

Iowa Department of Public Health
Division of Behavioral Health/Bureau of Substance Abuse
Opioid Update for Wednesday, December 26, 2018

The Iowa Department of Public Health (IDPH) offers the Opioid Update to share information about opioid use and Iowa's efforts to address the national opioid epidemic. Please feel free to submit topics to Julie Jones at julie.jones@idph.iowa.gov.

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Department News

Kathy Stone Retiring

While it may not be opioid-specific news, we still feel it's important to recognize the upcoming retirement of Kathy Stone, Director of the Division of Behavioral Health and the Single State Authority on Substance Abuse (SSA) for Iowa.

For more than 11 years Kathy has lead the division's efforts to address substance misuse in Iowa. Under her leadership a variety of grants, efforts and approaches have been introduced, including: Access to Recovery (ATR), Screening, Brief Intervention and Referral to Treatment (SBIRT); Strategic Prevention Framework (SPF); Recovery Oriented Systems of Care (ROSC); and the new Integrated Provider Network (IPN). You don't have to look hard to see Kathy has definitely left her mark on Iowa's substance use field.

Kathy's last day at IDPH will be December 31, 2018. Please feel free to reach out to her before she leaves and wish her well. *Congratulations Kathy – We'll miss you!*

Hepatitis C Screening for People Who Use Meth and Opioids

An article published last week by NPR highlighted the need for improved screening of Hepatitis C (HCV) in substance use disorder treatment settings. Among at least 3.5 million people who have the disease, most are baby boomers who were infected before routine screening of donated blood began in the early 1990s. Since HCV can cause severe scarring and liver cancer, it is essential that individuals diagnosed are linked to curative treatment as soon as possible. While states are ramping up efforts to routinize HCV screening for baby boomers, attention has shifted to identifying opportunities to engage and provide testing to individuals most vulnerable to new infection – people who inject drugs.

UCS Healthcare, a regional medication assisted treatment (MAT) provider based in Des Moines, has partnered with the Bureau of HIV, STD, and Hepatitis on a demonstration project to integrate and routinize HIV and Hepatitis C (HCV) testing in a MAT setting. Bureau staff supported the routinization of HIV and HCV testing with a fundamentals of HIV and Hepatitis training for clinic staff in March 2018. From March to September, UCS Healthcare administered 146 HCV tests at the Des Moines office, with a 31 percent positivity rate. The results of this demonstration project have been very promising and will contribute to additional strategic discussions around testing integration in similar settings.

If your agency is interested in identifying opportunities to routinize HIV and HCV testing on-site, please contact HIV and Substance Use Coordinator Joe Caldwell at joe.caldwell@idph.iowa.gov. To read the entire article, please click on the following link: [NPR](#)

Opioid News

Nurse Denied Life Insurance Because She Carries Naloxone

Bloodwork was supposed to be the last step in Isela's application for life insurance. But when she arrived at the lab, her appointment had been canceled. "That was my first warning," Isela says. She contacted her insurance agent and was told her application was denied because something on her medication list indicated that Isela uses drugs. Isela, a registered nurse who works in an addiction treatment program at Boston Medical Center, scanned her med list. It showed a prescription for the opioid-reversal drug naloxone — brand name Narcan.

According to a recent National Public Radio story, some life insurers consider the use of prescription drugs when reviewing policy applicants. And it can be difficult, some say, to tell the difference between someone who carries naloxone to save others and someone who carries naloxone because they are at risk for an overdose. Unfortunately, instead of asking for additional information, some life insurance companies have chosen to simply deny the applications.

To learn more about this issue and find out what's being done to address it, please click on the following link: [NPR](#)

The Opioid Epidemic Hit Black America the Hardest Last Year

The Opioid Epidemic is taking an increasingly heavy toll on the black community, with a new government report showing blacks in America saw the largest surge in opioid overdose deaths among any racial and ethnic group from 2016 to 2017.

The report from the Centers for Disease Control and Prevention shows that 5,513 blacks died of overdoses involving opioids in 2017 – up 26 percent from 4,374 in 2016 – and the rate of such deaths adjusted for age increased by more than 25 percent. While the number of opioid-involved overdose deaths among whites was far greater at 37,113 in 2017, it represented only an 11 percent increase in both total deaths and death rate over 2016. The only other racial or ethnic group to see a statistically significant increase in death rate between the two years was Hispanics, whose rate jumped by 11.5 percent

To read the entire article, please click on the following link: [US News](#)

State of Connecticut sues Purdue Pharma over “deceptive practices” that fueled the opioid epidemic

Purdue Pharma of Stamford, maker of OxyContin, plied high-prescribing doctors with meals, gifts and money, and used the term “pseudoaddiction” to suggest that addicted patients were being given inadequate doses and just needed more, according to a lawsuit filed Thursday by Connecticut State Attorney General George Jepsen.

In joining with other states in a series of lawsuits against Purdue, Jepsen said the company hasn't shown any interest in a settlement that would require the company to revamp its marketing practices and provide more help to addicts.

Jepsen said his office is prepared to argue in court that “Purdue knowingly put its own exorbitant profits first when it...mised doctors by not just downplaying the terrible risks of addiction, but by forcefully asserting that opioid products were safe, that the risk of addiction was low, and that patients experiencing symptoms of addiction should actually be prescribed higher and greater doses of Purdue's opioid drugs.”

To read the entire article, please click on the following link: [Hartford Courant](#)