

Methamphetamine and alcohol are the substances most commonly abused in Idaho, but prescription painkillers, heroin and other opioids are a growing worry, said Rosie Andueza, manager of the Substance Use Disorders Program operated by Idaho Health and Welfare.

The severity varies across the state. The Idaho Falls Fire Department told the Post Register in a story published last week that its paramedics respond daily to drug-related medical emergencies. There, more overdoses are seen in the spring and summer.

The drug naloxone has gotten much recent attention as a way to reverse the effects of an opioid overdose, with police across Idaho often starting to carry it. But Ada County Paramedics have stocked it since the 1980s.

Last year, the ambulance group administered the drug 157 times. At an average dosing rate of 1.4 per patient, that works out to about 112 patients throughout the year. That was an increase of about 10 patients from 2015 and 18 from 2014.

Two weeks ago, Andueza attended a national conference and was sitting next to her counterpart from Ohio when the woman got a troubling email.

“She goes, ‘Well, we had another 14 overdose deaths from a small county last night,’ “ Andueza recalled. The woman said she sometimes gets similar emails a couple of times a day.

“Clearly, we’re not anywhere near that. But we want to get out ahead of it,” Andueza said of Idaho.

## ***Idaho’s plan***

A portion of the money provided to Idaho by the federal government will pay for in- and outpatient treatment for at least 250 people with substance use disorders. It will pay for services for folks not covered by private insurance or Medicaid.

“I think it’s going to be one of those things where if we build it, people will come,” Andueza said.

Health and Welfare hopes to have the program up and running by at least August, she said. People needing help can call BPA Health at 800-922-3406 for a screening.

The program will combine counseling services with the medications methadone and Suboxone, used successfully to treat many people dependent upon opioids. It will also use recovery coaches, people who have recovered from substance-use disorders, to encourage others along a path they have followed.

“In Idaho, the way we’ll do it will be medication in addition to traditional clinical treatment. So folks won’t be able to just go in and get the medication without also being actively engaged in their treatment,” Andueza said.

There have been similar projects. Last year, Terry Reilly Health Services in the Treasure Valley received \$352,053 through a different federal program to provide medication-assisted treatment for those on opioids.

The grant will also provide money for the Idaho Board of Pharmacy to create a quarterly report card sent to professionals prescribing controlled substances. It will detail each medical professional’s prescribing history, including their ranking compared to the “average” prescriber of the same specialty.

Andueza isn’t under any delusions that the new federal funds will solve all of Idaho’s opioid problems. But they will be a good start, she said.

“I don’t think we’re going to wipe out the opiate problem in Idaho. But what the feds are really looking at with this money is a reduction in deaths due to opiates. If we can bring that needle down — we won’t get it to zero — but if we can bring the needle down, I’d call that a success,” Andueza said.

But as the use of one substance goes down, another could spring up, she said.

“In some parts of the country, cocaine is making a resurgence,” she said.

Ten percent of the U.S. population suffers from substance use disorders, Andueza said. Education is the key to keep fewer people from going down that path, she said.

“I don’t think we’ll ever eradicate addiction, but I think by efforts like this we’re going to actually help save lives and hopefully help stop people from going down that path in the first place,” she said. “These things can take a long time. Sometimes it takes the person who is using several attempts before they get it.”

## ***Action in the Statehouse, at the White House***

Idaho’s Legislature this year tweaked the state’s prescription monitoring law by requiring pharmacists to register with a monitoring program maintained by the state Board of Pharmacy.

The program was implemented in 1997 as a way to identify possible abuse by those obtaining prescription drugs. Doctors across the state are required to submit records on controlled substances they prescribe, one way to see if patients are obtaining prescriptions from multiple physicians.

The database was a source of evidence in one of the Treasure Valley’s better-known recent cases of a physician convicted of improperly prescribing painkillers. Federal prosecutors said Dr. Michael Minas went from

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**by John Sowell**  
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a caring doctor beloved by his patients to one who took in new patients so sketchy that even his office workers knew they were coming in just for a prescription fix.

Overprescribing by doctors — giving patients more potent doses over a longer period of time — is a concern, said state Sen. Maryanne Jordan, D-Boise and a member of the Senate Health and Welfare Committee.

“That tends to be a big part of the problem,” Jordan said. “We want to find ways to both help patients manage pain legitimately but not overprescribe to a point where people are using these longer than they should be.”

And she expects the Legislature to remain involved.

At the federal level, President Donald Trump promised during his campaign to take aim against drugs and to fund programs to rid the streets of heroin and other opioids.

Since taking office, Trump has created a commission on drug addiction led by New Jersey Gov. Chris Christie. Among other things, it will study the scope and effectiveness of the federal response to drug addiction and the opioid crisis and recommend improvements. The group held its first meeting Friday.

But reaction by health care advocates to other developments has been mixed. Testimony at that first commission meeting included criticism of proposals to cut Medicaid. Advocates said it serves demographics heavily affected by the opioid epidemic, reports STAT, a news site operated by the parent company of the Boston Globe.

An early Trump administration budget draft would have cut the White House Office of National Drug Control Policy by 95 percent, the logic being that it duplicates efforts elsewhere in the government. After an outcry, the president’s official budget proposed a far smaller cut.

Trump has reiterated that he wants to battle the drug problem.

“We want to help those who have become so badly addicted. Drug abuse has become a crippling problem throughout the United States,” Trump said in March. “This is a total epidemic and I think it’s probably, almost un-talked about compared to the severity that we’re witnessing.”

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