

**Iowa Department of Public Health**  
**Division of Behavioral Health/Bureau of Substance Abuse**  
**Opioid Update for Wednesday, December 12, 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](mailto:julie.jones@idph.iowa.gov).

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**Department News**

**State Targeted Response (STR) Grant: Update**

The State Targeted Response provides federal grant funds to help increase access to opioid treatment/recovery services. Grant funds also aim to prevent deaths through information about opioid overdose response and increase awareness of best practices in medication assisted treatment. In its second year, the first six months resulted in the following:

- Over 1,400 people participated in trainings on recognition and response to an opioid overdose
- 225 Iowans received services to assist in their opioid use disorder treatment and/or recovery
- Among the recovery support services, most commonly received were recovery coaching and transportation assistance
- Over 4,100 naloxone kits were provided to hospitals and concerned community members

For more information about the STR grant, please contact Monica Wilke-Brown at [monica.wilke-brown@idph.iowa.gov](mailto:monica.wilke-brown@idph.iowa.gov).

**Opioid News**

**FDA Clears Mobile Medical App to Help Those With Opioid Use Disorder Stay in Recovery Programs**

Earlier this week, the U.S. Food and Drug Administration cleared a mobile medical app to help increase retention in an outpatient treatment program for individuals with opioid use disorder (OUD). The reSET-O app is to be used in conjunction with treatment that includes buprenorphine and contingency management. Downloaded directly to a patient's mobile device, it serves as a training, monitoring and reminder tool for health care providers and patients in maintaining an outpatient treatment program. It includes a compliance reward system – such as earning special icons on a prize wheel within the app.

In the trial, patients who used the desktop computer version of reSET-O had an overall retention rate through the end of 12 weeks of treatment of 82.4 percent compared with 68.4 percent overall retention rate for patients who did not.

To read more about the app, please click on the following link: [FDA](#)

## **Research Study: Wisdom Teeth Removal for Teens Linked to Opioid Abuse**

In a new study published in the *Journal of the American Medical Association (JAMA)*, researchers from Stanford University and the University of California, San Francisco found that among around 15,000 patients aged 16 to 25 who received opioids from their dentists, almost 7 percent went back to a healthcare provider for additional opioids between 3 and 12 months later. Nearly 6 percent were diagnosed with opioid abuse within one year after the initial prescription. In contrast, only 0.4 percent of patients who were not prescribed dental opioids were later diagnosed with opioid abuse.

To read more about the study, please click on the following link: [Popular Science](#)

## **Telemedicine Use for Treating Substance Use Disorder Remains Low**

Despite the enormous unmet need for treatment of substance use disorders and the promise of telemedicine to fill some of the gaps in care, the tool remains woefully underused, according to research led by investigators from the Blavatnik Institute at Harvard Medical School.

The study, published in the December issue of *Health Affairs*, analyzed patterns of telemedicine use and showed that overall use remains low despite some increase in the use of this tool. "The low rates of telehealth visits for substance use disorder that we found represent a missed opportunity to get people the help they need, especially in the context of the ongoing opioid epidemic," said study author Haiden Huskamp, professor of health care policy at Harvard Medical School.

In what is thought to be the first study of telemedicine for the treatment of substance use disorder, the researchers used insurance claims from 2010 to 2017 to identify characteristics of telehealth users and patterns of use. Specifically, the analysis showed that the rate of telehealth visits for substance use disorder increased quickly during the study period: from 0.62 visits per 1,000 diagnosed (97 visits) in 2010 to 3.05 visits per 1,000 diagnosed (1,989 visits) in 2017. Despite this increase, telehealth visits for substance use disorder remained dismally low, representing just 1.4 percent of telehealth visits for any health condition. The number of telehealth visits for substance use disorder accounted for only 0.1 percent of all substance use disorder visits.

To read more about the study, please click on the following link: [Science Daily](#)

## **Overdose Deaths set a Record in 2017**

New numbers from the Centers for Disease Control and Prevention show that drug overdoses killed more than 70,000 Americans in 2017, a record. Overdose deaths are higher than deaths from H.I.V., car crashes or gun violence at their peaks. The data also show that the increased deaths correspond strongly with the use of synthetic opioids known as fentanyl(s).

Since 2013, the number of overdose deaths associated with fentanyl(s) and similar drugs has grown from 3,000 to more than 28,000. Deaths involving fentanyl(s) increased more than 45 percent in 2017 alone. The recent increases in drug overdose deaths have been so steep that they have contributed to reductions in the country's life expectancy over the last three years, a pattern unprecedented since World War II. Life expectancy at birth has fallen by nearly four months, and drug overdoses are the leading cause of death for adults under 55.

To read more about these findings, please click on the following link: [NY Times](#)

## **Iowa News**

### **Quarterly PMP Prescriber Activity Reports Coming Soon**

Beginning in late January 2019, Iowa PMP information will be disseminated to authorized users via Prescriber Activity Reports (PARs). The PAR provides a health care provider with a prescribing history summary, including their ranking compared to the *median* of prescribers within the same specialty. The intent of providing a health care professional with relevant and accurate information is to constructively assist his/her controlled substance prescribing practices. Informing health care professionals of their prescribing behaviors relative to their peers may provide insightful, concise data that may assist with treatment protocols. The PAR is not intended to be an indication that the prescriber or his/her patients have done something wrong and will be for the prescriber's information only.

PARs will be generated and distributed every quarter to health care professionals who have issued at least one Schedule II, III or IV controlled substance prescription during the previous six months. According to the Iowa Board of Pharmacy, there are nearly 18,000 registrants with authority to prescribe controlled substances in Iowa.

The PAR will identify the following metrics for each prescriber:

- Opioid related patient and prescription volumes
- Top 3 medications prescribed
- Prescribing percentages based on daily Morphine Milligram Equivalents (MME) of opioid prescriptions
- Patient percentages based on opioid duration of therapy
- Prescribing volume based on total MME of selected opioids
- Anxiolytic/sedative/hypnotic prescribing
- Patient volumes exceeding multiple provider thresholds
- Patient volumes receiving dangerous combination therapy
- PMP Usage

A Metrics Explanation document will accompany each PAR to guide with review and utilization of the information. A PAR frequently asked questions (FAQ) document will be posted at <https://pharmacy.iowa.gov/iowa-pmp-awarxe> before dissemination of the first round of reports.

If you are a prescriber and have not already done so, please register for an Iowa PMP AWARxE account by going to <https://iowa.pmpaware.net/login>.