

## Iowa Department of Public Health Opioid Update: December 2020

The Iowa Department of Public Health (IDPH) offers the Opioid Update to share information about opioid use and Iowa's efforts to address the national opioid epidemic. Please feel free to submit topics to RaChel Greenwood at [rachel.greenwood@idph.iowa.gov](mailto:rachel.greenwood@idph.iowa.gov).

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### Iowa News

#### **Opioid Overdose Reversal Kit Promotional Materials Being Sent to Pharmacies**

The Iowa Department of Public Health, in collaboration with the Iowa Board of Pharmacy, are sending promotional materials regarding the availability of free NARCAN® (the nasal spray version of the opioid overdose reversal medication), to the nearly 860 pharmacy locations in Iowa. The materials include:

- Posters
- Table Tents
- Stickers
- Business Cards
- "Ask-me" Masks
- Conversation-starter Sheets

This initiative, made possible by the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response grant, is intended to create an awareness regarding Narcan availability for eligible individuals. These materials will be followed by an upcoming media campaign for the general public that highlights NARCAN® availability

For more information regarding this initiative, please contact Kevin Gabbert, Opioid Initiatives Director for the Iowa Department of Public Health at [kevin.gabbert@idph.iowa.gov](mailto:kevin.gabbert@idph.iowa.gov).

### Opioid News

#### **People with addiction more likely to get COVID-19**

According to the National Institutes of Health, people with a substance use disorder (SUD) were over-represented within COVID-19 cases (15.6% of COVID-19 cases but only 10.3% of the general population). They were also more likely to experience hospitalization due to COVID-19 (41% of those with SUD, compared to 30% for those without SUD) and to die from COVID-19 (9.6% of people with SUD died from COVID-19, vs. 6.6% of those without SUD).

The authors posit that this increased risk of morbidity and mortality from COVID-19 among those with SUD is most likely a consequence of both biological and social factors, such as

compromised lungs and cardiovascular systems in people with SUD and the marginalization of people with SUD that leads to lower access to health care services.

To read the article about the study, please click this link: [NIH](#)

### **Study Finds 94% of Syringe Service Programs Distribute Naloxone, but Overdose Death Rates Call for Scaling Up Efforts**

A recent study conducted by a nonprofit research institute found a large increase in the number of syringe service programs (SSP's) distributing naloxone (from 55% in 2013 to 94% in 2020). Of the SSP's that took part in the study, nearly one-third of the programs reported either running out of naloxone or needing to ration naloxone in the preceding three months.

As the lead author of the study states, "Syringe service programs have been doing tremendous work under difficult circumstances, and we need to be doing more to support these programs to scale up naloxone even further."

To read the article about the study, please click this link: [RTI](#)

To read the study findings within the CDC's Morbidity and Mortality Weekly Report, please click on the following link: [CDC](#)

### **Study: Opioid Medication Treatment Combined with Patient Navigation Cost-Effective for People Released from Jail**

An economic analysis on the cost effectiveness of treatment for people with an opioid use disorder (OUD) from pre-trial detention in jail through 12 months post-release from jail, found that interim methadone treatment while in jail accompanied by patient navigation services post-release is more cost effective than enhanced treatment-as-usual or interim methadone treatment without patient navigation services.

"The financial investment of opioid medication treatment and patient navigation sessions beginning in jail and continuing post-release is nominal compared to the benefits measured by the reduction in opioid use," says Gary Zarkin, PhD, lead author of the study.

To read the study abstract, please click this link: [IMI](#)

### **A Decade of Data Tracked the Quality of Addiction Treatment Centers Over Time and Across States Using Federal Government's 'Signs' of Higher Quality**

The Federal government has encouraged individuals to look for addiction treatment programs with characteristics that signal a higher quality of care, such as offering medication assisted therapy (MAT) for opioid use disorder (OUD). Through an analysis of a decade (2007-2017) of addiction treatment programs across the U.S., researchers found that despite gains from 26% of programs offering MAT in 2007 to 40% in 2017, there is much room for improvement and significant state-level variation across measures of quality.

To read the article about the study, please click this link: [QUAL](#)

### **Using Real-Time Twitter Data to Track Trends in the Opioid Crisis**

Opioid Overdose Deaths (OODs) have escalated and evolved through three different phases across the country over the last two decades. In 2000, most OODs were related to prescription opioids for pain, followed by heroin in 2010 and then synthetic opioid in 2013. Current monitoring of OODs relies primarily on mortality data, which often means a 12-18 month reporting lag.

A team of researchers examined Twitter data and found that the words used in Twitter posts were predictive of the opioid phases for OODs, which suggests that Twitter analysis may be a timely surveillance method that can better inform future public health responses in real time.

To read the article about the study, please click this link: [OOD](#)

### **Modeling Mitigation Strategies to Reduce Opioid-Related Morbidity and Mortality in the US**

A recently published study estimated the future burden of the opioid epidemic and found that the opioid epidemic is likely to continue to cause a high number of fatal opioid overdoses in the US for at least 10 years. It suggests that an aggressive provision of evidence-based interventions may reduce deaths by at least a third.

To read the article about the study, please click this link: [JAMA](#)

### **Opioid prescribing exceeds consumption following common surgical oncology procedures**

As surgical oncology patients are vulnerable to persistent opioid use, a recent study compared the amount of opioids prescribed to those consumed for common surgical oncology procedures (e.g. breast biopsy, lumpectomy, or mastectomy) via a telephonic survey. The results suggest that opioid prescribing continues to exceed consumption following common surgical oncology procedures.

To read the study abstract, please click this link: [ONC](#)

## **Resources**

### **The International Association for the Study of Pain (IASP) Revised Definition of Pain: Concepts, Challenges and Compromises**

A multidisciplinary group of experts in the field of pain recently updated the definition of “pain” on behalf of the International Association for the Study of Pain and provided a summary of findings within an infographic. One of the key objectives of this revision was to support the conduct of high quality clinical trials for nonpharmacological approaches for pain and substance use disorders informed by the biopsychosocial model of pain.

To download the entire PDF, please click this link: [IASP](#)