

**Iowa Department of Public Health**  
**Division of Behavioral Health**  
**Opioid Update for Wednesday, May 16, 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](mailto:julie.jones@idph.iowa.gov).

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**Iowa News**

**House File 2377: Signed by the Governor**

On May 14, 2018, Governor Reynolds signed House File 2377 into law. Often referred to as the "Opioid Bill", this legislation brings several changes which include:

- Required 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 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
- Required provider education on the CDC Guideline for Prescribing Opioids for Chronic Pain
- Adding naloxone administrations by first responders and doses dispensed by pharmacies as reportable to the PMP
- Mandating the electronic prescribing of all prescriptions (both controlled and non-controlled) beginning January 1, 2020
- Granting the Board of Pharmacy the authority to generate and send "proactive notifications" that summarize a practitioner's history of prescribing controlled substances

**Opioid News**

**SAMHSA Releases Series of Fact Sheets on Prescription Pain Medication**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a series of fact sheets on Rx Pain Medication. "Rx Pain Medications, Know the Options, Get the Facts" is a series of 13 fact sheets designed to increase awareness of the risks associated with prescription opioid use and misuse. The resource aims to help health care providers better understand the potential risks associated with opioid misuse, as well as signs of misuse to look for in patients, discussion of how to talk to patients, and other options for pain management. The publication also educates patients on alternative pain management options, discussion of risks associated with opioid misuse, and tips for safe storage and disposal, among other topics.

To access the series of Fact Sheets, please click on the following link: [SAMHSA](#)

## **Comprehensive Opioid Abuse Site-based Program (COAP) Grants Available**

The Bureau of Justice Assistance (BJA) recently announced funding opportunities for FY 2018. The grant program provides awards ranging from \$100,000 to \$1,500,000 for a 24-36 month project period to deliver financial and technical assistance to states, units of local government, and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. The six grant categories are:

- Category 1: First Responder Partnerships
- Category 2: Technology-Assisted Treatment Projects
- Category 3: System-Level Diversion Projects
- Category 4: Statewide Planning, Coordination, and Implementation Projects
- Category 5: Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement Projects
- Category 6: Public Safety, Behavioral Health, and Public Health Information Sharing Partnerships

BJA anticipates making more than 160 grant awards. Last year, Iowa received the Harold Rogers (category 5) grant. Applications are due June 7, 2018. For more information, please click on the following link: [COAP](#)

## **First, Do No Harm**

Recently the National Academy of Medicine, at the request of the National Governors' Association, brought together a group of experts representing the key leadership of the nation's scientific, professional, and policy organizations to explore clinicians' role to counter the opioid epidemic. The result of the work is, *First, Do No Harm: Marshalling Clinician Leadership to Counter the Opioid Epidemic*. An excerpt from the publication:

*Approximately 5 million clinicians are actively delivering patient care in communities throughout the nation. The largest group is nurses, and the most referenced in the context of clinician engagement in pain management are physicians (there are 950,000 licensed physicians) and nurse practitioners (about 220,000). But the pool of skilled and dedicated health professionals providing capacity and leadership to health initiatives in pain management and opioid crisis mitigation also includes dentists, psychologists, pharmacists, physician assistants, registered nurses, physical therapists, podiatrists, occupational therapists, dental hygienists, paramedical assistants, emergency medical technicians, and social workers, as well as others who assist them. All are important to successfully countering the opioid epidemic, whether through caring for persons prescribed opioid medications, providing assistance to those who need it, or rallying community action.*

To read the entire publication, please click on the following link: [NAM](#)

## **Five Unintended Consequences of Addressing the Opioid Crisis**

With a focus on reducing the number of opioids being prescribed in the U.S., an unintended consequence has arisen. In an article by Politico, the push for fewer opioid prescriptions at lower doses and for shorter periods has increased suffering for some pain patients including those near the end of life. The emphasis on opioids has also overshadowed other forms of substance abuse that require attention.

To read the entire article, please click in the following link: [Politico](#)

## **Department Efforts**

### **A Focus on IDPH Prevention Efforts**

The Bureau of Substance Abuse supports a variety of services that focus on prevention of opioid and prescription drug misuse. The bureau administers grants that support prevention services including the Comprehensive Substance Abuse Prevention Grant, the Strategic Prevention Framework for Prescription Drugs and the IDPH AmeriCorps Substance Abuse Prevention Program.

Bureau-funded prevention services have focused on the non-sharing of prescription medications, safe storage and disposal of medications as well as prescriber education. Funded agencies have also utilized the Strategic Prevention Framework (SPF) to most effectively plan prevention services to address opioids and to sustain positive outcomes. The SPF is a five-step planning process to assist communities in addressing substance misuse.

The bureau supports evidence-based programs and strategies that have shown effectiveness in addressing opioid misuse. Educational programs for youth and adults that positively impact opioid misuse include the Life Skills Training Program, Strengthening Families Program (for youth 10-14) as well as Generation Rx. Educational services are also provided to encourage prescribers to use SAMHSA's Overdose Prevention Toolkit and the CDC's Guidelines for Prescribing Opioids for Chronic Pain. Community education services focus on dissemination of research-informed media campaigns, including the "Prescription Drugs Are Still Drugs" media campaign available through the bureau.

To help support and expand prevention services in communities, the bureau administers a grant to support AmeriCorps members addressing opioid misuse through community education and collaboration. Currently, there are 12 members in 10 host site agencies statewide.

For more information on these grants, please click on the following link: [Prevention](#)