

**Iowa Department of Public Health**  
**Division of Behavioral Health**  
**Opioid Update for Wednesday, December 27, 2017**

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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**Department Efforts**

**New Opioid Initiatives Director at IDPH**

IDPH has selected Kevin Gabbert as its Opioid Initiatives Director. In this new position, Kevin will lead multiple Department efforts including legislative support, responding to media requests, strategic planning, and other activities related to opioid misuse. Kevin has been with IDPH since 2007, managing several federal grants, such as Access to Recovery (ATR) and Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA). Prior to joining IDPH, Kevin worked for 15 years as a substance use disorder and mental health clinician.

Please join us in congratulating Kevin on his new position. If you have any questions about current IDPH efforts around opioids, contact Kevin at [kevin.gabbert@idph.iowa.gov](mailto:kevin.gabbert@idph.iowa.gov).

**Opioid Overdose Posters Available**

As part of the Opioid State Targeted Response (STR) and SPF Rx grants, IDPH is making posters available that address opioid misuse and overdose. The 11x17 inch posters are available in three designs, with each also available in Spanish. To order posters, contact Julie Jones at [julie.jones@idph.iowa.gov](mailto:julie.jones@idph.iowa.gov).

**Iowa News**

**Opioid Guardianship: Viewing the Opioid Crisis through a New Lens**

The Iowa Healthcare Collaborative (IHC) is a provider-led patient-focused non-profit organization dedicated to promoting a culture of continuous improvement in healthcare. IHC currently oversees three Center for Medicare and Medicaid grants: Hospital Improvement Innovation Network (HIIN), Transforming Clinical Practice Initiative (TCPI), and State Innovation Model (SIM).

Through the HIIN Opioid Guardianship Project, IHC is working on preventing opioid use disorders by reframing the way providers and patients look at pain. While hospitals focus on comfort and functionality when prescribing and utilizing opioids, IHC supports their efforts with several tools including a comfort scale, a comfort menu and opioid treatment plans.

The second cohort of the Opioid Guardianship Project will begin in January 2018. If your hospital is interested in participating, contact Jennifer Creekmur at [creekmuri@ihconline.org](mailto:creekmuri@ihconline.org) by January 5, 2018.

In 2018, IHC will roll the project out to clinics and communities to establish a consistent approach statewide. IHC is partnering with IDPH, healthcare associations, law enforcement and other key stakeholders across the state to ensure collaboration without duplicating efforts. Contact Sarah Derr at [Derrs@ihconline.org](mailto:Derrs@ihconline.org) with any questions on IHC's opioid initiatives.

## **Opioid News**

### **Surgeons Try Prescribing Fewer Opioids to Lower Addiction Risk\***

It may not be rocket science, but a group of surgeons at the University of Michigan devised an approach to help curb the nation's opioid epidemic — prescribe fewer opioids. The researchers identified 170 patients who underwent gallbladder surgery and surveyed them within a year of the operation about how many pills they actually used, what pain they experienced after surgery and whether they had used other painkillers, such as ibuprofen. They used the findings to create new hospital guidelines that cut back on the standard opioid prescription for gallbladder surgeries.

Then, they analyzed how patients fared under the new approach, tracking 200 surgery patients who received substantially fewer pills — an average of 75 milligrams of opioid painkillers, specifically oxycodone or hydrocodone/acetaminophen. Previously, the average dose was 250 milligrams. Despite getting less medication, patients didn't report higher levels of pain, and they were no more likely than the previously studied patients to ask for prescription refills. They were also likely to actually use fewer pills.

The takeaway: After surgery, patients are getting prescribed more opioids than necessary and doctors can reduce the amount without patients experiencing negative side effects. Within five months of the new guidelines taking effect at Michigan's University Hospital, surgeons reduced the volume of prescribed opioids by about 7,000 pills. It's now been a year since the change took effect, and the researchers estimate they have curbed prescriptions by about 15,000 pills.

\*To read the entire article, please click on the following link: [NPR](#)

### **Upcoming Dates for Opioid Education:**

- **What they Never Taught You in School: Substance Use, Addiction, Opioid Use Disorders and Medication in Addiction Treatment**  
January 18 *or* 19, 2018: Iowa City  
For more information, click on the following link: [Training Resources](#)
- **The Opioid Crisis: Strategies for Treatment and Recovery**  
March 7-8, 2018: Chicago  
For more information, click on the following link: [The Opioid Crisis](#)
- **American Association for the Treatment of Opioid Dependence (AATOD)**  
March 10-14, 2018: New York  
For more information, click on the following link: [AATOD](#)
- **National Rx Drug Abuse and Heroin Summit**  
April 2-5, 2018: Atlanta  
For more information, click on the following link: [Summit](#)