



Iowa Drug Control Strategy & Drug Use Profile Annual Report

2021





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Introduction

The vision of the Governor's Office of Drug Control Policy (ODCP) is safe and healthy Iowans. Our mission is to coordinate substance use related criminal justice resourcing and policy development. With that vision and mission, the ODCP, in cooperation with the Iowa Drug Policy Advisory Council (DPAC), presents the 2021 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 2021 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 2021 Iowa Drug Control Strategy is a comprehensive outline for addressing health and safety concerns involving risks associated with controlled and other addictive substances. Drawn from the input of numerous stakeholders and subject matter experts—including members of the Iowa Drug Policy Advisory Council—this report targets current and emerging needs faced by Iowa communities, and highlights effective or promising methods for dealing with them.

Tobacco use is the leading preventable cause of premature death in Iowa, and alcohol misuse arguably impacts more Iowa families than other substances. The persistent use of highly-addictive methamphetamine and opioids remains problematic too. The growing number and potency of marijuana preparations also present a challenge, as does the vaping of nicotine and marijuana products. Even as Iowans' use of many of these substances is relatively low or declining, deaths attributed to a few of them are rising, along with the potency of certain drugs and more powerful drug combinations.

One key factor influencing this year's Iowa Drug Control Strategy is the global coronavirus pandemic. Since March 2020, COVID-19 has changed much in our lives, including: substance using behaviors, drug trafficking patterns, and how we respond to needs for drug prevention, intervention, treatment and enforcement. Though we continue learning from the pandemic and global response, some Iowa lessons had emerged as of the issuance of this report.

Stressors stemming from the highly contagious and potentially dangerous COVID-19 virus, combined with evolving safety guidance and disruptions to Iowans' lives and livelihoods, seemingly have led to an increase in the use of some addictive substances and related complications. Many children have also been endangered by drug activities involving adult caregivers. The pandemic has changed how we respond to certain needs too. Examples of possible pandemic-effects include:

- Iowa alcoholic beverage sales have surged at times since the onset of the pandemic (over 20% in the 1st and 4th months), and were up 8.1% for the fiscal year ending June 2020. Behavioral health providers report cases of excessive drinking, “day drinking,” and alcohol withdrawal or treatment. Meantime, U.S. adult alcohol consumption rose 14% May-June 2020 vs. 2019. Iowa Alcoholic Beverage Division & RAND Corporation
- Overall alcohol related and drug overdose deaths in Iowa, as of the mid-point of 2020, were on pace to increase 17% and 18% respectively vs. 2019, and opioid OD deaths were up 36%. Iowa Department of Public Health (provisional data)
- In the early stages of the pandemic through the mid-point of 2020, fatal traffic crashes in Iowa were tracking 23% lower than in 2019, but since have increased to be about on par with last year. Reports of alcohol and drug impaired driving also dropped off at the onset of the pandemic. Iowa Departments of Transportation & Public Safety

- Drug enforcement officials in Iowa and other states reported a reduction in illegal methamphetamine smuggling from Mexico during the early stages of the pandemic, but more recently say meth supplies appear to be back to high-volume levels seen before the pandemic. Iowa Department of Public Safety & DEA
- About 80% of Iowa substance use disorder (SUD) treatment providers shifted to tele-treatment services to comply with social distancing guidance, reportedly resulting in improved program access and participation. The effectiveness and future role of tele-treatment remains to be seen. Iowa Department of Public Health
- As Iowa's prison population was reduced by 13% or nearly 1,100 by the summer of 2020 to meet social distancing needs, remote or tele-supervision was used more often for community monitoring of offenders (a national survey suggests jail populations declined as much as 22% in the pandemic's first month, but quickly rebounded in some areas). Coincidentally, an Iowa Pre/Post Arrest Diversion to Treatment pilot project got underway, as an alternative to incarceration option for eligible low-risk substance-using individuals in Black Hawk, Jones and Story Counties. Iowa Department of Corrections & Office of Drug Control Policy

The pandemic and other signature events, notably the social justice movement, help us look at challenges through a different lens, and apply lessons learned with an eye toward a better future. That future includes ending racial disparity through the pursuit of health, safety and justice for all Iowans.

Amid the big national and global developments, this report details Iowa data indicators that highlight a mix of challenge and progress in reducing the damaging health and safety effects of drug use and related activities. Some top line takeaways include:

- Overall: The rate of past 30-day illicit drug use by Iowans ranks 41st in the nation (9.39%-Iowa vs. 11.43%-U.S.), but Iowa has above average rates of tobacco, alcohol and meth use. National Survey on Drug Use and Health
- Alcohol: Alcohol-related deaths in Iowa have been climbing steadily over the last decade, and are headed for a record high of more than 700 in 2020. Iowa's rate of drinking and binge drinking exceeds the national average, despite a continued decline in youth alcohol use and alcohol-related substance use disorder treatment admissions. Iowa Department of Public Health
- Nicotine/Tobacco/Vaping: Traditional tobacco use continues to decline among Iowans. However, more Iowa youth are vaping nicotine products than smoking old-fashioned cigarettes, even as a national investigation continues into vaping-related injuries. Iowa Department of Public Health
- Marijuana/THC: Iowa law enforcement agencies submitted 3,600 marijuana concentrates for testing in 2019, as illegal marijuana products become diversified in form and more potent in strength. In the U.S., the average level of THC (delta-9-tetrahydrocannabinol, marijuana's main psychoactive ingredient) in marijuana concentrates was 60.95% in 2018, vs. 6.73% 10 years earlier. Iowa Division of Criminal Investigation & U.S. Drug Enforcement Administration
- Methamphetamine: Iowa meth labs have almost been extinguished, thanks to effective public and private sector efforts. However, cartels in Mexico are making up for the reduction in domestic production, as meth volumes, purity, substance use disorder (SUD)

treatment admissions, and psychostimulant-related overdose deaths are at or near all-time high levels in Iowa. Iowa Departments of Public Safety and Public Health (provisional data)

- Opioids: Following a slight and temporary dip over the last two years, Iowa opioid overdose deaths are rising again in 2020, tracking up 36% vs. 2019, even as more doses of the overdose rescue drug naloxone are used by first responders and citizens. Health and safety officials cite as possible factors: increasingly powerful synthetic opioids and opioid combinations; polysubstance use; and pandemic-related pressures. Iowa Departments of Public Health (provisional data) & Public Safety
- Others:
 - A survey of U.S. poison control centers from 2000-2018 finds an increase in suicides and attempted suicides involving over-the-counter analgesics (e.g., acetaminophen, ibuprofen and aspirin, and officials with the Iowa Poison Control Center say they've noticed that trend in our state too.
 - Despite national reports of increases in cocaine and non-opioid synthetic drug prevalence in certain areas of the U.S., Iowa data to date indicate no substantial increases in Iowa.
 - Reports of kratom sales and use appear to be increasing in Iowa, though at low levels. Kratom is an organic substance some claim has medicinal properties, while others say it has dangerous stimulant or opioid effects, depending on dose. Currently, kratom is unregulated federally, as well as in Iowa and most other states, but is being monitored by state and federal officials. Kratom is cited in a 2017 Iowa overdose death.

Going forward, Iowa's drug control strategy must evolve to meet changing needs. That means implementing nimble plans to address the use of more accessible and powerful substances, including polysubstance use, while supporting expedited scientific research to help in making informed decisions about newly emerging issues.

Approaches worth considering or strengthening to bolster other existing efforts include:

- Preventing youth use of alcohol, tobacco and marijuana amid a variety of public policies and social media messages that send mixed signals or make drugs more accessible (e.g., education and media literacy);
- Enhancing use of intervention tools and techniques (e.g., Prescription Monitoring Program, naloxone and Good Samaritan 911 calls);
- Treating addiction to more powerful drugs and drug combinations, and promoting recovery (e.g., Medication Assisted Treatment for opioid addiction and residential treatment for meth use and co-occurring disorders);
- Alternatives to incarceration for qualified low-risk offenders with substance use and mental health disorders (e.g., early diversion to treatment and problem-solving courts); and
- Flexible services on demand (e.g., tele-treatment and tele-supervision in rural areas).

A year ago, I wrote how strategies must become more agile to keep up with the increasing speed and scope of change involving the production, distribution and consumption of some drugs. The coronavirus pandemic has taken this challenge to a new level, proving a flexible response is invaluable.

As with the pandemic response, scientific research is required to inform us and guide the development of drug control policies in Iowa and beyond. Much of our current policy is based on limited available research and practical experience. The more we learn, and the quicker we learn it, the better off Iowans will be in an increasingly fast-moving and complex area. A comprehensive drug control strategy aims to help reduce both the demand for and supply of risky substances.

Let's make 2021 the year to build on lessons we've learned, and turn discovery into recovery for a healthier and safer Iowa.

Respectfully submitted,



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



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 alcohol, tobacco, and other drug-related deaths involving Iowans.

Addictive substances, led by tobacco and alcohol, result in too many preventable deaths. 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. Lessons learned from the opioid crisis may be transferrable to meth and other substance use disorders too.

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 Iowans' access to substance use disorder (SUD) services.

The isolating nature of the pandemic has illustrated the usefulness of teleservices when other services are not available. Going forward, quality teleservices likely can play a greater role in connecting those in need to services such as SUD tele-treatment, particularly in rural areas.

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, and the disproportionate number of minorities referred to the justice system.

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.

Additionally, a disproportionate number of black lowans are incarcerated, and separately arrested on marijuana charges. While not suitable for all, programs that divert lower-risk non-violent drug-addicted offenders to treatment may prove more effective and equitable 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 homes, 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. History indicates youth use of alcohol, tobacco or marijuana can increase the risk of other drug use at a later age. 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 8th grade, who use less than students in 11th 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.

Prevention services are often face-to-face. The Iowa Department of Public Health (IDPH) experienced prevention service disruptions in 2020 due to pandemic-induced school closures, business closures, and social distancing. Initially, the majority of prevention providers stopped in-person services. Then there was a rapid move to provide services through web-based platforms, posing a learning curve and leading providers to find innovative ways to provide virtual service.

The pandemic has also created the perfect storm for a rise in substance use disorders and drug misuse. Stress, job losses, quarantine, and depression compounded with isolation and a lack of access to health services can trigger excessive alcohol use, prescription medication overuse, illicit drug use, and relapses.

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 IDPH biennial Iowa Youth Survey. The pandemic demands resilience to continue engaging communities, parents, youth, and other key influencers to combat and prevent substance use.

Current Iowa 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 completing the fifth year of a statewide Drug-Free Communities grant to help promote greater networking and coordination among community coalitions. Additionally, 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.

Coronavirus Emergency Supplemental Funding (CESF): The 2020 CESF grant provides funding through the federal Byrne Justice Assistance Grant program to assist eligible states, local units of government, and tribes in preventing, preparing for, and responding to coronavirus-related needs in Iowa's justice system. The Office of Drug Control Policy (ODCP) made available approximately \$5.2 million in CESF pass-through grants for overtime, equipment, supplies, training, travel and other local and state needs associated with the coronavirus pandemic in areas including public safety, corrections and the courts.

Media Education, Digital Literacy & Wellness Campaigns: Media messages can influence knowledge, attitudes and ultimately behavior, especially at an early age where high-risk digital activities correlate with future high-risk behaviors. From convincing teenagers to exercise healthy choices to reminding parents to talk with their kids about the dangers of drugs, alcohol and tobacco/vaping products, 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 and wellness initiative, to help young Iowans decode advertising, social media, and other internet information and entertainment experiences 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, 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. As another example, the Iowa Healthcare Collaborative continues to assist Iowa rural hospitals and communities through Compass hospital quality improvement initiatives by deploying evidence-based best practices and fostering innovation to improve behavioral health outcomes with a focus on decreasing opioid misuse, as well as through the Rural Community Opioid Response Program (RCORP) to reduce the morbidity and mortality of substance use and opioid use disorders in high-risk rural communities.

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 misuse; and forming coalitions and partners to address the 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.

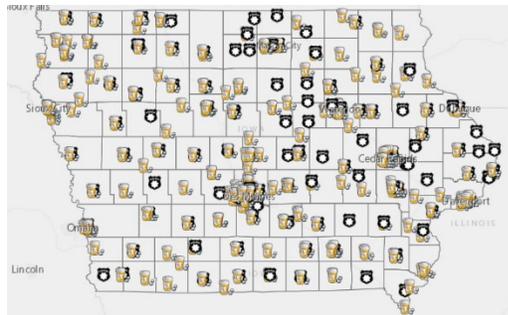
Parent Partners: Iowa parents who overcome obstacles, such as recovery from addiction, and meet criteria established by the Iowa Department of Human Services (IDHS) are trained to mentor other families navigating the child welfare system due to substance use disorders and other difficulties. Parent Partners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

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. The utilization by prescribers has more than tripled from 447,476 inquires in 2017 to 1,704,893 inquires in 2019.

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 eight-fold since 2015, to nearly 400 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 72 tons of leftover medicine in Iowa alone over the last ten 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.



Prevention of Opioid Misuse in Women: The Iowa Prevention of Opioid Misuse in Women grant was awarded as a three-year (08/01/2017-06/30/2020) grant, and additional one-year extension through FY21, to the Iowa Department of Public Health (IDPH) by the U.S. Department of Health and Human Services (HHS). 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.

Promoting the Integration of Primary and Behavioral Health Care: Iowa’s 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.

Vaping Prevention: In early 2020, the Tobacco Use Prevention and Control (TUPC) Division developed a Vape-Free School Tool Kit that was made available to all schools in Iowa. The TUPC Division continues to provide technical assistance to schools across the state in implementing effective strategies for tobacco control and cessation in the school setting. In December 2019, Iowa Students for Tobacco Education and Prevention (ISTEP) created a public awareness campaign warning of the dangers of vaping. The campaign included a news conference and social media platforms Twitter, Instagram, Facebook, YouTube, Hulu, and more. The campaign, created in partnership with IDPH and the Iowa Department of Education (IDOE), is intended to help parents spot warning signs their children are vaping and encourage them to address the issue. In addition, the campaign also provided tools for school nurses, teachers, and administrators. For more information visit idph.iowa.gov/tupc/vaping-information.

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 45% of the clients screened/admitted to SUD treatment are referred by the criminal justice system. This percentage has been decreasing in recent years.

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. Over 66% of all prison inmates, regardless of the crime they committed or are imprisoned for, have an identified substance use disorder. 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 substance use disorders, and specialized treatment (e.g., Drug Courts, other problem-solving courts, Jail-Based treatment, co-occurring substance use/mental health disorder programs, opioid-related Medication Assisted Treatment (MAT), and pre/post arrest diversion to treatment) can be effective. Tele-treatment is proving to enhance access to services, and is being monitored for outcomes. 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.

When the pandemic began impacting the state, we saw less access to in-patient and out-patient face-to-face treatment. The majority of outpatient treatment services closed their doors and had difficulty obtaining personal protective equipment (PPE). Many residential treatment facilities stopped taking new admissions.

Treatment providers had to evolve very quickly to provide needed treatment to their clients. There were challenges in learning to use online systems quickly and effectively, with limited resources to work remotely and gain access to web conferencing platforms. MAT clinics remained open, but allowed for increased take-home doses of medication authorized by state and federal partners.

Proclamation changes allowed providers to offer services via telehealth, including video and audio only sessions. As a result, the IDPH reports 82% of their providers switched to telehealth services, compared to only 10% pre-pandemic. They have also seen an increase in demand for both telehealth and MAT services since the pandemic began.

The pandemic is also taking a toll on the mental health of Iowans. SUD providers report increases in the number of clients with co-occurring mental health and substance use disorders. The increase in isolation and lack of pro-social supports during the pandemic may be contributing to this increase.

Current Iowa Approaches to Substance Use Disorder Treatment:

Coronavirus Emergency Grant: Through a collaborative effort, the Iowa Department of Public Health (IDPH) and the Department of Human Services (DHS) were recently awarded the Substance Abuse and Mental Health Services Administration (SAMHSA) Emergency Grant to Address Mental and Substance Use Disorders During COVID-19 (*COVID-19 Emergency Grant*). The COVID-19 Emergency Grant awards \$2,000,000 to provide behavioral health services for individuals impacted by COVID-19 over the course of sixteen months. The purpose of this grant is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery support for adults impacted by the COVID-19 pandemic. Utilizing an established telehealth or telecommunications delivery system, services will be provided for the following recipients:

- Individuals with serious mental illness
- Individuals with substance use disorders
- Individuals with co-occurring serious mental illness and substance use disorders
- Individuals with mental disorders that are less severe than serious mental illness (emphasis on healthcare professionals)

In Iowa, this program will consist of emergency crisis management screening services (contracted to Foundation 2), a 24-hour “Warm Line” which offers Peer Support and Recovery Coaching (contracted to the Abbe Center), and substance use and mental health disorder treatment and recovery support services across the state of Iowa facilitated by

Community and Family Resources, HFS, Prelude, Pathways, Zion, Seasons and UCS Health care.

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 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.

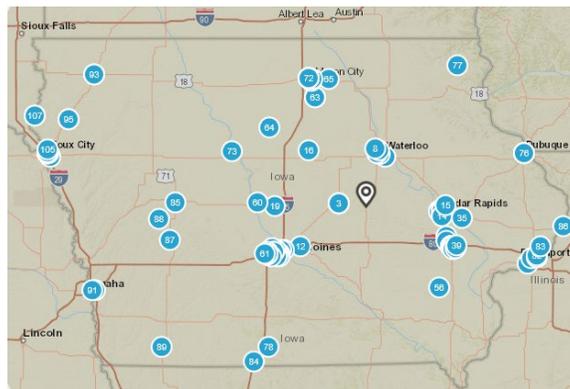
Iowa Opioid State Targeted Response Grant: State Opioid Response 2 (SOR2) is a two-year grant awarded to the Iowa Department of Public Health (IDPH) by the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2020. The SOR2 project aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder. This program also supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine.

Iowa's SOR2 project is consistent with IDPH's "recovery-oriented system of care" model that integrates substance use disorder prevention, treatment, and recovery support services. Total funding available for SOR2 covered services is \$8.9M per year.

Problem Solving Courts: Iowa currently has 38 problem solving courts. Sometimes described as a "Carrot and Stick Approach" or "Tough Love," Iowa's 12 adult criminal drug courts provide offenders who have substance use disorders with intensive community-based treatment and supervision as a less costly alternative to incarceration, and to reduce recidivism. The model is guided by the planned phase approach, with ten key components of drug courts ([Defining Drug Courts: The Key Components](#)). If offenders do not comply with or complete the drug court requirements, one of the consequences can be incarceration or a forfeiture of the offenders' opportunity to have charges reduced or discharged. The Judicial Branch, working with the Iowa Department of Human Services and the Iowa Department of Public Health, has established 12 family treatment courts to engage parents who come to the attention of the child welfare system due to parental substance issues in early access to substance use disorder treatment to protect children who have been determined to need 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. When utilized effectively, problem solving courts present a unique opportunity for participants to address their specific needs to overcome their drug addiction and lead productive lives.

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. 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 access to 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 has gone up 694% from 304 in 2016 to 2,413 in 2019.

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 (Good Samaritan): 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 commit certain low-level criminal offenses (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. In 2020, the Iowa Legislature expanded this program by enacting a law (HF 684) that also provides limited

immunity for persons under 21 years old who seek help in the case of an alcohol overdose. Utilization of this incentive remains low, indicating a continued need to promote 911 calls.

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 are participating 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 a substance use disorder will be referred to a local care coordinator and directed to treatment or other services, rather than the justice system.

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. 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 misuse alcohol and other drugs may be more inclined to commit crimes that pose a public safety threat.

Criminal behaviors involving alcohol and other drugs are not all the same, and neither should our response to these actions. However, the process by which criminal and juvenile justice is served must be fair for all Iowans. One goal of the Iowa Drug Control Strategy is to reduce the number of Iowans incarcerated, including disproportionate minority incarceration, by making greater use of non-justice system responses for low-risk individuals with a substance use or mental health disorder.

There are several ways to accomplish this goal, and some involve law enforcement. Examples of alternative responses include: prevention; treatment; and pre/post-arrest diversion to treatment, in which law enforcement officers or prosecutors direct qualified individuals to substance use disorder (SUD) or mental health treatment instead of the justice system.

The primary role of law enforcement is to maintain public safety for all Iowans. One current byproduct of law enforcement efforts directed at illegal drug activity is that 45 percent of Iowans entering state-licensed SUD treatment are referred there via the justice system. This share of treatment clients has gradually and steadily declined in recent years, but still represents one significant pathway for drug-affected Iowans who may otherwise struggle to get needed help.

Education is another function of some law enforcement officers, many of whom work with school-aged students and others on prevention techniques for making healthy choices when it comes to addictive substances.

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.

Current Iowa Approaches to Drug Enforcement and Supply Reduction:

COPS Anti-Methamphetamine and Anti-Heroin Programs: The Iowa Department of Public Safety received two grants from the U.S. Department of Justice (DOJ), Office of Community Oriented Policing Services (COPS Office). The Anti-Methamphetamine and Anti-Heroin programs are designed to advance public safety by providing funds to state

law enforcement agencies with high rates of primary treatment admissions for meth, heroin and other opioids. The funding allows for overtime for law enforcement for investigative purposes to locate or investigate, through statewide collaboration, illicit activities, including activities related to the distribution of heroin or unlawful diversion and distribution of prescription opioids.

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 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 99% since their peak (2019 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.

Traffic Safety Enforcement: The Iowa Drug Recognition Expert (DRE) Program will aid in the statewide plan for the Governor's Traffic Safety Bureau (GTSB) of reducing instances of impaired driving throughout Iowa. Advanced Roadside Impaired Driving Enforcement (A.R.I.D.E.) for law enforcement will also be a valuable tool in training officers to identify and remove impaired drivers from Iowa's roadways. In 2020 and beyond these trainings are critical to our mission of safer roadways and fatality reduction.

In 2021, 34 law enforcement agencies will have contracts with GTSB that focus solely on impaired driving and GTSB has created a new media campaign called *If you feel different, you drive different* that focuses on drugged driving.



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.

Our state has one of the nation's lowest rates of illicit drug use, but Iowans continue consuming alcohol and tobacco at rates above the national average. Although drug-related traffic fatalities decreased last year, drug and alcohol-related deaths in Iowa are at record high levels, and rising.

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 by our youth, and all too often holds dangerous consequences. 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 and its increasing potency in vaping and other products.

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 indicate opioid overdose deaths in Iowa are rising again, due in part to more powerful opioids, combination products, and additional life stressors. We must continue strengthening opioid misuse prevention, intervention, treatment and recovery efforts.

The pandemic has changed the way the world operates. The State of Iowa is learning new ways of providing prevention and SUD treatment. Through telehealth, remote meetings, and continued access to Medication-Assisted Treatment (MAT), we are committed to ensuring Iowans continue to get the services they need, while staying safe from unnecessary exposure to coronavirus.

At the same time, heightened awareness of racial disparities illustrates both a need and an opportunity to work together on removing race-based bias, while pursuing safer and healthier communities for all Iowans.

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 misuse of all substances. In SFY 2020, the Iowa Department of Public Health (IDPH) screened over 42,750 patients for substance use disorder treatment (SUD) services. The percent of patients reporting a primary substance of alcohol declined to 41.8%. The percent of all patients reporting marijuana use held generally steady at 23.2%. 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 23.8%. Use of heroin was reported by 3.6% of patients. Although low, this is the highest percentage on record.

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
2019	42.7%	25.4%	22.8%	1.5%	2.7%	4.9%	45,359
2020	41.8%	23.2%	23.8%	1.4%	3.6%	6.2%	42,757

**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 misused in Iowa, with 17,380 adults and 480 juveniles (patients aged 10-17 years-old) presented with alcohol as their primary substance.

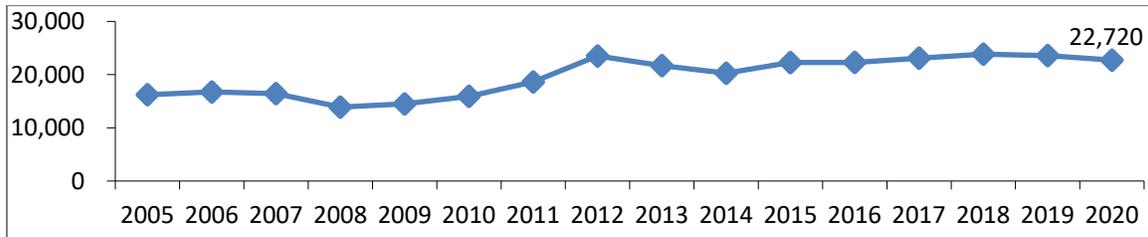
Primary Substance of Abuse for Iowa Clients Screened/Admitted to Treatment

Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	480 (19%)	17,380 (43%)	42%
Marijuana	1,922 (75%)	8,026 (20%)	23%
Methamphetamine	65 (3%)	10,128 (25%)	24%
Cocaine	13 (<1%)	579 (1%)	1%
Inhalants	3 (<1%)	18 (<1%)	Less than 0.1%
Opioids	25 (1%)	3,484 (9%)	8%
Other/Unknown	69 (3%)	485 (1%)	1%
Total	2,577	40,100	100%

Source: SFY 2020, [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 other than alcohol.

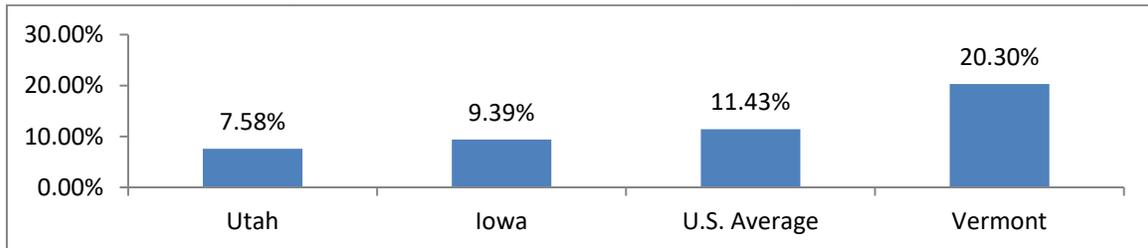
Substance Use Disorder Treatment Program Screenings/Admissions for Iowa Adults with a Primary Substance Other Than Alcohol



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

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

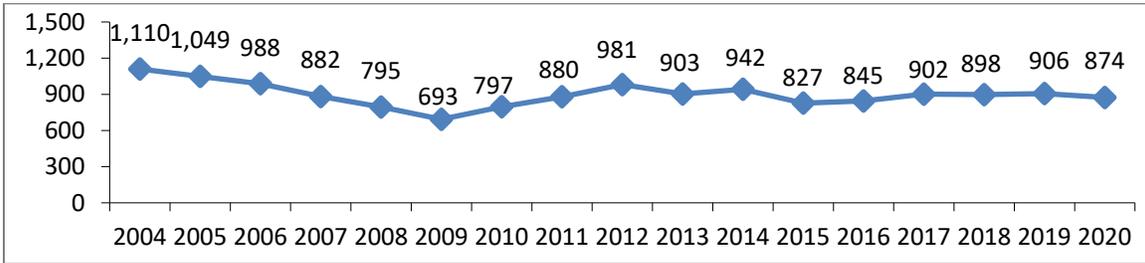
Illicit Drug Use in the Past Month - Lowest to Highest in the U.S.



Source: [2017-2018 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 the level of drug use in the state. In 2005, a reduction in meth lab incidents helped decrease 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. Overall, Iowa's drug-related prison admissions have remained relatively stable since then. The figure below shows the offenders admitted to prison with a drug offense as their lead charge.

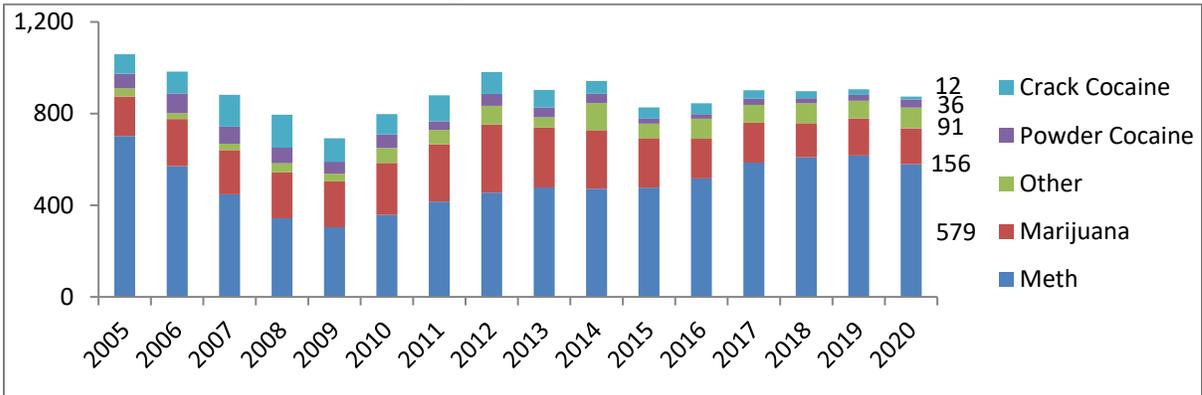
Iowa Drug-Related Prison Admissions



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

The Iowa Department of Corrections (DOC) reports a limited number of admissions in the final quarter of FY20 due to the pandemic. From FY17 to FY18 offenders incarcerated on a new most serious marijuana drug offense decreased by 14.9%. This number held steady in FY19, but decreased again in FY20. From FY14 to FY19 offenders incarcerated on a new most serious methamphetamine drug offense increased by 30.7%. This number decreased slightly in FY20. Heroin continued to account for a low proportion of total new drug admissions during FY20, at 2.2%. More broadly, opioids accounted for only 2.97% of total new drug admissions during FY20. 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 second year in a row, powder cocaine-related prison admissions outnumbered crack cocaine-related prison admissions (36 vs. 12).

Iowa Drug-Related Prison Admissions



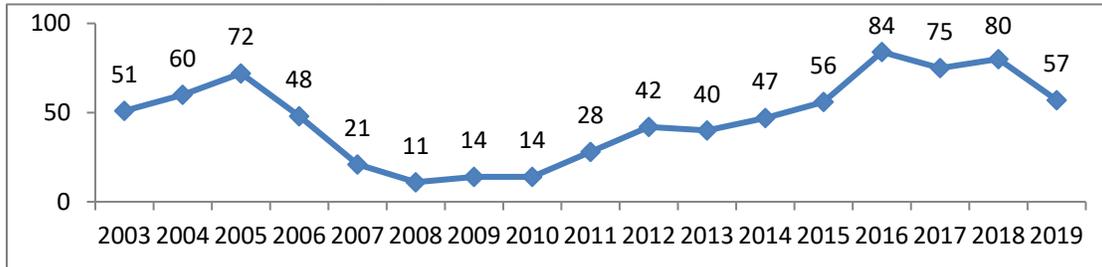
Source: FY, [Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning](#)

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. Motor vehicle crashes are the leading cause of death for people 15-20 years old, 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.

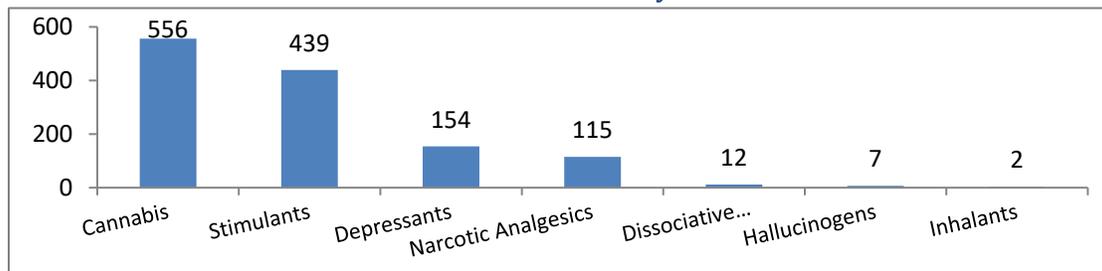
Drug-Related Iowa Traffic Fatalities



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

Iowa Drug Recognition Experts (DREs) performed 1,015 evaluations for impaired driving in 2019. Over 61% of these evaluations resulted in a finding of impairment from cannabis. In 2019 Iowa ranked 7th nationally up against all 50 states with 1,015 total enforcement evaluations, which is remarkable due to Iowa's population compared to many of the other states. Even more impressive Iowa ranked 3rd nationally in evaluations per DRE with 8.2 evaluations per DRE. Due to the pandemic, some law enforcement agencies started restricting traffic enforcement and some agencies stopped conducting DRE evaluations due to the close personal contact during the evaluation. From January to October 15, 2020, DREs have only conducted 424 evaluations.

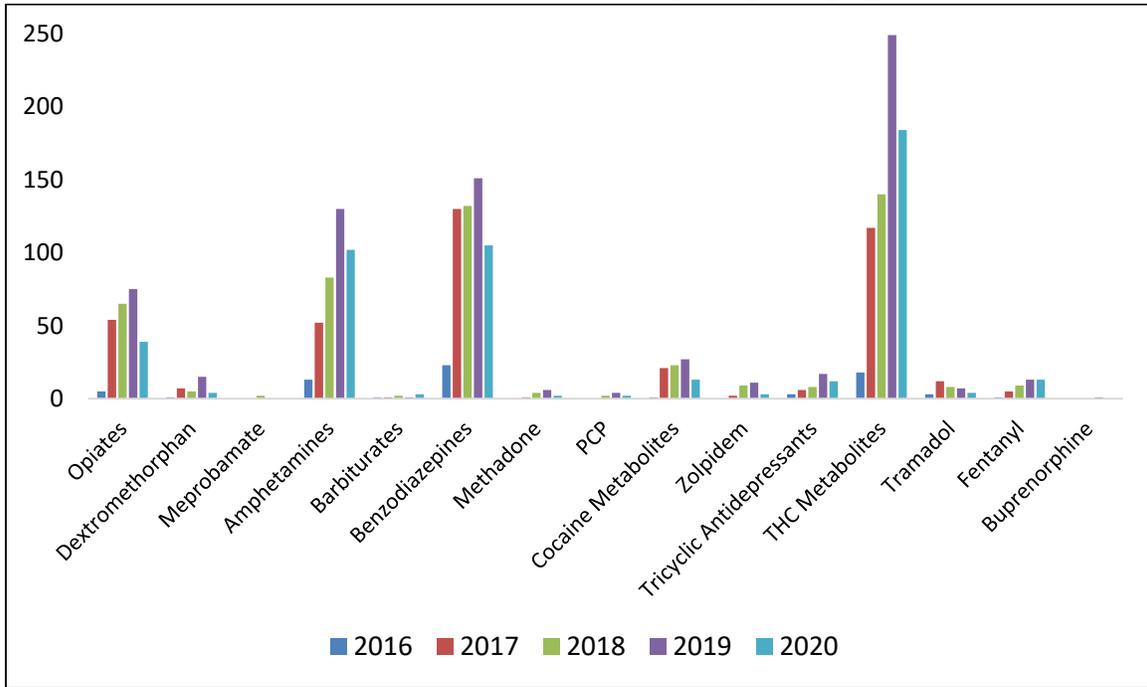
Non-Alcohol Evaluations by Iowa DREs



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

Since August 2016, the Iowa Department of Public Safety Crime Lab has run 2,424 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 2020 (through August), 184 cases screened positive for delta-9-tetrahydrocannabinol (THC), 105 cases screen positive for benzodiazepines, and 102 cases screened positive for amphetamines.

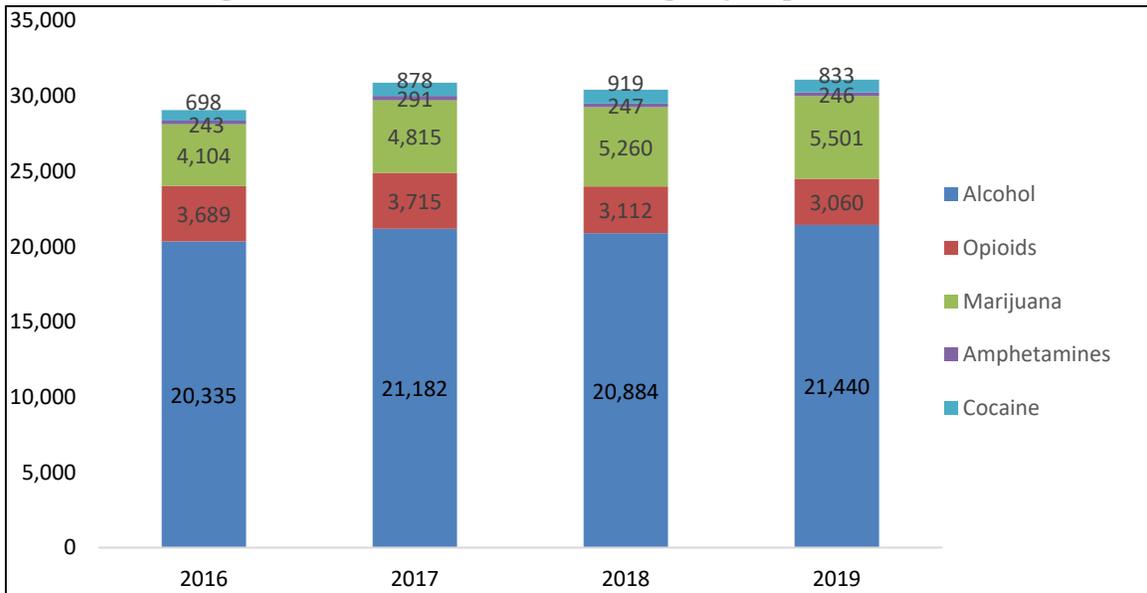
Iowa Positive Blood Screens by Drug Category



Source: CY through August 2020, [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.

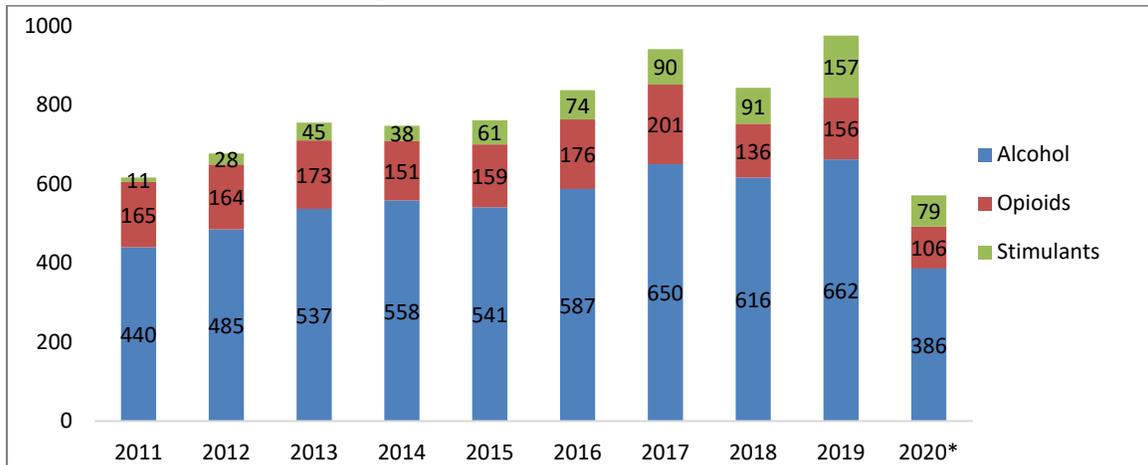
Drug and Alcohol-Related Iowa Emergency Department Visits



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

Substance-involved mortality reported by the IDPH include the number of people who have died because they were exposed to drugs such as opioids, alcohol, and methamphetamine.

Drug and Alcohol-Related Iowa Deaths



Source: CY *2020 through June, [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 2019 report include:

- 88% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 41% at treatment admission to 63% six months since discharge from treatment
- 47% of clients remained abstinent six months since their discharge from treatment

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

Employment Status	Patients with Completed Follow-Up Interviews (n=284)		
	Admission	Follow-Up	Percentage Point Change
Employed Full-Time (≥35 hours/week)	30% (85)	51% (145)	+21
Employed Part-Time (<35 hours/week)	11% (31)	12% (34)	+1
Unemployed (Looking for Work in the Past 30 Days)	38% (108)	19% (53)	-19
Not in Labor Force	21% (60)	18% (52)	-3

Source: Iowa Department of Public Health Division of Behavioral Health – 2019 Outcomes Monitoring System
 Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

Iowa SUD Treatment Clients Reporting Substance Use Six Months Post Treatment

All Substances Reported	Patients with Completed Follow-Up Interviews (n=284)*	
	Admission	Follow-Up
Alcohol	57% (162)	42% (120)
Marijuana/Hashish	56% (159)	22% (62)
Methamphetamine	47% (134)	13% (38)
Opioids	13% (37)	3% (7)
Benzodiazepines	6% (17)	3% (9)
Cocaine/Crack	5% (15)	1% (4)
Other Substances	2% (7)	2% (5)

*Column totals are not equal to the number of individuals since all substances reported by patients as primary, secondary, or tertiary substance are presented

Source: Iowa Department of Public Health Division of Behavioral Health – 2019 Outcomes Monitoring System
 Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

Iowa SUD Treatment Clients with No Arrests Six Months Post Treatment

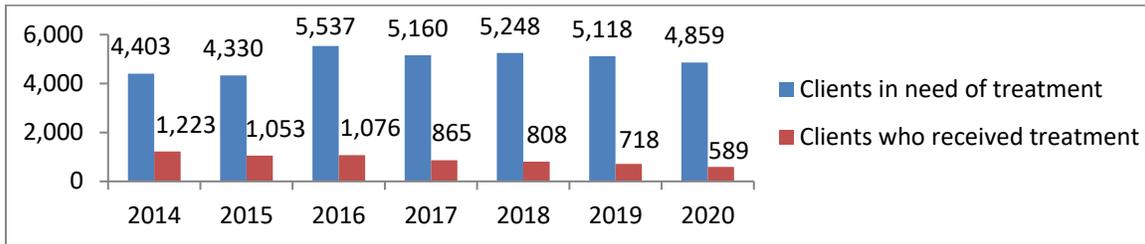
Number of Arrests	Patients with Completed Follow-Up Interviews (n=284)	
	Admission	Follow-Up
None	42% (120)	88% (251)
One to Three Times	50% (143)	12% (33)
Four or More Times	7% (21)	0% (0)

Note: Since the admission and follow-up questions cover different periods (12 months and six months respectively), a direct comparison between the two is not recommended

Source: Iowa Department of Public Health Division of Behavioral Health – 2019 Outcomes Monitoring System
 Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

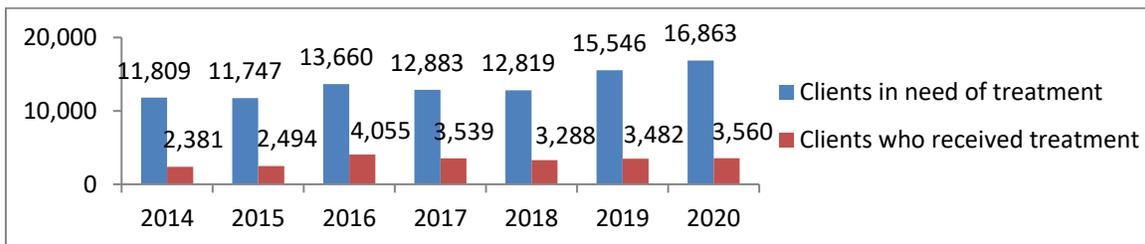
In 2020, the Department of Corrections provided SUD treatment to only 12% of the addicted custodial inmates and 21% of the drug-addicted offenders in community corrections. Offenders are receiving substance abuse treatment under cognitive behavioral therapy models at higher rates than historically. Therefore, there are fewer numbers of program participants specifically receiving substance abuse treatment. Also, due to the pandemic, there was a decrease in the number of people receiving treatment in institutions due to limited prison admissions and additional releases.

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](#)

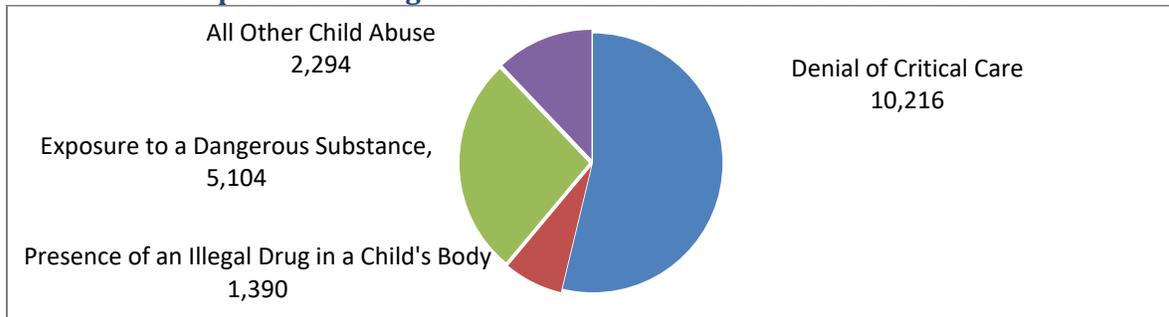
A significant portion of the drug using population in Iowa is in the child-rearing age group. Experts agree there is a high correlation between parental substance use/misuse and child abuse. In Iowa,

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 may 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. In 2018, there were 4,688 cases and in 2019 there were 5,104 cases.

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

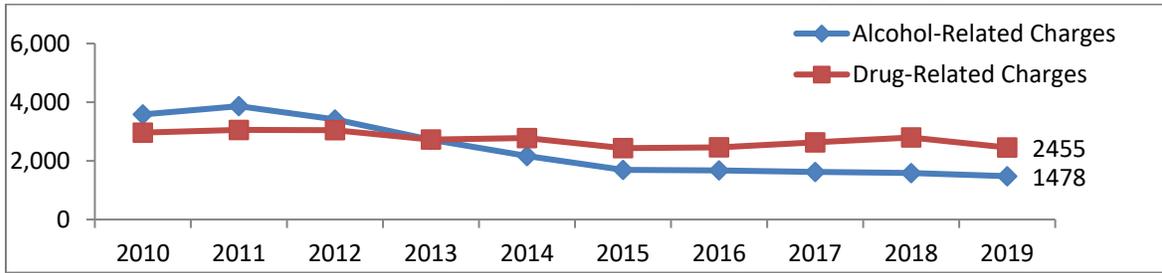


Source: CY 2019, [Iowa Department of Human Services](#)

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 88% 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



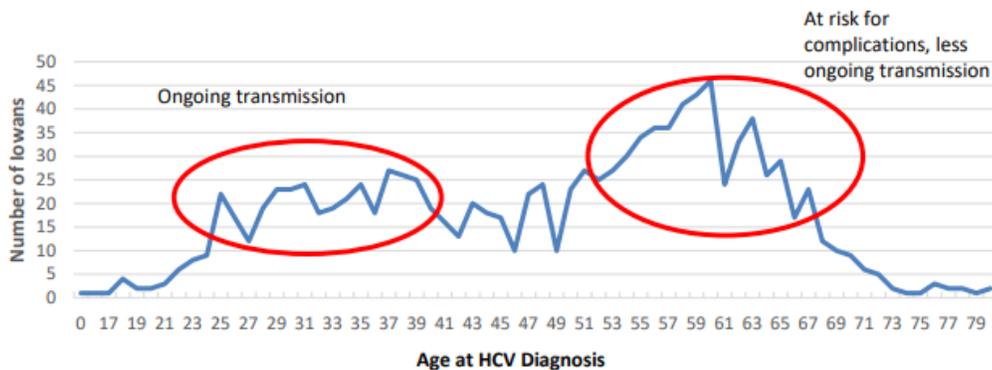
Source: CY [Iowa Justice Data Warehouse](#)

According to the CDC, in the United States, injection drug use (IDU) is the primary risk factor for Hepatitis C Virus (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 (IDPH), 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.

A distribution of Iowans diagnosed with HCV in 2019 by age reveals the two groups of Iowans at highest risk. Iowans under 40 years of age at diagnosis with HCV represent those who likely contracted the virus from current or recent injection drug use and who are likely at risk for transmitting to others, although they are less likely to have yet experienced health complications related to HCV. Iowans older than 50 years of age diagnosed with HCV are more likely to have acquired the virus decades ago and are at higher risk for immediate health complications. Many of these “baby boomers” may have ceased injecting drugs years earlier. The chart below illustrates these risks

Iowans Diagnosed with HCV in 2019, by Age



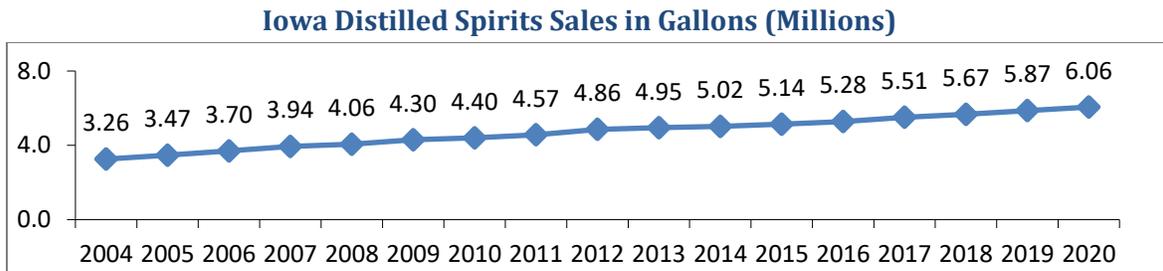
Source: CY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Alcohol

Alcohol is the most frequently misused 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.

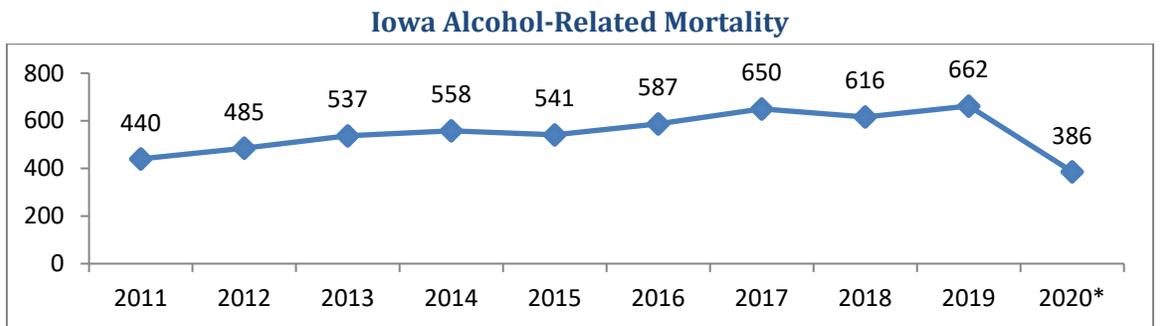
Alcohol dependency, misuse and addiction are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. Amid the pandemic, alcohol sales and consumption in Iowa have risen significantly. Also, of note, “cocktails-to-go” are now allowed in Iowa.

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 86% over the past sixteen years reaching its current high of 6.06 million gallons in FY 2020.



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

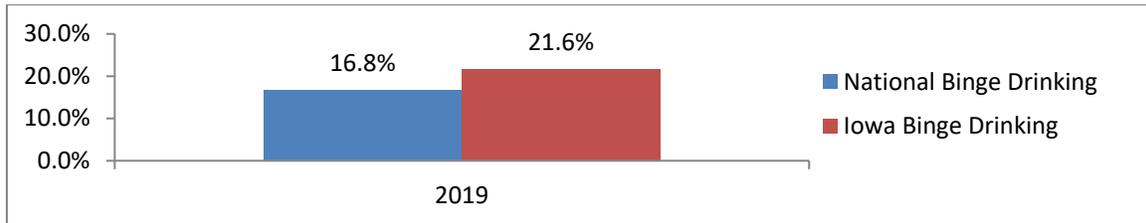
Iowa's alcohol mortality numbers have risen steadily in recent years, according to the most recent data available from the Iowa Department of Public Health.



Source: CY *2020 through June, [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 lowans 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.

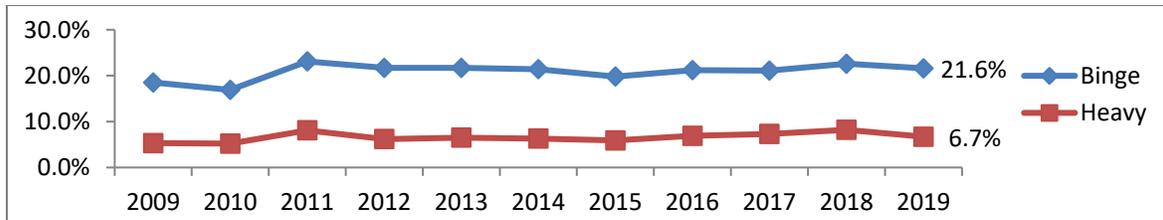
National Binge Drinking vs. Iowa Binge Drinking Rates



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, 16.8% of Americans report binge drinking while 21.6% of lowans report binge drinking. Nationally 6.5% report heavy drinking while 6.7% of lowans report heavy drinking.

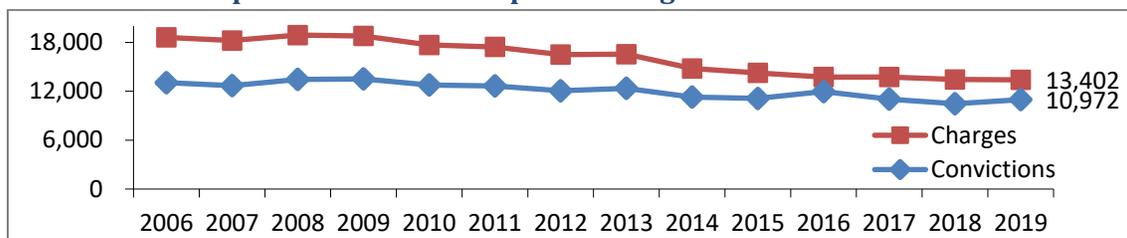
Adult lowans (18 and over) Reporting Heavy or Binge Drinking



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.

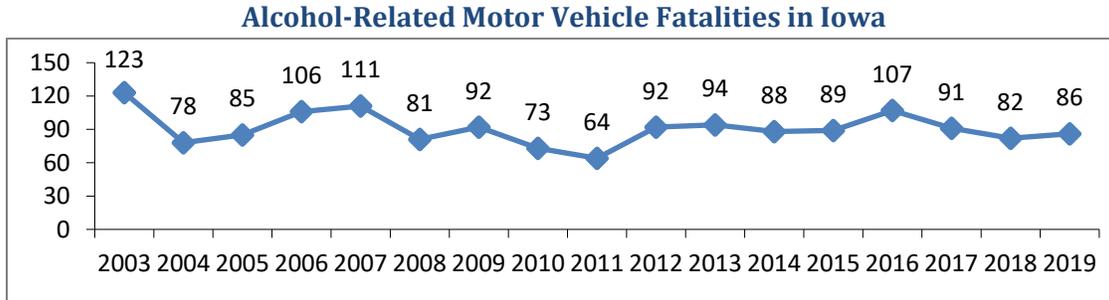
Reported Iowa OWI Disposed Charges and Convictions



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 2019, 86 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.



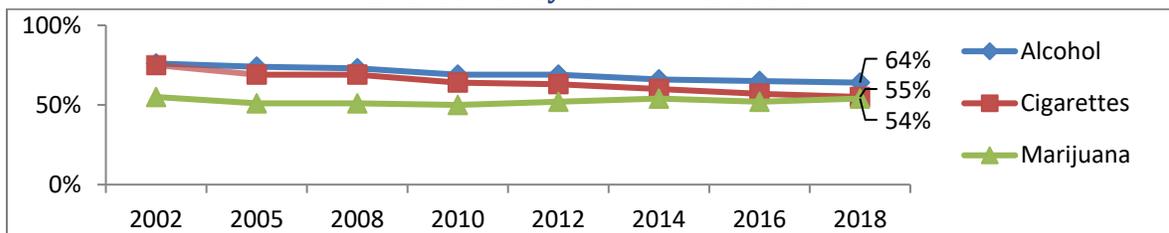
Source: CY, [Iowa Department of Transportation](#)

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. Due to the pandemic, the 2020 IYS has been postponed until 2021.

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 11th graders thought it would be “easy” or “very easy” to get alcohol. Ease of access is a key factor in youth substance abuse.

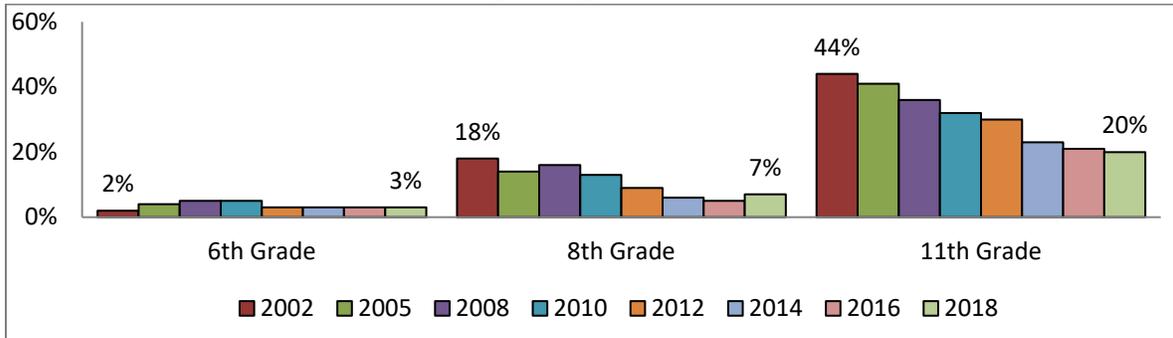
**Ease of Access to Cigarettes, Alcohol, and Marijuana in Iowa Communities
As Perceived by Iowa 11th Graders**



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

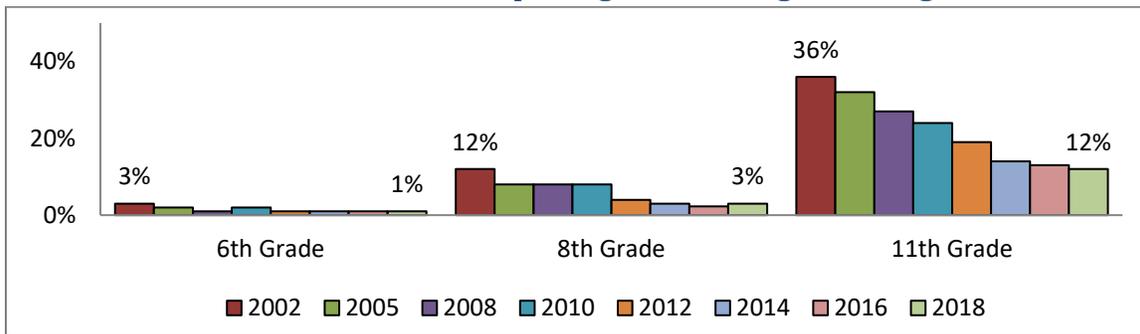
While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2018, 20% of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall however, is that both current and past 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](#)

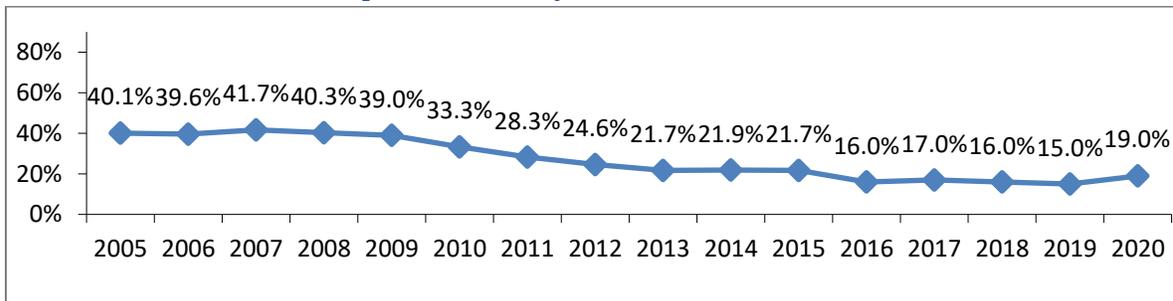
Iowa Students Self-Reporting Current Binge Drinking



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.

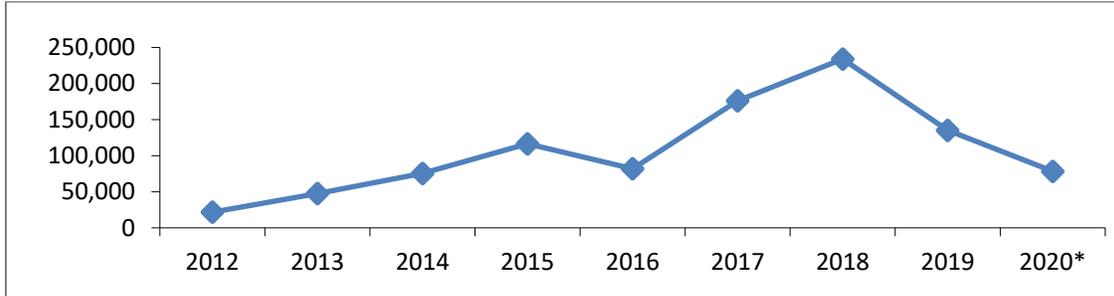
Iowa Youth Screens/Admissions to Substance Use Disorder Treatment Programs with a Reported Primary Substance of Alcohol



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

Amphetamine/Methamphetamine

Iowa Methamphetamine Seizures in Grams



Source: CY 2020 through September, [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. It is also important to note that due to the coronavirus pandemic, the supply of meth and other drugs into the U.S. decreased temporarily. Law enforcement reports the supply of drugs trafficked into the country has resumed to pre-pandemic levels.

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. Due to the limited supply of drugs during the pandemic, the price of meth went up for a short time. Once the supply returned, the price went back down.

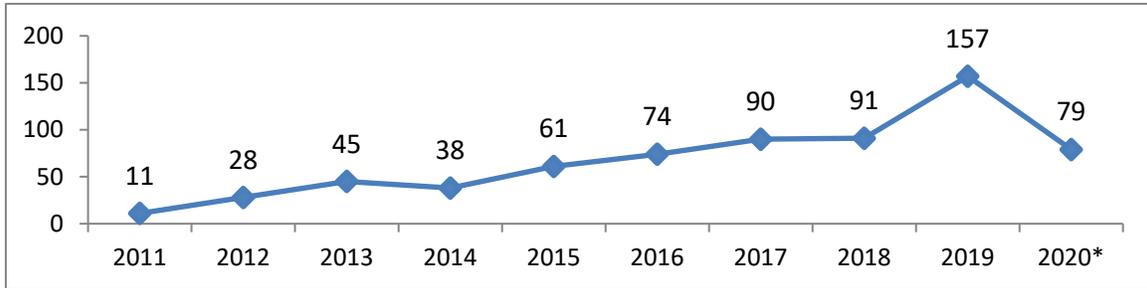
Iowa Average Methamphetamine Price per Gram and Purity

	2010	2012	2014	2016	2018	2020
Price	\$130	\$135	\$125	\$105	\$105	\$89
Purity	79%	87%	95%	97%	97%	97%

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, have risen from 11 deaths in 2011 to 157 deaths in 2019. Considering that opioids are sometimes implicated in cocaine and methamphetamine overdose deaths, people who primarily use stimulants are recognized as an at-risk population for opioid overdose. Iowa law allows for increased community distribution of naloxone which can help safeguard against polysubstance use overdoses. Additionally, improved reporting with more rigorous toxicology testing could be contributing to the increase.

Iowa Psychostimulant-Related Deaths



Source: CY *2020 through June, [Iowa Public Health Tracking Portal](#)

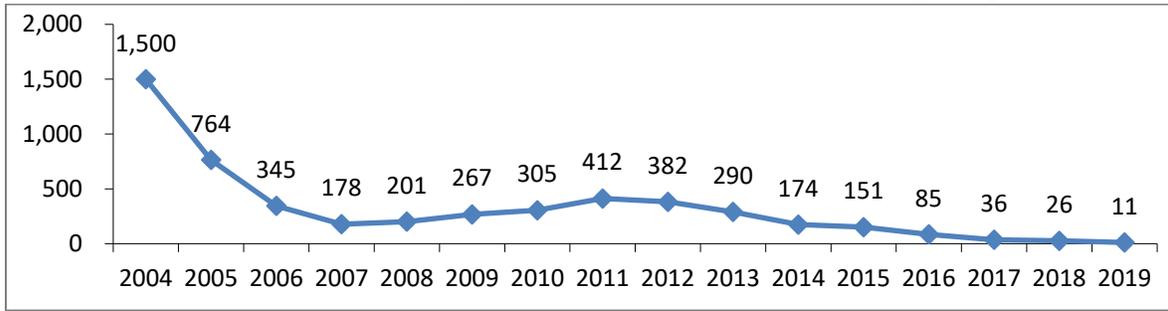
The Midwest High Intensity Drug Trafficking Area (HIDTA) has warned of possible meth “conversion” labs, used to extract meth from solution used to conceal the drug during the smuggling process. These labs reportedly involve highly flammable materials, but have not yet materialized in significant numbers.

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.

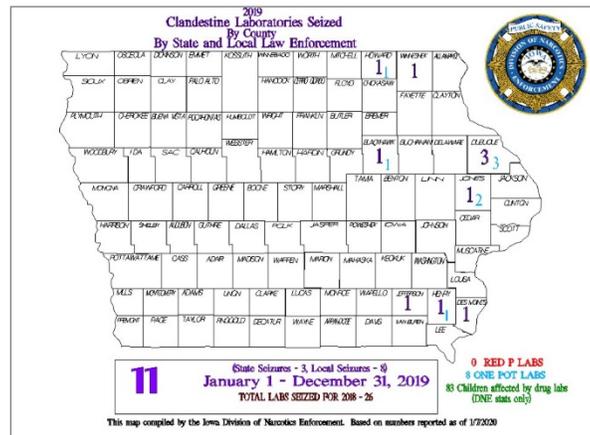
In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. Additional legislation passed in 2009, requires all Iowa pharmacies that sell non-prescription pseudoephedrine products over-the-counter to participate 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

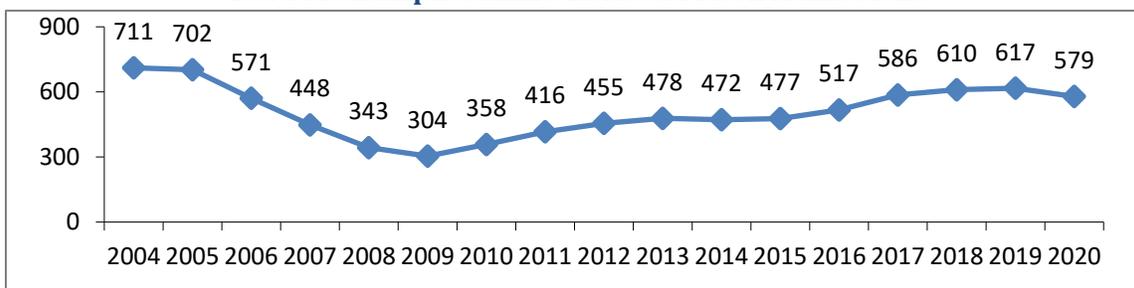


Source: CY, [Iowa Department of Public Safety](#)



While Iowa experienced a significant reduction in methamphetamine-related prison admissions (down 57.9%) from 2004-2009, admissions have steadily increased since that point, up 90.5% from 2009 to 2020.

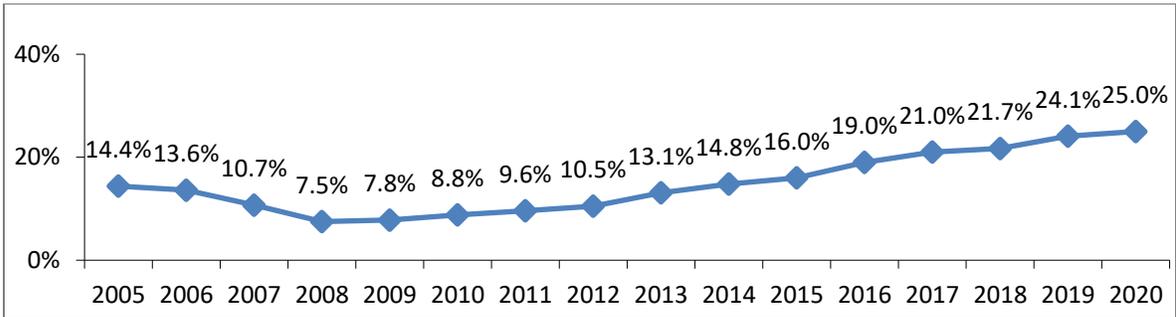
Iowa Methamphetamine-Related Prison Admissions



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

While the supply source may have changed for some in Iowa, demand for the addictive stimulant remains strong. In addition to the increase in meth-related prison admissions in recent years, meth-related treatment admissions are at an all-time high.

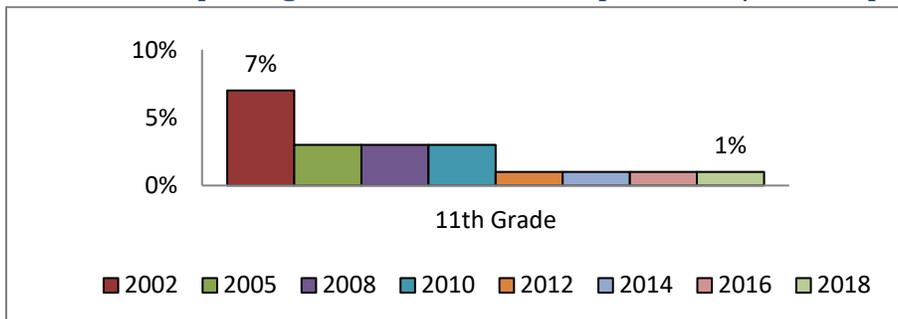
Iowa Adult Screens/Admissions to Substance Use Disorder Treatment Programs with a reported Primary Substance of Methamphetamine



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

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 6th and 8th graders consistently report current use of meth. Use of meth by Iowa 11th 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

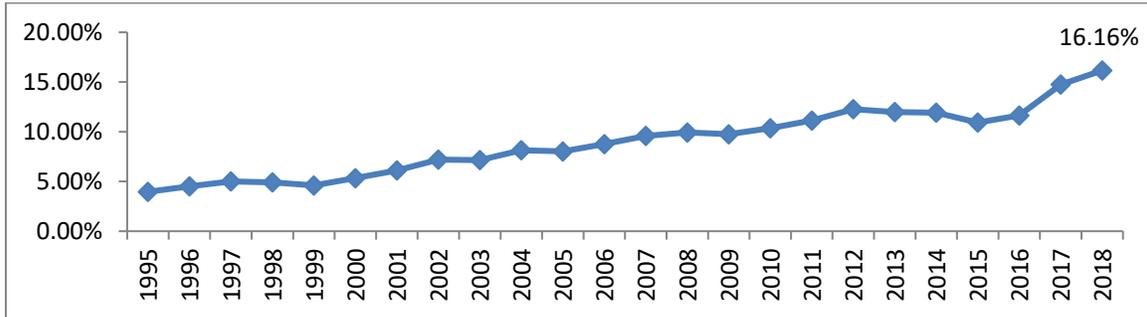
Data indicate marijuana is one of Iowa’s most used illegal drugs after alcohol, the third most frequent reason for substance use disorder (SUD) treatment admissions, just after meth. Although marijuana use is prevalent in Iowa, according to the 2017-2018 National Survey on Drug Use and Health (NSDUH), 7.04% 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 for the plant form of marijuana in the U.S. averaged less than 1% in 1972, compared to over 16% at last report. THC levels are even higher in marijuana concentrates.

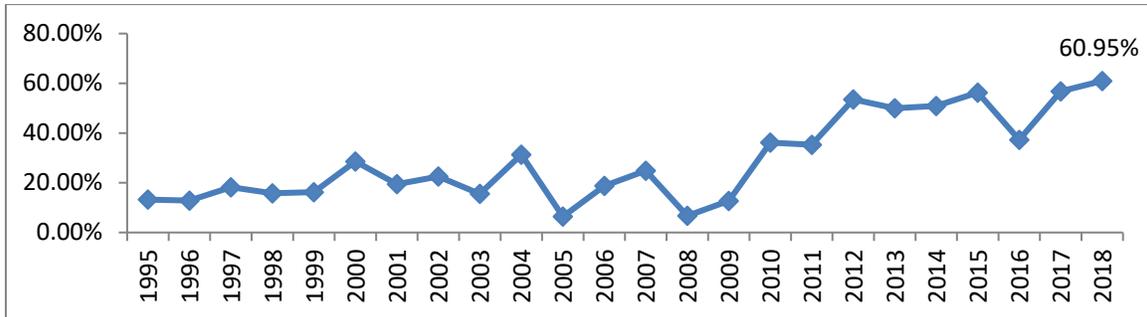
Increasing THC Potency of Marijuana (Plant Material in the U.S.)



Source: [DEA National Drug Threat Assessment](#)

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

Increasing THC Potency of Marijuana (Concentrated Marijuana in the U.S.)

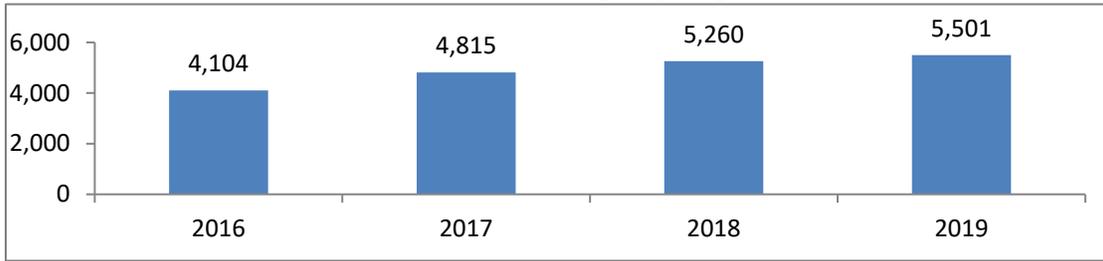


Source: [DEA National Drug Threat Assessment](#)

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 – 2019. In 2020, methamphetamine surpassed marijuana as the most often reported primary drug of use for adults.

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. The increase in potency and availability of marijuana products may also be contributing to the increase in visits to hospital emergency departments.

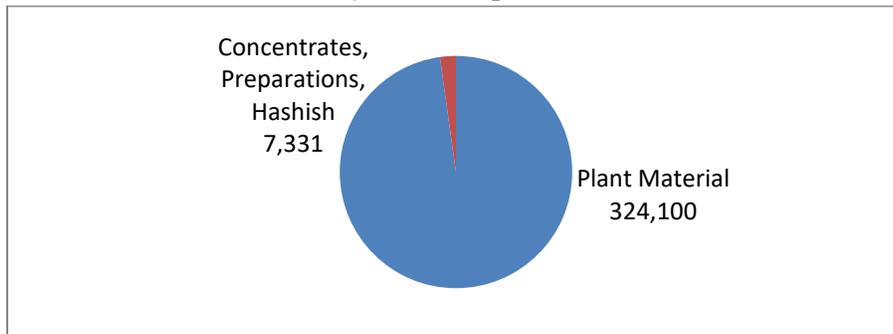
Iowa Marijuana-Related Emergency Department Visits



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 2019 involved high-potency marijuana “preparations” or “concentrates” such as oils, waxes, and marijuana-infused edibles.

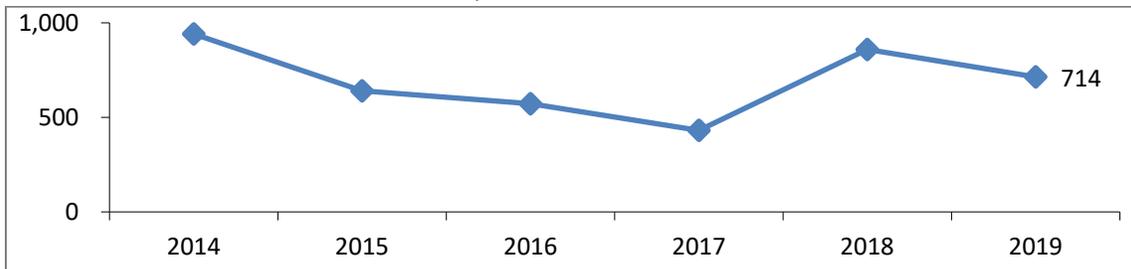
Grams of Marijuana Samples Tested in Iowa



Source: CY 2019, [Iowa Department of Public Safety](#)

Marijuana seizures reported by the Iowa Department of Public Safety (DPS) 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,” or legal marijuana use by adults, 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 Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) report, Iowa was the third most cited destination for Colorado marijuana. Additionally,

Destination States for Marijuana Produced in Colorado



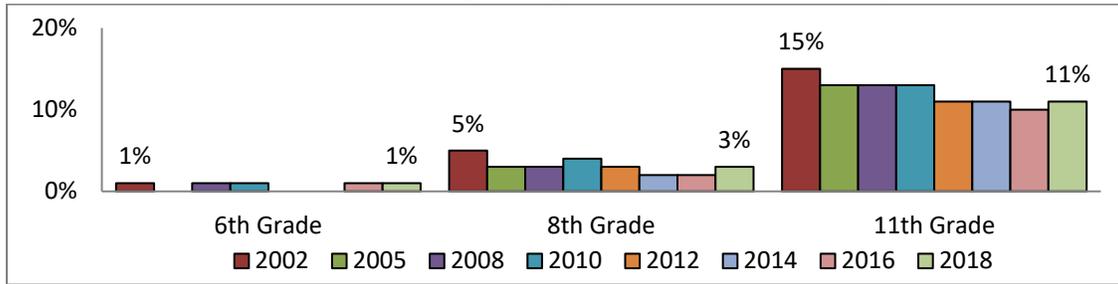
Source: 2017, [Rocky Mountain High Intensity Drug Trafficking Area](#)

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. Fortunately, to date, only a few of these labs have been reported in Iowa.

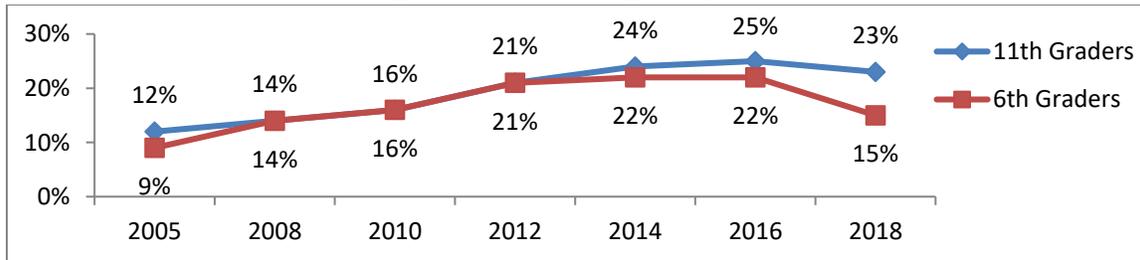
The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. In 2018, 11% of 11th graders reported current use. Again, attitude drives behavior. Nearly one quarter of Iowa 11th graders and 15% of 6th graders perceive no risk in smoking marijuana once or more per week. This number 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](#)

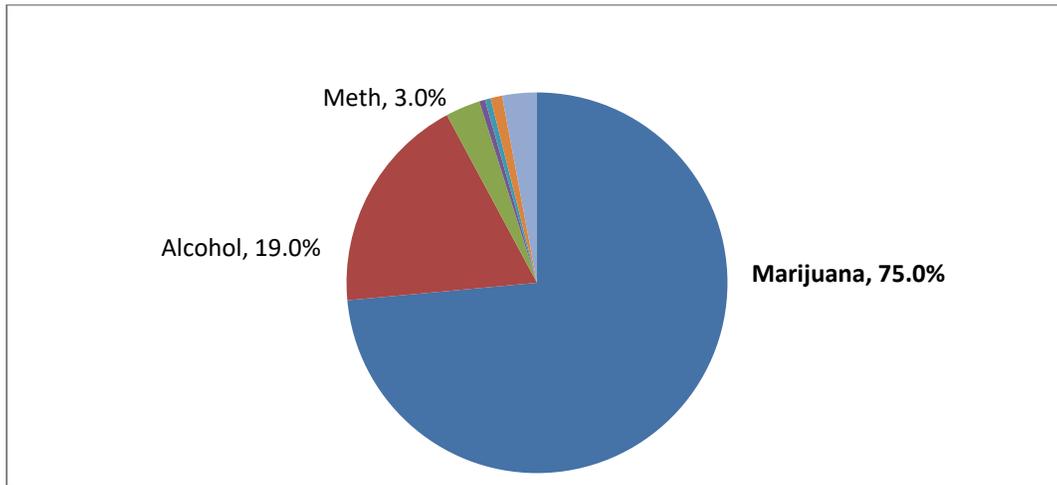
Iowa Students Perceiving No Risk Smoking Marijuana Once or More a Week



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 a Primary Substance of Marijuana



Source: FY20, [Iowa Department of Public Health, Division of Behavioral Health](#)

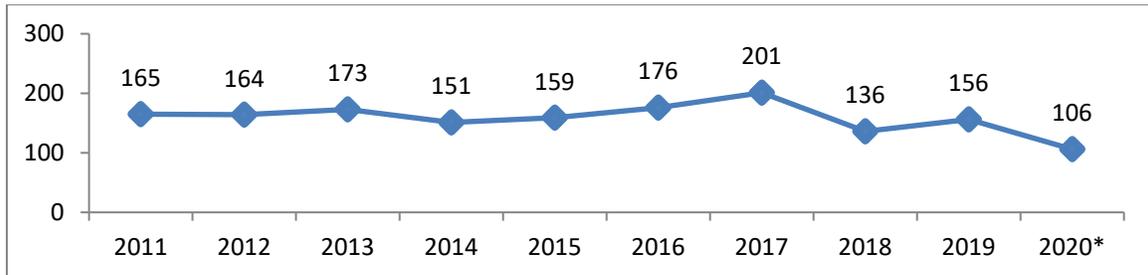
Opioids (Prescription, Illicit, and Non-Medical Synthetic)

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-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 2020 mid-year data from the Iowa Department of Public Health (IDPH), the number of deaths involving opioids is 125, indicating a rise in deaths for a second year after a 36% drop in 2018.

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



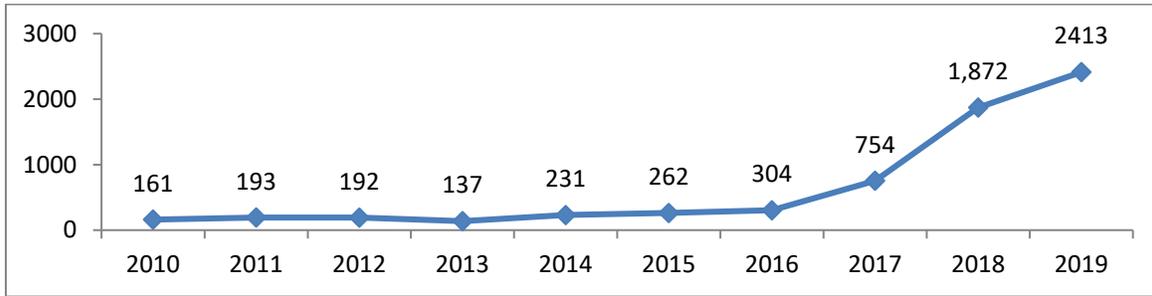
Source: CY *2020 through June, [Iowa Public Health Tracking Portal](#)

Iowa’s opioid overdose deaths may be even greater in number, if not for interventions including 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.

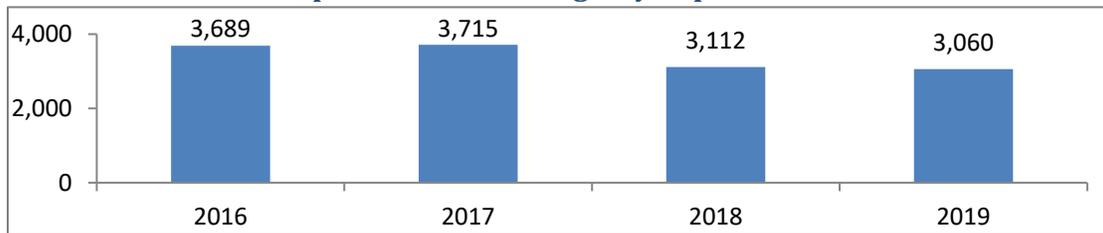
Iowa EMS Naloxone Administrations



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 includes all opioids including heroin and instances involving opioids and other drugs.

Iowa Opioid-Related Emergency Department Visits



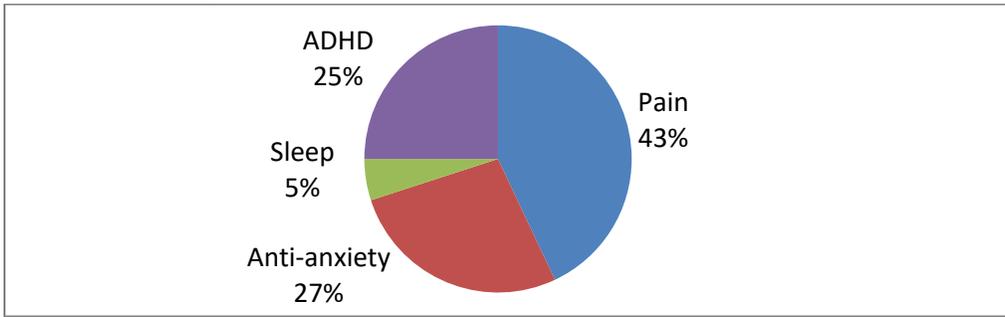
Source: CY, [Iowa Department of Public Health Division of Behavioral Health](#)

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 were identical in 2018 and 2019. 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. Of note, the percentage of pain medications dispensed fell from 49% in 2018 to 43% in 2019 and the percentage of ADHD medication dispensed rose from 18% to 25% in the same time period.

Top 10 Controlled Substances Prescribed to Iowans

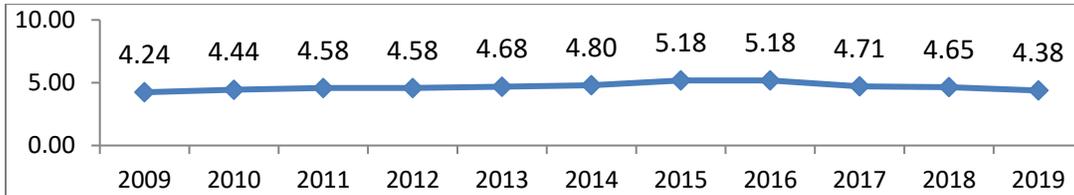


Source: CY 2019, [Iowa Board of Pharmacy](#)

Several recent and pending enhancements to Iowa's Prescription Monitoring Program (PMP) 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 and 2019 to reach the lowest on record since 2009. The same held true for the total number of dosage units dispensed. 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:

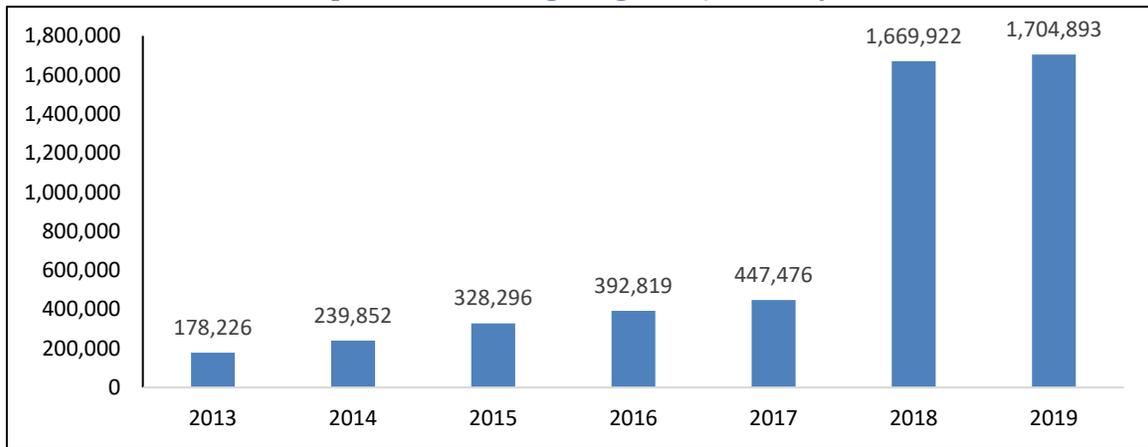
- Prescribers issued or renewing a controlled substance application are required to enroll and maintain an active account with the Iowa PMP
- Prescribers must query the PMP before prescribing opioids for a patient
- The PMP will proactively send automatic alerts to health care professionals when inappropriate controlled substance use by one of their patients is suspected
- Prescriber report cards will be available in the PMP
- And beginning in January 2020, nearly all Iowa prescriptions must be delivered to Iowa pharmacies electronically

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 eight-fold since 2015, to nearly 400 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 72 tons of leftover medicine in Iowa alone over the last ten years.

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



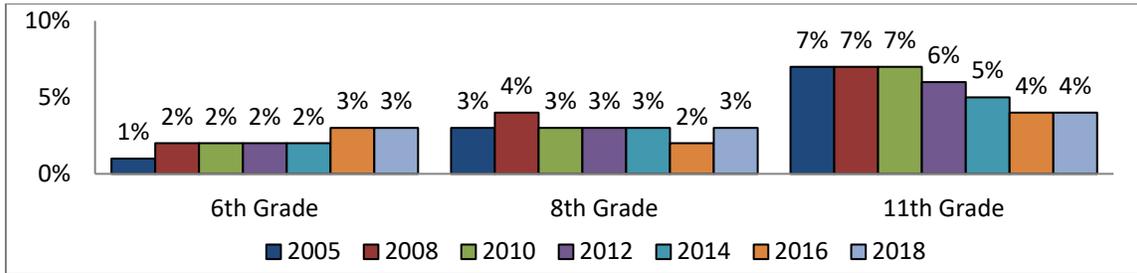
Source: CY, [Iowa Board of Pharmacy](#)

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 114 pharmaceutical diversion cases and seized 37,938 dosage units over the past eight fiscal years. In FY20 alone, DNE opened seven new cases and seized over 1,176 dosage units.

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. In addition, over-the-counter medications are involved in a growing number of suicides and suicide attempts.

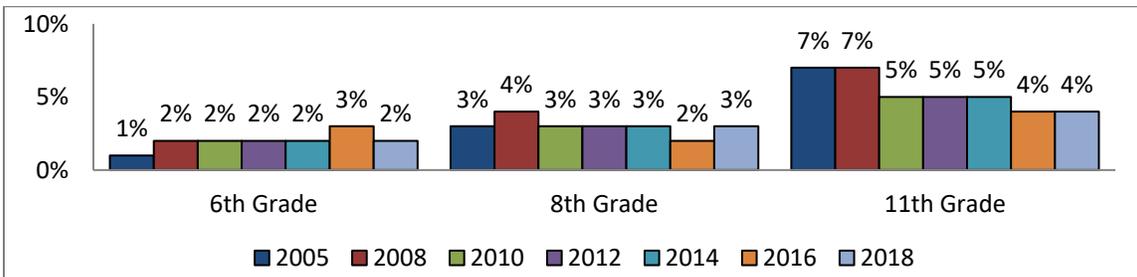
According to the 2018 Iowa Youth Survey, 4% of Iowa 11th graders have used prescription drugs for non-medicinal purposes in the past 30 days.

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 risen to 3.6% of all treatment admissions. Although small, this number has more than tripled in the past seven 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

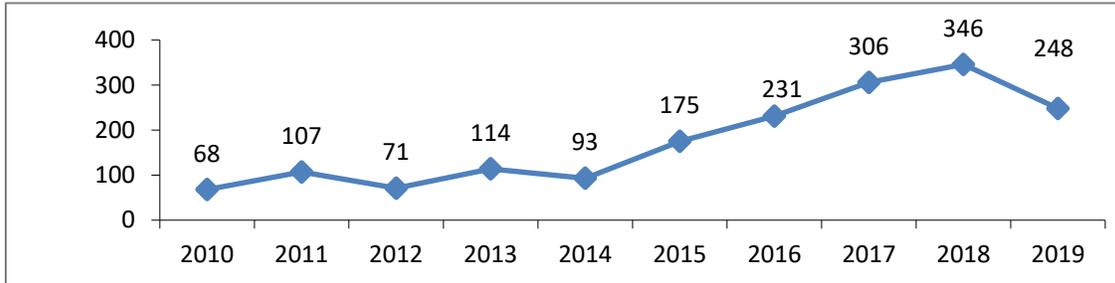
	2010	2012	2014	2016	2018	2020
Price	\$215	\$250	\$250	\$200	\$170	\$129

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 2020, those numbers increased to 28 heroin cases and 11,865 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 in recent years.

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.

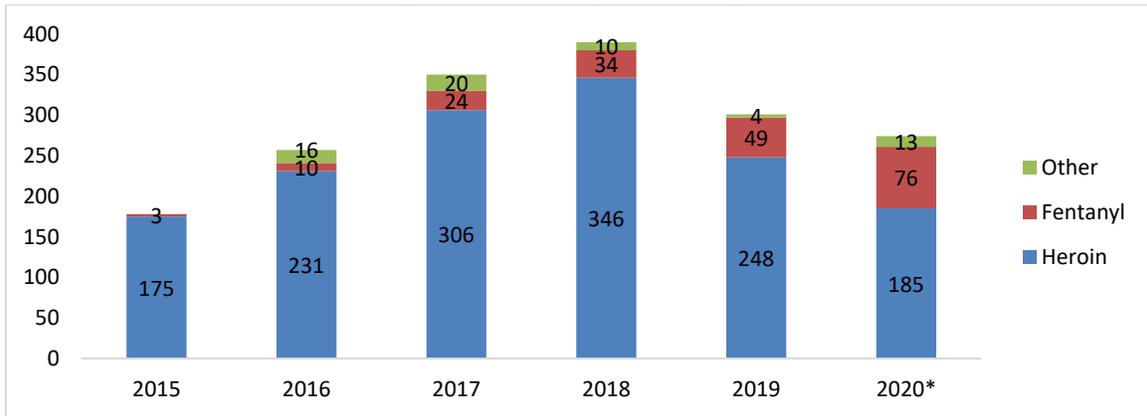
In the fall of 2015, the CDC issued a fentanyl “Health Advisory” to put health care professionals on alert, due to increases in fentanyl drug confiscations and fentanyl-related overdose fatalities in the United States. The CDC advisory followed a national alert issued by the Drug Enforcement Administration (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 and three cases in 2019, and continues to report more lethal opioid combination products.

According to a new Quest Diagnostics Health Trends study released in October 2020, nationally the misuse of fentanyl, heroin and nonprescribed opioids is on the rise, potentially due to the pandemic's impact on healthcare access and support for individuals most at-risk for substance use disorder. The study suggests fentanyl is increasingly likely to be found in, or taken with, other

drugs, resulting in dangerous drug combinations, often without the user's knowledge. Because fentanyl is so potent, this can often have devastating consequences.

The DCI laboratory also reported 49 cases containing fentanyl and 248 cases involving heroin in 2019. The lab reports 76 fentanyl cases and 185 heroin cases so far this year (through September). The lab also reports cases containing fentanyl and other synthetic opioid analogs (non-pharmaceutical fentanyl or other synthetic opioids) such as acetyl fentanyl, furanyl fentanyl, U-47700, isotonitazine, and buprenorphine. While these numbers are relatively small, they mark a noticeable increase from three fentanyl cases in 2014.

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



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

*2020 through September

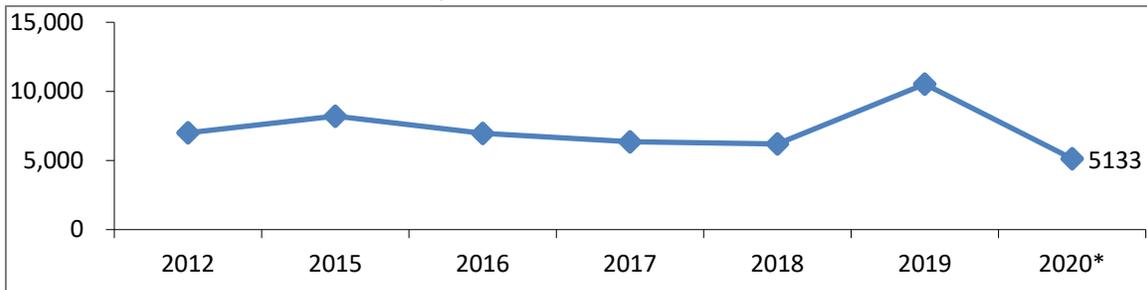
May not include all seizures – larger cases may be sent to DEA lab.

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 2020 through September, [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

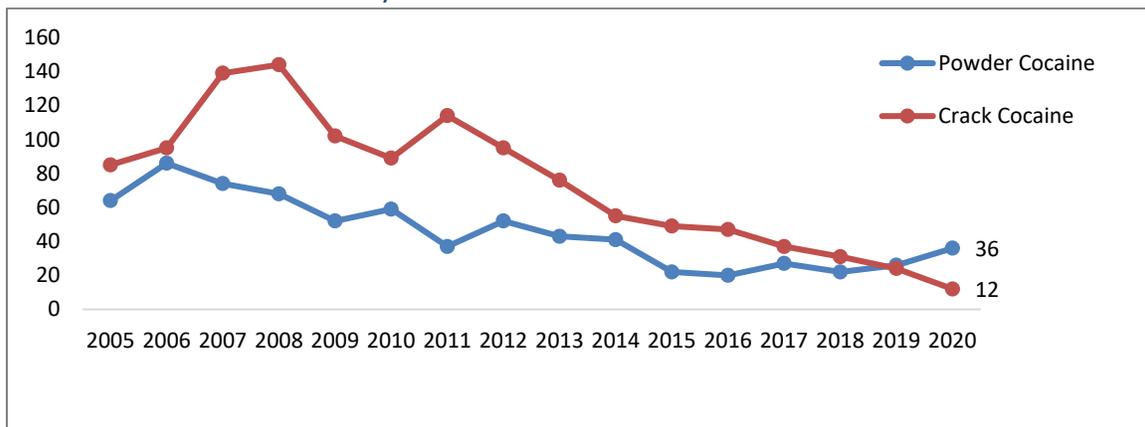
	2010	2012	2014	2016	2018
Price	\$125	\$130	\$100	\$100	\$100

Source: [Iowa Counterdrug Task Force](#)

Cocaine-related admissions to prison represented six percent of drug-related prison admissions in FY 2020. The number of prison admissions for crack/cocaine is the lowest it has been since this data was first collected in 2004. Notably, for the second year in a row, powder cocaine-related prison admissions outnumbered crack cocaine-related prison admissions (36 vs. 12).

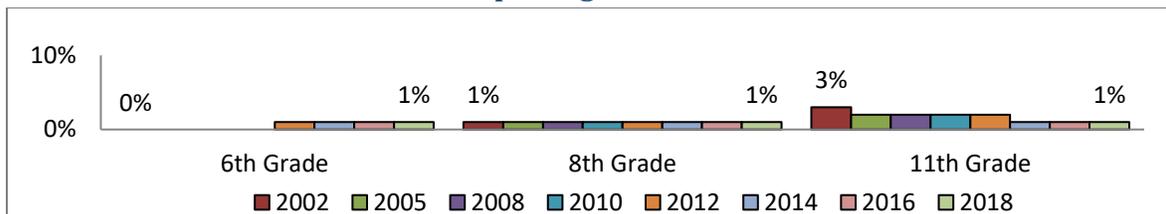
Based on the data indicators illustrated here, it would appear that cocaine/crack cocaine represents a less significant substance among the drug using population in Iowa compared to several years ago. There is little reported use of cocaine/crack cocaine by Iowa youth.

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.

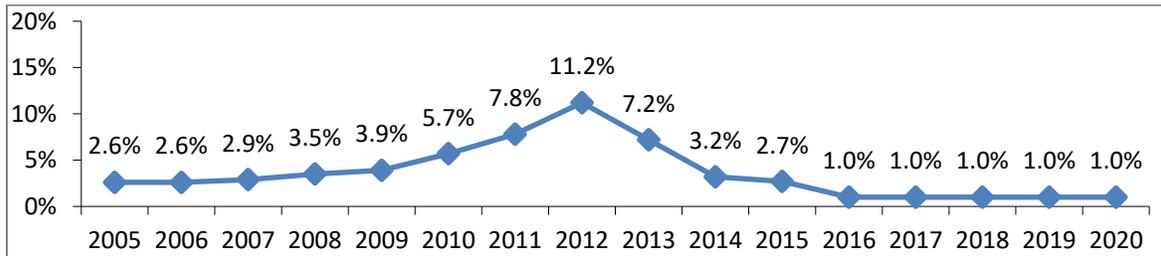
The retail availability of synthetic drugs appears to have decreased in recent years, but dangers still exist and anecdotal reports of synthetic drug activity have increased in recent months. Reasons for the change are unclear, but several high-profile legal cases, including a successful Consumer Protection 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

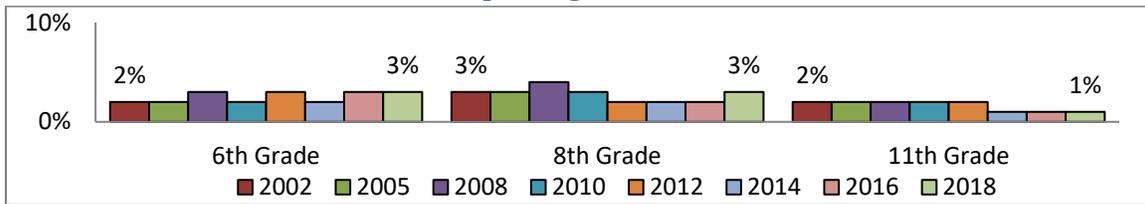


Source: FY, [Iowa Department of Public Health, Division of Behavioral Health](#)

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

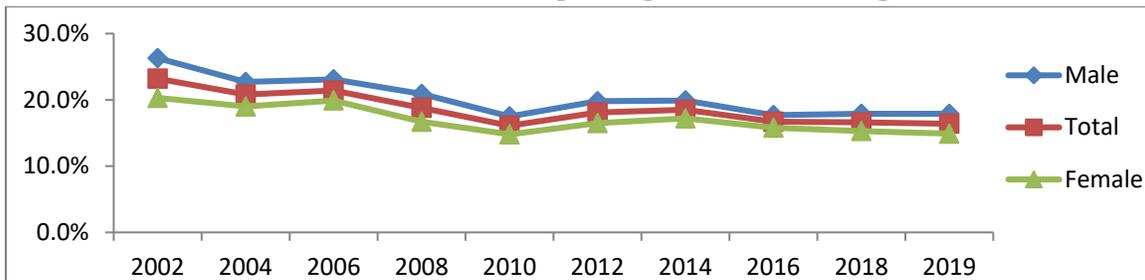


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

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 \$1.285 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, 16% of adults report smoking, while in Iowa that rate is 16.4%.

Iowa Adult Iowans Reporting Current Smoking



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

Much data and information are 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.

In August 2019, the CDC and Food and Drug Administration (FDA) began investigating an illness named EVALI, an acronym that stands for e-cigarette or vaping product use-associated lung injury. The illness causes severe lung infections that were fatal in some cases. The one common risk is e-cigarette or vape product use. Health officials investigating EVALI cases found that many patients used vaping liquid that contained additional compounds such as delta-9-tetrahydrocannabinol (THC), cannabidiol (CBD), and vitamin E. The CDC urges everyone to avoid these types of products. Preliminary 2020 data shows a downturn in vaping nationwide.

On December 20, 2019, the President signed legislation raising the federal minimum age for the purchase of tobacco products from 18 to 21. The Iowa Legislature followed suit during the 2020 session, raising the minimum age for tobacco sales at the state level.

The Iowa Department of Public Health (IDPH) also 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. 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 THC, the main psychoactive compound from the cannabis plant.

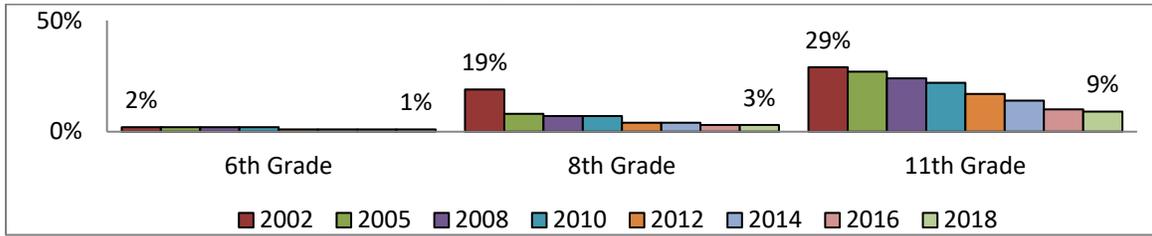
An informal focus group with a few Iowa high school students about vaping--conducted before the lung injury outbreak--found consensus on the following points, suggesting a need for more education and enforcement, especially in light of recent developments:

- 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. Youth ages 13-17 can use Iowa's new youth tobacco cessation program called My Life My Quit that also has a texting option, completely free to Iowa youth. 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.

Electronic cigarettes (vaping) are not an FDA approved cessation method, 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 vape product 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.

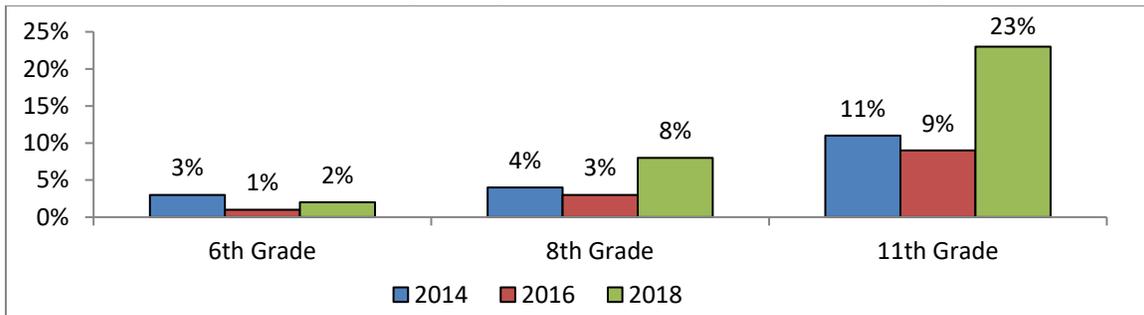
Iowa Students Self-Reporting the Current Use of Tobacco



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 11th graders more than doubled from 9% in 2016 to 23% in 2018. The vaping rate among 11th 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. 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. Included in FY21 funding are federal Coronavirus Aid, Relief, and Economic Security (CARES) grants: \$2 million awarded by the IDPH and approximately \$3.5 million by the ODCP.

Total Estimated FY 2021 Prevention, Treatment & Enforcement Funding (By Agency)

Agency	Prevention	Treatment	Enforcement	FY 2019 Total
Dept. of Education	\$164,557	\$0	\$0	\$164,557
DHR, CJJP	\$329,793	\$0	\$0	\$329,793
DHS, Child & Family Services	\$0	\$3,032,083	\$0	\$3,032,083
DHS, Medical Services	\$0	\$42,822,508	\$0	\$42,822,508
DHS, Mental Health/Disability	\$0	\$477,870	\$0	\$477,870
DOC, Community Based	\$0	\$877,426	\$4,006,540	\$4,883,966
DOC, Institutional Programs	\$0	\$1,477,429	\$0	\$1,477,429
DPH, Behavioral Health	\$12,505,782	\$29,300,093	\$0	\$41,805,875
DPH, Tobacco	\$4,355,809	\$400,000	\$228,500	\$4,984,309
DPS, DCI	\$0	\$0	\$8,434,273	\$8,434,273
DPS, DNE	\$0	\$0	\$9,045,610	\$9,045,610
DPS, GTSB	\$0	\$0	\$499,885	\$499,885
DPS, Intel	\$0	\$0	\$2,936,713	\$2,936,713
DPS, State Patrol	\$0	\$0	\$2,383,983	\$2,383,983
Iowa Judicial Branch	\$0	\$0	\$6,660,949	\$6,660,949
Iowa National Guard	\$608,574	\$0	\$6,035,100	\$6,643,674
Iowa Veterans Home	\$113,429	\$0	\$0	\$113,429
Office of Drug Control Policy	\$3,552,950	\$642,316	\$2,264,373	\$6,892,770
Regents: ISU	\$239,529	\$334,871	\$117,699	\$692,099
Regents: U of I	\$1,112,236	\$2,774,272	\$0	\$3,886,508
Regents: UNI	\$417,826	\$0	\$67,138	\$484,964
Total	\$23,833,616	\$82,138,868	\$42,680,763	\$148,653,247

Total Estimated FY 2021 (By Source)

Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$5,517,968	\$33,958,579	\$22,125,154	\$61,601,701
Federal	\$16,085,216	\$46,710,192	\$19,998,465	\$82,793,873
Other	\$2,230,432	\$1,470,097	\$557,144	\$4,257,673
Total	\$23,833,616	\$82,138,868	\$42,680,763	\$148,653,247



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

Drug Policy Coordinator

Jennifer Miller

County Attorney's Association

Katrina Carter

Department of Corrections

Barb Anderson

Department of Education

Vern Armstrong

Department of Human Services

Kevin Gabbert

Department of Public Health

Paul Feddersen

Department of Public Safety

Steve Michael

Department of Human Rights

Terra Kinney

Iowa Peace Officers Association

Jason Sandholdt

Iowa State Sheriffs and

Deputies Association

Matthew Harkin

Iowa State Police Association

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Non-Voting Members

Miriam Landsman and Brad Richardson

Iowa Consortium for Substance Abuse

Research and Evaluation

Lt. Col. Chuck Connors

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.

Addendum: Iowa Pandemic Impact Survey

April 21, 2021

The Office of Drug Control Policy (ODCP) partnered with other Iowa agencies to assess pandemic-related changes and lessons learned that may have future implications for Iowa professionals working in behavioral health (substance abuse prevention, and substance use and mental health disorder treatment), law enforcement and juvenile/criminal justice systems.

Collectively an Iowa Pandemic Impact Survey was created to gather input from a variety of working professionals across the State. The input is intended to gauge local impacts of the pandemic, assess lessons learned and understand ways to improve on current efforts. The survey consisted of a series of 42 questions in six (6) areas. The survey was completed in January 2021 by 329 individuals and includes over 2,800 narrative responses.

Disclaimer: The responses below represent the observations and opinions of individuals responding to the survey, and do not necessarily represent the opinions of the individuals' employers or organizations.

Sector Representation:

The survey yielded a large number of responses from law enforcement, government, criminal justice and the judicial system (61%). Substance use disorder treatment represents 17% and substance abuse prevention 15%. Other public health, education or unreported were 7%.

Predominant Work Situation:

46% report working at their workplace, 17% report working remotely, and 37% report a combination of working remotely and in the workplace, as of January 2021.

Technology:

- A large majority of respondents say the pandemic had little impact on their access to technology. Some indicated a negative impact due to poor internet access or connection and lack of computer accessories needed to work remotely.
- Professionals report both improved and impaired access and delivery of services during the pandemic. The use of technology has improved access, delivery, speed, and service options for many. However, the survey also indicated that poor internet access and the loss of personal connection have hurt access and delivery of services to Iowans.
- Key changes in the use of technology that professionals want to continue post-pandemic include: continued virtual meetings, increased remote training, the ability to work remotely or a hybrid of virtual and in-person work, expanded use of telehealth, and providing better internet access to allow for remote work.

Adaptations to Work Changes (vs. pre-pandemic norms):

- 89% say virtual trainings or meeting are equally or more effective.
- 87% say telehealth services are equally or more effective.

- 87% say tele-services such as court, supervision, or family visits are equally or more effective.
- 82% say the quality of behavioral telehealth services are equal or better.
- 82% say the quality of criminal and juvenile justice tele-services are equal or better.

Workforce Support:

- Nearly 200 Iowa professionals report pandemic-related issues such as isolation, anxiety, increased worry, depression, sleep issues, and boredom, affecting them personally.
- Strategies reported most helpful to address these issues include self-care and keeping in touch with family and friends.

Behavioral Change:

- 53% say compared to before the pandemic, substance using behaviors are worse or much worse.
- Trends reported include: increases in substance use, OWIs, relapses, and overdoses.
- 74% report mental health disorders are worse or much worse than before the pandemic.
- Trends include: increases in depression, isolation, social anxiety, panic, stress, domestic violence, child abuse, suicide attempts, court-ordered committals, and violent behavior.
- Very little data is currently available to document these trends. What is reported is mostly anecdotal and based on the experience of the professionals responding to the survey.

Sustainability:

Effective changes most commonly cited by survey respondents as worthy of sustaining into the future include:

- Using technology for virtual connections and communication.
- Providing remote work and schedule options for employees.
- Improved cleaning, hygiene, personal protection equipment (PPE) use, and health initiatives.
- Telehealth.
- Using technology for reporting and data collection.
- Increased investment in technology and infrastructure to allow remote work.
- Restructuring certain operations.
- More virtual training and education.
- Using technology for non-emergency police reporting.

Changes most commonly cited by survey respondents as NOT worthy of continuing into the future include:

- 100% virtual contact – some contacts need to be in-person.
- Prohibiting all in-person work – isolating staff.
- Loss of community policing and community outreach.
- Closing to the public (restricting access).
- Exclusive reliance on telehealth.
- Increased overtime.

Pandemic-related effects on those being served include:

- Less in-person interaction.
- Negative feelings of isolation, mood, tension, relapse, lack of access, difficulty with school, lack of opportunity for trials, and not getting proper services.
- Adhering to stricter guidelines for face-to-face visits.

- Positive effects include being able to serve more people, less “no-show” appointments, increased access to services, and virtual interactions.

Lessons learned from the pandemic most commonly cited by survey respondents as worthy of consideration for the way we work in the future include:

- Allow for remote work, it can save time and money, increase attendance, and provide effective service.
- Being prepared for anything, flexibility, providing grace, and communicating effectively.
- Allow for an in-person option when possible – for many, face-to-face is best.
- Create plans for immediate intervention and faster reactions.
- Invest in technology.
- Build collaborations with those in the decision-making process.