

**Iowa Department of Health and Human Services
Division of Behavioral Health/Bureau of Substance Abuse
Opioid Update: October 2023**

The Iowa Department of Health and Human Services (HHS) offers the Opioid Update to share information about opioid use and Iowa's efforts to address the national opioid epidemic. Submit topics at any time to the State Opioid Response team email: SOR@idph.iowa.gov.

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Department News

Iowans, Be Prepared to Save a Life!

Iowa HHS is increasing naloxone access in Iowa communities. Eligible organizations can now access and provide free opioid overdose reversal medications in their communities through two distribution initiatives. The two nasal spray naloxone medications available for distribution are:

- NARCAN® 4mg
- Kloxxado® 8mg

For more information on the program and eligibility, [visit the Iowa HHS naloxone webpage](#). Individual Iowans can also request naloxone for free at participating pharmacies or the tele-naloxone program at the [Naloxone Iowa website](#).

Iowa News

National Prescription Drug Take Back Day - October 28, 2023

The National Prescription Drug Take Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications. This year the event takes place on October 28th from 10AM - 2PM.

To locate a collection site, the Iowa Office of Drug Control Policy lists over [400 locations](#) across the state where prescriptions can be taken. In addition, the Drug Enforcement Agency offers a state specific search feature on the [DEA website](#).

Iowa Hosts First Annual Recovery Conference

Iowa's State Opioid Response grant supports efforts to expand the recovery services and opportunities in Iowa. One such effort was to co-host the Multiple Pathways to Recovery Conference with the Connecticut Community for Addiction Recovery (CCAR) which was held for the first time in Iowa. The Multiple Pathways to Recovery Conference is a celebratory, collaborative, learning event that brings together individuals in their recovery journey and stakeholders alike to learn about current trends within the recovery community. While clinical treatment and/or 12-step groups are some of the more well-known paths, other strategies, such as Medications for Opioid Use Disorder (MOUD), LifeRing groups, Recovery Dharma, White Bison Wellbriety, among many others, as well as combinations of strategies can be key to helping more people get into and stay on their recovery path. Naloxone training and distribution was provided during the conference as well. The three-day event was held from August 21st through the 23rd in Des Moines and had 215 people register for the event, hailing from 24 states. The majority of people in attendance had lived experience with substance use. The event attendees came from a diverse group of organizations, including attendees from all of Iowa's Recovery Community Centers (RCCs).

Learn more and find training opportunities on the [CCAR website](#).
Get connected to recovery resources on the [Recovery Iowa website](#).

Iowa Awards Funding for State Opioid Response Screening, Brief Intervention, Referral to Treatment (SBIRT) Project

Iowa Health and Human Services has awarded an additional year of grant funding for the statewide SBIRT project. The purpose of the SBIRT project is to increase the identification of risky opioid use among Iowans through screening, brief intervention, and referral to treatment when appropriate. The SAMHSA funded program promotes health equity through building the capacity of community services programs, including health systems, to increase services and expand access to care for individuals with opioid and stimulant disorder. The funds were awarded to the following applicants: Heartland Family Service, Mercy Medical Center Des Moines, and University of Iowa on behalf of the Obstetric Division.

Learn more about SBIRT on the [SAMHSA website](#).

Opioid News

Impact Brief of State Opioid Response Grants

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the Opioid Response Network (ORN) have released an impact brief covering the State Opioid Response grants from September 30, 2018 - January 2023. The brief shares impacts in prevention, treatment, and recovery spaces. It is noted that not all states reported data to be used for the brief. The brief shares that 30.8 million individuals were educated on the harms of illicit opioids through grant funded prevention efforts. It was reported that 500,000 individuals received grant funded medication for opioid use disorder and 1 million people received recovery support services.

Read all of the outcomes on the [NASADAD website](#).

Drug Overdose Deaths with Evidence of Counterfeit Pill Use

Evidence of counterfeit pill use in overdose deaths more than doubled from July–September 2019 to October–December 2021, and tripled in western U.S. states. Decedents with evidence of counterfeit pill use, compared with those without such evidence, were younger, more often Hispanic or Latino, and more frequently had a history of prescription drug misuse and drug use by smoking.

The CDC calls for overdose prevention messaging that highlights the dangers of pills obtained illicitly or without a prescription, encourages drug product testing by persons using drugs, and is tailored to persons most at risk (e.g., younger persons) could help prevent overdose deaths.

For more information on these changes, [visit the CDC website.](#)

For more information on fake pills, [visit the Your Life Iowa website.](#)

New DEA rule to allow 72 hrs of methadone dispensing from hospitals without the need to file for an exemption

To combat substance use disorders and assist individuals in receiving proper treatment, the Drug Enforcement Administration (DEA) published regulations in October 1974 to implement the Narcotic Addict Treatment Act of 1974 (NATA), allowing for practitioners to administer and dispense certain narcotic medications for detoxification or maintenance treatment as long as they were separately registered as a narcotic treatment program (NTP). An “emergency treatment” section was added to DEA regulations to allow physicians to administer (but not prescribe) one day's worth of narcotic drugs, for not more than three continuous days, “for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment.” This rule became known as the “Three Day Rule.”

Pursuant to the Easy Medication Access and Treatment for Opioid Addiction Act, the DEA has revised its regulation in August of this year, to allow practitioners to “dispense” not more than a three-day supply of narcotic drugs to one person or for one person's use at one time for the purpose of initiating maintenance treatment or detoxification treatment (or both). The House Report accompanying the Act explains that expanding medication dispensing to a three-days' supply at one time alleviates the burden on both the patient, specifically transportation issues for those with opioid use disorder (OUD), and on the practitioner from having to treat the same patient multiple days in a row.

Read the official release on the [DEA website.](#)

Study finds improved prison reentry programs could help flatten rate of opioid overdose deaths

A study led by researchers at Rutgers University shows that prison reentry programs aimed at the highest-risk users could help decrease the number of opioid overdose deaths. This study set out to build on earlier studies that showed that incarceration is a significant risk factor for opioid-related deaths. To investigate risk factors and potential solutions, the research team applied machine learning to data from a Midwestern reentry program for incarcerated individuals with co-occurring opioid use and a mental health disorder. The researchers found that people who were prescribed psychiatric medication in the

months before release were most likely to begin opioid use disorder treatment after release. Additionally, researchers found that those who reported using injection drugs were more likely to report seeking treatment post-release than people who didn't inject drugs. The researchers shared that reentry programs from prison are rare, noting that an increase in these programs would provide an opportunity to help protect a vulnerable population from overdose.

To read the full article, visit the [Medical Xpress website](#).

Resources

Multi-language Opioid Prevention Materials

Mid-America Addiction Technology Transfer Center Network (MATTC) partnered with the Ethnic Communities Opioid Response Network in Missouri, the Addiction Policy Forum, and the Opioid Response Network (ORN in IA, KS, MO, and NE) to translate Prevention of Opioid Use Education Materials into ten different languages and ensure they are culturally appropriate.

Find the materials on the [ATTC website](#).

Trainings and Conferences

The National Overdose Prevention Leadership Summit (NOPLS) is an annual virtual event that highlights real solutions to the overdose crisis that bridge justice, health care, and public health sectors. NOPLS helps professionals from across the spectrum of overdose prevention, treatment, and justice to learn, share, and collaborate more effectively, which leads to reducing overdose deaths. This year the event will be held on November 16 & 17.

Get more information and to register, visit the [Overdose Prevention Leadership Summit website](#).