

# Iowa Department of Public Health



## Iowa Department of Public Health – *Iowa's Opioid Crisis: An Update*

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Authorship - Bureau of Substance Abuse

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*Iowa's Opioid Crisis: An Update*

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- SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG)
- SAMHSA Opioid State Targeted Response Grant (STR)
- SAMHSA State Opioid Response Grant (SOR)
- SAMHSA Strategic Prevention Framework – Prescription Drugs Grant (SPF-Rx)
- Bureau of Justice Assistance – Harold Rogers Prescription Drug Monitoring Grant
- CDC Opioid Overdose Crisis Cooperative Agreement for Emergency Response
- SAMHSA Prevention of Opioid Misuse in Women (POMW)
- SAMHSA First Responders Comprehensive Addiction and Recovery Act (FR-CARA)

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## Executive Summary

Previously thought to be an issue only in major U.S. cities or more populated states, the use of opioids (which includes heroin and prescription pain relievers) has become a problem of epidemic proportions in more rural areas of the country. While alcohol, methamphetamines and marijuana remain the primary substances misused in Iowa, in the last decade significant increases have occurred in the number of Iowans identifying opioids as their drug of choice at the time of admission to treatment – and in the number of deaths related to opioids.

The Iowa Department of Public Health (IDPH) has collaborated with state, local and private partners to address opioid use problems in Iowa. Statewide, Iowans have implemented coordinated, multi-sector efforts that have led to increased awareness, access to resources and improvement in care. Initial data show these efforts are making positive impacts in Iowa communities to prevent and reduce the negative consequences of opioid-related problems.

The following summary was prepared in order to provide a comprehensive update on Iowa-specific measures, IDPH efforts and an overview of funding the state has received to address opioid misuse.

### Highlights:

- Preliminary data from the IDPH Bureau of Health Statistics indicate a reduction in the number of deaths related to opioids in 2018.
- The number of healthcare professionals eligible to prescribe buprenorphine (a form of medication-assisted treatment for opioid use disorders) has increased from 31 in 2015, to 115 in 2018.
- Iowa has increased the number of sites capable of dispensing methadone (another form of medication-assisted treatment) from eight locations in 2015, to 20 locations current/planned by mid-2019.

## Glossary

**Buprenorphine Waivered:** Under the [Drug Addiction Treatment Act of 2000 \(DATA 2000\)](#), qualified prescribers may apply for waivers to treat opioid dependency with approved buprenorphine products in any setting in which they are qualified to practice, including an office, community hospital, health department or correctional facility. A qualifying prescriber is specifically defined in DATA 2000 as one who is:

- Licensed under state law
- Registered with the Drug Enforcement Administration (DEA) to dispense controlled substances
- Required to treat no more than 30 patients at a time within the first year
- Qualified by training and/or certification

In order to maintain a waiver, the prescriber must be capable of referring patients to counseling and other services.

**Medication-Assisted Treatment (MAT):** The use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. There are three medications commonly used to treat opioid addiction:

- [Methadone](#) – Clinic-based opioid agonist that does not block other narcotics while preventing withdrawal when taking it; daily liquid dispensed only in specialty regulated clinics.
- [Naltrexone](#) – Office-based non-addictive opioid antagonist that blocks the effects of other narcotics; daily pill or monthly injection.
- [Buprenorphine](#) – Office-based opioid agonist/antagonist that blocks other narcotics while reducing withdrawal risk; daily dissolving tablet, cheek film or 6-month implant under the skin.

**Medication Unit:** A facility that is geographically separated from where an Opioid Treatment Program (OTP) is headquartered. Medication-assisted treatment (MAT) professionals administer medications, collect samples and conduct drug testing and analysis from medication units. Admission services and addiction counseling cannot be conducted within these facilities.

Medication units allow MAT patients to establish a routine and maintain a productive life. This is especially helpful for people living in rural areas in Iowa where the nearest OTP site may be 70 miles away or more. Even in major cities, medication units are needed to help cut down on long wait times at busy OTP sites.

**Naloxone/Narcan:** A medication approved by the Food and Drug Administration (FDA) to prevent or reverse overdose by opioids such as heroin, morphine and oxycodone. The medication blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when a patient is showing signs of opioid overdose. The medication can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin) or intravenous injection.

**Opioids:** A class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine and many others.

**Opioid Treatment Program (OTP):** A program or practitioner engaged in opioid treatment of individuals with an opioid agonist medication (methadone).

**Prescription Monitoring Program (PMP):** Highly effective tools utilized by government officials for reducing prescription drug misuse and diversion. PMPs collect, monitor, and analyze electronically transmitted prescribing and dispensing data submitted by pharmacies and dispensing practitioners.

**List of Acronyms**

- IDPH..... Iowa Department of Public Health
- MAT..... Medication-Assisted Treatment
- SAMHSA..... Substance Abuse and Mental Health Services Administration
- OTP..... Opioid Treatment Program
- CDC..... Centers for Disease Control and Prevention
- HCV..... Hepatitis C Virus



## Iowa's Opioid Crisis: An Update

The Iowa Department of Public Health (IDPH) has partnered with state, local and private partners to address opioid problems in Iowa. Statewide, Iowans have implemented coordinated, multi-sector efforts that have led to increased awareness, access to resources and improvement in care. Initial data show these efforts are making positive impacts in Iowa communities to prevent and reduce the negative consequences of opioid-related problems.

In October 2017, IDPH presented to the Opioid Epidemic Evaluation Study Committee as part of a larger update to state legislators on the impact of opioids in Iowa. In addition to IDPH, presenters included representatives from other state agencies and from law enforcement, healthcare, education, harm reduction and funders. To convey public health concerns about opioid misuse in the state, IDPH developed a **State of Iowa Opioid Initiatives Report Card**, listing proven approaches adopted by other states to combat the nationwide opioid epidemic. The Report Card format provides a way to evaluate Iowa's efforts in addressing opioid misuse and identify opportunities for improvement.

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

Table 1: Opioid Report Card

✓\* Indicates a measure that was not Iowa law prior to the passage of HF 2377 in 2018.

When the Opioid Report Card was first developed, Iowa met only three of the 10 recommended measures. By enacting [HF 2377](#) in 2018, the General Assembly adopted four additional measures (✓\*), reinforcing Iowa's commitment to combat opioid misuse in the state, and improve – *and save* – the lives of Iowans. As for the three measures Iowa has not implemented:

- X<sub>1</sub>** While the state has not pursued prescribing limits, several related efforts have taken place in Iowa, including: national pharmacy chains refusing to fill prescriptions for specific extended release – long acting opioids; insurers limiting the number of days an opioid prescription can be filled; and the Board of Pharmacy initiating Prescriber Activity Reports (PARs), intended to provide a health care professional with relevant and accurate information to constructively assist his/her prescribing of controlled substances.
- X<sub>2</sub>** Although there are no legally operated syringe service programs currently in Iowa, the topic has been increasingly discussed at the state level.
- X<sub>3</sub>** At this time, Iowa does not have dedicated state funding for naloxone. However, IDPH has made use of federal grant funding for this purpose. For more information, please see the section of this document titled "Distribution of Naloxone" on page 11.

#### **A. Update on Iowa-Specific Measures**

IDPH continues to evaluate the impact of opioid misuse in the state, with targeted strategies to reduce these impacts. In so doing, IDPH monitors specific data points that demonstrate the effectiveness of targeted efforts, such as the number of deaths related to opioids, substance use disorder treatment admissions, the number of providers offering medication-assisted treatment for opioid use disorders and Hepatitis C transmission. Data available as of mid-2018 are discussed below.

#### **1. Number of Deaths Related to Opioids**

*Since 2005, the number of deaths related to opioids in Iowa has more than tripled.*

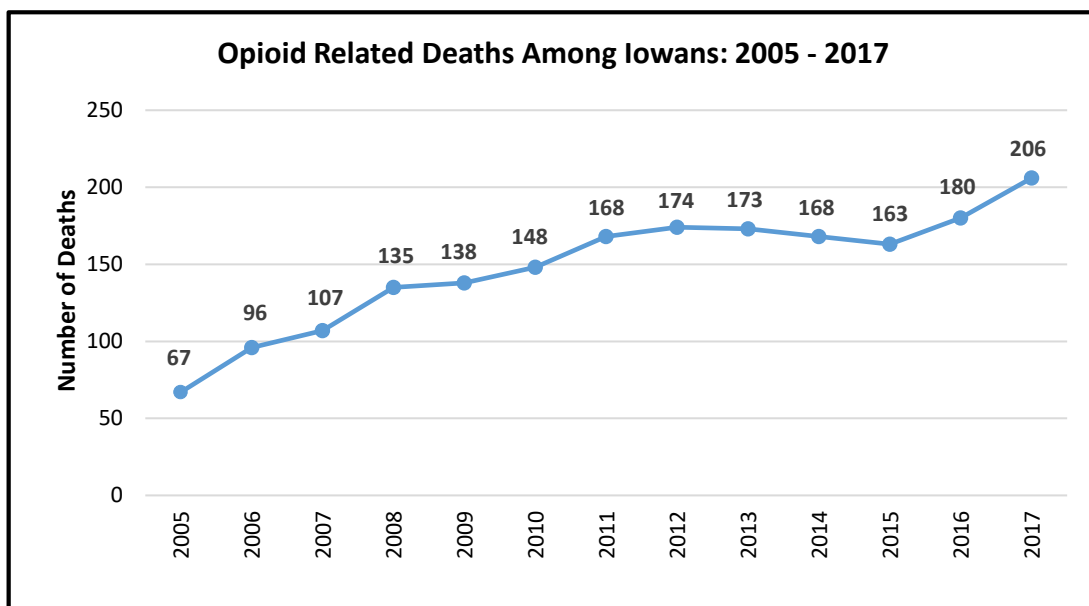


Table 2: Opioid Related Deaths

While the number of deaths involving opioids have increased through 2017, preliminary data for 2018 from the IDPH Bureau of Health Statistics indicate a reduction in deaths when compared to the same time period in 2017 (89 in the first eight months of 2018 compared to 137 in the first eight months of 2017). This information is encouraging. Even if the data had remained constant at the same number of opioid deaths in 2018 as in 2017, it would be an improvement over the 14 percent increase seen from 2016 to 2017. It is important to remember that preliminary data are not final data. The final data on the number of deaths related to opioid use will change based on completion of data verification processes, finalization of medical examiner reports and any reporting of additional deaths.

**2. Number of Substance Use Disorder Treatment Admissions for Opioid Use**

Similar to the number of deaths related to opioids, **substance use disorder treatment admissions for Iowans with an opioid use disorder more than tripled since 2005.**

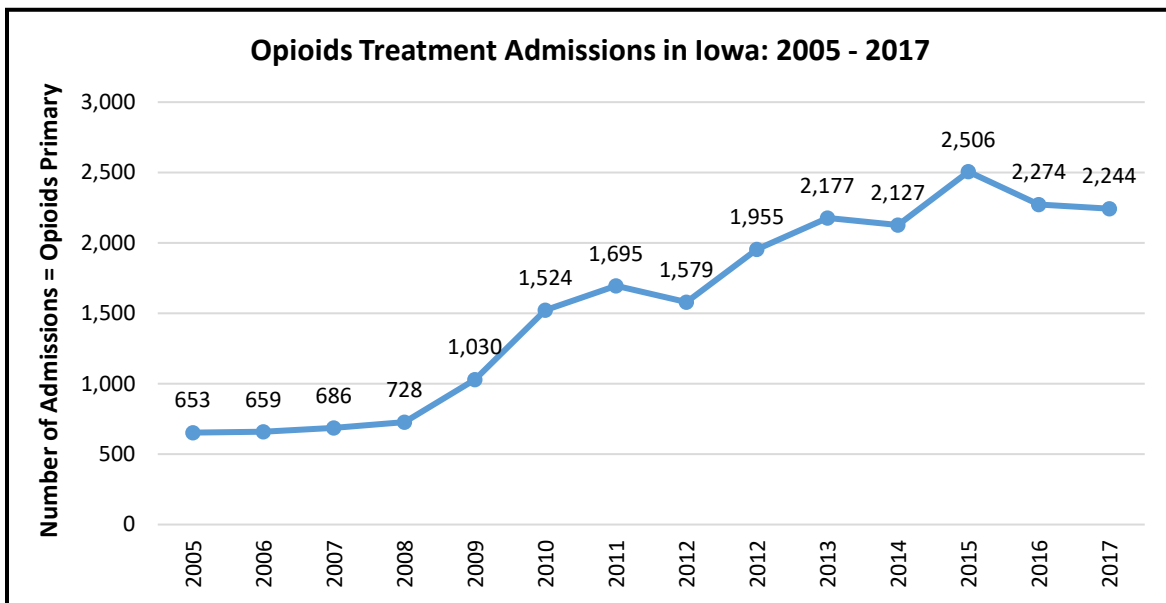


Table 3: Opioid Treatment Admissions

While there has been a slight decline in the number of opioid treatment admissions over the last two years, there has been a significant increase in the number of buprenorphine prescriptions written (an FDA approved drug used for medication-assisted treatment). In 2015 there were 16,549 prescriptions written. That number increased to 26,902 in 2018. In light of this information, it is unclear why there has been a reduction in treatment admissions for individuals with an OUD. One possible reason could be due to more Iowans' ability to access needed services through a primary care prescriber trained in delivering medication-assisted treatment, rather than a licensed substance use disorder treatment agency.

**3. Number of Medication-Assisted Treatment Providers**

Expansion of medication-assisted treatment – MAT – is a core goal across all IDPH's opioid-related work. MAT can be prescribed and provided through several different medications: these include

buprenorphine, methadone and naltrexone.

**In 2015**, when IDPH received its first federal grant to address opioid use (Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)), **Iowa had 31 Buprenorphine Waivered prescribers – the lowest per capita number of such prescribers in the country.** Through a range of coordinated efforts (SAMHSA technical assistance, collaboration with Iowa's State Medical Director, recruitment through the Medicine and Nursing state boards, and direct outreach to prescribers and other medical professionals), **the number of Buprenorphine Waivered prescribers in Iowa increased from 31 in 2015 to 115 in 2018.**

#### Buprenorphine Waivered Prescribers

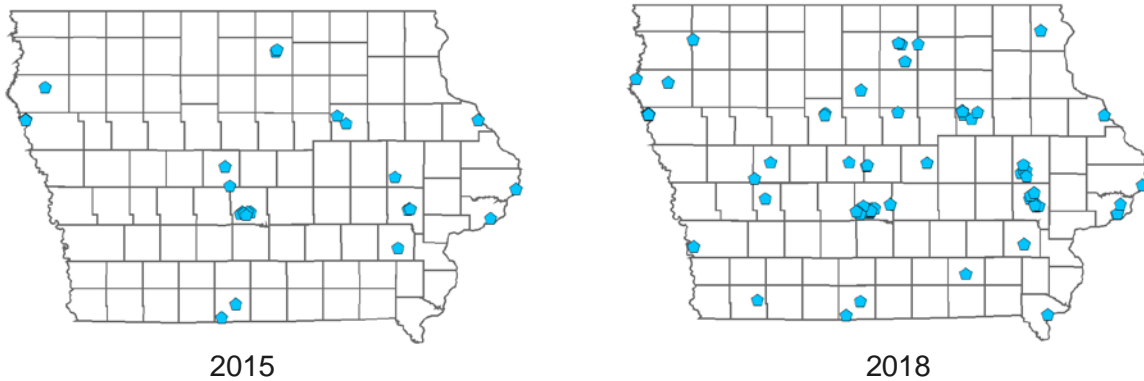


Table 4: Buprenorphine Waivered Prescribers

In addition to the low number of Buprenorphine Waivered prescribers, Iowa also had problems with the limited provision of MAT in the form of Methadone, provided through accredited Opioid Treatment Programs (OTPs). **In 2015, Iowa had five OTPs, with a combined total of eight locations in six counties.** Since that time, **Iowa has increased the number of OTPs – including satellite “Medication Unit” locations – to seven OTPs, with a combined total of 20 locations in 14 counties planned by mid-2019.**

#### Opioid Treatment Programs and Medication Units

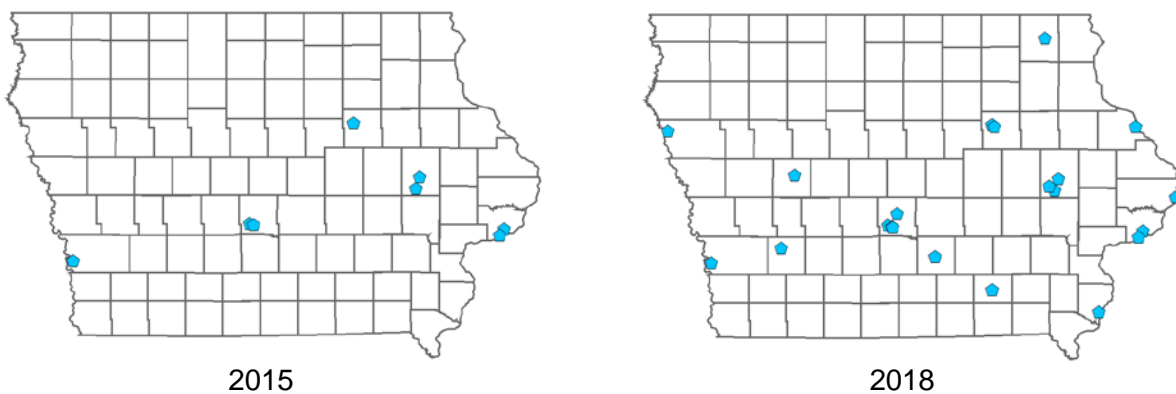


Table 5: Opioid Treatment Programs and Medication Units

As Iowa continues to address opioid misuse and the need for treatment services, IDPH will continue to recruit and support medication-assisted treatment providers and to develop alternative approaches to delivering these services, including tele-health.

**4. Number of Iowans Under the age of 40 Diagnosed with Chronic Hepatitis C**

The number of Iowans under the age of 40 diagnosed with chronic hepatitis C virus (HCV) increased steadily from 2000 through 2016, decreased significantly in 2017, but increased again in 2018 according to preliminary data.

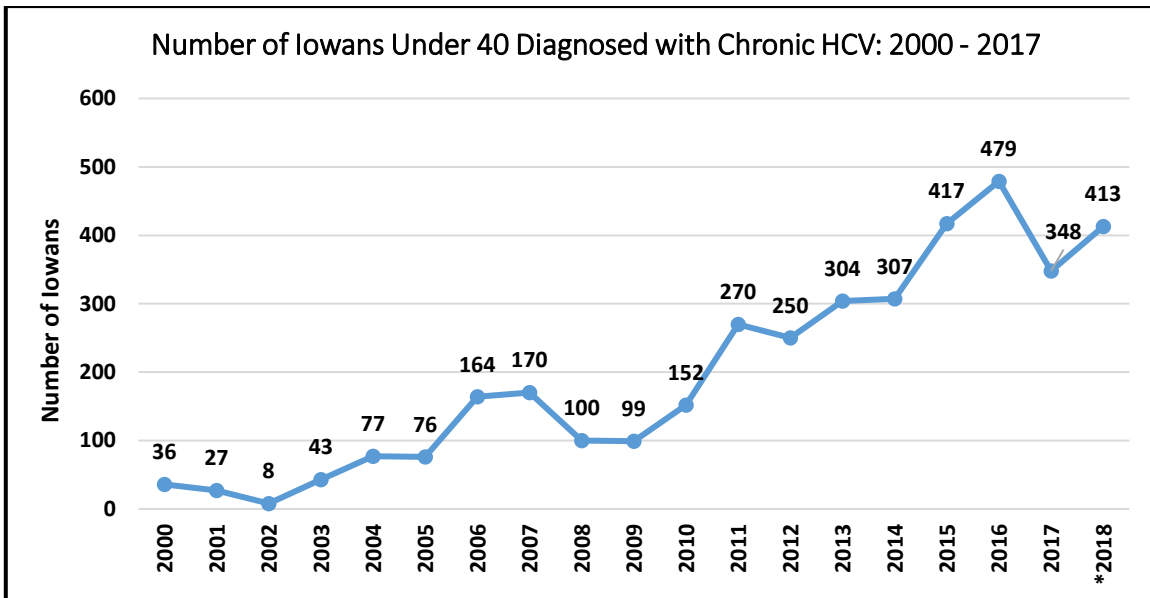


Table 6: Number of Iowans Under age 40 Diagnosed with Chronic HCV

\*Indicates Preliminary Data

Hepatitis C virus (HCV) is transmitted primarily through the sharing of injection drug equipment. Iowans under the age of 40 who are diagnosed with chronic hepatitis C represent a population that may be transmitting the virus. Diagnosis is important, as hepatitis C is curable. In 2018, Iowans under the age of 40 represented 27 percent of all Iowans diagnosed with chronic HCV, a proportion that has steadily increased. IDPH will continue to expand availability of testing, which has increased substantially over the past four years.

**B. IDPH Efforts**

IDPH efforts to address problem opioid use in Iowa are organized around three goals, which are consistent with the direction set by Governor Kim Reynolds at the 2017 Governor’s Forum on Opioids:

- Reduce Opioid Misuse
- Prevent Opioid Overdose
- Expand Availability of Medication Assisted Treatment

Specific IDPH activities that support these goals are described as follows.

## 1. Opioid Use Media Campaigns

IDPH's Strategic Prevention Framework for Prescription Drugs (SPF Rx) federal grant supported development of a youth-focused statewide media campaign to help reduce misuse or non-medical use of prescription drugs. The campaign began running in targeted communities in June 2017.

After conducting foundational research with 12- to 25-year-olds, IDPH determined youth needed to understand that there are real health consequences associated with sharing or abusing prescription drugs. To get that message out, IDPH developed the "**Prescription Drugs Are Still Drugs**" health promotion campaign for radio, TV, billboards and social media.



An example of messaging, a YouTube video, can be viewed [here](#).

IDPH built on this campaign to expand the message to adults statewide. From November 2017 through March 2018, IDPH directed funding from the State Targeted Response (STR) federal grant to a media campaign intended to raise awareness in Iowa adults of the risks of overdose and addiction and to provide information on treatment options. In its first year, this campaign generated over 9.4 million impressions through both traditional and online media strategies.

## 2. Expansion of Medication-Assisted Treatment

According to research, traditional treatment for individuals with an opioid use disorder is only about 20-30 percent effective. Providing traditional treatment in combination with MAT increases treatment effectiveness to 60-80 percent. Iowa has seen a significant increase in the availability of MAT services statewide, including in previously underserved areas of the state. That increase is due in part to the addition of Nurse Practitioners and Physician Assistants to the list of eligible prescribers and to the implementation of Medication Units.

IDPH's State Targeted Response federal grant has played a valuable role in expanding MAT. Through STR grant activities, including community needs assessments and strategic planning, 16 of the 23 local programs in IDPH's treatment provider network used STR funding to enhance or expand MAT services. In the first year of the STR grant, 118 more Iowans received MAT as part of their treatment experience than in the previous year.

## 3. Enhancement of the Prescription Monitoring Program

The Iowa Board of Pharmacy Prescription Monitoring Program (PMP) is a vital tool in understanding opioid prescribing and reducing the risk of patients developing an opioid use disorder. Prior to 2018's HF 2377, provider utilization of the PMP was voluntary, meaning a prescriber could choose whether or not to use the system to verify a patient's prescribing history. Left as an option, less than

one-third of prescribers in Iowa registered to use the PMP, and even fewer used it. As a result of HF 2377, prescribers will be required to register and use the PMP at pre-determined intervals. At the time of this report, PMP registration for prescribers that have a current and active Controlled Substances Act (CSA) registration had increased to 86 percent.

While the requirement to use the PMP is a major step forward, the PMP in operation at the time the law was passed existed on an outdated platform and did not support needed functionality. Through several of its federal grants, IDPH made funding available to the Board of Pharmacy to obtain a new PMP platform. Launched in April 2018, the new PMP not only provides improved functionality, it allows for easier development of reports useful in understanding prescribing patterns in the state.

#### **4. Distribution of Naloxone**

IDPH has worked with other state agencies and stakeholders to prevent opioid overdose by providing access to naloxone, the medication that temporarily reverses an opioid overdose, allowing the person to receive life-saving medical care. Made possible by federal grant funds, examples of IDPH naloxone distribution efforts include:

- 1,300 kits provided to emergency departments across the state for distribution to individuals being released from the hospital following treatment for an opioid overdose. *Research has shown that such individuals are at high risk of dying of an overdose within one year.*
- 400 kits to the Department of Public Safety to equip every staff member.
- 450 kits to the Department of Corrections for individuals being released from a correctional setting who have a history of opioid misuse.
- 350 kits to the IDPH Bureau of Emergency and Trauma Services for distribution to EMS providers.

##### **a. Naloxone Standing Order**

On November 3, 2016, then IDPH Medical Director, Dr. Patricia Quinlisk, issued a statewide standing order allowing individuals to purchase naloxone from a pharmacy. That initial order has been renewed through September 21, 2019, by current IDPH Medical Director, Dr. Caitlin Pedati. Note: While the standing order has broadened access to overdose reversal medication, the cost for an individual to purchase a kit from a pharmacy under the standing order, without having insurance coverage, is approximately \$150.

##### **b. Narcan Access Day**

On June 29, 2018, IDPH, the Iowa Board of Pharmacy and the Iowa Pharmacy Association held the first Narcan Access Day in Iowa. Through this collaborative effort, over 1,500 free Narcan nasal spray kits were dispensed to “persons in a position to assist” through more than 360 participating pharmacies across the state.

IDPH purchased the kits using federal grant funds at the reduced “public interest” price offered by the manufacturer of \$75 per kit.

## 5. Temporary Order Making Opioid Overdose a Reportable Condition

On July 1, 2018, IDPH Director Gerd Clabaugh designated suspected and confirmed opioid overdoses requiring administration of naloxone as reportable conditions in Iowa. This means Iowa hospitals, primarily Emergency Departments, are required to report all suspected and confirmed cases of opioid overdose requiring administration of naloxone, to IDPH's designated data collection site within three days of administration.

This temporary order supports timely understanding and response to potential overdose outbreaks and helps direct prevention efforts.

As of mid-December 2018, over 540 opioid overdoses (both fatal and non-fatal) requiring naloxone administration have been reported by hospitals in Iowa. This information has been used by IDPH to target intervention activities with two counties.

## 6. Providing Education to Veterinarians

Veterinarians prescribe and dispense medications for the treatment of animals in their care. These medications can be sources of opioids that can be diverted and misused. Drug diversion occurs when prescription medicines are obtained or used illegally. Veterinarians recognize that some pet owners, family members, handlers and veterinary practice staff may engage in diversion of opioid prescriptions intended for pets. While veterinarians do not typically prescribe or dispense the opioids most widely misused by humans (Vicodin, OxyContin and Percocet), they do dispense Tramadol, Ketamine, Hydrocodone and other medications that may be sought by persons who misuse opioids.

To assist veterinarians, IDPH created an educational [infographic](#) and two electronic informational briefs ("E-Blasts"): one on the role of veterinarians in [reducing opioid misuse](#), and the other on the role of veterinarians in [preventing opioid diversion](#), which includes educating pet owners on the risks of opioid misuse and proper storage and disposal of medications.

## 7. Developing Opioid Informed Communities

IDPH used its federal State Targeted Response (STR) grant to fund community needs assessment and strategic planning to support local communities to become "opioid-informed," defined as a community where stakeholders:

**OPIOID MEDICATIONS AND YOUR PET**  
**KNOW THE FACTS**

**An Opioid Crisis in the United States and in Iowa**

- The U.S. is experiencing a public health emergency. In 2016, over 64,000 Americans died from a drug overdose, with a majority of these deaths occurring as a result of an opioid.
- In Iowa, opioid overdose deaths and treatment admissions for individuals with an opioid use disorder have tripled in the last decade.
- Individuals that misuse opioids are constantly looking for new ways to acquire opioids that may impact you.

**Medication for pets is a source for persons with opioid use disorder**

- People dependent on opioids may take the medication prescribed for a pet.
- Although we don't want to think anyone we care about misuses opioids, sometimes it happens.
- Be mindful of medications prescribed for your pet.
- Talk with your veterinarian about the medication being prescribed for your pet.

**When your pet is prescribed an opioid:**

**Prevent diversion and misuse**

- Safely store opioid medication in a locked container or cabinet.
- Avoid leaving medication in plain view or where it can be easily accessed.
- Keep count of the medication to know whether any goes missing.

**Do you have leftover medication?**

- Promptly and properly dispose of any unused and expired opioid medications.
- Find a local take-back or pharmacy program to dispose of unused and expired opioids.
- Do not throw opioid medications in the trash or flush them down the drain.

If you are concerned about a family member or friend who uses opioid medication, help is available.  
For more information, please go to [YourLifeIowa.org](http://YourLifeIowa.org).



- Are aware of current opioid-related risks and problems in their communities;
- Prioritize education, prevention, treatment and recovery from opioid use disorders; and
- Agree to implement a plan of action to address both the current opioid crisis and underlying factors that may contribute to the crisis.

To assist communities, IDPH adapted the assessment workbook developed through the Iowa Partnerships for Success and Strategic Prevention Framework-Rx federal grants. Community organizers completed the workbooks, which allowed stakeholders to determine what was most needed in their communities and create strategic plans to address those identified needs. Some of the results to date include:

- 118 people received MAT-related medical evaluation/assessment.
- More than 1,300 people participated in naloxone trainings that included distribution of naloxone.
- More than 2,100 Iowans – health care providers, mental health and substance use disorder professionals and staff, and other interested community members – received information on opioid topics from treatment providers across the state.

## 8. Good Samaritan Informational Campaign

IDPH developed an informational campaign focused on the Good Samaritan law passed as part of 2018's HF 2377. The Good Samaritan law encourages those who witness a drug overdose to stay and call 911, rather than leaving the scene out of fear of prosecution. Generally, overdose bystanders, defined as "overdose reporters" under the law, will not be arrested, charged or prosecuted for possession of a controlled substance, delivery of a controlled substance or possession of drug paraphernalia, if they make a good faith effort to seek medical assistance for an overdose patient. The Good Samaritan law protects overdose reporters if they:



- Are the first person to seek medical assistance for the overdose victim
- Provide their contact information to emergency personnel
- Remain on the scene until assistance is provided
- Cooperate with emergency personnel

IDPH created informational materials to educate Iowans about the Good Samaritan law, such as posters, fliers and business cards that outline eligibility requirements for protection under Iowa's law. In addition, IDPH created two promotional videos (one for the general public and one for law enforcement), that further explain the law. These materials are available at the [Your Life Iowa](http://YourLifeIowa.org) website. (Your Life Iowa is IDPH's 24/7 helpline and website for substance use, suicide and gambling problems.)

## **9. Approaches to Pain Management Symposium**

It has been accepted that over-prescribing of opioids contributed to the current opioid epidemic in our country. According to the CDC Guideline for Prescribing Opioids for Chronic Pain, “non-opioid therapy is preferred for chronic pain.” To assist providers in understanding alternatives to opioids, IDPH sponsored the Approaches to Pain Management Symposium on October 30, 2018. With nearly 100 people in attendance, the symposium provided an overview of a range of non-pharmacological approaches to addressing pain in addition to, or as an alternative to, the use of opioids.

Presentation topics included a national perspective on approaches to pain management, chiropractic care, mindfulness-based stress reduction, physical therapy, acupuncture and alternative medicine, yoga therapy, nutrition and physical activity, and interventional orthopedics.

## **10. Opioid Presentations**

IDPH staff conducted more than 25 presentations in 2018 on opioid related topics, including:

- CDC Guideline for Prescribing Opioids for Chronic Pain
- Rural Medication-Assisted Treatment Strategies
- Public Health Response to the Opioid Crisis
- Preventing Opioid Overdose
- Opioids and Women
- Role of Veterinarians in the Opioid Crisis

Presentations venues have included:

- Center for Medicaid and Medicare Services (CMS) Annual Opioid Conference
- Des Moines Area Community College
- Governor's Conference on Public Health
- Governor's Conference on Substance Abuse
- Governor's Forum on Opioids
- Holmes Murphy and Associates
- Insurance Underwriters Association
- Iowa Family Planning Council
- Iowa Harm Reduction Annual Summit
- Iowa Healthcare Collaborative: Opioid Forum
- Iowa Veterinary Medicine Association Annual Conference
- Iowa Western Community College
- National Association of Social Workers Symposium
- Nationwide Insurance
- University of Iowa College of Public Health
- VA Central Iowa Healthcare System

## **11. AmeriCorps Substance Abuse Prevention Program**

The IDPH AmeriCorps Substance Abuse Prevention Program is a statewide initiative through the Bureau of Substance Abuse, which focuses on the National AmeriCorps opioids priority. This past

program year, AmeriCorps members provided education to Iowa community members on substance use, particularly opioid and prescription drug misuse; built capacity of organizations to broaden understanding of opioid and prescription drug abuse; and formed coalitions and partnerships to address the growing crisis.

AmeriCorps members increased community and professional education on substance use through 29 presentations with 496 participants. AmeriCorps members also enhanced program capacity and sustainability of mentoring programs and substance abuse prevention programs. In addition, AmeriCorps members recruited and managed 500 mentors and volunteers who engaged in 1,435 hours of service.

## **12. Hepatitis C Testing**

Hepatitis C is a liver infection caused by the hepatitis C virus. Primarily spread through contact with an infected person's blood (needle sharing), left untreated, hepatitis C can lead to liver damage, liver failure, liver cancer or even death. The IDPH Bureau of HIV, STD, and Hepatitis provides funding for 10 sites across Iowa to administer HIV/HCV testing and hepatitis A/B immunizations. These sites test patients for hepatitis C who have ever engaged in injection drug use, or are in the baby boomer age range and are being seen for other services. Through November 30, 2018, there were 1,714 HCV tests administered at test sites, with a 2.3 percent positivity rate. IDPH also supports HCV testing at Federally Qualified Health Centers (FQHCs) across Iowa through a partnership with the Iowa Primary Care Association. In 2017, eight FQHCs administered routine HCV testing to patients in the baby boomer age range. The number of HCV tests administered at participating FQHCs increased 66 percent from 2016 to 2017, with 3,222 tests administered, and a 2 percent positivity rate.

UCS Healthcare, a 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 HCV testing in a MAT setting. IDPH staff provided training on the fundamentals of HIV and Hepatitis for UCS clinic staff in March 2018. From March to September, UCS Healthcare administered 146 HCV tests at their 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 integration of testing in similar settings.

## **13. Iowa Hepatitis Action Plan: 2017-2021**

IDPH worked with the HIV and Hepatitis Community Planning Group in 2017 and 2018 to develop the Iowa Hepatitis Action Plan, a strategic plan to address hepatitis C virus (HCV) in Iowa. As part of the Action Plan, community members and IDPH staff developed the "Drug User Health Framework" which integrates infectious disease (HIV, HCV and tuberculosis) prevention and treatment, overdose prevention and response, psycho-social supportive services, and substance use disorder treatment to better meet people who inject (or use) drugs (PWID) at the point of contact. The goal of the Drug User Health Framework is to develop "safer environment interventions" to effectively address the medical and social needs of PWID by eliminating barriers exacerbated by criminalization, stigma and marginalization.

In support of this framework, the Bureau of HIV, STD, and Hepatitis also launched the Health Initiatives for People Who Use Drugs program which seeks to incorporate directly impacted populations (e.g., people who use or inject drugs) into policy and program planning efforts. In April

2018, the bureau launched the Drug User Health working group to convene monthly meetings for current and former drug users to discuss healthcare and social service access barriers, best practices for reducing drug-associated harms, and improving service provision for people who are marginalized and highly stigmatized. Health initiative staff also developed a strategic planning framework to address the intersections of substance use and infectious disease through three additional cross-sector working groups: Community Safety, Linkage to Care and Structural Determinants of Health.

### **C. Listing of Known Opioid-Related Federal Grants in Iowa**

#### **1. Iowa Department of Public Health – Bureau of Substance Abuse**

The IDPH Bureau of Substance Abuse has been very successful in applying for and receiving federal grants to fund its opioid-related efforts. These federal grants include:

- **CDC Opioid Overdose Crisis Cooperative Agreement for Emergency Response**  
*In collaboration with the IDPH Bureau of Emergency and Trauma Services.*  
\$2.2M for one year, September 2018-August 2019
- **FR-CARA (First Responders Comprehensive Addiction and Recovery Act)**  
SAMHSA competitive grant;  
\$786,898/year for four years, October 2018-September 2022
- **Harold Rogers Prescription Drug Monitoring**  
Department of Justice/Bureau of Justice Administration discretionary grant;  
\$200,000/year for two years, October 2017-September 2019
- **POMW (Prevention of Opioid Misuse in Women)**  
SAMHSA discretionary grant;  
\$100,000/year for three years, July 2017-June 2020
- **SOR (State Opioid Response)**  
SAMHSA formulary grant per 21<sup>st</sup> Century Cures Act and CARA legislation;  
\$4.4M/year for two years, October 2018-September 2020
- **SPF-Rx (Strategic Prevention Framework for Prescription Drugs)**  
SAMHSA competitive grant;  
\$371,616/year for five years, September 2016-August 2021
- **STR (Opioid State Targeted Response)**  
SAMHSA formulary grant per 21<sup>st</sup> Century Cures Act and CARA legislation;  
\$2.7M/year for two years, May 2017-April 2019

#### **2. Other State Agencies/Stakeholders**

- **Community Health Centers (FQHCs)**  
Expanding Access to Quality Substance Use Disorder and Mental Health Services, \$3,194,500

- **Governor's Office of Drug Control Policy (ODCP)**  
Bureau of Justice Administration Comprehensive Opioid Abuse Site-Based Program grant, \$464,000
  
- **Iowa State University**  
Rural Opioids Technical Assistance grant, \$550,000  
Rural Opioids Technical Assistance grant, \$1.1M
  
- **Sac and Fox Tribal Organization**  
Tribal Opioid Response grant, \$98,639
  
- **University of Iowa**  
Medication-Assisted Treatment – Prescription Drug and Opioid Addiction grant, \$524,670
  
- **Iowa communities/counties**  
USDA Rural Development grants:
  - Cass County, \$17,500
  - Albia, \$29,200
  - Lucas County, \$150,000
  - Monroe County, \$123,700
  - Storm Lake, \$150,000
  - Wayne County, \$150,000
  - Pisgah, \$41,000

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