



A MATTER OF SUBSTANCE

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DIVISION OF BEHAVIORAL HEALTH

STAFF SPOTLIGHT: BECKY SWIFT

INSIDE THIS ISSUE:

STAFF SPOTLIGHT 1

DIRECTOR'S CORNER 1

DIVISION UPDATES 2

RELATED NEWS 3

TRAININGS AND CONFERENCES 4



Becky Swift joined the Division of Behavioral Health as Data Manager on January 31, 2014. She began her career at Prevention Concepts, where for 10 years she provided substance abuse prevention and education services in a four-county area. She then worked at Employee and Family Resources before beginning 15 years with the Office of Drug Control Policy (ODCP).

While at ODCP, Becky coordinated the Iowa SAFE Community Program and other prevention-related initiatives; served as the agency legislative liaison; managed the Project Safe Neighborhoods program, focusing on gun and gang violence prevention in select communities; served on the Face It Together Board, assisting in development of the Creating a Drug-Free Workplace curriculum; and worked extensively with the Drug Endangered Children initiative at both the state and national level. Becky came to IDPH in 2013, working initially in trauma and stroke services.

Becky is enjoying her new role as Data Manager, though she admits it's come with a significant learning curve! One aspect she especially enjoys is

managing the Iowa Recovery Health Information Technology (IRHIT) project because it allows her to interact with IDPH-funded agencies providing distance treatment to clients. She recently completed site visits to IRHIT providers, where she learn more about what's working in distance treatment and how she can best support the project.

Becky is originally from Iowa but spent most of her youth in Minnesota. Attending Drake University, where she received a Bachelor's degree in Sociology, brought her back to Iowa, where she's lived ever since. In her free time, Becky enjoys spending time with friends and her four-legged babies (2 dogs and 3 cats), reading, bicycling, ice skating, traveling, and trying new restaurants.

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Kathy Stone is Director of the
Division of Behavioral Health

DIRECTOR'S CORNER

Some current topics of interest:

Confidentiality - Did you know there's a national discussion going on about **42 CFR Part 2**, the federal confidentiality regulations for substance abuse treatment. At their most basic, the two opposing perspectives are:

1. *Repeal provisions that are not aligned with HIPAA* - Today's healthcare is focuses on integration, electronic health records, and health information exchange. 42 CFR is a barrier to care coordination for substance use disorders.

2. *Maintain the core confidentiality protections* - While healthcare may have changed, stigma has not. The potential for negative implications related to employment, civil and criminal justice, pregnancy and child welfare, and even healthcare still exists.

Data - Every year, IDPH provides data for the Annual Drug Control Strategy. An example for 2014:

- The primary substances of abuse reported by *adults* seeking treatment were alcohol, marijuana and methamphetamine, in that order.

- For *juvenile* clients, the primary substances reported were marijuana, "other/unknown", and alcohol.

If you need a reminder that **treatment works and recovery matters** - Go to <http://goo.gl/WVCAMJh> for an excellent article about **Michael Botticelli**, President Obama's nominee for Director of the White House Office of National Drug Control Policy.

Your comments welcome!
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DIVISION OF BEHAVIORAL HEALTH UPDATES

Recovery Month Events

Each September since 1989, SAMHSA has promoted [National Recovery Month](#) to honor prevention, treatment, and recovery support providers; educate others about how behavioral health services help individuals live healthy, rewarding lives; and applaud those in recovery.

On September 18, Governor Branstad signed a proclamation declaring September 2014 as Recovery Month in Iowa.



Governor Branstad and Recovery Month supporters

Drug Facts – Cannabis

Editor's Note: This is the first in a series of "Drug Facts" from Behavioral Health Division epidemiologist, Toby Yak. Toby will review the research and provide interesting facts about drugs of use and misuse in Iowa. We're starting the series with some facts on marijuana.

Why marijuana? We're all aware of changes in marijuana laws across the country, ranging from limited approval of specific marijuana components for compassionate medical use, such as in Iowa's cannabidiol (CBD) legislation, to full legalization of all forms of marijuana for recreational use, like in Colorado. We also know that marijuana is the 2nd most cited drug of choice for Iowans seeking substance abuse treatment, right behind alcohol – and it's the number 1 drug for Iowans under age 18. While the larger marijuana discussion continues across the country, IDPH is considering how to provide stakeholders with accurate information about marijuana and health. These initial research-based facts are a start.

Cannabis is a generic term for the psychoactive components of the plant *Cannabis sativa*. It is the most commonly used illicit drug worldwide. The major psychoactive constituent in cannabis is Delta-9-tetrahydrocannabinol; also known as THC. THC is the part of the plant that gives people the "high." Depending on the form (marijuana, hashish, or hash oil), cannabis products have a wide range of THC potency.

People have used cannabis in various ways. Edible cannabis has been shown to contain higher levels of THC than the smoked form. The THC effects of edible cannabis are delayed by 30-60 minutes after ingestion, compared to seconds or minutes when inhaled, and the effects of edible cannabis often peak two to three hours after ingestion which can cause a longer time of influence and potential impairment. The average THC content of some cannabis cigarettes has increased up to approximately 60 mg per cigarette (20% THC cigarettes).

Some of the facts that make cannabis use a public health consideration include the following:

- People who use cannabis more often than weekly in adolescence are more likely to develop drug dependence, use illicit drugs, and develop psychotic symptoms and psychosis.
- Long-term use of inhaled cannabis can lead to airway injury, lung inflammation, and reduced pulmonary defense against infection.
- A recent study indicates an 8-point decline in IQ after prolonged use in adolescents, the effect of which is non-reversible even if use stops.
- Research shows persons who drive when intoxicated by cannabis are at risk for motor vehicle accidents because cannabis affects their perception of time and distance.

For more information regarding this article, or for suggestions on future Drug Facts, please contact Toby Yak at toby.yak@idph.iowa.gov.

Block Grant Update

From time to time, IDPH solicits input on Iowa's Substance Abuse Prevention and Treatment Block Grant (Block Grant) application.

As a reminder, the Block Grant is a SAMHSA formulary grant, authorized by Congress in 1993 to provide funds to states for planning, implementing and evaluating activities to prevent and treat substance abuse. The grant has certain mandatory allocations, such as a 20% set-aside for prevention and a 5% set-aside for data activities and program evaluation. IDPH uses the Block Grant and associated State of Iowa appropriations to fund substance use disorder prevention and treatment services statewide.

The Block Grant application has three distinct components:

- 1) the Behavioral Health Assessment and Plan, addressing state-specific needs and priorities;
- 2) the Behavioral Health Report, focusing on progress related to identified priorities; and
- 3) the Annual Synar Report, addressing compliance with youth access to tobacco requirements.

Each component is due on a different date. The 2014-15 Behavioral Health Assessment and Plan was submitted to SAMHSA in March and is available for review at: www.idph.state.ia.us/bh/block_grant.asp. If you'd like to comment on the Assessment and Plan or provide input on the Behavioral Health and Synar reports, both of which are due in December, email Michele Tilotta at michele.tilotta@idph.iowa.gov. Please specify "Block Grant Comment" in your subject line.

Yes, Michele Tilotta is changing jobs!

Many of you have worked with Michele through ATR or SBIRT — or Family Drug Court, or the Iowa National Guard, etc.! Michele is transitioning from her current position as SBIRT project director to Iowa substance abuse Block Grant coordinator — so watch for updates from her on this and related topics.

RELATED NEWS

Remembering Kelly Bender

Kelly Bender, University of Iowa Campus - Community Harm Reduction Initiatives Coordinator and former MECCA Prevention Supervisor passed away on September 18, 2014.

Kelly worked at MECCA for eight years as a site-based counselor and then Prevention Supervisor. In 2011, she was hired by the University of Iowa to coordinate a newly created project to combat problematic drinking behavior. During that time, she also led the Partnership for Alcohol Safety — a coalition of university and community representatives to reduce high-risk drinking and create a safer downtown Iowa City.

Our thoughts are with Kelly's family and friends.

National Prevention Conference

Nineteen contractors funded through the Strategic Prevention Framework State Incentive Grant (SPF SIG) attended the annual National Prevention Conference September 16-18 in Hartford, Connecticut.

Attendees heard from Fran Harding, Director of SAMHSA's Center for Substance Abuse Prevention, and David Mineta, Deputy Director of Demand Reduction at the Office of National Drug Control Policy. Topics highlighted during the conference included using technology to advance prevention services, connecting prevention research to practice, and risk and resiliency among youth.

**Iowa Gambling Study**

IDPH has released a new study on gambling among Iowa adults.

Gambling Attitudes and Behaviors: A 2013 Survey of Adult Iowans, prepared by the University of Northern Iowa Center for Social and Behavioral Research, estimates that almost 1.8 million adult Iowans gambled during the past 12 months. Of that number, it is estimated 8,000 adult Iowans could be classified as "problem" gamblers.

"We know the majority of Iowans who gamble do so because it's fun, and they don't have financial or emotional problems as a result," said Eric Preuss of IDPH's Office of Problem Gambling Treatment and Prevention. "However, this study suggests 16 percent of adult Iowans could be classified as 'at-risk' gamblers. That's 369,000 Iowans who may have one or more symptom of problem gambling."

According to the report, 93 percent of Iowans say they have gambled at some time during their lives and 77.8 percent said they had gambled in the past 12 months. That compares to the findings for 2011, when 68.9 percent of Iowa adults said they had gambled in the past 12 months.

The most common forms of gambling in Iowa, in order of popularity, are lottery tickets, raffle tickets, scratch tickets/pull-tabs, slot machines, and card games with friends, family members or others (not at a casino).

To see the *Gambling Attitudes and Behaviors: A 2013 Survey of Adult Iowans* report, visit www.idph.state.ia.us/IGTP/common/pdf/reports/2013_adult_iowans_survey.pdf.

**Fast Facts
from the Consortium****Differences in successful treatment completion among pregnant and non-pregnant women**

The study explores characteristics of successful substance abuse treatment completion of pregnant women using retrospective outcomes data. The study examined women in U.S. substance abuse treatment programs receiving public funding who were in their first treatment admission, aged 18-44, and not in methadone maintenance therapy (N = 678,782).

Results of the study indicated pregnant women were less likely to successfully complete treatment than non-pregnant women, though the difference was not large (Risk Difference = 4.75, 95% CI = 4.23-5.26). However, once the study considered treatment setting, large differences emerged. Pregnant women demonstrated less successful treatment completion compared to non-pregnant women in every setting except non-intensive ambulatory outpatient. The largest percentage of successful treatment completion for pregnant women was in residential hospital rehab and freestanding detox facilities. Furthermore, aside from criminal justice agencies, "other community agencies" refer the greatest percentage of pregnant women to treatment compared to non-pregnant women (Risk Difference = 6.37, 95% CI = 5.89-6.84). Other community referrals may include (a) religious organizations, (b) governmental poverty relief agencies, (c) unemployment, shelter, or welfare agencies, (d) recovery groups, or (e) defense attorneys.

The results suggest further attention to community referral sources and appropriate treatment setting for pregnant women may improve outcomes of pregnant women. Referring to non-intensive outpatient and residential hospital treatment settings may ameliorate prenatal substance abuse treatment depending on the client's primary problem substance.

Sahker, E., McCabe, J.E., & Arndt, S. (in submission).

Watch for more "fast facts" from the **Iowa Consortium for Substance Abuse Research and Evaluation** at the University of Iowa.

Problem Gambling Information Campaign

The Office of Problem Gambling Treatment and Prevention launched a health promotion campaign in August, tied to 1-800-BetsOff and www.1800BetsOff.org.

Watch for billboards on major roadways near casinos and in Council Bluffs, Des Moines, Dubuque, and Sioux City and listen for radio spots on 89 different stations.

The "Bigger Wins", "Navigating Problem Gambling" and "From Pastime to Problem" themes created earlier in 2014 are being continued, along with a new approach entitled "Secrets". A portion of the "Secrets" messages have been customized to reference local problem gambling treatment providers.

IDPH Staff Attend Meeting on Opioid Overdose

On July 17-18, Jeff Gronstal/program licensure, Shane Scharer/hepatitis, and Toby Yak/epidemiology, attended the U.S. Department of Health and Human Services' **50-State Working Meeting to Prevent Opioid-Related Overdose** in Washington, D.C. Meeting sessions focused on prescribing guidelines and education, prescription drug monitoring programs, and expanded use of Naloxone to prevent opioid overdose.

The information gained through the 50-State Meeting will be useful as IDPH reconvenes the Iowa Prescription Abuse Reduction Task Force to update and enhance the recommendations of the 2012 *"Reducing Prescription Drug Abuse in Iowa: A State Strategy"*, and expands access to medication-assisted treatment.

The 2012 strategy is posted on the Governor's Office of Drug Control Strategy website at <http://goo.gl/yNQIoV>. If you have any questions or comments to share about opioid and prescription issues in Iowa, email Becky Swift at rebecca.swift@idph.iowa.gov. Please specify "Opioids" in your subject line.

Substance Abuse Prevention Month and Red Ribbon Week

In 2011, President Obama issued the first-ever proclamation designating October as **National Substance Abuse Prevention Month**. The tradition continues in 2014 as parents, youth, schools and community leaders across the country join together in observance of the role substance abuse prevention plays in promoting safe and healthy communities.



Red Ribbon Week also occurs this month, from October 23-31.

Red Ribbon Week was started in response to the murder of DEA Agent Enrique Camarena. People across the country began wearing Red Ribbons as a symbol of their commitment to raise awareness of the destructive impact of illegal drugs in America.

For ideas on promoting these national recognitions, go to www.samhsa.gov/prevention/nationalpreventionmonth/ and <http://redribbon.org/>.

Binnie LeHew Receives Public Health Award

Binnie LeHew, head of the IDPH Office of Disability, Injury and Violence Prevention, has been selected to receive a 2014 Iowa Public Health Heroes Award through the University of Iowa College of Public Health. Congratulations Binnie!

For more information about the Division of Behavioral Health, visit www.idph.state.ia.us/bh

For questions related to "A Matter of Substance," contact the editors:

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Julie Hibben (julie.hibben@idph.iowa.gov)

TRAININGS AND EVENTS

2014 Mental Health Conference

October 1-2
Prairie Meadows Event and Conference Center, Altoona
For more information, go to www.trainingresources.org

Protecting Families Fall Conference

October 3
Sioux City Convention Center
For more information, call 712-279-2507

EFR 50th Anniversary Celebration

October 7
Temple for the Performing Arts, Des Moines
For more information, go to www.efr50.org

Iowa Corrections Association Fall Conference

October 8-10
Adventureland Inn, Altoona
For more information, go to www.iowaica.com

Motivational Interviewing: Advanced Concepts and Techniques

October 10, 8:45am - Noon
Peter Waitt Education Center
Sioux City
For more information, go to www.jacksonrecovery.com

LGBT Considerations for Addiction Treatment

October 31, 8:45am - Noon
Peter Waitt Education Center
Sioux City
For more information, go to www.jacksonrecovery.com.

Iowa Prevention Conference

November 5
Airport Holiday Inn Conference Center, Des Moines
For more information, go to www.trainingresources.org

ISMART Full System Training

November 20-21
For more information, go to www.trainingresources.org

Governor's Conference on Public Health

April 14-15, 2015
For more information, go to www.iowapha.org