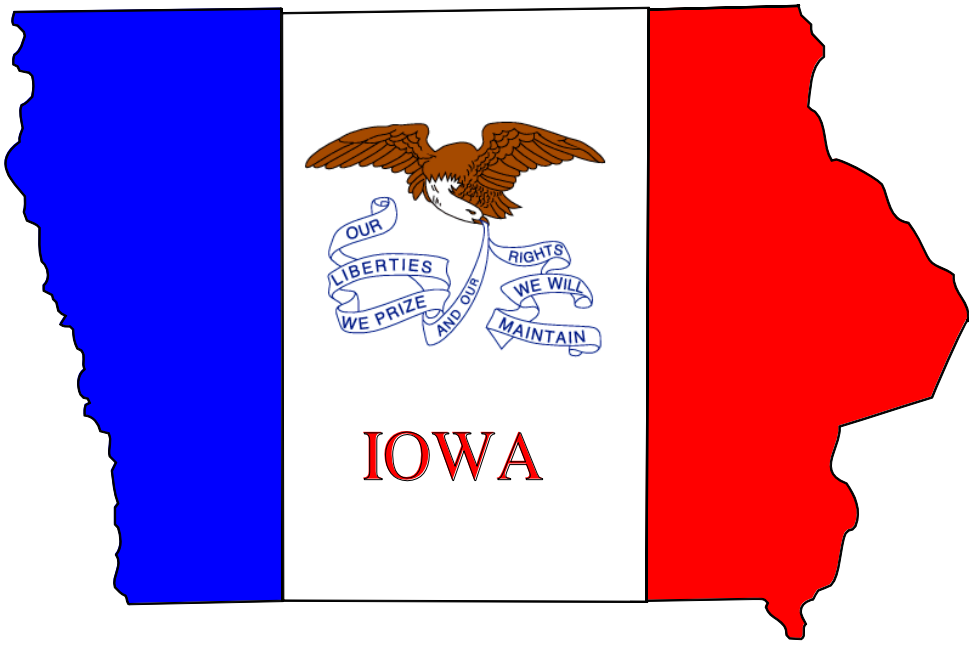
Iowa's Drug Control Strategy 2011



A Coordinated Strategy Presented By The:

Drug Policy Advisory Council
Governor's Office of Drug Control Policy
Iowa Department of Corrections
Iowa Department of Education
Iowa Department of Human Rights,
Criminal and Juvenile Justice Planning
Iowa Department of Human Services
Iowa Department of Public Health
Iowa Department of Public Safety

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Governor

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November 1, 2010

ACKNOWLEDGMENTS

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EXECUTIVE SUMMARY

The newest, and fastest growing, form of substance abuse by Iowans involves prescription and over-the-counter medicines. Teenagers tend to view these drugs as "safe," and many parents are not yet aware of their potential for abuse. Stories of teens sharing pills to get high are increasingly common in Iowa communities. According to the Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), the number of pharmaceutical cases opened so far this year (through September 30th, 2010) has already exceeded the number of cases for all of 2009. Similarly, treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. And, according to the 2008 Iowa Youth Survey, 7% of Iowa 11th graders have used prescription drugs for non-medicinal purposes.

Pain killers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. Public calls to the Statewide Poison Control Center to identify hydrocodone and oxycodone pain pills have skyrocketed 2,031% since 2002, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa. According to data from the Prescription Drug Monitoring Program, hydrocodone is the most prescribed drug in Iowa with over 65 million doses prescribed to Iowans in 2009 – comprising nearly one-third of all controlled substances (CII – CIV) prescribed in the State of Iowa. When combined with oxycodone, the number of doses prescribed to Iowans in 2009 totals almost 85,000,000 or 37.3% of all CII – CIV controlled substances prescribed.

Another emerging threat to the health and safety of Iowans is the use of synthetic cannabinoids. These substances, also known as synthetic marijuana, K2, or Spice, are herbal substances that are sprayed with one or more chemical compounds. They are marked as incense and not for human consumption, but are being used as a new way to get high.

Although we've gained ground combating methamphetamine, much work remains. The number of reported meth labs last year was about 82% below the record of 1500 set prior to implementation of Iowa's Pseudoephedrine Control Act in 2005, but the decline is beginning to reverse itself. When compared to the record low of 178 in 2007, there was a 50% increase in the number of meth labs in 2009 and we are on track to meet that number again in 2010. As meth lab incidents begins to increase, so do the numbers of drug-related prison admissions, the number of meth addicts entering drug treatment and the number of children endangered by meth labs. Youth meth use remains very low.

Senate File SF237 which allowed the implementation of the real-time, electronic, pseudoephedrine tracking system was successfully passed in 2009. The system was implemented in 2010. It enhances Iowa's successful Pseudoephedrine Control Act and the Federal Combat Methamphetamine Epidemic Act, and clears up confusion between the two statutes for pseudoephedrine sellers and purchasers. The system connects all pharmacies to identify those who are illegally purchasing more than their daily or monthly limit to make meth.

As of October 20, 2010, 100% of pharmacies in Iowa that sell pseudoephedrine products over-the-counter are actively participating. Electronic connectivity will help reduce smurfing (pharmacy-hopping) and subsequently, meth labs. Law enforcement reports the system has already been very helpful in meth investigations.

One new development that may affect the prevalence of meth labs in the future is the emergence of new methods of manufacturing meth, called "shake 'n bake" and "one-pot" cooks. These methods generally use less pseudoephedrine and produce meth in smaller quantities, but are no less dangerous than other production methods. They involve putting the toxic and caustic chemicals in a plastic bottle and shaking it, which can cause an extremely high amount of pressure to build up in the container causing it to rupture. The biggest danger with this method is the fact that it is fast and portable. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, it especially poses a hazard to children and other unsuspecting Iowans who come into contact with the waste or are impacted by explosions or flash fires from these cooks.

Other challenges also demand attention. Marijuana continues to be the most abused *illicit drug* in Iowa, and is the drug of choice of one-fourth of all adult substance abuse treatment clients and more than 60% of juveniles in treatment. These are the highest rates of marijuana-using treatment clients in recent Iowa history. According to the 2008 Iowa Youth Survey, 27% of Iowa 11th graders have used marijuana.

Alcohol continues to be the most abused *substance* in Iowa. The latest data show alcohol consumption is on the rise. The number of Iowans entering treatment for alcohol abuse is large and remains steady. Iowa youth binge drink at a rate higher than the national average. A new trend that warrants monitoring is the availability and use of alcohol-energy drinks.

Several positive trends are shown in the 2008 Iowa Youth Survey. There have been no increases in tobacco, alcohol, marijuana, meth, inhalant, or crack/cocaine use among Iowa 11th graders. In fact, there have been reductions in the number of 11th grade students who report current and lifetime use of tobacco, current and lifetime use of alcohol, binge drinking, lifetime use of marijuana, current and lifetime use of meth, and lifetime use of crack/cocaine. Still, too many Iowa youth report substance use and abuse.

Another noticeable improvement is a reduction in smoking, and exposure to second-hand smoke, due largely to Iowa's Smoke-Free Air Act and the preceding cigarette tax increase.

Iowans' demand for mood-altering substances, some old and some new, remains strong. While the number of Iowans abusing synthetic products—meth, pharmaceuticals and the newer hybrids such as K2—is growing, so too is the number of Iowans smoking marijuana to get high. The abuse of alcohol also continues at unacceptably high levels.

Moving ahead, we must build on our accomplishments to address current and emerging issues in a cohesive and flexible manner that anticipates and adapts to changing conditions. Two external factors currently at work are the national economic recession and the aftermath of natural

disasters in Iowa. Both of these developments, based on historical experience, have the potential to fuel additional substance abuse.

To address these issues and to achieve safe and drug-free communities, I offer the following legislative and other recommendations:

RECOMMENDATIONS

Regulate Synthetic Marijuana (i.e. K2, Spice, or other names) and Salvia divinorum (aka Salvinorin A, Divinorin A or Salvia)

I recommend the State Legislature make Synthetic Marijuana and Salvia Schedule I Controlled Substances to protect Iowans from these potentially dangerous substances. Both Synthetic Marijuana and Salvia are on the DEA "Watch List."

Synthetic Marijuana, also known as K2 or Spice, is an herbal substance sold as an incense or smoking material that remains legal in most of the country. The products contain one or more synthetic compounds that behave similarly to THC, the primary psychoactive constituent of marijuana. The dried herbs are merely the vehicle on which chemicals are sprayed to produce the marijuana-like effect. Known effects from using synthetic marijuana include: anxiety, panic attacks, agitation, elevated blood pressure, rapid heart rate or respiration, vomiting, hallucinations, and seizures.

Several states have passed laws banning the sale of these products. Following the June 2010 death of an Iowa teen who used K2, suffered a panic attack, and then shot himself, the Iowa Board of Pharmacy adopted emergency rules to classify four synthetic cannabinoids sprayed on K2 and similar products as Imitation Controlled Substances in Iowa. Legislation is required to strengthen this action and expand its scope to address similar emerging hybrids.

Salvia divinorum is an herb in the mint family that is found increasingly in drug investigations. Its use can cause intense and debilitating hallucinations. In addition, users report negative long term effects similar to those produced by LSD or other hallucinogens, including depression and schizophrenia. Salvia is not currently controlled and is available at retail locations and on the Internet. Salvia is already banned or regulated in 13 states and nine foreign nations, and at least 17 other states have considered a ban.

Iowa Prescription Drug Monitoring Program

I recommend the State Legislature require participation by health care professionals in the Prescription Drug Monitoring Program (PMP). I also recommend the Legislature eliminate the existing sunset language in Iowa law, provide for real-time information sharing, authorize alerts to notify health care professionals of potential abuse, and allow increased access by law enforcement.

Implementation of Iowa's PMP in 2009 was a step in the right direction to identifying and getting help for Iowans addicted to painkillers and other medicine. The PMP is an important tool to help health care providers prevent prescription drug abuse and misuse; but it only works if it's used by physicians and pharmacists. Currently, pharmacists are only required to *submit* data.

Prescribers and pharmacists are not required to *consult* the PMP. As a result, only about 10% of Iowa prescribers currently participate in the program.

Requiring use of the PMP by health care professionals will enhance patient care and eliminate "blind spots" so that prescription drug diversion and/or addiction can be identified more consistently. An expansion of access to the system is needed to allow law enforcement to view data in a timely manner. Expanding and sustaining the PMP would provide greater ability to track the abuse of prescription drugs or their diversion for illicit purposes. This will help protect Iowans from drug related behavior and provide greater opportunity for those who are abusing prescription drugs to be identified and directed to treatment resources.

Require Full Substance Abuse and Mental Health Parity

I recommend the State Legislature establish a comprehensive parity law that will increase access to treatment, reduce crime, and retain Iowa workers. Iowa ranks among the lowest in the nation regarding ensuring equality in health insurance coverage benefits for mental health and substance use disorders. Iowa currently does not mandate coverage for substance abuse treatment. A comprehensive parity law requiring plans to provide equal coverage benefits would improve access to treatment for mental illness and substance abuse in Iowa, increasing worker productivity for business and well being for Iowans. It will provide meaningful benefits by defining the scope of the benefits to be covered under a health plan and will help to close the ever widening gap for many Iowans who currently have no or inadequate mental health and substance abuse coverage.

Resist Efforts to Legalize Smoking Marijuana

Scientific data indicate a *potential* therapeutic value of select cannabinoid compounds, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation. However, smoked marijuana is a crude THC delivery system that also delivers many other harmful substances. At this time, neither the medical community nor the scientific community has found sufficient data to conclude that smoked marijuana is the best approach to dealing with these important medical issues.

The overwhelming scientific consensus is that smoked marijuana should not be used as medicine. Marinol, a pill form of THC, is already legally available for prescription by physicians whose patients suffer from pain and chronic illness. Mouth sprays containing THC, such as Sativex, are currently in trial in the U.S. and results are expected soon. Unless, or until, the consensus of medical evidence changes, ODCP opposes any proposal to legalize marijuana smoking for medical or any other purpose.

Allow for the Use of Continuous Alcohol Monitoring Devices

I recommend that the Iowa Code be amended to explicitly allow, at the discretion of the court, the use of a "continuous alcohol monitoring device" for offenders on probation and pretrial release. It is currently permissible for an alcohol monitoring device to be used, but because it isn't expressly mentioned in the Iowa Code, courts are reluctant to order it. This would allow individuals to be released from custody prior to trial while protecting the public by providing intensive monitoring to ensure abstinence from alcohol, as necessary on a case-by-case basis. In

addition, this would be a very effective tool for monitoring subjects while on probation where there is a problem with alcohol.

Comply with the federal Adam Walsh Act (Sex Offender Registration and Notification Act – SORNA)

I recommend the State of Iowa fully comply with the Adam Walsh Act. States that are not substantially in compliance with SORNA stand to lose 10% of their federal Byrne-JAG funding in FFY 2012. Iowa is one of these states. The SORNA provides a comprehensive set of minimum standards for sex offender registration and notification programs in the United States. SORNA aims to close potential gaps and loopholes that existed under prior law and generally strengthens the nationwide network of sex offender registration and notification programs. A loss of 10% for Iowa would mean $428,000 less in funds for drug task forces and other drug/crime reduction programs across the state.

Meth-Offender Registry

Repeat offenders convicted of manufacturing meth in Iowa should be barred from purchasing any amount of pseudoephedrine, the key ingredient used in making meth, until such time as they have been free of a meth conviction for ten years.

New Meth Lab Education

Aggressive efforts are called for to prevent meth lab injuries by educating Iowans on the newest forms of meth labs, as well as future evolutions of this problem. Primary targets for education on the "one-pot" and "shake-and-bake" labs include: retailers, landlords, tenants, parent groups, youth groups and civic organizations.

Media Education and Literacy

New techniques are called for to help prevent youth alcohol and drug abuse in Iowa. One promising innovation is a media education/literacy initiative, to help young Iowans decode advertising and other media messages, so they better understand the motives and purposes behind the messages, and can make healthier choices.

The new or improved initiatives recommended herein, in combination with prevention and treatment programs and enforcement efforts that are already working, give us the best chance to reduce substance abuse in Iowa.

The return on Iowa's investment in comprehensive drug control efforts can be measured many ways, but perhaps the most meaningful is the degree to which Iowans enjoy healthy lifestyles, safe communities, and a relatively wholesome quality of life. Our challenge is to strengthen these qualities for our youth, and all Iowans.

Respectfully,

Gary W. Kendell

Gary W. Kendell
Iowa Drug Policy Coordinator

INTRODUCTION

The attached annual report is submitted in satisfaction of Chapter 80E.1 of the *Code of Iowa* which directs the Drug Policy Coordinator to monitor and coordinate all drug prevention, enforcement and treatment activities in the state. Further, it requires the Coordinator to submit an annual report to the Governor and Legislature concerning the activities and programs of the Coordinator, the Governor's Office of Drug Control Policy and all other state departments with drug enforcement, substance abuse treatment, and prevention programs.

Chapter 80E.2 establishes the Drug Policy Advisory Council (DPAC), chaired by the Coordinator, and consisting of a prosecuting attorney, substance abuse treatment specialist, law enforcement officer, prevention specialist, judge and representatives from the departments of corrections, education, public health, human services, public safety and human rights. This report and strategy was developed in consultation with the DPAC.

More about This Document

The Iowa Drug Control Strategy serves both as a comprehensive blueprint for coordinated state and local prevention, treatment, and enforcement actions and a thorough look in the rear-view mirror to assess current trends, needs and efforts.

The overarching vision of this annually updated report is a future with safer and healthier individuals and communities. This report, developed in coordination with Iowa's Drug Policy Advisory Council, embraces a performance-oriented process to align resources with long-term goals, and supports three desired results:

(1) All Iowans are healthy and drug-free
(2) Iowa communities are free from illegal drugs
(3) All Iowans are safe from drug abusing offenders

As a multi-purpose document, this report contains five sections pertaining to a comprehensive drug-control strategy.

(1) Executive Summary: A brief status report on issues and responses, plus recommendations from Iowa's Drug Policy Coordinator.
(2) Introduction: An overview of this report, including its purpose and its contents.
(3) Targeted Strategies, Results, and Indicators: The heart of the Iowa Drug Control Strategy, consisting of goals, objectives, evidence-based and promising programs and policies, desired results, and performance measurements.
(4) Drug Use Profile: A thorough collection of drug and demographic-specific trend information to assist with data-driven decision-making.
(5) Program and Funding Updates: A brief but comprehensive listing, by state agency, of drug control programs in Iowa, including an accounting of all funding invested in these programs by the State of Iowa.

Understanding the Iowa Drug Control Strategy

Iowa utilizes a results-based decision making process to align the use of resources with the long term goals of improving the well-being of children and families and the quality of life in their communities. Results-based decision making facilitates planning, budgeting, management and accountability in a process of setting results, creating and tracking indicators of progress toward those results, and assessing agency level program performance.

The heart of results-based accountability lies in connecting the things that matter for the long-term well-being of Iowa to deciding how to use available resources. The 2006 Drug Control Strategy was the first to reflect this concept in its movement from goals and objectives to results-based planning and accountability. The 2011 Strategy builds upon the previous five years, by providing, when possible, updated data, current proposals, and future strategies. This provides information on accomplishments and progress made toward results.

The Drug Policy Advisory Council defines a result as a bottom-line condition of well-being for Iowans. *Results* are broad, and represent the fundamental desires of Iowans. Results are not "owned" by any single agency, but cross over agency and program lines and public and private sectors. They are outcomes that all individuals should want for their own children, families and communities. If results are defined carefully, they will still be important in 10, 50, or 100 years.

An "*indicator*" is a measure, for which data is available, that helps quantify the achievement of or progress toward a desired result. Because results are broad statements, no single indicator is likely to signal full attainment of any given result. Rather, indicators show movement toward the result and are based on real and available data. *Each indicator has two parts - history and desired forecast. The forecast is where we want to go in the future and the dotted line in each chart represents that trajectory.* In some cases, indicators show we are already on the right track toward reaching the desired result and we need to continue to move in that direction. In other cases, indicators show no progress is being made, or that the condition is actually getting worse. In those cases, we want to work toward "turning the curve," or forecast a more positive future.

Each indicator has a story – why this particular measure shows movement toward reaching the result. Indicators also contain information about what works now; what works to turn a negative curve toward a more positive forecast; current proposals; and future strategies.

Examples of Current Evidence-based Programs and Promising Innovations in Iowa

The following summary includes some, but not all, of the *evidence-based practices* and *promising innovations* that make it possible to execute the Iowa Drug Control Strategy.

Access To Recovery (ATR): The Iowa Department of Public Health has received a second federal grant to make substance abuse treatment and related support services more accessible to nearly 10,000 Iowans over the next four years.

Community Coalitions: Coalitions have been shown to be effective in reducing alcohol and other drug use among youth and adults in their communities. These formal collaborations between professional and volunteer representatives of local sectors work toward a common goal of building a safe, healthy, and drug-free community. Effective community anti-drug coalitions focus on improving systems and environments. Iowa has several community coalitions, 19 of which receive federal Drug-Free Communities Support Program grants and two that receive funding to mentor new grantees. The Iowa Alliance of Coalitions for Change (AC4C) was established to promote greater networking and coordination among community coalitions, to further reduce the effects of substance abuse on Iowans.

Drug Court: Sometimes described as "help with a hammer," Iowa Drug Courts provide drug-addicted offenders intensive community-based treatment and supervision as a less costly alternative to incarceration. If offenders don't stay drug-free during the program, they can be sent to jail. A recent study by the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Programming, shows adult drug courts with judicial supervision appear to be the most effective model in Iowa. The Judicial Branch, working with the Department of Human Services, has also leveraged a federal grant to establish Family Drug Courts in Iowa, to engage drug-affected families in supervised treatment and protect children.

Drug Enforcement: Iowa's multi-jurisdictional Drug Enforcement Task Forces often are the first line of defense against drug-related activities in Iowa communities. Local police departments and sheriffs' offices work in coordination with the Iowa Division of Narcotics Enforcement and federal agencies. While the primary mission of Drug Task Forces is public safety through drug enforcement, data show they also play a major role in getting more drug-addicted offenders into treatment.

Iowa Alliance for Drug Endangered Children (DEC): The DEC initiative incorporates the principals of substance abuse prevention, intervention, treatment and drug enforcement to protect children from drug users, dealers and manufacturers. To date 19 local multi-disciplinary DEC teams have mobilized to put safeguards in place for children in their communities.

Iowa Prescription Monitoring Program (PMP): Though relatively new and under-utilized, the Iowa Pharmacy Board's PMP has the potential to be the prescription drug equivalent of an air traffic control system, allowing physicians, pharmacists and other health care providers to provide better patient care by coordinating the fast growing number of medicines being prescribed for individuals.

Media Education Campaigns: Media messages can influence knowledge, attitudes and ultimately behavior. From convincing teenagers not to smoke to reminding parents to

talk with their kids about the dangers of drugs, educational campaigns involving media partners are another prevention tool that can help reduce substance abuse.

Meth Precursor Controls: As a combination environmental prevention and drug enforcement response, legislation and policies regulating key ingredients used to make methamphetamine have proven successful in reducing Iowa meth labs by 82% over the last five years. Recent implementation of an electronic Pseudoephedrine Tracking System is expected to strengthen these efforts.

Offender Reentry: A seamless transition from the confines of prison to a much less structured community-based environment better prepares offenders to manage their lives in a pro-social, and law-abiding, manner without correctional supervision. Iowa Department of Corrections reentry programs may address a number of areas, including job training, education, mentoring, substance abuse and mental health treatment, family-based services, literacy classes, housing and employment assistance. The goal of these programs is to improve public safety, reduce recidivism and lower criminal justice system costs.

Prescription Medicine Take-Back Events: This type of prevention activity is taking place in a growing number of Iowa communities, in which coalitions offer citizens a convenient and effective way to help reduce prescription drug abuse and protect the environment. Medicine cabinets are a leading source of prescription drugs that are abused. By removing outdated and unused medicines from homes and taking them to special disposal sites, the risk of abuse and environmental contamination is reduced.

Reducing youth access to tobacco: As environmental prevention strategies, the Iowa Smokefree Air Act and a higher tobacco tax have contributed to a substantial reduction in smoking by youth.

Substance Abuse and Mental Health Treatment: Studies show treatment works to reduce relapse and re-arrest and increase employment, and is less costly than incarceration. Specialized treatment and aftercare services, including Jail-Based Treatment and Dual Diagnosis Treatment have also proven effective. Treatment of Department of Corrections' offenders prior to and/or after their release from prison can also help them reenter the community as a drug-free, law-abiding and productive resident.

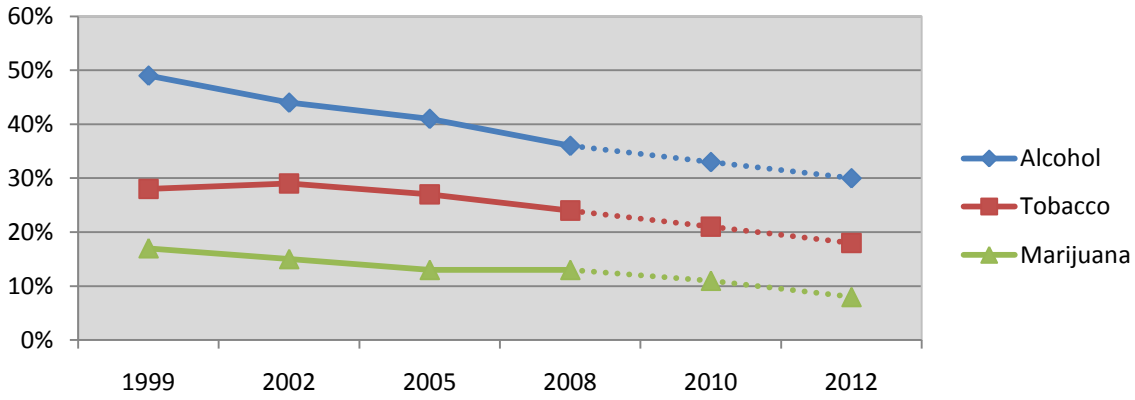
Substance Abuse Prevention: A wide array of prevention programming customized for delivery in homes, schools, businesses and communities helps stop risky behavior by the vast majority of Iowa youth before it starts. Often facilitated by prevention professionals, parents and other adult influencers can also play a role. While it's often difficult to measure actions that are prevented, the Iowa Youth Survey shows youth alcohol, tobacco and other drug use has declined steadily over the last decade, and Iowa has one of the lowest rates of youth substance abuse in the nation.

TARGETED STRATEGIES: RESULTS AND INDICATORS

Result # 1: Iowans are Healthy and Drug-Free

Indicator #1-A

Percent of Students in Grade 11 Reporting Current Use of Alcohol, Tobacco, and Marijuana



Source: Iowa Youth Survey – 1999 through 2008

The Story Behind the Baseline

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug abuse problems later in life. Delaying the onset is an important strategy for reducing the incidence and prevalence of youth substance abuse. The triennial Iowa Youth Survey of students in grades 6, 8 and 11 has shown a reduction in the use of alcohol and marijuana by students in grade 11. While this is good news, the numbers are still too high to claim complete success in preventing substance abuse among Iowa youth.

Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. By implementing evidence-based, comprehensive prevention strategies in schools and communities, while children are young, this downward trend will continue, and youth who take the survey as high school juniors in future years should report less substance use than in previous years.

What Works

- Enhancing the capacity for schools to implement evidence-based substance abuse prevention programming
- Increasing the awareness of, and access to, prevention programming and information
- Reducing youth access to alcohol, tobacco, and illicit drugs
- Prevention strategies that are comprehensive and involve many segments of a community

- Use of evidence-based best practices and programs
- Programming that is culturally relevant to the target population
- Cross training among multiple disciplines to enhance understanding and involvement in prevention
- A credible, culturally competent, and sustainable prevention workforce
- Alignment with the national strategic prevention framework, as well as state frameworks, including the components of assessment, capacity building, planning, implementation, and evaluation
- The organization of anti-drug community coalitions involving professionals, parents, and others who support prevention efforts
- Mentoring programs based on best practices in mentoring
- Evidence-based parent education programs
- Parents, teachers and other influential adults as healthy role models
- Increased prices on alcohol and tobacco products

Current and Proposed Efforts

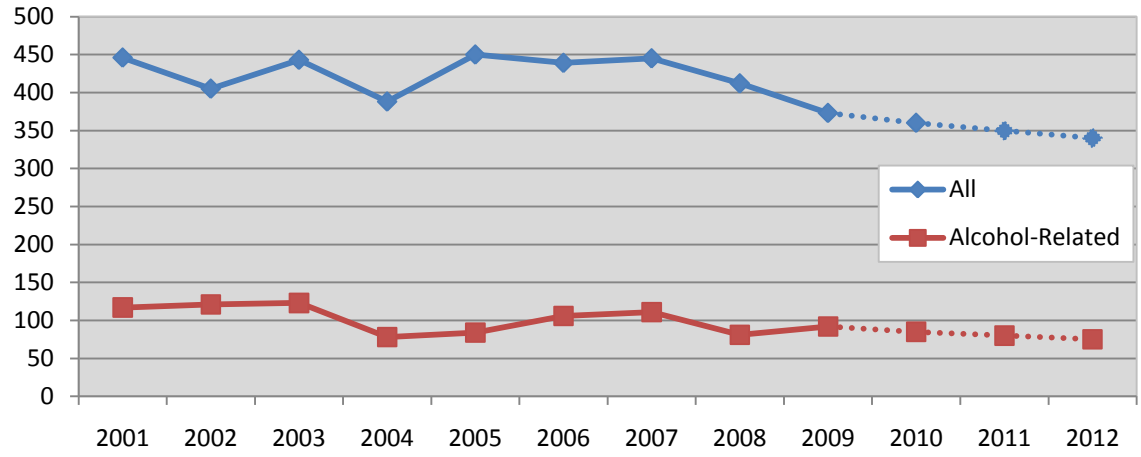
- Embed prevention education in State core curriculum
- Coordinate school-based efforts with local community coalitions and statewide alcohol, tobacco, and other drug prevention efforts
- Develop and pilot user-friendly tools that will assist school districts and communities in using data to select the best evidence-based positive youth development programs and practices in preventing substance abuse in their target population
- Scale-up practices associated with the Learning Supports initiative as a framework for the integration of prevention concepts, and align that framework with other state level prevention efforts through the Iowa Collaboration for Youth Development
- Provide the public and prevention workforce with information on emerging drugs of abuse
- Offer evidence-based substance abuse prevention program training for community-based organizations that provide prevention services
- Complete the prevention needs assessment through data analysis
- Expand the use of public service campaigns to empower parents/caregivers to educate their children about drugs
- Continuous updating and implementation of the strategic plan to address underage drinking in Iowa
- Use the Youth Program Quality Assessment (YPQA) tool to assess the effectiveness of selected prevention programs and improve accountability
- Conduct Iowa Youth Surveys in 2010 and 2012 through IDPH Division of Behavioral Health Strategic Prevention Framework State Incentive Grant funding
- Implement a media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Schedule emerging drugs such as Salvia and synthetic marijuana as Schedule I Controlled Substances
- Resist efforts to legalize marijuana

Two to Ten Year Strategies

- Develop and implement training for school staff and community partners designed to help teams improve data collection and analysis processes, and the use of data to inform planning and evaluation of prevention efforts at the local level
- Require certification through the Iowa Board of Certification of all individuals providing publicly funded prevention services
- Identify a stable funding source to conduct the Iowa Youth Survey on a biennial basis beyond 2012

Indicator #1-B

Number of Alcohol-Related Iowa Traffic Fatalities



Source: CY 2001-2009 Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau

The Story Behind the Baseline

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. According to the Iowa Governor's Traffic Safety Bureau, traffic fatalities are the leading cause of death among persons 5-34 years of age and alcohol is the leading cause of fatal traffic crashes by an overwhelming margin.

In 2003, Iowa's .08 blood alcohol content law went into effect, leading to an immediate and significant reduction in the number of alcohol-related fatal crashes. In 2009, a total of 92 persons were killed in alcohol/impaired driving fatal crashes and 1,545 persons were injured. Nearly 25% of all Iowa fatalities in 2009 were alcohol-related. Of special concern are drivers 16-25 years of age. They represent only 16% of all registered drivers in Iowa, but comprise 30% of all drinking drivers who were involved in fatal crashes from 1998-2009.

What Works

- Specialized alcohol-related traffic safety education
- Increased prices on alcohol products
- The organization of anti-drug community coalitions involving professionals, parents, and others who support prevention efforts

- Environmental prevention strategies addressing community norms about alcohol use and abuse
- Reducing youth access to alcohol products
- Alcohol compliance checks at retail establishments, bars, and restaurants
- Alcohol server/seller training
- Graduated licensing for underage youth
- Intoxilyzer lockouts for vehicles
- 21 year-old legal drinking age

Current and Proposed Efforts

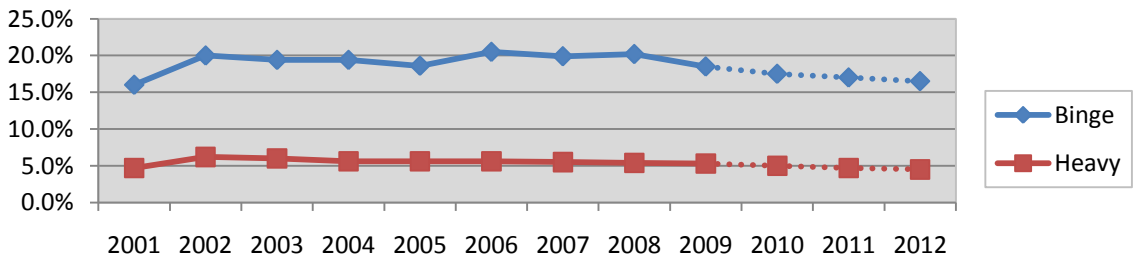
- Sponsor education programs for retail clerks on how to check identification and decline sales to minors
- Conduct the TIPS (Training for Intervention Procedures) or similar programs for servers in restaurants/bars
- Encourage enforcement of drunk and drugged driving laws by law enforcement personnel
- Continue the collaboration between substance abuse treatment programs and community colleges to provide a statewide education program for convicted OWI offenders
- Expand evidence-based education/diversion programs for minors in possession (first offense)
- Allow for courts to use continuous alcohol monitoring devices for offenders on probation and parole
- Implement a media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Require full parity for substance abuse and mental health services

Two to Ten Year Strategies

- Increase, as appropriate, penalties against retailers, clerks, and youth found to be non-compliant.
- Restrict alcohol advertising and promotional activities that target under-aged persons
- Execute a statewide underage alcohol use prevention plan

Indicator #1-C

Percent of Adult Iowans (18 and over)
Reporting Heavy or Binge Drinking



Source: CDC Behavioral Risk Factor Surveillance System 2001-2009

The Story Behind the Baseline

Alcohol is the most frequently abused substance in Iowa. Alcohol consumed on an occasional basis at the *rate* of no more than one ounce per hour poses little risk to most adults, although even at this level, several factors including family history of addiction, health, and use of medications can pose problems. Currently, the recommended maximum alcohol consumption for those under the age of 65 is an average of two drinks per day for men and one for women. Iowans who drink with greater frequency or in greater quantities put themselves at risk for a host of medical problems including cancer, cardiovascular events, and liver and kidney metabolic diseases. These patterns include heavy (more than two drinks per day for men and one drink per day for women) and binge (more than five drinks on one occasion) drinking.

Alcohol dependency and abuse are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. In comparison with other states, Iowa is slightly above the median for heavy drinking. However, Iowa ranks eighth in the nation in binge drinking according to the Center for Disease Control, Behavioral Risk Factor Surveillance System 2009 Trend Data. Reducing heavy and binge drinking in Iowa will improve the health and safety of Iowans while reducing health care costs.

What Works

- Comprehensive drug-free workplace, school and community programming
- Use of evidence-based best practices and programs and promising innovations
- The organization of anti-drug community coalitions involving professionals, parents, and others who support prevention efforts
- Reduction of youth access to alcohol
- Raising the age of onset of alcohol use
- Increased pricing on beer, wine and liquor
- Prevention services for the lifespan (prenatal through death)
- 21 year-old legal drinking age

Current and Proposed Efforts

- Embed prevention education in State core curriculum
- Promotion and training on comprehensive drug-free workplace programs, that includes policy development, employee education, supervisor training, parent information, intervention and drug testing
- Provide age appropriate and culturally appropriate information to the public on the availability of substance abuse prevention and treatment services
- Enhance the ability of community anti-drug coalitions to establish standards, codes, and policies that reduce the incidence and prevalence of alcohol and other drug abuse in the general population
- Increase awareness and utilization of the Iowa Substance Abuse Information Center 24 hour, 7 day a week toll-free helpline (1-866-242-4111), funded by the Iowa

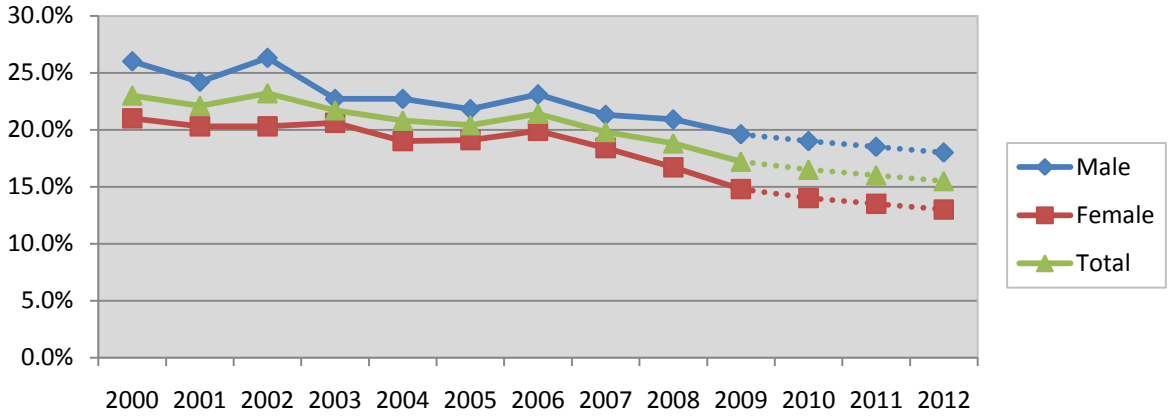
Department of Public Health, Division of Behavioral Health, to provide substance abuse referrals, emergency counseling, and substance abuse information
- Execute a strategic plan to address underage and binge drinking among youth and on college campuses
- Require full parity for substance abuse and mental health services

Two to Ten Year Strategies

- Develop/adapt curricula and programming to educate citizens with a "total wellness" approach
- Encourage low risk use of alcohol by adults and no use of illegal drugs by correcting misconceptions regarding alcohol and other drugs through education and a social marketing campaign
- Assist businesses in implementing drug/alcohol testing and employee education programs in workplaces

Indicator #1-D

Percent of Adult Iowans Reporting Current Smoking



Source: CDC Behavioral Risk Factor Surveillance Surveys 2000-2009

The Story Behind the Baseline

Tobacco use is the single largest cause of preventable premature mortality in the United States. It also represents an enormous burden, costing an estimated $1 billion in annual health care in Iowa alone. The U. S. Surgeon General's Office states that smoking remains the leading cause of preventable death and has negative health impacts on people at all stages of life. It harms unborn babies, infants, children, adolescents, adults and seniors. Tobacco use among adults and exposure to secondhand smoke in Iowa continue to be major public health problems. Having fewer tobacco users of all ages in Iowa, and creating smoke-free environments for all Iowans, are keys to reducing tobacco-related illnesses and costs. Additionally, by reducing the age of onset by youth, it reduces the likelihood that they will ever use tobacco and may also reduce their risk of using other drugs as well.

A one-dollar-a-pack tax increase on cigarettes was signed into law in March 2007. It was anticipated that this action would significantly reduce both the number of smokers in

Iowa and the amount of cigarettes that are smoked. Other factors that may contribute to fewer cigarette sales in Iowa include: the Iowa Smokefree Air Act, the fire-safe cigarette requirement that took effect January 1, 2009, the federal cigarette tax rate increase that took effect April 1, 2009, and the current economic recession.

What Works

- Smoking bans and restrictions
- Increasing the unit price of tobacco products
- Tobacco retailer compliance checks, education, and reinforcement
- Community mobilization combined with additional interventions, such as stronger local laws
- Reducing client out-of-pocket costs for effective, science-based, tobacco cessation therapies for youth and adults
- Mass media education campaigns
- Increasing protection for nonsmokers from secondhand tobacco smoke exposure
- Multi-component interventions, including "Quitter" telephone hotlines
- Healthcare provider reminder systems

Current and Proposed Efforts

- Just Eliminate Lies (JEL) youth tobacco use prevention initiative
- Quitline Iowa, 1-800-QUITNOW, a statewide smoking cessation hotline
- Community Partnership Grants for tobacco use prevention and control
- Counter-marketing programs
- Secondhand smoke grants
- Regular tobacco sales compliance checks
- Priority population grants
- Free cessation clinics

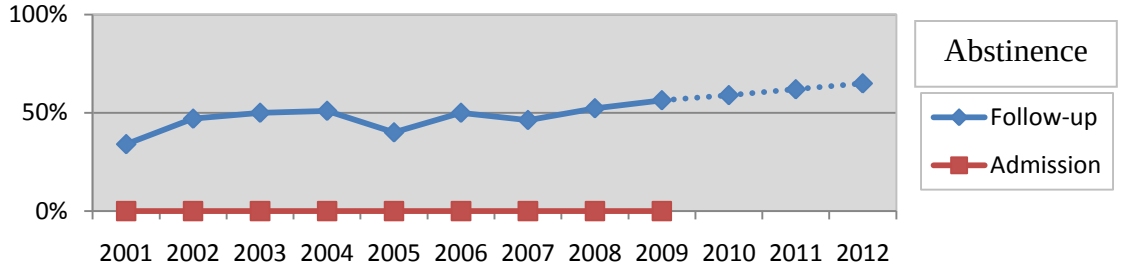
Two to Ten Year Strategies

- Fund comprehensive tobacco prevention programming at the recommended Centers for Disease Control and Prevention (CDC) level
- Build on current strategies

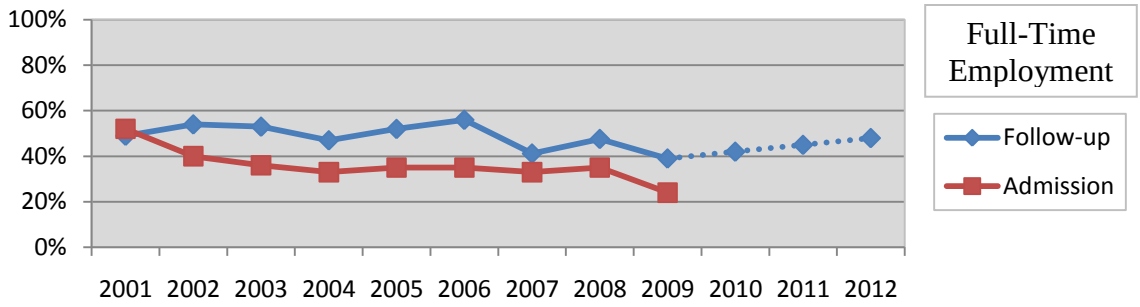
Indicator #1-E

Percent of Treatment Clients Abstinent & Employed Full-Time Six Months Post Treatment

Abstinence: 0% at admission, 56.4% at Follow-up



Full Time Employment: 24.0% at admission, 38.6% at Follow-up



Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System
Prepared by the Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa

Story Behind the Baseline

Substance abuse treatment, compared to treatments for other chronic health issues such as diabetes, asthma, and heart disease, is very successful. Over 56% of treatment clients who participated in the Year Twelve Outcomes Monitoring Study remained abstinent six months later. But there are factors that could hinder future results. Funding for treatment has not increased at the same rate as demand for treatment; therefore there are fewer new services available. Substance abuse treatment providers are currently seeing more people, but have to work with fewer treatment slots. It is theorized that this has led to shorter treatment stays, and as noted later in this section, length of treatment is an indicator of success.

The 2008 Outcome Monitoring Study notes that clients who were in treatment at least four months had the highest abstinence rate of 69%. But there are other factors that can increase the effectiveness of treatment. The client must first be motivated to complete the program. For some this motivation may come from the risk of termination of parental rights, imprisonment, or other sanctions. Length of treatment is also an indicator of success. If a client can remain in treatment a minimum of 61 days, the outcomes are notably better. Clients must also have high accountability, supervision, monitoring and structure. Clients who remained in treatment for 91-120 days were more likely to be

employed full time at follow up than any other length of stay category. Clients who were in treatment less than 7 days were the least likely to be employed full time at follow up.

Treatment providers must seek a comprehensive understanding of their clients and their drugs of choice. Treatment must be comprehensive, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and, has a long-term positive impact on the addict, his or her family and friends, and the community-at-large.

What Works

- Drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system.
- Individualized treatment plans
- Motivational Interviewing Case Management
- Best practices in treatment
- Increased accessibility and capacity for treatment
- Early identification
- Aftercare services
- A credible, culturally competent, sustainable, and licensed treatment workforce
- Retention in treatment – longer stays produce better outcomes
- Drug Courts
- Family education and involvement
- Treating substance abuse and mental illness (co-occurring disorders) at the same time
- "Housing first" without requiring individuals to be substance free

Current and Proposed Efforts

- Diversion to treatment for low-risk non-violent alcohol and other drug addicted offenders
- Drug testing
- Implementation of evidence-based treatment practices through a collaborative effort between the Iowa Department of Public Health, Center for Substance Abuse Treatment and substance abuse program directors
- Participation in the Network for the Improvement of Addiction Treatment
- Use of the Iowa Service Management and Reporting Tool (I-SMART) web-based clinical management tool
- Pilot and study distance or electronic treatment programs
- Increase participation by healthcare professionals in the Prescription Drug Monitoring Program (PMP)

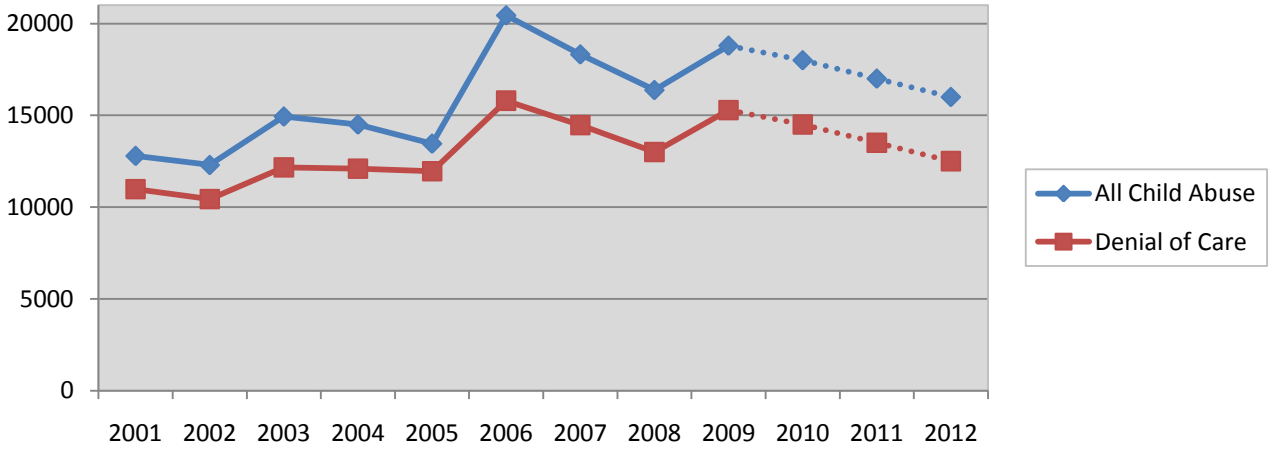
Two to Ten Year Strategies

- Require insurance parity for substance abuse and mental health disorders and propose the HAWK-I Board of Directors support that legislation
- Support the use of and reimbursement for effective medications for alcohol, tobacco and other drug addiction

- Increase treatment resources, including funding and length of stay
- Increase the availability of substance-free, supervised, transitional housing programs in communities
- Increase wrap-around services for recovering persons and their families
- Improve early identification of substance abuse through education and stigma reduction, and in high-risk populations such as children of addicts or the elderly
- Implement selected or indicated prevention programming with identified high-risk populations
- Promote the recruitment and development of substance abuse treatment professionals by enhancing substance abuse counseling programming at the State Regents institutions and community colleges
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders
- Expand mid to long-term treatment programs
- Require certification through the Iowa Board of Certification of all individuals providing publicly funded treatment services
- Address homelessness (and related mental illness) as it relates to substance abuse
- Evaluate impact of IDPH, Division of Behavioral Health, Access to Recovery grant-funded "recovery-oriented system of care" services and supports on client outcomes
- Expand Access to Recovery services to serve more Iowans

Indicator #1-F

Number of Confirmed or Founded Cases of Child Abuse Related to Denial of Critical Care



Source: Iowa Department of Human Services

*(*Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused)*
*(**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.)*

The Story Behind the Baseline

The use of drugs and abuse of alcohol among families is a pervasive trend that continues to have a devastating impact on the safety and well-being of children. Although it is difficult to quantify a causal relationship between alcohol and other drug use and child maltreatment, experts agree there is a high correlation between parental substance abuse and child abuse and neglect. In Iowa, Denial of Critical Care (child neglect) is the most frequent form of child abuse. While not all Denial of Critical Care abuse is related to parental substance abuse, there is overwhelming evidence that addicted parents/caregivers do not provide adequate care for their children. Iowa has recorded a number of incidents in past years involving children who were victims of child neglect due to one or both parents/caregivers using drugs. It is cases like these that point to the need to recognize the significant impact that drug use has on denial of critical care.

Using data from child abuse cases reported to DHS in 2005, Prevent Child Abuse Iowa conducted a study of denial of critical care cases. Forty-four percent of the cases studied listed exposure to caregiver substance abuse and/or manufacturing as a primary concern. Of these cases related to substance abuse, 75.8% of them involved a parent using the drug either directly in front of the child or while the child was in the same dwelling as the user. Methamphetamine and marijuana were the most commonly abused substances in 38% and 36% of cases respectively. Alcohol was the primary concern in 12.5% of cases and cocaine in 10.2% of cases. Prescription drugs, heroin, and "speed" were also listed as primary substances of abuse in other cases.

In July-September 2008, the Department of Human Services conducted a review of child protective assessments (performed in 20 days). The purpose of the review, 240 randomly selected cases, was to determine if there was a relationship between the primary and/or secondary caregiver's substance abuse and the child protective assessment finding. In 30.1% of the total cases reviewed, there was a relationship between the primary and/or secondary caregiver and the child protection assessment finding. During the course of the review information was gathered regarding substance abuse choice (s). See graph below:

The most common substances abused are consistent across primary and secondary caregivers (categories are not exclusive):

Substance	Primary Caregiver Use	Secondary Caregiver Use	Use by either Caregiver
Alcohol	12.3%	9.2%	17.9%
Marijuana	8.3%	5.5%	9.5%
Methamphetamine	7%	2.5%	7.9%
Cocaine	2.3%	1%	2.3%
Prescription Drugs	0.3%	0.9%	1.2%
Other	1.4%	1.4%	2.5%
No Substance Abuse Issue	74%	82%	67.7%

In 2009, the presence of illegal drugs in a child's body and manufacturing meth in the presence of a minor accounted of 775 founded child abuse reports. When all denial of critical care, presence of illegal drugs in a child's body, and manufacturing meth in the

presence of a minor are combined, they represent over 85% of confirmed and founded child abuse cases in Iowa.

Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides the motivation for parents to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the cycle of addiction and abuse, which is often generational, creating a more positive trajectory for the children.

What Works

- Family drug court
- Child welfare-substance abuse partnerships
- Community Partnerships for Protecting Children
- Drug testing
- Improved and expanded intake/screening/assessment and treatment for system involved clients
- Drug Endangered Children program
- Community-based follow-up and support services
- Substance abuse treatment
- Parenting programs
- Addressing co-occurring disorders (substance abuse and mental illness)

Current and Proposed Efforts

- Increase documentation of parental/caregiver drug involvement in Child In Need of Assistance cases
- Expand Iowa's Drug Endangered Children Alliance to new communities, and introduce a statewide protocol and data collection methods
- Expand Moms Off Meth and implement Dads Against Drugs support groups
- Ensure drug testing of parents suspected of using
- Test identified children for the presence of drugs
- Expand the Community Partnership for Protecting Children Initiative
- Provide additional training to professionals working with children so that they can better identify persons who are using illicit drugs or abusing alcohol
- Implement indicated prevention programming with drug endangered children who have begun using illicit drugs or abusing alcohol
- Expand family drug court for clients involved with the child welfare system
- Require full parity for substance abuse and mental health services
- Increase participation by healthcare professionals in the Prescription Drug Monitoring Program (PMP)

Two to Ten Year Strategies

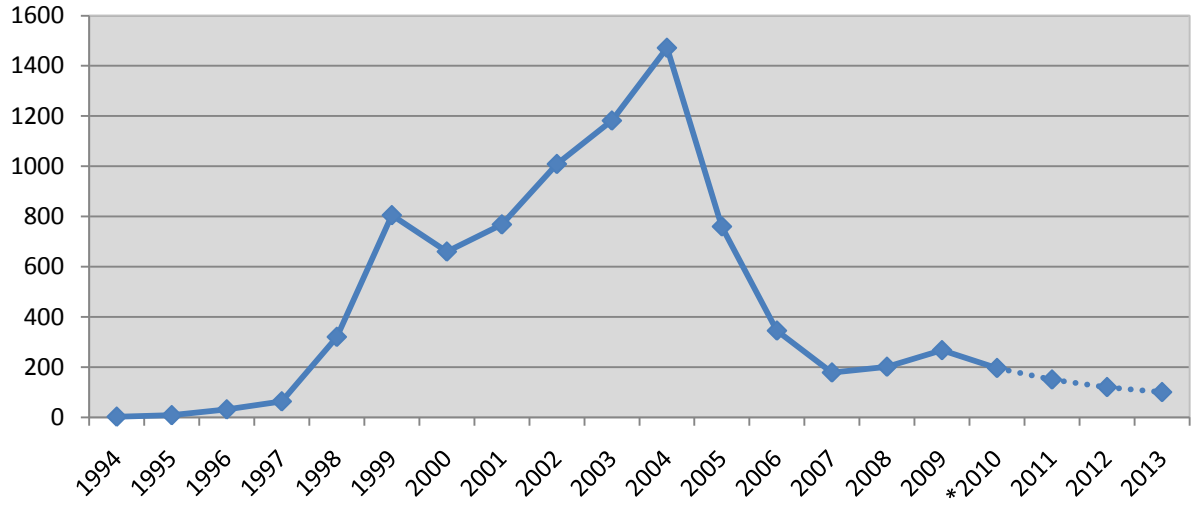
- Increase funding for medically relevant drug testing associated with child abuse cases
- Expand substance abuse intake, screening, assessment, and treatment retention for clients involved in the child welfare system

- Improve the education and knowledge base of medical professionals regarding substance abuse issues to assist in better identification and treatment referral of substance abusing patients or drug exposed children
- Expand availability of substance abuse treatment
- Expand availability of programs that serve children when their mothers are admitted to treatment
- Implement treatment programs for fathers and their children

Result #2: Iowa Communities Are Free From Illegal Drugs

Indicator #2-A

Number of Clandestine Methamphetamine Laboratory Responses



Source: CY 1994-2010 YTD, Iowa Department of Public Safety

The Story Behind the Baseline

Treatment admissions with methamphetamine as the primary drug of choice accounted for 1.0% of all adults and juveniles screened/admitted to treatment in SFY 1992. This percentage increased with the meth epidemic peaking at 14.6% in 2004 and then decreased to 7.5% in SFY 2008. Coinciding with the recent increase in meth lab activity, an increase was seen in the number of treatment admissions with meth as the primary drug of choice (8.8% in SFY 2010).

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. A new method of making meth, called the one-pot-method or "shake n bake" is also posing a threat to unsuspecting Iowans. These methods generally use less pseudoephedrine and produce meth in smaller quantities, but are no less dangerous than other production methods. They involve putting the toxic and caustic chemicals in a pop bottle and possibly shaking it, which can cause an extremely high amount of pressure to build up in the container causing it to rupture. The biggest danger with this method is the fact that it is fast and portable. The remnants can easily be

transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, it especially poses a hazard to children and other unsuspecting Iowans who come into contact with the waste or are impacted by explosions or flash fires from these cooks.

Since the passage of SF 169 in May 2005, there has been a significant drop in the number of methamphetamine labs in Iowa. In 2004, law enforcement officers seized an average of 125 meth labs per month. As of October 1, 2010, meth lab seizures have dropped to approximately 22 per month. State legislation, SF237, to implement a real-time, electronic, pseudoephedrine tracking system was successfully passed in 2009. The system was implemented in 2010. It enhances Iowa's successful Pseudoephedrine Control Act and the Federal Combat Methamphetamine Epidemic Act, and clears up confusion between the two statutes for pseudoephedrine sellers and purchasers. The system connects all pharmacies to identify those who are illegally purchasing more than their daily or monthly limit to make meth. As of October 20, 2010, 100% of pharmacies in the state that sell pseudoephedrine products over-the-counter are actively participating. This connectivity will help reduce smurfing (pharmacy-hopping) and subsequently, meth labs. Law enforcement reports finding the system is already very helpful in meth investigations.

Other tools in the fight to reduce meth labs include Iowa's introduction of anhydrous ammonia tank locks and a chemical meth inhibitor, Calcium Nitrate, which will render anhydrous ammonia virtually useless in the production of methamphetamine. While these are very positive changes, meth labs are back on the rise and still pose a threat to Iowans.

What Works

- Specialized enforcement units to respond to and dismantle clandestine laboratories
- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis and dissemination
- Collaboration with community sectors such as business, human services, community corrections and health care
- Precursor (pseudoephedrine) tracking and point-of-sale controls
- Environmental prevention policies
- Anhydrous ammonia tank locks
- Chemical inhibitor, Calcium Nitrate, for anhydrous ammonia

Current and Proposed Efforts

- Utilize a real-time electronic pseudoephedrine tracking system (PTS) to enforce laws, prevent smurfing, and reduce meth labs
- Provide expanded narcotics law enforcement training opportunities on emerging issues for local law enforcement and prosecutors using all available resources
- Encourage the use of drug intelligence systems that increase law enforcement effectiveness by providing connectivity among Iowa drug task forces and other law enforcement agencies throughout the nation

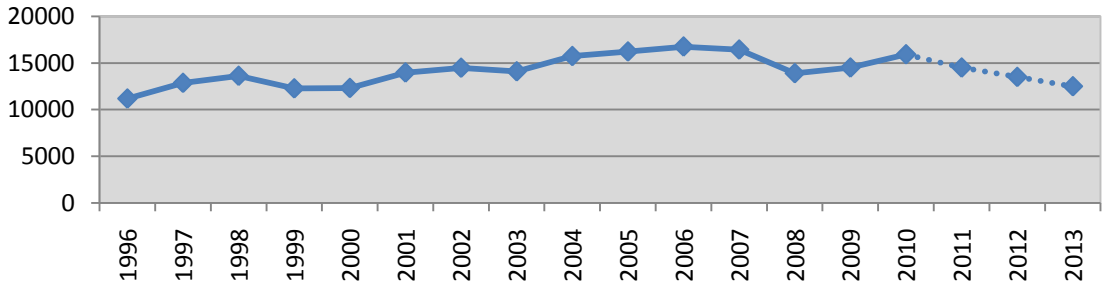
- Coordinate law enforcement and retailers to limit the sale of products that can be used in the illegal production of methamphetamine
- Promote the use of the anhydrous ammonia meth inhibitor, nurse tank locks, and other measures to prevent the theft/use of anhydrous ammonia for use in meth production
- Follow and promote the use of EPA's voluntary meth lab cleanup guidelines
- Expand Drug Task Forces
- Provide education on new meth production techniques to retailers, landlords, tenants, and the public

Two to Ten Year Strategies

- Provide training to local agencies to respond to clandestine drug laboratories in a coordinated effort with the Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE) and the National Guard Midwest Counter Drug Training Center

Indicator #2-B

Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other than Alcohol



Source: Iowa Department of Public Health, Division of Behavioral Health – FY 1996-2010 SARS/I-SMART

The Story Behind the Baseline

Appropriate and effective substance abuse treatment is essential in breaking the cycle of addiction and the associated public safety, public health and societal dysfunctions.

Few people enter substance abuse treatment without pressure from family members or sanctions from authority figures such as employers or criminal justice officials. For many illicit drug users an arrest is the first step in a long process of recovery and habilitation. In Iowa, more than half of the clients screened/admitted to substance abuse treatment are referred by the criminal justice system. Drug Task Forces play a key role in getting more Iowa drug offenders into treatment. In Iowa counties where there is active drug task force coverage, 45% more treatment admissions are made via the criminal justice system than in counties without task forces. There is an average of 6.17 treatment admissions per 1,000 population via the criminal justice system in task force covered counties versus only 4.26 treatment admissions per 1,000 population in non-covered counties.

What Works

- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis and dissemination
- Zero tolerance drug enforcement
- Jail based treatment
- Drug courts
- Intensive supervision coupled with treatment
- Dual-diagnosis/co-occurring treatment programs
- Prescription drug take-back events

Current and Proposed Efforts

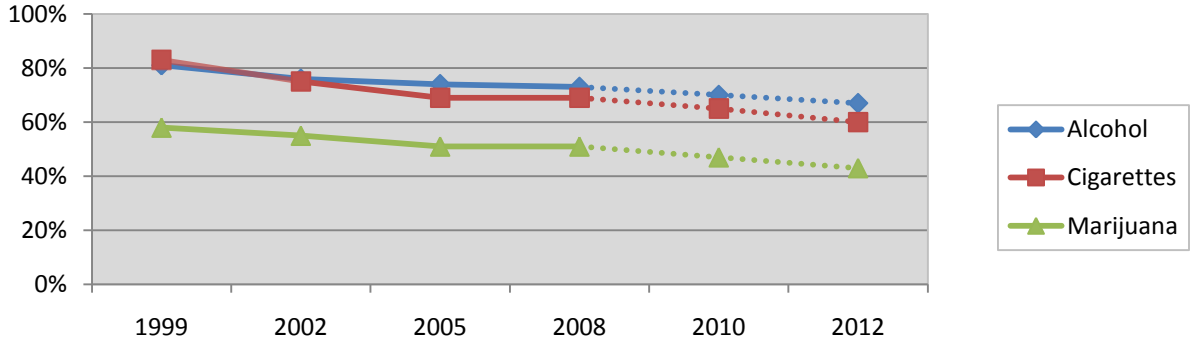
- Require full parity for substance abuse and mental health services
- Divert non-violent offenders from jail/prison to treatment
- Expand juvenile and adult drug court programs to additional regions of the state
- Expand community-based substance abuse treatment.
- Expand family drug courts to additional counties across the state of Iowa

Two to Ten Year Strategies

- Increase the level of case management resources for community-based criminal offenders receiving treatment services
- Link correctional resources with law enforcement to enhance a drug offender's compliance with the conditions of probation/parole
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders
- Promote policies that achieve a balance between sentencing policies and justice system resources
- Maintain and expand upon the jail-based treatment programs for substance abusers in Polk, Woodbury, Scott and Story Counties
- Increase the number of substance abusers referred to treatment by social service agencies and health providers before they become involved in the criminal justice system

Indicator #2-C

Ease of Access to Cigarettes, Alcohol, and Marijuana in Iowa Communities Perceived by Youth



Source: Iowa Youth Survey – 1999 through 2008

The Story Behind the Baseline

The Iowa Youth Survey has shown a reduction in how easy students in grade 11 think it would be to obtain alcohol, cigarettes, and marijuana. Students were asked how difficult they thought it would be for a student their age to get those three drugs. In 1999, 81% of 11th graders thought it would be "easy" or "very easy" to get alcohol, compared to 73% in 2008.

Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. Ease of access is a key factor in youth substance abuse. By eliminating drugs from Iowa communities, youth access – and perceived access – would decline.

What Works

- Enhancing the capacity for schools to implement evidence-based substance abuse prevention programming
- Increasing the awareness of, and access to, prevention programming and information
- Reducing youth access to alcohol and tobacco
- Comprehensive, community-based prevention strategies
- Use of evidence-based best practices and programs
- Programming that is culturally relevant to the target population
- Cross training among multiple disciplines to enhance understanding and involvement in prevention
- A credible, culturally competent, and sustainable prevention workforce
- Alignment with the national strategic prevention framework, as well as state frameworks, including the components of assessment, capacity building, planning, implementation, and evaluation
- Community coalitions involving multiple sectors
- Mentoring programs based on best practices in mentoring
- Evidence-based parent education programs
- Parents, teachers and other influential adults as healthy role models
- Increased prices on alcohol and tobacco products
- Prescription drug take-back events
- 21 year-old legal drinking age

Current and Proposed Efforts

- Embed prevention education in State core curriculum
- Coordinate school-based efforts with local community coalitions and statewide alcohol, tobacco, and other drug prevention efforts
- Develop and pilot user-friendly tools that will assist school districts and communities in using data to select the best evidence-based positive youth development programs and practices in preventing substance abuse in their target population
- Continue implementation and scale-up the practices associated with the Learning Supports initiative as a framework for the integration of prevention concepts, and align that framework with other state level prevention efforts through the Iowa Collaboration for Youth Development

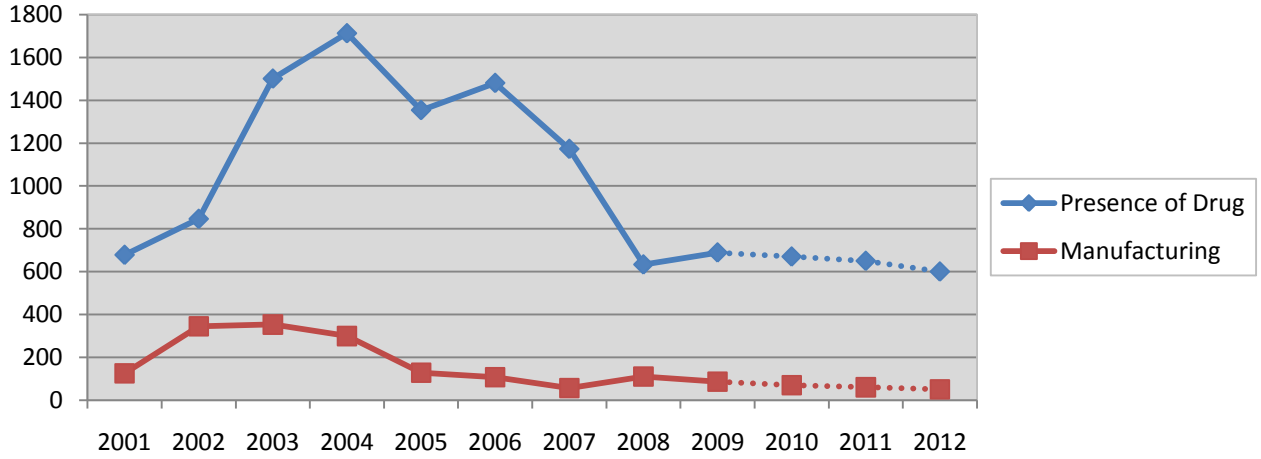
- Provide the public and prevention workforce with information on emerging drugs of abuse
- Offer evidence-based substance abuse prevention program training for community-based organizations that provide prevention services
- Complete the prevention needs assessment through data analysis
- Expand the use of public service campaigns to empower parents/caregivers to educate their children about drugs
- Continuous updating and implementation of the strategic plan to address underage drinking in Iowa
- Use the Youth Program Quality Assessment (YPQA) tool to assess the effectiveness of selected prevention programs and improve accountability
- Conduct Iowa Youth Surveys in 2010 and 2012 through IDPH Division of Behavioral Health Strategic Prevention Framework State Incentive Grant funding
- Implement a media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Schedule emerging drugs such as Salvia and synthetic marijuana as Schedule I Controlled Substances
- Resist efforts to legalize marijuana
- Support prescription drug drop-offs
- Increase participation by healthcare professionals in the Prescription Drug Monitoring Program (PMP)

Two to Ten Year Strategies

- Develop and implement training for school staff and community partners designed to help teams improve data collection and analysis processes, and the use of data to inform planning and evaluation of prevention efforts at the local level
- Require certification through the Iowa Board of Certification of all individuals providing publicly funded prevention services
- Identify a stable funding source to allow the Iowa Youth Survey to be conducted on a biennial basis beyond 2012

Indicator #2-D

Number of Confirmed or Founded Cases of Child Abuse Related to Presence of an Illegal Drug in a Child's Body or Manufacture of Meth in the Presence of a Minor



Source: Iowa Department of Human Services

*(*Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused)*
*(**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.)*
*(*Beginning in 2008 DHS began drug testing fewer children.)*

The Story Behind the Baseline

The use of drugs and abuse of alcohol among families is a pervasive trend that continues to have a devastating impact on the safety and well-being of children. In 2009, the presence of illegal drugs in a child's body and manufacturing meth in the presence of a minor accounted of 775 founded child abuse reports. When all denial of critical care, presence of illegal drugs in a child's body, and manufacturing meth in the presence of a minor are combined, they represent over 85% of confirmed and founded child abuse cases in Iowa.

Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides the motivation for parents to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the cycle of addiction and abuse, which is often generational, creating a more positive trajectory for the children.

What Works

- Family drug court
- Child welfare-substance abuse partnerships
- Community Partnerships for Protecting Children
- Drug testing

- Improved and expanded intake/screening/assessment and treatment for system involved clients
- Drug Endangered Children program
- Community-based follow-up and support services
- Substance abuse treatment
- Parenting programs
- Addressing co-occurring disorders (substance abuse and mental illness)

Current and Proposed Efforts

- Increase documentation of parental/caregiver drug involvement in Child In Need of Assistance cases
- Expand Iowa's Drug Endangered Children Alliance to new communities, and introduce a statewide protocol and data collection methods
- Expand Moms Off Meth and implement Dads Against Drugs support groups
- Ensure drug testing of parents suspected of using
- Test identified children for the presence of drugs
- Expand the Community Partnership for Protecting Children Initiative
- Provide additional training to professionals working with children so that they can better identify persons who are using illicit drugs or abusing alcohol
- Implement indicated prevention programming with drug endangered children who have begun using illicit drugs or abusing alcohol
- Expand family drug court for clients involved with the child welfare system
- Require full parity for substance abuse and mental health services
- Increase participation by healthcare professionals in the Prescription Drug Monitoring Program (PMP)

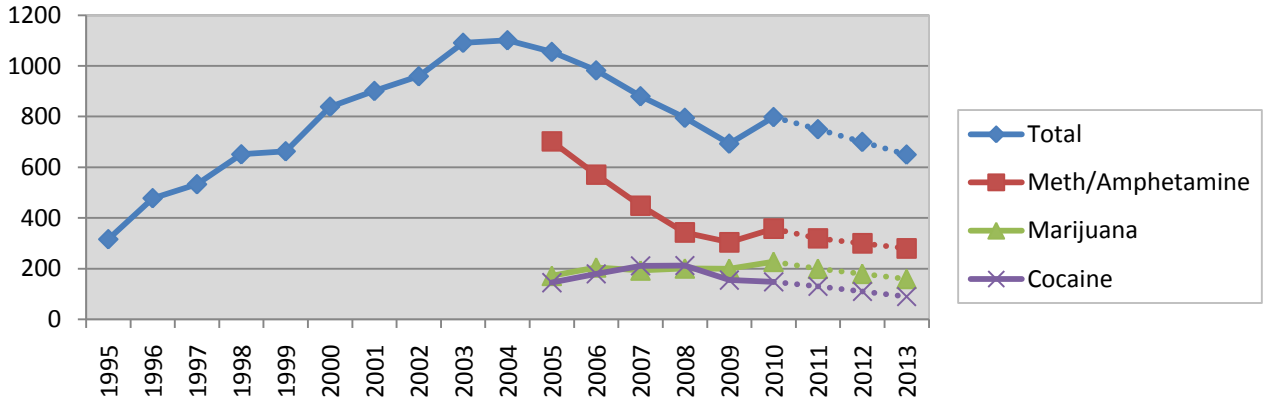
Two to Ten Year Strategies

- Increase funding for medically relevant drug testing associated with child abuse cases
- Expand substance abuse intake, screening, assessment, and treatment retention for clients involved in the child welfare system
- Improve the education and knowledge base of medical professionals regarding substance abuse issues to assist in better identification and treatment referral of substance abusing patients or drug exposed children
- Expand availability of substance abuse treatment
- Expand availability of Women and Children programs that serve children when their mothers are admitted to treatment
- Implement treatment programs for fathers and their children

Result #3: Iowans are Safe from Drug Abusing Offenders

Indicator #3-A

New Drug-Related Prison Admissions



Source: FY 1995-2010 Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning

The Story Behind the Baseline

The use of alcohol and other drugs has long been associated with crime. Although the study has been discontinued, data collected by the Arrestee Drug Monitoring program (ADAM), showed a clear connection between the two. In 2003, in Polk County alone, 75% of males and 61% of females entering the jail tested positive for at least one controlled substance. Though the data above represents admissions to prison specifically for drug charges, it is related to a much broader range of criminal activity.

As demonstrated by the above chart, meth admissions have begun to rise again, along with the resurgence of meth lab incidents in Iowa. According to the FY 2006 State Legislation Monitoring Report by Criminal and Juvenile Justice Planning (CJJP), drug-related admissions constituted 32.2% of all prison admissions at their peak in 2004. FY2005 saw the first reduction of drug-related prison admissions in a decade, and they continued to decline for five straight years. This reduction was largely driven by a sharp decline in meth cases after the implementation of SF169 in May of 2005. A breakdown of the data by drug type was not available until 2005.

What Works

- Precursor controls
- Environmental prevention policies
- Drug courts
- Drug-free housing
- Intensive supervision coupled with treatment
- Diversion to treatment
- Co-occurring disorder (substance abuse and mental health) programming and treatment
- Long-term aftercare programming and wrap around services to reduce recidivism

- Prison to community transitional and re-entry services
- Indicated prevention programs for at-risk youth
- Jail-based treatment
- Drug task forces

Current and Proposed Efforts

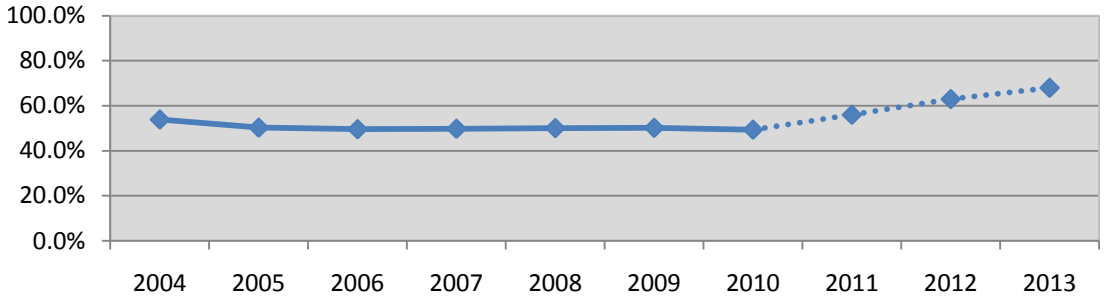
- Utilize a real-time electronic pseudoephedrine tracking system (PTS) to enforce laws, prevent the diversion of the medication from Iowa pharmacies ("smurfing" from pharmacy to pharmacy to collect enough pseudoephedrine for illegal manufacturing of meth), and reduce meth labs
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders
- Maintain and expand the jail-based drug treatment programs
- Expand substance abuse and violence prevention programs and mentoring
- Expand co-occurring disorder community based program in 1st Judicial District to include 3 additional districts
- Implement family drug courts in additional counties
- Expand drug task forces

Two to Ten Year Strategies

- Develop expanded continuing care programs to support the return of offenders to the community after completion of prison-based treatment programs, including therapeutic community programs
- Build upon existing models facilitating re-entry of prison inmates into the community – this includes coordinating with community corrections and local treatment providers, as well as community-based services, such as faith-based treatment services
- Expand the adult drug court program to additional regions of the state
- Evaluate and ensure the viability of drug courts and modify programs to most effectively address the needs of offenders in each district
- Expand early intervention programs for youth at risk for substance abuse and crime

Indicator #3-B

Percent of Community Based Offenders with Identified Substance Abuse Treatment Needs Who Have Received Treatment



Source: FY 2004-2010 Iowa Department of Corrections

The Story Behind the Baseline

Studies have shown that substance abuse treatment reduces drug use and crime. The Iowa Consortium for Substance Abuse Research and Evaluation conducts an annual outcomes evaluation of publicly funded drug treatment clients, on behalf of the Iowa Department of Public Health, Division of Behavioral Health. Findings from the 2009 report include:

- 79.8% of clients reported no arrests in the six months post discharge from treatment.
- Full-time employment increased from 24% at treatment admission to 38.6% six months since discharge from treatment.
- 56.4% of clients remained abstinent six months since their discharge from treatment.

As the data demonstrate, all Iowans are safer when offenders returning into the community have completed substance abuse treatment.

What Works

- Institution-based treatment with community aftercare
- Therapeutic communities with aftercare
- Jail-based treatment
- Drug courts
- Drug-free housing
- Intensive supervision coupled with treatment
- Wrap-around services (e.g. life skills training, anger management classes, housing and transportation assistance) and long term aftercare programming
- Dual-diagnosis/co-occurring programs

Current and Proposed Efforts

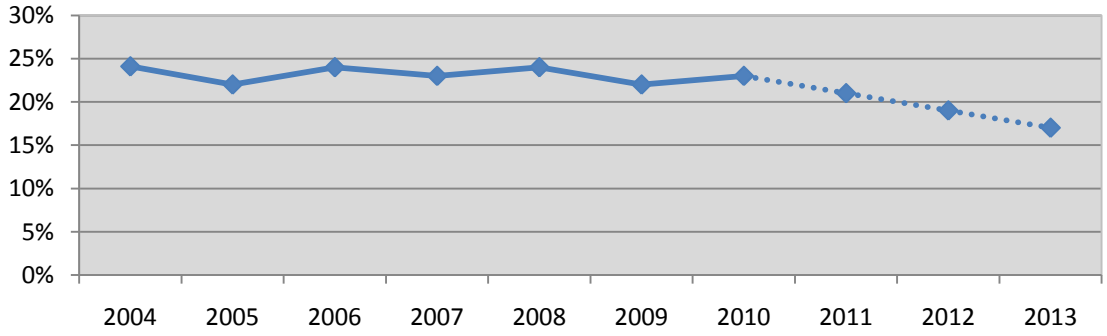
- Require full parity for substance abuse and mental health
- Increase participation by healthcare professionals in the Prescription Drug Monitoring Program (PMP)
- Support and implement distance or electronic treatment programs
- Enhance the capacity of the Iowa Medical Classification Center to provide centralized substance abuse assessments
- Expand the number of local Drug Endangered Children programs to protect children who are exposed to drugs through a parent or caregiver and to provide substance abuse treatment to the offending adults
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders
- Maintain and expand upon an extended jail-based drug treatment program for substance abusers in Polk, Woodbury, Scott and Story Counties. Expand the adult drug court program to additional regions of the state
- Evaluate and ensure the viability of drug courts and modify programs to most effectively address the needs of offenders in each district

Two to Ten Year Strategies

- Increase the level of case management resources for community-based criminal offenders receiving treatment services
- Develop expanded continuing care programs to support the return of offenders to the community after completion of prison-based treatment programs, including therapeutic community programs
- Build upon existing models facilitating re-entry of prison inmates into the community. This includes coordinating with community corrections and local treatment providers, as well as community-based services, such as faith-based treatment services
- Implement dual diagnosis/co-occurring programs in additional regions of the state to manage and properly treat dual diagnosis/co-occurring offenders
- Expand the infrastructure at the Iowa Correctional Institute for Women to a total prison therapeutic community
- Expand the Fort Dodge Correctional Facility to include a therapeutic community in one living unit
- Evaluate impact of IDPH Division of Behavioral Health Access to Recovery grant-funded "recovery-oriented system of care" services and supports on client outcomes
- Expand Access to Recovery services to serve more Iowans

Indicator #3-C

Percent of Probation/Parole Revocations in Which Positive Drug/Alcohol Test was a Factor



Source: FY 2004-2010 Iowa Department of Corrections

The Story Behind the Baseline

Appropriate substance abuse treatment improves public safety, and tracking the number of probation/parole technical revocations due to substance use is an indicator of the quality of the treatment provided. People who are abusing alcohol and drugs are more inclined to commit crimes and pose a public safety threat. About 90% of prison inmates abuse alcohol and/or drugs. Treatment works, but not all who need it receive it. In addition, not all treatment programming is created equal. The treatment strategy goes a long way toward predicting future relapse and recidivism. Though not strictly probation clients, approximately one-half of individuals whose treatment length was 31-60 days remained abstinent in the six months after discharge from treatment, compared to approximately two-thirds of clients whose treatment length was over 90 days.

What Works

- Use of evidence-based best treatment practices
- Longer treatment regimens (up to 12 months)
- Individualized treatment plans
- Family involvement
- Faith-based treatment
- 21 year-old legal drinking age

Current and Proposed Efforts

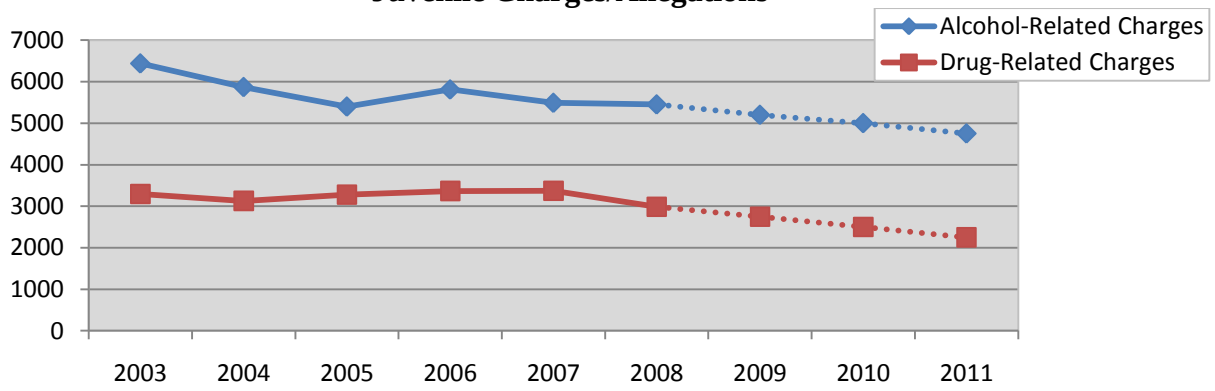
- Review outcomes data of offender rehabilitation programs, and conduct correctional program assessment inventory audits of these programs to ensure their effectiveness
- Reduce caseload ratio of community-based corrections staff to offender clients
- Support and implement distance or electronic treatment programs
- Increase participation by healthcare professionals in the Prescription Drug Monitoring Program (PMP)
- Resist efforts to legalize marijuana
- Schedule emerging drugs such as Salvia and synthetic marijuana as Schedule I Controlled Substances

Two to Ten Year Strategies

- Promote offenders' treatment program success by providing structured correctional supervision upon re-entry into the community from prison and by providing the appropriate level of community-based substance abuse treatment, including drug-free housing and aftercare services
- Link correctional resources with law enforcement to enhance drug offender compliance with the conditions of probation/parole, which may include abstinence from drugs
- Ensure manageable caseloads for probation officers
- Create structured, long-term transitional housing for addicted offenders being released from prison/jail

Indicator #3-D

Number of Alcohol and Other Drug-Related Juvenile Charges/Allegations



Source: CY 2003 - 2008, Iowa Justice Data Warehouse

The Story Behind the Baseline

Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their drug use or drinking. In 2008, 8,440 Iowa youth were charged with alcohol or drug-related crimes, such as OWI, possession, distribution, or supplying to a minor. These OWI and drug-related charges make up approximately 25% of all juvenile charges and allegations. The State Training School at Eldora and the Iowa Juvenile Home at Toledo provide highly structured, restrictive environments to assist teenagers who are adjudicated as delinquents or children in need of assistance (CINA). In FY 2009, an average of 72% of the youth at the State Training School and 54% of the youth admitted to the Iowa Juvenile Home were in need of substance abuse treatment. The average age of admittance is 16.3 years for youth adjudicated delinquent at both facilities; at Toledo the average age of admittance is 15.9 years for CINA Females and 14.7 years for CINA Males.

What Works

- Adult to youth mentoring utilizing best practices
- The organization of anti-drug community coalitions involving professionals, parents, and others who support prevention efforts
- Environmental prevention strategies focused on modifying attitudes and behaviors regarding drugs of abuse
- Substance abuse prevention programming targeting identified high-risk youth and their parents/caregivers
- Positive youth development programs and strategies
- A credible, culturally competent, and sustainable prevention workforce
- Employment and job shadowing programs for at-risk youth
- Coordinated services between education, vocational rehabilitation, the Department of Human Services, and Juvenile Court officers
- Intervention Programs such as Rethinking Drinking
- Prescription drug take-back events
- 21 year-old legal drinking age

Current and Proposed Efforts

- Enhance mentoring, based on best practices in youth-to-youth and adult-to-youth mentoring
- Provide training to mentoring programs on evidence-based prevention programs and how to implement them
- Utilize Partnership for a Drug-Free Iowa and other media campaigns to modify values, attitudes, norms and behaviors regarding substance use, and to empower parents/caregivers to talk with their children about drugs and violence
- Enhance community coalition knowledge about effective coordination and implementation of substance abuse programs
- Continue implementation of Iowa's Promise, a state level component of America's Promise, which promotes positive youth development, including substance abuse prevention

- Schedule emerging drugs such as Salvia and synthetic marijuana as Schedule I Controlled Substances
- Resist attempts to legalize marijuana
- Require full parity for substance abuse and mental health services

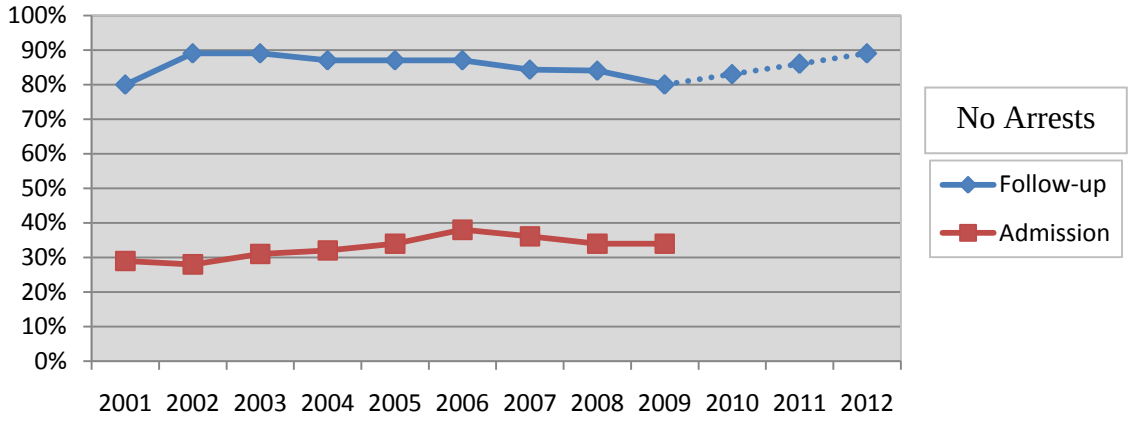
Two to Ten Year Strategies

- Expand intervention programs
- Encourage no-use norms for youth by correcting misconceptions regarding the use of alcohol and other drugs through education and a social marketing campaign
- Promote the adoption of evidence-based positive youth development programs and practices in schools and communities to: prevent substance abuse; reduce the prevalence of risk factors; increase the prevalence of protective factors/buffers/assets; and foster safe, drug and violence-free environments
- Develop and implement ongoing training opportunities for parents/caregivers and for those who work with youth on basic substance abuse prevention, student use and use of intervention models
- Implement substance abuse prevention services targeting youth at a high risk of using, and their parents, that integrate with services provided through the Department of Human Services

Indicator #3-E

Percent of Treatment Clients With No Arrests Six Months Post Treatment

No Arrests: 33.6% at admission, 79.8% at Follow-up



Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System
Prepared by the Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa

Story Behind the Baseline

Two-thirds of treatment clients who participated in the Year Twelve Outcomes Monitoring Study had arrests prior to treatment. But, six months after treatment, nearly 80% of clients had no arrests.

Substance abuse treatment can be very successful. But there are factors that can increase the effectiveness of treatment. The client must first be motivated to complete the program. For some this motivation may come from the risk of termination of parental rights, imprisonment, or other sanctions. Length of treatment is also an indicator of success. If a client can remain in treatment a minimum of 61 days, the outcomes are notably better. Clients must also have high accountability, supervision, monitoring and structure. Clients who remained in treatment 7-30 days were more likely to be arrested during the follow-up period than any other length of stay category. Clients who were in treatment for 61-90 days had the highest no arrest rate (90.9%) at follow-up.

Treatment providers must seek a comprehensive understanding of their clients and their drugs of choice. Treatment must be comprehensive, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and, has a long-term positive impact on the addict, his or her family and friends, and the community-at-large.

What Works

- Drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system
- Individualized treatment plans
- Motivational Interviewing Case Management
- Best practices in treatment
- Increased accessibility and capacity for treatment
- Early identification
- Aftercare services
- A credible, culturally competent, sustainable, and licensed treatment workforce
- Retention in treatment – longer stays produce better outcomes
- Drug Courts
- Family education and involvement
- Treating substance abuse and mental illness (co-occurring disorders) at the same time
- "Housing first" without requiring individuals to be substance free

Current and Proposed Efforts

- Diversion to treatment for low-risk non-violent alcohol and other drug addicted offenders
- Drug testing
- Implementation of evidence-based treatment best practices through a collaborative effort between the Iowa Department of Public Health, Center for Substance Abuse Treatment and substance abuse program directors
- Development and implementation of a monitoring system to identify and intervene with persons illegally abusing prescription drugs
- Participation in the Network for the Improvement of Addiction Treatment

- Use of the Iowa Service Management and Reporting Tool (I-SMART) web-based clinical management tool
- Support and implement distance or electronic treatment programs
- Increase participation by healthcare professionals in the Prescription Drug Monitoring Program (PMP)

Two to Ten Year Strategies

- Require insurance parity for substance abuse and mental health disorders and propose the HAWK-I Board of Directors supports that legislation
- Support the use of and reimbursement for effective medications for alcohol, tobacco and other drug addiction
- Increase treatment resources, including funding and length of stay
- Increase the availability of substance-free, supervised, transitional housing programs in communities
- Increase wrap-around services for recovering persons and their families
- Improve early identification of substance abuse through education and stigma reduction, and in high-risk populations such as children of addicts or the elderly
- Implement selected or indicated prevention programming with identified high-risk populations
- Promote the recruitment and development of substance abuse treatment professionals by enhancing substance abuse counseling programming at the State Regents institutions and community colleges
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders
- Expand mid to long-term treatment programs
- Require certification through the Iowa Board of Certification of all individuals providing publicly funded treatment services
- Address homelessness (and related mental illness) as it relates to substance abuse
- Expand Access to Recovery services to serve more Iowans

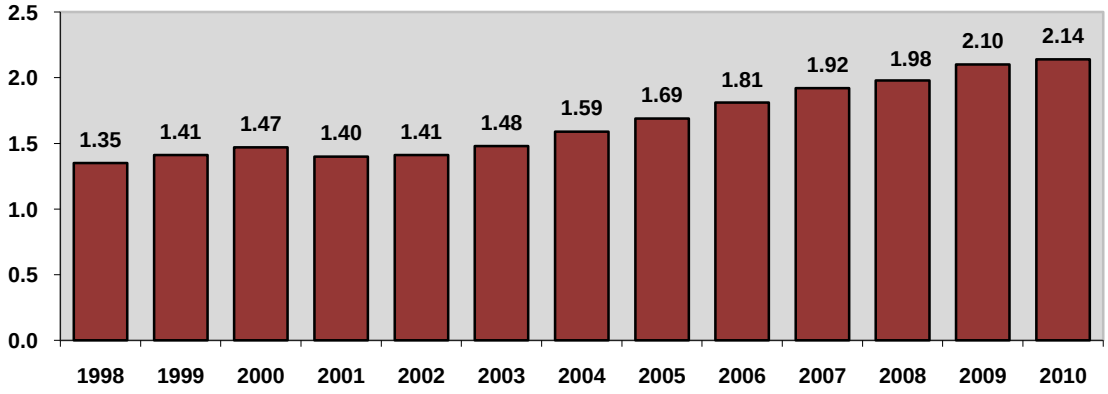
IOWA DRUG USE PROFILE

Iowa's Adult Population
Alcohol Use/Abuse

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. Research from the Behavioral Risk Factor Surveillance System compiled by the federal Centers for Disease Control and Prevention indicates that almost six of every ten adult Iowans are classified as current drinkers of alcoholic beverages. Further, one in five adult Iowans is classified as a binge drinker of alcoholic beverages, a classification indicative of abuse of, or addiction to, the substance.

In order to better understand some of the social implications resulting from the widespread use and abuse of this substance, data indicators concerning the use of alcohol, are presented below.

Figure 1 – Distilled Spirits Sales in Gallons per Capita (age 21+), SFY 1998 – 2010

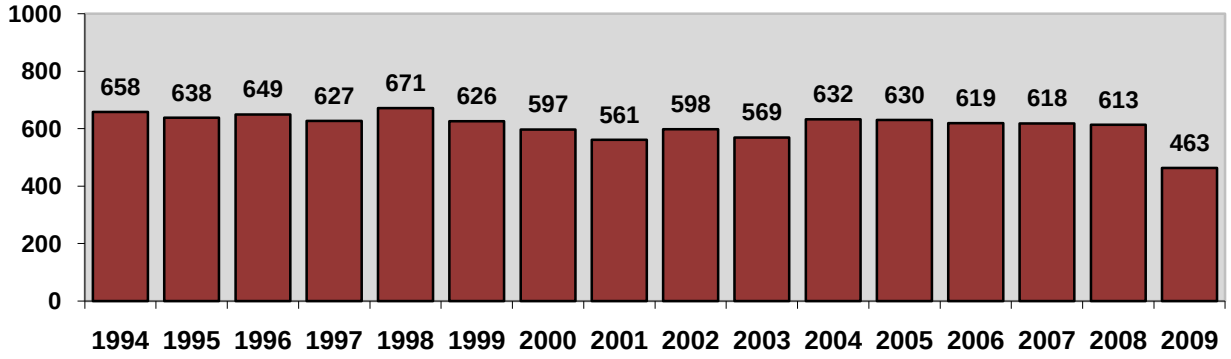


Source: Iowa Department of Commerce, Alcoholic Beverages Division

Figure 1 displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of distilled spirits within the State of Iowa, and represents by inference the consumption of those beverages by adult Iowans. Figure 1 indicates that since 1998 alcohol consumption has steadily increased (58.5% over the past twelve years) reaching its current high of 2.14 gallons per capita in FY 2010. This translates to the average Iowan, over the age of 21, consuming a total of 2.14 gallons of distilled spirits, 1.86 gallons of wine, and 37.2 gallons of beer.

The use of alcohol has been implicated in certain forms of behavior that are detrimental to peace, health, safety and well-being of individuals as well as to society as a whole. Some of these behaviors are examined below.

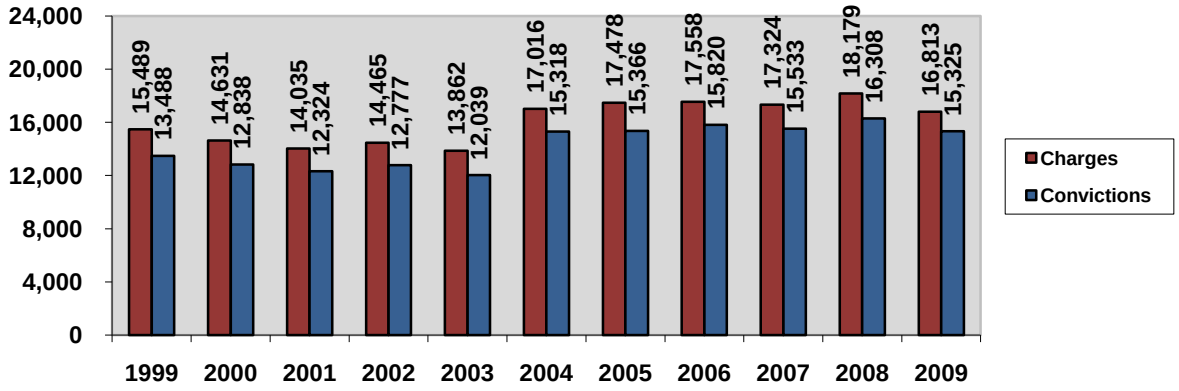
Figure 2 – OWI Arrest Rate/100,000 Population, CY 1994 – 2009



Source: Iowa Department of Public Safety

During the period of calendar years 1994 - 2009, more arrests were made in Iowa for Operating While Intoxicated (OWI) than for any other single criminal offense. The OWI arrest rate has remained consistently high for over 15 years. See Figure 2.

Figure 3 – Reported Number of OWI Charges Disposed and Number of OWI Convictions, CY 1999 – 2009

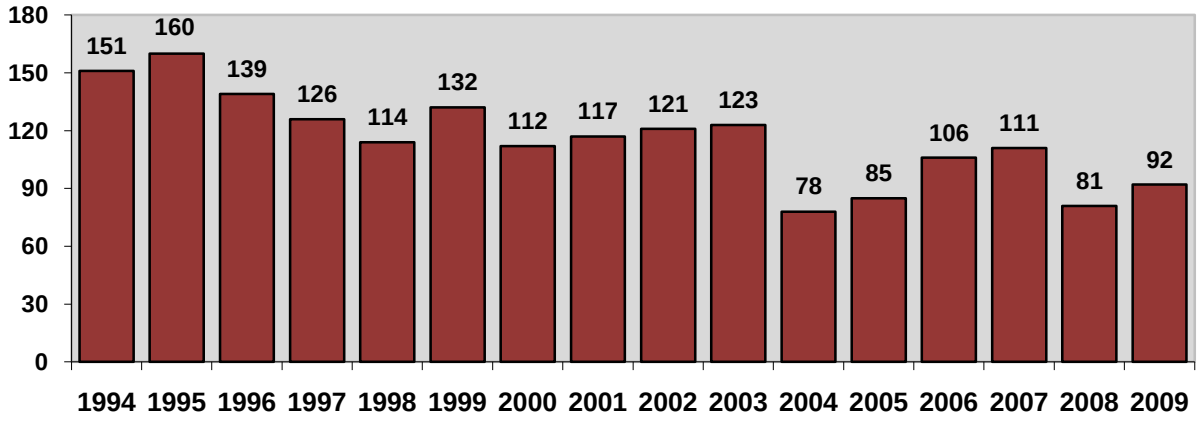


Source: Division of Criminal and Juvenile Justice Planning

**Charges and convictions included in this table do not include cases in which a deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Clerk of Court data compiled by the Division of Criminal and Juvenile Justice Planning (CJJP) indicates that both the number of OWI charges disposed and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI arbitrations represent a significant proportion of the criminal caseload in Iowa courts. In 2009, OWI represented 20.5% of the charges disposed and 30.4% of the overall convictions for serious misdemeanors and above. See Figure 3.

Figure 4 – Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 – 2009

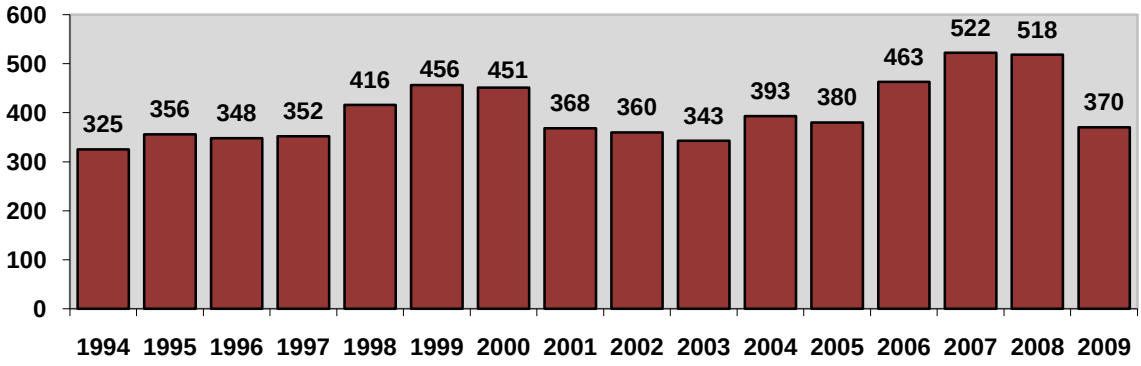


Source: Iowa Department of Public Safety

Alcohol related motor vehicle fatalities reported by the Iowa Department of Public Safety, Governor's Traffic Safety Bureau (GTSB), have varied significantly over the reporting period. However, the fatality rates for this period remain considerably lower than those reported for the previous 10 years. In 2009, the GTSB reported a 13.6% increase in alcohol-related fatalities. See Figure 4.

An examination of the rates for reported arrests for drunkenness (public intoxication) reveals that following several years of decline, the record high occurred in 2007. The rate has decreased again since. See Figure 5.

Figure 5 – Drunkenness Arrest Rate/100,000 Population, CY 1994 – 2009



Source: Iowa Department of Public Safety

The Iowa Department of Public Health (IDPH) Division of Behavioral Health requires all licensed substance abuse treatment providers to report data on services provided through the SARS/I-SMART data system. Among other things, the system is capable of tracking the number of clients served, along with the drug(s) of choice and post-treatment outcome measures. See Figures 6a and 6b.

Figure 6a - Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 2010

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions
Alcohol	1,343 *(33.7%)*	24,968 *(61.0%)*	58.6%
Marijuana	2,407 *(60.4%)*	8,843 *(21.6%)*	25.0%
Methamphetamine	47 *(1.2%)*	3,903 *(9.5%)*	8.8%
Cocaine/Crack	16 *(0.4%)*	1,284 *(3.1%)*	2.9%
Other/Unknown	170 *(4.3%)*	1,945 *(4.8%)*	4.7%
Total			100 %

Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Figure 6b - Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2010

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85.0%	7.0%	1.0%	5.0%	0.5%	1.5%	22,471
1993	82.0%	9.0%	1.3%	5.0%	0.7%	2.0%	22,567
1994	78.0%	11.0%	2.2%	6.0%	0.8%	4.0%	25,328
1995	69.0%	14.3%	7.3%	6.0%	0.7%	2.7%	29,377
1996	64.0%	18.1%	9.1%	6.0%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60.0%	20.0%	12.0%	6.0%	0.5%	1.5%	38,347
1999	63.0%	20.0%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	0.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	0.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	0.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	0.4%	2.9%	44,528
2009	61.4%	23.2%	7.8%	3.7%	0.5%	3.4%	44,849
2010	**58.6%**	**25.0%**	**8.8%**	**2.9%**	**0.7%**	**4.0%**	**44,904**

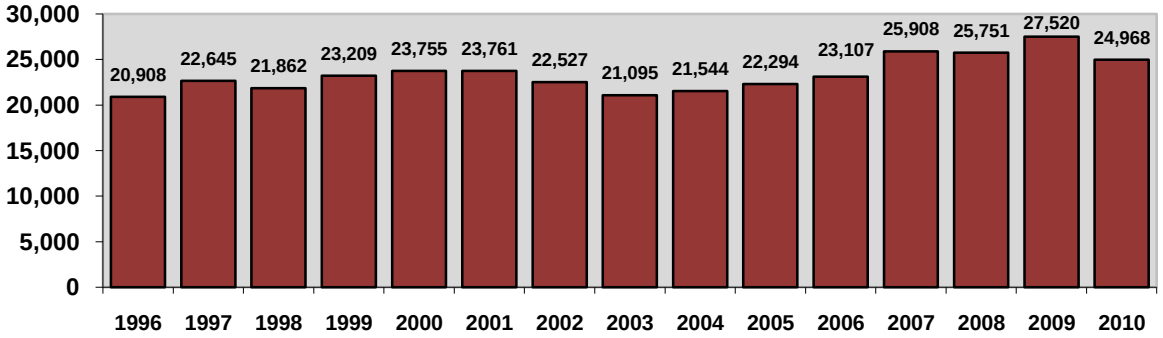
*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.

Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

According to the IDPH Division of Behavioral Health substance abuse data system, the number of clients screened/admitted for substance abuse treatment in Iowa remains high. IDPH reported 44,904 clients screened/admitted in FY 2010, double the number 17 years ago. See Figure 6b.

Outcome measures provided by the Iowa Department of Public Health show a significant impact for those involved in substance abuse treatment. According to client interviews conducted six months after discharge, the abstinence rate in 2009 was 56.4 %, the employment rate was 38.6% and 79.8% of treatment clients were arrest free during this time period.

Figure 7– The Number of *Adult* Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2010

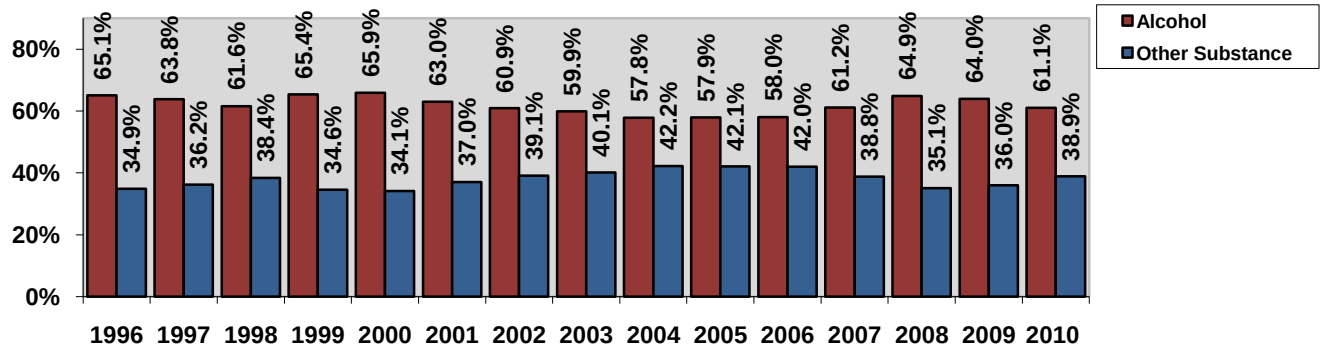


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

IDPH data show that alcohol remains by far the number one substance of abuse in Iowa. The data indicate that the number of adults screened or seeking substance abuse treatment with a reported primary substance of alcohol increased 30.5% from 2003 to 2009. More people were screened/admitted for alcohol in 2009 than any other year since 1992. See Figures 6b and 7.

In the late 1990s, a *percent* of total screens/admissions, alcohol lost ground to other drugs such as marijuana, methamphetamine, and cocaine. This was due to the fact that screenings/admissions reported for these drugs increased at a rate greater than that of alcohol. In the past few years, however, alcohol admissions have increased and the percentage has remained steady. As a percentage of overall screenings/admissions to treatment, non-alcohol admissions have ranged from 34.1% to 42.2%. See Figure 8.

Figure 8 – Primary Substance of Abuse for *Adults* Screened/Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

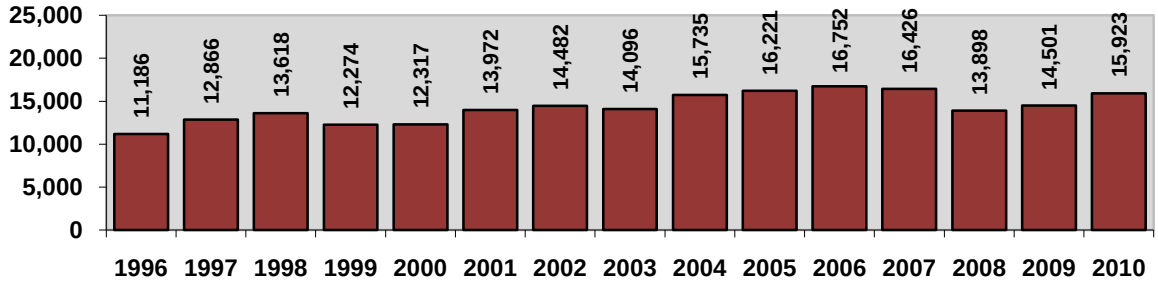
Adverse societal consequences resulting from the use of alcohol are not limited to criminal acts based solely upon the use of the substance such as OWI and drunkenness. A number of studies have found that alcohol is considered a contributing factor in the commission of a variety of criminal offenses.

Although some of the data indicate a decrease in occurrence, alcohol remains the primary substance of abuse by adults in Iowa. The level of alcohol consumption within the state increased slowly over the past decade. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains disproportionately high. The number of OWI arrests and OWI court arbitrations continue to burden the court system, representing 30.4% of the convictions for indictable misdemeanors and felonies.

Illegal Drug Use in Iowa – General Indicators of the Trend in Adult Drug Abuse in Iowa

Several data indicators may describe the growth or decline of illegal drug use in Iowa. One such indicator is the number of adults seeking substance abuse treatment. IDPH, Division of Behavioral Health, SARS/I-SMART data indicates the number of screenings/admissions for the treatment of a primary substance of abuse other than alcohol rose 36.5% from SFY 1999 to SFY 2006. That number decreased for two years and rose again the past two years. That trend is displayed in Figure 9.

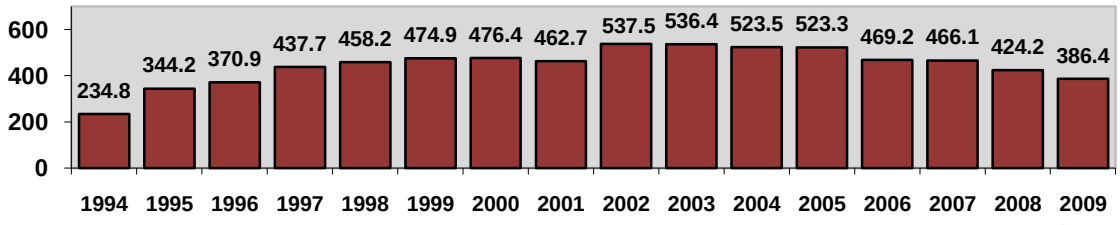
Figure 9– Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Another indicator is derived from data collected by the Department of Public Safety relative to the adjusted arrest rate per 100,000 population for drug related offenses. While a slight reduction was reported in each of the past six years, the arrest rate for drug offenses remains far higher than the rate reported by DPS in 1994. See Figure 10.

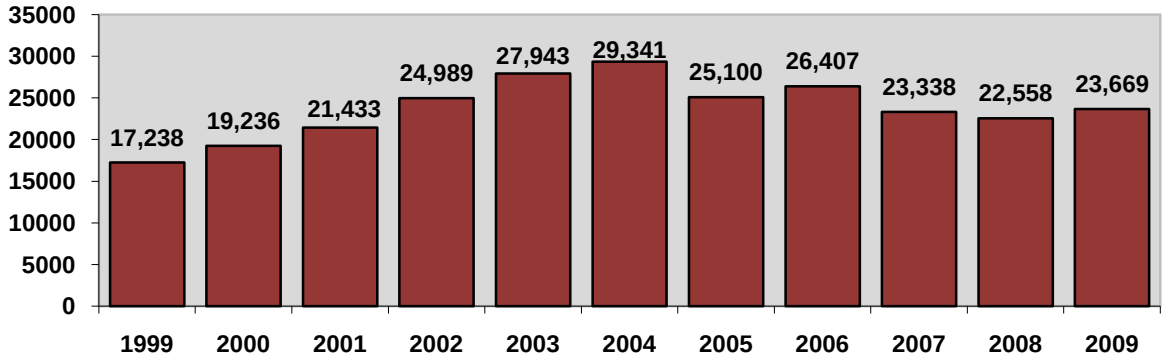
Figure 1 – *Adult* Arrest Rate/100,000 Population for Drug Offenses, CY 1994 – 2009



Source: Iowa Department of Public Safety

Data collected by the Division of Criminal and Juvenile Justice Planning illustrate two additional facets of the trends in substance abuse as they relate to Iowa's District Court System. These data are displayed in Figures 11 and 12, and include indictable misdemeanors and felonies.

Figure 11–Drug Charges Disposed, CY 1999 – 2009

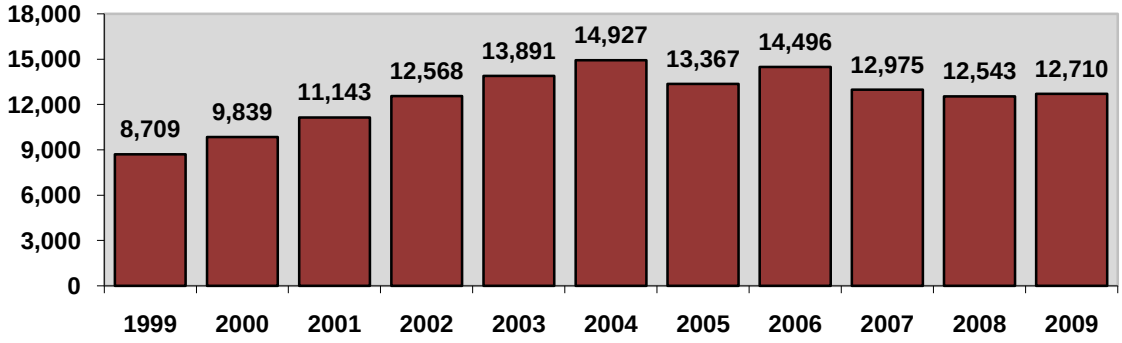


Source: Criminal and Juvenile Justice Planning

**Charges and convictions included in Figures 11 and 12 do not include cases whose deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Figure 11 displays a 19.3% decrease from 2004 to 2009 in the number of indictable misdemeanor and felony drug charges disposed by the Iowa District Court. Drug related convictions increased slightly. See figure 12. Despite the recent reduction, drug cases constitute a significant proportion of the court docket in Iowa, representing 28.8% of the charges and 25.2% of the convictions for indictable misdemeanors/felonies in CY 2009.

Figure 2 –Drug Convictions, CY 1999 – 2009

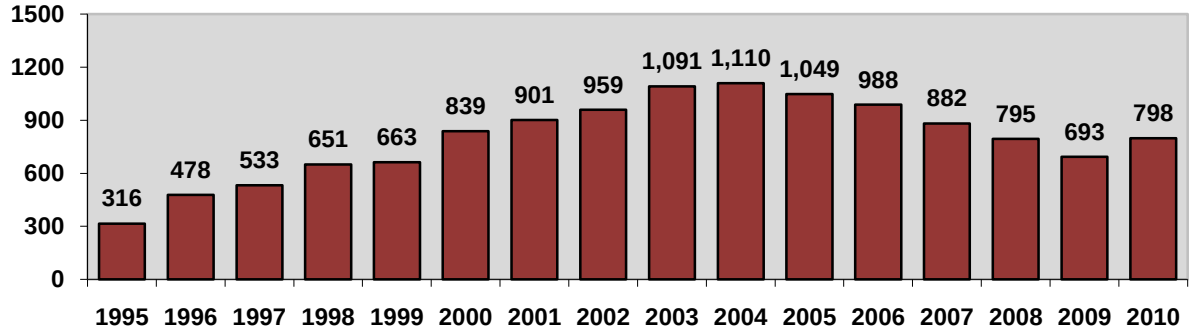


Source: Criminal and Juvenile Justice Planning

Another indicator of the levels of use and abuse of drugs can be found in drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning. This data shows a 248% increase in drug-related prison admissions from 1995 to 2004. Beginning in 2005, drug related prison admissions began to decline largely due to a drop in meth-related admissions, which was driven by a decline in meth lab incidents. However, with a recent resurgence of meth lab incidents, drug-related prison admissions are again on the rise.

Detail on drug–related prison admissions by drug type was available beginning with SFY 2005 and is discussed later in this section. It should be noted that data in this section does not include alcohol. As the most abused substance in Iowa, including alcohol would significantly increase these figures.

Figure 3 – Drug-Related Prison Admissions, FY 1995 – 2010



Source: Criminal and Juvenile Justice Planning

The data in Figure 13 relate to the number of offenders admitted to prison with a drug offense as their lead charge. Data from a number of other studies have clearly demonstrated the connection between drug use and crime. In a study conducted by the Mid-Eastern Council on Chemical Abuse for the Iowa Department of Corrections, over 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2010, the Department of Corrections provided substance abuse treatment to only 57.5% of the addicted custodial inmates and 49.4% of the addicted offenders in community corrections. See Figure 14.

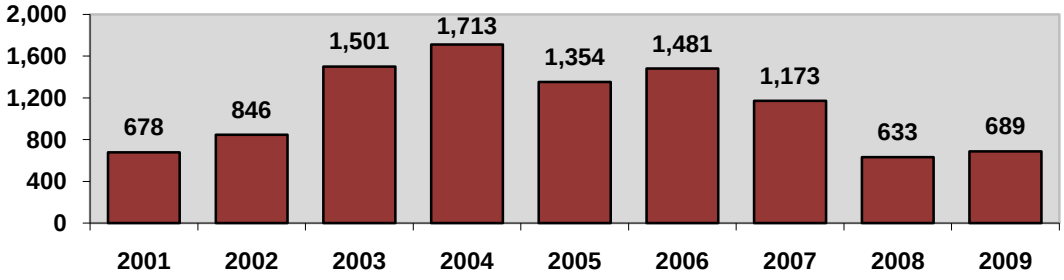
Figure 4 - Department of Corrections Institutional and Community Based Substance Abuse Treatment FY 2003 – FY 2010

	2003	2004	2005	2006	2007	2008	2009	2010
Institutions								
•Inmates in need of treatment	3,556	4,074	4,369	4,713	4,374	4,441	4,440	3,887
•Inmates who received treatment	2,279	2,646	2,669	2,936	2,618	2,615	2,535	2,235
•Percent	***64%***	***64.9%***	***61.1%***	***62.3%***	***59.9%***	***58.9%***	***57.1%***	***57.5%***
Community Corrections								
•Clients in need of treatment	8,762	10,299	11,920	12,650	12,921	13,047	12,434	12,509
•Clients who received treatment	4,734	5,413	5,855	6,201	6,367	6,315	6,243	6,176
•Percent	***54.0%***	***52.6%***	***49.1%***	***49.0%***	***49.3%***	***48.4%***	***50.2%***	***49.4%***

Source: Iowa Department of Corrections

A significant portion of the drug abusing population in Iowa is in the child rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child's body and the second is the number of confirmed or founded child abuse cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child. See Figures 15 and 16.

Figure 5 - Confirmed or Founded Child Abuse Involving the Presence of Illegal Drugs in a Child's Body CY 2001 - 2009



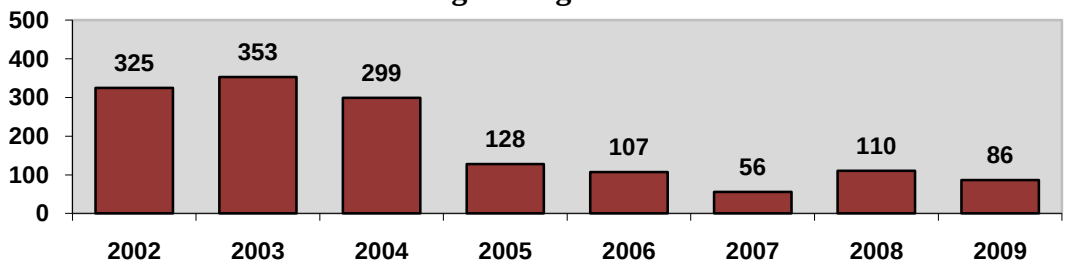
Source: Department of Human Services

**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases. *Beginning in 2008 DHS began drug testing fewer children (see below).*

The number of confirmed or founded child abuse cases involving the presence of illegal drugs in a child's body rose sharply from 2001 to 2004. In the years since, the number of reported cases has varied, but remains well below the record high reported in 2004. In 2008, DHS discontinued the practice of testing all children for the presence of drugs, which may account for the significant drop in numbers.

While a relatively new measure, the number of confirmed or founded child abuse cases involving a caretaker's manufacturing of illegal drugs, specifically meth, decreased from 2003 to 2007. This number, like other meth statistics, was driven down by the reduction in meth labs across the State. However, along with the rise in meth lab incidents in 2008 and 2009, the number of children affected by meth labs rose sharply. See Figure 16.

Figure 6 – Confirmed or Founded Child Abuse Involving Caretaker's Manufacture of Illegal Drugs CY 2002-2009



Source: Department of Human Services

**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*

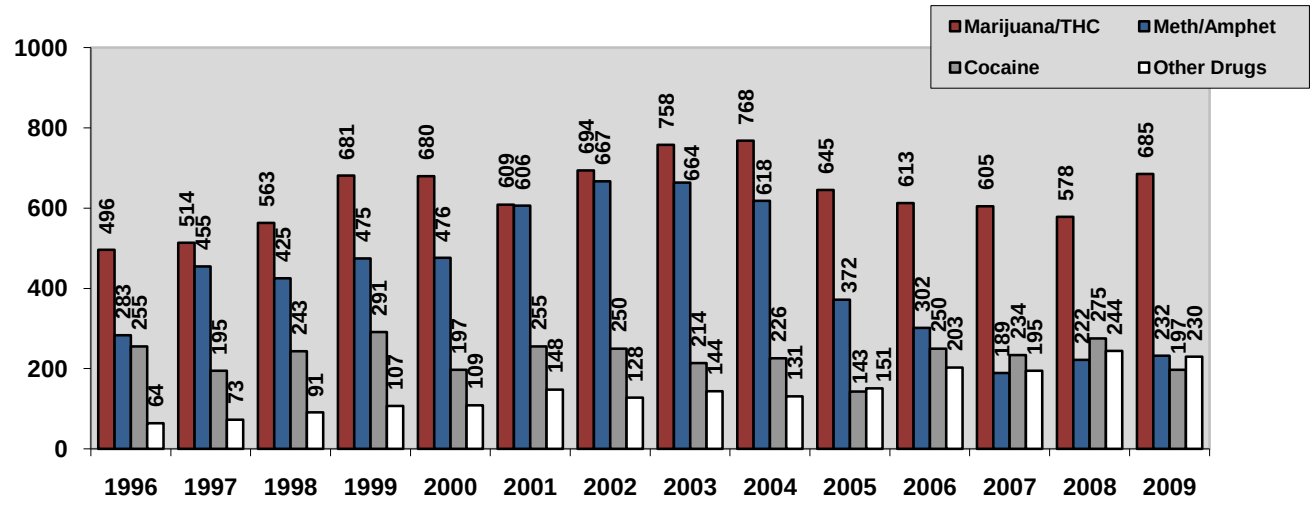
Drug Specific Indicators Data

Marijuana

Data indicate that marijuana is the most prevalent illegal drug and after alcohol, the second most used/abused substance by adults in Iowa. It also appears as though marijuana has held this distinction for quite some time.

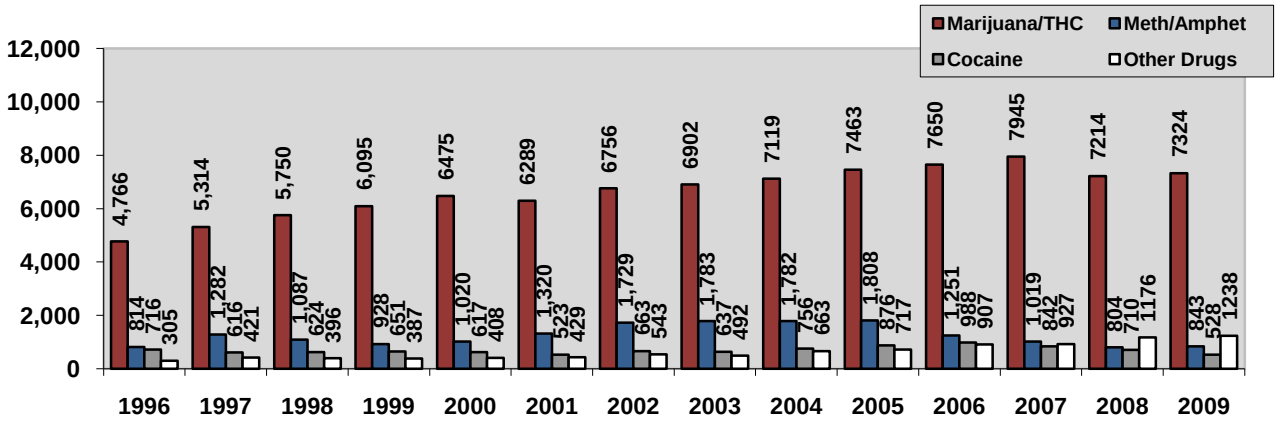
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

Figure 7 – Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 1996 - 2009



Source: Iowa Department of Public Safety

Figure 8 – Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1996 –2008



Source: Iowa Department of Public Safety

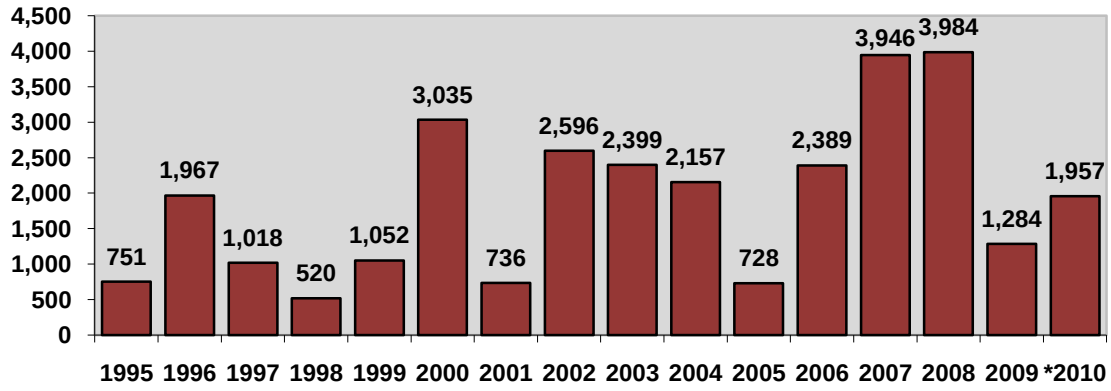
Figures 17 and 18 illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. In CY 2009, nearly 51% of reported arrests for offenses of manufacture/distribution of drugs, where the drug type was known, involved marijuana. Further, 73.7% of reported offenses for possession/use of drugs, where the drug type was known, involved marijuana.

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Criminalistics Laboratory reports that most of the marijuana it currently sees is made up primarily of the buds of the female plants, versus marijuana of the past which also contained inactive particles such as leaves and stems. The buds contain the delta-9-tetrahydrocannabinol (THC), which is the primary psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Additional analysis of the data indicates that with the exception of 2001, the number of offenses involving possession or use of marijuana have increased each year from 1994 to 2007. 2008 was the first year Iowa saw a decrease in that number, but it rose again in 2009. There was a steady decline in marijuana manufacturing/distribution offenses since a peak in 2004, but that number rose by 18.5% in 2009.

The Iowa Division of Narcotics Enforcement (DNE) reported a new high in marijuana seizures in 2008. Marijuana seizures reported by DNE have fluctuated, but generally remain significantly higher than that reported in the mid and late 1990s. See Figure 19.

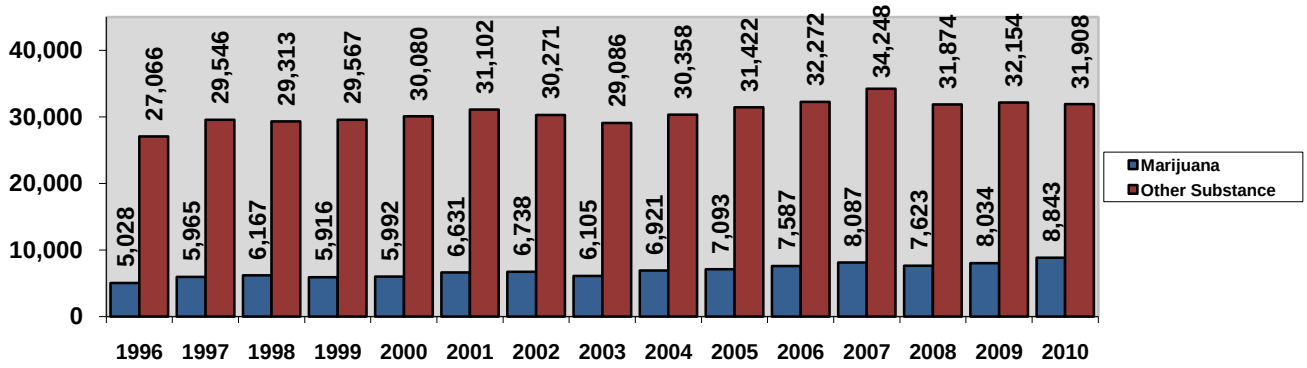
Figure 19 – Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1995 – *2010



**Calendar year 2010 through September 30*
Source: Iowa Department of Public Safety

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1996 – 2010. See Figure 20. This data reinforces the fact that despite common misconceptions, marijuana can be an addictive drug.

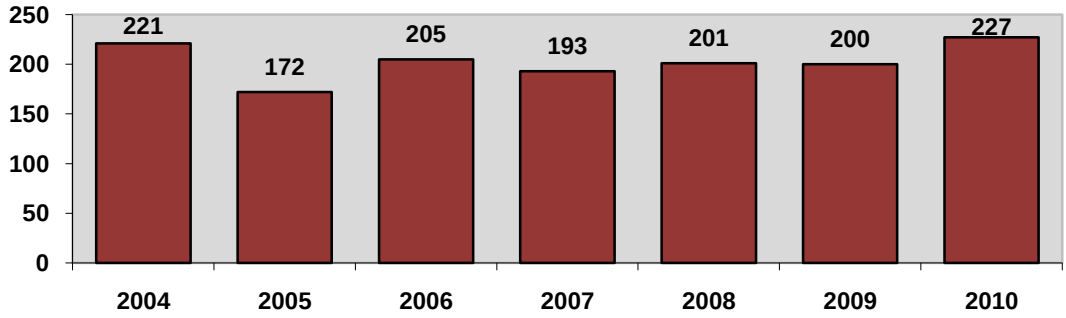
Figure 9– Primary Drug of Abuse for *Adults* Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Between state fiscal year 1996 and 2010, the IDPH, Division of Behavioral Health, reported a 75.9% increase in the number of clients screened/admitted with marijuana as their primary drug of choice.

Figure 10 – Marijuana-Related Prison Admissions SFY 2004 - 2010



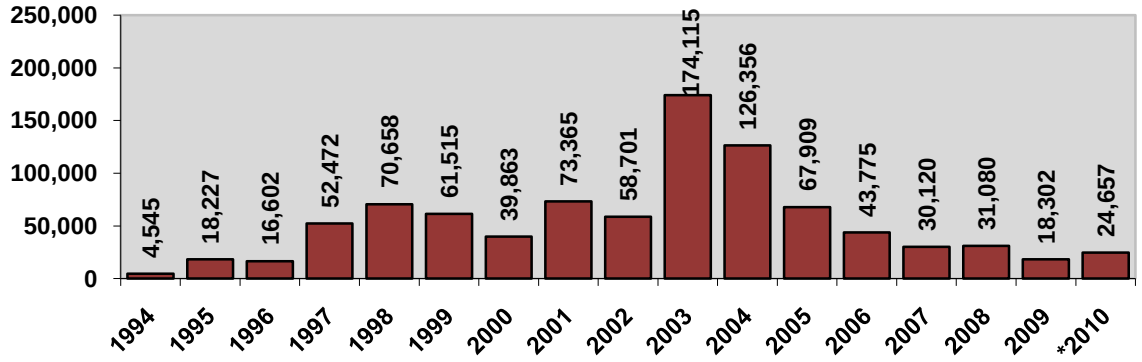
Source: Criminal and Juvenile Justice Planning

For the period of time for which data is available, marijuana-related prison admissions increased from 16% to nearly 29% of the drug related admissions. Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult Iowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana.

In a recent review of Iowa workplace drug test results, marijuana was the drug for which Iowa workers most frequently tested positive. Of the positive drug tests reported to the Iowa Department of Public Health over the past 7 years, nearly 60% were positive for marijuana. The next most prevalent drug was meth, at 15.8%.

Amphetamine/Methamphetamine

Figure 11 – Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 – *2010



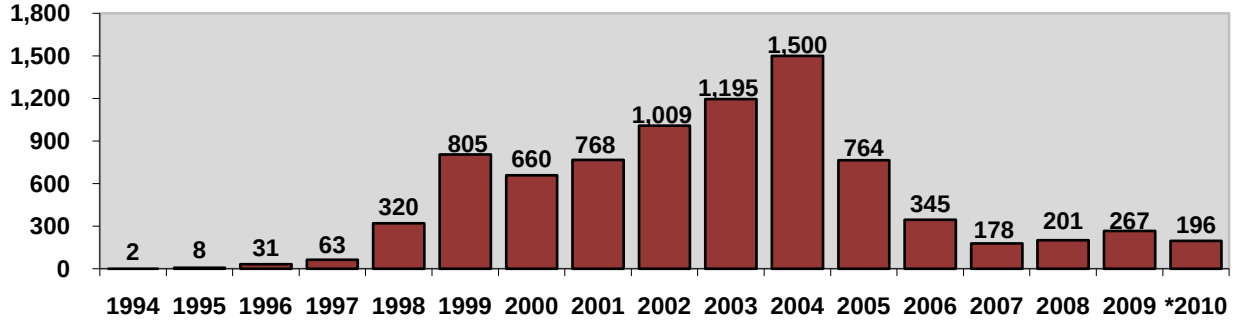
**Calendar year 2010 through September 30*
Source: Iowa Department of Public Safety

Figure 22 illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003, the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. Since its peak in 2003, seizures of methamphetamine decreased every year until 2008. As the number of meth labs gradually increases again, so does the number of grams seized – as illustrated by 2010 year-to-date data.

The data displayed in Figure 23 demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement through calendar year 2004. In 2004, state and local law enforcement responded on average to 125 methamphetamine laboratories per month, or four per day. Since the rapid decline of meth lab incidents hit a low in 2008, there has been a modest resurgence in meth lab activity. One new development that may affect the prevalence of meth labs in the future is the emergence of new methods of manufacturing meth, called "shake 'n bake" and "one-pot" cooks. These methods generally use less pseudoephedrine and produce meth in smaller quantities, but are no less dangerous than other production methods.

Due to the public safety threat posed by clandestine laboratories, a substantial amount of time and resources is directed at responding to clandestine laboratories. In 2005, the Iowa legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. Through September 30, 2009, law enforcement in Iowa reported an 87% reduction in clandestine labs when compared to calendar year 2004. Because of the resurgence of meth labs, this percentage will likely decrease in coming months and years.

Figure 12 – State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 – *2010



**Calendar year 2010 through September 30*
Source: Iowa Department of Public Safety

Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. As the supply of a substance increases, the price is likely to go down, and the purity level is likely to be higher. Conversely, if the supply is reduced, as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

The price and purity of methamphetamine shown in Figure 24 indicate that the price of methamphetamine per gram has fluctuated over the past several years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa seizures. Crystal methamphetamine smuggled into Iowa from Mexico and the Southwest U.S. has grown in recent years. The increase in crystal meth or "ice" is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute. The new one-pot and shake-n-bake methods of producing meth are also reportedly producing purer meth.

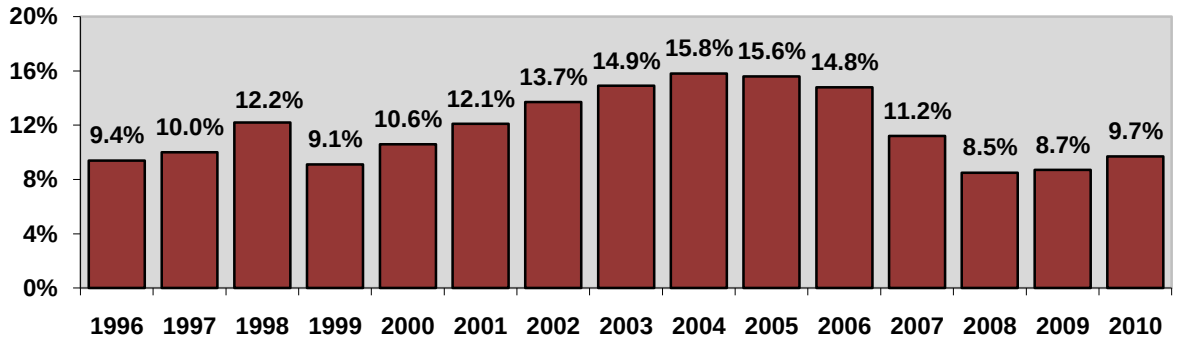
Figure 13 – Iowa Division of Narcotics Enforcement Methamphetamine Seizure Price and Purity CY 1996 – *2010

	1996	1998	2000	2002	2004	2006	2008	*2010
Price	$135	N/A	$90	$100	$100	$120	$123	$130
Purity	43%	14%	25%	16%	33%	40%	40%	78%

**Calendar year 2010 through September 30*
Source: Iowa Counterdrug Task Force

It should be noted that other factors can have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures that are made closer to the production source in the drug distribution chain tend to be higher in purity. Also, the availability of alternate controlled substances may impact the supply/demand and price/purity for other drugs. Although price and purity tend to follow the economic principals of supply and demand, the distribution of illicit substances is a clandestine activity and there are anomalies.

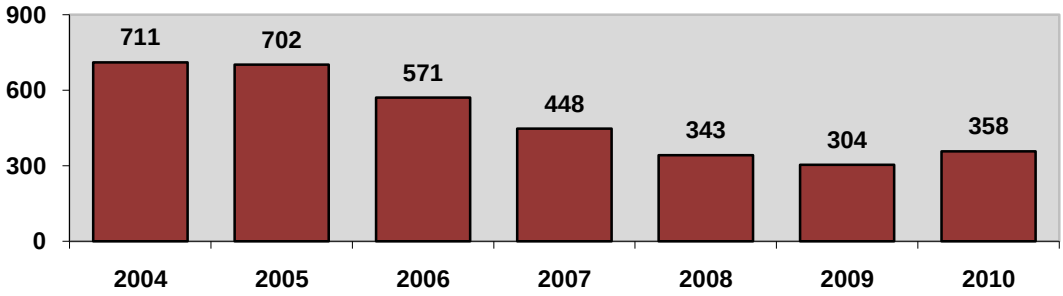
Figure 25– Percentage of *Adults* Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Prior to the emergence of what has been referred to as Iowa's "methamphetamine epidemic" in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the IDPH Division of Behavioral Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. As a percent of all screens/admissions, methamphetamine had diminished until 2008 when it reached its lowest point (8.5%) since the meth epidemic began. However, along with the increase in meth lab activity, the percentage has begun to rise again. See Figure 25.

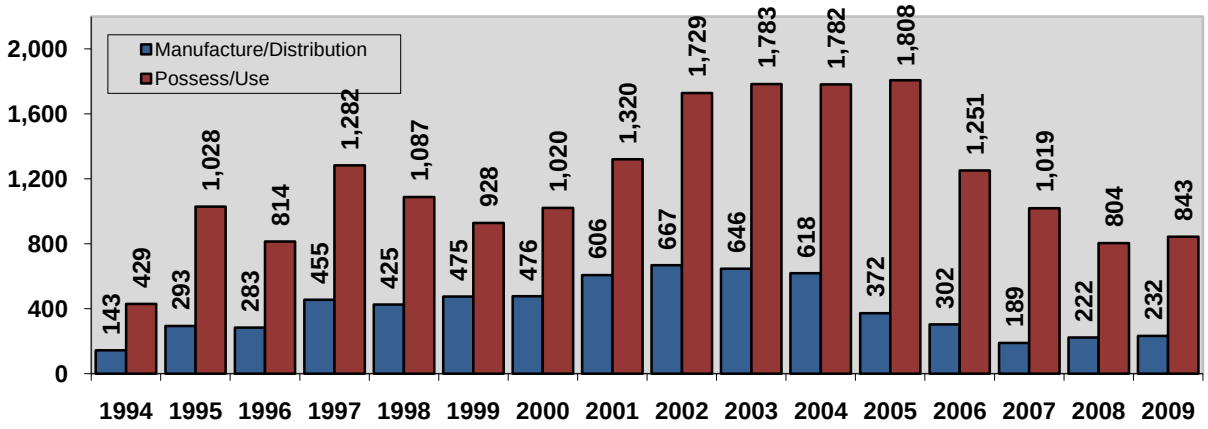
Figure 26 – Methamphetamine-Related Prison Admissions SFY 2004 - 2010



Source: Criminal and Juvenile Justice Planning

Along with the rise in meth lab incidents, the number of meth related prison admissions is on the rise again. From 2004 to 2009, methamphetamine-related prison admissions had decreased 57.9%. This reduction had driven down the drug-related prison admissions reported in recent years. See Figures 26 and 13.

Figure 27– Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 – 2009



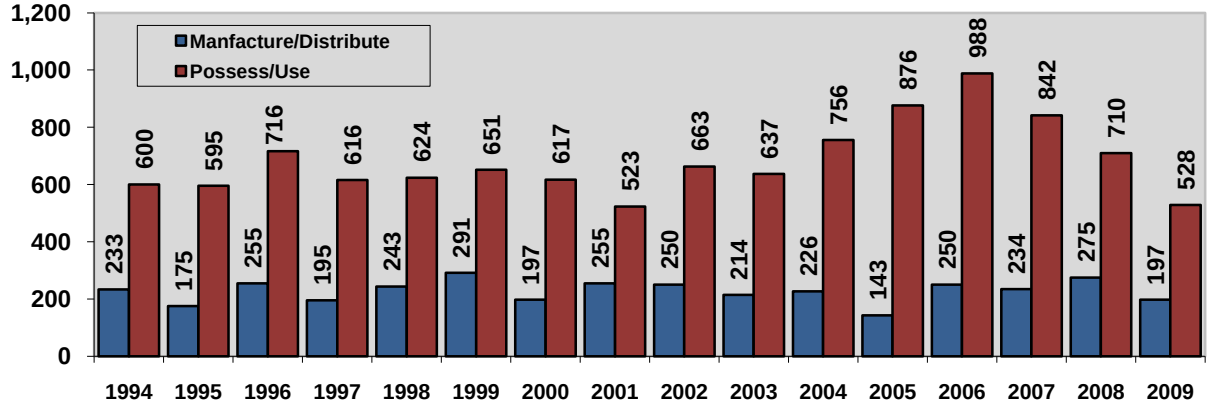
Source: Iowa Department of Public Safety

With the resurgence in meth lab incidents across the state, the numbers of offenses involving both manufacturing/distribution and possession/use have begun to rise. The number of law enforcement reported offenses for methamphetamine possession/use nearly doubled from 1999 to 2002 and remained at this high level for the next three reporting periods, but have since declined. Following the passage of the pseudoephedrine control legislation in 2005, arrests for methamphetamine manufacture/distribution as well as possession/use declined significantly until 2008 (43.6% and 49.2% respectively). See Figure 27.

Cocaine/Crack Cocaine

Until the growth in the use/abuse of methamphetamine in the 1990s, the second most prevalent illegal drug in Iowa was cocaine/crack cocaine. Overshadowed by the rise in the use of amphetamine/methamphetamine, cocaine use represents a smaller but still significant challenge.

Figure 28 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 – 2009

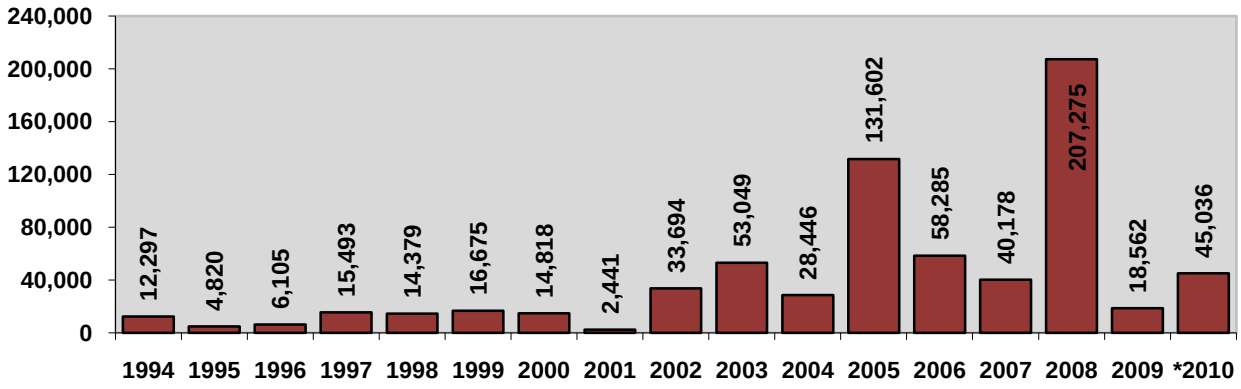


Source: Iowa Department of Public Safety

Cocaine possession/use offenses were at a fourteen year high in 2006 but have decreased over the past three years. Figure 28 illustrates that arrest rates for cocaine have varied a great deal for the years examined. In calendar year 2005, manufacture/distribution arrests posted a twelve year low of 143 per 100,000 in population.

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement reached a 14-year high in 2005. Cocaine/crack cocaine seizures have generally declined since then. In 2008, DNE reports having several large cases involving cocaine salt, therefore the grams seized in 2008 were at an all-time high. So far in 2010, cocaine/crack seizures are on the rise. See figure 29.

Figure 29– Cocaine/Crack Cocaine Seizures, in Grams, Involving the Iowa Division of Narcotics Enforcement CY 1994 – *2010



**Calendar year 2010 through September 30*
Source: Iowa Department of Public Safety

As shown in Figure 30, the price and purity of cocaine has fluctuated, however the price has generally dropped and the purity had generally increased. The Department of Public Safety crime lab no longer calculates purity levels of seized cocaine.

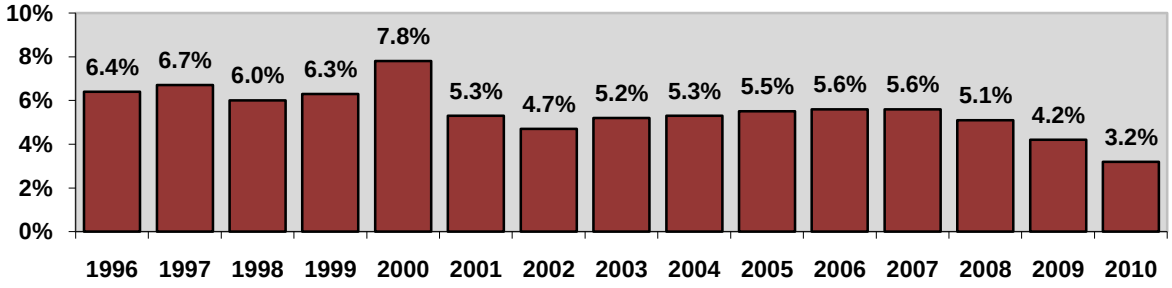
Figure 30– Iowa Division of Narcotics Enforcement Cocaine Seizure Price and Purity CY 1996 – 2010

	1996	1998	2000	2002	2004	2006	2008	2010
Price	$130	$130	$150	$150	$100	$110	$80	$125

**Calendar year 2010 through September 30*
Source: Iowa Counterdrug Task Force

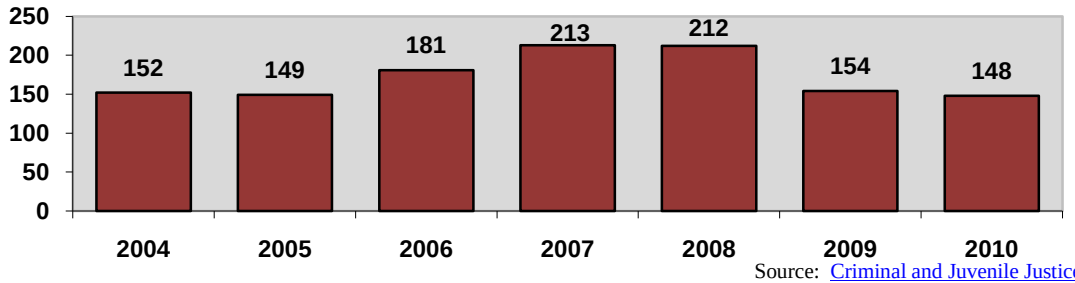
The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. Figure 31 illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their primary substance of abuse has slightly decreased in the past three years.

Figure 31 – Percentage of *Adults* Entering Substance Abuse Treatment Programs with a Primary Substance of Abuse of Cocaine, SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Figure 32– Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 – 2010



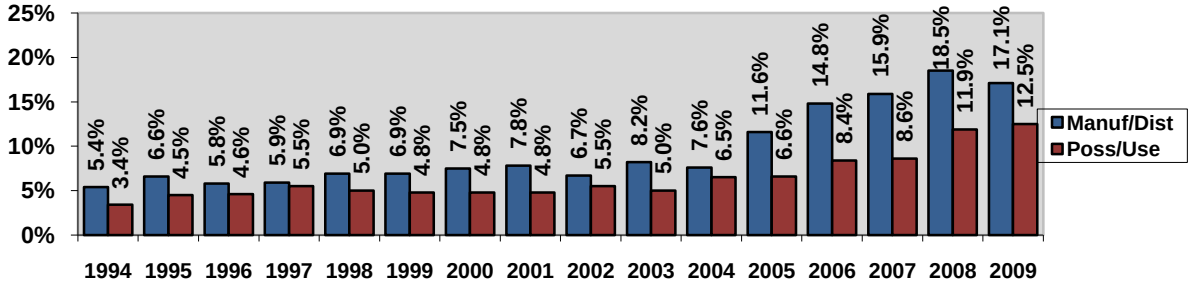
Source: Criminal and Juvenile Justice Planning

Cocaine-related admissions to prison represented 18.5% of drug-related prison admissions in FY 2010. See Figure 32. Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa.

Other Illicit Drugs

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD, and PCP also play a role in the overall problem of substance and drug abuse within the state. However, analyses of the data indicate that the prevalence levels of these other substances as the drugs of choice among the substance abusing population are relatively low, but rising. See Figures 33 & 34.

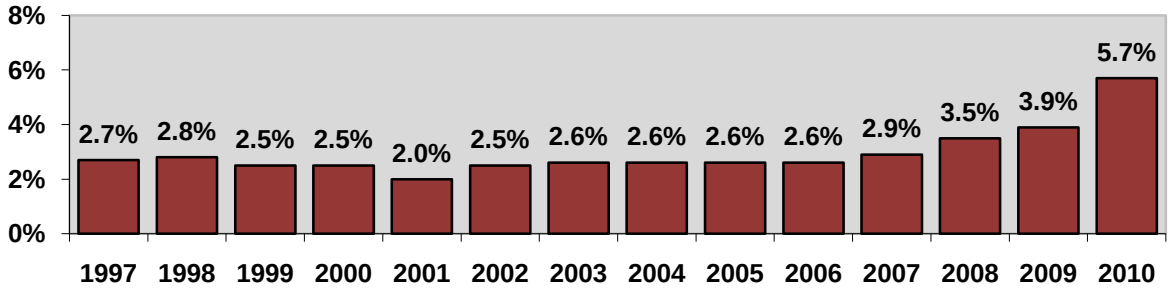
Figure 33– Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1994 – 2009



Source: Iowa Department of Public Safety

During the fourteen-year period examined, the percentage of offenses for both the manufacture/distribution and possession/use of all known drugs other than alcohol, marijuana, amphetamine/methamphetamine and cocaine/crack cocaine was at the lowest level in 1994. Since that time, the percentage of arrests for both categories of offenses has generally risen, especially over the past five years, indicating a rise in crimes related to other drugs of abuse. See Figure 33.

Figure 34 – Percentage of *Adult* Substance Abuse Treatment Screening/Admissions with a Primary Drug of Abuse Other than Alcohol, Marijuana, Amphetamine/ Methamphetamine and Cocaine/Crack Cocaine, SFY 1997 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Figure 34 indicates that during the period examined, the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is one other than alcohol, marijuana, cocaine/crack cocaine or amphetamine/methamphetamine has risen 119% in the past four years.

All indications are that the drugs marijuana, methamphetamine and cocaine/crack cocaine are, in the order indicated, the most used/abused illegal drugs by adult Iowans. Together, they constitute the drugs involved in nearly 90% of the reported drug arrests. They also constitute the primary illegal drugs listed for over 87.8% of adults screened/admitted for treatment.

So-called "club drugs" or "predatory drugs" such as Ecstasy, Rohypnol and Gamma-Hydroxybutyrate (GHB) are rarely reported in Iowa. However, they warrant attention to prevent larger problems.

Another emerging threat to the health and safety of Iowans is the use of synthetic cannabinoids. These substances, also known as synthetic marijuana, K2, or Spice, are herbal substances that are sprayed with one or more chemical compounds. They are marked as incense and not for human consumption, but are being used as a new way to get high.

Prescription and Over the Counter Medications

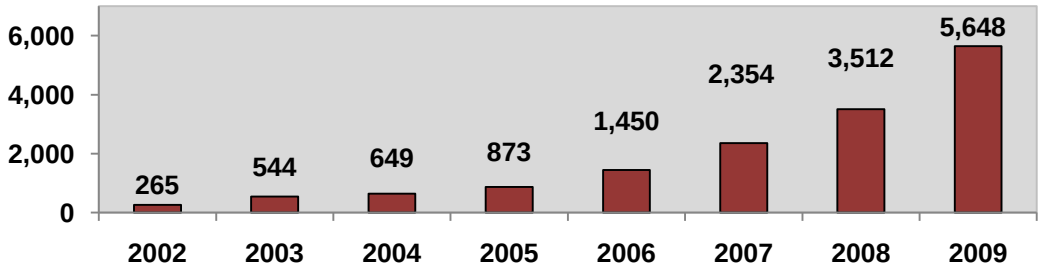
The newest, and fastest growing, form of substance abuse by Iowans involves prescription and over-the-counter medicines. Teenagers tend to view these drugs as "safe," and many parents are not yet aware of their potential for abuse. Stories of teens sharing pills to get high are increasingly common in Iowa communities. These drugs are easy to get, can be as potent and dangerous as illicit drugs, and are associated with criminal behavior. Prescription drugs most often abused are narcotic painkillers, stimulants, and central nervous system depressants. According to the Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE),

the number of pharmaceutical cases opened so far this year (through September 30, 2010) has already exceeded the number of cases for all of 2009. Similarly, treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. And, according to the 2008 Iowa Youth Survey, 7% of Iowa 11th graders have used prescription drugs for non-medicinal purposes.

The trends are clear. In 2009, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use. According to the 2009 National Survey on Drug Use and Health (NSDUH), there were 2.6 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day.

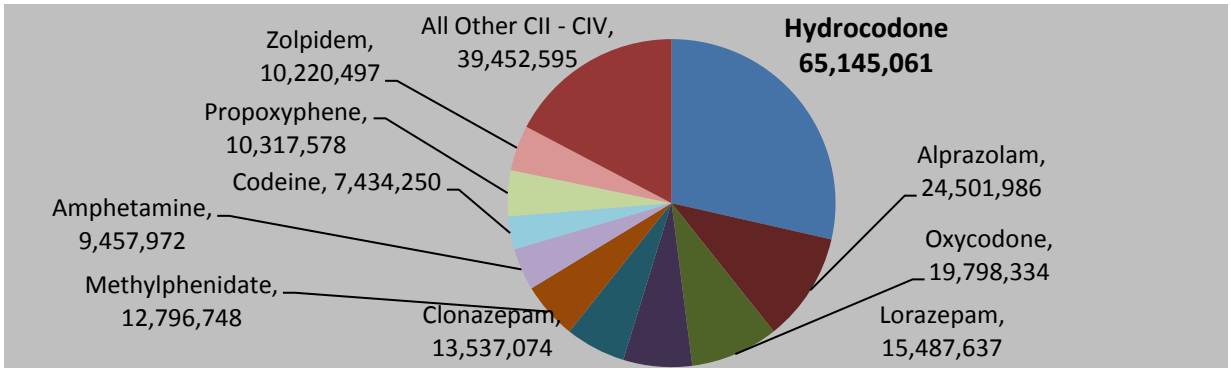
Pain killers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. In Iowa, public calls to the Statewide Poison Control Center to identify hydrocodone and oxycodone pain pills have increased **2,031%** since 2002, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa. See Figure 35.

Figure 35 – Hydrocodone and Oxycodone ID Calls from Iowans (Iowa SPCC-CYs)



The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. According to data from the Prescription Drug Monitoring Program, hydrocodone is the most prescribed drug in Iowa with over 65 million doses prescribed to Iowans in 2009 – comprising nearly one-third of all controlled substances (CII – CIV) prescribed in the State of Iowa. When combined with oxycodone, the number of doses prescribed to Iowans in 2009 totals almost 85,000,000 or 37.3% of all CII – CIV controlled substances prescribed.

Figure 36 – Doses of Controlled Substances Prescribed to Iowans in CY 2009 (IBPE)

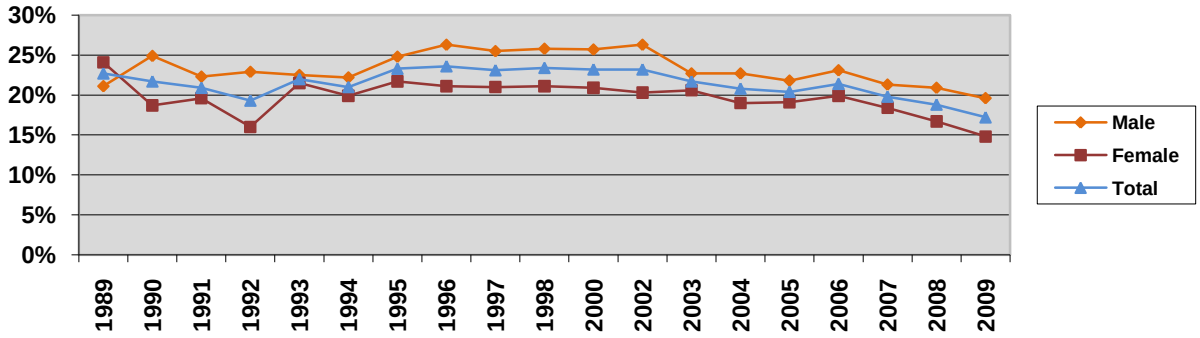


Tobacco

Tobacco, like alcohol, is a legal substance for adults under current federal and state law. Much data and information have been published by the federal Centers for Disease Control and Prevention, the Iowa Department of Public Health, American Lung Association and many other organizations in attempts to inform the general public of the possible dire consequences associated with the use of various tobacco products regardless of the method of use (e.g., smoking, chewing, etc.). Based on analyses of the data compiled by these organizations, it is estimated that 265.6 of every 100,000 Iowa deaths are related to smoking – nearly 4,600 deaths annually. It is further estimated that smoking results in the loss of 13.4 years of potential life.

The levels of tobacco use among adult Iowans can be seen in Figure 37. These data, compiled by the National Center for Chronic Disease Prevention and Health Promotion of the federal Centers for Disease Control, are published as part of the Behavioral Risk Factor Surveillance System (BRFSS).

Figure 37 – Percentage of Current Iowa Male, Female & Total Smokers, CY 1989 - 2009



Source: Centers for Disease Control

In 2009 the total percentage of combined male and female smokers in Iowa reached its lowest point in twenty-one years. Part of this decline can be attributed to the 2007 tobacco tax increase in Iowa. Other factors that may contribute to fewer cigarette sales in Iowa include: the Iowa Smokefree Air Act, the fire-safe cigarette requirement that took effect January 1st, 2009, the federal cigarette tax rate increase that took effect April 1st, 2009, and the current economic recession.

The Department of Public Health also reports that Quitline Iowa remains busy, with 17,950 clients calling during FY 2010. Even though Quitline Iowa is one of the most successful programs of its kind in the nation – reaching about 4.2% of Iowa's smokers each year – most smokers attempt to quit "cold turkey," so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year. Because of state budget cuts to the FY11 budget, Quitline Iowa discontinued the distribution of free nicotine patches, gum and lozenges on July 1, 2010. However, because of federal stimulus funding received by the Linn and Ringgold County Public Health Departments, residents of those counties can continue to receive free nicotine patches or gum through Quitline Iowa. Other than changes to the eligibility requirements of who can receive nicotine replacement therapy, Quitline Iowa maintained the same level of counseling services that were provided before the FY10 budget cuts.

Iowa's Youth Population

Prescription and Over-the-Counter Medications

One of the fastest growing threats to youth today is the abuse of prescription and over-the-counter (OTC) drugs. The 2009 Monitoring the Future Study shows that prescription drugs are seven of the top nine abused substances by young people. The trends are clear. In 2009, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use. According to the 2009 National Survey on Drug Use and Health (NSDUH), there were 2.6 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day.

According to the Partnership at Drugfree.org, 2009 Partnership Attitudes Tracking Survey (PATS), one in five teens (19 percent or 4.7 million) teens nationally report intentionally abusing prescription drugs to get high at least once in their lives.

Attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not dangerous, or at least not as dangerous as using drugs like methamphetamine or heroin. This in turn leads them to believe that using a medicine without a prescription once in a while is not harmful, that abusing prescription pain killers will not cause addiction, and that getting high from cough syrup isn't risky. According to 2009 PATS data, this attitude is held by 41% of teens.

There are several additional reasons for these attitudes: aggressive marketing builds awareness of product availability and benefits, but not the negative consequences of misuse or abuse; and messages about "appropriate" use do not educate people about the negative consequences. These substances are also widely available and are often obtained within the home.

Additionally, many parents and other adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children.

According to the 2008 Iowa Youth Survey, seven percent of 11th grade students report prescription or over-the-counter drug abuse in the past 30 days. The Iowa Youth Survey (IYS) is a self-reporting survey that has been conducted by the Iowa Department of Public Health, Division of Behavioral Health, in conjunction with Criminal and Juvenile Justice Planning, the Department of Education, and the Department of Human Services every three years since 1975. The 2008 Iowa Youth Survey was conducted in September and October, with results returned in the spring of 2009. With additional funding, the Iowa Youth Survey will be conducted every two years in 2010 and 2012. The 2010 Iowa Youth Survey was conducted in the fall of 2010, with results expected in the spring of 2011. The survey seeks responses from youth in grades 6, 8, and 11 from public and non-public schools across Iowa. Students answered questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and neighborhood/community environments. Beginning in 1999 the survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. Thus true comparisons with surveys conducted prior to 1999 are not possible.

Figure 38 - Percent of Student Self-Reporting the Current Non-medical Use of Prescription Medications 2005 and 2008

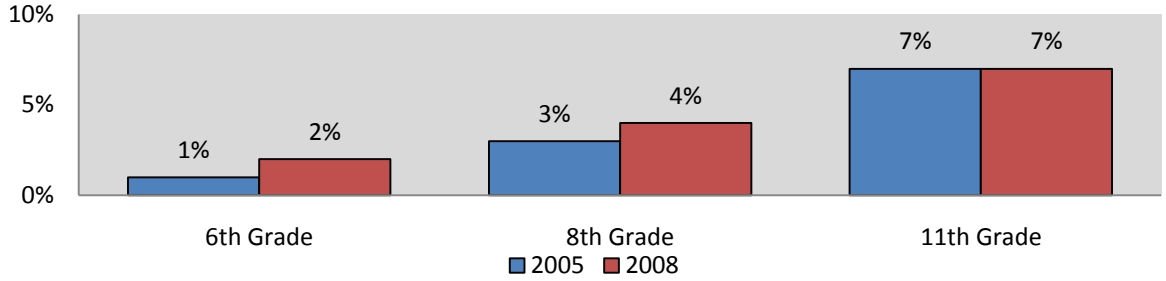
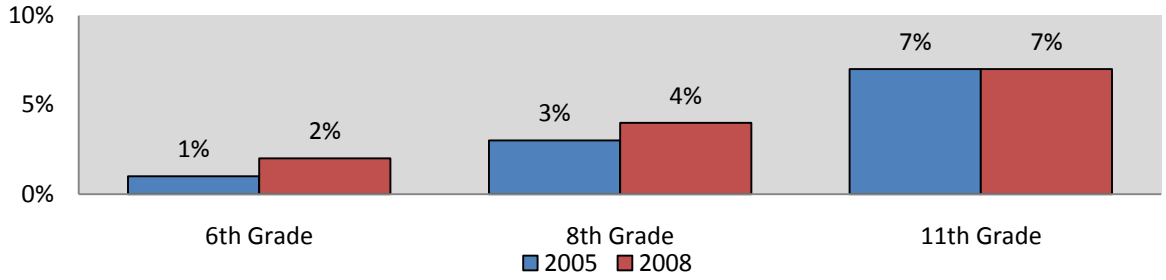


Figure 39 - Percent of Student Self-Reporting the Current Non-medical Use of Over-the-Counter Medications 2005 and 2008



Synthetic Marijuana (aka K2 or Spice) and Salvia

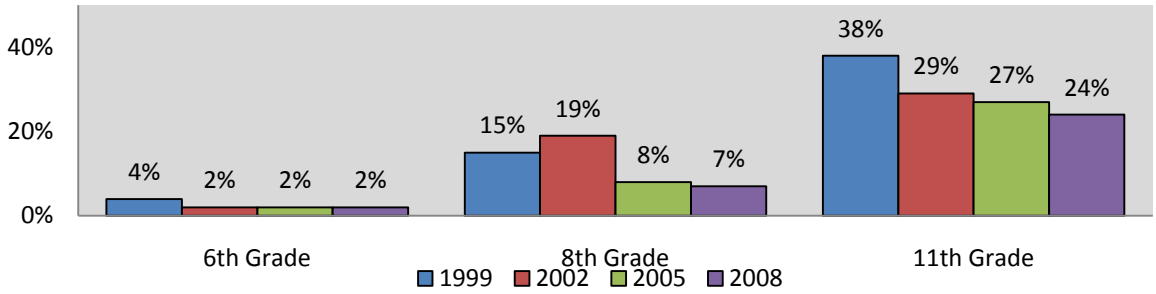
Another emerging threat to the health and safety of Iowa's youth is the use of synthetic cannabinoids. Synthetic Marijuana, also knows as K2 or Spice, is an herbal substance sold as an incense or smoking material that remains legal in most of the country. The products contain one or more synthetic compounds that behave similarly to the primary psychoactive constituent of marijuana. The dried herbs are merely the vehicle used to spray the chemicals on to produce the marijuana-like effect. Known effects from using synthetic marijuana include: anxiety, panic attacks, agitation, elevated blood pressure, rapid heart rate or respiration, vomiting, hallucinations, and seizures.

Unfortunately, Iowa has already experienced the loss of a young person to these drugs. Following the June 2010 death of an Iowa teen who used K2, suffered a panic attack, and then shot himself, the Iowa Board of Pharmacy adopted emergency rules to classify four synthetic cannabinoids sprayed on K2 and similar products as Imitation Controlled Substances in Iowa.

Salvia is an herb in the mint family that is found increasingly in drug investigations. Its use can cause intense and debilitating hallucinations. In addition, users report negative long term effects similar to those produced by LSD or other hallucinogens, including depression and schizophrenia. Salvia is not currently controlled and is available at retail locations and on the Internet. Salvia is already banned or regulated in 13 states and nine foreign nations, and at least 17 other states have considered a ban. Both Synthetic Marijuana and Salvia are also on the DEA "Watch List."

Tobacco

Figure 40 – Percent of Students Self-Reporting the Current (within the past 30 days) Use of Tobacco, Comparison of 1999 through 2008

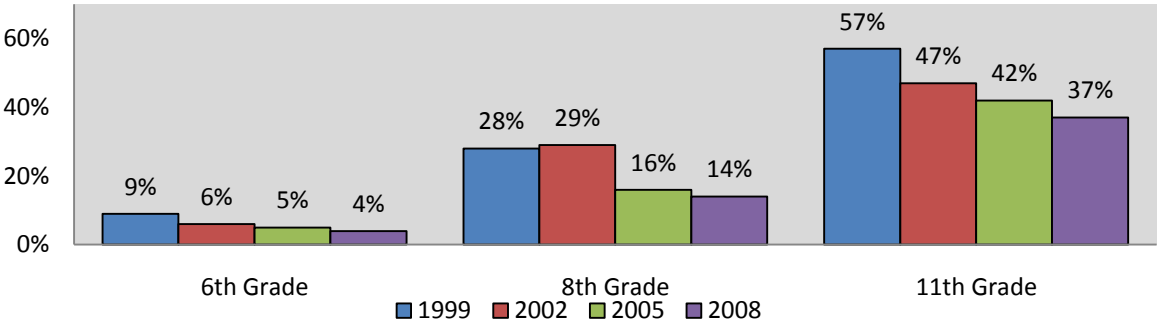


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

In 2008, less than one quarter of eleventh graders reported current use of tobacco (used a tobacco product in the past 30 days). See Figure 37. The most significant changes in both current and past use of tobacco occurred among students in grade 8. In 2008, 7% of 8th graders reported current tobacco use, a decline of 63% from 2002.

In 2002, 29% of students in grade 8 reported past use of tobacco use. This figure dropped by over half to 14% in 2005. See Figure 38. IYS results displayed in Figure 38 show that by the 11th grade, over half of the students reported past use of tobacco in 1999, followed by slightly less than half in 2002, meaning fewer new tobacco users. This decline continued in 2005 and 2008, with 37% of students in grade 11 reporting past use of tobacco in 2008.

Figure 41 – Percent of Students Self-Reporting Ever Having Used Tobacco, Comparison of 1999 through 2008

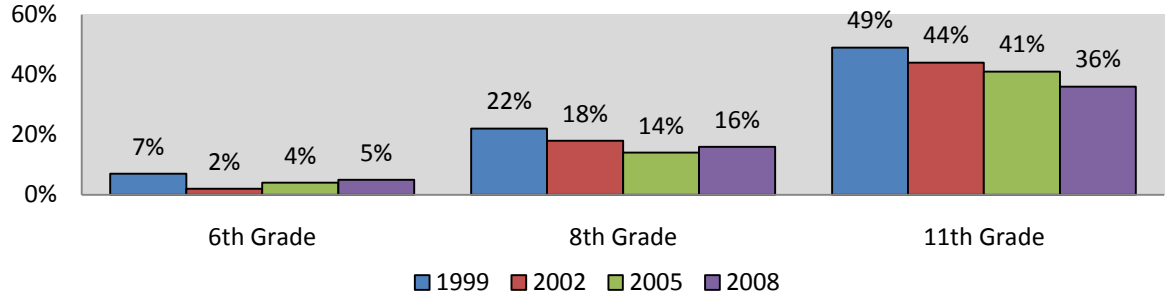


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Alcohol

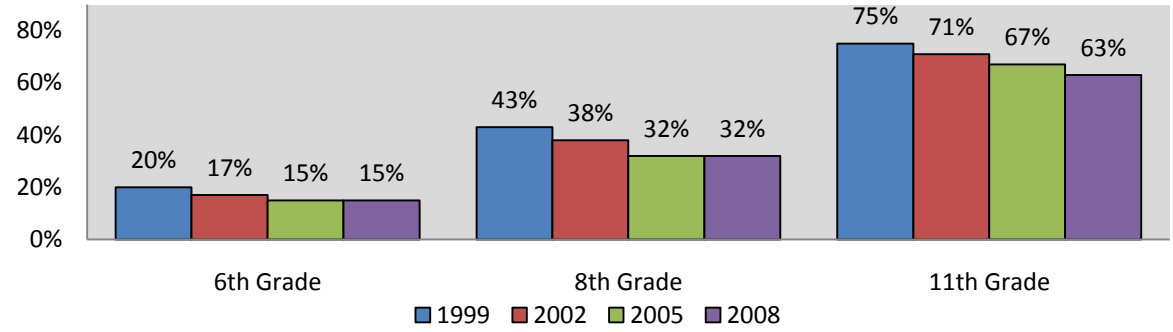
The Iowa Youth Survey also compiled data regarding the use of alcohol by the population surveyed. See Figures 42, 43, and 44.

Figure 42 – Percent of Students Self-Reporting the Current Use of Alcohol, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

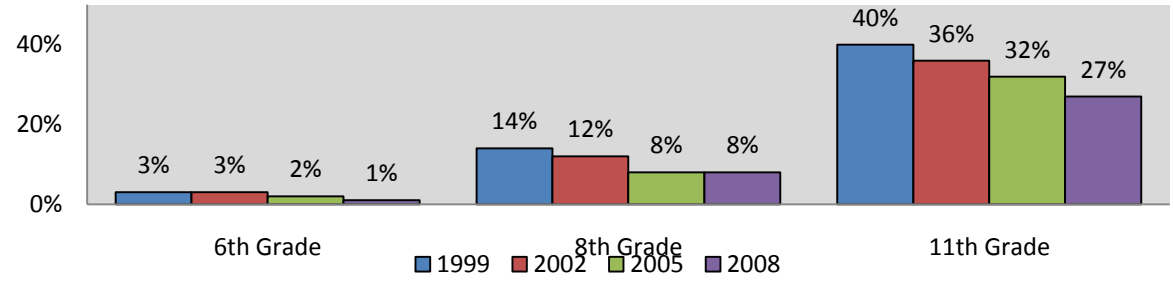
Figure 43 – Percent of Students Self-Reporting Ever Having Used Alcohol, 1999, 2002 and 2005



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

While there have been decreases since the 1999 IYS, the data indicate that in 2008 over one third (36%) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. Equally concerning is that more 8th grade students reported current use (consumed one or more drink in the past 30 days) of alcohol in 2008 than in 2005. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline or remain relatively steady. See Figure 43.

Figure 44 – Percent of Students Self-Reporting Current (within the past 30 days) Binge Drinking, 1999 through 2008

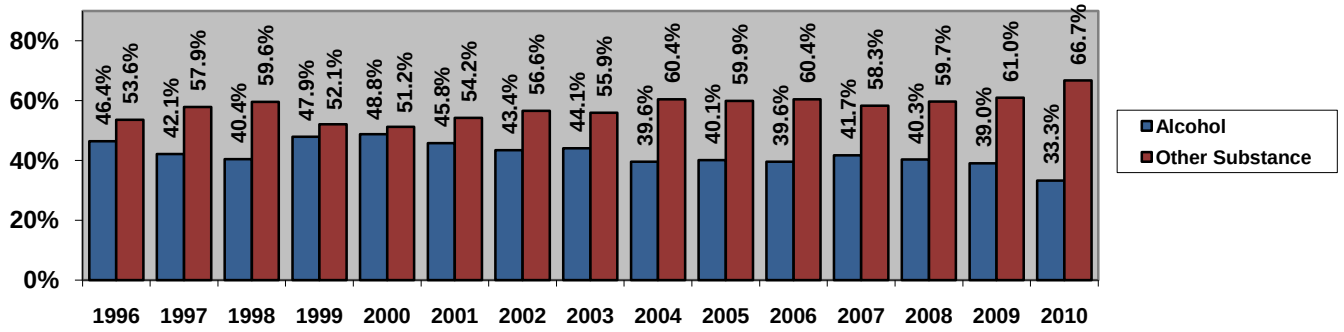


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Binge drinking (consuming five or more drinks at one time) by youth in grades 6, 8, and 11 over the past 30 days as reported in the Iowa Youth Survey has decreased since 1999. However, over one quarter of 11th graders reported binge drinking in the past month in the 2008 survey. Iowa also reports a higher binge drinking rate among youth than the national rate. According to the 2009 National Survey on Drug Use and Health (NSDUH) data, 17% of 16-17 year olds nationally reported binge drinking within the past thirty days, versus 27% of 11th graders in Iowa. This finding mirrors Iowa's above average binge drinking rate among adults. See figure 44.

The IDPH, Division of Behavioral Health, SARS/I-SMART substance abuse reporting system data report the primary substance of abuse for all screens/admissions to substance abuse treatment programs, including those of youths. Unlike the adult population, youth screens/admissions with alcohol identified as the primary substance of abuse make up less than half of total admissions in recent years. See Figure 45.

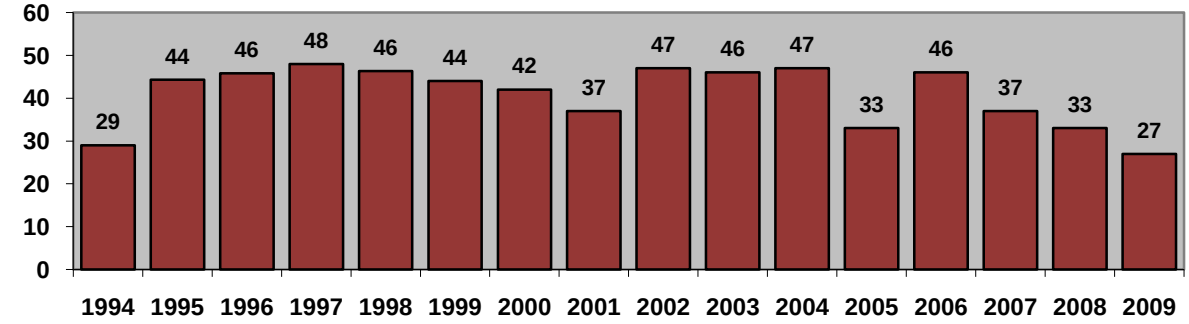
Figure 45 – Percentage of *Youth* Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

For the fifteen-year reporting period, juvenile OWI arrest rates have ranged from 27 to 48 per 100,000 in population. Reports for the past four years have showed a decline, to a low of 27. See Figure 46.

Figure 46 – Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2009



Source: Iowa Department of Public Safety

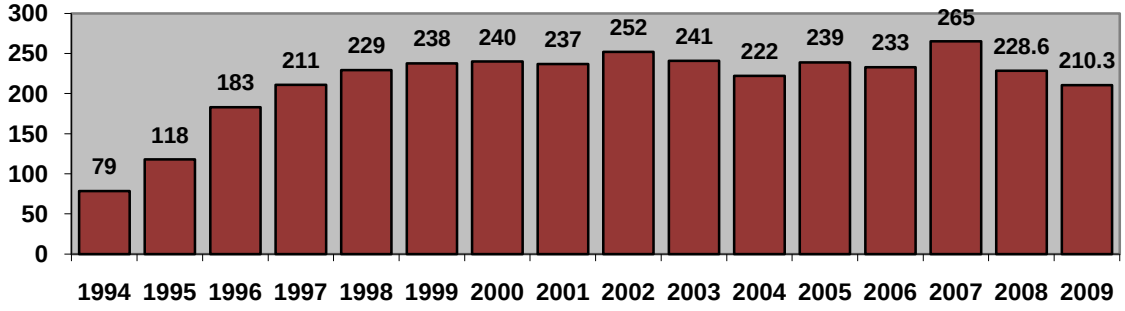
Based on self-reported use, substance abuse treatment screens/admissions and arrest rates, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

General Indicators of the Use of Other Drugs by Iowa Youth

Elsewhere in the Drug Use Profile regarding the youth population of Iowa, there is discussion about drugs other than alcohol and tobacco. In these discussions, it should be understood that the term "drug(s)" refers to illicit substances such as methamphetamine, cocaine, THC/marijuana, etc. Discussion referring specifically to prescription or over- the-counter medications will be noted.

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 in population in 1994 to a record 265 per 100,000 in 2007, an increase of 235% for that period. See Figure 47.

Figure 47 – *Juvenile* Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 1994 – 2009

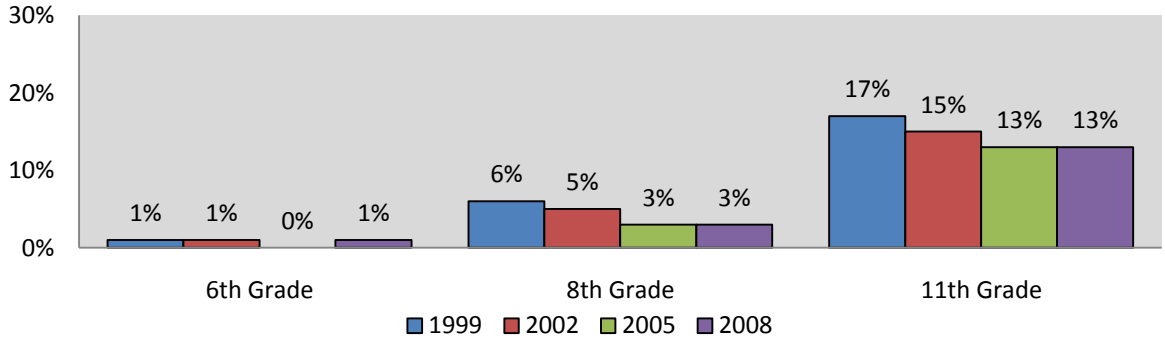


Source: Iowa Department of Public Safety

Marijuana

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. As Figure 45 shows, marijuana use has remained constant. 17% of 11th graders surveyed in 1999 reported current use of marijuana. In 2008, 13% of 11th graders reported current use of marijuana, only a 4 percentage point decrease from 1999.

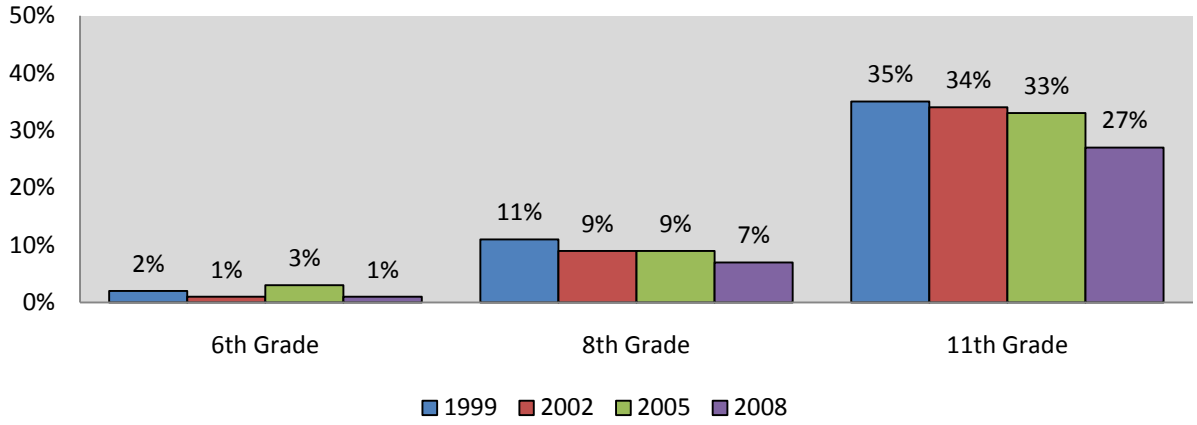
Figure 48 - Percent of Students Self-Reporting the Current Use of Marijuana, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Additionally, of the high school juniors surveyed in 1999, 35% reported having used marijuana at some point in their lifetime. This dropped to 27% in 2008. See Figure 49.

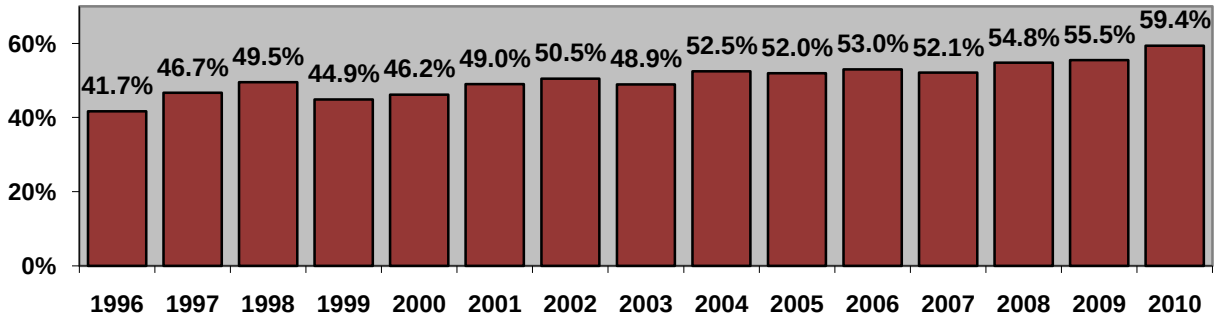
Figure 49 – Percent of Students Self-Reporting Ever Having Used Marijuana, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Substance abuse reporting system data as shown in Figure 50 also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period of time included in this review. It should be noted that in SFY 2010, the greatest percentage of youth ever were screened/admitted for marijuana.

Figure 50 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2009

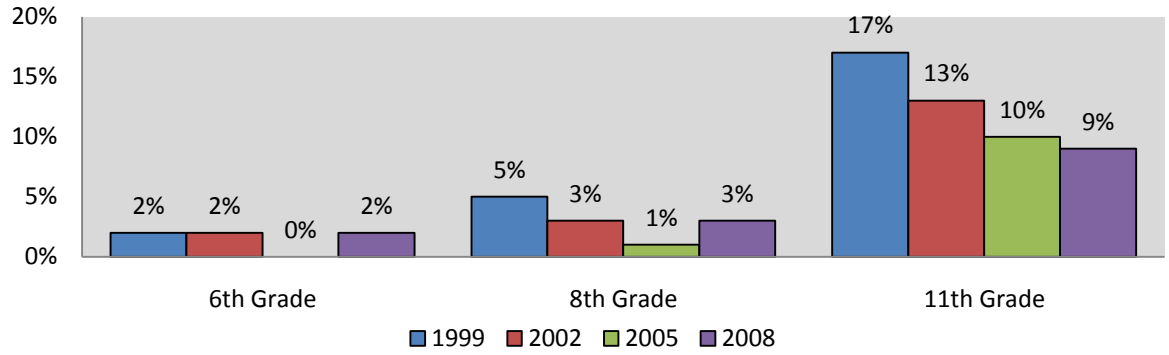


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Amphetamine/Methamphetamine

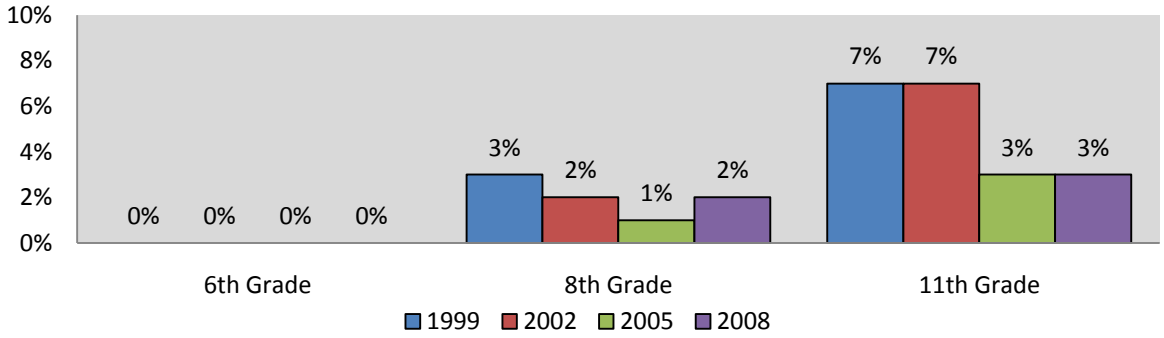
According to the 2008 Iowa Youth Survey amphetamine and methamphetamine use has remained relatively stable. The percentage of eleventh grade students reporting "ever" using these drugs dropped from 17% to 9% - an indication that fewer students, although still too many, are using these drugs. See Figures 51 and 52.

Figure 51 – Percent of Students Self-Reporting Ever Having Used Amphetamine/Methamphetamine, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

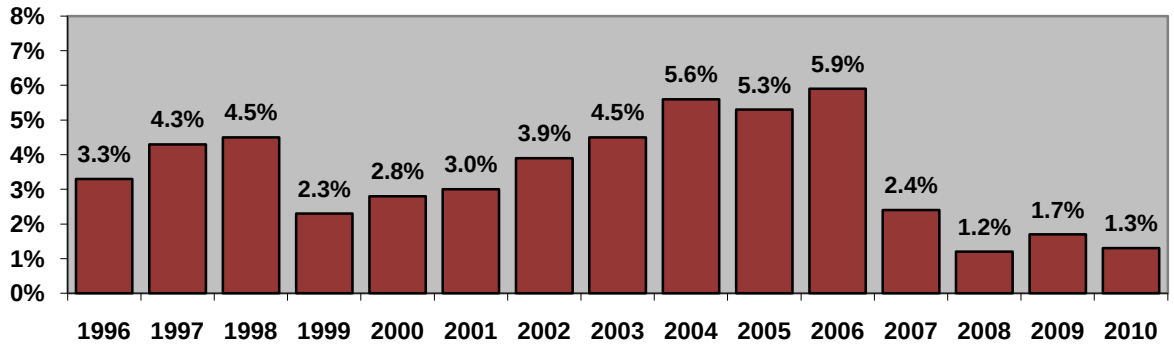
Figure 52 - Percent of Student Self-Reporting the Current Use of Amphetamine/Methamphetamine – 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Following several years of increasing youth screening/admissions for amphetamine or methamphetamine, the IDPH Division of Behavioral Health reported a significant reduction in SFY 2009, and the number has remained low for the 2010. See Figure 53.

Figure 53 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2010

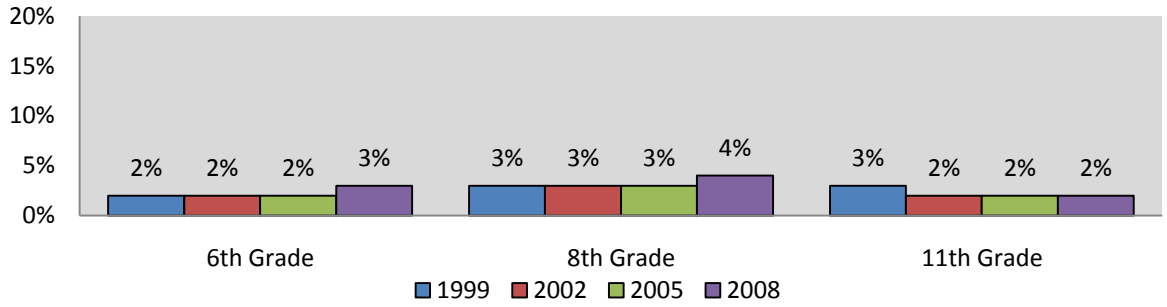


Source: Iowa Department of Public Health Division of Behavioral Health – SARS/I-SMART

Inhalants

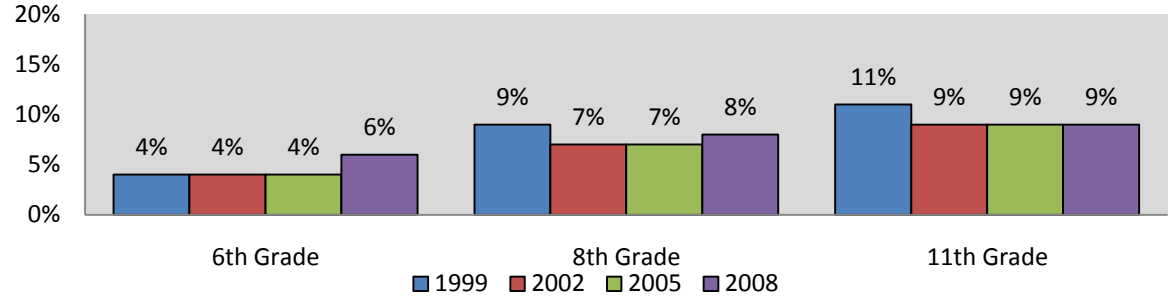
Inhalant use continues to be of concern in Iowa, and inhalant use more often starts at younger ages. In 2008, inhalants are the only drug to have stayed the same or increased for all grades in both current use and lifetime use. According to the Iowa Youth Survey, inhalant use followed marijuana use as a drug of choice among adolescents. Nationally teen experimentation with inhalants has increased over the past three years to 20%. According to the 2007 Partnership Attitude Tracking Survey conducted by the Partnership for a Drug-Free America, inhalants are abused by one in five (20%) of teens. The perception of risk related to inhalant use is dropping, which may have contributed to the increased use. See Figures 54 and 55.

Figure 54 - Percent of Student Self-Reporting the Current Use of Inhalants, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

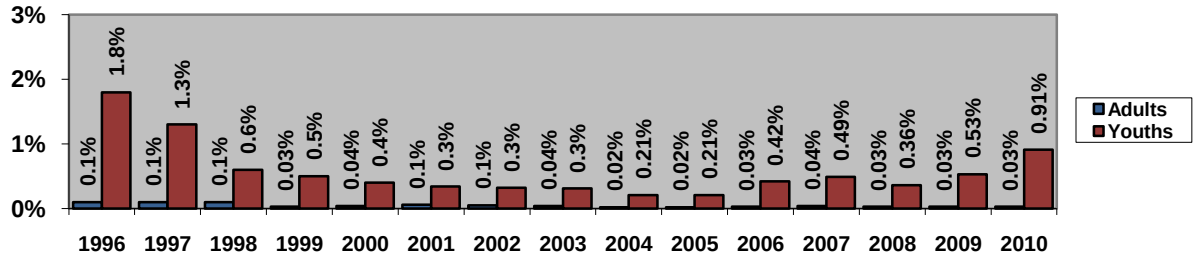
Figure 55 – Percent of Students Self-Reporting Ever Having Used Inhalants, 1999, 2002 and 2005



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Examination of IDPH Division of Behavioral Health substance abuse reporting system data indicate that the degree of use of inhalants is more prominent among youth in comparison to adults. See Figure 52. They also indicate that the prevalence of these substances as a "drug of choice" for juveniles has remained steady in recent years, but rose in 2010, representing nearly one percent of youth screened/admitted to substance abuse treatment. See Figure 56.

Figure 56 – Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 – 2010

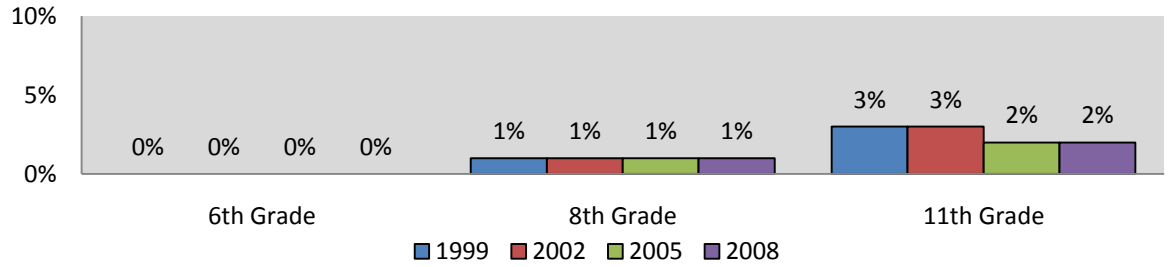


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Cocaine

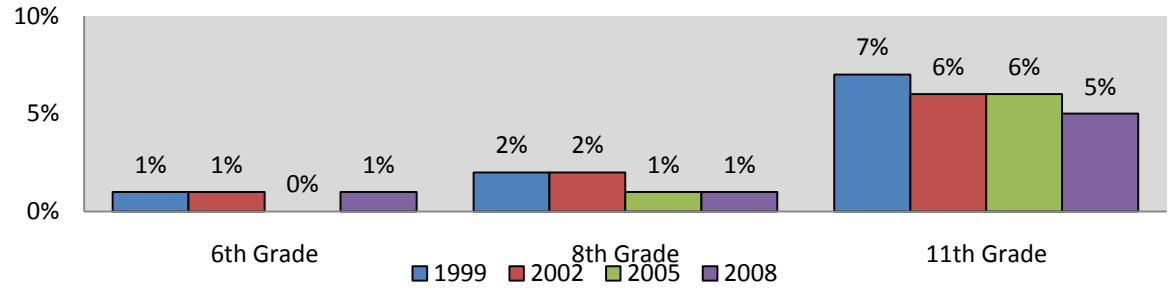
There is little reported use of cocaine/crack cocaine by Iowa youth. Overall there was little change in cocaine usage between 1999 and 2008. See Figures 57 and 58.

Figure 57 - Percent of Student Self-Reporting the Current Use of Cocaine 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

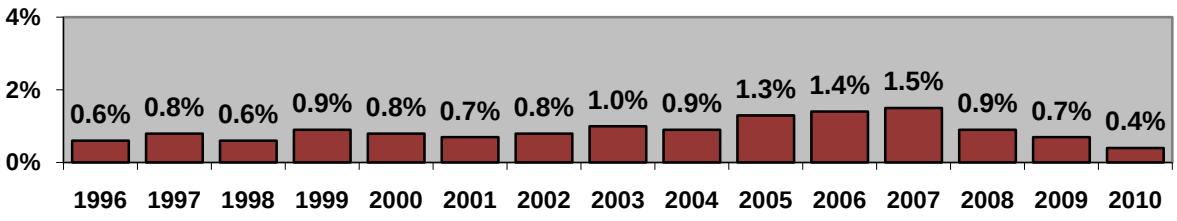
Figure 58 – Percent of Students Self-Reporting Ever Having Used Cocaine, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Data depicting the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs is shown in Figure 59.

Figure 59 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

These data indicate that the prevalence of cocaine/crack cocaine as the primary substance of abuse within the youth substance abusing community remains low and relatively constant during the reviewed period.

Other Drugs/Substances

Analyses of the data available indicate that besides those drugs and substances specifically discussed above, all other drugs and substances used/abused by the youth constitute less than 3% of reported substances abused. Notwithstanding the relative low use rates, this is an issue which requires continued vigilance.

FY 2011 STATE & FEDERAL FUNDING OF IOWA SUBSTANCE ABUSE & DRUG ENFORCEMENT PROGRAMS

Prevention
Treatment
& Enforcement

Programs listed herein focus on substance abuse and associated issues (e.g. crime, violence & delinquency), except as noted. Prevention, Treatment, and Enforcement are broad categories meant to encompass many programs.

Funding estimates do not include local or private resources, or federal funds provided directly to communities.

Reported to ODCP as of 10-15-10

FY 2011 Prevention Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Governor's Office of Drug Control Policy					
1) Drug Policy Coordination	Comprehensive coordination of substance abuse prevention/education programs & strategies with substance abuse treatment and drug enforcement. Integrated approach includes local, state, federal & private agencies.	$45,000			$45,000
2) State & Local Law Enforcement Justice Assistance	Grant-funded drug/crime control projects at neighborhood, city, county, & state levels.	$9,638	$406,513		$416,151
3) Drug Abuse Resistance Education	Student education materials for use statewide by certified D.A.R.E. instructors to teach substance abuse prevention techniques and resistance skills.			$175,000 *(Projected surcharge funds)*	$175,000
4) Project Safe Neighborhoods Gun & Gang Violence Prevention	Initiative to prevent firearm & gang-related violence in targeted communities.		$200,000		$200,000
5) Partnership for a Drug-Free Iowa/Iowa Substance Abuse Information Center	Project with the Partnership for a Drug-Free Iowa to promote and enhance the Iowa Substance Abuse Information Center.		$200,000		$200,000
6)Protecting Drug Endangered Children	State coordination of efforts to identify, intervene & treat children endangered by caregiver drug use, manufacturing, & distribution.		$200,000		$200,000
7) U.S. Department of Education	Coalitions to reduce alcohol abuse at Iowa's higher education institutions.		$341,000		$341,000

FY 2011 Prevention Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Education					
8) Safe & Drug-Free Schools – Building State Capacity to Reduce Substance Abuse and Violence	Collaborative activities that enhance the capacity of State agencies to support local educational agencies (LEAs) in their efforts to create and sustain a safe and drug-free school environment.		$125,000		$125,000
9) Safe & Drug-Free Schools – Safe and Supportive Schools	Development of measurement systems that will assess conditions for learning within individual schools. Surveys of students, staff and parents will include measures of school safety, engagement and environment. Using this data, the Dept. of Education and other state agency partners will work in collaboration with participating schools to improve the learning environment within schools facing the biggest challenges.		$3,477,752		$3,477,752
10) Dropout Prevention & Services for Dropouts	Funds to local school districts for support services, programs & alternative schools for potential dropouts in grades K-12.		*Substance abuse prevention is one component of this program, but is not a primary focus.		NA
11) After School Programs	21st Century Learning Centers provide students with alternative activities to increase/extend learning opportunities, while reducing the likelihood of substance abuse & violence.		*Substance abuse prevention is one component of this program, but is not a primary focus.		NA
12) HIV/AIDS Program	Staff development, technical assistance in curriculum development & selection of instructional materials, & policy development.		*Substance abuse prevention is one component of this program, but is not a primary focus.		NA
13) Student Support Services	Services for homeless children & youth, including substance abuse prevention & treatment services.		*Substance abuse prevention is one component of this program, but is not a primary focus.		NA
14) Learning Support	Comprehensive school improvement to mobilize students, families, schools & communities to foster healthy, social, emotional, intellectual & behavioral development of children & youth.		*Substance abuse prevention is one component of this program, but is not a primary focus.		NA

FY 2011 Prevention Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning					
15) Juvenile Justice & Delinquency Prevention Act Grant Program	Model projects concentrating on youth involved in the juvenile justice system that address: • Efforts to reduce the overrepresentation of minority youth in secure settings; • Pilot sites (Black Hawk, Polk, and Woodbury Counties) are receiving allocations to implement a national model (Juvenile Detention Alternatives Initiative) addressing detention reform; • Planning needs for girls & gender specific services; and • Mental health services.		$524,750	$45,000	$569,750
Iowa Department of Public Defense, Iowa National Guard					
16) Drug Demand Reduction	Support for community & school based drug prevention programs. Provides role models to educate youth on the harm of drugs. Assists community coalitions in deterring youth substance abuse & conducting parent training.		$449,810		$449,810
17) Midwest Counter-Drug Training Center	Training programs, instruction & logistics for Community Anti-Drug Coalitions of America & other drug prevention workers, including training in coordination with the Iowa Department of Public Health.		$90,438		$90,438

FY 2011 Prevention Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Public Health, Division of Behavioral Health					
18) Substance Abuse Prevention	Comprehensive statewide planning, coordination, delivery, monitoring and evaluation of substance abuse prevention services including: 24-hour information and referral at 1-866-242-4111, collaboration at local, state and national levels on prevention initiatives and policy, community- and county-based activities, coalitions and programs, data management and reporting, evidence-based curricula and models, prevention practitioner training and workforce development, public and professional education and information clearinghouse at www.drugfreeinfo.org, & youth development and mentoring.	$1,338,087	$3,938,000		$5,276,087
19)The Mentoring Collaborative	Community- or school-based mentoring services for at-risk youth ages 11-18 in Appanoose and Lee counties using the National Mentoring Partnership Elements of Effective Practice model.		$140,115		$140,115
20) Strategic Prevention Framework State Incentive Grant	Implementation of the federal Strategic Prevention Framework model that supports a statewide comprehensive prevention infrastructure and local implementation of effective programs, policies and practices to reduce substance abuse.		$2,098,549		$2,098,549
Iowa Department of Public Health, Division of Tobacco Use Prevention & Control					
23)Tobacco Prevention	Programs to prevent the use of tobacco, including community grants, school initiatives and advertising, including admin.	$5,635,268	$4,199,437		$9,834,705

FY 2011 Prevention Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Public Safety, Governor's Traffic Safety Bureau					
24) Iowa State Univ. Youth Program	Local & statewide conferences/workshops are held for high school & college students to enhance their leadership & decision-making skills. Emphasis is placed on peer activities & positive alternatives to alcohol & drugs.	$85,000			$85,000
Regents: Iowa State University					
25) Drug-Free Working & Learning Environment	Substance abuse awareness program for all employees & their immediate family members, with additional training for supervisors & academic supervisors. Notification & safety publication to all employees each year.			$5,000	$5,000
26) Employee Assistance Program	Confidential & professional help for benefits-eligible employees with work or personal problems. This program is outsourced to the Richmond Center.			$79,355	$79,355
27) Student Affairs	Services offered through the Substance Abuse & Violence Program, Department of Residence, Student Counseling Center & Student Health Center. Emphasis is on prevention/education. Intervention & referral services are provided. Alternative programming is a strategy to reduce substance abuse. Safe campus & residence needs are addressed through individual & environmental strategies. Alternative programming is being used as a strategy to reduce the amount of substance abuse.	$18,317		$152,986	$171,303

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Regents: University of Iowa					
28) Faculty & Staff Services	Evaluation, brief counseling, referral & follow-up for university employees & faculty members whose work performance is impaired. Education, training & prevention services for employees, supervisors & administrators are part of a drug-free workplace program. Classes in substance abuse are attended by supervisors.	$126,342		$182,025	$308,367
29) Student Health Service – Health Iowa	Health Iowa, the education branch of Student Health Service, conducts the student substance abuse program & coordinates campus-wide health promotion activities.	$150,000		$208,763	$358,763
30) University Counseling Service	University Counseling Service works with students in providing substance abuse education & counseling services.	$18,975			$18,975
31) College of Education Rehabilitation Counseling Program – Mental Health Counseling Specialization	The Master of Arts program in Rehabilitation Counseling with a mental health counseling specialization prepares individuals to work in a range of community settings & provides them with expertise in prevention, assessment & treatment of substance abuse & mental health disorders, using individual, group & family therapy.	**This academic program supports substance abuse efforts, but does not provide direct prevention services.*			NA
32) College of Education Annual Summer School for Helping Professionals	Classes for community, agency & education practitioners working with individuals, groups, families & organizations dealing with substance abuse, mental health & related issues.	**This academic program supports substance abuse efforts, but does not provide direct prevention services.*			NA

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Regents: University of Iowa…continued					
33)Prairielands Addiction Technology Transfer Center (PATTC)	One of 14 regional centers in the U.S. providing state-of-the-art training, technical assistance, curricula & resources on substance abuse prevention & treatment. The PATTC serves IA, MN, NE, ND & SD & WI.	**This academic program supports substance abuse efforts, but does not provide direct prevention services.*			NA
34) College of Public Health, Department of Community Behavioral Health	This PhD program in Addiction Studies is a sub-tract in Community Behavioral Health. The program trains individuals to conduct research in the area of Public Health and addiction studies.	**This academic program supports substance abuse efforts, but does not provide direct prevention services.*			NA
35) Iowa Consortium for Substance Abuse Research & Evaluation	A statewide organization that collaborates with public & private sectors to conduct & facilitate substance abuse research & evaluation activities. The Consortium's Coordinating Board includes representatives from the state's higher education institutions, governmental departments & associations of substance abuse treatment & prevention professionals.	**This research program supports substance abuse efforts, but does not provide direct prevention services.*			NA
Regents: University of Northern Iowa					
36) Substance Abuse Prevention & Intervention Services	Several depts/programs collaborate to provide substance abuse prevention programming, including Substance Abuse Services, the Dept of Residence, Student Activities & the Office of the Vice President for Educational & Student Services. Intervention services include workshops for policy violators, substance abuse evaluations & referrals.	$12,824		$244,186 *(Student Service Fees, Dept. of Residence Room & Board Fee, Student Health Fee)*	$257,010
37) Faculty & Staff Services	Confidential help for benefits-eligible employees with work or personal problems. This program is outsourced to Allen Hospital EAP.	$40,800			$40,800

FY 2011 Treatment Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Governor's Office of Drug Control Policy					
1) Drug Policy Coordination	Comprehensive coordination of substance abuse prevention/education programs & strategies with substance abuse treatment and drug enforcement. Integrated approach includes local, state, federal & private agencies.	$45,000			$45,000
2) State & Local Law Enforcement Justice Assistance	Grant-funded rehabilitation—primarily substance abuse treatment—for criminal offenders in community-based settings & correctional institutions.	$63,000	$993,817		$1,056,817
3) Residential Substance Abuse Treatment for Prisoners	Grant-funded long-term substance abuse treatment provided over six to 12 months to inmates who are housed separately from other inmates.	$8,228	$246,826		$255,054
Iowa Department of Corrections-Community Based Programs					
4) OWI Specialized Treatment & Aftercare…in all 8 Judicial Districts	Community based corrections residential treatment diverts drunk drivers sentenced to prison. Programs provide 24-hour supervision & 220 hours of licensed substance abuse treatment & employment assistance.	$780,929		$322,163	$1,103,092
5) Dual Diagnosis & Other Substance Abuse Treatment…in 1st Judicial District	In-house treatment for male & female offenders & after-care upon release from residential setting in the 1st Judicial District (staff & contracts).	$363,577			$363,577
6) Treatment Alternatives to Street Crime (TASC)…in 1st, 2nd, 4th, 5th, 6th & 7th Judicial Districts	Identification, assessment, referral & case management of probationers in 6 judicial districts. TASC serves as a bridge between the criminal justice system & substance abuse treatment (excludes drug & alcohol testing).	$503,543	$95,638 *(Byrne-JAG 2nd Judicial District)*	$52,447	$651,628

FY 2011 Treatment Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Corrections-Institutional Programs					
7)Luster Heights	Licensed outpatient substance abuse treatment program offered at the minimum-security site in northeast Iowa.	$175,665			$175,665
8) An New Direction – Anamosa State Penitentiary (ASP)	Licensed outpatient substance abuse treatment program for men within the prison.	$172,696			$172,696
9)New Frontiers – Fort Dodge Correctional Facility (FDCF)	Licensed cognitive-based residential and outpatient substance abuse treatment program. The main components are: addiction, criminal thinking, emotional management & relapse prevention.	$452,504			$452,504
10)Project TEA – Iowa State Penitentiary (ISP), Fort Madison	Licensed outpatient substance abuse treatment program providing counseling, education, and aftercare at medium and minimum-security sites. Also provides awareness education to all security units.	$312,504			$312,504
11)Therapeutic Community, Outpatient Substance Abuse Treatment & Violators Program – Iowa Correctional Institution for Women (ICIW), Mitchellville	Licensed residential and outpatient, gender-responsive substance abuse treatment programs for women. The Violators' Program is similar to the men's program at the Correctional Release Center in Newton.	$238,323			$238,323
12) Substance Abuse Treatment – Mt. Pleasant Correctional Facility (MPCF)	Licensed outpatient substance abuse treatment program and drug/alcohol education for men.	$301,500	$3,414 *(Byrne-JAG Grant)*		$304,914

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Corrections-Institutional Programs…continued					
13)CHOICES – Clarinda Correctional Facility (CCF)	Licensed outpatient comprehensive substance abuse treatment program designed to initiate sobriety and a new lifestyle in male inmates.	$365,092			$365,092
14)The Journey Program and Relapse Program – North Central Correctional Facility (NCCF), Rockwell City	Licensed outpatient substance abuse treatment program for those with no prior treatment. The Relapse Program is a cognitive-based program for inmates who have previously completed primary substance abuse treatment.	$125,093			$125,093
15)Primary Chemical Dependency (PCD) – Newton Correctional Facility (NCF)	4-month licensed outpatient substance abuse treatment program that meets 10 hours/week and at least once/month individually with each offender.	$109,899			$109,899
16)Relapse Program – NCF	12-week substance abuse program that meets 2 hours/week for offenders who have already completed primary treatment.	$17,575			$17,575
17)PCD – Correctional Release Center (CRC), Newton	4-month licensed outpatient substance abuse treatment program that meets 10 hours/week and at least once/month individually with each offender.	$218,864			$218,864
18)Relapse Program – CRC, Newton	12-week substance abuse program that meets 2 hours/week for offenders who have already completed primary treatment.	$240,322			$240,322

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Corrections-Institutional Programs…continued					
19)Substance abuse level of service assessment – Iowa Medical and Classification Center (IMCC), Oakdale	Contract service through Spectrum Health Systems, Inc., Worcester, MA to conduct level of service substance abuse assessments with reception offenders utilizing the ASAM and URICA.	$267,734			$267,734
20)Mental Health/Substance Abuse – Iowa Dept.of Corrections (IDOC), Central Office	Funding appropriated for mental health/substance abuse training, curricula, and/or media resources (i.e., Motivational Interviewing DVDs for Corrections' statewide MI initiative).	$25,000			$25,000
Iowa Department of Human Services, Division of Child & Family Services					
21)Court-ordered Treatment & Decategorization	Reimbursement for court ordered substance abuse treatment, care & drug testing. Decategorization contracts include drug court support (estimate based on FY2009 actual expenditures).	$598,745	$22,678		$621,423
22)Juvenile Justice Judicial Branch Administration	Salaries to assist with the operation of juvenile drug courts and support for court-ordered substance abuse treatment & related services to juveniles & their families in drug court programs.	$632,448			$632,448
23)DHS Service Area Drug Testing Allocation	Funding for drug testing related to a formal child welfare case.		$273,018		$273,018

FY 2011 Treatment Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Human Services, Division of Medical Services					
24) Iowa Plan for Behavioral Health	Medicaid funded managed substance abuse treatment includes inpatient hospital treatment, residential treatment, outpatient treatment, halfway houses & continuing care. (The most recent actuarial calculation shows that 18.5% of the capitation payment is for the provisions of services associated with substance abuse)	$7,535,360	$18,081,535		$25,616,895
Iowa Department of Human Services, Office of the Deputy Director of Field Operations					
25)Juvenile Substance Abuse Treatment	Substance abuse treatment for juveniles in the state institutions at Eldora & Toledo.	$413,232	*($328,000 included in Office of Drug Control Policy grant funding)*		$413,232
26) Iowa Residential Treatment Center at Mt. Pleasant Mental Health Institute	50-bed primary residential chemical dependency treatment program for adults serving voluntary & court-ordered admissions.	$1,383,790			$1,383,790
Iowa Department of Public Health, Division of Behavioral Health					
27) Substance Abuse Treatment	Comprehensive statewide planning, coordination, delivery, program licensure and monitoring, and evaluation of substance abuse treatment services including: 24-hour information and referral, collaboration at local, state, and national levels on treatment initiatives and policy, counselor and practitioner training and workforce development, data management and reporting, evidence based curricula and models, public and professional education and information clearinghouse, & treatment services. Also includes joint management with DHS of the Iowa Plan for Behavioral Health managed care program.	$16,248,621	$10,518,373	$500,000 *(USTF)*	$27,266,994

FY 2011 Treatment Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Public Health, Division of Behavioral Health….continued					
28) Culturally Competent Substance Abuse Treatment	Specialized local treatment projects (3) for African-American, Hispanic, or Native American populations.	$300,320			$300,320
29) Jail-Based Substance Abuse Treatment	Specialized local treatment projects (4) for offenders in jail and following release to the community.		$833,628		$833,628
30) Access to Recovery	ATR provides funding to individuals recovering from substance abuse to purchase "recovery support services" such as housing, mental health services, and transportation.		$3,404,745		$3,404,745
Iowa Department of Public Health, Division of Tobacco Use Prevention & Control					
31) Tobacco Treatment	Tobacco cessation, Quitline Iowa, and other forms of treatment programs.	$1,509,000	$775,298		$2,284,298
Iowa Veterans Home, Department of Veteran Affairs					
32) Drug & Alcohol Counseling Program	Substance abuse programming includes evaluation/assessment, referral, prevention activities plus individual & group counseling. Treatment programs are provided in partnership with VA Health Care Facilities.	$141,926	$265,023	$139,669	$546,618

FY 2011 Treatment Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Regents: University of Iowa					
33) Chemical Dependency Services	An organizational unit within the U of I Hospitals & Clinics responsible for providing counseling & treatment to patients with substance abuse problems. Services include evaluation, treatment & rehabilitation.	$71,161	$36,879	$390,679	$498,719
Regents: University of Northern Iowa					
34) UNI Counseling Center	Individual & group counseling is provided without charge to students via the UNI Counseling Center.	$16,708		$32,432 *(Mandatory Student Health Fees)*	$49,140

FY 2011 Enforcement Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Governor's Office of Drug Control Policy					
1) Drug Policy Coordination	Comprehensive coordination of substance abuse prevention/education programs & strategies with substance abuse treatment and drug enforcement. Integrated approach includes local, state, federal & private agencies.	$45,000			$45,000
2) State & Local Law Enforcement Justice Assistance	Grant-funded drug control & system improvement enhancing apprehension, prosecution, adjudication & detention of criminal offenders. Includes 22 multi-jurisdictional drug task forces.	$187,000	$4,220,182	$100,000 *(interest)*	$4,507,182
3) Meth Lab Deterrence	Real-time, electronic pseudoephedrine tracking system.		$737,500		$737,500
4) Meth and Other Drug Enforcement	Law Enforcement Meth Initiative		$660,700		$660,700
5) Meth and Other Drug Interdiction	Drug Intercept Squads.		$488,000		$488,000
Iowa Department of Corrections-Community Based Programs					
6) Drug Court in all 8 Judicial Districts	Drug assessment, referral, treatment, probation supervision, intensive after-care & supervision to offenders with drug charges via specialized courts. Treatment & probation personnel work with offenders ordered to the program. Citizen panels preside over 2 programs.	$1,596,713	$155,956 *(Byrne-JAG ARRA grant and Office of Justice Programs)*	$173,932 *(local funds & client fees)*	$1,926,601
(7) Drug & Alcohol Testing in 1st, 2nd, 4th, 5th, 6th & 7th Judicial Districts	Monitoring of substance abuse offenders, using urine & breathalyzer testing (includes TASC & EM-related testing).	$1,063		$142,445 *(Client fees)*	$143,508

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Corrections-Community Based Programs…continued					
(8) Electronic Monitoring in 1st, 2nd, 3rd & 5th Judicial Districts	Electronic monitoring of offenders statewide is managed by the 5th Judicial District, but used statewide (excludes drug & alcohol testing).	$2,247,614			$2,247,614
(9) Substance Abuse Evaluation Program (SAEP), 6th Judicial District, ANCHOR Center	IDPH licensed program developed to address need of criminal-justice-involved clients required by court to obtain a substance abuse evaluation.	$1,058,668			$1,058,668
Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning					
10) Juvenile Accountability Block Grant Program	Juvenile accountability program in Polk County: Mentoring juvenile offenders in a detention center.		$18,263		$18,263
11) Enforcing Underage Drinking Laws	Juvenile Court Services in all 8 Judicial Districts develop & implement strategies to enforce underage drinking laws, which include partnering with law enforcement agencies in conducting retail compliance checks, purchasing equipment to detect alcohol consumption in the field, and media campaigns.		$338,580		$328,580
12) Juvenile Justice Intervention Project	Juvenile Court Services in all 8 Judicial Districts develop & implement innovative & evidence-based services & sanctions to youth referred to juvenile court services, which include substance abuse treatment, restorative justice, juvenile court diversion, school-based & other programs to hold juvenile offenders accountable and to reduce the risks and strengthen assets among Iowa youth.		$496,704		$496,704

FY 2011 Enforcement Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning…continued					
13) Enforcing Underage Drinking Laws	Iowa State Patrol is implementing strategies in all parts of the state to enforce underage drinking laws, which include conducting retail compliance checks, saturation patrols, party patrols, shift extensions, joint enforcement programs, and educational programs at schools and for retailers, including Public Service Announcements (PSAs).		$330,000		$330,000
Iowa Department of Public Defense, Iowa National Guard					
14)Drug Supply Interdiction	Analytical & operational support for local, state & federal law enforcement agencies to interdict illegal drugs.		$1,367,167		$1,367,167
15)Midwest Counter-Drug Training Center	Multi-disciplinary drug enforcement training (e.g. meth lab entry & highway interdiction) provided to local law enforcement officers.		$6,601,215		$6,601,215
Iowa Department of Public Health, Division of Tobacco Use Prevention & Control					
16)Tobacco Enforcement	Enforcement programs to deter the illegal sale/purchase of tobacco products.	$658,000			$658,000
Iowa Department of Public Safety, Division of Criminal Investigation					
17)Crime Laboratory & Analysis	Analysis of breath, body fluids & tissue samples for alcohol & narcotics investigations.	$1,462,241	$172,037		$1,634,278
Iowa Department of Public Safety, Division of Narcotics Enforcement					
18)Confidential Funds	Confidential funds to conduct undercover narcotics investigations involving the purchase of services, information and/or evidence.	$109,042			$109,042

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Public Safety, Division of Narcotics Enforcement…continued					
19) High Intensity Drug Trafficking Prosecution	Prosecution assistance provided by the Midwest High Intensity Drug Trafficking Area to Iowa U.S. Attorneys.		$458,530		$458,530
20) High Intensity Drug Trafficking Enforcement	Assistance provided by the Midwest High Intensity Drug Trafficking Area for coordination of investigations.		$860,164		$860,164
21)Intelligence Bureau	Analysis of drug trafficking and other crime data on a statewide basis, to assist local law enforcement agencies with investigations.	$2,055,255			$2,055,255
22)Marijuana Eradication	Eradication of marijuana plants found growing in Iowa.		$11,000		$11,000
23)Narcotics Operations	Investigations statewide into illicit drug/narcotics trafficking. Includes Drug Diversion Investigator.	$4,451,793	*($287,932 included in Office of Drug Control Policy grant funding)*		$4,451,793
Iowa Department of Public Safety, Governor's Traffic Safety Bureau					
24)Prosecuting Attorneys Training Council	Training for prosecutors, law enforcement officers, hearing officers & other personnel on OWI laws & impaired driving.		$195,500		$195,500
25)Iowa Law Enforcement Academy	Occupant protection, alcohol, & traffic safety training to law enforcement personnel throughout the state.		$135,000		$135,000
26)Crime Laboratory Alcohol & Drug Testing	Field-testing & evaluation of new intoxolizers for testing impaired driver BACs.		$461,500		$461,500

FY 2011 Enforcement Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Iowa Department of Public Safety, State Patrol					
27)Patrol Activities	Support of highway traffic safety activities aimed at reducing impaired driving by providing direct salaries, overtime, preliminary breath testers (PBTs) &/or in-car video cameras.	$6,542,945	$3,157,968	$33,000	$9,733,913
Iowa Judicial Branch					
28) Iowa Children's Justice Initiative (Family Drug Court), State Court Administration	In partnership with DHS, DPH, and other agencies, federal grant to establish family drug court and system of care where parental substance abuse is primary reason for families' involvement in the child welfare system. Funding provides coordination of family drug court, reimbursement to substance abuse agencies for indirect services such as treatment team staffing, attending court hearings and development of family support services to follow family after formal case closure. Located in Linn, Polk, Scott, Wapello, and Northwest Iowa tri-county area including Cherokee, Ida, and Woodbury Counties.	$125,000	$500,000		$625,000
Iowa Law Enforcement Academy					
29) Basic Training	Six 13-week training schools for Iowa law enforcement officers, including 10 hours on drug recognition & investigation techniques.		$20,000		$20,000

30)OWI Law, Detection Techniques Update & Drug Recognition for Officers	Seminars held across the state, including 43 classes running from 3 to 12 hours in length. Also funds 6 13-week basic training schools, each of which is 24 hours in length.		*($135,000 included in Governor's Traffic Safety Bureau grant funding)*		
Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
Regents: University of Northern Iowa					
31)Alcohol & Drug Enforcement	UNI Public Safety, the Office of the V.P. for Educational & Student Services, & the Dept of Residence assist with enforcement & adjudication of cases involving a violation of the UNI Alcohol & Drug Policy and/or a violation of state laws.	$60,308		$23,481 *(Dept. of Residence Room & Board Fee)*	$83,789

Total Estimated FY 2010 Iowa Substance Abuse & Drug Enforcement Program Funding (by Agency)

Agency	Prevention	Treatment	Enforcement	Total Funding (By Agency)
Governor's Office of Drug Control Policy	$1,577,151	$1,356,871	$6,438,382	$9,372,404
Iowa Department of Corrections, Community Based Programs		$2,118,297	$3,026,185	$5,144,482
Iowa Department of Corrections, Institutional Programs		$5,376,391		$5,376,391
Iowa Department of Education	$3,602,752			$3,602,752
Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning	$569,750		$1,183,547	$1,753,297
Iowa Department of Human Services, Division of Child & Family Services		$1,526,889		$1,526,889
Iowa Department of Human Services, Division of Medical Services		$25,616,895		$25,616,895
Iowa Department of Human Services, Office of the Deputy Director of Field Operations		$1,797,022		$1,797,022
Iowa Department of Public Defense, Iowa National Guard	$540,248		$7,968,382	$8,508,630
Iowa Department of Public Health, Division of Behavioral Health	$7,514,751	$31,805,687		$39,320,438
Iowa Department of Public Health, Division of Tobacco Use Prevention & Control	$9,834,705	$2,284,298	$658,000	$12,777,003
Iowa Department of Public Safety, Division of Criminal Investigation			$1,634,278	$1,634,278
Iowa Department of Public Safety, Division of Narcotics Enforcement			$7,945,784	$7,945,784
Iowa Department of Public Safety, Governor's Traffic Safety Bureau	$85,000		$792,000	$877,000
Iowa Department of Public Safety, State Patrol			$9,733,913	$9,733,913
Iowa Judicial Branch			$625,000	$625,000
Iowa Law Enforcement Academy			$20,000	$20,000
Iowa Veterans Home, Department of Veterans Affairs		$546,618		$546,618
Regents: Iowa State University	$255,658			$255,658
Regents: University of Iowa	$686,105	$498,719		$1,184,824
Regents: University of Northern Iowa	$297,810	$49,140	$83,789	$430,739
TOTAL	$24,963,930	$72,976,827	$40,109,260	$138,050,017

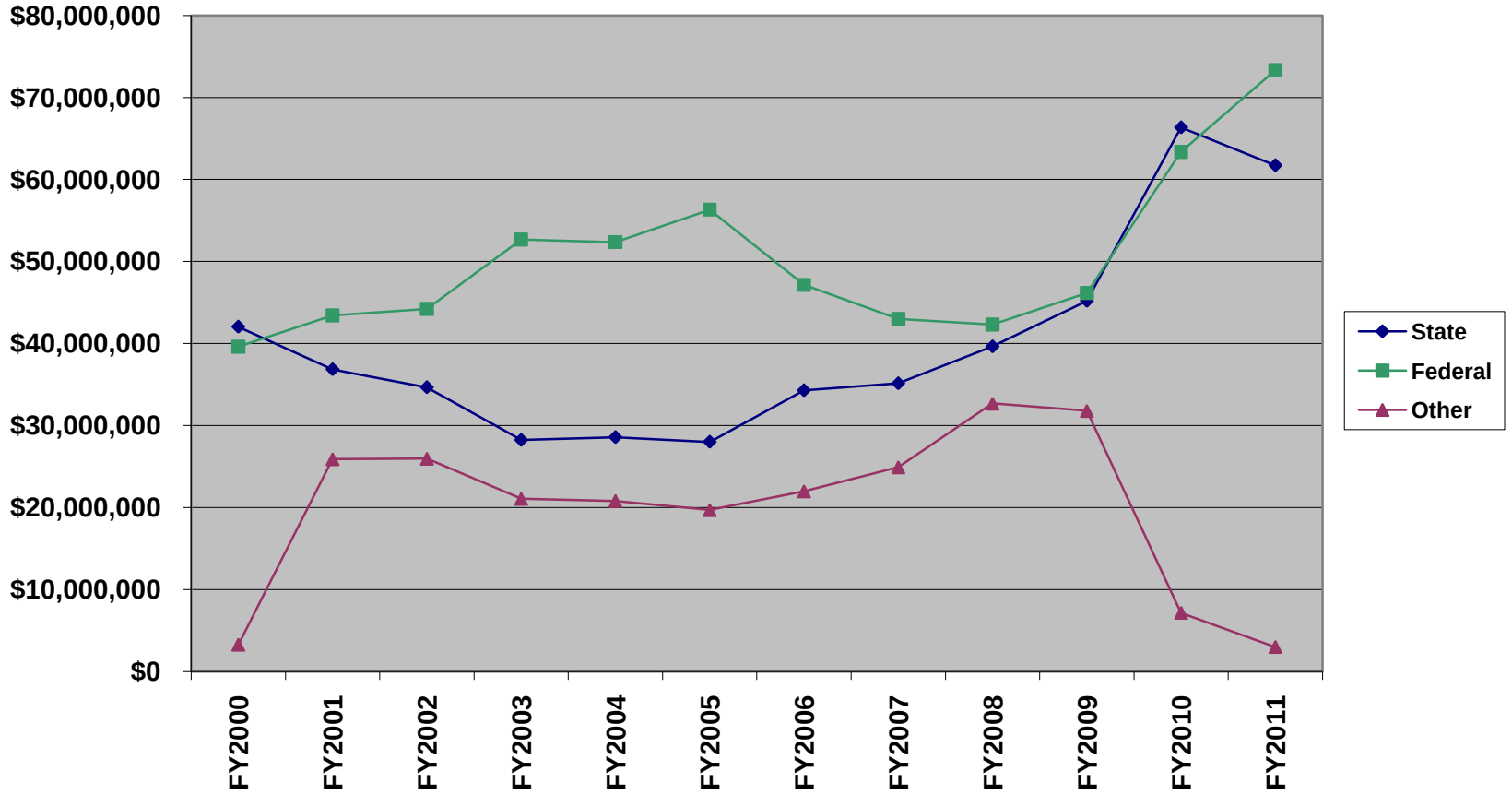
Total Estimated FY 2010 Iowa Substance Abuse & Drug Enforcement Program Funding (by Source)

Funding Source	Prevention	Treatment	Enforcement	Total Funding by Source
State	$7,480,251	$33,638,359	$20,600,642	$61,719,252
Federal	$16,391,364	$35,550,872	$21,385,966	$73,328,202
Other	$1,092,315	$1,437,390	$472,858	$3,002,563
TOTAL	$24,963,930	$72,976,827	$40,109,260	$138,050,017

NOTE:

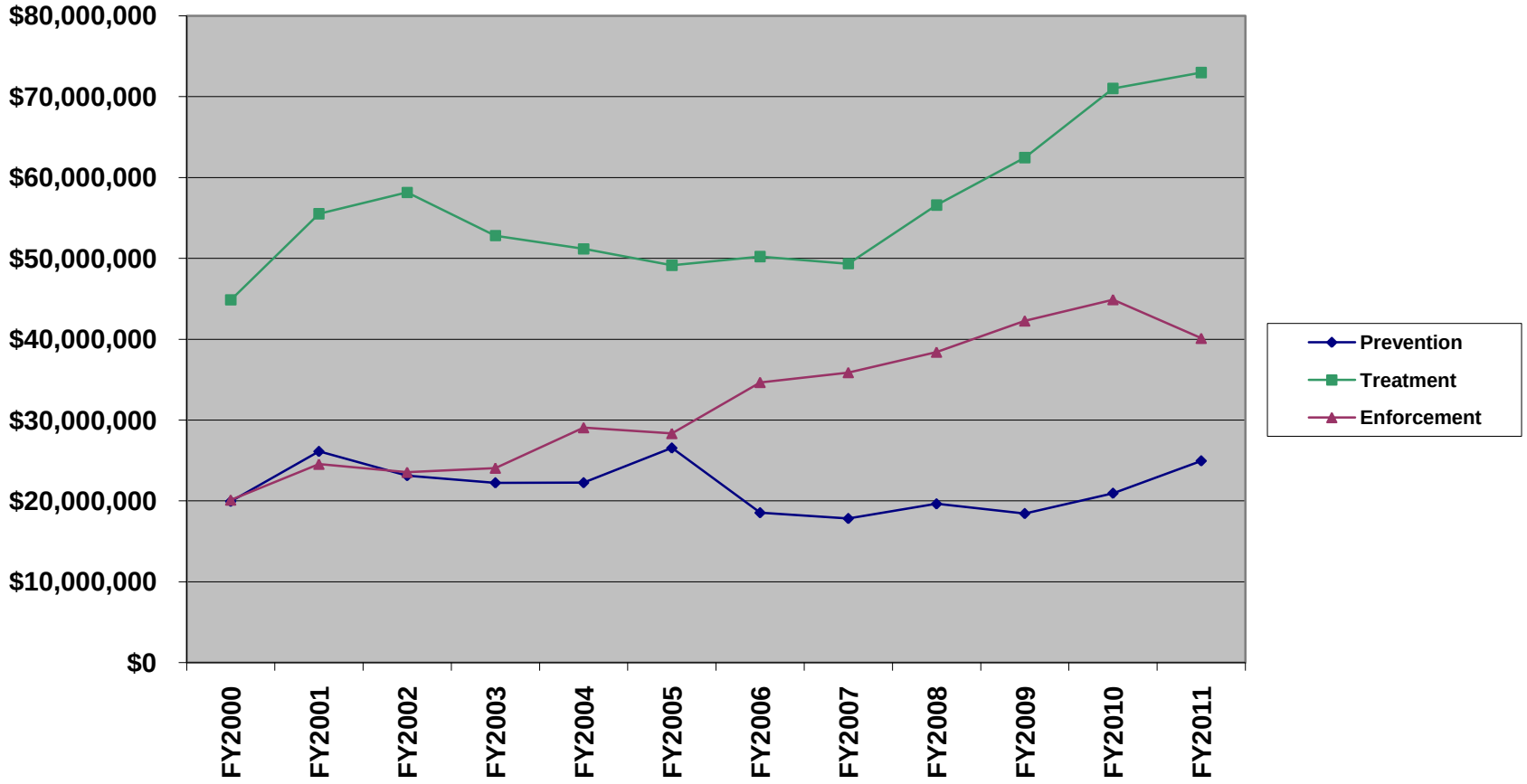
- Beginning in FY 2006, "Federal" Safe and Drug-Free Schools and Communities prevention grants provided by the Iowa Department of Education to school districts ($5,925,727 in FY 2005) were no longer included in this report, due to a change in the use of these grants for educational purposes other than substance abuse.
- FY 2010 figures were collected prior to the Governor's 10% across the board cut.
- This report does not include local or federal funds provided directly to communities.
- ODCP figures for FY 2011 reflect funding expenditures instead of total funds that were awarded, due to the ARRA spike in funding.

Trends in Estimated Iowa Substance Abuse & Drug Enforcement Program Funding (by Source)



**FY 2001 "Other" funding reflects 1st year of tobacco settlement funds invested in Iowa substance abuse programming.*
**FY 2003 "State" funding does not include approximately $241,941 in supplemental appropriations approved in January 2003.*
**FY 2004 "State" funding does not include 2.5% ATB budget reduction implemented in October 2003.*
**FY 2006 Federal Safe and Drug-Free Schools and Communities prevention grants ($5,925,727 in FY 2005) are no longer included in this report, due to a change in their use for educational purposes other than substance abuse.*
**FY 2009 "Other" funding reflects the final year of tobacco settlement funds.*
**FY 2010 Federal funding includes the American Recovery and Reinvestment Act of 2009 funds appropriated to the agencies included.*
**FY 2010 State funding figures were collected prior to the Governor's 10% across the board cut.*

Trends in Estimated Iowa Substance Abuse & Drug Enforcement Program Funding (by Discipline)



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