

IOWASubstance Abuse Brief



IOWA DEPARTMENT OF PUBLIC HEALTH

DECEMBER 2018 • ISSUE 7



Drugs Caused Seven out of 10 Poisoning Deaths

In 2017, drugs - including prescription medications, illicit drugs, and over-thecounter medications - were the underlying cause of death for 77 percent of all poisoning deaths (Table 1). Of the drug overdose deaths, more than three-quarters were unintentional and nearly one-fifth were suicide or intentional self-harm. Males had a drug overdose rate 1.6 times higher than females (Table 1). The rates of drug overdose deaths were highest amongst people aged 25-44 and 45-64 at 19 per 100,000 people. Since 2000, drug overdose death rates among males 25 to 44 years of age have increased 421%; among females 25 to 44 years of age rates have increased 327% (IDPH Vital Statistics, 2017).



Drug Overdose Deaths:A Public Health Perspective

Drug overdose deaths are the third leading cause of injury deaths in Iowa (Iowa Department of Public Health Vital Statistics, 2017). Since 2010, drug overdose deaths have increased 38 percent. In 2017, the drug overdose death rate was similar to motor vehicle traffic-related deaths (11 per 100,000 population; Figure 1).

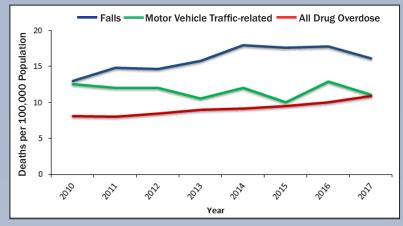


Figure 1: Leading Causes of Death, Iowa Residents, IDPH Vital Statistics, 2010-2017

		Number	Percent	Rate/100,000 persons
Gender	Female	129	38	10
	Male	213	62	16
	Total	342	100	11
Age (in years)	<25	31	9	3
	25-44	146	43	19
	45-64	151	44	19
	65-84	14	4	3
	85+	0	0	0
Intent	Unintentional (also known as "accidental")	259	76	8
	Natural	5	1	<1
	Suicide	63	18	2
	Homicide	1	<1	<1
	Undetermined	14	4	<1

Table 1: All Drug overdose deaths (n=342): Demographic characteristics and intent, lowa residents, IDPH Vital Statistics, 2017.

In 2017, 77% of all poisoning deaths were drug related (prescription, illicit and over-thecounter).





DECEMBER 2018 • ISSUE 7

Addressing the Opioid Overdose Problem in Iowa

- IDPH funds opioid treatment programs to provide medication assisted treatment to lowans in the form of methadone maintenance initially and since has added medications such as Naltrexone and Buprenorphine.
- In 2016, Governor Branstad signed Senate File 2218 and House File 2460 into law, which increased availability of Naloxone for persons in a position to assist.
- Later in 2016, State Epidemiologist
 Dr. Patricia Quinlisk issued a statewide
 "standing order" allowing a person in
 a position to assist in the event of an
 opioid overdose, to go into any
 participating pharmacy and purchase
 Naloxone without first having to see
 a physician.
- In 2018, IDPH designated both suspected and confirmed opioid overdoses requiring administration of Naloxone, as reportable conditions in lowa. This means all lowa hospitals (primarily Emergency Departments) are required to report within 3 days, all suspected and confirmed cases of opioid overdose requiring administration of Naloxone. The purpose of this mandate is to help facilitate real-time targeted interventions and current trend analysis.
- To support expanded access to Naloxone, IDPH has since supported numerous related efforts, which include: development of the Opioid Overdose Recognition and Response brochure; training over 100 community members to train others on proper response to an opioid overdose, including naloxone administration; a statewide opioid overdose prevention media campaign; and, distribution of over 3,000 free Narcan kits to the Department of Public Safety, Department of Corrections, Emergency Medical Services providers, and the general public.

Opioid Pain Relievers Contributed to 60 Percent of the Drug Overdose Deaths in Iowa

In 2017, methamphetamine** contributed to 28 percent of the 342 drug overdose deaths in lowa, while opioid pain relievers, such as oxycodone or hydrocodone, contributed to 60 percent (lowa Department of Public Health Vital Statistics, 2017). From 2014 to 2017, deaths due to opioids increased 40 percent (Figure 2). During the same period, deaths due to heroin increased 700 percent (from 8 deaths to 64 deaths), methamphetamine-related deaths increased 300 percent, and cocaine-related deaths decreased by 18 percent (Figure 2).

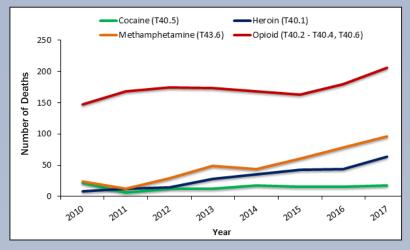


Figure 2: Number of Drug Overdose Deaths Involving Opioids and Other Drug Types, IDPH Vital Statistics, 2010-2017

NOTE: To identify drug overdose deaths and the specific drugs involved from the death certificate, a two-step analysis is conducted using ICD-10 codes. First, only death certificates with an underlying cause of death in X40-44, X60-64, X85, or Y10-14 are selected. From there, specific ICD-10 drug codes in the contributing cause of death fields are searched to identify all drug overdose deaths that involved each drug category of interest (T40.1-40.5).

* A death may involve more than one drug and hence be counted more than once; a death with heroin (T40.1) and cocaine (T40.5) would be counted in both categories.

** Methamphetamine does not have its own ICD-10 code, and is included in a broader group of "Psychostimulants with abuse potential."



Sources

Iowa Department of Public Health, Division of Behavioral Health. Vital Statistics. (2010-2017).