



Prescription opioid & heroin overdoses in Iowa: A growing crisis

March 2017



The University of Iowa Injury Prevention Research Center (UI IPRC) is conducting research on prescription opioid pain reliever (OPR) and illicit opioid (heroin) overdoses and overdose deaths in Iowa using Iowa's death certificate records (2002—2014) and insurance claims data (2003– 2014). IPRC is also engaging with stakeholders in Iowa to help identify priorities to address this growing crisis in the state.

Key Findings

- ◆ The rate of OPR overdoses in Iowa increased from 2.1/100,000 in 2003 to 8.8/100,000 in 2009. This rate declined to 5.1/100,000 in 2014.
- ◆ In Iowa, OPR overdoses and overdose deaths are decreasing, while heroin overdoses and overdose deaths are increasing.
- ◆ Those ages 25 to 49 make up the majority of all opioid-involved overdose deaths in Iowa. Males make up the majority of deaths from both prescription opioids and heroin.

Prescription opioid use has reached unprecedented levels.

Prescription drug overdose deaths have been rising since the early 1990s, and in 2009 surpassed transportation-related events as the leading cause of injury death in the U.S. OPRs are primarily driving the increase in these deaths. Since 1999, deaths due to OPRs have more than tripled in the U.S. In Iowa, while OPR overdose deaths and rates of opioid prescribing are low compared to other states, rates of prescription drug deaths since 1999 have quadrupled, making it only one of four states with such a dramatic increase.

Heroin use is a rapidly growing public health problem and is associated with non-medical use of prescription opioid pain relievers.

It is suggested that while policies like the Prescription Monitoring Program (PMP) and physician education may be effective in reducing imprudent prescribing, they are not allowing patients to obtain prescriptions from multiple prescribers. As a result, patients who are OPR dependents or abusers may switch from OPRs to heroin since it is a cheaper alternative that is more easily available.

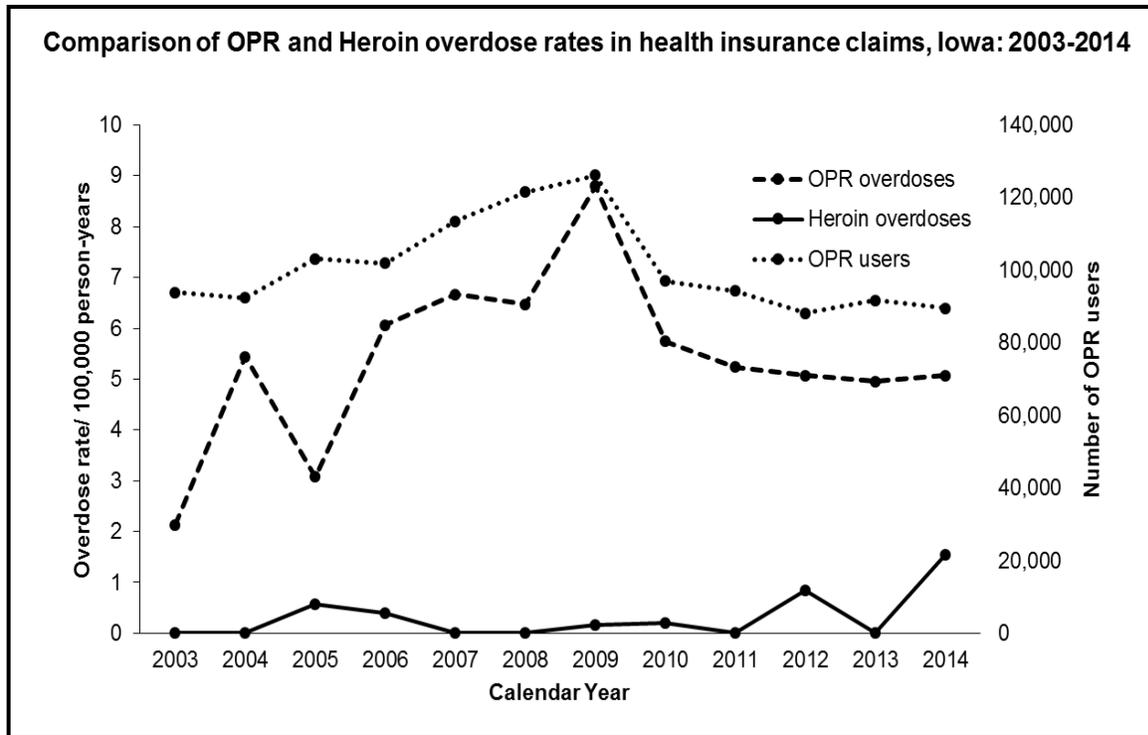
Heroin overdose death rates in Iowa have increased more than nine-fold in the past 15 years.

The rapid growth of heroin death rates in Iowa is two to three times higher than the national average. Like elsewhere in the nation, the rates in Iowa were highest in 2008-2009 when state and local agencies started acting on the prescription OPR abuse epidemic. In 2009, the state of Iowa implemented its PMP, and in 2011, the Iowa Board of Medicine implemented a mandatory continuing medical education licensure requirement for physicians who provide chronic pain management and end-of-life-care.

UI IPRC Research:

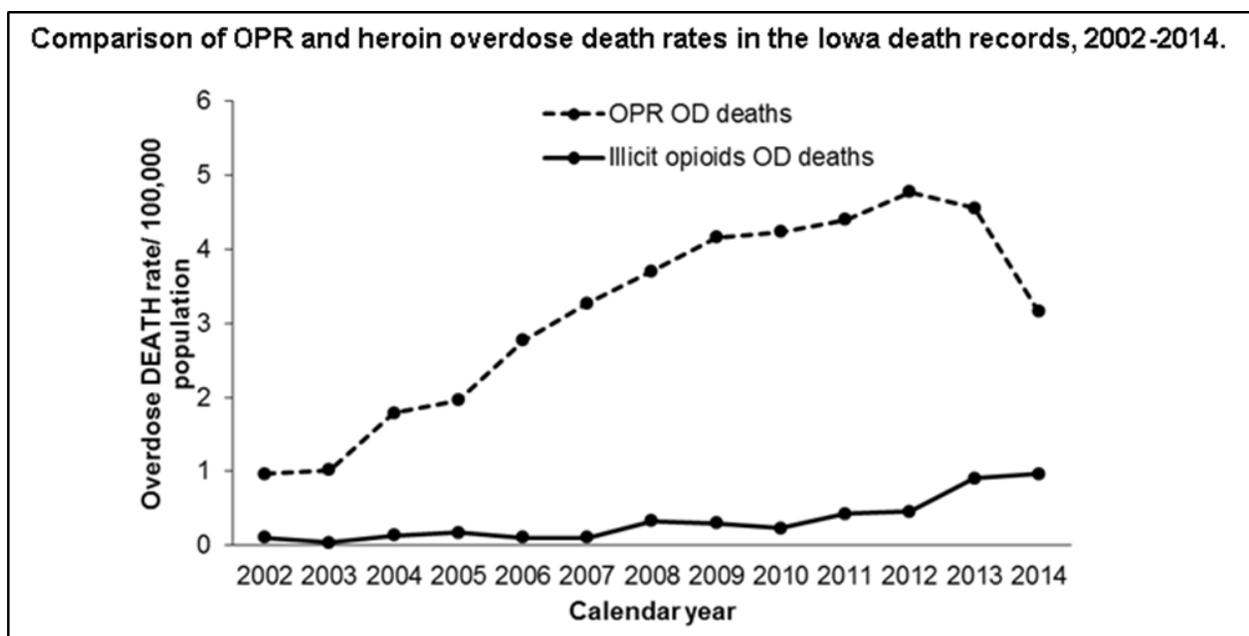
OPR overdoses decreasing; heroin overdoses increasing

The rate of OPR overdoses in Iowa increased from 2.1/100,000 insured person-years in 2003 to 8.8/100,000 insured person-years in 2009. In 2009, the PMP was implemented in Iowa, after which the rate of OPR overdoses declined to 5.1/100,000 insured person-years in 2014. The data on heroin overdoses show that the rate of heroin overdoses in 2009 was 0.16/100,000 insured person-years, which increased to 1.5/100,000 insured person-years in 2014.



OPR overdose deaths decreasing; heroin overdose deaths increasing

These findings suggest that Iowa is experiencing trends observed nationally, where OPR overdoses are decreasing while heroin overdoses are increasing. Using Iowa death certificate records, we see a similar trend in OPR overdose deaths and illicit opioid overdose deaths.



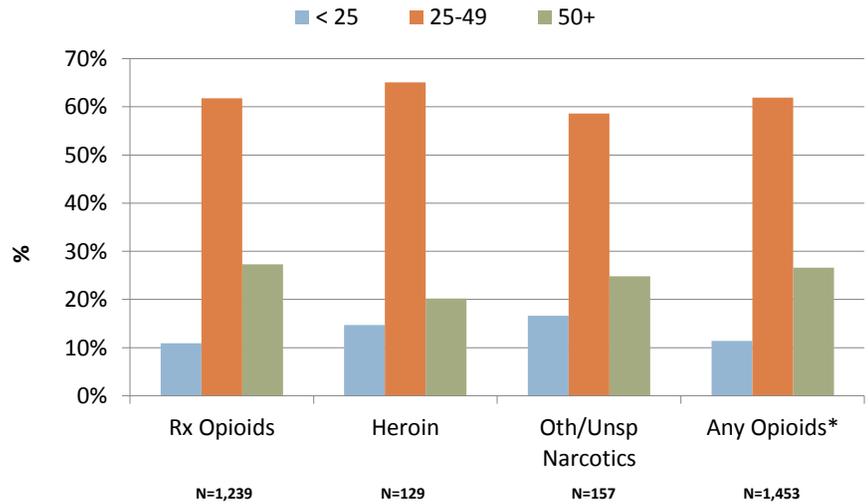
Those ages 25—49 make up the majority of opioid-involved overdose deaths.

Those ages 25—49 make up the majority of opioid-involved deaths, followed by ages 50 and over (see right). Males make up the majority of deaths from both prescription opioids and heroin (see bottom, right).

Outreach: UI IPRC is engaging stakeholders in Iowa on the opioid crisis

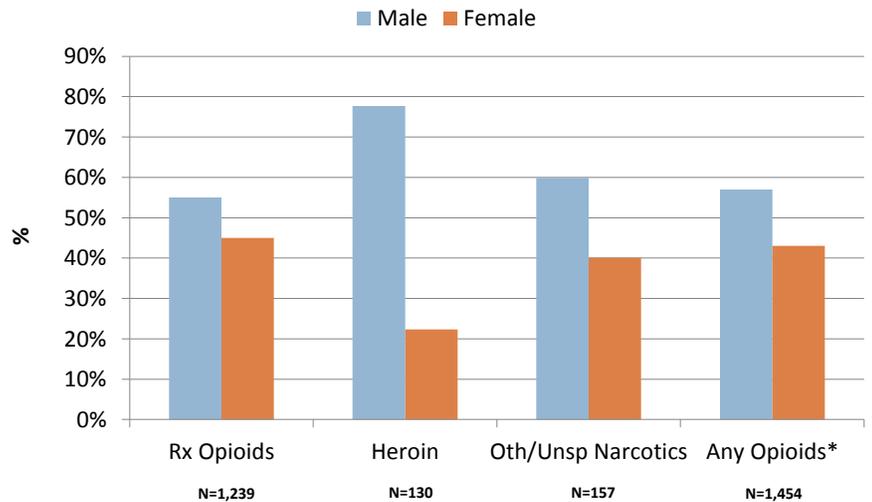
The UI IPRC is participating in a national project funded by the Centers for Disease Control and Prevention (CDC) to make recommendations about preventing prescription opioid overdoses. It is one of four injury control centers in the U.S. to take part in an information sharing network to address this issue. Led by the John Hopkins Center for Injury Research (JHCIRP), each center will promote evidence-based strategies for reducing the opioid epidemic in their state in six areas: prescription monitoring programs, prescribing guidelines, pharmacy benefit managers, overdose education/Naloxone distribution, addiction treatment and community based prevention. The UI IPRC will seek input from stakeholders in Iowa via a stakeholder meeting to create a report that reflects Iowa’s priorities, and its results will be disseminated to leaders and policy makers in Iowa.

Opioid-Involved Drug Overdose Deaths By Age



* 'Any Opioids' can include > 1 opioid type yet counted once in total (not mutually exclusive)

Opioid-Involved Drug Overdose Deaths By Gender



* 'Any Opioids' can include > 1 opioid type yet counted once in total (not mutually exclusive)



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