


<p>Recommendations #1 Optimizing Prescription Drug Monitoring Programs</p>	<p>INVENTORY What is Iowa doing?</p> <p>IOWA'S PMP UPGRADE Iowa's PMP system was upgraded to a new software on April 4, 2018. The new software, AWARxE, along with the add on service NarxCare aids practitioners with clinical decision making to help prevent or manage substance use disorder. The software aggregates and analyzes data collected by the PMP and generates advanced insights and complex risk scores. This can assist prescribers and dispensers to provide better patient safety and patient outcomes. Iowa's original PMP software, Otech, had been in place from March 25, 2009 to April 3, 2018. The original Otech program did not include functionality that enabled Iowa PMP administrators to run many basic statistical reports. The aging, server-based software platform was not able to accommodate any sizable integration of the PMP with Electronic Health Record (EHR) systems. Iowa Board of Pharmacy Report on Iowa PMP to Governor Reynolds</p> 
<p>1.1 Mandate prescriber PDMP registration and use</p>	<p>PRESCRIBERS AND DISPENSERS MUST REGISTER AND USE IOWA'S PMP.</p> <p><u>Dispensers:</u> "Every person who manufactures, distributes, or dispenses any controlled substance within in this state or who proposes to engage in the manufacture, distribution, or dispensing of any controlled substance within this state, shall obtain and maintain a biennial registration issued by the board in accordance with its rules. A separate registration is required for each principal place of business or professional practice where the applicant manufactures, distributes, or dispenses, or conducts research with controlled substances."</p> <p>"Unless otherwise prohibited by federal or state law, each licensed pharmacy that dispenses controlled substances identified pursuant to section 124.554, subsection 1, paragraph "g" to patients in the state, and each licensed pharmacy located in the state that dispenses such controlled substances identified pursuant to section 124.554, subsection 1, paragraph "g" to patients inside or outside the state, unless specifically excepted in this section or by rule, and each prescribing practitioner furnishing, dispensing, or supplying controlled substances to the prescribing practitioner's patient, shall submit the following prescription information to the program: a) Pharmacy identification; b) Patient identification; c) Prescribing practitioner identification; d) The date the prescription was issued by the prescribing practitioner; e) The date the prescription was dispensed; f) An indication of whether the prescription dispensed is new or a refill; g) Identification of the drug dispensed; h) Quantity of the drug dispensed i) The number of days' supply of the drug dispensed." HF2377 Enrolled Bill</p> <p><u>Prescribers:</u> "A prescribing practitioner shall register for the program at the same time the prescribing practitioner applies to the board to register or renews registration to prescribe controlled substances as required by the board. Once the prescribing practitioner registers for the program, the prescribing practitioner or the prescribing practitioner's designated agent shall utilize the program database prior</p>

	<p>to issuing an opioid prescription as prescribed by rules adopted by the prescribing practitioner’s licensing board to assist the prescribing practitioner in determining appropriate treatment options and to improve the quality of patient care. A prescribing practitioner shall not be required to utilize the program database to assist in the treatment of a patient receiving inpatient hospice care or long-term residential facility patient care.” HF2377 Enrolled Bill</p> <p>PRESCRIBERS/ PHARMACISTS MAY AUTHORIZE MORE THAN 6 DELEGATES TO CHECK THE PMP.</p> <p>“657-37.3(3) – Practitioner’s delegates – Pharmacists and prescribers are no longer limited to a maximum of 6 delegates who they can authorized to query the PMP on their behalf. Starting May 15, 2019 each pharmacist or prescriber may “authorize an adequate number of health care professionals who actively work with a practitioner to act as the practitioner’s delegates for the purpose of requesting PMP information.” This gives each practitioner the discretion to decide how many delegates they feel necessary to have based on their individual circumstances and practice setting.” Iowa Rule Changes to PMP Practitioner Delegates</p> <p>PRESCRIPTION INFORMATION MUST BE TRANSMITTED WITHIN ONE BUSINESS DAY.</p> <p>“Information shall be timely transmitted as designated by the board and advisory council by rule within one business day of the dispensing of the controlled substance, unless the board grants an extension. The board may grant an extension if either of the following occurs: a) The pharmacy or prescribing practitioner suffers a mechanical or electronic failure, or cannot meet the deadline established by the board for other reasons beyond the pharmacy’s or practitioner’s control; b) The board is unable to receive electronic submissions.” HF2377 Enrolled Bill</p>
1.2 Proactively use PDMP data for education and enforcement	<p>PRACTITIONERS ARE SENT PRESCRIBING ACTIVITY REPORTS COMPARING TO PEERS.</p> <p>“Beginning February 1, 2019, and annually by February 1 thereafter, The Iowa Board of Pharmacy shall electronically, and at as low a cost as possible, issue each prescribing practitioner who prescribed a controlled substance reported to the program as dispensed in the preceding calendar year in this state a prescribing practitioner activity report which shall include but not be limited to the following: 1) A summary of the prescribing practitioner’s history of prescribing controlled substances; (2) A comparison of the prescribing practitioner’s history of prescribing controlled substances with the history of other prescribing practitioners of the same profession or specialty; (3) The prescribing practitioner’s history of program use; (4) General patient risk factors; (5) Educational updates; (6) Other pertinent information identified by the board and advisory council by rule.” HF2377 Enrolled Bill</p> <p>IOWA’S PMP ADVISORY COUNCIL</p> <p>Iowa’s PMP advisory council currently consists of 8 members. Their duties include but are not limited to: 1) Ensuring the confidentiality of the patient, prescriber, and dispensing pharmacist and pharmacy; 2) Respecting and preserving the integrity of the patient's treatment relationship with the patient's health care providers; 3) Encouraging and facilitating cooperative efforts among health care practitioners</p>

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	<p>and other interested and knowledgeable persons in developing best practices for prescribing and dispensing controlled substances and in educating health care practitioners and patients regarding controlled substance use and abuse; 4) Making recommendations regarding the continued benefits of maintaining the program in relationship to cost and other burdens to the patient, prescriber, pharmacist, and the board; and 5) One physician and one pharmacist member of the council include in their duties the responsibility for monitoring and ensuring that patient confidentiality, best interests, and civil liberties are at all times protected and preserved during the existence of the program.</p> <p>LIMITED ACCESS TO PMP DATA FOR RESEARCH PURPOSES LIMITS RESEARCH CAPABILITIES</p> <p>“37.18(2) Statistical data. The PMP administrator or designee may provide summary, statistical, or aggregate data to public or private entities for statistical, public research, public policy, or educational purposes. The board may charge a fee to recover the actual costs associated with responding to a request for PMP data pursuant to this sub-rule. Any fees or costs assessed by the board shall be considered repayments receipts as defined in Iowa Code section 8.2.” Iowa PMP Chapter 37</p>
<p>1.3 Authorize third party payers to access PDMP data with a plan for appropriate use and proper protections</p>	<p>IOWA MEDICAID’S ACCESS TO THE PMP</p> <p>Iowa allows for Medicaid to access the PDMP for fraud and abuse purposes but does not allow access to the PMP for other third party payers such as Medicare, State Workers Compensation, or Workers Compensation Insurance. Medicaid is the only third party entity in Iowa that is allowed access to PMP data (solicited reports). Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC)</p>
<p>1.4 Empower law enforcement and licensing boards for health professions to investigate high risk prescribers and dispensers</p>	<p>LAW ENFORCEMENT ACCESS TO PMP DATA</p> <p>Law enforcement agencies (local/state/federal) or prosecutorial officials engaged in the administration, investigation, or enforcement of any state or federal law relating to controlled substances shall be able to access information from the PMP database by order, subpoena, or other means of legal compulsion relating to a specific investigation of a specific individual and supported by the determination of probable cause. Specifically, Iowa law enforcement agencies have access to solicited patient, prescriber, and dispenser history reports. Iowa PMP Chapter 37</p>
<p>1.5 Work with industry and state lawmakers to require improved integration of PDMPs into Electronic Health Records systems</p>	<p>MANDATORY ELECTRONIC SUBMISSION OF CONTROLLED SUBSTANCE PRESCRIPTIONS (BEGINNING 1/2020)</p> <p>“Beginning January 1, 2020, every prescription issued for a controlled substance shall be transmitted electronically as an electronic prescription pursuant to the requirements in subsection 2, paragraph ‘b’ unless exempt under subsection 2, paragraph ‘c.’” HF2377 Enrolled Bill</p>
<p>1.6 Engage state health leadership to establish or enhance PDMP access across state lines</p>	<p>IOWA HAS PMP INTERCONNECTIVITY BETWEEN STATES.</p> <p>In 2017, HF 524 was amended to allow Iowa to exchange PMP information between any state, not just bordering states HF524 Enrolled Bill</p>

	<p>Iowa is one of 48 states (Nebraska and California don't) that currently uses PMP Interconnect. PMP Interconnect facilitates the transfer of prescription monitoring program data across state lines. It allows participating state PMPs across the U.S. to be linked, providing a more effective means of combating drug diversion and drug abuse nationwide. Iowa was one of the first states to allow interconnectivity of PMPs between states back in 2014.</p>
<p>Recommendations #2 Standardizing Clinical Guidelines</p>	<p>What is Iowa doing?</p> <p>PRESCRIBERS CAN ISSUE MULTIPLE PRESCRIPTIONS TO PATIENTS (UP TO 90-DAY SUPPLY). <u>Schedule 2 Drugs:</u> 657—10.29(124) Schedule II—issuing multiple prescriptions. An individual prescriber may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II controlled substance pursuant to the provisions and limitations of this rule. Chapter 10 Controlled Substances</p> <p>REFILLS OF PRESCRIPTION OPIOIDS ARE NOT ALLOWED. 10.29(1) Refills prohibited. The issuance of refills for a Schedule II controlled substance is prohibited. The use of multiple prescriptions for the dispensing of Schedule II controlled substances, pursuant to this rule, ensures that the prescriptions are treated as separate dispensing authorizations and not as refills of an original prescription Chapter 10 Controlled Substances</p> <p>PAIN AGREEMENTS ARE ENCOURAGED, BUT NOT REQUIRED. A physician who treats patients for chronic pain with opioids shall consider using a pain management agreement with each patient being treated that specifies the rules for medication use and the consequences for misuse. In determining whether to use a pain management agreement, a physician shall evaluate each patient, taking into account the risks to the patient and the potential benefits of long-term treatment with opioids. A physician who prescribes opioids to a patient for more than 90 days for the treatment of chronic pain shall utilize a pain management agreement if the physician has reason to believe a patient is at risk of drug abuse or diversion. If a physician prescribes opioids to a patient for more than 90 days for the treatment of chronic pain and chooses not to use a pain management agreement, then the physician shall document in the patient's medical records the reason(s) why a pain management agreement was not used. Use of pain management agreements is not necessary for hospice or nursing home patients. Appropriate Pain Management Chapter 13</p> <p>OTHER STANDARDS OF PRACTICE “Physicians should not fear board action for treating pain with opioids as long as the physicians’ prescribing is consistent with appropriate pain management practices.”...“Prescribing opioids for the treatment of acute and chronic pain should be based on clearly diagnosed and documented pain.”...“The patient should receive prescriptions for opioids from a single physician and a single pharmacy whenever possible.”...“The physician shall document discussion of the risks and benefits of opioids with the patient or person representing the patient” Other Standards of Practice</p>

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<p>2.1 Work with state medical boards and other stakeholders to enact policies reflecting the Centers for Disease Control and Prevention’s (CDC) Guideline for Prescribing Opioids for Chronic Pain</p>	<p>OPIOID PRESCRIBERS MUST RECEIVE CONTINUING EDUCATION ON CDC GUIDELINES. “The board of medicine, board of dentistry, board of physician assistants, board of podiatry, and board of nursing shall establish rules requiring a person licensed pursuant to 35 section 148.3, 148C.3, 149.3, or 152.6 or chapter 153 who has prescribed opioids to a patient during the previous licensure cycle to receive continuing education credits regarding the United States Centers for Disease Control and Prevention guidelines for prescribing opioids for chronic pain, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and non-opioid and non-pharmacologic therapy options, as a condition of license renewal.” ... “Each licensing board shall have the authority to determine how often a licensee must receive continuing education credits.” HF2377 Enrolled Bill</p>
<p>2.2 Mandate electronic prescribing of opioids</p>	<p>MANDATORY ELECTRONIC SUBMISSION OF CONTROLLED SUBSTANCE PRESCRIPTIONS (BEGINNING 1/2020) “Beginning Jan. 1, 2020, every prescription issued for a controlled substance will be issued electronically, rather than on a paper prescription — a practice that allowed some to tamper with their prescription amount.” HF2377 Enrolled Bill</p>
<p>2.3 Standardize metrics for opioid prescriptions</p>	
<p>2.4 Improve formulary coverage and reimbursement for non-pharmacologic treatments as well as multidisciplinary and comprehensive pain management models</p>	
<p>Recommendations #3 Engaging Pharmacy Benefits Managers and Pharmacies</p>	<p>What is Iowa doing?</p>
<p>3.1 Inform and support evaluation research of PBM and pharmacy interventions to address the opioid epidemic</p>	
<p>3.2 Continue the development and enhancement of evidence- based criteria to identify individuals at elevated risk for opioid-use disorders or overdose, and offer additional assistance and care to these patients</p>	
<p>3.3 Improve management and oversight of individuals who are prescribed opioids for chronic non-cancer pain</p>	<p>LARGEST INSURER IN IOWA SUPPORTS MANAGEMENT OF PRESCRIBED OPIOIDS. “Wellmark, in conjunction with pharmacy benefit manager CVS Caremark®, is strengthening the utilization management (UM) program to encourage clinically appropriate use for patients. This program is intended to ensure smaller quantities of opioids are dispensed for acute (short-term) pain needs, and is based on</p>

	<p>morphine milligram equivalents, or MME. This program is not designed to impact members with chronic pain or those undergoing care for serious illnesses.”</p> <p>WELLMARK LIMITS FIRST TIME OPIOID USERS TO 7-DAY LIMIT. When appropriate, the length of the first prescription fill will be limited to 7 days for new, acute opioid prescriptions for members who do not have a history of prior opioid use (based on their prescription claims). A physician can submit a prior authorization (PA) request if it is important to exceed the 7-day fill limit.</p> <p>WELLMARK LIMITS DAILY DOSES AND MMEs. The quantity of opioid products prescribed — including those that are combined with acetaminophen, ibuprofen or aspirin — will initially be limited to ensure amount does not exceed the maximum daily dose listed in labeling. Quantities are also ≤ 90 MME or less per day and contain ≤ 4 g APAP or ASA and ≤ 3200 mg ibuprofen. Prescribers who believe a patient should exceed CDC guideline recommendations can submit a prior authorization (PA) request for up to 200 MME per day. Quantities higher than that would require an appeal. Note: Quantity Limits will not apply to patients with cancer, a terminal condition or pain being managed through hospice or palliative care.</p> <p>WELLMARK REQUIRES STEP THERAPY FOR PRESCRIPTION OPIOID USERS. Use of an immediate release (IR) formulation will be required before moving to an extended release (ER) formulation, unless the member has a previous claim for an immediate release (IR) or extended release (ER) product, or the prescriber submits a prior authorization (PA) request.</p> <p>“Beginning April 1, 2018, all customers will have their utilization management updated with the opioid medication management program.”</p>
<p>3.4 Support restricted recipient(lock-in) programs among select high risk patient populations</p>	<p>IOWA MEDICAID LOCK IN PROGRAMS AMONG HIGH RISK PATIENTS Members who use Medicaid services or items at a frequency or in an amount that is considered overuse of services may be restricted ("locked in") to receive services from designated providers. The purpose of the lock-in program is to promote high quality health care and to prevent harmful practices such as duplication of medical services, drug abuse or polypharmacy use, and or emergency room use for non-emergent reasons. If a member is placed in lock-in, they are restricted to one pharmacy, one hospital, and one primary care physician to assist in coordination of all Medicaid services including approval of medications and referrals to other providers as deemed necessary.</p>
<p>3.5 Improve monitoring of pharmacies, prescribers, and beneficiaries</p>	
<p>Recommendations #4 Implementing Innovative Engineering Strategies</p>	<p>What is Iowa doing?</p>

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4.1 Continue to support stakeholder meetings to advance technological solutions	
4.2 Sponsor design competitions	
4.3 Secure funding for research to assess the effectiveness of innovative packaging and designs available and under development	
4.4 Use research to develop implementation strategies in advance of identification of effective products	
4.5 Work with industry and government agencies to identify opportunities for the development and rigorous evaluation of abuse deterrent formulations of prescription opioids	
<p>Recommendations</p> <p>#5 Engaging Patients and the General Public</p>	<p>What is Iowa doing?</p> <p>THE GOOD SAMARITAN LAW</p> <p>“4. Notwithstanding any other provision of law to the contrary, a court may consider the act of providing first aid or other medical assistance to someone who is experiencing a drug-related overdose as a mitigating factor in a criminal prosecution. 5. Nothing in this section shall do any of the following: a. Preclude or prevent an investigation by law enforcement of the drug-related overdose where medical assistance was provided. b. Be construed to limit or bar the use or admissibility of any evidence or information obtained in connection with the investigation of the drug-related overdose in the investigation or prosecution of other crimes or violations which do not qualify for immunity under this section and which are committed by any person, including the overdose patient or overdose reporter. c. Preclude the investigation or prosecution of any person on the basis of evidence obtained from sources other than the specific drug-related overdose where medical assistance was provided.” HF2377 Enrolled Bill</p> <p>IDPH: GOOD SAMARITAN INFORMATIONAL CAMPAIGN (2018)</p> <p>Shortly after the Good Samaritan Law passed in 2018, the Iowa Department of Public Health (IDPH) developed an informational campaign focused on educating the public about the law. IDPH created posters, fliers, and business cards that outlined the eligibility requirements for protection under Iowa’s law. IDPH also created two promotional videos that further explained the law. IDPH Opioid Crisis 2019 Update</p> <p>IDPH: PROVIDING EDUCATION TO VETERINARIANS</p> <p>The Iowa Department of Public Health (IDPH) created educational materials to combat drug diversion from veterinarian prescribed opioids. Veterinarians typically do not prescribe opioids most widely used by humans, but they do dispense opioids such as Tramadol and Hydrocodone that may be sought by person who misuse opioids. IDPH created an educational infographic and two electronic briefs that</p>

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	<p>were focused on the role of veterinarians in reducing opioid misuse, and the role of veterinarians in preventing opioid diversion. IDPH Opioid Crisis 2019 Update</p>
<p>5.1 Convene a stakeholder meeting with broad representation to create guidance that will help communities undertake comprehensive approaches that address the supply of, and demand for prescription opioids in their locales; implement and evaluate demonstration projects that model these approaches</p>	<p>FEDERAL FUNDS SUPPORT OPIOID-INFORMED COMMUNITIES.</p> <p>Using federal State Targeted Response grant funds, The Iowa Department of Public Health (IDPH) conducted community needs assessments and strategic planning to support local communities to become “opioid informed.” The IDPH defines “opioid informed” as a community where stakeholders:</p> <ul style="list-style-type: none"> • Are aware of current opioid related risks and problems in their communities • Prioritize education, prevention, treatment, and recovery from opioid use disorders • Agree to implement a plan of action to address both the current opioid crisis and underlying factors that may contribute to the crisis <p>The IDPH provided communities with an adapted assessment workbook developed through the Iowa Partnerships for Success and Strategic Prevention Framework-Rx federal grants to allow stakeholders to determine what was most needed in their communities. Some of the results from this project include:</p> <ul style="list-style-type: none"> • 118 people received MAT related medical evaluations or assessments. • More than 1,300 people participated in naloxone trainings that included distribution of naloxone. • More than 2,100 Iowans received information on opioid topics from treatment providers across the state. <p>IDPH Opioid Crisis 2019 Update</p> <p>LOCAL PUBLIC HEALTH PREVENTION & COMMUNITY EDUCATION SUBCOMMITTEE</p> <p>The Linn County Opioid Prevention & Community Education Subcommittee meets monthly with representation from public health, community support & education groups (CRUSH of Iowa), pharmacy, treatment, healthcare and veteran affairs. This group has an opiate action plan to educate the community on opioid use, increase accessibility to naloxone, and educate the community on how to safely dispose of prescription drugs. [Personal Email Communication, Kathryn Reasner, Linn County Public Health].</p> <p>THE IOWA OPIOID USE DISORDER CONSORTIUM</p> <p>This initiative convened statewide leaders (fall 2019) who have an impact on prevention, treatment and recovery related to the opioid crisis in rural Iowa. The goals are to create a statewide strategic plan and sustainable model to address opioid use disorder prevention, treatment and recovery. [Iowa Healthcare Collaborative]</p>
<p>5.2 Convene an inter-agency task force to assure that current and future national public education campaigns about prescription opioids are informed by the available evidence, and that best practices are shared</p>	

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<p>5.3 Provide clear and consistent guidance on safe storage of prescription opioids</p>	<p>IDPH’S PREVENTION SERVICES INCLUDES SAFE STORAGE. “The [Iowa Department of Public Health] IDPH’s Bureau of Substance Abuse funds Prevention Services focused on the non-sharing of prescription medications, safe storage and disposal of medications, as well as prescriber education.”</p>
<p>5.4 Provide clear and consistent guidance on safe disposal of prescription opioids and expand take back programs</p>	<p>IDPH’S PREVENTION SERVICES INCLUDES SAFE DISPOSAL. “The [Iowa Department of Public Health] IDPH’s Bureau of Substance Abuse funds Prevention Services focused on the non-sharing of prescription medications, safe storage and disposal of medications, as well as prescriber education.”</p> <p>IOWA UTILIZES OPIOID TAKE BACK PROGRAMS. “More than 230 local law enforcement agencies and community pharmacies have established permanent Take Back collection boxes where you can dispose of your prescription drugs properly to prevent diversion.” ...“Twice each year, on a Saturday in the Spring and Fall, law enforcement agencies team up with local pharmacies and other organizations in over 100 Iowa communities to sponsor a special one-day collection of unused medicines. Details typically are provided closer to the dates of these events, but general information is available at the Drug Enforcement Administration’s Website.” ...Items that are accepted include prescription medications, patches, ointments, medication for pets, and over the counter drugs. Items like syringes and inhalers/aerosols are not accepted.</p>
<p>Recommendations #6 Improving Surveillance</p>	<p>What is Iowa doing?</p>
<p>6.1 Invest in surveillance of opioid misuse and use disorders, including information about supply sources</p>	<p>IOWA OPIOID DATA EXCHANGE “The Iowa Office of Drug Control Policy received a new federal grant award to create an Iowa Opioid Data Exchange, to facilitate timely information sharing between health care and public safety entities and improve local drug-related responses. The goal of this tech-based tool, when fully developed, is to make better cross-disciplinary use of shareable data that may otherwise reside in health surveillance and law enforcement intelligence systems only for those collecting it. In addition to helping professional first responders, a public dashboard is planned to allow all Iowans to track emerging drug trends.” Iowa Drug Control Strategy 2020</p>
<p>6.2 Develop and invest in real time surveillance of fatal and non-fatal opioid overdose events</p>	<p>IOWA POISON CONTROL CENTER As one of 55 nationally accredited poison control centers in the United States, the Iowa Poison Control Center (IPCC) serves the entire state and operates 24/7/365. The center is staffed by nurses, pharmacists and physicians specially trained in toxicology. The National Poison Data System (NPDS), operational since 1985, is the only poisoning surveillance database in the U.S., representing 99.8% of all poison exposures reported to poison control centers nationwide. This unique near-real-time surveillance system is an important tool for public health surveillance. Data collected by all PCCs is uploaded approximately every 8 minutes to NPDS and used to monitor and track emerging public health hazards and environmental threats. Customizable IPCC data is available at any time to any agency by request. Infrastructure was put in place over 15 years ago that allows the IPCC to automatically send an electronic database to the Iowa Department of Public Health</p>

(IDPH) every week (or whenever requested) which contains all IPCC cases with conditions or exposures that are reportable by Iowa Code. Data sent to IDPH and NPDS is currently being used by numerous county, state and federal agencies and manufacturers to identify risks, adverse drug events, monitor product safety and provide situational awareness. Poison center data has been used to identify hotspots for opioid misuse and overdose (including heroin, counterfeit opioids and fentanyl derivatives) or other drugs of abuse. [Personal Email Communication, Linda Kalin, Iowa Poison Control Center]

More than 30% of calls to the Iowa Poison Control Center come from physicians, nurses, emergency medical service (EMS) providers, pharmacists and physician assistants. Hospital emergency room and intensive care unit staff especially rely on immediate access to the IPCC to provide optimal care for poisoned and overdosed patients. The center provides targeted education to health care providers regarding best practices in toxicology and emerging trends such as opioid overdoses, loperamide abuse, etc. The IPCC educates over 1,000 health care providers each year including onsite rotations for more than 50 students from many healthcare disciplines. [Personal Email Communication, Linda Kalin, Iowa Poison Control Center]

UNIVERSITY OF IOWA TEAM TO DEVELOP REAL TIME SURVEILLANCE DATA SET.

Iowa Substance Use Data Set: Preventing Overdoses Through Actionable Data

“In 2018, UI College of Public Health clinical assistant professor of occupational and environmental health Brandi Janssen was selected to establish a new collaborator that will gather data to help prevent drug overdoses in Iowa. The [project](#) is intended to be the first step toward developing the data set that will be a multi-stream, multi-sourced, comprehensive data warehouse for partners, and will include information directly from substance users. The database will be different from existing substance use information sources in that its focus is on timeliness, local relevance, and integration of multiple data sets.”

TEMPORARY ORDER MAKING OPIOID OVERDOSE A REPORTABLE CONDITION

Iowa Department of Public Health (IDPH) Director Gerd Clabaugh designated suspected and confirmed opioid overdoses requiring administration of naloxone as reportable conditions in Iowa as of July 1, 2018. This temporary order mandates Iowa hospitals, primarily emergency departments, to report all suspected and confirmed cases of opioid overdose requiring the administration of naloxone to IDPH’s designated data collection site within three days of naloxone administration. This temporary order supports timely understanding and response to potential overdose outbreaks and helps the IDPH and other organizations direct prevention efforts.

[IDPH Opioid Crisis 2019 Update](#)

IDPH INVESTS IN REAL TIME SURVEILLANCE OF DRUG ABUSE AND MISUSE

Using federal funding, the Iowa Department of Public Health (IDPH) developed a Public Health Tracking program that serves as a centralized source for public health data. Every quarter, the tracking program releases updates to the Iowa Public

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	<p>Health Tracking (IPHT) portal. Summer of 2019 included portal updates of substance use and misuse, including substance involved mortality heavily focused on opioids, heroin, and prescription painkillers. Iowa Public Health Tracking Portal</p>
<p>6.3 Use federal funding for interventions to address opioid-use disorders to incentivize inclusion of outcome data in those funded programs</p>	
<p>6.4 Support the linkage of public health, health care, and criminal justice data related to the opioid epidemic</p>	
<p>Recommendations #7 Treating Opioid-Use Disorders</p>	<p>What is Iowa doing?</p> <p>IOWA’S BUPRENORPHINE WAIVERED PHYSICIANS According to SAMHSA, there are over 150 providers in Iowa with a waiver to prescribe buprenorphine that have allowed for their information to be provided on the SAMSHA website. It is estimated that there are about another 80 prescribers in Iowa who are buprenorphine waived that have elected to not have their name listed on the SAMSHA website. Buprenorphine Practitioners</p> <p>MAT PROVIDERS CLUSTERED IN IOWA’S MOST POPULATED COUNTIES. Of Iowa’s 99 counties, about 2/3 have two or more providers offering medication assisted treatment (MAT). However, residents of 15 counties have no provider within their area. For those 15 counties, no access to a provider means a resident will have to travel more than 30 miles to obtain treatment. The majority of counties with no access to treatment are on the West and Northwest sides of the state. Residents in 23 counties have limited access which is described as one provider within 30 miles of the average county resident. The remaining 61 counties have two or more providers within 30 miles of the average county resident. Currently, Johnson County and Linn County have the most MAT approved providers with 34 and 32 providers respectively. Access to Opioid Substance Misuse Treatment in Iowa</p> <p>LOW USE OF MAT AT ADMISSION IN 2017 A report found that in Iowa in 2017 only 29% of individuals reporting opioids as the primary substance at admission had MAT planned at admission. According to the report, “There are several efforts to increase medication assisted treatment (MAT) use currently underway. For example, the Iowa Department of Public Health received SAMHSA grants in 2015, 2017, and 2018 to broaden treatment services and infrastructure for evidence-based MAT services across Iowa. Additionally, new projects at UCS Healthcare in Des Moines and the University of Iowa Hospitals and Clinics are ongoing and will likely have positive effects throughout the state.” Iowa’s Delivery of Medications for Addiction Treatment for Opioids: 2000-2017/ July 2019.</p> <p>IOWA’S MEDICAID PROGRAM NO LONGER REQUIRES PRIOR AUTHORIZATION FOR MAT TREATMENTS. “The department of human services shall adopt rules pursuant to chapter 17A to require that under both Medicaid fee-for-service and managed care administration,</p>

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	<p>at least one form of medication-assisted treatment (MAT) approved by the United States food and drug administration for treatment of substance use disorder, in each of the following categories, is available to Medicaid members without prior authorization: a. Methadone; b. Buprenorphine; c. Naloxone; d. Buprenorphine and naloxone combination; and e. Naltrexone.” HF623 Enrolled Bill</p> <p>While the law that eliminates the need for prior authorization for MAT treatments has passed, it has yet to be implemented in many areas of the state due to various barriers. [Stakeholder Meeting 9/23/19]</p>
<p>7.1 Provide a waiver from patient caps for buprenorphine treatment for clinics that implement evidence based models of care</p>	
<p>7.2 Require all state licensed addiction treatment programs that admit patients with opioid-use disorders to permit access to buprenorphine or methadone</p>	<p>IOWA’S OPIOID TREATMENT PROGRAM (OTP) FACILITIES</p> <p>Iowa has increased the number of sites capable of dispensing methadone from 8 locations in 2015, to 20 locations planned by mid-2019. IDPH Opioid Crisis 2019 Update Medication Units are physically separated from and OTP programs but can allow medication assisted treatment (MAT) patients to establish a routine and maintain a productive life. They do not conduct admission services and substance use disorder counseling. According to the Iowa Department of Public Health (IDPH), the increase in availability of MAT services statewide is in part due to the implementation of Medication Units. IDPH Opioid Crisis 2019 Update</p> <p><u>OTPs in Iowa</u></p> <p>Central Iowa:</p> <p>United Community Services</p> <ul style="list-style-type: none"> • Methadone <p>Center for Behavioral Health</p> <ul style="list-style-type: none"> • Methadone • Buprenorphine (Suboxone) <p>Covert Action</p> <ul style="list-style-type: none"> • Methadone • Buprenorphine <p>Eastern Iowa:</p> <p>Center for Alcohol and Drug Services</p> <ul style="list-style-type: none"> • Methadone <p>Center for Behavioral Health</p> <ul style="list-style-type: none"> • Methadone • Buprenorphine (Suboxone) <p>East Central Iowa:</p> <p>Cedar Rapids Comprehensive Treatment Center</p> <ul style="list-style-type: none"> • Methadone • Buprenorphine <p>Cedar Valley Recovery Services</p> <ul style="list-style-type: none"> • Methadone <p>Area Substance Abuse Council</p> <ul style="list-style-type: none"> • Naltrexone (Vivitrol)

	<p>North Central Iowa: Cedar Valley Recovery Services</p> <ul style="list-style-type: none"> • Methadone <p>Western Iowa: Heartland Family Service/BAART</p> <ul style="list-style-type: none"> • Methadone <p>Northwestern Iowa: Center for Behavioral Health</p> <ul style="list-style-type: none"> • Methadone • Buprenorphine (Suboxone) <p>Iowa Department of Public Health/ Opioid Treatment Programs</p>
<p>7.3 Require all Federally Qualified Health Centers to offer buprenorphine</p>	
<p>7.4 Allocate federal funding to build treatment capacity in communities with high rates of opioid addiction and limited access to treatment</p>	<p>KNOWN OPIOID-RELATED FEDERAL GRANTS IN IOWA</p> <p>The Iowa Department of Public Health (IDPH) Bureau of Substance Abuse:</p> <ul style="list-style-type: none"> • 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 21st 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 21st Century Cures Act and CARA legislation; \$2.7M/year for two years, May 2017-April 2019 <p>OPIOID-RELATED GRANTS TO STATE AGENCIES & STAKEHOLDERS:</p> <ul style="list-style-type: none"> • 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

These recommendations come from the report *The Opioid Epidemic: From Evidence to Impact* [John Hopkins University]

	<ul style="list-style-type: none"> University of Iowa Medication-Assisted Treatment – Prescription Drug and Opioid Addiction grant, \$524,670 <p>Great Plains Center for Agricultural Research grant to Iowa Harm Reduction Coalition, \$30,000 [Personal Email Communication, Sarah Ziegenhorn, Iowa Harm Reduction Coalition (IHRC)]</p> <p><u>Iowa Communities/Counties—USDA Rural Development Grants:</u></p> <ul style="list-style-type: none"> Cass County, \$17,500 Albia, \$29,200 Lucas County, \$150,000 Monroe County, \$123,700 Storm Lake, \$150,000 Wayne County, \$150,000 Pigsah, \$41,000 <p>IDPH Opioid Crisis 2019 Update</p>
<p>7.5 Develop and disseminate a public education campaign about the role of treatment in addressing opioid addiction</p>	<p>THE IDPH: EDUCATING THE PUBLIC</p> <p>The Iowa Department of Public Health (IDPH) staff conducted more than 25 presentations in 2018 on opioid related topics, including:</p> <ul style="list-style-type: none"> 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 <p>IDPH Opioid Crisis 2019 Update</p>
<p>7.6 Educate prescribers and pharmacists how to prevent, identify, and treat opioid addiction</p>	<p>OPIOID PRESCRIBERS MUST RECEIVE CONTINUING EDUCATION ON CDC GUIDELINES.</p> <p>“The board of medicine, board of dentistry, board of physician assistants, board of podiatry, and board of nursing shall establish rules requiring a person licensed pursuant to 35 section 148.3, 148C.3, 149.3, or 152.6 or chapter 153 who has prescribed opioids to a patient during the previous licensure cycle to receive continuing education credits regarding the United States Centers for Disease Control and Prevention guidelines for prescribing opioids for chronic pain, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and non-opioid and non-pharmacologic therapy options, as a condition of license renewal. Each licensing board shall have the authority to determine how often a licensee must receive continuing education credits.” HF2377 Enrolled Bill</p>
<p>7.7 Establish access to opioid agonist treatment with buprenorphine and methadone maintenance in jails and prisons</p>	<p>PROGRAMS IN IOWA FOCUSING ON TREATMENT IN PRISONS AND JAILS</p> <p>An substance use disorder treatment program in Polk County Jail managed by Bridges of Iowa is faltering due to a lack of funding from Medicaid. The program at the jail, which used to serve up to 150 people, was down to 23 by February 2018. The Bridges Program can last as long as a year and includes evidence-based practices and interventions that allow for custom treatment to meet the specific</p>

	<p>needs of program participants. Bridges also provides wellness education, transitional living, and community service opportunities.</p> <p>Dr. Alison Lynch (UI Clinical Professor) received a \$1.5 million grant from SAMHSA to train clinicians in medication assisted treatment (MAT). As of April 2019, she and her team trained 89 providers (mostly in Eastern Iowa). Her project aims to increase the availability of treatment in rural clinics and also in prisons and jails. Department of Psychiatry/ Scarce resources for a growing problem in Iowa</p> <p>Johnson County Jail Recovery Program University of Iowa Hospitals and Clinics (UIHC) has partnered with Johnson County Jail to provide medication assisted treatment (MAT) to individuals with substance use disorder in Johnson County Jail. The Johnson County Jail Recovery Program works to increase MAT access in Eastern Iowa through buprenorphine waiver trainings, coordination of care for MAT patients, and the provision of MAT services to inmates. Being that the program is in its early stages, UIHC believes it has only scratched the surface of opioid use disorder issues in jail systems. The University of Iowa Hospitals & Clinics (UIHC) hopes to extend this program to other local jails in order to develop a system to identify individuals at risk of an opioid overdose or substance use disorder and provide access to treatment. [Personal Email Communication, Dr. Alison Lynch, UIHC]</p>
<p>7.8 Incentivize initiation of buprenorphine in the emergency department and during hospital stays</p>	<p>UIHC ED BUPRENORPHINE PROGRAM Dr. Alison Lynch (UI Clinical Professor) received SAMHSA grant funds to implement a buprenorphine treatment program in the University of Iowa Hospitals & Clinics (UIHC) emergency department (ED) in Iowa City, Iowa. The program identifies individuals who have overdosed on opioids or who have a history of opioid use disorder and offer buprenorphine treatment in the ED. After inducing the individual in the ED, the ED will also ensure follow up with a MAT clinic and start the process of getting insurance to cover the medication. The ED then determines the correct dosing for the patient and discharges them with a prescription that will cover the individual until their follow up appointment in the MAT clinic. [Personal Email Communication, Dr. Joshua Radke, UIHC].</p>
<p>Recommendations #8 Improving Naloxone Access and Use</p>	<p>What is Iowa doing?</p> <p>THE IDPH: IMPROVING NALOXONE ACCESS <u>Since 2018, the Iowa Department of Public Health (IDPH) has distributed:</u></p> <ul style="list-style-type: none"> • 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 <p>IDPH Opioid Crisis 2019 Update</p>

LIST OF IOWA PHARMACIES PARTICIPATING IN NALOXONE DISTRIBUTION

- Bennett Pharmacy (New Hampton)
- CarePro Pharmacy (Cedar Rapids)
- Costco Pharmacy (All Iowa Locations)
- Covenant Family Pharmacy (Waterloo)
- Cresco Family Pharmacy (Cresco)
- CVS (Every location)
- Denver Drug (Denver)
- Greenwood Pharmacy and Compounding Center (Waterloo)
- Hartig Drug (Belle Plaine, Dyersville, Independence, Iowa City, Monticello, Waukon, and Williamsburg)
- Hartig Drug 2 (Dubuque)
- Hartig Drug 3 (Dubuque)
- Hartig Drug 4 (Dubuque)
- Hartig Drug 8 (Dubuque)
- Hy-Vee Pharmacy (All Iowa Locations)
- Jesup Pharmacy (Jesup)
- Kmart Pharmacy (Council Bluffs)
- LaGrange Pharmacy Inc. (Vinton)
- La Porte City Pharmacy (La Porte)
- Main at Locust Pharmacy (Davenport)
- Medigap GRX Holdings (Altoona, Ames, Audubon, Boone, Carlisle, Dallas Center, Des Moines, Eldora, Grimes, Indianola, Knoxville, Norwalk, Panora, Waukee, Winterset)
- Mercy North Pharmacy (Des Moines)
- Mercy Outpatient Pharmacy (Des Moines)
- Mercy West Pharmacy (Clive)
- Mercy Westside Pharmacy (Mason City)
- North Liberty Pharmacy (North Liberty)
- NuCara (Ackley, Ames, Conrad, Coralville, Fairfield, Lenox, Marshalltown, Nevada, Ottumwa, Pleasant Hill, Story City, Traer, West Union, and State Center)
- Osterhaus Pharmacy Inc (Maquoketa)
- Shopko Pharmacy (Greenfield)
- University of Iowa-Iowa River Landing (Coralville)
- University of Iowa-Discharge Pharmacy, Level 1(Iowa City)
- University of Iowa-General Hospital Pharmacy, Level 1(Iowa City)
- University of Iowa-Pomerantz Family Pavilion, Level 2(Iowa City)
- University of Iowa Clinical Cancer Center (Iowa City)
- Valley Drug Store (Missouri Valley)
- Walgreens (Every Location)
- Walmart (Every Location)

[Pharmacies Participating In Naloxone Distribution as of 12/26/2018](#)

8.1 Partner with product developers to design naloxone formulations that are easier to use by non-medical personnel and less costly to deliver

These recommendations come from the report *The Opioid Epidemic: From Evidence to Impact* [John Hopkins University]

<p>8.2 Work with insurers and other third party payers to ensure coverage of naloxone products</p>	
<p>8.3 Work with community-based overdose education and naloxone distribution programs to identify stable funding sources to ensure program sustainability</p>	<p>IOWA’S LARGEST FREE NALOXONE DISTRIBUTION PROGRAM The Iowa Harm Reduction Coalition (IHRC) provides opioid overdose prevention education through various naloxone related services. The IHRC provides free naloxone kits and training on naloxone use to individuals, families and organizations. To reach rural areas of the state, the IHRC mails naloxone around Iowa. The IHRC also provides trainings to farmers, agricultural workers, and people working in Iowa feedlots to further expand overdose prevention to rural communities in Iowa. Despite distributing nearly 9,000 kits of naloxone (each including three doses) and receiving reports of nearly 2,000 lives saved (as of August 2019), no funding is available to support IHRC’s overdose prevention and naloxone distribution program. [Personal Email Communication, Sarah Ziegenhorn, IHRC]</p>
<p>8.4 Engage with the scientific community to assess the research needs related to naloxone distribution evaluations and identify high priority future directions for naloxone-related research</p>	<p>NEED IDENTIFIED TO EVALUATE NALOXONE DISTRIBUTION IN IOWA. In the UI Injury Prevention Research Center 2017 Prescription Opioid Stakeholder Meeting, some stakeholders identified these priorities: 1) Evaluate community level harm reduction programs (e.g. naloxone programs, needle exchange programs); and 2) Work with community-based overdose education and naloxone distribution programs to identify stable funding sources to ensure program sustainability. [Stakeholder Meeting, Des Moines, 4/2017]</p>
<p>8.5 Engage with the health care professional community to advance consensus guidelines and the co-prescription of naloxone</p>	
<p>8.6 Assess the effects of state laws expanding naloxone access to the general public</p>	<p>ALL IOWANS CAN OBTAIN NALOXONE PER STATE LAW [STANDING ORDER]. “Pursuant to a 2016 Iowa law, Iowa pharmacists may dispense naloxone by a standing order to an individual at risk of an opioid-related overdose or to a person who may be in a position to assist an individual at risk of an opioid-related overdose. Dr. Caitlin Pedati, the Medical Director and State Epidemiologist with the Iowa Department of Public Health, has authorized a statewide standing order that is available to all Iowa pharmacists who have met the required training criteria.”</p> <p>SURVEY ON OBTAINING NALOXONE FROM PHARMACIES Between March 2019 and July 2019, Iowa Harm Reduction Coalition (IHRC) and Quad Cities Harm Reduction Coalition surveyed 170 people who use drugs as part of an Iowa Department of Public Health grant from ASTHO. The survey found that one respondent had accessed naloxone in the past six months via a pharmacy. 68% of participants reported receiving naloxone in the past 6 months, and all participants reported receiving the naloxone via a harm reduction organization. In a separate set of focus groups (a component of the same study), over 100 individuals discussed naloxone access in Iowa within small groups, taking place in Des Moines, Iowa City, Cedar Rapids, and Dubuque. Focus group findings revealed that over 50% of participants had used heroin regularly within the past six months (the rest of participants reported methamphetamine use). No participants reported ever receiving naloxone from a pharmacy and noted that they were reluctant to visit a pharmacy to obtain naloxone due to perceived stigma, fear of judgment, lengthy</p>

	<p>wait times, and high cost for Narcan. [Personal Email Communication, Sarah Ziegenhorn, IHRC]</p>
<p>Recommendations #9 Expanding Harm Reduction Strategies</p>	<p>What is Iowa doing?</p> <p>IOWA’S LACK OF NALOXONE FUNDING AND RESOURCES “At this time, Iowa does not have dedicated state funding for naloxone. However, [the Iowa department of Public Health] IDPH has made use of federal grant funding for this purpose.” IDPH Opioid Crisis 2019 Update</p> <p>IOWA PHARMACIES PARTICIPATE IN FREE NARCAN ACCESS DAY. In 2018, Iowa pharmacies handed out 4,000 free doses of Narcan on a first come, first serve basis to combat the opioid epidemic. Funded through a federal grant, pharmacists were able to provide Narcan for free. People who came in for a prescription were asked to fill out a short questionnaire and received instructions on how to use Narcan. Free Narcan Access Day/ Des Moines Register The naloxone kits that were not claimed that day were given to law enforcement agencies. [Personal Email Communication, Sarah Ziegenhorn, IHRC]</p> <p>IOWA LAW ENFORCEMENT AND NARCAN ACCESS The Iowa Department of Public Health (IDPH) received an allocation of 2.3 million dollars for state opioid response and they plan on using some of these funds to supply every law enforcement agency, town, and police offers with two doses of Narcan. “In an attempt to further reduce the number of opioid involved deaths in Iowa, IDPH is sponsoring a new initiative to equip every interested law enforcement officer in the state with one (1) free naloxone (Narcan nasal) kit. Having the ability to administer naloxone without delay could mean the difference between life and death. In some cases, it may be the actual law enforcement officer whose life is in danger because of an accidental exposure to an opioid.”</p> <p>IMPLEMENTING COMPREHENSIVE PROGRAMMING ACROSS IOWA The Iowa Harm Reduction Coalition (IHRC) was established in late 2016 and provides comprehensive programming across the state, with programs located in Cedar Rapids, Iowa City, Des Moines, Marion County, and Dubuque.</p> <ul style="list-style-type: none"> • Advocacy <ul style="list-style-type: none"> ○ State-level legislative policy change work focused on overdose death prevention; infectious disease prevention and treatment; improved treatment for substance use disorders; and criminal justice and drug policy reform. (See below for more information regarding syringe service programs.) • Training & Technical Assistance <ul style="list-style-type: none"> ○ Overdose prevention & naloxone administration: This training is provided to agencies and groups interested in distributing naloxone in community settings or providing naloxone for their staff to distribute on site. ○ Integration of harm reduction into health and social service programs

These recommendations come from the report *The Opioid Epidemic: From Evidence to Impact* [John Hopkins University]

	<ul style="list-style-type: none"> ○ Annual conference: This conference is held annually in September / October and brings over 1,000 individuals from around the state to participate in a multi-day conference. Expert speakers from around the country travel to Iowa for the conference to present novel and innovative work taking place in their communities. ● Drug User Health Services <ul style="list-style-type: none"> ○ Overdose prevention: <ul style="list-style-type: none"> ▪ Free naloxone and naloxone administration training: Since July 1, 2017, this program has distributed 8,666 naloxone kits (or 25,998 doses) around Iowa. This has led to nearly 2,000 overdose reversals that have been reported back to Iowa Harm Reduction Coalition. ▪ Fentanyl test strips ▪ Virtual overdose prevention site ▪ Linkage to MAT – intensive case management program ○ Infectious disease prevention: <ul style="list-style-type: none"> ▪ Distribution of safer injection materials ▪ HIV/HCV testing ▪ Linkage to treatment for HCV – intensive case management program ▪ Wound care for abscess & cellulitis ○ Social services <ul style="list-style-type: none"> ▪ Linkage to homelessness & re-housing services ▪ Moderation & maintenance support group <p>[Personal Email Communication, Sarah Ziegenhorn, IHRC]</p>
<p>9.1 Establish and evaluate supervised consumption spaces</p>	<p>ESTABLISHING SUPERVISED CONSUMPTION SPACES IN IOWA</p> <p>In October 2018, the Iowa Harm Reduction Coalition (IHRC) invited international experts working in the safe consumption space field to visit Iowa and provide guidance. In particular, Liz Evans, the founder and former executive director of the only legal supervised injection facility / overdose prevention site operating in North America (Insite in Vancouver, Canada) provided multiple presentations at the University of Iowa Carver College of Medicine and to City of Iowa City officials. Following a presentation and discussion about these programs, Iowa City Mayor Pauline Taylor stated that she believed the City of Iowa City should look into these programs for further implementation. Currently the U.S. Department of Justice has stated that it will block any and all attempts to establish legal supervised consumption spaces in the U.S. and currently is litigating a case against an intended supervised consumption space in Philadelphia. [Personal Email Communication, Sarah Ziegenhorn, IHRC]</p>
<p>9.2 Work with state and local stakeholders to establish and support needle and syringe service programs</p>	<p>IOWA HARM REDUCTION COALITION’S SYRINGE EXCHANGE PROGRAM</p> <p>The Iowa Harm Reduction Coalition provides free syringe clean up and disposal of sharps upon request or via its hotline. There are currently no legally operated syringe service programs in Iowa. IDPH Opioid Crisis 2019 Update</p>

	<p>IOWA HARM REDUCTION COALITION’S SYRINGE EXCHANGE PROGRAM ADVOCACY</p> <p>Iowa Harm Reduction Coalition (IHRC) was awarded a multi-year grant in late 2017 to develop and implement an advocacy program for syringe access programs, and to provide education to elected officials at the state level regarding syringe access programs. Since that time, IHRC has held multiple one-on-one meetings with all 150 state legislators, both at the state house and in their home districts and has given five presentations, including one official testimony, directly to legislators at the state house. IHRC has developed legislation annually and worked with legislators to introduce bills to legalize syringe exchange programs by modifying the state’s drug paraphernalia code. The bill has advanced through a Senate committee in 2018 and 2019, and over 40 stakeholders have filed in support of the legislation – only one state organization opposes the legalization of syringe exchange programs: the Iowa Police Chief’s Association. [Personal Email Communication, Sarah Ziegenhorn, IHRC]</p>
<p>9.3 Evaluate and disseminate the use of test kits for fentanyl-laced opioids</p>	<p>FENTANYL TEST STRIP DISTRIBUTION</p> <p>Iowa Harm Reduction Coalition (IHRC) distributes free fentanyl test strips via office-based drop-in services, home delivery, community outreach, and mailing services. The fentanyl test strips are used by people who use drugs to prevent overdose. IHRC has distributed over 5,000 fentanyl test strips in Iowa since 2018. These tests are also commonly used by users of stimulants (e.g. methamphetamine, cocaine, crack, MDMA / ecstasy) and benzodiazepines (alprazolam / xanax, klonopin, etizolam) to identify poison contamination (e.g. fentanyl). However, there are significant limitations to the test strips, as they are only able to indicate the presence of a fentanyl. Programs elsewhere have obtained funding from state and local health departments to fund more intensive drug-checking programs, which use mobile mass-spectrometry tools to provide drug checking in the community setting in order to identify the full composition of substances sold on the unregulated market. [Personal Email Communication, Sarah Ziegenhorn, IHRC]</p> <p>I Hate Heroin also provides fentanyl test strips to people who use drugs in the NE Iowa region. [Personal Email Communication, Sarah Ziegenhorn, IHRC]</p>
<p>Recommendations #10 Combating Stigma</p>	<p>What is Iowa doing? IOWA ORGANIZATIONS WORKING TO COMBAT OPIOID RELATED STIGMA Iowa Harm Reduction Coalition</p> <ul style="list-style-type: none"> • Advocacy <ul style="list-style-type: none"> ○ State legislative policy change work focused on overdose death prevention; infectious disease prevention and treatment; improved treatment for substance use disorders; and criminal justice and drug policy reform • Training and Technical Assistance <ul style="list-style-type: none"> ○ Overdose prevention and naloxone administration ○ Integration of harm reduction into health and social service programs ○ Annual conference • Drug User Health Services <ul style="list-style-type: none"> ○ Overdose prevention:

	<ul style="list-style-type: none"> ▪ Free naloxone and naloxone administration training ▪ Fentanyl test strips ▪ Virtual overdose prevention site ▪ Linkage to MAT – intensive case management program ○ Infectious disease prevention: <ul style="list-style-type: none"> ▪ Distribution of safer injection materials ▪ HIV/HCV testing ▪ Linkage to treatment for HCV – intensive case management program ▪ Wound care for abscess & cellulitis ○ Social services <ul style="list-style-type: none"> ▪ Linkage to homelessness & re-housing services ▪ Moderation & maintenance support group <p>CRUSH (Community Resources United to Stop Heroin) of Iowa</p> <ul style="list-style-type: none"> • Presentations • Family Support • Treatment Resources <p>Quad Cities Harm Reduction</p> <ul style="list-style-type: none"> • Naloxone kits • Trainings • Needle clean up days • Push for political reform <p>Eastern Iowa Heroin Initiative</p> <ul style="list-style-type: none"> • Trainings • Drug awareness programs <p>I Hate Heroin Organization</p> <ul style="list-style-type: none"> • Educational services • Fundraising • Family support <p>Area Substance Abuse Council</p> <ul style="list-style-type: none"> • Housing services • Hotlines • Educational resources • Outpatient services • Treatment supplies
<p>10.1 Update employer human resources and benefits language to avoid stigmatizing language and include evidence about the effectiveness of treatment for opioid use disorders</p>	
<p>10.2 Avoid stigmatizing language and include information about the effectiveness of treatment and the structural barriers that exist to treatment when communicating with the public about opioid-use disorders</p>	<p>IOWA ORGANIZATIONS WORKING TO COMBAT OPIOID-RELATED STIGMA. The Iowa Harm Reduction Coalition strives to create a non-judgmental environment for drug users to feel welcome and safe. IHRC uses non stigmatizing language and provides non coercive provision of services and resources to anyone that needs them. IHRC works to empower people who use drugs to provide mutual aid, share resources and information about overdose prevention, and build community in order to reduce overdose deaths. The coalition accepts that licit and illicit drug use</p>

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	<p>is part of the world, and they choose to minimize the harmful effects of drugs, rather than choosing to condemn drug users. Iowa Harm Reduction Coalition</p> <p>THE UNIVERSITY OF IOWA PARTNERS WITH IHRC TO CREATE DIGITAL STORYTELLING PLATFORM.</p> <p>The University of Iowa recently partnered with the Iowa Harm Reduction Coalition (IHRC) to implement a pilot project focused on telling the stories of individuals with substance use disorders through digital storytelling. Digital Stories are short videos with narration, photos, and artwork that aim to empower the storyteller. Beginning in Spring of 2018, this digital storytelling project gives volunteers an opportunity to reflect on their personal journey while telling a meaningful story of their drug use. Volunteers work with researchers from the Iowa College of Public Health and College of Education in StoryCenter workshops that help volunteers develop and create their videos. StoryCenter is an organization that supports communities and individuals through digital storytelling for reflection, education, and social change. These digital storytelling workshops serve as an opportunity for volunteers to provide and receive support, hone their narratives, and create powerful videos that capture their life stories. [Personal Phone Communication, Dr. Rachel Young]</p>
<p>10.3 Educate health care providers about the benefits associated with destigmatizing language</p>	<p>TRAINING ON STIGMA REDUCTION</p> <p>Iowa Harm Reduction Coalition (IHRC) offers training and technical assistance to health care providers and health care organizations upon request. IHRC provides annual training on stigma reduction and destigmatizing language to medical students at the University of Iowa. Health care providers – physicians, physician assistants, nurses, and more – may also obtain continuing education credits for attending the IHRC annual conference. The conference includes a focus on disseminating information on destigmatizing language for all attendees. [Personal Email Communication, Sarah Ziegenhorn, IHRC]</p>

John Hopkins University Report: [The Opioid Epidemic: From Evidence to Impact:](#)

Additional Resources:

The Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC) from Brandeis University [PDMP TTAC](#)