



STATE OF IOWA

TERRY E. BRANSTAD
GOVERNOR

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OFFICE OF DRUG CONTROL POLICY
STEVEN F. LUKAN, DIRECTOR

Governor's Office of Drug Control Policy Five-Year Strategic Plan July 1, 2013 - June 30, 2018

OVERVIEW

The Office of the Drug Policy Coordinator is established in Chapter 80E of the Code of Iowa. 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 also engages private sector organizations and citizens, and assists in the development of local and community strategies to fight substance abuse, including local law enforcement, prevention, and treatment activities.

The Drug Policy Coordinator serves as chairperson of the Drug Policy Advisory Council. Statutory members of the council includes the directors of the departments of corrections, education, public health, public safety, human services, division of criminal and juvenile justice planning within the department of human rights. The Council also consists of a prosecuting attorney, substance abuse treatment specialist, substance abuse prevention specialist, substance abuse treatment program director, judge, and one representative each from the Iowa Peace Officers Association, the Iowa State Police Association, and the Iowa State Sheriffs' and Deputies' Association. Council members are appointed by the Governor and confirmed by the Senate. Non-voting members include representatives of the Iowa Attorney General, Iowa's two U.S. Attorneys and the Iowa Consortium for Substance Abuse Research and Evaluation.

The council makes policy recommendations related to substance abuse education, prevention, and treatment, and drug enforcement. The Council and the Coordinator oversee the development and implementation of a comprehensive State of Iowa Drug Control Strategy.

The Office of Drug Control Policy administers federal grant programs directed at reducing the threat of illegal drugs to Iowans. Iowa ODCP aims to improve the criminal justice system and community drug/crime control efforts by supporting drug enforcement, substance abuse prevention and offender treatment programs across the state. Iowa ODCP administers the Pseudoephedrine Tracking System in Iowa, helping prevent the incidence of meth labs. The ODCP prepares and submits the Iowa Drug and Violent Crime Control Strategy to the U.S. Department of Justice, with recommendations from the Drug Policy Advisory Council. The ODCP also provides program and fiscal assistance to state and local agencies, as well as program evaluation and grants management.

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.

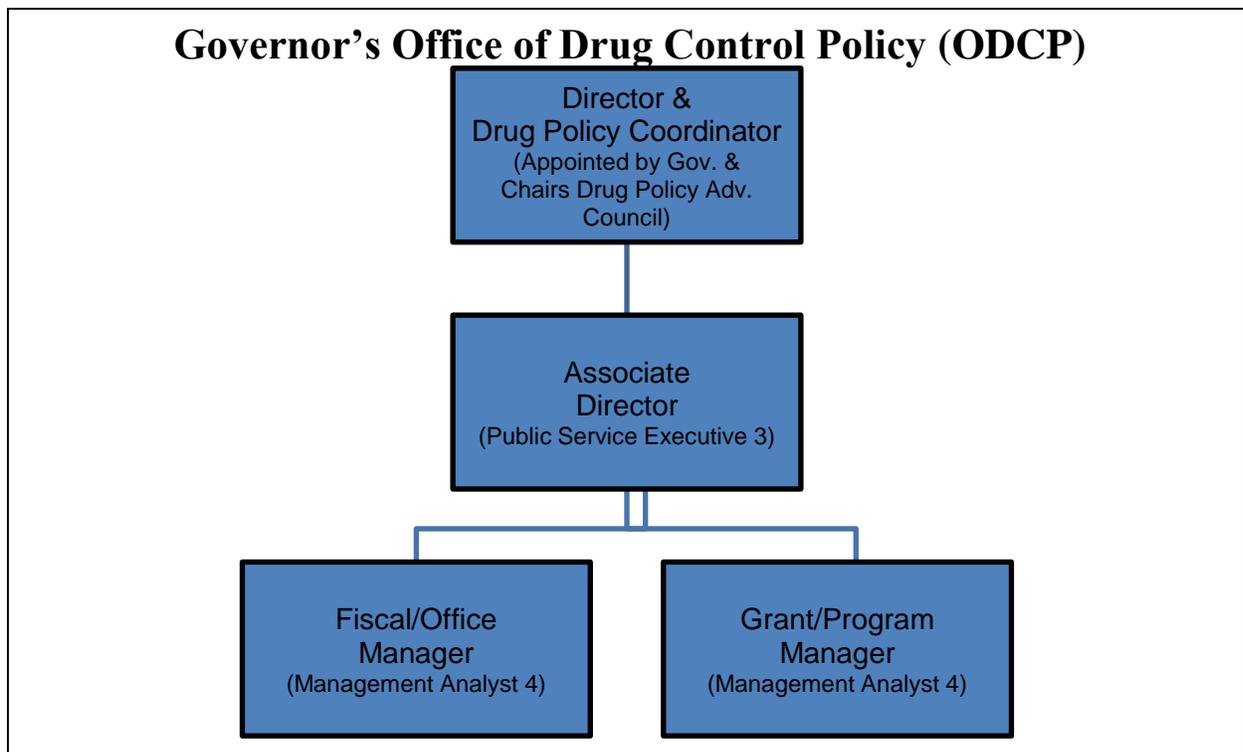
VISION STATEMENT

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

GUIDING PRINCIPLES

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

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.

TABLE OF ORGANIZATION

ASSESSMENT: Internal Strengths

The Office of Drug Control Policy is a small executive branch agency with the flexibility to minimize bureaucracy and maximize accountability. This provides a consumer/constituent friendly environment conducive to customer service and the collaborative development of strategies to respond efficiently to emerging needs.

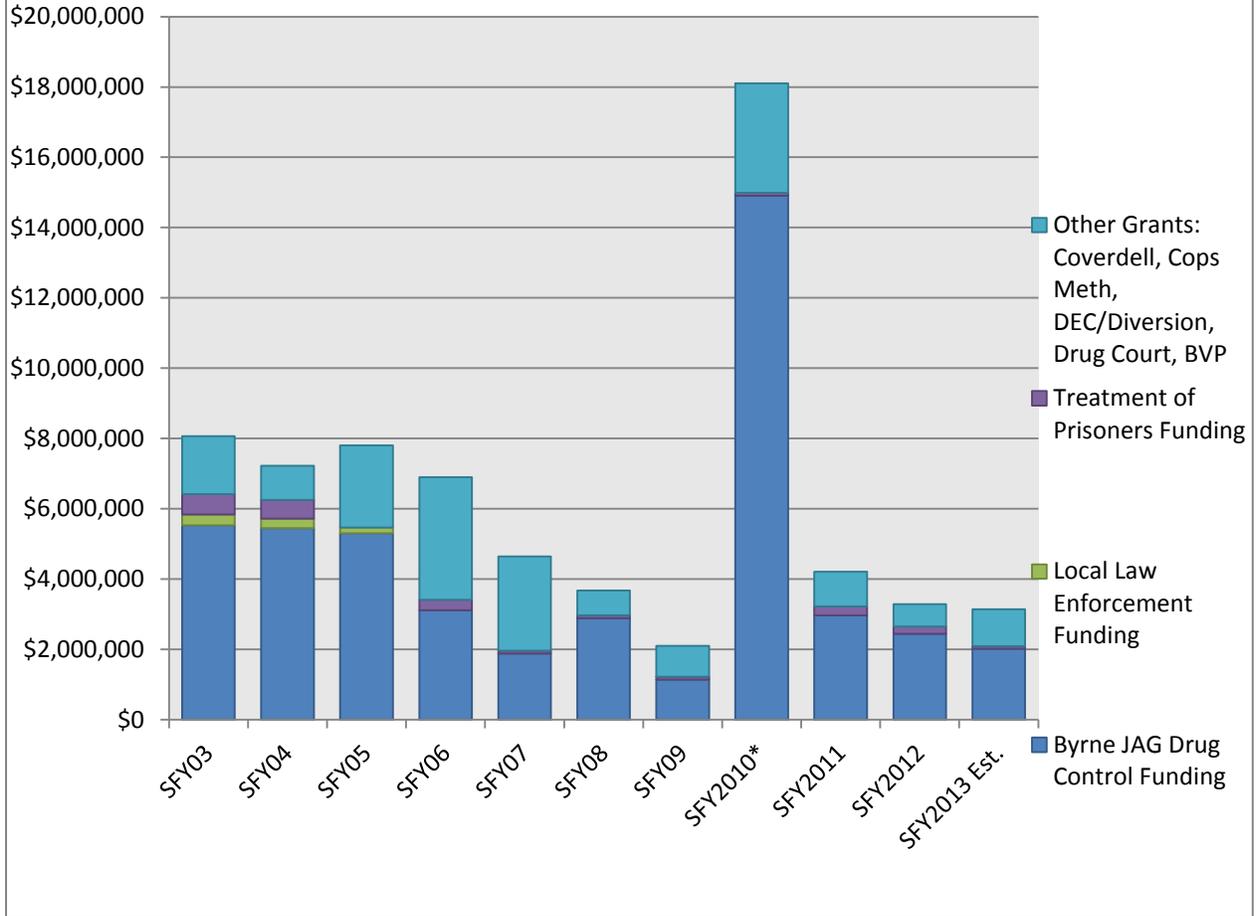
ODCP's independent status allows it to focus on drug control priorities that span multiple jurisdictions, disciplines, agencies and sectors. While working with several public and private sector entities to coordinate policies and programs that address the complexities of substance abuse and drug trafficking, ODCP also administers federal grant funds in a highly credible and fundamentally fair manner for all eligible local and state agencies and organizations.

ODCP takes a leadership role in alerting the public to important and timely drug control issues, such as the emergence of prescription and over-the-counter medicine abuse, as well as sudden and fast-changing developments surrounding synthetic-hybrid substances (e.g., K2) and the dangers they pose to users. ODCP, by virtue of its coordination of all drug control efforts in Iowa, is also a reliable information source for citizens and policy makers.

ASSESSMENT: Internal Limitations

Although Iowa Code requires ODCP's director, and by extension, ODCP to coordinate and monitor public fund expenditures by other state departments that provide substance abuse or drug enforcement services, ODCP's director has no authority over the use of funds appropriated to other state agencies. Changes in funding streams in recent years have, at times, presented challenges for providing continuity of service at the local level and for staying current with emerging trends.

Annual Federal Funding to ODCP



SFY2010 includes American Recovery and Reinvestment Act (ARRA) funding – One time receipt of funds spent across four years 2010 – 2013

EXTERNAL NEEDS:

Drug use is a preventable behavior. Drug (i.e., alcohol, tobacco and other drugs) addiction is a treatable disease. While the "drug of choice" may change over time, the behavior of substance abuse is a constant concern. While progress has been made in reducing the abuse of certain drugs in recent years, the abuse of other substances—notably prescription medicines and newer synthetic products—has grown among Iowans.

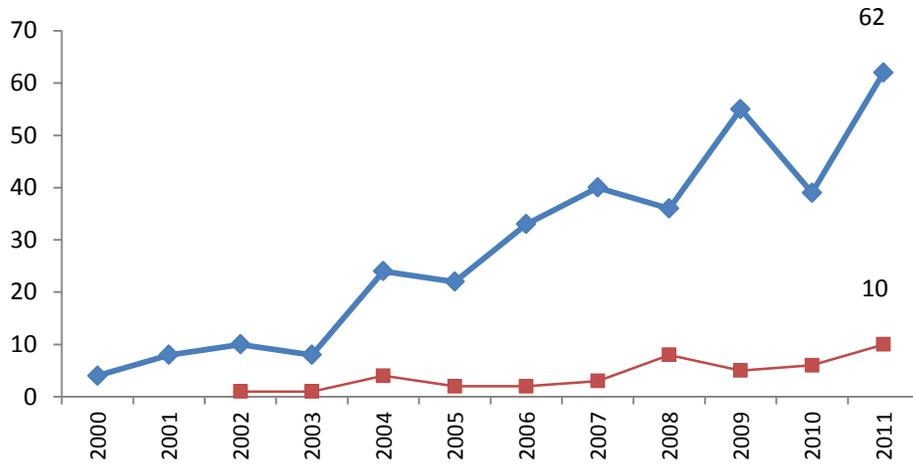
Alcohol remains the most prevalent substance of abuse in Iowa. However, a substantial number of Iowans continue using, manufacturing and/or selling marijuana and methamphetamine. The emergence of new synthetic substances poses new abuse concerns, and warrants preventive action. In recent years, the abuse of prescription and over-the-counter drugs has risen at an alarming rate. The White House Office of National Drug Control Policy cites prescription drug abuse as the “fastest growing drug problem in the United States,” a problem the U.S. Centers for Disease Control and Prevention (CDC) has designated as an epidemic. Prescription drug abuse appears to be fast-growing in Iowa too.

Nationally, prescription drug abuse among young people is on the rise, as is the abuse of certain over-the-counter medications. Some of the primary prescription and over-the-counter (OTC) drugs of abuse are: narcotic painkillers (OxyContin, Vicodin), stimulants (Ritalin, Adderall), depressants (Xanax, Valium), and dextromethorphan (DXM), a common cough suppressant. Seven percent of Iowa’s 11th grade students and four percent of students in grades 6, 8, and 11 who responded to the 2010 Iowa Youth Survey reported taking a prescription not prescribed for them or using an OTC medication in an unintended manner at least once in the past 30 days.

Iowa deaths due to prescription drug overdoses have increased significantly in recent years. Overdose deaths involving powerful pain relievers reached an all-time high of 62 in 2011. As some of those addicted to narcotic pain medications turn to heroin, heroin use and overdose deaths have also begun to rise in Iowa.

Iowa Prescription Opioid (Hydrocodone, Oxycodone and Methadone) and Heroin Overdose Deaths

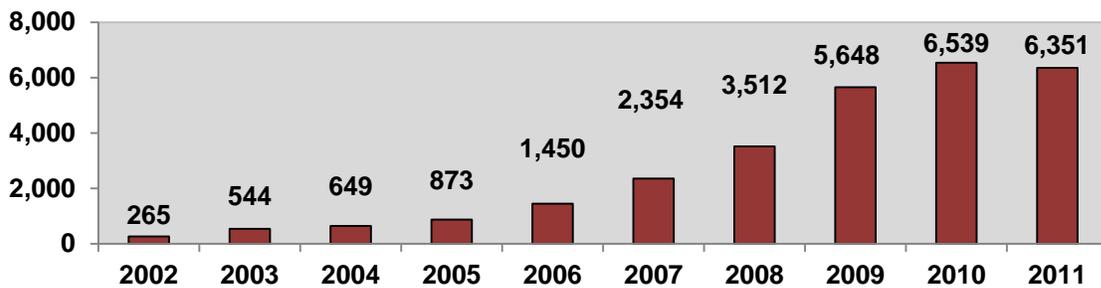
Source: Iowa Bureau of Vital Statistics-CYs



Iowa’s electronic Prescription Drug Monitoring Program, implemented in 2009, is designed to prevent, detect and deter the illegal diversion and abuse of prescription drugs (i.e., “doctor shopping”), and get help for those abusing prescription drugs.

Hydrocodone and Oxycodone ID Calls from Iowans

Source: Iowa Statewide Poison Control Center-CYs



In Iowa, public calls to the Statewide Poison Control Center to identify hydrocodone and oxycodone pain pills have increased **2,297%** since 2002, one indication of the growing abuse of prescription drugs. 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 *72 million* doses prescribed to Iowans in 2011 – comprising over 30% of all Schedule II – Schedule IV Controlled Substances prescribed in the State of Iowa.

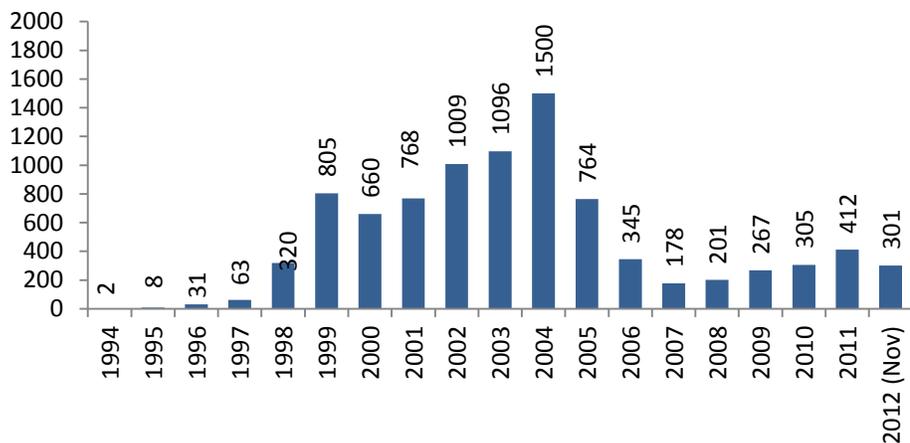
In addition to the recent rise in their abuse, methamphetamine, prescription drugs and over-the-counter medicines have something else in common. All are “synthetic” drugs. Unlike organic drugs of abuse that historically have largely been grown in foreign countries and smuggled into the U.S., synthetic substances can be made close to home. As the universe of chemical compounds grows more quickly, so too does the potential for the abuse of those chemicals.

Synthetic cannabinoids (e.g. K2 and Spice) and synthetic cathinones (e.g. “bath salts”) are recent examples of substances that found their way into the hands of young Iowa users—some as young as 10 years of age--before they and their parents had ample warning. The speed with which these substances find their way to the market presents a new challenge to drug control officials. Some of the symptoms often attributed to synthetic drug use include: anxiety, panic attacks, agitation, elevated blood pressure, rapid heart rate or respiration, vomiting, hallucinations, seizures and suicidal tendencies.

In 2010, the Iowa Pharmacy Board took emergency action to begin controlling dangerous synthetic drugs, by listing a few of them as Imitation Controlled Substances. In 2011, the Iowa Legislature followed suit to schedule additional synthetic compounds as Schedule I Controlled Substances. And in 2012, the Legislature expanded the list of outlawed synthetic drugs to include 43 different synthetic cannabinoid and cathinone compounds, as well as five synthetic cannabinoid classes. The federal government has since enacted federal controls similar to the action taken in Iowa.

Manufacturers of synthetic drugs are still creating new compounds to try and circumvent laws. Though the pace with which new compounds are available for distribution seems to have slowed, ODCP continues working with policy makers and other partners on additional prevention and enforcement strategies to safeguard Iowans from the sale of hazardous synthetic drug products.

Iowa Meth Lab Incident Reports
Source: Iowa Department of Public Safety-CYs



Following four to five years of steady, and significant, declines in methamphetamine-related crimes, Iowa officials have begun to report a modest resurgence in meth activity. This change in trend lines is reflected in recent annual reports showing small increases in meth labs, meth lab related child welfare cases, meth treatment admissions and meth-related prison admissions.

Reflecting the overall decline in meth labs in recent years, a steady decrease in meth-related prison admissions was also reported by the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning from FY 2005 – FY 2009. However, FY 2010 - 2012 data show an increase in meth-related prison admissions each year. This trend reversal coincides with the growing prevalence of one-pot meth manufacturing.

The number of Iowans treated for meth abuse reached a low in 2008, but has risen every year since. Also, a report by the U.S. Department of Health and Human Services, 2007 Treatment Episode Data Sets, still rates Iowa as having the eleventh highest *number* of meth treatment admissions and the twelfth highest *rate* of meth treatment admissions in the country.

**Primary Substance of Abuse for Adult and Juvenile Clients
Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2012**

<i>Year</i>	<i>Alcohol</i>	<i>Marijuana</i>	<i>Meth</i>	<i>Cocaine/ Crack</i>	<i>Heroin</i>	<i>Other</i>	<i>Total Clients*</i>
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
2011	55.2%	25.7%	9.6%	1.9%	0.9%	6.7%	47,974
2012	49.9%	26.3%	10.5%	2.3%	0.9%	10.1%	50,870

*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

Marijuana continues to be the most abused illicit drug in Iowa, and actually is cited more often than alcohol by juveniles admitted for substance abuse treatment. Mixed messages about marijuana and its availability, combined with the fact that marijuana today is several times more potent than marijuana was 20 years ago, continue to make it one of Iowa’s more problematic drugs, especially among youth.

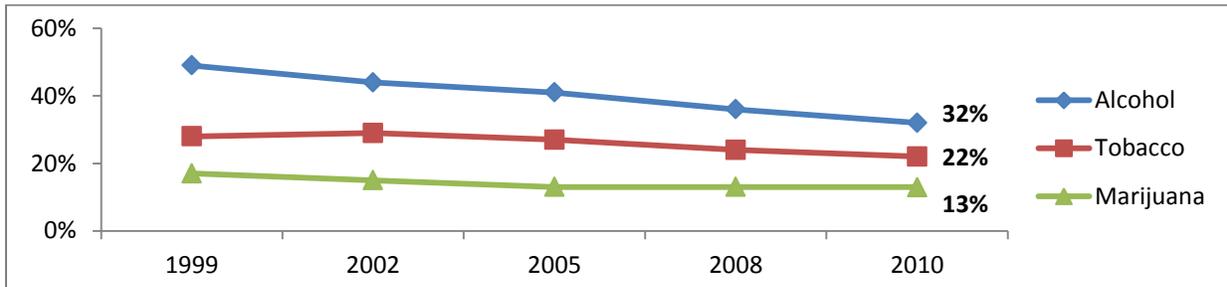
Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 2012

<i>Primary Substance</i>	<i>Juvenile Clients</i>	<i>Adult Clients</i>	<i>% of Total</i>
Alcohol	1,073 (24.6%)	25,635 (52.2%)	49.9%
Marijuana	2,883 (66.2%)	11,211 (22.8%)	26.3%
Methamphetamine	62 (1.4%)	5,540 (11.3%)	10.5%
Cocaine/Crack	9 (0.2%)	1,224 (2.5%)	2.3%
Other/Unknown	327 (7.6%)	5,527 (11.2%)	11%
Total			100%

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

Persistence is required to address current and emerging substance abuse challenges facing Iowans. However, progress has been made to reduce substance abuse among Iowa youth in recent years. The most recent Iowa Youth Survey continues to show a steady decline in substance abuse by 6th, 8th and 11th grade students over the last decade.

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



Source: Iowa Youth Surveys 1999 – 2010

The State’s Drug Control Strategy, updated annually by ODCP, has as its overall goal to continue building on these and other achievements, through evidence-based practices and promising innovation, to reduce substance abuse and improve the health and safety of Iowans.

CORE FUNCTIONS

- Coordination of Efforts**
 (Facilitate an integrated statewide response to drug trafficking and substance abuse, and maintain the Pseudoephedrine Tracking System to assist in combating the incidence of meth labs in Iowa.)
- Grants Management & Program Development**
 (Procure and administer federal grant programs to enhance drug and violent crime control initiatives at the State and local levels.)
- Public Policy & Education**
 (Educate the public about emerging substance abuse issues, and advise elected officials on policy matters.)

Goal # 1	Measures	Strategies
Enhance coordination & leadership to improve Iowa's response to drug use & related crime.	<p>Percent of state agencies addressing substance abuse prevention & treatment, drug control, & related crime that align resources with priorities in Iowa's Drug Control Strategy.</p> <p>Percent of ODCP grant awards to state and local agencies for innovative & effective programs.</p>	<p>Execute a comprehensive annual statewide drug control strategy to coordinate efforts & enhance coordination of resources between state, federal, & local agencies. (http://www.iowa.gov/odcp/docs/2013StrategyFinal.pdf)</p> <p>Initiate promising approaches & embed proven techniques to reduce the supply of & demand for illegal drugs.</p>
Goal #2	Measures	Strategies
Improve the ability of state & local government, & private partners, to secure resources & address strategic substance abuse & drug control priorities.	<p>Percent of Iowa counties receiving federal grant funds or other services from ODCP.</p> <p>Percent of ODCP grant-funded projects monitored for project effectiveness & financial compliance.</p>	<p>Maintain performance & accountability-based grant incentives, including site monitoring & assistance.</p> <p>Increase outreach in rural communities to address continuum of substance abuse & drug control needs.</p> <p>Survey partners to assess issue awareness & emerging needs. Negotiate non-state resources to help meet needs.</p> <p>Maintain adequate control procedures to ensure public resources are used effectively & appropriately.</p>

Goal #3	Measures	Strategies
<p>Empower & educate citizens & elected officials to take action to reduce substance abuse.</p>	<p>Percent of Iowa youth in 6th, 8th & 11th grades of school reporting no use of alcohol, tobacco, or marijuana in the most recent Iowa Youth Survey.</p> <p>Rate of binge & heavy drinking by adult Iowans.</p>	<p>Collaborate with partners to educate Iowans about drugs of abuse & effective strategies to address priorities via a continuum of services (prevention, treatment, enforcement, etc.).</p> <p>Canvass prevention, treatment, enforcement, corrections & other professionals to identify current substance abuse program impacts, gaps in services, & needs of Iowa communities, & report findings to policy makers.</p> <p>Promote use of evidence-based best practices among all providers of substance abuse services.</p> <p>Promote strategic policy change to reduce access to or availability of substances of abuse.</p>