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# Iowa Drug Control Strategy & Drug Use Profile Annual Report

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2020





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# Introduction

The Governor's Office of Drug Control Policy (ODCP), in cooperation with the Iowa Drug Policy Advisory Council (DPAC), presents the 2020 Iowa Drug Control Strategy.

This 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 substance abuse prevention, treatment and drug enforcement 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 use disorder (SUD) treatment and substance abuse prevention programs.

Chapter 80E.2 establishes the Drug Policy Advisory Council (DPAC), chaired by the Coordinator, and consisting of a prosecuting attorney, a SUD treatment provider, law enforcement, a substance abuse prevention specialist, a judge, and representatives from the departments of corrections, education, public health, human services, public safety and human rights.

This report highlights drug trends within the State, outlines tactical responses that include evidence based practices and promising approaches, and summarizes associated levels of funding that flow through state agencies. As a blueprint for comprehensively addressing a myriad of drug-related challenges, the 2020 Iowa Drug Control Strategy aims to provide data-driven support for identifying priorities and directing responses in the State.

An overarching goal of this document is to inform policymakers, state agency professionals, private sector partners, and citizens so that we may work together toward a healthier and safer Iowa.



## Executive Summary

The 2020 Iowa Drug Control Strategy comes at a time of life-saving progress and rapidly evolving challenges involving addictive substances in our state. The progress includes relatively low rates of illicit drug use and early signs of a reduction in opioid overdose deaths. Among the challenges are higher rates of methamphetamine use and rising reports of illnesses related to vaping.

Vaping, once touted by some as a safer alternative to smoking, is now under investigation. The intense scrutiny results from an outbreak of lung-related illnesses and deaths reportedly involving Iowans and other Americans vaping products containing concentrated forms of nicotine, tetrahydrocannabinol (THC) or both. A growing number of Iowans have been hospitalized after vaping. Meanwhile, the U.S. Centers for Disease Control (CDC) and Food and Drug Administration (FDA) continue probing to answer the important questions of why and how some people who vape become ill or die.

At the same time, research, public policy and debate continue swirling around derivatives of the cannabis plant (e.g., THC, THC-A, CBD and Hemp). Unfortunately, research on which to base factual decisions lags behind some advocacy and actions, even as the potency of many products rises higher and concerns persist about potential health, safety and unintended consequences.

A sea change involving addictive substances is occurring in Iowa and beyond, and it includes more products, higher potencies, new combinations, alternative delivery systems, easier access, contrasting public policies, mixed messages, and other issues not seen before. Some of these changes are homegrown here in the USA, while others demand international intervention.

Here are a few examples of changes in drug composition and consumption that pose greater risks to health and public safety, especially for young Iowans:

- Alcohol: The growth of craft beers and infused alcoholic drinks means more beverages containing a higher concentration of alcohol. Iowa's rate of binge drinking significantly exceeds the U.S. average.
- Nicotine: Many electronic smoking (vaping) products come with higher concentrations of nicotine, including some in excess of a pack of conventional cigarettes.
- Marijuana/THC: Levels of tetrahydrocannabinol (THC), a psychoactive compound from the cannabis plant, are soaring for a growing variety of flower and "concentrate" products produced in U.S. states where marijuana is now legal (e.g., average THC levels of 21%-71% in Washington State in 2017 vs. 5% in the USA in 1997) and smuggled illegally into other states like Iowa.
- THCA: The cannabis compound tetrahydrocannabinolic acid (THCA)—a cousin compound to THC, but unlike THC largely unregulated—can convert to exponentially higher levels of THC when heated for consumption.
- Smokeable Hemp: "Smokeable hemp" is a new term used to describe behaviors involving the consumption of hemp-based products purported to contain legally low levels of THC

(0.3% or less), such as retail products marketed as CBD but not authorized as part of Iowa's Medical CBD program. Although hemp will no longer be a controlled substance once federal and state rules are finalized, current consumer safety laws pertaining to foods, medicines and supplements will still apply. Some new products raise important questions, such as: how do consumers know if product is safe (low in THC and with no contaminants); and how does law enforcement respond when a person possessing large amounts of a suspicious-looking product claims it to be legal hemp?

- Vaping or Electronic Smoking Devices: Even as federal officials investigate the potential role of THC in suspected vaping-related lung injuries, Iowa law enforcement report seizing a growing number of electronic smoking (vaping) cartridges containing THC.
- Methamphetamine: Meth produced in drug cartel labs in Mexico is being smuggled in larger quantities and the purest forms ever reported, fueling record levels of meth use disorder and more meth crime-related prison admissions in Iowa.
- Opioids: Iowa authorities report increasing amounts of more potent and potentially lethal illicit opioids (e.g., heroin, illicit fentanyl, etc.), up to and including "carfentanil," which is 10,000 times stronger than the prescription opioid morphine. Officials have also discovered several combinations of opioids and opioids with other drugs (e.g., heroin mixed with fentanyl, meth and other synthetic drugs).

While identifying challenges, it's also important to note the substantial progress Iowa is making on several drug-related fronts, including the following:

- Iowa ranks 47<sup>th</sup> among all U.S. states in the rate of overall illicit drug use.
- Iowa youth have self-reported a precipitous drop in alcohol and tobacco use (except for vaping) for more than a decade, and youth illicit drug use over that same time has held stable at relatively low levels.
- Opioid-related overdose deaths in Iowa, after steadily rising over the last 15 years, dropped 33% from 2017 to 2018, coinciding with a multi-level response that included increased utilization of: alternative pain treatments; the Prescription Monitoring Program; Medication Assisted Therapy for opioid addiction; and the opioid overdose reversal drug naloxone.
- The number of permanent year-round prescription drug Take Back sites to help prevent prescription drug misuse in Iowa has grown to over 300, a more than six-fold increase in less than four years.
- New and recent federal grant awards will support: additional opioid intervention, treatment and recovery initiatives; development of more data-driven responses to community needs related to drug trafficking and use; enhancement of heroin and meth enforcement efforts at the state and local levels; and development of a three-county pilot project for Pre/Post Arrest Diversion to treatment of low-level offenders with substance use disorders.

In a technological development outside of Iowa, but with potential implications in our state and others, researchers claim to have developed a marijuana breathalyzer that can more easily detect impairment-causing levels of recent marijuana/THC use. Going forward, the utility of new tools like this remains to be seen, but generally speaking tech-based tools may be integral to many drug control efforts.

The increasing speed with which some new threats now surface demands future drug control strategies include faster research and nimbler responses. Along those lines, we must maximize force multipliers such as: education, smart tools, including those stemming from technological advancements; public-private partnerships and related subject matter expertise; the empowerment of parents and other key influencers in the lives of young Iowans; and legions of volunteers working individually and in community coalitions to make a difference.

As devastating as the opioid epidemic has been for too many Iowa families, we must learn from it and apply pertinent lessons to other areas. Some of these include: destigmatizing the disease of addiction; removing barriers to substance use disorder (SUD) treatment; more precisely assessing individual needs and risks to utilize alternative paths to SUD treatment; embracing new tools; more robust research and data-driven responses; encouraging collaboration; and empowering citizens.

There was a time when being in the nation's heartland afforded Iowa physical buffers and advance warning to evolving drug threats, due in part to our geographic location and the distance drug dealers were required to traverse to sell dangerous products here. As with legal commerce, online marketing and home delivery has removed barriers and created opportunities for more substance misuse and illegal drug trafficking too.

Drug use is a preventable behavior. Drug addiction is a treatable disease. Drug trafficking is an enforceable offense. A comprehensive drug control strategy is called for to reduce both the demand for and supply of harmful drugs, and to effectively promote a healthier and safer Iowa.

We must work collaboratively and smartly during calendar year 2020 to improve our collective visibility of, and reaction to, current and emerging drug threats facing Iowans.

Respectfully submitted,



Dale R. Woolery  
Director & Drug Policy Coordinator  
Iowa Governor's Office of Drug Control Policy



## Objectives

ODCP, in cooperation with the Drug Policy Advisory Council (DPAC), executes this comprehensive annual statewide drug control strategy to enhance coordination of resources between state, federal, and local agencies. The Iowa Drug Control Strategy serves as a comprehensive blueprint for coordination for three key elements: substance use disorder (SUD) prevention, treatment, and drug supply reduction and enforcement.

We prioritize flexibility to quickly acknowledge and react to new threats as they emerge. Working together in prevention, treatment, and enforcement we can strengthen our efforts as we face current and emerging SUD issues in our state.

We will continue strategically coordinating efforts among state, federal, and local agencies, as well as private-sector organizations, striving for successful and efficient reductions in substance use and related problems in Iowa. As a state, we must reduce both the supply of and demand for addictive substances.

There are many evidence-based and promising approaches to address SUD prevention, treatment, and enforcement efforts currently underway in Iowa. This drug control strategy highlights many of these efforts in their respective fields, and others in the planning stages.

We will also leverage and administer federal grant funds and other resources to reinforce local and state drug enforcement and treatment efforts focusing primarily on criminal offenders in Iowa, and enhance substance abuse prevention at the community level.



## Goals

To improve our state, we must set goals and work together to achieve them. The Iowa Office of Drug Control Policy sets these goals for Iowa:

***Reduce the number of drug-related deaths involving Iowans.*** As part of Iowa's response to the national opioid epidemic, partnerships are leading to collaboration between health care and law enforcement communities to: reduce the onset of opioid dependence, better enable those with opioid or other drug use disorders to find treatment when they need help, and disrupt illicit drug traffickers. Many opioid response enhancements are also applicable to meth and other substance use disorders.

***Reduce the number of drug-related injuries involving Iowans, including those involving electronic smoking/vaping.*** In addition to the tragic deaths that capture headlines, more Iowans are injured in alcohol, marijuana and other drug-related incidents that send tens of thousands of people to hospital emergency rooms each year. Some injuries are linked to drug toxicity, while others are due to impairment caused by drug use that in many cases is preventable.

***Reduce the number of Iowa youth who are current users of alcohol, tobacco and other drugs.*** Science strongly suggests the longer you keep an adolescent from experimenting with drugs the more likely they will be to stay drug free for life. As new Iowa youth grow into adolescence and new forms of addictive substances appear, effective prevention and education—involving parents, caregivers, educators and communities—is essential.

***Increase the number of Iowans who find employment during or after substance use disorder (SUD) treatment.*** Key for many Iowans remaining drug free or in post-treatment recovery is gainful employment. SUD treatment has proven effective in helping individuals achieve or maintain recovery and employment, contributing to a healthier and more prosperous Iowa.

***Reduce the number of Iowans incarcerated for drug-related offenses.*** As many as 63% of those serving time in Iowa prisons for a variety of crimes are assessed with a mental illness, which in many cases includes a substance use disorder that goes untreated. Sheriffs tell similar stories about jails. While not suitable for all, programs that divert lower-risk non-violent drug-addicted offenders to treatment may prove more effective in certain cases.



## Prevention

The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Substance use disorder (SUD) prevention consists of a wide array of prevention programming customized for delivery in schools, businesses and communities to stop risky behavior by Iowa youth before it starts and to help reduce the misuse of drugs by adult Iowans. Prevention is a vital part of a comprehensive drug control strategy. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities.

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug use problems later in life. Delaying the onset of illegal drug use or alcohol misuse is an important strategy for reducing the incidence and prevalence of youth substance use. Traditionally, youth in sixth grade use less than students in 8<sup>th</sup> grade, who use less than students in 11<sup>th</sup> grade. By using evidence-based, comprehensive prevention strategies in schools and communities, particularly while children are young, Iowa youth should report less substance use than in previous years.

We must empower communities, parents, youth, and other key influencers to combat and prevent substance use. The cumulative effect of many efforts over the last decade, including SUD prevention, has resulted in significant declines in alcohol and tobacco use by Iowa youth, and maintaining relatively low rates of illicit drug use, as evidenced by responses to the Iowa Department of Public Health's (IDPH) biennial Iowa Youth Survey.

### ***Evidence Based, Promising, and Innovative Approaches to Substance Use Disorder Prevention:***

**Age to Purchase Mobile App:** The Iowa Alcoholic Beverages Division released a free mobile application that allows users to access the Age to Purchase Calendar with their smartphone. The Age to Purchase Calendar will help calculate the age of a customer attempting to purchase alcohol or tobacco products. The app also has a built-in ID scanning function. Using the camera feature on the device, the app can scan the barcode on an ID to help quickly determine age and validity. No personal information of the customer is stored on the device. The scanner is not a replacement for physically inspecting the ID and ensuring that the person presenting the ID is the person in the picture. It is a tool to assist the retailer in determining the age and validity of the ID.

**Community Coalitions:** Coalitions are shown to be effective in reducing alcohol and other drug use among youth and adults. These 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 drug prevention coalitions work

on improving systems and environments. Iowa has several community coalitions, 11 of which received federal Drug-Free Communities Support Program grants in 2018. The IDPH also awarded contracts to eight community coalitions in 2018. The Iowa Alliance of Coalitions for Change (AC4C) is entering the fifth year of a statewide Drug-Free Communities grant to help promote greater networking and coordination among community coalitions. Additionally, new CRUSH (Community Resources United to Stop Heroin) coalitions are forming in some Iowa communities, with a focus on opioid and other drug misuse prevention, treatment and recovery.

**Media Education and Digital Literacy Campaigns:** Media messages can influence knowledge, attitudes and ultimately behavior, including at an early age. 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 raise awareness and reduce substance abuse. One promising school-based innovation is a digital literacy initiative, to help young Iowans decode advertising and other media messages, so they can make healthier choices.

**Medical Practice:** Primary health care providers continue adopting new approaches recommended for improving patient care and preventing the misuse of medications. For example, recently revised guidelines issued by the U.S. Centers for Disease Control (CDC) for the appropriate prescribing of opioid pain relievers increasingly are becoming the standard for Iowa prescribers, insurers and health care regulators. Another example involves a growing number of Iowa hospitals and clinics that have participated in the Iowa Healthcare Collaborative's "Opioid Guardianship" initiative, which includes more emphasis on alternative actions to improve patient comfort and less on prescribing opioids to eliminate patient pain.

**Mentoring and Youth Development:** Several communities utilize evidence-based mentoring programs to reduce the risk of youth substance abuse and criminal behavior, and generally to improve the lives of young Iowans. The IDPH funds seven mentoring programs through the Youth Substance Abuse Prevention Services grant and supports the Youth Development Project and Prevention through Mentoring initiative. Programs follow the Elements of Effective Practice for Mentoring, as established by the National Mentoring Partnership and obtain certification through the Iowa Mentoring Partnership. The IDPH AmeriCorps Substance Abuse Prevention Program member service activities focus on providing education to Iowa community members on substance abuse, particularly opioid and prescription drug abuse; building capacity of organizations to broaden understanding of opioid and prescription drug abuse; and forming coalitions and partners to address the growing crisis.

**Overdose Data to Action:** In 2019, the Iowa Department of Public Health was awarded a three-year grant to provide high quality, comprehensive, and timely data on overdose morbidity and mortality to better understand the drug overdose crisis in Iowa

and to inform more effective prevention activities. Improved data collection and analysis will assist with: (1) tracking the spread and severity of Iowa’s overdose crisis; (2) gaining insight into populations most at risk in order to prioritize resources; and (3) evaluating the best way to allocate resources and to help identify emerging trends.

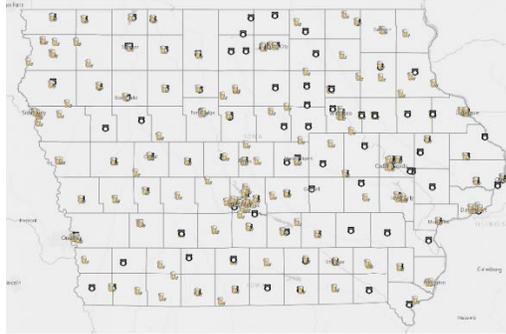
**Parent Partners:** Iowa parents who overcome obstacles, such as recovery from addiction, and meet criteria established by the Iowa Department of Human Services (IDHS) are trained to mentor other families navigating the child welfare system due to substance use disorders and other difficulties. Parent Partners collaborate with social workers and other professionals to assist in family reunification, accountability and keeping children safe.

**Partnerships for Success:** In 2014, the IDPH was awarded a five-year federal Partnerships for Success (PFS) grant to reduce underage alcohol use through a community-driven, data-supported and state-guided process. Twelve highest need counties were funded to reduce underage and youth binge drinking with the 12-20 year old population. Through 2019, the funded counties will focus services on utilization of the Strategic Prevention Framework, which is a five-step planning process for addressing substance abuse.

**Prescription Monitoring Program:** The Iowa Pharmacy Board’s Prescription Monitoring Program (PMP) allows prescribers, pharmacists and other health care providers to improve patient care by coordinating the fast growing number of medicines that are prescribed for Iowans. As health care professionals’ use of the PMP tool has gradually risen in recent years, suspected prescription drug diversion—“doctor shopping”—has decreased. Several PMP enhancements in 2018 made the database more user-friendly and effective, including a new online dashboard and increasing integration with electronic health records systems. Additionally, an Iowa law enacted in 2018 makes several changes to ensure greater utilization of the PMP for patient care by health care professionals. By January 2019, the percentage of Iowa Controlled Substance Applicant (CSA) registrants has increased to approximately 86% versus 45-50% in 2018. The utilization by prescribers has more than tripled from 447,476 inquires in 2017 to 1,669,922 inquires in 2018.

**Prescription Drug Take Backs:** One way virtually all Iowans can help prevent the illegal diversion and potentially dangerous misuse of prescription drugs is to safely dispose of unused household medicines. The number of permanent, year-round, authorized “Take Back” collection sites at Iowa law enforcement centers and community pharmacies has increased almost six-fold since 2015, to over 300 in all 99 counties, and the number of “Take Back” locations continues to grow. This is in addition to the biannual National Prescription Drug Take Back Day events that have netted over 67 tons of leftover medicine in Iowa alone over the last eight years.

More information can be found at <https://odcp.iowa.gov/rxtakebacks> and permanent drop-off locations can be found by clicking the map below.



**Promoting the Integration of Primary and Behavioral Health Care:** Iowa's new five-year grant awarded to the Iowa Department of Public Health in 2019 will accomplish the following objectives through the utilization of a person-centered integrated care team approach to address the whole person's health and wellness.

The purpose of this project is to:

- Promote full integration and collaboration in clinical practice between primary and behavioral health care;
- Support the improvement of integrated care models for primary and behavioral health care to improve overall wellness and physical health status of adults with serious mental illness (SMI) and adults with substance use disorders (SUD); and
- Promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

**Strategic Prevention Framework for Prescription Drugs:** Jasper, Polk, and Scott Counties were awarded the Strategic Prevention Framework for Prescription Drugs (SPF Rx) grant to help reduce the misuse of prescription drugs for youth ages 12-17 and young adults 18-25. The purpose of the grant is to raise community awareness about the dangers of sharing and misusing medications as well as work with pharmaceutical and medical communities to address the risks of overprescribing. Through 2021, the three counties will use the data-driven Strategic Prevention Framework model to help increase the effectiveness of evidence-based prevention outcomes.

**Underage Alcohol Compliance Check Program:** The Iowa Alcoholic Beverage Division received a grant to administer an underage alcohol compliance check program. This program will be of a small scale with select cities and counties across the state. The cities and counties were selected using data from the Iowa Youth Survey, administered by the Iowa Department of Public Health. The data indicated areas of the state that

appeared to have the highest occurrence of underage drinking and alcohol sales to underage persons.

**Zero Suicide:** The Iowa Zero Suicide Project is a five-year grant (2018-2023) awarded to the Iowa Department of Public Health (IDPH) by Department of Health and Human Services (DHHS). The overall project goal is to improve the care and outcomes of individuals ages 25 years and older at risk for suicide. The following are specific project goals: (1) to increase awareness of the risk for suicide among Iowa's substance use disorder treatment population and treatment options and (2) enhance and expand the screening, treatment, and referral process for adults at risk for suicide.



## Treatment

Effective substance use disorder (SUD) treatment addresses addiction issues and has a long-term positive impact on the individual drug user, their family and the community-at-large. Treatment effectively works to reduce relapse and arrest, decrease hospitalizations, increase employment and reduce costs associated with substance use disorders. Treatment must be comprehensive, tailored, 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 each person, family, and community.

Appropriate and effective substance use disorder (SUD) treatment is essential in breaking the cycle of addiction and promoting public safety. Few people enter SUD treatment without intervention 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 rehabilitation and recovery. In Iowa, about half of the clients screened/admitted to SUD treatment are referred by the criminal justice system.

The use of alcohol and other drugs has long been associated with crime and delinquent behavior that disrupts family, neighborhood, and community life in fundamental and long-lasting ways. People who are abusing alcohol and other drugs are more inclined to commit crimes and pose a public safety threat. About 90% of all prison inmates, regardless of the crime they committed, are imprisoned for, misuse alcohol or other drugs. Studies have shown that substance use disorder (SUD) treatment reduces not only drug use but related crime as well. Iowans are safer when offenders returning to their communities have completed treatment.

There are many proven and developing paths to recovery from disordered substance use, and specialized treatment (e.g., Drug Courts, other specialty courts, Jail-Based treatment, co-occurring substance use/mental health disorder programs, opioid-related Medication Assisted Treatment,

and pre/post arrest diversion to treatment) can be effective. The IDPH oversees more than 120 licensed SUD treatment programs and many professionals affiliated with those agencies. These agencies serve more than 45,000 Iowans annually via a full continuum of care that includes all levels of outpatient services, halfway houses, residential treatment, detoxification and medication assisted treatment.

Increasing treatment capacity is an important step in getting Iowans the help they need, when they need it. This requires an efficient alignment of resources to provide SUD treatment services with timely access, reliable needs and risks assessments, proper types and levels of care, and follow up.

### ***Evidence Based, Promising, and Innovative Approaches to Substance Use Disorder Treatment:***

**Crisis Intervention and Connection:** More Iowa law enforcement officers are receiving Crisis Intervention Team training (CIT), to better assist individuals with behavioral health disorders (e.g., mental illness and/or substance use). This coincides with the current development of at least six regional Mental Health Access Centers, as legislated in 2018. Additionally, some local law enforcement agencies are beginning to work more closely with service providers on pre-arrest and/or pre-trial diversion projects, in which low-level offenders assessed as low risk and needing help are steered from the justice system and to SUD treatment and other service providers.

**Iowa Opioid State Targeted Response Grant:** The IDPH received a two-year award of federal funding to target the opioid crisis, beginning in 2017. These funds are expanding the capacity of existing regional prevention and treatment provider networks, with a focus on accessible opioid treatment. Treatment providers across the State are convening local efforts to develop a thorough community assessment and strategic plan involving multi-sector stakeholders. The assessment and planning processes will provide the foundation for implementation of evidence-based practices, including Medication Assisted Treatment (MAT) for opioid use disorders (OUD).

**Drug and Specialty Treatment Courts:** Iowa currently has 39 specialty treatment courts. Sometimes described as “help with a hammer,” Iowa’s 13 adult criminal drug courts provide offenders with substance use disorders intensive community-based treatment and supervision as a less costly alternative to incarceration that also reduces recidivism. If offenders do not stay drug-free during the program, they can be sent to jail. The Judicial Branch, working with the Iowa Department of Human Services and the IDPH under a federal grant has also established 12 family treatment courts in Iowa, to engage drug-addicted parents in supervised treatment and to protect children who the court has determined are in need of assistance. Some Iowa drug courts also receive federal grant funds to help close the gap between mental health care needs and services. This is in addition to four stand-alone mental health treatment courts, eight juvenile drug courts, one domestic violence court and one veterans’ treatment court. As with many other

promising approaches in this section, subject to individual circumstances, specialty courts present one option for determining the best case-specific strategies.

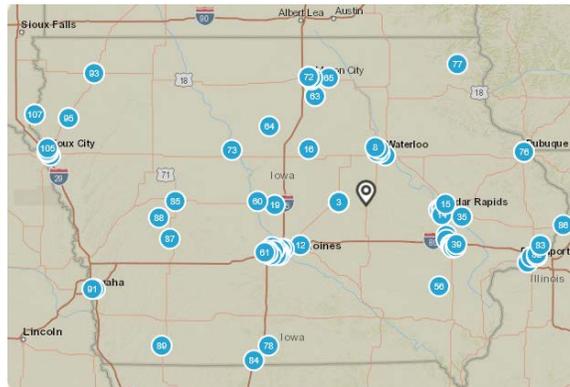
**Medication Assisted Treatment:** As the most effective form of opioid treatment, efforts are underway to expand Medication Assisted Treatment (MAT) in Iowa. The number of authorized MAT prescribers in Iowa has grown to 107, or over three times the number of providers in 2015.

In October 2015, the IDPH was awarded a three-year federal grant to expand MAT services for providing Prescription Drug and Opioid Addiction (PDOA) treatment and integrated care services in four Iowa counties with a demonstrated need for enhancement of opioid treatment services. At the end of the second year of the MAT-PDOA grant, Iowa had exceeded the expected number of clients to be enrolled in services (257 versus goal of 220) with a median length of stay in treatment of 161 days.

Organizations offer a selection of MAT medications from the list below:

- Methadone
- Acamprosate (Campral)
- Buprenorphine (Suboxone, etc.)
- Naltrexone (Revia, Depade, Vivitrol)
- Disulfiram (Antabuse)

More information about MAT is located at <http://idph.iowa.gov/mat>. Locations of Medication Assisted Treatment organizations can be found by clicking the map below.



**Naloxone:** Naloxone is an opioid overdose rescue drug that can reverse what would otherwise be lethal situations. The use of naloxone, a prescription drug dispensed by pharmacies, is increasing in Iowa communities affected by opioid misuse and overdose. An Iowa law enacted in 2016, facilitated by an IDPH statewide standing prescription order, significantly expanded naloxone, making the medication available at hundreds of pharmacies across the State, including major pharmacy chains in Iowa. The amount of

naloxone administered by emergency medical service personnel nearly tripled in 2017, the first year after Iowa's law expanding access was enacted.

The IDPH developed an instructional Opioid Overdose Recognition and Response brochure, filling requests for over 55,000 copies from interested providers and stakeholders. The brochure is available on the IDPH website at <https://idph.iowa.gov/mat/overdose>.

**Overdose Intervention:** An Iowa law enacted in 2018 (HF 2377), establishes a Good Samaritan program in the State, for which IDPH has prepared educational materials. This program encourages Iowans who may be committing certain low-level criminal offense (e.g., possession of a controlled substance) to call for emergency help in the event of a possible drug overdose involving a controlled substance, instead of fleeing the scene. In exchange for dialing 911 and remaining on the scene to cooperate with authorities, qualifying callers will not be charged with a crime.

**Pre/Post-Arrest Diversion to Treatment:** The Iowa Office of Drug Control Policy received a grant to implement a pre/post-arrest diversion to treatment pilot program in three Iowa communities. Blackhawk, Jones and Story Counties will participate in this initiative, in which each community will formalize protocols for law enforcement officers and/or prosecutors to determine how low-level low-risk individuals with an apparent substance use disorder will be referred to a local care coordinator and directed to treatment or other services, rather than the justice system.

**Prevention of Opioid Misuse among Women:** The Iowa Prevention of Opioid Misuse in Women grant was awarded as a three year (08/01/2017-06/30/2020) grant to the Iowa Department of Public Health (IDPH) by the Department of Health and Human Services (DHHS). The purpose of this program is to expand the prevention strategies that support the decrease of opioid misuse in women. The Iowa Department of Public Health will expand prevention strategies through several approaches including (1) Screening, Brief Intervention, and Referral to Treatment (SBIRT) trainings to professionals (i.e. domestic violence advocates, health professionals, social workers) who provide services to women and the (2) development and implementation of a digital media campaign to increase awareness on the risks of opioid misuse for women.

**Second Chance Offender Reentry:** A seamless transition from the confines of prison to a much less structured community environment better prepares offenders to manage their lives in a pro-social and law-abiding manner, without correctional supervision. The Iowa Department of Corrections (IDOC) re-entry programs may address a number of areas that include job training, employment assistance, education, mentoring, substance use disorders, mental health treatment, family-based services, literacy classes and housing. The goal of Iowa's reentry programs is to improve public safety by reducing recidivism and lowering criminal justice system costs.

**YourLifeIowa.org:** The Iowa Department of Public Health created YourLifeIowa.org for Iowans to get help for alcohol, drug and gambling problems, suicidal thoughts, and more. Iowans can visit the website or call 855-581-8111 for 24/7 resources, intervention, and referrals.



## Enforcement and Supply Reduction

By reducing the supply of illegal drugs in Iowa communities, the cycle of addiction that compromises our communities' health and safety can be broken, and our youth will be much safer. The use of alcohol and other drugs has long been associated with crime and delinquent behavior that disrupts family, neighborhood, and community life in fundamental and long-lasting ways. We are also gaining a better data-informed understanding of the potential traffic safety impacts of drug-impaired driving, even as new detection challenges emerge. People who are abusing alcohol and other drugs are more inclined to commit crimes and pose a public safety threat.

Drug enforcement and supply reduction are essential public safety strategies, and approaches that work with substance use disorder (SUD) prevention and treatment as part of a comprehensive approach to reducing risky behavior and improving the health of Iowans. Enforcement also serves as a form of intervention or referral for many Iowans, and empowers adult influencers to educate youth on the risks of substance abuse.

### *Evidence Based, Promising, and Innovative Approaches to Drug Enforcement and Supply Reduction:*

**Drug Task Forces:** Multi-Jurisdictional Drug Enforcement Task Forces (DTFs) are often the first line of defense against drug-related threats in Iowa communities. Iowa has 18 DTFs covering 56 counties. Local police and sheriff's offices work in coordination with the Iowa Department of Public Safety and federal agencies. While the primary mission of DTFs is public safety through drug enforcement, they also play a major role in protecting drug-endangered children, removing weapons from drug scenes, and directing more drug-addicted offenders into SUD treatment for the help they need. Iowa has been successful in securing additional federal COPS grants to assist drug task forces with specialized meth and heroin enforcement.

**Interdiction:** Drug interdiction by Iowa law enforcement, performed within legal parameters set forth by laws and courts, can be a helpful tool for interrupting and deterring sometimes large shipments of dangerous illegal drugs into or through our state. In addition to various modes of transportation, drug interdiction efforts may also focus on shipping and mail services.

**International Drug Trafficking:** Increasingly large quantities of cheaper but purer highly-addictive methamphetamine smuggled into the U.S. and states like Iowa is a vivid reminder of a complex threat requiring cooperation among local, state, national and international stakeholders. Illegal drug supply reduction efforts by Iowa law enforcement officers often are coordinated with other authorities, working to disrupt the pipeline at or nearer the source of illegal drug production and distribution.

**Iowa Opioid Data Exchange:** The Iowa Office of Drug Control Policy received a new federal grant award to create an Iowa Opioid Data Exchange, to facilitate timely information sharing between health care and public safety entities and improve local drug-related responses. The goal of this tech-based tool, when fully developed, is to make better cross-disciplinary use of shareable data that may otherwise reside in health surveillance and law enforcement intelligence systems only for those collecting it. In addition to helping professional first responders, a public dashboard is planned to allow all Iowans to track emerging drug trends.

**Methamphetamine Lab Reduction:** Though methamphetamine produced and distributed by Mexican drug cartels and their agents remains plentiful in Iowa, domestic meth labs have nearly been eradicated. Combining education, retailer enforcement and environmental prevention strategies has proven successful in reducing Iowa meth labs by more than 98% since their peak (2018 vs. 2004). Legislation regulating key meth-making ingredients, Iowa's Pseudoephedrine Tracking System, better public awareness and strong enforcement efforts have contributed to this public protection progress.

**Opioid Prescriber and Dispenser Education:** The Iowa Board of Medical Examiners, as part of its physician licensing function, requires certain doctors to obtain periodic continuing education on opioid prescribing. The Iowa Board of Pharmacy Examiners has provided education on use of the Prescription Monitoring Program and related issues. Professional groups in Iowa also continue offering educational opportunities to their members that focus on preventing or reducing prescription drug misuse and abuse.

**Protecting Drug Endangered Children:** The Iowa Alliance for Drug Endangered Children (DEC) incorporates the principals of substance use disorder prevention, intervention, treatment, child protection, prosecution and drug enforcement to protect children from drug users, dealers and manufacturers. Through protocols, training, policy and other efforts, Iowa's DEC Alliance facilitates law enforcement officers working side-by-side with child welfare case workers, prosecutors, court officials and health care providers toward a common goal: protecting vulnerable children. The DEC model, as adopted by some Iowa communities, helps interested stakeholders join together as a safety net for children, and encourages custodial parents to address their addictions so that Iowa families can be reunited on a healthy trajectory.



## Conclusion

Many positive trends are occurring in Iowa. However, we cannot escape the reality that some Iowans still engage in risky behaviors involving addictive substances. The demand for these substances can be addressed through effective prevention and treatment efforts. The supply of these substances into our communities must be reduced through effective drug enforcement and supply reduction efforts.

Although we have gained ground in the disruption of methamphetamine production in homemade labs, much work remains to combat this highly addictive drug. A record proportion of Iowans in substance use disorder (SUD) treatment are there primarily because of their meth use, and the bulk of our drug related prison admissions are driven by meth related charges. We must do more to curb the trafficking of meth into Iowa and reduce the strong demand for the drug.

Marijuana continues to be the most used illicit drug in Iowa, and all too often holds dangerous consequences for unsuspecting youth. Many mistakenly believe marijuana is not harmful or addictive. Clear messages need communicated to our youth about the danger of all addictive substances, including marijuana.

Opioid misuse presents another threat to Iowans. Iowa's response to the national opioid epidemic includes several community actions, targeted state initiatives, additional federal funding and policy changes, and comprehensive state legislation. The opioid epidemic shows us that any family--to varying degrees--may be susceptible to addictive substances, especially when they are easily accessible and in the case of prescription opioids, perceived as safe. Preliminary signs that opioid overdose deaths in Iowa may be slowing or perhaps declining are encouraging, but we must continue strengthening opioid misuse prevention, intervention, and treatment and recovery efforts.

Working together in prevention, treatment and enforcement, we can strengthen our efforts as we face current and emerging SUD issues in our state. Whether we are health care or law enforcement professionals, community coalition members, teachers, students, parents, other family members, or friends, our shared efforts in this important area will make a difference in the lives of all Iowans.



# Appendix One: Drug Use Profile

## General Indicators of the Trends in Drug Use

This section focuses on the use and abuse of all substances. In SFY 2019, the Iowa Department of Public Health screened over 45,000 patients for substance use disorder treatment (SUD) services. The percent of patients reporting a primary substance of alcohol declined to 42.7%. The percent of all patients reporting marijuana use held generally steady around 25%. Marijuana remains the most reported substance for juveniles aged 10-17 years old. Reported use of methamphetamine rose to the highest level on record at 22.8%. Use of heroin was reported by 2.7% of patients.

### Primary Substance of Abuse for Iowa Adult and Juvenile Clients Screened/Admitted to Substance Use Disorder Treatment

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
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
2013	51.2%	26.7%	13.1%	1.9%	1.2%	5.9%	51,045
2014	50.0%	25.6%	14.8%	1.7%	1.6%	6.3%	48,621
2015	49.2%	25.8%	16.0%	1.6%	2.0%	5.3%	48,098
2016	47.1%	25.1%	17.6%	1.4%	2.5%	6.3%	47,309
2017	45.2%	25.3%	19.8%	1.5%	2.5%	6.2%	46,429
2018	43.1%	25.6%	21.7%	1.5%	2.8%	6.4%	46,878
<b>2019</b>	<b>42.7%</b>	<b>25.4%</b>	<b>22.8%</b>	<b>1.5%</b>	<b>2.7%</b>	<b>4.9%</b>	<b>45,359</b>

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

Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Iowa Department of Public Health data show that alcohol remains by far the number one substance of abuse in Iowa, with 18,955 adults and 418 juveniles (patients aged 10-17 years-old) presented with alcohol as their primary substance.

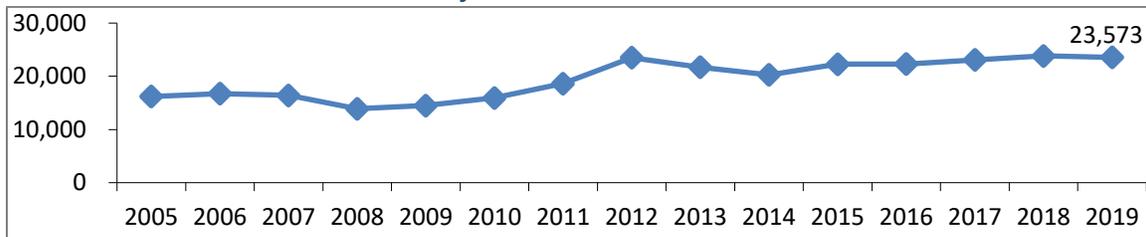
### Primary Substance of Abuse for Iowa Clients Screened/Admitted to Treatment

Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	418 (15%)	18,955 (45%)	43%
Marijuana	2,178 (77%)	9,369 (22%)	25%
Methamphetamine	99 (3%)	10,266 (24%)	21%
Cocaine	17 (<1%)	660 (2%)	1%
Inhalants	2 (<1%)	22 (<1%)	Less than 0.1%
Opioids	32 (1%)	2,756 (6%)	6%
Other/Unknown	85 (3%)	500 (1%)	1%
<b>Total</b>	<b>2,831</b>	<b>42,528</b>	<b>100%</b>

Source: SFY 2019, [Iowa Department of Public Health, Division of Behavioral Health](#)

One indicator of illegal drug use in Iowa is the number of adults seeking SUD treatment for a primary substance of abuse other than alcohol.

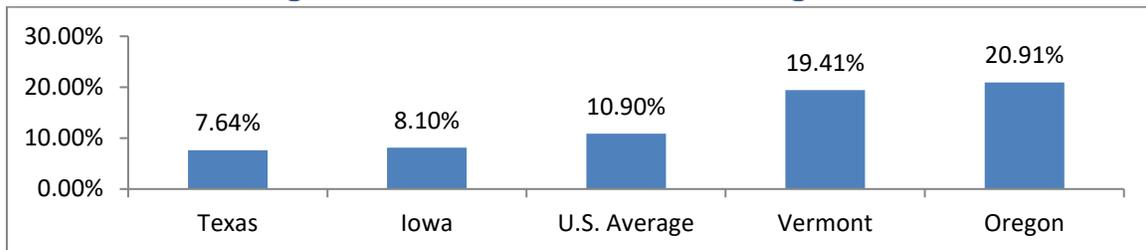
### Substance Use Disorder Treatment Program Screenings/Admissions for Iowa Adults with a Primary Substance Other Than Alcohol



Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

According to the CDC Iowa has the fifth lowest rate of drug overdose deaths in the country. Additionally, the most recent National Survey on Drug Use and Health reports, Iowa has the fourth lowest rate of illicit drug use in the past month in the U.S.

### Illicit Drug Use in the Past Month - Lowest to Highest in the U.S.



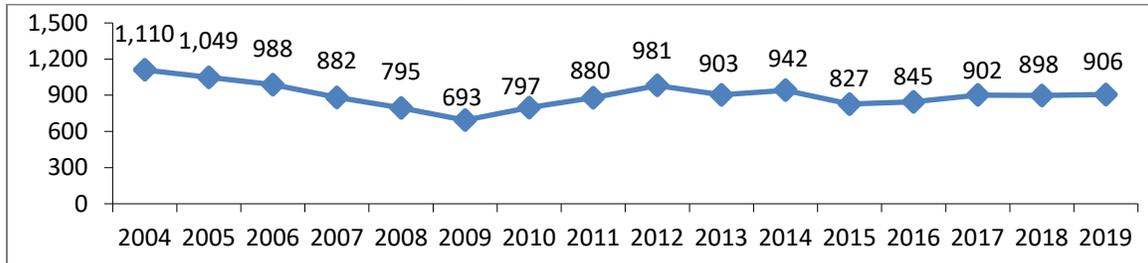
Source: [2016-2017 National Survey on Drug Use and Health](#)

Drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning are another indicator of drug abuse levels. In 2005, a drop in meth lab incidents helped reduce drug related prison admissions. Due, in part, to the increased availability of meth trafficked into the state, drug-related prison admissions rose from 2009 to 2012. They have remained relatively

stable since. This figure shows the offenders admitted to prison with a drug offense as their lead charge.

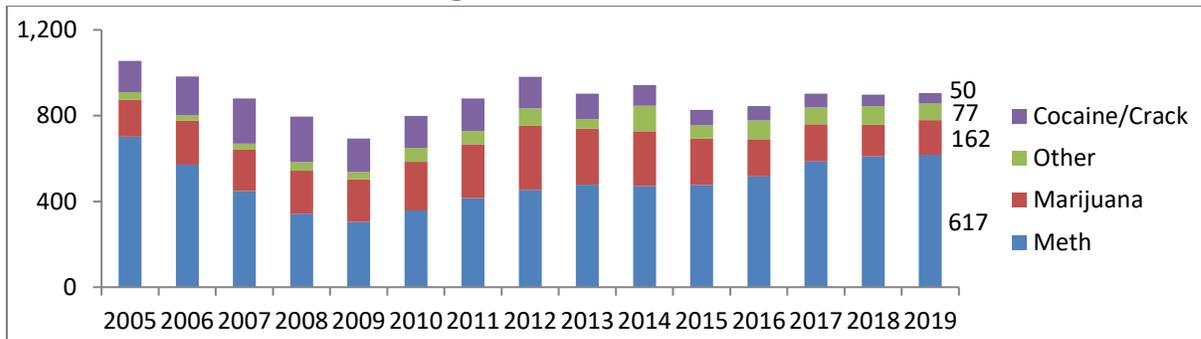
From FY17 to FY18 offenders incarcerated on a new most serious marijuana drug offense decreased by 14.9%. This number held steady in FY19. From FY14 to FY19 offenders incarcerated on a new most serious methamphetamine drug offense increased by 30.7%. Heroin continued to account for a low proportion of total new drug admissions during FY19, at 2.0%. More broadly, opioids accounted for only 2.98% of total new drug admissions during FY19.

### Iowa Drug-Related Prison Admissions



Source: FY, [Criminal and Juvenile Justice Planning](#)

### Iowa Drug-Related Prison Admissions

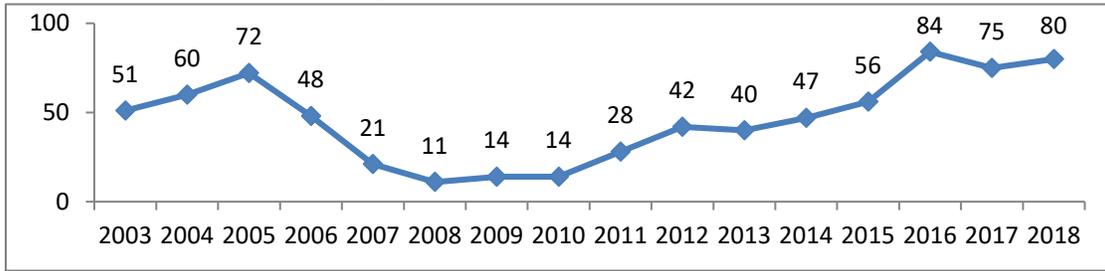


Source: FY, [Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning](#)

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. Motor vehicle crashes are the leading cause of death for all 15-20 year olds, according to the National Center for Health Statistics. Overall, drug-impaired fatal crashes now outnumber alcohol-impaired fatalities in the U.S. and both are among the leading causes of fatal traffic crashes.

In Iowa, a person commits the offense of operating while intoxicated (OWI) if that person operates a motor vehicle while under the influence of alcohol, drugs or a combination of both. The per se law makes the driver culpable even without any outward signs of intoxication. This is important to note when dealing with prescription drug abuse.

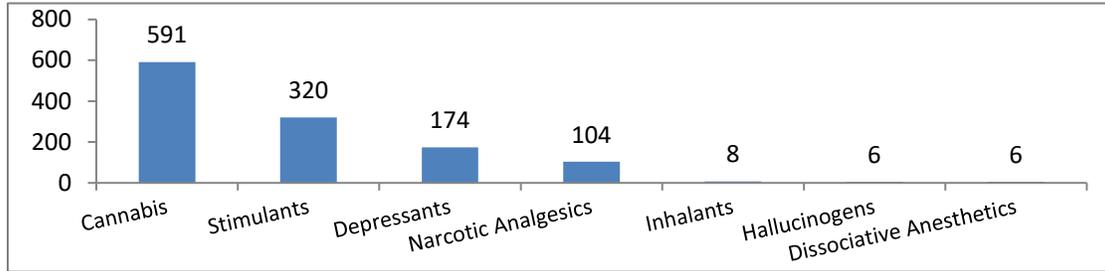
### Drug-Related Iowa Traffic Fatalities



Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

Iowa Drug Recognition Experts (DREs) performed 1,049 evaluations for impaired driving in 2018. Over 56% of these evaluations resulted in a finding of impairment from cannabis.

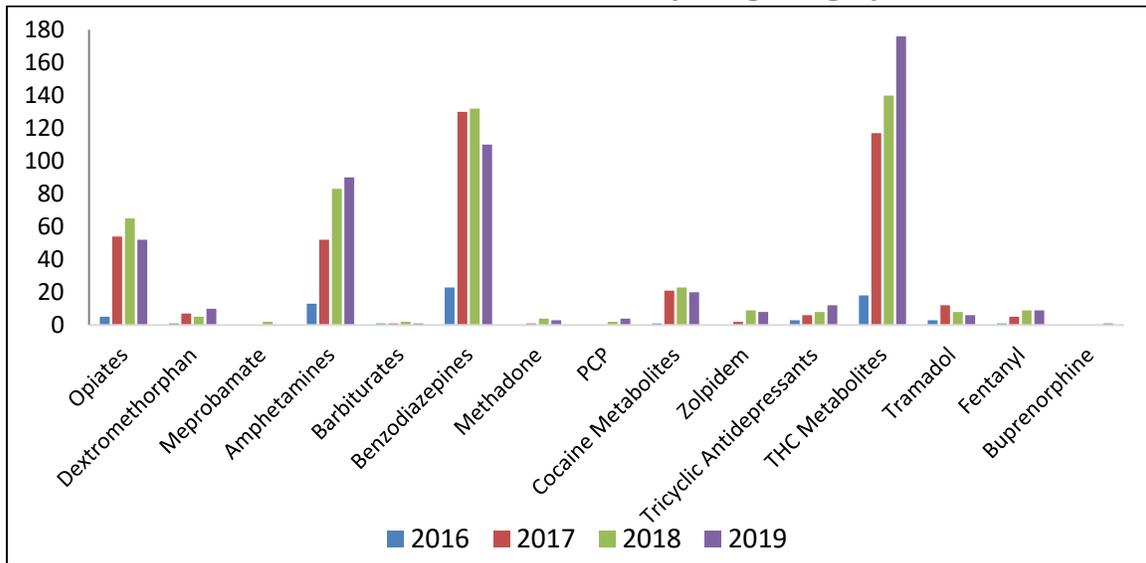
### Non-Alcohol Evaluations by Iowa DREs



Source: CY, [Department of Public Safety, Governor's Traffic Safety Bureau](#)

Since August 2016, the Iowa Department of Public Safety Crime Lab has run 1,640 blood screens for drugs. Of those cases, 56% screened positive for at least one drug. Most of these cases are driving or OWI-related, but not all. In 2019, 176 cases screened positive for THC, 110 cases screen positive for benzodiazepines, and 90 cases screened positive for amphetamines.

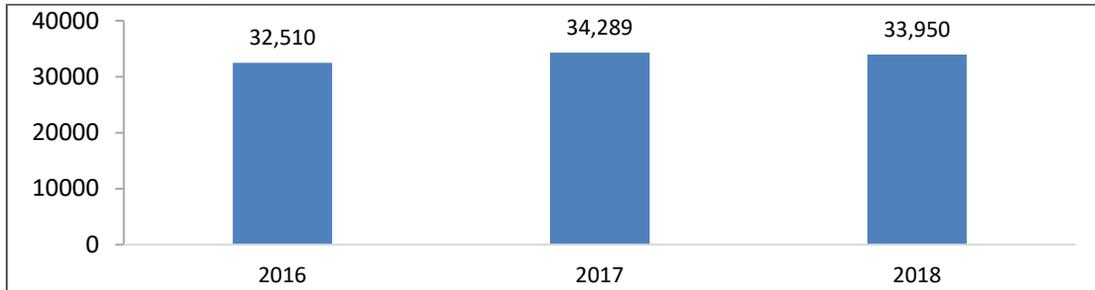
### Iowa Positive Blood Screens by Drug Category



Source: CY, [Iowa Department of Public Safety Criminalistics Lab](#)

The number of hospital emergency department visits related to alcohol and drug use remains significant. The numbers reported below represents substances as both a primary reason for the visit, as well as a contributing factor to many visits.

### Drug and Alcohol-Related Iowa Emergency Department Visits

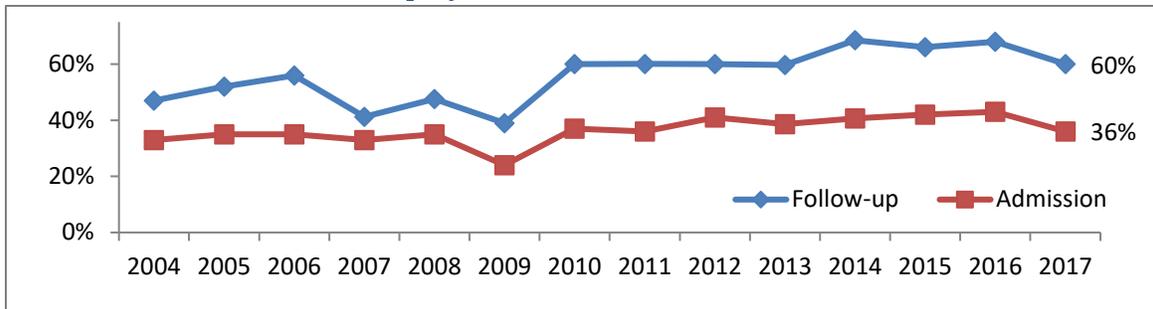


Source: CY, [Iowa Department of Public Health](#)

Studies have shown that SUD treatment reduces drug use and related crime. The Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Public Health, Division of Behavioral Health, conducts an annual outcomes evaluation of publicly funded drug treatment clients. As the data demonstrate, outcomes for all Iowans improve when offenders returning into the community have completed SUD treatment. Findings from the 2017 report include:

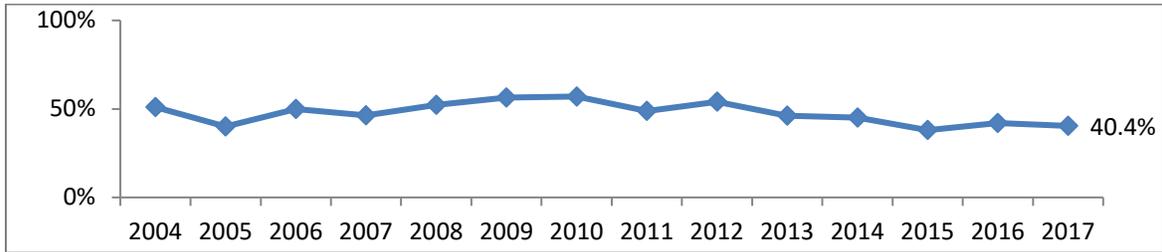
- 85% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 36% at treatment admission to 60% six months since discharge from treatment
- 40.4% of clients remained abstinent six months since their discharge from treatment

### Iowa Treatment Clients Employed \*Full or Part-Time Six Months Post Treatment



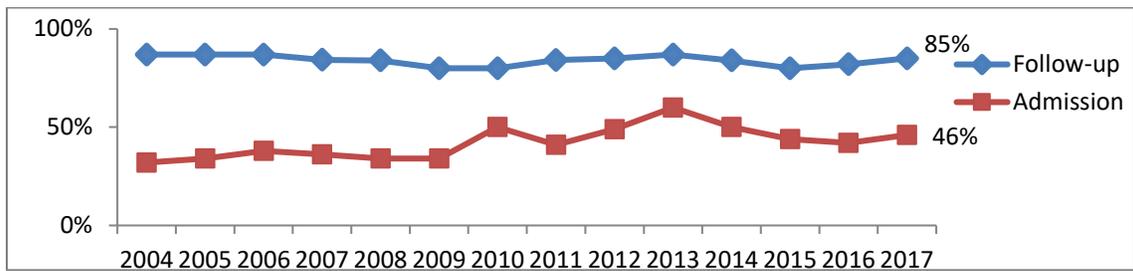
Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System  
 Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

### Iowa Treatment Clients Abstinent Six Months Post Treatment



\*Beginning in 2010, employment includes full and part-time, whereas in past years, this chart only reflects full-time employment.  
 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](#)

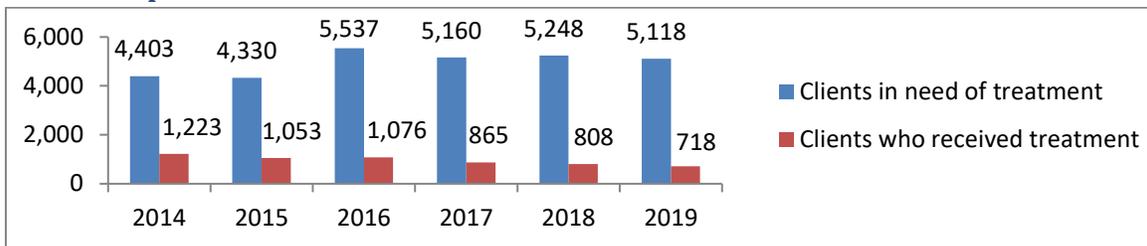
### Iowa Treatment Clients with No Arrests Six Months Post Treatment



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](#)

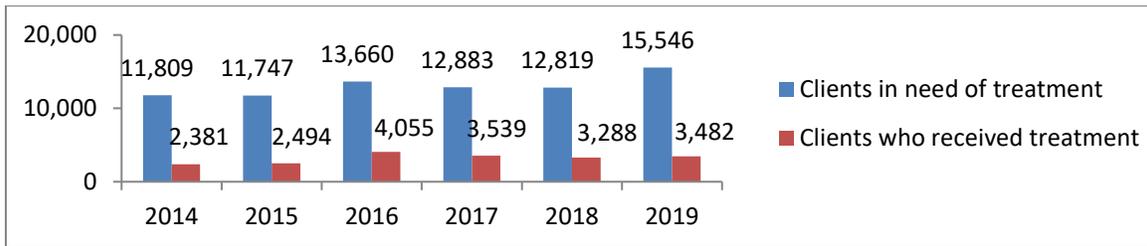
In 2019, the Department of Corrections provided SUD treatment to only 14% of the addicted custodial inmates and 22% of the drug-addicted offenders in community corrections. The decrease in the number of substance abuse services received may be attributable modification in the way substance abuse programming attendance is counted. For instance, offenders are receiving substance abuse treatment under cognitive behavioral therapy models at higher rates than historically. Therefore, there are fewer numbers of program participations specifically receiving substance abuse treatment, however, offenders are receiving substance abuse treatment services under broader cognitive behavioral models.

### Iowa Department of Corrections Institutional Substance Use Disorder Treatment



Source: FY, [Iowa Department of Corrections](#)

## Iowa Department of Corrections Community-Based Substance Use Disorder Treatment



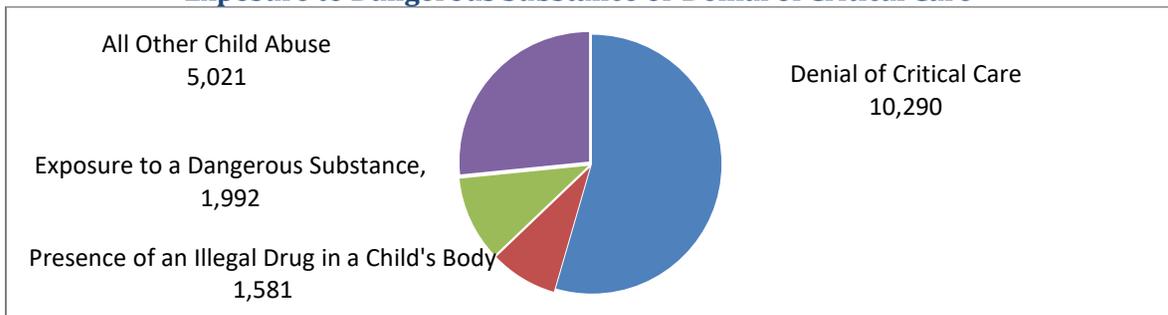
Source: FY, [Iowa Department of Corrections](#)

A significant portion of the drug using population in Iowa is in the child-rearing age group. Experts agree there is a high correlation between parental substance use/misuse and child abuse. 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 substance use, there is overwhelming evidence that addicted caregivers do not provide adequate care for their children. Cases like these point to the need to recognize the significant impact drug use has on denial of critical care.

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. Before 2017, the second was cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child.

Effective July 1, 2017, DHS added a new category called "Dangerous Substances" to include amphetamine, meth, cocaine, heroin, opium, and opiates. This change allows DHS intake workers to automatically assign a case to Child Abuse Assessment rather than Family Assessment. In these cases, it is alleged a caregiver uses or possess cocaine, heroin, opiates, or meth/amphetamines in the presence of a child or knowingly allows such activity by another person in the presence of a child. In the six months of CY2017 this change was in place, there were 1,992 cases confirmed or founded.

### Confirmed or Founded Cases of Iowa Child Abuse Related to Presence of an Illegal Drug in a Child's Body, Exposure to Dangerous Substance or Denial of Critical Care

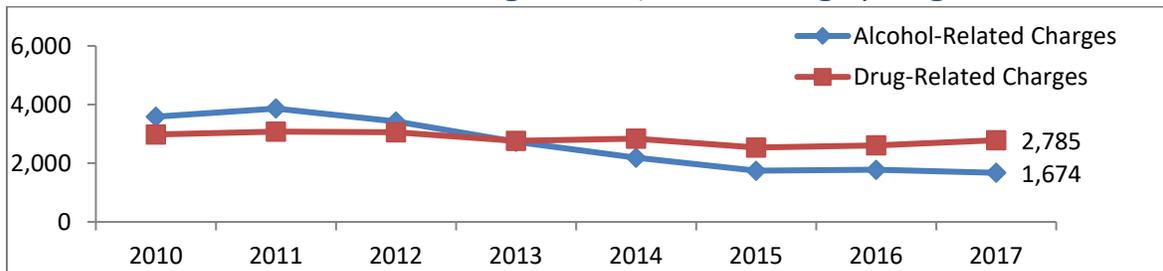


Source: CY 2018, [Iowa Department of Human Services](#)

When all denial of critical care, presence of illegal drugs in a child’s body, and exposure to dangerous substance cases are combined, they represent 87% of confirmed and founded child abuse in Iowa. Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides parents the motivation to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the generational cycle of addiction and abuse, dramatically improving children’s futures.

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 SUD. The adolescent brain is especially vulnerable to addiction.

### Iowa Alcohol and Other Drug-Related Juvenile Charges/Allegations

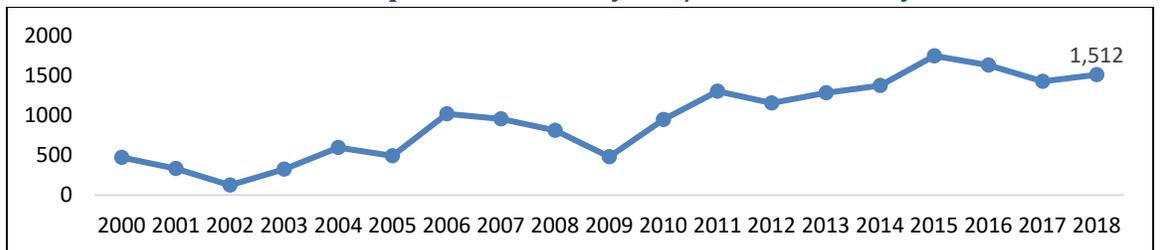


Source: CY [Iowa Justice Data Warehouse](#)

The Iowa Disease Surveillance System reports the highest number of Hepatitis C (HCV) cases in recorded history. According to the CDC, in the United States, injection drug use (IDU) is the primary risk factor for HCV infection and accounts for 68% of all new HCV infections in the United States. Roughly 32% of people who inject drugs become infected with HCV within the first year of injecting, and 53% become infected within five years.

According to the Iowa Department of Public Health, increases in HCV infection related to IDU among people 30 years of age and younger is a trend that has been reported by CDC in many areas of the country, including the Midwest. Much of this increase in injection drug use among youth is related to increases in use of prescription opioids and heroin. Increases in diagnoses of HCV among specific populations can be an early warning sign that injection drug use is increasing in that population. IDPH also reports Iowa is also at risk for an HIV outbreak related to injection drug use.

### Iowa Positive Hepatitis C Antibody and/or Confirmatory Tests



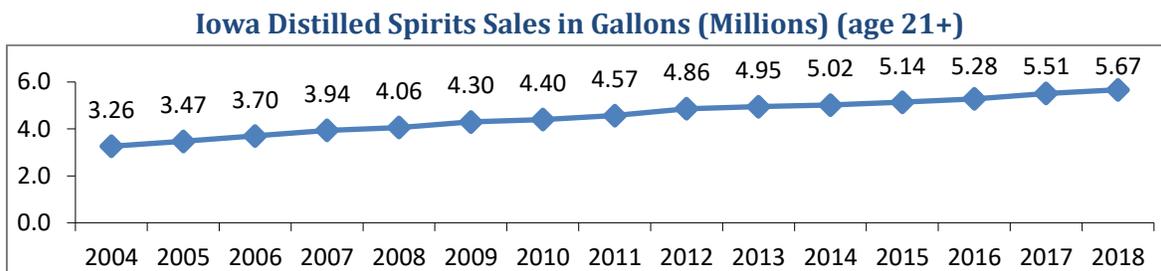
Source: FY, [Iowa Department of Public Health, Division of Behavioral Health](#)

## Alcohol

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. 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.

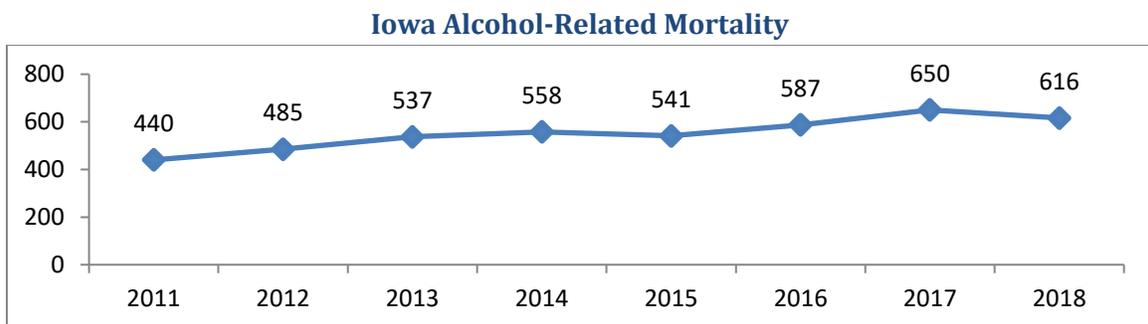
Alcohol dependency, abuse and addiction are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents.

This figure displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of millions of gallons of distilled spirits to retailers within the State of Iowa. Alcohol sales to retailers have steadily increased 74% over the past fifteen years reaching its current high of 5.67 million gallons in FY 2018.



Source: SFY, [Iowa Department of Commerce, Alcoholic Beverages Division](#)

Iowa's alcohol mortality numbers have risen steadily in recent years, according to the most recent data available from the Iowa Department of Public Health.

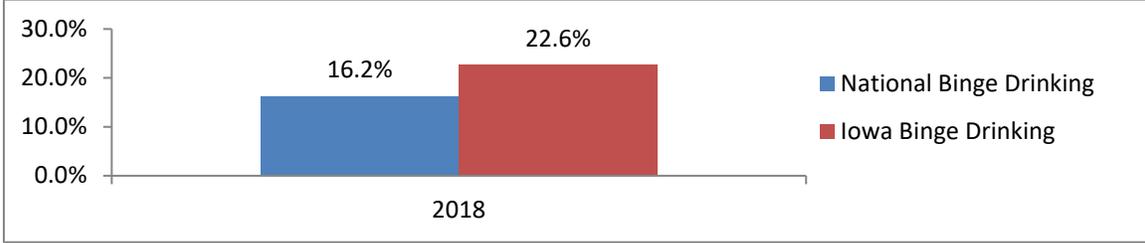


Source: CY, [Iowa Public Health Tracking Portal](#)

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 lowans is classified as a binge drinker. To better understand some of the social implications resulting from the widespread use and abuse of alcohol, data indicators are presented below.

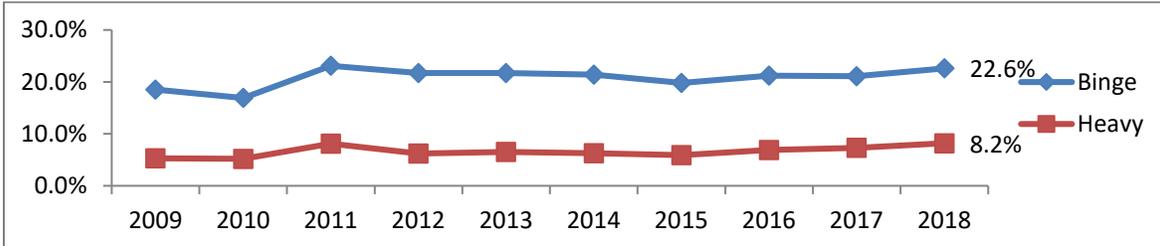
### National Binge Drinking vs. Iowa Binge Drinking Rates



Source: [CDC Behavioral Risk Factor Surveillance Surveys](#)

Reducing heavy and binge drinking in Iowa will improve the health and safety of lowans while reducing health care costs. According to the data below, percentages of adult lowans who report heavy and binge drinking have remained steadily higher than national averages. Nationally, 16.2% of Americans report binge drinking while 22.6% of lowans report binge drinking. Nationally 6.5% report heavy drinking while 8.2% of lowans report heavy drinking.

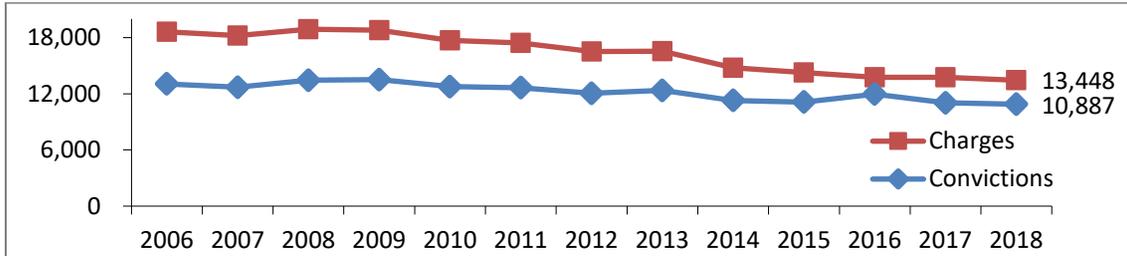
### Adult lowans (18 and over) Reporting Heavy or Binge Drinking



Source: [CDC Behavioral Risk Factor Surveillance System](#)

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.

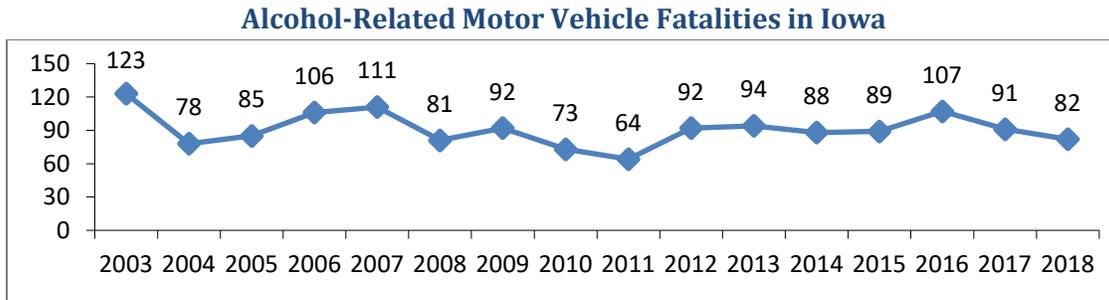
### Reported Iowa OWI Disposed Charges and Convictions



Source: CY, [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.*

Alcohol related motor vehicle fatalities reported by the Iowa Department of Transportation and the Governor’s Traffic Safety Bureau (GTSB) have varied in recent years. In 2018, 82 people died in alcohol-related motor vehicle crashes. In Iowa, alcohol is second only to excessive speed as a contributing factor in all traffic crashes.

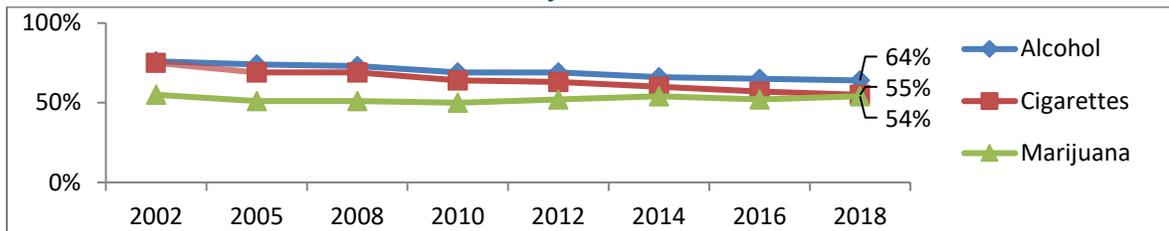


Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor’s Traffic Safety Bureau](#)

The Iowa Youth Survey (IYS) is a self-reporting survey conducted every two years by the Iowa Department of Public Health’s Division of Behavioral Health. IDPH released results from the 2018 survey in the spring of 2019. The IYS compiles data regarding the use of alcohol and other drugs from youth in grades 6, 8, and 11 in public and non-public schools. Students answer questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of peers, family, schools and community environments.

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. In 2018, 64% of 11<sup>th</sup> graders thought it would be “easy” or “very easy” to get alcohol. Ease of access is a key factor in youth substance abuse.

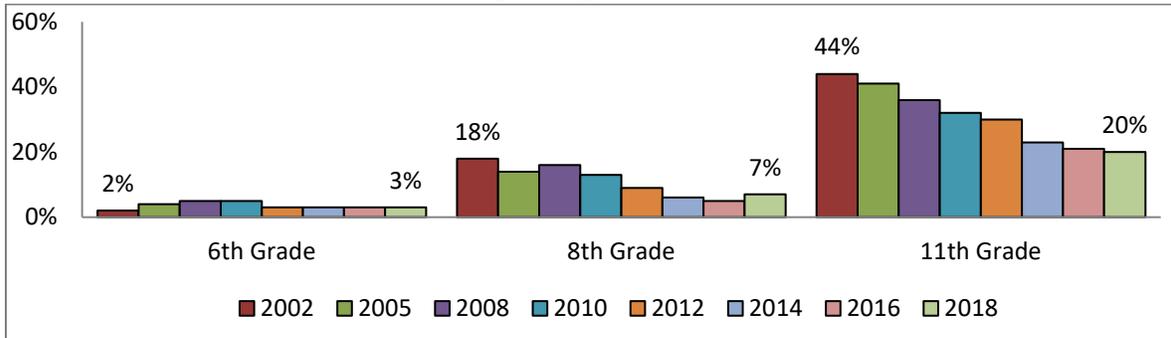
**Ease of Access to Cigarettes, Alcohol, and Marijuana in Iowa Communities  
As Perceived by Iowa 11<sup>th</sup> Graders**



Source: CY, [Iowa Youth Survey](#)

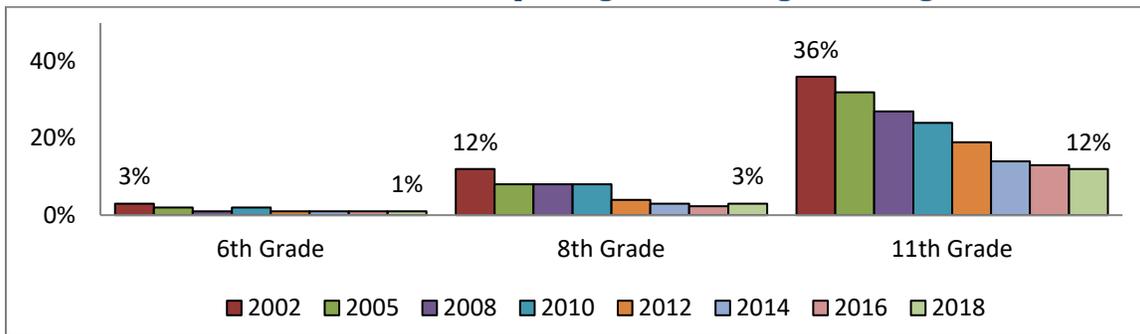
While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2018, 20% of 11<sup>th</sup> graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline.

### Iowa Students Self-Reporting the Current Use of Alcohol



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

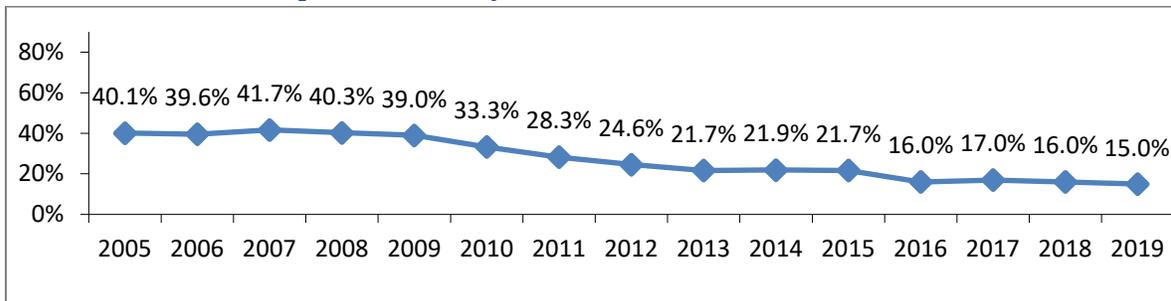
### Iowa Students Self-Reporting Current Binge Drinking



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Current (past 30 days) binge drinking (consuming five or more drinks at one time) by youth in grades 6, 8, and 11 as reported in the Iowa Youth Survey has decreased since 1999. The IDPH, Division of Behavioral Health, SARS/I-SMART substance use disorder reporting system data show that youth screens/admissions to substance use disorder treatment programs with alcohol as the primary substance of abuse is at 15% of the total. Based on these data, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

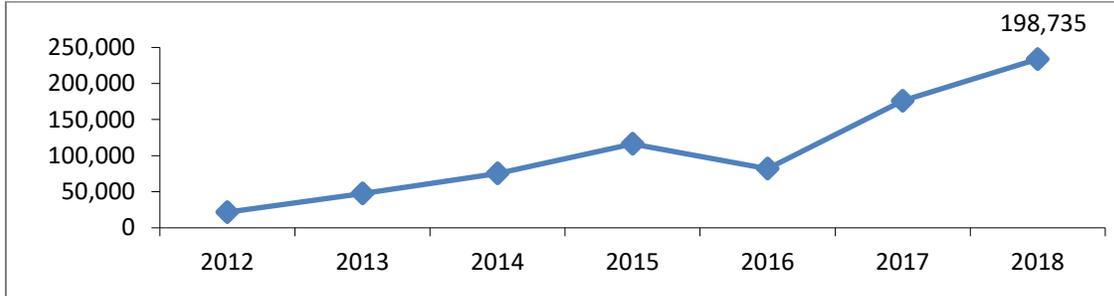
### Iowa Youth Screens/Admissions to Substance Use Disorder Treatment Programs with a reported Primary Substance of Abuse of Alcohol



Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

## Amphetamine/Methamphetamine

Iowa Methamphetamine Seizures in Grams



Source: CY, [Iowa Department of Public Safety Criminalistics Lab](#)  
 May not include all seizures. Larger cases may be sent to DEA lab.

Methamphetamine seizures by Iowa law enforcement agencies dropped off following a substantial reduction in meth labs about ten years ago, but have risen again in recent years. It is worth noting that this data from the Iowa Division of Criminal Investigation laboratory does not include all meth seizures. Large and major case amounts that were submitted to the U.S. Drug Enforcement Administration’s laboratory for federal prosecution are not included in these figures.

According to Iowa law enforcement officials, one reason for the surge in meth seizures in recent years is an increase in the quantity and quality of meth being smuggled into Iowa from Mexico and other states. They report intercepting large shipments of high purity meth with increasing frequency in many Iowa communities.

One indicator of the availability of methamphetamine is the price and purity of law enforcement seizures. In recent months, the Iowa Department of Public Safety’s Division of Narcotics Enforcement has experienced a significant increase in major cases involving large quantities of high purity methamphetamine. These cases generally involve meth smuggled into Iowa from Mexico and other states. Some meth encountered by law enforcement agencies is 99% to 100% pure. That compares with an average purity level ranging from 14% to 40% ten years ago.

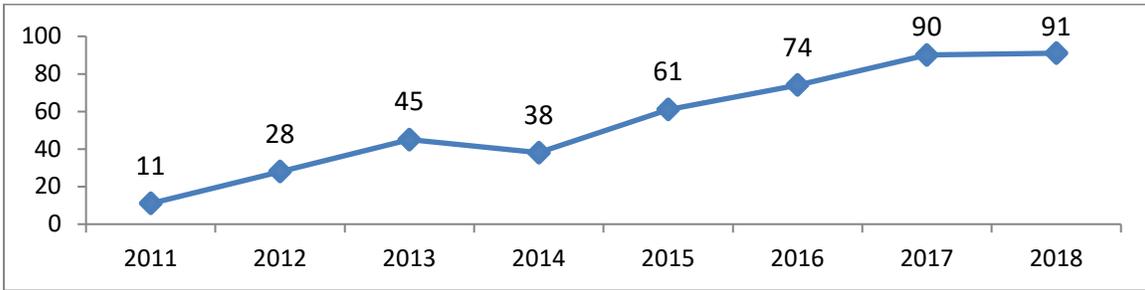
Iowa Average Methamphetamine Price per Gram and Purity

	2010	2012	2014	2016	2018
<b>Price</b>	\$130	\$135	\$125	\$105	<b>\$105</b>
<b>Purity</b>	79%	87%	95%	97%	<b>97%</b>

Source: [Iowa Counterdrug Task Force](#)

Another indicator of the devastation meth causes in Iowa is meth-related deaths. Psychostimulant-related deaths, largely due to meth, nearly doubled from 49 deaths in 2013 to 96 deaths in 2017 and 94 deaths in 2018.

### Iowa Psychostimulant-Related Deaths



Source: CY, [Iowa Public Health Tracking Portal](#)

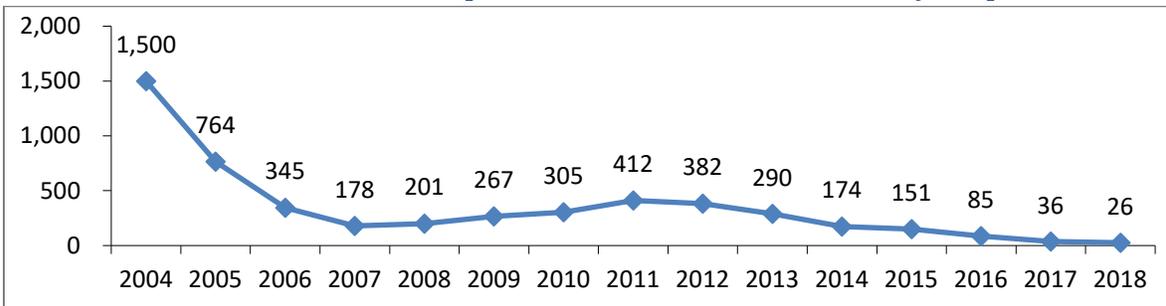
The Midwest High Intensity Drug Trafficking Area (HIDTA) has warned of possible meth “conversion” labs, used to extract meth from solution used to conceal the drug during the smuggling process. These labs reportedly involve highly flammable materials.

Most meth production labs in Iowa are smaller in number and size, compared to a few years ago. Most of the meth labs now reported are the smaller “one pot” variety, a method that was first introduced in the State in 2010. This method generally uses less pseudoephedrine and other precursor chemicals, and produces methamphetamine in smaller quantities. They are more portable than their predecessor labs, but still can be unstable and dangerous.

In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. Additional legislation passed in 2009, requires all Iowa pharmacies that sell non-prescription pseudoephedrine products over-the-counter to participate in an electronic Pseudoephedrine Tracking System managed by Iowa’s Office of Drug Control Policy.

Due to these and other actions, including an array of drug prevention, treatment and enforcement efforts, meth labs and the public safety threats associated with them have reached their lowest point in over 20 years in Iowa, dating back to 1997. The influx of high-grade meth smuggled into our state in recent years may also be contributing to the suppression of meth labs in Iowa.

### State and Local Iowa Methamphetamine Clandestine Laboratory Responses

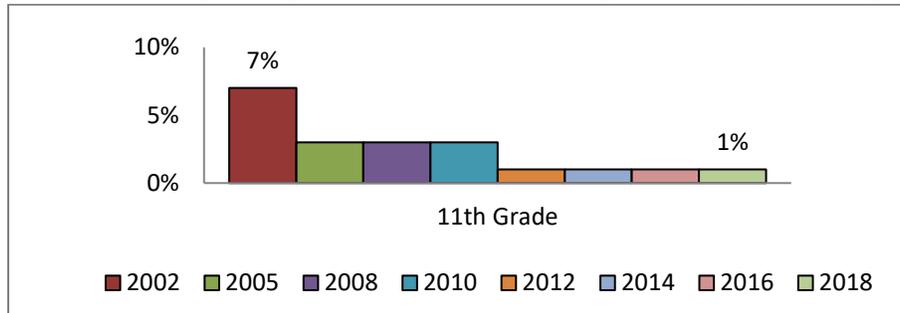


Source: CY, [Iowa Department of Public Safety](#)



While the demand for meth among the Iowa's adult population remains high, young Iowans use meth at a relatively low level. Zero to 1% of Iowa 6<sup>th</sup> and 8<sup>th</sup> graders consistently report current use of meth. Use of meth by Iowa 11<sup>th</sup> graders has also declined to only 1%.

### Iowa Students Self-Reporting the Current Use of Amphetamine/Methamphetamine



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

### Marijuana

Data indicate marijuana is Iowa's most used illegal drug and after alcohol, the second most frequent reason for SUD treatment admissions. It also appears as though marijuana has held this distinction for quite some time. Although marijuana use is prevalent in Iowa, according to the National Survey on Drug Use and Health (NSDUH), less than 6% of Iowans say they currently use the drug.

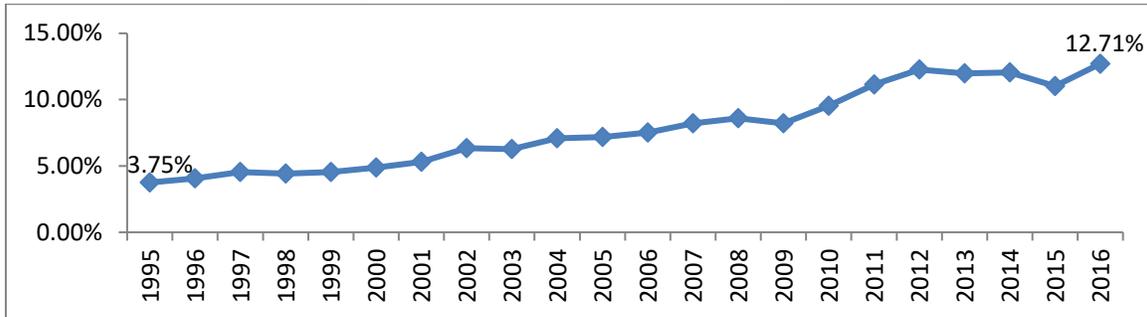
The National Institute on Drug Abuse (NIDA) estimates 30% of users have some degree of marijuana use disorder (MUD), about nine percent will become dependent on the drug, and up to 17% of marijuana users who start using in their teens will become dependent.

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Laboratory reports that most of the marijuana it currently sees is made 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. THC levels in the U.S. averaged less than 1% in 1972, compared to nearly 13% at last report.

According to the Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) 2018 Marijuana Legalization Report, average THC potency levels in marijuana produced in Colorado in 2017 increased to 19.6% for flower/plant-based marijuana products and 68.6% for marijuana concentrates.

According to the Northwest High Intensity Drug Trafficking Area, average THC potency levels in marijuana produced in Washington in 2016 increased to 21.6% for flower/plant-based marijuana products and 71.7% for marijuana concentrates.

### Increasing THC Potency of Marijuana (Plant Material Seized in the U.S.)

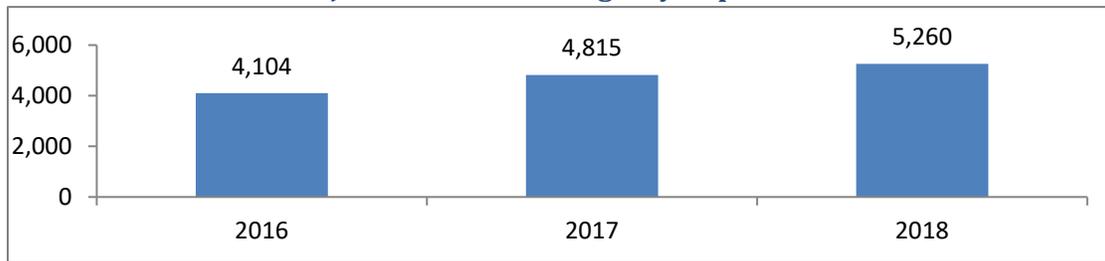


Source: [University of Mississippi Marijuana Project through 3-22-17](#)

According to the DEA, new marijuana “concentrates” including hash oils, waxes, and marijuana-infused edibles may contain THC levels of 89+%.

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance use disorder treatment programs in Iowa, as well as emergency department visits due to marijuana use. In data collected, marijuana was the most often reported primary drug of use, other than alcohol, for adults during the period of SFY 1997 – 2016. Hospital emergency department visits have risen dramatically. This data reinforces the fact that despite misconceptions by some, marijuana can be a harmful and addictive drug.

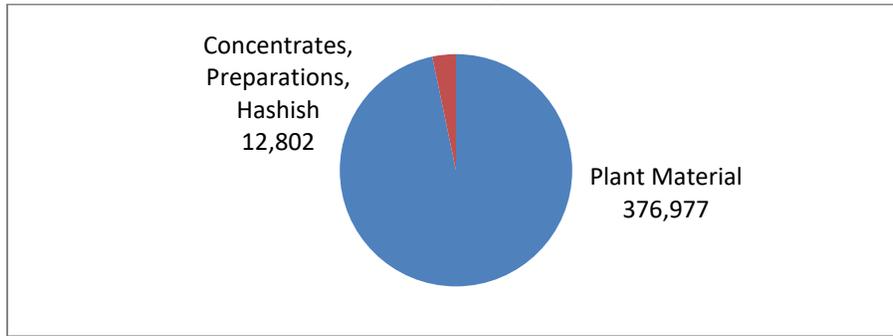
### Iowa Marijuana-Related Emergency Department Visits



Source: CY, [Iowa Department of Public Health Division of Behavioral Health](#)

Due to the influx of marijuana from states where marijuana use has been legalized, a significant number of the marijuana sample submissions tested by the Iowa crime lab in 2018 involved high-potency marijuana “preparations” or “concentrates” such as oils, waxes, and marijuana-infused edibles.

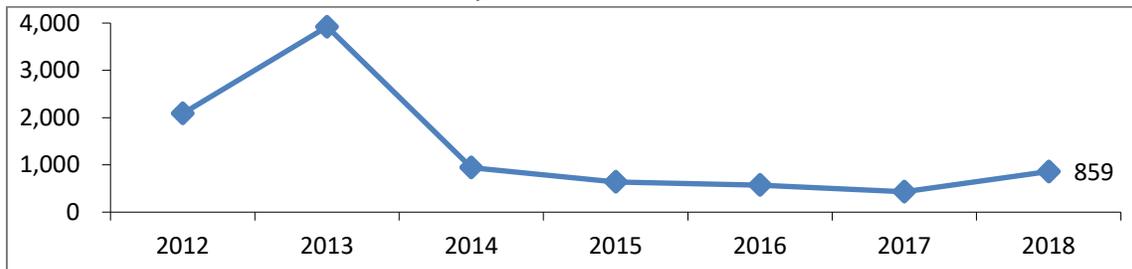
### Grams of Marijuana Samples Tested in Iowa



Source: CY 2018, [Iowa Department of Public Safety](#)

Marijuana seizures reported by the Iowa Department of Public Safety have fluctuated in recent years. According to the DPS, marijuana submission rates are up, but there have been fewer cases involving large amounts of the drug. This may be due, at least in part, to the rise of marijuana concentrates, which typically involve smaller amounts of more potent marijuana.

### Iowa Marijuana Seizures, in Pounds



Source: CY, [Iowa Department of Public Safety Criminalistics Lab](#)  
*May not include all seizures. Larger cases may be sent to DEA lab.*

Drug smugglers often use our interstate system of highways to travel to or through Iowa. Colorado and California, states that permit “medical marijuana,” often are cited as source states for marijuana seized in interdiction stops by Iowa law enforcement.

Many of the marijuana “concentrates” found in Iowa are produced in Colorado, where such high THC products are legal. According to the 2018 RMHIDTA report, Iowa was the third most cited destination for Colorado marijuana.

## Destination States for Marijuana Produced in Colorado



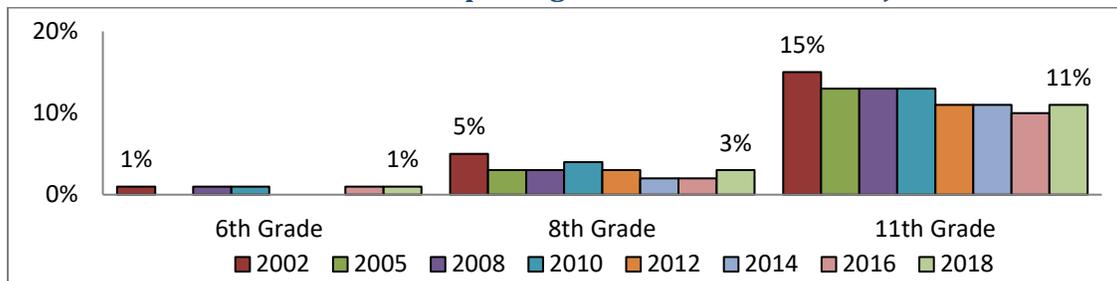
Source: 2017, [Rocky Mountain High Intensity Drug Trafficking Area](#)

Another form of drug manufacturing occasionally reported in Iowa involves butane hash oil (BHO) labs, named after the process of extracting high-potency tetrahydrocannabinol (THC) from marijuana, using butane or other solvents.

Aside from their environmental impact, drug labs pose a particular hazard to children and other unsuspecting Iowans who come in contact with unsafe materials or waste, or are impacted by explosions and flash fires from these cooks.

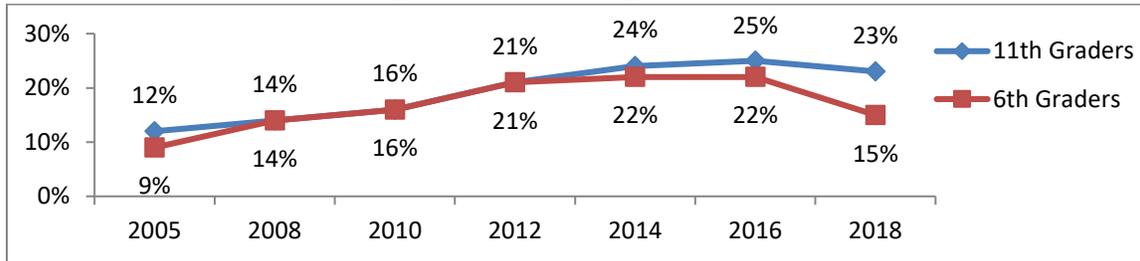
The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. In 2018, 11% of 11<sup>th</sup> graders reported current use. Again, attitude drives behavior. Nearly one quarter of Iowa 11<sup>th</sup> graders and 15% of 6<sup>th</sup> graders perceive no risk in smoking marijuana once or more per week. This number has risen and then remained steady in the past ten years, coinciding with an increase in “medical marijuana” discussions and laws, and the legalization of marijuana for general use in a few states.

### Iowa Students Self-Reporting the Current Use of Marijuana



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

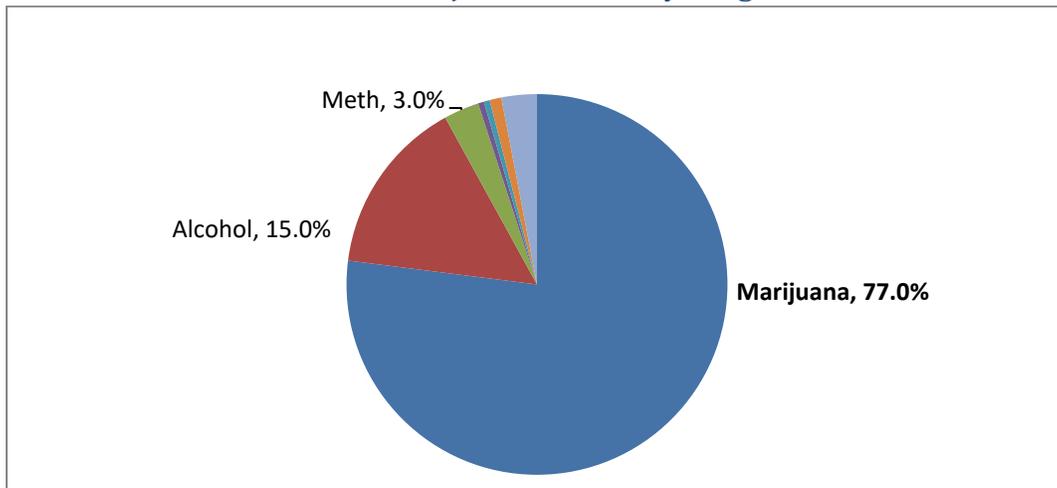
### Iowa Students Perceiving No Risk Smoking Marijuana Once or More a Week



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Substance use disorder reporting system data 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 included in this review.

### Iowa Youth Screenings/Admissions to Substance Use Disorder Treatment Programs with Marijuana as Primary Drug

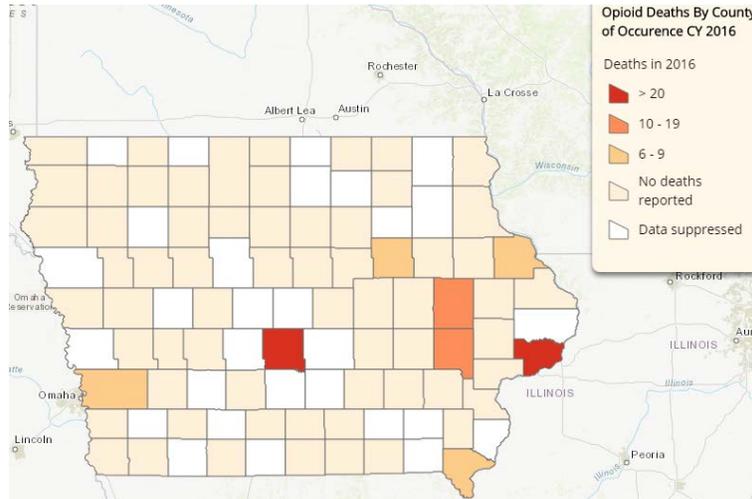


Source: FY19, [Iowa Department of Public Health, Division of Behavioral Health](#)

### Opioids (Prescription, Illicit, and Non-Medical Synthetic)

Due to their vast availability and addictive qualities, *opioids* are a category of drugs fueling additional substance abuse among Iowans. Opioids encompass opioid analgesics, or prescription pain medicines, such as hydrocodone, oxycodone, methadone, morphine and fentanyl. Opioids also include some illicit substances, such as heroin, and more recently non-medical synthetic opioids that may, or may not, be regulated such as fentanyl analogs clandestinely produced in other countries and smuggled into the U.S. for use with or without heroin. Prescription opioids can be very effective for treating pain, but prolonged use or misuse may lead to addiction. In fact, three out of four new heroin users started their addiction with prescription painkillers. Opioid misuse is a complex challenge requiring a balanced response to allow for proper medical treatment, while preventing substance abuse that can ultimately result in lethal overdose.

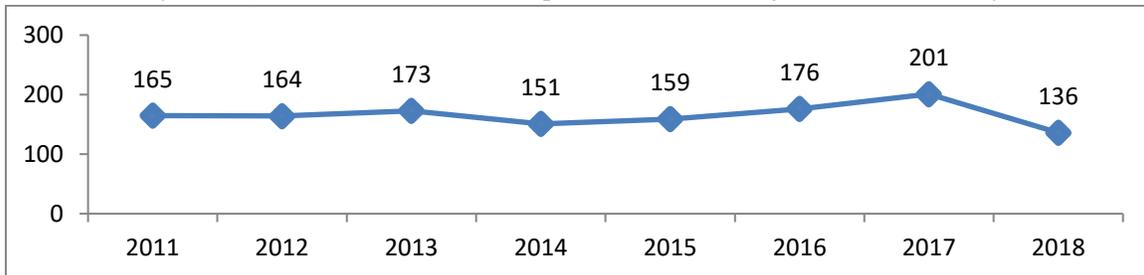
## Iowa Opioid Overdose Deaths



Source: CY, [Iowa Department of Public Health Division of Behavioral Health](#)

Iowa opioid-related overdose deaths, primarily from prescription opioids/narcotics and heroin, increased nearly 250%, from 59 deaths in 2005 to 201 deaths in 2017. According to preliminary 2018 data from the Iowa Department of Public Health (IDPH), the number of deaths involving opioids fell by 32% to 137.

### Iowa Opioid-Related Overdose Deaths (Heroin, Rx Methadone, Other Opioids, and Other Synthetic Narcotics)



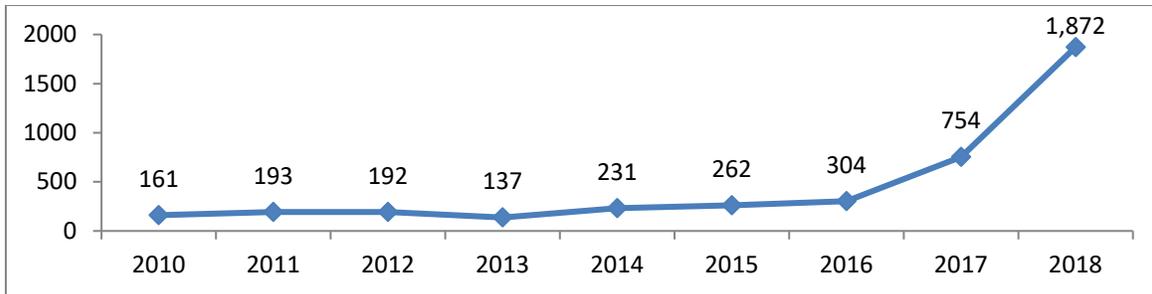
Source: CY, [Iowa Public Health Tracking Portal](#)

One reason for the decrease may be the increased availability of naloxone. Naloxone is a medication called an “opioid antagonist” and is used to counter the effects of opioid overdose. Naloxone is used to counteract life-threatening effects of opioids, such as depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. It is often referred to as an opioid overdose reversal drug, but requires emergency medical care after its use. Naloxone only works if a person has opioids in their system.

In July 2018, hospitals began reporting all known administrations of naloxone, the opioid overdose rescue medicine, to help track the number of non-lethal overdoses. Over the course of 2018, 1,872 doses of Naloxone were administered by EMS personnel.

The number of naloxone administrations by Emergency Medical Services (EMS) personnel in an overdose situation may be another indicator of the prevalence of prescription opioids and heroin in Iowa.

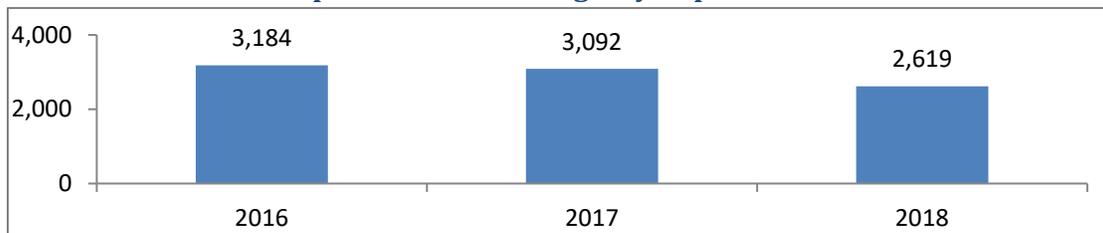
### Iowa EMS Naloxone Administrations



Source: CY, [Iowa Department of Public Health, Bureau of Emergency and Trauma Services](#)

Opiate-related emergency department visits remain at a high level. This number may not include unspecified or other drugs, or opiates combined with alcohol or other drugs.

### Iowa Opioid-Related Emergency Department Visits



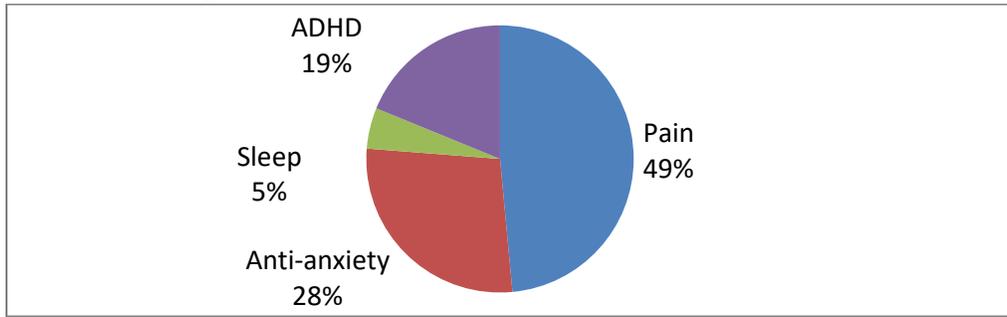
Source: CY, [Iowa Department of Public Health Division of Behavioral Health](#)

Prescription opioids are one of the three main broad categories of medications with abuse potential. The other two categories of prescription drugs with similar risks are stimulants and central nervous system depressants. A more detailed Iowa profile of prescription and over-the-counter drug abuse follows, as does additional information on heroin and related issues.

## Prescription Drugs and Over-the-Counter Medications

The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. The United States consumes 80% of the world's opioids – and 99% of the world's hydrocodone. According to data from the Prescription Drug Monitoring Program, the top 10 controlled substances prescribed in Iowa comprise approximately 94% of all prescriptions filled. These 10 medications include painkillers such as Vicodin, anti-anxiety medication such as Xanax, the sleep-inducer Ambien, and Attention Deficit Hyperactivity Disorder (ADHD) medications such as Adderall and Ritalin.

### Top 10 Controlled Substances Prescribed to Iowans

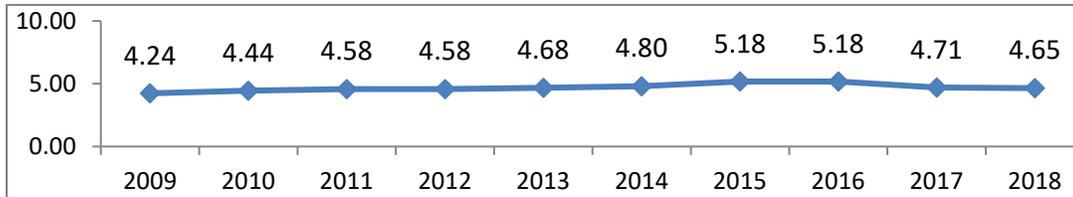


Source: CY 2018, [Iowa Board of Pharmacy](#)

Several recent and pending enhancements to Iowa's Prescription Monitoring Program will make the database faster, more effective, and generally more user-friendly for health care professionals concerned with patient care. These upgrades include an online dashboard featuring patient overdose risk ratings and increasing integration with electronic health record systems.

According to the PMP, the total number of Schedule II, III, and IV controlled prescription drugs filled in 2017 was down nearly 10% from 2016. That number decreased again in 2018 by 1.4%. The American Medical Association also reports the prescribing of opioid analgesics is down nationally, and in Iowa, over the past three years.

### Iowa Schedule II, III, and IV Prescriptions Filled in Iowa (in Millions)



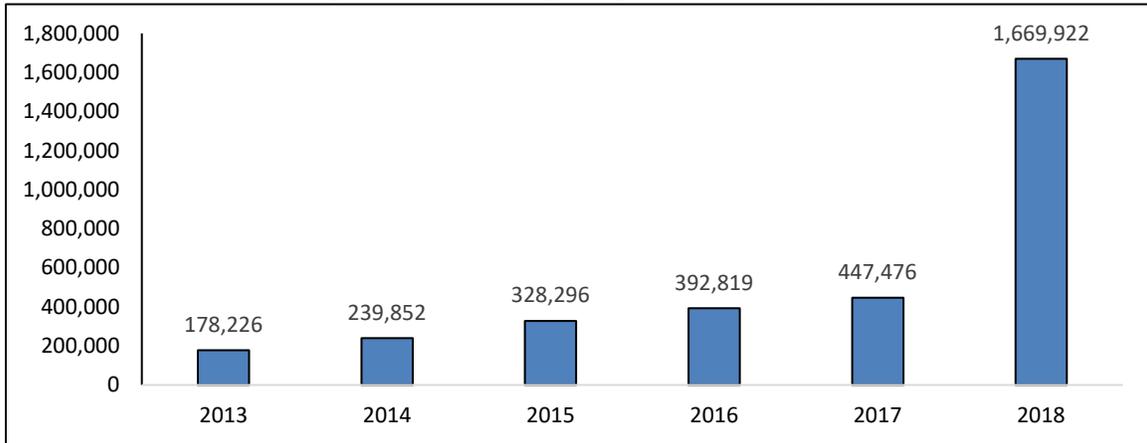
Source: CY, [Iowa Board of Pharmacy](#)

Additionally, Iowa law (HF 2377) enacted in 2018 makes the following changes to reduce opioid misuse:

- Prescribers are automatically enrolled to access the PMP
- Prescribers must query the PMP before prescribing opioids for a patient
- The PMP will proactively send automatic alerts to health care professionals when inappropriate controlled substance use is suspected
- Prescriber report cards will be available in the PMP
- And beginning in January 2020, all Iowa prescriptions must be delivered electronically

Because prescribers must now query the PMP before prescribing opioids to a patient, the number of inquiries in the PMP has more than tripled.

### Iowa Prescription Monitoring Program Queries by Prescribers



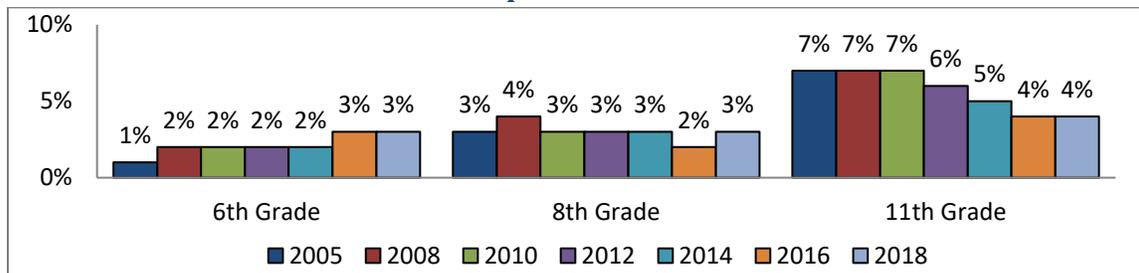
Source: CY, [Iowa Board of Pharmacy](#)

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 107 pharmaceutical diversion cases and seized 36,762 dosage units over the past seven fiscal years. In FY19 alone, DNE opened nine new cases and seized over 24,244 dosage units. This is nearly double the dosage units of the past six years combined.

Treatment centers anecdotally report an increase in prescription drug use disorder clients in recent years. Additionally, 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 as dangerous as using drugs like methamphetamine. This in turn leads them to wrongly believe that using a medicine without a prescription is not harmful and that misusing prescription painkillers will not cause addiction. These substances are widely available and are often obtained within the home. Many adults do not understand the behavior of intentionally misusing medicine to get high, and are not discussing the risks of this behavior with their children.

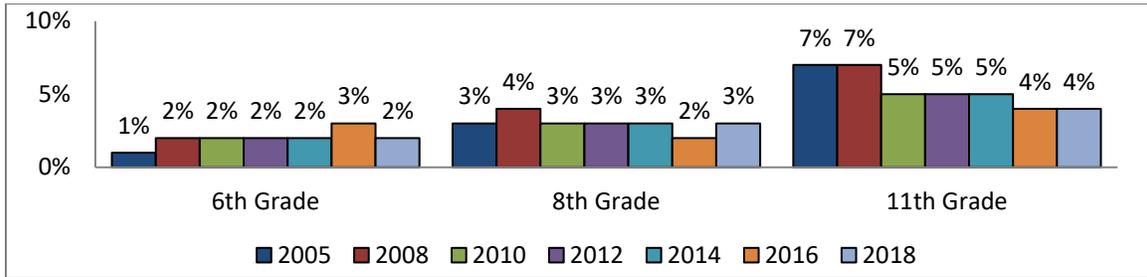
According to the 2018 Iowa Youth Survey, 4% of Iowa 11<sup>th</sup> graders have used prescription drugs for non-medical purposes in the past 30 days.

### Iowa Students Self-Reporting the Current Non-Medical Use of Prescription Medications



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

### Iowa Students Self-Reporting the Current Non-Medical Use of Over-the-Counter Medications



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

## Heroin

The prevalence of heroin use appears to be on the rise in Iowa. According to Iowa Department of Public Health treatment data, heroin screenings/admissions for treatment have held steady at 2.7% of all treatment admissions. Although small, this number has more than tripled in the past six years.

As more people become addicted to prescription opioids, more end up turning to heroin. Because prescription opioids are similar to heroin in how their chemical makeup affects the brain, some users addicted to pain medicine may transition to heroin. This is especially true when pain medicines become difficult to obtain, or cheaper heroin becomes available in a community. The Centers for Disease Control and Prevention (CDC) reports three out of four new heroin users reported previous prescription opioid misuse.

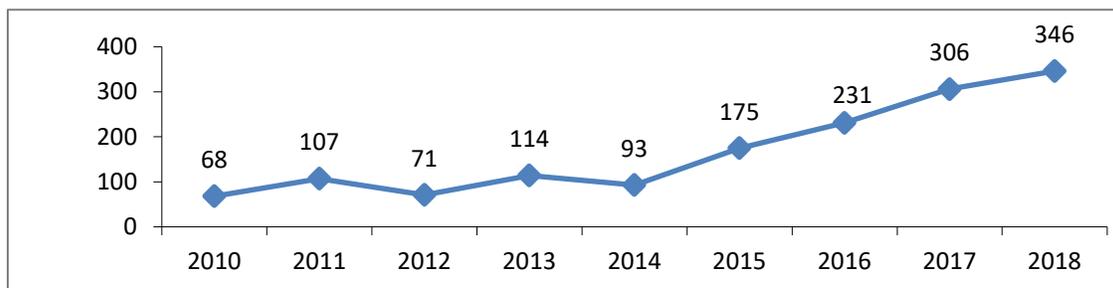
### Iowa Average Heroin Price per Gram

	2010	2012	2014	2016	2018
<b>Price</b>	\$215	\$250	\$250	\$200	<b>\$170</b>

Source: [Iowa Counterdrug Task Force](#)

The Iowa Department of Public Safety’s Division of Narcotics Enforcement reports five years of statewide heroin statistics. In 2011, DNE opened 1 heroin case and seized 112 grams of heroin. In 2019, those numbers increased to 24 heroin cases and 9,052 grams seized. Seizure amounts for any drug may vary greatly from year to year, especially when you have one or two large seizures, and represent only a partial picture. However, the Iowa crime lab reports a marked increase in heroin cases submitted.

### Heroin Seizure Cases Submitted to Iowa's Crime Lab



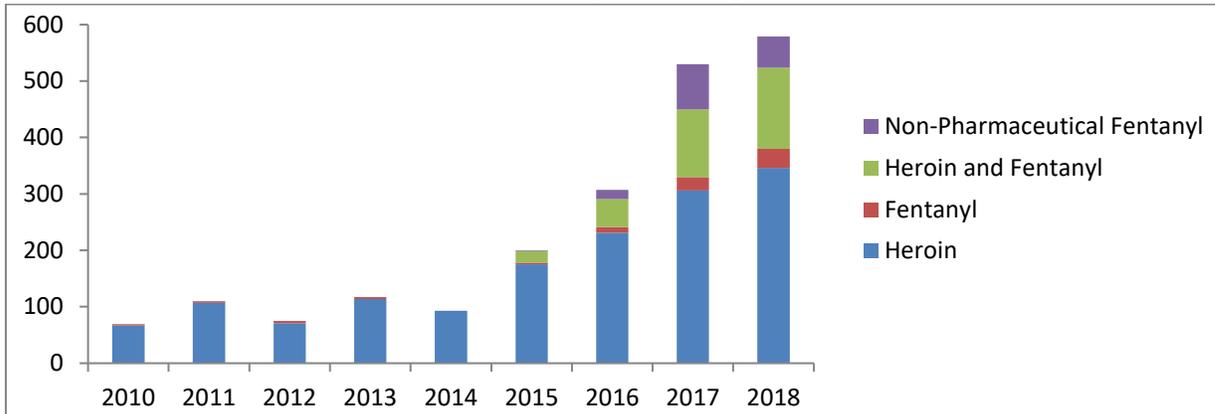
Source: CY, [Iowa Department of Public Safety Criminalistics Lab](#)  
May not include all seizures – larger cases may be sent to DEA lab.

### Synthetic Opioids (Non-Medical)

Fentanyl is a synthetic and short-acting opioid analgesic that is 50-100 times more potent than morphine, and approved for managing acute or chronic pain associated with advanced cancer. Although pharmaceutical fentanyl is at times diverted for misuse, most cases of fentanyl-related morbidity and mortality have been linked to illicitly manufactured fentanyl and fentanyl analogs, collectively referred to as non-pharmaceutical fentanyl (NPF). NPF is sold via illicit drug markets for its heroin-like effect and often mixed with heroin and/or cocaine as a combination product—with or without the user’s knowledge—to increase its euphoric effects. NPFs are also more lethal than many other opioid counterparts. While NPF-related overdoses can be reversed with naloxone, a higher dose or multiple-number of doses per overdose event may be required to revive a patient due to the high potency of NPF.

In the fall of 2015, the CDC issued a fentanyl “Health Advisory” to put health care professionals on alert, due to increases in fentanyl drug confiscations and fentanyl-related overdose fatalities in the United States. The CDC advisory followed a national alert issued by the Drug Enforcement Administration (DEA), citing fentanyl as a threat to public health and safety. In July of 2018, the DEA issued an Officer Safety Alert about the latest threat to emerge in the U.S. – carfentanil, which is approximately 100 times more potent than fentanyl. The Iowa Division of Criminal Investigation (DCI) laboratory reported five cases of carfentanil (alone or in mixture) in 2018.

### Iowa Heroin, Fentanyl, and other Synthetic Opioid Crime Lab Cases



Source: CY, [Iowa Department of Public Safety Criminalistics Lab](#)  
 May not include all seizures – larger cases may be sent to DEA lab.

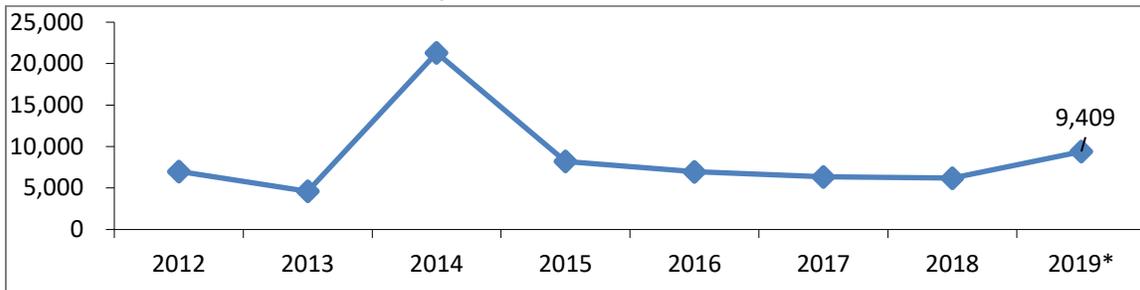
The DCI laboratory also reported 34 cases containing fentanyl and 144 cases of fentanyl or analogs mixed with heroin in 2018. The lab also reported 55 cases containing fentanyl analogs (non-pharmaceutical fentanyl or other synthetic opioids) such as acetyl fentanyl, furanyl fentanyl, or U-47700. While these numbers are relatively small, they mark a noticeable increase from three fentanyl cases in 2014.

### Cocaine/Crack Cocaine

Until the growth in the use of methamphetamine in the 1990s, the second most prevalent illegal drug in Iowa was cocaine or crack cocaine. Overshadowed by the use of meth and other drugs by Iowans, cocaine represents a smaller but significant problem.

The Iowa Division of Narcotics Enforcement reported having several large cases involving cocaine, but overall, seizure sizes vary.

### Iowa Cocaine/Crack Cocaine Seizures, in Grams



Source: CY (\*YTD), [Iowa Department of Public Safety Criminalistics Lab](#)  
 May not include all seizures. Larger cases may be sent to DEA lab.

### Iowa Average Cocaine Price per Gram

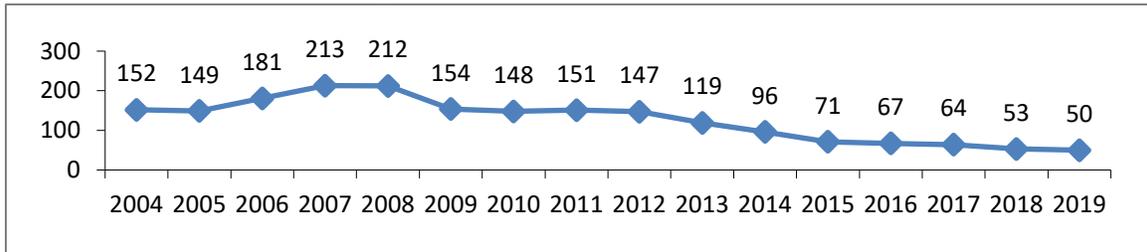
	2010	2012	2014	2016	2018
<b>Price</b>	\$125	\$130	\$100	\$100	<b>\$100</b>

Source: [Iowa Counterdrug Task Force](#)

Cocaine-related admissions to prison represented six percent of drug-related prison admissions in FY 2019. The number of prison admissions for crack/cocaine is the lowest it has ever been since this data was first collected in 2004. Notably, for the first time in recent history, powder cocaine-related prison admissions outnumbered crack cocaine-related prison admissions (26 vs. 24).

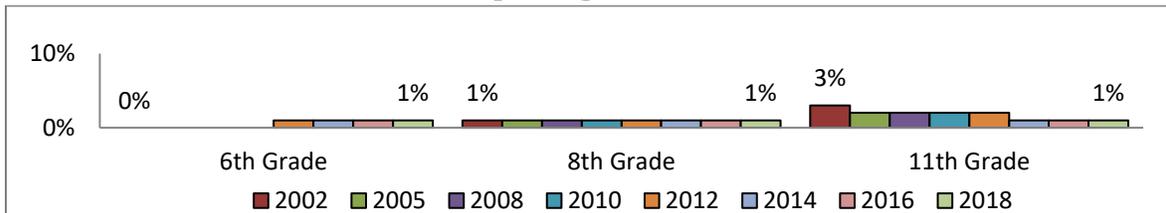
Based on the data indicators illustrated here, it would appear that cocaine/crack cocaine continues to represent a significant substance among the drug using population in Iowa. There is little reported use of cocaine/crack cocaine by Iowa youth.

### Iowa Cocaine/Crack Cocaine-Related Prison Admissions



Source: SFY, [Criminal and Juvenile Justice Planning](#)

### Iowa Students Self-Reporting the Current Use of Cocaine



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Data regarding the prevalence of cocaine/crack cocaine as the primary substance among juveniles screened/admitted to substance use disorder treatment programs while remaining constant for the past 10 years is also very low. In 2018, less than 1% of the youth admitted to treatment cited Cocaine/Crack Cocaine as the primary substance.

### Synthetic Cannabinoids and Cathinones

Another continuing threat to the health and safety of Iowans is the use of synthetic drugs. These substances, also known as synthetic cannabinoids and synthetic cathinones, are marketed as K2, Spice, and bath salts. The cannabinoids are herbal substances sprayed with one or more chemical compounds. Sold as incense and not for human consumption, Iowa youth often use them and experience dangerous hallucinogenic effects. The effects of bath salts mimic cocaine.

The retail availability of synthetic drugs appears to have decreased in recent years, but dangers still exist and anecdotal reports of synthetic drug activity have increased in recent months.

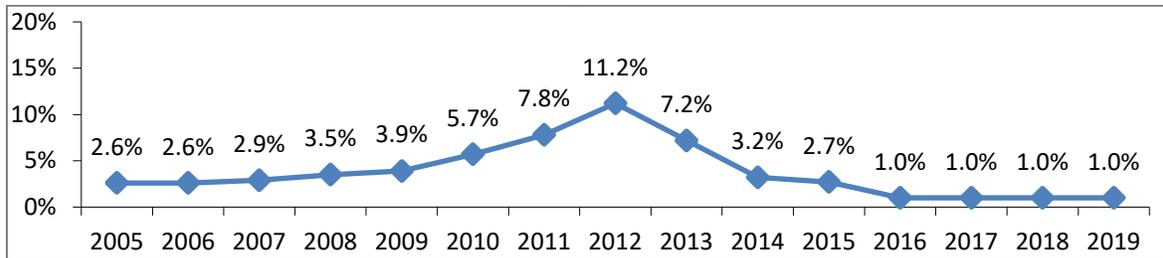
Reasons for the change are unclear, but several high-profile legal cases, including a successful Consumer Protection action by the Iowa Attorney General’s Office, may have deterred Iowa businesses from the continued sale of these products.

There have been few synthetic cathinones submitted to the crime lab in recent months, and most of those submitted are controlled under current Iowa law. A new law enacted in 2017 may also provide prosecutors with a stronger tool to take legal action against sellers of new, previously unidentified, synthetic drugs that have not yet been regulated under state or federal law.

### Other Illicit Drugs

Other drugs such as LSD and PCP also play a role in the overall problem of substance and drug abuse within the State, but their usage is currently relatively low. The percentage of Iowa adults admitted to a substance use disorder treatment program whose primary drug of abuse is “unknown or other” has dropped dramatically after a sharp rise.

**Iowa Adult Substance Use Disorder Treatment Screening/Admissions with an Other or Unknown Primary Substance of Abuse**

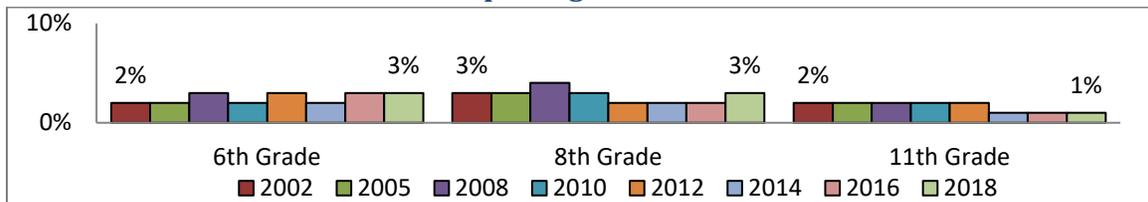


Source: FY, [Iowa Department of Public Health, Division of Behavioral Health](#)

### Inhalants

Inhalant use more often starts at younger ages and continues to be of concern. The perception of risk related to inhalant use is dropping. As attitudes weaken, abuse is more likely to increase.

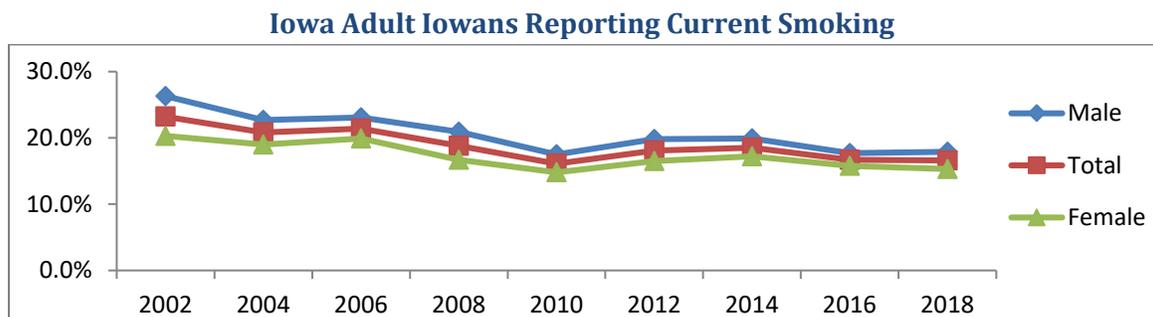
**Iowa Students Self-Reporting the Current Use of Inhalants**



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

## Tobacco/Nicotine Products (includes electronic smoking or vaping devices and e-cigarettes)

Tobacco use is the single largest cause of preventable premature mortality in the United States. It represents an enormous financial burden on healthcare, costing an estimated \$1 billion annually in Iowa alone. The use of tobacco and other nicotine products (e.g. e-cigarettes and vaping) among Iowans and exposure to secondhand smoke continue to be major public health problems. Having fewer nicotine users of all ages in Iowa and creating smoke-free environments for all Iowans are keys to reducing tobacco-related illnesses and costs. Nationally, 17% of adults report smoking, while in Iowa that rate is 16.6%.



Source: [CDC Behavioral Risk Factor Surveillance Surveys](#)

Much data and information is published by the federal Centers for Disease Control and Prevention, Iowa Tobacco Use and Prevention Commission, and other organizations to inform the public of the dire consequences of using tobacco products. These organizations estimate that annually 5,100 Iowans die as a result of smoking, and annual health care costs directly caused by smoking average \$1.285 billion.

At the time of this document's publication, the CDC and other federal officials continued their investigation into the cause of an outbreak of severe lung disease associated with vaping. As of October 22, 2019, the CDC reported 1,604 cases of e-cigarette, or vaping, product use associated lung injury cases in 49 states, including 43 such cases in Iowa. Thirty-four deaths were confirmed in 24 states, not including Iowa.

The Iowa Department of Public Health (IDPH) advises that youth should be discouraged from using vaping and e-cigarette products of any kind as the long-term health impacts for youth using these products are unknown. Furthermore, IDPH says since the specific compound or ingredient causing lung injury remains unknown, the only way to assure you are not at risk while the investigation continues is to consider refraining from use of all e-cigarette, or vaping, products.

Iowa school officials increasingly report finding and removing more vaping products from students. Also, law enforcement officers report seizing a growing number of electronic smoking (vaping) cartridges containing tetrahydrocannabinol (THC), the main psychoactive compound from the cannabis plant.

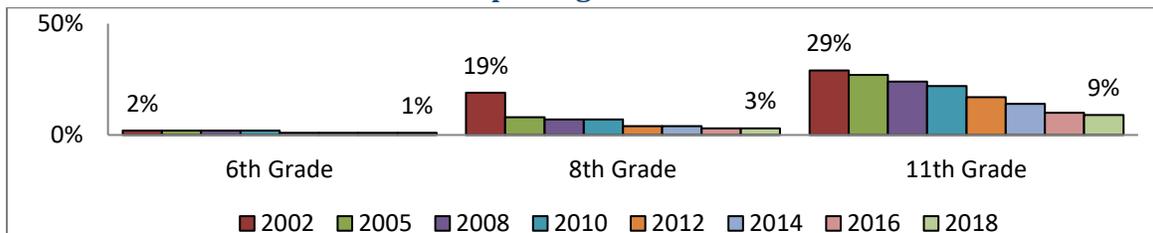
An informal focus group with a few Iowa high school students about vaping--conducted before the lung injury outbreak--found consensus on the following points, suggesting a need for more education and enforcement, especially in light of recent developments:

- Iowa teens who use vaping or electronic smoking devices like their flavors and the ability to hide them from adults;
- Vaping is viewed by Iowa teens as trendy and safer than smoking traditional cigarettes;
- Iowa teens believe parents are uninformed about vaping, and potential risks associated with it; and
- About half of Iowa teens who use electronic smoking devices vape THC.

Tobacco users in Iowa that want to quit may contact Quitline Iowa for tobacco cessation coaching services over the telephone or internet, 24 hours a day. Iowans over the age of 18 who are uninsured or on Medicare may also be eligible for eight (8) weeks of free nicotine replacement therapy in the form of gum, patches, or lozenges. Nicotine replacement therapies are approved by the FDA for tobacco use cessation. Quit Coaches are trained and well versed in techniques helping e-cigarette users quit, regardless of whether they are using just electronic cigarettes or both combusted tobacco and electronic cigarettes.

Though many people feel that e-cigarettes are a useful option for cessation, there is insufficient evidence to support the belief that e-cigarettes or other electronic smoking devices are effective in quitting tobacco use. Data suggests that the use of electronic devices keeps people smoking more traditional tobacco products and any smoking is dangerous to health. In one 2018 study, researchers found 39.5% of ENDS users had also used their device to vape other drugs including cannabis, cocaine powder, crack cocaine, synthetic cathinones, synthetic cannabinoids, opioids, heroin, fentanyl, etc. Finally, e-cigarette aerosol is not harmless water vapor and should not be considered as clean air.

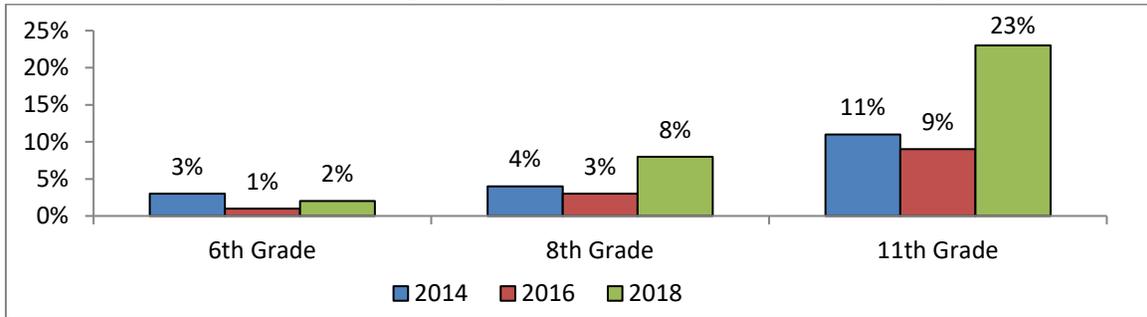
**Iowa Students Self-Reporting the Current Use of Tobacco**



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Iowa students were asked about electronic cigarette (e-cigarette or vaping device) use for the first time in the 2014 Iowa Youth Survey. E-cigarette use among 11<sup>th</sup> graders more than doubled from 9% in 2016 to 23% in 2018. The vaping rate among 11<sup>th</sup> graders is higher than both alcohol and other drug use. Additionally, the vast majority (83%) of youth who report any cigarette or e-cigarette use, started with e-cigarettes.

### Iowa Students Self-Reporting the Current Use of Electronic Cigarettes



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)



## Appendix Two: Funding Information

Funding listed herein focuses on substance abuse and associated issues (e.g. crime, violence, and delinquency). Prevention, Treatment, and Enforcement are broad categories meant to encompass many programs. Funding estimates include State, Federal, and Other funding sources invested by State agencies. Funding estimates do not include local or private resources, or federal funds provided directly to communities.

### Total Estimated FY 2020 Prevention, Treatment & Enforcement Funding (By Agency)

Agency	Prevention	Treatment	Enforcement	FY 2019 Total
Dept. of Education	\$452,184	\$0	\$0	\$452,184
DHR, CJP	\$329,793	\$0	\$0	\$329,793
DHS, Child & Family Services	\$0	\$2,538,861	\$0	\$2,538,861
DHS, Medical Services	\$0	\$42,922,849	\$0	\$42,922,849
DHS, Mental Health/Disability	\$0	\$466,749	\$0	\$466,749
DOC, Community Based	\$0	\$1,196,678	\$4,270,906	\$5,467,584
DOC, Institutional Programs	\$0	\$1,169,550	\$0	\$1,169,550
DPH, Behavioral Health	\$11,236,471	\$28,910,297	\$0	\$40,146,768
DPH, Tobacco	\$4,453,439	\$563,652	\$228,500	\$5,245,591
DPS, DCI	\$0	\$0	\$8,152,671	\$8,152,671
DPS, DNE	\$0	\$0	\$9,043,793	\$9,043,793
DPS, GTSB	\$0	\$0	\$504,285	\$504,285
DPS, Intel	\$0	\$0	\$2,667,446	\$2,667,446
DPS, State Patrol	\$0	\$0	\$2,371,000	\$2,371,000
Iowa Judicial Branch	\$0	\$0	\$4,286,744	\$4,286,744
Iowa National Guard	\$433,032	\$0	\$6,008,843	\$6,441,875
Iowa Veterans Home	\$104,659	\$0	\$0	\$104,659
Office of Drug Control Policy	\$375,013	\$307,679	\$2,184,296	\$2,866,988
Regents: ISU	\$239,529	\$334,871	\$119,950	\$694,350
Regents: U of I	\$1,293,132	\$2,209,430	\$0	\$3,502,562
Regents: UNI	\$370,167	\$0	\$74,716	\$444,883
<b>Total</b>	<b>\$19,287,419</b>	<b>\$80,620,616</b>	<b>\$39,913,150</b>	<b>\$139,821,185</b>

### Total Estimated FY 2020 (By Source)

Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$5,392,005	\$33,951,697	\$22,083,625	\$61,427,327
Federal	\$11,493,712	\$45,425,441	\$17,122,892	\$74,042,045
Other	\$2,401,702	\$1,243,478	\$706,633	\$4,351,813
<b>Total</b>	<b>\$19,287,419</b>	<b>\$80,620,616</b>	<b>\$39,913,150</b>	<b>\$139,821,185</b>



# Acknowledgements

The Iowa Drug Control Strategy represents cooperation and coordination by numerous agencies and individuals. Thank you to those listed below, their staff, and everyone else who assisted throughout the year.

## Iowa Drug Policy Advisory Council

**Dale Woolery**

*Interim Drug Policy Coordinator*

**Jennifer Miller**

*County Attorney's Association*

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*Department of Corrections*

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**Vern Armstrong**

*Department of Human Services*

**Kevin Gabbert**

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**Paul Feddersen**

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**Steve Michael**

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**David Lorenzen**

*Iowa Peace Officers Association*

**Jason Sandholdt**

*Iowa State Sheriffs and*

*Deputies Association*

**Matthew Harkin**

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*Judicial Branch*

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*Iowa Consortium for Substance Abuse*

*Research and Evaluation*

**Lt. Col. Jonathan Borg**

*Iowa National Guard*

**Steve Larson**

*Alcohol Beverage Division*

**Chief Rob Burdess**

*Iowa Police Chiefs Association*

**Flora Schmidt**

*Iowa Behavioral Health Association*

*This 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 use disorder 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 was developed in coordination with Iowa's Drug Policy Advisory Council.*