



Heroin and Opioid Use in Iowa: An Update

Thought to be an issue only in major U.S. cities or more populated states, use of heroin and other opioids (Hydrocodone, Oxycodone) is quickly becoming a problem of epidemic proportions in Iowa. In the last decade, significant increases have been observed in the number of individuals identifying heroin and other opioids as their drug of choice at time of admission to treatment, in addition to the rise in overdose deaths.

Treatment Admissions:

Drug Classification	Number of admissions in 2005	Number of admissions in 2014
Heroin:	186	636
Other Opioids:	422	1,363

IDPH: Central Data Repository

Overdose Deaths:

Drug Classification	Number of overdose deaths in 2005	Number of overdose deaths in 2014
Heroin:	2	19
Other Opioids:	10	33

IDPH: Bureau of Health Statistics

Why the increase?

According to the CDC, in 2012, health care providers wrote 259 million prescriptions for opioid pain relievers – enough for every American adult to have a bottle of pills. Prescription opioid sales in the United States have increased by 300% since 1999, even though there has not been an overall change in the amount of pain Americans report. In a study by the International Narcotics Control Board, the United States accounts for nearly 100% of the Hydrocodone used globally and 81% of Oxycodone used.

As people use opioids repeatedly, their tolerance increases and they may not be able to maintain their original source for the medication. This can lead them to turn to other sources and even switch from prescription drugs to cheaper and more risky substitutes like heroin. In a retrospective analysis study, of those who began their opioid abuse in the 1960s, more than 80% indicated that they initiated their abuse with heroin. In a near complete reversal, 75% of those who began their opioid abuse in the 2000s reported that their first regular opioid was a prescription drug (Cicero, et. al., 2014, *JAMA*).

How is opioid dependency treated?

Several options are available for effectively treating prescription opioid dependence. These options include a combination of behavioral counseling approaches and medications such as Naltrexone, Methadone, and Buprenorphine.

- Naltrexone is an *antagonist* medication that prevents opioids from activating brain receptors.
- Methadone is an *agonist* medication that eliminates withdrawal symptoms and relieves drug cravings by acting on the same brain targets as other opioids.
- Buprenorphine is a *partial agonist* medication (with both agonist and antagonist properties) and, like Methadone, it can reduce cravings and is well tolerated by patients.

What is IDPH doing to address the issue?

For the past 20 years, IDPH has funded selected opioid treatment programs to provide medication assisted treatment to Iowans in the form of methadone maintenance. As approaches to medication assisted treatment continued to evolve, through its Access to Recovery (ATR) grant, IDPH began funding additional medications such as Naltrexone and Buprenorphine. In 2015, IDPH was awarded a Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) grant to further support Iowa’s efforts in addressing opioid misuse.

For more information about heroin and opioid dependency treatment options in Iowa, please visit the IDPH Medication Assisted Treatment webpage at <http://idph.iowa.gov/mat>.