



Iowa Department of Public Health
Protecting and Improving the Health of Iowans

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November 1, 2017

Centers for Disease Control and Prevention
ATTN: Coordinator, Syringe Services Program
1600 Clifton Road
Atlanta, GA 30329-4027

To CDC SSP Determination Panel:

Please see the attached *Request for Determination of Need for Syringe Services Programs* from the Iowa Department of Public Health (IDPH) Division of Behavioral Health. The Division houses IDPH's Bureau of Substance Abuse, its Bureau of HIV, STD, and Hepatitis, and the Office of Disability, Injury and Violence Prevention.

This document presents evidence for review by the Centers for Disease Control and Prevention (CDC) demonstrating that Iowa is currently experiencing significant increases in hepatitis infections among people who inject drugs (PWID), and is therefore at risk for an HIV outbreak related to injection drug use. The increase in infections among PWID in Iowa has been noted in those using opioids, and is also tied to an increase in methamphetamine use across the state.

This request for determination of need is consistent with directives in CDC's *Program Guidance for Implementing Certain Components of Syringe Services Programs* (2016). If approved, IDPH will work with our respective federal funders to determine what, if any, financial resources would be redirected towards eligible components of syringe services programs.

The State of Iowa is eligible for this redirection of existing funding to syringe service programs as an awardee through funding opportunity announcement *PS12-1201: Comprehensive HIV Prevention Programs for Health Departments* (soon to be *PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments*).

Thank you for your review of this request. Please contact me at Kathy.Stone@idph.iowa.gov with any questions or if additional information is needed.

Sincerely,

Kathy Stone, Director
Division of Behavioral Health

REQUEST FOR DETERMINATION OF NEED FOR SYRINGE SERVICES PROGRAMS

Please accept this evidence for review by CDC to determine that Iowa is experiencing significant increases in viral hepatitis related to injection drug use and is therefore at risk for significant increases in HIV among people who inject drugs.

Section 1: Data Sources

Measurement	Data Source	Geographic Area	Assessment period beginning year and number or rate	Assessment period ending year and number or rate	Percent Change
Treatment Admissions for Opioids with Method of Use – IV Injection (Past 30 Days)	Iowa Department of Public Health: Division of Behavioral Health	State of Iowa	Year: 2012 Value: 820 Units: Number of Opioid Treatment Admissions – IV Injection	Year: 2016 Value: 1,294 Units: Number of Opioid Treatment Admissions – IV Injection	58% increase
Treatment Admissions for Methamphetamine with Method of Use – IV Injection (Past 30 Days)	Iowa Department of Public Health: Division of Behavioral Health	State of Iowa	Year: 2012 Value: 1,029 Units: Number of Methamphetamine Treatment Admissions – IV Injection	Year: 2016 Value: 1,779 Units: Number of Methamphetamine Treatment Admissions – IV Injection	73% increase
Year of First Positive HCV Antibody and/or Confirmation Test: <30 years of age	Iowa Disease Surveillance System	State of Iowa	Year: 2009 Value: 73 Units: Number of People <30 Years of Age	Year: 2016 Value: 347 Units: Number of People <30 Years of Age	375% increase
Drug-Related Poisoning Emergency Department (ED) Visits: Heroin	Iowa Department of Public Health: Division of Behavioral Health	State of Iowa	Year: 2011 Value: 19 Units: Number of ED Visits	Year: 2016 Value: 202 Units: Number of ED Visits	963% increase

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Measurement	Data Source	Geographic Area	Assessment period beginning year and number or rate	Assessment period ending year and number or rate	Percent Change
Drug-Related Poisoning Emergency Department (ED) Visits: Opioids	Iowa Department of Public Health: Division of Behavioral Health	State of Iowa	Year: 2011 Value: 264 Units: Number of ED Visits	Year: 2016 Value: 503 Units: Number of ED Visits	91% increase
Drug-Related Poisoning Emergency Department (ED) Visits: Amphetamine	Iowa Department of Public Health: Division of Behavioral Health	State of Iowa	Year: 2011 Value: 41 Units: Number of ED Visits	Year: 2016 Value: 130 Units: Number of ED Visits	217% increase
Drug-Related Overdose Deaths by Heroin	Iowa Department of Public Health: Division of Behavioral Health	State of Iowa	Year: 2011 Value: 12 Units: Number of Heroin-Related Overdose Deaths	Year: 2015 Value: 43 Units: Number of Heroin-Related Overdose Deaths	258% increase
Reported Overdose Reversals from Community-Based Harm Reduction Organizations [Quad Cities Harm Reduction Coalition (QCHRC) & Iowa Harm Reduction Coalition (IHRC)]	Quad Cities Harm Reduction Coalition (Davenport, Iowa), Iowa Harm Reduction Coalition (Iowa City, Iowa)	Scott County (Quad Cities Metro area), Linn County, Johnson County	Date: June 1, 2017 Value: 0 Units: Number of Overdose Reversals	Date: September 30, 2017 Value: 25 Units: Number of Overdose reversals	-----
New Prison Admissions by Most Serious Drug Type – All Opioids	Iowa Department of Corrections – Iowa Correction Offender Network (ICON)	State of Iowa	Date: 2006 Value: 11 Units: Number of new prison admissions	Date: 2016 Value: 51 Units: Number of new prison admissions	364% increase

Section 2: Summary of Evidence

IDPH assessed nine variables related to injection drug use in Iowa. The data suggest the state is facing a sharp increase in cases of viral hepatitis among those under the age of 30, and is at risk for increases in HIV infections among people who inject drugs (PWID). The variables include:

- Treatment admissions for opioids with injection as the primary method of use (past 30 days);
- Treatment admissions for methamphetamine with injection as the primary method of use (past 30 days);
- People under 30 years of age receiving their first positive HCV antibody and/or confirmation test;
- Drug-related poisoning emergency department visits associated with heroin;
- Drug-related poisoning emergency department visits associated with other opioids;
- Drug-related poisoning emergency department visits associated with amphetamines;
- Drug-related overdose deaths by heroin;
- Reported overdose reversals by local agencies (QC Harm Reduction Coalition and Iowa Harm Reduction Coalition); and
- New prison admissions by most serious drug type – all opioids.

The clearest indicators of injection drug use in Iowa are reported treatment admissions for opioids and methamphetamine where patients indicated their primary method of use was injection. Data from the Bureau of Substance Abuse show treatment admissions related to patient disclosures of using opioids via injection increased from 820 in 2012 to 1,294 in 2016, an increase of 58% statewide. Additionally, admissions related to patient disclosures of using methamphetamine via injection increased from 1,029 in 2012 to 1,779 in 2016, indicating a 73% increase in such admissions.

In the United States, injection drug use is the most common mode of transmission of the hepatitis C virus (HCV). According to data from the Iowa Disease Surveillance System (IDSS), HCV transmission among individuals less than 30 years of age increased 375% from 2009 to 2016. Diagnoses of HCV infection among people under the age of 30 has been used by many states as an indication of ongoing injection and sharing of injection equipment. Of the 347 people under age 30 reported to IDPH as being HCV-positive in 2016, data on injection drug use were collected for 97% (338) through health care provider follow up. Among those with follow-up information, 68% of people reported injection drug, 29% reported no injection drug use, and use of injection drugs was unknown for 3%.

Emergency departments across Iowa have reported an increase in drug-related poisonings. Emergency department visits from 2011 to 2016 that were due to drug poisonings were analyzed by three drug categories: heroin, all opioids, and amphetamines. Emergency department visits related to heroin increased from 19 in 2011 to 202 in 2016, an increase of 963%. Emergency department visits related to all opioids increased from 264 in 2011 to 503 in 2016, an increase of 91%. Emergency department visits related to amphetamines increased from 41 in 2011 to 130 in 2016, an increase of 217%. Finally, reported heroin-related overdose deaths increased from 12 in 2011 to 43 in 2015, an increase of 258%.

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Two community-based organizations, the Iowa Harm Reduction Coalition (IHRC) and the Quad Cities Harm Reduction Coalition (QCHRC), began naloxone distribution in June 2017. Both organizations have distributed naloxone free of charge to those most at risk for overdose following the November 2016 establishment of a statewide standing order that allows naloxone access and distribution under the auspices of IDPH's medical director. Formal data tracking of distribution by both organizations began in June 2017. Since June 2017, IHRC and QCHRC have reported five and 20 overdose reversals, respectively. This finding indicates a need for community-level distribution of naloxone as approved in the state's current standing order.

Data on new prison admissions by most serious drug offense also indicate a rise in opioid-related admissions. From 2007 to 2016, admissions related to all opioids increased from 11 to 51, representing a 364% increase. In a recent Governor's Office of Drug Control Policy (ODCP) Justice Assistance Grant (JAG) program report, the Iowa Department of Public Safety's Division of Narcotics Enforcement (DNE) reported five years of statewide heroin statistics. In 2011, DNE opened one heroin case and seized 112 grams of heroin. In comparison, in 2016, DNE opened 17 heroin cases and seized 751 grams. (Note: seizure amounts for any drug may vary greatly from year to year and may not be reflective of the actual transfer of narcotics on the state.)

In response to the increased risk of HIV and HCV transmission among PWID, the Iowa HIV and Hepatitis Community Planning Group (CPG) amended a Drug User Health (DUH) Framework to guide the response of the community and the Bureau of HIV, STD, and Hepatitis. The framework includes the following explanation:

Infectious disease prevention and treatment, overdose prevention and response, psycho-social support services, and substance use treatment should be accessible through a single contact to provide a comprehensive positive health response for people who inject (or use) drugs (PWID). The goal of the DUH Framework is to develop "safer environment interventions" to address the medical and social needs of PWID by eliminating barriers to treatment and by reducing risks of contracting infectious diseases so that treatment for and recovery from substance use disorders is more effective.

If the *Request for Determination of Need for Syringe Services Programs* is approved, the Bureau of HIV, STD, and Hepatitis and the Bureau of Substance Abuse will collaborate closely with state and local health officials, law enforcement agencies, state and local policymakers, NASTAD, CDC, and other state and national organizations to support IDPH-funded grant recipients, medical providers, and community-based organizations in implementing practices that support the Drug User Health Framework.

Iowa currently has a paraphernalia law. Under Iowa Code 124.414, it is illegal to "to knowingly or intentionally manufacture, deliver, sell, or possess drug paraphernalia." However, in October 2017, a committee of the Iowa legislature held hearings on best practices for addressing Iowa's opioid epidemic. The hearings included discussion on amending Iowa Code 124.414 to allow for the establishment of syringe services programs. Should the legislature decide to amend this statute in the next legislative session, IDPH would be well poised to establish syringe services programs upon approval of this request.