



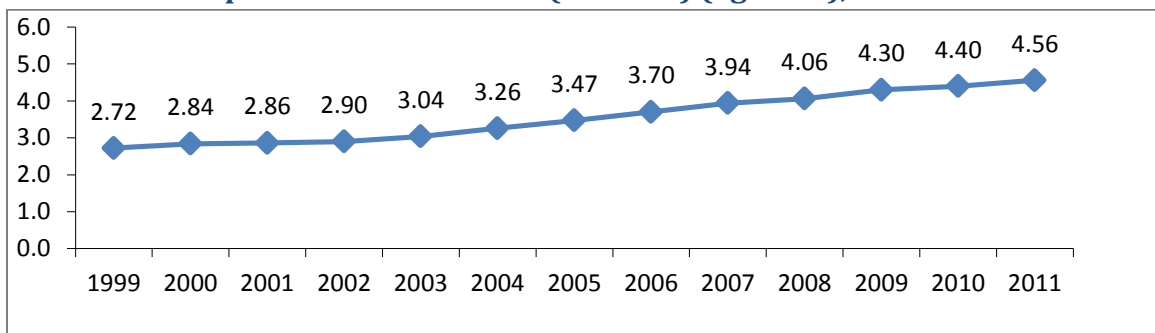
# Drug Use Profile

## Alcohol Use/Abuse

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

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

**Distilled Spirits Sales in Gallons (Millions) (age 21+), SFY 1998 – 2011**



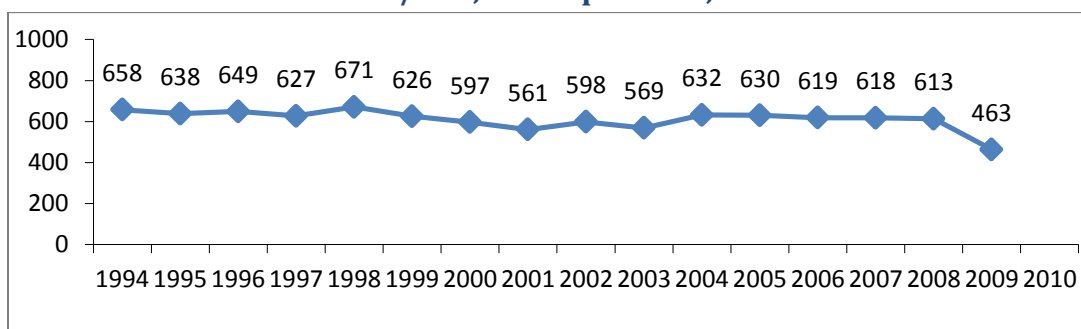
Source: [Iowa Department of Commerce, Alcoholic Beverages Division](#)

This figure displays data compiled by the Iowa Department of Commerce, [Alcoholic Beverages Division](#), reporting the sale of millions of gallons of distilled spirits within the State of Iowa, and represents by inference the consumption of those beverages by adult Iowans. It also indicates that since 1998 alcohol consumption has steadily increased (67.6% over the past twelve years) reaching its current high of 4.56 million gallons in FY 2011. This translates to the average Iowan, over the age of 21, consuming a total of 2.14 gallons of distilled spirits in one year, in addition to 1.86 gallons of wine and 37.2 gallons of beer.

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

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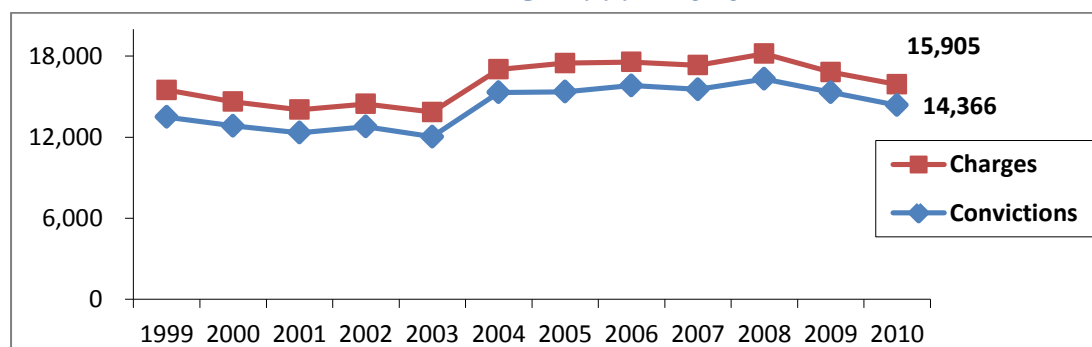
### OWI Arrest Rate/100,000 Population, CY 1994 - 2010



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

During the period of calendar years 1994 - 2010, more arrests were made in Iowa for Operating While Intoxicated (OWI) than for any other single criminal offense. The OWI arrest rate has remained consistently high for over 15 years.

### Reported Number of OWI Charges Disposed and Number of OWI Convictions, CY 1999 - 2010



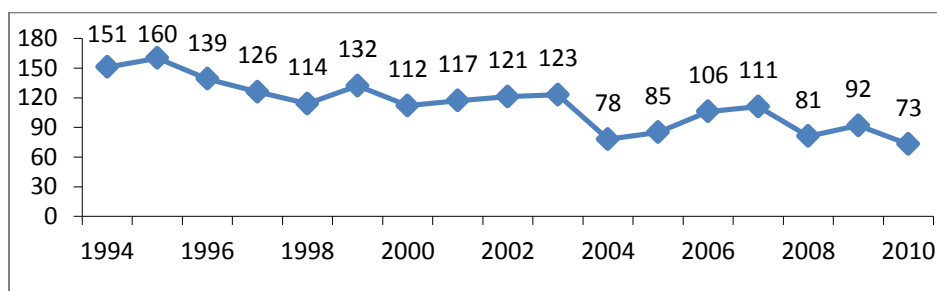
Source: [Division](#)

[of Criminal and Juvenile Justice Planning](#)

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

Clerk of Court data compiled by the [Division of Criminal and Juvenile Justice Planning \(CJJP\)](#) indicates that both the number of OWI charges disposed and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI arbitrations represent a significant proportion of the criminal caseload in Iowa courts. In 2010, OWI represented 19.4% of the charges disposed and 28.7% of the overall convictions for serious misdemeanors and above.

### Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 - 2010



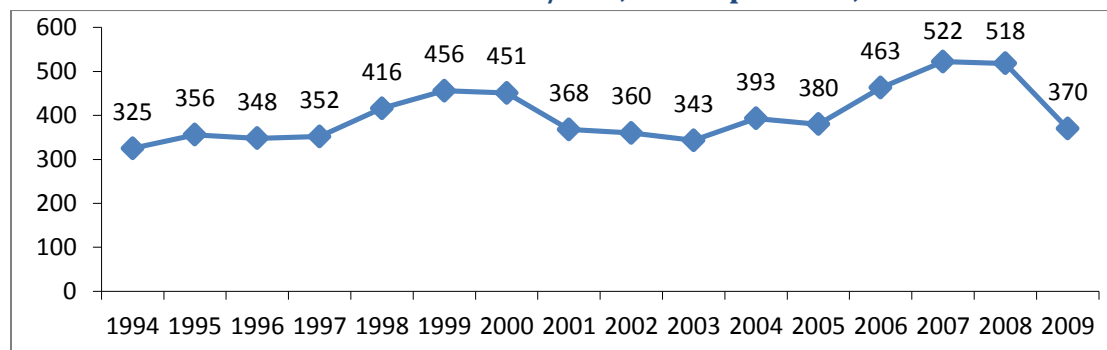
Source: [Iowa Department of Public Safety](#)

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Alcohol related motor vehicle fatalities reported by the Iowa Department of Public Safety, [Governor's Traffic Safety Bureau \(GTSB\)](#), have varied significantly over the reporting period. However, in 2010, the GTSB reported the lowest number of alcohol-related fatalities in our state's history.

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

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



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

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

### Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 2011

Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	1,166 (28.3%)	25,330 (57.6%)	55.2%
Marijuana	2,672 (64.9%)	9,703 (22.1%)	25.7%
Methamphetamine	59 (1.4%)	4,568 (10.4%)	9.6%
Cocaine/Crack	14 (0.3%)	911 (2.1%)	1.9%
Other/Unknown	207 (5.1%)	3,444 (7.8%)	7.6%
Total			100 %

Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

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### Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2011

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85.0%	7.0%	1.0%	5.0%	0.5%	1.5%	22,471
1993	82.0%	9.0%	1.3%	5.0%	0.7%	2.0%	22,567
1994	78.0%	11.0%	2.2%	6.0%	0.8%	4.0%	25,328
1995	69.0%	14.3%	7.3%	6.0%	0.7%	2.7%	29,377
1996	64.0%	18.1%	9.1%	6.0%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60.0%	20.0%	12.0%	6.0%	0.5%	1.5%	38,347
1999	63.0%	20.0%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	0.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	0.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	0.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	0.4%	2.9%	44,528
2009	61.4%	23.2%	7.8%	3.7%	0.5%	3.4%	44,849
2010	58.6%	25.0%	8.8%	2.9%	0.7%	4.0%	44,904
<b>2011</b>	<b>55.2%</b>	<b>25.7%</b>	<b>9.6%</b>	<b>1.9%</b>	<b>0.9%</b>	<b>6.7%</b>	<b>47,974</b>

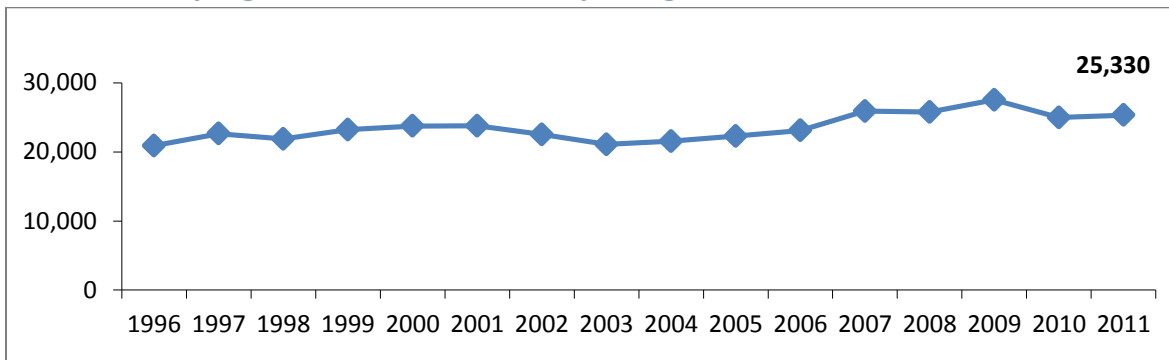
*\*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.*

Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

According to the I-SMART substance abuse data system, the number of clients screened/admitted for substance abuse treatment in Iowa remains high. IDPH reported 47,974 clients screened/admitted in FY 2011, more than double the number 19 years ago, and the highest number of clients ever admitted. The percent of clients with a primary substance of alcohol reached an all-time low of 55.2% in 2011, while the percent of marijuana clients reached an all-time high of 25.7%. Meth admissions are back on the rise, up to 9.6%. Crack/cocaine admissions reached an all-time low of 1.9%, while heroin admissions reached an all-time high of .9%. The “other or unknown” category of admissions includes inhalants, synthetics, prescription drugs, other opiates, and unknown drugs. This category reached an all-time high in 2011 at 6.7%.

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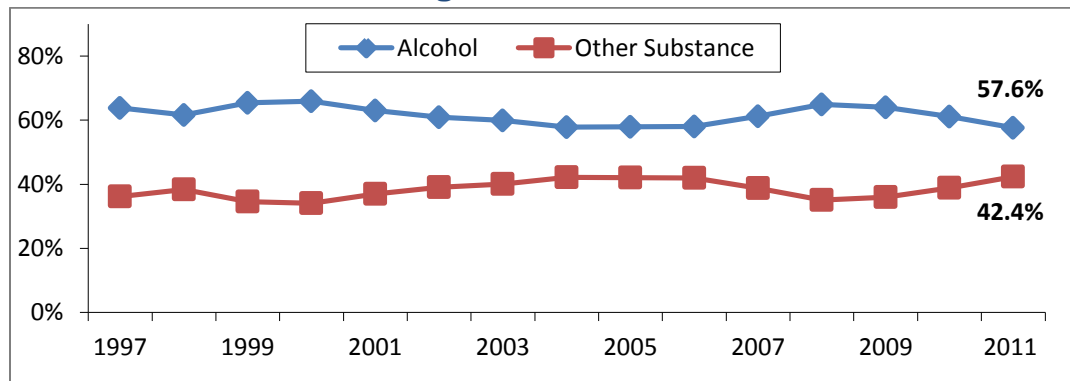
### The Number of Adult Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2011



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

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

### Primary Substance of Abuse for Adults Screened/Admitted to Substance Abuse Treatment Programs, SFY 1997 – 2011



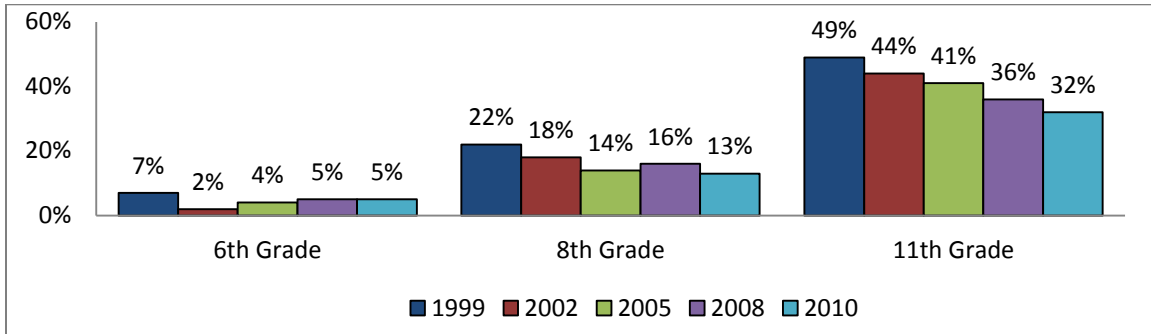
Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

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

Although some of the data indicate a decrease in occurrence, alcohol remains the primary substance of abuse by adults in Iowa. The level of alcohol consumption within the state increased slowly over the past thirteen years. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains disproportionately high. The number of OWI arrests and OWI court arbitrations continue to burden the court system, representing 28.7% of the convictions for indictable misdemeanors and felonies.

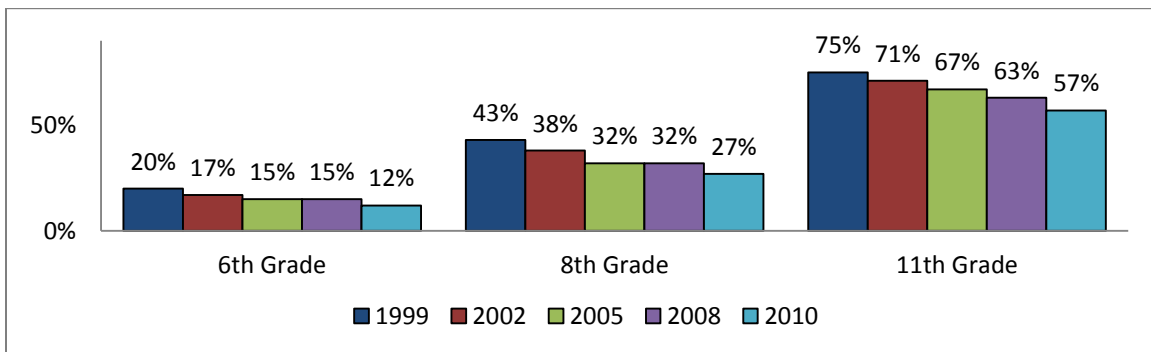
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### Percent of Students Self-Reporting the Current Use of Alcohol, 1999 through 2010



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

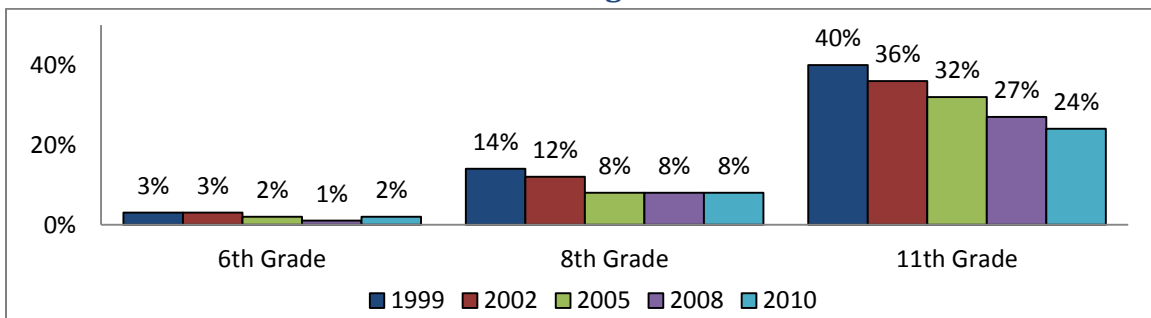
### Percent of Students Self-Reporting Ever Having Used Alcohol, 1999 through 2010



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

While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2010 nearly one third (32%) of 11<sup>th</sup> graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline or remain relatively steady.

### Percent of Students Self-Reporting Current Binge Drinking, 1999 through 2010



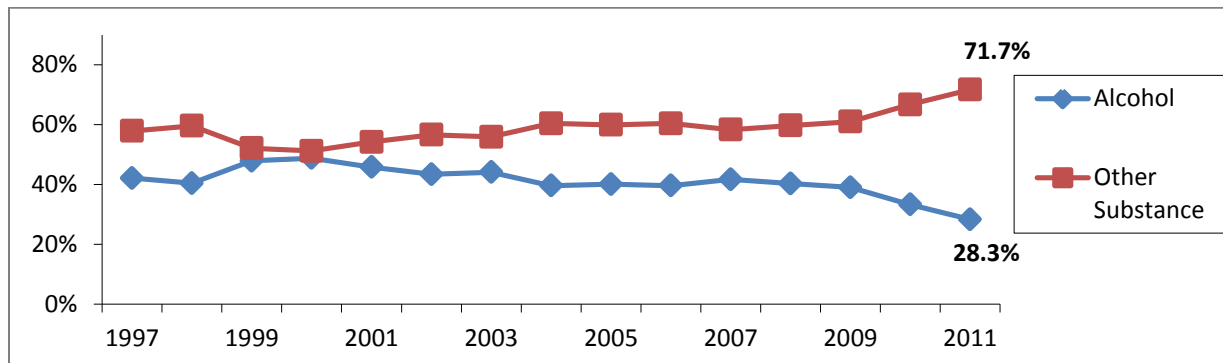
Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

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Current (over the 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. However, over one quarter of 11<sup>th</sup> graders reported binge drinking in the past month in the 2008 survey. Iowa also reports a higher binge drinking rate among youth than the national rate. According to the 2009 National Survey on Drug Use and Health (NSDUH) data, 17% of 16-17 year olds nationally reported binge drinking within the past thirty days, versus 27% of 11<sup>th</sup> graders in Iowa. This finding mirrors Iowa's above average binge drinking rate among adults.

The IDPH, Division of Behavioral Health, SARS/I-SMART substance abuse reporting system data report the primary substance of abuse for all screens/admissions to substance abuse treatment programs, including those of youths. Unlike the adult population, youth screens/admissions with alcohol identified as the primary substance of abuse make up only 28.3% of the total.

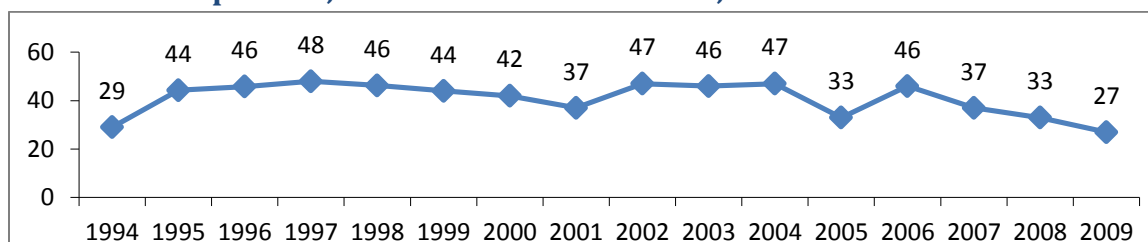
### Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1997 – 2011



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

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

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



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

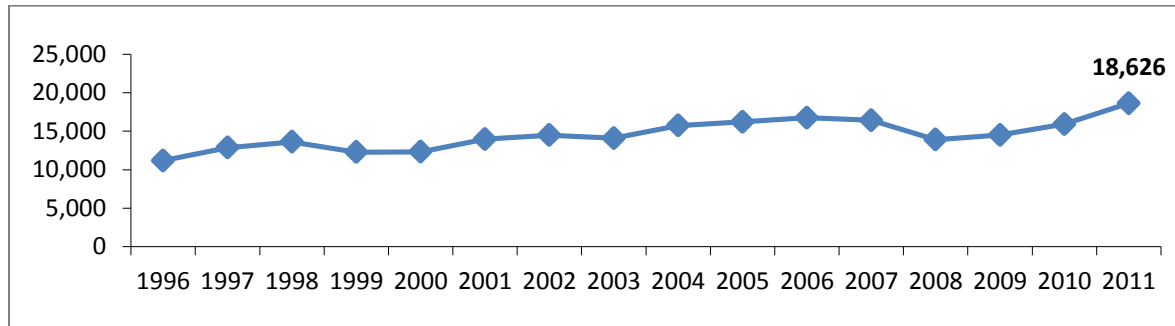
Based on self-reported use, substance abuse treatment screens/admissions and arrest rates, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

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### Illegal Drug Use in Iowa – General Indicators of the Trends in Drug Abuse

One indicator of illegal drug use in Iowa is the number of adults seeking substance abuse treatment for a primary substance of abuse other than alcohol. This number has continued to rise over the past eighteen years, and reached a new high in 2011.

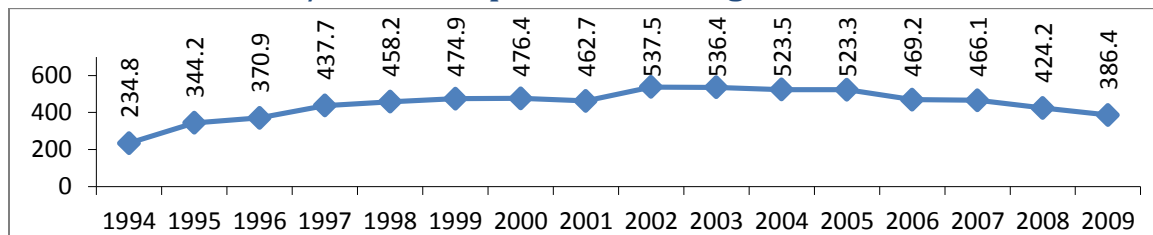
#### Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2011



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

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

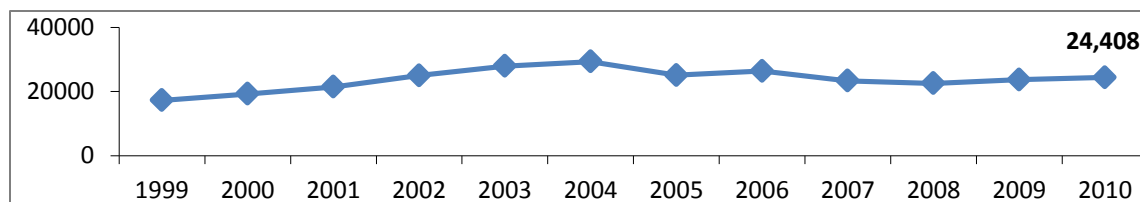
#### Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 - 2009



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

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

#### Drug Charges Disposed, CY 1999 - 2010



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

*\*Charges and convictions do not include cases which 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.*

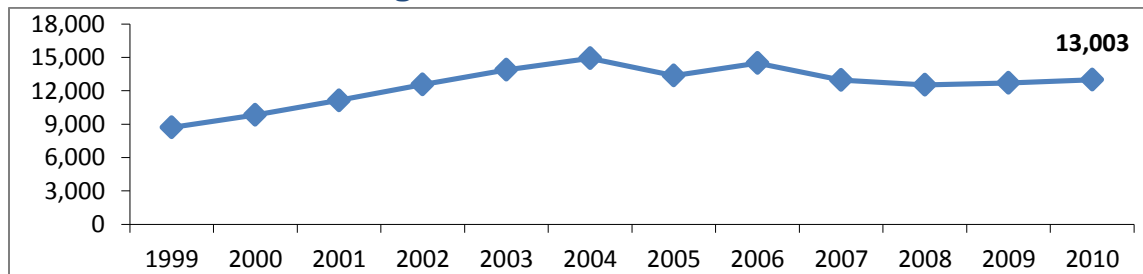


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The number of indictable drug charges disposed by the Iowa District Court peaked in 2004 and has varied since. However, it is important to note that this number is back on the rise.

Drug related convictions have followed the same trend. Drug cases constitute a significant proportion of the court docket in Iowa, representing 29.8% of the charges and 25.9% of the convictions in CY 2010.

**Drug Convictions, CY 1999 – 2010**

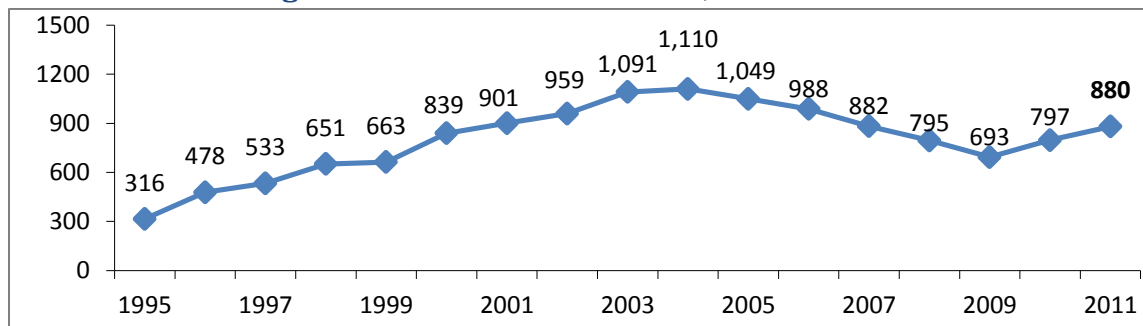


Source: [Criminal and Juvenile Justice Planning](#)

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

It should be noted that data in this section does not include alcohol. As the most abused substance in Iowa, including alcohol would significantly increase these figures.

**Drug-Related Prison Admissions, FY 1995 – 2011**



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

The data in this figure relate to the number of offenders admitted to prison with a drug offense as their lead charge. In a study conducted by the Mid-Eastern Council on Chemical Abuse for the Iowa Department of Corrections, over 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2011, the Department of

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Corrections provided substance abuse treatment to only 52.4% of the addicted custodial inmates and 49.6% of the addicted offenders in community corrections.

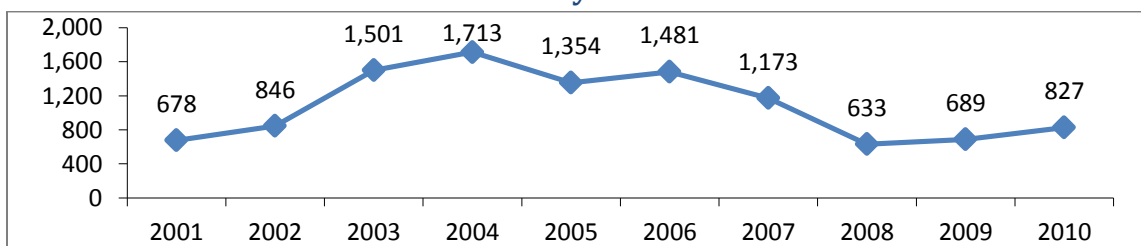
### Department of Corrections Institutional and Community-Based Substance Abuse Treatment FY 2003 – FY 2011

	2003	2004	2005	2006	2007	2008	2009	2010	2011
<b>Institutions</b>									
Inmates in need of treatment	3,556	4,074	4,369	4,713	4,374	4,441	4,440	3,887	3,903
Inmates who received treatment	2,279	2,646	2,669	2,936	2,618	2,615	2,535	2,235	2,046
<b>Percent</b>	<b>64%</b>	<b>64.9%</b>	<b>61.1%</b>	<b>62.3%</b>	<b>59.9%</b>	<b>58.9%</b>	<b>57.1%</b>	<b>57.5%</b>	<b>52.4%</b>
<b>Community Corrections</b>									
Clients in need of treatment	8,762	10,299	11,920	12,650	12,921	13,047	12,434	12,509	11,660
Clients who received treatment	4,734	5,413	5,855	6,201	6,367	6,315	6,243	6,176	5,782
<b>Percent</b>	<b>54.0%</b>	<b>52.6%</b>	<b>49.1%</b>	<b>49.0%</b>	<b>49.3%</b>	<b>48.4%</b>	<b>50.2%</b>	<b>49.4%</b>	<b>49.6%</b>

Source: [Iowa Department of Corrections](#)

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

### Confirmed or Founded Child Abuse Involving the Presence of Illegal Drugs in a Child's Body CY 2001 - 2010



Source: [Department of Human Services](#)

\*Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years in this chart show only Confirmed cases.

\*Beginning in 2008 DHS began drug testing fewer children (see below).

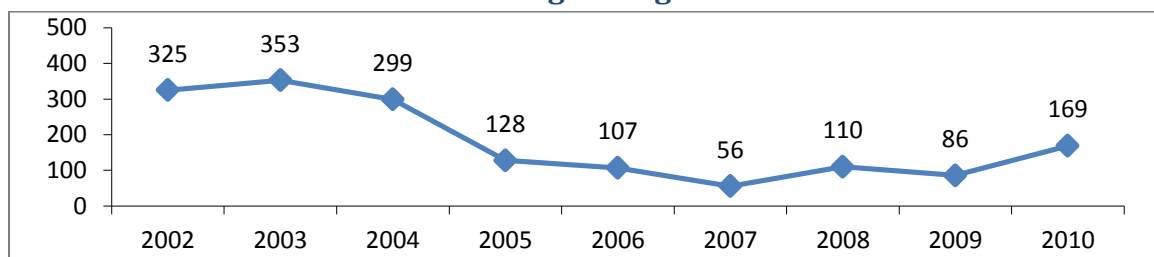
The number of confirmed or founded child abuse cases involving the presence of illegal drugs in a child's body rose sharply from 2001 to 2004. In the years since, the number of reported cases

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has varied. In 2008, DHS discontinued the practice of testing all children for the presence of drugs, which may account for some of the significant drop in numbers.

While a relatively new measure, the number of confirmed or founded child abuse cases involving a caretaker's manufacturing of illegal drugs, specifically methamphetamine, decreased from 2003 to 2007. This number, like other methamphetamine statistics, was driven down by the reduction in methamphetamine labs across the State. However, along with the recent resurgence in methamphetamine lab incidents, the number of children affected by methamphetamine labs has also risen.

### Confirmed or Founded Child Abuse Involving Caretaker's Manufacture of Illegal Drugs CY 2002-2010



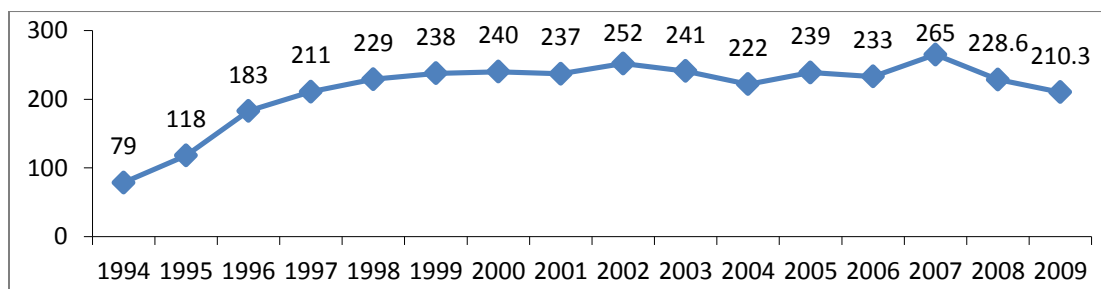
Source: [Department of Human Services](#)

*\*Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years this chart show only Confirmed cases.*

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

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

### Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 1994 - 2009



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

### Prescription and Over the Counter Medications

The newest, and fastest growing, form of substance abuse by lowans involves prescription and over-the-counter medicines. Teenagers tend to view these drugs as “safe,” and many parents are not yet aware of their potential for abuse. Stories of teens sharing pills to get high are increasingly common in Iowa communities. These drugs are easy to get, can be as potent and dangerous as illicit drugs, and are associated with criminal behavior. Prescription drugs most often abused are narcotic painkillers, stimulants, and central nervous system depressants. The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 83 pharmaceutical diversion cases and seized 7,407 dosage units over two fiscal years (2010 and 2011). Treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. And, according to the 2010 Iowa Youth Survey, 7% of Iowa 11<sup>th</sup> graders have used prescription drugs for non-medicinal purposes.

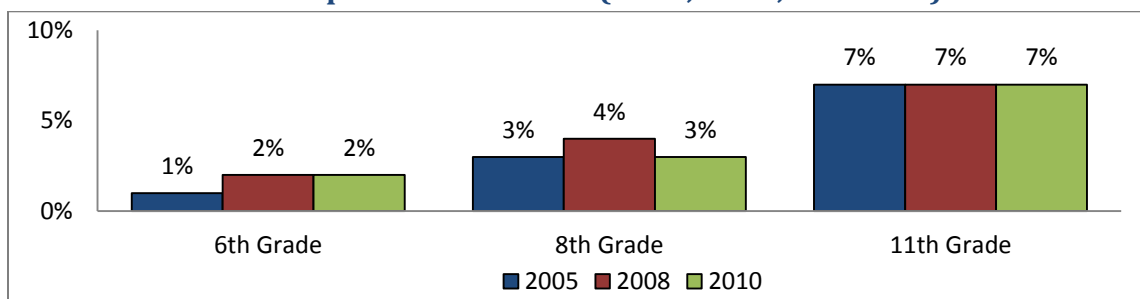
The trends are clear. According to the Partnership at Drugfree.org, 2010 Partnership Attitudes Tracking Survey (PATs), one in four teens (25 percent) nationally report intentionally abusing prescription drugs to get high at least once in their lives. According to the 2010 National Survey on Drug Use and Health (NSDUH), there were 2.4 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 6,000 initiates per day. In 2010, past-year initiation of prescription drugs exceeded that of marijuana.

The Iowa Prescription Monitoring Program (PMP) indicates possible doctor shopping and/or pharmacy hopping to obtain excessive amounts of prescription drugs. In 2010, there were 2,016 lowans that filled CII – CIV prescriptions from 5 or more prescribers or pharmacies. Only 17% of prescribers, such as physicians, have registered for access to the PMP. Pharmacists are required to submit data, but not to consult the PMP when filling a prescription. Iowa overdose deaths from “other opioids” – which include hydrocodone and oxycodone – increased more than 1,233%, from 3 deaths in 2000 to 40 deaths in 2009.

Attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not dangerous, or at least not as dangerous as using drugs like methamphetamine or heroin. This in turn leads them to wrongly believe that using a medicine without a prescription once in a while is not harmful, that abusing prescription pain killers will not cause addiction, and that getting high from cough syrup isn’t risky. These substances are also widely available and are often obtained within the home. Additionally, many parents and other adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children. According to the 2010 PATs results, only 22% of parents are talking to their children about the dangers of using prescription drugs without a prescription.

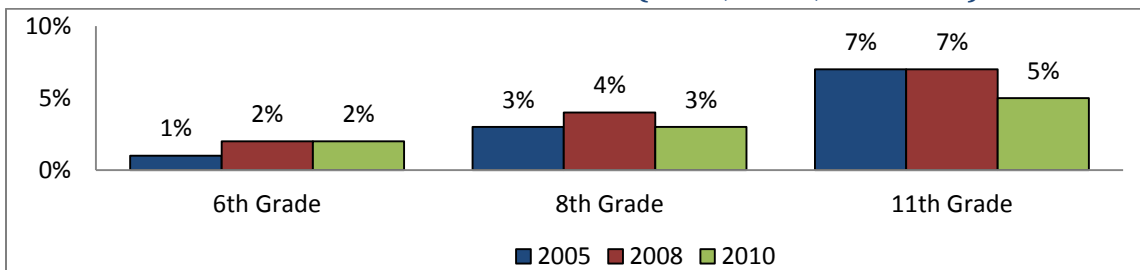
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### Percent of Student Self-Reporting the Current Non-Medical Use of Prescription Medications (2005, 2008, and 2010)



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

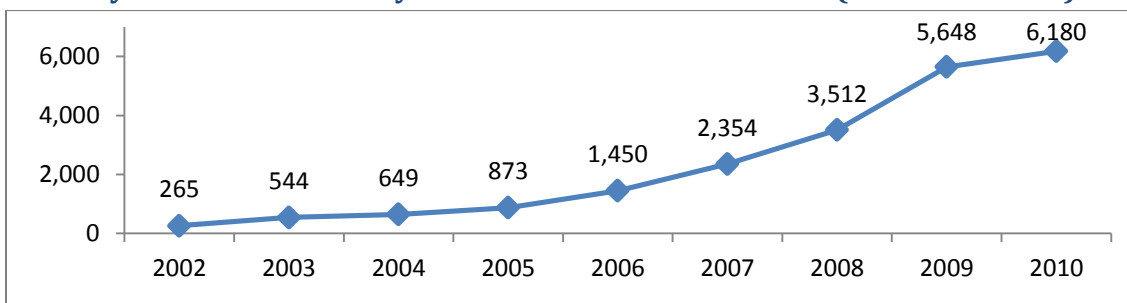
### Percent of Student Self-Reporting the Current Non-Medical Use of Over-the-Counter Medications (2005, 2008, and 2010)



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

Painkillers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. In Iowa, public calls to the [Statewide Poison Control Center](#) to identify hydrocodone and oxycodone pain pills have increased **2,232%** since 2002, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa.

### Hydrocodone and Oxycodone ID Calls from Iowans (Iowa SPCC-CYs)



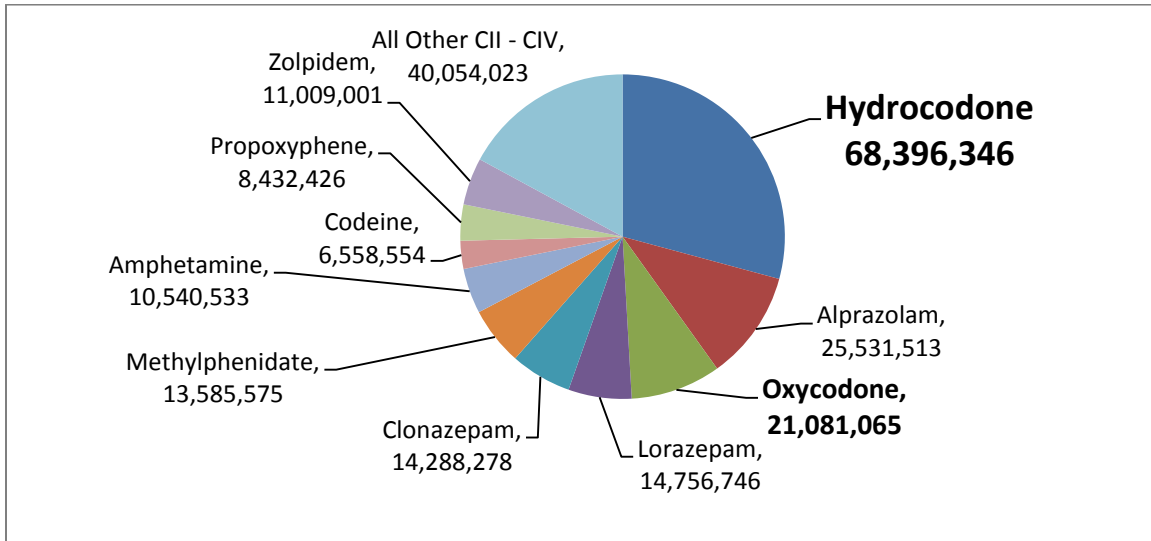
Source: [Iowa Statewide Poison Control Center](#)

The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. According to data from the Prescription Drug Monitoring Program, hydrocodone is the most prescribed drug in Iowa with

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over 68 million doses prescribed to Iowans in 2010 – comprising nearly 30% of all Schedule II – Schedule IV controlled substances prescribed in the State of Iowa. When combined with oxycodone, the number of doses prescribed to Iowans in 2010 totals almost 89,500,000 or 38.2% of all CII – CIV controlled substances prescribed.

### Doses of Controlled Substances Prescribed to Iowans in CY 2010 (IBPE)



Source: [Iowa Board of Pharmacy](#)

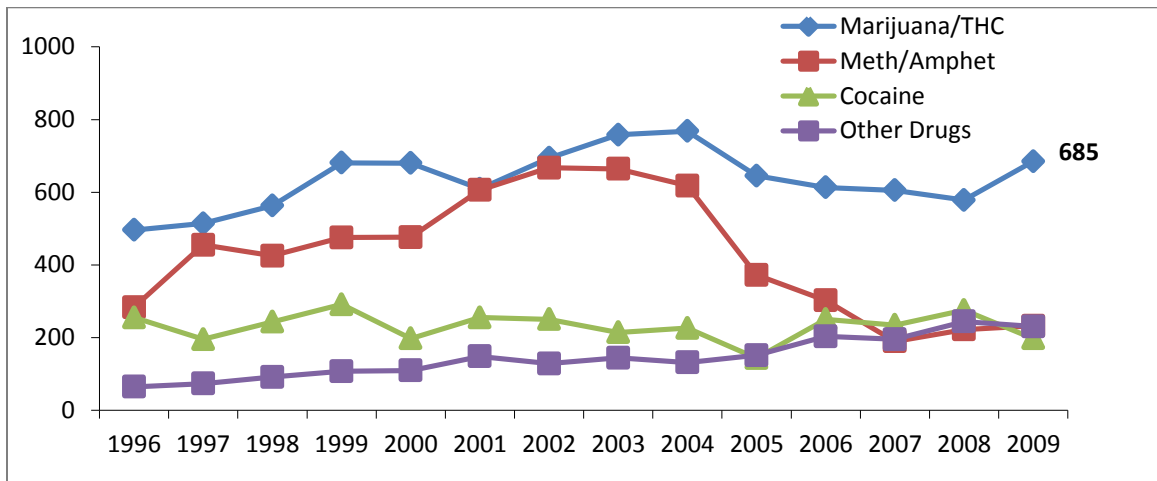
## Marijuana

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

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

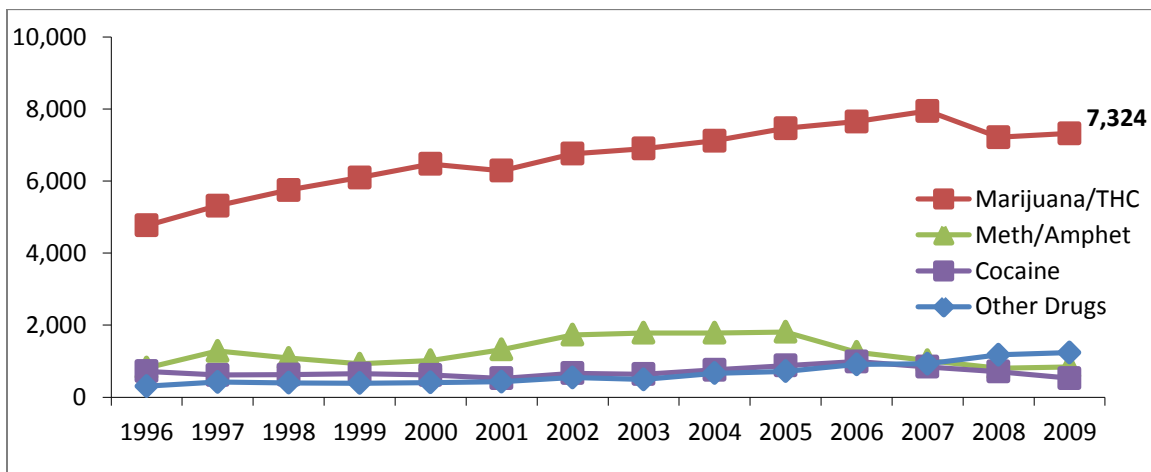
## Drug Use Profile

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



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

### Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1996 -2009



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

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

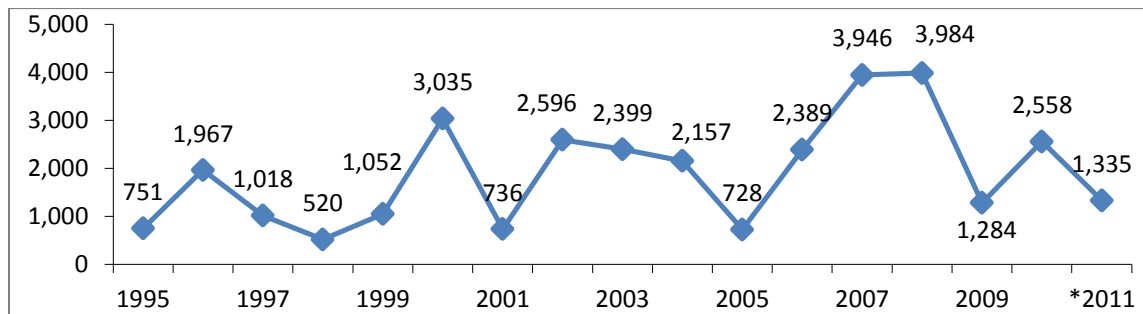
Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Laboratory reports that most of the marijuana it currently sees is made up primarily of the buds of the female plants, versus marijuana of the past which also contained inactive particles such as leaves and stems. The

## Drug Use Profile

buds contain the delta-9-tetrahydrocannabinol (THC), which is the primary psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Additional analysis of the data indicates that the number of offenses involving possession or use of marijuana increased steadily from 1994 to 2007. 2008 was the first year Iowa saw a decrease in that number, but it rose again in 2009. The Iowa Department of Public Safety (DPS) reported a new high in marijuana seizures in 2008. Marijuana seizures reported by DPS have fluctuated, but generally remain significantly higher than that reported in the mid and late 1990s. According to the DPS, marijuana submission rates are up 17%, but the average weight of samples submitted is down. There have been much fewer large cases, such as highway drug interdiction stops, than in past years.

### Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1995 – \*2011

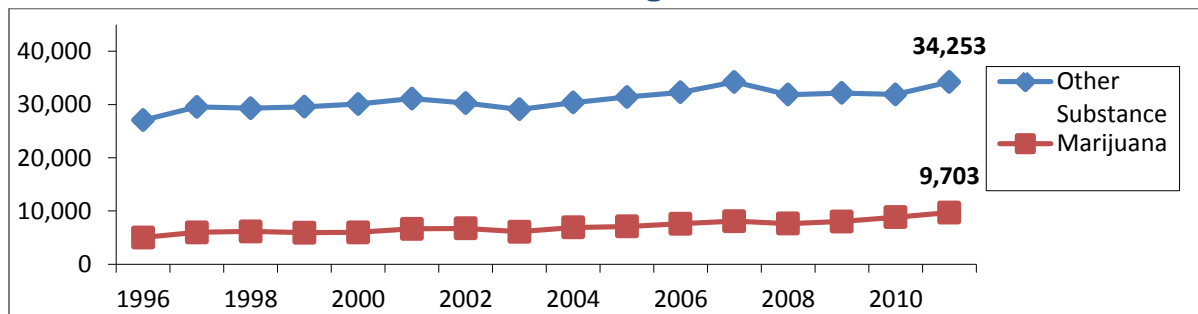


\*Calendar year 2011 through September 15

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

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1996 – 2011. This data reinforces the fact that despite misconceptions by some, marijuana can be an addictive drug.

### Primary Drug of Abuse for Adults Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2011



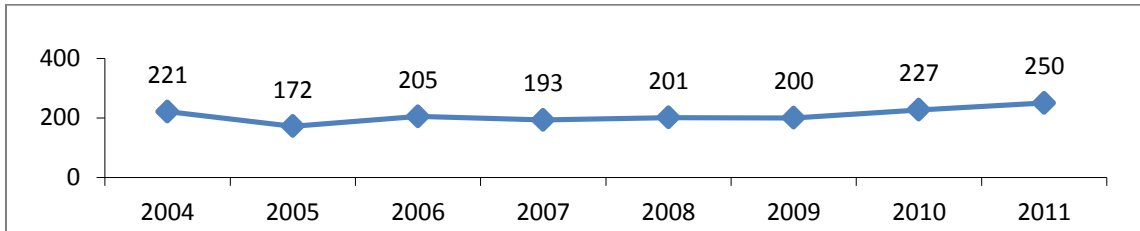
Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)



## Drug Use Profile

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

### Marijuana-Related Prison Admissions SFY 2004 - 2011



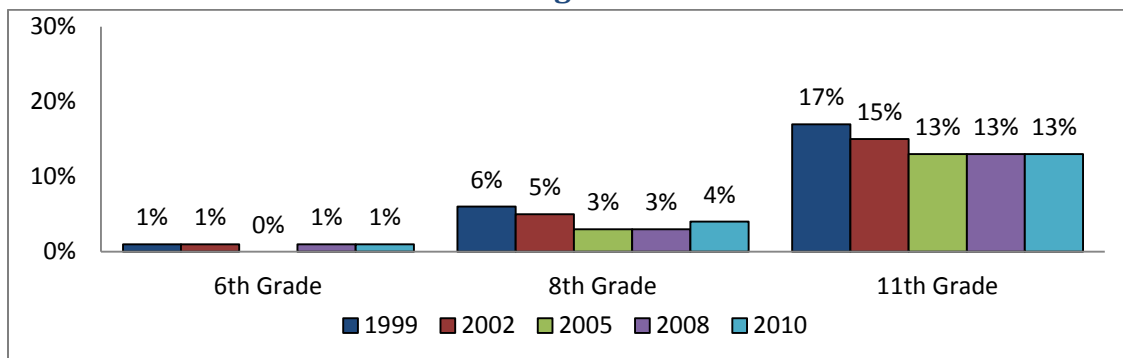
Source: [Criminal and Juvenile Justice Planning](#)

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

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

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. Marijuana use has remained constant. 17% of 11<sup>th</sup> graders surveyed in 1999 reported current use of marijuana. In 2010, 13% of 11<sup>th</sup> graders reported current use of marijuana, only a 4 percentage point decrease from 1999.

### Percent of Students Self-Reporting the Current Use of Marijuana, 1999 through 2010

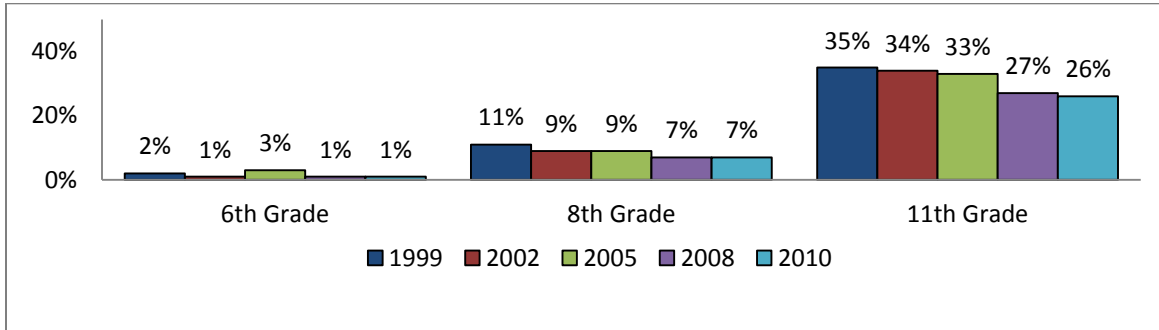


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

## Drug Use Profile

Additionally, of the high school juniors surveyed in 1999, 35% reported having used marijuana at some point in their lifetime. This dropped to 26% in 2010.

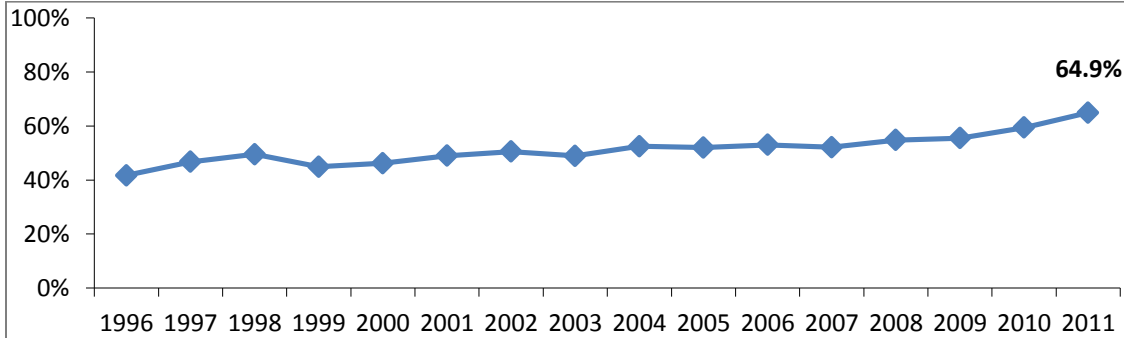
### Percent of Students Self-Reporting Ever Having Used Marijuana, 1999 through 2010



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

Substance abuse 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 of time included in this review. It should be noted that in SFY 2011, the greatest percentage of youth ever (64.9%) were screened/admitted for marijuana.

### Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2011

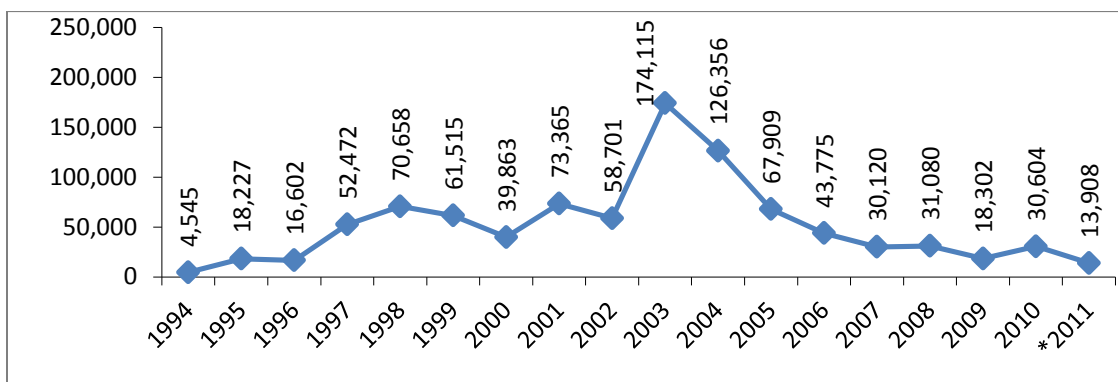


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

## Drug Use Profile

### Amphetamine/Methamphetamine

#### Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 - \*2011



\*Calendar year 2011 through September 15

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

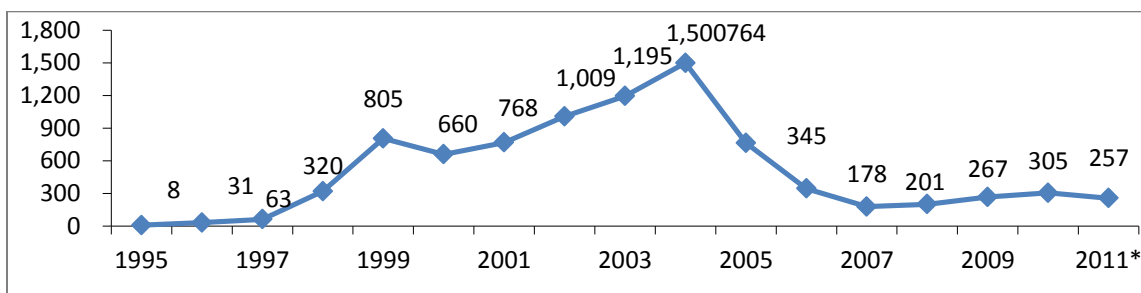
This figure illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003, the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. Since its peak in 2003, seizures of methamphetamine decreased every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

The data displayed below demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement through calendar year 2004. In 2004, state and local law enforcement responded on average to 125 methamphetamine laboratories per month, or four per day. The rapid decline of methamphetamine lab incidents hit a low in 2007. But, there has been a 71.3% rise in methamphetamine lab activity since then. One new development that may affect the prevalence of methamphetamine labs in the future is the emergence of new methods of manufacturing methamphetamine, called “shake ‘n bake” and “one-pot” cooks. These methods generally use less pseudoephedrine and produce methamphetamine in smaller quantities, but are no less dangerous than other production methods. They are fast, portable, and unstable. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, it poses a hazard to children and unsuspecting Iowans who come into contact with the waste or are impacted by flash fires from these cooks.

Due to their public safety threat, a substantial amount of time and resources is directed at responding to clandestine laboratories. In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. In 2009, the Iowa Legislature passed legislation requiring all pharmacies in the state that sell pseudoephedrine products over-the-counter to participate in an electronic Pseudoephedrine Tracking System.

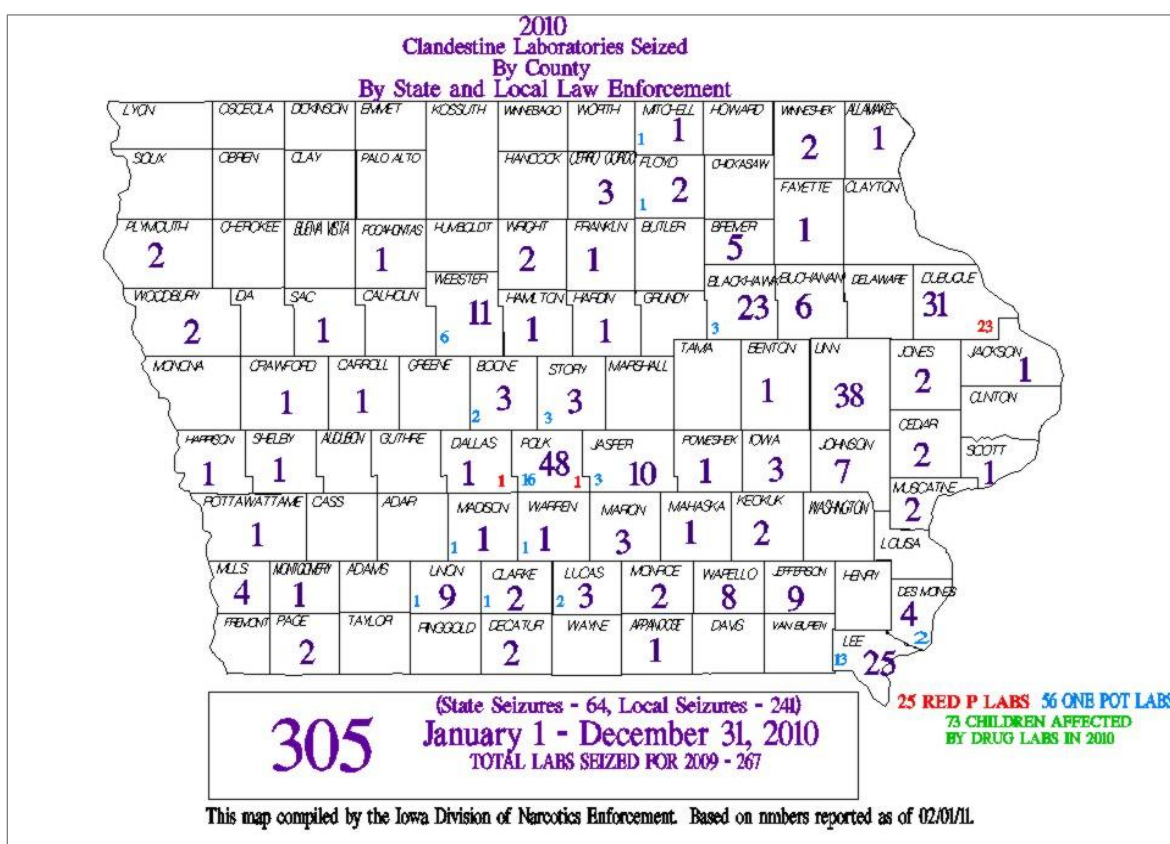
## Drug Use Profile

### State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 - 2011\* YTD



\*Calendar year 2011 through September 30

Source: [Iowa Department of Public Safety](http://www.iowa.gov/public-safety)



Beginning September 1, 2010, Iowa implemented an electronic Pseudoephedrine Tracking System (PTS). The PTS is a real-time tracking system, but because of the robust information contained within the system, it is used by virtually all Iowa pharmacies as a stop-sale system. That is, transactions are immediately added to the system and the system will direct the pharmacist to prevent a sale from taking place if the daily or monthly limits are exceeded. Blocking sales in real-time prevents smurfing and consequently the production of methamphetamine. Since the start-up of the PTS, more than 21,000 illegal purchase attempts have been blocked, preventing the sale of over 123 pounds of pseudoephedrine, and averting an estimated 450 additional meth labs in the first year of the system's operation.

## Drug Use Profile

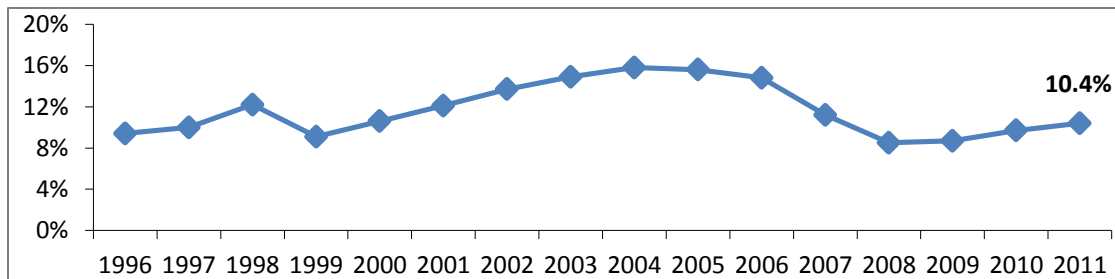
Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. The price and purity of methamphetamine indicate that the price of methamphetamine per gram has fluctuated over the past several years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa seizures. Crystal methamphetamine smuggled into Iowa from Mexico and the Southwest U.S. has grown in recent years. The increase in crystal methamphetamine or “ice” is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute. The new one-pot and shake-n-bake methods of producing methamphetamine are also reportedly producing purer methamphetamine. Methamphetamine purity is at an all-time high of 89%.

### Iowa Division of Narcotics Enforcement Methamphetamine Seizure Price and Purity CY 1996 – 2011

	1996	1998	2000	2002	2004	2006	2008	2010	2011
Price	\$135	N/A	\$90	\$100	\$100	\$120	\$123	\$130	\$130
Purity	43%	14%	25%	16%	33%	40%	40%	79%	89%

Source: Iowa Counterdrug Task Force

### Percentage of Adults Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2011

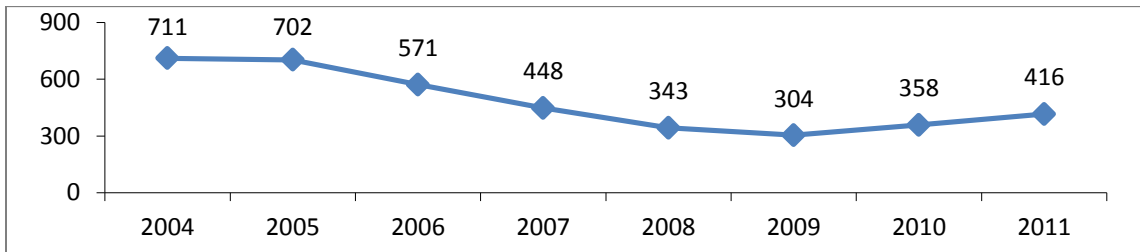


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Prior to the emergence of what has been referred to as Iowa’s “methamphetamine epidemic” in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the IDPH Division of Behavioral Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. As a percent of all screens/admissions, methamphetamine had diminished until 2008 when it reached its lowest point (8.5%) since the methamphetamine epidemic began. However, along with the recent increase in methamphetamine lab activity, the percentage has risen to 10.4%.

## Drug Use Profile

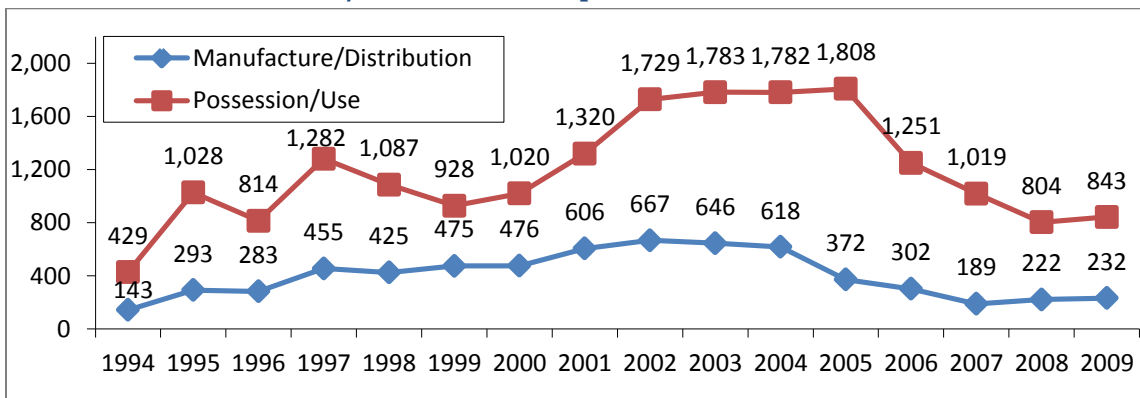
### Methamphetamine-Related Prison Admissions SFY 2004 - 2011



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

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

### Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 - 2009



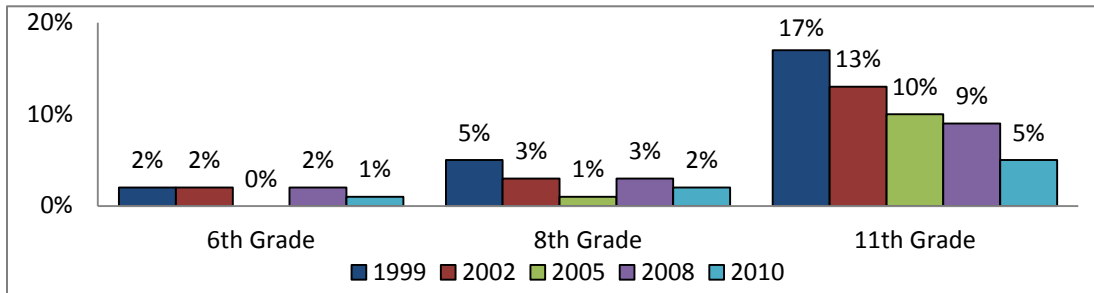
Source: [Iowa Department of Public Safety](#)

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

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

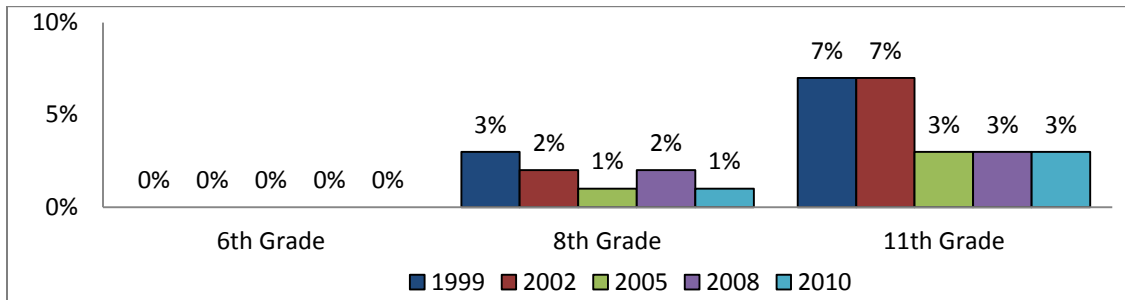
## Drug Use Profile

### Percent of Students Self-Reporting Ever Having Used Amphetamine/Methamphetamine, 1999 through 2010



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

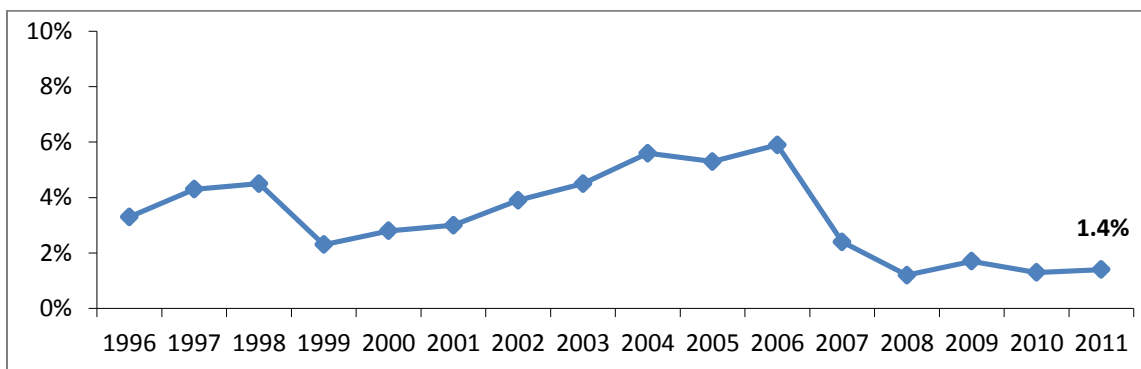
### Percent of Student Self-Reporting the Current Use of Amphetamine/Methamphetamine, 1999 through 2010



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

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

### Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2011



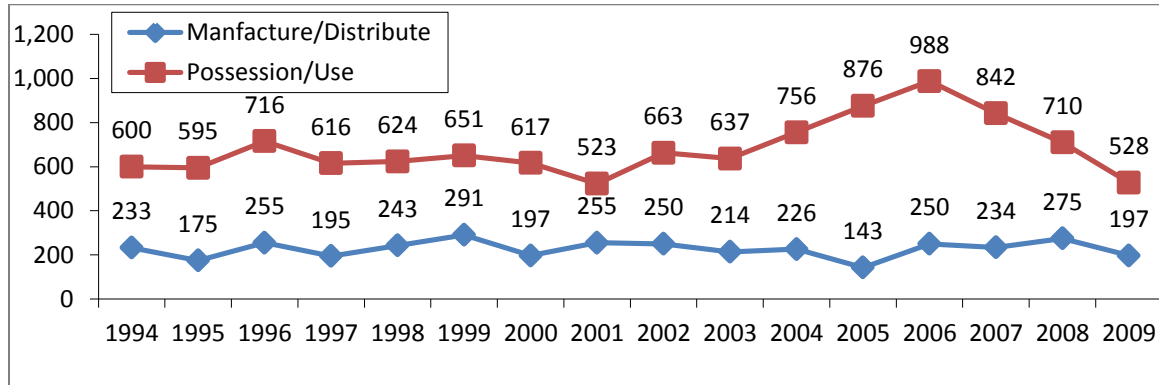
Source: [Iowa Department of Public Health Division of Behavioral Health – SARS/I-SMART](#)

## Drug Use Profile

### 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 methamphetamine, cocaine represents a smaller but significant problem.

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

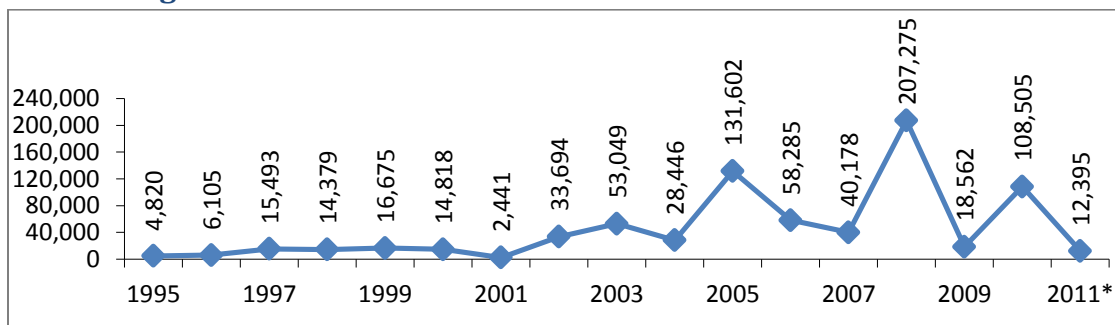


Source: [Iowa Department of Public Safety](#)

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

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement reached a 14-year high in 2005. Cocaine/crack cocaine seizures have fluctuated greatly since then. In 2008 and 2010, DNE reports having several large cases involving cocaine. So far in 2011, there have been fewer large cases of cocaine/crack seizures.

#### Cocaine/Crack Cocaine Seizures, in Grams, Involving the Iowa Division of Narcotics Enforcement CY 1994 – \*2011



\*Calendar year 2010 through September 15

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



## Drug Use Profile

As shown below, the price of cocaine has fluctuated from a low of \$80 to a high of \$150 over the past nine years.

### Iowa Division of Narcotics Enforcement Cocaine Seizure Price

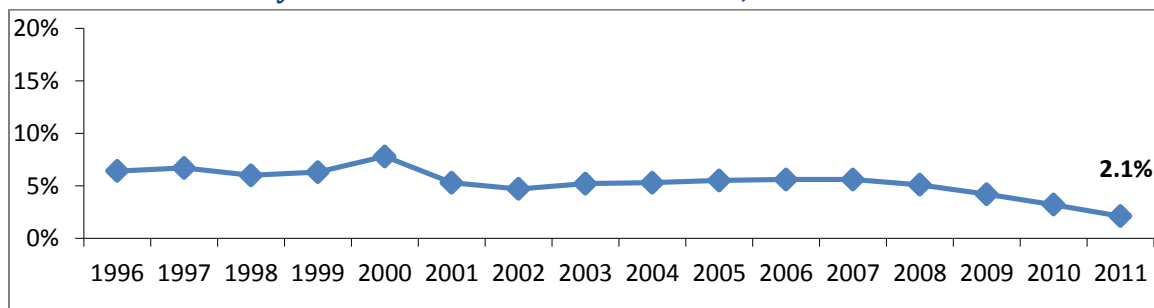
CY 1996 – 2011

	1996	1998	2000	2002	2004	2006	2008	2010	2011
Price	\$130	\$130	\$150	\$150	\$100	\$110	\$80	\$125	<b>\$125</b>

Source: Iowa Counterdrug Task Force

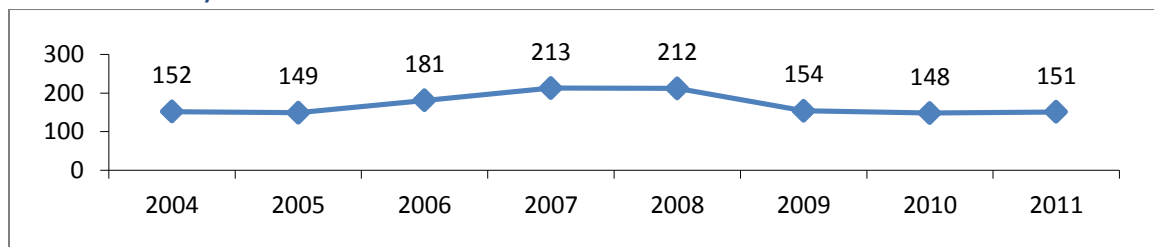
The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. The figure below illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as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

### Percentage of Adults Entering Substance Abuse Treatment Programs with a Primary Substance of Abuse of Cocaine, SFY 1996 – 2011



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

### Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 – 2011



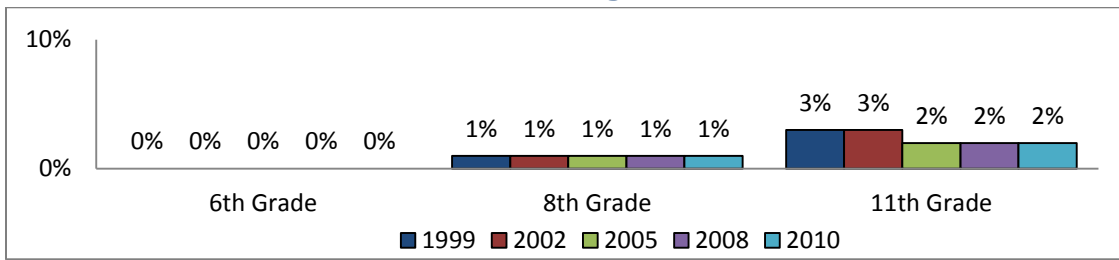
Source: [Criminal and Juvenile Justice Planning](#)

Cocaine-related admissions to prison represented 17.2% of drug-related prison admissions in FY 2011. Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa.

There is little reported use of cocaine/crack cocaine by Iowa youth. Overall there was little change in cocaine usage between 1999 and 2008, but a large drop in reported usage occurred in 2010.

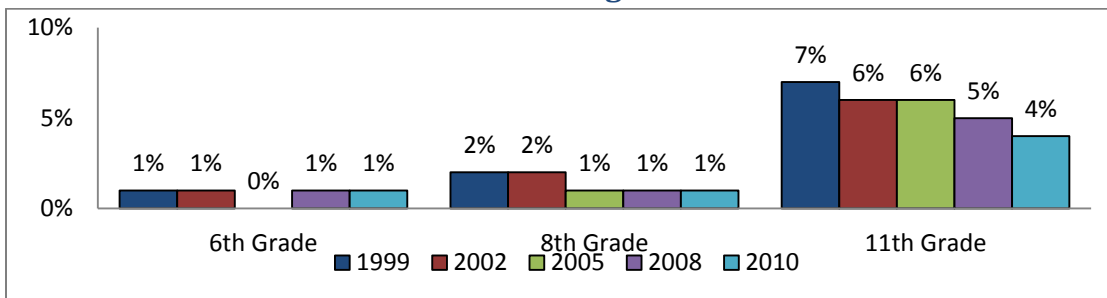
## Drug Use Profile

### Percent of Student Self-Reporting the Current Use of Cocaine, 1999 through 2010



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

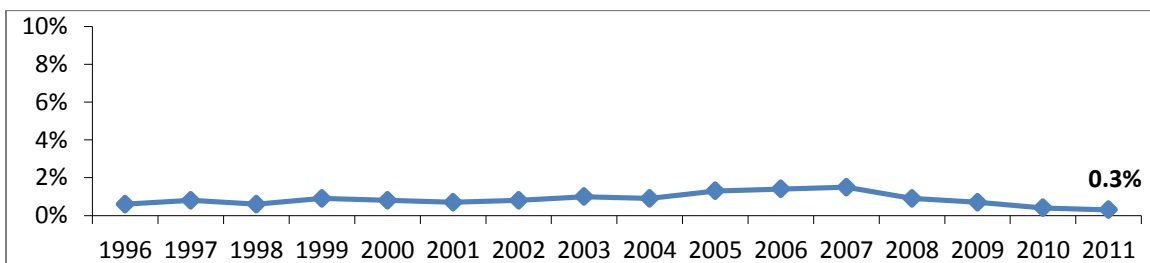
### Percent of Students Self-Reporting Ever Having Used Cocaine, 1999 through 2010



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

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

### Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2011



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

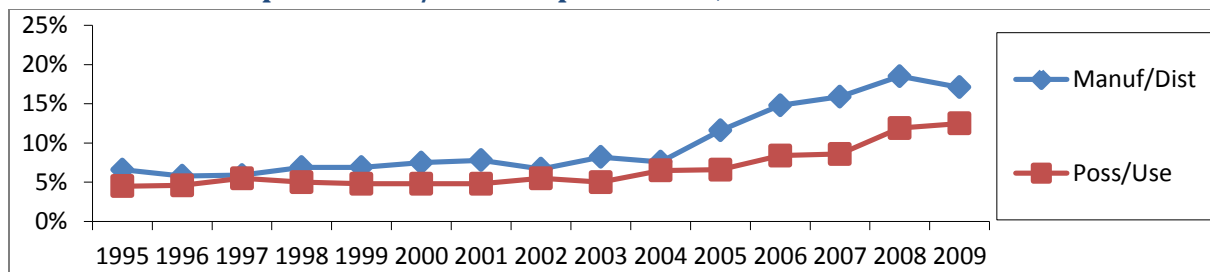
These data indicate that the prevalence of cocaine/crack cocaine as the primary substance of abuse within the youth substance abusing community remains low and relatively constant during the reviewed period.

## Drug Use Profile

### Other Illicit Drugs

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD, and PCP also play a role in the overall problem of substance and drug abuse within the state. However, analyses of the data indicate that the prevalence levels of these other substances as the drugs of choice among the substance abusing population are relatively low, but rising. Notwithstanding the relative low use rates, this is an issue which requires continued vigilance.

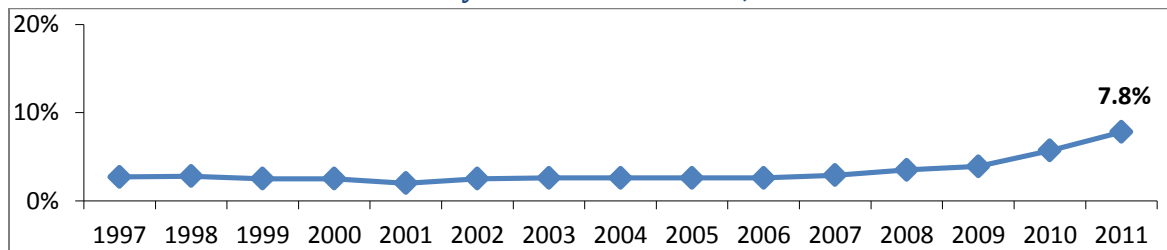
#### Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1995 – 2009



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

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

#### Percentage of Adult Substance Abuse Treatment Screening/Admissions with an Other or Unknown Primary Substance of Abuse, SFY 1997 – 2011



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

The figure above indicates that during the period examined, the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is “unknown or other” has risen 200% in the past four years. This category could include prescription drugs, synthetic drugs, over-the-counter drugs, or inhalants.

## Drug Use Profile

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

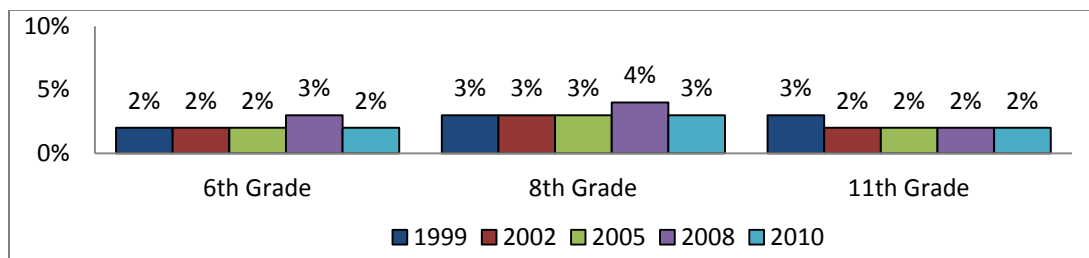
So-called “club drugs” or “predatory drugs” such as Ecstasy, Rohypnol and Gamma-Hydroxybutyrate (GHB) are rarely reported in Iowa. However, they warrant attention to prevent larger problems.

Another emerging threat to the health and safety of Iowans is the use of synthetic drugs. These substances, also known as synthetic cannabinoids and synthetic cathinones, are marketed as K2, Spice, and bath salts. The cannabinoids are herbal substances that are sprayed with one or more chemical compounds. They are marketed as incense and not for human consumption, but are being used as a new way to get high. Bath Salts are the newest synthetic drug available, mimicking the effects of cocaine. This year Governor Branstad signed into law Senate File 510 which added these bath salts, synthetic cannabinoids, and Salvia divinorum to the list of Schedule I Controlled Substances and provided penalties.

### Inhalants

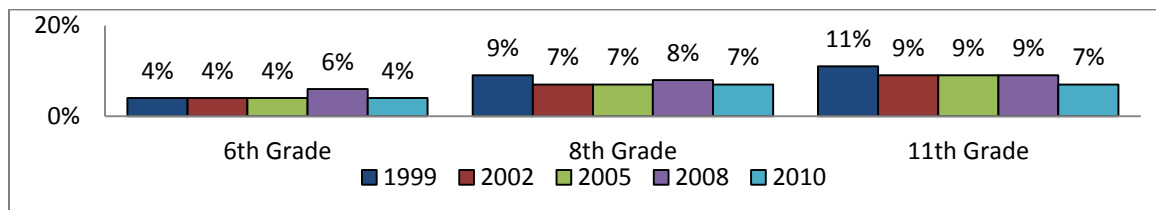
Inhalant use continues to be of concern in Iowa, and inhalant use more often starts at younger ages. The perception of risk related to inhalant use is dropping, which may contribute to continued use. As attitudes toward inhalant abuse weaken, abuse is more likely to increase.

#### Percent of Student Self-Reporting the Current Use of Inhalants, 1999 through 2010



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

#### Percent of Students Self-Reporting Ever Having Used Inhalants, 1999 through 2010

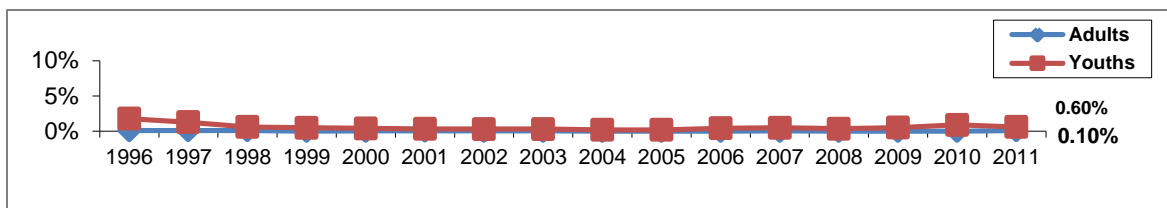


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

## Drug Use Profile

Examination of IDPH Division of Behavioral Health substance abuse reporting system data indicate that the use of inhalants is more prominent among youth in comparison to adults. They also indicate that the prevalence of these substances as a “drug of choice” for juveniles has remained steady in recent years, representing less than one percent of youth screened/admitted to substance abuse treatment.

### Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 - 2011

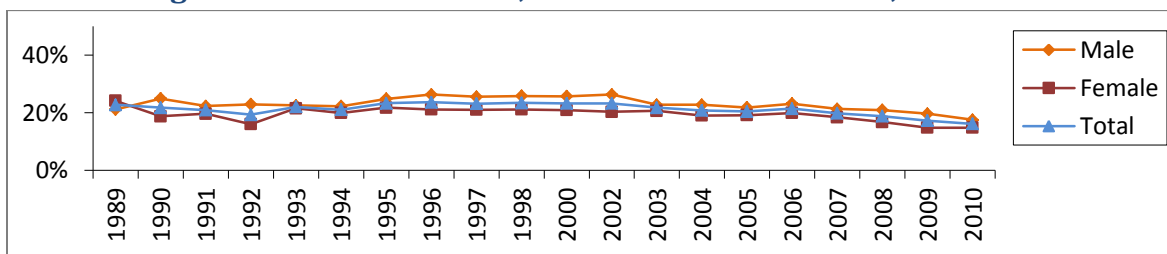


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

## Tobacco

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

### Percentage of Current Iowa Male, Female & Total Smokers, CY 1989 - 2010



Source: [Centers for Disease Control](#)

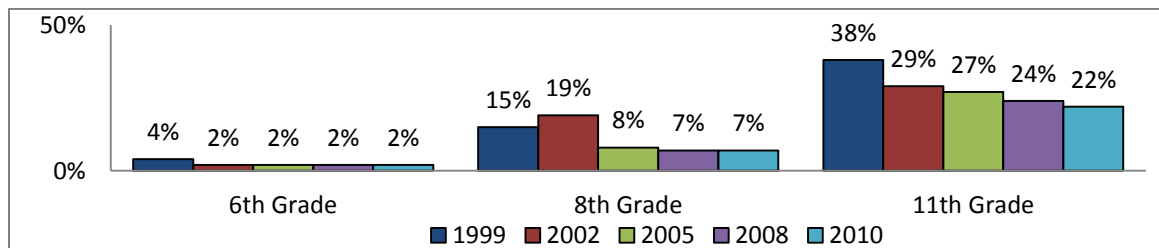
The levels of tobacco use among adult Iowans can be seen above. These data, compiled by the National Center for Chronic Disease Prevention and Health Promotion of the federal Centers for Disease Control, are published as part of the Behavioral Risk Factor Surveillance System (BRFSS). In 2010 the total percentage of combined male and female smokers in Iowa reached its lowest point in twenty-one years. Part of this decline can be attributed to the 2007 tobacco tax increase in Iowa. Other factors that may contribute to fewer cigarette sales in Iowa include: the Iowa Smoke-free Air Act, the fire-safe cigarette requirement that took effect January 1<sup>st</sup>, 2009,

## Drug Use Profile

the federal cigarette tax rate increase that took effect April 1<sup>st</sup>, 2009, and the current economic recession.

The Department of Public Health also reports that Quitline Iowa remains busy, with 7,129 clients calling during FY 2011. Seventy-five percent of those clients were Medicaid members. Even though Quitline Iowa is one of the most successful programs of its kind in the nation, most smokers attempt to quit "cold turkey," so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year. Because of state budget cuts to the FY11 budget, Quitline Iowa discontinued the distribution of free nicotine patches, gum and lozenges on July 1, 2010. According to client follow-up for FY11, 24% said they had not smoked cigarettes or used other tobacco in the past 30 days, after 7 months, and again after 13 months.

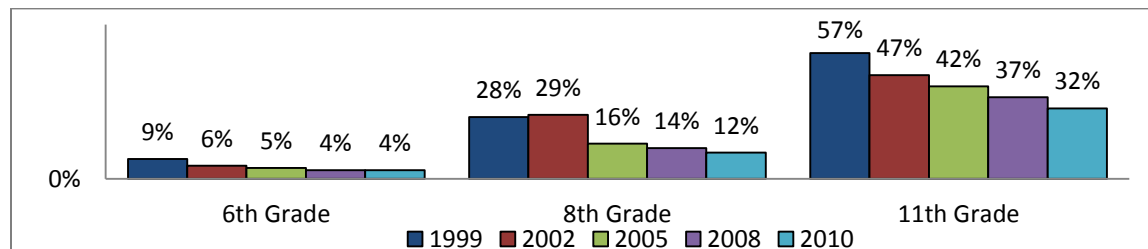
### Percent of Students Self-Reporting the Current Use of Tobacco, 1999 through 2010



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

In 2010, less than one quarter of eleventh graders reported current use of tobacco. The most significant changes in both current and past use of tobacco occurred among students in grade 8. In 2010, 7% of 8<sup>th</sup> graders reported current tobacco use, a decline of 63% from 2002. In 1999, 57% of students in grade 11 reported past use of tobacco use. This figure dropped by nearly half to 32% in 2010.

### Percent of Students Self-Reporting Ever Having Used Tobacco, 1999 through 2010



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

