

Iowa Department of Public Health
Division of Behavioral Health/Bureau of Substance Abuse
Opioid Update: November 2021

The Iowa Department of Public Health (IDPH) offers the Opioid Update to share information about opioid use and Iowa's efforts to address the national opioid epidemic. Please feel free to submit topics to RaChel Greenwood at rachel.greenwood@idph.iowa.gov.

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Department News

Race-specific rates of opioid-involved deaths suggest higher burden among Black and African American Iowans

Data from the IDPH Bureau of Health Statistics suggests that although White Iowans account for the highest number of opioid-involved deaths, African American and Black Iowans are over-represented. For example, in 2020, for every 100,000 white Iowans, 6.4 passed away from an opioid-involved death. Comparatively, in the same time period, for every 100,000 African American or Black Iowans, 12 passed away from an opioid-involved death. As Table 1 demonstrates, for the past five years African American and Black communities in Iowa have experienced higher rates of opioid-involved mortality than white communities.

Table 1. Race-specific Rates of Opioid-Involved Deaths* in Iowa (2016-2020)

Race	2016	2017	2018	2019	2020
African American / Black	6.6	16.7	6.7	11.7	12
White	5.7	6.1	4.3	4.6	6.4
Other / Unknown	6.7	5.5	3.6	5.2	7.7

*Population estimates used to calculate rates were the [bridged-race](#) Vintage 2020 (2010-2020) postcensal population estimates (released by NCHS on 9/22/2021)

Although the census estimates for 2021 are not yet available, preliminary data indicate that African American or Black Iowans could account for a larger percentage of opioid-involved deaths again this year. While COVID has likely exacerbated the number of opioid-involved deaths in Iowa, it is clear that the disproportionate rates existed prior to the pandemic. This trend suggests that perhaps what is needed are more targeted prevention and health promotion strategies, in addition to outreach regarding treatment availability and recovery support services.

Iowa News

DEA's National Prescription Drug Take Back Day Results

The Drug Enforcement Administration, along with its law enforcement partners, has removed close to 745,000 pounds of unneeded prescriptions from medicine cabinets across the country as part of DEA's ongoing commitment to turn the tide against the U.S. opioid epidemic. Following last month's 21st National Prescription Drug Take Back Day, the program has removed more than 15.2 million pounds of medication from circulation since its inception.

*"On DEA's National Prescription Drug Take Back Day, communities across America came together to rid medicine cabinets of unneeded medications, helping to prevent prescription drug misuse," said **DEA Administrator Anne Milgram**. "Take Back Day is a critical effort to curb the historic surge in U.S. overdoses. We know prevention starts at home. The simple step of clearing out medications that are no longer needed makes our homes safer, prevents prescription drug misuse, and, ultimately, can help save lives."*

According to the DEA, Iowa took back over 6,000 pounds of prescription drugs at this year's event. To learn more about the Take Back initiative and specific results, please click on the following link: [Drug Take Back](#)

Opioid News

PUBLIC SAFETY ALERT: Sharp Increase in Fake Prescription Pills Containing Fentanyl and Meth

The Drug Enforcement Administration (DEA) issued a warning to the American public of the alarming increase in the availability and lethality of fake prescription pills. The DEA states that criminal drug networks are mass-producing fake pills and falsely marketing them as legitimate prescription pills to deceive unsuspecting Americans.

The DEA describes these counterfeit pills as widely available across every state in the country (with more counterfeit pills seized so far this year than the previous two years combined) and more lethal than ever before, with officials reporting a dramatic rise in counterfeit pills containing a lethal dose of at least 2 mg of fentanyl. In order to inform the public and keep Americans safe, the DEA has launched a public awareness campaign, *One Pill Can Kill*.

To read the Public Safety Alert, please click on this link: [DEA](#)
To view the campaign, *One Pill Can Kill*, please click on this link: [OPCK](#)

Unintentional drug overdose: Is more frequent use of non-prescribed buprenorphine associated with lower risk of overdose?

Unintentional drug overdoses are an increasing public health concern. This study found that greater frequency of non-prescribed buprenorphine (also known as diverted buprenorphine) was significantly associated with a lower risk of overdose among the 356 study participants. Variables significantly associated with an *increased* risk of overdose included a previous overdose more than six months ago, a higher frequency of methamphetamine use, and using injection as the most common method of heroin/fentanyl administration.

The authors posit that these findings support a potential harm reduction consequence of buprenorphine diversion and encourage improving the availability of buprenorphine.

To read the study abstract, please click this link: [IJDP](#)

Upcoming Trainings

Training for Primary Care Providers

The Providers Clinical Support System (PCSS) is a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) created in response to the opioid overdose epidemic to train primary care providers in the evidence-based prevention and treatment of opioid use disorders (OUD) and treatment of chronic pain. The project is geared toward primary care providers who wish to treat OUD. PCSS is made up of a coalition, led by American Academy of Addiction Psychiatry (AAAP), of major healthcare organizations, all dedicated to addressing this healthcare crisis. Through a variety of trainings and a clinical mentoring program, PCSS's mission is to increase healthcare providers' knowledge and skills in the prevention, identification, and treatment of substance use disorders with a focus on opioid use disorders.

For more information on PCSS, please click this link: [PCSS](#)