

Iowa Department of Public Health
Division of Behavioral Health
Opioid Update for Wednesday, March 7, 2018

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 Julie Jones at julie.jones@idph.iowa.gov.

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Department Efforts

Iowa Opioid State Targeted Response (STR) Grant: Update

Media Campaign

As part of the STR grant, IDPH initiated a media campaign focusing on opioid misuse in November 2017. Since that time, the campaign has documented:

- 1,775 clicks from the online banners, videos, and search ads
- 11,205 cable and radio spots
- 7 million impressions (views)

Naloxone Training

Also In November 2017, IDPH hosted a Naloxone "Training of Trainers" workshop that provided education to over 100 individuals across the state on how to train community members to recognize and respond to a suspected opioid overdose. Since that time, STR providers that participated have:

- trained 134 first responders/law enforcement officers and
- trained 336 community members, and
- distributed 294 Naloxone kits to trained individuals.

Iowa News

UCS Healthcare to open Medication Units in Needed Areas of the State

Responding to Iowa's need for expanded access to effective medication-assisted treatment (MAT), **UCS Healthcare** in Des Moines (***formerly known as United Community Services***) is working with interested substance use disorder treatment providers statewide to establish "Medication Units". A Medication Unit is defined as "a facility established as part of, but geographically separate from, an opioid treatment program, from which licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication or collect samples for drug testing or analysis." UCS Healthcare recently opened a Medication Unit in Waterloo in partnership with Pathways Behavioral Services, and plans to open two additional Medication Units with Alcohol and Drug Dependency Services (ADDS) in Burlington and SIEDA Behavioral Health in Ottumwa.

To learn more about UCS Healthcare's Medication Units, contact Misty Angrick, Medical Services Director, at 515-280-3860.

Legislative Interest

House File 2377

On February 26, 2018, the Iowa House of Representatives passed House File 2377. The bill includes a variety of opioid-related efforts, including:

- Prescriber registration and use of the Prescription Monitoring Program (PMP) prior to issuing an opioid prescription
- Transmission of prescription information for controlled substances by a pharmacy to the PMP within one business day of the dispensing
- Adoption of a Good Samaritan law to provide certain protections for good-faith actions to seek medical assistance for an individual experiencing an overdose
- Provider education on the CDC Guideline for Prescribing Opioids for Chronic Pain

The bill has been sent to the Senate Human Resources Committee. *Stay tuned!*

CDC Guideline for Managing Chronic Pain

During the legislative session, IDPH will spotlight opioid-related initiatives or promising practices endorsed by federal partners and adopted by other states. In this edition, the focus is on the CDC Guideline for Prescribing Opioids for Chronic Pain.

In 2016, the Centers for Disease Control and Prevention released the CDC's Guideline for Prescribing Opioids for Chronic Pain. The Guideline is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose.

Adopted entirely or modified, the Guideline has become the foundation for opioid prescribing by numerous states. The three main focus areas of the Guideline include:

1. Determining when to initiate or continue opioids for chronic pain
 - Selection of non-pharmacologic therapy, non-opioid pharmacologic therapy, opioid therapy
 - Establishment of treatment goals
 - Discussion of risks and benefits of therapy with patients
2. Opioid selection, dosage, duration, follow-up, and discontinuation
 - Selection of immediate-release or extended-release and long-acting opioids
 - Dosage considerations
 - Duration of treatment
 - Considerations for follow-up and discontinuation of opioid therapy
3. Assessing risk and addressing harms of opioid use
 - Evaluation of risk factors for opioid-related harms and ways to mitigate patient risk
 - Review of prescription drug monitoring program (PDMP) data
 - Use of urine drug testing
 - Considerations for co-prescribing benzodiazepines
 - Arrangement of treatment for opioid use disorder

While Iowa does not require CDC Guideline education for prescribers, physicians with active Iowa medical licenses are required to complete two hours of Category 1 credits for chronic pain management and two hours of Category 1 credits for end-of-life care every five years.

For more information on the CDC Guideline, click on the following link: [CDC](#).

Opioid News

CDC Reports Increases in Opioid Overdoses Treated in Emergency Departments

According to the Centers for Disease Control and Prevention, Emergency Department (ED) visits for opioid overdose rose 30% in all parts of the US from July 2016 through September 2017. In particular, the Midwestern region experienced a 70% increase during this timeframe. Specific data indicates opioid overdoses increased as follows:

- Men (30%) and women (24%)
- People ages 25-34 (31%), 35-54 (36%), and 55 and over (32%)

Although EDs are usually seen as places for *treatment* of an overdose, they can be valuable resources for prevention efforts as well. To help prevent future overdoses, EDs can provide Naloxone to individuals treated for overdose or to their family members, they can be a linkage/introduction to treatment services, and they can provide valuable information to health departments and communities regarding overdose response.

To read more regarding the recent CDC report, click on the following link: [ED](#).

PCSS Projects Merge and Launch a New Website to Streamline Efforts to Help Clinicians Address Opioid Use Disorders

Providers Clinical Support System (PCSS), a grant project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), launched a new, streamlined website to make access to educational resources, trainings, and mentoring on substance use disorders and co-occurring mental disorders easier for health care professionals.

[PCSSNow.org](#) represents the transition from two separate SAMHSA-funded projects — PCSS for Medication Assisted Treatment and PCSS for Opioid Therapies — to a single overarching approach dedicated to providing cutting edge, evidence-based information on preventing and treating substance use disorders and co-occurring mental disorders, chronic pain, and opioid use disorders.

SAMHSA Releases TIP 63, Medications for Opioid Use Disorders

The Substance Abuse and Mental Health Services Administration (SAMHSA) publishes the Treatment Improvement Protocol (TIP) series to provide science-based best-practice guidance for the treatment of substance use disorders and mental illness. In its continued efforts to address the opioid crisis, SAMHSA has published TIP 63, *Medications for Opioid Use Disorders*, which reviews the use of methadone, naltrexone, and buprenorphine as well as other strategies needed for the treatment of opioid use disorders (OUD).

To download TIP 63, click on the following link: [TIP 63](#).