

Iowa Department of Health and Human Services
Division of Behavioral Health/Bureau of Substance Abuse
Opioid Update: January 2023

The Iowa Department of Health and Human Services (HHS) 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 at any time to the State Opioid Response team email: SOR@idph.iowa.gov.

In this issue:

- **Iowa News**
- **Opioid News**
- **Resources**

Iowa News

Updates from State Opioid Response (SOR) Grant

At the end of its second year, the State Opioid Response (SOR2) Grant in Iowa reported that statewide and local level media efforts towards overdose prevention and stigma-reduction garnered a total of over 67,000 website clicks and 22,940,525 impressions across three campaigns. The campaign materials range from traditional media strategies to online media options. For more information on each of the media campaigns, which are available for any community or group to use, please click on one of the following links:

[Be Prepared to Save a Life: Naloxone campaign](#)

[It Starts with Us: Anti-stigma](#)

[See the Person, Not the addiction](#)

For more information on the SOR Grant, please contact Monica Wilke-Brown at monica.wilke-brown@idph.iowa.gov.

Iowa Gains National Attention for MOUD

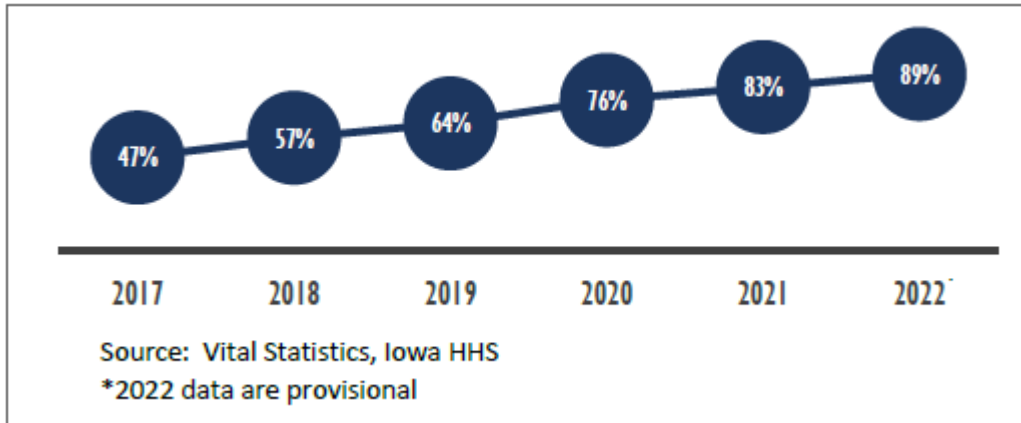
Andrea Storjohann, an Iowa provider in Marshalltown was featured in an article by NBC News to spotlight the increase in MOUD in rural America. The article highlighted the increase in rural health care providers prescribing buprenorphine. The article quoted a University of Washington study which found that in 2016, just 40% of rural counties nationwide had at least one health care provider certified to prescribe buprenorphine. That figure climbed to 63% by 2020, the study found. The study credited the rise to changes in federal rules that allow nurse practitioners, physician assistants, and other midlevel health care providers to prescribe buprenorphine.

The article also featured Dr. Alison Lynch, a University of Iowa addiction medicine specialist, who warned about the risks of fentanyl and buprenorphine.

Please click on this link to access the full article: [NBC News](#)

Opioid Overdose or Fentanyl Poisoning?

In Iowa, the number of [deaths involving synthetic narcotics](#), which includes fentanyl, has almost tripled between the year 2018 (78 deaths) and 2021 (213 deaths). As demonstrated in the figure below, the percent of those opioid-involved deaths that included synthetic narcotics has risen sharply since 2017.



With these types of statistics, questions also arise.

I've heard some people saying "fentanyl poisoning." What's the difference between an "opioid overdose" and "fentanyl poisoning?"

An *overdose* implies a person knew what they were consuming, but took more than their system could tolerate. With *poisoning*, typically a person didn't know they were ingesting the substance.

Is the distinction between "overdose" and "poisoning" important?

The term overdose carries a higher level of stigma which may cause people who hear it to make subconscious judgements about the affected person. For many, the term overdose implies that someone is a long-term drug user, offers little to society, and *knew the risk when they used the drug*. Fentanyl is often mixed with other illicit drugs such as methamphetamine, cocaine, and marijuana without the knowledge of the end user. Though it is still appropriate to use the term "overdose" recognizing and using the term "poisoning" is an important consideration as well.

We all deserve a chance, so what can be done?

If a person is using an illicit substance, the recommendation is to assume that fentanyl is present in that substance. This means extra precautions should be taken, like not using the substance alone, using less, and having naloxone available. For more information on obtaining naloxone, go to naloxoneiowa.org.

Opioid News

Removal of DATA Waiver (X-Waiver) Requirement

Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). With this provision, and effective immediately, SAMHSA will no longer be accepting NOIs (waiver applications).

All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for Opioid Use Disorder in their practice if permitted by applicable state law and SAMHSA encourages them to do so. SAMHSA and DEA are actively working on implementation of a separate provision of the Omnibus related to training requirements for DEA registration that becomes effective in June 2023.

Access this information on the [SAMHSA](#) website.

Emergent receives FDA priority review for OTC naloxone spray

Drug maker Emergent BioSolutions is seeking approval from the Food and Drug Administration to sell Narcan over the counter, without need for a prescription. Dr. Rahul Gupta, head of the White House Office of National Drug Control Policy, pointed out that last year alone roughly 80,000 Americans died from opioid overdoses, Gupta shared that thousands of these overdoses may have been avoided with the use of Narcan. "There is today no excuse, no excuse absolutely for not having it everywhere available, when we know that's one medication that can save tens of thousands of lives right now," Gupta said. Emergent BioSolutions CEO Bob Kramer says the FDA has now agreed to fast track its application to sell Narcan over the counter without a prescription, with an answer expected by the end of March.

To read the full article, please click on this link: [NPR](#)

Naloxone Access Disparity Plaguing Rural Areas

A study was conducted by researchers at Penn State University to demonstrate the effectiveness of naloxone in reversing opioid overdoses. The study was based on data from the Pennsylvania Overdose Information Network from 2018 to 2020 and the American Community Survey from 2015 to 2019. Overall, naloxone was administered in 75% of cases in which an individual experiencing an opioid overdose survived. Naloxone was administered in 29% of fatal overdose cases.

The study went on to explain that despite its demonstrated efficacy in reversing opioid overdoses, the availability of naloxone at the time of a person experiencing overdose ranged between 41% to 47% in rural counties.

To read the full study, please click on this link: [Addiction Professional](#)

Naloxone Request form for Iowa Organizations and Businesses: [Iowa HHS](#)

Opioid Overdose Tracker

The Office of National Drug Control Policy (ONDCP) has released a Non-Fatal Opioid Overdose Tracker. The goal of the Tracker is to track non-fatal opioid overdose in the pre-hospital setting using nationally submitted Emergency Medical Services (EMS) data. Using a dashboard display, information is provided using an interactive map with a geo-surveillance view. The data provided represents patients who were suspected of experiencing an opioid overdose when initially treated by an EMS clinician, and who were still alive after transportation to a medical facility or at the completion of EMS treatment. The Tracker looks at a variety of different measures including but not limited to, *Average EMS Time to Patient*, *Number of Opioid Overdoses*, and *Average Number of Naloxone Administrations per Overdose*. In addition, a companion document is available that provides information on how to use the dashboard.

To see the Non-Fatal Opioid Overdose Tracker, visit this link: [NEMSIS](#)

Treatment Episode Data Set (TEDS) 2020 Report Released

The Treatment Episode Data Set (TEDS) report presents national and state level data for substance use disorder treatment admissions and discharges occurring in 2020, and trend data from 2010 to 2020. It summarizes demographic information and the characteristics and outcomes of treatment for alcohol and/or drug use among clients aged 12 years and older in facilities that report to individual state administrative data systems. Data include records for treatment admissions and discharges that were received and processed through November 22, 2021.

The 2020 Treatment Episode Data Set (TEDS) Annual Report identified 1,416,357 admissions aged 12 years and older from public treatment facilities in 2020. The top five primary substances involved in admissions in 2020 were alcohol (31.2%), opioids (26.9%), stimulants (12.7%), marijuana (9.8%), and cocaine (5.1%).

Access the full report and see the data broken down by state here: [SAMHSA](#)

Resources

Naloxone

The CDC has released a one-page hand out entitled “5 Things to Know About Naloxone.” The one-pager shares information from what types of overdose can be temporarily reversed by naloxone, the administration types of naloxone, among other information. The one-page handout is also available in Spanish.

Get the Naloxone resource here: [CDC](#)

CDC Prescribing Guideline

The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain (2022 Clinical Practice Guideline) is now available in the Morbidity and Mortality Weekly Report (MMWR), published on November 3, 2022. The publication updates and replaces the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain. CDC also released a suite of tools and resources to help patients and clinicians understand and use the recommendations in the new Guideline in their pain-care decision making.

See the full publication here: [MMWR](#)