

Treasure Valley - Community **Profile of Substance Use Epidemiology**

Executive Summary

This profile is an attempt to gain better understanding of substance use and abuse patterns within a specific geographic area. The profile relies mainly on four potential sources of data for information on substance users; a statewide survey containing self-reported data on substance use, treatment admissions data, drug-related arrest data, and mortality data. While all of these information sources are good they do have limitations. As such this profile should be combined with other data sources (e.g., local experts, other archival data) to provide a more thorough basis for understanding substance use practices within the specific geographic area of the Treasure Valley.

The Treasure Valley (defined here as Ada and Canyon counties) is the most populous and diverse area of the state. Despite the area's larger population, per capita substance use indicators are generally below state averages. The two exceptions (statistically, neither is significantly higher than the state) are self-reported illicit drug use and binge drinking. However, both of these measures have decreased from the previous year.

Treatment admissions for alcohol are slightly increasing yet trends in alcohol induced mortality and self-reported heavy drinking are stable. While smoking attributed mortality appears to be well below the state rate the percentage of self-reported current smokers in the Treasure Valley is slightly increasing, and now nearly equal to the state average. As such, the pattern of smoking in the Treasure Valley is worthy of closer monitoring.

While several illicit drug indicators are increasing in the Treasure Valley no single substance can be attributed to this overall pattern. As stated previously, the percentage of persons reporting illicit drug use is decreasing in the Treasure Valley. Treatment admissions for methamphetamine and marijuana are steadily increasing. Treatment admissions however often reflect earlier trends in drug related arrests. Treasure Valley arrests for both these drugs were increasing in the past, with the rate of methamphetamine and marijuana arrests exceeding the state rate in 2006. However, methamphetamine arrests actually decreased in 2006 (Appendix 1). Marijuana arrests have fluctuated but spiked sharply in 2006 (Appendix 1). The drug induced mortality rate has also been increasing in the Treasure Valley and now equals the state rate. Treasure Valley data on what substances were associated with these deaths are not currently available. However, when looking at substances mentioned statewide methadone, benzodiazepines, and morphine all have seen sharp increases while mentions of methamphetamine have dropped notably (Appendix 2).

Geography and Demography

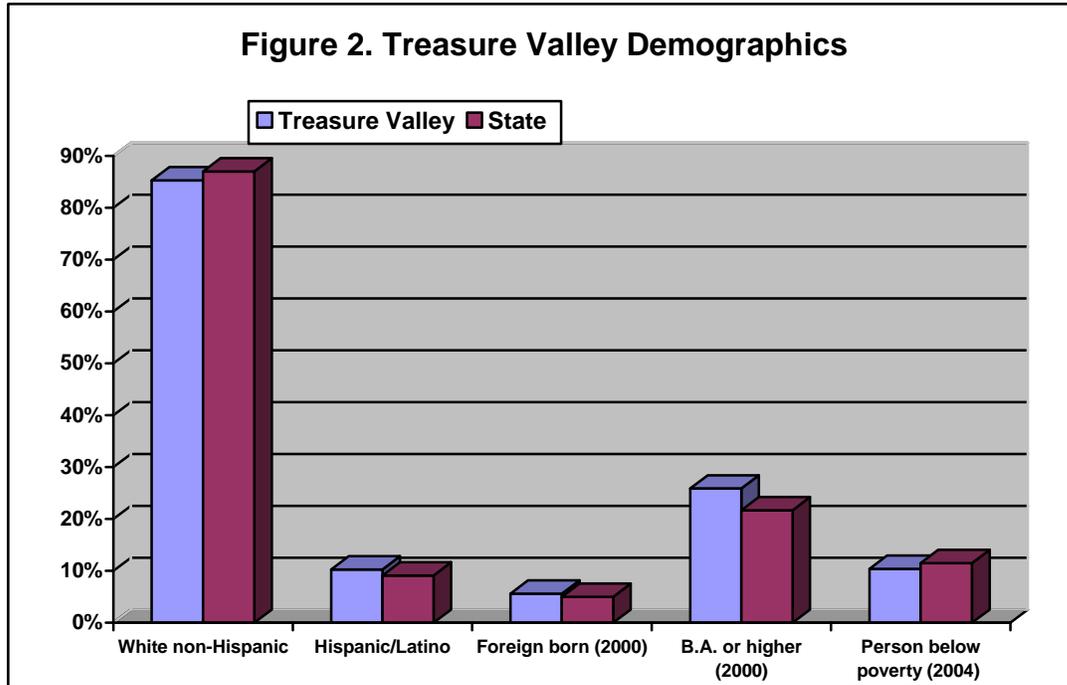
Located in the Southwestern portion of Idaho, the Treasure Valley (defined as Ada and Canyon counties for the purposes of this profile) is the most populated area of the state. Approximately 36% (532,337) of the state's population resides in the Treasure Valley. The area has a population density roughly three times higher than any other county in the state. Despite its comparatively higher population, the Treasure Valley still retains its agriculture and rural roots. Nearly 47% of the Treasure Valley's 1,644 square miles are designated as farmland (from 2002 data, Dept. of Commerce county profiles). The labor market is among the most diverse in the state with most jobs in the retail, manufacturing, and healthcare sectors.

Figure 1. Treasure Valley in relation to largest Idaho cities (pop. 25K+, based on 2006 census estimates)



Based on 2006 census estimates, Idaho's three largest cities (Boise, Nampa, and Meridian) lie in the Treasure Valley. The area has experienced 23% growth in population since 2000. Although Ada and Canyon counties together make up the

Treasure Valley, demographically the two counties are often polar opposites. Canyon county’s population is younger (30.1 <18 years old vs. 25.9%), more diverse (20.5% Hispanic vs. 6.0%), and poorer (13.2% below poverty vs. 9.1%) than Ada county. However, when combined, demographics for the two Treasure Valley counties are similar to statewide figures.



Alcohol and Other Drug Use

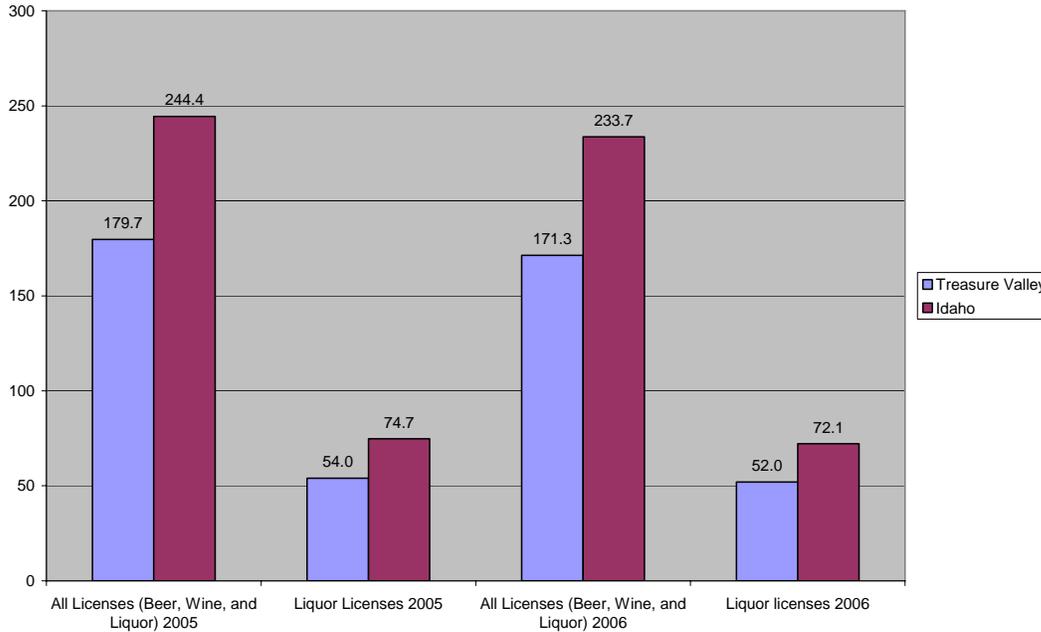
Alcohol Use

Alcohol Retail Sales Licenses

The number of retail alcohol licenses is a valuable measure of the availability of alcohol in a county. Various researchers have found an association between the density of alcohol licenses and alcohol related crime and injuries. However this is not a simple one to one relationship, multiple additional factors are involved (i.e., social acceptance of drinking) in this process. This measure indicates the number of retail alcohol licenses held by retail outlets such as grocery stores, restaurants, and wine shops (*State liquor outlet stores are not included*).

Despite having the highest overall number of alcohol licenses in the state, the per capita rate of alcohol licenses (per 100,000 population) in the Treasure Valley declined slightly in 2006 (both for ‘all licenses’ and ‘liquor licenses’). In 2006, the Treasure Valley had 171 alcohol licenses per 100,000 population, much lower than the state rate of 233 per 100,000 population.

Figure 3. Rate of Alcohol Licenses in Treasure Valley Per 100,000 Population



Rates based on data supplied by Idaho State Police Alcohol and Beverage Control Bureau (2005-2006)

Other Drug Use

The stigmatized nature of illicit drug use makes data on drug users difficult to obtain. Because of this it is recommended that multiple sources of data be used to determine the extent and nature of drug-using behaviors in an area. The most widely used approach is to combine both existing data (often administrative data) with surveys. Surveillance of existing data reflect consequences of use (e.g., substance abuse treatment, arrest reports, mortality and infectious disease information) and can provide information on general drug-use patterns within a population. Since these data are not population based it is difficult to accurately develop prevalence rates from them. However, looking at these data over time can highlight where drug abuse patterns exist and how they spread within, and across, geographic areas. Survey data is usually population based and can provide information on the prevalence of drug use in the population.

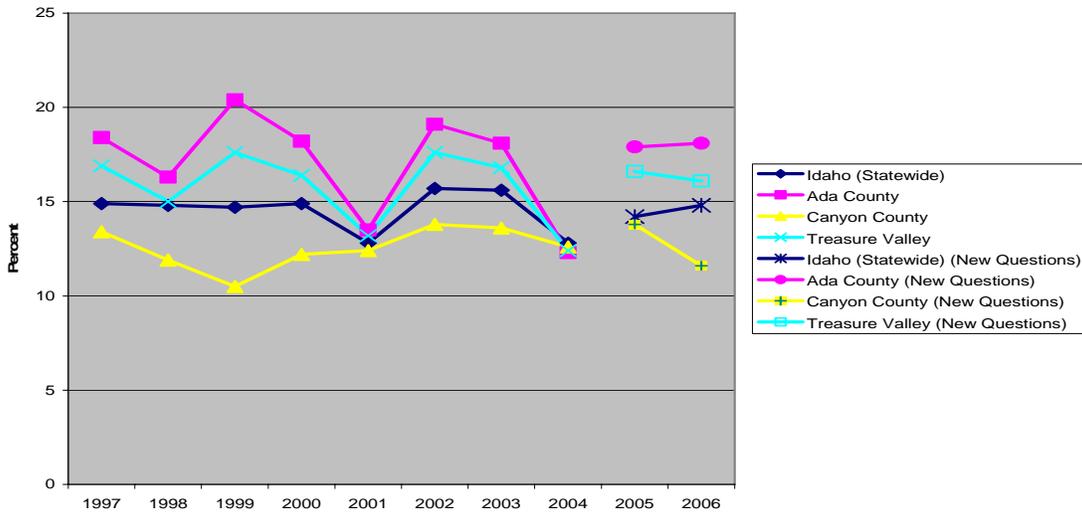
Survey Data

Estimates of substance use prevalence in the Treasure Valley come from the statewide Behavioral Risk Factor Surveillance System (BRFSS) survey. This telephone-based survey contains several substance use related questions that can be analyzed at the county level. It should be noted that due to the hidden nature of substance use, in particular illicit drug use, these behaviors are often underreported in surveys. Research has shown that telephone and mailed surveys yield the lowest rates of reported drug use among household members.

Binge drinking in Idaho has historically been equal to or slightly below the national average. The Treasure Valley (in particular Ada County) has often had a higher reported

percentage of the population binge drinking than the statewide average. This pattern has continued with the more inclusive BRFSS definition of binge drinking first used in 2005.

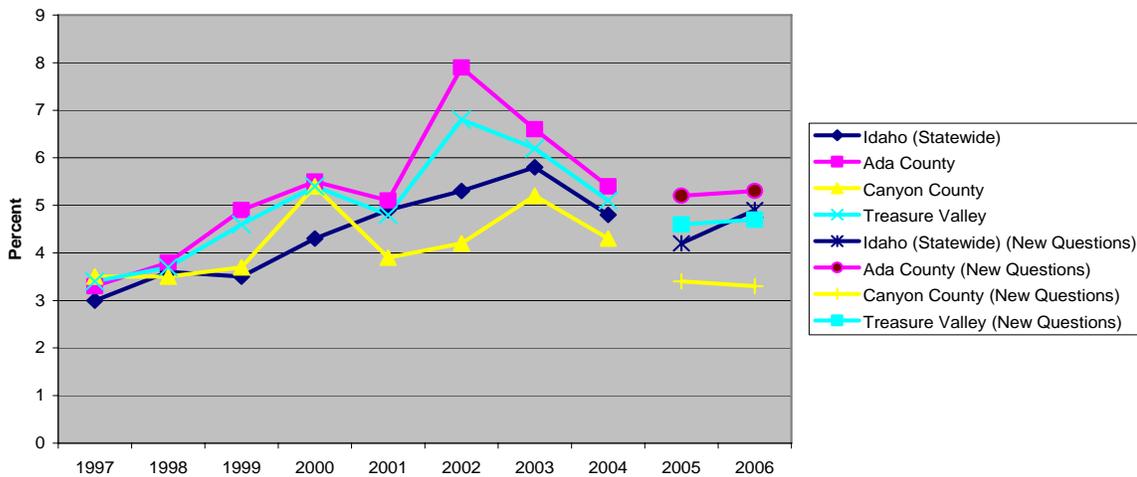
Figure 4. Binge Drinking In Treasure Valley (1997-2006)



Source: Idaho Behavioral Risk Factor Surveillance System (BRFSS), 1997-2006. Idaho Department of Health and Welfare, Bureau of Vital Records and Health Statistics, October 2007. Wording Changes to Survey questions make data prior to 2005 not comparable with 2005 and later. 1997-2004: Males and Females: ≥ 5 alcoholic beverages on one occasion in prior 30 days. 2005-2006: Females: ≥ 4 alcoholic beverages on one occasion in prior 30 days. Males: ≥ 5 alcoholic beverages on one occasion in prior 30 days.

Treasure Valley (and again Ada county) is also higher than the state with respect to those reporting heavy drinking. Although by 2006 all three areas are nearly equal. Of note, despite a definition change expanding the potential number of females who could qualify as ‘heavy drinkers’, heavy drinking has remained nearly equal to or below 2004 levels. This is the result of a corresponding decline in males reporting binge drinking in 2005.

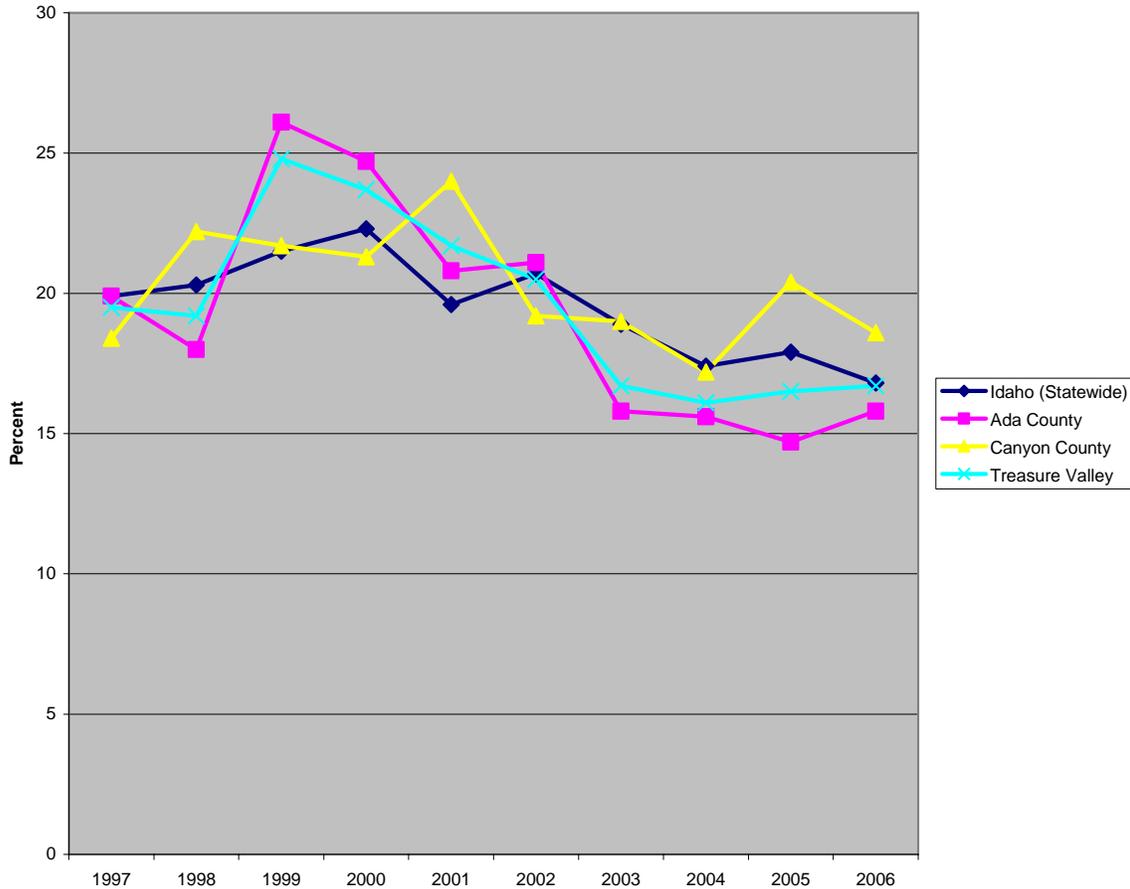
Figure 5. Prevalence of Heavy Drinking (1997-2006)



Source: Idaho Behavioral Risk Factor Surveillance System, 1997-2006. Idaho Department of Health and Welfare, Bureau of Vital Records and Health Statistics, October 2007. Wording Changes to Survey questions make data prior to 2005 not comparable with 2005 and later. 1997-2004: Males and females: > 60 alcoholic beverages in prior 30 days. 2005-2006: Females: > 30 alcoholic beverages in prior 30 days. Males: > 60 alcoholic beverages in prior 30 days.

Idaho has historically been significantly lower than the U.S. with respect to the percent of current smokers. After a five-year decline, the last two years has seen a slight increase among reported current smokers in the Treasure Valley. In contrast to the pattern seen with alcohol, Canyon County, since 2003, has a higher percentage of those reporting to be current smokers than Ada County.

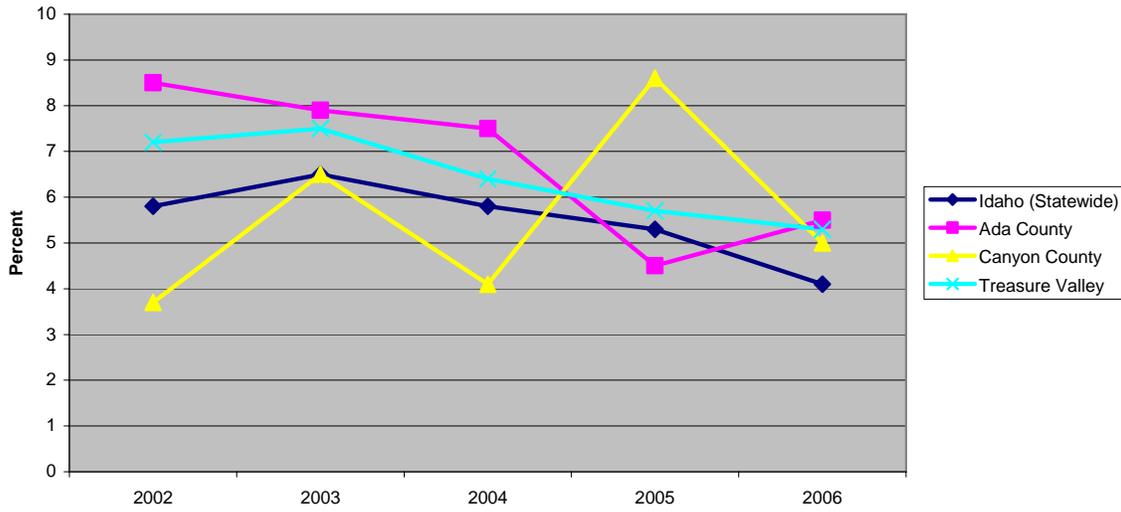
Figure 6. Smoking Prevalence In Treasure Valley (1997-2006)



Source: Idaho Behavioral Risk Factor Surveillance System, 1997-2006. Idaho Department of Health and Welfare, Bureau of Vital Records and Health Statistics, October 2007.

The percentage of Idahoans reporting illicit drug use has steadily declined since 2003. The Treasure Valley has followed a similar trend, with about a percentage point higher than the state average reporting illicit drug use. Both Ada and Canyon County have fluctuated greatly on this measure, with a decrease in one county often being met with a marked increase in the other.

Figure 7. Prevalence of Illicit Drug Use (2002-2006)



Source: Idaho Behavioral Risk Factor Surveillance System, 1997-2006. Idaho Department of Health and Welfare, Bureau of Vital Records and Health Statistics, October 2007.

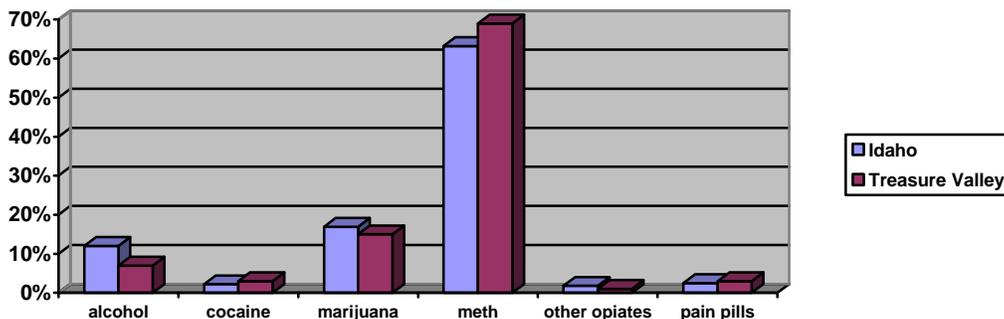
Alcohol and Drug Treatment Services

Treatment Services

There are 20 treatment providers that serve the Treasure Valley area. The majority of these providers (16) are in the cities of Boise and Caldwell. The types of services available include inpatient and outpatient treatment for youth and adults. There is currently no opiate substitution program for heroin dependent individuals available in the area, the closest being in Ontario, Oregon. Medically supervised detoxification for alcohol and drugs is only available in the Boise area.

There are two drug courts available in the Treasure Valley, one in Boise and one in Nampa. In 2007, nearly half of the state’s drug court participants were from the Treasure Valley drug courts. A slightly higher percentage of drug court participants in the Treasure Valley reported methamphetamine as their primary drug of choice than those statewide.

Figure 8. Drug court participants by primary drug of choice, FY2007



Source: Idaho Statewide Trial Court Automated Record System (ISTARS), Idaho Supreme Court

Treatment Admissions

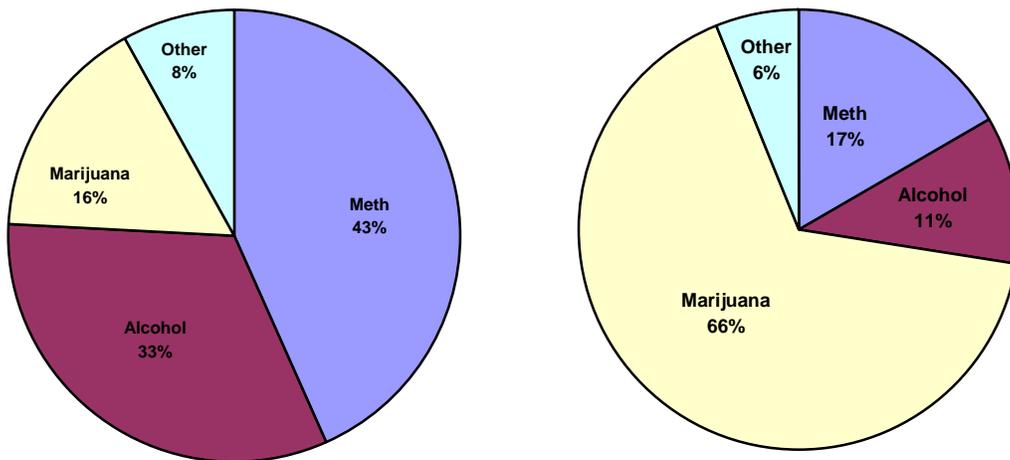
Treatment admission data is available at the county level, and can be useful in understanding patterns of substance use. However, it is important to note that admission data can be influenced by many factors including; treatment availability, treatment demand (self-referral and court referrals), changes in administrative policies (locally and statewide), funding, and availability of outreach or intervention programs.

Although the above factors limit its use, an advantage of treatment data is that it is a generally good indicator of the types of drugs being used in an area, and can show changes in patterns over time. One disadvantage is that treatment data cannot readily be used to make prevalence estimates for a geographic area because most users do not seek or are unable to obtain treatment.

Treatment data can be compared with data from other areas. However again, one cannot for instance assume from treatment data that County A has a larger methamphetamine problem than County B because of its higher treatment admission rate. County A may simply have outreach programs targeted specifically to bring methamphetamine users into treatment. Important programmatic differences such as this however stand to go unnoticed if comparisons of treatment data are never made.

Overall, methamphetamine is the most common drug treated in the Treasure Valley, followed by alcohol and marijuana (based on primary drug of choice). Admission rates for all these drugs are lower than the state average. Methamphetamine slightly edges out alcohol for adult treatment admissions while marijuana dominates youth treatment

Figure 9. 2007 Adult and youth treatment admissions for the Treasure Valley (primary drug of choice)
Adult Treatment Admissions 2007 Youth Treatment Admissions 2007

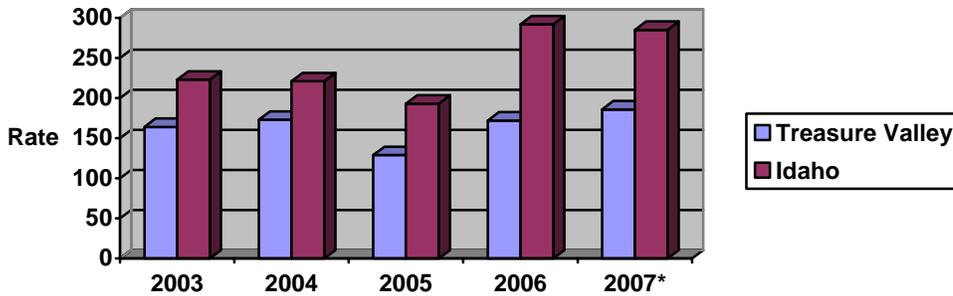


admissions. Heroin, ‘Other Opiates’, and cocaine treatment admissions were infrequent for both groups in 2007.

Alcohol

The rate of adult alcohol admissions in the Treasure Valley has held fairly steady despite a recent increase in admissions statewide (which is itself possibly a result of the state treatment system expanding into new areas outside of the Treasure Valley).

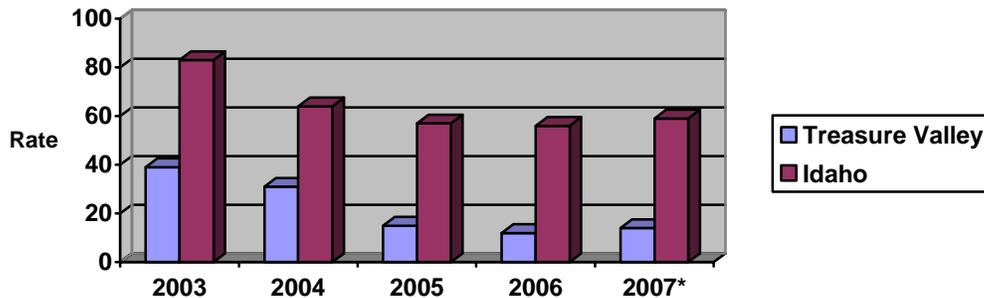
Figure 10. Adult Alcohol Treatment Admissions (Per 100,000 pop.)



Source: rates based on data from IDHW substance abuse data warehouse. *- 2007 census estimates are not yet available. To create one, population growth estimates between 2005 and 2006 were held constant.

Youth alcohol treatment admissions are relatively small in number, however in the Treasure Valley youth admissions have remained well below the State rate since 2003.

Figure 11. Youth Alcohol Treatment Admissions (Per 100,000 pop.)

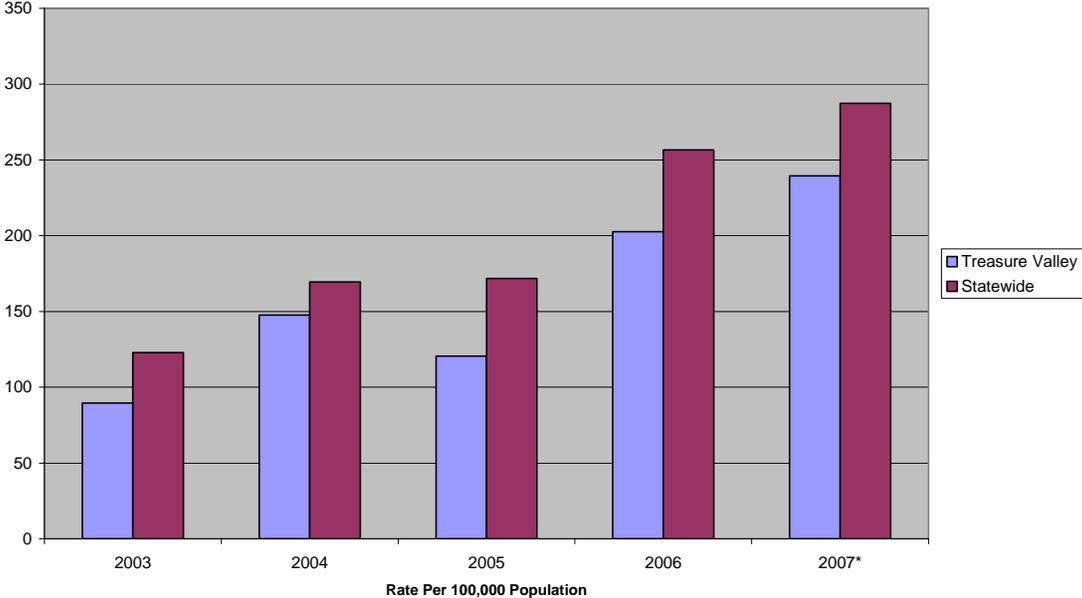


Source: rates based on data from IDHW substance abuse data warehouse. *- 2007 census estimates are not yet available. To create one, population growth estimates between 2005 and 2006 were held constant.

Methamphetamine

Adult methamphetamine admissions in the Treasure Valley are well above alcohol admissions. Methamphetamine admissions for adults have risen dramatically, both statewide and in the Treasure Valley, since 2005 (the fiscal year preceding an expansion of services and a year in which substance abuse programs experienced a budget shortfall).

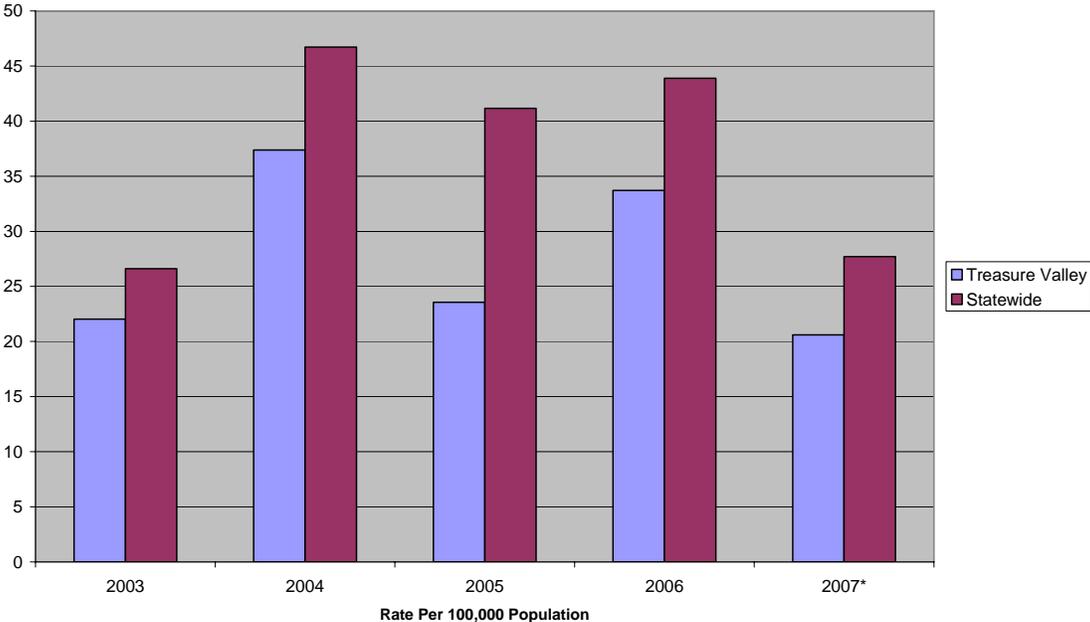
Figure 12. Adult methamphetamine treatment admissions



Source: rates based on data from IDHW substance abuse data warehouse. *- 2007 census estimates are not yet available. To create one, population growth estimates between 2005 and 2006 were held constant.

Youth methamphetamine admissions in the Treasure Valley have remained low, and below the state average. The low numbers contribute to unstable rates and no discernible trend.

Figure 13. Youth methamphetamine treatment admissions

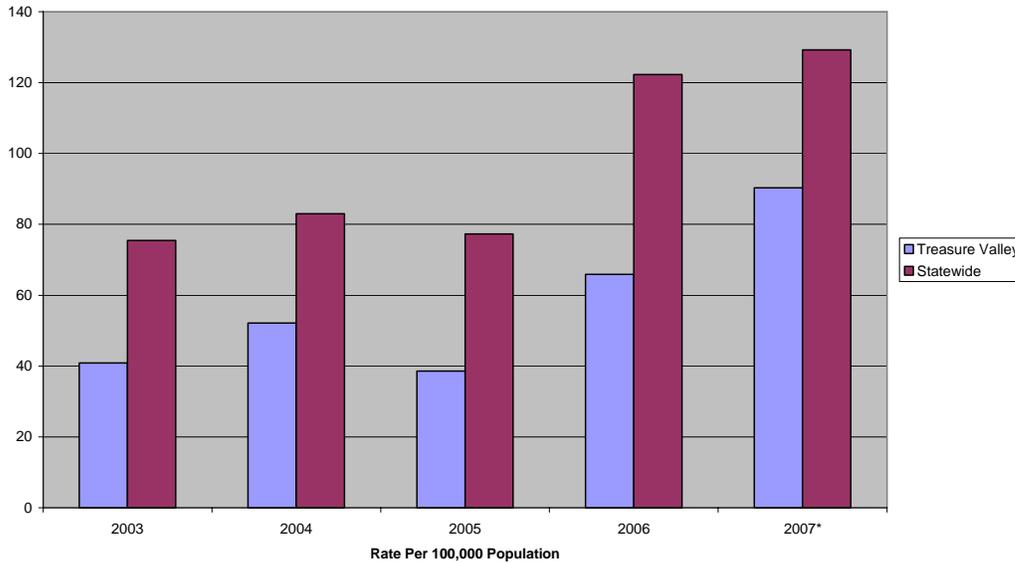


Source: rates based on data from IDHW substance abuse data warehouse. *- 2007 census estimates are not yet available. To create one, population growth estimates between 2005 and 2006 were held constant.

Marijuana

Following the same pattern as adult alcohol and marijuana admissions, Treasure Valley marijuana admissions have greatly increased in the last two years. The Treasure Valley’s rate is still substantially lower than the state rate.

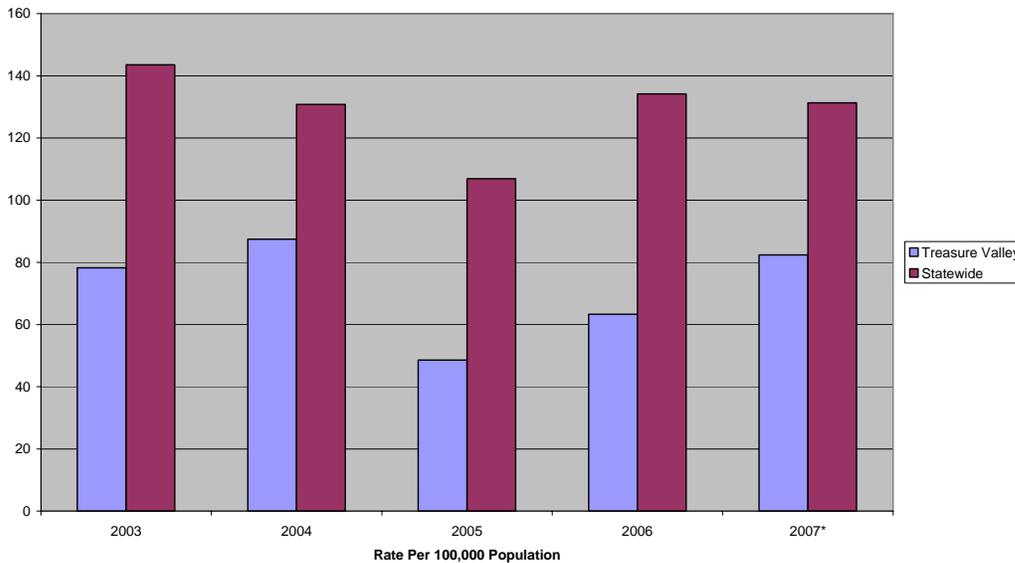
Figure 14. Adult marijuana treatment admissions



Source: rates based on data from IDHW substance abuse data warehouse. *- 2007 census estimates are not yet available. To create one, population growth estimate between 2005 and 2006 were held constant.

In contrast to alcohol and methamphetamine, Treasure Valley youth admission rates for marijuana are nearly identical to those of adults. While still well below the state rate, rates for marijuana are much higher than youth admission rates for any other substance.

Figure 15. Youth marijuana treatment admissions



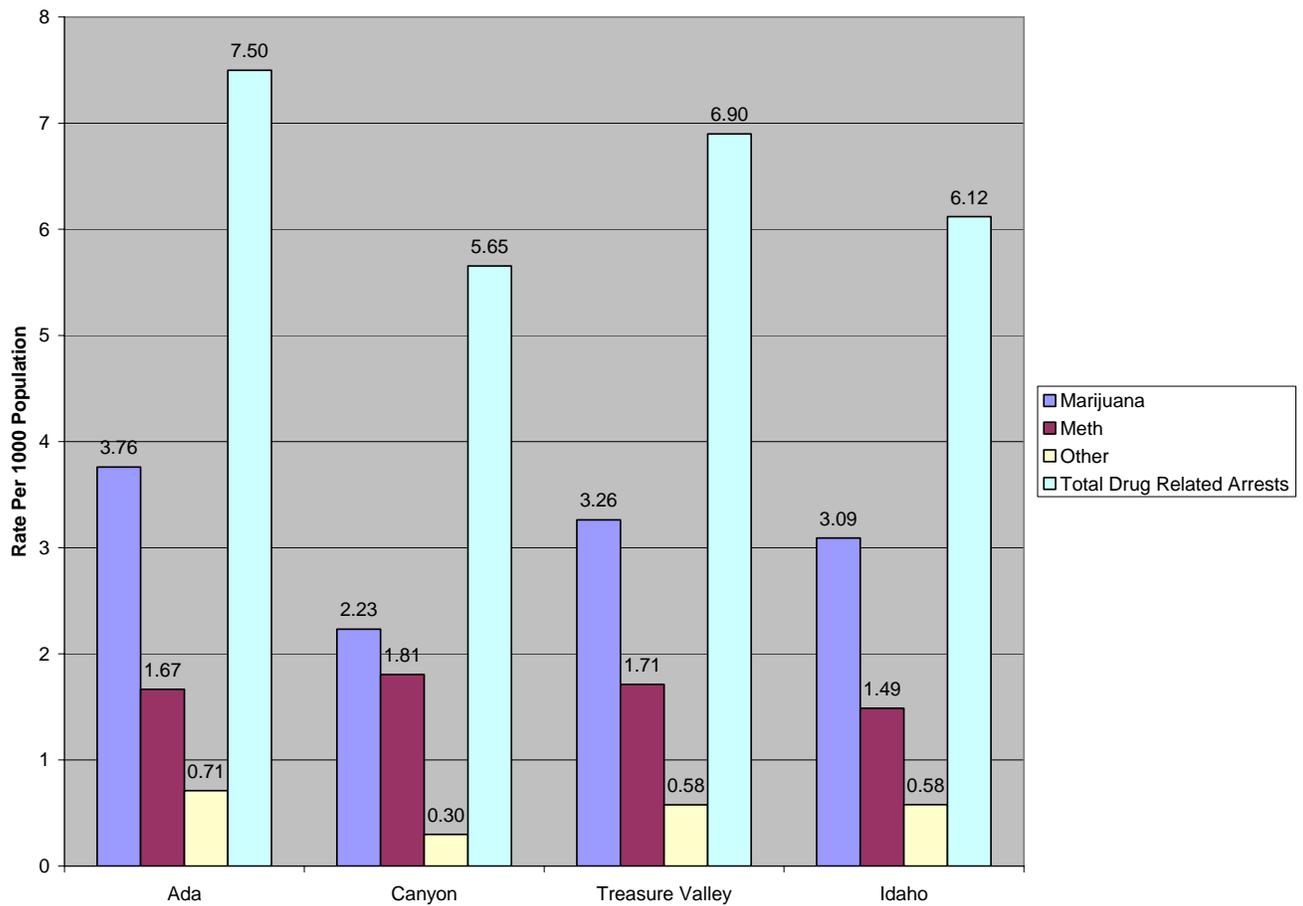
Source: rates based on data from IDHW substance abuse data warehouse. *- 2007 census estimates are not yet available. To create one, population growth estimate between 2005 and 2006 were held constant.

Crime

Substance Use Related Arrests

As with the sources of data discussed previously, there are several limitations to be aware of when examining crime data. A key point to keep in mind is that crime data, even drug related data, is not an accurate measure of a geographic area's drug prevalence. This is because many people arrested for other types of crimes, or those not arrested at all, use drugs. This data represents a measure of drug related criminal activity. Substance use related arrests are dependent on the actual magnitude of crime as well as law enforcement concentration (e.g., number of officers, changes in policy).

Figure 16. Rate of Drug Related Arrests, Idaho State Police (2006)



The 'Other' category includes cocaine, hallucinogens, depressants, heroin, and unknown drugs. Drug Related Arrests are arrests in which a drug or drug equipment was seized. Note, there are multiple arrest counts per incident. Thus, there may be 5 arrests but only one seizure. However, the seizure is counted 5 times (once for each arrest).

In 2006, the rate of total drug related arrests, marijuana related arrests, and methamphetamine related arrests were slightly higher in the Treasure Valley than in the state overall. However, when the component counties of the Treasure Valley (Ada & Canyon) were analyzed striking differences were identified. At the county level, Ada County posts 22.5% higher rate of drug related arrest as compared to the state rate. The marijuana arrest rate is 21.6% higher in the Ada County than the state rate. The arrest

rate for the “Other” category (includes cocaine, hallucinogens, depressants, heroin, and unknown drugs) is 22.6% higher in Ada County as compared to the state rate. By comparison, rates of marijuana arrests and “other” arrests in Canyon County are below the state rate. The methamphetamine arrest rate is 21% higher in Canyon County than the state rate.

Health Impact of Substance Use

Mortality

Mortality data is an excellent source of information about drug related mortality patterns and trends. There are however limitations in interpreting mortality data. Guidelines dictate, for instance, which deaths are investigated by medical examiners/coroners (only about 20% of all U.S. deaths are investigated). Death classification is not highly standardized so discrepancies and non-reporting can occur. A death may be classified as substance related based on presumption, confirmation by tests, or may even go unmentioned to spare feelings of the family. Alcohol induced deaths in the Treasure Valley are lower than the overall state rate. From 1999 to 2006, the average rate of alcohol induced deaths in the state was 8.8 per 100,000 and 6.9 in the Treasure Valley was 6.9 per 100,000.

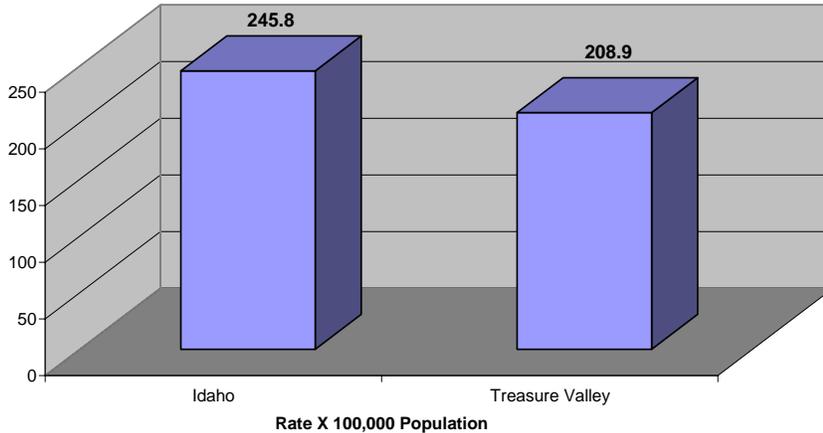
Figure 17. Alcohol Induced Death Rate In Treasure Valley Per 100,000 Population (1999-2006)



Data Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (November 2007)¹.

Smoking has been attributed to be the catalyst for a wide range of causes of death, including selected cancers, circulatory system diseases, and respiratory system diseases. The rate of smoking attributable deaths in the Treasure Valley is 15% less than the state overall.

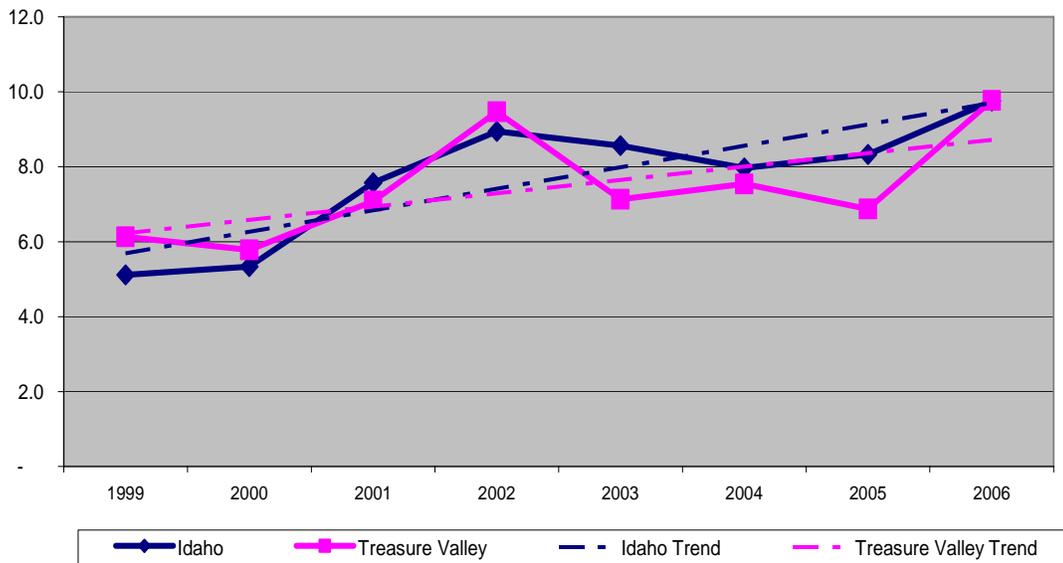
Figure 18. Idaho Smoking Attributable Mortality (SAM) 2002-2006



Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (November 2007)².

The rate of drug induced deaths in the Treasure Valley and in Idaho are similar. From 1999 to 2006, the average rate of drug induced deaths in the state has been 7.7 per 100,000. During that same period, the average rate of drug induced deaths in Treasure Valley has been 7.5 per 100,000.

Figure 19. Drug Induced Death Rate In Treasure Valley Per 100,000 Population (1999-2006)



Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (November 2007)³.

Notes

¹ *Alcohol induced deaths*- The list of codes included in alcohol-induced causes was expanded in 2003 to be more comprehensive. ICD-10 codes: E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K86.0, R78.0, X45, X65, and Y15. Alcohol-induced deaths include mental and behavioral disorders due to alcohol use, degeneration of nervous system due to alcohol, alcohol polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, alcoholic liver disease, findings of alcohol in blood, accidental poisoning by and exposure to alcohol, intentional self-poisoning (suicide) by and exposure to alcohol, and poisoning by and exposure to alcohol, undetermined intent. Alcohol-induced deaths do not include accidents such as falls and motor vehicle crashes, homicides, and other causes indirectly related to alcohol use. This category also excludes newborn deaths associated with maternal alcohol use.

Source: Estimates for 1999 are based on the 1990 Census, Internet release date August 30, 2000. 2000 Census: U.S. Bureau of the Census, Internet release date August 1, 2001. Estimates for 2001-2006 are based on the 2000 Census, U.S. Census in collaboration with the National Center for Health Statistics, Internet release dates August 8, 2003, August 18, 2004, September 9, 2005, August, 2006 and August 16, 2007.

² *Smoking attributable mortality*- The absence of death certifications of complete and reliable data on smoking requires the use of estimation techniques to approximate the extent of smoking-attributable deaths. Estimation methods based on the concept of attributable risk, while not precise, may at least provide a general indication of the extent of such deaths. Smoking-attributable deaths are derived by multiplying a smoking-attributable fraction by the number of deaths aged 35+ in specified cause of death categories. These categories are comprised of selected malignant neoplasms (cancer), circulatory system diseases, and respiratory system diseases. It does not include burn or second-hand smoke deaths.

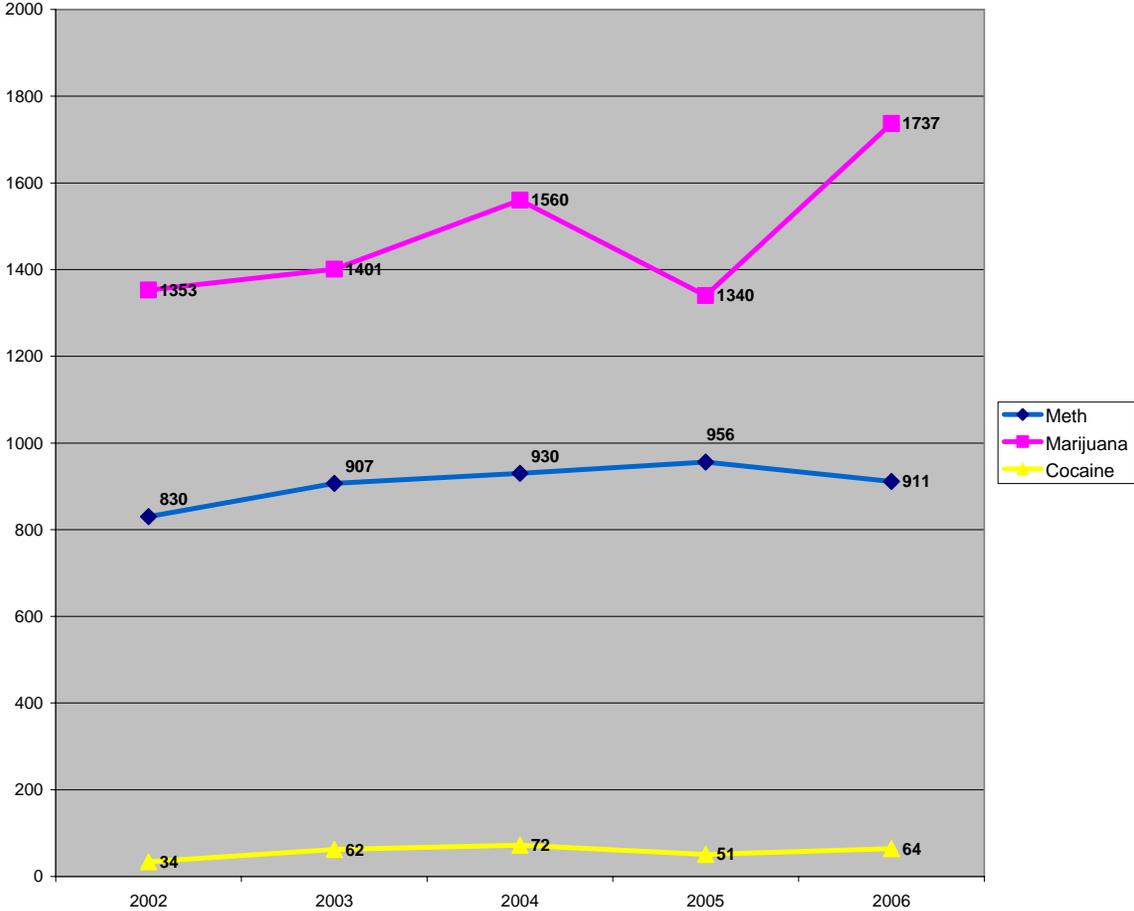
Source: Smoking attributable mortality calculations are based on a smoking-attributable fraction (SAF). Relative-risk data from the American Cancer Society's Cancer Prevention Study (CPS-II) 1982-1988 were selected for use, as they have been widely used for similar analysis. The data from CPS-II established the age groups (35+, or 35-64 and 65+) and the classification of smokers (current, former, and never) for which smoking prevalence data were required. Idaho's average-annual prevalence rates for smoking for 2002-2006 were provided by the Behavioral Risk Factor Surveillance System (BRFSS). Interpretation: Of the 2,975 select malignant neoplasm deaths to males 35+ in Idaho from 2002-2006, 1,974 (66.4 percent) were attributed to smoking. This accounted for 40.8 percent of all of the smoking-attributed deaths to males 35+.

³ *Drug induced deaths*- The list of codes included in drug-induced causes was expanded in 2003 to be more comprehensive. ICD-10 codes: D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E27.3, E66.1, F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2-J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M80.4, M81.4, M83.5, M87.1, R78.1-R78.5, X40-X44, X60-X64, X85, and Y10-Y14. Drug-Induced deaths include deaths due to drug psychosis; drug dependence; nondependent use of drugs not including alcohol and tobacco; accidental poisonings by drugs, medicaments, and biologicals; intentional self-poisoning (suicide) by drugs, medicaments, and biologicals; assault (homicide) by 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 such as falls and motor vehicle crashes, homicides, and other causes indirectly related to drug use. Also excluded are newborn deaths associated with mother's drug use.

Source: Estimates for 1999 are based on the 1990 Census, Internet release date August 30, 2000. 2000 Census: U.S. Bureau of the Census, Internet release date August 1, 2001. Estimates for 2001-2006 are based on the 2000 Census, U.S. Census in collaboration with the National Center for Health Statistics, Internet release dates August 8, 2003, August 18, 2004, September 9, 2005, August, 2006 and August 16, 2007.

Appendix 1

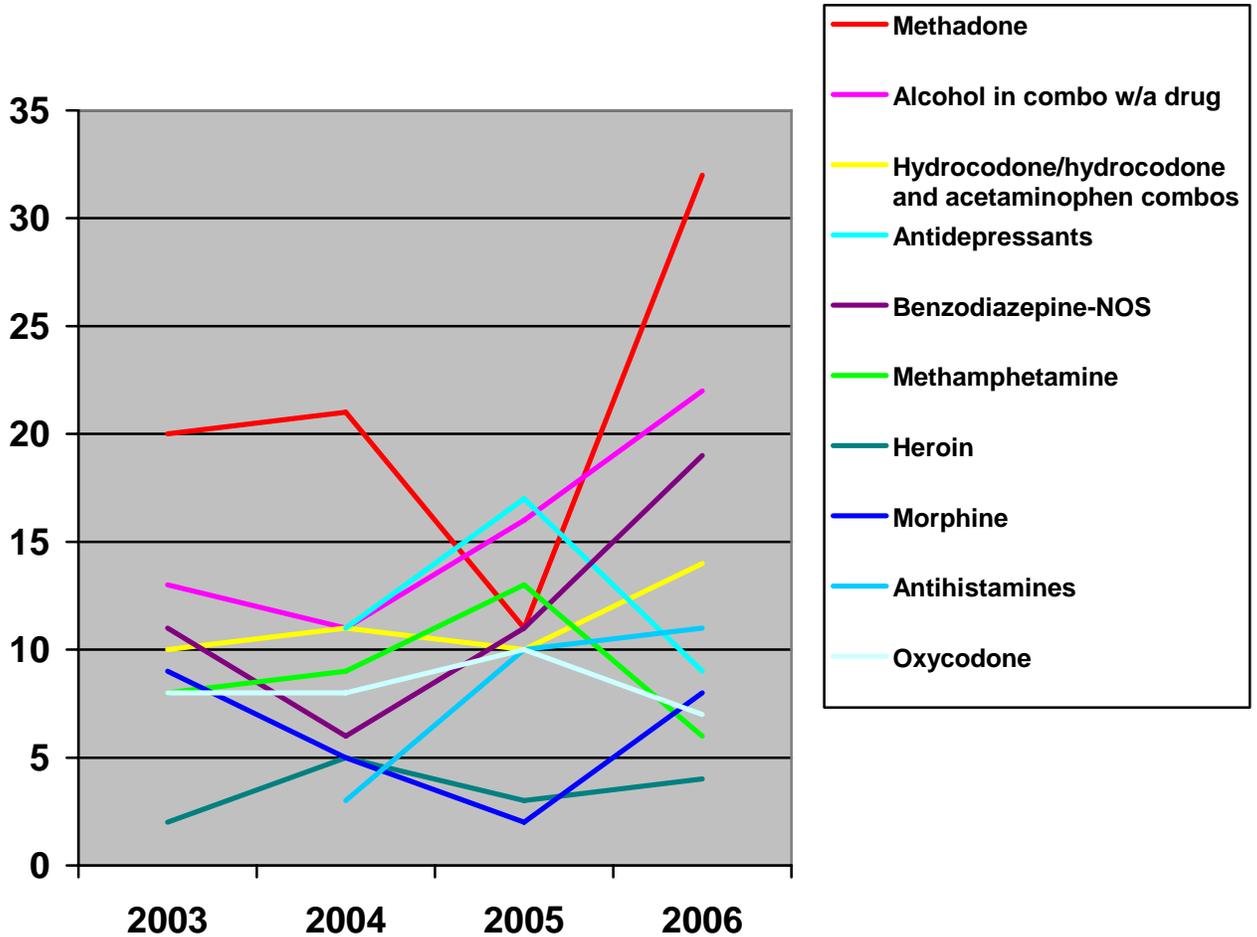
Number of Idaho State Police (ISP) Drug Related Arrests in Treasure Valley 2002-2006



Source: Idaho State Police, Idaho Statistical Analysis Center

Appendix 2

Idaho Resident Drug-Induced Deaths Occurring in Idaho-substances mentioned on death certificate



Source: Idaho Department of Health and Welfare, Bureau of Health Policy and Vital Statistics (8/2007). Data may differ from previously published data due to updates in the data base or coding practices.

Drug-induced deaths as classified by the National Center for Health Statistics (NCHS). The list of codes included in drug-induced causes was expanded in 2003 to be more comprehensive. ICD-10 codes: D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0- F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2-J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R78.1- R78.5, X40-X44, X60-X64, X85, and Y10-Y14. Drug-induced deaths include deaths due to drug psychosis; drug dependence;

nondependent use of drugs not including alcohol and tobacco; accidental poisoning by drugs, medicaments, and biologicals; intentional self-poisoning (suicide) by drugs, medicaments, and biologicals; assault (homicide) by poisoning by drugs and medicaments; and poisoning by drugs, medicaments, and biologicals, undetermined whether accidental or purposely inflicted. Drug-induced deaths do not include newborn deaths associated with mother's drug use or accidents such as falls and motor vehicle crashes, homicides, and other causes indirectly related to drug use.

ICD-10 Code F17.9: unspecified mental and behavioural disorder due to use of tobacco (chain, former, life long, or packs per day).

The question 'Did tobacco use contribute to cause of death?' was added to the death certificate in 2003. Prior to 2003, deaths that were ill-defined or had an unknown cause of mortality listed on the death certificate were coded to ICD-10 codes R96-R99.9. Beginning in 2003, deaths that were ill-defined or had an unknown cause of mortality listed on the death certificate were coded to ICD-10 codes R96-R99.9, if the question 'Did tobacco use contribute to cause of death?' was marked no or unknown. If the question 'Did tobacco use contribute to cause of death?' was marked yes or probably, deaths that were ill-defined or had an unknown cause of mortality listed on the death certificate were coded to ICD-10 code F17.9.

Idaho Vital Records receives death records for Idaho residents deaths occurring out of state. These records list the ICD-10 code for underlying cause of death. However, literal information on immediate cause, conditions leading to the immediate cause, underlying cause, other significant contributing conditions, and description of how the injury occurred are not provided to Idaho Vital Records. Therefore, only substances listed on death certificates to Idaho residents occurring in Idaho are shown in graph.

Substances Listed on Death Certificate

Includes all substances listed on the Idaho death certificate on one or more of the following lines: immediate cause, conditions leading to the immediate cause, underlying cause, other significant contributing conditions, and description of how the injury occurred. More than one substance may be reported for each death.