Strategic Prevention Framework for Prescription Drugs (SPF Rx): Evaluation of Community Prevention Strategies for Preventing Prescription Drug Misuse

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Executive Summary

Grant Description

The Iowa Department of Public Heath's (IDPH) Bureau of Substance Abuse, Division of Behavioral Health was awarded a five-year Strategic Prevention Framework for Prescription Drugs (SPF Rx) grant through the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). The SPF Rx grant was similar to previous prevention grants that IDPH was awarded including SAMHSA's five year Strategic Prevention Framework State Incentive Grant (SPF-SIG), which began in 2009, and Iowa Partnerships for Success, which began in 2014; however the earlier grants focused on preventing alcohol use among youth and SPF Rx focuses on preventing youth and young adult misuse of prescription drugs. Funding for the SPF Rx grant was September 1, 2016 through August 31, 2021.

IDPH sub-contracted with three "high need" counties (Jasper, Polk, and Scott) to implement prevention strategies to educate the public and the medical community about the misuse of prescription drugs, raise awareness about the dangers of prescription drug sharing, and utilize the Iowa Prescription Monitoring Program (PMP) to inform current and future efforts. The project's focus priority was reducing prescription misuse among 12-25 year olds. The Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning (CJJP), was contracted to complete a statewide process and outcomes analysis of the project.

IDPH approved a variety of prevention strategies for counties. Through an assessment process, counties had to select two prevention strategies, and also distribute IDPH's "Prescription Drugs are Still Drugs" media campaign, CDC Guidelines for Prescribing Opioids for Chronic Pain, and SAMHSA's Opioid Overdose Prevention Toolkit for a total of four strategies to implement in each county. The types of strategies counties could select from were:

- Individual strategies defined as programs designed for specific grade levels or ages to teach, change attitudes, and improve the critical decision making skills of individuals regarding prescriptions and opioids.
- Environmental strategies were broader population-level strategies to address the underlying physical, social, cultural, and institutional forces that contribute to problem behaviors.
- Multicomponent strategies were optional strategies that could only be used to support another strategy, but weren't counted as a separate strategy.
- Informational strategies were intended to educate youth and young adults in the target population, the public, and the medical community.

The Strategic Prevention Framework (SPF) was utilized by both IDPH and counties to guide their prevention efforts throughout the project. This was a continual process of monitoring based on the needs of counties. Through the SPF process, IDPH and SPF Rx counties conducted an assessment to identify state and local needs, mobilized support (capacity) at the county and state levels, developed a strategic plan for prevention, implemented prevention strategies, and monitored and evaluated strategy implementation.

Goals of Project

A process evaluation was undertaken to assess SPF implementation and programming to determine if the strategies were delivered and sustained as designed. The specific goals of the process analysis were to examine:

1. Adherence to the SPF model throughout the process of implementation and program delivery.
2. County implementation of a total of four strategies: two strategies approved by SPF Rx's Evidence-Based Practices Workgroup, the IDPH prescription drug prevention media campaign, and the CDC and SAMHSA information dissemination strategies.
3. Determination of whether counties reached the intended priority population of 12-25 year olds.
4. Increased county capacity to carry out initiatives to reduce misuse and overdose of prescription drugs and opioids (through funding, policy, practice, training, or partnership).

The outcomes evaluation sought to identify whether SPF Rx worked towards preventing or reducing misuse and overdose of prescription drugs and opioids among the target population of 12 to 25-year-olds in the three grant-funded counties. It assessed whether the following specific goal of the SPF Rx program was met:

1. Decrease by 5% the number of 11th grade youth reporting misuse of prescription medications, using the 2016 Iowa Youth Survey as a baseline.

It also sought to examine medical providers' use of the Prescription Monitoring Program (PMP) and prescribing practices to determine if the following goals were met:

2. Promote the CDC Guideline for Prescribing Opioids for Chronic Pain within 80% of primary care clinics and among 80% of pre-professional programs across the state of Iowa.
3. Maximize the use of the Iowa Prescription Monitoring Program (PMP). Increase registration of controlled substance prescribers from 42% (2016 baseline) to 90% (2020 goal). Increase registration of pharmacists from 83% (2016 baseline) to 90% (2020 goal).

Data were gathered from multiple sources to assess the process and outcomes for the statewide SPF Rx evaluation. Project feedback was obtained from online surveys of county staff and capacity coaches. Program documents, including workbooks and trainings provided by IDPH and project deliverables completed by the counties, were used in the grant description and process analysis. State and county-level administrative (secondary) data sources were collected from state agencies to analyze youth and young adult misuse of prescription drugs and county prescribing patterns over the course of the project and the numbers of youth and young adults in the 12-25 year old target population potentially reached.

Strategies Implemented

The project was primarily an educational effort to spread the message about prescription drugs to youth and young adults and provide information on safer prescribing practices to the medical community and patients. Three out of four strategies utilized in each of the SPF Rx counties were informational in nature and involved distributing resources and education.

All three SPF Rx counties (Jasper, Polk, and Scott) were required to implement the "Prescription Drugs are Still Drugs" media campaign and the Prescriber/Patient Education (distribution of CDC guidelines and SAMHSA toolkits) strategy. The other two strategies selected by counties were ultimately based on

feasibility (support by the county), appropriateness for the local needs (assessment), and the guidelines and requirements set forth by IDPH. Two counties implemented Generation Rx, an environmental strategy with a community educational component and one county implemented Life Skills, a curriculum-based individual strategy for students in school.

All three counties had one strategy change during the project, due to issues related to the COVID-19 pandemic, state law changes, and lack of buy-in from key stakeholders. Two counties replaced Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify youth at high-risk for substance abuse in schools. One county replaced Strengthening Families, a program that focuses on building life and communication skills for parents and children. All three counties chose to replace these strategy with the IDPH Information Dissemination of YourLifeIowa.org and the Good Samaritan Law resources.

Although grant funding began on September 1, 2016, the SPF Rx counties did not start implementing strategies until January 1, 2019. The initial part of the grant was dedicated to the SPF steps of assessment and planning; strategy implementation could not occur until these were completed. Counties had 32 months to implement strategies under the SPF Rx grant until its end on August 31, 2021.

There were an estimated 3,604,947 impressions (total number of views among 12-25 year olds) of the "Prescription Drugs are Still Drugs" media campaign in the three counties. Distribution methods of the media campaign in the counties included billboards, radio ads, TV ads, digital video ads, brochures, posters, and internet and social media. Prescriber and patient information reached a total of 523 clinics, with the distribution of 6,803 CDC Guideline for Prescribing Opioids for Chronic Pain and 954 SAMHSA Opioid Overdose Prevention Toolkits in the three counties. For the IDPH Information Dissemination strategy, 271,585 educational resources were distributed, 128 presentations were given, and 2,615 people in the counties attended in the three counties. Video and radio ads were also aired. 221 students participated in Life Skills in one county. 135 presentations were given for Generation Rx in two counties, as well as a training video posted on You Tube and education materials distributed.

Populations Served

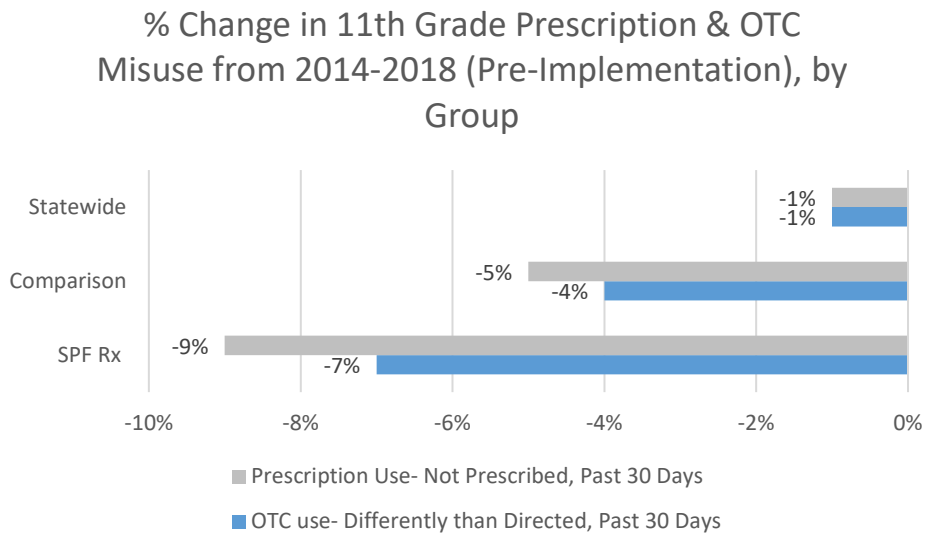
There were an estimated 125,782 youth and young adults in the target population aged 12-25 who could have "potentially" been reached in the three SPF Rx counties. The most populated (urban) SPF Rx county for the 12-25 year old priority population was Polk (n=89,512) followed by Scott (n=30,217). The least populated county (rural) was Jasper (n=6,053). There were an estimated 7,939 12-25 year olds who were directly served through the SPF Rx strategies in the three counties, which comprised about 6.3% of the population of youth and young adults.

Outcomes Evaluation

The biennial Iowa Youth Survey (IYS) was postponed in 2020 until fall 2021 due to the COVID-19 pandemic and results will not be available until summer 2022. This limits the ability to use IYS data to capture any changes during the SPF Rx program implementation period (2019-2021). However, IYS measures of youth misuse of prescriptions from 2014 to 2018 showed that consumption had decreased prior to SPF Rx strategy implementation for 11th graders, especially in the SPF Rx counties. SPF Rx counties had greater reductions in 11th grade *prescription use- not prescribed* compared to the comparison group and statewide totals. In the SPF Rx counties, youth past 30-day prescription use-not

prescribed decreased by 9% among 11th graders (compared to a 5% decrease in the comparison counties and a 1% decrease statewide). SPF Rx counties also had greater reductions in 11th grade *over the counter medication use- differently than directed*. In the SPF Rx counties, youth past 30-day over the counter (OTC) medication use-differently than directed decreased by 7% among 11th graders (compared to a 4% decrease in the comparison counties and a 1% decrease statewide). See Figure 1.

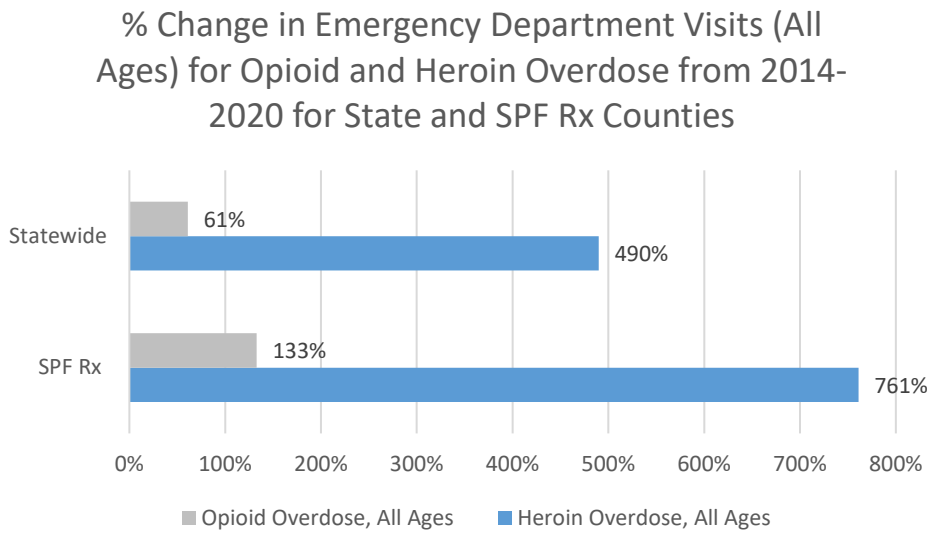
Figure 1: Changes from 2014-2018 (Pre-Implementation) for IYS 11th Grade Misuse Measures, by Group



Young adults ages 18-25 in Iowa used prescriptions at about the same rate as other adults, however, they were more likely to misuse prescriptions. Based on 2018-2019 Iowa Behavioral Risk Factor Surveillance Survey results (BRFSS), 14.7% of 18-25 year olds reported using a prescription opioid that was *not* prescribed to them by a doctor in the past year (compared to 4.8% for ages 26 and over). 5.3% of 18-25 year olds reported using an opioid prescription more frequently or at higher dosages than prescribed (compared to 3.3% for ages 26 and over).

From 2014 to 2020, the number of total emergency department visits for *opioid overdose-all ages* - was on an upward trajectory in the state (61% increase) and in the SPF Rx counties (133% increase). The number of emergency department visits for *heroin overdose-all ages*- even more dramatically increased in the state (490% increase) and in the SPF Rx counties (761% increase) during that timeframe. See Figure 2.

Figure 2: Changes from 2014-2020 (Pre- and During Implementation) for Opioid and Heroin Emergency Department Visits for the State and SPF Rx Counties



When examining overdose among young adults, the county-level data analysis was limited due to small counts in the counties. However statewide, emergency department overdose visits among 18-24 year olds increased by 14% for *opioids* and increased by 53% for *heroin* from 2014 to 2020. During the same period, substance use disorder treatment admissions for opioids among 12-25 year olds was on a gradual downward trajectory, decreasing by 56% in the state and decreasing by 63% in the SPF Rx counties.

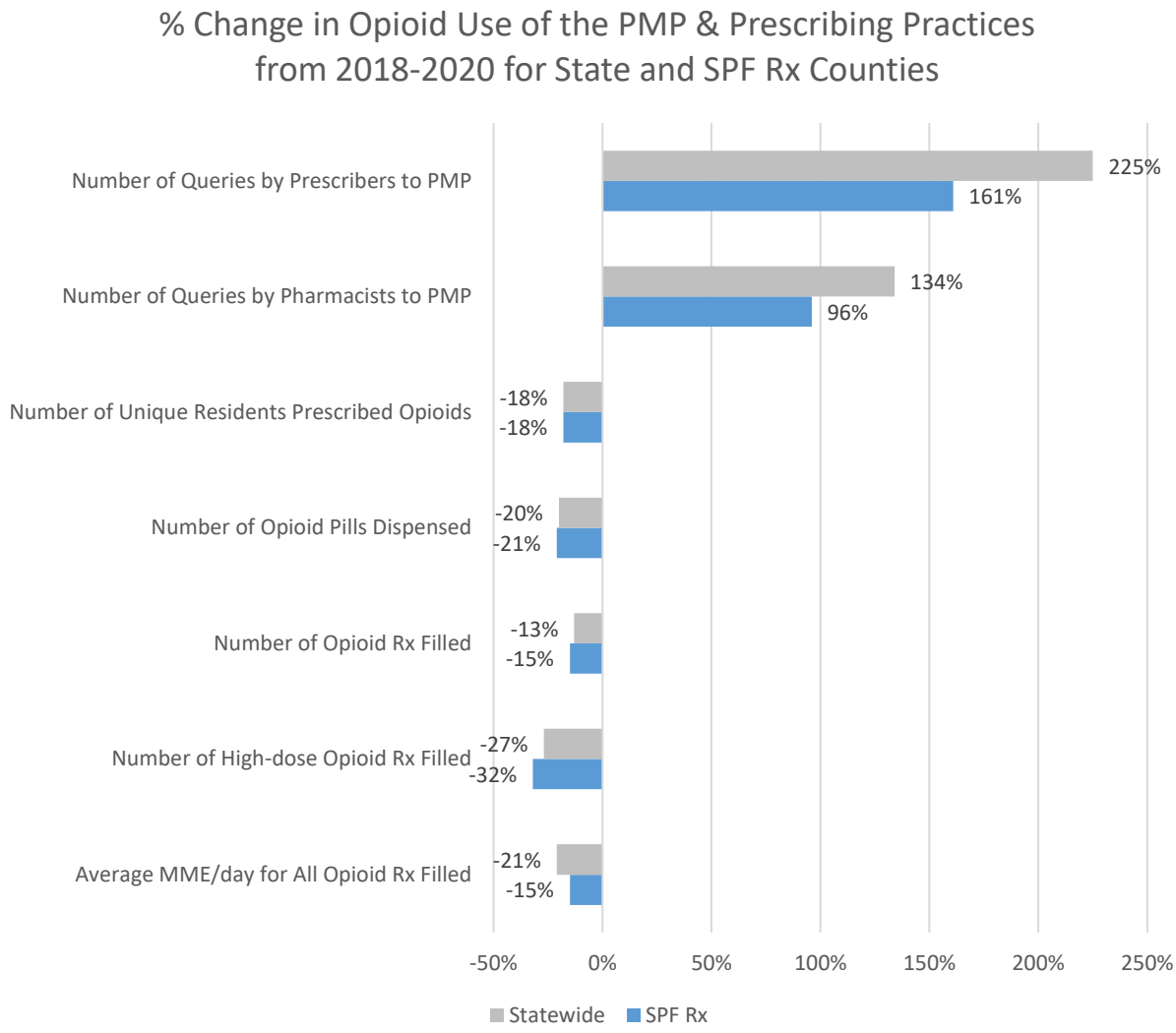
State law changed during the project requiring mandatory registration of all prescribers with Controlled Substances Act Registration (CSA) to register with the Prescription Monitoring Program (PMP). The law went into effect on July 1, 2018. Due to the law change and other changes in PMP software platforms, data were only available for provider use of the PMP from 2018 to 2020. In the SPF Rx Counties, the number of prescribers registered with the PMP decreased very slightly (by 0.7%). The number of prescribers registered increased by 2% for the state of Iowa, from 10,655 prescribers in 2018 to 10,907 prescribers in 2020. 4,315 pharmacists were registered statewide. Please note that registered prescribers and pharmacists may not necessarily be "active" users. See Figure 3.

A better measure of the use of the PMP is the number of queries to the PMP made in Iowa by prescribers and pharmacists. The number of queries by prescribers increased by 225% in the state and by 161% in SPF Rx counties from 2018 to 2020. The number of queries by pharmacists increased by 134% in the state and by 96% in SPF Rx counties from 2018 to 2020. See Figure 3.

Prescribing patterns from 2018 to 2020 were also examined. The number of unique residents prescribed opioids decreased by 18% in both the state and the SPF Rx counties in that timeframe. The total number of opioid pills dispensed decreased by 20% for the state and decreased by 21% in the SPF Rx counties. The number of opioid prescriptions *filled* decreased by 13% in the state and decreased by 15% in the SPF Rx counties. The number of high-dose opioid prescriptions *filled* decreased by 27% for the state and decreased by 32% in the SPF Rx counties. The average MME per day for all opioid prescriptions filled in

each year from 2018 to 2020 decreased by 21% for the state and decreased by around 15% in the SPF Rx counties. See Figure 3.

Figure 3: Changes from 2018-2020 (During Implementation) for PMP Measures in the State and SPF Rx Counties



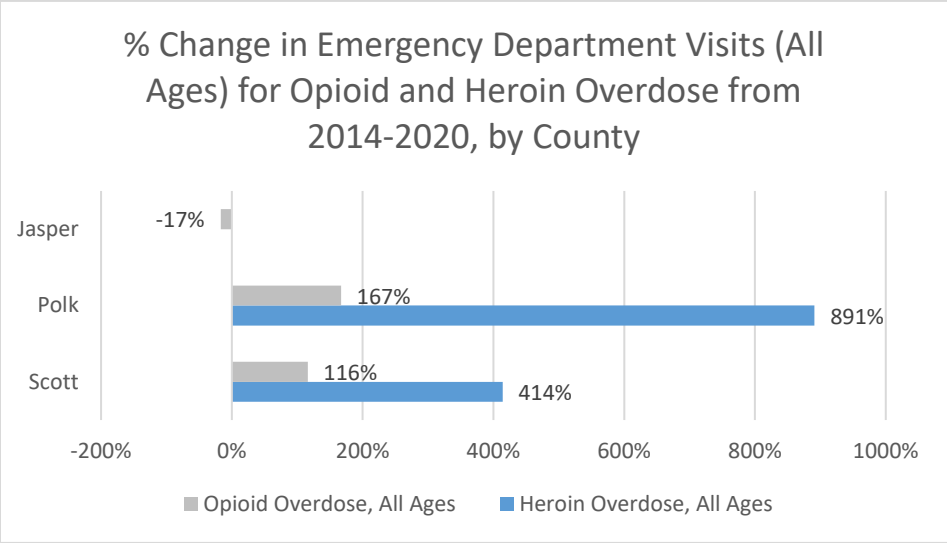
County-Level Changes

When comparing outcomes for the three SPF Rx Counties, the urban counties, Polk and Scott, were most negatively impacted when examining percentage changes for *opioid* overdose for all ages, whereas rural Jasper County had consistently low and stable numbers. From 2014 to 2020, *opioid*-related emergency department visits for all ages increased by 167% in Polk County and by 116% in Scott County. However, Jasper County decreased by 17%. See Figure 4.

Similarly, from 2014 to 2020, there was a dramatic percentage increase in *heroin*-related emergency department visits for all ages in both Polk County (by 891%) and Scott County (by 414%). Jasper County

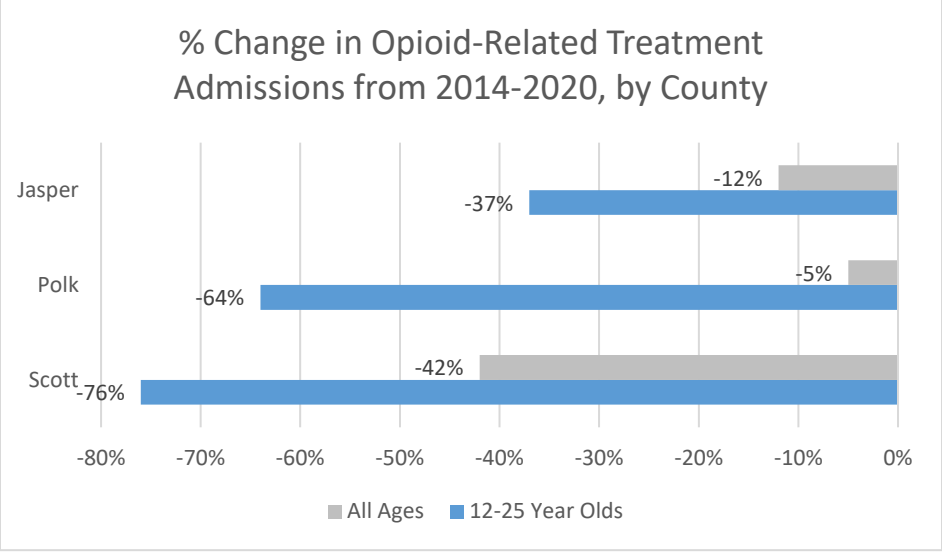
also had an increase but the counts of individuals were so low that the percent change could not be calculated. See Figure 4.

Figure 4: Changes from 2014-2020 (Pre- and During Implementation) for Opioid and Heroin Emergency Department Visits, by County



Substance use disorder treatment admissions for opioids decreased in all three counties for all ages and for the 12-25 year old age group. Of the SPF Rx counties, the biggest percentage decrease in opioid-related treatment admissions from 2014 to 2020 was observed in Scott County for all ages (42% decrease) and for 12-25 year olds (76% decrease). Polk County only had a 5% decrease in opioid-related treatment admission for all ages and a 64% decrease for 12-25 year olds. Jasper County had a 12% decrease in opioid-related treatment admission for all ages and a 37% decrease for 12-25 year olds. See Figure 5.

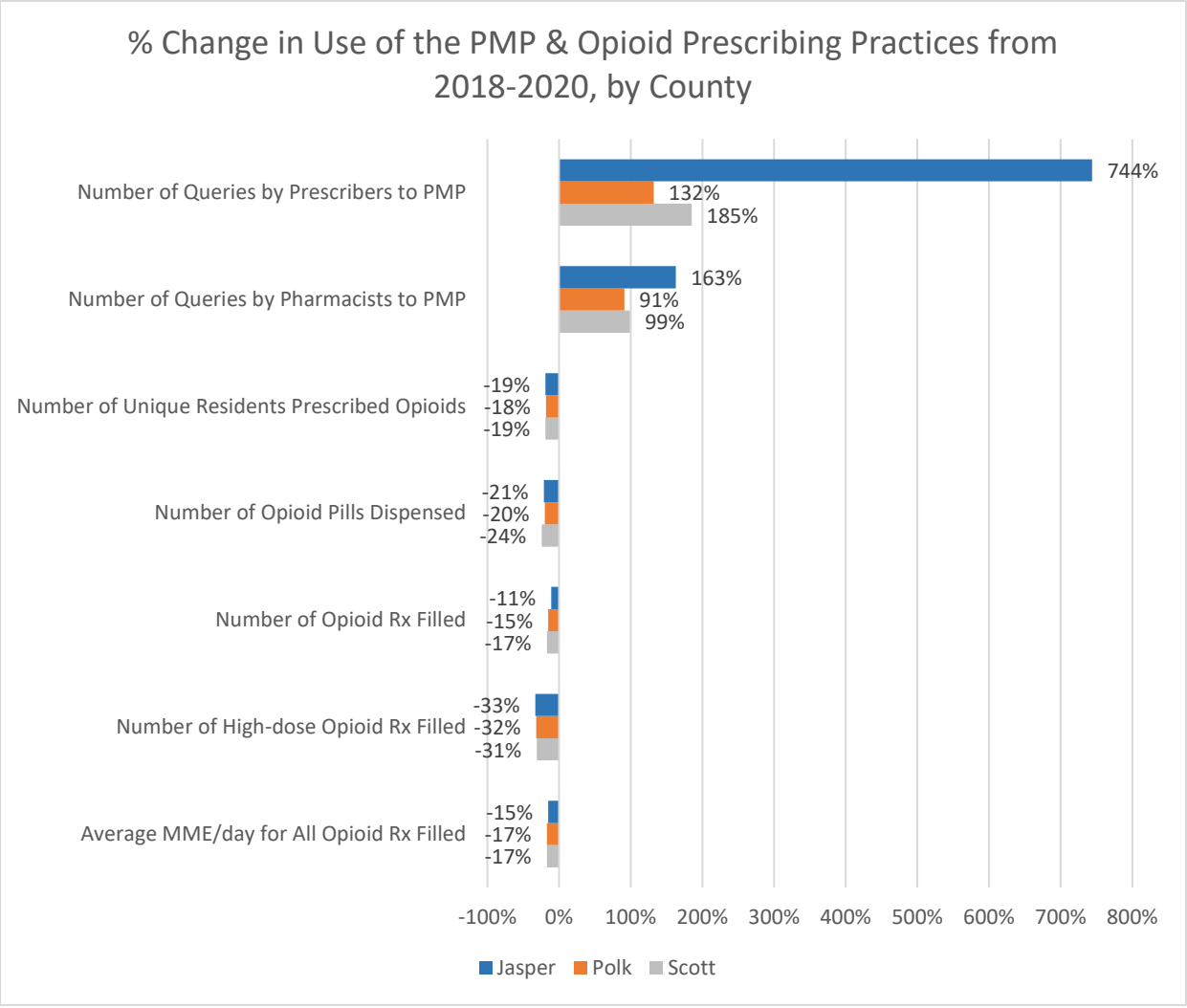
Figure 5: Changes from 2014-2020 (Pre- and During Implementation) for Opioid-Related Treatment Admissions, by County



Provider use of the PMP during project implementation increased in all three counties from 2018 to 2020. Of the SPF Rx counties, rural Jasper County by far had the most dramatic percentage increase in both the number of queries by prescribers (744% increase) and by pharmacists (163% increase). This was followed by Scott County (185% increase and 99% increase, respectively) and Polk County (132% increase and 91% increase, respectively). See figure 6.

There were only very minimal differences between the counties when comparing the prescribing pattern data from the PMP. All three counties saw similar percentage decreases in opioid prescription during project implementation from 2018 to 2020. Figure 6 shows the percent change for each measure, by county.

Figure 6: Changes from 2018-2020 (During Implementation) for PMP Measures, by County



Data Limitations

Data from many sources were not yet available for the final year of the project. This limits the analysis in that the results only capture what was done during some of the program and are not reflective of work during the final year. Also, some data were not available for the comparison counties. In some cases,

2020 data were also not available due to the COVID-19 pandemic. For example, the biennial Iowa Youth Survey was not distributed in 2020 and was delayed a year due to the pandemic. An important factor to consider when analyzing the data is that any data that were available in 2020 cannot necessarily be considered representative of historical trends due to the pandemic. This limits the ability to capture the true effects of the SPF Rx program.

Furthermore, the timing of the COVID-19 pandemic coincided with the second year of implementation in the SPF Rx counties. This had an effect on the strategies and was regarded by county staff as having a mostly negative impact on the counties. Some programs couldn't be delivered in person or participants were not able to participate in a virtual format. Closures, restrictions, and a shift in healthcare provider proprieties affected participation. Also, the pandemic reduced the amount of time the counties had to implement the strategies due to closures.

When analyzing data, it is also important to consider that the results are not necessarily attributable to the SPF Rx project alone. SPF Rx was one project among other efforts to address opioid prevention in the SPF Rx counties. All coordinators mentioned their counties or coalitions were the recipients of similar grants, including ones also awarded by IDPH.

SPF Rx Grant Description

Background

In October 2016, the Iowa Department of Public Heath's (IDPH) Bureau of Substance Abuse Division of Behavioral Health was awarded a five-year Strategic Prevention Framework for Prescription Drugs (SPF Rx) grant through the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). The intention of the federal grant was to raise awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. In addition to implementing interventions to raise community awareness and educate youth and young adults, parents, prescribers, and patients, the grant utilized the SPF process to assess community needs, produce a strategic plan, strengthen local capacity, and evaluate project activities. States and tribes were eligible to apply if they had previously completed the Strategic Prevention Framework State Incentive Grant (SPF-SIG) and had a fully operational Prescription Monitoring Program (PMP). Iowa's program aimed to target 12-25 year olds in an effort to reach youth at an early age *before* they were most likely to begin misusing prescriptions.

SPF Rx originated from funding under SAMHSA's earlier SPF-SIG, which began in 2009. The goal of SPF-SIG was to expand and improve prevention through the use of strategies tailored to the needs of states and communities and to build capacity, infrastructure, and collaboration to prevent substance misuse. Iowa funded 23 counties identified as "in-need" through SPF-SIG. Iowa's SPF-SIG counties implemented environmental strategies and media campaign aimed at reducing underage drinking and young adult binge drinking. After completing SPF-SIG, IDPH was awarded a five-year Partnerships for Success (PFS) grant, also through SAMHSA, to fund 12 counties' prevention efforts to reduce underage drinking and youth binge drinking.

The SPF Rx grant is a continuation of this work at IDPH. Within the department, the Bureau of Substance Abuse, Division of Behavioral Health, leads substance abuse prevention, treatment services, and recovery support services in Iowa. It has implemented many federal prevention grants in the past as well as administering prevention grants for county programs. It was recently awarded a three year Overdose Data to Action (OD2A) grant from the Center for Disease Control in September 2019 to reduce overdose morbidity and mortality through timely data surveillance and prevention strategies.

IDPH was in a good position to begin SPF Rx, having the experience from SPF-SIG and PFS in leading alcohol prevention strategies, using the Strategic Prevention Framework (SPF) process, as well as having a collaborative state-level advisory council already in place. The SPF-SIG Advisory Council, formed in 2009, eventually evolved into the current State Epidemiological Workgroup Prevention Partnerships Advisory Council (SEWPPAC), which currently provides oversight for SPF Rx. This council and its workgroups helped develop data-driven priorities, identify "high risk" indicators, determine the counties most in need of funding, and provide grant oversight. The scope of the council's work has broadened since its formation to provide more general guidance in the SPF process and all IDPH prevention efforts across the state.

SPF Rx Grant Award

SAMHSA funded a total of 21 states and 4 tribal grantees through the SPF Rx grant. IDPH was awarded a total of $1,933,080.00 over the grant period. Funding began September 1, 2016 and ended August 31,

2021, with a subsequent SPF Rx grant awarded to IDPH on September 30, 2021 through application for up to five years.

IDPH sub-contracted with three "high need" counties through a request for proposal process to implement four prevention strategies. Two of the strategies were selected by counties from an IDPH-approved list of environmental, individual, and informational strategies. Multicomponent strategies were intended to support several environmental and individual strategies. The two required strategies were the distribution of SAMHSA's Opioid Overdose Prevention Toolkit and the CDC Guideline for Prescribing Opioids for Chronic Pain, which was one strategy, and the second strategy was the "Prescription Drugs are Still Drugs" media campaign to educate the general public, but more specifically youth and young adults about the dangers of prescription drug misuse.

IDPH contracted with Iowa Department of Human Rights' Division of Criminal and Juvenile Justice Planning (CJJP) to lead the state's data collection efforts and analysis, provide technical assistance and training to the funded counties, submit the required federal cross-site performance measurements, review data, participate in state advisory council and workgroup meetings, attend all required SAMHSA trainings, and provide recommendations. CJJP created guidance documents for the counties on federal data submission and county-level evaluation planning, provided an online training on the evaluation step of SPF process, and reviewed and approved County Evaluation Plans.

The University of Kansas was also contracted by IDPH as an evaluation partner. They maintained an evaluation documentation system called Community Check Box, which SPF Rx counties used to track their activities for the process analysis and document their outcomes for strategy indicators. Data collection was continually monitored by IDPH.

Goals of SPF Rx Project

SPF Rx is based on the premise that broader changes are the result of efforts at the local level. Through planning and collaboration, states and their SPF Rx-funded communities of high need can overcome challenges associated with substance misuse.

The key priorities of Iowa's SPF Rx project were:

- Raising awareness about the dangers of *prescription drugs* among those aged 12-25, and preventing them from engaging in the misuse of prescriptions.
- Working with pharmaceutical and medical communities to address the risk of overprescribing to young adults
- Raising community awareness and implementing strategies to address prescription drug misuse with schools, communities, parents, prescribers, and patients.

SAMHSA allowed SPF Rx funding to be used for infrastructure development and prescription drug prevention efforts among youth age 12-17 or adults age 18 and older. Iowa chose to focus specifically on 12-25 year olds.

SPF Rx sought to address the key priorities by:

- Providing guidance and oversight for the project through the state's advisory council, State Epidemiological Workgroup Prevention Partnerships Advisory Council (SEWPPAC).
- Funding 3 "highest need" counties identified through data and a competitive RFP process to implement strategies at the local level.

- Using SAMHSA's Strategic Prevention Framework (SPF) process to assess, monitor, and achieve sustainability.
- Using Capacity Coaching to support and advise the funded counties during the SPF.
- Providing technical assistance and training services from the federal Center for the Application of Prevention Technologies (CAPT).
- Leveraging funding sources.
- Strengthening state and county partnerships and capacity for the prevention field.
- Applying the National Culturally and Linguistically Appropriate Services Standards (CLAS) during SPF Rx.
- Identifying and taking action to fill data gaps.

IDPH's specific objectives to accomplish by the end of the SPF Rx grant were:

- Decreasing by 5% the number of 11th grade youth reporting misuse of prescription medications, using the 2016 Iowa Youth Survey as a baseline.
- Promoting the CDC Guideline for Prescribing Opioids for Chronic Pain within 80% of primary care clinics and among 80% of pre-professional programs across the state of Iowa.
- Maximizing the use of the Iowa Prescription Monitoring Program (PMP). Increasing registration of controlled substance prescribers from 42% (2016 baseline) to 90% (2020 goal). Increasing registration of pharmacists from 83% (2016 baseline) to 90% (2020 goal).
- Increasing the number of agencies employing the SPF process for planning and evaluation of prevention agency efforts.
- Ensuring resource assessments conducted by SPF Rx target counties include information about locally available funding, personnel, material, and information sources that supplement SPF Rx funds to implement the county's strategic plan.
- Ensuring SPF Rx counties improve their understanding and application of the National Culturally and Linguistically Appropriate Services Standards.
- Implementing four (evidence-based) prevention strategies in each SPF Rx targeted county.

County Selection

SAMHSA's Center for Substance Abuse Prevention (CSAP) reserved the first year of the grant for planning purposes (September 1, 2016 to August 30, 2017).

The State Epidemiological Workgroup (SEW), with assistance from the former IPFS Advisory Council (later the councils merged to become the State Epidemiological Workgroup Prevention Partnerships Advisory Council or SEWPPAC), led the county ranking process to identify counties of "high need" for opioid/prescription prevention. Counties were ranked based on available data including population, opioid-related overdose deaths, hospitalizations due to opioid-related poisoning, treatment admissions for opioids, and misuse of prescription drugs reported by youth on the Iowa Youth Survey.

All Iowa counties were ranked on each indicator from highest to lowest. Then, counties were given a score for each indicator based on rank (with the exception of the Iowa Youth Survey indicators): a rank of 1-10 was three points; 26-50 was one point; and 51-99 was zero points. The individual indicator ranks for each county were then averaged into a final score.

Based on the final score, the top 8 counties identified as "in need" were offered a Request for Proposal (RFP) by IDPH to assess their current SPF capacity, readiness to implement Evidence-Based Practices, and commitment to working to meet the goals and objectives of the SPF Rx grant. Three counties were

selected to receive SPF Rx funding: Scott County (Center for Alcohol and Drug Services, Inc.), Jasper County (Employee and Family Resources, Inc.), and Polk County (Employee and Family Resources, Inc.)

Iowa selected counties (sub recipients) by the end of the first year of the grant (September 1, 2017). The county agencies funded by SPF Rx are shown on the map.

Figure 7: Map of SPF Rx Grant County Sub-Recipients

Prevention Strategies

Strategy Selection Process

IDPH used SAMSHA's SPF Rx grant to fund a combination of prevention strategies in the three counties. Individual strategies were targeted programs to teach knowledge, change attitudes, and improve the skills of individuals. They were intended specifically for a smaller subset population within the 12-25 priority population, such as specific grade level(s) in certain school district(s). Environmental strategies were broader county-level strategies to address the underlying physical, social, cultural, and institutional forces that contribute to problem behaviors. Informational strategies were intended to educate youth and young adults in the target population, the public, and the medical community. Multicomponent strategies were optional strategies that could only be used to support another strategy, but weren't counted as a separate strategy.

Strategies were selected by the state advisory council's Evidence-Based Practices Workgroup through a review of evidence-based strategies, and were approved by the Council on April 13, 2018. Funded counties were required to choose and implement *two* individual, environmental, and/or informational

strategies. In addition, they were required to implement the IDPH media campaign, "Prescription Drugs are Still Drugs," aimed at public education and to distribute CDC Guidelines for Prescribing Opioids for Chronic Pain and SAMHSA's Opioid Overdose Prevention Toolkit for prescribers and patients.

Please note that an asterisk (*) in the list of approved strategies below, indicates strategies that were not actually implemented in SPF Rx due to not being selected by a county. None of the counties chose to implement Drug Recognition Expert Training (DRE). Of the multi-component strategies, PROSPER could have been used by Jasper County, but they did not use it because the PROSPER program was already being offered by Iowa State University Extension and Outreach. Project Lazarus could have been used by Polk County and Scott County, but neither county used it. The IDPH Resource Information Dissemination Campaign was added as another strategy option for the counties in March, 2020. Each strategy is described in depth in "Strategy Descriptions" in Appendix A.

Council-Approved Strategy Options (select 2)

Individual Strategies

Education

- Life Skills Training Program
- The Strengthening Families Program 10-14

Environmental Strategies

Law Enforcement

- Drug Recognition Expert Training (DRE)*

Education

- Generation Rx

Information Dissemination

- Screening, Brief Intervention and Referral to Treatment (SBIRT)

Informational Strategy

Information Dissemination

- IDPH Resource Information Dissemination Campaign ***(new strategy option in March, 2020)***

Multicomponent Strategies

- Project Lazarus* ***(could only be used in combination with DRE or SBIRT)***
- Promoting School-Community-University Partnerships to Enhance Resilience (PROSPER)* ***(could only be used in combination with Strengthening Families or Life Skills)***

Required Strategies (2)

Informational Strategy

Information Dissemination

- IDPH Media Campaign: *"Prescription Drugs are Still Drugs"*
- Prescriber/Patient Education: CDC Guideline for Prescribing Opioids for Chronic Pain and SAMHSA Opioid Overdose Prevention Toolkit

County Strategy Selection and Approval Process

The state advisory council allowed flexibility in strategy selection, but required counties wanting to implement other strategies not on the approved list to receive approval from the Evidence-Based

Practice Workgroup. [It should be noted that all of the counties chose to implement strategies from the list of approved strategies].

Counties' strategy selection was ultimately based on feasibility (support by the county), appropriateness for the local needs (assessment), and the guidelines and requirements set forth by IDPH. IDPH required counties to complete a rigorous county assessment process, during which county data from multiple sources were examined and input from their local prevention coalition and other stakeholders in their community was sought.

Another restriction of funding from IDPH was that counties could not select strategies that were already being implemented locally. In other words, SPF Rx funding could not be overlapped to support a program already being implemented in the county. This was done to prevent services and efforts being duplicated and also provide greater control over the evaluation in that any outside programming efforts would not be factored into SPF Rx's outcomes.

After completing and receiving approval from IDPH on their Strategic Plans, counties were allowed to begin implementing their strategies. Counties were provided with a resource guide and training from IDPH on how to implement the strategies. Counties were officially approved by IDPH to begin strategy implementation on January 1, 2019. This allowed counties about 32 months to implement strategies under the SPF Rx grant until its end in August 31, 2021.

IDPH approved another prevention strategy known as the IDPH Resource Information Dissemination Campaign. This informational strategy was intended to develop presentations and distribute educational materials on the misuse of prescription drugs, prescription drug storage practices, resources on YourLifeIowa.org, and the Good Samaritan Law. All three counties decided to utilize this this strategy in place of one of the strategies they originally selected. Polk County was approved to replace SBIRT on March 11, 2020 due to the passage of Senate File 2261, which statutorily required universal screenings for students in public schools across the state. Scott County was approved to replace SBIRT on March 11, 2020, for the same reason, as well as having problems implementing the program and schools not being willing to move forward. Jasper County was later approved to replace Strengthening Families on November 17, 2020 after having difficulty getting participants for the program, with the COVID-19 pandemic being a major contributing factor.

The table below provides the number of counties implementing each strategy at the beginning of implementation in January 2019, and also at the end of the project in September 2021.

Table 1: Number of Counties Implementing each Strategy at Project Start and End

SPF Rx Strategy Implemented	Start of Project (2019): Number of Counties	End of Project (2021): Number of Counties
Individual Strategies		
Life Skills Training Program	1	1
Strengthening Families Program 10-14	1	0
Environmental Strategies		
Drug Recognition Expert Training (DRE)*	0	0
Generation Rx	2	2
Screening, Brief Intervention and Referral to Treatment (SBIRT)	2	0
Multicomponent Strategies		

Project Lazarus*	0	0
Promoting School-Community-University Partnerships to Enhance Resilience (PROSPER) *	0	0
Informational Strategies		
IDPH Resource Information Dissemination Campaign	0	3
IDPH Media Campaign: *"Prescription Drugs are Still Drugs"* **(Required)**	3	3
Prevention Prescriber/Patient Education—CDC Guideline for Prescribing Opioids for Chronic Pain and SAMHSA Opioid Overdose Prevention Toolkit (**Required)**	3	3

By the end of the grant, all three counties were implementing the IDPH Resource Information Dissemination Campaign. Two counties were implementing Generation Rx, and one county was implementing Life Skills.

IDPH's prescription drug media campaign, "Prescription Drugs are Still Drugs" and the Prescriber/Patient Education strategy to distribute CDC Guidelines and SAMHSA Toolkits were implemented in all 3 counties, as required per the grant.

Please refer to Appendix A for strategy descriptions.

Adherence to Core Strategy Components

According to SAMHSA, fidelity is "the degree to which a program or practice is implemented as intended…. The greater the fidelity to the original program design, the more likely the program will be to reproduce positive results."[1] Fidelity is about ensuring the integrity of the process through which the program is being carried out.

IDPH required funded counties to adhere to the core components of all strategies during implementation. Counties were required to ensure fidelity using checklists provided by IDPH. IDPH project staff held an implementation overview webinar with counties on September 18, 2018, to discuss adherence to core components and ensuring fidelity. The core components and fidelity checklists were provided in the "SPF Rx Evidence-Based Practice Selection Workbook and Implementation Guide," an IDPH document that provided detailed information and resources on the Council-approved strategies. The IDPH project team published a finalized version of the Implementation Guide on October 18, 2018.

Other Expectations of Counties

IDPH required the SPF Rx-funded counties to use local media to educate county residents about SPF Rx strategy progress, provide opportunities for involvement, and also disseminate general information to possibly increase community readiness around the SPF Rx priorities of preventing prescription drug misuse and reducing access. Local media efforts could include newspaper editorials, social media, press releases, participation in county events, such city council or community meetings, developing stories with reporters, and asking community members involved with or affected by the project to hold press conferences. All written media articles had to be reviewed and approved by IDPH prior to public distribution in the county.

[1] "A Guide to SAMHSA's Strategic Prevention Framework" (2016). Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

IDPH required documentation of any local policies created by the funded counties. All policies developed or strengthened through an SPF Rx strategy were required to be formally written, signed by the community or county leadership and then provided to the SPF Rx Project Director.

IDPH also encouraged SPF Rx-funded counties to discuss with local school personnel, their participation in IDPH's statewide Iowa Youth Survey. A "Talking-Point" guide was provided by IDPH as a resource for SPF Rx county staff. This included discussing ideas counties could use to help inform local school personnel about the survey and the benefits of local school district participation. The Iowa Youth Survey provides data on prescription drug consumption for SPF Rx.

Per the expectations set by SAMHSA, as part of the grant SPF Rx counties were required to collaborate with IDPH on youth suicide prevention efforts. Suicide prevention resources were offered to SPF Rx-funded counties. During the project, IDPH distributed resources, reports, and optional webinars on relevant suicide prevention topics. The IDPH Information Dissemination Campaign strategy, used by all three counties, specifically supported suicide prevention through its promotion of YourLifeIowa.org, an IDPH resource center for Iowans on suicide prevention among other issues (drugs, alcohol, mental health, gambling etc.). Counties were also expected to have representation on their local coalition for a behavioral and mental health representative, as well as collaborate with their local tobacco cessation representative(s).

IDPH specified other requirements in its departmental contracts with counties. The contracts described the annual IDPH performance measures counties were expected to meet for the project and any disincentives or incentives for not meeting performance measures; as well as the required grant work and services. Counties were expected to complete at least 90% of all their action steps (meeting short/long term outcomes) for their SPF Rx strategies in their FY2021 Action Plan. IDPH monitored these activities through counties' submission of quarterly progress reports to IDPH.

SPF Process

The Strategic Prevention Framework (SPF) was utilized by IDPH, SPF Rx counties, and their local coalitions to guide their prevention efforts throughout the project. This 5-step planning process with the two guiding principles of Sustainability and Cultural Competency is visually represented by the figure below.

Figure 8: SPF Model

The SPF defines a process of continual monitoring. The efforts should be grounded to meet local needs and engage the community in building capacity and working towards sustainability even after the project has ended. The steps of the SPF are:

(1) Assessment: Conduct an assessment to identify state and local needs.
(2) Capacity: Mobilize and build state and community support.
(3) Planning: Develop a state and community-level strategic plan for prevention.
(4) Implementation: Implement evidence-based prevention practices in the counties.
(5) Evaluation: Monitor and evaluate the implementation of the model and strategies.

Each of the five steps includes Sustainability being achieved for prevention efforts and Cultural Competence in providing appropriate services to any identified special populations in need in the community.

SPF Rx counties documented each step of the SPF process by submitting "project deliverables." IDPH project staff offered numerous online or in-person trainings for each SPF step and created workbooks which detailed the requirements for completing the required documentation for the steps. County documentation for each SPF step was subject to a rigorous review by the IDPH project staff. Counties were also required to submit updates to project deliverable documents throughout the project.

The counties, through their local coalitions, are expected to continue SPF Rx strategies in some capacity even after the grant ends. Counties planned for sustainability throughout the process and developed specific plans for their continued efforts in the Sustainability Plans they were required to submit to IDPH in the fifth year.

SAMHSA required grantees to adhere to the National Culturally and Linguistically Appropriate Services Standards (CLAS). CLAS is defined as "effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs."[2] The Request for Proposal (RFP) indicated that funded counties (sub recipients) would be required to adhere to CLAS standards, as well as consider the needs of tribes and military populations.

Iowa focused on several CLAS standards during the project. These included:

- Diverse health beliefs and practices: Ongoing cultural competency training and information provided to state advisory council members, SPF Rx Coordinators, and county coalition members.
- Preferred language: Interpreters and translated materials for non-English speaking program participants as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish.
- Health literacy: Programs, strategies, and related materials tailored to include limited English proficient individuals.

Counties received training from IDPH on providing culturally competent programming and also identified any disparate populations to specifically reach in their program plans. Translated materials and interpretation services were used as needed. Counties were also required to provide a training on

[2] "The National CLAS Standards." US Department of Health and Human Services Office of Minority Health. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

the CLAS Standards' connection to substance abuse prevention to the priority population of 12-25 year olds in their county.

Capacity Coaching

IDPH began utilizing a capacity coaching model in Iowa in 2011 as a cornerstone of the training and local capacity-building assistance provided to the 23 counties originally funded through the SPF-SIG grant. Eight prevention leaders from across the state were selected as SPF-SIG capacity coaches by IDPH through a Request for Proposal (RFP) process. Each coach worked with several counties, as assigned. IPFS continued the capacity coaching model for its 12 funded counties. However, only five capacity coaches worked during IPFS since there were fewer counties participating in IPFS than the original SPF-SIG grant. All five coaches for IPFS had previously worked as coaches for SPF-SIG.

There were a total of two capacity coaches for the SPF Rx grant. However, SPF Rx coaches were hired by the contracted county agencies instead of IDPH. This gave the counties more discretion in who they worked with. Polk County and Jasper County worked with the same coach, and Scott County had a separate coach. SPF Rx coordinators were expected to meet with monthly with their coaches by phone or in person for at least one hour.

Some of the specific roles and duties of capacity coaches were:

- Develop a relationship with the coordinator and be a support liaison as they work through the SPF model
- Provide support services that respond to county needs in the areas of cultural competency and sustainability
- Empower the county coordinators to work more effectively with county coalitions, county leaders, and populations of focus
- Support to counties in assessing their needs and resources and building capacity
- Work with counties to track their progress, identify barriers, brainstorm ways to move past challenges, explore opportunities, and celebrate county successes

SPF Rx Evaluation

Goals of Evaluation

According to the Centers for Disease Control, prescription opioids can be helpful in managing and treating pain. However, when misused, prescription drugs can potentially have huge consequences, with the most serious being death. Taking prescriptions for long periods of time or in higher doses than recommended can increase the risk of addiction, overdose, and death. [3]

The CDC recommends that providers discuss the risks and use alternative therapies as appropriate, or prescribe at lower doses for fewer days. In the US, opioid prescribing rates peaked in 2010 and have declined since 2012, suggesting that prescribers have become more cautious in their prescribing practices over the past decade. In 2017, the national prescribing rate was 58 opioid prescriptions for every 100 Americans. 17% of Americans had at least one opioid prescription filled, with an average of 3.4 prescriptions per patient. The average amount of opioid per prescription was 45.3 MME for an average of 18 days.[4] In 2019, 28% of all deaths involving overdose were related to prescription opioids. The national average was 38 deaths each day involving prescription opioid overdose.[5]

A meta-analysis report issued by SAMHSA[6] included an exhaustive literature review search yielding 42 peer-reviewed US-based studies that examined risk and protective factors for prescription/opioid drug misuse, dependence, overdose, or death. They categorized studies based on the type of factor(s) examined, including individual-level, relational-level, community-level, and societal-level. Most factors were identified at the individual-level, and more risk factors were studied than protective factors. The factors associated with prescription/opioid misuse, dependence, overdose, or death, were:

Risk Factors

- mental health problems (depression, anxiety, suicidal ideation, PTSD, history of mental health issue or psychiatric hospitalization),
- experiencing pain (physical condition, low pain tolerance, anxiety about having pain),
- physical health problems (recent hospitalization, frequent health care visits, limitations on daily activities, poor health, diagnosed with headaches, illness, veteran injury),
- genetic and physiological reactions (greater euphoric response, drug cravings, genetic predisposition),
- history of substance use or misuse (smoking, non-opioid substance use disorder, history of opioid abuse, non-oral ingestion of prescriptions, injecting other drugs, heavy alcohol use, early age of prescription drug misuse or initiation of substance use, lifetime marijuana or heroin use, recent alcohol or substance use),

[3] Center for Disease Control website. https://www.cdc.gov/drugoverdose/data/prescribing.html
[4] Center for Disease Control website. https://www.cdc.gov/drugoverdose/data/prescribing/prescribing-practices.html
[5] Center for Disease Control website. https://www.cdc.gov/drugoverdose/data/prescribing/overdose-death-maps.html
[6] "Preventing Prescription Drug Misuse: Understanding who is At Risk." (May 2016). SAMHSA's Center for the Application of Prevention Technologies. Preventing-Prescription-Drug-Misuse-Overview-Factors-Strategies_0.pdf (edc.org)

- behaviors (ever being incarcerated, history of pharmacy or doctor shopping, participation in organized sports, school delinquency),
- access to prescriptions (multiple prescriptions, larger dosage, higher supply, prescription for anxiety/depression, prescription of sedatives, tranquilizers, or hypnotics, high dosage of morphine, long prescription duration),
- decreased religiosity,
- perceptions (prescriptions are readily available, prescriptions are safe),
- homelessness,
- intimate partners (being divorced, having unprotected sex, being unmarried),
- parents and family (negative life events, parental approval of substance abuse, witnessing a family member overdose),
- lower household income,
- peer relationships (prescription misuse or substance use among peers, peer approval of substance abuse, being affiliated with a Greek organization, living with peers),
- social networks (alcohol or substance use among networks, having weaker social bonds, recent experience of discrimination),
- living arrangements (living in a rural or urban area, frequently moving),
- workplace (absence of random drug testing),
- past-year discriminatory events,
- societally influenced perception of minimized risk of substance use,
- lower social class during adolescence

Protective Factors

- good mental health - positive wellbeing,
- severe physical disability,
- access to prescriptions (long-acting opioid prescription, lower dosage, lower supply, being prescribed schedule III or IV opioids or stimulants),
- education (being a student, having a college degree, attending a prevention class, having a commitment to doing well in school),
- stronger perception of substance use risks,
- parents and family (parental disapproval of prescription drug misuse, stronger parental bonds),
- higher household income,
- presence of gay-straight alliance at school,
- community norms against use

Iowa's SPF Rx project seeks to minimize potentially harmful consequences by engaging in efforts to *prevent* prescription drug misuse through education and information dissemination strategies aimed at reducing overprescribing, minimizing social access, targeting individual risk factors, and engaging law enforcement. A primary goal of the project is to make the public, specifically 12-25 year olds, more informed of the dangers and healthcare providers more cautious about how they are prescribing opioids.

Initially, Iowa's decision to prioritize youth age 12-17 and young adults age 18-25, was based on the National Survey of Drug Use and Health (NSDUH) data for the state that suggested higher rates of non-medical use of prescription drugs among 18-25 year olds than the general adult population, and a desire

to educate and prevent the younger age group from engaging in such behavior. Since the 2016-2017 NSDUH, the percentages of pain reliever misuse among 12-17 year olds has slightly increased, 18-25 year olds has slightly decreased, and adults age 26 and over has slightly increased. The most recent NSDUH (2018-2019) reports pain reliever misuse is only 3.6% among 12-17 year olds, 5.7% among 18-25 year olds, and 3.9% among adults age 26 and over.

Another reason for prioritizing the 12-25 year olds in Iowa was concern about 11th graders in the state reporting easy access to prescription drugs and not perceiving it to be wrong to take drugs not prescribed to them. According to the 2018 Iowa Youth Survey, 17% of 11th graders reported no risk or only slight risk of harm in using a prescription differently than directed and 15% reported no risk/slight risk in using a medication prescribed for someone else. 37% of 11th graders responded that it would be easy or very easy to get a non-prescribed medicine in their neighborhood or community.

SPF Rx seeks to educate and change the norms at the community level to positively affect youth and young adults. This remainder of the report seeks to evaluate the SPF Rx grant project and document its outcomes. The findings could be used to help improve community capacity and develop more effective prevention campaigns, laws, or practices that more effectively prevent Iowa's youth and young adults from misusing prescriptions.

State-Level Evaluation

SAMHSA required grantees to submit a State Evaluation Plan. Iowa's plan was submitted to SAMSHA in December 2017, revised, and approved in January 2018. This document addressed both federal and state evaluation needs and plans. It outlined IDPH's evaluation goals, defined data measures, described the data collection process, and identified indicators for each strategy to be collected by the SPF Rx funded counties. It also identified available data sources for required reporting of National Outcome Measures (NOMs) and Annual Implementation Instrument (AII) for SAMHSA's federal SPF Rx evaluation.

A process evaluation was undertaken to assess SPF implementation and programming to determine if the strategies were delivered and sustained as designed. The specific goals of the process analysis were to examine:

1) Adherence to the SPF model throughout the process of implementation and program delivery
2) County implementation of a total of four strategies: two strategies approved by SPF Rx's Evidence-Based Practices Workgroup, the IDPH prescription drug prevention media campaign, and the CDC and SAMHSA information dissemination strategies.
3) Determination of whether counties reached the intended priority population of 12-25 year olds
4) Increased county capacity to carry out initiatives to reduce misuse and overdose of prescription drugs and opioids (through funding, policy, practice, training, or partnership)

The primary **process** evaluation questions to be answered are:

- How well was the Strategic Prevention Framework (SPF) process implemented at the state and county levels?
- Were capacity and infrastructure strengthened at the state and county levels?
- Did the state/counties implement the program as planned?

The outcomes evaluation sought to identify whether SPF Rx worked towards preventing or reducing misuse and overdose of prescription drugs and opioids among the target population of 12 to 25-year-

olds in the three grant-funded counties. It assessed whether the following specific goal of the SPF Rx program was met:

4. Decrease by 5% the number of 11th grade youth reporting misuse of prescription medications, using the 2016 Iowa Youth Survey as a baseline.

It also sought to examine medical providers' use of the Prescription Monitoring Program (PMP) and prescribing practices to determine if the following goals were met:

5. Promote the CDC Guideline for Prescribing Opioids for Chronic Pain within 80% of primary care clinics and among 80% of pre-professional programs across the state of Iowa.
6. Maximize the use of the Iowa Prescription Monitoring Program (PMP). Increase registration of controlled substance prescribers from 42% (2016 baseline) to 90% (2020 goal). Increase registration of pharmacists from 83% (2016 baseline) to 90% (2020 goal).

The primary **outcome** evaluation questions to be answered are:

- 1) Were the priority areas positively impacted by the strategies and the project as a whole?
- 2) Does SPF Rx help prevent or reduce misuse and overdose of prescription drugs and opioids?
- 3) Has use of the PMP increased among providers? Are opioids more likely to be prescribed appropriately?

County-Level Evaluation

IDPH required all funded counties to submit a SPF Rx County Evaluation Plan. A county evaluation training webinar was held on October 2, 2018, and a SPF Rx Evaluation Primer and Guide (workbook) was distributed to counties with information about the Evaluation step of the SPF, how to plan for an evaluation, and specific instructions on completing the County Evaluation Plan. Counties identified any local sources of data for strategy indicators and provided their plans for monitoring their progress and submitting data to IDPH on their activities and outcomes. Measures were tailored to each county based on the strategies implemented. Final approval of all County Evaluation Plans occurred March 6, 2019. After the initial approval, counties only updated their Evaluation Plan indicators for any strategies that changed during the grant.

Data Sources and Methodology

The state evaluation of the SPF Rx grant utilized data collected from multiple sources. Project feedback was obtained from online surveys of county staff and local capacity coaches. Program documents, including workbooks and trainings provided by IDPH and project deliverables completed by the counties, were used in the grant description and process analysis. State and county-level administrative (secondary) data sources were collected from state agencies to analyze youth and adult consumption and consequences, and provider use of the PMP and prescribing pattern trends over the course of the project as well as the numbers of youth and young adults in the target population potentially reached by SPF Rx strategies.

Online Surveys

SPF Rx County Coordinators, prevention supervisors, and local capacity coaches were invited to participate in an online survey at the end of the project. They were emailed a link to the survey, which

was created using Google Forms, in June 2021. Informed consent was provided in the survey link and survey participation was voluntary.

Respondents were asked a series of open-ended and fixed-response questions relevant to their specific roles on the project. County SPF Rx coordinators and prevention supervisors were asked for their opinions on the project's effectiveness and lessons learned and capacity coaches answered questions regarding their role as a capacity coach and resources they provided to coordinators.

A total of 7 online surveys were completed. Completed surveys were returned by all three SPF Rx coordinators, both of the SPF Rx prevention supervisors, and 1 (out of 2) of the capacity coaches.

Program Documents

Counties were required to thoroughly document each step of the SPF and all their activities for their strategies. The University of Kansas Community Check Box (CCB) system is a web-based documentation, measurement, and reporting tool intended to help practitioners document their work and communities to better understand and improve their efforts for change. Counties used this system to report to IDPH all activities throughout the project and indicators (outcomes) for state-level monitoring and evaluation. As the project progressed, and strategies or data changed, counties requested indicator changes be made in Community Check Box.

Announcements, resources, training recordings, and workbooks provided by IDPH to the counties were posted on the SPF Rx Rallyhood site, a free platform for groups and organizations to be able to communicate, host events, and share information. The state evaluator had full access to Rallyhood. Other documents submitted by the counties, including as their project deliverables and other required planning documents, were made accessible to the state evaluator by the SPF Rx Project Director. State-level documents included publically-available agendas and minutes for the state advisory council, which provides oversight for the project.

Administrative Data Sources

The Iowa Youth Survey (IYS) collects information from 6th, 8th, and 11th graders in participating school districts across the state. Its use in Iowa started in 1975, albeit with significant changes over time, and it is currently administered in schools every two years. Although not all school districts choose to participate, the majority do (students from 68.2% of Iowa's public school districts participated in the 2018 IYS). It is a comprehensive state survey of school-aged youth, covering a wide variety of topics. The 2014, 2016, and 2018 IYS information was obtained for the SPF Rx analysis on students' use of and perceptions about using a prescription drug that was not prescribed or was used differently than directed. The 2020 IYS was delayed due to the COVID-19 pandemic, so IYS results will not be available to report in the final year of the grant.

Aggregated counts of the number of youth and young adults who participated in the individual strategies was provided by the county SPF Rx Coordinators. Youth and young adults (aged 12-25) reached by environmental and informational prevention strategies was estimated using U.S Census data to reflect the total number in the target population who could *potentially* have indirectly or directly benefited.

The Epidemiologist for the IDPH Division of Behavioral Health provided numbers of emergency department visits related to opioids and heroin as well as opioid treatment admissions among youth and young adults age 12-25 over the time period from 2014 to 2020.

CJJP's Justice Data Warehouse (JDW) is a data repository that contains the Iowa Courts Information System (ICIS) charges and convictions database from Iowa's Judicial Branch. Adult court records were queried to identify the number of charges and convictions for prescription drugs under Iowa Code 155A for young adults from 2014 to 2020.

IDPH provided data on provider use of the PMP and opioid prescribing trends from 2014 to 2020, with authorization from the Iowa Board of Pharmacy and PMP Advisory Council which oversees collection of PMP data. According to the Iowa Board of Pharmacy, the PMP started March 29, 2009. Pharmacists and practitioners prescribing controlled substances are required to register. Iowa pharmacists are required to report all Schedule II, III, IV, and V controlled substances dispensed by the pharmacy.[7] Iowa law requires prescribing physicians to check the PMP when issuing a prescription for an "opioid."[8]

Data Limitations

Census data provided in the report was used to estimate each county's youth and young adults aged 12-25. An issue for evaluation is small counts (n) of youth and young adults in the priority population. One of the three SPF Rx-funded counties, Jasper, has a population of less than 50,000. IDPH redacts counts that are less than 5 to protect individuals' confidentiality, making some of the county-level data unreportable, such as opioid-related emergency department visits.

Another limitation is the lack of state public health information on prescription misuse among young adults ages 18-25. This age group is difficult to reach, being spread among workplaces and colleges across Iowa. IDPH is aware of the gap in state public health data for this age group and recently worked with one of Iowa's public colleges to try to pilot a survey of young adults; however this was a more exploratory attempt and has not yet been institutionalized. For the first time, the 2018 Behavioral Risk Factor Surveillance Survey (BRFSS), which is a federal survey that IDPH provides data for, included questions on adult misuse of prescription opioids. The BRFSS data provided in the analysis include only two years of data for 2018 and 2019 to assess the questions related to opioid use and misuse.

[7] "Prescription Monitoring Program." Iowa Board of Pharmacy. https://pharmacy.iowa.gov/prescription-monitoring-program

[8] "Prescription Monitoring Program for Prescribing Physicians FAQ's" (January 15, 2020). Iowa Board of Medicine. https://medicalboard.iowa.gov/document/prescription-monitoring-program-pmp-prescribing-physicians-faqs#:~:text=Iowa%20Code%20section%20124.551A%20requires%20a%20prescribing%20physician%20to,classified%20as%20a%20controlled%20substance

State Process

IDPH Project Staff

IDPH's project team consisted of a Project Director and Epidemiologist, who were employed by IDPH, and an Evaluator employed by CJJP. This team provided state-level project oversight and worked to meet SAMHSA's requirements during the five-year grant. The Project Director and Evaluator also attended the New Grantee Meeting held in Washington, DC during the first year of the grant, met with the federal Project Officer, and attended federal webinar trainings offered through SAMHSA's Center for the Application of Prevention Technologies (CAPT), SAMHSA's Program Evaluation for Prevention Contract (PEP-C), and SAMHSA's Performance Accountability and Report System (SPARS).

SPF Rx Project Director

The SPF Rx Project Director is a full-time employee of IDPH's Division of Behavioral Health, Bureau of Substance Abuse and previously served as the IPFS Project Coordinator and a SPF-SIG county coordinator. Her responsibilities for SPF Rx included supervising the implementation of prevention strategies across the funded sub-recipient counties, approving county plans, quarterly reports, and documents, ensuring that state processes of the SPF Rx grant were carried out, coordinating the technical assistance and training activities for the SPF Rx-funded counties, overseeing county activities and adherence to the SPF model, and sharing information about the project with the State Epidemiological Workgroup Prevention Partnerships Advisory Council (SEWPPAC). The Project Director has experience with the SPF process, working with coalitions, and engaging stakeholders as well as meeting projects goals and objectives.

Epidemiologist

An Epidemiologist employed full-time at the IDPH Division of Behavioral Health also contributed to SPF Rx throughout the project. His role was providing public health data for the county assessments that occurred early in the project and IDPH outcomes data for national performance measure reporting and the state evaluation. The Epidemiologist has a background in data analysis support for substance abuse and problem gambling prevention and treatment, and for the Disability, Injury and Violence Prevention program. He has a Doctorate (Ph.D) in Public Health and more than 15 years of experience in biomedical, evidence-based public health practice and research.

State Evaluator

Iowa Department of Human Rights' Division of Criminal and Juvenile Justice Planning (CJJP) was contracted in September 2016 to provide a part-time Evaluator to lead IDPH's data collection efforts and analysis for the SPF Rx grant. Her tasks during SPF Rx included evaluation guidance and assistance for counties, submitting the required state and county outcome measure data to SAMHSA, attending federal and state project-related trainings, participating on the SEWPPAC, and authoring the final state SPF Rx evaluation report. The Evaluator has a Master of Science (M.S.) in Sociology and has 10 years of experience in program and policy evaluation since starting at CJJP.

State Advisory Council

Background

The state advisory council began in 2009 as a federal requirement for a council to oversee the SPF-SIG grant (also known as the SPF-SIG Advisory Council). It eventually transitioned in 2015 to provide state oversight for the former IPFS grant (IPFS Advisory Council). In 2016, the council broadening its goals, operating procedures, and member recruitment to focus on using the SPF process to guide all prevention work and providing oversight to the SPF Rx grant. As a result of the shift in priorities, the council changed its name to Prevention Partnerships Advisory Council (PPAC). In 2019, the PPAC merged with the State Epidemiological Workgroup (SEW) and became known as SEWPPAC. Both groups shared a similar foundation in using the SPF as a model for statewide prevention and monitoring, although the SEW previously had focused more on collecting and analyzing data and conducting assessments, such as the statewide Epidemiological Profile.

The primary reasons cited by IDPH for combining the councils were having overlapping membership and wanting to reduce burdens associated with holding two meetings on the same day for members who served on both councils. It was intended to improve efficiency in sharing topics that would be of interest to both groups. This change also helped to broaden membership of PPAC, since its membership was historically smaller and efforts had been focused over the years on recruiting more members. The combined SEWPPAC's mission is to advise the Iowa Department of Public Health in improving the statewide substance misuse prevention system at the community and state levels.

Operating Procedures

SEWPPAC adheres to formalized Operating Procedures, a document which outlines its name, mission, and purpose. It also explains the council's goals, objectives, and deliverables; membership and responsibilities; and formation and dissolution. The SEWPPAC Operating Procedures are provided in Appendix B.

Membership

Council membership included state and county agencies from a variety of sectors, such as education, public and behavioral health, law enforcement and public safety, transportation, military, hospitals, and substance prevention. As of December 2020, there were 38 members of SEWPPAC. Among them, were *voting* members representing a wide range of state, county, and local entities and *non-voting* members including IDPH staff and people directly affiliated with SPF Rx, including the SAMHSA Project Officer and the SPF Rx Evaluator. Several positions were vacant, including a representative from the business community, faith community, Iowa Board of Certification, and parent.

Meetings

Council meetings were held quarterly on-location at the State Capital Complex. Meetings were open to the public, and for increased accessibility, there was a call-in option via Zoom web conference for council members who could not attend in person. Starting in March 2020, the meetings were held online *only* during the COVID-19 pandemic. The meetings were recorded. A list of all meetings held since the start of the SPF Rx grant through the end of the grant are provided in Appendix B.

The meetings were generally two hours in length. The content of the meetings was administrative in nature, such as the approval of meeting minutes, council operations, recruitment, next steps, IDPH plans, and grant updates. There were also opportunities for voting members to share updates and

resources, and occasionally grant-funded county staff and capacity coaches. Some of its members as well as other guest presenters were invited to give presentations at the meetings, with input solicited on what kinds of topics council members were interested in learning about. See Appendix B for a list of the special topics presented at PPAC and SEWPPAC meetings.

In addition to holding quarterly meetings, IDPH created a Rallyhood group for SEWPPAC to share information in 2019. Rallyhood is an online community collaboration platform. Council members were encouraged to use the site to learn about upcoming meetings and events; access agendas, minutes, and presentations; and post resources and announcements. This was intended to be a tool for collaboration and sharing of information among members and IDPH.

SPF Rx Training and Technical Assistance for Counties

Monthly Calls for SPF Rx Counties

Monthly hour-long SPF Rx County Coordinator Calls were scheduled throughout the five year grant period. All coordinators were encouraged to participate. Calls were coordinated and lead by IDPH's Project Director via Zoom. This was an opportunity for county coordinators to interact with each other about topics of interest, share their efforts, get advice and input from others, ask questions, and communicate with the Project Director. Other project staff, including the Evaluator, were invited to attend as needed and talk about topics relevant to what coordinators were working on or needed more information on.

Required Trainings for SPF Rx Counties

Numerous online webinars and in-person meetings were arranged by IDPH to train SPF Rx-funded counties during the grant. These trainings covered a broad range of topics, including the SPF process, CLAS Standards, media, prevention, strategy implementation, and evaluation. Some were led by IDPH staff or the SPF Rx project team, while others were led by guest presenters from SAMHSA's CAPT, University of Kansas, the Education Development Center (EDC), and strategy experts. Materials from the trainings, including recordings and PowerPoints, were posted to Rallyhood for county staff to access. A list of the *required* trainings is provided below:

- *SPF Rx Orientation,* Webinar (October 13, 2017)
- *CAPT SPF Online Class,* Webinar (October 13 and 15, 2017)
- *CAPT Go Get It Data Online Class,* Webinar (October 23-25, 2017)
- *CAPT Focus Group Online Class,* Webinar (October 25-27, 2017)
- *Community Assessment Workbook & Community Readiness,* Webinar (October 26, 2017)
- *CAPT Key Informant Interviews Online Class,* Webinar (October 30- November 1, 2017)
- *SAMHSA Annual Implementation Instrument (AII) Training,* Webinar (November 13, 2017)
- *SPF Rx Capacity Workbook,* Webinar (November 14, 2017)
- *Overdose Education and Naloxone Information Training of Trainers,* In-person (November 28, 2017)
- *Substance Abuse Prevention Specialist Training (SAPST),* In-person, Coordinators – required if not already taken (February 28, March 1, March 28, March 29, 2018)
- *Prevention SustainAbilities: Understanding the Basics,* Self-paced Webinar (March 12-23, 2018)
- *Prevention SustainAbilities: Planning for Success,* Self-paced Webinar (April 2-13, 2018)
- *Health Equity: Applications to Substance Misuse,* Webinar (July 6, 2018)

- *Training on the Community Check Box Evaluation System*, Webinar (July 9, 2018)
- *SPF Rx Planning Step Training,* Webinar, (July 9, 2018)
- *Using Data from an Evaluation System to Tell Your Story,* Webinar (August 7, 2018)
- *Community Check Box Online Reporting Feature,* Webinar (September 18, 2018)
- *SPF Rx Implementation Step Training,* Webinar (September 18, 2018)
- *SPF Rx Evaluation Step Training,* Webinar (October 2, 2018)
- *SPF Rx Long-Term and Short-Term Outcomes Guidance,* Webinar (January 25, 2019)
- *National CLAS Standards in Prevention*, Webinar (February 1, 2019)
- *Community Check Box Tools for Prevention,* Webinar (July 12, 2019)
- *Community Check Box Data Entry and Finalizing Reports,* Webinar (July 30, 2019)
- *Community Check Box Sustainability Graphing/Coding,* Webinar (August 3, 2020)
- *Community Check Box Building Leadership,* Webinar (October 15, 2020)

SPF Rx County Coordinators were required to attend the annual Governor's Conference on Substance Abuse, an in-person gathering in Des Moines. A total of six conferences were held during the SPF Rx grant in November 2016, April 2017, April 2018, April 2019, June-August 2020 (a virtual summer learning series replaced the conference due to the COVID-19 pandemic), and May 2021 (a three-day virtual conference was held due to the COVID-19 pandemic).

SPF Rx County Coordinators as well as one other person from the county (coalition member, SPF Rx supervisor, or prevention specialist) were also required to attend the National Prevention Network (NPN) Conference, held annually in different cities across the U.S. Each conference lasted about three days and had a theme around prevention and covered related topics of interest. There were five NPN Conferences during SPF Rx. Please note that the 2020 and the 2021 NPN Conferences were hosted virtually due to safety concerns about the COVID-19 pandemic:

- *Rooted in Tradition, Strengthened by Science, Evolving the Field of Prevention*, Annaheim, California (September 12-14, 2017)
- *A Revolution in Prevention: Understanding the Past, Informing the Future,* Boston, Massachusetts (August 28-30, 2018)
- *Building on Evidence-based Prevention to Connect Communities,* Chicago, Illinois (August 27-29, 2019)
- *Staying Connected, Staying Healthy: Virtual Prevention in Action,* Virtual Conference, (August 25-26, 2020)
- *Resilience In Prevention: Opportunities to Adapt and Build for a Stronger Tomorrow*, Virtual Conference, (August 24-26, 2021)

Optional Prevention Trainings

IDPH offered a monthly prevention webinar training series for any prevention contractor that was optional for SPF Rx Coordinators to attend. Prevention webinars were facilitated by one of the former IPFS Capacity Coaches, who served in the role of training and technical consultant at IDPH. The first prevention webinar was held October 20, 2017. Recordings of all the prevention webinars were posted to the YourLifeIowa.org site for SPF Rx County Coordinators to access even if they weren't able to participate.

A list of the topics discussed in all prevention training calls and webinars is provided below:

Prevention Webinars

- *Media Advocacy:* Leveraging media to boost community readiness, engagement, and action (October 2017)
- *Prevention Across the Lifespan: Young Adults Training:* Engaging young adults in the SPF process (December 2017)
- *Increasing Community Coalition Impact through Best Practice, Part I:* Meaningful engagement and increasing collaboration, ownership, and impact (January 2018)
- *Increasing Community Coalition Impact through Best Practice, Part 2:* Increasing coalition impact through shared responsibility (February 2018)
- *Leveraging Your Leadership: Utilizing Individual Management Styles To Get The Most from Your Staff, Coalition Members, and Volunteers* (March 2018)
- *Communication Skills to Affect Community Change:* effective meeting facilitation, action-oriented meetings, and empowering others (April 2018)
- *Communication Skills to Affect Community Change:* sharpening your communication skills, skills for approaching gate keepers and new partners (May 2018)
- *Bringing our Best to Prevention Efforts: Work Life Balance* (June 2018)
- *Using Health Equity Principles To Address Substance Misuse at the Community Level* (July 2018)
- Measuring Media Metrics & Low-Cost Implementation of a Media Campaign (August 2018)
- *Opioid Prevention Strategies:* Opioid crisis and Iowa Healthcare Collaborative's projects and tools (September 2018)
- *Iowa's Cannabidiol Program: Iowa's Medical Cannabidiol Act and IDPH's progress to implement the laws* (October 2018)
- *Identifying and Utilizing Data Sources in Iowa:* how to use data and publically-available data sources (November 2018)
- *Beyond ACES: Building Hope and Resilience:* Examine Iowa's ACES data and how it can lead to later health outcomes (December 2018)
- *National CLAS Standards in Prevention:* practical ideas for how to apply CLAS Standards to prevention work (February 2019)
- *Not Your Grandpa's Cigarette: 21st Century Nicotine Products, Cessation and Prevention Services in Iowa* (March 2019)
- *Alcohol Enforcement Strategies for Iowa Communities* (May 2019)
- *Utilizing Conflict Conversation to Strengthen Understanding and Collaboration* (June 2019)
- *Is the Juice Worth the Squeeze? Why You Should be Interested in Quality Improvement* (July 2019)
- *Essential Project Management Skills for Prevention Professionals* (August 2019)
- *Nailed It! Creating Trainings and Presentations with Lasting Impact* (September 2019)
- *Sustaining Change: Building Sustainability Throughout the SPF* (October 2019)
- *Gambling Attitudes and Behaviors in Iowa* (December 2019)
- *Local Boards of Health in Iowa: A Closer Look* (February 2020)
- *A Public Health Approach to Addressing Methamphetamine* (March 2020)
- *Suicide Prevention: Working Together* (April 2020)
- *Getting Started with Virtual Groups* (May 2020)
- *Emerging Trends in Alcohol Consumption, Innovation, and Regulation* (June 2020)

- *Engaging Coalition Meetings in the Virtual World* (July 2020)
- *Understanding, Using, and Leveraging Fidelity* (August 2020)
- *Capacity Building: Best Practice and New Ideas* (September 2020)
- *Beyond Posters and Press Releases: Leveraging Media in Prevention* (October 2020)
- *Engaging Diverse Populations in Prevention Work* (November 2020)
- *Building and Increasing Prevention Collaboration: Approaches and Tools* (December 2020)
- *Substance Misuse Prevention in COVID Times: Strategies for Getting Back to Basics* (February 2021)
- *Managing Stress & Building Resilience for Prevention Professionals* (March 2021)
- *The Intersection of Homelessness Prevention: Overview and Strategies for Prevention Professionals* (April 2021)
- *Introduction to CLAS Standards for Prevention Organizations and Community Partners* (May 2021)
- *Understanding the Iowa Prescription Monitoring Program for Prevention Professionals* (June 2021)
- *Iowa Alcoholic Beverages Division and Recent Alcohol Law Changes* (August 2021)
- *Communicating Prevention* (September 2021)

Other optional trainings were periodically announced on Rallyhood for SPF Rx County staff who were interested in attending. However, only some of these optional trainings could be funded through county SPF Rx grants. Various topics were hosted by agencies, including but not limited to:

- Center for Disease Control (on prescribing guidelines),
- IDPH trainings through other grants (IPFS grant Capacity Coach training; a regional training series for identifying opioid misuse; and State Youth Treatment Implementation Grant adolescent webinar series),
- Iowa State Extension Office (ISU PROSPER project; Approaches to Pain Management Symposium)
- Midwest Counterdrug Training Center (Prevention Ethics Training Webinar)
- SAMHSA (Suicide Prevention Resource Center; Center for Application of Prevention Technologies), and
- Technology of Participation (ToPs) (facilitative leader training).

SPF Rx Project Timeline and Milestones

SAMHSA's Center for Substance Abuse Prevention (CSAP) reserved the first year of the grant for planning purposes (September 1, 2016 to August 31, 2017). Iowa selected counties (sub recipients), created the "Prescription Drugs are Still Drugs" media campaign, and convened an Evidence Based Practices Workgroup to investigate potential prevention strategies by the end of the first year.

In Iowa, the county (sub recipient) preparation phase focused on the Assessment, Capacity and Planning steps and lasted for a little over one year (September 1, 2017 to January 1, 2019). Strategies selected by the Evidence-Based Practices Workgroup were approved by the SEWPPAC on April 13, 2018. Counties engaged in a lengthy planning process, including completing a county needs assessment, strategic plan, and evaluation plan during the second year and into the third year of the grant.

The implementation phase, during which time the counties carried out their strategies, occurred during the last three years of the grant (January 1, 2019 through August 31, 2021). Counties didn't began implementing prevention strategies until January 1, 2019. This SPF process contributed to the implementation delay. Using the SPF process allowed Iowa's grant-funded counties time to thoroughly plan, assess, and train before implementing any prevention strategies. The entire process was overseen by IDPH, and thoroughly documented along the way.

IDPH Workbooks

IDPH guided the counties in planning and implementation by creating workbooks that provided instructions, expectations, and deadlines for submitting project deliverables, and other resources for reference. The following workbooks were provided to counties:

- SPF Rx Grant Checklist and Orientation Process
- SPF Rx County Assessment Workbook
- SPF Rx Capacity Workbook
- Tri-Ethnic Community Readiness Process
- SPF Rx Evidence-Based Practice Selection Workbook and Implementation Guide
- SPF Rx County Strategic Plan Guidance
- SPF Rx Evaluation Primer and Guide
- SPF Rx County Sustainability Plan Template

County Project Deliverables

County SPF Rx staff worked with their local coalitions and other stakeholders to complete the required project deliverables. SPF Rx counties completed the following project deliverables by the deadlines:

- Capacity Workbook – February 15, 2018
- County Assessment Workbook (CAW) – April 27, 2018
- Tri-Ethnic Community Readiness Surveys, Beginning of grant – April 27, 2018
- Strategic Plan – September 28, 2018
    - Logic Model
    - Action Plan
- Evaluation Plan – November 30, 2018
- Sustainability Plan – January 29, 2021
- Tri-Ethnic Community Readiness Surveys, End of grant – June 1, 2021
- Performance Measures – Annually, each year of grant ending August 31, 2021

These documents were not only intended to help plan and guide work at the county-level, but they were also used to communicate counties' plans with IDPH. Counties submitted project deliverables to IDPH for feedback. Sometimes, multiple rounds of revisions over the course of several months occurred before being approved by IDPH. Counties updated project deliverables on an ongoing basis when new data became available or plans changed.

Other County Reports

Another IDPH requirement was the submission of SPF Rx Quarterly Progress Reports for its contractors, including SPF Rx-funded counties. These were completed in IowaGrants.gov, a state-level contract management system.

SPF Rx County Coordinators used the CCB system to report to IDPH for state-level monitoring and evaluation. They reported all strategy activities completed and indicator data (outcome measures) for each strategy. Activities were reviewed monthly by University of Kansas staff and the SPF Rx Project Director. Indicators were reviewed quarterly by the SPF Rx State Evaluator. Feedback was provided.

Counties were instructed to work with their local prevention coalitions to complete Fidelity Checklists. Fidelity Checklists were created by IDPH based on available strategy information and research and were provided in the SPF Rx Implementation Guide. Counties did not actually submit Fidelity Checklists to IDPH, although the core components from the Fidelity Checklists had to be included in their Action Plans and reporting on each strategy's fidelity process was required in the SPF Rx Quarterly Progress Reports.

SPF Rx County Coordinators completed SAMHSA's Annual Implementation Instrument (AII) survey, as required by the federal funders for monitoring purposes and the national cross-site evaluation. These surveys were submitted in the federal reporting system, the Program Evaluation for Prevention Contract Management Reporting Tool (PEP-C MRT). The AII collected data about sub recipient's (county) progress through the SPF, target populations, community capacity, and prevention interventions being implemented. It contained questions about obstacles counties faced during implementation of the SPF, characteristics of the prevention strategies, number of strategy activities completed, and collaborating partners. IDPH provided a guidance document to help counties answer the questions. AIIs were completed annually for the following reporting periods throughout the grant:

- 10/1/2016 to 9/30/2017 (grantee- IDPH only)
- 10/1/2017 to 9/30/2018
- 10/1/2018 to 9/30/2019
- 10/1/2019 to 9/30/2020

SPF Rx County Process

County-Level Project Staff

Each county received approximately $278,000.00 total during the grant. The county SPF Rx team consisted of a SPF Rx County Coordinator, a SPF Rx Prevention Supervisor, and a capacity coach, who were contracted by IDPH through the agency responsible for implementing the SPF Rx grant in the county.

The county coordinator was *at least* a half-time position (50% FTE) to coordinate project activities, oversee the implementation of the prevention strategies in the county, and collaborate with the county's coalition. A prevention supervisor could be funded at up to 5% of a current position to provide guidance and oversight of the county coordinator's work and to make sure project deliverables and requirements were submitted on time. Counties were required to select and subcontract a capacity coach to periodically assist with capacity building, the SPF process, and offer feedback and advice on project successes, barriers, and needs.

Polk County and Jasper County coordinators were 80% FTE and Scott County's coordinator was 50% FTE. Of the three counties, two SPF Rx coordinators served in their role since the beginning of the project (Polk and Scott). Jasper County had coordinator turnover midway through the project, but was able to quickly hire a new coordinator.

Local Coalition/Council

A requirement of the grant was that a local substance abuse prevention coalition or collaboration council be fully established by December 1, 2017, holding monthly meetings thereafter. Within the first two months, the local coordinators were required to provide an orientation of the SPF Rx project (by January 31, 2018). While coalition membership and participation could vary or change over time, IDPH required the following representation on the local coalition/council:

- Drug Free Communities Support Program grantee (if applicable)
- Public health
- Law enforcement
- Schools
- Civic and volunteer groups
- Youth
- Elected county and city officials (Board of Supervisors, city council representatives, mayors, etc.)
- Healthcare professionals (doctors, pharmacists, nurses, dentists, etc.)
- Military (active duty, veteran, County Veterans Affairs representative, etc.)
- Media
- Treatment provider
- Other substance abuse prevention grantees

Additional community representation mentioned by some counties in their strategic plans included first responders, organizations serving youth, juvenile court, child welfare workers, businesses, behavioral health, alternative activity providers, tobacco prevention, community members interested in the project, suicide prevention organizations, and faith-based/religious organizations.

The SPF Rx County Coordinators worked with their local coalition/collaboration councils through each step of the SPF process, including county assessment, planning, implementation, monitoring, and sustainability. They also were responsible for ensuring representation on the council and diversity of membership.

County Description and Planned Activities

This section provides the narratives that each of the three SPF Rx counties provided in their deliverables to describe their county. It also provides information about their selected strategies. Information was collected from a variety of sources, including project deliverables, documentation submitted to IDPH, Census population estimates, coalition website or Facebook pages, Iowa Youth Survey, a survey of SPF Rx staff, and other project documents. Other sources of information were County Assessment Workbooks, Community Check Box Accomplishments, and Tri-Ethnic Community Readiness Assessments, described in more detail below.

County Assessment Workbook

In 2018, SPF Rx counties completed the County Assessment Workbook (CAW), a comprehensive review of data to help counties identify their local needs. Data was gathered and analyzed from numerous sources, including:

- Census demographics,
- IDPH (e.g. licensed treatment providers, treatment admissions for heroin/other opioids, drug-related poisonings, and opioid-related emergency department visits and hospitalizations),
- Iowa Poison Control Center (calls about opioids/ heroin),
- Iowa Youth Survey (youth misuse of prescriptions, availability, and perceptions or risk),
- Behavioral Risk Factor Surveillance Survey (tobacco use, alcohol use, physical and mental health),
- County health rankings,
- Iowa Board of Pharmacy (PMP data- prescriptions dispensed and registered prescribers),
- Law enforcement (drug recognition experts, drug drop boxes),
- Iowa Courts (prescription drug-related offenders, charges, and convictions),
- Town halls conducted in communities, and
- Local interviews with key stakeholders.

This process was intended to help counties better understand the local context, intervening variables surrounding prescription misuse, and the extent of the problem to help identify appropriate SPF Rx strategies.

Community Check Box Accomplishments

Counties documented the activities they completed during project implementation in Community Check Box: Accomplishments. Codes were developed to describe the activities and are defined below:

- Community Change – A new or modified program, policy or practice in the county facilitated by the initiative and related to its mission. Also includes a delivered service, such as training, teaching, or other valued goods or activities. For many services, the first time the activity happens it is considered a community change.

- Community Action – Steps toward county changes, and action to bring about a specific new or modified program, policy, or practice in the county or system. For example, in order to pass a policy, you may have to meet with the County Attorney.
- Development Activity - Internal activities which build the capacity of the coalition/Collaboration Council and allow it to address its goals and objectives (e.g., staff training, focus groups, sustainability plan, etc.).
- Media - Coverage of the initiative or its accomplishments by the media. Only coded as Media if an event is specifically "branding" the coalition/council and the SPF Rx strategies.
- Resources Generated - Acquisition of financial, human and material resources internal to the coalition or Council.
- Other - Items for which no code or definitions have been created.

Tri-Ethnic Community Readiness Assessment

Another important source of information was the Tri-Ethnic Readiness Assessments, which counties completed during the county assessment process (April 2018). All counties completed these again in the final year of SPF Rx (June 2021). This was an essential part of the SPF's county assessment process and also used to measure change in the county's readiness and capacity over time.

This assessment was created by the Tri-Ethnic Center for Prevention Research through Colorado State University, as a tool to assess the readiness of a community for change on an issue. The basic premise is that a community's level of readiness should be appropriately matched to an intervention in order to increase the chances of success.

The tool assesses six dimensions of community readiness: 1) knowledge about the issue; 2) community efforts; 3) community knowledge of efforts; 4) leadership; 5) community climate; and 6) resources for prevention efforts. Counties gathered information by interviewing key local informants and then had an independent reviewer(s) score the interviews. Based on the scores, a community was placed in one of the stages of community readiness. The table shows the rating scale for the Tri-Ethnic Community Readiness Assessment.

Table 2: Stages of Readiness from Tri-Ethnic Community Assessment

Stage of Readiness	**Description**
1. No Awareness	Issue not generally recognized by the community or leaders as problem.
2. Denial/Resistance	At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness	Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4. Pre-planning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused.
5. Preparation	Active leaders begin planning. Community offers modest supports.

6. Initiation	Enough information is available to justify efforts. Activities underway.
7. Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.
8. Confirmation/Expansion	Efforts are in place. Community members feel comfortable using services, and support expansions. Local data are regularly obtained.
9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new direction.

Jasper

Jasper County is located in central Iowa, just to the west of Iowa's largest metropolitan area, Des Moines. The county seat is Newton, which is known for its nationally recognized Iowa Speedway. The county is the home of the Neal Smith National Wildlife Refuge, a reconstructed prairie. Communities in the county were economically impacted by the closure of Maytag in 2007, but more recently wind energy companies have employed many people and stabilized the economy. The county is predominantly white. The 2019 Census American Community Survey estimated a population of 37,185, of which approximately 16.3% were aged 12-25. The population has shown a small increase in the last 10 years.

The county focused its efforts during SPF Rx to specifically address individual factors and law enforcement as top priorities. Through the county assessment process, the county identified poor mental health, stigma around getting help, low perceptions of the risk of harm in using prescriptions, and the idea that prescriptions make them feel better as contributing to youth misusing prescription drugs. They viewed law enforcement as an active prevention player, having a positive role in helping people access treatment or diversion programs, doing crisis response, and education. The 2016 Iowa Youth Survey reported that 7% of the county's eleventh graders used prescription drugs not prescribed by a doctor and 4% of eleventh graders used prescription drugs differently than directed.

At the beginning of the project, there was only a vague awareness of the problem in the county. People working on the issue or personally impacted were aware of the prescription drug efforts and issue of misuse, but there was not widespread knowledge or information among the public. Employee & Family Resources, Inc. was contracted by IDPH to carry out SPF Rx over the course of the 5 year grant period. The county's local coalition was the Jasper County Cares Coalition. The coalition was a merger of the Jasper County Mental Health Collaboration and the Jasper County Substance Abuse Coalition. The mission of the coalition is to strategically address the health, safety and well-being of all community members impacted by substance use and mental illness through community based programming, awareness and advocacy. The coalition is grant-funded and partners with organizations to deliver grants, including the Iowa Prevention Network (IPN) grant, Community Partner (CP) grant, and State Opioid Response (SOR) grant. The coalition currently has 520 followers on its Facebook page.

The county decided to specifically focus on females as a disparate population, due to the fact that the minority population in the county is very small and data indicated that more women were seeking treatment for opioids and more females on the Iowa Youth Survey reported misusing prescriptions. They implemented the following SPF Rx prevention strategies:

- **Required IDPH Media Campaign (1/1/2019 – 8/31/2021).** Jasper County planned to work with local establishments, media partners, and schools in the county to distribute campaign materials, using social media, radio ads, posters, billboards, and brochures in clinic waiting rooms and other places in the community frequented by youth and young adults. The goal was to reach 50% of youth and young adults (n=3,000) in the target population of 12-25 year olds.
- **Required Prescriber/Patient Education (1/1/2019 – 8/31/2021).** Jasper County planned to put together a packet of materials and work with the medical director at one of the major clinics and county health department to determine the best ways to distribute materials and educate healthcare providers. The county acknowledge that the strategy would be more difficult to implement due to having only weak connections with healthcare providers on the coalition due to their busy schedules. The coalition brainstormed ways to disseminate information, such as lunch sessions for prescribers, community roundtables with prescribers, and physician's clinic mailboxes. The goal was reaching 75 providers, of which 50% (n=35) would increase their knowledge of CDC prescribing guidelines, SAMHSA overdose toolkit materials, and how to utilize the PMP.
- **Life Skills Training (1/1/2019 – 8/31/2021).** This strategy was chosen by Jasper County for its structured lessons, strong reputation supported by research, ability to target individual and social factors that contribute to prescription misuse, support from schools, and good fit with the younger target population of youth ages 12-17. 8th graders at Newton's middle school were already receiving Life Skills in their health class, so the goal for SPF Rx was to eventually implement the program in high schools at all five school districts in the county. They would implement it in one school district and then expand it to others during SPF Rx. A School Resource Officer (SRO) would teach the program. The goal was 100 students enrolled, of which 70% (n=70) would increase or maintain their perceived ability to resist peer pressure.
- **Strengthening Families (1/1/2019 – 11/16/2020).** Jasper County selected this strategy and began teaching it, but ultimately changed to the IDPH Resource Information Dissemination strategy in November 2020 due to low participation, with the COVID-19 pandemic being a major contributing factor.
- **IDPH Resource Information Dissemination (11/17/2020 – 8/31/2021).** This strategy was approved to replace Strengthening Families. The county decided the IDPH Resource Information Dissemination strategy would be easier to implement and sustain, especially since trainings and presentations could be done virtually during the pandemic. The target population was 12-25 year olds, with the intent to offer presentations directly to that age group and provide trainings to those who interacted with them. The SPF Rx coordinator was responsible on training individuals to disseminate information on YourLifeIowa.org resources and the Good Samaritan Law. The goal was to reach at least 600 12-25 year olds in Jasper County.

Jasper County completed 474 activities from strategy implementation through July 31, 2021. Of those activities, 63.5% were development activities (n=301), 16.2% were media (n=77), 11.4% were community action (n=54), 7.0% were community change (n=33), 1.7% were resources generated (n=8), and 0.2% involved multiple types of activities (n=1). Of all the activities reported in Jasper County, 59% of the work was on youth misuse/overdose of prescription drugs and 41% was on prescription monitoring program and health provider prescribing practices.

The Jasper County Tri-Ethnic Readiness Assessment results showed an increase in the county's stage of readiness to address prescription misuse. At the beginning of SPF Rx, the county was at Stage 3, Vague Awareness. At the end, the county was at Stage 4, Pre-planning. The county noted that it has seen an increase in the community being aware of the SPF Rx and coalition, however its efforts were dampened by the COVID-19 pandemic due to virtual formats negatively impacting programming and community awareness and staff turnover occurring within the coalition.

Of the SPF Rx strategies implemented in Jasper County, three strategies were to be sustained after the project ended: Life Skills, IDPH Resource Information Dissemination, and Media Campaign. The police department secured the funds for training additional facilitators (State Resource Officers), if needed, and purchasing program materials to continue Life Skills. YourLifeIowa.org educational materials and awareness was supported by the coalition and expected to be promoted through another grant, the Iowa Prevention Network (IPN). The coalition partnered with local radio stations to continue playing prevention ads free of charge, including Prescription Drugs are Still Drugs. Of the strategies being discontinued, Prescriber/Patient Education was a challenge because it did not have adequate support during implementation.

Polk

Polk County is located in central Iowa and is the home of the city of Des Moines, Iowa's most populous city and the state capital. It is nationally known for being a major center for the insurance industry and politically, is important in that it is the first in the nation to hold caucuses. Forbes List voted Des Moines as the best city for young professionals to live and work in. There has been a steady population increase in the last 10 years. The 2019 Census American Community Survey estimated a population of 490,161, of which approximately 18.3% were aged 12-25. It is one of the most racially diverse counties in the state. The median income is higher in Polk County than in the state, however there are still many families struggling with financial hardships.

The county focused its efforts during SPF Rx to specifically address social availability and law enforcement as the top two priorities. Through the county assessment process, the county identified ease of access to prescription medication in homes, and friends and family being unaware of the dangers and the importance of keeping prescriptions in a safe place. Law enforcement in the county did not identify prescription drugs as a big concern and lacked capacity and coordination to address the issue. Officers were often pulled in many different directions during shifts, didn't all have the same level of knowledge about illicit drugs, and were somewhat disconnected from other sectors in the community. The 2016 Iowa Youth Survey reported that 5% of the county's eleventh graders used prescription drugs not prescribed by a doctor and 4% of eleventh graders used prescription drugs differently than directed.

At the beginning of the project, there was lack of knowledge and awareness among community members about prescription misuse being a problem in the community. Interviews with youth in the target population indicated that they were abusing prescriptions including ADHD medication, opioids and benzodiazepines in order to party. Employee & Family Resources, Inc. was contracted by IDPH to carry out SPF Rx over the course of the 5 year grant period. The county's local coalition was the Polk County Wellness Coalition (PCWC), which recently merged with the Central Iowa Communities in Action (CICIA) coalition. The coalition formed in 2018 to connect people across sectors to increase the overall wellness of Polk County residents. Its mission is to connect prevention, education, criminal justice, and recovery that supports a healthy community. Other grants the coalition is currently involved with

include the Iowa Prevention Network (IPN) grant, Strategic Initiatives to Prevent Drug Overdoses (SIPDO) grant, and State Opioid Response (SOR) grant. The PCWC currently has 138 followers on its Facebook page.

The county decided to specifically focus on males as a disparate population in addressing prescription misuse. The county implemented the following SPF Rx prevention strategies.

- **Required IDPH Media Campaign (1/1/2019 – 8/31/2021).** Polk County planned to reach youth and young adults in the county by distributing campaign materials, using social media, radio ads, billboards, posters, information in schools, and newsletters. The coalition would provide assistance to the coordinator in distributing materials. The goal was to reach 50% (n=35,000) in the target population of 12-25 year olds.
- **Required Prescriber/Patient Education (1/1/2019 – 8/31/2021).** All members of the coalition were expected to be trained on the strategy. The county planned to put together an information packet to directly distribute the CDC guidelines and SAMHSA Overdose Prevention Toolkits to clinics and offer additional information sessions to health care providers. They also wanted to educate county residents about overdoses/toolkits at town hall meetings. Polk County planned to reach 25% of the major health care clinics in the county, or 719 prescribers, and 100 residents. 50% of surveyed providers and 70% of residents at the town hall meetings would increase their knowledge about CDC guideline and prescription misuse, respectively.
- **Generation Rx (1/1/2019 – 8/31/2021).** This strategy was chosen by Polk County to address individual factors, including youth's perceptions that prescriptions are not harmful. Furthermore, the program was thought to be easy to implement within the places people frequent in their daily routines and could also reach many residents in the county, to build awareness in the general population in addition to the 12-25 target population. One-time sessions were planned to be taught by at least three trained facilitators at middle and high schools, colleges, after school programs, workplaces, community events, coalitions, and other events attended by youth and young adults. The goal was to train 2,000 residents, with a focus on training youth and young adults, of which 70% would maintain or increase their perceptions of harm associated with misusing prescriptions.
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT) (1/1/2019 – 3/11/2020).** Polk County selected this strategy because it was a good fit to address youth's low perceptions of harm, but eventually replaced it with the IDPH Resource Information Dissemination strategy due to Senate File 2261, which proposed statutory universal screenings for students in public schools across the state. The county wanted to avoid duplication of services and use program funding for another strategy to spread awareness of the dangers of prescription misuse.
- **IDPH Resource Information Dissemination (3/20/2020 – 8/31/2021).** This strategy was approved to replace SBIRT. Polk County decided the IDPH Resource Information Dissemination strategy would be a good way to educate and provide resources to a large amount of the target population, as information could be distributed at many schools in the county. The coordinator planned to train individuals, who would help distribute the campaign, on YourLifeIowa.org resources and the Good Samaritan Law. Information would be distributed through in person presentations and various media, including radio, billboards, posters, brochures, and newsletters. The goal was to reach at least 50% of 12-25 year olds (n=35,000) in Polk County.

Polk County completed 502 activities from strategy implementation through July 31, 2021. Of those activities, 61.6% were development activities (n=309), 24.7% were community change (n=124), 8.6% were media (n=43), 2.8% were community action (n=14), 1.2% were other (n=6), 0.6% were resources generated (n=3), and 0.6% involved multiple types of activities (n=3). Of all the activities reported in Polk County, 84% of the work was on youth misuse/overdose of prescription drugs and 16% was on prescription monitoring program and health provider prescribing practices.

The Polk County Tri-Ethnic Readiness Assessment results showed an increase in the county's stage of readiness to address prescription misuse. At the beginning of SPF Rx, the county was at Stage 2, Denial/Resistance. At the end, the county was at Stage 4, Pre-planning. The county noted that it has seen an increase community awareness, which they attributed to the effort of the coalition, community partners, and other current grants in the county that focus on opioid/prescription misuse prevention.

Of the SPF Rx strategies implemented in Polk County, the county anticipated that only one strategy would be sustained after the project ended: IDPH Resource Information Dissemination. The strategy reached its goals and had positive feedback from the community. Also, there was minimal to no cost to continue distributing it, through partnerships with other grants and in-kind donations. The county indicated that the KCOB radio station in Newton (Jasper County), which reaches Polk County as well, would continue to play YourLifeIowa.org commercials for free. The Iowa Prevention Network grant could also provide resources to distribute media materials.

Scott

Scott County is a metropolitan county located near the Mississippi River and part of the Quad Cities area (Davenport, Bettendorf, Rock Island, and Moline). It is located on Iowa's western border with Illinois. The county seat is Davenport. The city of Davenport contains a blend of both urban and rural communities and is regarded as an affordable place to live. Big employers in the area are the Rock Island Arsenal, which manufactures military equipment, and John Deere, an agricultural equipment manufacturing company. The 2017 Census American Community Survey estimated a county population of 172,943 of which approximately 17.5% were aged 12-25. It is also one of the more racially diverse counties in the state.

The county focused its efforts during SPF Rx to specifically address overprescribing and social availability as the top two priorities. Through the county assessment process, they found a high rate of prescriptions being dispensed. All sectors of the community indicated that prescriptions are easy to obtain. Overprescribing was a problem due to doctors basing prescriptions on patients' subjective perceptions of pain and some physicians not using the PMP due to lack of time. Another unique issue to the county was that drug use crossed the state border regularly. The 2016 Iowa Youth Survey reported that 6% of the county's eleventh graders used prescription drugs not prescribed by a doctor and 5% of eleventh graders used prescription drugs differently than directed.

At the beginning of the project, community members were aware that there was a problem with prescription misuse, but did not believe that they or their families were directly impacted. Law enforcement believed there was a need for change, however there was lack of free access to resources besides the jail for those needing help. Not enough funding and effort had been put forth to address the issue due to lack of community awareness of the problem. Center for Alcohol and Drug Services, Inc. (CADS) was contracted by IDPH to carry out SPF Rx over the course of the 5 year grant period. The county's local coalition was the Quad Cities Substance Abuse Prevention Coalition (QCSAPC), which

formed in the fall of 2017 to provide clinical, preventive, recovery information and education to various sectors of the community such as schools, law enforcement, substance use treatment, first responders, and the community at large. The QCSAPC's mission is to engage and strengthen the community by providing substance abuse education through collaborative partnerships. Other grants the coalition is currently involved with include the Iowa Prevention Network (IPN) grant and Strategic Initiatives to Prevent Drug Overdoses (SIPDO) grant. The QCSAPC currently has 115 followers on its Facebook page.

The county decided to specifically focus on Hispanics as a disparate population in addressing prescription misuse, because they had a larger increase in treatment admissions from 2013 to 2017 compared to other races/ethnicities. The county implemented the following SPF Rx prevention strategies.

- **Required IDPH Media Campaign (1/1/2019 – 8/31/2021).** Scott County planned to reach youth and young adults in the county by distributing campaign materials, using billboards, posters, targeted social media advertisements, TV and radio, and newsletters within the schools. 12-25 year olds provided input on the distribution methods, and the campaign was planned to take place throughout the year using an appropriate mix of media outlets. The goal was to reach 50% (n=25,000) in the target population of 12-25 year olds.
- **Required Prescriber/Patient Education (1/1/2019 – 8/31/2021).** Scott County planned to reach 50% (n=600) of prescribers. 60 providers would increase PMP utilization and 300 residents would increase their knowledge about SAMHSA toolkits. The SAMHSA Toolkits were planned be distributed by Community Healthcare and Substance Abuse agencies, along with providing toolkit information at local town hall meetings and electronically. CDC guidelines and information about the PMP would be distributed by QCSAPC members to physicians. The Prescription Monitoring Program (PMP) provided the CDC Guidelines for Prescribing Opioids for Chronic Pain to all registered prescribers within the county, along with an electronic survey for provider feedback.
- **Generation Rx (1/1/2019 – 8/31/2021).** This strategy was chosen by Scott County to address social access by delivering the "teen," "university," and "adult" presentations. A deciding factor when selecting the strategy was that the program is free and available online to help with sustainability long term. The coalition planned to ask its partners to help deliver the program's presentations and reach out to other youth organizations substance abuse agencies, pharmacists, nurses, and college students to facilitate and spread awareness of the program. Generation Rx was implemented in all Davenport Community School District's intermediate schools as a part of their health education, and was presented to other various youth, college, and adult groups. The goal was that 2,000 residents would attend the program presentation.
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT) (1/1/2019 – 3/11/2020).** Scott County selected this strategy because it could be used for youth in the schools and would be a valuable tool for school staff. The Coalition developed an action plan for SBIRT, but found that the strategy was not being supported by the school districts. Schools were apprehensive to implement the program due to lack of time and staff. It was replaced with the IDPH Resource Information Dissemination strategy.
- **IDPH Resource Information Dissemination (3/12/2020 – 8/31/2021).** This strategy was approved to replace SBIRT. There was a lack of awareness in the community that could be addressed by the strategy. The coalition determined that it would be a good way to educate

community members about safe medication practices and resources in support of QCSAPC's focus on education in its mission statement. Also, it required minimal resources and time for schools to implement, since it only required one-time presentations. The county planned to have presentation every quarter for students and school personnel (teachers, counselors, social workers, nurses, and administrators). Information would be disseminated using brochures and handouts, billboards, radio, and social media. The coalition also planned to try to partner with the Mississippi Bend Area Education Agency to host yearly presentations for guidance counselors and other educators. The goal was to reach at least 50% of 12-25 year olds (n=25,000) in Scott County.

Scott County completed 470 activities from strategy implementation through July 31, 2021. Of those activities, 55.7% were development activities (n=262), 32.6% were community changes (n=153), 7.2% were media (n=34), 4.3% were community action (n=20), and 0.2% involved multiple types of activities (n=1). Of all the activities reported in Scott County, 89% of the work was on youth misuse/overdose of prescription drugs and 11% was on prescription monitoring program and health provider prescribing practices.

The Scott County Tri-Ethnic Readiness Assessment results showed no change in the county's stage of readiness to address prescription misuse. At the beginning of SPF Rx, the county was at Stage 3, Vague Awareness. At the end, the county remained at Stage 3. The county noted that the majority of residents and leadership do not view opioid/heroin/prescription misuse as a high priority issue currently, and are focusing on other problems like violence and crimes. There is still lack of awareness among the community, although residents and leaders are supportive of the current prevention efforts.

Of the SPF Rx strategies implemented in Scott County, the county anticipated that two strategies would be sustained after the project ended: IDPH Resource Information Dissemination and Generation Rx. This was based on positive feedback from schools, mental health and substance abuse treatment, and youth organizations; the coalition believing that they would have the most impact long term; and being able to operate with little to no funding during the uncertain and unpredictable future of COVID-19. The county planned to promote YourLifeIowa.org through the CADS and QCSAPC Facebook pages and websites at least once a month. Generation Rx, YourLifeIowa.org, and Good Samaritan Law trainings and presentations were expected to continue through various community organizations. CADS and other grants (Big Brothers and Sisters Mentoring, IPN, and SIPDO) and would integrate the strategies into their future work plans. The coalition would ask community partners for in-kind support and resources, such as media promotion, a place to hold presentations, access to the internet, use of social media/websites, and facilitators to teach trainings, etc.

Process Analysis Survey Results

IDPH and county efforts for the process evaluation were assessed through qualitative data obtained from online surveys of county SPF Rx coordinators, county prevention supervisors, and capacity coaches. The survey forms are provided in Appendix C.

Survey questions were tailored for each role, with a combination of open- and close-ended questions. Rich information was gathered in the responses to the open-ended questions. They provided insight into factors contributing to successes and challenges, perceptions of the local outcomes and county and state impact, and the perceived effectiveness of IDPH in providing support and oversight. A summary of the key themes that emerged are shared in this section of the report.

Completed surveys were returned by all three SPF Rx coordinators, both of the prevention supervisors, and 1 (out of 2) capacity coaches. To ensure the confidentiality of survey participants, to the extent possible on a project involving a small number of participants, this analysis attempts to omit any details that could identify a specific individual or county.

The COVID-19 pandemic was a major barrier

- Some prevention programs couldn't be delivered in person.
- Services had to be moved to a virtual format. Some program participants were not interested or able to participate in a virtual format (e.g. schools, students, families).
- Restrictions were in place, policy changes (e.g. media) and closures (schools) occurred, and there were constant changes taking place throughout the year.
- SPF Rx staff and other partners couldn't meet in person.
- Less accessibility to people affected the ability to implement programming and disseminate materials.
- Some entities (e.g. public health departments and healthcare providers) shifted focus as other duties were prioritized, and it became more difficult to reach them.
- The pandemic reduced the amount of time the counties had to implement the strategies.
- Implementation of some strategies was very difficult (couldn't meet the outcomes, had to change strategies, etc.) and led to strategy change in some cases.

SPF Rx had a positive impact in the county

- When asked questions about changes in their counties during SPF Rx, all respondents affirmed that SPF Rx improved the availability of prescription prevention services and the use of CLAS standards.
- When asked questions about SPF Rx's impact on youth, respondents largely indicated the number of youth and special populations misusing prescriptions had decreased.
- SPF Rx helped build collaboration, awareness, and education in the county.

IDPH provided helpful support

- When asked questions about assistance and resources offered during SPF Rx, all respondents affirmed that the capacity coach was beneficial, they were satisfied by the level of assistance and guidance provided by IDPH, they got the resources needed or requested and the resources and feedback were prompt, trainings were helpful, the media campaign worked well, there was

enough funding to implement the strategies, and the deadlines for completing the IDPH deliverables were reasonable.
- One respondent specifically mentioned appreciating the IDPH project director overseeing the project.
- One respondent indicated feeling very supported by the IDPH team and being able to ask questions and voice concerns.

Having support and collaboration with key partners is vital to success

- Making connections with the right people is important for any goal.
- Some respondents provided specific examples of certain sectors that were engaged contributing to success (e.g. youth, law enforcement, etc.) and other sectors that were not as engaged presenting challenges for strategies (e.g. schools).

Some populations were more difficult to actively engage in some of the counties

- Regarding questions about whether SPF Rx improved awareness of the problems among the public, key stakeholders and healthcare providers in their county and engagement of the public, key stakeholders, and special populations in prevention work, some respondents indicated no change had occurred in their county during SPF Rx while others believed there was improvement.
- The special population was invited to coalition meetings but overall their participation was minimal.
- Problems reaching healthcare providers who mainly came from outside the county.
- Medical providers were busy with other issues, such as the pandemic.

Coalition needs presence in the county

- It is easier to implement programming when the community supports itself through its local coalition.
- It is necessary to carry out the SPF process to have a solid coalition of individuals at the county level who are interested in directly helping.
- Connect local individuals.
- Attending other coalitions for networking helps.

The coalition evolved over the course of the project

- Individuals coming together developed the skills necessary to work as a successful team.
- Initially, the coalition had limited involvement but by the end of the project had a core group of active members.
- Two councils were combined into one coalition by the end of the project.
- Community members worked together more than they have before.

SPF Rx was one project among other efforts to address opioid prevention

- All respondents indicated their county was involved with similar grants, including ones also awarded by IDPH.
- Two respondents indicated that SPF Rx was more comprehensive than other efforts or mentioned that the other grants differed in their target population.

Need for more coordination of other prevention grants/ community efforts

- One respondent indicated that due to the similarities of projects having the same goals, it would be nice to see funding streams brought together to enhance collaboration in the county.

The SPF process is important to ensure the efforts align with county needs

- The SPF allowed the coalition to take a deeper look at the broader community to identify what needed to be worked on and which strategies would best be aligned with those needs.
- County assessments were regarded as necessary to ensure that strategies aligned with needs.

Flexibility is important

- There were variables outside of "our" control and resilience and willingness to change direction was important.
- Flexibility enhanced progress of the strategies.
- Flexible programming that could be implemented both in-person or virtually increased access of the strategies to participants.

Need for more IDPH resources/content on media campaign

- One respondent thought that IDPH should have provided more education on media marketing and options across platforms. The respondent indicated that media campaigns look different when viewed on different platforms. It is helpful to have multiple sizes of media, including some that are able to be cropped to different sizes, as well as different lengths of videos (5, 30, and 60 seconds) that have strong content to capture an audience's attention within the first 5 seconds.

Desire for more time to implement the strategies

- Spent years assessing and planning for the project. The amount of time implementing the project was too short, especially with the unforeseen onset of the pandemic.

Sustainability should be considered early in the project and has enduring effects

- Sustainability is vital from the beginning of a grant.
- Starting to plan for sustainability earlier in the process after the first round of programming ended and outcomes were starting to be seen, would have helped.
- Sustainability of strategies was mentioned as a big accomplishment or having had the most effect on the county and youth.

Capacity coach role is to support, challenge, and sharpen thinking

- Helped coordinators understand the broader picture and how their project could have a countywide impact.
- Discussed with coordinators project implementation, challenges and successes, and how to engage partners.
- Integration of capacity coaching with supervisory role could have helped prevention supervisors to see the bigger picture to better support coordinators.

SPF Rx County Indicators: Environmental and Individual Strategy Results

Estimated Reach

The table below provides an overview of each SPF Rx-funded county's estimated total population and target population of 12-25 year olds. The US Census 2019 five-year American Community Survey (ACS) was used to estimate county population and the number of youth in the SPF Rx priority population (12-25 year olds) who could *potentially* have benefited from SPF Rx in each county.

Table 3: Total Population and Youth County Population Estimates

County	Total Population (2019 ACS estimate)	12-25 Year Old Population (2019 ACS estimate)	% of 12-25 year olds in County
Jasper	37,185	6,053	16.3%
Polk	490,161	89,512	18.3%
Scott	172,943	30,217	17.5%
Total SPF Rx	**700,289**	**125,782**	**18.0%**

The most populated SPF Rx county for the 12-25 year old priority population was Polk (n=89,512) followed by Scott (n=30,217). The least populated county was Jasper (n=6,053).

There were an estimated 125,782 youth aged 12-25 in the three SPF Rx-funded counties. The more populated counties also had higher percentages of 12-25 year olds among their county's total population, as urban areas in Iowa tend to have more youth and young adults. 18.3% of Polk County's total population was aged 12-25, 17.5% in Scott County, and 16.3% in Jasper County.

Number Served

The table below shows how many 12-25 year olds in the target population were served during the grant in each SPF Rx-funded county. The "disparate" population was a subset of youth and young adults that each county selected to focus prevention efforts on based on having higher risk of misusing opioids in the county.

Table 4: Numbers Directly Served among 12 to 25 year olds and in the Disparate Population, by County

County	# 12-25 Year Olds Directly Served	% of Total 12-25 Year Old Population Directly Served	Disparate Population	# Disparate Population Directly Served	% of Directly Served in the Disparate Population
Jasper	325	5.4%	Females	230	70.8%
Polk	5,640	6.3%	Males	2,900	51.4%
Scott	1,974	6.5%	Hispanic/Latino	456	23.1%
Total SPF Rx	**7,939**	**6.3%**	**Disparate**	**3,586**	**45.2%**

A total of 7,939 youth and young adults were directly served in the three funded counties. The number of 12-25 year olds directly served comprised about 6.3% of the total population of youth and young adults in the counties. There was a total of 3,586 youth and young adults directly served in the counties disparate populations, which comprised about 45% of the total number of 12-25 year olds directly served.

Indicator Highlights

Outcomes are highlighted for each county and strategy below. This information was gathered from county documentation of their indicators in CCB and is a summary of the ***results through July 31, 2021.***

Jasper

- IDPH Information Dissemination utilized nine media campaign sources, including YourLifeIowa.org video and ads, a video and post on the Good Samaritan Law, and radio ads. 597 business cards were distributed. There were three in-person and virtual presentations offered, and 11 participants from the county board of health attended.
- 221 students participated in Life Skills. Only 89 students completed the program. The COVID-19 pandemic prevented some students from being able to complete the program in the Spring of 2020. Of the students who completed the program, 79.8% reported an increase in knowledge (n=71) and 84.3% responded that they were able to resist peer pressure to misuse prescriptions (n=75) after taking the program.
- "Prescription Drugs are Still Drugs" Media Campaign was displayed on one billboard; three local radio stations, Spotify, Audiogo, and at baseball games (68,932 radio plays); one local TV station (n=101,021 impressions); the coalition's social media (n=38,853 views); and posters (n=144) and brochures (n= 625) distributed in the community and at schools.
- Prescriber and Patient Education reached 11 clinics. 50 SAMHSA Toolkit materials were distributed to the public at health fairs and information booths. 70 CDC Guideline materials were distributed. 61.5% of healthcare providers surveyed (n=24 out of 39) responded that their knowledge increased about the CDC Guidelines. Healthcare providers were reportedly more difficult to reach in 2021 due to the COVID-19 pandemic (vaccinations and Delta variant).

Polk

- In implementing Generation Rx, 52 presentations were given and 2,608 educational materials were distributed. 98.7% of youth surveyed (77 out of 78) who participated in the program in 2019 reported an increase in knowledge or awareness of non-medical use of prescription drugs. Participant surveys were not collected in 2020 or 2021 due to the COVID-19 pandemic.
- IDPH Information Dissemination utilized 20 media campaign sources. 270,368 educational materials were distributed. There were 87 presentations offered, and 2,001 participants attended.
- "Prescription Drugs are Still Drugs" Media Campaign was displayed on 16 billboards; brochures (n=1,173 distributed), posters (n=165 distributed), radio ads (n=1,055 aired), and the coalition's social media (802 visits).
- Prescriber and Patient Education reached 385 clinics. 216 SAMHSA Toolkit materials were distributed at the state fair and on social media. 3,327 CDC Guideline materials were distributed on the PMP database to all registered prescribers and to coalition members.

Scott

- In implementing Generation Rx, there were 83 trainings and 39 places where information was distributed. A training video was also posted on the coalition's You Tube account. 1,411 total people participated in Generation Rx.
    - 74.0% of participants surveyed (413 out of 558) reported an increase in knowledge about the dangers of misusing prescription medications after taking the program.
    - 75.1% (419 out of 558) agreed that misusing someone else's prescriptions may be harmful to their health post-program.
    - 82.1% (458 out of 558) responded that not following instructions could increase the likelihood of negative effects including dependency post-program.
    - 83.9% (468 out of 558) responded that taking more medication than prescribed is an example of medication misuse post-program.
    - 86.6% (483 out of 558) responded that sharing or taking someone else's medications is an example of medication misuse post-program.
- IDPH Information Dissemination utilized 10 media campaign sources. 620 "YourLifeIowa.org" educational materials were distributed. There were 38 presentations offered, and 603 participants attended. 88,554 commercials aired on digital video, including streaming services and YouTube. There were a total of 388,135 social media advertisements with 2,478 visits to the YourLifeIowa.org website.
- "Prescription Drugs are Still Drugs" Media Campaign was displayed on 10 billboards; brochures (n=1,652 distributed), posters (n=460 distributed), TV ads (n=1,366 aired), digital commercials on streaming services and YouTube (n=110,881), the coalition's social media (5,447 views) and the YourLifeIowa.org website (n=3,756 visits). There were a total of 614,449 social media ads shared.
- Prescriber and Patient Education reached 127 clinics. 688 SAMHSA Toolkit materials were distributed. 3,406 CDC Guideline materials were distributed.

State and County Outcomes

Who is Misusing Prescriptions?

There are two components in the definition of "prescription drug misuse:" taking prescriptions that were not prescribed by the person's doctor and taking medications, including those prescribed by a doctor or over-the-counter, differently than directed. The National Survey on Drug Use and Health (NSDUH) defines prescription misuse for four categories of prescription drugs (pain relievers, tranquilizers, stimulants, and sedatives) "in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor (NSDUH, 2018)."[9] IDPH more narrowly focused the SPF Rx project efforts to prescription opioids. The target population of SPF Rx was 12-25 year olds. Many of the SPF Rx strategies implemented focused on educating youth and young adults, community members, and the medical community.

The state's 2016 Epidemiological Profile indicates that prescription misuse has remained stable in Iowa since 2007. The Iowa Youth Survey has shown very small percentages of 6th, 8th, and 11th graders misusing prescriptions, which has remained stable over the years. In 2016, only 3% of youth in those grades reported using a prescription not prescribed by a doctor, and only 4% using a prescription differently than directed. Besides BRFSS, which is a federal survey that Iowa participates in, there is no current statewide survey administered by IDPH to measure consumption among the older group of underage adults. However, the 2016 National Survey on Drug Use and Health (NSDUH) found that the rate of prescription drug misuse among 18-25 year olds was lower in the state than nationally, with only 7% of Iowa's 18 to 25-year-olds reporting medication misuse compared to 8% nationally. From 2007 to 2016, the rates of 18 to 25 –year olds misusing prescriptions in Iowa have been very low and stable over time.[10]

While the extent of prescription misuse is perhaps isolated to a relatively small number of individuals in Iowa, some data suggests that the risks are high for those individuals. Iowa Department of Public Health reported that opioid pain relievers contributed to 60% of all drug overdose deaths in 2017. Also, deaths due to opioids increased 40% from 2014 to 2017. Deaths were highest among 25 to 44 -year olds.[11]

A study from Iowa State University, indicates that prescription overdose deaths tend to cluster in Iowa's rural counties, especially along the western and southern borders. The researchers found that different factors in Iowa's urban and rural areas contribute to opioid misuse. High opioid places are rural, white, economically disadvantaged, with high-injury industries, have poverty and low employment rates, lack adequate law enforcement, and have few civic and social organizations to deal with the drug problem.

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[9] 2018 National Survey on Drug Use and Health (NSDUH) Questionnaire: https://www.samhsa.gov/data/sites/default/files/NSDUHmrbCAISpecs2018.pdf

[10] 2018 State of Iowa Substance Use Epidemiological Profile. Iowa Department of Public Health, https://idph.iowa.gov/Portals/1/userfiles/133/2018%20State%20of%20Iowa%20Substance%20Use%20Epidemiological%20Profile_Iowa%20Department%20of%20Public%20Health.pdf

[11] "Iowa Substance Abuse Brief" (December 2018, Issue 7). Iowa Department of Public Health, https://idph.iowa.gov/Portals/1/userfiles/133/IASubAbuseBriefNewsletterDec2018_Final.pdf

However, rural opioid problems have not generated a widespread crime problem in those places.[12] People living in rural areas might be more vulnerable to self-medicate to relieve symptoms related to the stresses of rural life, such as economic struggles, losing jobs, and population. Furthermore, there are fewer treatment options in rural areas so doctors have more often relied on prescribing pain management medications for patients.[13]

Iowa's Prescription Monitoring Program

Iowa's Prescription Monitoring Program (PMP) is governed by Iowa law.

Iowa's Prescription Monitoring Program (Iowa Administrative Code 657, Chapter 37) *Please refer to Appendix D for more information.*

Purpose and scope. These rules establish a prescription monitoring program (PMP) that compiles a central database of reportable prescriptions dispensed to patients in Iowa. An authorized health care practitioner shall access PMP information when mandated by the practitioner's licensing authority regarding the practitioner's patient to assist in determining appropriate treatment options and to improve the quality of patient care. The PMP is intended to provide a practitioner with a resource for information regarding a patient's use of controlled substances and to serve as a tool to assess a prescriber's prescribing practices. This database will assist the practitioner in identifying any potential diversion, misuse, or abuse of controlled substances without impeding the appropriate medical use of controlled substances.

Iowa's Laws regarding Prescription Drug Use

The following Iowa laws are in place to address prescription misuse.

Naloxone Administration (Iowa Code 155A.46) *Please refer to Appendix D for more information.*

Statewide protocols.1.*a.* A pharmacist may, pursuant to statewide protocols developed by the board in consultation with the department of public health and consistent with subsection 2, order and administer the following to patients ages eighteen years and older: (1) Naloxone.

Universal Behavioral Health Screenings in Schools (Iowa Code 280A.2)

1. a. A school district, an accredited nonpublic school, or an area education agency may contract with a mental health professional or a nationally accredited behavioral health care organization to provide behavioral health screenings to students in person.

b. (1) A behavioral health screening may be conducted following provision of written consent by the student's parent or guardian for the student to participate in such screening.

[12] Peters, David; Miller, Peter; and Hochstetler, Andrew (January 2019). "Understanding the Opioid Crisis in Rural and Urban Iowa." Iowa State University, https://store.extension.iastate.edu/product/Understanding-the-Opioid-Crisis-in-Rural-and-Urban-Iowa

[13] Runyon, Luke. "Why is the Opioid Epidemic Hitting Rural America Particularly Hard? (January 3, 2017). Iowa Public Radio. http://iowapublicradio.org/post/why-opioid-epidemic-hitting-rural-america-particularly-hard#stream/0

(2) The consent shall also allow for the disclosure of the results of such screenings to the school district, accredited nonpublic school, or area education agency, if the mental health professional believes there is a credible threat to the health and safety of the student or others.

2. If a mental health professional conducts an initial behavioral health screening on the premises of a public school, an accredited nonpublic school, or an area education agency and determines that a student should be referred for additional behavioral health services, all of the following shall apply:

a. The mental health professional shall notify the parent or guardian of the student of the results of the screening.

b. The mental health professional may notify the student's primary care provider following provision of written consent by the student's parent or guardian. If a student does not have a primary care provider, the mental health professional may provide a listing of local primary care providers to the student's parent or guardian.

"Good Samaritan" Law (Iowa Code 124.418) *Please refer to Appendix D for more information.*

Persons seeking medical assistance for drug-related overdose.

1. As used in this section, unless the context otherwise requires:

a. "Drug-related overdose" means a condition of a person for which each of the following is true:

(1) The person is in need of medical assistance.

(2) The person displays symptoms including but not limited to extreme physical illness, pinpoint pupils, decreased level of consciousness including coma, or respiratory depression.

(3) The person's condition is the result of, or a prudent layperson would reasonably believe such condition to be the result of, the consumption or use of a controlled substance.

b. "Overdose patient" means a person who is, or would reasonably be perceived to be, suffering a drug-related overdose and who has not previously received immunity under this section.

c. "Overdose reporter" means a person who seeks medical assistance for an overdose patient and who has not previously received immunity under this section.

d. "Protected information" means information or evidence collected or derived as a result of any of the following:

(1) An overdose patient's good-faith actions to seek medical assistance while experiencing a drug-related overdose.

(2) An overdose reporter's good-faith actions to seek medical assistance for an overdose patient experiencing a drug-related overdose if all of the following are true:

(a) The overdose patient is in need of medical assistance for an immediate health or safety concern.

(b) The overdose reporter is the first person to seek medical assistance for the overdose patient.

(c) The overdose reporter provides the overdose reporter's name and contact information to medical or law enforcement personnel.

(d) The overdose reporter remains on the scene until assistance arrives or is provided.

(e) The overdose reporter cooperates with medical and law enforcement personnel.

(f) Medical assistance was not sought during the execution of an arrest warrant, search warrant, or other lawful search.

2. Protected information shall not be considered to support probable cause and shall not be admissible as evidence against an overdose patient or overdose reporter for any of the following offenses:

a. Delivery of a controlled substance under section 124.401, subsection 1, if such delivery involved the sharing of the controlled substance without profit.

b. Possession of a controlled substance under section 124.401, subsection 5.

c. Violation of section 124.407.

d. Violation of section 124.414.

3. A person's pretrial release, probation, supervised release, or parole shall not be revoked based on protected information.

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.

Unlawful Possession of Prescription drug or device (Iowa Code 155A.21)

1. A person found in possession of a drug or device limited to dispensation by prescription, unless the drug or device was so lawfully dispensed, commits a serious misdemeanor.

2. Subsection 1 does not apply to a licensed pharmacy, licensed wholesaler, physician, veterinarian, dentist, podiatric physician, optometrist, advanced registered nurse practitioner, physician assistant, a nurse acting under the direction of a physician, or the board of pharmacy, its officers, agents, inspectors, and representatives, or to a common carrier, manufacturer's representative, or messenger when

transporting the drug or device in the same unbroken package in which the drug or device was delivered to that person for transportation

Trend Analysis

This section provides data to examine and compare state and county-level trends over time. Please note that data were not yet available to represent the final year of the project (2021). Aggregated data were gathered from various state agencies, including IDPH surveys (Iowa Youth Survey and Behavioral Risk Factor Surveillance Survey), IDPH administrative data (emergency department visits and treatment admissions), Iowa Courts (crime), and the Board of Pharmacy (Prescription Monitoring Program). Multiple indicators are provided to assess prescription consumption and consequences, prescribing patterns, and provider use of the PMP. Data are provided for the State of Iowa, the 3 SPF Rx counties, and 3 Comparison counties that were identified by IDPH as “high need” for service but that did not participate in SPF Rx. When available, multiple years of data were provided to assess any changes over time.

Please refer to Appendix E for additional data tables providing more detailed counts.

Consumption

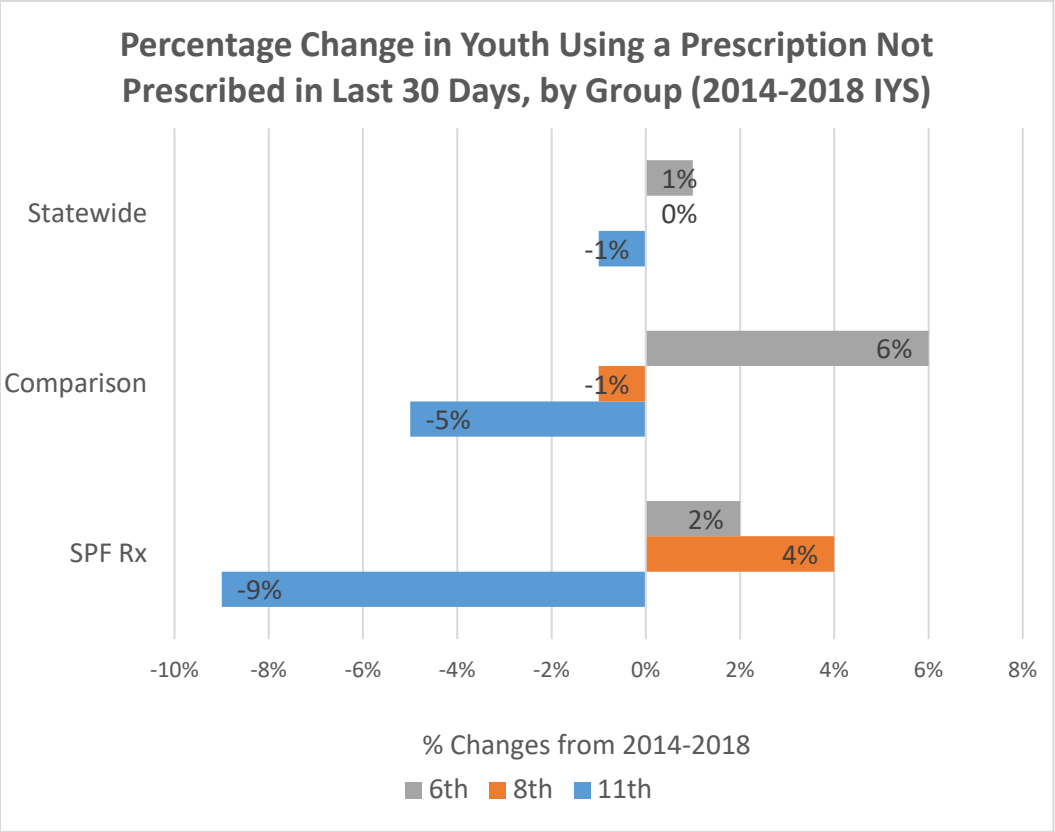
Past 30 Days, Youth Prescription Use- Not Prescribed

Youth reporting prescription misuse in the past 30 days from 2014 to 2018 compared the percentages of those who answered 'One or More Days' to the question: "In the past 30 days, on how many days have you used prescription medications that were not prescribed for you by your doctor?" (Source: Iowa Youth Survey)

Goal: % Decrease

For SPF Rx counties, youth using prescriptions not prescribed increased by 2% among 6th graders, increased by 4% among 8th graders, and decreased by 9% among 11th graders. In comparison, youth using prescriptions not prescribed for the comparison counties increased by 6% for 6th graders, decreased by 1% for 8th graders, and decreased by 5% for 11th graders. Statewide, youth using prescriptions not prescribed increased by 1% for 6th graders, remained the same for 8th graders, and decreased by 1% for 11th graders. Based on these results, SPF Rx counties had greater reductions in 11th grade prescription use- not prescribed compared to the comparison group and statewide totals.

Figure 9: Percentage Change in 6th, 8th, and 11th Graders from 2014-2018 Past 30 Prescription Use – Not Prescribed, by Group



The following table provides detailed state and county-level information for each grade, examining the percentages from 2014 to 2018 for prescription use- not prescribed.

Table 5: Last 30-Day Youth Prescription Use - Not Prescribed, by Grade, Year, and Group

6th Grade	Years			2014-2018	6th Grade	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	2%	2%	2%	0%	**Appanoose**	1%	0%	4%	3%
Polk	2%	3%	3%	1%	**Wapello**	3%	2%	4%	1%
Scott	2%	3%	3%	1%	**Woodbury**	2%	4%	4%	2%
8th Grade	Years			2014-2018	**8th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	1%	5%	2%	1%	**Appanoose**	2%	1%	1%	-1%
Polk	2%	3%	5%	3%	**Wapello**	4%	6%	6%	2%
Scott	3%	3%	3%	0%	**Woodbury**	4%	4%	2%	-2%
11th Grade	Years			2014-2018	**11th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	7%	7%	3%	-4%	**Appanoose**	7%	13%	9%	2%
Polk	6%	5%	4%	-2%	**Wapello**	9%	4%	5%	-4%
Scott	7%	6%	4%	-3%	**Woodbury**	7%	5%	4%	-3%

Statewide	Years			2014-2018
	2014	2016	2018	%change
6th	2%	3%	3%	1%
8th	3%	3%	3%	0%
11th	5%	5%	4%	-1%
Total	3%	3%	3%	0%

Past 30 Days, Youth Prescription Use- Differently than Directed

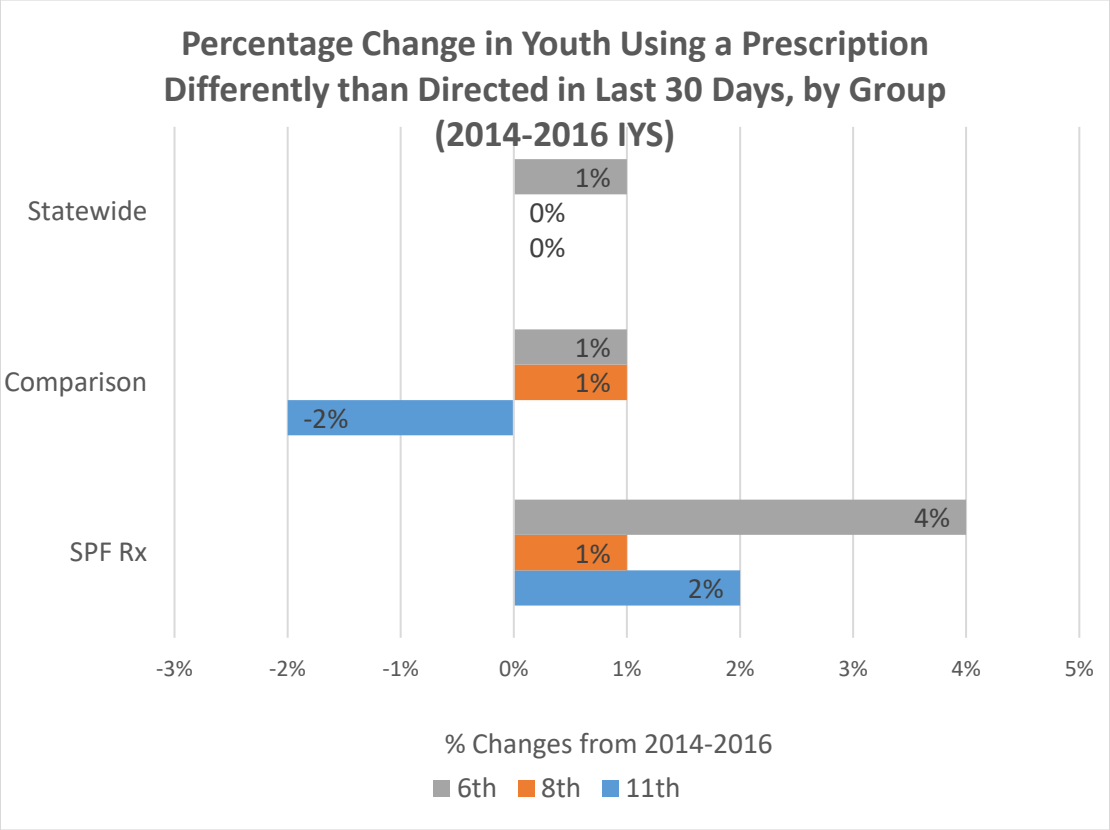
Youth reporting prescription misuse in the past 30 days from 2014 to 2016 compared the percentages of those who answered 'One or More Days' to the question: "In the past 30 days, on how many days have you used prescription medications (that were prescribed for you by your doctor) different from the directions?" (Source: Iowa Youth Survey).

2018 data were not available due to this question not being asked that year on the Iowa Youth Survey.

Goal: % Decrease

For SPF Rx counties, youth using prescriptions differently than directed increased by 4% among 6th graders, increased by 1% among 8th graders, and increased by 2% among 11th graders. In comparison, youth using prescriptions differently than directed for the comparison counties increased by 1% for 6th graders, increased by 1% for 8th graders, and decreased by 2% for 11th graders. Statewide, youth using prescriptions differently than directed increased by 1% for 6th graders, and remained the same for both 8th graders and 11th graders. Based on these results, SPF Rx counties fared worse for 6th and 11th grade prescription use – differently than directed compared to the comparison group and the statewide totals. However, please note that the changes reflected here are only from 2014 to 2016, since this question was not asked on the 2018 Iowa Youth Survey.

Figure 10: Percentage Change in 6th, 8th, and 11th Graders from 2014-2016 Past 30-Day Prescription Use - Differently than Directed, by Group



The following table provides detailed state and county-level information for each grade, examining the percentages from 2014 to 2016 for prescription use- differently than directed.

Table 6: Last 30-Day Youth Prescription Use - Differently than Directed, by Grade, Year, and Group

6th Grade	Years		2014-2016	6th Grade	Years		2014-2016
SPF Rx Counties	2014	2016	%change	**Comparison Counties**	2014	2016	%change
Jasper	5%	8%	3%	**Appanoose**	5%	3%	-2%
Polk	5%	7%	2%	**Wapello**	5%	8%	3%
Scott	5%	4%	-1%	**Woodbury**	7%	7%	0%
8th Grade	Years		2014-2016	**8th Grade**	Years		2014-2016
SPF Rx Counties	2014	2016	%change	**Comparison Counties**	2014	2016	%change
Jasper	3%	4%	1%	**Appanoose**	0%	1%	1%
Polk	3%	4%	1%	**Wapello**	4%	4%	0%
Scott	4%	3%	-1%	**Woodbury**	4%	4%	0%
11th Grade	Years		2014-2016	**11th Grade**	Years		2014-2016
SPF Rx Counties	2014	2016	%change	**Comparison Counties**	2014	2016	%change
Jasper	3%	4%	1%	**Appanoose**	4%	5%	1%
Polk	3%	4%	1%	**Wapello**	7%	5%	-2%
Scott	5%	5%	0%	**Woodbury**	5%	4%	-1%

Statewide	Years		2014-2016
	2014	2016	%change
6th	5%	6%	1%
8th	3%	3%	0%
11th	4%	4%	0%
Total	4%	4%	0%

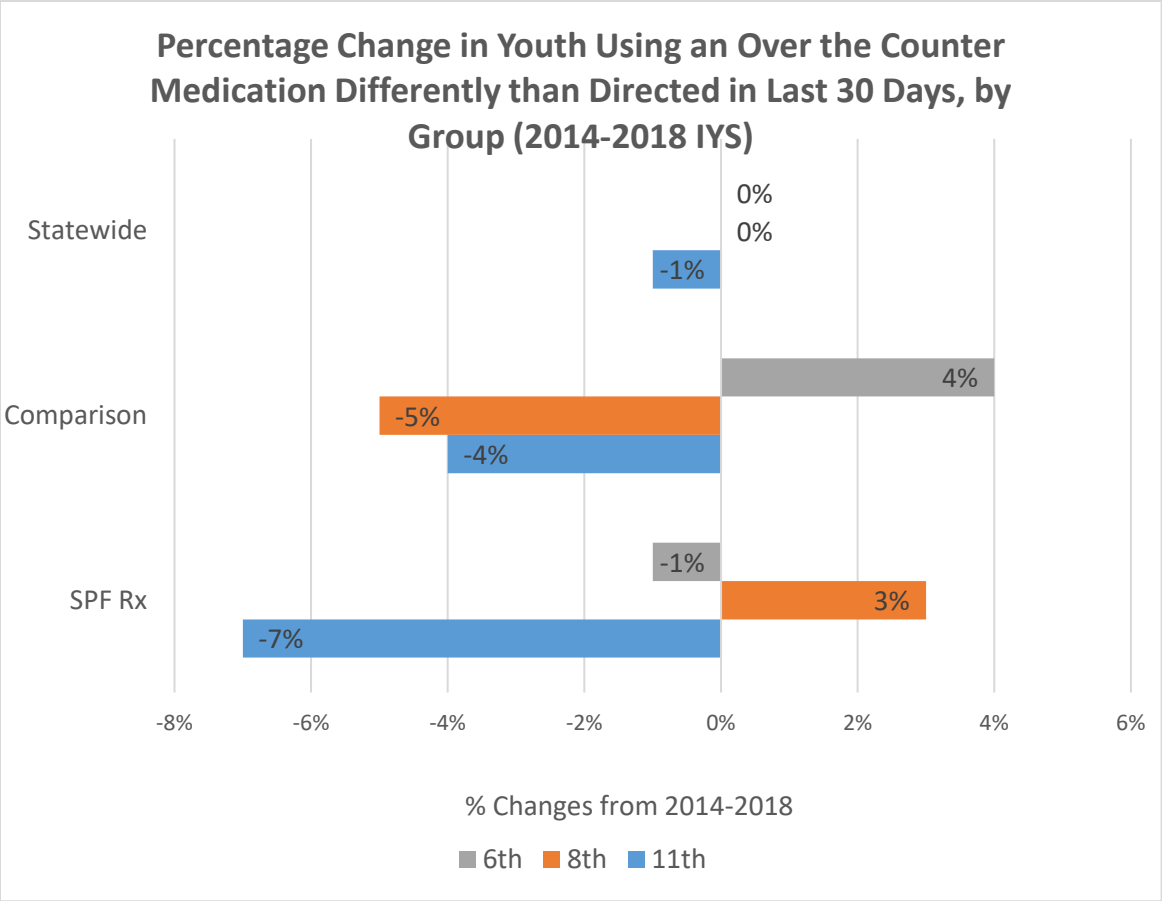
Past 30 Days, Youth Over the Counter Medication Use- Differently than Directed

Youth reporting over the counter medication misuse in the past 30 days from 2014 to 2018 compared the percentages of those who answered 'One or More Days' to the question: "In the past 30 days, on how many days have you used over the counter medications different from the directions?" (Source: Iowa Youth Survey).

Goal: % Decrease

For SPF Rx counties, youth using over the counter medication differently than directed decreased by 1% among 6th graders, increased by 3% among 8th graders, and decreased by 7% among 11th graders. In comparison, youth using over the counter medication differently than directed for the comparison counties increased by 4% for 6th graders, deceased by 5% for 8th graders, and decreased by 4% for 11th graders. Statewide, youth using over the counter medication differently than directed remained the same for 6th and 8th graders, and decreased by 1% for 11th graders. Based on these results, SPF Rx counties had greater reductions in 11th grade over the counter medication use- differently than directed compared to the comparison group and the statewide totals.

Figure 11: Percentage Change in 6th, 8th, and 11th Graders from 2014-2018 Past 30-Day Over the Counter Medication Use- Differently than Directed, by Group



The following table provides detailed state and county-level information for each grade, examining the percentages from 2014 to 2018 for over the counter medication use- differently than directed.

Table 7: Last 30-Day Youth Over the Counter Medication Use – Differently than Directed, by Grade, Year, and Group

6th Grade	Years			2014-2018	**6th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	2%	4%	1%	-1%	**Appanoose**	2%	0%	4%	2%
Polk	3%	3%	3%	0%	**Wapello**	1%	3%	2%	1%
Scott	2%	2%	2%	0%	**Woodbury**	3%	3%	4%	1%
8th Grade	Years			2014-2018	**8th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	2%	4%	3%	1%	**Appanoose**	6%	0%	1%	-5%
Polk	2%	3%	4%	2%	**Wapello**	3%	3%	5%	2%
Scott	3%	2%	3%	0%	**Woodbury**	4%	3%	2%	-2%
11th Grade	Years			2014-2018	**11th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	5%	6%	2%	-3%	**Appanoose**	5%	12%	6%	1%
Polk	6%	4%	4%	-2%	**Wapello**	7%	5%	3%	-4%
Scott	6%	5%	4%	-2%	**Woodbury**	5%	4%	4%	-1%

Statewide	Years			2014-2018
	2014	2016	2018	%change
6th	2%	3%	2%	0%
8th	3%	2%	3%	0%
11th	5%	4%	4%	-1%
Total	3%	3%	3%	0%

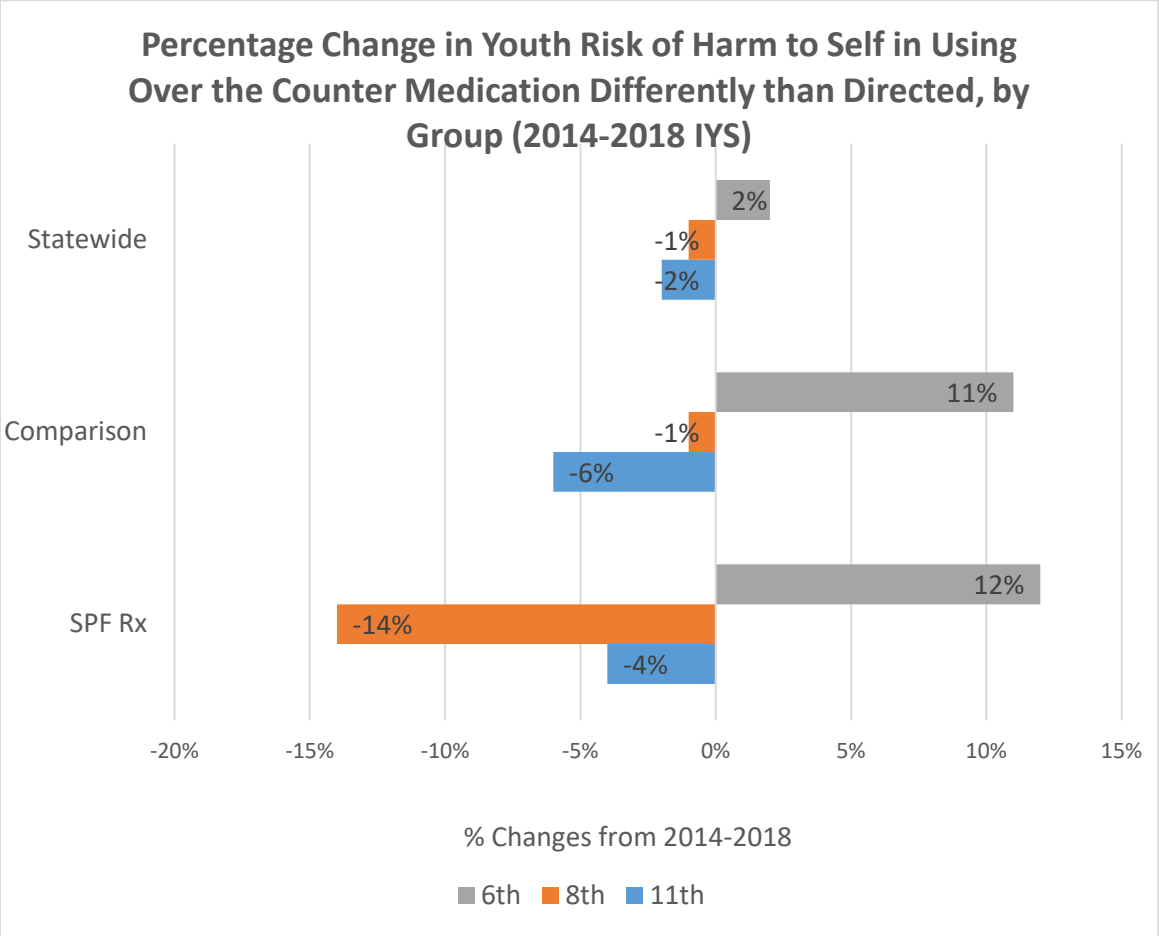
Youth Perception of Self-Harm, Using Over the Counter Medication Differently than Directed

Youth perceptions of self-harm caused by misusing over the counter medication from 2014 to 2018 compared the percentages of those who answered 'Great Risk and Moderate Risk' to the question: "How much do you think you risk harming yourself (physically or otherwise) if you use over the counter medications different from the directions?" (Source: Iowa Youth Survey)

Goal: % Increase

For SPF Rx counties, youth perception of harm to themselves from using over the counter medication differently than directed increased by 12% for 6th graders, decreased by 14% for 8th graders, and decreased by 4% for 11th graders. In comparison, youth perception of harm to themselves caused by using over the counter medication differently than directed for the comparison counties increased by 11% for 6th graders, decreased by 1% for 8th graders, and decreased by 6% for 11th graders. Statewide, youth perception of self-harm caused by using over the counter medication differently than directed increased by 2% for 6th graders, decreased by 1% for 8th graders, and decreased by 2% for 11th graders. Based on these results, SPF Rx counties had better outcomes in increasing perceptions of self-harm among 6th graders in using over the counter medication differently than directed compared to the comparison group and the statewide totals.

Figure 12: Percentage Change in 6th, 8th, and 11th Graders from 2014-2018 Perception of Self-Harm Caused by Using Over the Counter Medication - Differently than Directed, by Group



The following table provides detailed state and county-level information for each grade, examining the percentages from 2014 to 2018 for perceptions of self-harm in using over the counter medication differently than directed.

Table 8: Youth Perception of Self-Harm in Using Over the Counter Medication - Differently than Directed, by Grade, Year, and Group

6th Grade	Years			2014-2018	6th Grade	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	67%	69%	70%	3%	**Appanoose**	64%	73%	72%	8%
Polk	68%	59%	65%	-3%	**Wapello**	60%	64%	62%	2%
Scott	63%	68%	75%	12%	**Woodbury**	64%	58%	65%	1%
8th Grade	Years			2014-2018	**8th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	84%	71%	75%	-9%	**Appanoose**	82%	89%	83%	1%
Polk	77%	71%	71%	-6%	**Wapello**	76%	75%	71%	-5%
Scott	77%	79%	78%	1%	**Woodbury**	70%	74%	73%	3%
11th Grade	Years			2014-2018	**11th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	78%	76%	75%	-3%	**Appanoose**	77%	64%	72%	-5%
Polk	77%	72%	73%	-4%	**Wapello**	69%	75%	72%	3%
Scott	77%	75%	80%	3%	**Woodbury**	83%	77%	79%	-4%

Statewide	Years			2014-2018
	2014	2016	2018	%change
6th	66%	64%	68%	2%
8th	78%	77%	77%	-1%
11th	79%	76%	77%	-2%
Total	74%	72%	74%	0%

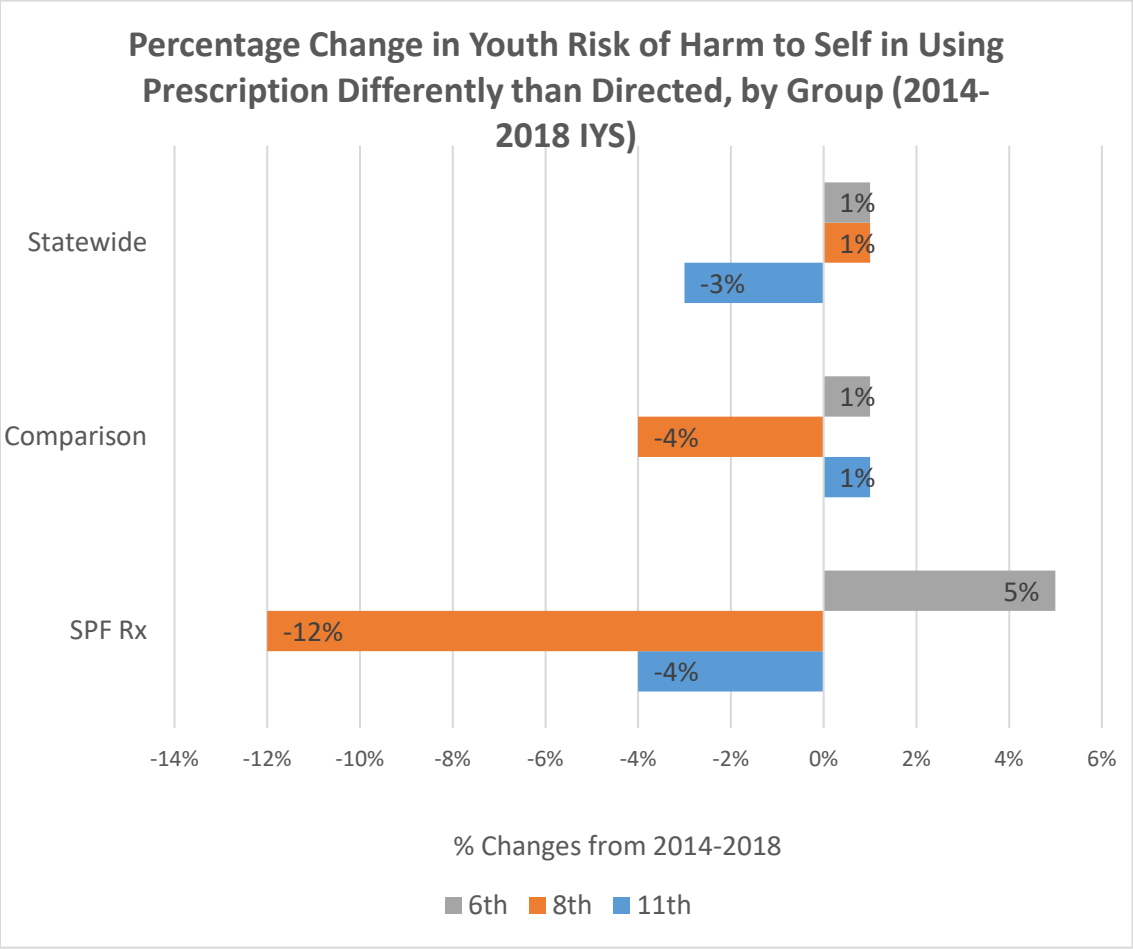
Youth Perception of Self-Harm, Using Prescriptions Differently than Directed

Youth perceptions of self-harm caused by misusing prescriptions from 2014 to 2018 compared the percentages of those who answered 'Great Risk and Moderate Risk' to the question: "How much do you think you risk harming yourself (physically or otherwise) if you use prescription medications (that were prescribed for you by your doctor) different from the directions?" (Source: Iowa Youth Survey)

Goal: % Increase

For SPF Rx counties, youth perception of harm to themselves from using prescriptions differently than directed increased by 5% for 6th graders, decreased by 12% for 8th graders, and decreased by 4% for 11th graders. In comparison, youth perception of harm to themselves caused by using prescriptions differently than directed for the comparison counties increased by 1% for 6th graders, decreased by 4% for 8th graders, and increased by 1% for 11th graders. Statewide, youth perception of self-harm caused by using prescriptions differently than directed increased by 1% for 6th graders, increased by 1% for 8th graders, and decreased by 3% for 11th graders. Based on these results, SPF Rx counties had better outcomes in increasing perceptions of self-harm among 6th graders in using prescriptions differently than directed compared to the comparison group and the statewide totals.

Figure 13: Percentage Change in 6th, 8th, and 11th Graders from 2014-2018 Perception of Self-Harm Caused by Using Prescriptions- Differently than Directed, by Group



The following table provides detailed state and county-level information for each grade, examining the percentages from 2014 to 2018 for perceptions of self-harm in using prescriptions differently than directed.

Table 9: Youth Perception of Self-Harm in Using Prescriptions - Differently than Directed, by Grade, Year, and Group

6th Grade	Years			2014-2018	6th Grade	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	64%	64%	65%	1%	**Appanoose**	62%	70%	64%	2%
Polk	65%	56%	60%	-5%	**Wapello**	57%	58%	56%	-1%
Scott	61%	63%	70%	9%	**Woodbury**	60%	56%	60%	0%
8th Grade	Years			2014-2018	**8th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	83%	69%	77%	-6%	**Appanoose**	82%	89%	80%	-2%
Polk	75%	69%	69%	-6%	**Wapello**	73%	72%	70%	-3%
Scott	76%	78%	76%	0%	**Woodbury**	70%	70%	71%	1%
11th Grade	Years			2014-2018	**11th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	80%	76%	78%	-2%	**Appanoose**	75%	65%	75%	0%
Polk	77%	72%	71%	-6%	**Wapello**	67%	77%	71%	4%
Scott	76%	75%	80%	4%	**Woodbury**	84%	77%	79%	-5%

Statewide	Years			2014-2018
	2014	2016	2018	%change
6th	63%	61%	64%	1%
8th	75%	76%	76%	1%
11th	80%	76%	77%	-3%
Total	73%	71%	72%	-1%

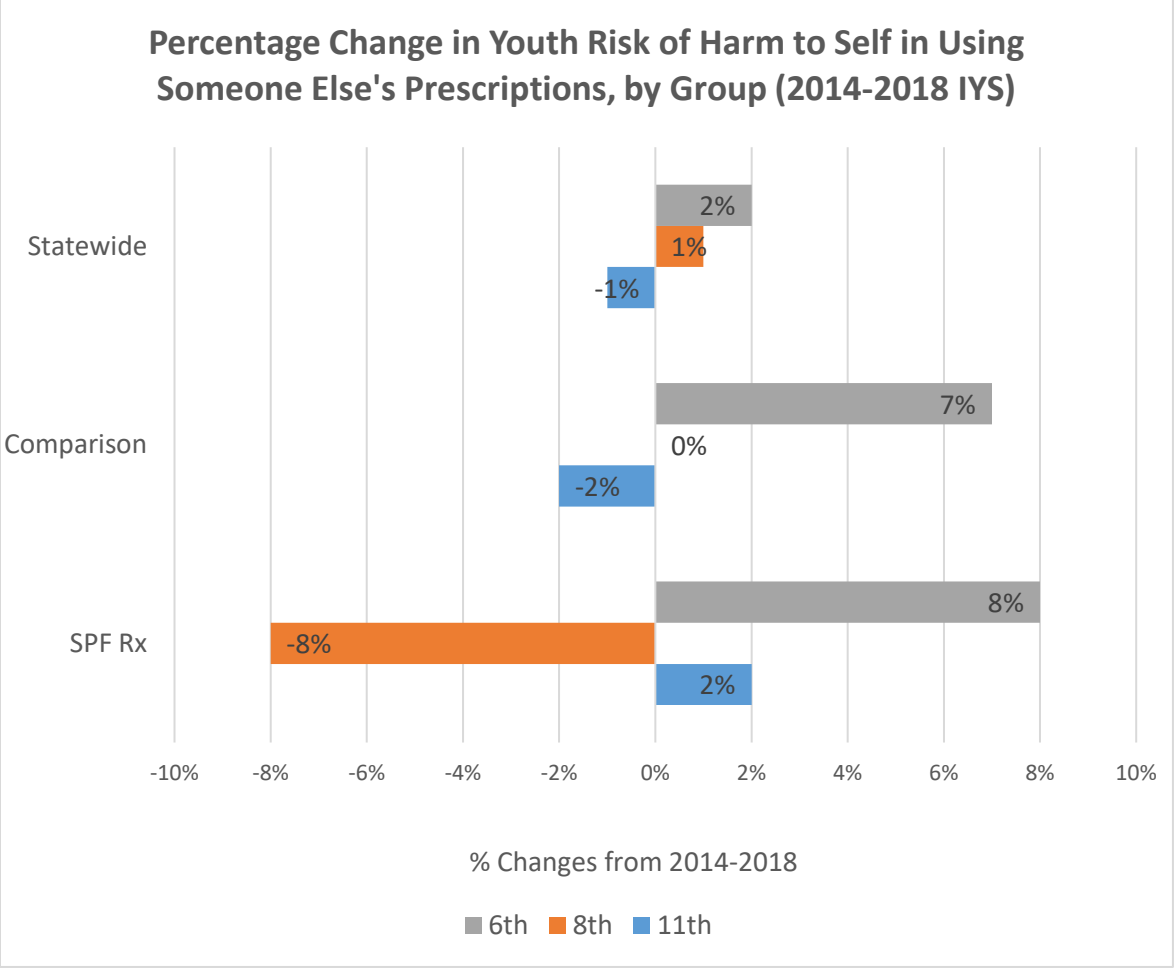
Youth Perception of Self-Harm, Using Someone Else's Prescription

Youth perceptions of self-harm caused by misusing prescriptions from 2014 to 2018 compared the percentages of those who answered 'Great Risk and Moderate Risk' to the question: "How much do you think you risk harming yourself (physically or otherwise) if you use medication prescribed for someone else?" (Source: Iowa Youth Survey)

Goal: % Increase

For SPF Rx counties, youth perception of harm to themselves from using someone else's prescription increased by 8% for 6th graders, decreased by 8% for 8th graders, and increased by 2% for 11th graders. In comparison, youth perception of harm to themselves caused by using someone else's prescription for the comparison counties increased by 7% for 6th graders, did not change for 8th graders, and decreased by 2% for 11th graders. Statewide, youth perception of self-harm caused by using someone else's prescription increased by 2% for 6th graders, increased by 1% for 8th graders, and decreased by 1% for 11th graders. Based on these results, SPF Rx counties had better outcomes in increasing perceptions of self-harm among 6th graders in using someone else's prescription compared to the comparison group and the statewide totals.

Figure 14: Percentage Change in 6th, 8th, and 11th Graders from 2014-2018 Perception of Self-Harm Caused by Using Someone Else's Prescription, by Group



The following table provides detailed state and county-level information for each grade, examining the percentages from 2014 to 2018 for perceptions of self-harm in using someone else's prescription.

Table 10: Youth Perception of Self-Harm in Using Someone Else's Prescription, by Grade, Year, and Group

6th Grade	Years			2014-2018	**6th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	73%	75%	73%	0%	**Appanoose**	69%	74%	71%	2%
Polk	70%	62%	67%	-3%	**Wapello**	61%	66%	65%	4%
Scott	64%	70%	75%	11%	**Woodbury**	66%	61%	67%	1%
8th Grade	Years			2014-2018	**8th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	83%	75%	79%	-4%	**Appanoose**	80%	91%	83%	3%
Polk	78%	74%	72%	-6%	**Wapello**	76%	76%	72%	-4%
Scott	78%	81%	80%	2%	**Woodbury**	73%	76%	74%	1%
11th Grade	Years			2014-2018	**11th Grade**	Years			2014-2018
SPF Rx Counties	2014	2016	2018	%change	**Comparison Counties**	2014	2016	2018	%change
Jasper	76%	76%	80%	4%	**Appanoose**	74%	62%	71%	-3%
Polk	79%	73%	74%	-5%	**Wapello**	72%	78%	75%	3%
Scott	78%	77%	81%	3%	**Woodbury**	83%	79%	81%	-2%

Statewide	Years			2014-2018
	2014	2016	2018	%change
6th	69%	67%	71%	2%
8th	78%	78%	79%	1%
11th	80%	78%	79%	-1%
Total	76%	74%	76%	0%

Past Year, Adult Prescription Opioid Pain Reliever Use & Misuse

Adult prescription opioid use and misuse in Iowa were assessed on the Behavioral Risk Factor Surveillance Survey (BRFSS). The following three questions were asked of respondents to measure any prescription opioid use in the past year, use differently than directed, and use of opioid prescriptions that were not prescribed. These questions were added to the survey for the first time in 2018, and the current report uses data from 2018 and 2019.

Q1: Any Opioid Use in the Past Year

- In the past year, did you use any prescription opioid pain relievers (hydrocodone, codeine, oxycodone, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, etc.)? Interviewer reminder: We only want to know about prescription medication NOT medication that is available over the counter. (Source: BRFSS)

Q2: More Frequent Use or Higher Dosage than Prescribed in Past Year

- If Yes to Q1: In the past year, did you use any of the opioid pain medications more frequently or in higher doses than directed by a doctor? (Source: BRFSS)

Q3: Took Opioid Prescription Medication when Not Prescribed by a Doctor in Past Year

- If Yes to Q1: In the past year, have you taken any prescription opioid pain relievers (hydrocodone, codeine, oxycodone, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, etc.) when it was NOT prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider? Interviewer reminder: We only want to know about prescription medication NOT medication that is available over the counter. (Source: BRFSS)

The counts were too small to provide detailed breakdowns for respondents' age or county. See Appendix E for detailed data tables and a summary of the results for each question from the Iowa Department of Public Health (IDPH). 95% confidence intervals are also provided in the tables in Appendix E, which can be used to indicate any statistical differences between groups.

Statewide:

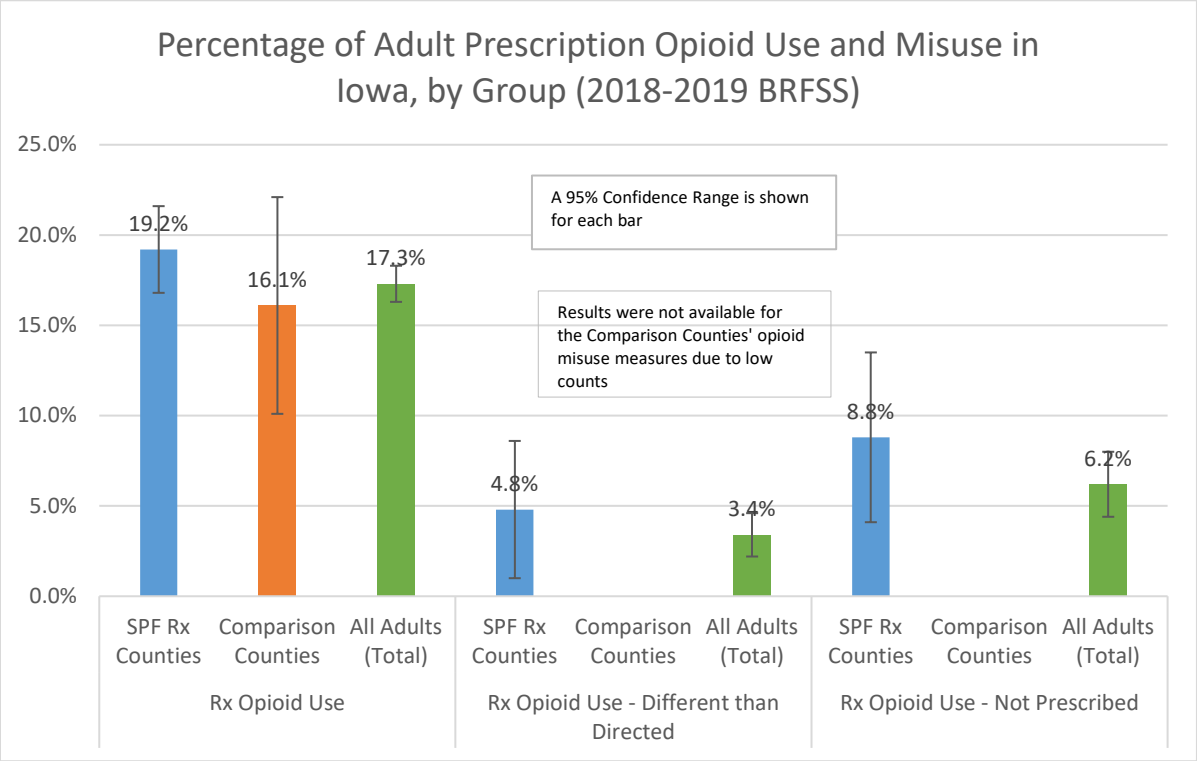
In 2018-2019, 17.3% of adults surveyed in Iowa reported using a prescription opioid in the past year. Of those who reported using a prescription opioid, 3.4% used it more frequently or at higher dosages than prescribed, and 6.2% of adults reported using a prescription opioid that was *not* prescribed to them by a doctor.

SPF Rx Counties (Polk, Jasper, and Scott):

The percentages of adults using a prescription opioid, using a prescription opioid differently than directed, and using a prescription opioid not prescribed to them was higher in the SPF Rx counties than in the state in 2018-2019. Of adults surveyed in the SPF Rx counties, 19.2% reported using a prescription opioid in the past year (compared to 17.3% statewide). Of those who reported using a prescription opioid in the SPF Rx counties, 4.8% used it more frequently or at higher dosages than prescribed (3.4% statewide). In 2018-2019, 8.8% of adults surveyed in the SPF Rx counties used a prescription opioid that was *not* prescribed to them by a doctor (6.2% statewide).

The following figure compares the percentage of adults using a prescription opioid in the past year from 2018- 2019 for the SPF Rx counties (Polk, Jasper and Scott), the comparison counties (Appanoose, Wapello and Woodbury), and the state of Iowa. The results for opioid misuse measures were not available for the comparison counties due to low counts.

Figure 15: Percentage of Adult Prescription Opioid Use and Misuse in Iowa, by Group (Iowa BRFSS, 2018 and 2019 Combined data)



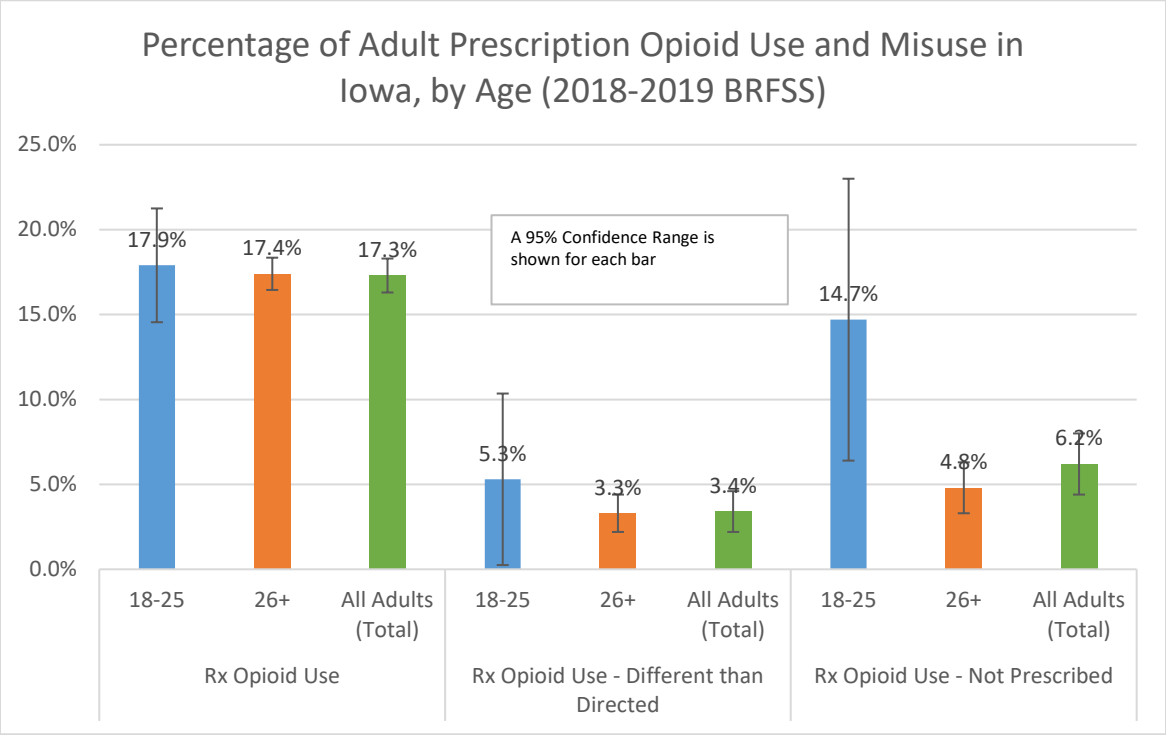
"Rx" refers to prescription

Young Adults:

Young adults (ages 18-25) reported higher percentages of using a prescription opioid, using a prescription opioid differently than directed, and using a prescription opioid not prescribed to them than older adults (26 and over). Of young adults (ages 18-25), 17.9% reported using a prescription opioid in the past year (compared to 17.4% for ages 26 and over). Of the young adults (ages 18-25) who reported using a prescription opioid in the past year, 5.3% used an opioid prescription more frequently or at higher dosages than prescribed (3.3% for ages 26 and over). In 2018-2019, 14.7% of young adults (ages 18-25) reported using a prescription opioid that was *not* prescribed to them by a doctor in the past year (4.8% for ages 26 and over).

The following figure compares the percentage of young adults (ages 18-25) and older adults (ages 26 and over) who reported using and misusing a prescription opioid in the past year from 2018- 2019. Young adults used prescriptions at about the same rate as other adults, however, they were more likely to misuse prescriptions.

Figure 16: Percentage of Adult Prescription Opioid Use and Misuse in Iowa, by Age (Iowa BRFSS, 2018 and 2019 Combined data)



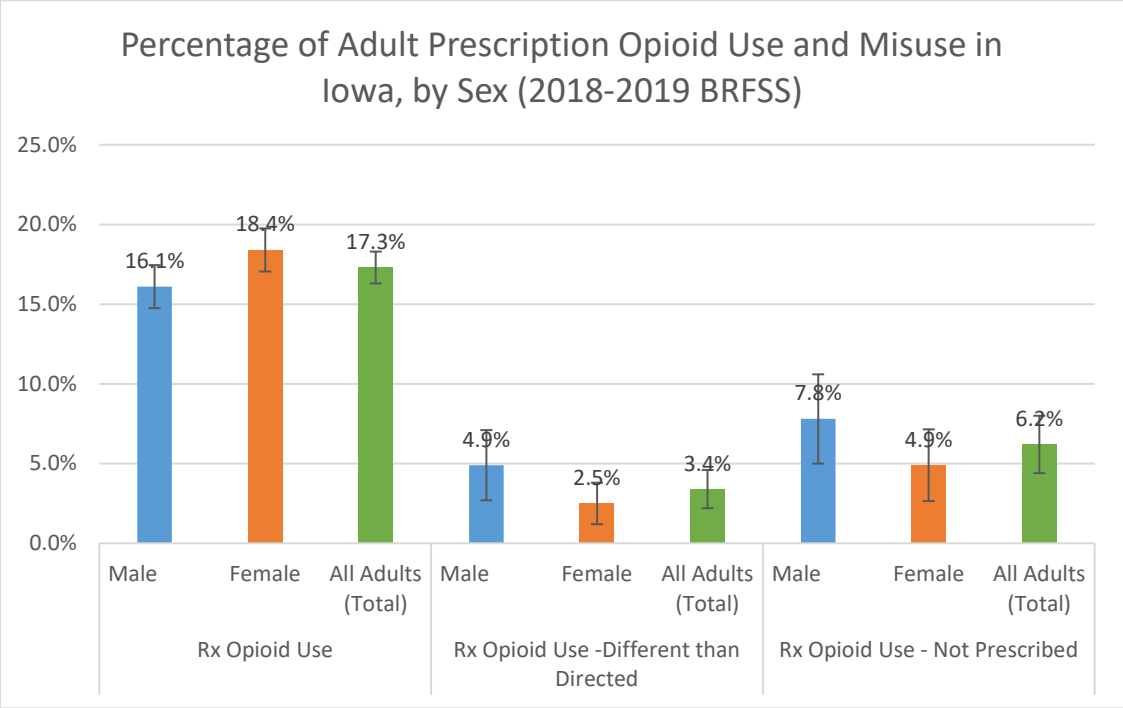
"Rx" refers to prescription

Males:

A lower percentage of adult males reported using a prescription opioid (16.1%) than females (18.4%) in the past year. However, a higher percentage of males reported using a prescription opioid differently than directed or using a prescription opioid not prescribed to them. Of the males who reported using a prescription opioid in the past year, 4.9% used it more frequently or at higher dosages than prescribed (compared to 2.5% of females). In 2018-2019, 7.8% of males who had used a prescription opioid in the past year had used a prescription opioid that was *not* prescribed to them by a doctor (compared to 4.9% of females).

The following figure compares the percentage of males and females who reported using and misusing a prescription opioid in the past year from 2018-2019. Males used prescriptions at a lower rate than females, however, they were more likely to misuse prescriptions.

Figure 17: Percentage of Adult Prescription Opioid Use and Misuse in Iowa, by Sex (Iowa BRFSS, 2018 and 2019 Combined data)



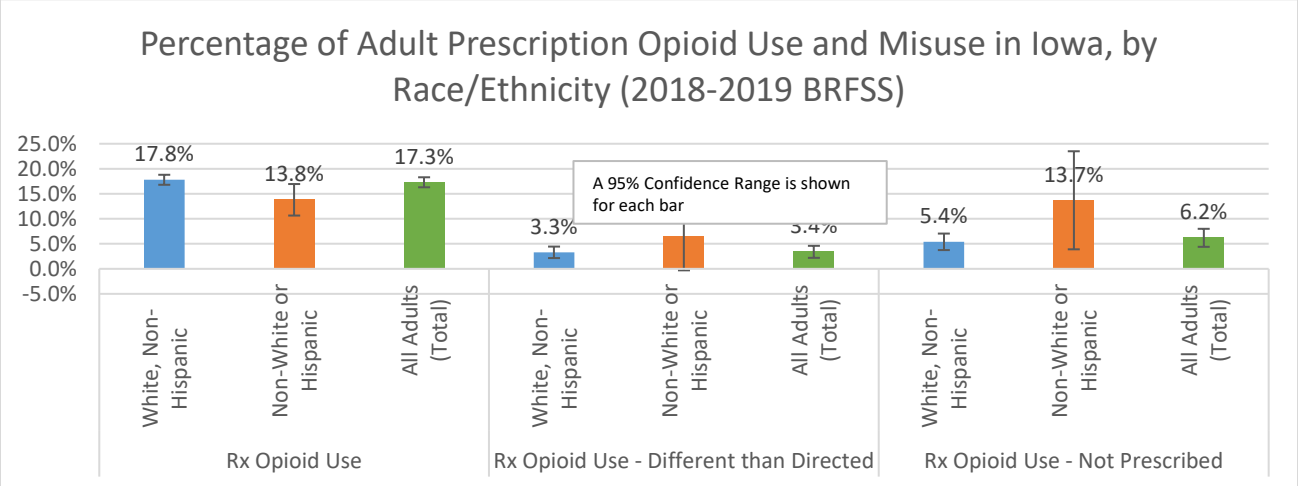
"Rx" refers to prescription

Non-White or Hispanic Adults

A higher percentage of Non-Hispanic Whites reported using a prescription opioid (17.8%) in the past year than Iowans who reported being Non-White or Hispanic (13.8%). However, a higher percentage of Non-White or Hispanic adults reported using a prescription opioid differently than directed or using a prescription opioid not prescribed to them. Of the Non-White or Hispanic adults in Iowa who used a prescription opioid in the past year, 6.5% used it more frequently or at higher dosages than prescribed (compared to 3.3% of Non-Hispanic Whites). In 2018-2019, 13.7% of Non-Whites or Hispanics reported using a prescription opioid that was *not* prescribed to them by a doctor (compared to 5.4% of Non-Hispanic Whites).

The following figure shows reported use and misuse of a prescription opioid in the past year by race/ethnicity from 2018- 2019. Non-White or Hispanic adults used prescriptions at a lower rate than Non-Hispanic Whites, however, they were more likely to misuse prescriptions.

Figure 18: Percentage of Prescription Opioid Use and Misuse in Iowa, by Race/Ethnicity (Iowa BRFSS, 2018 and 2019 Combined data)



"Rx" refers to prescription

Consequences

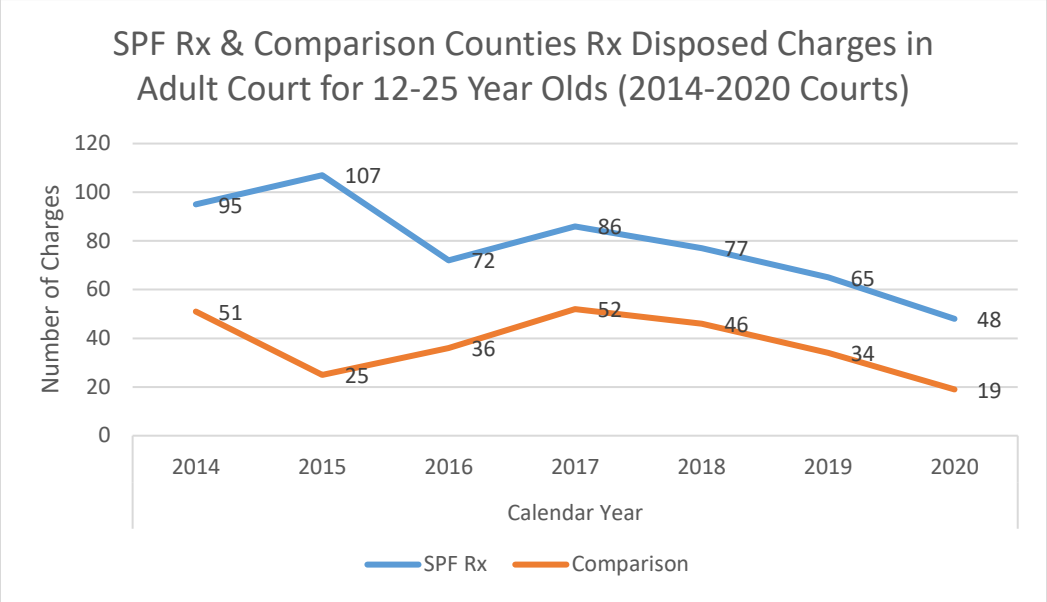
Disposed Charges for Prescription Drugs (155A Crimes) in Adult Court for 12-25 Year Olds

This data show the number of disposed charges for 12-25 year olds who came into contact with the adult court system for prescription drug offenses, even if charges were not filed.[14] This is the youth and young adults coming into adult court contact for any 155A offense in the SPF Rx counties, comparison counties, and statewide from 2014-2020.

The number of charges in adult court for prescription drug offenses among youth and young adults has decreased during the SPF Rx project. The number of prescription drug charges among youth and young adults in the SPF Rx counties decreased by 49.5% from 2014 to 2020, the comparison counties totals decreased by 62.7%, and statewide the total number of prescription drug charges among youth and young adults decreased by 53.8%. Based on these results, SPF Rx counties had less favorable outcomes for this measure than the comparison counties and state. Even though SPF Rx counties had a reduction in the number of prescription charges, it was not as great of a reduction as in the comparison counties and state.

The following graph shows changes from 2014 to 2020 in the number of prescription charges for youth and young adults, comparing SPF Rx counties to the comparison counties.

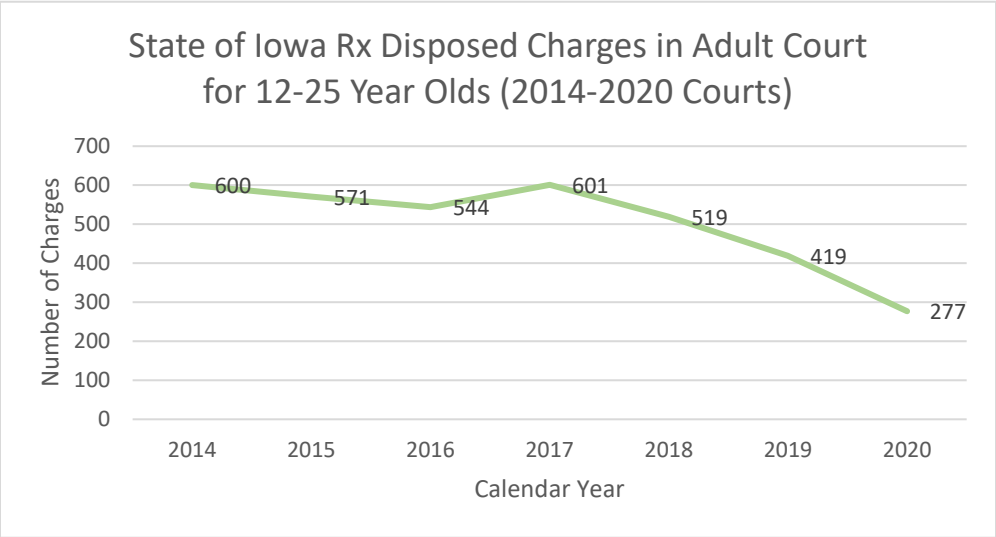
Figure 19: SPF Rx and Comparison Counties Prescription Charges Disposed in Adult Court for 12-25 Year Olds from 2014-2020



The following graph shows changes from 2014 to 2020 in the number of prescription charges for youth and young adults statewide.

[14] *Source: Iowa Division of Criminal and Juvenile Justice Planning, Justice Data Warehouse*

Figure 20: Statewide Prescription Charges Disposed in Adult Court for 12-25 Year Olds from 2014-2020



The following table shows the numbers of prescription drug charges for 12-25 year olds and percentage change for each county, by year.

Table 11: Number of Prescription Drug Charges (155A) Disposed in Adult Court for Ages 12-25, by Year and County

	Years							2014-2020
SPF Rx Counties	2014	2015	2016	2017	2018	2019	2020	%change
Jasper	16	13	8	2	6	3	1	-94%
Polk	54	61	48	59	38	33	30	-44%
Scott	25	33	16	25	33	29	17	-32%
	Years							2014-2020
Comparison Counties	2014	2015	2016	2017	2018	2019	2020	%change
Appanoose	7	1	0	1	1	0	0	-100%
Wapello	9	8	13	14	9	11	15	67%
Woodbury	35	16	23	37	36	23	4	-89%
	Years							2014-2020
Statewide	2014	2015	2016	2017	2018	2019	2020	%change
Total	600	571	544	601	519	419	277	-54%

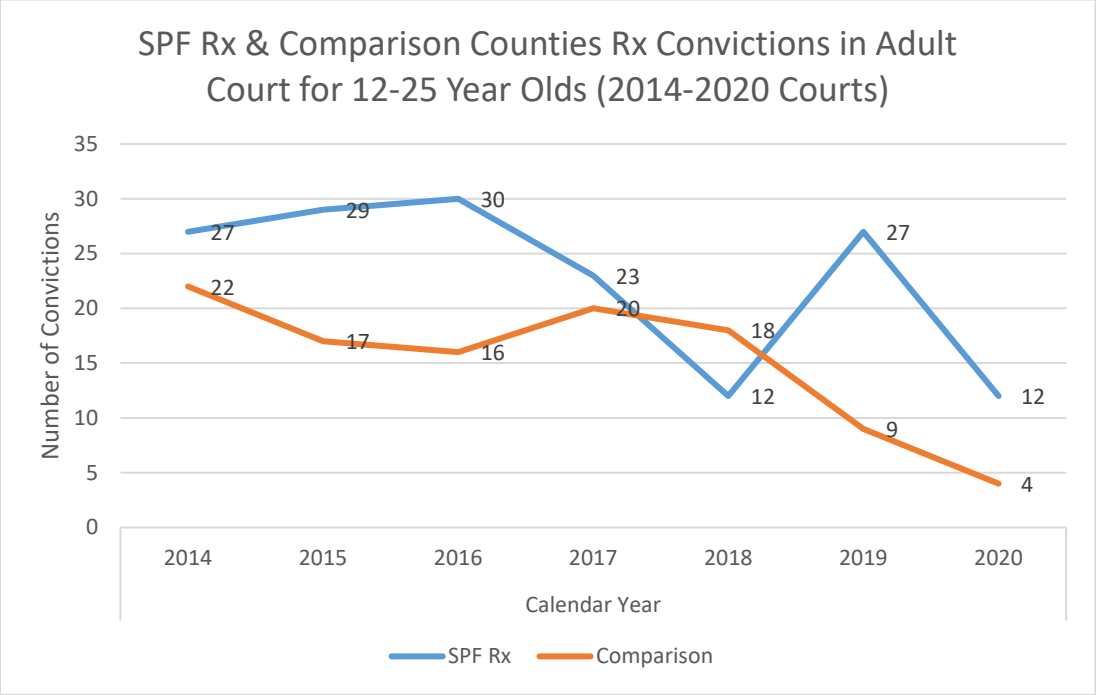
Convictions for Prescription Drugs (155A Crimes) in Adult Court for Ages 25 and younger

This data show the number of prescription drug convictions for youth and young adults aged 25 or younger who came into contact with the adult court system.[15] This is the youth and young adults coming in *adult* court who were determined to be guilty or deferred for any 155A offense in the SPF Rx counties, comparison counties, and statewide from 2014-2020.

The number of convictions in adult court for prescription drug offenses among youth and young adults has decreased during the SPF Rx project. The number of prescription drug convictions among youth and young adults in the SPF Rx counties decreased by 55.6% from 2014 to 2020, the comparison counties totals decreased by 81.8%, and statewide the total number of prescription drug convictions among youth and young adults decreased by 57.6%. Based on these results, SPF Rx counties had less favorable outcomes for this measure than the comparison counties and state. Even though SPF Rx counties had a reduction in the number of prescription convictions, it was not as great of a reduction as in the comparison counties and state.

The following graph shows changes from 2014 to 2020 in the number of prescription convictions for youth and young adults, comparing SPF Rx counties to the comparison counties.

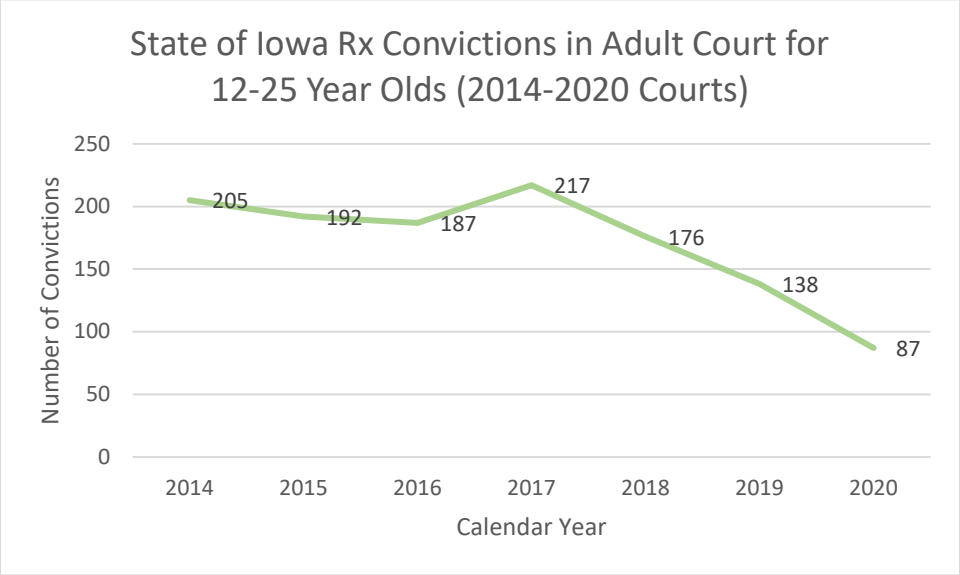
Figure 21: SPF Rx and Comparison Counties Prescription Convictions in Adult Court for 12-25 Year Olds from 2014-2020



[15] *Source: Iowa Division of Criminal and Juvenile Justice Planning, Justice Data Warehouse*

The following graph shows changes from 2014 to 2020 in the number of prescription convictions for youth and young adults statewide.

Figure 22: Statewide Prescription Convictions in Adult Court for 12-25 Year Olds from 2014-2020



The following table shows the numbers of prescription drug convictions for 12-25 year olds and percentage change for each county, by year.

Table 12: Number of Prescription Drug Convictions (155A) in Adult Court for Ages 12-25, by Year and County

	Years							2014-2020
SPF Rx Counties	2014	2015	2016	2017	2018	2019	2020	%change
Jasper	7	6	6	0	0	2	1	-86%
Polk	10	14	19	14	2	11	8	-20%
Scott	10	9	5	9	10	14	3	-70%
	Years							2014-2020
Comparison Counties	2014	2015	2016	2017	2018	2019	2020	%change
Appanoose	2	0	0	0	0	0	0	-100%
Wapello	3	4	5	5	0	3	2	-33%
Woodbury	17	13	11	15	18	6	2	-88%
	Years							2014-2020
Statewide	2014	2015	2016	2017	2018	2019	2020	%change
Total	205	192	187	217	176	138	87	-58%

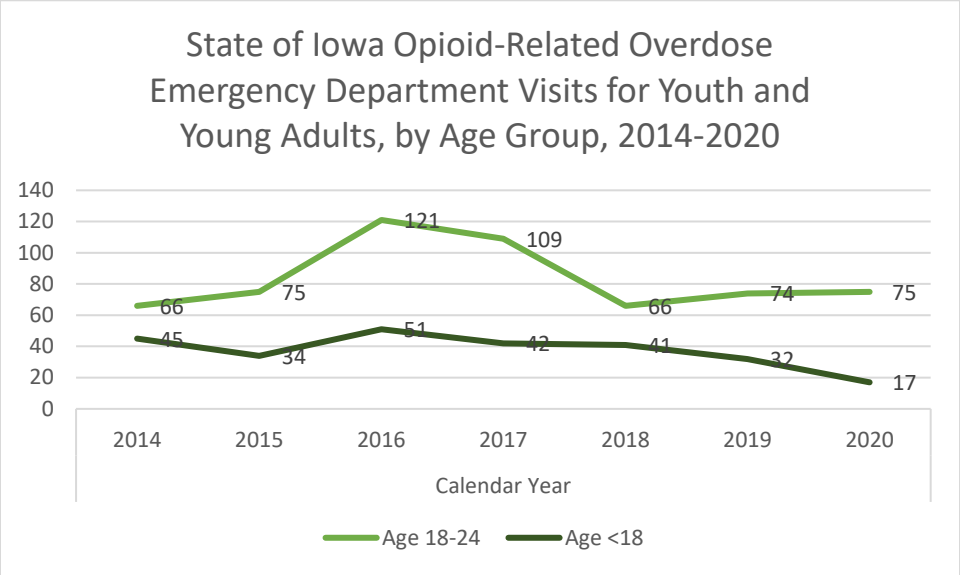
Youth and Young Adult Emergency Department Visits Involving Opioid Overdose - excluding Heroin

From the Iowa Department of Public Health, Division of Behavioral Health, the number of opioid -related emergency department visits for youth under age 18 from 2014-2020 decreased by 62% for the state of Iowa, from 45 visits in 2014 to 17 visits in 2020. The number of opioid-related emergency department visits for young adults ages 18-24 increased by 14% for the state, from 66 visits in 2014 to 75 visits in 2020. Data could not be examined for SPF Rx and comparison counties due to low counts less than 5, being redacted.

Please note that on October 1, 2015, Iowa hospitals transitioned from ICD-9-CM to ICD-10-CM Codes. With this transition, hospitals are required to use ICD-10-CM to code emergency department visits data. Consider this change as a potential cause of any variations that appear to occur between the 2015-2016 data. Use caution in interpreting apparent trends and differences between 2015 and 2016 data.

The following graph shows changes from 2014 to 2020 in the number of emergency department visits for opioid overdose among youth and young adults statewide. See Appendix E for detailed data tables.

Figure 23: Statewide Opioid-Related Emergency Department Visits from 2014-2020 for Youth and Young Adults, by Age Group



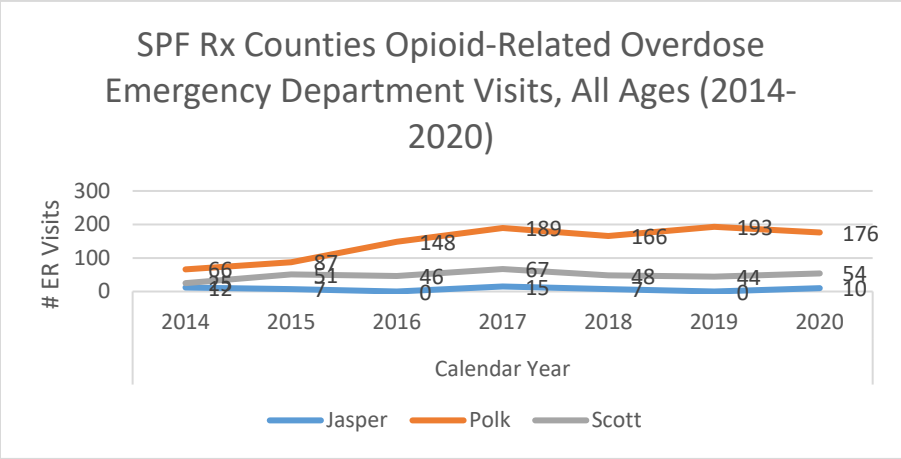
Total Emergency Department Visits Involving Opioid Overdose - excluding Heroin (All Ages)

In the SPF Rx Counties, the number of opioid-related emergency department visits for all ages increased by 133%, from 103 visits in 2014 to 240 visits in 2020. Data could not be examined for comparison counties due to low counts less than 5, being redacted.

Please note that on October 1, 2015, Iowa hospitals transitioned from ICD-9-CM to ICD-10-CM Codes. With this transition, hospitals are required to use ICD-10-CM to code emergency department visits data. Consider this change as a potential cause of any variations that appear to occur between the 2015-2016 data. Use caution in interpreting apparent trends and differences between 2015 and 2016 data.

The following graph shows changes from 2014 to 2020 in the total number of emergency department visits for opioid overdose in each SPF Rx County (for all ages).

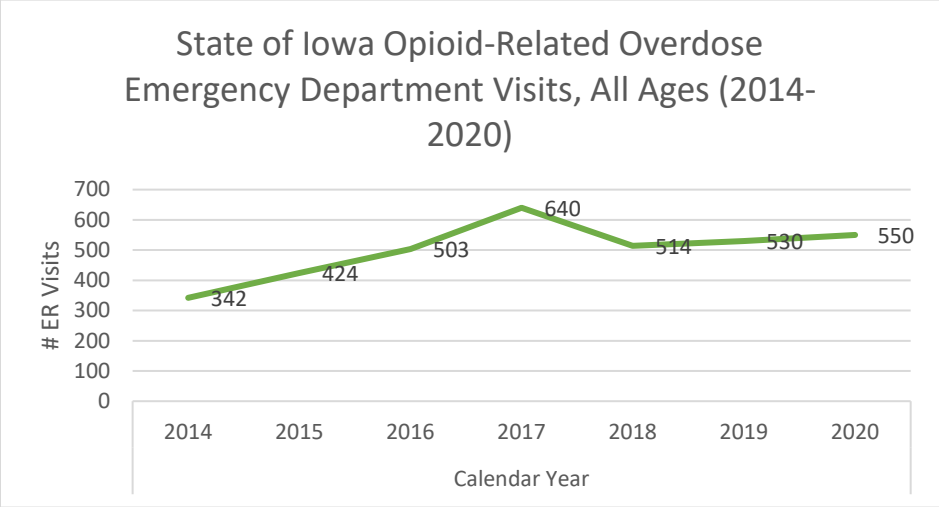
Figure 24: SPF Rx Counties Opioid-Related Emergency Department Visits from 2014-2020 for All Ages, by County



Statewide, the number of opioid -related emergency department visits for all ages from 2014-2020 increased by 61%, from 342 visits in 2014 to 550 visits in 2020.

The following graph shows changes from 2014 to 2020 in the number of emergency department visits for opioid overdose among all ages statewide.

Figure 25: Statewide Opioid-Related Emergency Department Visits from 2014-2020 for All Ages



The following table shows the numbers of opioid-related emergency department visits for all ages and percentage changes by county. Counts of less than 5 were redacted by IDPH.

Table 13: Number of Emergency Department Visits Involving Opioid Overdose for All Ages, by Year and County

	Years							2014-2020
SPF Rx Counties	2014	2015	2016	2017	2018	2019	2020	%change
Jasper	12	7	*	15	7	*	10	-17%
Polk	66	87	148	189	166	193	176	167%
Scott	25	51	46	67	48	44	54	116%
	Years							2014-2020
Comparison Counties	2014	2015	2016	2017	2018	2019	2020	%change
Appanoose	*	*	6	*	*	*	*	N/A
Wapello	*	*	6	6	9	10	*	N/A
Woodbury	*	14	9	7	9	8	8	N/A
Statewide	Years							2014-2020
	2014	2015	2016	2017	2018	2019	2020	%change
Total	342	424	503	640	514	530	550	61%

**Data redacted due to counts less than 5.*

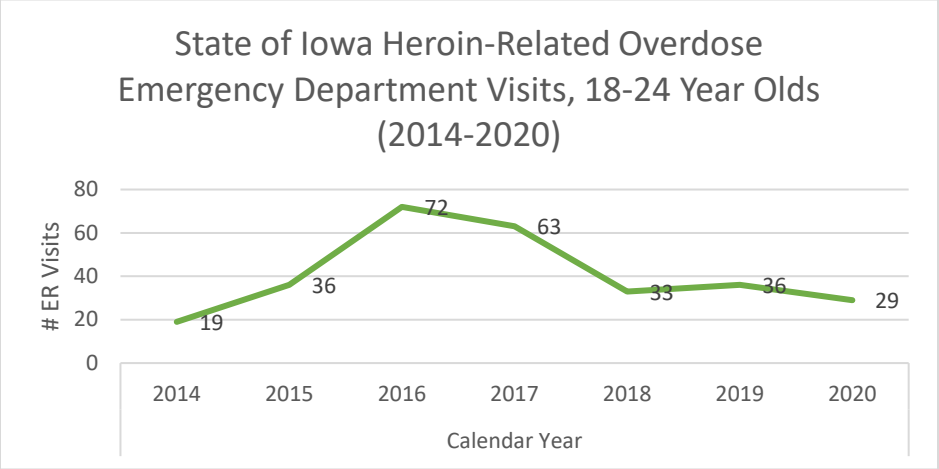
Young Adult Emergency Department Visits Involving Heroin Overdose

Statewide, the number of heroin -related emergency department visits for young adults 18-24 years old from 2014-2020 increased by 53%, from 19 visits in 2014 to 29 visits in 2020. Data could not be examined for SPF Rx and comparison counties due to low counts less than 5, being redacted. Data were also not examined for ages younger than 18 due to low counts.

Please note that on October 1, 2015, Iowa hospitals transitioned from ICD-9-CM to ICD-10-CM Codes. With this transition, hospitals are required to use ICD-10-CM to code emergency department visits data. Consider this change as a potential cause of any variations that appear to occur between the 2015-2016 data. Use caution in interpreting apparent trends and differences between 2015 and 2016 data.

The following graph shows changes from 2014 to 2020 in the number of emergency department visits for heroin overdose among young adults 18-24 years old statewide.

Figure 26: Statewide Heroin-Related Emergency Department Visits from 2014-2020 for Ages 18-24



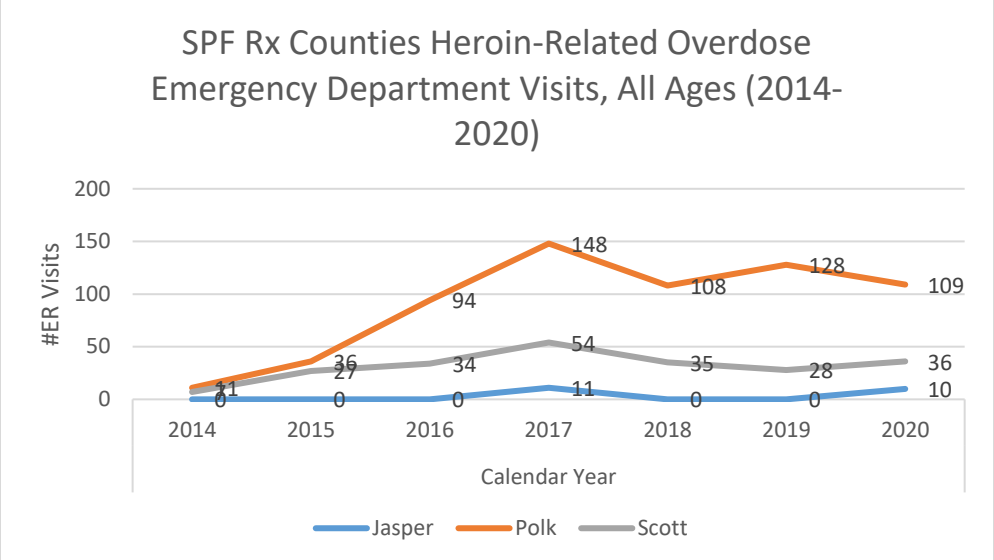
Total Emergency Department Visits Involving Heroin Overdose (All Ages)

In the SPF Rx Counties, the number of heroin-related emergency department visits for all ages increased by 761%, from 18 visits in 2014 to 155 visits in 2020. Data could not be examined for comparison counties due to low counts less than 5, being redacted.

Please note that on October 1, 2015, Iowa hospitals transitioned from ICD-9-CM to ICD-10-CM Codes. With this transition, hospitals are required to use ICD-10-CM to code emergency department visits data. Consider this change as a potential cause of any variations that appear to occur between the 2015-2016 data. Use caution in interpreting apparent trends and differences between 2015 and 2016 data.

The following graph shows changes from 2014 to 2020 in the total number of emergency department visits for heroin overdose in each SPF Rx County (for all ages).

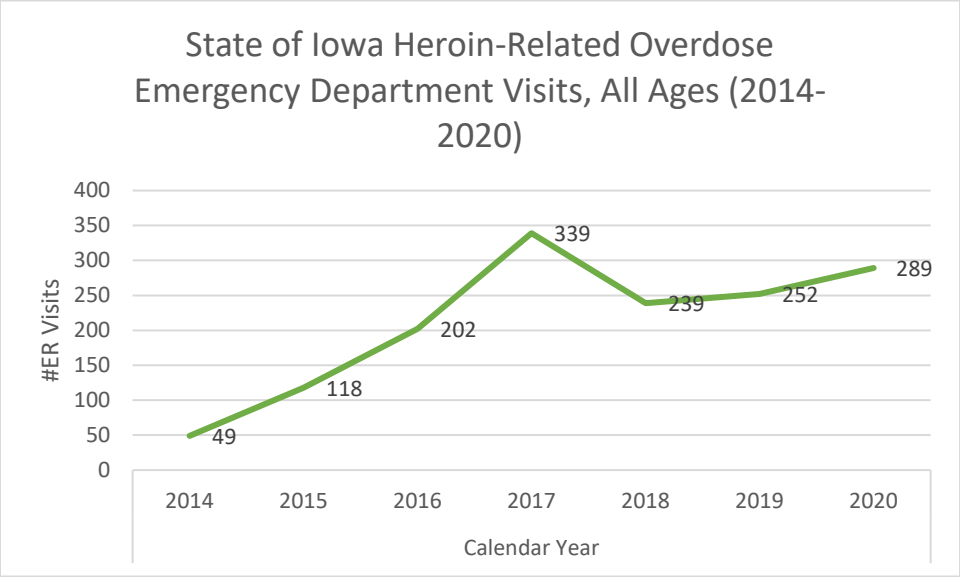
Figure 27: SPF Rx Counties Heroin-Related Emergency Department Visits from 2014-2020 for All Ages, by County



Statewide, the number of heroin -related emergency department visits for all ages from 2014-2020 increased by 490%, from 49 visits in 2014 to 289 visits in 2020.

The following graph shows changes from 2014 to 2020 in the number of emergency department visits for heroin overdose among all ages statewide.

Figure 28: Statewide Heroin-Related Emergency Department Visits from 2014-2020 for All Ages



The following table shows the numbers of heroin-related emergency department visits for all ages and percentage changes by SPF Rx county. Comparison counties were not included due to low counts that were redacted by IDPH.

Table 14: Number of Emergency Department Visits Involving Heroin Overdose for All Ages, by Year and County

	Years							2014-2020
SPF Rx Counties	2014	2015	2016	2017	2018	2019	2020	%change
Jasper	*	*	*	11	*	*	10	N/A
Polk	11	36	94	148	108	128	109	891%
Scott	7	27	34	54	35	28	36	414%
Statewide	Years							2014-2020
	2014	2015	2016	2017	2018	2019	2020	%change
Total	49	118	202	339	239	252	289	490%

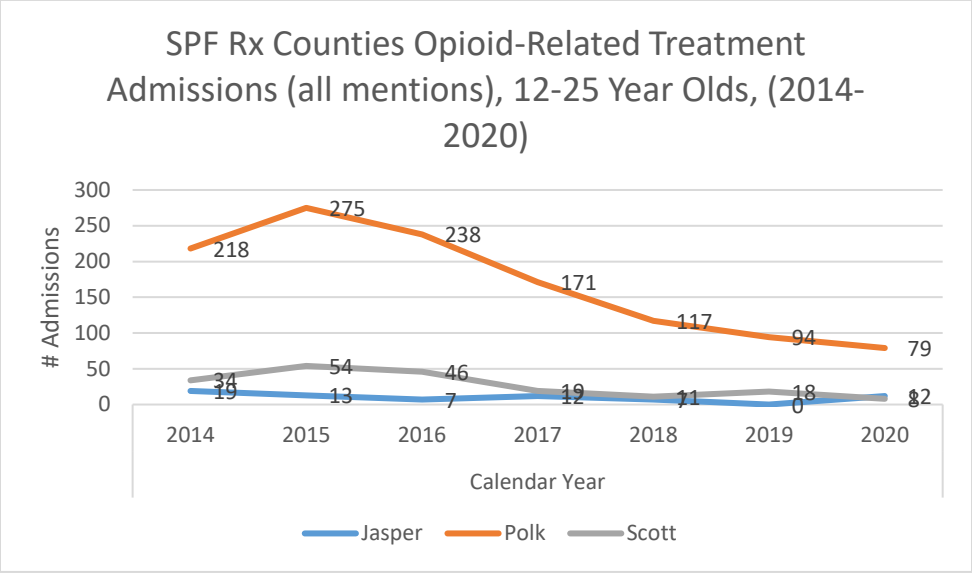
**Data redacted due to counts less than 5.*

Opioid Related Treatment Admissions for Ages 12-25

In the SPF Rx Counties, the number of opioid-related treatment admissions for youth and young adults ages 12-25 from 2014-2020 decreased by 63%, from 271 admissions in 2014 to 99 admissions in 2020. Data could not be examined for comparison counties due to low counts less than 5, being redacted.

The following graph shows changes from 2014 to 2020 in the number of opioid-related treatment admissions among youth and young adults ages 12-25 in each SPF Rx County.

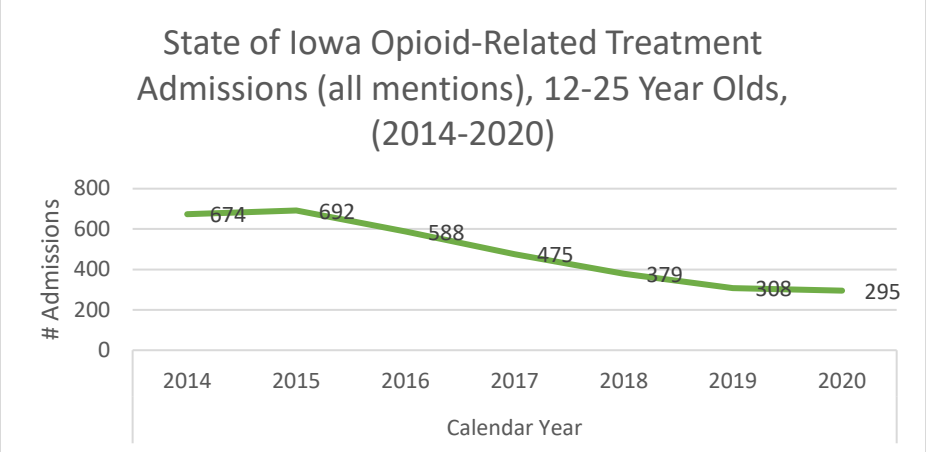
Figure 29: SPF Rx Counties Opioid-Related Treatment Admissions from 2014-2020 for Ages 12-25 Years Old



The number of opioid-related treatment admissions for youth and young adults ages 12-25 from 2014-2020 decreased by 56% for the state of Iowa, from 674 admissions in 2014 to 295 admissions in 2020.

The following graph shows changes from 2014 to 2020 in the number of opioid-related treatment admissions among youth and young adults ages 12-25 statewide.

Figure 30: Statewide Opioid-Related Treatment Admissions from 2014-2020 for Ages 12-25 Years Old



The number of opioid-related treatment admissions for youth and young adults ages 12-25 are provided in the table below for SPF Rx counties, Comparison counties, and the state. Please note that data were not available for some of the counties due to having low counts that were redacted, and this could affect the percent changes.

Table 15: Ages 12-25 Year Olds Opioid-Related Treatment Admissions from 2014-2020, by County and Year

	Years							2014-2020
SPF Rx Counties	2014	2015	2016	2017	2018	2019	2020	%change
Jasper	19	13	7	12	7	*	12	-37%
Polk	218	275	238	171	117	94	79	-64%
Scott	34	54	46	19	11	18	8	-76%
	Years							2014-2020
Comparison Counties	2014	2015	2016	2017	2018	2019	2020	%change
Appanoose	*	*	*	*	*	*	*	N/A
Wapello	*	10	*	*	16	12	11	N/A
Woodbury	7	15	15	13	7	9	*	N/A
Statewide	Years							2014-2020
	2014	2015	2016	2017	2018	2019	2020	%change
Total	674	692	588	475	379	308	295	-56%

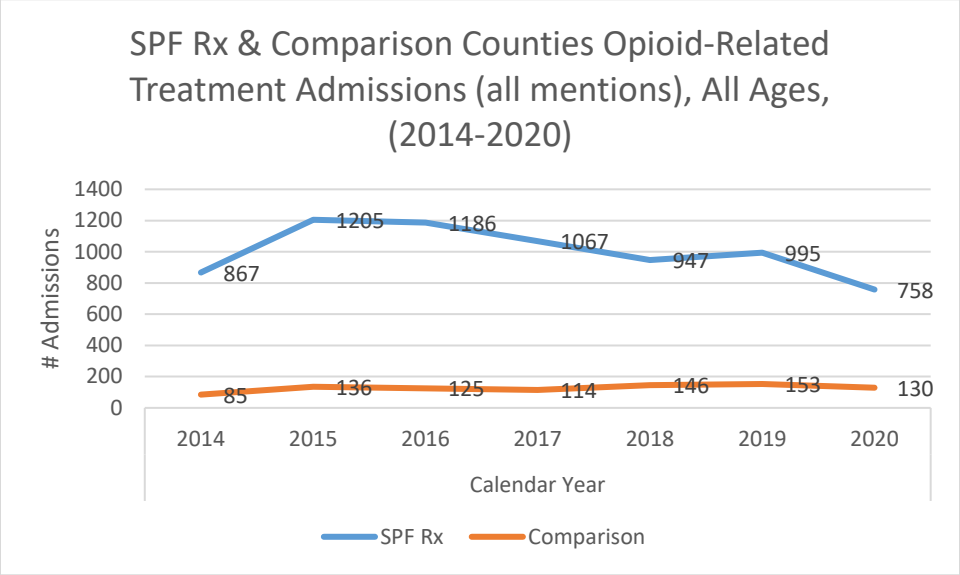
**Data redacted due to counts less than 5.*

Total Opioid Related Treatment Admissions (All Ages)

In the SPF Rx Counties, the number of opioid-related treatment admissions for all ages from 2014-2020 decreased by 13%, from 867 admissions in 2014 to 758 admissions in 2020. In the Comparison Counties, the number of opioid-related treatment admissions for all ages from 2014-2020 increased by 53%, from 85 admissions in 2014 to 130 admissions in 2020.

The following graph shows changes from 2014 to 2020 in the number of opioid-related treatment admissions for all ages in SPF Rx Counties and Comparison Counties.

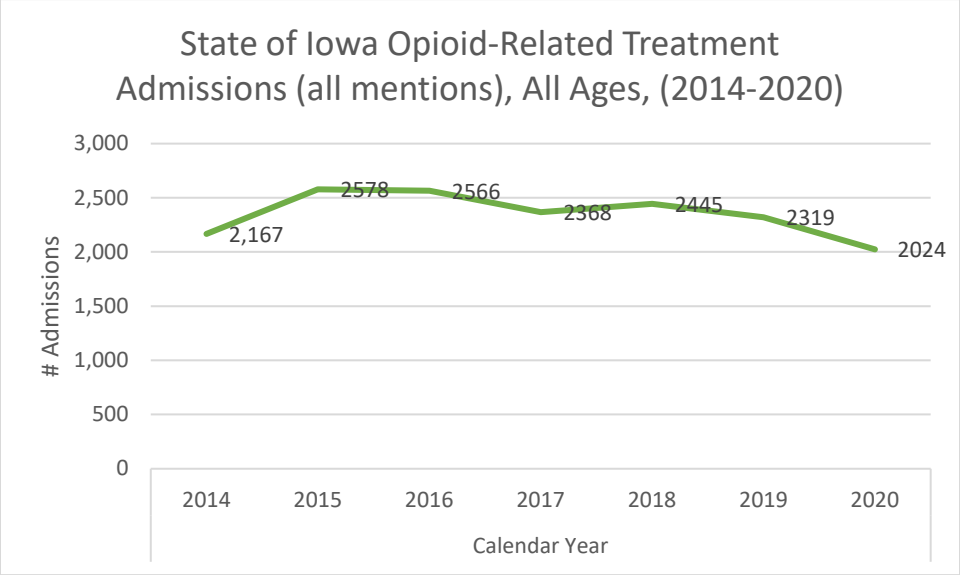
Figure 31: SPF Rx and Comparison Counties Opioid-Related Treatment Admissions from 2014-2020 for All Ages



The number of opioid-related treatment admissions for all ages from 2014-2020 decreased by 7% for the state of Iowa, from 2,167 admissions in 2014 to 2,024 admissions in 2020.

The following graph shows changes from 2014 to 2020 in the total number of opioid-related treatment admissions for all ages statewide.

Figure 32: Statewide Opioid-Related Treatment Admissions from 2014-2020 for All Ages



The number of opioid-related treatment admissions for all ages are provided in the table below for SPF Rx counties, Comparison counties, and the state.

Table 16: All Ages Opioid-Related Treatment Admission from 2014-2020, by County and Year

	Years							2014-2020
SPF Rx Counties	2014	2015	2016	2017	2018	2019	2020	%change
Jasper	43	49	43	41	33	42	38	-12%
Polk	650	884	873	825	784	748	619	-5%
Scott	174	272	270	201	130	205	101	-42%
	Years							2014-2020
Comparison Counties	2014	2015	2016	2017	2018	2019	2020	%change
Appanoose	22	17	11	11	8	9	15	31.8%
Wapello	19	38	29	31	56	83	77	-305.3%
Woodbury	44	81	85	72	82	61	38	13.6%
Statewide	Years							2014-2020
	2014	2015	2016	2017	2018	2019	2020	%change
Total	2,167	2,578	2,566	2,368	2,445	2,319	2,024	-7%

Prescribing Patterns

Information on opioid prescribing patterns was gathered by the Iowa Department of Public Health through Prescription Monitoring Program databases.

Due to a change in software vendors for the Prescription Monitoring Program (PMP) data system, a decision was made to only report years 2018 through 2020. Pre-2018, an earlier software vendor was used and the patient matching algorithm was not very robust. The current system, Appriss, is considered "live," meaning that data can be edited, deleted, or added at any time. This can affect the numbers from one day to the next, and information provided is subject to change.

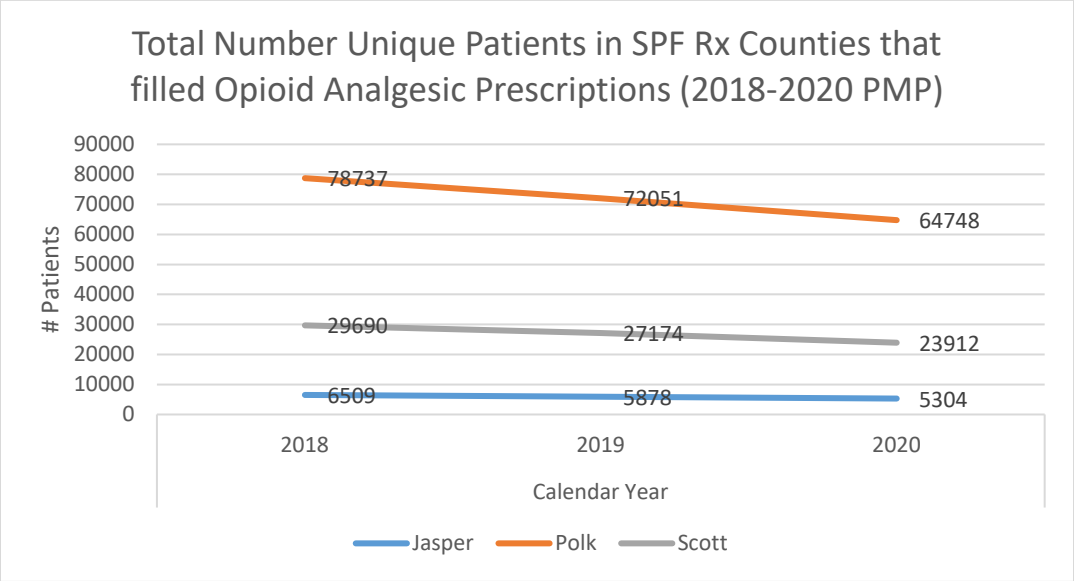
The numbers reported for the measures are not adjusted for population, age, or gender. Prescribing patterns data are only provided for the SPF Rx counties and the State; not comparison counties. Also, patient age information was not available so comparisons cannot be made for youth and young adults. Results are not intended to be used for individual patient clinical decision making.

Total number of unique residents prescribed opioid analgesics

In the SPF Rx Counties, the number of unique patients in the counties who filled opioid analgesic prescriptions decreased by 18%, from 114,936 patients in 2018 to 93,964 patients in 2020. Data were not examined for comparison counties.

The following graph shows changes from 2018 to 2020 in the total number of unique residents who filled opioid prescriptions in each SPF Rx County (for all ages).

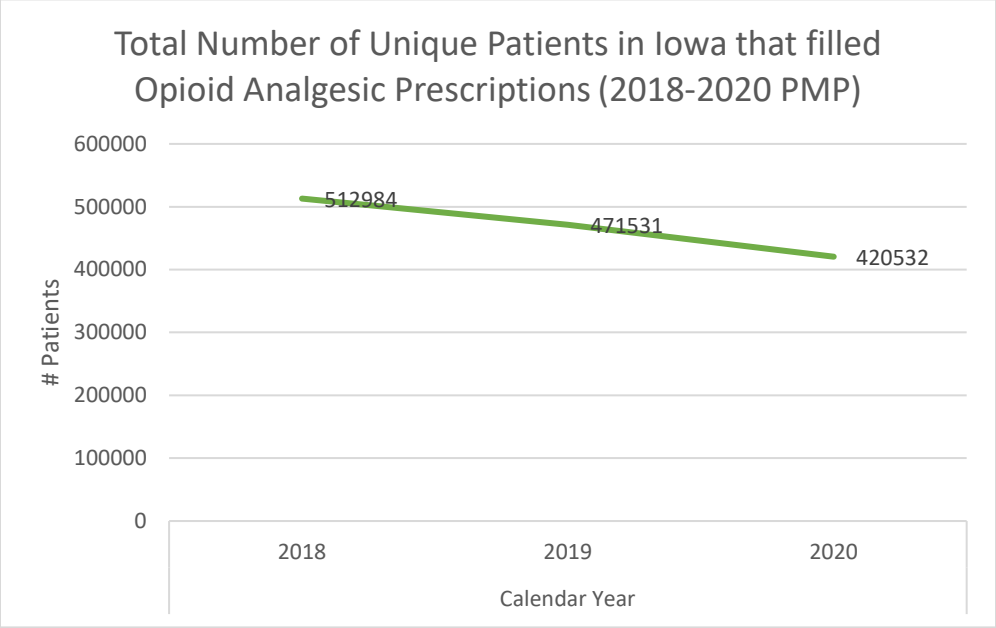
Figure 33: SPF Rx Counties Unique Patients filling Opioid Prescriptions from 2018-2020 for All Ages



The number of unique patients who filled opioid analgesic prescriptions from 2018-2020 decreased by 18% for the state of Iowa, from 512,984 patients in 2018 to 420,532 patients in 2020.

The following graph shows changes from 2018 to 2020 in the total number of unique residents who filled opioid prescriptions statewide (for all ages).

Figure 34: Statewide Unique Patients filling Opioid Prescriptions from 2018-2020 for All Ages



The total number of unique patients who filled opioid analgesic prescriptions is provided in the table below for SPF Rx counties and the state.

Table 17: Number of Unique Patients of All Ages who Filled Opioid Prescriptions from 2018-2020, by County and Year

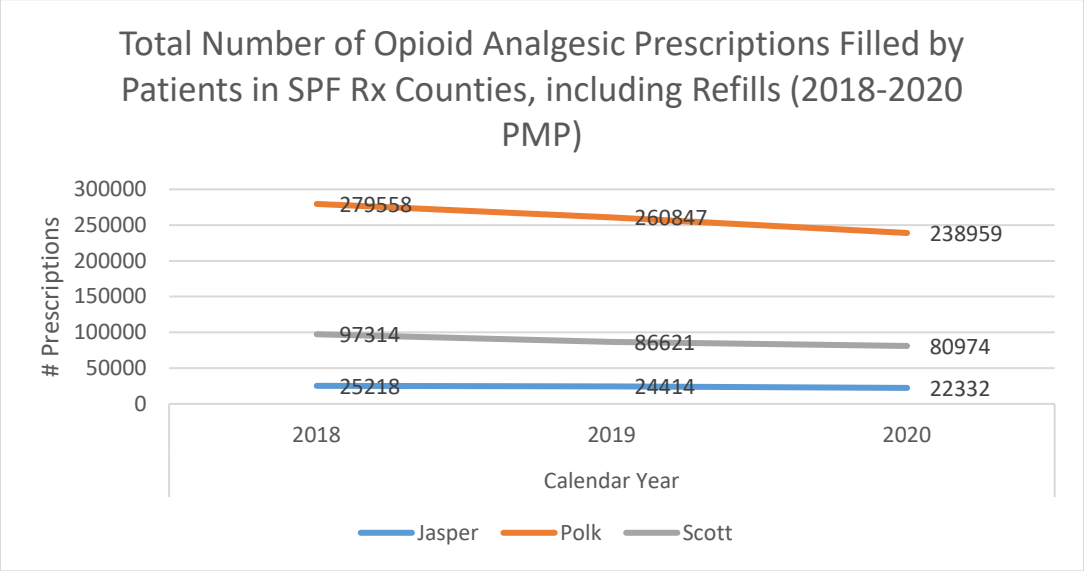
	Years			2018-2020
SPF Rx Counties	2018	2019	2020	%change
Jasper	6509	5878	5304	-19%
Polk	78737	72051	64748	-18%
Scott	29690	27174	23912	-19%
Statewide	Years			2018-2020
	2018	2019	2020	%change
Total	512984	471531	420532	-18%

Total number of opioid analgesic prescriptions filled

In the SPF Rx Counties, the number of opioid analgesic prescriptions filled in the counties decreased by 15%, from 402,090 prescriptions in 2018 to 342,265 prescriptions in 2020. Data were not examined for comparison counties.

The following graph shows changes from 2018 to 2020 in the total number of opioid prescriptions filled in each SPF Rx County (for all ages).

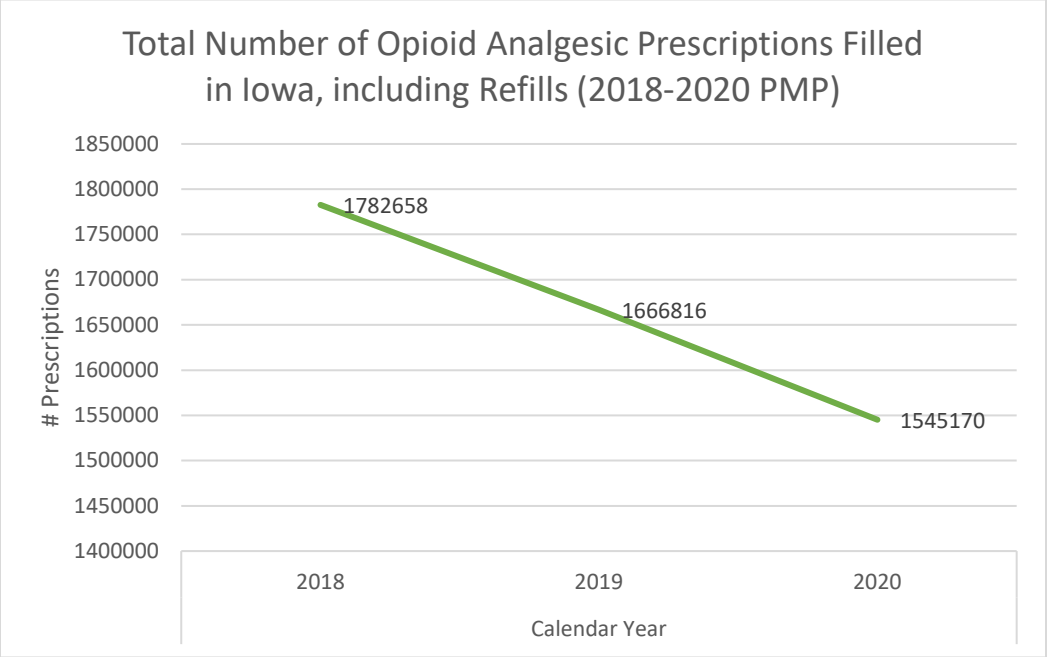
Figure 35: SPF Rx Counties Total Opioid Prescriptions filled from 2018-2020 for All Ages



The number of opioid analgesic prescriptions filled from 2018-2020 decreased by 13% for the state of Iowa, from 1,782,658 prescriptions in 2018 to 1,545,170 prescriptions in 2020.

The following graph shows changes from 2018 to 2020 in the total number of opioid prescriptions filled statewide (for all ages).

Figure 36: Statewide Total Opioid Prescriptions filled from 2018-2020 for All Ages



The total number of opioid analgesic prescriptions filled is provided in the table below for SPF Rx counties and the state.

Table 18: Number of Opioid Prescriptions filled from 2018-2020, by County and Year

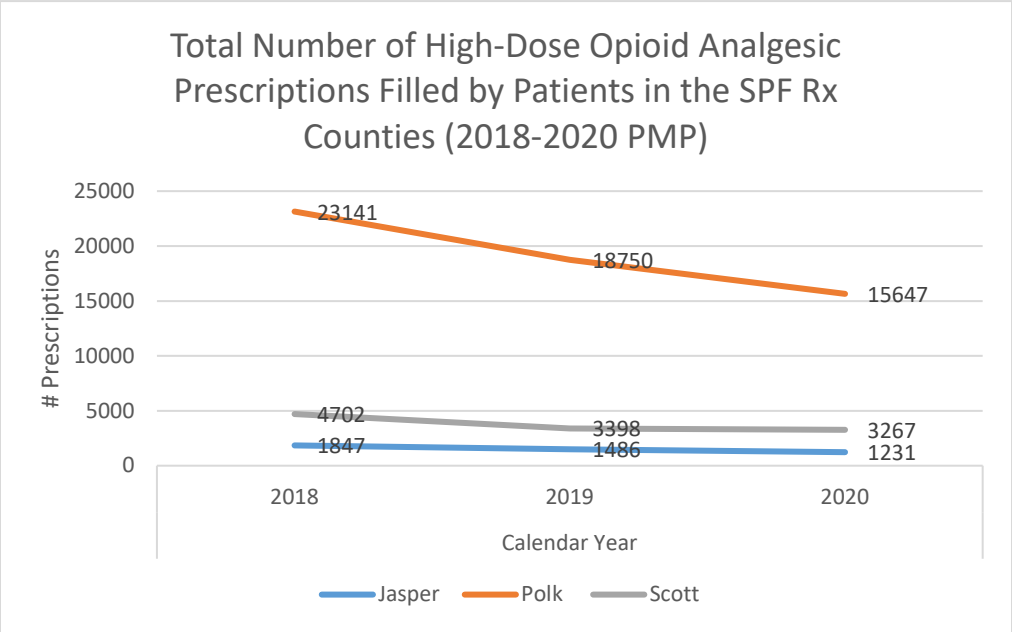
	Years			2018-2020
SPF Rx Counties	2018	2019	2020	%change
Jasper	25218	24414	22332	-11%
Polk	279558	260847	238959	-15%
Scott	97314	86621	80974	-17%
Statewide	Years			2018-2020
	2018	2019	2020	%change
Total	1782658	1666816	1545170	-13%

Total number of high-dose opioid analgesic prescriptions (>90 MME/day) filled

In the SPF Rx Counties, the number of high-dose opioid analgesic prescriptions filled of greater than 90 MME per day decreased by 32%, from 29,690 prescriptions in 2018 to 20,145 prescriptions in 2020. Data were not examined for comparison counties.

The following graph shows changes from 2018 to 2020 in the total number of high-dose opioid prescriptions filled in each SPF Rx County (for all ages).

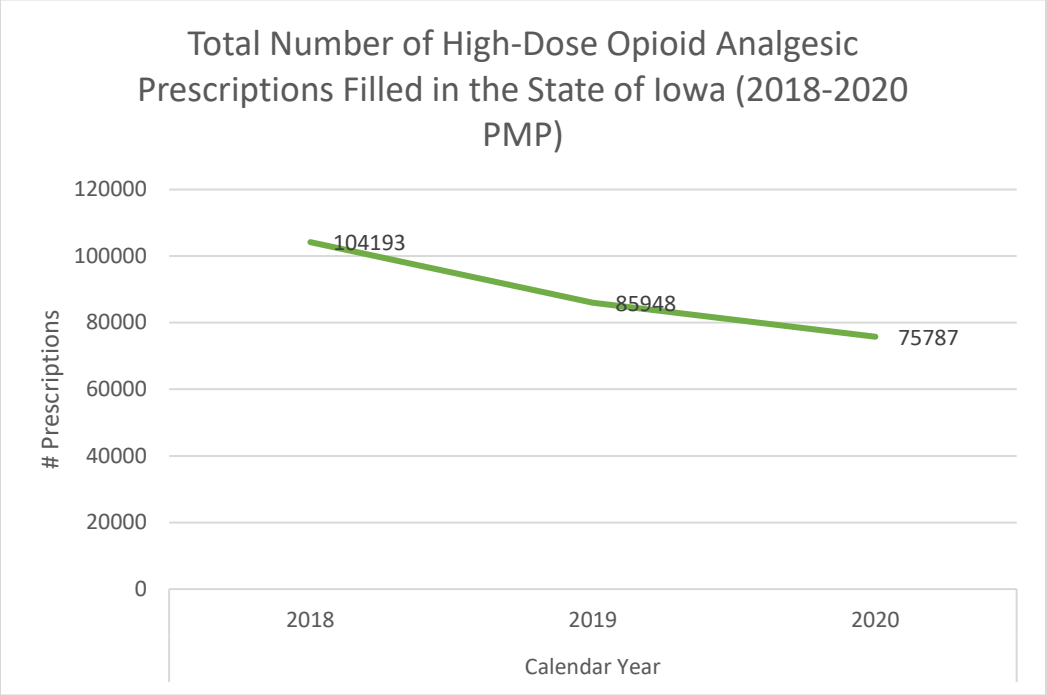
Figure 37: SPF Rx Counties High-Dose Opioid Prescriptions filled from 2018-2020 for All Ages



The number of high-dose opioid analgesic prescriptions filled of greater than 90 MME per day from 2018-2020 decreased by 27% for the state of Iowa, from 104,193 prescriptions in 2018 to 75,787 prescriptions in 2020.

The following graph shows changes from 2018 to 2020 in the total number of high-dose opioid prescriptions filled statewide (for all ages).

Figure 38: Statewide High-Dose Opioid Prescriptions filled from 2018-2020 for All Ages



The total number of high-dose opioid analgesic prescriptions filled is provided in the table below for SPF Rx counties and the state.

Table 19: Number of High-Dose Opioid Prescriptions filled from 2018-2020, by County and Year

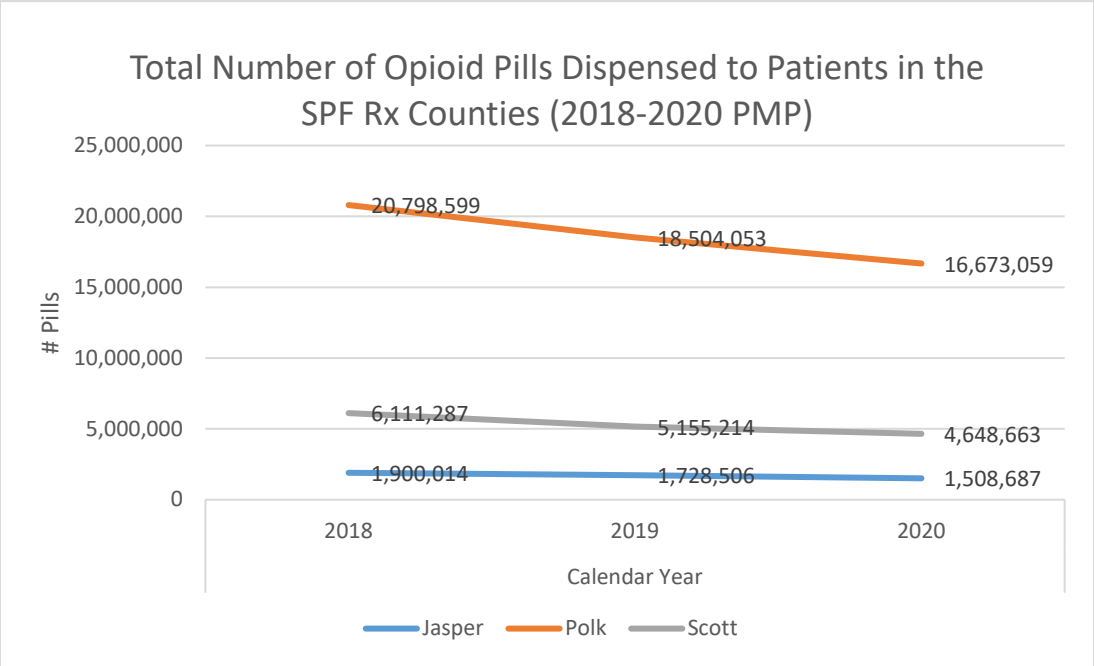
	Years			2018-2020
SPF Rx Counties	2018	2019	2020	%change
Jasper	1847	1486	1231	-33%
Polk	23141	18750	15647	-32%
Scott	4702	3398	3267	-31%
Statewide	Years			2018-2020
	2018	2019	2020	%change
Total	104193	85948	75787	-27%

Total number of opioid pills dispensed

In the SPF Rx Counties, the number of opioid pills dispensed decreased by 21%, from 28,809,900 pills in 2018 to 22,830,409 pills in 2020. Data were not examined for comparison counties.

The following graph shows changes from 2018 to 2020 in the total number of opioid pills dispensed to patients in each SPF Rx County (for all ages).

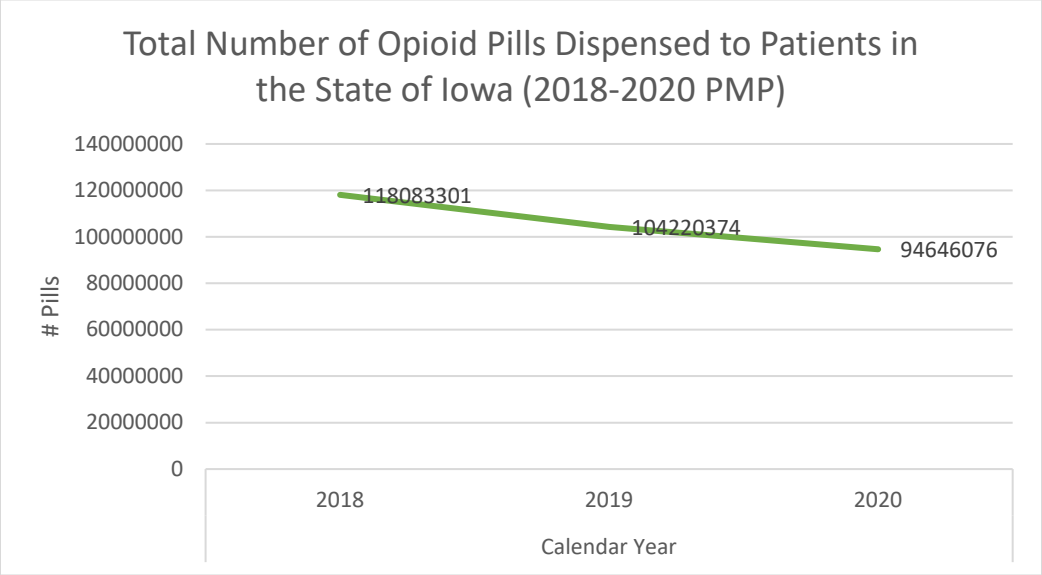
Figure 39: SPF Rx Counties Opioid Pills Dispensed from 2018-2020 for All Ages



The number of opioid pills dispensed from 2018-2020 decreased by 20% for the state of Iowa, from 118,083,301 pills in 2018 to 94,646,076 pills in 2020.

The following graph shows changes from 2018 to 2020 in the total number of opioid pills dispensed statewide (for all ages).

Figure 40: Statewide Opioid Pills Dispensed from 2018-2020 for All Ages



The total number of opioid pills dispensed is provided in the table below for SPF Rx counties and the state.

Table 20: Number of Opioid Pills Dispensed from 2018-2020, by County and Year

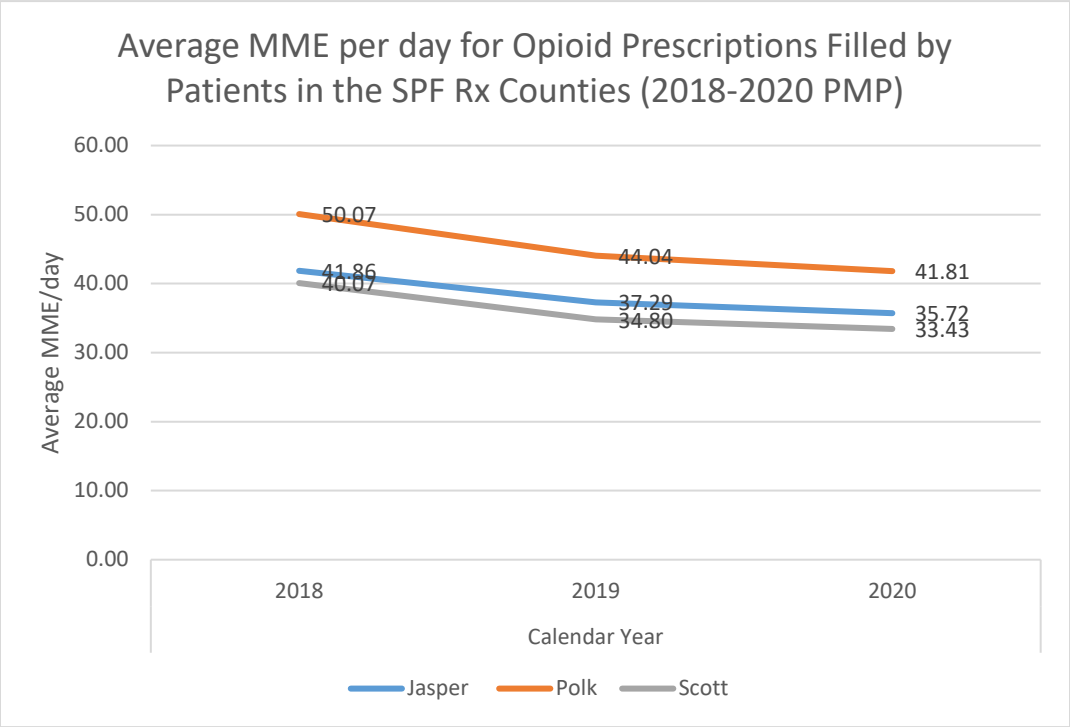
	Years			2018-2020
SPF Rx Counties	2018	2019	2020	%change
Jasper	1,900,014	1,728,506	1,508,687	-21%
Polk	20,798,599	18,504,053	16,673,059	-20%
Scott	6,111,287	5,155,214	4,648,663	-24%
Statewide	Years			2018-2020
	2018	2019	2020	%change
Total	118,083,301	104,220,374	94,646,076	-20%

Average MME/day for all opioid prescriptions filled within a year

In the SPF Rx Counties, the average MME per day for all opioid prescriptions filled within the year from 2018 to 2020 decreased by 15% in Jasper County (41.86 to 35.72 MME/day), decreased by 17% in Polk County (50.07 to 41.81 MME/day), and decreased by 17% in Scott County (40.07 to 33.43 MME/day). Data were not examined for comparison counties.

The following graph shows changes from 2018 to 2020 in the average MME per day for all opioid prescriptions filled in each SPF Rx County (for all ages).

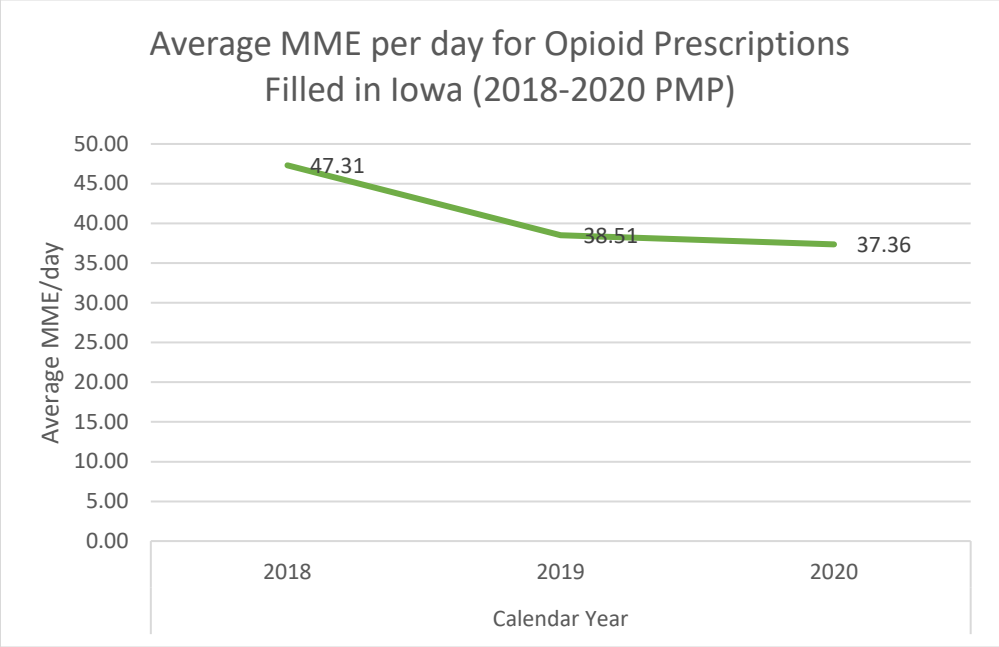
Figure 41: SPF Rx Counties Average MME/day for Opioid Prescriptions filled from 2018-2020 for All Ages



The average MME per day for all opioid prescriptions filled within the year from 2018 to 2020 decreased by 21% for the state of Iowa, from 47.31 MME/day in 2018 to 37.36 MME/day in 2020.

The following graph shows changes from 2018 to 2020 in the average MME per day for all opioid prescriptions filled statewide (for all ages).

Figure 42: Statewide Average MME/day for Opioid Prescriptions filled from 2018-2020 for All Ages



The average MME per day for opioid prescriptions filled is provided in the table below for SPF Rx counties and the state.

Table 21: Average MME/day for Opioid Prescriptions filled from 2018-2020, by County and Year

	Years			2018-2020
SPF Rx Counties	2018	2019	2020	%change
Jasper	41.86	37.29	35.72	-15%
Polk	50.07	44.04	41.81	-17%
Scott	40.07	34.80	33.43	-17%
Statewide	Years			2018-2020
	2018	2019	2020	%change
Total	47.31	38.51	37.36	-21%

Healthcare Provider Use of the Prescription Monitoring Program

Information on healthcare provider use of the Prescription Monitoring Program (PMP) was gathered by the Iowa Department of Public Health through Prescription Monitoring Program databases.

Iowa's PMP data migrated to the Appriss software platform in 2018 so prescriber registration information collected in Appriss is only available from 2018 to 2020. Prescriber registration information in Appriss should be considered approximate, as the data are not regularly updated in that system. The Jasper System was used to obtain information on PMP queries. Information was obtained through a search of cities within the county since county is not an available variable in the search results. The data reported here only include PMP queries made by registered prescribers and pharmacists within Iowa; not registrant queries from other states for patients in Iowa. Also, the data reported here do not include mail-in prescriptions for Iowa residents obtained from an out-of-state prescriber.

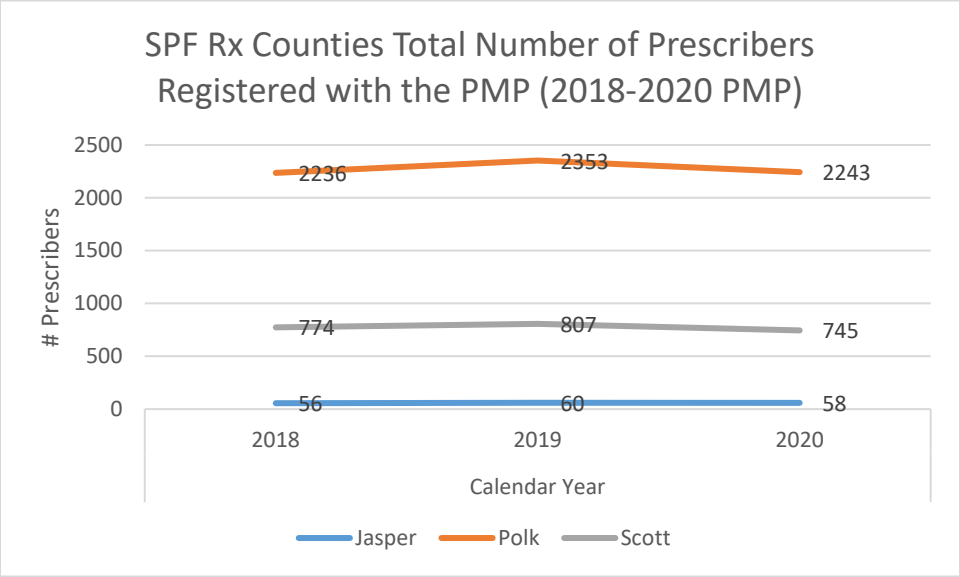
Provider use of the PMP data are only provided for the SPF Rx counties and the State; not comparison counties. The numbers reported are not adjusted for population.

Total number of prescribers registered with the Prescription Monitoring Program (PMP)

In the SPF Rx Counties, the number of prescribers registered with the PMP decreased slightly by about 0.7%, from 3,066 prescribers in 2018 to 3,046 prescribers in 2020. Data were not examined for comparison counties.

The following graph shows changes from 2018 to 2020 in the total number of prescribers registered with the PMP in each of the SPF Rx Counties.

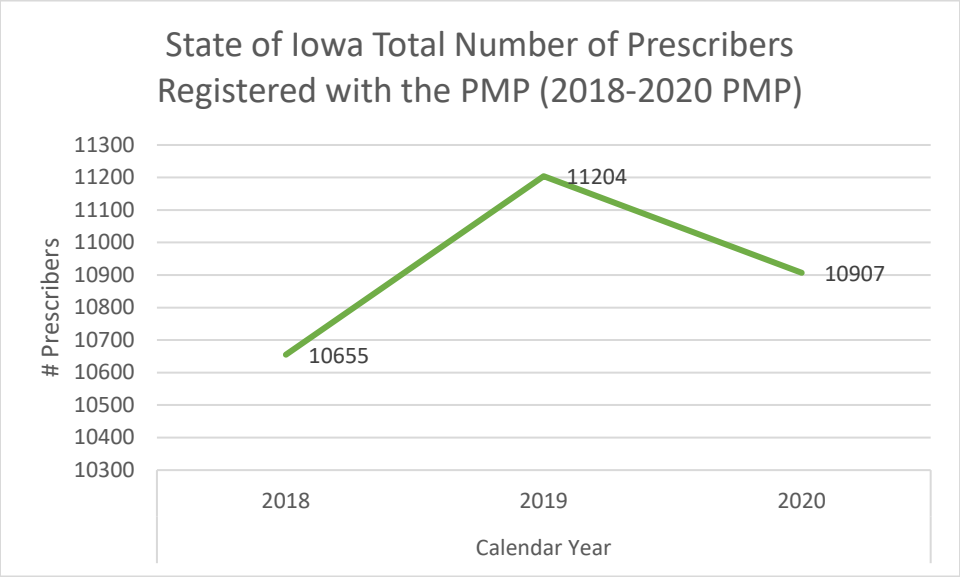
Figure 43: SPF Rx Counties Prescribers Registered with the PMP from 2018-2020



The number of prescribers registered with the PMP from 2018-2020 increased by 2% for the state of Iowa, from 10,655 prescribers in 2018 to 10,907 prescribers in 2020.

The following graph shows changes from 2018 to 2020 in the total number of prescribers registered with the PMP statewide.

Figure 44: Statewide Prescribers Registered with the PMP from 2018-2020



The total number of prescribers registered with the PMP is provided in the table below for SPF Rx counties and the state.

Table 22: Number of Prescribers Registered with the PMP from 2018-2020, by County and Year

	Years			2018-2020
SPF Rx Counties	2018	2019	2020	%change
Jasper	56	60	58	4%
Polk	2236	2353	2243	0%
Scott	774	807	745	-4%
Statewide	Years			2018-2020
	2018	2019	2020	%change
Total	10655	11204	10907	2%

Total number of pharmacists registered with the Prescription Monitoring Program (PMP)

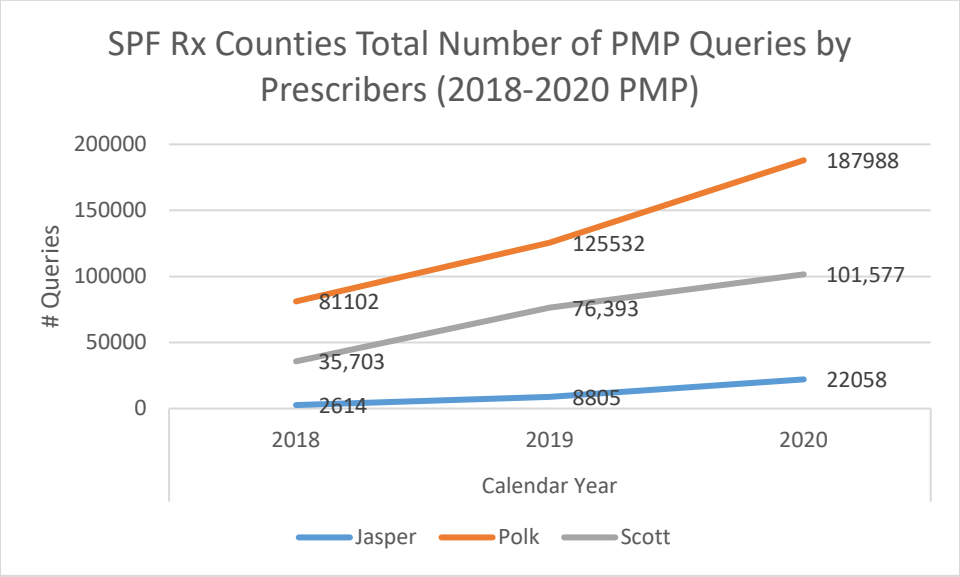
According to the Iowa Department of Public Health, there were currently (as of July 21, 2021), 3,771 licensed pharmacists in the state of Iowa. There were 4,315 pharmacists with an Appriss account in Iowa, including pharmacists who no longer hold licenses. There were 2,690 "active" pharmacist users of the PMP in Iowa in the last 5 years, of which 1,667 were active in 2021.

Total number of queries by prescribers to the Prescription Monitoring Program (PMP)

In the SPF Rx Counties, the number of queries by prescribers to the PMP increased by 161%, from 119,419 queries in 2018 to 311,623 queries in 2020. Data were not examined for comparison counties.

The following graph shows changes from 2018 to 2020 in the total number of queries by prescribers to the PMP in the SPF Rx Counties.

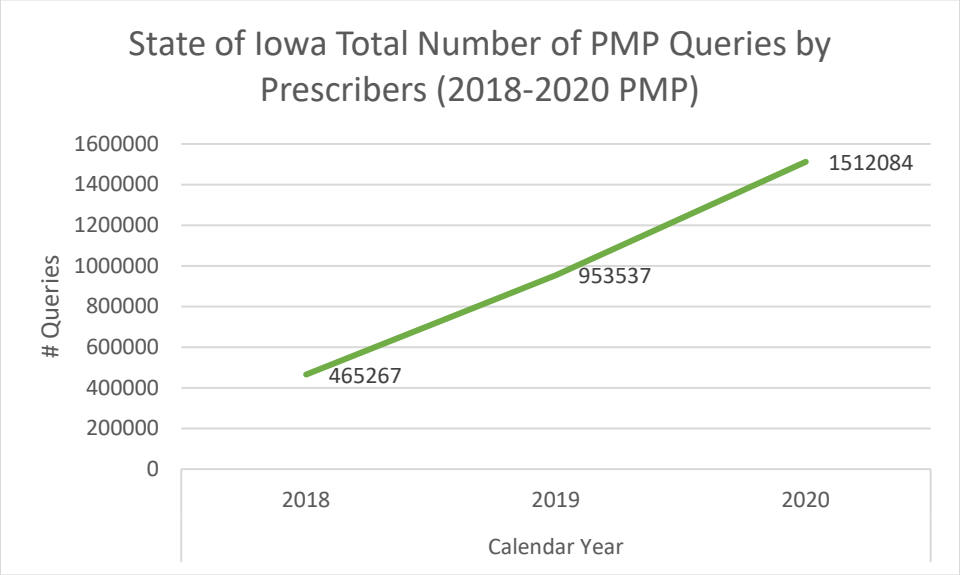
Figure 45: SPF Rx Counties Queries by Prescribers to the PMP from 2018-2020



The number of queries by prescribers to the PMP from 2018-2020 increased by 225% for the state of Iowa, from 465,267 queries in 2018 to 1,512,084 queries in 2020.

The following graph shows changes from 2018 to 2020 in the total number of queries by prescribers to the PMP statewide.

Figure 46: Statewide Queries by Prescribers to the PMP from 2018-2020



The total number of queries by prescribers to the PMP is provided in the table below for SPF Rx counties and the state.

Table 23: Number of Queries by Prescribers to the PMP from 2018-2020, by County and Year

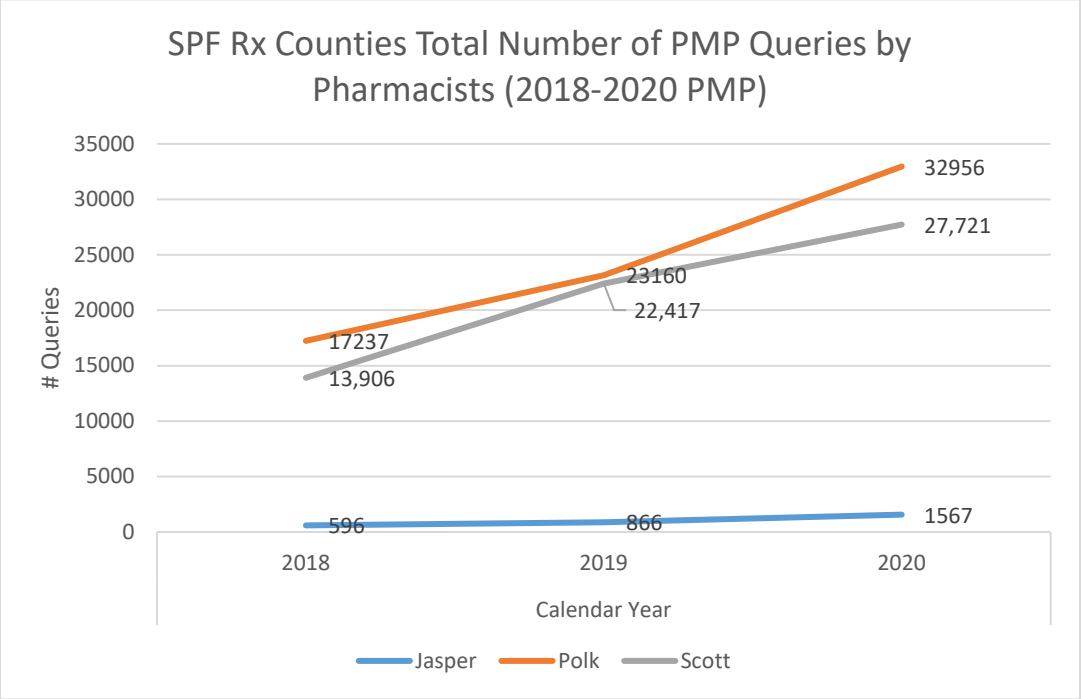
	Years			2018-2020
SPF Rx Counties	2018	2019	2020	%change
Jasper	2,614	8,805	22,058	744%
Polk	81,102	125,532	187,988	132%
Scott	35,703	76,393	101,577	185%
Statewide	Years			2018-2020
	2018	2019	2020	%change
Total	465,267	953,537	1,512,084	225%

Total number of queries by pharmacists to the Prescription Monitoring Program (PMP)

In the SPF Rx Counties, the number of queries by pharmacists to the PMP increased by 96%, from 31,739 queries in 2018 to 62,244 queries in 2020. Data were not examined for comparison counties.

The following graph shows changes from 2018 to 2020 in the total number of queries by pharmacists to the PMP in the SPF Rx Counties.

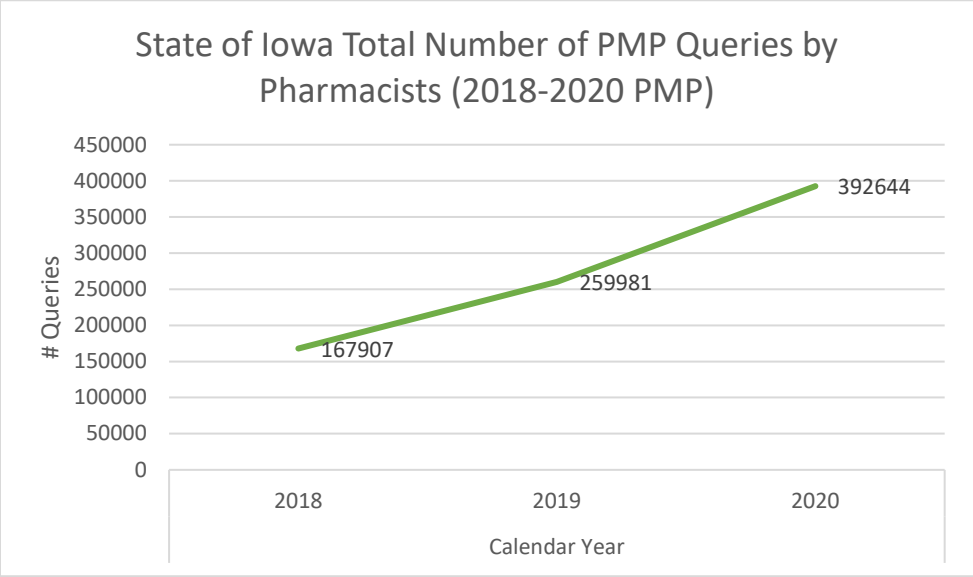
Figure 47: SPF Rx Counties Queries by Pharmacists to the PMP from 2018-2020



The number of queries by pharmacists to the PMP from 2018-2020 increased by 134% for the state of Iowa, from 167,907 queries in 2018 to 392,644 queries in 2020.

The following graph shows changes from 2018 to 2020 in the total number of queries by pharmacists to the PMP statewide.

Figure 48: Statewide Queries by Pharmacists to the PMP from 2018-2020



The total number of queries by pharmacists to the PMP is provided in the table below for SPF Rx counties and the state.

Table 24: Number of Queries by Pharmacists to the PMP from 2018-2020, by County and Year

	Years			2018-2020
SPF Rx Counties	2018	2019	2020	%change
Jasper	596	866	1,567	163%
Polk	17,237	23,160	32,956	91%
Scott	13,906	22,417	27,721	99%
	Years			2018-2020
Statewide	Years			2018-2020
	2018	2019	2020	%change
Total	167,907	259,981	392,644	134%

Conclusions

Iowa Department of Public Health (IDPH) was awarded a five-year Strategic Prevention Framework for Prescription Drugs (SPF Rx) grant beginning September 1, 2016. Three "high need" counties were selected by IDPH to implement community-based prevention efforts intended to reduce and prevent prescription misuse among youth and young adults and educate patients and healthcare providers about safe prescribing practices in Iowa. Project activities were thoroughly documented at both the state and county levels. IDPH had many project requirements for the counties to complete as part of the SPF process.

The first year of the grant was reserved by SAMHSA for state planning purposes. After that period, there was a 16 month delay in implementing the strategies to allow for ample time in county assessment and planning and other vital components within the SPF process. COVID-19 subsequently slowed progress to some extent, coinciding with the second year of strategy implementation. Nevertheless, all counties were able to sustain the project for the entire duration of the grant, despite having to make adaptations or not being able to implement some strategies in full capacity during the pandemic.

All three SPF Rx-funded counties implemented strategies that were primarily informational and educational in nature. This included offering presentations, implementing the "Prescription Drugs are Still Drugs" media campaign, and distributing resources, such as YourLifeIowa.org resources, the CDC's Guideline for Prescribing Opioids for Chronic Pain to healthcare providers, and SAMHSA's Opioid Overdose Prevention Toolkits. SPF Rx was one project among other efforts in the SPF Rx counties to address drug prevention.

County staff largely affirmed that SPF Rx had a positive impact in the county and that IDPH provided helpful support. The strategies that county staff indicated having the most success with were those where key stakeholders supported and "bought-into" and also those that adapted well during the pandemic (operating outside schools, not needing the attention of healthcare providers, and able to be virtual).

At the beginning of SPF Rx, data showed that prescription drug misuse was fairly low among the project's target population of 12-25 year old in Iowa. In 2016, only 5% of 11th graders (IYS) statewide reported using a prescription that was not prescribed to them within the past 30 days. The 2016 National Survey on Drug Use and Health (NSDUH) reported prescription drug misuse among 18-25 year olds in Iowa was only 7%. Nevertheless, with the goal of *prevention* in mind, efforts in spreading resources and awareness of the risks associated with prescription drugs will hopefully pay off in the future so that youth and young adults will choose not to misuse prescriptions later in life.

One of IDPH's project goals was to decrease the number of 11th graders in the state reporting misuse of prescriptions by 5% (to 0%). The Iowa Youth Survey was not distributed in 2020 due to the pandemic so the most recent year could not be examined. However, from 2014 to 2018:

- Past 30-day *prescription use- not prescribed* and *over the counter medication use – differently than directed* only decreased by 1% (from 5% down to 4%).

Positive changes in the reduction of 11th grade prescription misuse were already occurring in SPF Rx counties from 2014 to 2018, prior to SPF Rx implementation (2019-2021). The Iowa Youth Survey was

not distributed in 2020 due to the pandemic so the most recent year could not be examined. From 2014-2018, SPF Rx counties had greater reductions in 11th grade past 30-day *prescription use- not prescribed* and *over the counter medication use – differently than directed* compared to the comparison group (three unfunded "high need" counties) and statewide totals.

- *Prescription use-not prescribed* decreased by 9% among 11th graders in the SPF Rx counties (compared to a 5% decrease in the comparison counties and a 1% decrease statewide).
- *Over the counter medication use-differently than directed* decreased by 7% among 11th graders in the SPF Rx counties (compared to a 4% decrease in the comparison counties and a 1% decrease statewide).

Another IDPH goal was to maximize the use of the Iowa Prescription Monitoring Program (PMP) by increasing registration of controlled substance prescribers from 42% to 90% and increasing registration of pharmacists from 83% to 90%. The enactment of the state law requiring registration in 2018 has statutorily mandated this change. Data were not available from earlier years to assess this due to a change in PMP software vendors.

- Statewide, there were 10,907 prescribers in 2020. 4,315 pharmacists were registered. Some of these prescribers and pharmacists may not currently be users, so this measure doesn't capture *actual* use of the PMP.
- The number of queries to the Iowa PMP by prescribers and pharmacists increased by 225% in the state and by 161% in SPF Rx counties from 2018 to 2020. The number of queries by pharmacists increased by 134% in the state and by 96% in SPF Rx counties from 2018 to 2020.

Prescribing patterns from 2018 to 2020 were also examined, showing positive change in both the state and the SPF Rx counties.

- The number of unique residents prescribed opioids decreased by 18% in both the state and the SPF Rx counties.
- The total number of opioid pills dispensed decreased by 20% for the state and decreased by 21% in the SPF Rx counties.
- The number of opioid prescriptions *filled* decreased by 13% in the state and decreased by 15% in the SPF Rx counties.
- The number of high-dose opioid prescriptions *filled* decreased by 27% for the state and decreased by 32% in the SPF Rx counties.
- The average MME per day for all opioid prescriptions filled in each year from 2018 to 2020 decreased by 21% for the state and decreased by around 15% in the SPF Rx counties.

The results do not capture the final year of the project in 2021, as data were not yet available. Data from some sources were also not available in 2020 due to the pandemic. Data that were available in 2020 can not necessarily be considered representative of historical trends. The pandemic was an unforeseen and unavoidable intervening factor that makes it difficult to assess the results of SPF Rx. The timing of the pandemic coincided with the second year of implementation in the SPF Rx counties. Closures, restrictions, and a shift in healthcare provider priorities affected participation in the project. Also, the pandemic reduced the amount of time the counties had to implement the strategies due to closures.

Prescription prevention work will continue at IDPH. The agency was recently was awarded a second SPF Rx grant to begin September 30, 2021. The focus and target population of this grant will be the same as the current grant and will fund three counties based on a needs assessment and RFP process. All three current SPF Rx counties will also continue work on some of their strategies after the current grant ends through support by other organizations or agencies, other grants in the county, or through the ability of the coalition or funding agency to implement it for minimal or no cost (such as information distribution).

Appendix A

Strategy Descriptions

A description of each strategy is provided below. This is a summary of IDPH's SPF Rx Evidence-Based Practice Selection Workbook and Implementation Guide. Please refer to the Implementation Guide for more information about each strategy and its core components.

Individual Strategies

LifeSkills Training Program: Research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse and violence by targeting the major social and psychological factors that promote the initiation of substance use and risky behaviors. There is an additional value-added video on prescription drug abuse. This highly interactive, skills-based program is designed to promote positive health and personal development for high school youth and help students achieve competency in the skills that have been shown to prevent substance use, violence and other health risk behaviors. Life Skills helps promote healthy alternatives to risky behavior.

Objectives are:

Integrating personal self-management skills, general social skills and drug resistance skills to the program

Informing students of consequences of substance abuse and misuse

Strengthening Families Program 10-14 (SFP): Evidence-based prevention program for parents and children ages 10- to 14-years-old. This program elevates positive parenting skills, children's social skills, and family relationships. This program is specifically designed for high-risk and general population families. Parents and youth meet in separate groups for the first hour and together as families during the second hour to practice skills, play games and do family projects. Sessions are highly interactive and include role-playing, discussions, learning games and family projects.

- *Parent sessions consists of presentations, role-plays, group discussions and other skill-building activities.*
- *Youth sessions engage each youth in small and large group discussions, group skill practice, and social bonding activities.*
- *Family sessions use specially designed games and projects to increase family bonding, build positive communication skills, and facilitate learning to solve problems together.*

The objectives of SFP are improving parenting skills and family relationships, reducing problem behaviors, delinquency and alcohol and drug abuse in children, and improving social competencies and school performance.

Environmental Strategies

*Drug Recognition Expert (DRE) **(Not Implemented)**: A police officer trained to recognize impairment in drivers under the influence of drugs other than, or in addition to, alcohol.*

The objective of DRE is to provide training to recognize driving impairment under the influence of drugs, alcohol, etc.

- *Officers are highly trained to detect and interact with potential criminals*
- *County attorney's will use DREs as expert witnesses so it will increase successful prosecutions*

Generation Rx: The mission of Generation Rx is to educate people of all ages about the potential dangers of misusing prescription medications. The program is led by teacher-facilitators where all information is downloadable, free and provided on the Generation Rx website. The program is designed to enhance medication safety among several audiences including youth, college students and employers.

Objectives are:

- *Increase awareness of potential dangers of prescription drug misuse for all ages*
- *Target all ages to decrease prescription drug misuse*
- *Create awareness of additional resources and information*

Screening, Brief Intervention, and Referral to Treatment (SBIRT): The purpose of the SPF Rx SBIRT strategy is to promote and encourage its use through educational materials and resources for the public and healthcare providers. This is a three-part screening process to assess for possible substance misuse or abuse. The three parts are:
1. Screening by a healthcare provider in any setting using a valid tool: i.e., the Drug Abuse Screening Test (DAST) for adults 18-25 or the Car. Relax. Alone. Forget. Friends. Trouble (CRAFFT) screening test for ages 12-17.
2. Next, the healthcare provider may choose to assess specific risk with the Opioid Risk Tool (ORT) and engages the patient with a brief intervention providing feedback and advice on risky substance use behaviors.
3. Then, when indicated by the screening tool, the healthcare provider provides a referral to brief therapy or additional treatment with a treatment provider where a connection has been made via the prevention specialist.

Objectives are:

- *Increase the awareness and use of the SBIRT screening process with healthcare providers and the public for early detection and intervention to decrease the non-medical use of prescription drugs.*
- *Make a connection with healthcare providers and treatment providers for a warm handoff*

Multicomponent Strategies

*Project Lazarus, **(Not Implemented)**: This strategy can be utilized as a support if SPF Rx counties select Drug Recognition Expert Training or/and SBIRT for their strategies. Project Lazarus focuses on preventing prescription drug overdoses utilizing a four-component program to help raise awareness of prescription drug misuse, dangerous prescribing practices, and increased community awareness and action. Project Lazarus mirrors several steps of the SPF process; therefore, it will be offered as a support instead of as a stand-alone strategy.*

The objective of Project Lazarus is to raise awareness of prescription drug misuse, prescribing practices and community involvement.

Promoting School-Community-University Partnerships to Enhance Resilience (PROSPER) (***Not Implemented)***: *This strategy can be utilized as a support if SPF Rx counties select Strengthening Families Program 10-14 and LifeSkills Training for their strategies. PROSPER is a process designed to improve the quality and sustainability of community-implemented strategies by providing established and proven supports in youth substance abuse prevention programming, including prescription drug misuse. The program consists of four stages including: initial organization, initial operations, ongoing operations, and long-term stability. Much of the PROSPER process mirrors the SPF steps: Assessment, Capacity, Planning, Implementation and Evaluation; however, the strength of the continued support of several resources throughout the project help sustain positive outcomes.*

Objective of PROSPER is to improve the quality and fidelity of community-implemented evidence-based prevention programs.

Informational Strategies

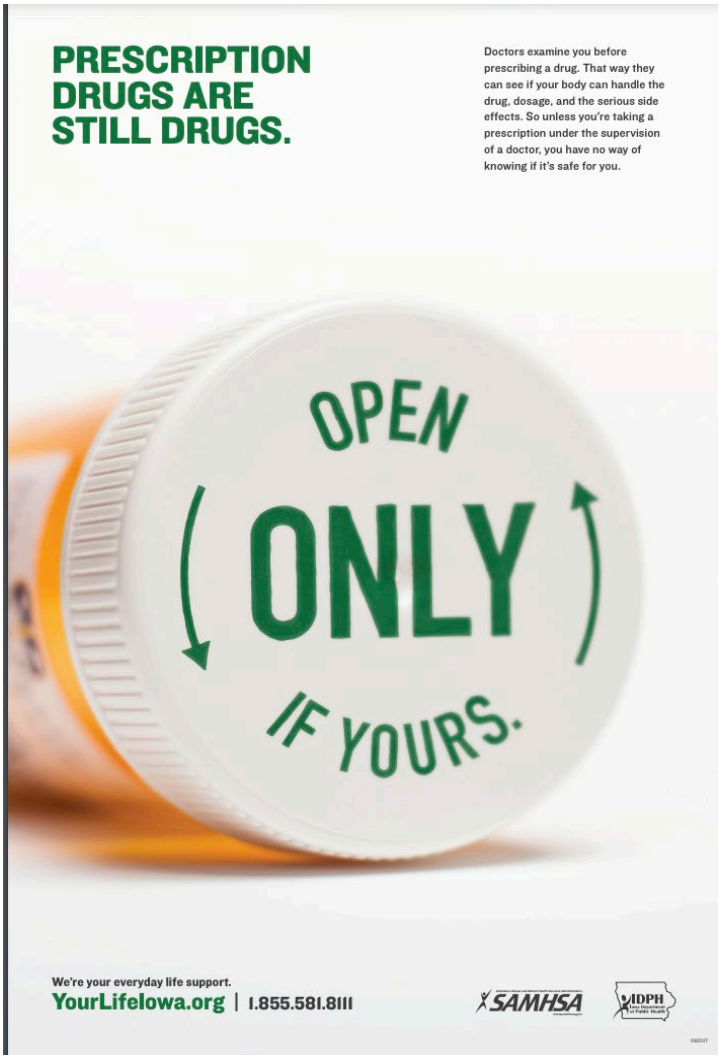
IDPH Resource Information Distribution: Present and discuss the dangers of the misuse of prescription drugs; how, where and when prescription drugs should be stored and discarded; overview of the resources on YourLifeIowa.org; and relate an understanding of the Good Samaritan Law.

Objectives are:

- *To develop a presentation that encompasses the resources and materials available and present to the population of focus.*
    - *Promote the website YourLifeIowa.org and the resources available for prevention and treatment. Attendees should be able to name the three ways they can find help (locate treatment agencies, call: 855-581-8111 or Text: 855-895-8398, and use Live Chat function*
    - *Educate the attendees on the Good Samaritan law. Attendees should understand that 911 should be the first line of defense for a suspected overdose*
    - *Attendees share their knowledge of the YourLifeIowa.org resource with family members, students, friends, peers, coworkers, neighbors, etc. Each attendee commits to sharing the resource to a specific population (teacher to students; students to friends, peers, family, etc.; community members to friends, family, coworkers, etc.*
- *To provide prescription drug education (misuse/abuse prevention) materials and tools to educators, youth and young adults so they will have an increased understanding of the dangers of prescription misuse.*
    - *Distribute Prescription Drugs Are Still Drugs brochures, SAMHSA's Toolkit to prevent opioid overdose, provide drug drop box locations, national dates of prescription drug disposal, alternative ways to handle pain, Good Samaritan Law, YourLifeIowa.org, etc.*
- *To increase the awareness of YourLifeIowa.org and the Good Samaritan Law by implementing the media campaigns.*
    - *Distribute and promote the media campaigns throughout the county*

- *To increase the understanding of lifesaving resources by measuring awareness through pre-post surveys*
    - *Increase or maintain awareness by 95 percent of all who attend*

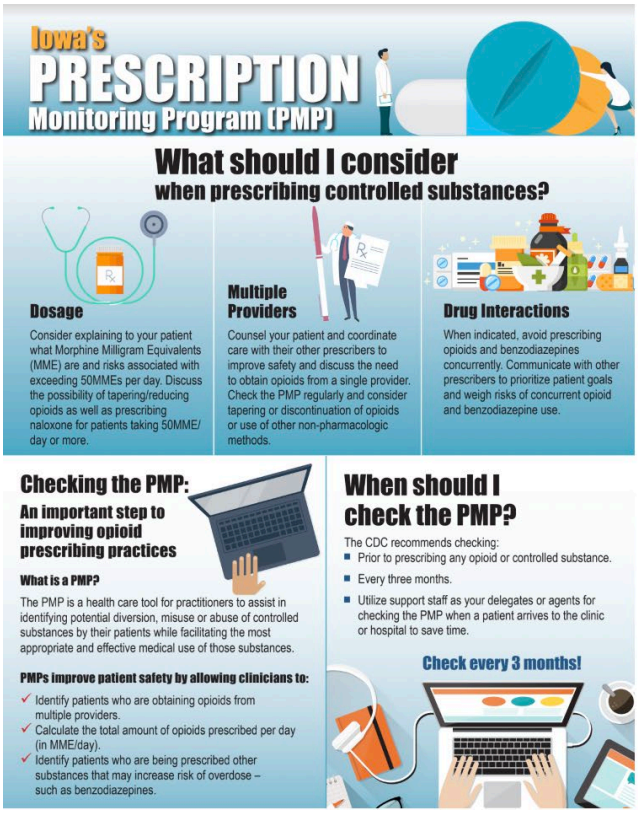
<u>IDPH Media Campaign: "Prescription Drugs are Still Drugs"</u> ***(Required):*** *An information dissemination campaign created for the SPF Rx grant to inform the 12- to 25-year-old focus population of the dangers of misusing prescription drugs. A poster, brochure, billboard, radio ads, one television ad, and online banner ads will all be available for use by counties. The campaign is evidence-based as foundational and pre/post-evaluative research was executed with the targeted audience for prescription drug misuse. Foundational research was facilitated through online focus groups in 10 counties throughout Iowa identified as highest-need based on hospital admissions, treatment admissions, opioid-related deaths, and 11th grade responses to the Iowa Youth Survey on the misuse of prescription drugs. The foundational research was conducted to determine the most compelling message for this audience regarding prescription drugs. Pre-campaign and post-campaign research was conducted in the same areas. The pre/post-research measured the current levels of knowledge and perceptions about prescription use, misuse and abuse. The post-test also studied knowledge of and reactions to the ad campaign.*

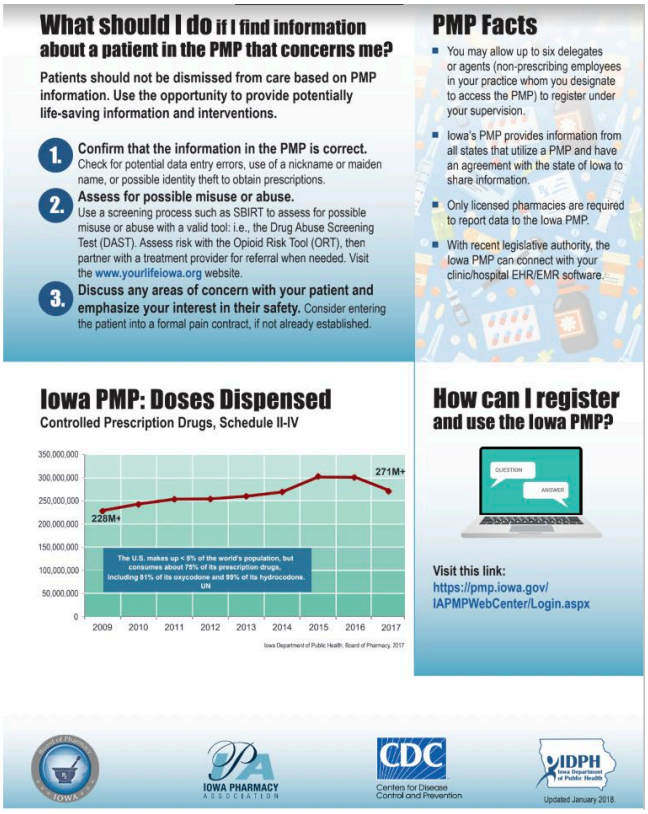


<u>Prevention Prescriber/Patient Education—CDC Guideline for Prescribing Opioids for Chronic Pain and SAMHSA Opioid Overdose Prevention Toolkit</u> ***(Required):*** *Use materials provided by CDC to educate prescribers about the benefits of using the Prescription Monitoring Program (PMP) to reduce the misuse of prescription drugs. Use materials provided by SAMHSA to educate the public, especially parents, guardians, patients, educators, and community members about the potential dangers of using prescription drugs other than as prescribed and also the dangers of using someone else's prescription.*

Objectives are:

- *To reduce unnecessary prescriptions of opioids through prescriber education and to better monitor their use*
- *To promote PMP awareness among patients and utilization among controlled substance prescribers*
- *To provide prescription drug education (misuse/abuse prevention) materials and tools to healthcare professionals for use with patients*





WHY GUIDELINES FOR PRIMARY CARE PROVIDERS?

Primary care providers account for approximately **50%** of prescription opioids dispensed

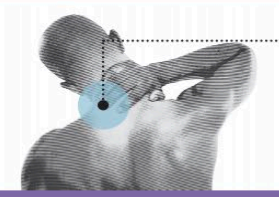
Nearly **2 million** Americans, aged 12 or older, either abused or were dependent on prescription opioids in 2014

- An estimated 11% of adults experience daily pain
- Millions of Americans are treated with prescription opioids for chronic pain
- Primary care providers are concerned about patient addiction and report insufficient training in prescribing opioids

MYTH VS TRUTH

	MYTH	TRUTH
1	Opioids are effective long-term treatments for chronic pain	While evidence supports short-term effectiveness of opioids, there is insufficient evidence that opioids control chronic pain effectively over the long term, and there is evidence that other treatments can be effective with less harm.
2	There is no unsafe dose of opioids as long as opioids are titrated slowly	Daily opioid dosages close to or greater than 90 MME/day are associated with significant risks, and lower dosages are safer.
3	The risk of addiction is minimal	Up to one quarter of patients receiving prescription opioids long term in a primary care setting struggles with addiction. Certain risk factors increase susceptibility to opioid-associated harms: history of overdose, history of substance use disorder, higher opioid dosages, or concurrent benzodiazepine use.

WHAT CAN PROVIDERS DO?



First, **do no harm**. Long-term opioid use has uncertain benefits but known, serious risks. CDC's ***Guideline for Prescribing Opioids for Chronic Pain*** will support informed clinical decision making, improved communication between patients and providers, and appropriate prescribing.

PRACTICES AND ACTIONS

USE NONOPIOID TREATMENT

Opioids are not first-line or routine therapy for chronic pain *(Recommendation #1)*

In a systematic review, opioids did not differ from nonopioid medication in pain reduction, and nonopioid medications were better tolerated, with greater improvements in physical function.

START LOW AND GO SLOW

When opioids are started, prescribe them at the lowest effective dose *(Recommendation #5)*

Studies show that high dosages (≥100 MME/day) are associated with 2 to 9 times the risk of overdose compared to <20 MME/day.

REVIEW PDMP

Check prescription drug monitoring program data for high dosages and prescriptions from other providers *(Recommendation #9)*

A study showed patients with one or more risk factors (4 or more prescribers, 4 or more pharmacies, or dosage >100 MME/day) accounted for 55% of all overdose deaths.

AVOID CONCURRENT PRESCRIBING

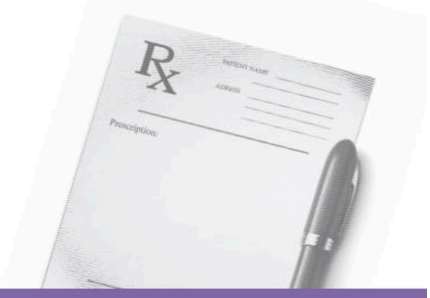
Avoid prescribing opioids and benzodiazepines concurrently whenever possible *(Recommendation #11)*

One study found concurrent prescribing to be associated with a near quadrupling of risk for overdose death compared with opioid prescription alone.

OFFER TREATMENT FOR OPIOID USE DISORDER

Offer or arrange evidence-based treatment (e.g. medication-assisted treatment and behavioral therapies) for patients with opioid use disorder *(Recommendation #12)*

A study showed patients prescribed high dosages of opioids long-term (>90 days) had 122 times the risk of opioid use disorder compared to patients not prescribed opioids.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

OVERDOSE DEATHS

involving prescription opioids have quadrupled since 1999

receiving long-term opioid therapy in a primary care setting struggles with addiction.

Tips for Communicating with Patients

- Ask open-ended questions
- Be empathetic
- Use active listening
- Use clear explanations—avoid jargon
- Include verbal and written materials

SIMPLE WAYS TO START CONVERSATION

- ✔ What medications are you taking?
- ✔ What medications have you taken to manage pain and how did you respond?
- ✔ Describe how you normally take your medications.
- ✔ How well is your medication controlling your pain?
- ✔ Are you experiencing any side effects from your pain medications?
- ✔ In addition to medications, what other ways are you managing your pain?
- ✔ Do you know which medications you should avoid while taking opioids?
- ✔ What questions do you have about your medications?

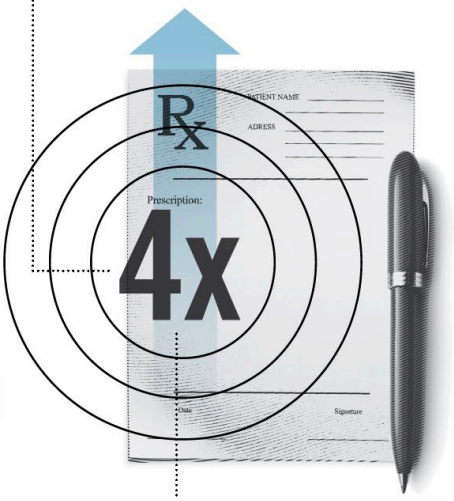
PHARMACISTS: ON THE FRONT LINES

Addressing Prescription Opioid Abuse and Overdose

Sales of prescription opioids in the U.S. nearly

QUADRUPLED

from 1999 to 2014,



but the amount of pain Americans reported remained

UNCHANGED

Pharmacists are an essential part of the health care team. On the front lines of dispensing opioid pain medications and providing medication-related services, pharmacists can serve as a first line of defense by engaging in prevention and treatment efforts of opioid use disorder and overdose.

RESOURCES AND EDUCATION

American Pharmacists Association: www.pharmacist.com/

CDC Injury Prevention and Control Opioid Overdose: www.cdc.gov/drugoverdose/

CDC What Patients Need to Know factsheet: www.cdc.gov/drugoverdose/pdf/aha-patient-opioid-factsheet-a.pdf

Substance Abuse and Mental Health Services Administration: www.samhsa.gov

PDMP Resource: www.namsdl.org/prescription-monitoring-programs.cfm

Drug Enforcement Administration: www.dea.gov/index.shtml

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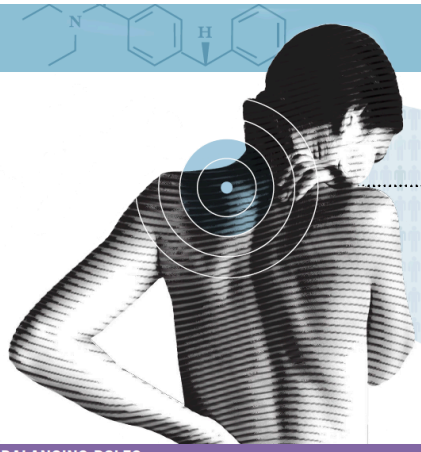
www.cdc.gov/drugoverdose

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

*Recommendations focus on pain lasting longer than 3 months or past the time of normal tissue healing, outside of active cancer treatment, palliative care, and end-of-life care.



In 2014, Nearly

2M

Americans

aged 12 or older, either abused or were dependent on opioids.

BALANCING ROLES

Pharmacists have multiple and complex roles— including evaluating new prescription orders with concurrent treatments, determining whether medication is improperly prescribed, and assessing prescription orders for forgery/alteration. Often faced with limited time and information, pharmacists work to:

- **Assess.** Look for "red flags" that patients might be struggling with opioid use disorder or diverting medications, such as:
  - Forged prescriptions (e.g. lack of common abbreviations or overly legible handwriting)
  - Prescriptions originating from outside the immediate geographic area
  - Altered prescriptions (e.g. multiple ink colors or handwriting styles)
  - Cash payments
  - Inconsistent or early fills
  - Multiple prescribers

The DEA mandates pharmacists assess whether controlled substance prescriptions are written for a legitimate medical purpose in the usual course of professional practice.

- **Verify.** Validate prescriber DEA registration and patient identification.
- **Consult.** If available, check prescription drug monitoring program (PDMP) as well as patient records.
- **Communicate.** Contact the prescriber with questions or concerns, talk to the patient, and submit information to the PDMP, if available.

PARTNERING WITH PRESCRIBERS

Pharmacists and prescribers share a common goal of ensuring safe and effective treatment for patients. The *CDC Guideline for Prescribing Opioids for Chronic Pain* emphasizes patient safety and encourages prescribers and pharmacists to collaborate in integrated pain management and team-based practice models.

Pharmacists and prescribers should apply the guideline and work collaboratively to optimize pain management while preventing opioid use disorder and overdose. Establishing and maintaining collaborative working relationships improves patient outcomes.

PHARMACISTS: PART OF THE TEAM

Managing Pain. The guideline recommends prescribing the lowest effective dose and using caution at any dosage. As medication experts, pharmacists can:

- Educate patients on risks of opioids and ways to manage those risks
- Review and monitor patients' medications in collaboration with prescribers
- Assist in implementing treatment plans with other health care team members
- Provide drug information and recommendations to the health care team

Preventing Abuse. When opioids are prescribed, increase follow-up and frequently assess risks and benefits. Pharmacists can:

- Monitor for signs of aberrant behavior, abuse and diversion
- Use PDMPs to identify patients at increased risk of overdose, such as those taking high dosages or obtaining opioids from multiple prescribers
- Communicate with prescribers about any concerns or unusual behavior observed in patients
- Monitor for risk of overdose, dispense naloxone per authority, and counsel on how to use.

COMMUNICATING WITH PATIENTS

In addition to increasing communication with prescribers, pharmacists talk to patients about the safe use of opioids. Pharmacists can educate patients about:

1. **Proper use:** Discuss how to take medication(s) exactly as prescribed and the risks of using medication inappropriately.
2. **Side effects:** Review most common side effects and stress the importance of reporting them to their prescriber or pharmacist for effective management.
3. **Medication fills:** Discuss and manage expectations regarding refill requirements and the importance of using one pharmacy for all medications.
4. **Stockpiling medication:** Counsel patients about the dangers of saving unused medication.
5. **Safe storage and disposal:** Explain how to safely store and dispose of unused medications to prevent diversion or misuse. Refer to the DEA website www.deadiversion.usdoj.gov/drug_disposal/ for fact sheets and details regarding drug disposal.

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

CDC's *Guideline for Prescribing Opioids for Chronic Pain* is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

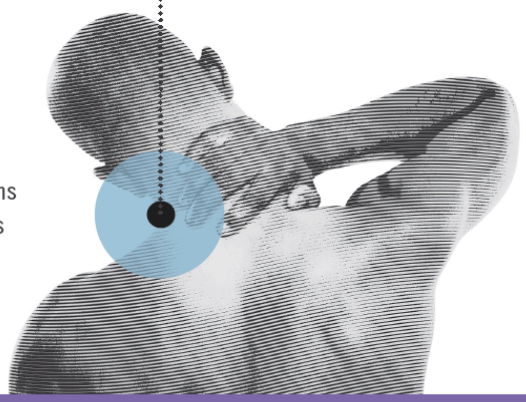
1. Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

2. Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3. Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

CLINICAL REMINDERS

- **Opioids are not first-line or routine therapy for chronic pain**
- **Establish and measure goals for pain and function**
- **Discuss benefits and risks and availability of nonopioid therapies with patient**



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OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

CLINICAL REMINDERS

- Use immediate-release opioids when starting
- Start low and go slow
- When opioids are needed for acute pain, prescribe no more than needed
- Do not prescribe ER/LA opioids for acute pain
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed

4 When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

5 When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day.

6 Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

7 Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

8 Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.

9 Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

10 When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

11 Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

12 Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

CLINICAL REMINDERS

- Evaluate risk factors for opioid-related harms
- Check PDMP for high dosages and prescriptions from other providers
- Use urine drug testing to identify prescribed substances and undisclosed use
- Avoid concurrent benzodiazepine and opioid prescribing
- Arrange treatment for opioid use disorder if needed

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

Opioid Resource Guide

brought to you by the QCSAPC Quad Cities Substance Abuse Prevention Coalition

Generation Rx

GenerationRx Safe medication practices for life.

The mission of ***Generation Rx*** is to educate people of all ages about the potential dangers of misusing prescription medications. In doing so, we strive to enhance medication safety among our youth, college students, other adults in our communities, and older adults.

To request and schedule a Generation Rx presentation or to learn how to become a Generation Rx facilitator for your school or organization, please email QCSAPC@gmail.com or call 563-326-4116 (press 4 for Prevention).

Your Life Iowa is your Everyday Life Support

YOUR LIFE IOWA

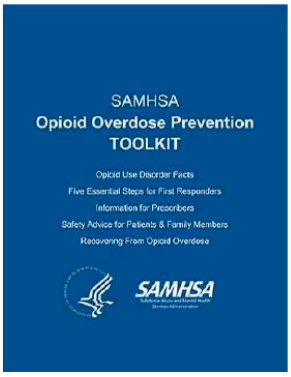
IOWA DEPARTMENT OF PUBLIC HEALTH

If you or a loved one are facing a problem with alcohol, drugs, gambling, mental health or suicidal thoughts, you're not alone. That is why the Iowa Department of Public Health has created YourLifeIowa.org so Iowans can chat live, text, or call and get reliable information and treatment options, and find nearby help.

To learn more or speak directly with a trained professional at any time, please call (855) 581-8111, or text (855) 895-8398, or visit YourLifeIowa.org for more information.

If you would like to request a training about Your Life Iowa or receive Your Life Iowa materials, please email QCSAPC@gmail.com or call 563-326-4116 (press 4 for Prevention).

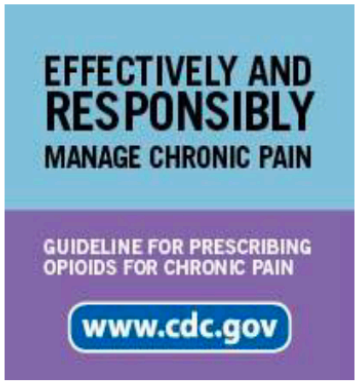
SAMHSA's *Opioid Overdose Prevention Toolkit*



The SAMHSA Opioid Overdose Prevention Toolkit offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths. Access reports for community members, prescribers, patients and families, and those recovering from opioid overdose.

To download this free toolkit, Click Here. If you would like for the QC SAPC to print and provide color copies of this resource, please email us at QCSAPC@gmail.com.

CDC Guidelines - Prescribing Opioids for Chronic Pain



Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse or overdose from these drugs.

CDC developed and published the *CDC Guideline for Prescribing Opioids for Chronic Pain* to provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (pain lasting longer than 3 months or past the time of normal tissue healing) outside of active cancer treatment, palliative care, and end-of-life care.

To request a training or receive additional information about the CDC Guidelines for Prescribing Opioids for Chronic Pain, email QCSAPC@gmail.com, or visit Here to download the guidelines.

RALI CARES & CODE 3 Virtual Trailer

RALI Iowa
Rx Abuse Leadership Initiative

Since opioid misuse continues to be a nationwide epidemic affecting all ages, we would like to provide you with an additional resource brought to you by RALI Iowa & RALI's partner, CODE 3.

The RALI CARES educational program is an online, interactive experience that demonstrates and highlights the dangers of opioid abuse while providing tools to help you identify potential signs of opioid misuse.

Visit the RALI Iowa Website and experience the RALI CARES educational program today at https://www.rali-ia.org/rali-cares

Tim Ryan and Jennifer Gimenez

Tim Ryan, a substance abuse interventionist famously known as A&E's "Dope Man," and his wife Jennifer Gimenez, world-renowned model, actress, substance abuse counselor, and reality TV star are both proactive in changing lives by inspiring their audiences to live a more fulfilling, passionate, and purposeful life. Their personal mission is to initiate broad-scale change to dismantle the opioid epidemic and guide addicts into recovery.

To learn more about Tim & Jenn and their work, request to schedule your own speaking event, please visit www.timandjennifer.org or email amaninrecovery@gmail.com.

Appendix B

State Epidemiological Workgroup
Prevention Partnerships Advisory SEWPPAC

Operating Procedures

This document contains the Operating Procedures for the State Epidemiological Workgroup Prevention Partnerships Advisory Council (SEWPPAC) and enumerates the policies and procedures for the organizational structure, duties, and responsibilities of the SEWPPAC in order to further the statewide prevention system in the state.

ARTICLE I: NAME, MISSION, AND PURPOSE

Section A: Name – The formal name shall be the State Epidemiological Workgroup Prevention Partnerships Advisory Council (SEWPPAC).

Section B: Mission – The SEWPPAC shall advise the Iowa Department of Public Health in improving the statewide substance misuse prevention system at the community and state levels.

Section C: Purpose – The purpose of the SEWPPAC is to:

1. Assess the scope and extent of substance misuse and substance misuse-related problems in Iowa and determine the substance misuse priorities for prevention funding and services.
2. Increase the state and community level capacity to address the substance misuse priorities.
3. Develop and support a Strategic Plan to address the substance misuse priorities.
4. Recommend the implementation of effective prevention strategies that address the priorities and effect positive change in outcomes.
5. Guide the evaluation of the Strategic Prevention Framework (SPF) process at the state and community levels.
6. Promote cultural responsiveness throughout the SPF process.
7. Develop a plan to sustain the outcomes from the SPF process.

ARTICLE II: SEWPPAC GOALS, OBJECTIVES, AND DELIVERABLES

Section A: Goals – The goals of the SEWPPAC shall be:

1. Prevent the onset and reduce the progression of chosen priority substance misuse issues, including underage drinking.
2. Reduce substance misuse-related problems in the community.
3. Build prevention capacity and infrastructure at the state and community levels.

Section B: Objectives – The objectives of the SEWPPAC are to:

Support an array of services by coalitions, state agencies and other partners to:

1. Develop a plan to enhance the capacity, infrastructure and cultural responsiveness of substance misuse prevention efforts at the state and community levels.
2. Promote the use of data driven decisions to select evidence-based practices.

3. Build a foundation for delivering and sustaining effective substance misuse prevention services.

Section C: Deliverables – The SEWPPAC is responsible for producing or overseeing the following deliverables:

1. Strategic Plan and appropriate updates
2. State of Iowa Substance Use Epidemiological Profile
3. State level outcomes

ARTICLE III: MEMBERSHIP OF SEWPPAC AND PROJECT STAFF

Section A: SEWPPAC Members –

Non-Voting Members:

1. Project Officer(s), Center for Substance Abuse Prevention

Voting Members: Representatives of the following groups and sectors: 1. Alliance of Coalitions for Change (AC4C)

2. Business Community **(VACANT)**
3. Community Colleges and Universities
4. County Public Health Departments
5. Drug-Free Communities Grants
6. Faith Community **(VACANT)**
7. Iowa Alcohol Beverages Division
8. Iowa Behavioral Health Association (IBHA)
9. Iowa Board of Certification (IBC) **(VACANT)**
10. Iowa Department on Aging
11. Iowa Department of Corrections
12. Iowa Department of Education
13. Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning
14. Iowa Department of Human Services **(VACANT)**
15. Iowa Department of Public Health (IDPH), Bureau of Emergency and Trauma Services
16. Iowa Department of Public Health (IDPH), Division of Tobacco Use Prevention and Control
17. Iowa Department of Public Safety
18. Iowa Department of Transportation
19. Iowa Healthcare Collaborative
20. Iowa Hospital Association
21. Iowa National Guard
22. Iowa Office of Drug Control Policy
23. Iowa Poison Control Center
24. Iowa Prevention and Treatment Supervisors Association (IPTSA)
25. Law Enforcement Community
26. Midwest High Intensity Drug Trafficking Area
27. Parent(s) **(NO ONE SPECIFICALLY IDENTIFIED AS SUCH)**

28. PROSPER
29. Youth, State of Iowa Youth Advisory Council (SIYAC)

As appropriate, members may have the ability to vote by proxy. The SEWPPAC will approve new sectors/group representation with a majority vote.

Section B: Project Staff –
Non –Voting:
1. Project Director(s), Iowa Department of Public Health, Division of Behavioral Health
2. Project Coordinator(s), Iowa Department of Public Health, Division of Behavioral Health
3. Epidemiologist(s), Iowa Department of Public Health, Division of Behavioral Health
4. Program Evaluator(s)
5. Other IDPH staff

The chairperson (Chair) of the SEWPPAC is determined by the Iowa Department of Public Health, Division of Behavioral Health (DBH). Other members are recommended as representatives of different sectors/groups.

Section C: Member Recruitment – Each year, the SEWPPAC will review member sector representation and discuss sectors or groups missing. The SEWPPAC may recommend additional sectors or groups to be represented on the SEWPPAC. After a favorable vote from the SEWPPAC, the Chair will name the individual representative(s) to be engaged.

Project staff or a member will then contact the representative of the sector via email sharing the recommendation to join the SEWPPAC with the following information:

- Information about SEWPPAC;
- Time commitment for participation;
- Request to submit the SEWPPAC Membership Questionnaire which includes questions about the following:
    - Knowledge of and experience with Iowa's substance misuse prevention efforts
    - Experience in using data to drive decision-making
    - Involvement in other committees, coalitions, advisory councils, etc. and roles in each

After submission, questionnaire results will be reviewed at the upcoming SEWPPAC meeting. Once approved by a majority of existing voting members, new members shall be afforded all rights and responsibilities of the SEWPPAC members.

Section D: Restrictions – No person shall be restricted from participating on the SEWPPAC because of age, race, creed, color, gender, sexual orientation, disability, national origin, ancestry and marital status.

Section E: Linkage to State Substance Misuse Prevention System - The Iowa Department of Public Health (IDPH) is the designated Single State Authority (SSA) for substance misuse

prevention and treatment services in the state. Both the SSA and National Prevention Network (NPN) representatives are located in IDPH's Division of Behavioral Health.

ARTICLE IV: MEMBERSHIP RESPONSIBILITIES

Section A: Meetings – SEWPPAC members shall attend meetings in person or electronically. Members unable to attend meetings should notify the SEWPPAC Chair at least a day in advance and may send a non-voting alternate as necessary or appropriate. SEWPPAC members may find a replacement for a SEWPPAC member who has missed three consecutive meetings. The Chair will name the replacement representative who will join the SEWPPAC as a voting member with a majority of members approving.

Section B: Voting – SEWPPAC members shall participate in discussions to build consensus within the SEWPPAC and shall lodge any objections during said discussions. The Chair will use Robert's Rules of Order at their discretion to hold votes and make decisions about substantial issues when consensus is either not appropriate or attainable. Members are expected to give immediate notice and make full disclosure of potential conflicts of interest that may exist before any discussion or negotiation on that topic. Members who have a conflict of interest are expected to not vote on such a matter and shall not attempt to exert personal influence in connection therewith.

Section C: Liaison – SEWPPAC members shall serve as a liaison between the SEWPPAC and their department, division, group, or employer as needed.

Section D: Other Responsibilities – SEWPPAC members shall provide technical assistance and guidance representing their department, division, group, or employer when relevant.

ARTICLE V: POINT OF CONTACT

Section A: Point of Contact – The person determined by the IDPH, DBH to Chair the SEWPPAC shall serve as the Point of Contact.

Section B: Point of Contact Duties – It shall be the duty of the point of contact to:

1. Preside at meetings
2. Represent the SEWPPAC
3. Appoint subcommittee chairpersons subject to the approval of the SEWPPAC

Section C: Vice Chair – The members will elect the Vice Chair to serve in the event that the Chair is unavailable to conduct SEWPPAC business

ARTICLE VI: MEETINGS

Section A: Meetings – Meetings shall be held at least four times a year, or as necessary to accomplish the duties of the SEWPPAC. Meetings may be held in-person or by conference call.

ARTICLE VII: VOTING

Section A: Procedure – Decisions shall be made by a majority vote of SEWPPAC members present and not designated as non-voting members. Votes will be binding when a quorum of half or more of the voting members are present. If there is not a unanimous vote, all dissenters' names must be recorded in the minutes. As needed or appropriate, the ability to vote by proxy will be permitted. Members may identify their proxy via e-mail to the Chair and the person who shall hold their proxy at least one day before the meeting.

Section B. Non-voting Members - Non-voting members include CSAP Project Officers.

Section C. Project Staff – Project Directors, Evaluators, Epidemiologists and other IDPH staff from the Division of Behavioral Health are not considered members of the SEWPPAC and are not permitted to vote.

ARTICLE VIII: SUBCOMMITTEES

Section A: Subcommittees – Ad Hoc or standing subcommittees may be formed as deemed necessary by a vote of SEWPPAC members not designated as non-voting members and may include outside individuals who are not on the SEWPPAC.

Alcohol-Related Deaths Workgroup is a standing subcommittee of the SEWPPAC. The work group will be facilitated by a representative from the IDPH, DBH.

Responsibilities:

- Review and analyze data related to alcohol use and alcohol involved deaths
- Discuss and implement collaborative efforts regarding alcohol use prevention
- Create a plan to address alcohol involved deaths in Iowa

Evidence-Based Practice (EBP) Work Group is a standing subcommittee of the SEWPPAC. The work group will be facilitated by a representative from the IDPH, DBH.

Responsibilities:

- Recommend the Iowa definition/guidance of evidence-based practice
- Prepare guidance documents for selecting strategies that match identified intervening community variables
- Prepare guidance and provide technical assistance on adaptation of strategies
- Provide a review process for alternate strategy choices
- Prepare guidance on sustainability of environmental outcomes
- Review contractor submitted adaptation and waiver requests

Methamphetamine Workgroup is a standing subcommittee of the SEWPPAC. The work group will be facilitated by a representative from the IDPH, DBH.

Responsibilities:

- Implement a collaborative, department-wide approach to address methamphetamine use
- Create department-wide activities to expand public awareness of methamphetamine
- Expand data collection and analysis related to methamphetamine to inform decision making and strategy development

Workforce Development Task Force is a standing subcommittee of the SEWPPAC. The work group will be facilitated by a representative from the IDPH, DBH.

Responsibilities:
- Develop a workforce survey to assess current prevention workforce
- Define needs, identify gaps and craft a plan to address subject matter training for all experience levels of prevention professionals
- Diversify the field of prevention professionals to reflect the population of Iowa through recruitment and retention strategies
- Identify an onboarding model for prevention professionals
- To ensure basic competencies are met across all IDPH-recognized primary prevention strategies
- Foster and encourage partnerships between prevention professionals and community stakeholders (e.g. youth serving organizations, faith leaders, local law enforcement, health care, educators) across the state to ensure consistent practices are applied

Section B: Special Subcommittees – Special subcommittees may be formed by the SEWPPAC Chair as necessary and may include outside individuals who are not on the SEWPPAC.

ARTICLE IX: AMENDMENTS

Section A: Selection – These operating procedures may be amended by a majority vote of SEWPPAC members not designated as non-voting members.

Section B: Notice – All members shall receive advance e-mail notice of proposed amendments at least five days before the meeting.

ARTICLE X: FORMATION AND DISSOLUTION

Section A: Formation – The first meeting of the SEWPPAC shall be January 15, 2015.

Section B: Dissolution – The SEWPPAC shall continue as required through grant funding or IDPH request.

Council Membership

Participants include all voting and non-voting members who attended either in-person or via Zoom.

Date	Building, Location	# Voting Members in Attendance	# Non-Voting Members (Staff) in Attendance
Prevention Partnerships Advisory Council (PPAC)			
June 14, 2016	Lucas, State Capital	4	6
September 27, 2016	Lucas, State Capital	6	6
December 12, 2016	Ola Babcock, State Capital	10	4
March 27, 2017	Ola Babcock, State Capital	7	3
June 26, 2017	Ola Babcock, State Capital	7	2
September 21, 2017	Ola Babcock, State Capital	5	3
December 7, 2017	Ola Babcock, State Capital	6	4
March 8, 2018	Ola Babcock, State Capital	5	5
June 7, 2018	Ola Babcock, State Capital	4	4
September 20, 2018	Ola Babcock, State Capital	6	4
December 6, 2018	Ola Babcock, State Capital	8	4
State Epidemiological Workgroup and Prevention Partnerships Advisory Council (SEWPPAC)			
March 14, 2019	Ankeny Lab, DMACC	13	8
June 6, 2019	Ola Babcock, State Capital	13	8
September 12, 2019	Ola Babcock, State Capital	14	9
December 5, 2019	Ola Babcock, State Capital	18	10
March 19, 2020	Zoom Only	11	8
June 11, 2020	Zoom Only	18	9
September 17, 2020	Zoom Only	18	13
December 10, 2020	Zoom Only	18	11
March 11, 2021	Zoom Only	14	10
June 10, 2021	Zoom Only	18	7
September 9, 2021	Zoom Only	16	7

Please note this table does not include the council's meetings under the SPF-SIG grant prior to 2015 or the IPFS Advisory Council in 2016.

Council Presentation Topics

The following special topics were presented at PPAC and SEWPPAC meetings:

- *Alcohol laws*, Iowa Alcoholic Beverages Division, Steve Larson and Bobby Bailey (September 2016)
- *Efforts of the Iowa Pharmacy Association*, Iowa Pharmacy Association, Anthony Pudlo (December 2016)
- *PROSPER model*, Iowa State University, Eugenia Hartsook (March 2017)
- *Alliance of Coalitions for Change*, AC4C, Angie Asa-Lovstad (June 2017)
- *Reggie's Sleepout Event,* Youth and Shelter Services, Amy Hutter (September 2017)
- *Adverse Childhood Experiences (ACE) Study*, Area Substance Abuse Council, Leslie Mussmann (September 2017)
- *Iowa Pharmacy Association Goes Local Overview and Results*, AC4C, Angie Asa-Lovstad (December 2017)
- *Social Host Liability Law Research*, University of Iowa, Dr. Paul Gilbert (December 2017)
- *Office of Drug Control Policy Legislative Session Overview and Agency Update,* Office of Drug Control Policy, Dale Woolery (March 2018)
- *Iowa Opioid Guardianship Project,* Iowa Healthcare Collaborative, Sarah Derr (June 2018)
- *Licensing Reform Update,* Iowa Alcoholic Beverages Division, Tyler Ackerson (June 2018)
- *Social Host Summit Update*, University of Iowa, Dr. Paul Gilbert (December 2018)
- *UnityPoint Health Prescription Drug Safety Education Program*, UnityPoint and EVERFI, Ashley Thompson and Sophie Buzzell (December 2018)
- *Tobacco and Alcohol Compliance Checks and Training Programs,* Iowa Alcoholic Beverages Division, Jessica Ekman and Jake Holmes (March 2019)
- *CARA Grant: Emergency and Trauma Services*, Iowa Department of Public Health, Chris Vitek and John Hallman (June 2019)
- *PROSPER: Delivery System to Address the Opioid Epidemic,* Iowa State University, Lisa Schainker (September 2019)
- *Iowa Young Adults Survey: Background and Overview of Preliminary Findings,* University of Northern Iowa, Ki Park and Mary Losch (December 2019)
- *Synar Compliance Checks & Tobacco 21 Law,* Iowa Alcoholic Beverages Division, Jessica Ekman and Jake Holmes (June 2020)
- *An Update on Iowa's Cannabinol Program,* Iowa Department of Public Health, Owen Parker (September 2020)
- *Local Boards of Health and Community Health Needs Assessment,* Heather Bombei, Iowa Department of Public Health (December 2020)
- *Overview of the Office of the State Medical Examiner,* Kelly Kruse, State Medical Examiner (March 2021)
- *Law Enforcement and Substances*, Ames Police Department, Eric Snyder (June 2021)
- *Pregnancy Risk Assessment Monitoring System*, Iowa Department of Public Health, Jennifer Pham (September 2021)

Appendix C

Survey Instruments

SPF Rx Coordinator Survey

You are invited to participate in a survey to collect feedback about the Strategic Prevention Framework for Prescription Drugs (SPF Rx) initiative. The survey results will be used by the Iowa Department of Human Rights, Division of Criminal and Juvenile and Justice Planning (CJJP) as part of an evaluation of the SPF Rx initiative. CJJP requires your consent to participate in this survey. CJJP is a neutral research agency specializing in evaluations of state projects and initiatives to determine their effectiveness.

What the evaluation is about:
The overall purpose of this evaluation is to 1) examine program operations and the extent to which the SPF process was implemented with fidelity and utilized; 2) assess service delivery quality and identify areas for improvement, 3) examine the impact of the program on the community's capacity and infrastructure 4) analyze outcomes for each participating county in preventing or reducing prescription drug misuse among 12-25 year olds, and 5) determine which prevention strategies were most successful and the factors that may have influenced that. Your participation will assist us in understanding and describing program operations and the program's impact and effectiveness.

What we will ask you to do
If you agree to participate, you will be asked to complete the following survey. The survey consists of open-ended and multiple choice questions asking about your job and the operations of your county's prevention strategies for the SPF Rx initiative. It will take approximately 15-30 minutes to complete.

Risks and benefits
There are no foreseeable risks to you by participating in the survey. There are no direct benefits to you for participating; however, the information you provide has the potential of improving the SPF Rx program and informing future Department of Public Health (IDPH) initiatives.

Your answers will be confidential
Completed surveys will be stored in secured folders that are either password protected or locked. Survey data will be destroyed within six months of project completion. Information that could identify you either directly or indirectly will not be included in the evaluation report.

Participation is voluntary
Participation in this evaluation is completely voluntary. You are free to withdraw from participation at any time, choose not to participate at all, or choose not to answer questions you feel uncomfortable answering. There are no consequences if you choose to not participate or skip any questions.

Statement of Consent
I have read the above information. I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I consent to take part in the evaluation by participating in the survey.

Do you agree to participate in the survey?

- ◯ Yes
- ◯ No

Your Background

Select your county.

Choose

How long have you worked for or been involved in the following?

	Less than 1 year	1-2 years	3-5 years	6-10 years	More than 10 years	None
Your agency	◯	◯	◯	◯	◯	◯
Prevention field	◯	◯	◯	◯	◯	◯

What is your role as a SPF Rx Coordinator? Please describe the kinds of work activities and duties you perform.

Your answer

County Change

This section asks questions about any changes that may have happened in your county during the SPF Rx grant period (2016-2021).

Please answer whether you believe efforts in your county declined, did not change, or improved during the SPF Rx project.

	Declined	No Change	Improved
The availability of prescription drug misuse prevention services	○	○	○
Consideration of Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) in prescription misuse prevention work	○	○	○
Public awareness that prescription drug misuse is a problem	○	○	○
Key stakeholder awareness that prescription drug misuse is a problem	○	○	○
Healthcare provider awareness that overprescribing is a problem and alternatives to prescribing opioids should be considered	○	○	○
Public involvement in prescription misuse prevention work	○	○	○
County capacity to address prescription misuse among youth	○	○	○
Engagement of key stakeholders in prescription misuse prevention work	○	○	○
Engagement of the special populations identified in your strategic plan in prescription misuse prevention work	○	○	○

For the following statements, indicate whether you believe the number of youth misusing prescriptions in your county decreased, did not change, or increased during the SPF Rx project.

	Decreased	No change	Increased
The number of 12-25 year olds misusing prescriptions	◯	◯	◯
The number of youth in the special population misusing prescriptions	◯	◯	◯

Grant Support

Next, we'd like to know how you feel about the assistance and resources offered in your county during the SPF Rx grant.

Please answer yes, no, or not applicable.

	Yes	No	Not applicable
My capacity coach enhanced my ability to follow the Strategic Prevention Framework (SPF) process	○	○	○
I was satisfied with the level of assistance and guidance provided by Iowa Department of Public Health (IDPH)	○	○	○
I got the resources I needed or requested during the SPF Rx project	○	○	○
IDPH was prompt at giving resources and feedback when it was needed	○	○	○
The trainings offered by IDPH were helpful	○	○	○
The IDPH media campaign materials, Prescription Drugs are Still Drugs, worked well	○	○	○
There was enough funding to implement the strategies	○	○	○
Deadlines for completing the required IDPH workbooks, activites, and data collection were reasonable	○	○	○

Strategy Changes

Have any of your strategies changed, evolved, or been modified since implementation? *

- ◯ Yes
- ◯ No

Strategy changes

Tell us more about how your strategies have changed, evolved, or been modified during the project.

Please identify which strategies changed and explain what modifications occurred.

Your answer

Were there any particular events or reasons for the changes?

Your answer

Feedback about Strategies

Please answer the following open-ended questions about your strategies and how SPF Rx was implemented in your county. Please answer honestly and provide as much detail as possible.

What are the top three lessons you have learned about implementing SPF Rx prevention strategies?

Your answer

Which strategy has been the best fit for your county? What strategy has been the worst fit?

Your answer

Please describe any specific barriers in your county or communities that prevented or limited progress when implementing the strategies.

Your answer

Please describe any factors in your county or communities that helped or enhanced progress when implementing the strategies.

Your answer

What effect(s), if any, do you think the strategies had on the county and on youth?

Your answer

Did the Strategic Prevention Framework (SPF) process improve or hinder county prevention practices? Please explain.

Your answer

What efforts, if any, have been made to reach the special population identified in your Strategic Plan?

Your answer

What impact, if any, did the Covid-19 pandemic have on the SPF Rx strategies, your job, or prevention work in the county?

Your answer

Final thoughts

Please provide some final thoughts.

What was your biggest barrier or challenge?

Your answer

What was your biggest accomplishment?

Your answer

What, if anything, could the Iowa Department of Public Health project team (IDPH) have done to make you more likely to succeed in your role as coordinator?

Your answer

What other efforts, if any, are there in your county besides SPF Rx to prevent prescription misuse? How do they compare to the SPF Rx grant?

Your answer

Could the IDPH project team do anything differently to make SPF Rx more successful in your county? Please explain.

Your answer

Thank you for completing the survey!

Thank you for your time and willingness to take the survey. Your feedback is very important.

Are you willing to talk over the phone if we have more questions?

- ○ Yes, definitely
- ○ No, thanks
- ○ Maybe

SPF Rx Prevention Supervisor Survey

You are invited to participate in a survey to collect feedback about the Iowa Strategic Framework for Prescription Drugs (SPF Rx) initiative. The survey results will be used by the Iowa Department of Human Rights, Division of Criminal and Juvenile and Justice Planning (CJJP) as part of an evaluation of the SPF Rx initiative. CJJP requires your consent to participate in this survey. CJJP is a neutral research agency specializing in evaluations of state projects and initiatives to determine their effectiveness.

What the evaluation is about:
The overall purpose of this evaluation is to 1) examine program operations and the extent to which the SPF process was implemented with fidelity and utilized; 2) assess service delivery quality and identify areas for improvement, 3) examine the impact of the program on the community's capacity and infrastructure 4) analyze outcomes for each participating county in preventing or reducing prescription drug misuse among 12-25 year olds, and 5) determine which prevention strategies were most successful and the factors that may have influenced that. Your participation will assist us in understanding and describing program operations and the program's impact and effectiveness.

What we will ask you to do:
If you agree to participate, you will be asked to complete the following survey. The survey consists of open-ended and multiple choice questions asking about your job and the operations of your county's prevention strategies for the SPF Rx initiative. It will take approximately 15-30 minutes to complete.

Risks and benefits:
There are no foreseeable risks to you by participating in the survey. There are no direct benefits to you for participating; however, the information you provide has the potential of improving the SPF Rx program and informing future Department of Public Health (IDPH) initiatives.

Your answers will be confidential:
Completed surveys will be stored in secured folders that are either password protected or locked. Survey data will be destroyed within six months of project completion. Information that could identify you either directly or indirectly will not be included in the evaluation report.

Participation is voluntary:
Participation in this evaluation is completely voluntary. You are free to withdraw from participation at any time, choose not to participate at all, or choose not to answer questions you feel uncomfortable answering. There are no consequences if you choose to not participate or skip any questions.

Statement of Consent
I have read the above information. I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I consent to take part in the evaluation by participating in the survey.

Do you agree to participate in the survey?

- ◯ Yes
- ◯ No

Your Background

Select the SPF Rx county you supervise. (If you supervise more than one county, please complete separate surveys for each one.)

Choose

How long have you worked for or been involved in the following?

	Less than 1 year	1-2 years	3-5 years	6-10 years	More than 10 years	None
Your agency	○	○	○	○	○	○
Prevention field	○	○	○	○	○	○

What is your role as a SPF Rx prevention supervisor? Please describe the kinds of work activities and duties you perform.

Your answer

County Change

This section asks questions about any changes that may have happened in the county you supervised during the SPF Rx grant period (2016-2021).

Please answer whether you believe efforts in your county declined, did not change, or improved during the SPF Rx project.

	Declined	No Change	Improved
The availability of prescription drug misuse prevention services	○	○	○
Consideration of Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) in prescription misuse prevention work	○	○	○
Public awareness that prescription drug misuse is a problem	○	○	○
Key stakeholder awareness that prescription drug misuse is a problem	○	○	○
Healthcare provider awareness that overprescribing is a problem and alternatives to prescribing opioids should be considered	○	○	○
Public involvement in prescription misuse prevention work	○	○	○
County capacity to address prescription misuse among youth	○	○	○
Engagement of key stakeholders in prescription misuse prevention work	○	○	○
Engagement of the special populations identified in your strategic plan in prescription misuse prevention work	○	○	○

For the following statements, indicate whether you believe the number of youth misusing prescriptions in your county decreased, did not change, or increased during the SPF Rx project.

	Decreased	No Change	Increased
The number of 12-25 year olds misusing prescriptions	○	○	○
The number of youth in the special population misusing prescriptions	○	○	○

Grant Support

Next, we'd like to know how you feel about the assistance and resources offered in your county during the SPF Rx grant.

Please answer yes, no, or not applicable.

	Yes	No	Not Applicable
I was satisfied with the level of assistance and guidance provided by Iowa Department of Public Health (IDPH)	◯	◯	◯
The coordinator got the resources they needed or requested during the SPF Rx project	◯	◯	◯
IDPH was prompt at giving resources and feedback when it was needed	◯	◯	◯
The trainings offered by IDPH were helpful	◯	◯	◯
The IDPH media campaign materials, Prescription Drugs are Still Drugs, worked well	◯	◯	◯
There was enough funding to implement the strategies	◯	◯	◯
Deadlines for completing the required IDPH workbooks, activities, and data collection were reasonable	◯	◯	◯
The State Prevention Framework (SPF) was utilized in our county	◯	◯	◯

Supervisory Role

Please let us know how you work with the SPF Rx coordinators.

How often in a typical month do you communicate with the coordinator about SPF Rx?

- ◯ Daily (30 to 31 days per month)
- ◯ Almost every day (16 to 29 days per month)
- ◯ A few times per week (6 to 15 days per month)
- ◯ Weekly (4 or 5 days per month)
- ◯ A few days per month (2 to 3 days per month)
- ◯ Monthly (1 day per month)
- ◯ Less than monthly (0 days per month)
- ◯ It varies greatly

What method do you primarily use to communicate with the coordinator about SPF Rx?

- ◯ Email
- ◯ Phone
- ◯ Webinar/online
- ◯ In person
- ◯ Other: _____

What things do you and the coordinator typically discuss?

Your answer

What challenges, if any, have you experienced in your role as a supervisor for SPF Rx?

Your answer

What effect, if any, do you think SPF Rx has had on your treatment agency or other prescription misuse prevention efforts you are involved in?

Your answer

Feedback about Strategies

Please answer the following open-ended questions about your strategies and how SPF Rx was implemented in your county. Please answer honestly and provide as much detail as possible.

Which strategy has been the best fit for your county? What strategy has been the worst fit?

Your answer

Please describe any specific barriers in your county or communities that prevented or limited progress when implementing the strategies.

Your answer

Please describe any factors in your county or communities that helped or enhanced progress when implementing the strategies.

Your answer

What effect(s), if any, do you think the strategies had on the county and on youth?

Your answer

What impact, if any, did the Covid-19 pandemic have on the SPF Rx strategies, your job, or prevention work in the county?

Your answer

Final Thoughts

Please provide some final thoughts.

What was your biggest barrier or challenge?

Your answer

What was your biggest accomplishment?

Your answer

Could the Iowa Department of Public Health project team (IDPH) do anything differently to make SPF Rx more successful in your county? Please explain.

Your answer

What other efforts, if any, are there in your county besides SPF Rx to prevent prescription misuse? How do they compare to the SPF Rx grant?

Your answer

Thank you for completing the survey!

Thank you for your time and willingness to take the survey. Your feedback is very important.

SPF Rx Capacity Coach Survey

You are invited to participate in a survey to collect feedback about the Iowa Strategic Prevention Framework for Prescription Drugs (SPF Rx) initiative. The survey results will be used by the Iowa Department of Human Rights, Division of Criminal and Juvenile and Justice Planning (CJJP) as part of an evaluation of the SPF Rx initiative. CJJP requires your consent to participate in this survey. CJJP is a neutral research agency specializing in evaluations of state projects and initiatives to determine their effectiveness.

What the evaluation is about:
The overall purpose of this evaluation is to 1) examine program operations and the extent to which the SPF process was implemented with fidelity and utilized; 2) assess service delivery quality and identify areas for improvement, 3) examine the impact of the program on the community's capacity and infrastructure 4) analyze outcomes for each participating county in preventing or reducing prevention drug misuse among 12-25 year olds and 5) determine which prevention strategies were most successful and the factors that may have influenced that. Your participation will assist us in understanding and describing program operations and the program's impact and effectiveness.

What we will ask you to do
If you agree to participate, you will be asked to complete the following survey. The survey consists of open-ended and multiple choice questions asking about your involvement and opinions regarding the SPF Rx project. It will take approximately 15-30 minutes to complete.

Risks and benefits
There are no foreseeable risks to you by participating in the survey. There are no direct benefits to you for participating; however, the information you provide has the potential of improving the SPF Rx program and informing future Department of Public Health (IDPH) initiatives.

Your answers will be confidential
Completed surveys will be stored in secured folders that are either password protected or locked. Survey data will be destroyed within six months of project completion. Information that could identify you either directly or indirectly will not be included in the evaluation report.

Participation is voluntary
Participation in this evaluation is completely voluntary. You are free to withdraw from participation at any time, choose not to participate at all, or choose not to answer questions you feel uncomfortable answering. There are no consequences if you choose to not participate or skip any questions.

Statement of Consent
I have read the above information. I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I consent to take part in the evaluation by participating in the survey.

Do you agree to participate in the survey?

- ◯ Yes
- ◯ No

Your Background

Select your SPF Rx counties. (Check all that apply)

- [ ] Jasper
- [ ] Polk
- [ ] Scott

How long have you worked for or been involved in the following?

	Less than 1 year	1-2 years	3-5 years	6-10 years	More than 10 years	None
Your agency	○	○	○	○	○	○
Prevention field	○	○	○	○	○	○

What is a capacity coach? Please describe the kinds of work activities and duties you perform.

Your answer

Coaching Relationships

Please let us know how you work with the SPF Rx coordinators.

How often in a typical month do you communicate with the SPF Rx coordinators you coach?

- ◯ Daily (30 to 31 days per month)
- ◯ Almost every day (16 to 29 days per month)
- ◯ A few times per week (6 to 15 days per month)
- ◯ Weekly (4 or 5 days per month)
- ◯ A few days of the month (2 to 3 days per month)
- ◯ Monthly (1 day per month)
- ◯ Less than monthly (0 days per month)
- ◯ It varies greatly

What method do you primarily use to communicate with the coordinators you coach?

- ◯ Email
- ◯ Phone
- ◯ Webinar/online
- ◯ In person
- ◯ Other: _____

What things do you and the coordinators typically discuss?

Your answer

Has your coaching relationship with the coordinators changed or evolved over time? Please explain your answer.

Your answer

Coaching Support

We'd like to know how you feel about the assistance and resources offered to the coordinators during the SPF Rx grant.

Please select a response for each of the statements below.

	Yes	No	Don't know
Coordinators have a concrete understanding of the SPF Rx project goals	○	○	○
The trainings offered during SPF Rx were helpful to the coordinators	○	○	○
I am competent in the Strategic Prevention Framework (SPF) process	○	○	○
Capacity coaching helped coordinators understand the SPF process	○	○	○
Capacity coaching gave coordinators skills, tools, and/or resources they otherwise wouldn't have had	○	○	○

Feedback about SPF Rx

Next, please provide your opinions on whether the goals of the SPF Rx project were accomplished based on your experience and work with the coordinators.

Please indicate whether you believe the following project goals declined, did not change, or improved during SPF Rx.

	Declined	No Change	Improved
County awareness that prescription drug misuse is a problem	◯	◯	◯
County capacity to address prescription misuse among youth	◯	◯	◯
County engagement in working to prevent prescription drug misuse	◯	◯	◯

Do you believe the number of youth misusing prescriptions decreased, did not change, or increased during the SPF Rx project?

- ◯ Decreased
- ◯ No Change
- ◯ Increased

What factors do you think contributed to the success of SPF Rx coordinators in the counties you worked with?

Your answer

What factors do you think limited the efforts of coordinators in the counties you worked with?

Your answer

Final thoughts

Please provide some final thoughts.

What was your biggest barrier or challenge as a capacity coach?

Your answer

What was your biggest accomplishment as a capacity coach?

Your answer

Could the Iowa Department of Public Health project team (IDPH) do anything differently to improve the capacity coach role? Please explain.

Your answer

Could the IDPH project team do anything differently to make the coordinators more likely to succeed? Please explain.

Your answer

Thank you for completing the survey!

Thank you for your time and willingness to take the survey. Your feedback is very important.

Appendix D

Iowa Laws

Iowa Administrative Coe 657- Chapter 37, PRESCRIPTION MONITORING PROGRAM

657—37.2(124) Definitions. For the purposes of this chapter, the following definitions shall apply.

“Administer” means to provide or apply a controlled substance to a patient for immediate use within the prescribing practitioner’s practice location. Administration does not include dispensing.

“Board” means the Iowa board of pharmacy.

“Controlled substance” means a drug in Schedules II through IV set forth in Iowa Code chapter 124, division II.

“Council” means the PMP advisory council established pursuant to Iowa Code section 124.555 to provide oversight and to co-manage PMP activities with the board.

“CSA registration” means registration with the board under the Iowa uniform controlled substances Act pursuant to 657—Chapter 10.

“DEA number” means the registration number issued to an individual or pharmacy by the U.S. Department of Justice, Drug Enforcement Administration (DEA), authorizing the individual or pharmacy to engage in the prescribing, dispensing, distributing, or procuring of a controlled substance.

“Dispense” means to provide a controlled substance to a patient for self-use outside of the prescribing practitioner’s practice location. Dispensing does not include administration.

“Dispenser” means a pharmacy or prescriber, regardless of location, who delivers to the ultimate user a substance required to be reported to the PMP. “Dispenser” does not include a person exempt from reporting pursuant to subrule 37.7(2).

“First responder” means an emergency medical care provider, a registered nurse staffing an authorized service program under Iowa Code section 147A.12, a physician assistant staffing an authorized service program under Iowa Code section 147A.13, a firefighter, or a peace officer as defined in Iowa Code section 801.4, who is trained and authorized to administer an opioid antagonist.

“Health care facility” means a residential care facility, a nursing facility, an intermediate care facility for persons with mental illness, or an intermediate care facility for persons with an intellectual disability.

“Health care professional” means a person who, by education, training, certification, or licensure, is qualified to provide and is engaged in providing health care to patients. “Health care professional” does not include clerical or administrative staff. A health care professional shall be licensed, registered, certified, or otherwise credentialed in a manner that permits verification of the health care professional’s credentials.

“Health care system” means an organization that includes at least one hospital or at least one group of practitioners that provides comprehensive care that are connected with each other through common ownership or management.

"HIPAA" means the Health Insurance Portability and Accountability Act.

"Law enforcement" means an entity or agency with jurisdiction to investigate or prosecute violations of criminal law. "Law enforcement" includes, but is not limited to, such agencies as police departments, United States attorneys, the DEA, county attorneys, and the Medicaid fraud control unit.

"Licensing authority" means an agency that licenses or registers health care professionals and has jurisdiction to enforce governing laws over those individuals who are licensed or registered. "Licensing authority" includes, but is not limited to, professional licensing boards and the DEA.

"NarxCare" means an analytics tool and care management platform that helps practitioners analyze real-time data from the PMP. The platform analyzes patient data and history to provide a patient risk score and usage patterns to help practitioners identify potential risk factors.

"NDC number" means the universal product identifier used in the United States to identify a specific human drug.

"Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors, including but not limited to naloxone hydrochloride or any other similarly acting drug approved by the United States Food and Drug Administration.

"PMP administrator" means staff persons designated to manage and administer the PMP under the direction and oversight of the board and the council.

"Practitioner" means a prescriber or a pharmacist.

"Practitioner's delegate" means a health care professional who is under the supervision of a PMP-registered practitioner and who is authorized by the practitioner to access PMP information on the practitioner's behalf.

"Prescriber" means an individual with an active CSA registration who has the authority to prescribe controlled substances. For the purposes of this chapter, "prescriber" does not include a licensed veterinarian.

"Prescription monitoring program" or "PMP" means the program established pursuant to these rules for the collection and maintenance of PMP information and for the provision of PMP information to authorized individuals.

"Reportable prescription" means the record of a controlled substance administered or dispensed by a practitioner and the record of an opioid antagonist dispensed by a practitioner or administered by a first responder. "Reportable prescription" shall not include records identified in subrule 37.7(1). "Reportable prescription" shall include, but not be limited to:

1. The dispensing of a controlled substance to an emergency department patient;

2. The administration of a controlled substance to a patient at the discretion of the treating practitioner;

3. The administration or dispensing of an opioid antagonist to an emergency department patient;

4. The dispensing of a controlled substance sample; and

5. The dispensing of a controlled substance or opioid antagonist to a patient upon discharge from a hospital or care facility.

657—37.3(124) Registration. Registration for the PMP pursuant to this rule shall be via the Iowa PMP AWARxE website at iowa.pmpaware.net.

37.3(1) Prescribers. A prescriber shall register for the PMP at the same time the prescriber registers or renews a CSA registration pursuant to 657—Chapter 10. A licensed veterinarian with an active CSA registration may register for the PMP. Registration for the PMP shall also require the prescriber's DEA number.

37.3(2) Pharmacists. A pharmacist who is involved in patient care shall register for the PMP at the same time the pharmacist becomes licensed or renews a license pursuant to 657—Chapter 2.

37.3(3) Practitioner's delegates. A practitioner may authorize an adequate number of health care professionals who actively work with the practitioner to act as the practitioner's delegates for the purpose of requesting PMP information. A practitioner's delegate shall be licensed, registered, certified, or otherwise credentialed as a health care professional in a manner that permits verification of the health care professional's credentials. The practitioner shall be responsible for the PMP information access of the practitioner's delegates.

37.3(4) Law enforcement officials. A law enforcement official may register for the PMP to access information by order, subpoena, or other means of legal compulsion relating to a specific investigation and supported by a determination of probable cause.

37.3(5) Licensing authority. A licensing authority official may register for the PMP to access information by order, subpoena, or other means of legal compulsion relating to a specific investigation and supported by a determination of probable cause.

37.3(6) Medical examiners and medical examiner investigators. A medical examiner or a medical examiner investigator may register for the PMP to access information when the information relates to an investigation being conducted by the examiner or investigator.

657—37.4 and 37.5 Reserved.

657—37.6(124) Security of PMP credentials. Each user registered to access PMP information shall securely maintain and use the login and password and any other secure access credentials assigned to the individual user. Except in an emergency when a patient would be placed in greater jeopardy by restricting PMP information access to the user, a registered user shall not share the user's secure access credentials.

657—37.7(124) PMP reporting—exemptions.

37.7(1) Exempted dispensing or administration. The dispensing or administration of a controlled substance as described in this subrule shall not be considered a reportable prescription. A pharmacy engaged in the distribution of controlled substances solely pursuant to one or more of the practices identified in this subrule shall notify the PMP administrator of the exempted practice, and the pharmacy shall not be required to report to the PMP.

a. The dispensing by a licensed hospital pharmacy for the purposes of inpatient hospital care.

b. The dispensing by a licensed pharmacy for a patient residing in a health care facility or inpatient hospice facility.

c. The administration by a prescriber of a controlled substance for the purposes of outpatient procedures and treatment.

37.7(2) Exempted practitioners. The following entities or individuals shall not be required to report to the PMP and shall not be required to notify the PMP administrator of their exempted status:

a. A licensed pharmacy that does not have a CSA registration and does not dispense controlled substances in or into Iowa.

b. A licensed veterinarian who administers or dispenses a controlled substance in the normal course of the veterinarian's professional practice.

c. A DEA-registered narcotic treatment program which is subject to the record-keeping provisions of 21 CFR Section 1304.24.

657—37.8(124) PMP reporting—dispensing prescribers. Each dispensing prescriber, unless exempt pursuant to rule 657—37.7(124), shall submit to the PMP a record of each reportable prescription dispensed during a reporting period pursuant to subrule 37.12(2). For purposes of prescriber dispensing, the prescriber shall also be identified as the dispenser or pharmacy.

657—37.9(124) PMP reporting—pharmacies. Each pharmacy, unless exempt pursuant to rule

657—37.7(124), shall submit to the PMP either a record of each reportable prescription dispensed or administered during a reporting period pursuant to subrule 37.12(2) or a zero report pursuant to subrule

37.12(4), as appropriate.

657—37.10 and 37.11 Reserved.

657—37.12(124) Reporting requirements.

37.12(1) Data elements. The information submitted to the PMP for each reportable prescription shall be accurate and shall include, at a minimum, the following data elements:

a. Dispenser DEA number.

b. Date the prescription is dispensed or administered.

c. Prescription number or unique identification number.

d. NDC number of the drug dispensed or administered.

e. Quantity of the drug dispensed or administered.

f. Number of days of drug therapy provided by the drug dispensed or administered.

g. Patient legal first and last names.

h. Patient address including street address, city, state, and ZIP code.

i. Patient phone number.

j. Patient date of birth.

k. Patient gender.

l. Prescriber name and DEA number.

m. Date the prescription was issued by the prescriber.

n. Method of payment.

o. Form of transmission of prescription origin.

p. Refill number.

q. Number of refills authorized.

r. Indication as to whether the prescription is new or a refill.

37.12(2) Reporting periods. A record of each reportable administration or prescription dispensed shall be submitted by each dispenser no later than the next business day following administration or dispensing.

37.12(3) Transmission. Prescription dispensing and administration information shall be transmitted via the PMP's current version of data upload or electronic submission.

37.12(4) Zero reports. If a pharmacy did not dispense or administer any reportable prescriptions during a reporting period, the dispenser shall submit a zero report no later than the next business day.

657—37.13(124) Opioid antagonist administration by first responders.

37.13(1) The administration of an opioid antagonist by a first responder shall be reported to the PMP, unless such administration was reported to the Iowa department of public health bureau of emergency and trauma services.

37.13(2) The reporting of the administration of an opioid antagonist by a first responder shall include the following data elements:

a. Patient first and last names.

b. First and last names of the individual who administered the opioid antagonist.

c. Date of administration.

d. Quantity of the opioid antagonist administered.

657—37.14 and 37.15 Reserved.

657—37.16(124) Access to PMP information. All information contained in the PMP is confidential and shall only be accessed as provided in this rule. All requests for PMP information must comply with the format specified by the board for the particular type of request. Once information is accessed, further dissemination or use of that information is governed by applicable federal and state laws governing the person who accessed the information. The board may charge a fee to recover the actual costs associated with responding to any request by a person other than a practitioner or a practitioner's delegate. Any fees or costs assessed by the board shall be considered repayment receipts as defined in Iowa Code section

8.2.

37.16(1) Prescribers. A prescriber may access a patient's prescription history report; the prescriber's activity report; proactive alerts or system user notes, such as peer-to-peer communication; and NarxCare reports.

37.16(2) Pharmacists. A pharmacist may access a patient's prescription history report; proactive alerts or system user notes, such as peer-to-peer communication; and NarxCare reports.

37.16(3) Practitioner's delegates. A practitioner's delegate may access a patient's prescription history report; proactive alerts or system user notes, such as peer-to-peer communication; and NarxCare reports.

37.16(4) Licensing authority officials.

a. A licensing authority with jurisdiction over a practitioner may obtain the following information, if the request is accompanied by a subpoena compelling disclosure of such information for a specific investigation into the prescribing or dispensing practices of the licensee: prescription history reports; proactive alerts or system user notes, such as peer-to-peer communication; PMP access logs and login records; and NarxCare reports.

b. A licensing authority with jurisdiction over a health care professional may obtain the following information, if the request is accompanied by a subpoena compelling disclosure of such information for a specific investigation into the licensee's misuse of controlled substances: the licensee's prescription history report.

37.16(5) Law enforcement officials. A law enforcement official may obtain a patient's prescription history report and the prescribing or dispensing practices of a prescriber if the request is accompanied by a subpoena or other means of legal compulsion compelling disclosure of such information for use in a specific investigation.

37.16(6) Medical examiners and medical examiner investigators. A medical examiner or medical examiner investigator may obtain a decedent's prescription history report for use in a specific investigation.

37.16(7) Patients. A patient or the patient's agent may request the patient's own prescription history report by using the board's patient request form. The request can be personally delivered to the board office where the patient will be required to present current government-issued photo identification at the time of the delivery of the request. A patient who is unable to personally deliver the request to the board office may submit a notarized request, along with a certified copy of the patient's government-issued photo identification, via mail or commercial delivery service. The following agents may submit a request on behalf of a patient: an individual with a medical power of attorney for the patient, a patient's attorney, or an executor of the patient's estate. In addition to the patient's information, the patient's agent shall be identified by name, current address, and telephone number. In lieu of the patient's signature and identification, the patient's agent shall sign the request and the government-issued photo identification shall identify the patient's agent. The patient's agent shall include a copy of the legal document that establishes the agency relationship with the patient.

657—37.17(124) Integrated systems. A practitioner or a health care system may integrate its electronic health record system or a pharmacy may integrate its automated data processing system with the PMP

using an application programming interface. Use of an integrated system shall comply with all of the following:

37.17(1) The integrated system shall log each user's access to PMP information. Access logs shall be retained by the practitioner, health care system, or pharmacy for a minimum of four years from the date of access and shall be provided to the board upon request.

37.17(2) If the user identified in access logs is not the practitioner, the integrated system shall clearly identify on which practitioner's behalf the user was accessing PMP information. A practitioner's delegate using an integrated system is required to maintain active PMP registration.

37.17(3) The integrated system shall maintain appropriate administrative, technical, and physical security measures to safeguard against unauthorized access, disclosure, or theft of PMP information and shall meet all HIPAA requirements for safeguarding protected health information.

37.17(4) The practitioner, health care system, or pharmacy shall notify the PMP administrator of any breach in the electronic health record system that may have included PMP information within 72 hours of making the determination that a breach occurred.

37.17(5) An integrated system shall comply with all requirements in subchapter VI of Iowa Code chapter 124 and all requirements of this chapter.

657—37.18(124) PMP administrator access.

37.18(1) PMP staff. The board may designate PMP administrators who may access any PMP information needed to perform the functions of the job.

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 subrule. Any fees or costs assessed by the board shall be considered repayment receipts as defined in Iowa Code section 8.2.

657—37.19(124) Prescriber activity reports. The PMP administrator shall, at least annually, electronically issue to each prescriber who prescribed a controlled substance that was reported to the program as dispensed in or into this state during the preceding reporting period an activity report which shall include, at a minimum, the following:

1. A summary of the prescriber's history of prescribing controlled substances,

2. A comparison of the prescriber's history of prescribing controlled substances with the history of other prescribers of the same profession or specialty,

3. The prescriber's history of program use,

4. General patient risk factors, and

5. Educational updates.

657—37.20(124) Proactive notifications. The PMP administrator shall provide notification to a practitioner when a patient may be practitioner shopping or at risk of abusing or misusing a controlled

substance based on criteria and thresholds determined by the board and the advisory council. A proactive notification pursuant to this rule will be initiated when a patient obtains prescriptions for controlled substances from a minimum number of prescribing practitioners and from a minimum number of pharmacies within a maximum number of days which exceed the thresholds established by the board and advisory council. The notification will suggest review of the patient's prescription history.

657—37.21(124) Record retention. The PMP shall retain all reported prescriptions, all records of access to or query of PMP information, and all information distributed to practitioners in proactive notifications for a minimum of four years from the date of the record.

657—37.22(124) Information errors. Any person who believes that PMP information is erroneous shall notify the pharmacy or dispensing practitioner. Upon notification of a potential error in PMP information, the pharmacy or dispensing practitioner shall promptly correct erroneous information in the record.

657—37.23(124) Discipline. Any licensee who fails to comply with the provisions of the law or these rules is subject to disciplinary action by the board and may be subject to criminal prosecution.

NALOXONE STATEWIDE PROTOCOL Iowa Board of Pharmacy Naloxone hydrochloride ("naloxone") is a medication indicated for reversal of opioid-related overdose in the event of a drug overdose that is the result of consumption or use of one or more opioid-related drugs causing a drug overdose event.

I. Purpose

This statewide protocol is intended to ensure that naloxone may be readily obtainable by any person ("eligible recipient") who is:

• An individual at risk of opioid-related overdose,

• A family member, friend or other person in a position to assist a person at risk of opioid-related overdose, or

• A first responder employed by a law enforcement agency, fire department, or emergency service program if allowed by the first responder's scope of practice.

II. Authority

Iowa Code section 155A.46, as established in 2018 Iowa Acts, Senate File 2322, authorizes a pharmacist to order and dispense naloxone pursuant to a protocol developed by the Iowa Board of Pharmacy ("board") in consultation with the Department of Public Health to individuals aged 18 and older. A pharmacist shall engage in naloxone dispensing pursuant to this statewide protocol only when the pharmacist has complied with the rules of the board. For the purpose of this protocol, the pharmacist's order shall constitute a prescription.

III. Authorization This protocol is authorization for a pharmacist to order and dispense naloxone and devices for its administration solely in the forms prescribed herein.

IV. Order to dispense Upon satisfactory assessment that the person to receive naloxone is an eligible recipient pursuant to this statewide protocol, and upon completion of training regarding recognizing and responding to suspected opioid-related overdose, the pharmacist may dispense one or more naloxone products or kits identified herein. The pharmacist shall utilize an assessment form provided by the board. The assessment shall include an attestation that the recipient will make available all received training materials to any individual that may be in a position to administer the naloxone. The pharmacist shall determine the appropriate naloxone product or kit to be dispensed. In addition to the contents listed below, each naloxone product or kit dispensed shall include step-by-step instructions for administration of naloxone including the potential need for additional doses, along with basic instructions on calling 911, providing rescue breathing, and monitoring the overdose victim until emergency assistance arrives.

A. Intranasal naloxone with atomizer kits must contain a minimum of the following: - Two Luer-Jet Luer-lock syringes (each prefilled with 2mg/2ml naloxone hydrochloride). - Two mucosal atomization devices (MAD).

B. Intranasal naloxone spray kits must contain a minimum of the following: - One FDA-approved naloxone hydrochloride prepackaged kit containing two (2) doses, such as Narcan®.

C. Intramuscular auto-injector naloxone kits must contain a minimum of the following: - One FDA-approved naloxone hydrochloride prepackaged kit containing two (2) doses, such as Evzio ®.

D. Intramuscular naloxone kits must contain a minimum of the following: - Two 1ml vials or one 10ml vial naloxone 0.4mg/ml - Two intramuscular syringes with needle

V. Signs and symptoms of opioid-related overdose

The following may be signs and symptoms of an individual experiencing an opioid-related overdose:

- A history of current narcotic or opioid use or fentanyl patches on skin or needle in the body.
- Unresponsive or unconscious individuals.
- Not breathing or slow/shallow respirations,
- Snoring or gurgling sounds (due to partial upper airway obstruction).
- Blue lips and/or nail beds.
- Pinpoint pupils.
- Clammy skin.

Note that individuals in cardiac arrest from all causes share many symptoms with someone with a narcotic overdose (unresponsiveness, not breathing, snoring/gurgling sounds, and blue skin/nail beds). If no pulse, these individuals are in cardiac arrest and require CPR.

VI. Appropriate use and directions

A. Call 911 as soon as possible for a person suspected of an opioid-related overdose with respiratory depression or unresponsiveness and initiate rescue breathing. Naloxone is a short-acting reversal medication which may require additional doses if the person relapses into respiratory depression or unresponsiveness prior to the arrival of emergency assistance.

B. Administer naloxone as follows (pharmacist to indicate to the recipient which set of instructions to follow based upon the form of naloxone being dispensed):

1. Intranasal naloxone with syringe and atomizer:

- Pop off two colored caps from the delivery syringe and one from the naloxone vial.

- Screw the naloxone vial gently into the delivery syringe.

- Screw the mucosal atomizer device onto the tip of the syringe.

- Spray half (1ml) of the naloxone in one nostril and the other half (1ml) in the other nostril.

- Repeat if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

2. Intranasal naloxone with FDA-approved nasal spray:

- Deliver one spray into one nostril. (Do not “prime” or test the spray device before spraying it into the nostril, as this will waste the medicine.)

- Repeat if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

- If these administration instructions differ from those provided by the manufacturer, the pharmacy shall provide the patient with the manufacturer's administration instructions.

3. Intramuscular naloxone with FDA-approved auto-injector:

- Pull auto-injector from outer case.

- Pull off red safety guard.

- Place the black end of the auto-injector against the outer thigh, through clothing if needed, press firmly and hold in place for 5 seconds.

- Repeat if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

- If these administration instructions differ from those provided by the manufacturer, the pharmacy shall provide the patient with the manufacturer's administration instructions.

4. Intramuscular naloxone with syringe and needle:

- Remove the plastic cap from the vial and remove the cap from the needle on the syringe.

- Insert the needle through the rubber membrane on the naloxone vial, turn the vial upside down, draw up 1ml (1cc) of naloxone liquid, and withdraw the needle.

- Insert the needle into the muscle of the upper arm or thigh of the victim, through the clothing if needed, and push the plunger to inject all of the naloxone.

- Repeat if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

C. Continue to monitor respiration and responsiveness of the victim, and continue to provide rescue breathing as necessary until emergency assistance arrives. Upon arrival of emergency assistance, report to first responder that naloxone has been administered.

D. Contact medical provider with questions, concerns, or problems.

E. Return for additional supply as needed, following use or expiration of naloxone.

F. Encourage opioid user to communicate with primary care provider regarding overdose, use of naloxone, and availability of behavioral health services.

VII. Contraindications

Do not administer naloxone to a person with known hypersensitivity to naloxone or to any of the other ingredients contained in the package insert for naloxone.

VIII. Precautions

A. Drug dependence

Those who may be chronically taking opioids are more likely to experience adverse reactions from naloxone. (See adverse reactions under section “X” below). Additionally, after administration, they may awaken disoriented. Being disoriented can sometimes lead to highly combative behavior, including physical violence, especially if naloxone is given by someone unfamiliar.

B. Respiratory depression due to other drugs

Naloxone is not effective against respiratory depression due to non-opioid drugs. Initiate rescue breathing or CPR as indicated and contact 911.

C. Pain crisis

In patients taking an opioid medication for a painful illness such as cancer, administration of naloxone can cause a pain crisis, which is an intense increase in the experience of pain as the naloxone neutralizes the pain-relieving effect of the opioid medication. Comfort the patient as much as possible and contact 911 as the patient may need advanced medical treatment to ease the pain crisis.

IX. Use in pregnancy (Teratogenic effects: Pregnancy Category C)

Based on animal studies, no definitive evidence of birth defects in pregnant or nursing women exists to date. There also have not been adequate studies in humans to make a determination.

X. Adverse reactions

A. Opioid-induced respiratory depression

Abrupt reversal of opioid-induced respiratory depression may result in nausea, vomiting, sweating, abnormal heart beat, fluid development in the lungs and opioid acute withdrawal syndrome (see part “B” below), increased blood pressure, shaking, shivering, seizures and hot flashes. Additional doses of naloxone may be required if the victim does not respond to a dose within 3 minutes or relapses back into respiratory depression or unresponsiveness prior to the arrival of emergency assistance.

B. Opioid dependence

Abrupt reversal of opioid effects in persons who are physically dependent on opioids may cause an acute withdrawal syndrome. Acute withdrawal syndrome may include, but not be limited to, the following signs and symptoms: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or trembling, nervousness, or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, and fast heart beat. Reactions resulting from administration of naloxone may appear within minutes of naloxone administration and subside in approximately 2 hours. Additionally, the opioid-related adverse reactions may subside within minutes of naloxone administration; the reactions may reappear in approximately 90 minutes, so it is imperative that the person experiencing an opioid-related overdose receive emergency medical care following naloxone administration. Most often the symptoms of opioid depression and acute withdrawal syndrome are uncomfortable, but sometimes can be severe enough to require advanced medical attention. Adverse reactions beyond opioid-related overdose are rare.

XI. Labeling and storage

A prescription label shall be affixed to the naloxone product as required in Iowa Administrative Code rule 657—6.10, except that the expiration date of the product shall not be rendered illegible. The prescription

shall be dispensed in the name of the eligible recipient. The proper storage conditions, including temperature excursions, shall be discussed with the recipient.

XII. Records

Each pharmacy shall maintain the original record of each assessment, regardless of the eligibility determination following assessment, and dispensing of naloxone to each eligible recipient. These records shall be available for inspection or copying by the board of pharmacy or its authorized agent for at least two (2) years from the date of assessment or the date of dispensing, whichever is later. Naloxone dispensing shall be reported to the Iowa Prescription Monitoring Program pursuant to rule 657—37.2(124).

XIII. Effective date

This protocol is effective April 5, 2020 and shall be in effect for a period of one year and shall automatically renew for subsequent one year periods unless otherwise amended or terminated by the board.

Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Good Samaritan Law

According to the Centers for Disease Control and Prevention (CDC), more than 72,000 Americans died from drug overdoses in 2017, including illicit drugs and prescription opioids – a two-fold increase in a decade. While the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs with nearly 30,000 overdose deaths, the number of deaths involving other substances is also on the rise. According to the Bureau of Health Statistics at the Iowa Department of Public Health, since 2005, the number of opioid overdoses have more than tripled in Iowa and overdoses due to substances such as benzodiazepines and methamphetamines have also increased significantly.

While there are many reasons overdose occurs, one of the identified barriers to addressing the issue is the concern that the person experiencing or reporting the overdose will face legal consequences if they try to access emergency services. This can lead to the individual experiencing the overdose being left alone or abandoned, and unfortunately, dying as a result. To help alleviate the fears of legal consequences, the 2018 Iowa Legislature passed the Good Samaritan Law as part of House File 2377.

The Good Samaritan Law encourages those who witness a drug overdose to stay and call 911, rather than leaving 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*

To assist in educating Iowans about the Good Samaritan Law, the Iowa Department of Public Health has created informational materials and videos that further address how the law works. These materials are available at the Your Life Iowa website. And remember, *Don't Run, Call 911!*

Appendix E

Outcomes: Detailed Data Tables

Consumption

Behavioral Risk Factor Surveillance Survey (2018, 2019): Opioid Pain Reliever Use

Any Opioid Use in the Past Year

- In 2019, a slightly higher percentage of Iowans reported taking opioid pain medication than in 2018 (17.5% vs. 16.6% respectively), though this difference was not statistically significant. That is, in 2018, 362,462 Iowans reported taking an opioid medication, while in 2018, the number was 349,716 adult Iowans.
- Consistently, it was found that Non-Hispanic Whites had higher rates of any use of an opioid prescription than those who were of Hispanic race/ethnicity (2018, 2019, and the combined years of 2018 & 2019).
- There were no clear age trends observed in 2018, 2019 or in the combined years. There was a slight trend in all three examined years (2018, 2019, and combined years of 2018 & 2019) that those aged 55-64 had slightly higher rates than the other age categories, but this was not statistically higher by any means.
- In terms of education, it was consistent that those with a college degree had lower levels of past year use than those who had a high school degree or G.E.D and those who had some post high school education. For example, in 2019, 15.2% of those with a college degree reported taking prescription opioids in the past year, while 18.6% (H.S. diploma or G.E.D.) and 18.5% (some post-secondary education) reported taking opioids in the past year.
- In general, higher usage in the past year was observed for the lower income categories than those who reported a higher income. As an example, in 2019, over 25% (25.2%) of those who had an annual household income of less than $15,000 reported taking prescription opioids in the past year, while 15.6% reported taking them in the $75,000 or more category.
- In 2019, Polk and Wapello counties had the highest rates out of the 6 counties, but not at a statistically higher prevalence. In 2018, Jasper and Wapello counties had the highest rates, with each county having over one in five adults having taken a prescription opioid in the past year (24.4% and 22.0% respectively). In the combined years of 2018 and 2019, Polk county was the only county over 20%, at 20.8%. Rates were higher for participating than non-participating counties across all three years' analyses, but were not statistically different from each other.

Iowa BRFSS 2018 and 2019, Opioid Pain Reliever Use

2018			2019		
QUESTION (SAOUQ1): In the past year, did you take any prescription opioid pain relievers such as hydrocodone, codeine, oxycodone, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin?					
	% Yes	95% Confidence interval (Lower Limit, Upper Limit)		% Yes	95% Confidence interval (Lower Limit, Upper Limit)
TOTAL	16.6	(15.6-17.6)	**TOTAL**	17.5	(16.5-18.4)
SEX			**SEX**		
Male	15.5	(14.2-16.9)	Male	16.5	(15.1-17.8)
Female	17.7	(16.3-19.0)	Female	18.5	(17.1-19.8)
RACE/ETHNICITY			**RACE/ETHNICITY**		
Non-Hispanic White	17.1	(16.1-18.1)	Non-Hispanic White	18.0	(17.0-19.0)
Non-Hispanic Black	16.9	(9.4-24.5)	Non-Hispanic Black	15.8	(9.1-22.5)
Other Non-Hispanic	18.6	(12.7-24.5)	Other Non-Hispanic	13.9	(8.3-19.5)
Hispanic	6.0	(3.3-8.6)	Hispanic	12.3	(8.4-16.1)
RACE/ETHNICITY			**RACE/ETHNICITY**		
Non-Hispanic White	17.1	(16.1-18.1)	Non-Hispanic White	18.0	(17.0-19.0)
Non-White or Hispanic	12.7	(9.8-15.7)	Non-White or Hispanic	13.7	(10.7-16.7)
AGE			**AGE**		
18-25	17.7	(14.4-20.9)	18-25	17.7	(14.4-21.0)
26-34	16.2	(13.4-18.9)	26-34	18.2	(15.4-21.1)
35-44	16.8	(14.4-19.3)	35-44	16.8	(14.4-19.3)
45-54	18.4	(15.9-20.8)	45-54	18.4	(15.9-20.8)
55-64	20.0	(17.9-22.1)	55-64	20.0	(17.9-22.1)
65+	16.7	(15.1-18.2)	65+	16.7	(15.1-18.2)
AGE			**AGE**		
18-25	17.7	(14.4-20.9)	18-25	17.7	(14.4-21.0)
26+	17.6	(16.6-18.6)	26+	16.5	(15.5-17.4)
EDUCATION			**EDUCATION**		
Less than H.S.	18.0	(13.8-22.2)	Less than H.S.	16.1	(12.1-20.2)
H.S. or G.E.D.	16.9	(15.1-18.7)	H.S. or G.E.D.	18.6	(16.9-20.4)
Some Post-H.S.	18.9	(17.2-20.7)	Some Post-H.S.	18.5	(16.8-20.2)
College Graduate	12.7	(11.3-14.0)	College Graduate	15.2	(13.7-16.7)
HOUSEHOLD INCOME			**HOUSEHOLD INCOME**		
Less than $15,000	27.6	(22.6-32.6)	Less than $15,000	25.2	(20.4-30.1)
$15,000- 24,999	21.6	(18.5-24.7)	$15,000- 24,999	21.9	(18.9-25.0)
$25,000- 34,999	20.8	(17.0-24.5)	$25,000- 34,999	16.7	(13.4-19.9)
$35,000- 49,999	15.7	(13.1-18.2)	$35,000- 49,999	18.1	(15.4-20.8)
$50,000- 74,999	15.5	(13.2-17.8)	$50,000- 74,999	17.9	(15.5-20.2)
$75,000+	14.0	(12.4-15.6)	$75,000+	15.6	(14.0-17.2)
COUNTY			**COUNTY**		
Appanoose	*	*	Appanoose	*	*

Wapello	22.0	(12.3-31.8)	Wapello	18.2	(9.8-26.6)
Winneshiek	10.0	(2.4-17.7)	Winneshiek	10.4	(1.3-19.5)
Jasper	24.4	(13.7-35.1)	Jasper	11.7	(4.5-19.0)
Polk	19.2	(16.3-22.0)	Polk	21.0	(18.2-23.9)
Scott	16.3	(11.6-20.9)	Scott	15.5	(11.1-19.8)
MERGED COUNTIES			**MERGED COUNTIES**		
Participating (Jasper, Polk, Scott)	18.9	(16.5-21.3)	Participating (Jasper, Polk, Scott)	19.4	(17.0-21.7)
Non-Participating (Appanoose, Wapello, Winneshiek)	17.5	(11.6-23.5)	Non-Participating (Appanoose, Wapello, Winneshiek)	15.8	(10.0-21.5)

* = redacted due to small counts, which indicated unreliable estimates

"-" = estimate of "0"

Iowa BRFSS 2018 and 2019 Combined, Opioid Pain Reliever Use

2018-2019 Combined					
QUESTION (SAOUQ1): In the past year, did you take any prescription opioid pain relievers such as hydrocodone, codeine, oxycodone, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin?					
	% Yes	95% Confidence Interval (Lower Limit, Upper Limit)		% Yes	95% Confidence interval (Lower Limit, Upper Limit)
TOTAL	17.3	(16.3-18.3)	**EDUCATION**		
SEX			Less than H.S.	16.9	(12.6-21.1)
Male	16.1	(14.8-17.5)	H.S. or G.E.D.	18.6	(16.8-20.4)
Female	18.4	(17.1-19.8)	Some Post-H.S.	18.1	(16.4-19.9)
RACE/ETHNICITY			College Graduate	14.8	(13.3-16.3)
Non-Hispanic White	17.8	(16.8-18.8)	**HOUSEHOLD INCOME**		
Non-Hispanic Black	16.1	(9.1-23.0)	Less than $15,000	25.0	(20.1-30.0)
Other Non-Hispanic	14.3	(8.5-20.2)	$15,000- 24,999	22.0	(18.8-25.1)
Hispanic	12.1	(8.1-16.0)	$25,000- 34,999	17.0	(13.7-20.3)
RACE/ETHNICITY			$35,000- 49,999	17.6	(14.8-20.4)
Non-Hispanic White	17.8	(16.8-18.8)	$50,000- 74,999	17.3	(15.0-19.7)
Non-White or Hispanic	13.8	(10.7-17.0)	$75,000+	15.4	(13.8-17.0)
AGE			**COUNTY**		
18-25	17.9	(14.5-21.2)	Appanoose	*	*
26-34	15.9	(13.1-18.7)	Wapello	18.6	(9.8-27.4)
35-44	16.3	(13.8-18.7)	Winneshiek	10.9	(1.4-20.4)
45-54	18.2	(15.8-20.7)	Jasper	12.0	(4.6-19.3)
55-64	20.0	(17.8-22.1)	Polk	20.8	(17.9-23.7)
65+	16.5	(14.9-18.1)	Scott	15.5	(11.0-20.0)
AGE			**MERGED COUNTIES**		
18-25	17.9	(14.5-21.2)	Participating (Jasper, Polk, Scott)	19.2	(16.8-21.6)
26+	17.4	(16.4-18.3)	Non-Participating (Appanoose, Wapello, Winneshiek)	16.1	(10.1-22.1)

* = redacted due to small counts, which indicated unreliable estimates

"-" = estimate of "0"

Behavioral Risk Factor Surveillance Survey (2018, 2019): Opioid Pain Reliever Use – Differently than Directed

More Frequent Use or Higher Dosage than Prescribed in Past Year

- In 2019, 3.7% of those who had taken a prescription opioid in the past year took a prescription more frequently or at a higher dosage than what was prescribed (13,409 adult Iowans). This is a lower percentage than what was reported in 2018, when 4.6% of adult Iowans reported engaging in this behavior (15,962 Iowans). The decrease was not significant, though shows a downward trend.
- In general, a lower percentage of older Iowans take prescription opioids more frequently or at a higher dose than what is prescribed compared to young adults in Iowa. There is a slight decrease in prevalence with age, but the decrease did not reach statistical significance. For example, in 2019, those 18-25 reported a rate of 5.8%, while those 26+ reported a rate of 3.3%. In 2018, though, there was a clear pattern among age categories, in that the younger age groups, namely those 18-25 had much higher rates than the other age categories. For example, 13.2% of those age 18-25 reported taking prescription opioids more frequently or at a higher dose than what was prescribed by their healthcare provider, while 3.1% of those 26+ reported in the same manner.
- In 2019, there were general trends involving education and income, in that those who had received a lower level of education and those who had a lower household income reported higher levels of taking a prescription at a higher dosage or frequency than what was prescribed by a doctor. Though a pattern emerges, the differences in prevalence between categories were not significant. In 2018, there were no clear patterns that emerged with these two demographic categories. In the combined years, those who had the lowest level of education and income had higher rates within the education and reported higher rates, but the rates were not statistically different from the others within those demographic categories.
- Polk (individually) and the participating counties had a rate higher than the state rate, but the difference did not reach statistical significance.

Iowa BRFSS 2018 and 2019, Opioid Pain Reliever Use –Differently than Directed

2018			2019		
QUESTION (SAOUQ2): In the past year, did you take any of the opioid pain medications more frequently or in higher doses than directed by a doctor?					
	% Yes	95% Confidence interval (Lower Limit, Upper Limit)		% Yes	95% Confidence Interval (Lower Limit, Upper Limit)
TOTAL	4.6	(3.1-6.0)	**TOTAL**	3.7	(2.5-4.9)
SEX			**SEX**		
Male	5.3	(3.0-7.5)	Male	5.1	(3.0-7.2)
Female	3.9	(2.1-5.8)	Female	2.5	(1.3-3.8)
RACE/ETHNICITY			**RACE/ETHNICITY**		
Non-Hispanic White	4.3	(2.8-5.8)	Non-Hispanic White	3.3	(2.2-4.4)
Non-White or Hispanic	6.5	(0.7-12.3)	Non-White or Hispanic	8.0	(0.9-15.2)
AGE			**AGE**		
18-25	13.2	(6.2-20.3)	18-25	5.8	(0.8-10.8)
26-34	4.8	(1.2-8.5)	26-34	4.5	(0.1-8.9)
35-44	3.8	(0.9-6.8)	35-44	3.3	(0.8-5.8)
45-54	3.0	(0.5-5.5)	45-54	2.7	(0.4-4.9)
55-64	2.0	(0.4-3.6)	55-64	3.3	(1.3-5.2)
65+	2.2	(0.5-3.9)	65+	3.1	(1.4-4.8)
AGE			**AGE**		
18-25	13.2	(6.2-20.3)	18-25	5.8	(0.8-10.8)
26+	3.1	(2.0-4.2)	26+	3.3	(2.2-4.4)
EDUCATION			**EDUCATION**		
Less than H.S.	2.5	(0.0-6.0)	Less than H.S.	6.8	(0.0-14.6)
H.S. or G.E.D.	6.0	(3.0-8.9)	H.S. or G.E.D.	3.5	(1.6-5.4)
Some Post-H.S.	4.8	(2.4-7.2)	Some Post-H.S.	3.8	(1.9-5.8)
College Graduate	3.0	(0.7-5.2)	College Graduate	2.9	(1.1-4.6)
HOUSEHOLD INCOME			**HOUSEHOLD INCOME**		
Less than $15,000	2.4	(0.0-4.9)	Less than $15,000	6.5	(1.4-11.6)
$15,000- 24,999	6.8	(2.3-11.3)	$15,000- 24,999	6.0	(2.2-9.8)
$25,000- 34,999	3.8	(0.1-7.6)	$25,000- 34,999	5.3	(0.7-9.9)
$35,000- 49,999	5.5	(0.7-10.2)	$35,000- 49,999	4.5	(0.8-8.1)
$50,000- 74,999	3.8	(0.7-6.9)	$50,000- 74,999	1.0	(0.0-2.2)
$75,000+	5.8	(2.5-9.0)	$75,000+	2.9	(0.6-5.3)
COUNTY			**COUNTY**		
Appanoose	*	*	Appanoose	*	*

Wapello	*	*	Wapello	*	*
Winneshiek	*	*	Winneshiek	*	*
Jasper	*	*	Jasper	*	*
Polk	6.3	(1.9-10.8)	Polk	5.1	(0.7-9.5)
Scott	-	-	Scott	*	*
MERGED COUNTIES			**MERGED COUNTIES**		
Participating (Jasper, Polk, Scott)	5.6	(2.1-9.2)	Participating (Jasper, Polk, Scott)	4.6	(1.0-8.2)
Non-Participating (Appanoose, Wapello, Winneshiek)	*	*	Non-Participating (Appanoose, Wapello, Winneshiek)	*	*

* = redacted due to small counts, which indicated unreliable estimates

"-" = estimate of "0"

Iowa BRFSS 2018 and 2019 Combined, Opioid Pain Reliever Use –Differently than Directed

2018-2019 Combined					
QUESTION (SAOUQ2): In the past year, did you take any of the opioid pain medications more frequently or in higher doses than directed by a doctor?					
	% Yes	95% Confidence Interval (Lower Limit, Upper Limit)		% Yes	95% Confidence Interval (Lower Limit, Upper Limit)
TOTAL	3.4	(2.4-4.8)	**HOUSEHOLD INCOME**		
SEX			Less than $15,000	6.2	(1.0-11.4)
Male	4.9	(2.7-7.1)	$15,000- 24,999	5.5	(1.8-9.1)
Female	2.5	(1.2-3.8)	$25,000- 34,999	4.5	(0.1-8.9)
RACE/ETHNICITY			$35,000- 49,999	4.8	(0.9-8.8)
Non-Hispanic White	3.3	(2.2-4.5)	$50,000- 74,999	1.0	(0.0-2.3)
Non-White or Hispanic	6.5	(0.0-13.6)	$75,000+	3.0	(0.5-5.4)
AGE			**COUNTY**		
18-25	5.3	(0.3-10.4)	Appanoose	*	*
26-34	4.8	(0.2-9.5)	Wapello	*	*
35-44	3.2	(0.6-5.9)	Winneshiek	*	*
45-54	2.8	(0.4-5.2)	Jasper	*	*
55-64	3.1	(1.2-5.0)	Polk	5.4	(0.7-10.0)
65+	2.9	(1.3-4.6)	Scott	*	*
AGE			**MERGED COUNTIES**		
18-25	5.3	(0.3-10.4)	Participating (Jasper, Polk, Scott)	4.8	(1.0-8.6)
26+	3.3	(2.2-4.4)	Non-Participating (Appanoose, Wapello, Winneshiek)	*	*
EDUCATION					
Less than H.S.	5.9	(0.0-13.6)			
H.S. or G.E.D.	2.9	(1.1-4.8)			
Some Post-H.S.	4.1	(2.0-6.1)			
College Graduate	2.9	(1.1-4.8)			

* = redacted due to small counts, which indicated unreliable estimates

"-" = estimate of "0"

Behavioral Risk Factor Surveillance Survey (2018, 2019): Opioid Pain Reliever Use – Not Prescribed

Took Opioid Prescription Medication when Not Prescribed by a Doctor in Past Year

- In 2019, 6.1% (22,147 Iowans) took prescription opioid medication when it was not prescribed by a doctor in the past year, which is a slight decrease from the percentage in 2018 (7.3%; 25,566 adult Iowans).
- There are significant relationships with age. For example, in 2019, 14.7% of 18-25 year olds had responded "yes" to this question, where 4.7% of those 26 and older responded in the same manner. These were slightly lower figures than what was reported in 2018, when 17.9% of 18-25 year olds and 5.5% of 26+ year olds reported taking prescription opioids outside of a doctor's order. Overall, prevalence decreased with age.
- Among all three years of analysis, there was no clear trend among income categories.
- In all three years of analysis, the data showed a decreasing trend of use with education, though the decreases were not statistically different from each other. To give an example, in 2019, 11.5% of those holding less than a high school degree had taken prescription opioids without being prescribed them by a doctor, while 4.2% of college graduates did so.
- Polk County and the participating counties had a higher prevalence rate than the state rate, but these differences did not reach statistical significance.

Iowa BRFSS 2018 and 2019, Opioid Pain Reliever Use –Not Prescribed

2018			2019		
QUESTION (SAOUQ3): In the past year, have you taken any prescription opioid pain relievers (hydrocodone, codeine, oxycodone, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin) when it was NOT prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?					
	% Yes	95% Confidence Interval (Lower Limit, Upper Limit)		% Yes	95% Confidence Interval (Lower Limit, Upper Limit)
TOTAL	7.3	(5.5-9.2)	**TOTAL**	6.1	(4.4-7.8)
SEX			**SEX**		
Male	9.7	(6.6-12.8)	Male	7.7	(5.0-10.3)
Female	5.3	(3.1-7.5)	Female	4.8	(2.7-7.0)
RACE/ETHNICITY			**RACE/ETHNICITY**		
Non-Hispanic White	7.1	(5.1-9.0)	Non-Hispanic White	5.3	(3.7-7.0)
Non-White or Hispanic	8.2	(1.3-15.0)	Non-White or Hispanic	14.1	(4.6-23.5)
AGE			**AGE**		
18-25	17.9	(10.0-25.9)	18-25	14.7	(6.7-22.7)
26-34	11.1	(5.6-16.5)	26-34	12.0	(5.9-18.2)
35-44	10.9	(5.5-16.3)	35-44	4.2	(0.8-7.6)
45-54	2.1	(0.0-4.2)	45-54	4.4	(1.3-7.5)
55-64	2.4	(0.6-4.3)	55-64	4.6	(2.2-6.9)
65+	1.8	(0.2-3.4)	65+	0.9	(0.1-1.7)
AGE			**AGE**		
18-25	17.9	(10.0-25.9)	18-25	14.7	(6.7-22.7)
26+	5.5	(3.8-7.1)	26+	4.7	(3.3-6.1)
EDUCATION			**EDUCATION**		
Less than H.S.	10.1	(1.9-18.4)	Less than H.S.	11.5	(0.5-22.6)
H.S. or G.E.D.	8.6	(5.1-12.1)	H.S. or G.E.D.	7.9	(4.6-11.3)
Some Post-H.S.	6.9	(3.9-10.0)	Some Post-H.S.	4.7	(2.5-7.0)
College Graduate	4.4	(1.9-6.8)	College Graduate	4.2	(1.9-6.6)
HOUSEHOLD INCOME			**HOUSEHOLD INCOME**		
Less than $15,000	6.3	(0.4-12.1)	Less than $15,000	7.8	(0.0-15.9)
$15,000- 24,999	7.7	(2.8-12.6)	$15,000- 24,999	8.6	(3.4-13.9)
$25,000- 34,999	12.4	(4.9-19.8)	$25,000- 34,999	11.7	(3.9-19.5)
$35,000- 49,999	7.8	(2.7-12.8)	$35,000- 49,999	5.2	(1.2-9.2)
$50,000- 74,999	4.8	(1.4-8.2)	$50,000- 74,999	6.2	(2.0-10.3)
$75,000+	7.4	(3.6-11.2)	$75,000+	5.4	(2.5-8.3)
COUNTY			**COUNTY**		

Appanoose	*	*	Appanoose	*	*
Wapello	*	*	Wapello	*	*
Winneshiek	*	*	Winneshiek	*	*
Jasper	*	*	Jasper	*	*
Polk	7.9	(3.0-12.7)	Polk	9.8	(4.4-15.4)
Scott	-	-	Scott	*	*
MERGED COUNTIES			**MERGED COUNTIES**		
Participating (Jasper, Polk, Scott)	5.8	(2.2-9.3)	Participating (Jasper, Polk, Scott)	8.4	(3.9-12.9)
Non-Participating (Appanoose, Wapello, Winneshiek)	*	*	Non-Participating (Appanoose, Wapello, Winneshiek)	*	*

* = redacted due to small counts, which indicated unreliable estimates

"-" = estimate of "0"

Iowa BRFSS 2018 and 2019 Combined, Opioid Pain Reliever Use –Not Prescribed

2018-2019 Combined					
QUESTION (SAOUQ3): In the past year, have you taken any prescription opioid pain relievers (hydrocodone, codeine, oxycodone, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin) when it was NOT prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?					
	% Yes	95% Confidence Interval (Lower Limit, Upper Limit)		% Yes	95% Confidence Interval (Lower Limit, Upper Limit)
TOTAL	6.2	(4.4-8.0)	**HOUSEHOLD INCOME**		
SEX			Less than $15,000	7.6	(0.0-16.1)
Male	7.8	(5.0-10.6)	$15,000- 24,999	8.2	(2.9-13.5)
Female	4.9	(2.6-7.1)	$25,000- 34,999	11.8	(3.9-19.7)
RACE/ETHNICITY			$35,000- 49,999	5.7	(1.3-10.0)
Non-Hispanic White	5.4	(3.8-7.1)	$50,000- 74,999	6.3	(1.9-10.7)
Non-White or Hispanic	13.7	(3.9-23.5)	$75,000+	5.6	(2.5-8.6)
AGE			**COUNTY**		
18-25	14.7	(6.4-23.0)	Appanoose	*	*
26-34	12.8	(6.3-19.2)	Wapello	*	*
35-44	4.3	(0.6-7.9)	Winneshiek	*	*
45-54	4.3	(1.1-7.5)	Jasper	*	*
55-64	4.4	(2.0-6.8)	Polk	10.4	(4.6-16.2)
65+	1.0	(0.2-1.8)	Scott	*	*
AGE			**MERGED COUNTIES**		
18-25	14.7	(6.4-23.0)	Participating (Jasper, Polk, Scott)	8.8	(4.1-13.5)
26+	4.8	(3.3-6.3)	Non-Participating (Appanoose, Wapello, Winneshiek)	*	*
EDUCATION					
Less than H.S.	10.7	(0.0-21.8)			
H.S. or G.E.D.	7.8	(4.3-11.2)			
Some Post-H.S.	4.9	(2.5-7.3)			
College Graduate	4.5	(2.0-7.0)			

* = redacted due to small counts, which indicated unreliable estimates

"-" = estimate of "0"

Consequences

Number of Emergency Department Visits Involving Opioid Overdose for 18-24 Year Olds, by Calendar Year and County

	Years							2014-2020
SPF Rx Counties	2014	2015	2016	2017	2018	2019	2020	%change
Jasper	*	*	*	*	*	*	*	*
Polk	15	26	51	43	29	35	29	93%
Scott	*	8	12	11	*	*	*	*
	Years							2014-2020
Comparison Counties	2014	2015	2016	2017	2018	2019	2020	%change
Appanoose	*	*	*	*	*	*	*	*
Wapello	*	*	*	*	*	*	*	*
Woodbury	*	*	*	*	*	*	*	*
Statewide	Years							2014-2020
	2014	2015	2016	2017	2018	2019	2020	%change
Total	66	75	121	109	66	74	75	14%

**Data redacted due to counts less than 5.*

Number of Emergency Department Visits Involving Opioid Overdose for Ages Less than 18, by Calendar Year and County

	Years							2014-2020
SPF Rx Counties	2014	2015	2016	2017	2018	2019	2020	%change
Jasper	*	*	*	*	*	*	*	*
Polk	*	6	7	*	8	*	*	*
Scott	*	*	*	*	*	*	*	*
	Years							2014-2020
Comparison Counties	2014	2015	2016	2017	2018	2019	2020	%change
Appanoose	*	*	*	*	*	*	*	*
Wapello	*	*	*	*	*	*	*	*
Woodbury	*	*	*	*	*	*	*	*
Statewide	Years							2014-2020
	2014	2015	2016	2017	2018	2019	2020	%change
Total	45	34	51	42	41	32	17	-62%

**Data redacted due to counts less than 5.*