

A Matter of Substance

January 2022
Quarterly Publication
Bureau of
Substance Abuse



A Publication of the IDPH
Bureau of Substance Abuse

IDPH • Lucas State Office Building • 321 East 12th St., Des Moines, IA 50319 • www.idph.iowa.gov



2022 Legislative Update

The Iowa Department of Public Health looks forward to sharing information with you during the 2022 legislative session.

Tips and Tools for Keeping Up-to-Date with the Iowa Legislature:

- ✓ [Legislative Subscriptions](#) offers a variety of subscriptions and tracking tools to watch and track bills.
- ✓ An instructional video called Subscription and Bills and Rules Watch [can be viewed here](#).
- ✓ If you would like to know more about your legislators and the House and Senate leadership, [click here](#).
- ✓ Details on committees are [posted here](#).

- ✓ Learn what's happening in the Chambers [here](#).
- ✓ Find daily activities, track bills and see committee action, schedules and more at this link: <https://www.legis.iowa.gov>.
- ✓ You can find new bills [posted here each day](#).
- ✓ If you want to build your own library of bills, check out the many [bill tracking tools here](#) at the Legislative Services Agency website and create a bill watch.
- ✓ You can find budget information, fiscal notes and other publications by topic [at this link](#).



Provider Spotlight



This quarter, the Bureau of Substance Abuse would like to highlight client success stories from different agencies across the state. These clients receive support and resources through the Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant and/or the Emergency COVID-19 Response Project (COVID-19 grant). The PIPBHC grant focuses on improving physical and behavioral health outcomes for individuals with substance use disorders (SUD) and the COVID-19 grant focuses on connecting any Iowan impacted by COVID-19 with resources and support for behavioral health concerns. Please note that the narrative outlined below is in the individual's own words.

What was the turning point at which you chose to begin your path with recovery?

"The turning point in my life was getting involved in DHS for a second time. I had learned a lot the first time through and had made good changes. But after the supports left my life, I found myself going back to some old playmates and old thinking. I had lived through abuse in my own family and had lived with a violent partner. When I took him back, it was with hope that he had changed and he had not. Living in this led to my relapse after almost 2 years sober. With the consequences that accompanied that, it made me look at my choices. It also put me into contact with

people who could help me and support me in making better choices for myself and my kids. And this time I was really ready to dig in and make some changes."

What do you want to share with others about your recovery?

"I want people to realize that it is possible to face challenges and do it sober. It is also a good thing to reach out for help and let people help you! We can learn the skills to live life "on life's terms" and do it sober. Recovery has taught me much about learning to face issues and learning to open up and talk about my challenges. Secrets are not good for any of us."

Describe what healthy changes you made regarding your use of alcohol or drugs?

"One of the healthiest things that I have learned is that I deserve to take care of myself and I deserve a better life. I work hard at taking care of myself and I have finally learned to make that a priority. I am a single mom, working with 4 kids, so this can be challenging- but I am worth the effort! I have found recovery group supports and I have developed a network of friends and supports through my church."

How is your life better today as a result of reducing or eliminating the use of drugs or alcohol?

"Life in recovery is so much better! And it is going to keep getting better. I have just signed up for my first college class."

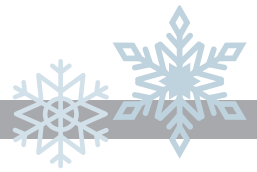
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Take Note



Provider Spotlight *continued...*

Some day I will be in a position to help others. I will be able to use my own experience to help others learn that there is always hope and change is always possible.” –25 year old

What was the turning point at which you chose to begin your path to recovery:

“After driving my vehicle drunk and hitting a pole at a local hospital, losing my kids, becoming homeless, and losing everything on my birthday, I received an order protection from my at the time boyfriend, I hit rock bottom.”

What do you want to share with others about your recovery:

“When you lose everything in your life, you have to rethink what you are doing. I chose to get help, but didn’t know how. If your struggling, keep trying.”

Describe what healthy changes you made regarding your use of alcohol or drugs:

“Been getting treatment through harmony, I focused on only me, no boyfriends, earned trust back of my kids slowly. Went to meetings, didn’t make excuses, made it to group, did what was required by the courts, and stay away from the people and places that I felt caused me to start to drink. I dealt with my trauma instead of hiding it.”

How is your life better today as a result of reducing or eliminating your use of drugs or alcohol?

“I get to spend time with my kids, have a relationship with my mom and at 1 ½ years met someone special. I don’t have to feel all the pain and learning to deal with grief of my fathers death. I feel the best I have ever felt as I now have a support with friends, physicians, family and can hold my head high and be proud of who I am today. Today I have 23 mos clean and sober.”
– 47 year old



Employee Spotlight



Chandra Jennings joined the IDPH Bureau of Substance Abuse in November 2021 as a Prevention Consultant and is overseeing the Improving Tomorrow: Prevention Focused Mentoring and County Substance Abuse Grants. She’ll also be spending some time assisting with Department led prevention efforts. She holds a PhD in Health Education with a concentration in Public Health from the University of Kansas, a MSE in Health Education and the Psychology of Physical Activity from the University of Kansas, and a BA in both Health and Psychology from Luther College in Decorah, IA.

Prior to coming to this position, Chandra spent her career working in the higher education setting focusing on prevention efforts for students, staff, and faculty as well as classroom teaching to prepare future prevention professionals for careers and graduate studies in community and public health, social work, and substance abuse counseling. She spent two years at the University of Maine-Farmington as an Assistant Professor of Community Health Education and a Health Education Program Coordinator within the Student Health Center, which was followed by 6.5 years at Luther College as the Director of the Nena Amundson Lifetime Wellness Program where she oversaw comprehensive prevention and health promotion services for students and employees,

and also coordinated and taught in the Health Promotion major. The opportunity to move closer to “home” in central Iowa and a new career setting led her to this new role with IDPH.

Chandra is passionate about living an active life, being in nature, and feeding her family with delicious home-grown food from the seed to the table. Most of her time is spent with her husband and toddler growing, storing, and cooking food together, traveling, caring for animals, and running, but she does like to slow down for a good movie, book, or coffee date with friends. She is originally from the Des Moines area, and is happy to be back and closer to family.





Important Information!



Employee Spotlight

Justin Edwards joined the Iowa Department of Public Health in September of 2021 as Project Coordinator for the Integrated Provider Network. Justin is a substance use counselor by trade, and will be utilizing his experience to assist other providers in bolstering their substance use treatment and prevention services.

Justin is a Missouri native, and came to Iowa after receiving his undergraduate degree in 2014. Justin began his career in substance use treatment services in 2015. After serving as a substance use counselor for over 4 years, Justin took on the task of developing Screening, Brief Intervention and Referral to Treatment (SBIRT) services in a major Des Moines hospital. It was there that Justin realized his professional passion for public health, and found his way to IDPH.

Justin currently lives and works in Des Moines, alongside his wife, Julia, and fur baby, Dex. Once work is done, Justin enjoys building projects in his shop, nerding out with his retro game collection, or traveling to the mountains for a long hike. Lastly, Justin is obligated, as a Missourian, to tell you about his love for bar-b-que and the Kansas City Chiefs.



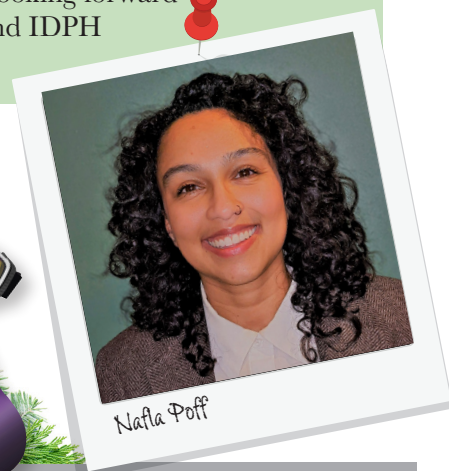
Justin Edwards



Nafla Poff joined the Office of Disability, Violence and Injury Prevention in November 2021 as the Injury and Violence Prevention Coordinator. In her role Nafla will be managing the Iowa Violent Death Reporting System. She will also be working on Intimate Partner Violence and Sexual Violence Prevention, as well as supporting Title V Health Equity efforts. She is currently working on learning all of her roles and is excited to meet her partners in different Bureaus, Divisions and Departments.

Nafla began her public health journey at Linn County Public Health in 2011, as a AmeriCorps volunteer on the Breast and Cervical Cancer Early Detection Program. This ignited her love of Public Health, so when her service ended she moved to Minnesota to pursue her master's at the University of Minnesota, while there she worked on vector borne disease investigation at Minnesota Department of Health (MDH). After graduation Nafla moved back to her hometown of Madison, WI and ultimately found herself working on maternal and child health for Wisconsin's Department of Health. Eventually Nafla fell in love with a young man from Des Moines, and decided to move to be closer to him. After spending the majority of a pandemic working at the Iowa Coalition Against Sexual Assault, Nafla saw the Injury and Violence Prevention position at IDPH open up and jumped at the opportunity.

In her non-public health life, Nafla enjoys spending time with her two cats and fiancé, playing and watching sports, and spending time outside. She is an avid snowboarder who is determined to make the best of what hills central Iowa has to offer. She loves trying new things and is looking forward to the adventures Iowa and IDPH have in store for her.



Nafla Poff



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Employee Spotlight

Misty Angrick joined the Bureau of Substance Abuse in September 2021 as a Community Health Consultant/Project Coordinator.

Misty comes to IDPH with 11+ years of experience working in the field of substance abuse, additional years in nursing and leadership in healthcare. In her last position, Misty raised awareness on opioid misuse, the disease of addiction and the benefits of MAT. Misty has increased access to MAT services including methadone across the state; implementing eleven medication units and two OTPs. Misty has built relationships within the community and is respected by her peers. Misty has Her IADC, LPN and MPA.

In her current role, Misty gets to assist and manage portions of the IPN grant, helping contractors navigate parts of the grant system. Misty is excited to continue learning and growing in her new role; working on health disparities in the community and the state, specifically in mental health and substance abuse. Misty believes the journey to recovery is different for everyone and meeting

people where they are at is critical. Misty brings multiple perspectives and will be an asset to the IDPH team.

Misty lives in Johnston, Iowa. Misty enjoys spending time with family and friends. In her free time, Misty enjoys reading crime novels, lying on the beach and watching scary movies in the dark. Journey to recovery is different for everyone and meeting people where they are at is critical. Misty brings multiple perspectives and will be an asset to the IDPH team.



Iowa Change Leadership Vision Council

The Iowa Change Leadership Vision Council is a council funded by the Mid-Iowa Health Foundation and grew from conversations from the Coalition for Family and Children's Services in Iowa to understand the need to address system change with the implementation of the Family First Prevention Services Act (Family First). This public-private partnership is focused on achieving their North Star Outcome: Iowa children and families are safe and secure, healthy and well in their communities.

A subcommittee of the Vision Council is the Substance Abuse Disorders Workgroup. Members represent a public-private blend of partners and state representatives and focuses on Iowa families living with substance use disorders who have young children (10 years and under). The committee has been busy planning strategies to engage and involve all behavioral health partners; specifically partnering with the managed care

organizations (MCO) to host a webinar to inform stakeholders on Family First implementation and current status, the council's goals and strategies, sharing survey results of a recently distributed survey on evidence-based practices and other topics, and to provide an MCO update on specific strategies and programs offered by the MCO's. The webinar will be hosted in the spring and information will be broadly disseminated; once a date has been set. For further information, contact Michele Tilotta at Michele.tilotta@idph.iowa.gov.



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Take Note

Training Spotlight

IBHRS Technical Assistance Weekly Calls

The Iowa Department of Public Health is hosting weekly Iowa Behavioral Health Reporting System (IBHRS) calls to help provide technical assistance.

- ✓ IBHRS Data Entry Q&A Calls: Mondays from 11:00AM-12:00PM weekly
- ✓ IBHRS XML Q&A Calls: Wednesdays from 11:00AM - 12:00PM weekly
- ✓ Both use these same connection details:

Meeting URL: <https://us02web.zoom.us/j/85608067336?pwd=NVZMdFdhL3d5ZjVBNHh6QTVQYVo4Zz09>

Dial in Details: +1 312 626 6799 US (Chicago)

Meeting ID: 856 0806 7336

Passcode: 942903

Tools for Your Trade: Brain Injury and Behavioral Health

Brain injury and related behavior challenges can have dramatic and lifelong impact on employment, family dynamics and quality of life. There is evidence that individuals with co-occurring behavioral health conditions often have poorer outcomes following brain injury than those who do not. Not only does brain injury cause behavioral health problems, but associated deficits can affect the effectiveness of behavioral health treatments. Identification of brain injury allows a provider to integrate individualized needs into treatment planning and identify resources, leading to more successful outcomes.

On **February 2, 2022 at 11:00AM**, learn about two new customized tools to guide behavioral health and community providers in supporting better outcomes for individuals with brain injury and behavioral health needs. Dr. Carolyn Lemsky, Clinical Director for the Community Head Injury Services of Toronto (CHIRS), will conduct an overview of the tools and how to utilize them in your program:

- ✓ Traumatic Brain Injury and Substance Use Disorders: Making the Connections
- ✓ Substance Use and Brain Injury Client Workbook: Second Edition

To register for the training, [click here](#).

About the Presenter:

Dr. Carolyn Lemsky, PhD, CPsych, ABPP/ABCN, is the Clinical Director at Community Head Injury Resource Services of Toronto. She is also the director of the Substance Use and Brain Injury (SUBI) Bridging Project, a research and knowledge transfer initiative funded by the Ontario Neurotrauma Foundation.

NOTE:

IBHRS hosts weekly calls to help provide technical assistance.



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Please Read!



The poster features a silhouette of a human head in profile, filled with a network of white nodes and lines, set against a dark background with a grid pattern. To the right, the Brain Injury Alliance Iowa logo is displayed. Below the logo, the text reads "2022 Best Practices in Brain Injury Virtual Conference". Three sticky notes are pinned to the poster: a grey one with "Save", a purple one with "The", and a blue one with "Date". Below the sticky notes, the dates and times for the conference are listed: March 2nd (8:30AM-1:30PM), March 3rd (8:30AM-2:30PM), and March 4th (8:30AM-1:30PM). At the bottom, it says "Registration Coming Soon!". A QR code is located in the bottom left corner of the poster.

The development of this project is supported through the Brain Injury Services Program (BISP) of Iowa, through contract 5882B06 with the Iowa Department of Public Health (IDPH). The contents are the sole responsibility of the authors and do not necessarily represent the official views of

Traumatic Brain Injury and Substance Use Disorders: Making the Connections

Traumatic Brain Injury (TBI) is a common but often undiagnosed co-occurring condition with substance use disorders. Often referred to as a “silent epidemic” because TBIs often go unrecognized, causing confusion and misdiagnosis when treating patients. To support behavioral health practitioners in expanding their capacity to serve people with TB, the National Association of State Head Injury Providers (NASHIA) has recently made available new [toolkit and workbook](#). The toolkit includes practical and valuable information about brain injury, a TBI screening tool, and tips for accommodating the cognitive and behavioral impacts the TBI may have on an individual. Also included is a [downloadable client workbook](#) created for people living with the effects of a brain injury and are wondering how their substance use may be affecting them. These resources were developed

in collaboration with the Mountain Plains Addiction Technology Transfer Center and the Mid-America Addiction Technology Transfer Center.

You may also be interested in participating in an upcoming webinar on January 21 from 11:00 AM – 1:00 PM with neuropsychologist Dr. Frank Sparadeo, of Rhode Island, who will be discussing the connection between substance use disorders, mental health and brain injury. A special focus of this training is to equip you with new tools when treating individuals involved in the child welfare system or other court involved individuals to improve treatment outcomes.

For questions regarding these resources or to receive technical assistance on brain injury-related issues, please contact brain.injury@idph.iowa.gov.



The graphic features the Brain Injury Alliance Iowa logo at the top left. The background is a dark purple gradient with a silhouette of a group of people standing together. Text on the left side reads: "Join our membership as an Iowan with brain injury, family member, caregiver or professional. Email info@biaia.org to get to updated information and newsletters. Find us on social media and watch for monthly educational opportunities". Below the text are icons for Facebook, LinkedIn, YouTube, Instagram, and Twitter. At the bottom right, the website address www.biaia.org is displayed.





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Important Information!

Free Informational Session

The Iowa Department of Public Health Office of Disability, Injury, and Violence Prevention is pleased to announce an upcoming learning opportunity to help improve collective responses to families impacted by

substance misuse, intimate partner violence, traumatic brain injury, criminal legal system and child welfare. To learn more and register for the upcoming information session, please [click here](#).



Brain Injury Alliance
I O W A

FREE INFORMATIONAL SESSION
JANUARY 12TH, 2022 9AM-10AM

June Klein-Bacon, BSW, CBIST Brain Injury Alliance of Iowa & Monica Goedken, MPA Iowa Department of Public Health

This session invites problem solving court systems and peripheral service providers that desire to better support survivors of TBI. Join us to consider opportunities to receive Iowa specific resources, to become brain injury informed, and to learn more about this system's response to brain injury and intersections with intimate partner violence, substance use disorders, criminal justice and child welfare.

Register by scanning the code or going to our website: WWW.BIAIA.ORG and click on **EVENTS**. Participation is **FREE**

The development of this project is supported through the Brain Injury Services Program (BISP) of Iowa, through contract 58928097 with the Iowa Department of Public Health (IDPH). The contents are the sole responsibility of the authors and do not necessarily represent the official views of IDPH. ACL 507650037.



Save the Date Ethics Preconference



Mark Your Calendar: Tuesday, April 26, 2022

The 45th Annual Governor's Conference on Substance Abuse will host a virtual preconference with two sessions:

- ✓ Ethics for Prevention
- ✓ Ethics for Treatment

More information coming soon!

Our Mission: Protecting and Improving the Health of Iowans.
Our Vision: Healthy Iowans in Healthy Communities.



January 2022

Save the Date

The 45th Annual Iowa Governor's Conference on Substance Abuse



Mark Your Calendar: April 27-28, 2022

The Iowa Governor's Conference on Substance Abuse will be held virtually.

More information coming soon!

Our Mission: Protecting and Improving the Health of Iowans.
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Your Life Iowa (YLI) Spotlight

Happy New Year! What a year 2021 was! The YLI team has been listening to feedback and working with local, regional and statewide partners to continue to raise awareness of YLI. Your feedback and support to ensure Iowans have access to resources and information for substance use, gambling, mental health, and suicide is ever so vital. We saw major updates to the YLI website this past year, with a “rebranding” in April 2021, and further updates in December to make yourlifeiowa.org even easier to navigate. Throughout this past year there were multiple media campaigns resulting in an ever increasing number of phone calls, texts and chats. Foundation 2 Crisis Services answered Your Life Iowa phone, chat, and text lines nearly 37,000 times, an increase of about 66 percent over calendar year 2020.

Additionally, in October we made available in limited quantities new YLI materials, including chip clips, color-changing cups, magnets, and pens, with over 10,000 items requested in the first week alone. Due to this high demand, look for additional pens, chip clips, cups and magnets to be available again later this winter. And, look for a new suite of YLI promotional media (brochures, posters, billboards, banners, etc.) in the coming weeks.

One of the more recent campaigns, “It Starts With Us”, launched in fall 2021. This campaign included print and digital promotional materials, radio and TV spots distributed statewide to help raise awareness that ending the stigma associated with addiction starts with us. The campaign featured Iowa community leaders, including law enforcement and medical professionals. Between

September and October 2021, the campaign was seen over 15M times, and resulted in almost 12,000 visits to the YLI website.

One of thousands of the Iowans who reached out this past year was Miquel*; he called the Your Life Iowa crisis line because he was feeling “trapped.” He expressed that he just wanted to be normal and that he was at home with family but did not feel like they understood what he was feeling. Miquel shared that he had thoughts about wanting to die. Together, the crisis counselor and Miquel explored those thoughts and identified a safety plan. Miquel identified coping skills he was going to use and shared he would call back if he began to struggle again.

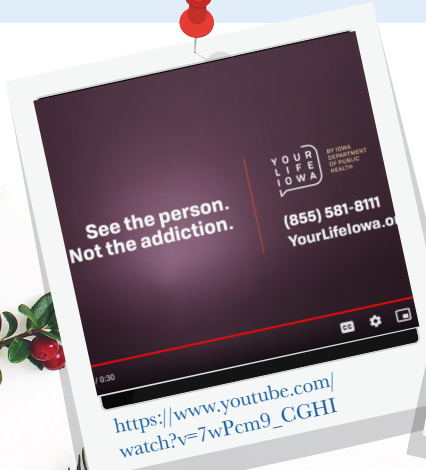
Thank you to the teams at DHS, IDPH, Foundation 2 Crisis Services, Web Spec, and ZLR Ignition who have worked to further the Your Life Iowa reach to thousands of Iowans each year!

Remember, if you or a loved one are concerned about what might be going on regarding the use of alcohol or drugs, problem gambling, or concerns about mental health or suicidal thoughts, YLI can help.

24/7, every day, YLI is available via text **(855-895-8398)**, chat (yourlifeiowa.org), or phone **(855-581-8111)**.

For more information on this project, please send inquiries to eric.preuss@idph.iowa.gov.

*name has been changed to protect identity



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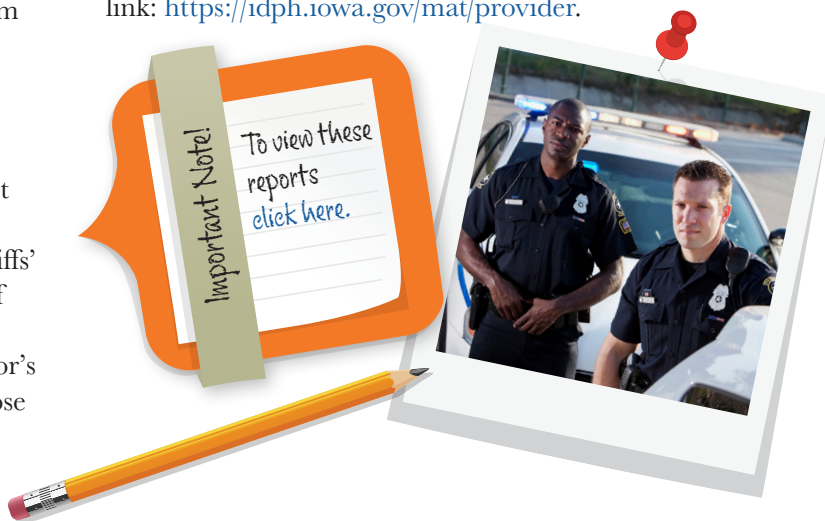
Take Note

IDPH Publishes Results of Surveys about Buprenorphine-waivered Providers & Administration of Naloxone Among Law Enforcement

Recently, the Iowa Department of Public Health (IDPH) and various stakeholder groups participated in the development and distribution of two surveys focused on substance related issues.

- ✓ **Buprenorphine-waivered Prescriber Practices:** This survey was a collaborative effort between IDPH and the Iowa Maternal Quality Care Collaborative (IMQCC). The purpose of this survey was to inform efforts to increase access to medication assisted treatment (MAT) and assess perceptions and experiences of waived providers.
- ✓ **Naloxone Administration Practices Amongst Law Enforcement:** This survey was a collaborative effort between IDPH and representatives from the Iowa Police Chiefs' Association (IPCA), Iowa State Sheriffs' and Deputies' Association (ISSDA), Department of Public Safety (DPS), the Midwest High Intensity Drug Trafficking Areas (HIDTA), and the Governor's Office of Drug Control Policy (ODCP). The purpose of this survey was to assess perceptions and policies among Iowa law enforcement agencies regarding naloxone.

The information from these surveys can be used in a variety of ways, but most importantly, they provide first-hand insight into the experiences of those prescribing buprenorphine, as well as those administering naloxone as part of a first response. Potential technical assistance opportunities and education needs are also illustrated within the reports. To view these reports, please visit this link: <https://idph.iowa.gov/mat/provider>.



Midwest HIDTA Survey

Each year, the Midwest High Intensity Drug Trafficking Area (Midwest HIDTA) issues a public health survey to get an idea of the drug threats facing Midwestern communities from the public health perspective. This information, combined with law enforcement intelligence, is ultimately used to compile an annual drug threat assessment. Please provide your input on the survey and share with your networks in the public health, SUD treatment and prevention to help ensure we get a good response rate from Iowa. If you have questions, please contact Mike Murphy at MMurphy@midwest-hidta.org.

Survey Link:

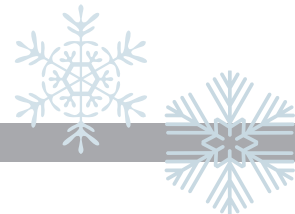
<https://www.surveymonkey.com/r/JXR3DN5>.

Licensure Spotlight FAQ

Please submit any licensure questions to SUD.PG.License@idph.iowa.gov.

As a supervisor, do I need to inform the Department when a counselor has been disciplined by another licensing body?

Yes. A licensed substance use disorder or problem gambling treatment program is required to notify the division in writing within ten days of being informed that a staff person has been sanctioned or disciplined by a certifying or licensing body. The notice shall include the sanction or discipline order. This would include any sanctions or discipline orders issued by the Iowa Board of Certification, Board of Social Worker, or the Iowa Board of Behavioral Science. Notifications of such sanctions can be emailed to SUD.PG.License@idph.iowa.gov.



Please Read!

Equity Matters

January is National Birth Defects Prevention Month and we wanted to take this time to highlight evidence-based strategies and practices grounded in health equity that can be used to develop services, programs, policies or health promotion materials to prevent birth defects from substance use.

The figure illustrates a range of responses all of us can use in our services, programs, or policy making for many health issues. “Gender Unequal” services, programs or policies perpetuate the status quo, such as an anti-smoking campaign that communicates to women and girls that smoking harms their ‘attractiveness’. “Gender Blind” assumes one size fits all, such as inpatient treatment programs that require all participants to seclude themselves from their families and friends for two weeks. “Gender Sensitive” acknowledges, but does not address gender inequities, such as a program that encourages people not to share needles and injection equipment, despite evidence that women and youth are more likely to be controlled by their partners and others. “Gender Specific” considers accommodation, such as women-only spaces for groups, while “Gender Transformative” focuses both on improving health and gender equity. For example, a New Zealand health promotion campaign entitled, “Pre-Testie Bestie” aims to reduce alcohol consumption during early pregnancy by encouraging women to stop drinking if there is any chance they could be pregnant by encouraging friends of the possible pregnant person to not drink until their friend has obtained the results of a pregnancy test. This campaign also moves away from the stereotypical images

of pregnant women so that all types of women and pregnant people are able to identify with their messaging.

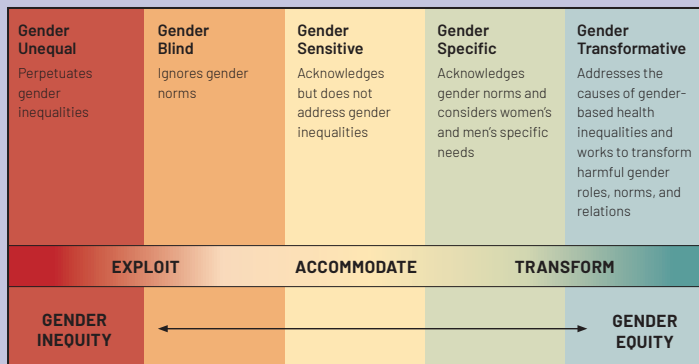


Diagram adapted from Greaves, L., Peterson, A., & Pool, N., (Eds.). (2014). *Making it Better: Gender transformative promotion*. Toronto, ON. Canadian Scholars' Press.

In short, there are so many ways that we can improve health equity through all of our efforts and we encourage you to apply your current efforts to this diagram and assess where your particular program, service, or resource falls. To learn more about birth defect prevention and gender transformative practices, please see the resources below:

- [Awareness of Birth Defects Across the Lifespan: Before and During Pregnancy](#)
- [Integrating Sex and Gender Informed Evidence Into Your Practices: Ten Key Questions on Sex, Gender & Substance Abuse](#)
- [Pregnancy and Substance Use - A Harm Reduction Toolkit](#)
- [“Real Men Don’t”: Constructions of Masculinity and Inadvertent Harm in Public Health Interventions](#)



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Important Information!

New Resources to Bust the Myths on SMI

There are many myths around serious mental illness (SMI) that are not accurate. That is why SMI Adviser developed new resources to set the record straight.

TECHNOLOGY

There are many myths around serious mental illness (SMI) that are not always accurate. Let's take a look at common myths around SMI and technology.

MYTH	FACT
Telehealth Is Not Effective For People Who Have SMI	Several reviews show that telehealth offers the same benefits as in-person care for all mental health conditions. This includes SMI. ^{1,2,3} The only known contraindication to telehealth is if a patient does not want to participate.
People Who Have Schizophrenia Are Paranoid About Telehealth	Studies on telehealth do not suggest that it causes paranoia or adverse symptoms for individuals who have schizophrenia. ^{4,5} In fact, when it comes to technology, paranoia is not the biggest barrier. They are more concerned about privacy issues. ⁶ Other studies show that technology-based interventions may even help reduce symptoms of paranoia. ⁷
People Who Have SMI Do Not Own Smartphones	A 2019 survey of the U.S. population shows that 84% already own a smartphone. This is forecast to rise as prices for devices and data continue to fall. ⁸ There are several smaller studies on individuals who have SMI. These studies suggest that as many as 70% own smartphones. ^{9, 10, 11}
People Who Have SMI Cannot Use Smartphones Or Health Apps	Smartphones are common now since so many things in our world are driven by technology. Like the broader population, some individuals who have SMI are wizards on their phones. Others find it to be more challenging. Recent studies show that: • Individuals who have SMI offer peer support to others via smartphones and other technology platforms. ¹²

50% 50% of people who have SMI have downloaded apps onto their smartphones.¹⁴

76% 76% of people who have SMI say they are somewhat or very satisfied with their phone or tablet.¹⁵

Join our #MissionForBetter at SMIadviser.org.

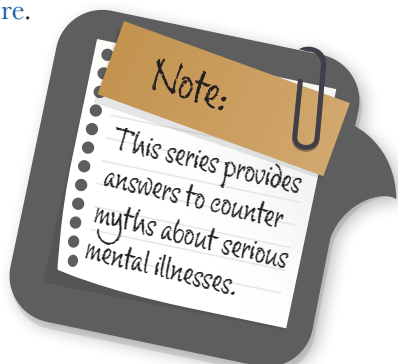
Recovery Iowa Website & Reports

The Public Science Collaborative (PSC) developed a [recovery website](#) and the [Recovery Ready Community Index: A Public Health Assessment Tool](#) to support recovery efforts in Iowa. Recognizing the need to strengthen substance use recovery efforts throughout the state, they identified a large number of existing recovery-oriented resources.

For additional questions or information about this website or report, the data tools described, or the Public Science Collaborative, please reach out to the principal investigators of this study, Dr. Shawn Dorius at sdorius@iastate.edu, or Dr. Cassandra Dorius at cdorius@iastate.edu.



This series of infographics provides evidence-based answers to counter myths on topics like treatment, psychopharmacology, and technology. These are ideal for trainees and any clinicians, teams, and organizations that care for individuals who have SMI. For the complete series, [click here](#).



For more information about the IDPH Bureau of Substance Abuse, visit <https://idph.iowa.gov/bh>. For questions related to "A Matter of Substance," contact editors:

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