

Governor's Office of Drug Control Policy

Agency Performance Reporting

State Fiscal Year 2010



Introduction

The Agency Performance Report for the Governor's Office of Drug Control Policy is published in accordance with the Accountable Government Act. The information provided within this report is to aid in decision-making and to illustrate accountability to stakeholders and citizens. The report is indicative of the agency's progress in meeting performance targets and achieving goals consistent with the enterprise strategic plan, the agency strategic plan and agency performance plan.

Major accomplishments of SFY 2010 included a significant reduction in the occurrence of meth labs in Iowa since the 2005 enactment of the pseudoephedrine control law. The agency maintained the Drug Endangered Children's program (DEC) 20 DEC response teams. Federal grant funds were leveraged to coordinate efforts of the public health, private health care, human service and criminal justice systems, and to protect children.

Iowa ranked ninth highest in the nation for methamphetamine use, the baseline data ranked Iowa 4/51, so there has been improvement. A substantial reduction of 85% in the average number of meth labs per month from 2004 to 2009, however, meth labs have increased from 2007. Calendar year 2010 (preliminary data available through July 31, 2010) indicates a second year of increased incidence of meth labs. Methamphetamine still remains one of the top drugs of choice in Iowa. This is due to the ease of manufacturing the drug and Mexican drug cartels smuggling the vast majority of meth into the state.

Methamphetamine continues to be the most abused "synthetic" drug in Iowa, but the abuse of other "synthetic" drugs is an emerging concern. Prescription and over-the-counter drug abuse now appears to be the fastest growing type of substance abuse in the State, based on limited data and anecdotal evidence. The most common form of prescription abuse is the misuse of painkillers, such as hydrocodone and oxycodone. As prescription and over-the-counter drug abuse increases, so does the need for enforcement, prevention and treatment resources to address this issue. At the same time, other forms of drug abuse remain at unacceptably high levels.

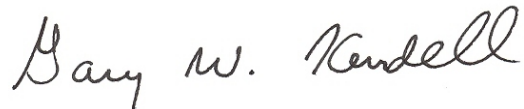
Funding limitations are a continuing challenge facing the agency. Due to previous reductions in federal funding and current reductions in state funding, ODCP has elected not to fill two vacant positions that became open because of early out retirement incentives and normal attrition. In these cases, essential work has been reallocated to other positions. In SFY 2008 & 2009, an appropriation supporting multi-jurisdictional drug enforcement task forces was received to help reduce the impact of federal reductions on critical services. In 2010 The Byrne Justice Assistance Grant American Recovery & Reinvestment Act funding was received as a onetime funding source.

Due to recent instability in federal formula grant funding, it is increasingly important for the coordinator to work with federal officials on discretionary grant funding to maintain vital services.

During these difficult financial times, ODCP's role becomes essential in coordinating and prioritizing state and local agency resources and efforts, and focusing on efficiencies that can be gained from that coordinated effort.

We invite all citizens, businesses, and non-profit organizations in Iowa to join with the Governor's Office of Drug Control Policy and its partners in achieving the Leadership Agenda goal "to reduce the impact of substance abuse as a contributing factor to criminal activity".

Sincerely,

A handwritten signature in cursive script that reads "Gary W. Kendell". The signature is written in black ink and is positioned above the typed name and title.

Gary W. Kendell, Director
Governor's Office of Drug Control Policy

Overview

MISSION STATEMENT

- The Mission of the Governor’s Office of Drug Control Policy is to serve as a leader and a catalyst for improving the health and safety of all Iowans by promoting strategic approaches and collaboration to reduce drug use and related crime.

VISION STATEMENT

- The Vision of the Governor’s Office of Drug Control Policy is to empower Iowa citizens, organizations, and policy makers to cultivate safe and drug free communities.

GUIDING PRINCIPLES

- Accountability
- Collaboration
- Coordination
- Effectiveness
- Integrity
- Service
- Efficiency
- Fairness
- Honesty
- Innovation
- Leadership
- Trustworthiness

ODCP Code of Ethics

The primary obligation of ODCP, its staff and program stakeholders is to serve the public. As such, ODCP and its associates shall operate professionally, truthfully, fairly and with integrity and accountability to uphold the public trust.

The Drug Policy Coordinator and the Office of Drug Control Policy strive to improve the health and safety of all Iowans by working with several organizations to initiate and coordinate policies and programs that address the complexities of substance abuse and drug trafficking. ODCP administers federal grant funds in a highly credible, fundamentally fair, and transparent manner. The agency also takes a leadership role in alerting the public to important substance abuse and drug trafficking issues, and is a reliable information source for policy makers.

Major services and products of ODCP are:

- Coordination of policies, programs and resources involving state, federal and local agencies to strategically address substance abuse in Iowa.
- Procurement and administration of federal grant program funding and other resources to strengthen local and state drug enforcement and treatment efforts focusing primarily on criminal offenders in Iowa, and to enhance substance abuse prevention efforts at the community level.
- Public Policy & Education (Educate the public about emerging substance abuse issues, and advise elected officials on policy matters.)

Through a comprehensive website, we also provide customer access to major services, such as the annual Iowa Drug Control Strategy, Strategic Plan, Agency Performance Plan, grant application opportunities, programs and other resources. These services are found on the ODCP website at www.iowa.gov/odcp.

The Office of Drug Control Policy is a department within the executive branch of State Government. The agency is established in Iowa Code Chapter 80E. The Coordinator directs the Governor's Office of Drug Control Policy; coordinates and monitors all statewide counter-drug efforts, substance abuse treatment grants and programs, and substance abuse prevention and education programs; and engages in other related activities involving the Departments of public safety, corrections, education, public health and human services. The coordinator assists in the development of local and community strategies to fight substance abuse, including law enforcement, education, and treatment activities.

During fiscal year 2010, ODCP had eight full-time employees. The agency operating budget appropriation of \$301,647, and \$177,460 in fees/fines was collected, \$15.85 million in federal receipts and \$95,811 in interest earnings.

KEY RESULTS

Strategic Goal

Name: Enhance coordination and leadership to improve Iowa's response to drug use and related crime.

Description: Initiate innovative approaches and embed promising or proven techniques to reduce the supply of and demand for illegal drugs.

Why we are doing this: Drug abuse in Iowa has been compounded in recent years by the demand for, and supply of, highly addictive methamphetamine. Users of this drug can be prone to violence and child neglect. State legislation to control the key ingredient (PSE) used to make meth, appears to be having the intended effect of curbing meth labs, and their accompanying hazards, in Iowa. Very significant challenges remain, including stemming a recent resurgence in meth labs, reducing the out-of-state supply of meth and the demand by Iowans who use it, plus other forms of substance abuse that have not subsided.

The newest and fastest growing form of substance abuse by Iowan's involves other synthetic drugs: prescription and over-the-counter medicines. Teenagers tend to view these drugs as "safe", and many parents are unaware of their potential for abuse.

What we're doing to achieve results: ODCP is monitoring the effectiveness of Iowa's pseudoephedrine control law, which together with other strong prevention and enforcement efforts has contributed to a significant drop in meth labs. Since enacting the nation's strongest non-prescription pseudoephedrine control law in 2005, and in spite of modest resurgence over the last couple of years, meth lab incidents have declined approximately 85% to an average of 22/month in 2009. In 2010, Iowa is averaging 17 labs/month versus 125/month in 2004, when DEA records indicated Iowa recorded the 3rd highest number of meth lab responses of any state in the U.S.

In response to an uptick in meth labs during the last two years, ODCP is implementing a statewide electronic pseudoephedrine sales monitoring system to detect and deter illegal over-the-limit purchases on a real-time basis. Legislation to create the new database was approved in 2009, in response to "smurfing," or the practice of meth cooks buying small amounts of pseudoephedrine from several different pharmacies in an effort to circumvent PSE purchasing restrictions. Still, 20 meth labs per month-or nearly one every 42 hours is too much.

An anti-meth anhydrous ammonia inhibitor developed by Iowa State University and fertilizer tank valve locks, both of which contributed to the reduction of meth labs in Iowa; remain available for use in rural areas.

Additionally, drug-related prison admissions data collected by the Division of Criminal and Juvenile Justice Planning 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 the recent resurgence of meth lab incidents, drug-related prison admissions are again on the rise.

The Pseudoephedrine Control Act was not intended to directly reduce the demand for meth. However, meth use appears to follow a trend with the number of meth lab incidents in the state. According to Iowa Department of Public Health, meth treatment admissions decreased from 14.6% of the total number of admissions in 2004 to 7.8% in FY 2009. With the increase in the number of meth lab incidents in the state, meth treatment admissions in FY 2010 increased to 8.8%. The overwhelming majority of methamphetamine enters the state via interstate drug trafficking. This practice is made more deadly by the recent introduction of a purer, more addictive form of meth commonly referred to as "ice." In particular, when locally produced meth dropped significantly, the supply of the drug was virtually uninterrupted. Mexican drug trafficking organizations (DTO's), believed to be the primary source of the imported meth, as well as cocaine, in Iowa, immediately increased the supply of Mexican-produced meth to the United States.

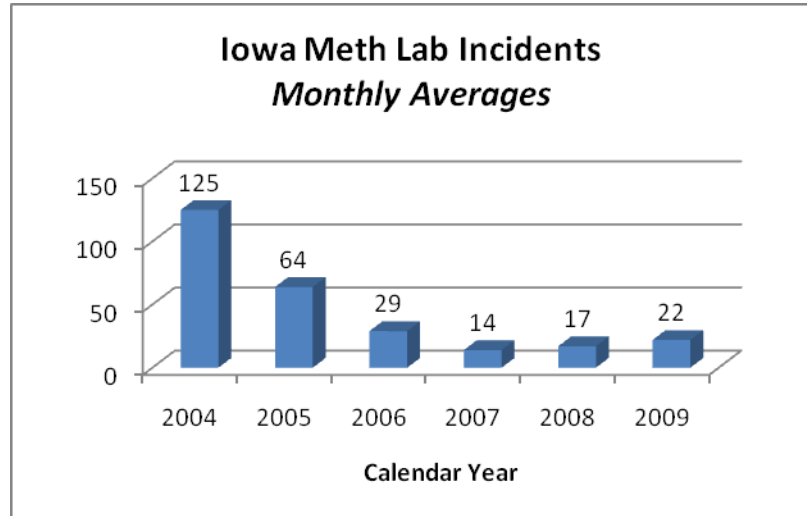
Results

Performance Measure: State Rank in overall rate of meth use.

Performance Goal/Target:

Target/Goal for state rate of meth use is 10/51.

Reduce the incidence of clandestine methamphetamine lab sites 50%.



Data Source: DPS/DNE

What was achieved: 2006 was the first full year of Pseudoephedrine control (SF 169 was signed into law 3/22/05, effective 5/21/05). Meth lab incidents had declined 77% (comparing data for 2006 vs. 2004) and continued to drop significantly. During 2007, meth lab incidents declined 89% vs. 2004. During 2008, meth lab incidents were still down significantly (84%), however, a rise in labs was seen for the first time since 2004. 2009 lab incident numbers followed the increased to 22 incidents monthly.

Data Sources: Department of Public Safety, Division of Narcotics Enforcement

Resources: Local program match \$1,332,718 and Federal Grant Funds \$4,582,166.

KEY RESULT

Service/Product/Activity

Name: Community Coordination and Development

Description: Increase outreach to vulnerable populations in rural communities.

Why we are doing this: Too often, and many times hidden from public view, vulnerable children are unwitting victims of illegal drug use and manufacturing. Children who live in drug environments and whose parents/caregivers abuse drugs may be subjected to physical and verbal abuse, and neglect.

Over the last five years, 6,354 cases of abuse involving drug-affected children (children testing positive for any illegal drug in their system) have been reported to the Iowa Department of Human Services. In 2008, the number of Iowa child abuse cases in which illegal drugs were found in a child's body totaled 633, a 63% reduction from 1,713 in 2004. Some of these cases involved children found in or near hazardous meth labs or chemicals used to make meth. Many more were exposed to other dangerous drugs.

Additionally, more than 1000 children over four years (2002-2005) were classified by DHS as victims of abuse due to their proximity to hazardous methamphetamine labs and/or meth precursor chemicals. The number of these cases declined by 63% in 2008 to 110 compared to 299 in 2004. 2008 cases were nearly double the 2007 count of 56. And with meth lab incidents increasing for the second year, increases in child victims of abuse due to exposure to meth labs would also be expected to increase.

Despite the reduction of meth lab incidents since 2004, the demand for meth remains strong. A 2008 Department of Human Services (DHS) study assessed the impact of parental methamphetamine use or manufacturing on child protection cases in a 16-county service area in southwestern Iowa. The study found that 39% of open child welfare cases had a known meth factor – parents using, cooking, or selling.

What we're doing to achieve results: ODCP is working with local and state organizations to enhance Iowa's Drug Endangered Children (DEC) program. Nineteen local multi-disciplinary DEC teams have been formed in Polk, Appanoose, Dubuque, Linn, Wapello, Woodbury, Pottawattamie, Clay, Story, Cherokee, Clinton, Des Moines, Marshall, Mills, Boone, Fremont, Jasper, Wright and Buena Vista Counties. These DEC Teams were formed to leverage and coordinate resources of the public health, private health care, human service and criminal justice systems, to protect children and hold abusers accountable. When appropriate, the program also strives to assist families in obtaining substance abuse treatment.

Results

Performance Measure:

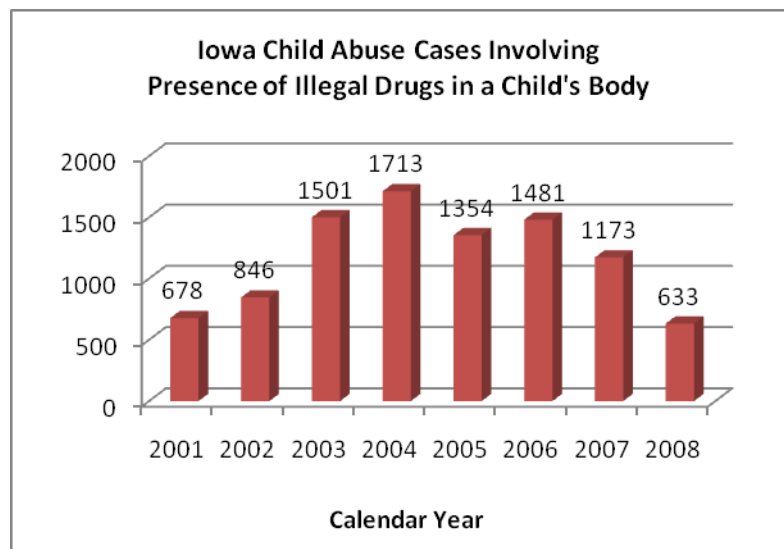
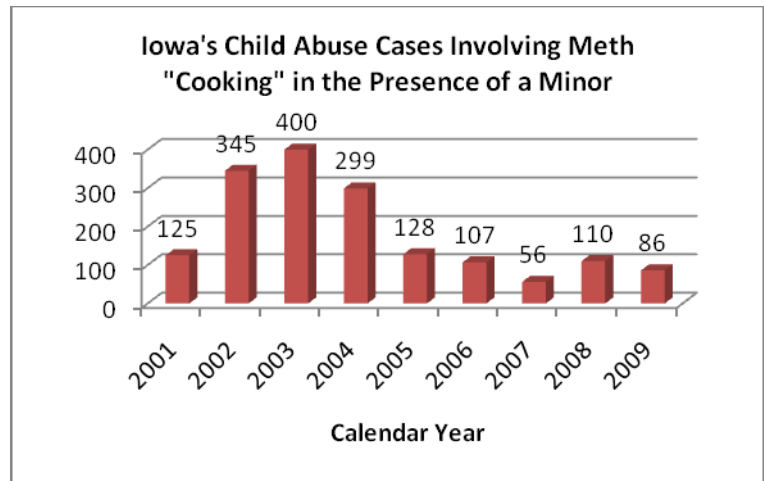
Initiation of new programs that create increased effectiveness or efficiencies.

Multi-disciplinary Drug Endangered Children Response Teams.

Performance Goal/Target:

25% of grant awards will be leveraged from other sources of funding (not general fund or formula grants).

Twenty Multi-disciplinary DEC Response Teams will be formed.



What was achieved: During SFY2009, 40% of grant awards were leveraged from other sources of funding. However, Congress passed a moratorium on Congressionally directed funding, limiting potential from other sources of funding and American Recovery & Reinvestment Act funds were received, dropping this percentage to 17%.

Nineteen DEC teams were formed and maintained. These DEC teams were formed to leverage and coordinate resources of the public health, private health care, human service and criminal justice systems, to protect children and hold abusers accountable. When appropriate, the program also strives to assist families in obtaining substance abuse treatment. DEC Team protocols have been established and DEC teams received training.

Data Sources: Iowa Department of Human Services

Resources: Federal Grant Funds \$200,000.

AGENCY PERFORMANCE PLAN RESULTS FY 2010

Name of Agency: Governor's Office of Drug Control Policy			
Agency Mission: To serve as a leader and a catalyst for improving the health and safety of all Iowans by promoting strategic approaches and collaboration to reduce drug use and related crime.			
Core Function: Advocacy			
Performance Measure (Outcome)	Performance Target	Performance Actual	Performance Comments & Analysis
1. National Rank of Illicit Drug Use in the past 30 days.	50/51	36/51	<p>What Occurred: Enhanced coordination and leadership to improve Iowa's response to drug use and related crime.</p> <p>Data Source: ODCP, Drug Policy Advisory Council SAMHSA Office of Applied Studies, 2006 - 2007 National Survey on Drug Use and Health, State Estimates of Substance Use.</p>
2. National Rank of Methamphetamine Use in the past 30 days.	10/51	12/51	<p>What Occurred:</p> <ul style="list-style-type: none"> • Improved public policy through passage of the Pseudoephedrine Control Legislation, significantly reducing the occurrence of meth labs in Iowa by 83%. • ODCP assisted in advocating for legislation to establish a statewide electronic pseudoephedrine sales tracking system. • "Take a Dose of Truth" Iowa prescription and over-the-counter drug abuse awareness campaign addresses the emerging issue of medicine abuse (www.TakeADoseOfTruth.com). • National Rank of Methamphetamine use changed from 4th highest in the nation to 12th highest in the nation. • Distributed a CD-ROM and began updating the Internet version of "Life or Meth", a meth educational program targeting 5th and 6th grade students in Iowa and five surrounding Midwestern states. <p>Data Source: ODCP SAMHSA Office of Applied Studies, 2006 - 2007 National Survey on Drug Use and Health, State Estimates of Substance Use.</p>

Service, Product or Activity: Drug Control Policy Guidance & Program Coordination			
Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
1. Percent of state agencies Coordinated	90%	100%	<p>What Occurred: Increased collaboration among state agencies to identify and refine drug control priorities. A comprehensive and collaborative statewide drug control strategy was developed and implemented to coordinate efforts and maximize the utilization of resources between state, federal, and local agencies. (reference: http://www.iowa.gov/odcp/)</p> <p>Data Source: ODCP</p>
2. Percent other sources leveraged	25%	17%	<p>What Occurred: ODCP assessed emerging needs and secured \$3,108,504 in federal discretionary grants to expand the communities' capacity to respond to emerging needs.</p> <p>Data Source: ODCP</p>
3. # Multi-Disciplinary Drug Endangered Children Response Teams	20	19	<p>What Occurred: Multi-disciplinary DEC teams were provided training and coordination necessary for formation and maintenance.</p> <p>Funding was secured for distribution to the DEC Teams.</p>
4. % of Students Self-Reporting Current Drug Use	8%	10%	<p>Results of the 2008 Iowa Youth Survey indicate that current illegal drug use showed no change from 10% in the 2002 survey. 2005 indicated a reduction from 10% to 8%. The target was 8.</p>
5. % of Students Self-Reporting Current Alcohol Use	21%	19%	<p>Results of the 2008 Iowa Youth Survey indicate that current alcohol use is down to 19%. A reduction from 23% in the 2002 survey and 21% in the 2005 survey.</p>
6. % of Students Self-Reporting Current Tobacco Use	12%	12%	<p>Results of the 2008 Iowa Youth Survey indicate that current tobacco use has declined to 12%. A reduction of 2% from the 2002 survey and no change from 2005.</p>
7. Number of Clandestine Methamphetamine Lab Incidents Statewide	120	267	<p>To initiate and implement effective policy development and improve public safety's response to current and emerging needs. Pseudoephedrine Controls reduced the number of average meth lab incidents per month by 83%. The benchmark goal was a 50% reduction from 2004 incidents by end of calendar year 2006.</p>

AGENCY PERFORMANCE PLAN RESULTS FY 2010

Core Function: Community Coordination and Development			
Performance Measure (Outcome)	Performance Target	Performance Actual	Performance Comments & Analysis
1. Percent of Iowa counties receiving federal grant funds from ODCP.	75% of Iowa counties are served by performance based ODCP grant funded programs.	70%	<p>What Occurred: Improve the ability of state and local government and private partners to enforce drug laws and provide substance abuse prevention and treatment services. The performance target of 75% was not realized due to limited resources.</p> <p>Data Source: ODCP</p>
Service, Product or Activity: Drug Control Program Development & Evaluation			
Performance Measure	Performance Target	Performance Actual	Performance Comments & Analysis
1. Percent of Iowa Counties Served by ODCP funded multi-jurisdictional drug enforcement task forces.	70%	67%	<p>What Occurred:</p> <ul style="list-style-type: none"> • Nineteen DEC Teams were maintained, which integrate the criminal justice system's response with the medical community and DHS to protect children, hold parents accountable, and break the cycle of addiction and abuse. • Project Safe Neighborhoods (PSN) – provides enforcement and prosecution of state and federal gun laws in seven targeted Iowa counties/communities. It also provides anti-gang enforcement and education. • 20 Drug Task Forces provided services in 67 Iowa counties to reduce the availability of illicit drugs. The performance target of 70% was not met due to limited resources. <p>Data Source: ODCP</p>
2. Percent of Drug Affected Offenders Complete ODCP Funded Substance Abuse Treatment	75%	78%	<p>What Occurred:</p> <ul style="list-style-type: none"> • 78% of offenders receiving ODCP funded treatment successfully completed the programs. • The substance abuse treatment program at the State Training School/Iowa Juvenile Home reported a

			<p>96% discharge rate.</p> <p>Data Source: ODCP</p>
<p>3. Percent of ODCP funded projects monitored for project effectiveness and financial compliance.</p>	<p>100%</p>	<p>100%</p>	<p>What Occurred:</p> <ul style="list-style-type: none"> • ODCP maintained adequate control procedures to ensure that public resources were used effectively. ODCP's annual audit contained no comments or findings. • Electronic Grant Management System was implemented to aid in monitoring project results and financial compliance.