



Iowa Drug Control Strategy

2014





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Introduction: Making the Connection

Iowans can celebrate the fact that we lead the nation with one of the lowest rates of overall usage of illegal drugs. This is the direct result of a strong connection between law enforcement, policy makers, parents, drug treatment, prevention, and health professionals.

In Iowa, these stakeholders routinely work together to promote the health and safety of our communities. This connection has yielded substantial progress over the past year. Key indicators have moved in the right direction due, in large part, to the hard work and dedication of these groups.

Drug related prison admissions dropped from over 1,100 several years ago to just over 900 this past year. The number of Iowans that died as a result of prescription pain medication abuse dropped from a high of 62 to 52.

Most importantly, our youth are not following dangerous national trends and fewer youth reported current usage of marijuana, alcohol, and prescription pain relievers. While still far too many have been exposed to these threats, this is a sign of hope for the future of our state.

These trends illustrate that with parental guidance and education, youth in Iowa will make choices that keep them healthy and drug free. Kids are making the connection that living drug free helps to obtain a quality education and assists in building lifelong earning potential.

Unfortunately, youth today are also getting mixed messages from some policy makers and media figures that marijuana use is acceptable and safe. As several states have voted to legalize use of the drug, attitudes about marijuana are changing. Youth today don't see the drug as harmful as they used to. Yet we know that marijuana use has a disastrous effect on our youth.

In Iowa, nearly 2,900 youth went to drug treatment for marijuana addiction and abuse. Children who regularly use marijuana reportedly are 30 times more likely to go on to use cocaine and 15 times more likely to become abusers of prescription drugs. Keeping kids away from marijuana helps keep them drug free for life.

The maps on the following page show a clear connection between relaxed marijuana regulations and higher rates of marijuana use by youth.



Executive Summary

The Governor's Office of Drug Control Policy offers the 2014 Drug Control Strategy pursuant to Iowa Code Section 80E.1. The purpose of the strategy is to describe the activities of the office and other state departments related to drug enforcement, substance abuse treatment, and prevention. This report also highlights trends in respect to substance abuse within the state and sets out innovative approaches to reduce drug abuse. Finally the strategy displays the funding levels for various state agencies working in prevention, treatment, and enforcement.

It is important to note the positive work done by ODCP funded anti-drug task forces. Statistics often overlooked make the case that enforcing drug laws benefits Iowans by improving public safety and public health. **In FY 2013, ODCP funded task forces referred 450 children living in drug endangered homes to the Department of Human Services for care. They also removed 547 firearms from drug dealers and gang members and their work resulted in numerous Iowans being referred to drug treatment.**

Significant challenges remain for Iowa. Over 50% of our drug-related prison admissions are due to meth use, and the prevalence of synthetic drug and prescription pain medication abuse continues to test our law enforcement, prevention, treatment, and medical communities. Motor vehicle crashes due to *drugged* driving have risen over past years. And a growing national tolerance of marijuana sends a mixed message to our youth that some drugs are okay.

One area of optimism is the impact of the Affordable Care Act on the ability of Iowans to access drug and alcohol treatment programs. While not yet fully understood, this legislation holds new promise for those who are eligible for Medicaid or newly formed health care exchanges to receive quality substance abuse treatment they otherwise would not be able to afford. By turning to treatment, more Iowans stand a chance of turning their lives around and contributing to our overall economic vibrancy.

To combat these threats to the health, safety, and productivity of our citizens, the Iowa Governor's Office of Drug Control Policy offers the following recommendations:

Expand the Meth Precursor List

The Iowa Governor's Office of Drug Control Policy has effectively managed the Pseudoephedrine Tracking System, helping block purchases of pseudoephedrine that otherwise may have gone into meth production. **Our record high of 1,500 meth labs has fallen to under 400 in recent years.**

While positive, far too many labs are still occurring in Iowa, especially with the onset of "one-pot" labs using different materials to yield small amounts of meth. These labs are especially

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dangerous and have contributed to a spike in the number of meth lab-related fires across Iowa, putting additional people and property in harm's way.

One way to strengthen the tools used against meth producers is to expand the list of known precursors to include items like plant fertilizer. Iowans would be free to purchase and possess these items in any quantity they wish, but if law enforcement has strong reason to believe someone may be producing meth, this list can be used to effectively prosecute and shut down the operation.

Increase the Effectiveness of the Prescription Monitoring Program

The Iowa Prescription Monitoring Program (PMP) is a voluntary tool that can be used by health care professionals to improve the quality of care delivered to patients. The PMP allows a doctor or other prescribers and dispensers to check the controlled substances a patient has received to ensure Iowans are not misusing medications. It is also a powerful tool to thwart doctor shoppers and prevent prescription pain medication diversion.

The PMP is managed by the Iowa Pharmacy Board. It allows any prescriber who is licensed in Iowa to register and view the prescription history of patients, once a doctor-patient relationship has been established. The Pharmacy Board, Iowa Board of Medicine, and others deserve credit for helping increase the number of prescribers and dispensers using this program. However, the Iowa system currently does not connect to networks across state lines. Consequently, Iowa prescribers have a difficult time seeing what a patient may have been prescribed in another state, such as Illinois or Missouri. Allowing interstate connectivity will help stop "doctor shoppers" from crossing state lines to obtain prescriptions.

The Medicaid "lock-in" program is a tool used by Iowa Medicaid to prevent fraud and abuse. When a Medicaid user crosses certain thresholds for seeing too many doctors for multiple prescriptions, and abuse is suspected, they are placed into the "lock-in" program, and assigned to one doctor and one pharmacy for all prescriptions. Those who are in the "lock-in" program sometimes circumvent the blocked access to prescription pain medications by paying cash at various clinics. If PMP reports would note when someone is in the "lock-in" program for suspected prescription abuse, prescribers and pharmacists could intervene and discuss the issue with their patient. They could also refer them to drug treatment if needed and help stop the abuse of pain medications.

Affirm Marijuana as a Schedule I Controlled Substance in Iowa and Clarify that the Legislature Retains the Ultimate Authority Over Marijuana Policy

Marijuana is often the drug first used by Iowa youth and is linked to other drug abuse later in life. Studies have shown the link between marijuana usage and long-term drops in IQ and higher rates of truancy.

Ambiguity exists in state law as to who controls restrictions on usage of and access to marijuana in Iowa. Currently the Iowa Board of Pharmacy, an appointed board, and the Iowa Legislature, and elected body, are both referenced in the Iowa code. Iowa law should be clarified to uphold

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that only the Iowa Legislature can make substantive changes to the status of marijuana, reaffirming that this is a dangerous substance subject to abuse by Iowa youth. **Loosely regulated and unenforced laws in several states have resulted in higher marijuana usage in youth populations, increased traffic fatalities involving marijuana and higher rates of injuries on the job due to marijuana usage.**

GOALS:

Improving our state requires setting goals and challenging ourselves to reach them. Building on past success, but knowing we can do better, we set forward the following goals:

- 1) **Reduce the percentage of 11th graders who are current users of drugs and alcohol.** One of the keys to reducing substance abuse is keeping kids from ever starting. Science indicates that if we **can keep young people drug free until about the age of 21, they are almost guaranteed to stay drug free for life.** Iowa has moved the numbers in the right direction from the 2013 reports, with fewer youth reporting current usage of certain drugs. By increasing focus on prevention in the early years, we improve the chances of a vibrant future for Iowa's children.
- 2) **Reduce the number of Iowans who die from prescription pain medication overdose.** Prescription pain reliever abuse, as well as the abuse of other opiates including heroin, has contributed to a growing number of deaths nationwide. Iowa is not immune from this trend. However, through the concentrated efforts of health care professionals, the treatment community and state officials, we were able to decrease the number of pain reliever overdose deaths in 2012. However, key tools to help in this battle are missing, and we must do more to improve the quality and usage of the PMP in Iowa. Working together, regulatory agencies, medical professionals, educators and families can make a difference.
- 3) **Improve the percentage of Iowans who are employed post treatment.** Holding a job and contributing to the well-being of one's family and society at large is an uplifting and empowering thing. For those exiting treatment it can be a decisive difference between moving forward with life in a productive way or falling back into old habits. In the 2012 Outcomes Monitoring Survey, only **41.1% of treatment clients were employed full or part-time upon entering treatment. Nearly 60% of clients were employed six months post-treatment.**

Respectfully submitted,



Steven F. Lukan
Director



Chapter 1: Strengthen Efforts to Make Iowans Healthy & Drug-Free

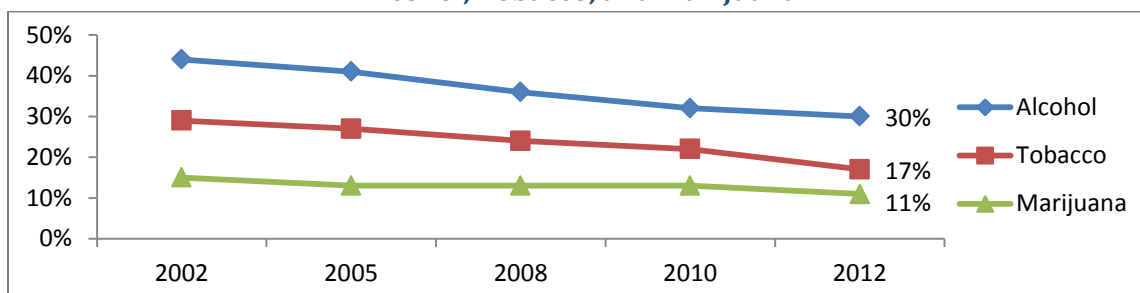
The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities. Effective treatment addresses addiction issues and has a long-term positive impact on the addict, their family and the community-at-large.

Reduce youth use of alcohol, tobacco, and marijuana

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug abuse problems later in life. Delaying the onset of illegal drug use or alcohol abuse is an important strategy for reducing the incidence and prevalence of youth substance abuse. Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. 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.

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. It compiles data regarding the use of alcohol and other drugs from youth in grades 6, 8, and 11 from public and non-public schools. Students answer questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and community environments. Beginning in 1999 the survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. Thus true comparisons with surveys conducted prior to 1999 are not possible. Prior to 2010, the IYS was conducted every three years.

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



Source: [Iowa Youth Survey](#)

What Works

Initiatives that work to reduce the number of Iowa youth who use alcohol and other drugs include: schools implementing evidence-based substance abuse prevention programming; increasing the awareness of, and access to, prevention programming and information; reducing youth access to alcohol, tobacco, and illicit drugs; programming that is culturally relevant to the target population; alignment with the national strategic prevention framework, as well as state frameworks, including the components of assessment, capacity building, planning, implementation and evaluation; community coalitions involving professionals, parents, and others who support prevention efforts; mentoring programs based on best practices; and strengthening the involvement of parents, and other influential adults as healthy role models.

Current and Proposed Strategies

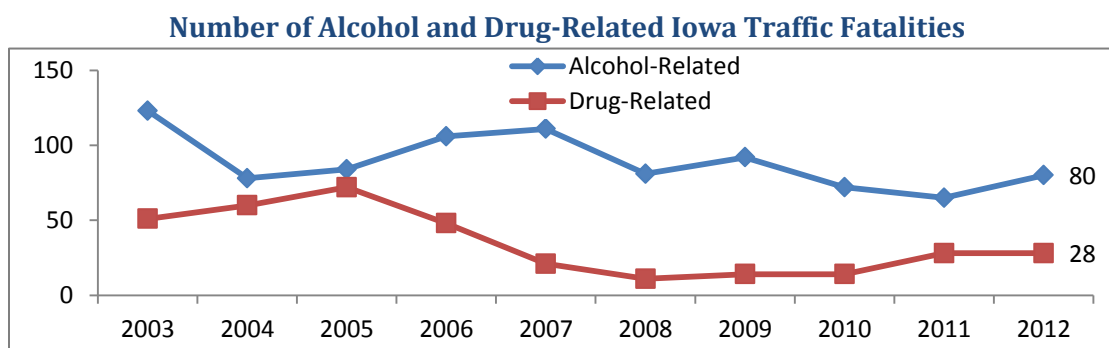
- Support community coalition, school-based and statewide prevention efforts with user-friendly tools that will assist positive youth development and prevention programs
- Support the Iowa Department of Education's Learning Supports initiative along with other state prevention efforts through the Iowa Collaboration for Youth Development
- Provide timely information on emerging drugs of abuse
- Support prevention program training for community organizations
- Complete the prevention needs assessment through data analysis
- Use public service campaigns such as those by the Partnership @ DrugFreeIowa.org to empower caregivers to educate children and prevent drug use and promote the Media Literacy Project to help youth make healthy choices
- Conduct the Iowa Youth Survey every two years
- Resist efforts to legalize marijuana

Reduce the number of alcohol and drug-related Iowa traffic fatalities

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. Motor vehicle crashes are the leading cause of death for all 15-20 year olds, according to the National Center for Health Statistics. Alcohol is one of the leading causes of fatal traffic crashes. In Iowa, alcohol is second only to excessive speed as a contributing factor in all traffic crashes. In 2012, five of the young drivers (15 to 20 years old) killed in crashes had a blood alcohol concentration (BAC) of .08 or higher, including one 17, two 18, and two 19 year olds.

According to the Iowa Governor's Traffic Safety Bureau, in 2012, a total of 80 persons were killed in alcohol-impaired driving fatal crashes. Nearly 22% of all Iowa fatalities in 2012 were alcohol-related. Another 7.67% were drug-related fatalities.

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.



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

What Works

Initiatives that work to reduce the number of alcohol and drug-related traffic fatalities in Iowa include: specialized alcohol-related traffic safety education; environmental prevention strategies addressing community norms about alcohol use and abuse; reducing youth access to alcohol products; alcohol compliance checks at retail establishments, bars, and restaurants; alcohol server/seller training; graduated licensing for underage youth; Intoxilyzer lockouts for vehicles; and having a 21 year-old legal drinking age.

Current and Proposed Strategies

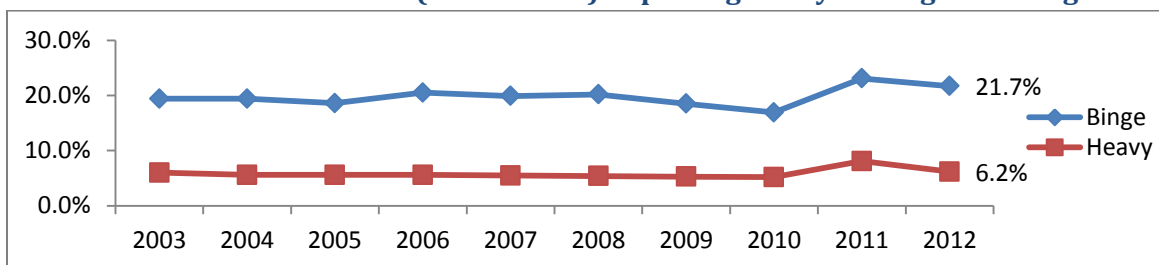
- Support education for retail clerks on how to check IDs and decline sales to minors
- Support the Training for Intervention Procedures for servers in restaurants/bars
- Enforce drunk and drugged driving laws with law enforcement personnel
- Continue collaboration between treatment programs and community colleges to provide a statewide education program for convicted OWI offenders
- Support education/diversion programs for minors in possession (first offense)
- Support implementation of a media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Support enforcement of penalties against non-compliant retailers, clerks, and youth

Reduce the number of Iowans engaged in heavy or binge drinking

Alcohol is the most frequently abused substance in Iowa. Alcohol consumed on an occasional basis at the rate of no more than one ounce per hour poses little risk to most adults. Currently, the recommended maximum alcohol consumption for those under the age of 65 is an average of two drinks per day for men and one for women. Iowans who drink with greater frequency or in greater quantities put themselves at risk for a host of medical problems including cancer, cardiovascular events, and liver and kidney metabolic diseases.

Alcohol dependency and abuse 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. Reducing heavy and binge drinking in Iowa will improve the health and safety of Iowans while reducing health care costs. According to the data below, adult Iowans who report heavy and binge drinking are at near historic highs.

Percent of Adult Iowans (18 and over) Reporting Heavy or Binge Drinking



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

What Works

Initiatives that work to reduce the percentage of Iowans who binge drink or drink heavily include: Drug-free workplace policies; school and community programming; community coalitions involving professionals, parents, and other supporters; raising the age of onset of alcohol use; prevention services for the lifespan (prenatal through death); and the 21 year-old legal drinking age.

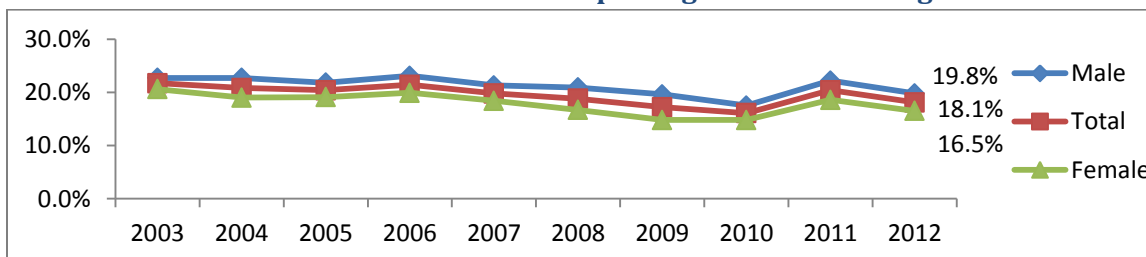
Current and Proposed Strategies

- Support comprehensive drug-free workplace programs, including policy development, employee education, supervisor training, intervention and drug testing
- Promote to the public the availability of prevention & treatment services including the Iowa Substance Abuse Information Center toll-free helpline (1-866-242-4111)
- Assist community coalitions in establishing standards, codes, and policies that reduce the incidence and prevalence of alcohol and other drug abuse in the general population
- Support efforts to address underage and binge drinking among youth and on college campuses, using education to correct misconceptions about alcohol

Reduce the number of Iowans who smoke

Tobacco use is the single largest cause of preventable premature mortality in the United States. It represents an enormous financial burden, costing an estimated \$1 billion in annual health care in Iowa alone. Tobacco use among adults and exposure to secondhand smoke continue to be major public health problems. Having fewer tobacco users of all ages in Iowa and creating smoke-free environments for all Iowans are keys to reducing tobacco-related illnesses and costs. Reducing tobacco usage by youth also reduces the likelihood Iowans will ever use other drugs.

Percent of Adult Iowans Reporting Current Smoking



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

What Works

Initiatives that work to reduce the percentage of Iowans who smoke include: tobacco retailer compliance checks, education and reinforcement; community mobilization combined with additional interventions, reducing client out-of-pocket costs for tobacco cessation therapies; multi-component interventions; telephone hotlines; and healthcare provider reminder systems.

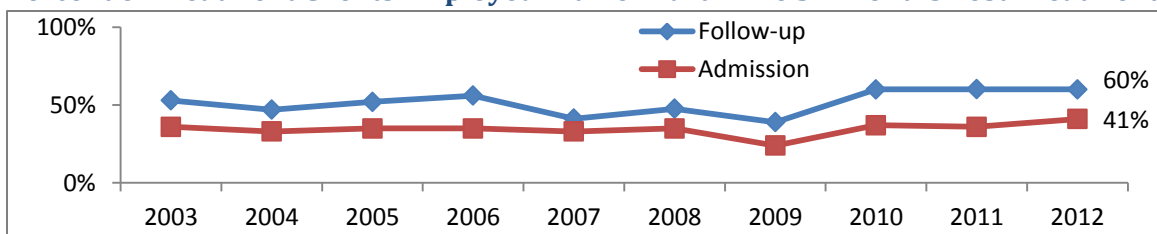
Current and Proposed Strategies

- Quitline Iowa, 1-800-QUITNOW, a statewide smoking cessation hotline
- Community Partnership Grants for tobacco use prevention and control
- Regular tobacco sales compliance checks

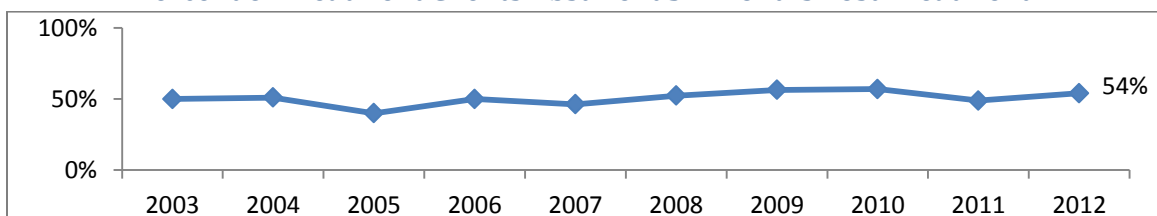
Increase the number of treatment clients who are employed and abstinent six months post-treatment

Nearly sixty percent of treatment clients who participated in the Year Fifteen Outcomes Monitoring Study for 2012 were employed full or part-time six months after treatment, compared to only 41% of clients at treatment admission. More than 54% of treatment clients remained abstinent six months after treatment discharge. Treatment must be comprehensive, 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 the addict, their family and community.

Percent of Treatment Clients Employed *Full or Part-Time Six Months Post Treatment



Percent of Treatment Clients Abstinent Six Months Post Treatment



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

Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System

Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

What Works

Initiatives that work to keep treatment clients abstinent and employed six months after treatment discharge include: drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system; individualized treatment plans; increased accessibility and capacity for treatment; early identification; aftercare services; retention in treatment; drug courts; family education; and treating co-occurring disorders.

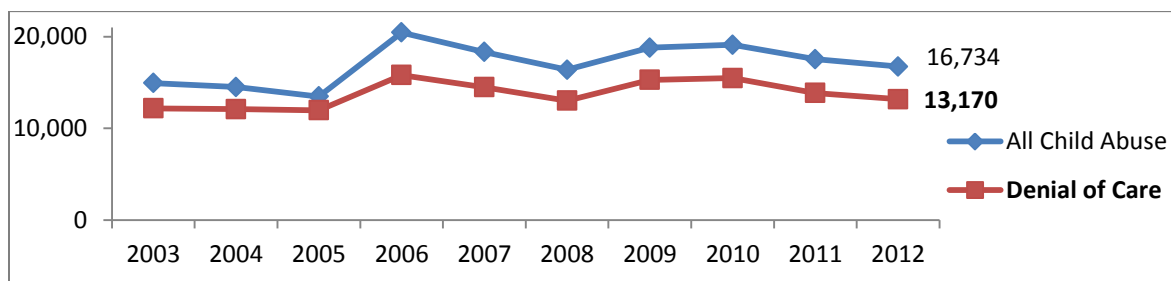
Current and Proposed Strategies

- Refine distance and electronic treatment programs for efficacy
- Support early education in high-risk populations such as children of addicts
- Promote selected prevention programming with identified high-risk populations
- Promote mid to long-term treatment programs
- Promote the Iowa Department of Public Health's Access to Recovery services and the Recovery Oriented System of Care (ROSC)

Reduce the number of confirmed or founded cases of child abuse related to the denial of critical care

Experts agree there is a high correlation between parental substance abuse 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 abuse, there is overwhelming evidence that addicted caregivers do not provide adequate care for their children. Cases like these point to the need to recognize the significant impact drug use has on denial of critical care.

**Number of Confirmed or Founded Cases of Child Abuse
Related to Denial of Critical Care**



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

**Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused. Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.*

What Works

Initiatives that work to reduce the number of child abuse cases related to denial of critical care include: family drug treatment court; child welfare-substance abuse partnerships; Community Partnerships for Protecting Children; drug testing; improved intake/screening/assessment and treatment for system involved clients and the Drug Endangered Children program.

Current and Proposed Strategies

- Support the adoption of Iowa's Drug Endangered Children model by new communities
- Promote Moms Off Meth and Dads Against Drugs support groups
- Promote drug testing of parents suspected of using and their children in Child in Need of Assistance cases where drug use is suspected to be a contributing factor
- Promote the Department of Human Services' Community Partnership for Protecting Children Initiative in protecting drug endangered children
- Promote family drug treatment court for addicted parents involved in Child in Need of Assistance cases



Chapter 2: Safeguard Iowa Communities from Illegal Drugs

By reducing 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.

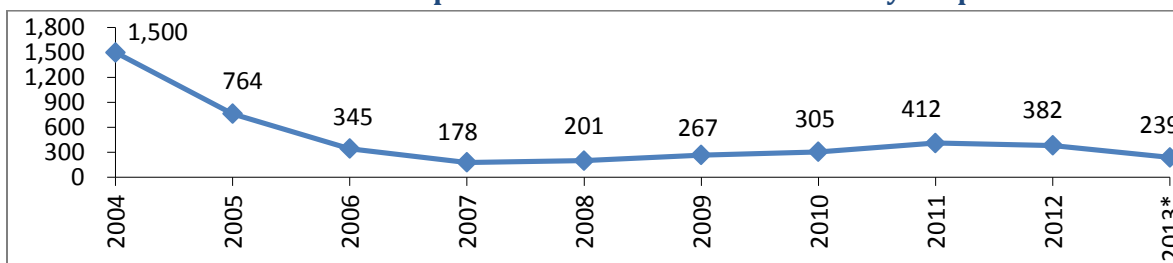
Reduce the number of clandestine methamphetamine labs in the State

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. New methods of making methamphetamine, called one-pot or "shake n bake" labs, are also posing a threat to unsuspecting Iowans. These methods generally use less pseudoephedrine and produce methamphetamine in smaller quantities, but are no less dangerous than other production methods. They involve putting toxic chemicals in a plastic bottle and shaking it, causing an extremely high amount of pressure to build up in the container resulting in rupture. The process is incredibly unstable, causing fires and injuring people. The remnants are often disposed of in neighborhoods and ditches.

Aside from their environmental impact, meth labs especially pose a hazard to children and other unsuspecting Iowans who come into contact with the waste or are impacted by explosions and flash fires from these cooks. In 2009 there was a single one-pot lab reported. In 2010, that number went up to 56. Through September 30th, 2012, 136 one-pot labs have been reported.

Since passage of Iowa's Pseudoephedrine Control Act in May 2005, there has been a significant drop in the number of methamphetamine labs in Iowa. State legislation to implement a real-time, electronic, pseudoephedrine tracking system was successfully passed in 2009. The system was implemented in 2010. Iowa ODCP manages the system which connects all pharmacies to identify those who attempt to illegally purchase more than their daily or monthly limit to make methamphetamine. 100% of pharmacies in the state that sell pseudoephedrine products over-the-counter actively participate. This connectivity helps reduce smurfing (pharmacy-hopping) and Law enforcement reports the system is very helpful in methamphetamine investigations.

State and Local Methamphetamine Clandestine Laboratory Responses



*Calendar year 2013 through September 30

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

What Works

Initiatives that work to reduce methamphetamine labs in Iowa include: enforcement units that respond to and dismantle clandestine laboratories; multi-jurisdictional drug enforcement task forces; coordinated intelligence collection, analysis and sharing; collaborating with community businesses, human services, corrections, and health care; real-time electronic precursor (pseudoephedrine or PSE) tracking and point-of-sale controls; and pharmacist and technician education.

Current and Proposed Strategies

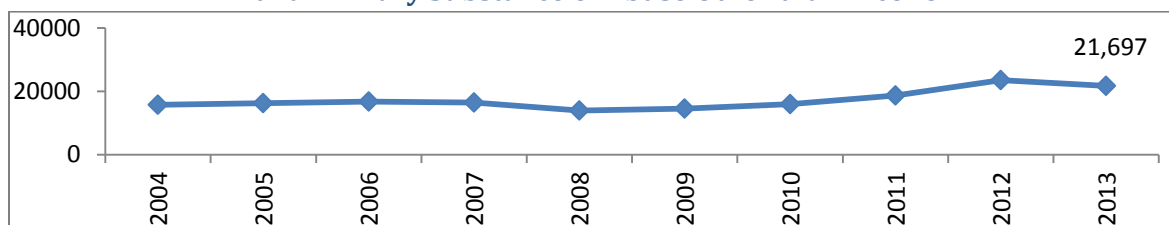
- Support expansion of the meth precursor list
- Continue Iowa's Pseudoephedrine Tracking System to enforce laws, prevent smurfing, and reduce meth labs
- Continue training on emerging drug issues for local law enforcement and prosecutors
- Promote use of intelligence systems that provide connectivity among law enforcement
- Promote the use of the Environmental Protection Agency's meth lab cleanup guidelines
- Provide education on new meth production techniques to retailers and the public
- Encourage border states such as Wisconsin and Minnesota to adopt mandatory electronic tracking of pseudoephedrine like Iowa, helping block smurfs who cross the border to purchase and then return to Iowa to cook meth
- Support training to local agencies to respond to clandestine drug laboratories

Increase treatment admissions for substances other than alcohol

Appropriate and effective substance abuse treatment is essential in breaking the cycle of addiction and the associated public safety, public health and societal dysfunctions. Few people enter substance abuse treatment without pressure 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 recovery and rehabilitation.

In Iowa, more than half of the clients screened/admitted to substance abuse treatment are referred by the criminal justice system. Drug Task Forces play a key role in getting more Iowa drug offenders into treatment. In Iowa counties where there is active drug task force coverage, 45% more treatment admissions are made via the criminal justice system than in counties without task forces. There is an average 6.17 treatment admissions per 1,000 in population via the criminal justice system in task force covered counties versus only 4.26 treatment admissions per 1,000 in population in non-covered counties.

Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance of Abuse Other than Alcohol



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

What Works

Initiatives that work to increase treatment admission numbers for drugs in Iowa include: multi-jurisdictional drug task forces; coordinating intelligence collection and sharing; jail-based treatment; drug courts; intensive supervision with treatment; and Access to Recovery services.

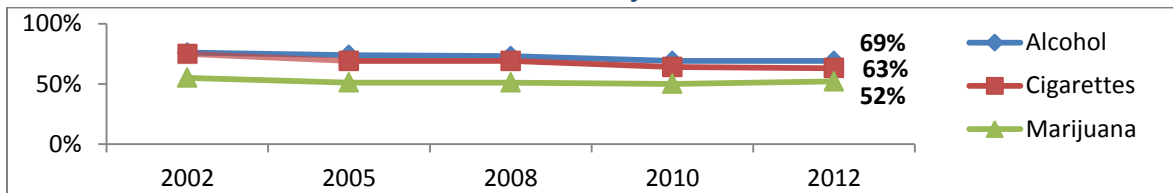
Current and Proposed Strategies

- Increase utilization of adult and family drug court programs throughout the state
- Refine distance treatment for efficacy
- Promote community-based substance abuse treatment
- Promote the Iowa Department of Public Health's Recovery Oriented System of Care
- Promote jail-based treatment programs for substance abusers
- Promote referral of substance abusers to treatment by social services and health providers before they become involved in the criminal justice system

Reduce the ease of access to cigarettes, alcohol, and marijuana by Iowa's youth

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 2012, 69% 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 Youth**



Source: [Iowa Youth Survey](#)

What Works

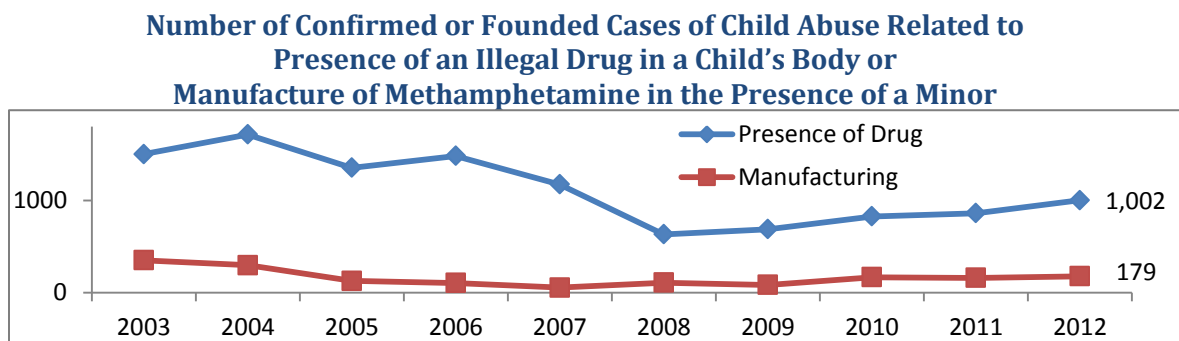
Initiatives that work to reduce the perceived ease of access to cigarettes, alcohol and marijuana by Iowa youth include: schools implementing evidence-based substance abuse prevention programming; increasing access to prevention programming; reducing youth access to alcohol and tobacco; cross training among multiple disciplines to enhance involvement in prevention; a credible and sustainable prevention workforce; aligning with the national strategic prevention framework; community coalitions involving multiple sectors; mentoring programs; evidence-based parent education programs; healthy role models; and the 21 year-old legal drinking age.

Current and Proposed Strategies

- Support community coalition, school-based, and statewide drug prevention efforts
- Assist school districts and communities in selecting the best evidence-based positive youth development programs and prevention in their target population
- Promote Public Health efforts with the Learning Supports initiative & needs assessment
- Provide timely information on emerging drugs of abuse to interested parties
- Promote Partnership @ DrugFreeIowa.org public service campaigns and media literacy
- Support administration of the Iowa Youth Survey

Reduce the number child abuse cases related to the presence of an illegal drug in a child's body or manufacturing meth in the presence of a minor

In 2012, the presence of illegal drugs in a child's body and manufacturing methamphetamine in the presence of a minor accounted for 1,181 founded child abuse reports, the highest level in five years. When all denial of critical care, presence of illegal drugs in a child's body and manufacturing methamphetamine in the presence of a minor are combined, they represent over 85% of confirmed and founded child abuse cases in Iowa. Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides the motivation for parents 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.



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

* In 2006, DHS began reporting Confirmed and Founded totals together whereas in previous years this chart showed Confirmed only.

*DHS does not drug test all children if other evidence substantiates a confirmed or founded report.

What Works

Initiatives that work to reduce child abuse cases involving meth labs and drugs in a child's body include: family drug treatment court; child welfare-substance abuse partnerships; community Partnerships for Protecting Children; drug testing; improved intake, screening, assessment and treatment for system involved clients; the Drug Endangered Children program; community-based follow-up; support services; substance abuse treatment; and parenting programs.

Current and Proposed Strategies

- Support the adoption of Iowa's Drug Endangered Children model by new communities
- Support Moms Off Meth and Dads Against Drugs support groups
- Ensure drug testing of parents and children in Child in Need of Assistance cases
- Promote the Iowa Department of Human Services' Community Partnership for Protecting Children Initiative
- Promote family drug treatment court for addicted parents involved with in Child in Need of Assistance cases

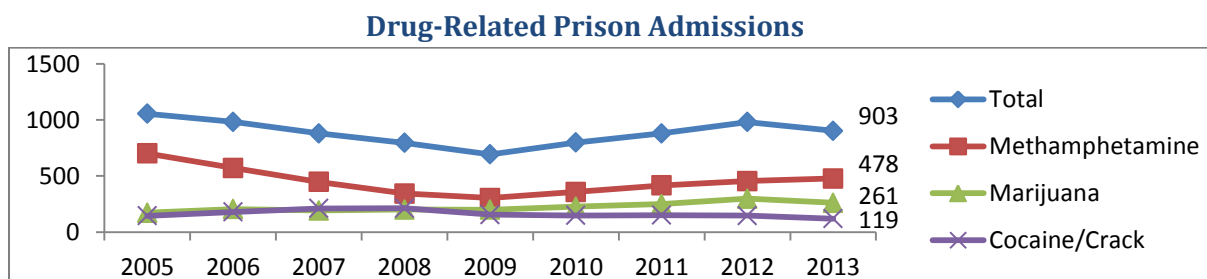


Chapter 3: Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

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

Reduce drug-related crime and associated prison admissions

According to the FY 2006 State Legislation Monitoring Report by the Iowa Department of Human Rights' Division of Criminal and Juvenile Justice Planning (CJJP), drug-related admissions constituted 32.2% of all prison admissions at their peak in 2004. FY 2005 saw the first reduction of drug-related prison admissions in a decade, and they continued to decline for five straight years. This reduction was largely driven by a sharp decline in methamphetamine cases after the implementation of Iowa's Pseudoephedrine Control Act in May 2005. However, the importation of meth through drug trafficking organizations has helped fuel an increase in meth related prison admissions. In FY 2013, there were 903 people imprisoned on drug-related charges. Of those, 478, or 52.9%, were meth-related.



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

What Works

Initiatives that work to reduce drug-related prison admissions include: precursor controls; environmental prevention policies; drug courts; drug-free housing; intensive supervision coupled with treatment; diversion to treatment; long-term aftercare programming and wrap around services to reduce recidivism; prison to community transitional and re-entry services; indicated prevention programs for at-risk youth; jail-based treatment; and drug enforcement task forces.

Current and Proposed Strategies

- Support Iowa's Pseudoephedrine Tracking System to enforce laws, prevent smurfing, and reduce meth labs
- Support jail-based drug treatment programs
- Support reentry programs
- Expand the use of Recovery Oriented System of Care with Public Health and others to take a more holistic approach to treatment that focuses on the individual's self, family, access to employment and follow-up care
- Continue use of drug courts and other diversion programs to address the needs of offenders in each district
- Support early intervention programs for youth at risk for substance abuse and crime

Increase the number of community-based offenders, with an identified substance abuse treatment need, who receive treatment

Studies have shown that substance abuse 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. Findings from the 2012 report include:

- 85% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 41.1% at treatment admission to 59.7% six months since discharge from treatment
- 54.4% of clients remained abstinent six months since their discharge from treatment

As the data demonstrate, all Iowans are safer when offenders returning into the community have completed substance abuse treatment.

What Works

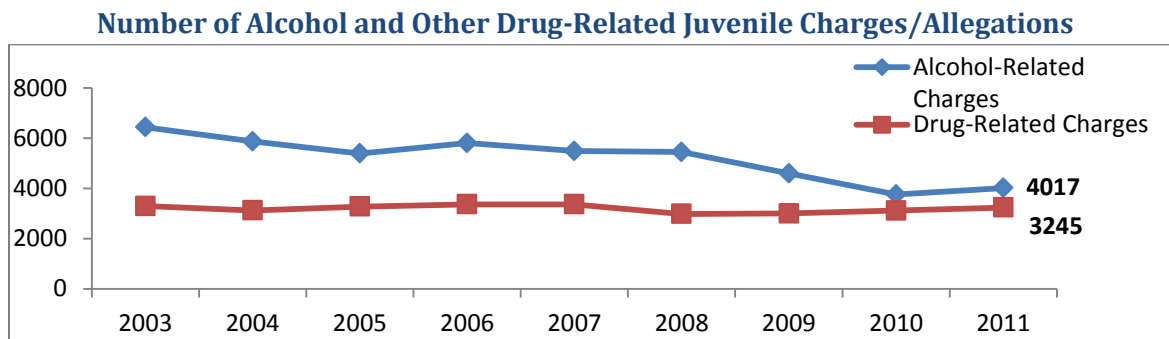
Initiatives that work to increase the number of community-based offenders who receive treatment when needed include: community aftercare; therapeutic communities with aftercare; jail-based treatment; drug courts; drug-free housing; intensive supervision coupled with treatment; wrap-around services (e.g. life skills training, anger management classes, housing and transportation assistance); and long term aftercare programming.

Current and Proposed Strategies

- Refine distance or electronic treatment programs for efficacy
- Support the Iowa Medical Classification Center's efforts to provide centralized substance abuse assessments
- Promote jail-based drug treatment programs for substance abusers
- Continued use of drug courts and other programs to address the needs of offenders in each district
- Support continuing care and reentry programs to support the return of offenders to the community after completion of prison-based treatment programs
- Support the effective management and treatment of dual diagnosis offenders

Reduce the number of juvenile alcohol and other drug-related charges

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 substance abuse. The adolescent brain is especially vulnerable to addiction. In 2011, 1,402 Iowa youth were charged with OWI and drug offenses. The State Training School at Eldora and the Iowa Juvenile Home at Toledo provide highly structured, restrictive environments to assist teenagers who are adjudicated as delinquents or children in need of assistance (CINA). In FY 2012, 67% of the youth at the State Training School were in need of substance abuse treatment. The average age of admittance was 16.53 years and the average length of stay was 10.8 months.



Source: [Iowa Justice Data Warehouse](http://www.iowajustice.org/)

What Works

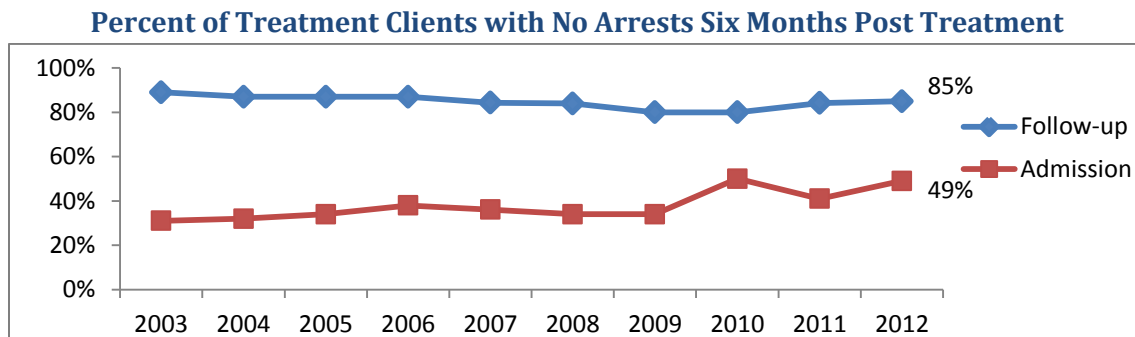
Initiatives that work to reduce the number of alcohol and drug-related juvenile charges include: adult to youth mentoring utilizing best practices; community coalitions involving professionals, parents, and others who support prevention efforts; environmental prevention strategies such as modifying attitudes and behaviors regarding drugs of abuse; substance abuse prevention programming targeting identified high-risk youth and their parents/caregivers; positive youth development programs and strategies; employment and job shadowing programs for at-risk youth; coordinating services between education, vocational rehabilitation, the Department of Human Services and Juvenile Court officers; intervention programs such as Rethinking Drinking; and 21 as the legal drinking age.

Current and Proposed Strategies

- Support youth-to-youth and adult-to-youth mentoring
- Support training to mentors on prevention programs and how to implement them
- Support media campaigns by the Partnership @ DrugFreeIowa.org to modify views, correct misconceptions, and empower caregivers to talk with their children
- Promote media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Promote positive youth development and prevention in schools and communities
- Support prevention services targeting high-risk youth and their parents

Increase the number of treatment clients with no arrests six months after completing treatment

Forty-nine percent of treatment clients who participated in the Year Fifteen Outcomes Monitoring Study for 2012 had no arrests prior to treatment. But, six months after treatment, 85% of clients had no arrests. Substance abuse treatment can be successful. But there are factors that can increase the effectiveness of treatment. Length of treatment and a client's level of motivation are major indicators of success. Treatment must be comprehensive 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 the addict, his or her family and friends, and the community.



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

What Works

Initiatives that work to reduce recidivism (as shown by the percent of treatment clients with no arrests six months after treatment discharge) include: drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system; individualized treatment plans; motivational interviewing case management; early identification; aftercare services; retention in treatment – longer stays produce better outcomes; drug courts; and family education and involvement.

Current and Proposed Strategies

- Support implementation of evidence-based treatment best practices
- Refine distance or electronic treatment programs for their efficacy
- Support efforts for early identification of substance abuse through education and stigma reduction in high-risk populations such as children of addicts or the elderly
- Support prevention programming with identified high-risk populations
- Promote the Iowa Department of Public Health's Recovery Oriented System of Care and Access to Recovery Services



Conclusion

The Iowa Drug Control Strategy serves as a comprehensive blueprint for coordinated state and local substance abuse prevention, treatment, and drug enforcement. As new threats emerge, part of our strength lies in the flexibility we have to quickly acknowledge and react to them.

Many positive trends are occurring in Iowa, specifically with youth. However, we cannot escape the reality that some Iowans still engage in dangerous substance abuse behaviors. Our youth in particular are subject to the fastest growing form of substance abuse in Iowa – prescription drug abuse. These substances are legal and easily accessible, often diverted from home medicine cabinets. Teenagers tend to view these drugs as “safe,” and easy to conceal as they don’t leave an odor on your breath or clothes. This trend is also migrating into heroin use due to the cost and availability of prescription drugs. Steps need to be taken to prevent prescription drug diversion and reinforce the message to youth that all drugs carry dangerous consequences.

There is no doubt that actions of the past have helped stem the tide of synthetic drugs here in Iowa, yet we know that new compounds are emerging as we speak. To help shut down the merchants who deal in these substances, we must use innovative approaches to reduce the incentive for profits from dealing synthetic drugs.

Although we’ve gained ground combating methamphetamine, much work remains. The state’s pseudoephedrine tracking system has shown itself to be an effective tool in disrupting the production of meth and its usage. Yet the bulk of our drug related prison admissions are driven by meth related charges. We must do more to stop the trafficking of drugs into Iowa, as well as the creation of meth in Iowa, while also decreasing demand for the drug.

Marijuana continues to be the most abused illicit drug in Iowa, while alcohol continues to be the most abused but denied substance abuse problem in Iowa. Underage drinking continues to be a stubborn problem and one category where prevalence in Iowa exceeds the national average.

We have also seen significant decreases in the reported use of Marijuana, Meth and Cocaine by 11th graders from 10 years ago, but the numbers from recent years are stable. We need to intensify efforts at this targeted population and drive down usage even further. Prevention specialists would note that if we can keep kids drug-free until in their 20’s, they have a much higher chance of avoiding substance abuse problems later on in life.

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

Drug Endangered Children (DEC): The DEC initiative incorporates the principals of substance abuse prevention, intervention, treatment, child protection, prosecution, and drug enforcement to protect children from drug users, dealers and manufacturers. The DEC program, coordinated by ODCP, features law enforcement officers working side-by-side with DHS caseworkers, prosecutors, court officials and health care providers toward a common goal: protecting children. The DEC model is being adopted by Iowa communities, helping interested entities and stakeholders join together as a safety net for children and a way of encouraging custodial parents to deal with their addictions so that families can be reunited in healthy ways.

Drug Enforcement: Iowa's multi-jurisdictional Drug Enforcement Task Forces often are the first line of defense against drug-related activities in Iowa communities. There are 20 established task forces covering 69 of Iowa's 99 counties. Local police and sheriffs' offices work in coordination with the Iowa Department of Public Safety's Division of Narcotics Enforcement and federal agencies. While the primary mission of Drug Task Forces is public safety through drug enforcement, data show they also play a major role in getting more drug-addicted offenders into treatment. There are 45% more treatment admissions that occur via the criminal justice system in counties that are covered by drug task forces than those that are not.

Iowa Prescription Monitoring Program (PMP): The Iowa Pharmacy Board's PMP has the potential to be the prescription drug equivalent of an air traffic control system, allowing physicians, pharmacists and other health care providers to provide better patient care by coordinating the fast growing number of medicines being prescribed for individuals. Nearly 29% of prescribers, such as physicians, have registered for access to the PMP. Pharmacists are required to submit data, but not to consult the PMP. It appears that doctor shopping is down, but could decrease as more prescribers and pharmacists utilize the PMP.

Media Education and Literacy Campaigns: Media messages can influence knowledge, attitudes and ultimately behavior. From convincing teenagers not to smoke to reminding parents to talk with their kids about the dangers of drugs, educational campaigns involving media partners are another prevention tool that can help reduce substance abuse. One promising innovation, begun in 2011 by the Partnership @ DrugFreeIowa.org, is a media education/literacy initiative, to help young Iowans decode advertising and other media messages, so they can make healthier choices.

Methamphetamine Lab Education: Aggressive efforts are called for to prevent methamphetamine lab injuries by educating Iowans on the "one-pot" and "shake-and-bake" labs, as well as future evolutions of this problem. Primary targets for education include: retailers, landlords, tenants, parent groups, youth groups and civic organizations.

Methamphetamine Precursor Controls: As a combination prevention and drug enforcement response, legislation regulating key ingredients used to make meth have proven successful in reducing Iowa meth labs by nearly 75% since their peak. The implementation of Iowa's Pseudoephedrine Tracking System in 2010 has strengthened these efforts.

Offender Reentry: A seamless transition from the confines of prison to a much less structured community-based environment better prepares offenders to manage their lives in a pro-social, and law-abiding, manner without correctional supervision. Iowa Department of Corrections (DOC) reentry programs may address a number of areas, including job training, education, mentoring, substance abuse and mental health treatment, family-based services, literacy classes, housing and employment assistance. The goal of these programs is to improve public safety, reduce recidivism and lower criminal justice system costs. DOC and the 2nd Judicial District both have reentry programs; 6th Judicial District has a reentry court.

Prescription Medicine Take-Back Events: This type of prevention activity is taking place in a growing number of Iowa communities, in which coalitions involving state and local law enforcement, the Drug Enforcement Administration, and Iowa pharmacies offer citizens a convenient and effective way to help reduce prescription drug abuse and protect the environment. Medicine cabinets are a leading source of prescription drug diversion and by removing outdated and unused medicines from homes, the risk of abuse and environmental contamination is reduced.

Social Host Ordinances: Currently in Iowa there are 22 counties and 18 cities with social host ordinances in place. An additional 14 counties are in the planning stage for implementing a social host ordinance.

Strategic Prevention Framework State Incentive Grant (SPF SIG): SPF SIG is a five-step process which assists states in developing a comprehensive plan for prevention infrastructure and supports selected local communities in implementing effective programs. The Iowa Department of Public Health has implemented a strategic plan with two priorities: reducing underage alcohol use and reducing adult binge drinking. This project ends on June 30, 2014.

Substance Abuse and Mental Health Treatment: Treatment works to reduce relapse and re-arrest and increase employment, and is less costly than incarceration. Specialized treatment and aftercare services, including Drug-Courts and Jail-Based Treatment have proven effective. Treatment of Department of Corrections' offenders prior to and/or after their release from prison can also help them reenter the community as a drug-free, law-abiding and productive resident.

Substance Abuse Prevention: Preventing substance abuse spans the entire life cycle of humans, beginning with proper prenatal care and abstinence from substances of abuse to proper medication management by older adults. A wide array of prevention programming customized for delivery in schools, businesses and communities helps stop risky behavior by Iowa youth before it starts and can reduce misuse of drugs by adult Iowans. Often facilitated by prevention professionals, parents and other adult influencers can also play a role in the lives of youth, while an employer or spouse may be the person who influences an adult.

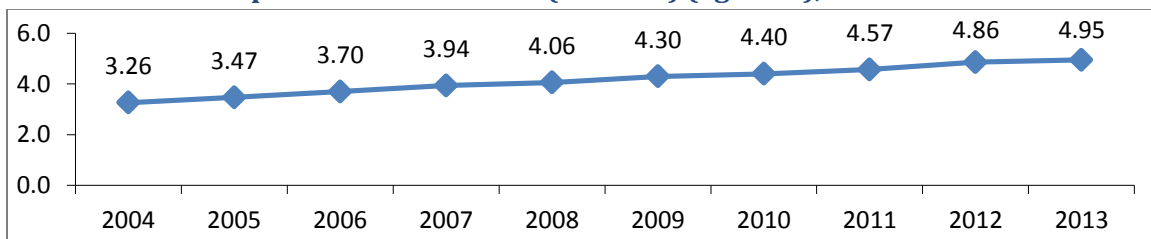


Appendix Two: Drug Use Profile

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. 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.

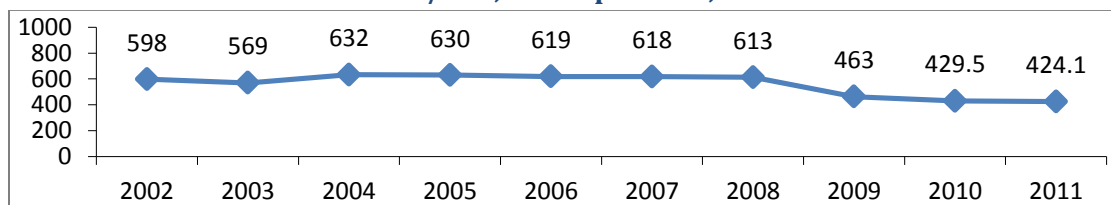
Distilled Spirits Sales in Gallons (Millions) (age 21+), SFY 2004 - 2013



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. Alcohol consumption has steadily increased 52% over the past ten years reaching its current high of 4.95 million gallons in FY 2013. According to the Alcoholic Beverages Division, this translates to the average Iowan, over the age of 21, consuming a total of 2.27 gallons of distilled spirits in one year, in addition to 2.03 gallons of wine and 33.56 gallons of beer.

OWI Arrest Rate/100,000 Population, CY 2002 - 2011

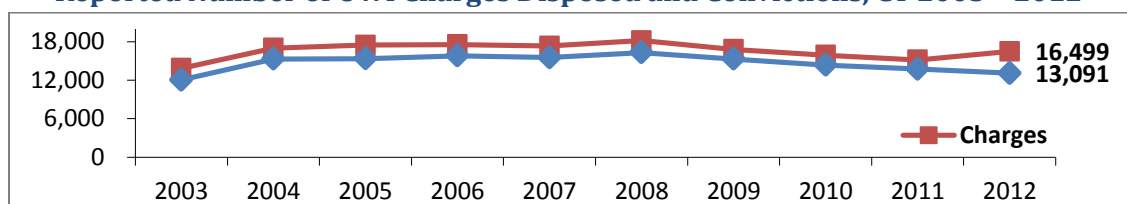


Source: [Iowa Department of Public Safety](#)

More arrests are made in Iowa for Operating While Intoxicated (OWI) than for any other single criminal offense. The OWI arrest rate had remained consistently high for over 15 years but has declined the past three years.

Appendix Two: Drug Use Profile

Reported Number of OWI Charges Disposed and Convictions, CY 2003 – 2012

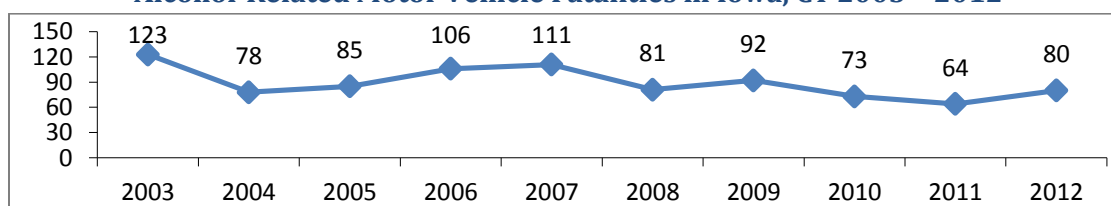


Source: [Division of Criminal and Juvenile Justice Planning](#)

*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.

Alcohol-Related Motor Vehicle Fatalities in Iowa, CY 2003 – 2012



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

Alcohol related motor vehicle fatalities reported by the Iowa Department of Public Safety, Governor's Traffic Safety Bureau (GTSB), have varied. However, in 2012, 21.9% of all Iowa fatalities were alcohol-related.

Primary Substance of Abuse for Clients Screened/Admitted to Treatment, SFY 2013

Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	903 (21.7%)	25,194 (53.7%)	51.2%
Marijuana	2,878 (69.3%)	10,779 (23.0%)	26.7%
Methamphetamine	110 (2.6%)	6,545 (14%)	13.1%
Cocaine/Crack	8 (0.2%)	969 (2.1%)	1.9%
Inhalants	14 (0.3%)	33 (0.1%)	0.1%
Other Opiates/Synthetics	39 (0.9%)	2,044 (4.4%)	4.1%
Other/Unknown	202 (5%)	1,327 (2.7%)	2.9%
Total	4,154	46,891	100%

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

Appendix Two: Drug Use Profile

Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment, SFY 1992 - 2013

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

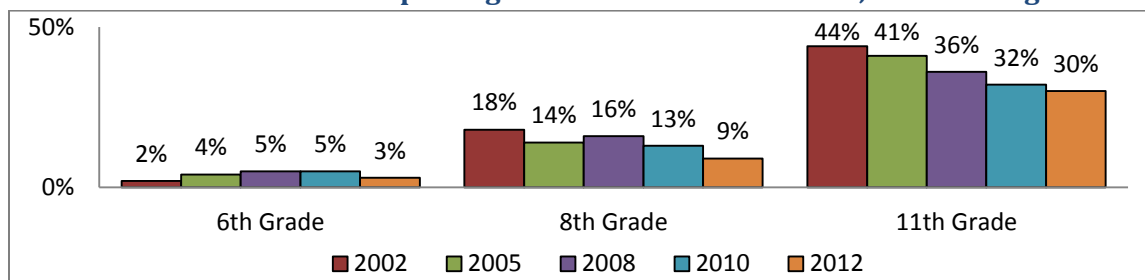
*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.

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 remains high. IDPH reported 51,045 clients screened/admitted in FY 2013, the highest number of clients ever admitted. The percent of clients with a primary substance of alcohol remained just over 51% in 2013, while the percent of marijuana clients reached an all-time high of 26.7%. Meth admissions are back on the rise, up to 13.1%. Crack/cocaine admissions we down a bit to 1.9%, while heroin admissions reached an all-time high of 1.2%. The “other or unknown” category of admissions, which includes inhalants, synthetics, prescription drugs, other opiates, and unknown drugs, dropped to 5.9%.

Iowa Department of Public Health data show that alcohol remains by far the number one substance of abuse in Iowa. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains over 50%. In FY 2013, 25,194 adults and 903 juveniles were screened and/or admitted to treatment with a primary substance of abuse of alcohol.

Percent of Students Self-Reporting the Current Use of Alcohol, 2002 through 2012

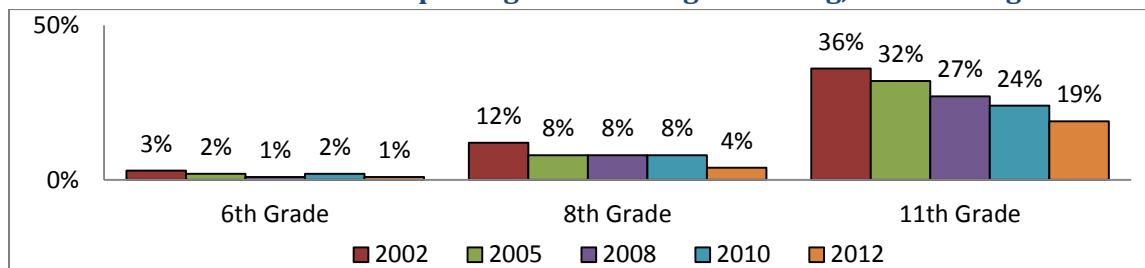


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Appendix Two: Drug Use Profile

While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2012 nearly one third (30%) 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.

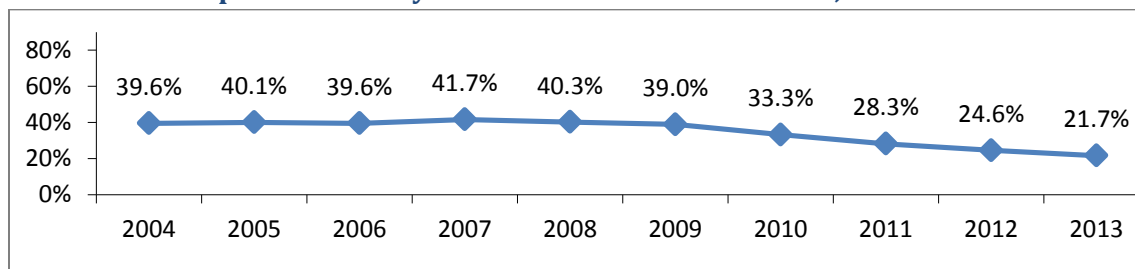
Percent of Students Self-Reporting Current Binge Drinking, 2002 through 2012



Source: [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. However, the IDPH, Division of Behavioral Health, SARS/I-SMART substance abuse reporting system data show that youth screens/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse is at 21.7% of the total.

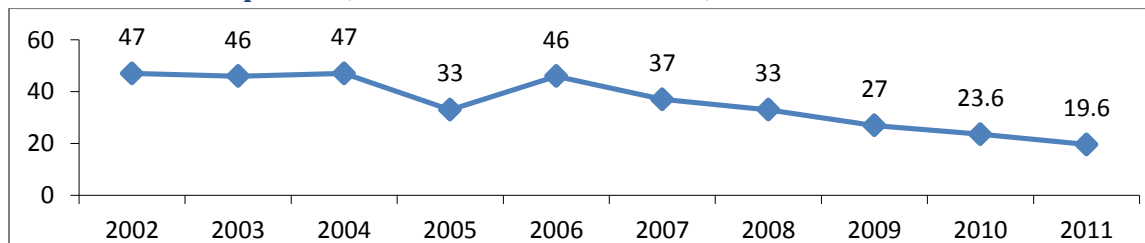
Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 2004 – 2013



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

For the seventeen-year reporting period, juvenile OWI arrest rates per 100,000 in population have varied. Reports show a recent steady decline, to a low of 19.6.

Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 2002 – 2011



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

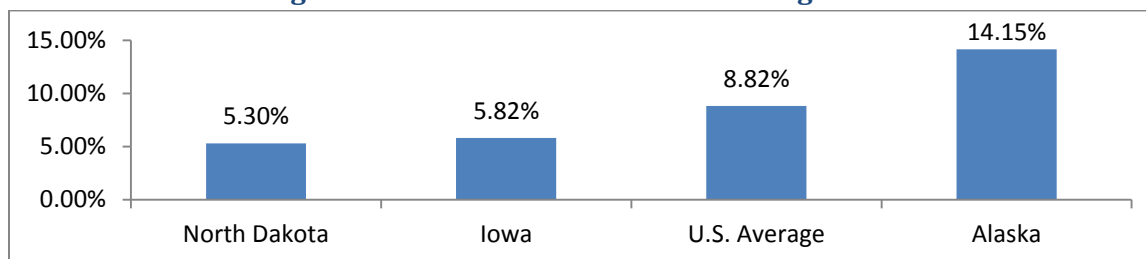
Appendix Two: Drug Use Profile

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.

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

It should be noted that data in this section does not include alcohol. As the most abused substance in Iowa, including alcohol would significantly change these figures. According to the most recent National Survey on Drug Use and Health, Iowa has the third lowest rate of illicit drug use in the past month.

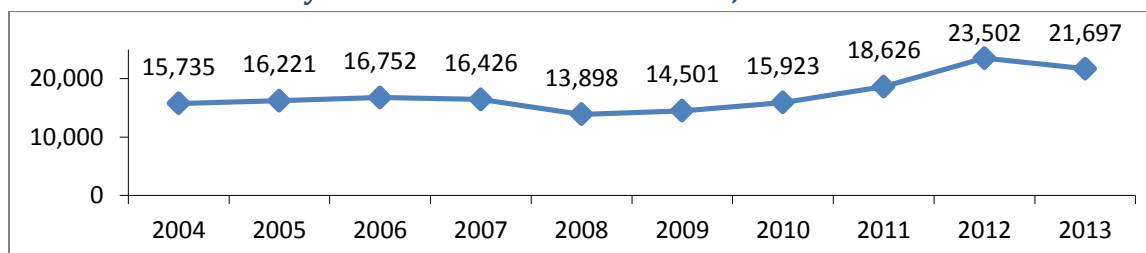
Illicit Drug Use in the Past Month – Lowest to Highest in the U.S.



Source: [2009-2010 National Survey on Drug Use and Health](#)

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 generally risen.

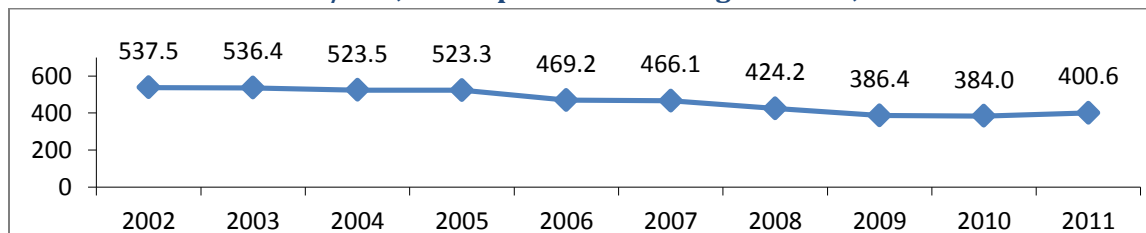
Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 2004 - 2012



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.

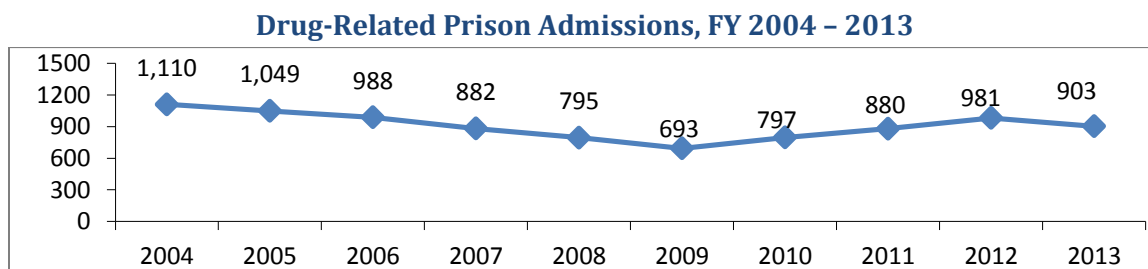
Adult Arrest Rate/100,000 Population for Drug Offenses, CY 2002 – 2011



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

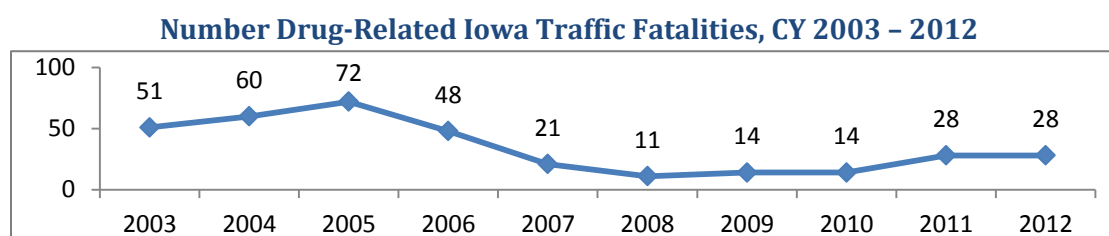
Appendix Two: Drug Use Profile

Drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning are another indicator of drug abuse levels. In 2005, a drop in meth lab incidents helped reduce drug related prison admissions. However drug-related prison admissions had begun to rise until last year, due in part to the increased availability of meth trafficked into the state. This figure shows the offenders admitted to prison with a drug offense as their lead charge.



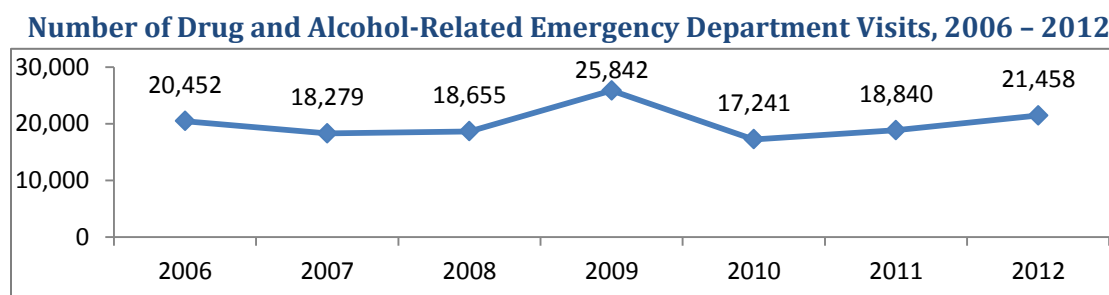
Source: [Criminal and Juvenile Justice Planning](#)

Nearly 8% of all Iowa traffic fatalities last year were drug-related fatalities. 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.



Source: CY 2002-2012 [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

Hospital emergency department visits related to alcohol and drug use are very high. The numbers represent substance abuse as both a primary reason for the visit, as well as a contributing factor to many visits.



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

Appendix Two: Drug Use Profile

In 2013, the Department of Corrections provided substance abuse treatment to only 50.2% of the addicted custodial inmates and 46.9% of the addicted offenders in community corrections.

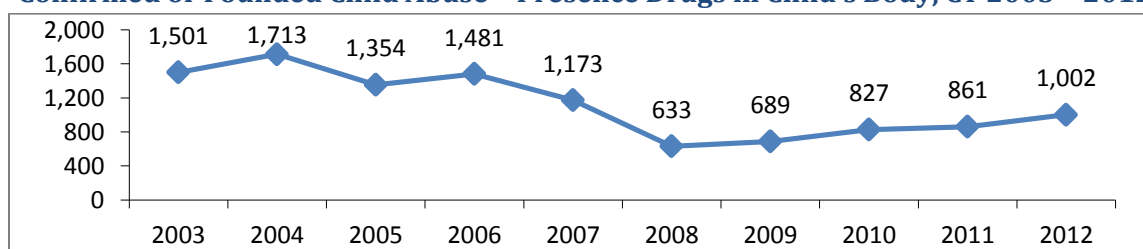
Department of Corrections Institutional and Community-Based Substance Abuse Treatment, FY 2003 – FY 2013

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Institutions										
Inmates in need of treatment	4074	4369	4713	4374	4441	4440	3887	3903	4515	4468
Inmates who received treatment	2646	2669	2936	2618	2615	2535	2235	2046	2294	2245
Percent	64.9%	61.1%	62.3%	59.9%	58.9%	57.1%	57.5%	52.4%	50.8%	50.2%
Community Corrections										
Clients in need of treatment	10299	11920	12650	12921	13047	12434	12509	11660	11426	11602
Clients who received treatment	5413	5855	6201	6367	6315	6243	6176	5782	5446	5447
Percent	52.6%	49.1%	49.0%	49.3%	48.4%	50.2%	49.4%	49.6%	47.7%	46.9%

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 cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child.

Confirmed or Founded Child Abuse – Presence Drugs in Child's Body, CY 2003 – 2012



Source: [Department of Human Services](#)

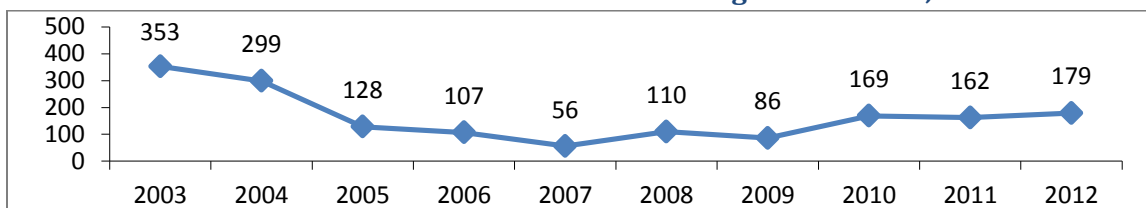
*Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years in this chart show only Confirmed cases.

*Beginning in 2008 DHS began drug testing fewer children. DHS does not drug test all children if other evidence substantiates a confirmed or founded report.

The number of confirmed or founded child abuse cases involving the presence of illegal drugs in a child's body reached its peak in 2004. 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 meth lab incidents, the number of children affected by them has also risen.

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Confirmed or Founded Child Abuse – Caretaker’s Drug Manufacture, CY 2003 – 2012



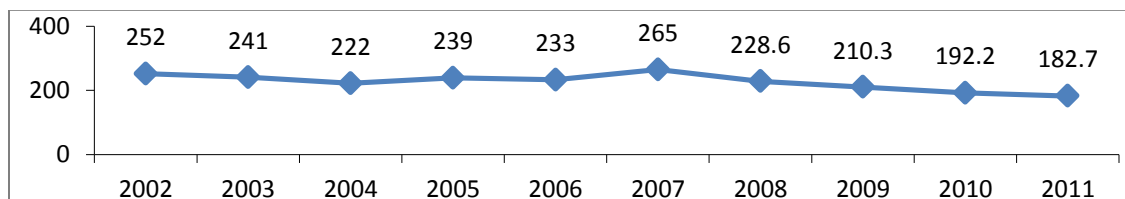
Source: [Department of Human Services](#)

**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.

Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 2002 – 2011



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

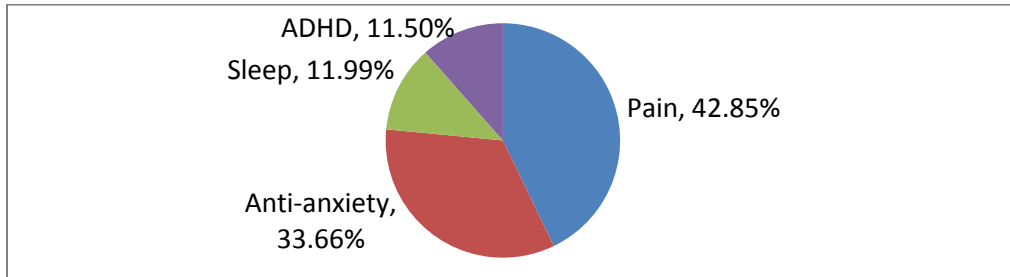
Prescription and Over the Counter Medications

Another dangerous form of substance abuse by Iowans 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 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, the top 12 controlled substances prescribed in Iowa comprise approximately 80% of all prescriptions filled. These 12 medications include painkillers such as Vicodin and Percocet, anti-anxiety medication such as Xanax and Ativan, the sleep-inducer Ambien, and Attention Deficit Hyperactivity Disorder (ADHD) medications such as Adderall and Ritalin.

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Top 12 Controlled Substances Prescribed to Iowans, CY 2012

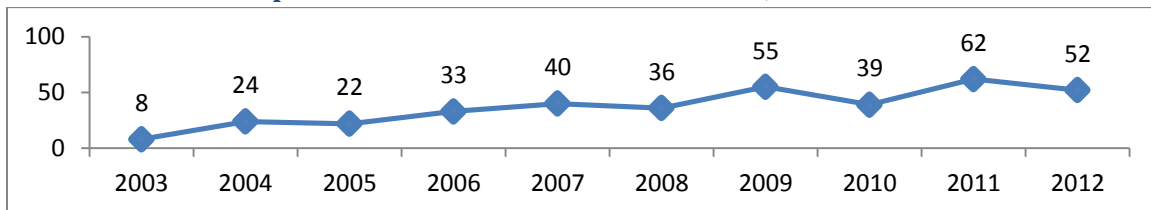


Source: [Iowa Board of Pharmacy](#)

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 51 pharmaceutical diversion cases and seized 3,092 dosage units over the past two fiscal years (2012 – 2013). Treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. Iowa Department of Public Health data show treatment screening/admissions for “other” drugs reached an all-time high of 10.1% in 2012, but dropped to 5.9% in 2013. And, according to the 2012 Iowa Youth Survey, 6% of Iowa 11th graders have used prescription drugs for non-medicinal purposes in the past 30 days. 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.

The Iowa Prescription Monitoring Program (PMP) indicates possible doctor shopping and/or pharmacy hopping to obtain excessive amounts of prescription drugs. In 2012, there were 1,576 Iowans that filled CII – CIV prescriptions from 5 or more prescribers or pharmacies. Nearly 29% of prescribers, such as physicians, have registered for access to the PMP but the rate of usage is much lower. 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 1,450%, from 4 deaths in 2000 to an all-time high of 62 deaths in 2011. Fortunately this number decreased to 52 deaths in 2012, but this is still too high.

Iowa Opioid Pain Reliever Overdose Deaths, CY 2003 – 2012

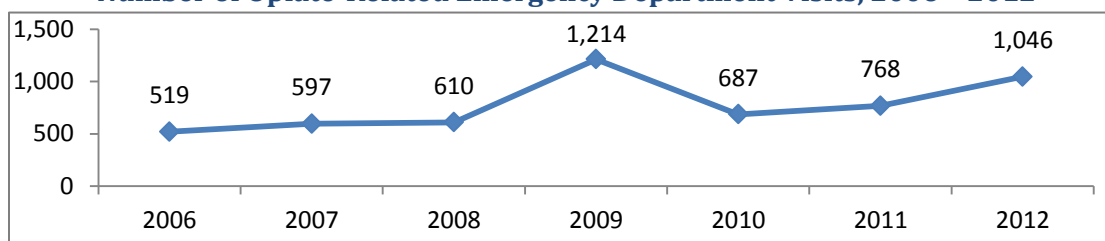


Source: [Iowa Department of Public Health, Division of Behavioral Health](#)

Opiate-related emergency department visits are more than double what they were six years ago. This number may not include unspecified or other drugs, or opiates combined with alcohol.

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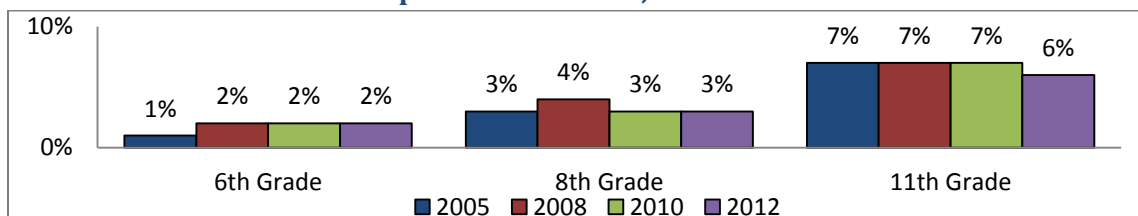
Number of Opiate-Related Emergency Department Visits, 2006 – 2012



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

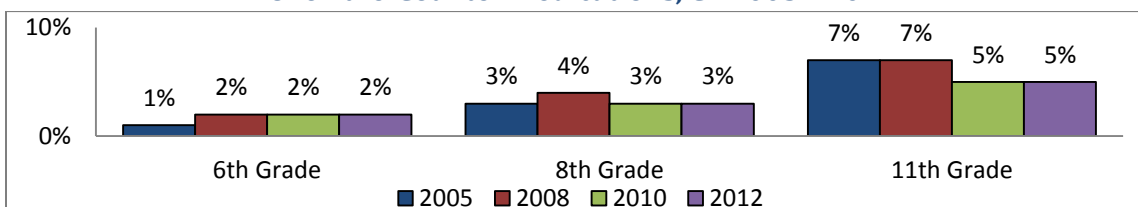
Additionally, attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not as dangerous as using drugs like methamphetamine. This in turn leads them to wrongly believe that using a medicine without a prescription is not harmful and that abusing prescription pain killers 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 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 abusing prescription drugs.

Percent of Students Self-Reporting the Current Non-Medical Use of Prescription Medications, CY 2005 – 2012



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

Percent of Students Self-Reporting the Current Non-Medical Use of Over-the-Counter Medications, CY 2005 – 2012

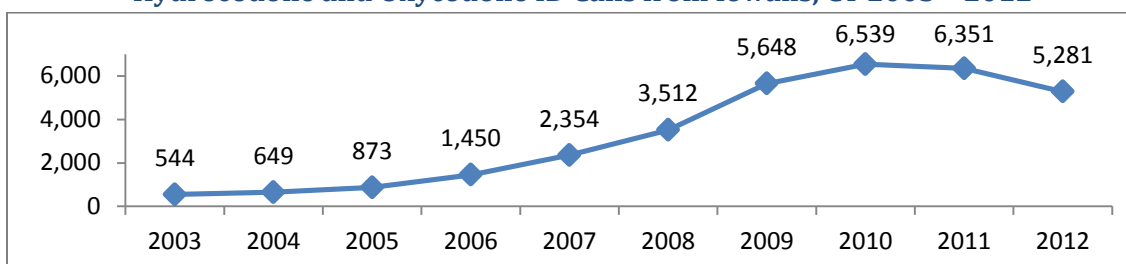


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

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 **871%** since 2003, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa.

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Hydrocodone and Oxycodone ID Calls from Iowans, CY 2003 – 2012



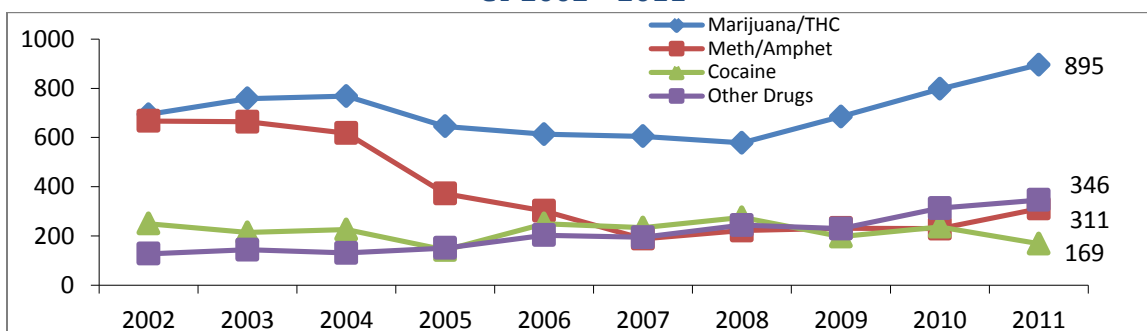
Source: [Iowa Statewide Poison Control Center](#)

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.

Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 2002 – 2011



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

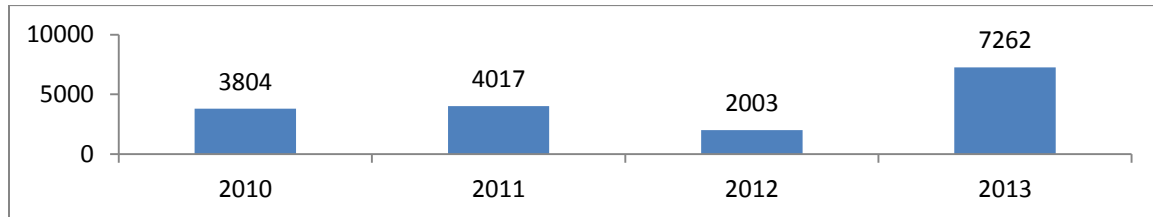
These figures illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. In CY 2011, 53.4% of reported arrests for offenses of manufacture/distribution of drugs, where the drug type was known, involved marijuana.

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 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.

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Recent marijuana eradication efforts indicate that since FY10, there has been an increase in the number of marijuana grows and generally an increase in plants seized. This trend will likely continue for the current year. State and local law enforcement will continue to respond to these grows as this type of controlled substance manufacturing is the beginning of the distribution process.

Marijuana Plants Seized by Division of Narcotics Enforcement, FY 2010 – 2013

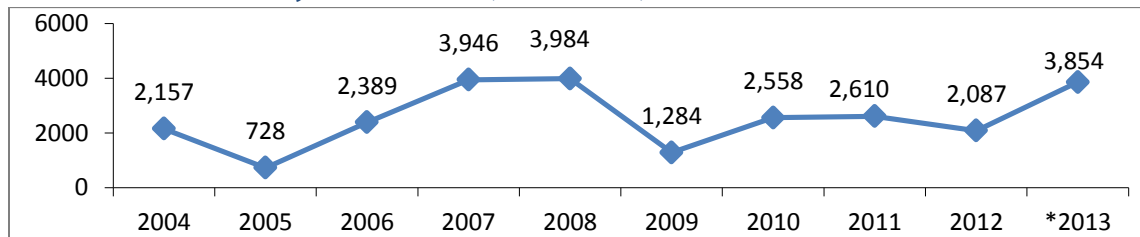


Source: [Iowa Department of Public Safety](#)

In recent years, “cartel growing operations” have been discovered in Iowa. These grows typically take place on private property where the land owner is not aware of the operation, the grow plots are in densely wooded remote areas of the property and encampments are established on-site so the plants can be tended to on a regular basis. These grows present several unique challenges such as the possibility of armed encounters between unsuspecting hunters or farmers and those encamped with the grow operation. Negative environmental impacts may also exist from the destruction of mature native trees by fertilizers and chemicals being introduced into local water sources. These grow sites tend to be large in nature and require the combined efforts of many agencies to effectively eradicate these sites, as well as investigate and prosecute the growers to the fullest extent possible.

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 1990s. According to the DPS, marijuana submission rates are up, but there have been fewer large cases, such as highway drug interdiction stops, than in past years.

Marijuana Seizures, in Pounds, CY 2004 – *2013 YTD



*Calendar year 2013 YTD

*May not include all seizures. Larger cases may be sent to DEA lab.

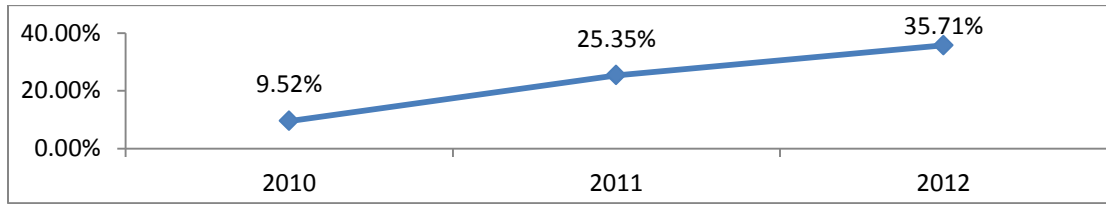
Source: [Iowa Department of Public Safety Criminalistics Lab](#)

Our interstate system of highways is often used by drug smugglers travel to or through Iowa. Marijuana from Colorado, a state which permits “medical marijuana,” is being seized with increasing frequency in interdiction stops by Iowa law enforcement. Colorado was identified as

Appendix Two: Drug Use Profile

the source state for nearly 36% of the marijuana seized in Iowa interdiction stops in 2012, up from less than 10% two years earlier.

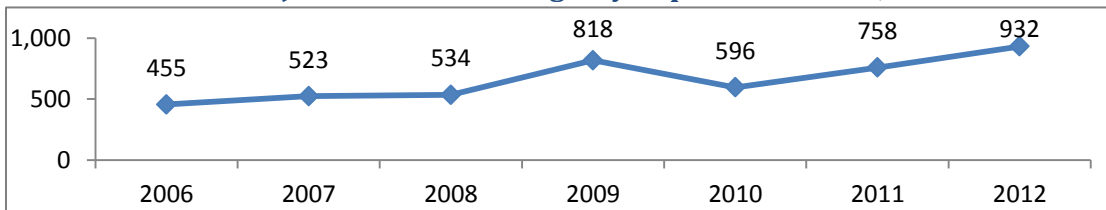
Iowa Interdiction of Colorado Marijuana, 2010 – 2012



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, as well as emergency department visits due to marijuana use. 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 1997 – 2013. Hospital emergency department visits have risen 105% in six years. This data reinforces the fact that despite misconceptions by some, marijuana can be an addictive drug.

Number of Marijuana-Related Emergency Department Visits, 2006 – 2012



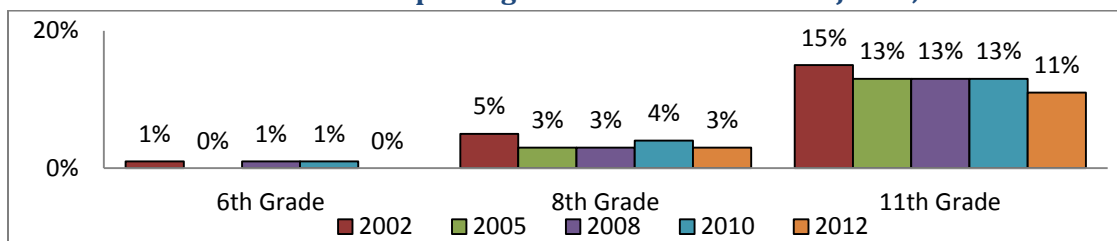
Source: [Iowa Department of Public Health](#)

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. Ninety percent of those admitted to prison with a primary charge of marijuana are convicted at the felony level. The most 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. 17% of 11th graders surveyed in 1999 reported current use of marijuana. In 2010, 11% of 11th graders reported current use. Additionally, of the high school juniors surveyed in 1999, 35% reported having used marijuana at some point in their lifetime. This dropped to 22% in 2010.

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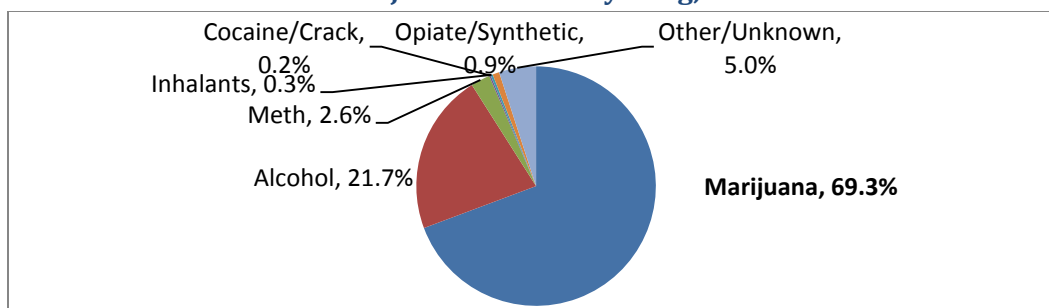
Percent of Students Self-Reporting the Current Use of Marijuana, 2002 – 2012



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 2013, the greatest percentage of youth ever (69.3%) were screened/admitted for marijuana.

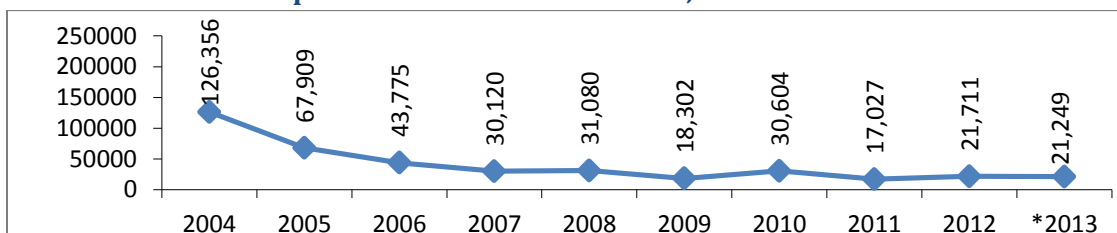
Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug, FY 2013



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

Amphetamine/Methamphetamine

Methamphetamine Seizures in Grams, CY 2004 – *2013 YTD



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

*May not include all seizures. Larger cases may be sent to DEA lab.

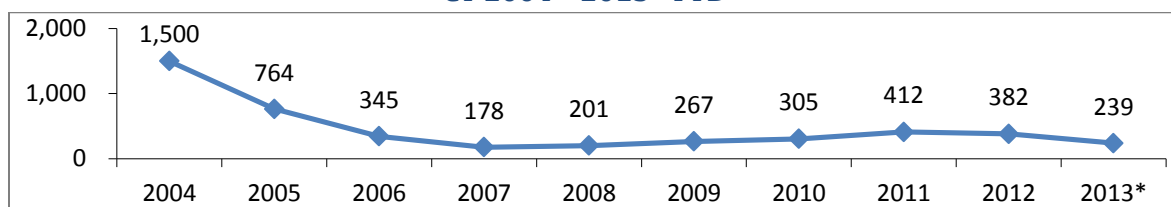
This figure illustrates a significant reduction in methamphetamine seizures by Iowa law enforcement agencies since peak meth lab activity nearly a decade ago. It's worth noting that this data from the Iowa Division of Criminal Investigation laboratory does not include all meth seizures, notably meth seized in major cases and larger amounts that was submitted to the U.S. Drug Enforcement Administration's laboratory for federal prosecution. Therefore, this chart provides a conservative estimate of the volume of meth removed from Iowa communities by law enforcement agencies.

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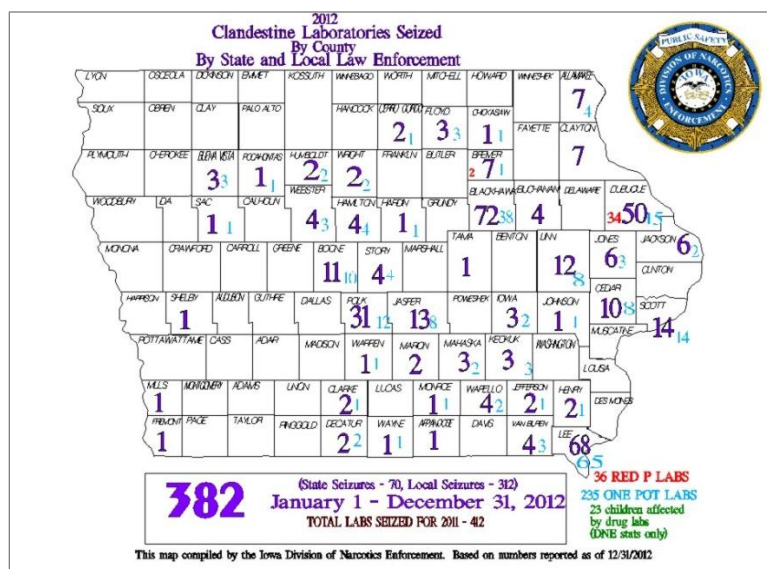
One new development contributing to the recent rise in the prevalence of methamphetamine labs is the emergence of “shake ‘n bake” and “one-pot” cooks. These methods generally use less pseudoephedrine and produce methamphetamine in smaller quantities, but are no less dangerous than other production methods. They are portable and unstable. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, serious hazards exist for children who come in contact with the waste or families 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.

**State and Local Methamphetamine Clandestine Laboratory Responses,
CY 2004 – 2013* YTD**



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



Beginning September 1, 2010, Iowa ODCP implemented an electronic Pseudoephedrine Tracking System called the National Precursor Log Exchange (NPLEx). NPLEx is a real-time tracking system, used by virtually all Iowa pharmacies as a stop-sale system. That is, transactions are

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immediately added to the system, directing 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. In the three full years since implementing NPLeX, more than 71,800 illegal purchase attempts have been blocked, preventing the sale of over 423 pounds of pseudoephedrine, averting an estimated 1,500 additional meth labs.

Iowa Average Methamphetamine Price and Purity

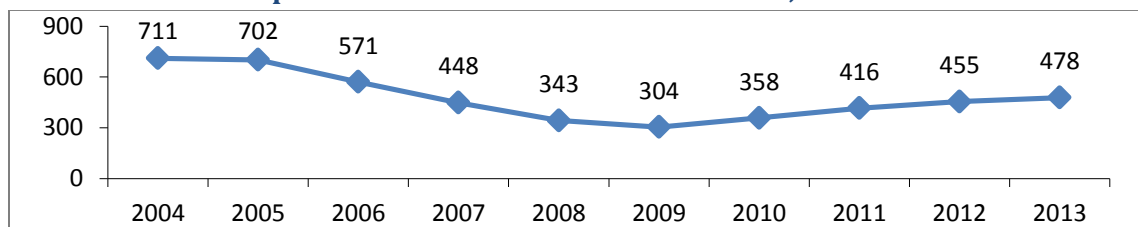
	2004	2006	2008	2010	2012	2013
Price	\$100	\$120	\$123	\$130	\$135	\$115
Purity	33%	40%	40%	79%	87%	97%

Source: [Iowa Counterdrug Task Force](#)

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. 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 purer and more potent methamphetamine. In six cases alone, approximately 120 pounds of meth was seized in a short period of time. Also of concern is an increase in purity and potency of meth smuggled into Iowa from Mexico and other states. During a recent six month stretch, purity levels of meth confiscated in Iowa averaged 92%, and some of the meth encountered by law enforcement agencies was 99% to 100% pure. That compares with an average purity level ranging from 14 to 40% ten years ago.

Prior to the emergence of Iowa's "meth epidemic," the percent of adults screened/admitted with meth 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 meth epidemic began. However, along with the increase in meth labs, the percentage has risen to 13.1%.

Methamphetamine-Related Prison Admissions, FY 2004 – 2013

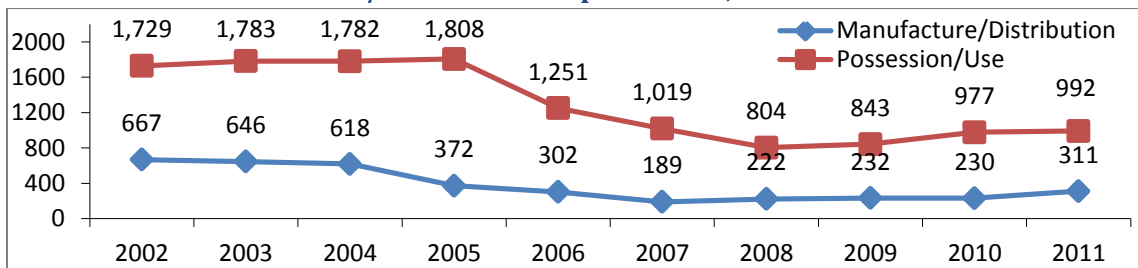


Source: [Criminal and Juvenile Justice Planning](#)

From 2004 to 2009, methamphetamine-related prison admissions had decreased 57.9%. But, along with the rise in methamphetamine lab incidents, the number of methamphetamine related prison admissions has also increased.

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Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 2002 – 2011

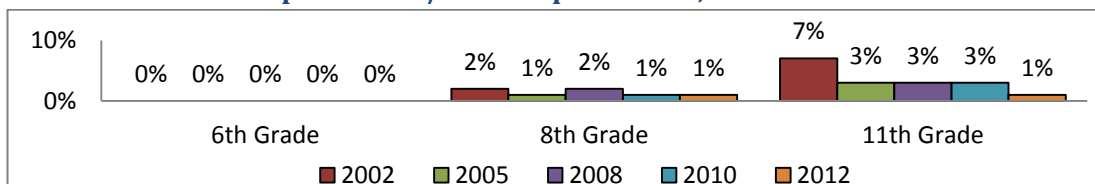


Source: [Iowa Department of Public Safety](#)

The numbers of offenses involving both manufacturing/distribution and possession/use of meth have shown a slight increase recently. Following passage of pseudoephedrine control legislation in 2005, arrests for meth manufacture/distribution as well as possession/use declined significantly until 2008 (43.6% and 49.2% respectively) then increased.

According to the 2012 Iowa Youth Survey amphetamine and methamphetamine use among the younger population has remained relatively stable.

Percent of Students Self-Reporting the Current Use of Amphetamine/Methamphetamine, 2002 – 2012

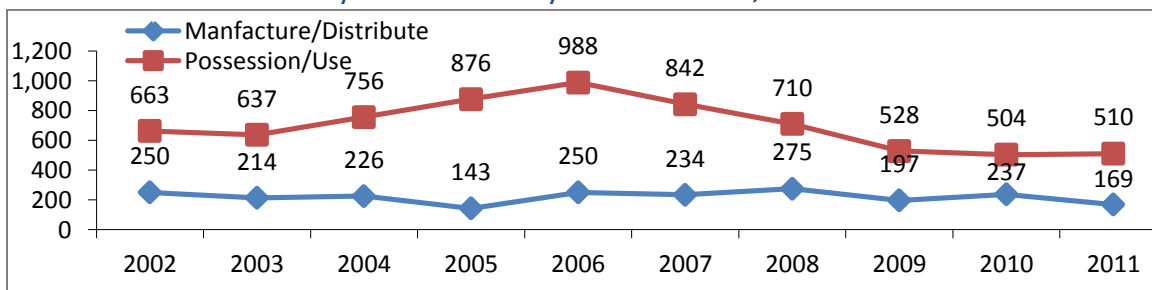


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

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 2002 – 2011



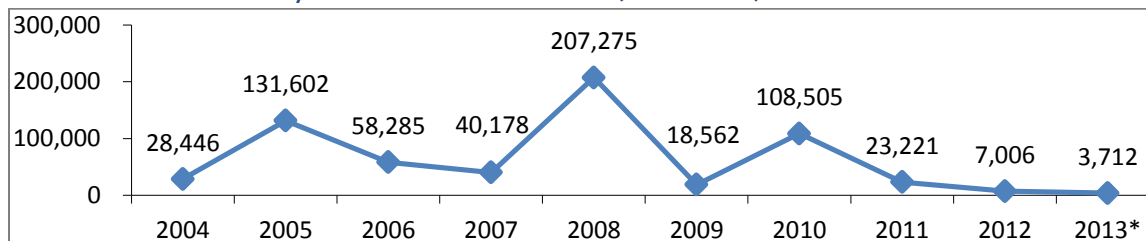
Source: [Iowa Department of Public Safety](#)

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Cocaine possession/use offenses were at a fourteen year high in 2006 but have since decreased. In calendar year 2005, manufacture/distribution arrests posted a twelve year low of 143 per 100,000 in population.

In 2008 and 2010, the Iowa Division of Narcotics Enforcement reported having several large cases involving cocaine. So far in 2013, there have been fewer cases of cocaine/crack seizures.

Iowa Cocaine/Crack Cocaine Seizures, in Grams, CY 2004 – *2013 YTD



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

*May not include all seizures. Larger cases may be sent to DEA lab.

Iowa Average Cocaine Price

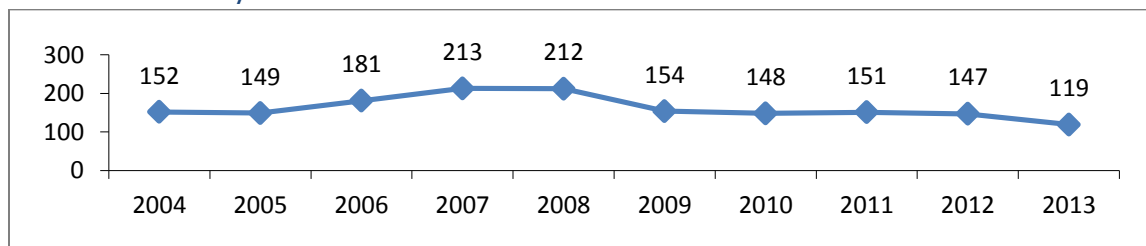
	2004	2006	2008	2010	2012	2013
Price	\$100	\$110	\$80	\$125	\$130	\$130

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.

Cocaine-related admissions to prison represented 13.2% of drug-related prison admissions in FY 2013. 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.

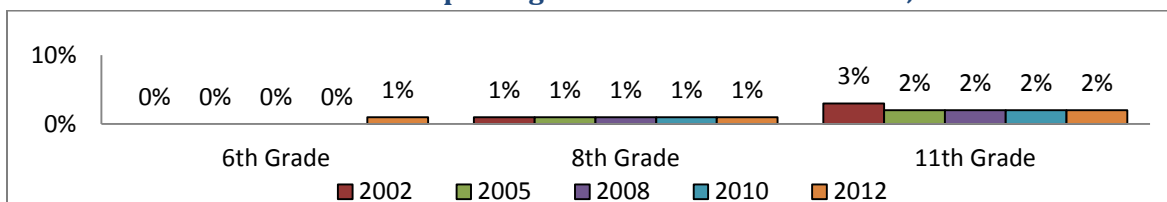
Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 – 2013



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

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Percent of Students Self-Reporting the Current Use of Cocaine, 2002 – 2012



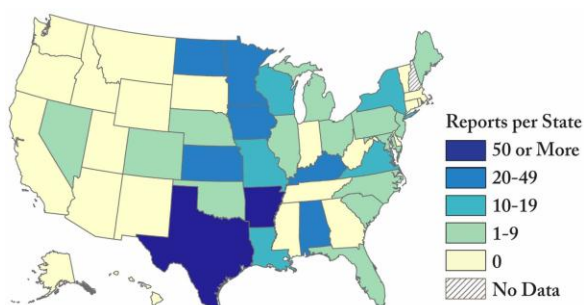
Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Data regarding the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs while remaining constant for the past 10 years is also very low. In 2013 only .2% of the youth admitted to treatment cited Cocaine/Crack Cocaine as the primary substance of abuse.

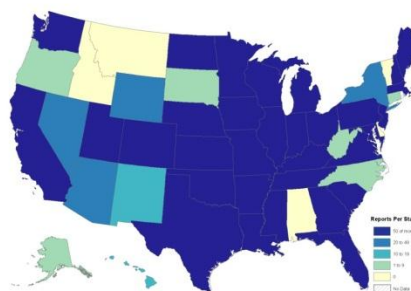
Synthetic Cannabinoids and Cathinones

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 often used by Iowa youth and at times produce dangerous hallucinogenic effects. The effects of Bath Salts mimic cocaine. The maps below illustrate how quickly use of synthetic cannabinoids spread throughout the United States.

2010



2012

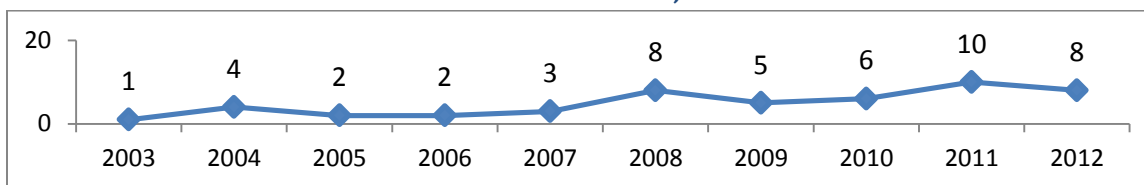


Heroin

Anecdotally, heroin use is on the rise in Iowa. According to Iowa Department of Public Health treatment data, heroin screening/admissions for treatment remain at an all-time high of 1.2% of all treatment admissions. Although small, this number has tripled in the past five years. As more and more people become hooked on prescription opioids, more end up turning to heroin. Heroin overdose deaths rose 700% from 2003 to 2012, from 1 death to 8.

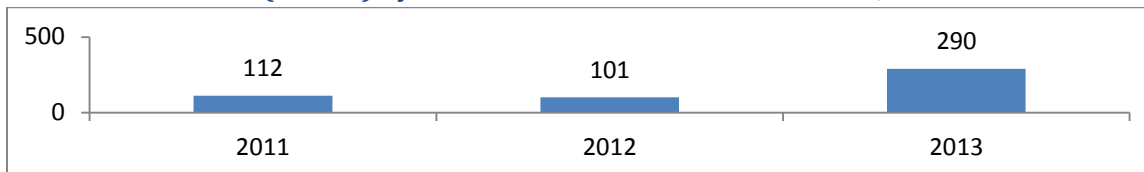
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Iowa Heroin Overdose Deaths, CY 2002 - 2012



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

Heroin Seized (Grams) by Division of Narcotics Enforcement, FY 2011 - 2013



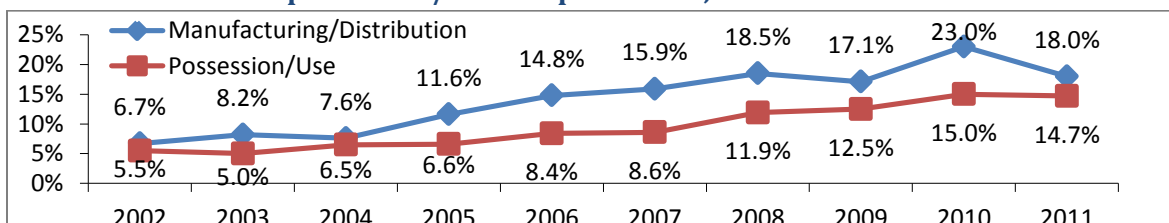
Source: [Iowa Department of Public Safety](#)

The Iowa Department of Public Safety's Division of Narcotics Enforcement reports three years of statewide heroin statistics. In 2011, DNE opened 1 heroin case and seized 112 grams of heroin. In 2012, DNE opened 6 heroin cases and seized 101 grams. In 2013, DNE opened 14 heroin cases and seized 290 grams. 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.

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, but their usage by drug abusers is currently relatively low. Since 2002, the percentage of arrests for both categories of offenses has generally risen, indicating a rise in crimes related to other drugs of abuse.

Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 2002 - 2011

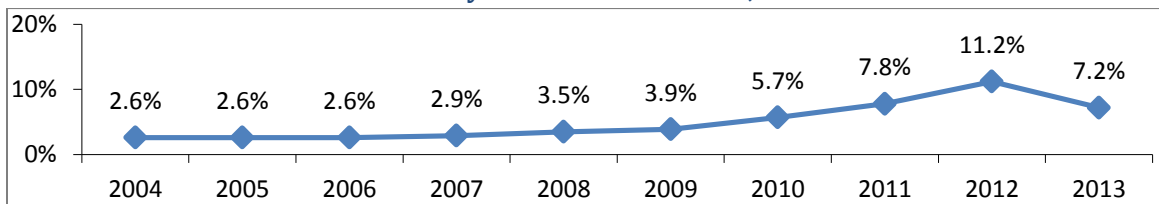


Source: [Iowa Department of Public Safety](#)

The percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is "unknown or other" has generally gone up. This category could include prescription drugs, heroin, synthetic drugs, over-the-counter drugs, and/or inhalants.

Appendix Two: Drug Use Profile

Percentage of Adult Substance Abuse Treatment Screening/Admissions with an Other or Unknown Primary Substance of Abuse, FY 2004 – 2013

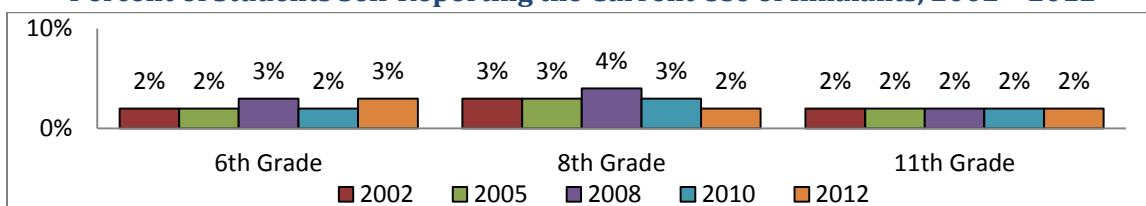


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

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.

Percent of Students Self-Reporting the Current Use of Inhalants, 2002 – 2012

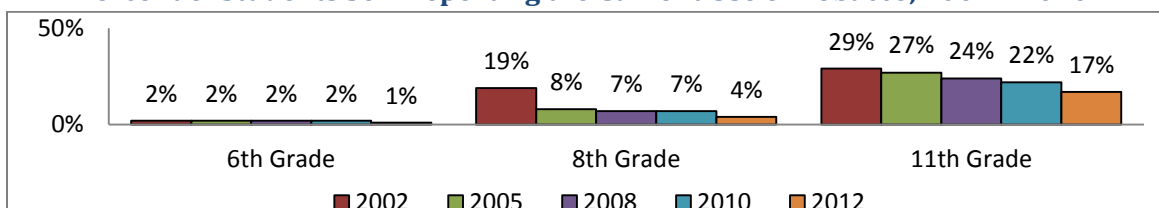


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Tobacco

Much data and information has been published by the federal Centers for Disease Control and Prevention and other organizations to inform the general public of the dire consequences of using tobacco products. These organizations estimate that annually 4,600 Iowans die as a result of smoking, and that smoking results in the loss of 13.4 years of potential life. For Iowa smokers wishing to quit, Quitline Iowa offers tobacco cessation coaching services over the telephone or internet, 24 hours a day. The Iowa Department of Public Health reports a new program with “Quit Coaches” was launched in 2012. Using principles based on 25 years of research and experience, a quit coach assists people in becoming experts at living tobacco free.

Percent of Students Self-Reporting the Current Use of Tobacco, 2002 – 2010



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



Appendix Three: Funding Information

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

Total Estimated FY 2014 Substance Abuse & Drug Enforcement Funding (By Agency)

Agency	Prevention	Treatment	Enforcement	FY 2014 Total	FY 2010 Total	% Change from FY 10
Dept. of Education	\$3,497,658			\$3,497,658	\$1,817,198	+95.5%
DHR, CJP	\$246,464		\$712,577	\$959,041	\$1,377,662	-30.4%
DHS, Child & Family Services		\$2,725,571		\$2,725,571	\$2,287,637	+19.1%
DHS, Medical Services		\$25,988,219		\$25,988,219	\$21,311,540	+21.9%
DHS, Mental Health/Disability		\$2,120,578		\$2,120,578	\$2,583,510	-17.9%
DOC, Community Based		\$1,005,766	\$4,937,768	\$5,943,534	\$8,918,276	-33.4%
DOC, Institutional Programs		\$2,961,013		\$2,961,013	\$3,526,488	-16.0%
DPH, Behavioral Health	\$7,215,294	\$33,753,873		\$40,969,167	\$42,281,157	-3.7%
DPH, Tobacco	\$3,931,109	\$1,996,427	\$453,067	\$6,380,603	\$10,858,117	-41.2%
DPS, DCI			\$5,783,315	\$5,783,315	\$3,974,427	+45.8%
DPS, DNE			\$8,401,849	\$8,401,849	\$8,380,387	+0.3%
DPS, GTSB			\$339,500	\$339,500	\$877,000	-61.3%
DPS, State Patrol			\$7,832,110	\$7,832,110	\$7,538,095	+3.9%
Iowa National Guard	\$167,237		\$2,766,107	\$2,933,344	\$9,374,024	-69.0%
Iowa Veterans Home	\$188,972			\$188,972	\$514,285	-63.3%
Law Enforcement Academy			\$20,000	\$20,000	\$20,000	+0%
Office of Drug Control Policy	\$1,628,838	\$483,450	\$3,527,272	\$5,639,560	\$8,559,447	-34.1%
Regents: ISU	\$313,250			\$313,250	\$306,813	+29.8%
Regents: U of I	\$741,054	\$1,582,815		\$2,323,869	\$1,417,574	+63.9%
Regents: UNI	\$299,756	\$48,240	\$96,701	\$444,697	\$319,810	+39.1%
Total	\$18,229,632	\$72,665,952	\$34,870,266	\$125,765,850	\$136,243,447	-7.6%

Total Estimated FY 2014 Substance Abuse & Drug Enforcement Funding (By Source)

Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$4,776,725	\$37,202,430	\$16,929,562	\$58,908,717
Federal	\$11,315,005	\$33,278,911	\$16,956,640	\$61,550,556
Other	\$2,137,902	\$2,184,611	\$984,064	\$5,306,577
Total	\$18,229,632	\$72,665,952	\$34,870,266	\$125,765,810



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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.

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Alcoholic Beverages Division

Col. Thomas Staton

Iowa National Guard

Steve Larson

Alcohol Beverage Division

Chief Jeremy Logan

Iowa Police Chiefs 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 abuse 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.