



# IOWA'S HEALTH INITIATIVE FOR PEOPLE WHO USE DRUGS (HIPWUD)

## Drug Use and Health in Iowa

Iowa's Health Initiative for People Who Use Drugs (HIPWUD) facilitates cross-sector engagement to develop systems-focused strategies to address healthcare and social service barriers for people who use drugs in Iowa.

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## Vision Statement

To elevate and enhance the health and well-being  
of people who use drugs in Iowa.

## Mission Statement

Iowa's Health Initiative for People Who Use Drugs (HIPWUD) works through diverse statewide and community partnerships to develop and disseminate evidence-based recommendations for public health policies and practices grounded in harm reduction and social justice principles.

## Background

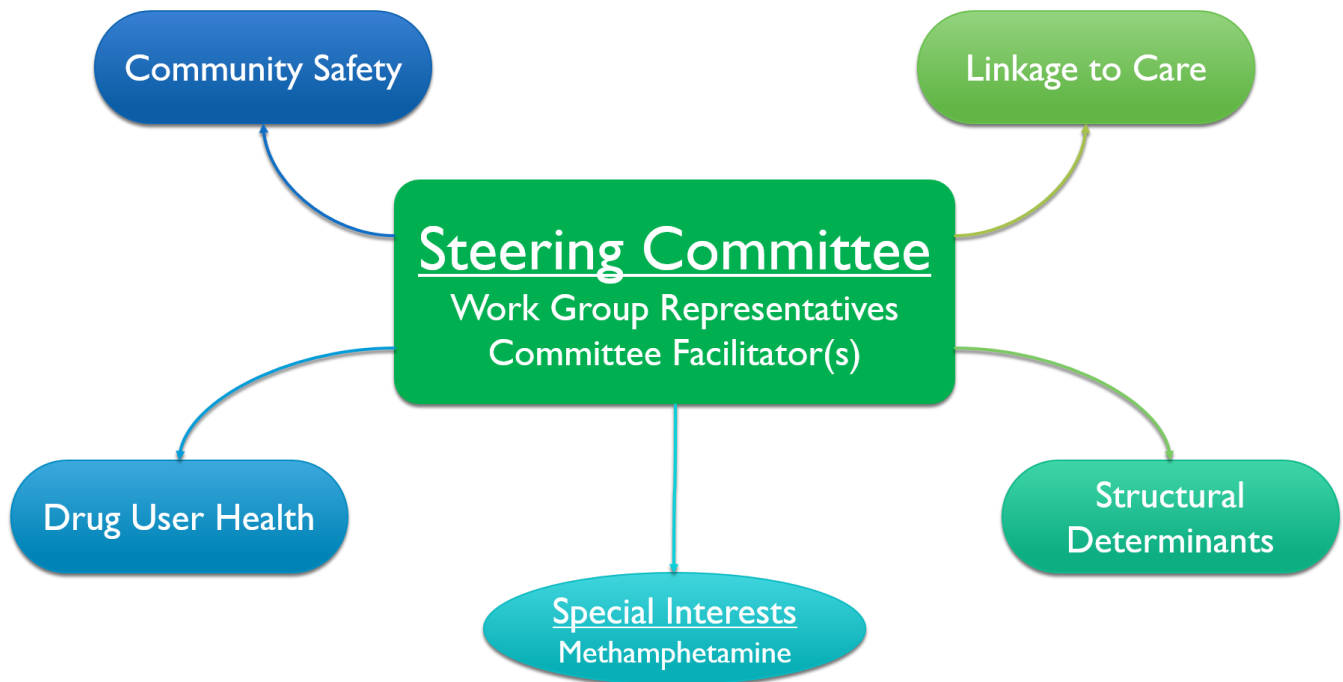
In July 2018, staff from the Bureau of HIV, STD, and Hepatitis and the Bureau of Substance Abuse at the Iowa Department of Public Health collaborated with staff at the HIV Special Projects Division at NuCara Pharmacy to establish the Health Initiatives for People Who Use Drugs (HIPWUD) advisory body. The advisory body comprises working groups focused on improving the health and well-being of people who use drugs. The following working groups were formed with multi-sector professionals and people with lived experience to address various intersections related to the health of people who use drugs:

- *Community Safety*
- *Drug Use & Health*
- *Linkage to Care*
- *Structural Determinants of Health*
- *\*Special Interests: Methamphetamine*

The purpose of the HIPWUD advisory body is to provide recommendations to the Iowa Department of Public Health on matters related to the health of people who use drugs in Iowa. Working groups met quarterly, and there was a HIPWUD-wide meeting to formulate final recommendations.

Goals of this advisory body include:

- Create opportunities for people who use drugs to directly inform program and policy decisions;
- Improve cross-sector engagement on issues impacting people who use drugs; and
- Address gaps in the substance use continuum of care.



## Harm Reduction Principles

Harm reduction refers to strategies directed toward individuals or groups that aim to reduce the harms and risks associated with some behaviors, such as substance use. Harm reduction views risk on a continuum, recognizing the opportunity to reduce the risk of harm incrementally. Harm reduction uses **evidence-based, cost-effective** interventions that “meet people where they are.”

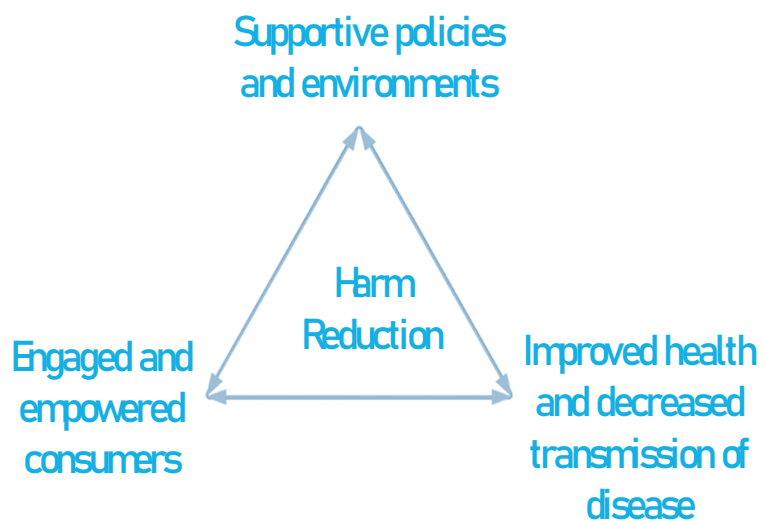
HIPWUD utilized harm reduction principles to guide their work in data collection, analysis, and development of the recommendations. One set of guiding principles for harm reduction includes humanism, pragmatism, individualism, autonomy, incrementalism, and accountability without termination of services (Hawk et al., 2017). In addition, the Harm Reduction Coalition defines principles of harm reduction available in *Table 1*.

Harm reduction strategies are all around us, and include strategies like the use of seatbelts, helmets, life jackets, and sunscreen; but also include things like physical activity and nutrition. These latter strategies can mitigate the effects of other conditions or behaviors. Harm reduction strategies should engage and empower consumers to address the issues that may be contributing to or placing them at risk of poor health outcomes. Having supportive policies and environments where people are affirmed as the primary agents that can reduce their risks or change their behaviors is critical. At the same time, harm

reduction strategies can provide tools to people to reduce the risk of harm and unintended negative consequences of those behaviors and to improve their health and the health of those around them.

Harm reduction allows people who use drugs to make their own decisions about their health, regardless of their drug use and while being supported and treated with kindness, dignity, and respect. Harm reduction values all individuals, and can provide the first step towards recovery for those individuals. These strategies can also improve the health of those individuals and their families or partners until they are ready or able to address the behaviors that may be putting them and/or their families at risk of poor health outcomes or infectious diseases.

In addition to the principles of harm reduction, HIPWUD members promoted the *Ten Principles of Social Justice* in their work and in the work of those who serve people who use drugs. These principles are outlined on page 7.



**Table 1. Harm reduction principles** (Harm Reduction Coalition, n.d.)

<ul style="list-style-type: none"> <li>• <i>Accepts, for better and or worse, that licit and illicit drug use is part of our world, and chooses to work to minimize its harmful effects rather than simply ignore or condemn those that use drugs.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Establishes the quality of individual and community life and well-being – not necessarily the cessation of all drug use – as the criteria for successful interventions and policies.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harms.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies that meet their actual conditions of use.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect people’s vulnerability to and capacity for effectively dealing with drug-related harm.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.</i></li> </ul>

## Social Justice

### Ten Principles of Social Justice

- **Human Dignity**
  - *Dignity of the human person is the ethical foundation of a moral society. The measure of every institution is whether it threatens or enhances the life and dignity of the human person.*
- **Dignity of Work and The Rights of Workers**
  - *In a marketplace where profit often takes precedence over the dignity and rights of workers, it is important to recognize that the economy must serve the people, not the other way around.*
- **Community and The Common Good**
  - *The family, in all its diverse forms, is the central social institution that must be supported and strengthened. The way in which society is organized – in education, economics, politics and government – directly affects human dignity and the common good.*
- **Solidarity**
  - *We are our brothers; and sisters' keepers. We are one human family, whatever our national, racial, ethnic, economic, and ideological differences.*
- **Rights and Responsibilities**
  - *Human dignity is protected and healthy community can be achieved only if human rights are protected and responsibilities are met. Accordingly, every person has a fundamental right to things necessary for human decency. Corresponding to these rights are responsibilities to family, community and society.*
- **Stewardship**
  - *It is incumbent upon us to recognize and protect the value of all people and all resources on our planet. While rights to personal property are recognized, these rights are not unconditional and are secondary to the best interest of the common good especially in relation to the right of all individuals to meet their basic needs.*
- **Priority for the Poor and Vulnerable**
  - *A basic moral test of any community or society is the way in which the most vulnerable members are faring. In a society characterized by deepening divisions between rich and poor, the needs of those most at risk should be considered a priority.*
- **Governance/Principle of Subsidiarity**
  - *Governance structures in all levels/settings have an imperative to promote human dignity, protect human rights, and build the common good.*
- **Participation**
  - *All people have a right to participate in the economic, political and cultural life of society. Social justice and human dignity require that all people be assured a minimum level of participation in the community. It is the ultimate injustice for a person or a group to be excluded unfairly.*
- **Promotion of Peace**
  - *Peace is the fruit of justice and is dependent upon the respect and cooperation between peoples and nations.*

(University of St. Thomas School of Social Work, 2006)

## Focus Groups & Survey

As part of the goal to include people who use drugs in policy and program development, HIPWUD collaborated with harm reduction organizations to facilitate focus groups and a survey. These partnerships included the National Harm Reduction Network, the Iowa Harm Reduction Coalition, and the Quad Cities Harm Reduction Coalition. In total, eighteen focus groups were conducted with five to ten participants each. Topics from the HIPWUD working groups were discussed in the focus groups.

In addition, a health survey for people who use drugs was conducted with over 170 participants in Iowa from Cedar Rapids, Iowa City, Quad Cities, and Des Moines. This survey focused on questions for people who use opioids only, people who use stimulants only, and people who use both. Results from the HIPWUD focus groups and survey helped to inform priority areas for HIPWUD work and will continue to influence future work.

### **Survey Results:**

A majority of the survey participants reported that they were between 25 and 44 years of age. Sixty-five percent of participants self-identified as male, 34% female, and 1% transgender. A majority of the participants self-identified their race and ethnicity as white (73%), followed by African American (17%), Latino/Hispanic (8%), and American Indian (3%). Over 60% of participants described themselves as unstably housed or homeless. Half of the participants reported recent incarceration (jail or prison within the last 12 months).

The most common preferred drug of choice was methamphetamine, followed by heroin. Over half of all heroin users reported using prescription opioids prior to initiating use of heroin. Polysubstance use was also common, with nearly half of all opiate users reporting use of ‘downers’ within a couple of hours of using opiates. Many participants reported injection drug use with multiple injections per day and multiple re-uses of the same needle. While a majority of participants reported insurance coverage, many reported seeking care from an ER or urgent care, and others reported avoiding healthcare facilities primarily due to feelings of stigma. Participants also reported high rates of depression and anxiety. In addition, nearly half of participants reported not calling 911 when witnessing an overdose.

### **Focus Group Results:**

The focus groups presented similar responses to the survey, further corroborating topics of focus for HIPWUD’s work. Participants noted difficulty in entering treatment and avoidance of healthcare settings due to mistreatment, stigma, and other barriers, such as transportation and wait times. Participants also had many health concerns aside from drug use, including housing, mental health, hepatitis C, sleep, transportation, and HIV. Participants also noted a fear or lack of trust in calling 911 when witnessing an overdose. The fear was for themselves, the person overdosing, or both. In addition, participants also expressed concern about slipping up in treatment or recovery, as others might see this as a failure. In addition, there were many statements of mistrust and resentment towards first responders and a desire to change law enforcement tactics.



## Assessment and Recommendation Development

In early 2019, HIPWUD work groups convened to evaluate and discuss factors affecting people who use drugs and review relevant data. The result was a set of recommendations from each respective work group aiming to improve the health of people who use drugs. In July 2019, the recommendations were presented to the entire HIPWUD group, along with key stakeholders. Final revisions were made among the group and the following recommendations were composed.

### Community Safety Recommendations

#### **1. Evaluate the effectiveness of Iowa's current criminal justice diversion efforts;**

- Review, evaluate, and improve the current criminal justice diversion programs across the state of Iowa to support the most effective programs.

Diversion programs are specifically designed to reduce recidivism, improve access to social and medical support, and reduce the burden on law enforcement and jails. Implementing new programming can be difficult. In some instances, making improvements to existing programming with interdepartmental coordination and cooperation can be beneficial. Diversion programs can specifically benefit people who use drugs, helping to address the underlying motivation(s) of substance misuse and improving health outcomes by providing linkages to care. Evaluating and improving diversion program efforts across the state can also help to ensure that funds are effectively used in enhancing the health and well-being of people who use drugs.

#### **2. Pilot a jail diversion program for people who use drugs;**

- Pilot the collaborative program, *LEAD*, with the Iowa Department of Public Health (IDPH) and the Iowa Department of Public Safety (DPS) to divert individuals engaged in low-level crime towards behavioral health screening and treatment.

Utilizing the Law Enforcement Assisted Diversion (LEAD) model developed in King County, Washington, IDPH and DPS would facilitate interactions between law enforcement, behavioral health providers, community groups, prosecutors, and case managers. The LEAD arrest diversion program shifts individuals engaged in low-level crime away from the criminal legal system and into appropriate care and social services to achieve stability in the community. In independent evaluations, it has been found to have high participant satisfaction levels (Clifasefi & Collins, 2016), statistically significant reductions in recidivism (Collins, Lonczak, &

Clifasefi, 2017), and statistically significant reductions in criminal justice and legal system utilization costs (Collins, Lonczak, & Clifasefi, 2019).

### **3. Improve access to naloxone for individuals leaving incarceration;**

- Develop a collaborative program between IDPH and the Iowa Department of Corrections (DOC) that provides overdose reversal medication to individuals leaving jail or prison.

According to the CDC (2018), previously incarcerated individuals are at a higher risk of overdose in general, with an especially heightened risk within the first two weeks of release. For example, a large meta-analysis of data across various nations revealed individuals leaving incarceration are three to eight times more likely to overdose in the first two weeks following release, compared to weeks three through twelve. Additionally, a study by the Massachusetts Department of Public Health showed individuals leaving incarceration are 56 times more likely to overdose than the general population in the Commonwealth (CDC, 2018). The CDC (2018) reports that naloxone distribution in criminal justice systems work best when distribution is universal, rather than ‘opt-in.’ This vulnerable population needs immediate access to life-saving naloxone upon re-entry to the community to prevent possible overdoses.

## Drug Use & Health

### **1. Advocate for Syringe Services Programs (SSPs);**

- Develop a plan to disseminate recommendations for SSPs development in Iowa through HIPWUD members and their partners to encourage advocacy at the community level.

The CDC (2019) defines syringe Services Programs (SSPs) as “community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases.” SSPs are supported by nearly thirty years of research proving comprehensive programs are “safe, effective, and cost-saving” (CDC, 2019). Research also disproves the myth that such programs increase illegal drug use and/or crime (CDC, 2019). SSPs provide a vital role in reducing the transmission of viral infections such as hepatitis and HIV, while also providing an open door to the opportunities for improved health and well-being. For example, research shows SSP participants are “five times more likely to enter drug treatment and 3.5 times more likely to cease injecting compared to those who don’t utilize these programs” (CDC, 2018). In November 2017, IDPH applied for and received CDC approval for its *Determination of Need for Syringe Services Programs*. In their approval letter, CDC said, “Based on the data presented, CDC concurs with IDPH that there is a statewide need for SSPs.” SSPs are an essential public health service for people who use drugs and should be implemented to enhance the health of Iowans.

### **2. Investigate the efficacy of paraphernalia laws in Iowa;**

- In conjunction with the Iowa Department of Public Safety (DPS) and the Iowa Department of Corrections (DOC), HIPWUD should evaluate the impact that Iowa’s paraphernalia law ([Iowa Code section 124.414](#)) has on substance misuse, recidivism, and communities as a whole (including implications for implementing SSPs).

The purpose of paraphernalia laws is to dissuade substance use through the threat of fines, incarceration, and the possibility of a criminal record. This means individuals can be charged without having an illicit drug. An evaluation of current Iowa laws concerning paraphernalia and related consequences for people who use drugs should be outlined in a report to determine their efficacy and to share recommendations.

### **3. Advocate for the modernization of Iowa’s “911 Good Samaritan Law”;**

- Evaluate Iowa’s current “911 Good Samaritan Law” restrictions and utilization, followed by an analysis and report of best practices across the United States to ensure maximum use of the protective law. The report should be shared with HIPWUD members and their partners to advocate for modernization of the law.

“911 Good Samaritan Laws” are designed to encourage those witnessing a medical emergency, such as an opioid overdose, to call 911 by offering limited legal immunity for a number of low-level crimes (CDC, 2019). However, Iowa’s “911 Good Samaritan Law” has several restrictions in place for individuals who may be in a position to call emergency services for an overdose. For example, the individual must be the “first” person to seek medical assistance for the overdose, must remain on the scene, and must engage with emergency personnel as requested. This “Good Samaritan” immunity is also only provided to an individual once in their lifetime. Such restrictions can deter bystanders from calling 911 when witnessing an overdose. For example, a study of overdoses in Baltimore found only one in five bystanders called 911 upon witnessing an overdose, and the probability of calling 911 statistically decreased if there were more than four bystanders (CDC, 2019).

To determine how these restrictions affects Iowans, HIPWUD should evaluate the use of Good Samaritan laws in Iowa and best practices across the United States. Based on these evaluations, Iowa’s law should be assessed and accordingly redesigned to increase the probability bystanders will call 911 upon witnessing an overdose, ultimately saving more lives. These improvements could also increase trust with first responders and present an opportunity to provide linkages to care.

### **4. Facilitate focus groups for people who use drugs;**

- Develop an IDPH-sponsored and facilitated working group that promotes the voices of people who use drugs.

Used historically by people living with disabilities and in planning HIV prevention strategies, the phrase, “nothing about us without us,” underpins the importance of involving people who will be directly impacted by programs and policies. Creating a meaningful space for people with lived experience of using drugs provides insight into local and personal realities, experiences, and perspectives (Harm Reduction Coalition, n.d.).

A group of individuals who currently uses or previously used drugs should meet bi-monthly to discuss a variety of topics:

- *Current needs of people who use drugs*
- *Programs that participants feel are most/least effective*
- *Shortcomings, gaps, or missing programs*
- *Planning and feedback on HIPWUD work*

Individuals participating in this group should be properly compensated for their time at a rate of twice the calculated living wage in their county of residence. The responses and recommendations given by the meeting participants should be drafted into a transcript and final annual report that should be shared with IDPH and published on the IDPH website.

## Linkage to Care

### **1. Integrate infectious disease prevention and treatment into substance use treatment and overdose response;**

- Substance use disorder providers and infectious disease prevention and treatment programs should consider identifying direct linkages to care with respective agencies or integrate point-of-care screening to decrease barriers to care.

People who use drugs have much higher rates of HIV, viral hepatitis, STDs, and TB compared to the general population. In 2011, the CDC and U.S. Department of Health and Human Services (DHHS) released recommendations and guidelines for the prevention of infectious diseases among people who use drugs. One recommendation was to increase program collaboration and service integration, including co-locating service providers and/or coordinating linkages to needed care. Such integration reduces barriers related to waiting periods, transportation, etc. by providing a single-entry point of care. People who use drugs often have co-morbid infectious diseases, further implicating the need for integrated care. Integrating these two intersecting services can help improve health outcomes of people who use drugs.

### **2. Expand the availability of rural transportation services for substance use treatment;**

- IDPH, the Iowa Department of Transportation, and Iowa Medicaid transportation services should collaborate to increase wider availability of transportation options for people who use drugs to access treatment services.

Lack of adequate transportation, especially in the rural landscape of Iowa, can exacerbate barriers to accessing substance use disorder treatment. Treatment programs vary, with some requiring specific attendance for continued participation. Some other treatment options, such as methadone, require daily visits to the provider to receive the medication. Therefore, the program of interest, or even the best option for the individual, may quite literally be out of reach. In addition, many people who use drugs avoid local providers due to stigma and/or negative experiences. With limited options due to transportation barriers, individuals may choose to completely forego treatment. Using and expanding existing transportation systems could help ensure people who use drugs are able to effectively participate in treatment.

### **3. Advocate for the removal of Medicaid and insurer treatment restrictions for hepatitis C;**

- Develop a plan to disseminate information and recommendations on hepatitis C treatment through HIPWUD members and their partners to advocate for the removal of treatment restrictions.

Iowa has policies in place that severely restrict access to hepatitis C medications, especially for people who use drugs. Both fee-for-service (FFS) and managed care organization (MCO) programs impose the below requirements and prior authorization (PA):

- 1) Beneficiary has severe liver damage (F2 or greater). *(Updated 07/2020: requirement removed)*
- 2) Patients must be abstinent from alcohol and other substances for at least three months. For patients with a history of alcohol or substance use, the prescriber must submit a urine screen.
- 3) A liver, infectious disease or digestive disease specialist must be the prescriber.

In 2018, nearly 80% of Iowans under the age of 40 who were diagnosed with HCV reported injection drug use as the primary mode of transmission (IDPH, 2019). This emphasizes that people who inject drugs (PWID) is one of the populations in greatest need of HCV treatment to limit transmission and improve health outcomes. The restrictions listed above directly limit this population's access to treatment under the premise that continued substance use will lead to reinfection. However, data show that the rate of reinfection among PWID is much lower than the incidence of HCV infection in the general population of PWID, and reinfection is rare in people who use drugs that clear HCV, even when injection drug use continues with safer harm reduction strategies (The American Association for the Study of Liver Diseases and Infectious Disease Society of America, 2019).

#### **4. Launch and integrate tele-medical delivery of naloxone, PrEP and harm reduction supplies;**

- IDPH is collaborating with the University of Iowa Hospitals and Clinics (UIHC) to implement a pilot project called *Tele-Naloxone*. Findings from this pilot should be used to inform future tele-medical delivery of other harm reduction supplies.

The Tele-Naloxone project seeks to address geographic, demographic, and service-level barriers to accessing naloxone in rural Iowa communities. The overarching goal of the pilot project is to test the feasibility of implementing an innovative, statewide tele-health model for naloxone delivery across a rural state. The 1-year pilot project will assist IDPH in identifying consumer naloxone access needs, underserved areas of the state, and opportunities for educational and anti-stigma marketing. The project will also utilize the existing infrastructure of another innovative tele-health program, Tele-PrEP, to support video consultations with consumers. This project is funded by Bureau of Substance Abuse at IDPH and the model could be extended to providing other services such as harm reduction supplies in the future.

#### **5. Integrate case management training for substance use disorder and infectious disease treatment;**

- IDPH should create and disseminate presentations and training sessions to case managers (substance use, Ryan White Program, etc.) on the treatment of co-morbid conditions.

Substance use and infectious diseases are co-morbid, with greater risk among persons sharing injection drug equipment (CDC, 2018). For this reason, individuals may need multiple treatment regimens simultaneously. Navigating these multiple treatment systems can be difficult for case managers and their clients. By producing materials specifically related to treatment navigation for substance use and infectious disease, IDPH can ease the burden placed on case managers and allow patients to choose from an array of treatment options.



## Structural Determinants of Health

### **1. Research and promote pragmatic, evidence-based substance use education;**

- IDPH should create structured times for HIPWUD to assist in researching, updating, and (re)designing educational materials to keep up with evidence-based practices and ensure stakeholder input.

These materials should reflect recent studies and innovations within the fields of substance use disorder/addiction, the social determinants of health affecting people who use drugs, and infectious diseases associated with drug use. The educational materials produced and updated should be conscious of stigma, language, and unintended consequences.

### **2. Maintain current ‘Health Initiative for People Who Use Drugs’ (HIPWUD);**

Beginning in July 2018, the Bureau of HIV, STD, and Hepatitis at IDPH established HIPWUD, which comprises working groups focused on improving the health of people who use drugs. Each working group covers a general topic related to health and substance use:

- *Community Safety*
- *Drug Use & Health*
- *Linkage to Care*
- *Structural Determinants of Health*
- *Special Interests: Methamphetamine*

Each working group is made up of members with professional and personal experiences related to their topic of focus. These working groups’ members serve an advisory role to HIPWUD and any program recommendations or reports developed by the Health Initiative. This group should continue to act as an advisory group for IDPH initiatives.

### **3. Promote provider education on people who use drugs;**

- People who use drugs are a population with unique challenges, vulnerabilities, and risks. As such, substance use providers should receive special education on the unique aspects of caring for these patients.

Education may include:

- *The impact of stigmatizing language*
- *The social determinants of health that underlie and contribute to use of drugs*
- *Trauma-informed care*
- *Harm reduction*
- *Financial instability/hardships*
- *Suspicion of health professionals/authority*
- *Issues with traveling/timeliness*

Expanding the understanding of this special population may increase a patient’s retention in treatment, promote treatment success, and reduce their level of risk for harms associated with drug use.

### **4. Host an outreach event to promote awareness of IDPH substance use initiatives;**

- IDPH should host an outreach event that introduces other agencies, providers, and community groups to HIPWUD staff and stakeholders. The event should include breakout sessions on topics related to substance use, policy, prevention, and treatment.

There has long been discussion and emphasis on “breaking down silos” in public health. These “silos” refer to the lack of communication and data sharing across multiple public health and health care entities, despite the need for integrated systems to address complex health issues. To continue the work of breaking down silos across the state of Iowa, HIPWUD should host an outreach event for current and potential partners to create awareness of substance use programs and initiatives at IDPH. This event would also serve as a networking opportunity for stakeholders interested in collaboration.

## HIPWUD's Next Steps

Following the set of recommendations compiled by HIPWUD members, the next step is to identify priority areas of focus and delegate tasks to HIPWUD members, utilizing stakeholder expertise and connections. Listed below are potential first steps for each recommendation.

### Community Safety

1. Evaluate the effectiveness of Iowa's current criminal justice diversion efforts;
  - *Perform a post-hoc analysis of Iowa's current criminal justice diversion efforts to determine effectiveness; share with stakeholders.*
2. Pilot a jail diversion program for people who use drugs;
  - *Gather data and research on the Law Enforcement Assisted Diversion (LEAD) program to share with key stakeholders.*
3. Improve access to naloxone for individuals leaving incarceration.
  - *Gather data and research on improving access to naloxone for individuals leaving incarceration; identify evidence-based programs for this population; share with stakeholders.*

### Drug Use & Health

1. Advocate for Syringe Services Programs (SSPs);
  - *Gather evidence-based research and practices on SSPs and examples from other similar states; create a PowerPoint and other resources on how SSPs would positively influence Iowans and the state; share with stakeholders.*
2. Investigate the efficacy of the paraphernalia law in Iowa;
  - *Evaluate Iowa's current paraphernalia law and its impacts, positive and negative, on communities and people who use drugs; identify best practices from other states; share with stakeholders.*
3. Advocate for the modernization of Iowa's "911 Good Samaritan Law";
  - *Evaluate the restrictions of Iowa's "Good Samaritan Law" and how this affects people who use drugs; compile best practices from other states; share with stakeholders.*
4. Facilitate focus groups for people who use drugs.
  - *Work with harm reduction organizations to create a peer-led plan for meaningful engagement of people currently using drugs.*

## Linkage to Care

1. Integrate infectious disease prevention and treatment into substance use treatment and overdose response;
  - *Identify partners and opportunities in substance use treatment and emergency departments.*
2. Expand availability of rural transportation services for substance use treatment;
  - *Explore other rural states' uses of Medicaid or other transportation services for improving access to substance use treatment services; share with stakeholders.*
3. Advocate for the removal of Medicaid and insurer treatment restrictions for hepatitis C;
  - *Identify the negative impact (health, financial, etc.) of Medicaid and insurer restrictions on hepatitis C treatment in Iowa; share results with stakeholders.*
4. Launch and integrate tele-medical delivery of naloxone, PrEP, and harm reduction supplies;
  - *Evaluate effectiveness of Tele-Naloxone program and identify partnership opportunities for tele-medical delivery of harm reduction supplies.*
5. Integrate case management training for substance use disorder and infectious disease treatment.
  - *Identify case managers in substance use disorder, Ryan White, and other settings that need training on the intersection of substance use disorder and infectious diseases, available resources, etc.*

## Structural Determinants of Health

1. Research and promote pragmatic, evidence-based substance use education;
  - *Discuss needed education with the Iowa Department of Public Health and stakeholders.*
2. Maintain current 'Health Initiative for People Who Use Drugs' (HIPWUD);
  - *Evaluate the structure and mechanism of HIPWUD for continuous improvement.*
3. Promote provider education on people who use drugs;
  - *Assist the Iowa Department of Public Health in identifying provider education needs and share resources as needed.*
4. Host an outreach event to promote awareness of IDPH substance use initiatives.
  - *Meet with Iowa Department of Public Health to identify opportunities for sharing substance use initiatives with stakeholders and Iowans.*

# Recommendations Collaboration Table

		Community Safety	Drug Use & Health	Linkage to Care	Structural Determinants
Community Safety	Evaluate the effectiveness of Iowa’s current criminal justice diversion efforts	Yellow			Purple
	Pilot a jail diversion program for people who use drugs	Yellow	Blue		
	Improve access to naloxone for individuals leaving incarceration	Yellow		Green	
Drug Use & Health	Advocate for Syringe Services Programs (SSPs)		Blue	Green	
	Investigate the efficacy of paraphernalia laws in Iowa	Gold	Blue		
	Advocate for the modernization of Iowa’s “911 Good Samaritan Law”	Gold	Blue		
	Facilitate focus groups for people who use drugs		Blue		Purple
Linkage to Care	Integrate infectious disease prevention and treatment into substance use treatment and overdose response	Gold		Green	
	Expand availability of rural transportation services for substance use treatment			Green	Purple
	Advocate for the removal of Medicaid and insurer treatment restrictions for hepatitis C		Blue	Green	
	Launch and integrate tele-medical delivery of naloxone, PrEP, and harm reduction supplies		Blue	Green	
Structural Determinants	Research and promote pragmatic, evidence-based substance use education	Gold			Purple
	Maintain current Health Initiative for People Who Use Drugs (HIPWUD) committee		Blue		Purple
	Promote provider education on PWUD			Green	Purple
	Host an outreach event to promote awareness of IDPH substance use initiatives		Blue		Purple

## Statement on Recommendation Analyses

### Cost/Benefit Analysis

Cost-Benefit Analysis (CBA) plays a key role in maximizing the effectiveness of every dollar spent on implemented programs, especially when used in conjunction with other measures of success. Dr. Thayer Watkins of San José University (n.d.) defines CBA, stating:

CBA estimates and totals up the equivalent money value of the benefits and costs to the community of projects to establish whether they are worthwhile. These projects may be dams and highways or can be training programs and health care systems (San José University (n.d.)

CBA typically weighs projects and policies in dollars, comparing the cost of startup investment and long-term maintenance to the projected return on investment and long-term savings. CBA can also account for more qualitative data, such as quality of life or strength of social connections for those directly affected by programs. CBA's should consider the cost effectiveness of recommendations in the context of their expected social impacts; if a program has moderate projected returns but strong negative social outcomes are expected, the program likely shouldn't be pursued.

### Social Impact Assessment

One method for determining the effectiveness of infrastructure-level changes, such as those outlined in the HIWPUD program recommendations is performing a Social Impact Assessment (SIA). The International Association for Impact Assessment defines a Social Impact Assessment as:

The processes of analyzing, monitoring and managing the intended and unintended social consequences, both positive and negative, of planned interventions (policies, programs, plans, projects) and any social change processes invoked by those interventions. Its primary purpose is to bring about a more sustainable and equitable biophysical and human environment (IAIA, n.d.)

Social impact itself covers a spectrum of different categories, including the availability of community services, individuals' health and wellbeing, and changes in people's day-to-day lives. The underlying core principle of the SIA is to "promote development and empowerment, build capacity, and develop social capital (IAIA, n.d.)." SIA's also prioritize the social and economic sustainability of instated programs, with emphasis placed on ensuring net positive outcomes for those directly affected.

## Performing a Social Impact Assessment

SIA requires a broad understanding of the ways in which economic, social, and cultural factors interact with and affect one another. Organizations such as the IAIA and World Health Organization offer SIA trainings to professionals with the proper educational and professional backgrounds. IAIA (n.d.) offers a list of activities encompassed in an SIA:

- Participates in the environmental design of the planned intervention;
- Identifies interested and affected peoples;
- Facilitates and coordinates the participation of stakeholders;
- Documents and analyzes the local historical setting of the planned intervention so as to be able to interpret responses to the intervention, and to assess cumulative impacts;
- Collects baseline data (social profiling) to allow evaluation and audit of the impact assessment process and the planned intervention itself;
- Gives a rich picture of the local cultural context, and develops an understanding of local community values, particularly how they relate to the planned intervention;
- Identifies and describes the activities which are likely to cause impacts (scoping);
- Predicts (or analyzes) likely impacts and how different stakeholders are likely to respond;
- Assists evaluating and selecting alternatives (including a no-development option);
- Assists in site selection;
- Recommends mitigation measures;
- Assists in the valuation process and provides suggestions about compensation (non-financial as well as financial);
- Describes potential conflicts between stakeholders and advises on resolution processes;
- Develops coping strategies for dealing with residual or non-mitigatable impacts;
- Contributes to skill development and capacity building in the community;
- Advises on appropriate institutional and coordination arrangements for all parties;
- Assists in devising, implementing monitoring, and management programs.

IDPH should research and contract with an SIA specialist to appropriately apply the methodology and ensure the greatest chance for success in implementing any recommendations provided by HIPWUD.



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## Advisory Body

### Community Safety:

- Dennis Wiggins - Governor's Office of Drug Control Policy; Deputy Director
- Diane Heiken - Community Member and Stakeholder
- Emily Ortiz - Employee and Family Resources; Opioid Task Force AmeriCorps VISTA
- Laura Larkin - Department of Human Services; Mental Health Block Grant Planner
- Lorna Garcia - Des Moines Police Department; SPO - Mobile Crisis Unit
- Mike Murphy - HIDTA; Strategic Intelligence Program Coordinator
- Rod Courtney - CRUSH of Iowa; Director
- Russell Mansfield - Governor's Office of Drug Control Policy; Opioid Response AmeriCorps VISTA

### Drug Use & Health:

- Katie Bee - IDPH Bureau of Substance Abuse; CSAP Project Coordinator
- Kim Brown - Quad Cities Harm Reduction; Executive Director and Founder
- Roger Lacoy - PITCH; President
- Sarah Ziegenhorn - Iowa Harm Reduction Coalition; Executive Director and Founder
- Tiffany Carter - Iowa Harm Reduction Coalition; Policy & Community Engagement Coordinator

### Linkage to Care:

- Ashley Thompson - UnityPoint Health; Director of Government & External Affairs
- Brad Richardson - Iowa Consortium for Substance Abuse Research & Evaluation; Co-Director
- Jennifer Pearson - UCS Healthcare; CEO
- Jessica Baker - Gilead Sciences; Senior Therapeutic Specialist
- Kevin Gabbert - IDPH Bureau of Substance Abuse; Opioid Initiatives Director
- Lacy Brittonson - UCS Healthcare; Nursing Supervisor
- Monica Wilke-Brown - IDPH Bureau of Substance Abuse; STR/SOR Project Director
- Todd Lange - Amerigroup

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- Steve Arndt - University of Iowa; Professor Emeritus of Psychiatry & Biostatistics
- Will Garriott - Drake University; Associate Professor of Law, Politics, & Society

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- Tobias Gurl - Care & Prevention Support Specialist
- Heather Smith - Outreach Education and Overdose Prevention Specialist
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- Nicole Kolm-Valdivia - Data Program Manager