

Iowa Department of Public Health  
 Division of Behavioral Health  
 Opioid Update for Wednesday, January 10, 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).

**In this issue:**

- **Department Efforts**
- **Legislative Interest**

**Department Efforts**

**Iowa Opioid Initiatives Report Card**

In October of last year, the Opioid Epidemic Evaluation Legislative Study Committee held a two-day meeting as part of their charge to evaluate the state's response to the opioid epidemic. The Committee heard from a wide range of stakeholders during the two days, including IDPH. Kevin Gabbert, on behalf of IDPH, provided the Committee with updated information on ten initiatives widely adopted by other states as proven approaches to combat opioid problems. The initiatives were presented in a report card format to support stakeholders in understanding Iowa's efforts and areas of opportunity.

<b>State of Iowa Opioid Initiatives Report Card</b>		
<b>Measure</b>	<b>Yes</b>	<b>No</b>
1. State has a Prescription Monitoring Program	✓	
2. Prescribers are required to use the Prescription Monitoring Program		X
3. Prescription Monitoring Program has 24-hour upload from pharmacies		X
4. State utilizes prescription limits for opioids		X
5. State has a Syringe Services Program		X
6. State has a Good Samaritan Law		X
7. State has Expanded Naloxone Access	✓	
8. State has dedicated funding for Naloxone		X
9. State has Medicaid coverage for all forms of medication assisted treatment	✓	
10. State requires training on CDC Guidelines for Managing Chronic Pain		X

During the legislative session, which began this Monday, IDPH will spotlight these and other opioid-related initiatives, in a new section of the Opioid Update, entitled **Legislative Interest**.

## Iowa Seeing Increase in Hepatitis C Cases

According to the IDPH Bureau of HIV, STD, and Hepatitis, in 2016 there were 2,287 Iowans reported with HCV. This was the largest number of people diagnosed with hepatitis C since reporting began, including the largest number and proportion of people under 40 diagnosed with HCV. There are several things that may have contributed to the overall increase in diagnoses, including increased testing among baby boomers (those born between 1945 and 1965) and an expanding number of people who inject drugs (opioids and methamphetamine.)

Hepatitis C (HCV) is an infectious liver disease that is transmitted from person to person primarily via blood. Today, most people contract HCV through sharing of needles or other equipment used to inject drugs with someone who already has HCV. Hepatitis C is now a curable disease, so it is important that people get diagnosed. Approximately 23,588 Iowans have been reported with HCV, but CDC estimates that 45-85% of people are undiagnosed – meaning there may be 39,215 to 149,143 Iowans who have hepatitis C.

To find out more, go to the State of Iowa Hepatitis C Virus End-of-year 2016 Surveillance Report at [Surveillance Report](#).

To subscribe to Bureau of HIV, STD, and Hepatitis Data and Epidemiological Reports, click on the following link: [Epidemiological Reports](#).

## CDC Demonstration of Need

The IDPH Bureau of HIV, STD, and Hepatitis and Bureau of Substance Abuse collaborated to assess nine variables related to injection drug use in Iowa. The purpose of the assessment was to present evidence for review by the Centers for Disease Control and Prevention (CDC) demonstrating that Iowa is experiencing significant increases in hepatitis infections among people who inject drugs (PWID) and may be at risk for an HIV or hepatitis C outbreak related to injection drug use.

Diagnoses of HCV infection among people under the age of 30 have been used by many states as an indication of ongoing injection and sharing of injection equipment. In the absence of data identifying proximal cause of these new infections, IDPH provided data demonstrating the likelihood that new infections were most likely due to increased use of non-sterile injection of drugs. These data included:

- Five-year increase in admissions for substance use treatment due specifically to injection of opioids (58%) and injection of methamphetamine (73%)
- Six-year increase in emergency department visits for poisonings (e.g., overdose) from opioids (91%) and amphetamine (217%)
- Five-year increase in overdose deaths from heroin (258%)

Based on the data presented, CDC suggests Iowa could benefit from a Syringe Services Program (SSP), allowing Iowa to apply for federal funds to support an SSP.

## **Legislative Interest**

### **What is a Syringe Services Program?**

Sometimes referred to as “needle exchange programs”, Syringe Services Programs (SSP) are an infectious disease control strategy intended to protect the public and help people engage with treatment services. In addition to providing access to sterile needles, SSPs also offer:

- Safe disposal containers for needles and syringes (keeping them off of streets, sidewalks and out of parks)
- HIV and hepatitis testing with linkage to treatment
- Education about overdose prevention and safer injection practices
- Referral to substance use disorder treatment, including medication-assisted treatment
- Referral to medical, mental health, and social services
- Tools to prevent HIV, STDs, and viral hepatitis including counseling and vaccinations
- Peer support services that help reconnect people to positive options

According to the Centers for Disease Control and Prevention (CDC), SSPs benefit communities in several ways:

- People who inject drugs (PWID) are 5 times as likely to enter treatment for substance use and are more likely to reduce or stop injecting when they use an SSP.
- SSPs reduce overdose deaths by teaching PWID how to prevent and respond to drug overdose. They also learn how to use naloxone, a medication used to reverse overdose.
- SSPs save health care dollars by preventing infections. The estimated lifetime cost of treating one person living with HIV is more than \$400,000. Testing linked to hepatitis C treatment can save an estimated 320,000 lives.
- SSPs reduce needlestick injuries among first responders by providing proper disposal. One in three officers may be stuck with a needle during their career. Increasing safe disposal also protects the public from needlestick injuries.
- SSPs do not increase local crime in the areas where they are located.

Currently, Iowa does not have an SSP. Iowa Code, [Section 124.414](#) classifies syringes used in combination with a controlled substance as drug paraphernalia, with possession an offense punishable by up to 30-days in jail and a \$625 fine.

It's unclear if SSPs will be discussed in this year's legislative session. If it is, watch for additional information in future editions of the Opioid Update.

For more information on SSPs, click on the following link: [CDC](#)

For more information on Harm Reduction, click on the following link: [Harm Reduction](#)

### **Governor Reynolds' Condition of the State**

In Tuesday's Condition of the State address, included among the Governor's recommendations to keep Iowa strong, were the following:

- acknowledgement that opioid-related deaths in Iowa have more than doubled in the past ten years;
- a reminder of her plan, revealed at her November Opioid Summit, to increase use of the Prescription Monitoring Program, enhance interventions for addicted Iowans, and expand medication assisted treatment; and
- a request to the legislature to pass legislation to reduce the number of opioids prescribed in Iowa.

To read Governor Reynolds' Condition of the State address, click on the following link: [Iowa](#)