

NORTH CENTRAL IDAHO

Community Needs Assessment on Opioid Misuse

JANUARY 2026



Executive Summary



Purpose

The purpose of this assessment is to better understand the scope and severity of regional opioid misuse as well as identify gaps between existing resources and ongoing needs to determine opportunities for greater impact.

Methods

This assessment was conducted through an examination of secondary data, a survey on opioid misuse for partners working in relevant fields, and a review of current community resources.

Findings

Through this assessment, it was found that:

- Illegally manufactured fentanyl is a problem in the region and polysubstance use is a growing issue
- Community partnerships, prevention efforts, strong recovery communities, and hardworking first responders are assets in the region
- There are some barriers to accessing treatment, including limited treatment options, cost or insurance obstacles, and travel considerations



Table of Contents

Introduction	1
Background on Opioids	5
North Central Idaho Opioid Misuse Overview	12
Abatement Strategies	33
Community Strengths & Assets	37
Conclusion	43
Appendix	45

Introduction



Purpose and Methods

Purpose:

The purpose of this assessment is to better understand the specific nature of the scope and severity of the opioid crisis in North Central Idaho, recognize existing community resources and efforts, and identify local abatement strategy needs.

Methods:

This assessment utilized a mixed-methods approach with a review of publicly available data, a survey completed by professionals working in relevant fields, and an appraisal of current community resources.

The Survey on Opioid Misuse in North Central Idaho was conducted through voluntary sampling from a target population. The target population for this survey was professionals who work with or around people who use drugs. The online survey was distributed in December 2025 by Health District staff sharing the survey with numerous partners in relevant fields and through the Region 2 Behavioral Health Board sharing the survey with their contact list. Through these methods, the survey was distributed to a range of professionals, such as behavioral health providers, first responders, substance use treatment providers, peer recovery coaches, and health care providers.

Twenty-eight professionals took the survey. Professionals from all five counties participated in the survey, with many serving more than one county. Seven served Clearwater County, 12 served Idaho County, 12 served Latah County, 11 served Lewis County, and 14 served Nez Perce County. Stakeholders from many different professions were reached, with the full list of professions listed on page 47 of the Appendix.

While the survey response size was fairly small, these stakeholders helped provide a deeper, more nuanced understanding of the ongoing substance misuse in the region as well as the gaps between current and needed resources. Full survey questions and responses can be found in the Appendix.

Community Overview

North Central Idaho encompasses Clearwater, Idaho, Latah, Lewis, and Nez Perce counties. This region, often referred to as Region 2, covers over 13,000 square miles and had a population of 112,482 people in 2023. Clearwater and Idaho counties are considered frontier, Lewis County is rural, and Latah and Nez Perce counties are urban since they have population centers of over 20,000 people. Over half of the region’s population lives in the two urban centers - about 23% in Moscow, Latah County and 30.6% in Lewiston, Nez Perce County. The Nez Perce Reservation spans roughly 770,000 acres of North Central Idaho with over 3,500 enrolled citizens in the Nez Perce Tribe*.

*[Culture - Nez Perce Tribe](#)

Population Characteristics

	Clearwater	Idaho	Latah	Lewis	Nez Perce	Region 2	ID
Total Population	8,921	17,120	40,315	3,649	42,477	112,482	1,893,296
Total Land Area (square miles)	2,457.3	8,477.5	1,075.9	478.8	848.3	13,337.8	82,623.3
Population Density (per square mile)	3.6	2.0	37.5	7.6	50.0	8.4	22.9
Median Age	52	49.6	30.7	48.9	40.9	39.5	37.1
Sex ration (males per 100 females)	122.7	109.6	105.2	100.2	98.5	104.6	101.2
White	89.9%	91.6%	88.6%	83.4%	88.4%	88.9%	83.3%
American Indian and Alaskan Native	1.3%	2.3%	0.6%	1.6%	4.5%	2.4%	1.1%
Hispanic or Latino (of any race)	4.2%	3.8%	5.1%	4.1%	4.3%	4.5%	13.3%
Speak language other than English at home	2.9%	4.8%	5.7%	4.1%	3.5%	4.5%	10.7%
High school graduate or higher	91.1%	91.8%	96.9%	90.8%	92.9%	93.8%	91.7%
Any Disability	23.3%	16.3%	12.1%	24.8%	17.3%	15.9%	13.8%
Veterans	11.9%	10.7%	5.7%	10.5%	8.5%	8.2%	8.3%

US Census Bureau, American Community Survey 5-Year Estimates 2019-2023
Region 2 aggregated by PH-INCD

Region 2 Social Factors

Income & Poverty

13.6% below 100% federal poverty level

32.6% below 200% federal poverty level

Median Household Income is: \$65,837

Education

93.8% are high school graduate or higher*

30.7% have a bachelor's degree or higher*

*of adults aged 25 and older

44.8% of 3- and 4-year-olds are enrolled in preschool

Healthcare Access

10.1% of those under 19 years of age are uninsured

12.7% of those aged 19-64 are uninsured

0.3% of adults aged 65+ are uninsured

Housing & Transportation

26.4% of households are housing cost-burdened

4.5% of households have no vehicles available

18.3% of children live in single parent households

Background on Opioids



What are opioids?

Opioids are a class of drugs typically used for the treatment of pain. There are natural opioids, also called opiates, that are made from the opium poppy plant, semi-synthetic opioids that are created by chemically processing natural opioids, and synthetic opioids that are developed entirely in labs without any natural opiates.

Natural	Semi-Synthetic	Synthetic
Made from opium poppy plant seed pods	Manufactured in labs by processing natural opiates	Created entirely in labs without any natural ingredients
Examples include: morphine, opium, and codeine	Examples include: heroin and pain relievers such as hydrocodone, oxycodone, oxymorphone, and buprenorphine	Examples include: fentanyl, tramadol, methadone, and carfentanil

How do opioids work?

Opioids travel through the bloodstream to opioid receptors in the brain, spinal cord, and throughout the body. When opioids bind to these receptors, they can:

- Block pain signals from the body, which reduces feelings of pain
 - This is why opioids are an effective pain reliever
- Trigger the brain's reward system and release dopamine, which creates feelings of euphoria and relaxation
 - This interaction with the brain's reward system contributes to the potential for misuse and addiction
- Slow vital functions such as breathing and heart rate
 - With an overdose, breathing slows to life-threatening levels

Fentanyl

Fentanyl is a synthetic opioid. It is up to 50 times stronger than heroin and 100 times stronger than morphine.

Pharmaceutical Fentanyl

Prescribed for severe pain such as during and after surgery, to treat pain associated with cancer, and for those with severe chronic pain that can't be managed by less potent opioids.

Illegally Manufactured Fentanyl

Illegally manufactured fentanyl (IMF) is commonly found in the illicit drug supply in counterfeit pills and added into other illicit drugs.

Counterfeit pills:

IMF can be found in counterfeit pills that are made to appear like prescription pills such as oxycodone. Users may be unaware of what they are consuming, and due to the potency of fentanyl, small amounts may result in overdose or death.

IMF added into other drugs:

IMF is often added into other drugs such as heroin, cocaine, and methamphetamine. Since fentanyl is highly potent, adding it to other drugs makes the other drugs cheaper, more potent, and more addictive. This makes these drugs very dangerous as the mixture of substances may be stronger and more unpredictable than one drug alone. Users may also be unaware of what they are consuming. Since powdered fentanyl looks similar to various other drugs, it is difficult to detect fentanyl without appropriate testing.

[Fentanyl Facts](#) | [Stop Overdose](#) | [CDC](#)



Naloxone

Naloxone

Naloxone is a medication that can reverse an overdose from opioids and prevent death. It is often given as a nasal spray, though there is also an injectable form. Naloxone nasal spray is easy to use by spraying it into the nostril of a person experiencing an overdose. Narcan is a common brand name for naloxone nasal spray.

Naloxone works by blocking the effects of opioids, allowing it to quickly reverse an opioid overdose. If stronger opioids such as fentanyl are involved, more than one dose of naloxone may be needed.

[Lifesaving Naloxone | Stop Overdose | CDC](#)

“As of 2019, Idahoans may access naloxone at a pharmacy without a prescription. Call ahead to your local pharmacy to ensure availability of naloxone and to ask about your co-pay. If you have Medicaid, naloxone is free from the pharmacy. Community-based groups such as substance use disorder treatment and recovery and crisis centers near you may also offer naloxone free to individuals in need, regardless of your insurance status.”

[Naloxone Information | Idaho Department of Health and Welfare](#)

What to do if you Suspect an Opioid Overdose

1. Call 911
2. Administer naloxone, if available
3. Keep the person awake and breathing
4. Lay the person on their side to help prevent choking
5. Stay with the person until EMS arrive

[Reversing Opioid Overdoses with Lifesaving Naloxone](#)



What is a Substance Use Disorder?

A substance use disorder (SUD) is a problematic pattern of substance use meeting two or more of the diagnostic criteria. The number of diagnostic criteria met determines the severity of the SUD: meeting two or three criteria indicate a mild SUD, four or five criteria signify a moderate SUD, and meeting six or more criteria denotes a severe SUD. The 11 diagnostic criteria fall into four categories:

- Impaired control:
 - Taking the substance in larger amounts or for a longer period of time than intended
 - Wanting to reduce or stop use, but attempts are unsuccessful
 - Spending a lot of time obtaining, using, or recovering from the substance
 - Experiencing strong urges or cravings to use the substance
- Social impairment:
 - Failing to fulfill obligations at work, home, or school due to use
 - Continuing to use the substance even when social or interpersonal problems are caused or worsened by use
 - Reducing or giving up important social, recreational, or occupational activities because of use
- Risky use:
 - Reoccurring use in dangerous situations
 - Continuing to use despite physical or psychological problems that are caused or worsened by use
- Pharmacological dependence:
 - Tolerance, or needing more of the substance to achieve the same effect
 - Experiencing withdrawal symptoms, or continuing use to prevent withdrawal symptoms

[DSM criteria for substance use disorders | Research Starters | EBSCO Research](#)

“Like many other chronic conditions, treatment is available for substance use disorders. While no single treatment method is right for everyone, recovery is possible, and help is available for patients with SUDs.”

Evidence-based guidelines can assist doctors with choosing the right treatment options. These guidelines help evaluate a patient's clinical needs and situation to match them with the right level of care, in the most appropriate available setting.”

[Treatment of Substance Use Disorders | Overdose Prevention | CDC](#)

Overview of the Opioid Crisis

First Wave: Prescription Opioids in 1990s

Loosening restrictions, changing views on pain management, and deceptive marketing downplaying the addictive nature of opioids led to the widespread overprescription of opioids. This led to increases in people with a physical dependence or opioid use disorder.

Second Wave: Heroin in 2010

Regulations tightened on opioid prescribing practices as a response to the widespread overprescription, leading many people with opioid dependence from long-term use of prescription painkillers to turn to heroin as a cheaper, accessible, and more potent alternative.

Third Wave: Synthetic Opioids in 2013

Synthetic opioids, specifically illegally made fentanyl (IMF), flooded the drug supply, replacing heroin as the dominant driver of opioid misuse and overdose deaths. IMF was often made to look like prescription pills such as oxycodone and was also added to other illicit drugs. Due to the high potency of fentanyl, opioid overdose deaths rose during this time.

Fourth Wave: Polysubstance Use

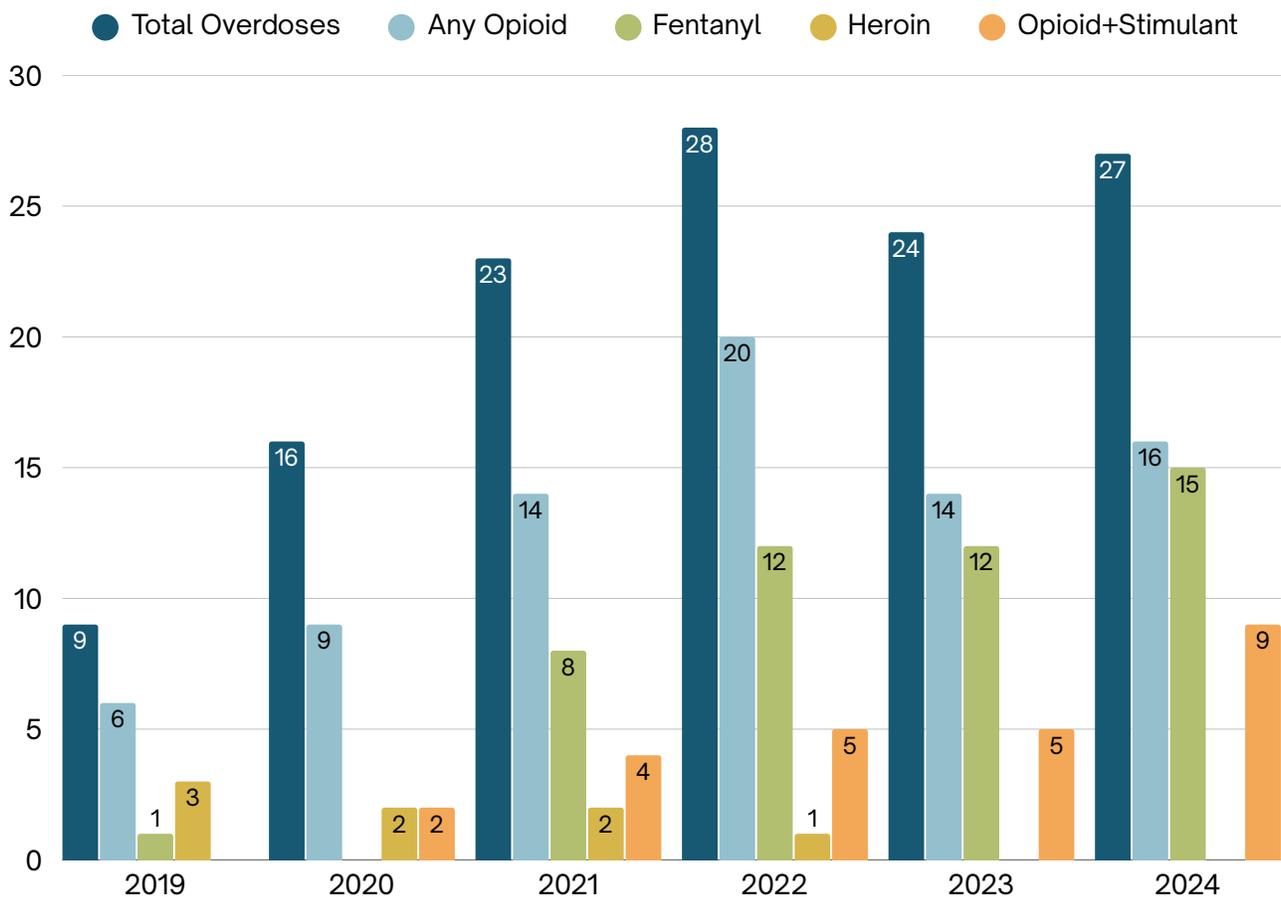
Polysubstance use, using two or more substances simultaneously or in quick succession, is the primary characteristic of the fourth wave of the opioid crisis. Using stimulants with opioids, often IMF, has become more common. Polysubstance use is particularly dangerous since interactions can be unpredictable and increase the risk of overdose.

Opioid Crisis in North Central Idaho

North Central Idaho has experienced similar drug trends as the nation. Heroin was involved in a third of overdose deaths in 2019 but hasn't been involved in an overdose death since 2022. Fentanyl was involved in 11% of overdose deaths in 2019 and has since increased with over half of overdose deaths in 2024 involving fentanyl. Notably, 33% of overdose deaths in 2024 involved polysubstance use with both opioids and stimulants present.

2019-2024 Drug Overdose Mortality Trends

Number of Drug Overdose Deaths in North Central Idaho by Substance Involved



North Central Idaho Opioid Misuse Overview



Substance Misuse

Opioid Misuse in Past Year

The National Survey on Drug Use and Health (NSDUH) includes the misuse of prescription pain relievers and the use of heroin in the opioid misuse category. NSDUH does not include IMF in opioid misuse, and may include some nonopioid prescription pain relievers.

2022-2023	12 or older	12 to 17	18 or older	18 to 25	26 or older
Idaho	4.07%	2.23%	4.29%	2.82%	4.54%
USA	3.15%	1.90%	3.28%	2.86%	3.34%

Heroin Use in Past Year

2022-2023	12 or older	12 to 17	18 or older	18 to 25	26 or older
Idaho	ND	ND	0.29%	0.18%	0.30%
USA	ND	ND	0.33%	0.12%	0.36%

Illicit Drug Use in Past Month

Includes the use of marijuana and cannabis products, cocaine, heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription stimulants, tranquilizers or sedatives, and pain relievers.

2022-2023	12 or older	12 to 17	18 or older	18 to 25	26 or older
Idaho	14.77%	6.76%	15.70%	23.02%	14.43%
USA	16.67%	7.26%	17.62%	26.71%	16.21%

NSDUH State Estimates

Substance Misuse

Illicit Drug Use Other than Marijuana in Past Month

2022-2023	12 or older	12 to 17	18 or older	18 to 25	26 or older
Idaho	2.94%	1.59%	3.10%	3.54%	3.02%
USA	3.32%	1.63%	3.49%	4.22%	3.38%

Methamphetamine Use in Past Year

Does not include prescription methamphetamine use or misuse.

2022-2023	12 or older	12 to 17	18 or older	18 to 25	26 or older
Idaho	1.31%	0.15%	1.44%	0.62%	1.59%
USA	0.94%	0.11%	1.03%	0.39%	1.12%

Cocaine Use in Past Year

Cocaine use includes the use of crack.

2022-2023	12 or older	12 to 17	18 or older	18 to 25	26 or older
Idaho	1.61%	0.23%	1.77%	3.30%	1.51%
USA	1.82%	0.20%	1.98%	3.40%	1.76%

NSDUH State Estimates

Substance Use Disorders

Substance Use Disorder

2022-2023	12 or older	12 to 17	18 or older	18 to 25	26 or older
Idaho	17.43%	9.24%	18.37%	26.18%	17.03%
USA	17.19%	8.56%	18.05%	27.46%	16.60%

Alcohol Use Disorder

2022-2023	12 or older	12 to 17	18 or older	18 to 25	26 or older
Idaho	10.64%	4.04%	11.41%	16.05%	10.60%
USA	10.33%	2.92%	11.07%	15.71%	10.35%

Opioid Use Disorder

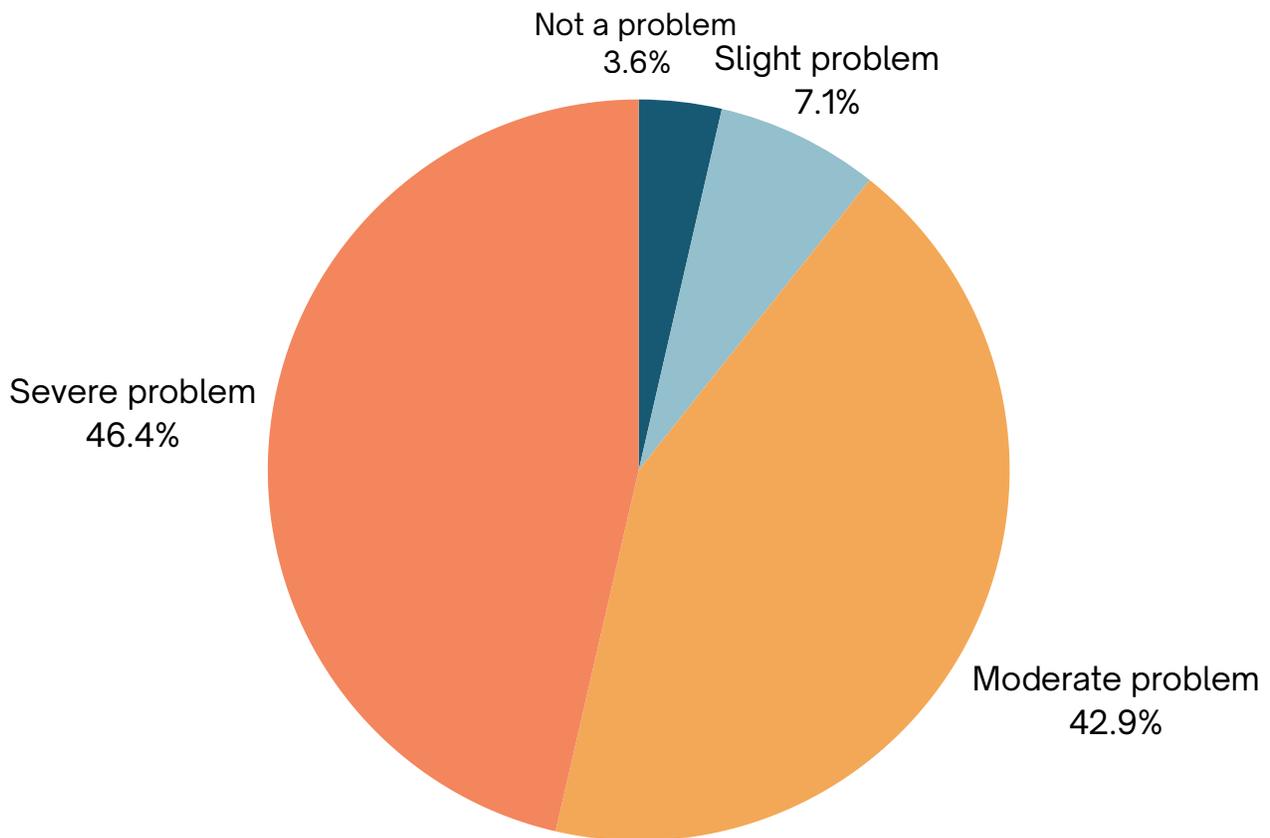
2022-2023	12 or older	12 to 17	18 or older	18 to 25	26 or older
Idaho	1.88%	1.05%	1.98%	1.22%	2.11%
USA	2.09%	1.13%	2.18%	1.19%	2.34%

NSDUH State Estimates

Stakeholder Input on Opioid Misuse

Survey respondents were asked, “In North Central Idaho, how big of a problem is opioid misuse, including prescription opioid misuse and illicit opioid use?”

Survey Says...



Stakeholder Input on Opioid Misuse

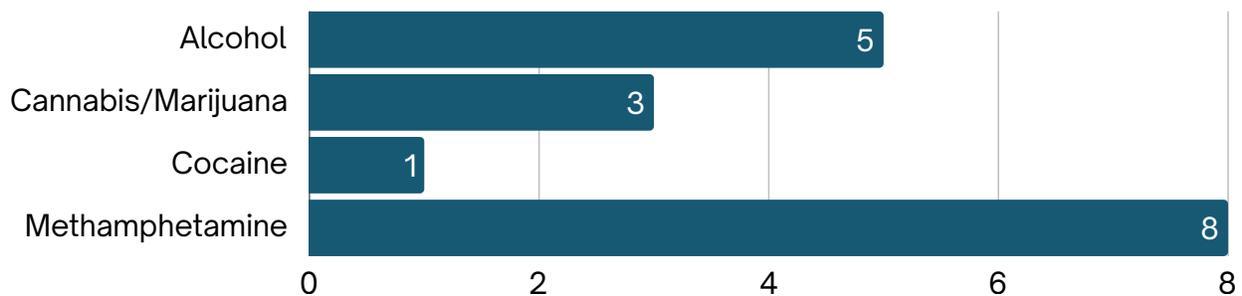
Survey respondents were asked, “Do you think other substances are more of an issue than opioids in North Central Idaho?”

Survey Says...

46.4% said yes -
other substances are more of an issue

53.6% said no -
opioids are the biggest issue

Those that responded ‘yes’ were asked: “Which substance(s) do you think are more of an issue than opioids in North Central Idaho?”



“Meth- I’m not sure I would say one is more of an issue than another. I would say they are both big problems in the community. I think the effects can be different. You definitely have more deaths from opioids than and withdrawal is worse making seem bigger”

“Alcohol and marijuana due to easy access”

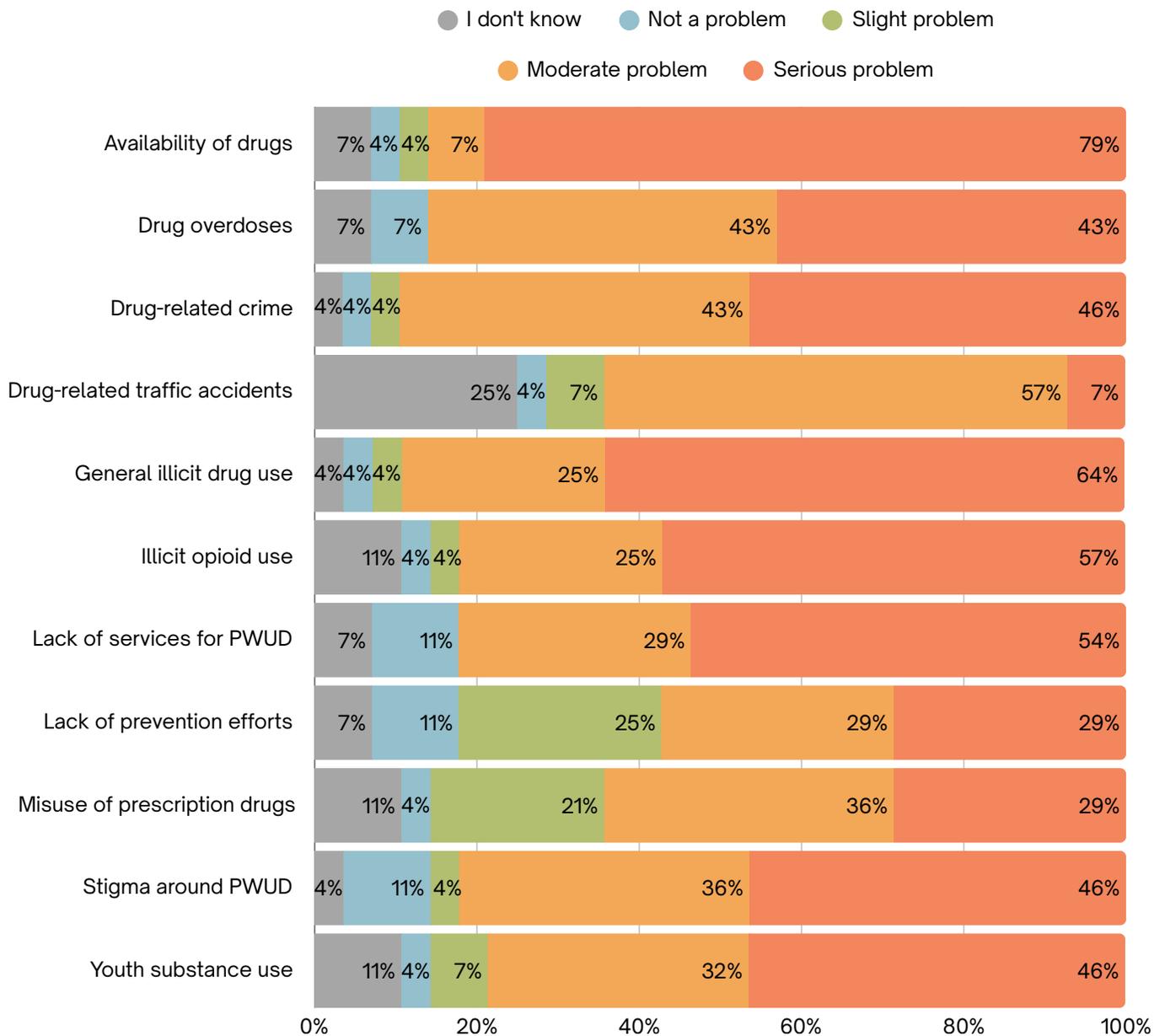
“Starting to see a comeback in cocaine use that has fentanyl laced into it”

“I think fentanyl and meth are the biggest problems we have, the manufacturing, distribution, addiction, and overdoses have increased significantly in the last 5 years. Not sure if you are including these in the opioid spectrum”

Stakeholder Input on Substance Misuse

Survey respondents were asked, “For your community, how much of a problem are each of the following topics:”

Survey Says...



*PWUD: People who use drugs

Stakeholder Voices on Substance Misuse



“I wish we were better at fostering healthy relationships as a community/nation. If we had a happy, healthy community we would have less trauma and coping skills which could lead to less addiction. If we started at an early age it would be even better.”

“The cost of treatment makes it difficult for people to get the help they need. In Moscow Idaho there are no inpatient. Traveling out of the area can be a barrier as well. The outpatient supports are not enough either. Not enough counselors, case managers. Now with the cuts on Magellan people are losing the supports they had.”

“This is an issue that needs full service attention and funding.”

“I feel we need campaigns against drug use and education on how drug use affects your body and long-term effects.”

“I think of the services that are available, there is a lack of education to the community (general population and healthcare) of what those services are and how to get individuals to enroll in services that are fully committed to start treatment.”

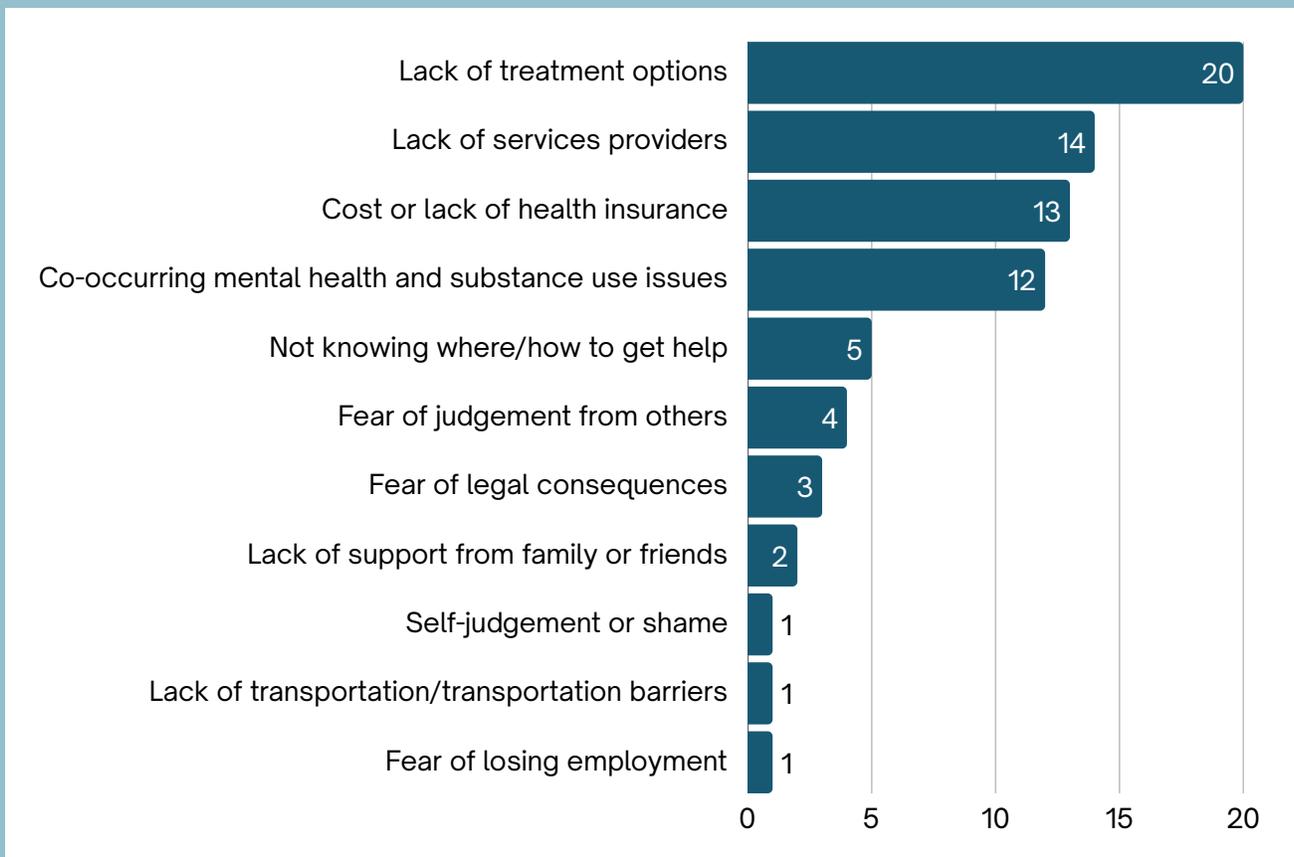
“I think that there is a problem in the medical community. They do not want to say no to patients. There are some serious prescribing issues.”

“Idaho has a severe shortage of providers qualified to address Opioid Use Disorder. When services are available, the level of care is frequently not high enough to actually address the person's needs (i.e. forced to utilize intensive outpatient when inpatient is needed.) Safe and sober housing is a vital component of recovery. It is almost impossible to remain sober off illicit substances if someone doesn't have this basic need met. There are almost no options for this at an affordable rate for someone who has likely been unemployed or underemployed throughout substance use. Medication-assisted Treatment is also lacking in the area. There are only a few providers offering Suboxone and other buprenorphine medications. It is difficult for active illicit opioid users to transition from fentanyl to buprenorphine products as well. Precipitated withdrawal symptoms can complicate this even further, especially due to the short half life of illicit fentanyl. This is further complicated by the addition of Xylazine in much of the illicit fentanyl supply on the street. Xylazine and other tranquilizers have their own withdrawal symptoms in addition to opioid withdrawal. The easiest MAT option to utilize is methadone, but there are no providers in rural areas.”

Stakeholder Input on Barriers to SUD Treatment

Survey respondents were asked, “Which of the following do you believe are the biggest barriers to accessing SUD treatment services in the region?”

Survey Says...



Other barriers survey respondents reported included:

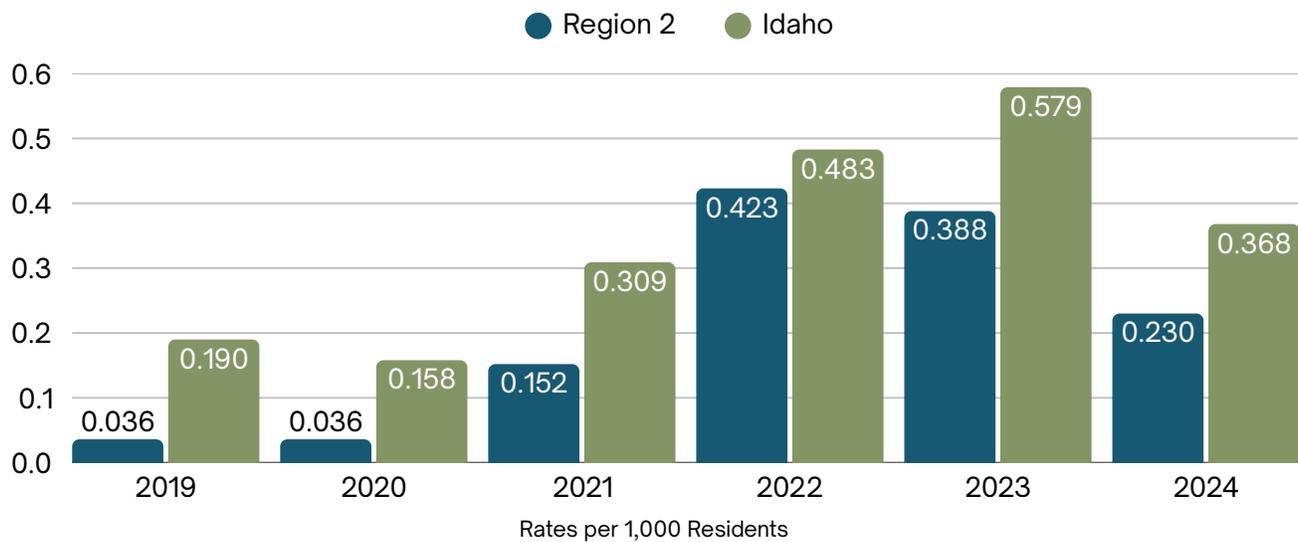
“Low income/
no income”

“Continued use
even if enrolled with
a treatment
provider”

“Alcoholism needs addressing”

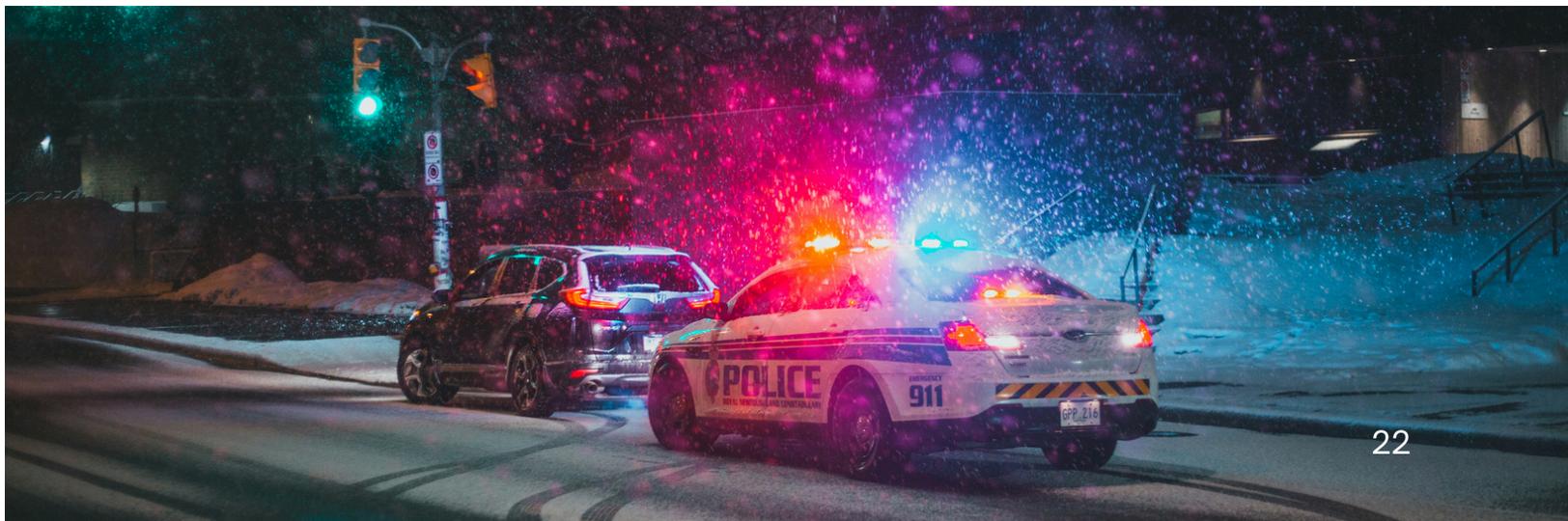
Narcotic Arrests

Narcotic Arrest Rates



2024	Clearwater	Idaho	Latah	Lewis	Nez Perce
Rate per 1,000 residents	0	0.273	0.096	0	0.394
Number of arrests	0	5	4	0	17

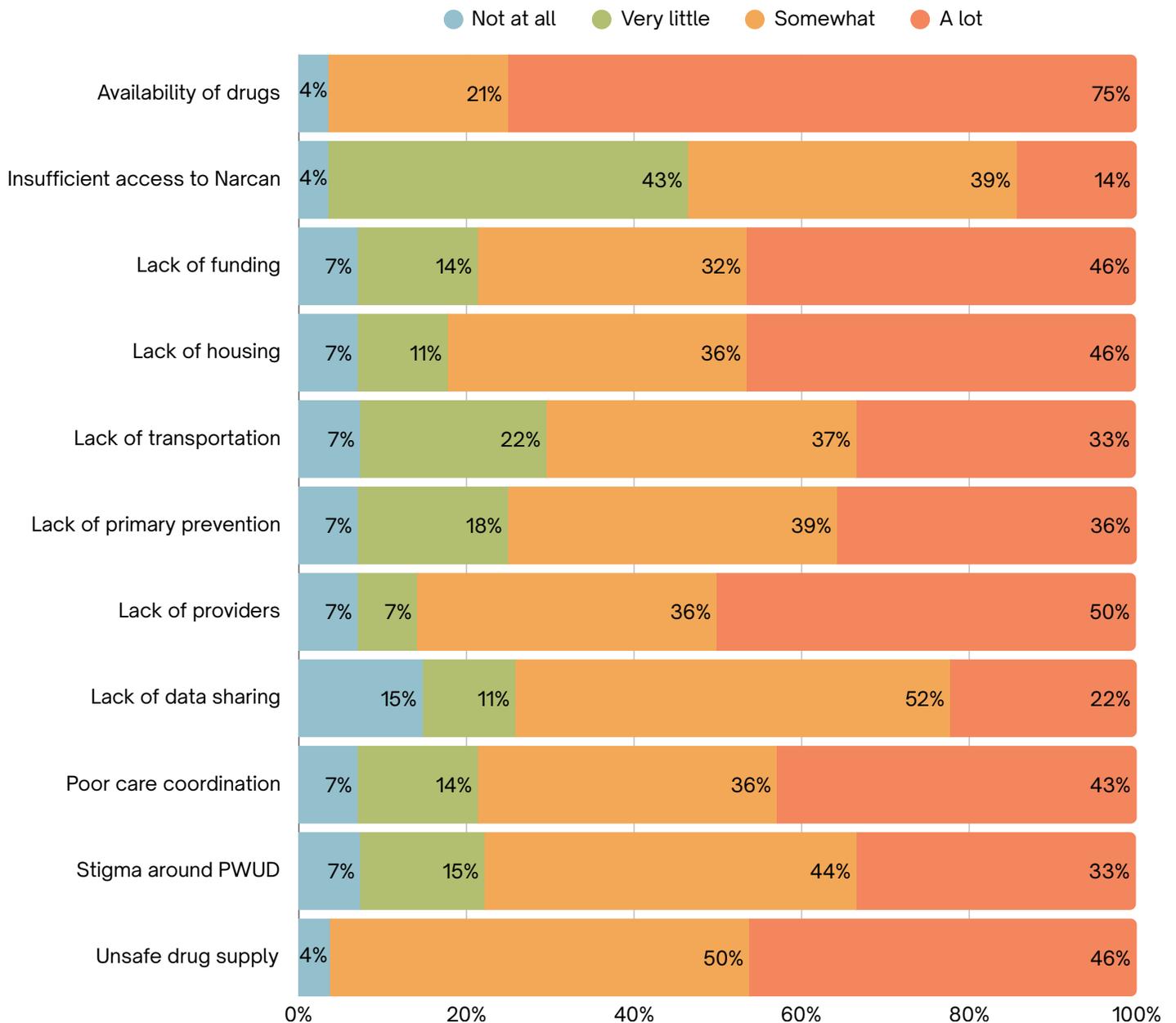
[Crime In Idaho Data Dashboard](#) | Idaho State Police



Stakeholder Input on Drug Overdoses

Survey respondents were asked, “Please indicate how much you believe each of the following contributes to drug overdoses in North Central Idaho: ”

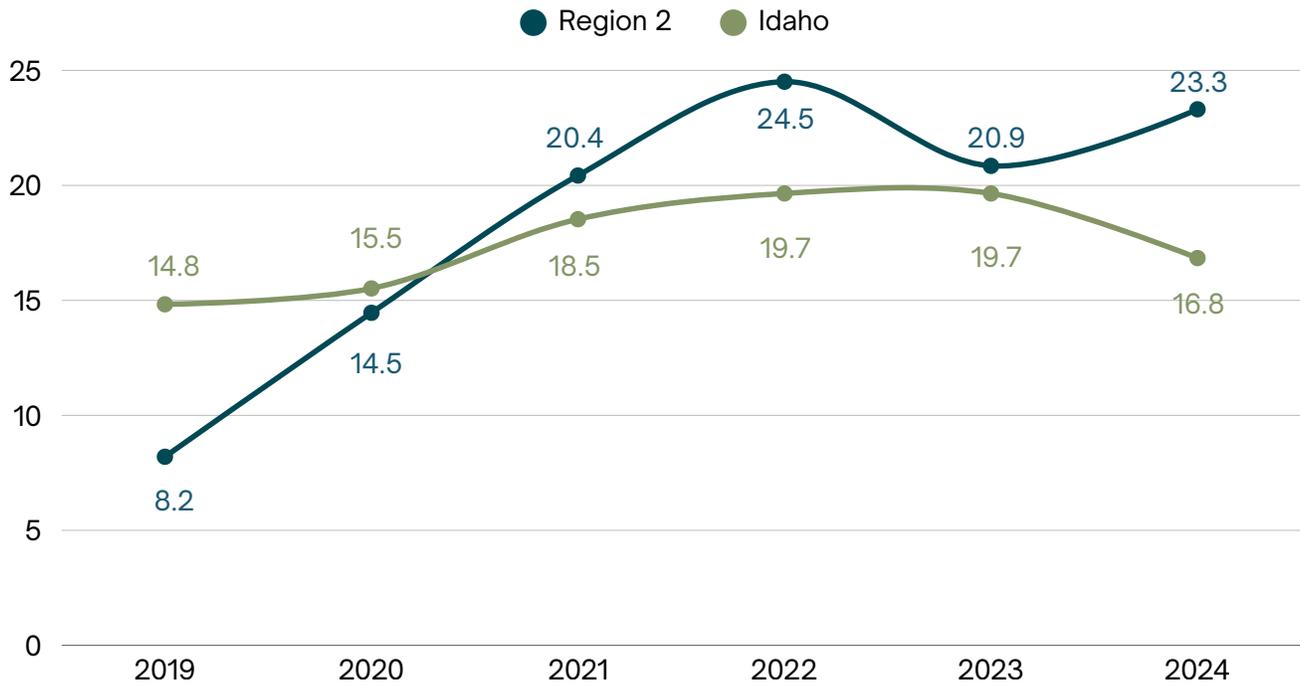
Survey Says...



*PWUD: People who use drugs

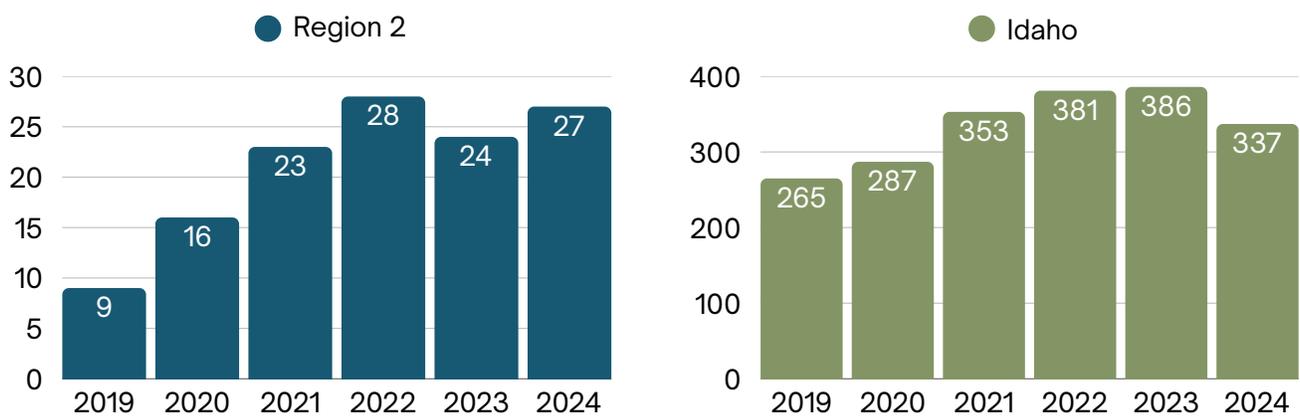
Overdose Deaths

Crude Mortality Rate per 100,000 Population



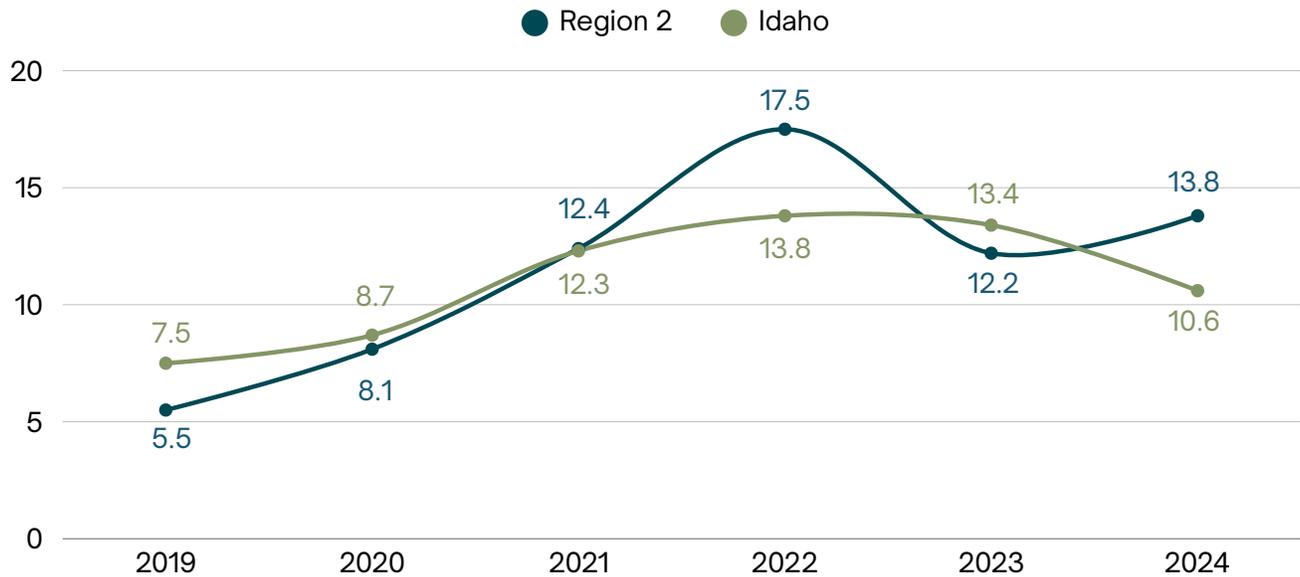
Region 2 has had a higher drug overdose mortality rate than the state since 2021 and has had a higher rate than the Healthy People 2030 target of 20.7 per 100,000 population since 2022.

Number of Overdose Deaths per Year



Opioid Overdose Deaths

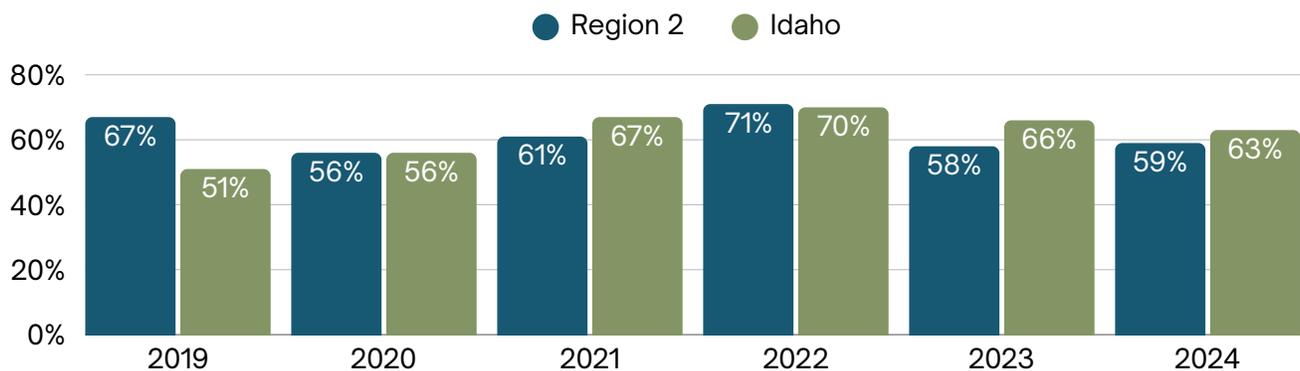
Crude Mortality Rate per 100,000 Population



Number of Opioid Overdose Deaths per Year

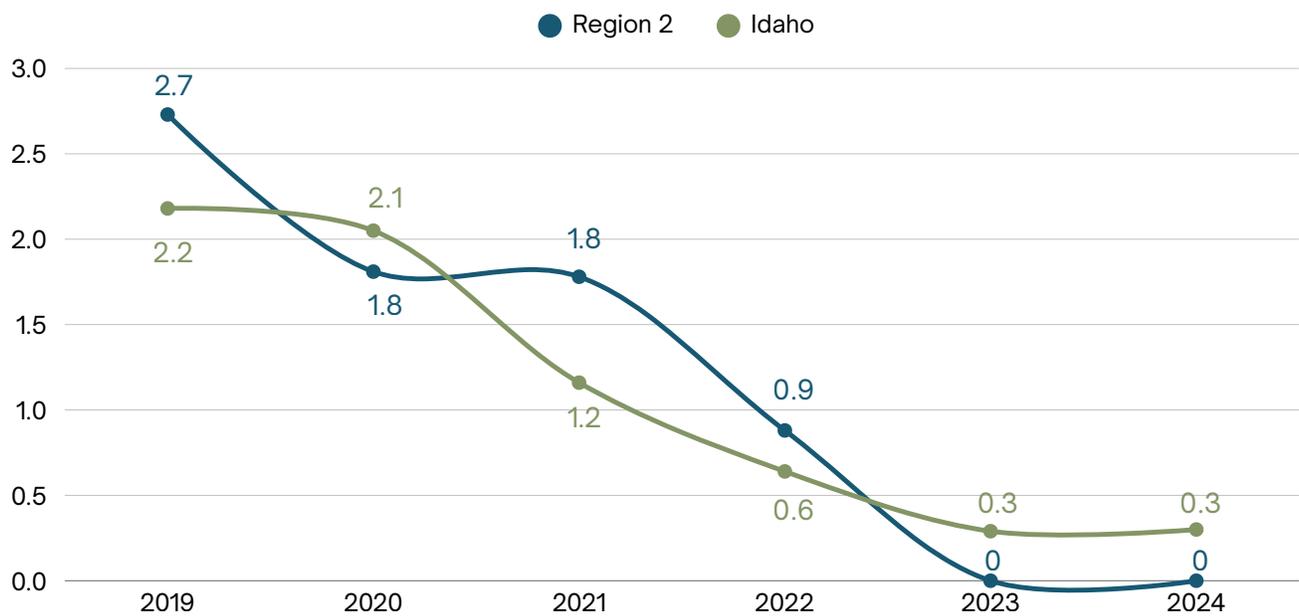
	2019	2020	2021	2022	2023	2024
Region 2	6	9	14	20	14	16
Idaho	134	160	235	268	264	212

Percent of All Overdose Deaths involving Any Opioid



Heroin Overdose Deaths

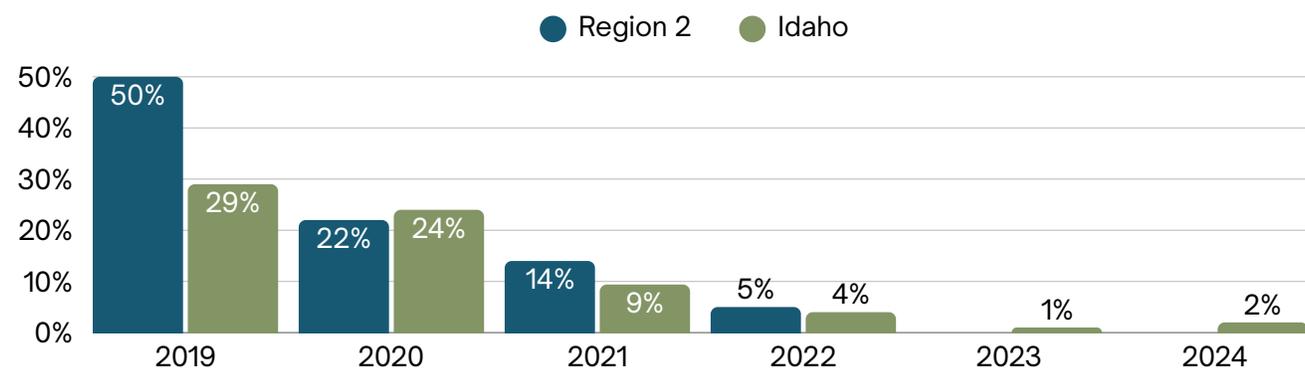
Crude Mortality Rate per 100,000 Population



Number of Heroin Overdose Deaths per Year

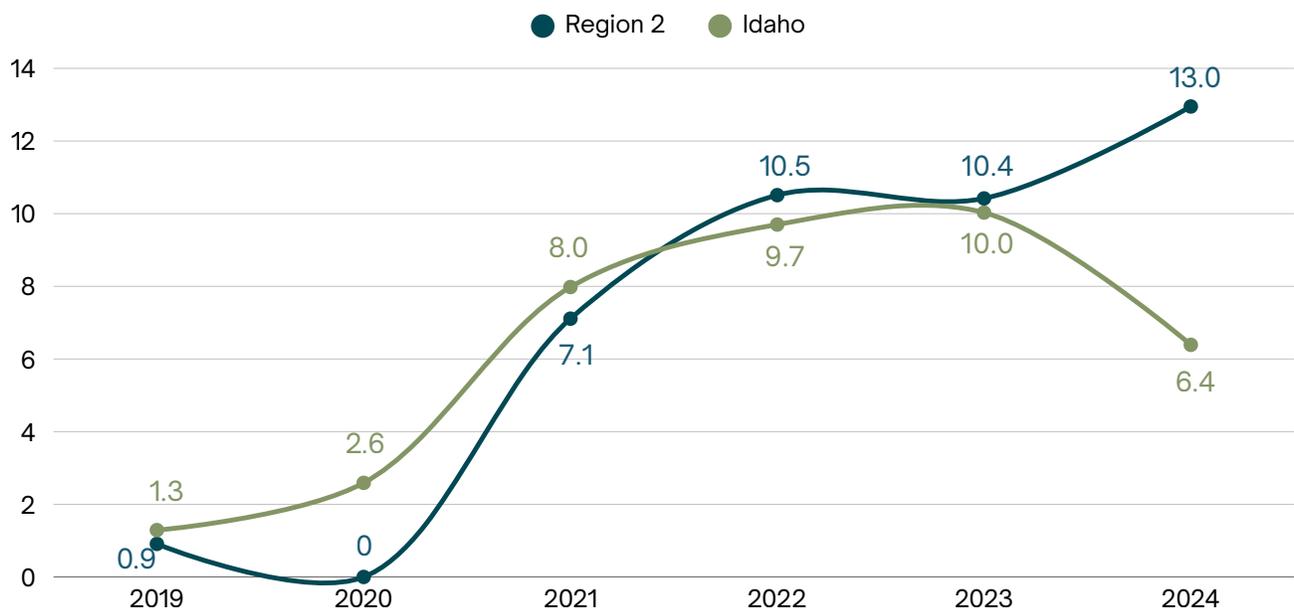
	2019	2020	2021	2022	2023	2024
Region 2	3	2	2	1	0	0
Idaho	39	38	22	11	3	4

Percent of Opioid Overdose Deaths involving Heroin



Fentanyl Overdose Deaths

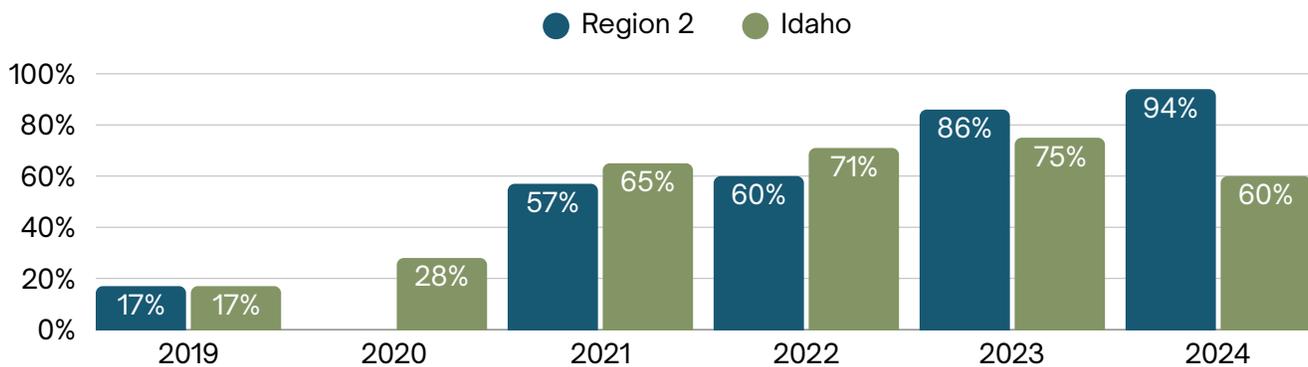
Crude Mortality Rate per 100,000 Population



Number of Fentanyl Overdose Deaths per Year

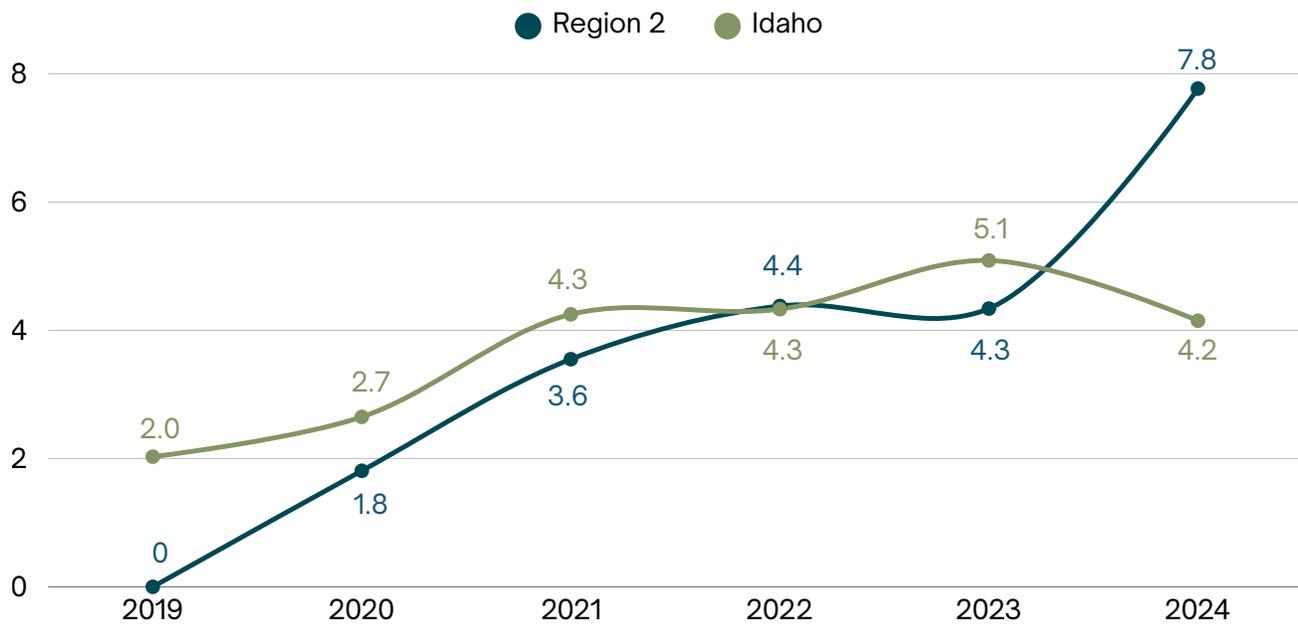
	2019	2020	2021	2022	2023	2024
Region 2	1	0	8	12	12	15
Idaho	23	45	152	188	197	128

Percent of Opioid Overdose Deaths involving Fentanyl



Opioid+Stimulant Overdose Deaths

Crude Mortality Rate per 100,000 Population



Number of Opioid+Stimulant Overdose Deaths per Year

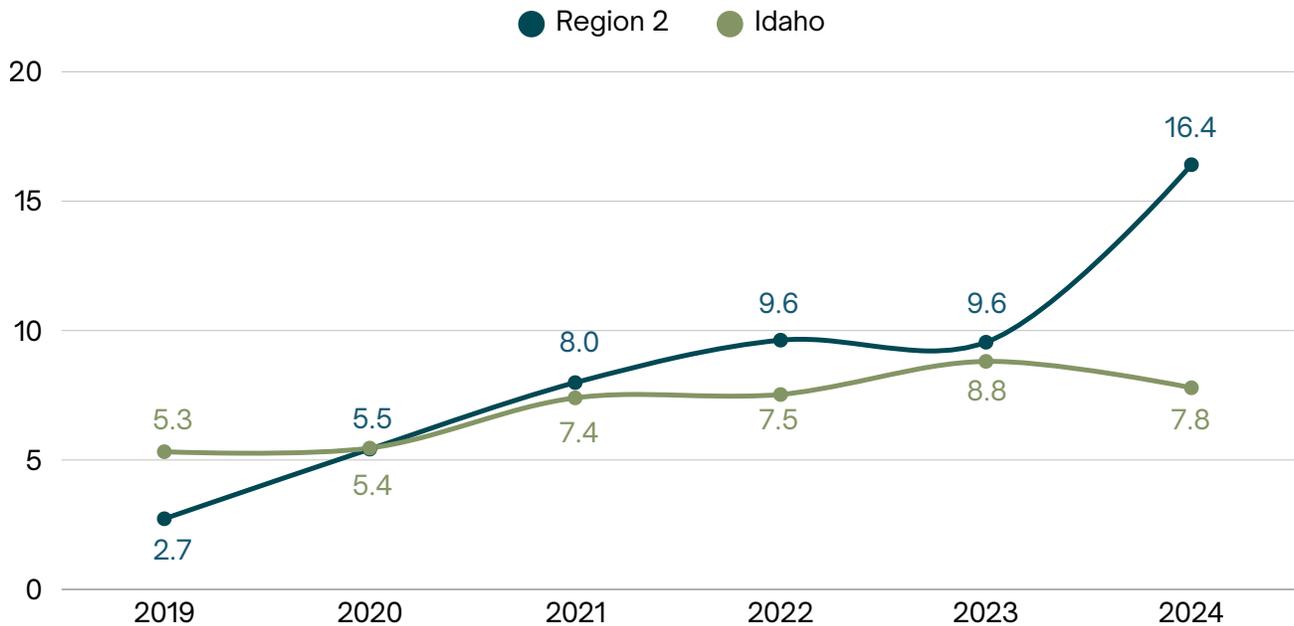
	2019	2020	2021	2022	2023	2024
Region 2	0	2	4	5	5	9
Idaho	34	49	81	84	100	83

Percent of Opioid Overdose Deaths Involving Opioid+Stimulant



Stimulant Overdose Deaths

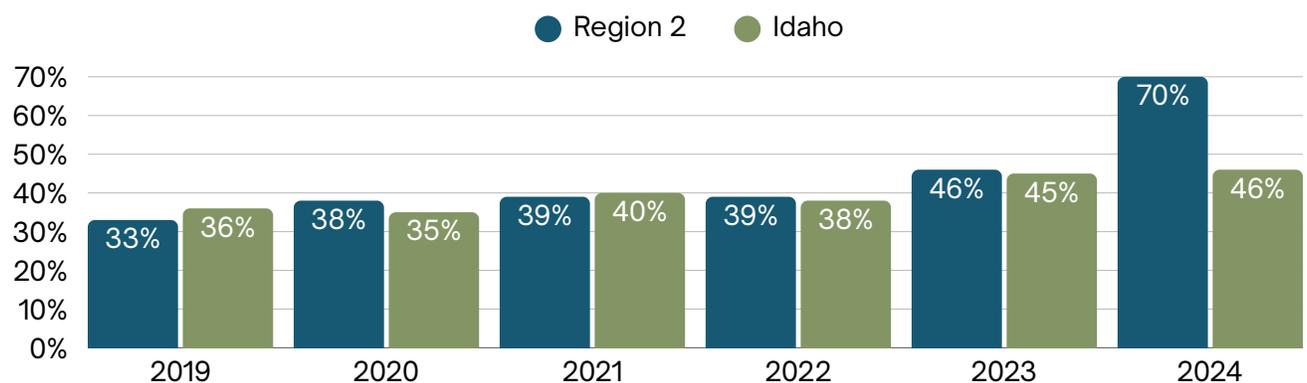
Crude Mortality Rate per 100,000 Population



Number of Stimulant Overdose Deaths per Year

	2019	2020	2021	2022	2023	2024
Region 2	3	6	9	11	11	19
Idaho	95	101	141	146	173	156

Percent of All Overdose Deaths involving Stimulants

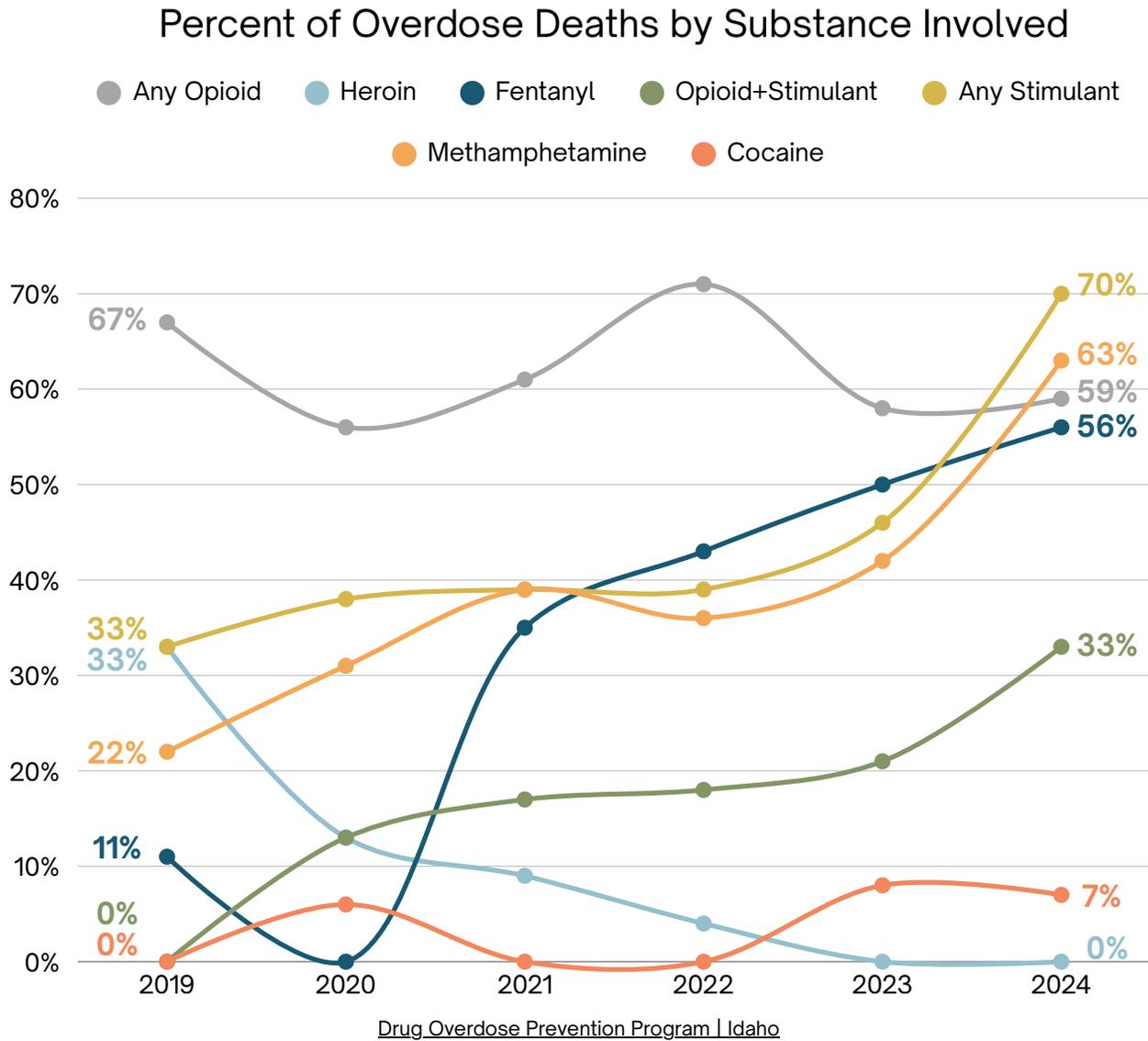


Drug Overdose Prevention Program | Idaho

North Central Idaho Drug Overdose Deaths between 2019-2024 by Demographics

	Any Drug	Opioids	Heroin	Fentanyl	Opioids+ Stimulants	Stimulants
Total	127	79	8	48	25	59
Men	76 (60%)	46 (58%)	3 (37.5%)	36 (75%)	19 (76%)	43 (73%)
Women	51 (40%)	33 (42%)	5 (62.5%)	12 (25%)	6 (24%)	16 (27%)
15-24	11 (8.7%)	6 (7.6%)	0	5 (10.4%)	2 (8%)	5 (8.5%)
25-34	22 (17.3%)	18 (22.8%)	4 (50%)	13 (27.1%)	4 (16%)	7 (11.9%)
35-44	29 (22.8%)	20 (25.3%)	2 (25%)	12 (25%)	7 (28%)	13 (22%)
45-54	26 (20.5%)	14 (17.7%)	1 (12.5%)	10 (20.8%)	6 (24%)	15 (25.4%)
55-64	26 (20.5%)	14 (17.7%)	1 (12.5%)	6 (12.5%)	6 (24%)	16 (27.1%)
65-74	12 (9.4%)	6 (7.6%)	0	1 (2.1%)	0	3 (5.1%)
75-84	1 (0.8%)	1 (1.3%)	0	1 (2.1%)	0	0

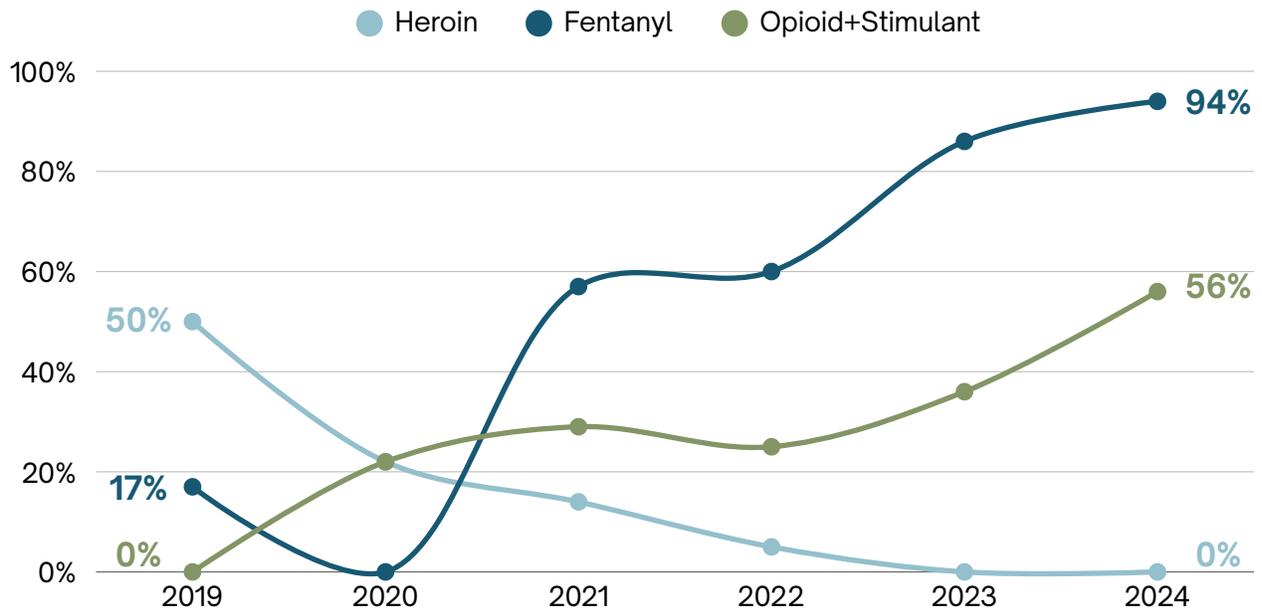
Region 2 Overdose Death Trends by Substance Involved



Some trends in the substances involved in overdoses deaths from 2019 to 2024:

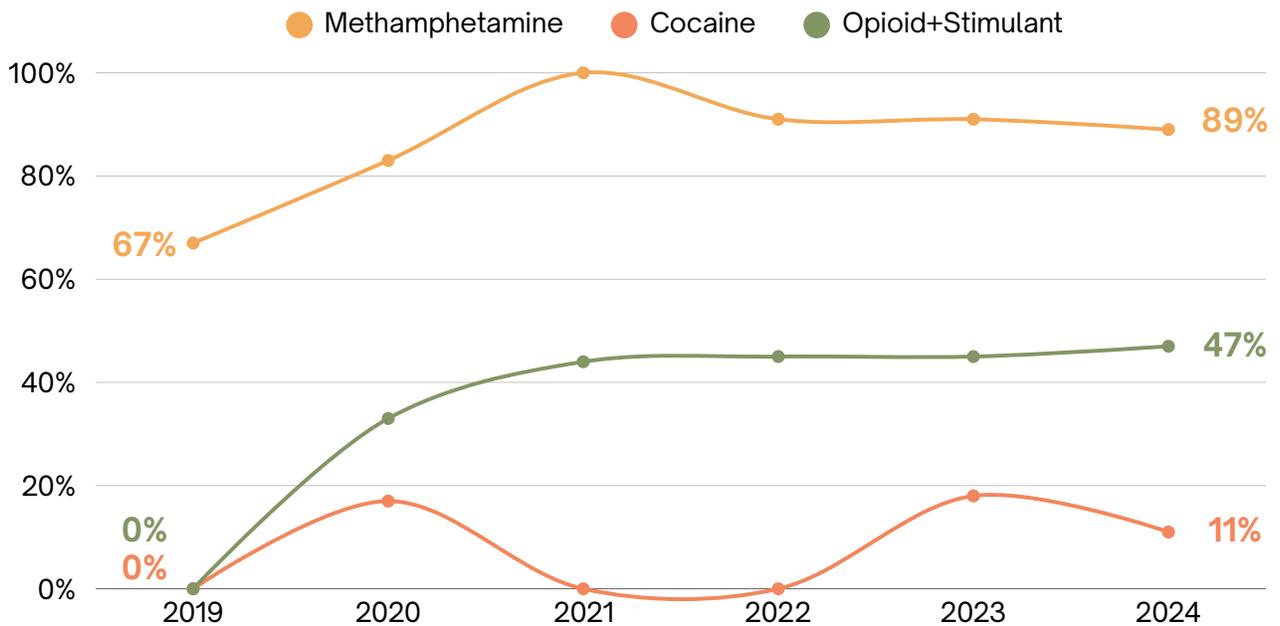
- Opioids have consistently been involved in around 60% of overdose deaths
- Heroin was involved in a third of overdose deaths in 2019 with steady decreases and has not been involved in an overdose death since 2022
- Fentanyl involvement has increased to contributing to over half of all overdose deaths
- Stimulant overdose deaths, and methamphetamine overdose deaths specifically, have increased
- Polysubstance use of opioids+stimulants has increased from 0% in 2019, to a third of all overdose deaths in 2024

Percent of Opioid Overdose Deaths by Opioid Involved



The types of opioids involved in opioid overdose deaths has changed between 2019 and 2024. Heroin involvement has decreased, while fentanyl involvement has sharply increased. Over half of all opioid overdoses in 2024 also involved a stimulant.

Percent of Stimulant Overdose Deaths by Stimulant Type



Methamphetamine has consistently been the main substance involved in stimulant overdose deaths. Since 2019 there has been an increase in stimulant overdose deaths that also involved opioids.

Abatement Strategies



Abatement Strategies

Opioid abatement strategies are evidence-based or evidence-informed programs and initiatives intended to reduce, remediate, or repair the harms caused by the opioid crisis. These strategies may include prevention, supportive safety interventions, treatment and recovery services and efforts. Below are various resources for opioid abatement strategies.

In Idaho, Exhibit A: Approved Abatement Strategies are the strategies approved for opioid settlement fund use. This document can be found at the link:
<https://ag.idaho.gov/content/uploads/2022/08/Exhibit-A-Approved-Uses.pdf>

One resource that provides evidence-based strategies is the CDC's guide: *Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States*. This resource provides information on evidence-based strategies such as:

- Targeted Naloxone distribution
- Eliminating prior-authorization requirements for medications for opioid use disorder
- 911 Good Samaritan Laws
- MAT in criminal justice settings and upon release
- Initiating Buprenorphine-based MAT in Emergency Departments

This guide can be found at the following link:

<https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/Evidence-based-strategies-for-prevention-of-opioid-overdose.pdf>

Idaho Office of Drug Policy has an evidence-based programs list of strategies mainly focused on prevention programs for youth; some programs include:

- Active Parenting
- Fostering Healthy Futures
- Guiding Good Choices
- LifeSkills Training
- Positive Action

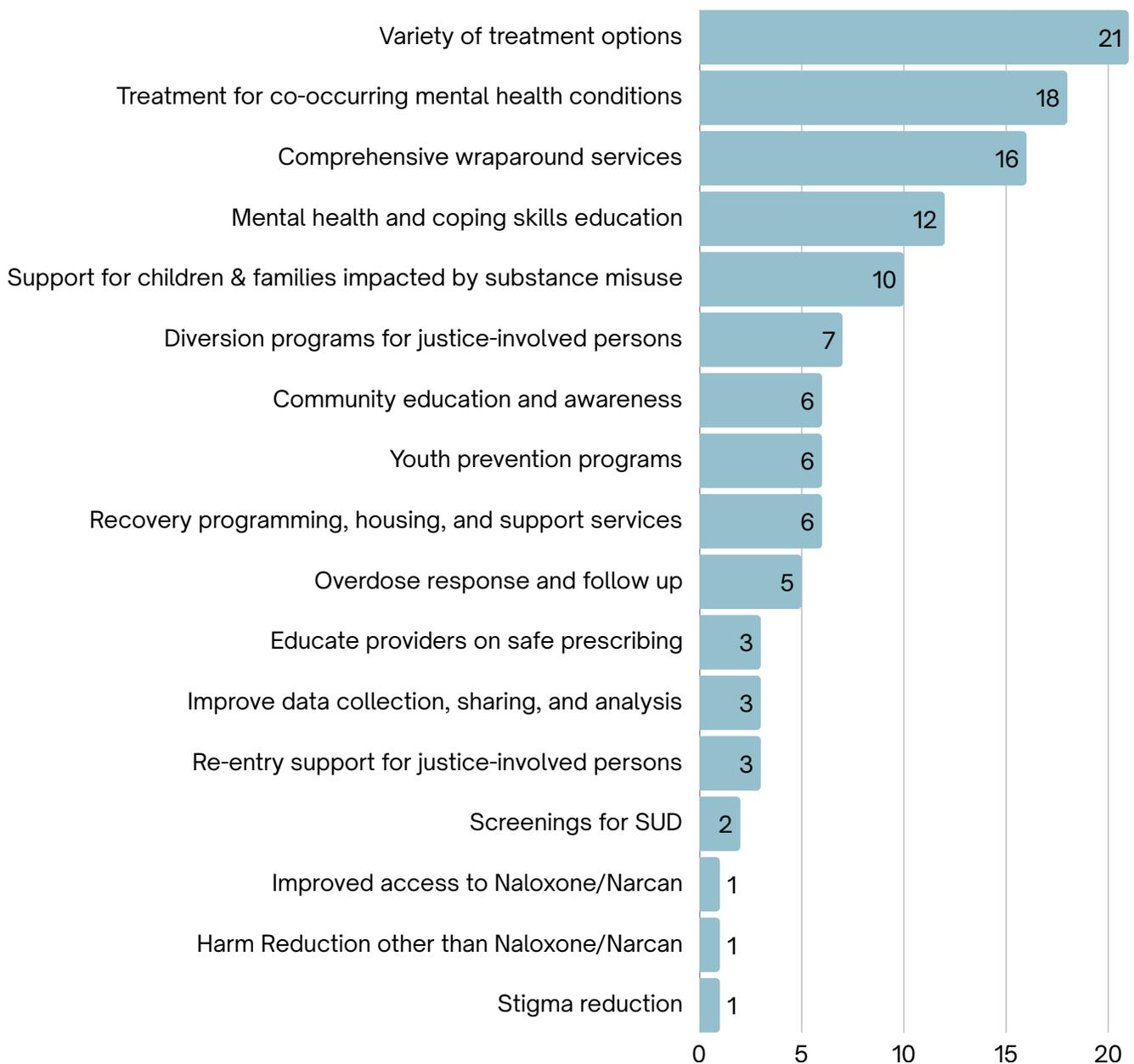
The complete list can be found at the following link:

<https://prevention.odp.idaho.gov/idahos-evidence-based-practices-dashboard/>

Stakeholder Input on Needed Strategies

Survey respondents were asked, “Which of the following opioid abatement strategies are most needed in your community?”

Survey Says...



Stakeholder Comments

“Normalizing recovery centers/rehabilitation and need of support networks do wonders.”

“Education is needed to show drug use harms more than just the user.”

“I would like to see, and would be willing to assist, with arranging a substance use summit. Panhandle Health District put one on in Coeur d’Alene in 2023 and it was wonderful, providing an opportunity for collaboration and exposure to services.”

“I think it would be very beneficial to have more treatment facilities in our area. Most people struggling with substance use disorder and opiates do not have health insurance. I think the youth in our area need more support and a youth crisis center. Almost forgot, housing is a huge issue. We have a shortage of affordable housing.”

“You are going to need to increase the number of therapists in the community significantly as you move homeless people into the area. We do not have enough therapists/addiction therapist in the community as it is now. The homeless housing is only going to increase the problems.”

“1) Increasing access to Narcan/naloxone for everyone in the community would help combat overdose deaths.
2) Increasing access to MAT services, especially methadone, would help lower overdose numbers.
3) Education that doesn't focus on some kind of fear factor could also be helpful to lower misuse rates among the younger population. Fear tactics have long been proven ineffective.”

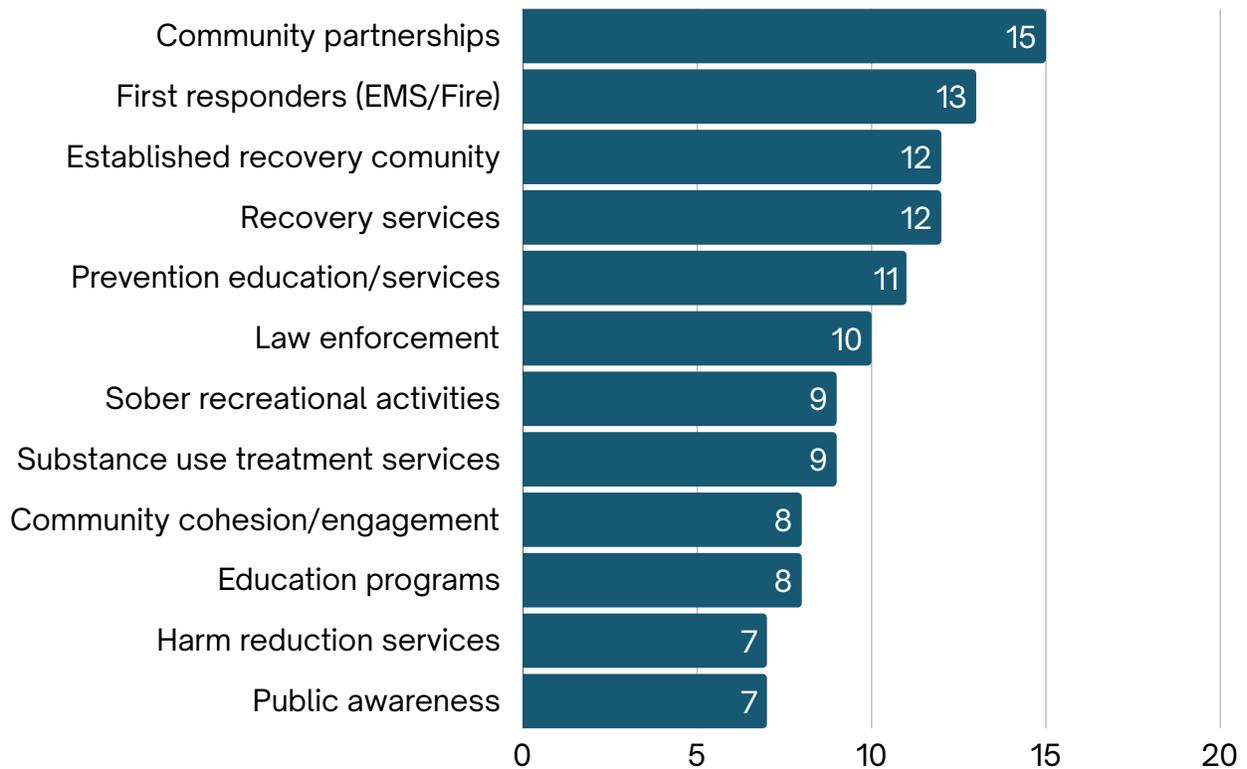
Community Strengths



Stakeholder Input on Strengths & Assets

Survey respondents were asked, “What are North Central Idaho’s strengths that help address the opioid crisis?”

Survey Says...



“The Latah Recovery Community, Latah Drug Court and Mental Health Court, Weeks & Vietru Counseling & Community Services, Rural Crisis Center.”

“Latah Recovery Community and specialty courts.”

“Blue Mountain contributes a lot to harm reduction in the LC Valley. Ideal Option offers same-day access to Suboxone/buprenorphine which lowers barriers to MAT.”

Prevention & Other Community Assets

Prevention

- Nez Perce Students for Success and NAHOVA Council
 - Youth education, health promotion and prevention program and youth advisory council
- PH-INCD
 - CATCH My Breath prevention program in schools
 - Narcan Trainings
 - Medication lockboxes and drug deactivation pouches
- Upriver Youth Leadership Council
 - Youth and adolescent programs including K-6 after school program, teen center, Botvin LifeSkills training, and free meals for youth
 - Youth Advisory Board
 - Family programs including Safe Homes Network and Strengthening Families Program

Community Partners

- Community Health Association of Spokane (CHAS) - in Lewiston and Moscow
- Idaho Food Bank and robust food pantries
- Lewis-Clark State College Health Services
- Local Hospitals
- Nimiipuu Health
- Public Health and Safety Team (PHAST)
- Region 2 Behavioral Health Board
- Rural Crisis Center Network (RCCN)
- Snake River Community Clinic
- Suicide Prevention of the Inland Northwest (SPIN)
- Union Gospel Mission
- University of Idaho Campus Community Coalition

Treatment Services

SUD treatment options include inpatient rehabilitation, outpatient counseling, and medication assisted treatment (MAT) options. There are no inpatient rehabilitation options available in North Central Idaho. The outpatient and MAT providers are listed below.

[*Treatment of Substance Use Disorders | Overdose Prevention | CDC](#)

Outpatient SUD Treatment Providers

- A to Z Family Services - Orofino
 - Camas Professional Counseling - Grangeville
 - ChangePoint Behavioral Health - Lewiston
 - Riverside Recovery - Lewiston
 - Weeks & Vietri Counseling & Community Services - Moscow
-

MAT can help people recover from opioid use disorder by reducing cravings and withdrawal symptoms. Some MAT options include methadone, buprenorphine, and naltrexone.

MAT Providers

- CHAS Health Clinics in Lewiston and Moscow
- Clearwater Family Practice (Tri-State)
- Gritman Medical Center
- HealthMotivate Care
- Ideal Option Clinics
- St. Joseph Regional Medical Center Health System
- St. Mary's Health and Clearwater Valley Health
- Syringa Health System

Recovery Communities, Services & Activities

Recovery Community Centers (RCC) are peer-driven, non-clinical organizations that provide recovery support, sober activities, and resources to individuals and families affected by SUD. Below are the RCCs in North Central Idaho.

First Step 4 Life Recovery Center

Located in Lewiston, providing services including:

- Recovery coaching
- Resource specialists
- Re-entry services
- 12 step programs and meetings
- Sober activities
- Parenting classes
- Peer specialists
- Life Skills classes
- Computer Lab
- SMART Recovery
- Volunteer Opportunities

[FirstStep4Life - Home](#)

UYLC Kamiah Recovery Community Center

Located in Kamiah, the center offers:

- Recovery programs and coaching
- Sober activities
- Drug prevention and treatment resources including medication lockboxes, drug testing kits, and naloxone
- TeleMental Health services
- Basic needs resources such as food, clothing, and transportation
- Job application support
- Family resources

[Recovery - UYLC](#)

Latah Recovery Community Center & Vandal Recovery

Recovery Community Centers in Moscow and Pullman (WA) providing services including:

- Recovery coaching
- Peer support
- Recovery support, educational and social groups such as AA, NA, Al-Anon, game nights, chess club and more
- Naloxone, condoms, and HIV and Hepatitis C testing
- Podcast - Recovery Radio
- Partnership with Oxford House for sober housing
- Vandal Recovery - program for University of Idaho students, faculty, and staff

[Latah Recovery Community Center, Inc. – A Community of Peer Support](#)

Additionally, there are many other support groups and 12-step meetings across the region, including Youth Wellbriety meetings at the Nez Perce Reservation.

First Responders & Law Enforcement

First Responders (EMS/Fire)

- Serve as first response to opioid overdose and aid in overdose reversal with naloxone
- Quick Response Units (QRU) provide coverage in rural areas
- Help monitor drug trends through Overdose Monitoring via ODMAPS



Law Enforcement & Criminal Justice

- ISP provides Drug Impairment Training for Education Professionals (DITEP)
- School Resource Officer presence and support on campus and in communities
- Officers are trained to administer Narcan to reverse opioid overdoses
- Agencies participate in National Drug Take Back Day events in partnership with the DEA
- Many law enforcement agencies, in addition to pharmacies, have permanent prescription drug disposal boxes to dispose of unused and expired medications
- Drug courts in Clearwater, Latah, and Nez Perce counties
- Drug seizures help reduce the supply of illicit substances



Conclusion

Findings

Leading opioid-related problems in North Central Idaho include:

- Fentanyl is a driving force behind overdose deaths, being involved in 56% of all overdose deaths and 94% of the opioid overdose deaths in 2024
- Polysubstance use of opioid+stimulant is a growing problem, with a third of all overdose deaths in 2024 involving both types of substances

North Central Idaho has many community strengths but the lack of awareness of available services is a barrier. Some additional gaps include:

- Limited treatment options
 - No inpatient treatment options in the region
 - Limited MAT providers
 - Limited providers for substance use disorder outpatient treatment
 - Much of the region is a health professional shortage area for both primary care and mental health care
- Barriers to access care such as:
 - Cost of care or lack of insurance coverage
 - Providers not accepting new patients or long waits for appointments
 - Long distances to travel for those in some of the rural communities
- No Recovery Community Centers in Clearwater and Idaho counties
- Social supports impacting health such as affordable housing, transportation, access to local affordable medical and mental health care



Appendix



Appendix A

Survey on Opioid Misuse in North Central Idaho

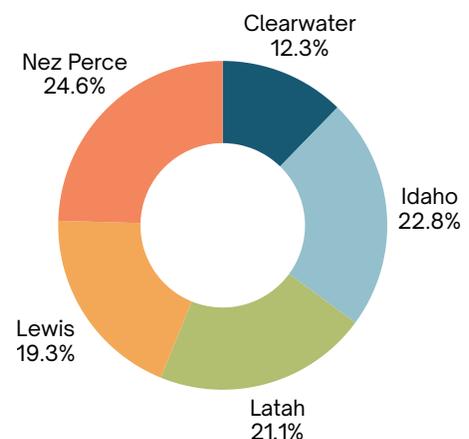
Public Health - Idaho North Central District (PH-INCD) is working to better understand opioid-related issues in North Central Idaho. This survey will ask you questions about opioid misuse in North Central Idaho to better identify opioid-related needs, barriers, and challenges, as well as community strengths and assets in addressing opioid misuse. Your input is valuable and can provide insight on potential solutions.

This survey will take approximately 10 minutes to complete. Participation is voluntary, and you can skip questions or end the survey at any time. By continuing with this survey, you are consenting to share your responses with PH-INCD. All responses are anonymous. Personal identities are not known, and all responses will be presented as summaries without individual identifiers.

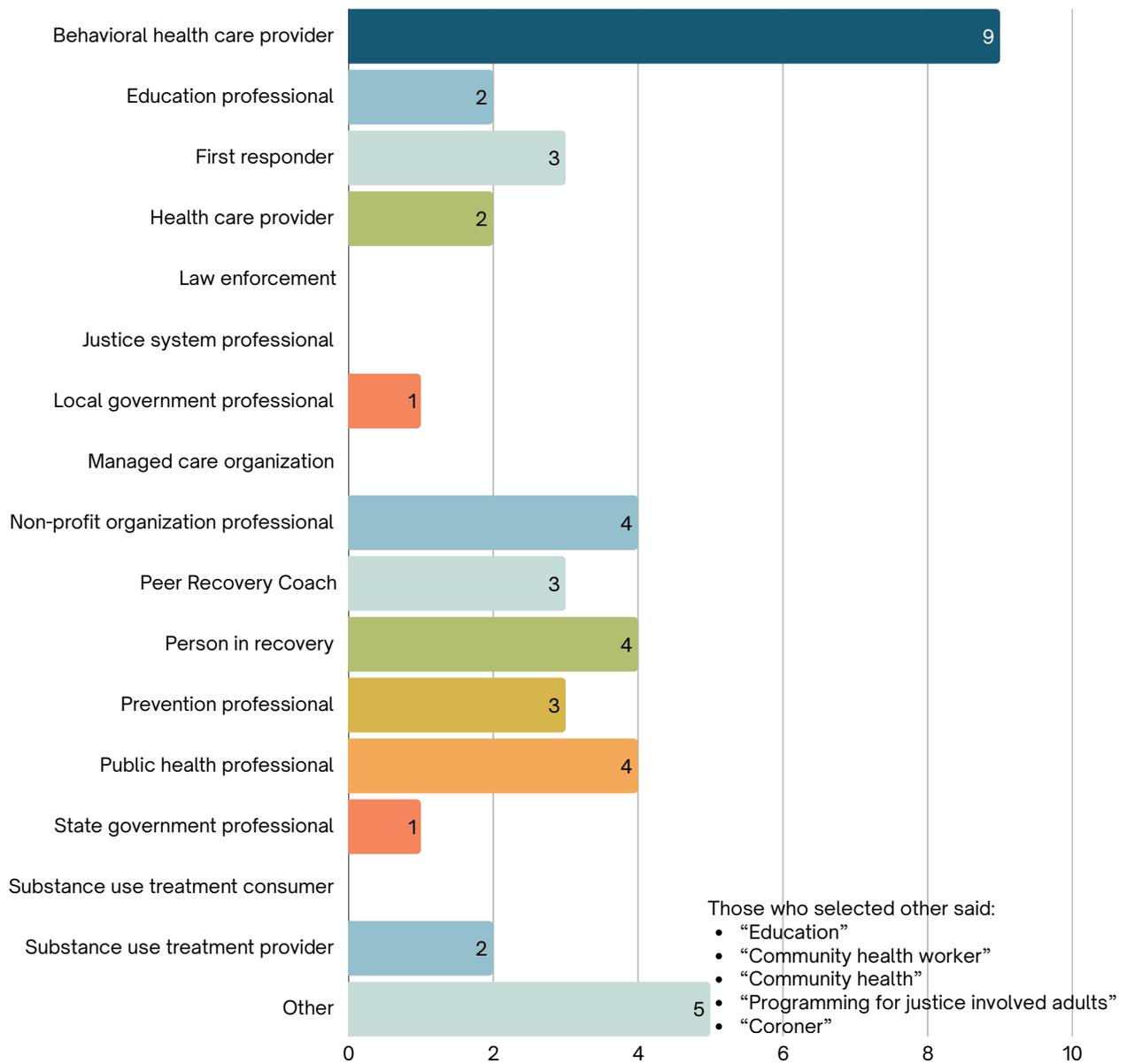
There were 28 survey respondents. The following is a summary of their responses:

1. What county do you serve?
Please select all that apply

● Clearwater County	7
● Idaho County	12
● Latah County	12
● Lewis County	11
● Nez Perce County	14

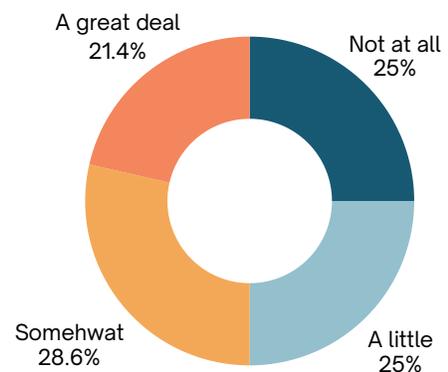


2. Please select the group(s) that best describe you.



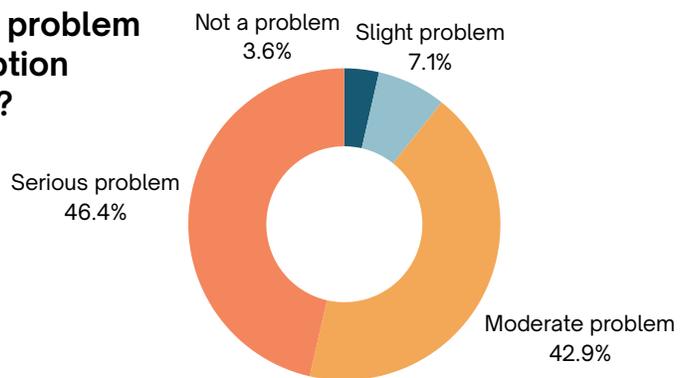
3. To what degree has your life been negatively affected by your own or someone else's opioid misuse issues?

Not at all	7
A little	7
Somewhat	8
A great deal	6



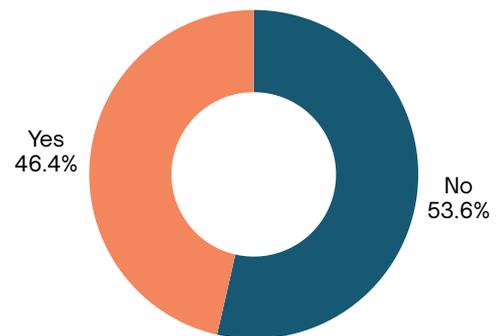
4. In North Central Idaho how big of a problem is opioid misuse, including prescription opioid misuse and illicit opioid use?

● Not a problem	1
● Slight problem	2
● Moderate problem	12
● Serious problem	13



5. Do you think other substances are more of an issue than opioids in North Central Idaho?

● No	15
● Yes	13

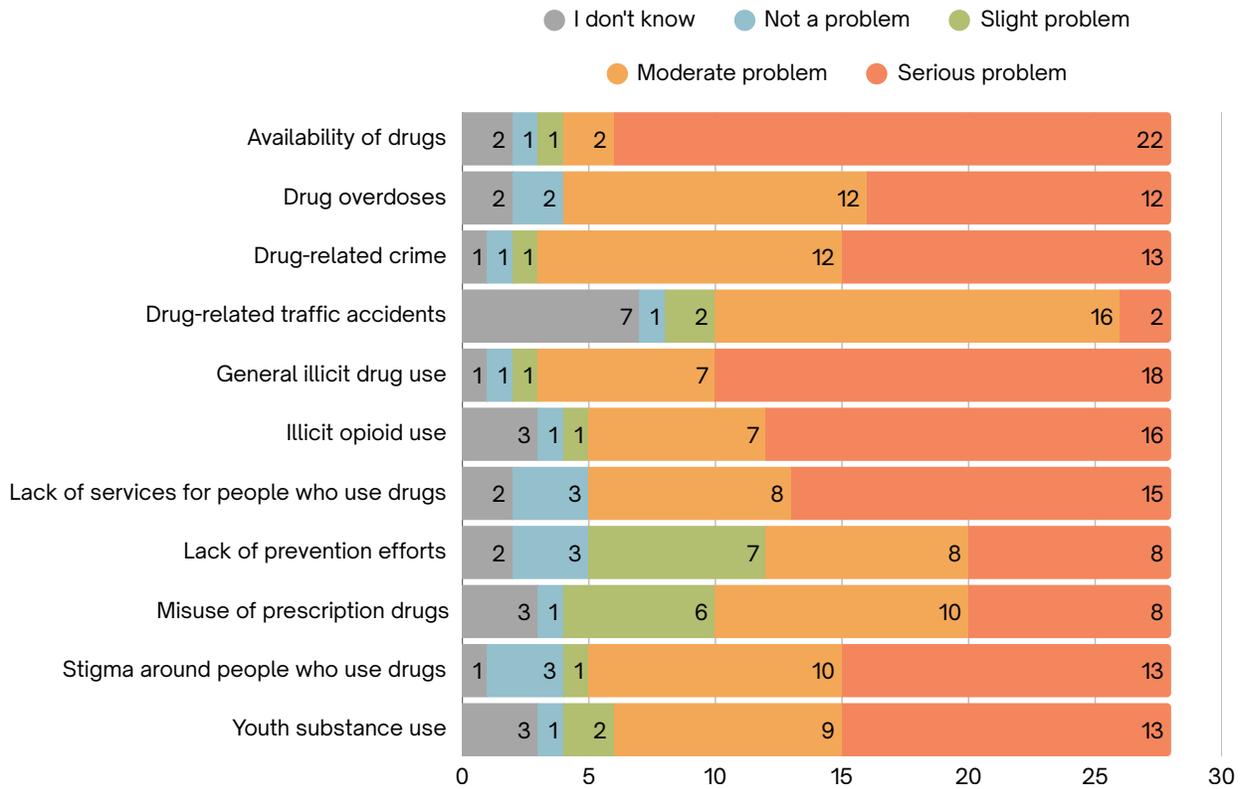


Those who answered ‘yes’ to question 5 were asked:

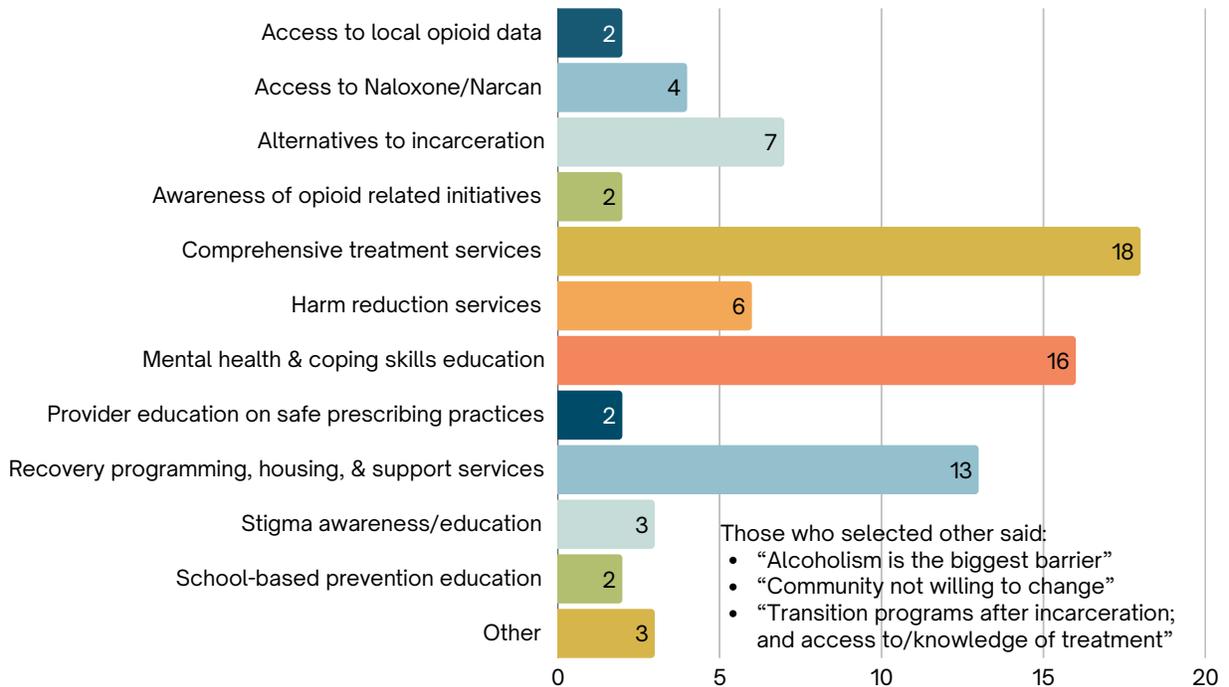
6. Which substance(s) do you think are more of an issue than opioids in North Central Idaho?

- “Methamphetamine Starting to see a comeback in Cocaine use that has Fentanyl laced into it”
- “Meth- I'm not sure I would say one is more of an issue than another. I would say they are both big problems in the community. I think the affects can be different. You definitely have more deaths from opioids than and withdrawal is worse making seem bigger.”
- “Alcohol”
- “alcohol”
- “Meth”
- “Marijuana, meth, etc.”
- “Methamphetamines”
- “alcohol, fentanyl”
- “Alcohol and Marijuana due to easy access and Methamphetamine”
- “Cannabis”
- “alcohol is more of an issue in North Central Idaho”
- “Meth”
- “I think Fentanyl and meth are the biggest problems we have, the manufacturing, distribution, addiction, and overdoses have increased significantly in the last 5 years. Not sure if you are including these in the opioid spectrum”

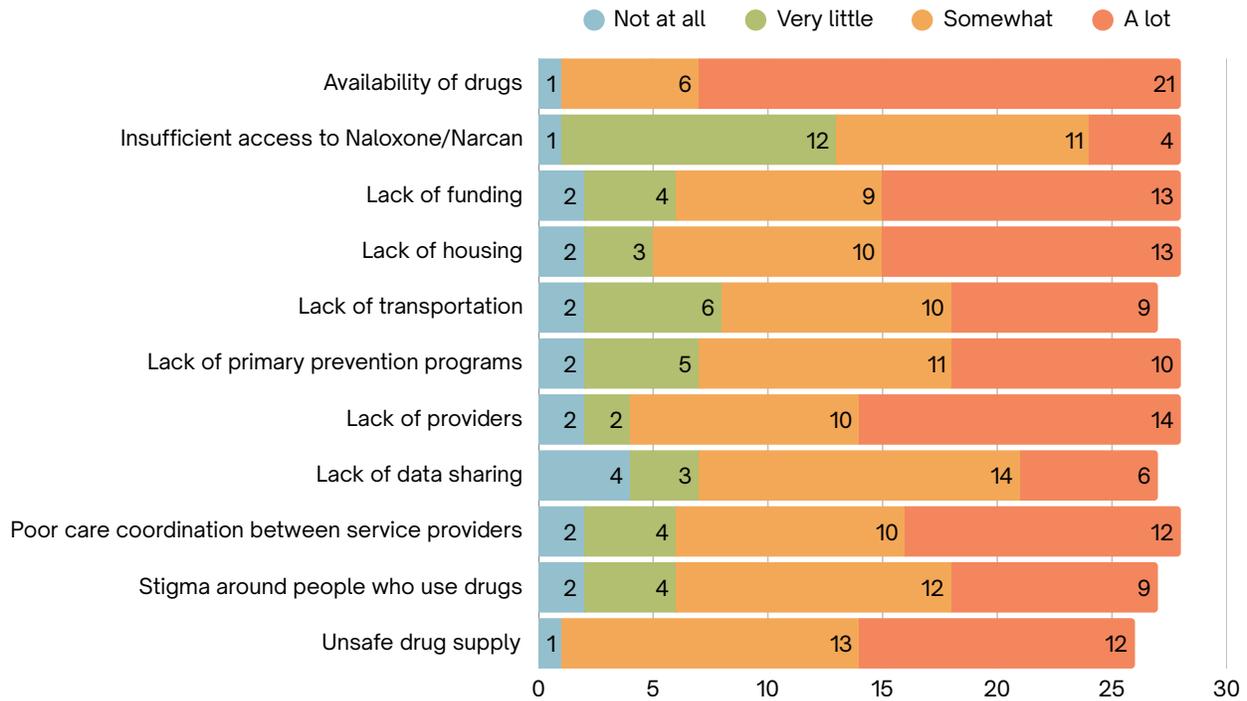
7. For your community, how much of a problem are each of the following topics?



8. What do you think are the biggest opioid-related needs or gaps in North Central Idaho? Please select at most 3 options.

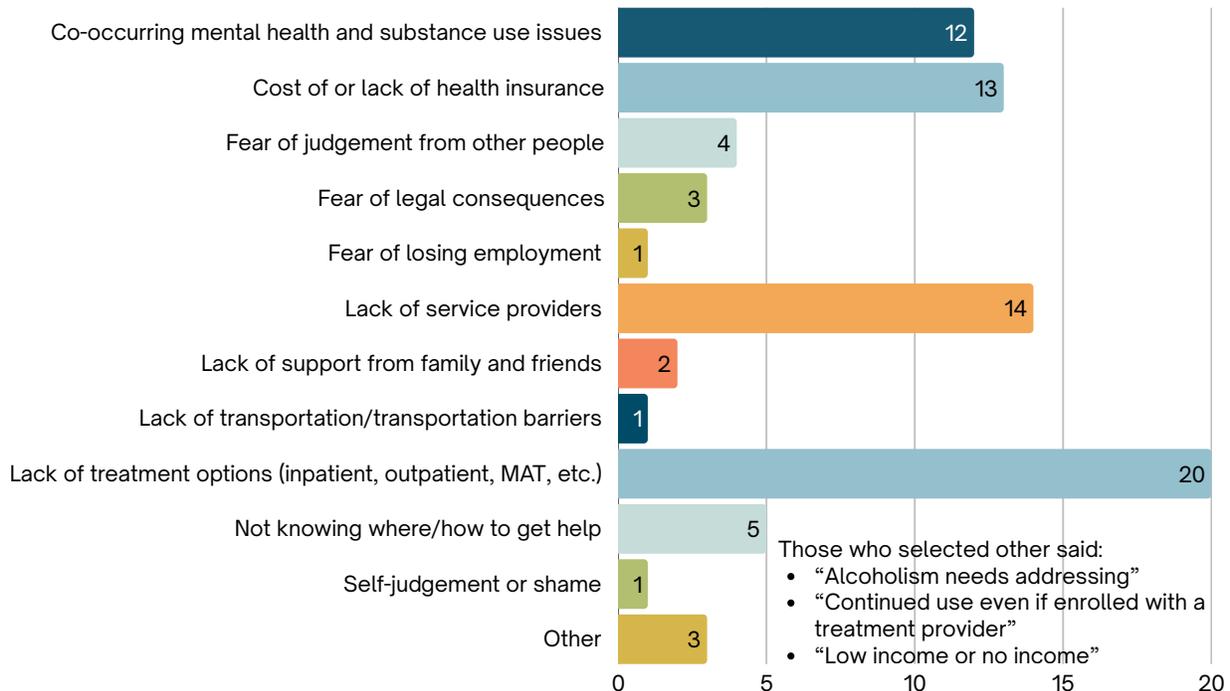


9. Please indicate how much you believe each of the following contributes to drug overdoses in North Central Idaho:



*Not all categories add up to 28 since some respondents didn't answer all categories.

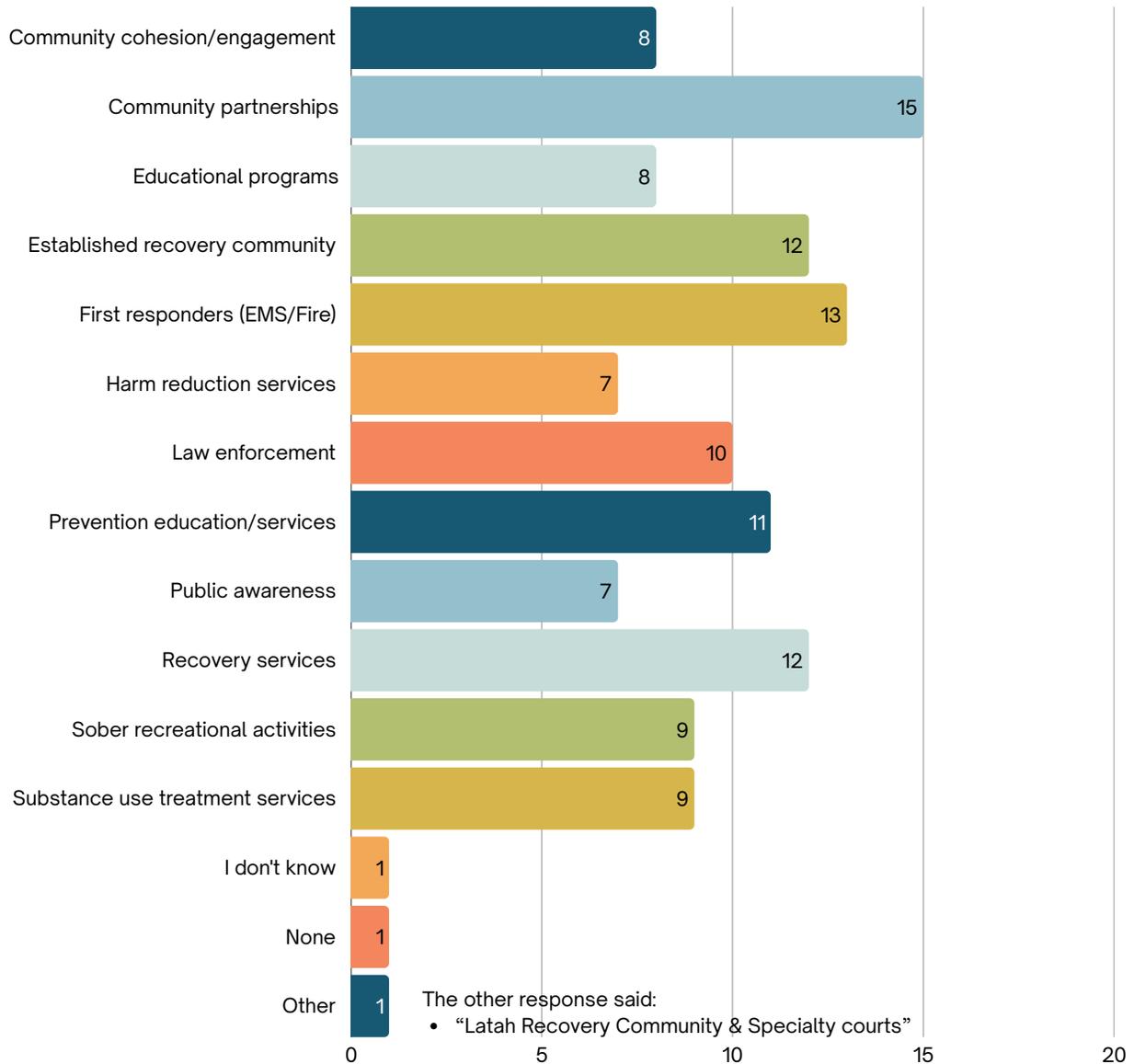
10. Which if the following do you believe are the biggest barriers to accessing substance use disorder treatment services in the region? Please select at most 3 options.



11. If you have any additional comments on opioid-related issues, or opioid abatement needs, gaps, or barriers in services, you may include them in the space below:

- “I think of the services that are available, there is a lack of education to the community (general population and healthcare) of what those services are and how to get individuals to enroll in services that are fully committed to start treatment”
- “I wish we were better at fostering healthy relationships as a community/nation. If we had a happy, healthy community we would have less trauma and coping skills which could lead to less addiction. If we started at an early age it would be even better.”
- “This is an issue that needs full service attention and funding.”
- “I feel we need campaigns against drug use and education on how drug use affects your body and long-term effects.”
- “Not at this time”
- “The cost of treatment makes it difficult for people to get the help they need. In Moscow Idaho there are no inpatient. Traveling out of the area can be a barrier as well. The outpatient supports are not enough either. Not enough counselors, case managers. Now with the cuts on Medicaid people are losing the supports they had.”
- “I think that there is a problem in the medical community. They do not want to say no to patients. There are some serious prescribing issues.”
- “Idaho has a severe shortage of providers qualified to address Opioid Use Disorder. When services are available, the level of care is frequently not high enough to actually address the person's needs (i.e. forced to utilize intensive outpatient when inpatient is needed.) Safe and sober housing is a vital component of recovery. It is almost impossible to remain sober off illicit substances if someone doesn't have this basic need met. There are almost no options for this at an affordable rate for someone who has likely been unemployed or underemployed throughout substance use. Medication-assisted Treatment is also lacking in the area. There are only a few providers offering Suboxone and other buprenorphine medications. It is difficult for active illicit opioid users to transition from fentanyl to buprenorphine products as well. Precipitated withdrawal symptoms can complicate this even further, especially due to the short half life of illicit fentanyl. This is further complicated by the addition of Xylazine in much of the illicit fentanyl supply on the street. Xylazine and other tranquilizers have their own withdrawal symptoms in addition to opioid withdrawal. The easiest MAT option to utilize is methadone, but there are no providers in rural areas.”

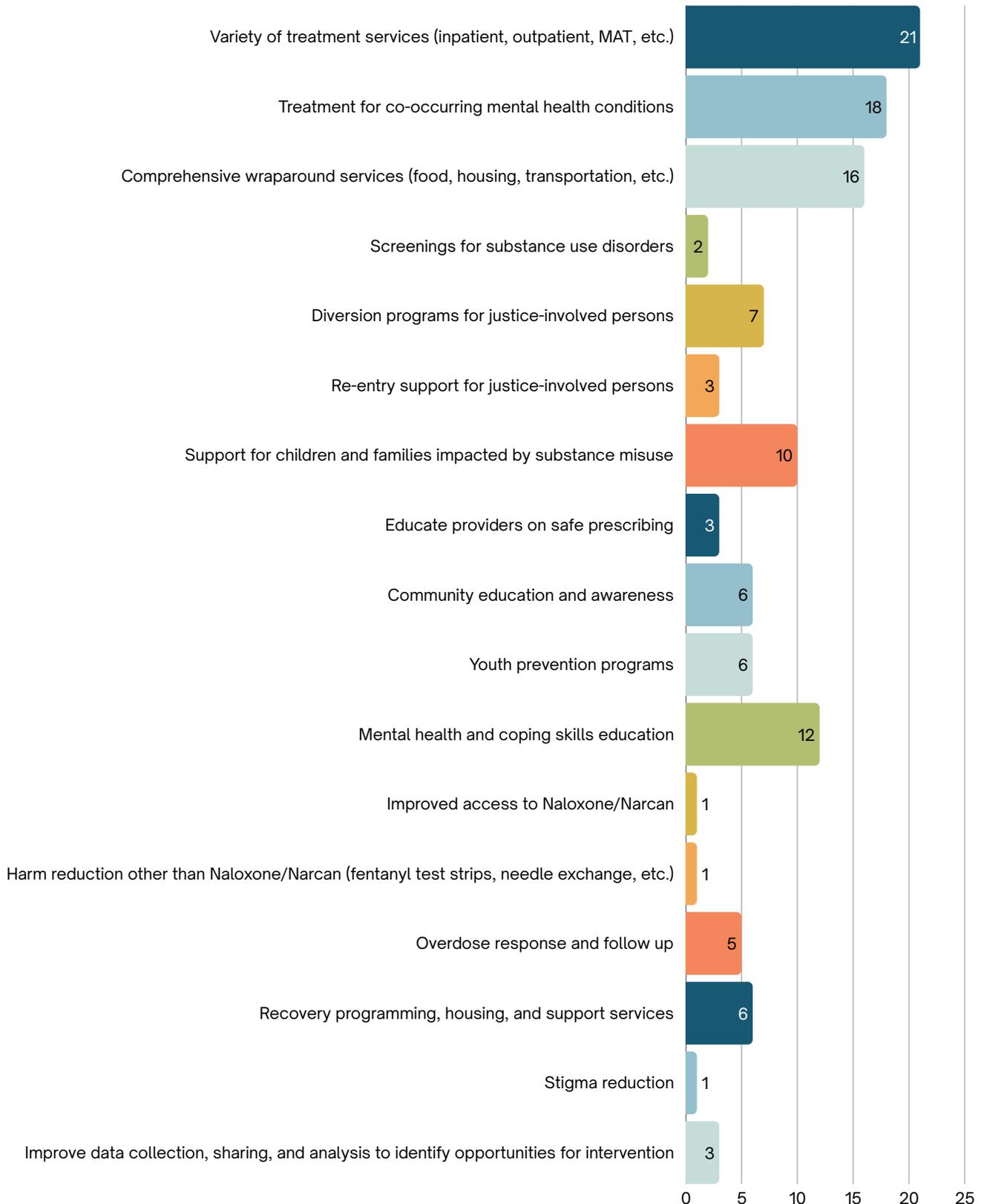
**12. What are North Central Idaho's strengths that help address the opioid crisis?
Please select all that apply.**



13. If you have any comments on community strengths or resources that are assets to addressing opioid-related problems in the region, you may include them here:

- "The Latah Recovery Community, Latah Drug Court and Mental Health Court, Weeks & Vietru Counseling & Community Services, Rural Crisis Center."
- "We need more addiction therapist."
- "Blue Mountain contributes a lot to harm reduction in the LC Valley. Ideal Option offers same-day access to Suboxone/buprenorphine which lowers barriers to MAT."

14. Which of the following opioid abatement strategies are most needed in your community? Please select at most 5 options.



15. If you have any comments on strategies to address opioid misuse and/or prevent opioid overdoses, you may include them in the space below:

- “I would like to see, and would be willing to assist, with arranging a substance use summit. Panhandle Health District put one on in Coeur d’Alene in 2023 and it was wonderful, providing an opportunity for collaboration and exposure to services.”
- “Education is needed to show drug use harms more than just the user.”
- “I think it would be very beneficial to have more treatment facilities in our area. Most people struggling with substance use disorder and opiates do not have health insurance. I think the youth in our area need more support and a youth crisis center. Almost forgot Housing is a huge issues. we have a shortage of affordable housing.”
- “You are going to need to increase the number of therapists in the community significantly as you move homeless people into the area. We do not have enough therapists/addiction therapist in the community as it is now. The homeless housing is only going to increase the problems.”
- “1) Increasing access to Narcan/naloxone for everyone in the community would help combat overdose deaths. 2) Increasing access to MAT services, especially methadone, would help lower overdose numbers. 3) Education that doesn't focus on some kind of fear factor could also be helpful to lower misuse rates among the younger population. Fear tactics have long been proven ineffective.”

16. Thank you for completing this survey! If you have any additional comments, you may leave them here:

- “I appreciate that you are facilitating this survey. The informed the better we can serve the community.”
- “Normalizing recovery centers/rehabilitation and need of support networks do wonders”
- “Thank you so much for asking!”
- “Thank you for working toward a better future for our community by addressing this crisis!”

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