



Iowa Drug Control Strategy

2015





Table of Contents

| | |
|--|-----------|
| INTRODUCTION: COOPERATION YIELDS RESULTS | 3 |
| EXECUTIVE SUMMARY | 4 |
| CHAPTER 1: STRENGTHEN EFFORTS TO MAKE IOWANS HEALTHY & DRUG-FREE..... | 6 |
| REDUCE YOUTH USE OF ALCOHOL, TOBACCO, AND MARIJUANA | 6 |
| REDUCE THE NUMBER OF ALCOHOL AND DRUG-RELATED IOWA TRAFFIC FATALITIES..... | 7 |
| REDUCE THE NUMBER OF IOWANS ENGAGED IN HEAVY OR BINGE DRINKING | 8 |
| REDUCE THE NUMBER OF IOWANS WHO SMOKE | 9 |
| INCREASE THE NUMBER OF TREATMENT CLIENTS WHO ARE EMPLOYED AND ABSTINENT SIX MONTHS POST-TREATMENT | 10 |
| REDUCE THE NUMBER OF CONFIRMED OR FOUNDED CASES OF CHILD ABUSE RELATED TO THE DENIAL OF CRITICAL CARE..... | 11 |
| CHAPTER 2: SAFEGUARD IOWA COMMUNITIES FROM ILLEGAL DRUGS | 12 |
| REDUCE THE NUMBER OF CLANDESTINE METHAMPHETAMINE LABS IN THE STATE | 12 |
| INCREASE TREATMENT ADMISSIONS FOR SUBSTANCES OTHER THAN ALCOHOL | 13 |
| REDUCE THE EASE OF ACCESS TO CIGARETTES, ALCOHOL, AND MARIJUANA BY IOWA’S YOUTH | 14 |
| 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 | 15 |
| CHAPTER 3: BREAK THE CYCLE OF DRUG USE, CRIME, DELINQUENCY, AND INCARCERATION | 16 |
| REDUCE DRUG-RELATED CRIME AND ASSOCIATED PRISON ADMISSIONS | 16 |
| INCREASE THE NUMBER OF COMMUNITY-BASED OFFENDERS, WITH AN IDENTIFIED SUBSTANCE ABUSE TREATMENT NEED, WHO RECEIVE TREATMENT | 17 |
| REDUCE THE NUMBER OF JUVENILE ALCOHOL AND OTHER DRUG-RELATED CHARGES | 18 |
| INCREASE THE NUMBER OF TREATMENT CLIENTS WITH NO ARRESTS SIX MONTHS AFTER COMPLETING TREATMENT | 19 |
| CONCLUSION | 20 |
| APPENDIX ONE: CURRENT EVIDENCE-BASED PROGRAMS AND PROMISING INNOVATIONS..... | 22 |
| APPENDIX TWO: DRUG USE PROFILE | 25 |
| ALCOHOL USE/ABUSE | 25 |
| ILLEGAL DRUG USE IN IOWA – GENERAL INDICATORS OF THE TRENDS IN DRUG ABUSE | 28 |
| PRESCRIPTION AND OVER THE COUNTER MEDICATIONS | 31 |
| MARIJUANA | 34 |
| SOURCE OF MARIJUANA SEIZED IN IOWA | 35 |
| AMPHETAMINE/METHAMPHETAMINE..... | 37 |
| COCAINE/CRACK COCAINE | 39 |
| SYNTHETIC CANNABINOIDS AND CATHINONES | 41 |
| HEROIN | 41 |
| OTHER ILLICIT DRUGS | 42 |
| INHALANTS | 42 |
| TOBACCO | 43 |
| APPENDIX THREE: FUNDING INFORMATION | 44 |
| ACKNOWLEDGEMENTS | 45 |



Introduction: Cooperation Yields Results

Iowans should take pride in the fact that we have one of the lowest rates of overall usage of illegal drugs. The hard work and dedication of the law enforcement, prevention and treatment communities certainly plays a prominent role in our ability to maintain this status.

For many of these partners in the battle against illegal drugs, the tightening of resources has meant more cooperation is needed to get the job done. While many have had fewer resources to work with, the results have still been impressive.

Drug related prison admissions have continued downward in Iowa. Several years ago there were over 1,100 while more recently this number has dropped below 950. This is in part a reflection of better prevention and a new approach to dealing with offenders that emphasizes drug treatment and rehabilitation over strict incarceration.

Meth labs in Iowa continue a dramatic downward trend, on pace to fall below 200. While this is welcome news, Iowans must remain vigilant in the fight against this monstrous drug, as the purity of meth coming into Iowa has well surpassed 90%, making it extremely potent.

Law enforcement has a very difficult job. Often times, citizens today say we should not be arresting people for drug usage. Law enforcement is a critical partner in keeping drugs off our streets, with community policing that yields additional results not often talked about. For example, in counties where a drug enforcement task force is present, 45% more treatment admissions are realized than in counties without this presence. Clearly law enforcement is a major driver of people addicted to drugs deciding to change their lives.

Our treatment community should also be noted for recent success. For those clients leaving treatment, 87% will avoid being re-arrested within 6 months. The hard work of these individuals helping to turn lives around should be applauded.

Sadly however, we have ominous signs on the horizon for our youth. Youth being charged with drug related offenses is on the rise, and drug related child abuse is also on the increase. Recent numbers show that over 1,100 children were involved in child abuse cases where the presence of illegal drugs was found in their body.

We as a state need to focus on our youth and these areas to make sure their future is as bright as possible.



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 2014, ODCP funded task forces referred 300 children living in drug endangered homes to the Department of Human Services for care. They also removed 598 firearms from drug dealers and gang members and their work resulted in numerous Iowans being referred to drug treatment.**

Significant challenges remain for Iowa. Meth usage continues to be a major driver of prison admissions 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.

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:

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, we believe more should be done to increase the number of prescribers registered to use the PMP.

As more prescribers become registered users the benefits of the PMP can be fully realized. For example an alert function exists that can give prescribers advanced warning when someone appears to be doctor shopping, helping fight prescription drug diversion.

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

Executive Summary

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.

Lastly an aggressive public education campaign is key to stopping the abuse of prescription drugs in the home. Nationally nearly 70% of young people who begin to abuse prescription drugs obtain them from the medicine cabinets of friends and family. Helping educate and empower the public to take preventative steps is critical to stopping the abuse of these drugs.

GOALS:

We must set goals in order to improve our state. Building on past success we set out the following goals for Iowa:

- 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 most recent 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 and heroin 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. 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, recent numbers show the challenge has grown. In 2013, 97 Iowans died as a result of pain reliever and heroin abuse. Iowa needs to refocus on this important area and add tools such as wider PMP usage to combat this threat.
- 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 act. 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 2013 60% of clients leaving treatment were employed 6 months post treatment.

Respectfully submitted,



Steven F. Lukan
Director



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

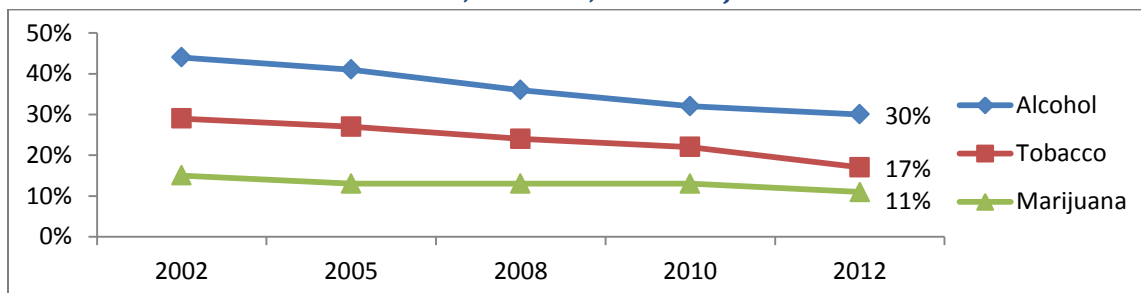
The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities. Effective treatment addresses addiction issues and has a long-term positive 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. Results from the 2014 survey are due in the spring of 2015. The IYS 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: CY, [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

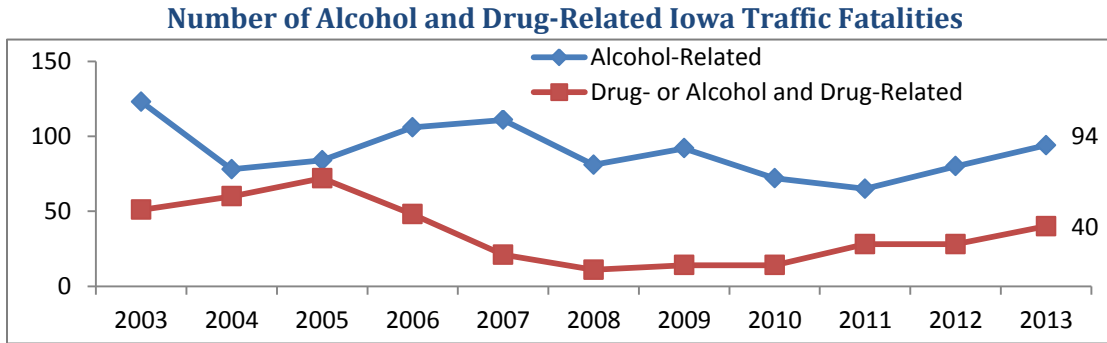
- Support community coalition, school-based and statewide prevention efforts with user-friendly tools that will assist positive youth development and prevention programs
- Support the Iowa Department of Education's Learning Supports initiative along with other state prevention efforts through the Iowa 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 media literacy 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 2013, 17% of the young drivers (15 to 20 years old) killed in crashes had a blood alcohol concentration (BAC) of .08 or higher.

According to the Iowa Governor's Traffic Safety Bureau, in 2013, a total of 94 persons were killed in alcohol-impaired driving fatal crashes, 21 fatalities occurred when the driver had a combination of alcohol and drugs in their system, and 19 fatalities were solely drug-related.

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, [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

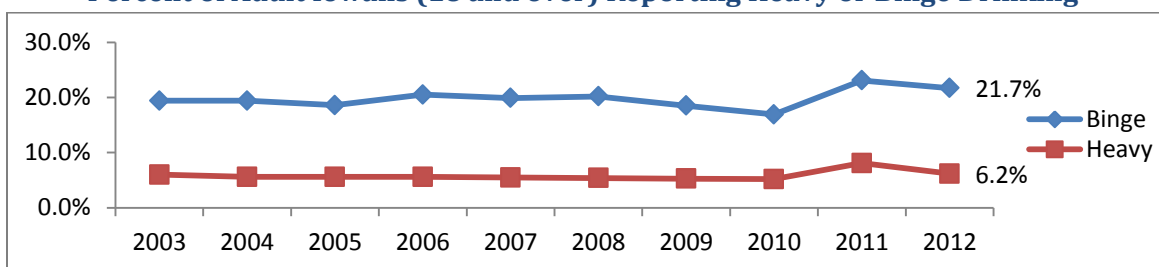
- Support education for retail clerks on how to check IDs and decline sales to minors
- Support the intervention training for servers in restaurants/bars
- Enforce drunk and drugged driving laws with law enforcement personnel
- Continue collaboration between treatment programs and community colleges 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 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.

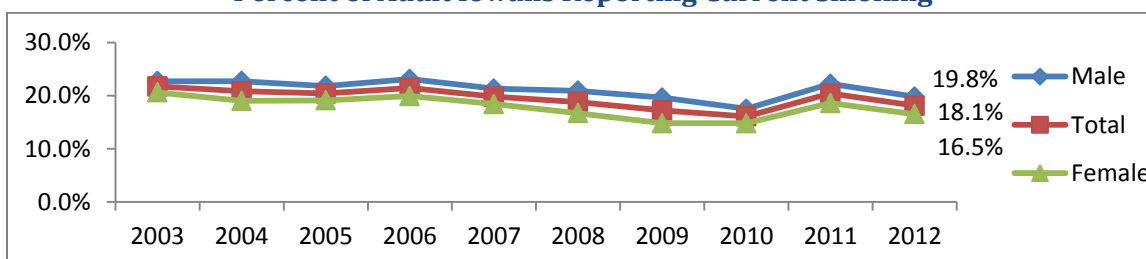
Current and Proposed Strategies

- 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 on healthcare, costing an estimated \$1 billion annually 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.

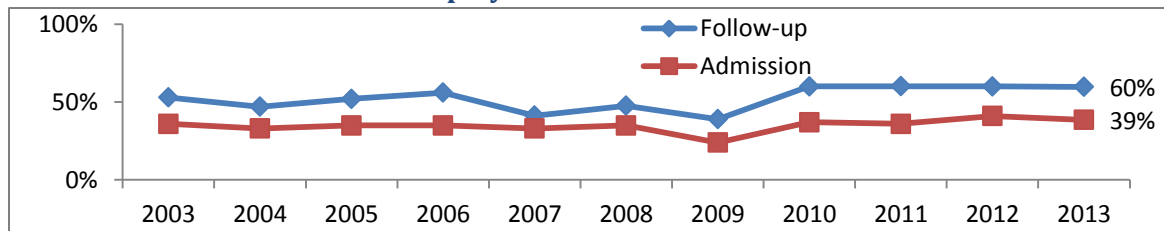
Current and Proposed Strategies

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

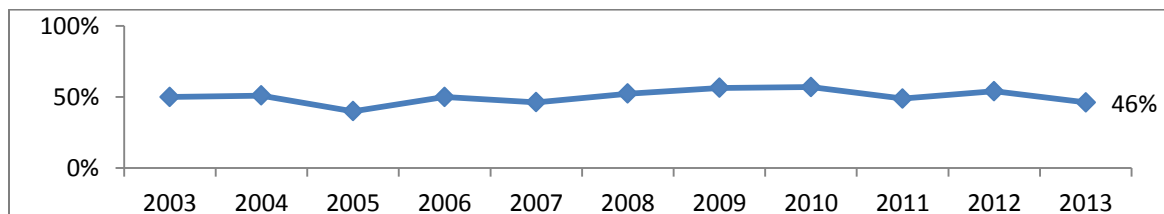
Increase the number of treatment clients who are employed and abstinent six months post-treatment

Nearly sixty percent of treatment clients who participated in the Year Sixteen Outcomes Monitoring Study for 2013 were employed full or part-time six months after treatment, compared to only 38.6% of clients at treatment admission. More than 46% 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.

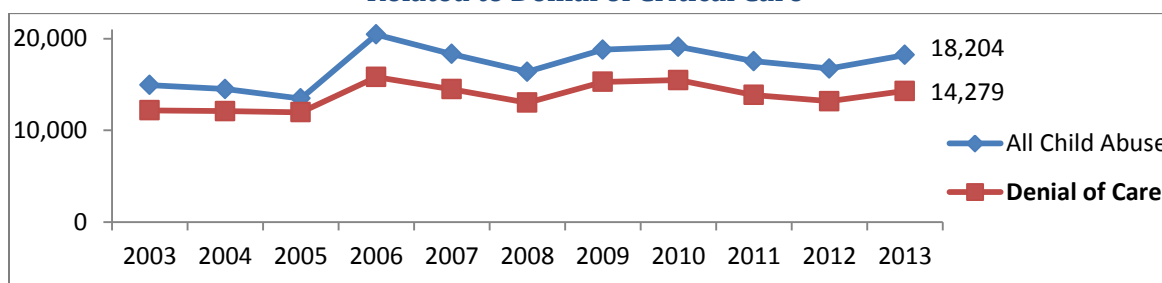
Current and Proposed Strategies

- 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: CY, [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.*

**January 1, 2014, DHS implemented Differential Response system for reacting to child welfare complaints.*

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.

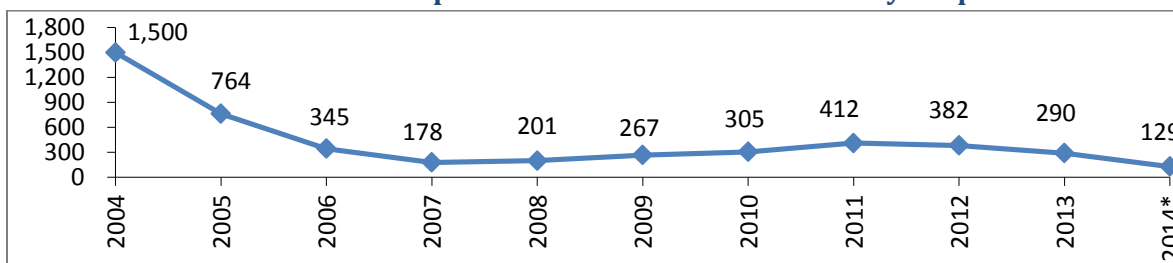
Reduce the number of clandestine methamphetamine labs in the State

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. Newer 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, 2014, 110 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 2014 through September 30

Source: CY, [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

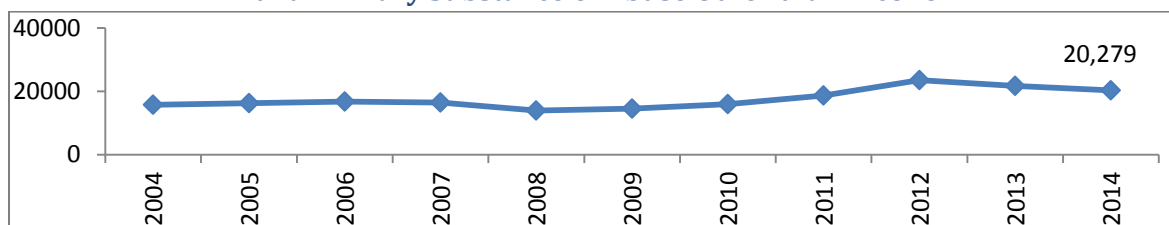
- Support implementation of DEA Lab Container Program
- Continue Iowa's Pseudoephedrine Tracking System to enforce laws, prevent smurfing, and reduce meth labs
- Continue training on emerging drug issues for local law enforcement and prosecutors
- Promote use of intelligence systems that provide connectivity 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 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, about 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: FY, [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; community-based treatment; drug courts; intensive supervision with treatment; and Access to Recovery.

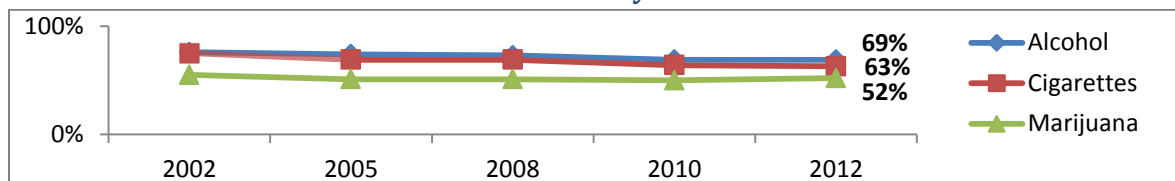
Current and Proposed Strategies

- 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
- Refer substance abusers to treatment by social services and health providers before they become involved in the criminal justice system
- Enhance treatment of co-occurring substance abuse and mental health disorders

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: CY, [Iowa Youth Survey](#)

What Works

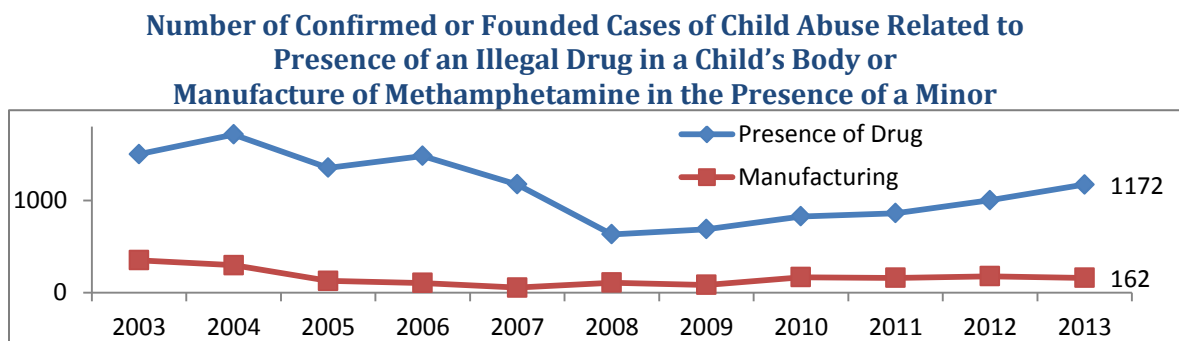
Initiatives that work to reduce the perceived ease of access to cigarettes, alcohol and marijuana by Iowa youth include: schools implementing evidence-based substance abuse prevention programming; increasing access to prevention programming; reducing youth access to alcohol and tobacco; cross training 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 2013, the presence of illegal drugs in a child's body and manufacturing methamphetamine in the presence of a minor accounted for 1,334 founded child abuse reports, the highest level since 2006. 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: CY, [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.

*January 1, 2014, DHS implemented Differential Response system for reacting to child welfare complaints.

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

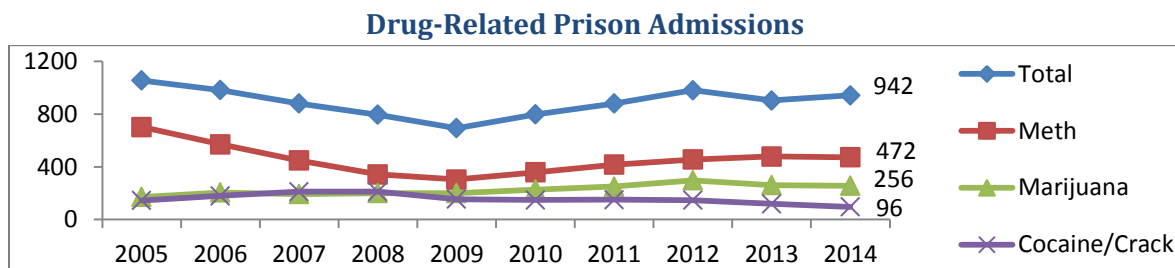


Chapter 3: Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

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

FY 2005 saw the first reduction in drug-related prison admissions in a decade. They continued to decline for five straight years, followed by three years of increase and a subsequent decrease each of the last two years. The reduction from 2004-2009 was largely driven by a sharp decline in methamphetamine cases after the implementation of Iowa's Pseudoephedrine Control Act in May 2005. Since then, however, the importation of meth through drug trafficking organizations has helped fuel an increase in meth related prison admissions. In FY 2014, there were 942 people imprisoned on drug-related charges. Of those, 472, or 50%, were meth-related.



Source: FY, [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; mental health and dual-diagnosis 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

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

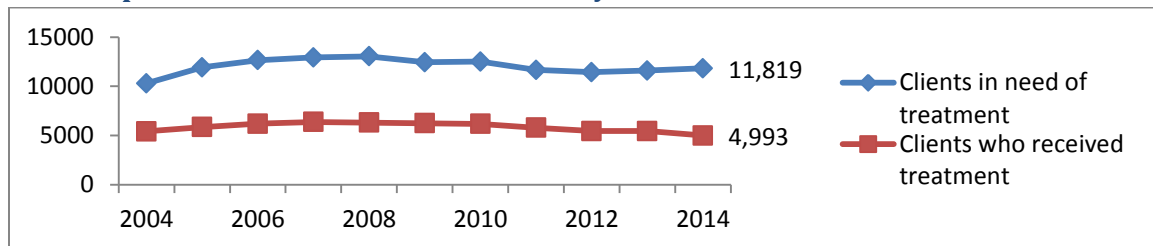
- Support community- and jail-based drug treatment programs
- Support reentry programs
- Expand the use of Recovery Oriented System of Care with Public Health and others to take a more holistic approach to treatment that focuses on the individual's self, family, access to employment and follow-up care
- 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. As the data demonstrate, all Iowans are safer when offenders returning into the community have completed substance abuse treatment. Findings from the 2013 report include:

- 87% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 38.6% at treatment admission to 59.7% six months since discharge from treatment
- 46.1% of clients remained abstinent six months since their discharge from treatment

Department of Corrections Community-Based Substance Abuse Treatment



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

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; community-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.

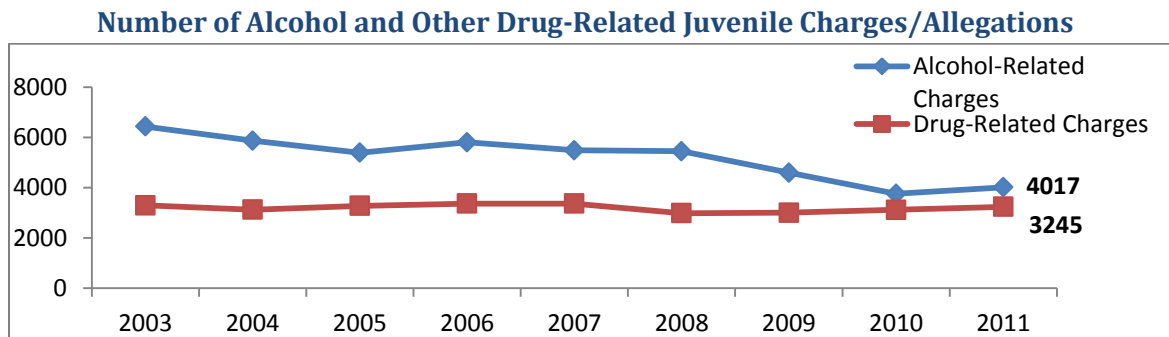
Current and Proposed Strategies

- Refine distance or electronic treatment programs for efficacy
- Support the Iowa Medical Classification Center's efforts to provide centralized substance abuse assessments
- Promote community-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](#)

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.

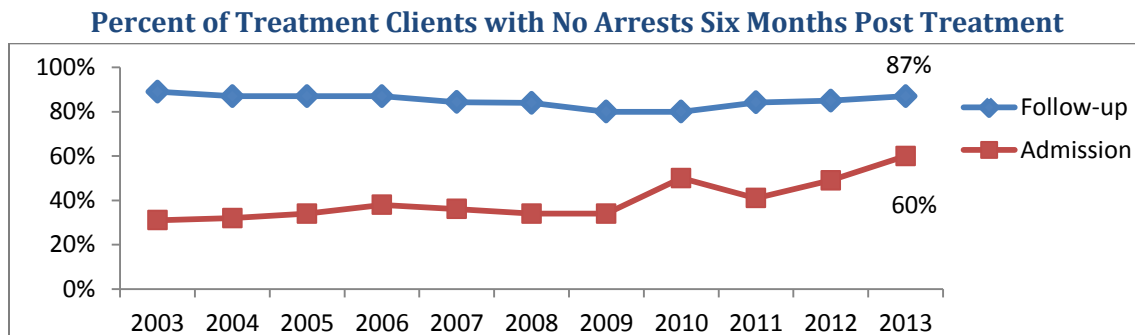
Current and Proposed Strategies

- 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

Sixty percent of treatment clients who participated in the Year Sixteen Outcomes Monitoring Study for 2013 had no arrests prior to treatment. But, six months after treatment, 87% 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
- Support community-based treatment
- Promote the Iowa Department of Public Health's Recovery Oriented System of Care and Access to Recovery Services
- Enhance treatment of co-occurring substance abuse and mental health disorders

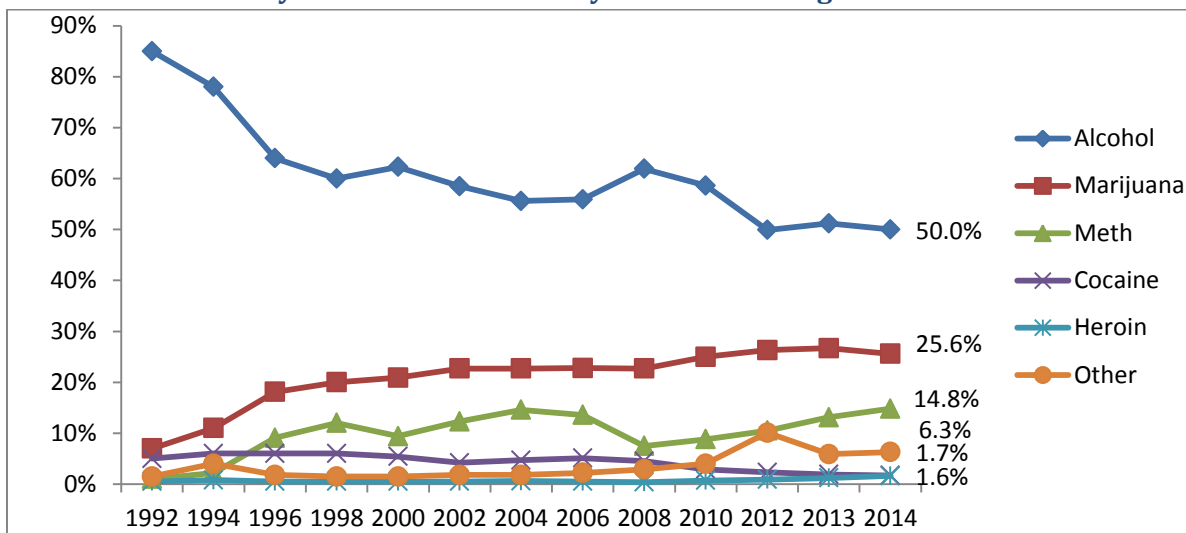


Conclusion

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.

According to the Iowa Department of Public Health, when entering treatment, clients are screened for their primary substance of choice. The percent of clients with a primary substance of alcohol remained the largest percentage at 50%, while still one of the lowest levels in recent years. The percent of marijuana clients was less than alcohol at 25.6%, while still one of the highest levels in recent years. Meth admissions are back on the rise, to an all-time high of 14.8%. Crack/cocaine admissions were down a bit to 1.7%, while heroin admissions reached an all-time high of 1.6%. The “other or unknown” category of admissions, which could include inhalants, synthetics, prescription drugs, other opiates, and unknown drugs, rose slightly to 6.3%.

Primary Substance of Choice by Iowans Entering Treatment



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

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

Many positive trends are occurring in Iowa. 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.

Conclusion

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, and reduce demand for the drug.

Marijuana continues to be the most abused illicit drug in Iowa, and all too often holds dangerous consequences for unsuspecting youth. Many mistakenly believe that marijuana is not harmful and is not addictive. The staggering fact that over 60% of our youth admitted to drug treatment cite marijuana as their drug of choice debunks this myth.

Over 50% of our youth report that marijuana, tobacco and alcohol would be easy to obtain in their communities. This ease of access coupled with mixed messages that marijuana is not harmful and is medicine unfortunately can contribute to acceptance of an addictive drug. We know young people who experiment with marijuana often end up on the wrong path in life. As such, clear messages need to be communicated about the danger of the drug to our youth.

Working together in prevention, treatment, and enforcement we can strengthen our efforts as we face current and emerging substance use disorder 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.

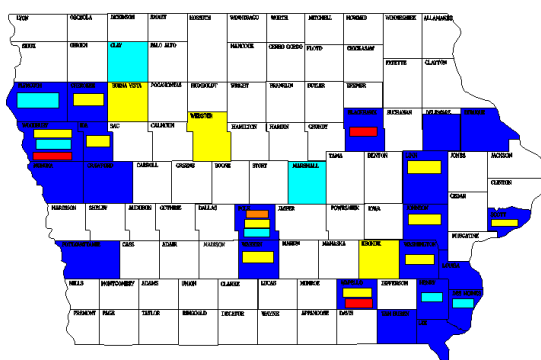


Appendix One: Current Evidence-Based Programs and Promising Innovations

Access to Recovery (ATR): The Iowa Department of Public Health received a third federal Access to Recovery grant in 2014 to make substance abuse treatment and related support services more accessible to nearly 7,000 Iowans.

Community Coalitions: Coalitions have been shown to be effective in reducing alcohol and other drug use among youth and adults in their communities. These formal collaborations between professional and volunteer representatives of local sectors work toward a common goal of building a safe, healthy, and drug-free community. Effective community anti-drug coalitions focus on improving systems and environments. Iowa has several community coalitions, 12 of which received federal Drug-Free Communities Support Program grants in 2014. Additionally, the Iowa Alliance of Coalitions for Change (AC4C) received a new statewide Drug-Free Communities grant to help promote greater networking and coordination among community coalitions.

Drug Courts: Sometimes described as “help with a hammer,” Iowa Drug Courts provide drug-addicted offenders intensive community-based treatment and supervision as a less costly alternative to incarceration. If offenders don’t stay drug-free during the program, they can be sent to jail. The Judicial Branch, working with the Department of Human Services and a federal grant has established Family Drug Treatment Courts in Iowa, to engage drug-affected families in supervised treatment and protect children. Iowa’s Judicial Branch received a new federal Family Drug Court Statewide System Reform grant in 2014 to plan for expansion of Family Drug Treatment Courts, and soon will be eligible to apply for a three-year implementation grant. In 2012, with the help of ODCP, Iowa Drug Courts also received a three-year grant to help close the gap between mental health care needs and services.



Dark blue: Adult Criminal

Light Blue: Juvenile Delinquency

Yellow: Family

Red: Mental Health

Orange: Truancy

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.

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 Demand Reduction: Aggressive efforts are called for to reduce meth use. Although meth lab incidents have been reduced drastically, the appetite for meth in Iowa remains high. School and community-based education and prevention are key.

Methamphetamine Lab Reduction: Combining education, retailer enforcement, and environmental prevention strategies has proven successful in reducing Iowa meth labs by over 80% since their peak. The implementation of Iowa's Pseudoephedrine Tracking System in 2010, as well as legislation regulating key ingredients used to make meth, has strengthened these efforts.

Partnerships for Success Grant (PFS): In 2014, the Iowa Department of Public Health was awarded a new five-year federal Partnerships for Success (PFS) grant to assist targeted Iowa counties in reducing underage and youth binge drinking. The PFS grant succeeds the previous federal Strategic Prevention Framework grant.

Prescription Medicine Abuse Prevention: Prescription drug Take Back events and similar activities are taking place in a growing number of Iowa communities, safely removing an unused medicine that is subject to abuse. Coalitions of law enforcement, pharmacies and others 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.

Prescription Monitoring Program (PMP): The Iowa Pharmacy Board's PMP allows physicians, pharmacists and other health care providers to provide better patient care by coordinating the fast growing number of medicines being prescribed for individuals. About 30%

of prescribers, such as physicians, have registered for access to the PMP, to which pharmacists are required to submit data. Diversion of prescription drugs by lowans appears to have lowered as use of the tool has risen, and “doctor shopping” may decrease further as more prescribers and pharmacists utilize the PMP.

Protecting 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.

Second Chance 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.

Social Host Ordinances: Following the lead of a growing number of Iowa counties and cities with prior social host ordinances in place to reduce underage drinking, a state social host law was enacted in 2014. These laws prohibit adults, in many cases, from knowingly allowing illegal underage consumption of alcohol on private property.

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 DOC 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.

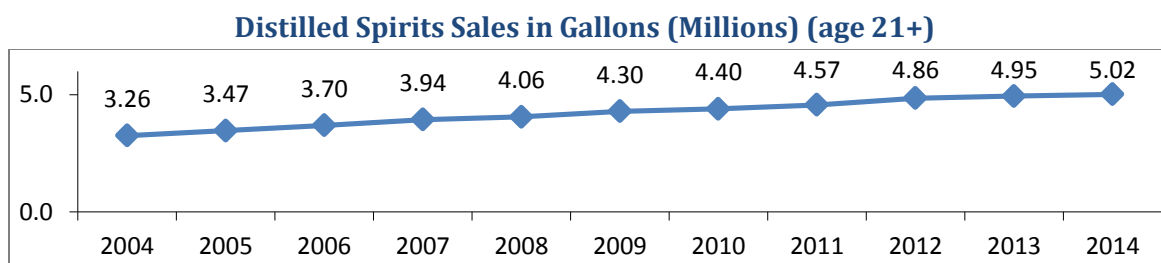
Substance Abuse Prevention: Preventing substance abuse spans the entire life cycle of humans, beginning with proper prenatal care and abstinence from substances of abuse to proper medication management by older adults. A wide array of prevention programming customized for delivery in schools, businesses and communities helps stop risky behavior by Iowa youth before it starts and can reduce misuse of drugs by adult lowans. 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. The cumulative effect of many efforts over the last decade, including substance abuse prevention, has resulted in significant declines in alcohol and tobacco use by Iowa youth.



Appendix Two: Drug Use Profile

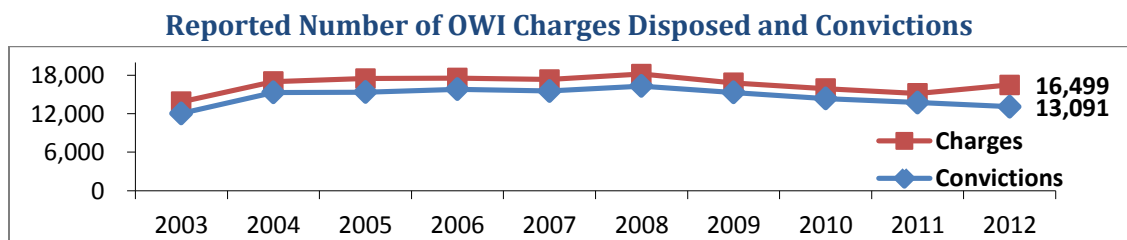
Alcohol Use/Abuse

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.



Source: SFY, [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 to retailers within the State of Iowa. Alcohol sales to retailers have steadily increased 54% over the past eleven years reaching its current high of 5.02 million gallons in FY 2014. This translates to an average availability of 2.30 gallons of distilled spirits, plus 2.01 gallons of wine and 34.39 gallons of beer, per Iowan over the age of 21, in the past year.



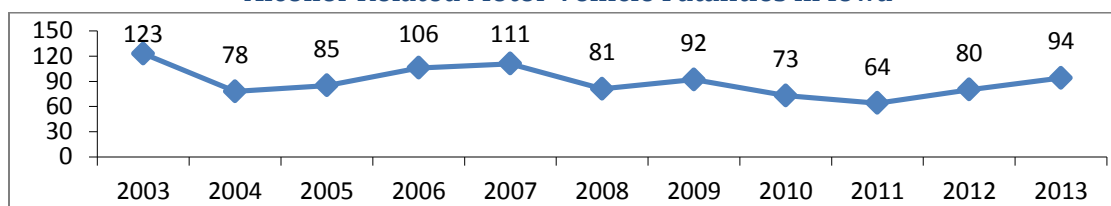
Source: CY, [Division of Criminal and Juvenile Justice Planning](#)

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

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.

Appendix Two: Drug Use Profile

Alcohol-Related Motor Vehicle Fatalities in Iowa



Source: CY, [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, rising each of the past two years after reaching a low point in recent history in 2011. However, in 2013, 94 people died in alcohol-related motor vehicle fatalities.

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 at 50%. In FY 2014, 23,045 adults and 1,102 juveniles were screened and/or admitted to treatment with a primary substance of abuse of alcohol.

Primary Substance of Abuse for Clients Screened/Admitted to Treatment

| Primary Substance | Juvenile Clients | Adult Clients | % of Total |
|---------------------------------|------------------|----------------|-------------|
| Alcohol | 1,102 (21.9%) | 23,045 (53.2%) | 50.0% |
| Marijuana | 3,331 (66.3%) | 9,059 (20.9%) | 25.6% |
| Methamphetamine | 206 (4.1%) | 6,952 (16.0%) | 14.8% |
| Cocaine/Crack | 10 (0.2%) | 831 (1.9%) | 1.7% |
| Inhalants | 10 (0.2%) | 21 (0.1%) | 0.1% |
| Other Opiates/Synthetics | 51 (1.0%) | 2,024 (4.7%) | 4.3% |
| Other/Unknown | 316 (6.3%) | 1,392 (3.2%) | 3.5% |
| Total | 5,026 | 43,324 | 100% |

Source: SFY 2014, [Iowa Department of Public Health, Division of Behavioral Health](#)

According to the I-SMART substance abuse data system, the number of clients screened/admitted for substance abuse treatment remains high. IDPH reported 48,621 clients screened/admitted in FY 2014. The percent of clients with a primary substance of alcohol remained almost steady at 50%, while still one of the lowest levels in recent years. The percent of marijuana clients was also nearly steady at 25.6%, while still one of the highest levels in recent years. Meth admissions are back on the rise, to an all-time high of 14.8%. Crack/cocaine admissions were down a bit to 1.7%, while heroin admissions reached an all-time high of 1.6%. The "other or unknown" category of admissions, which includes inhalants, synthetics, prescription drugs, other opiates, and unknown drugs, rose slightly to 6.3%.

Appendix Two: Drug Use Profile

Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment

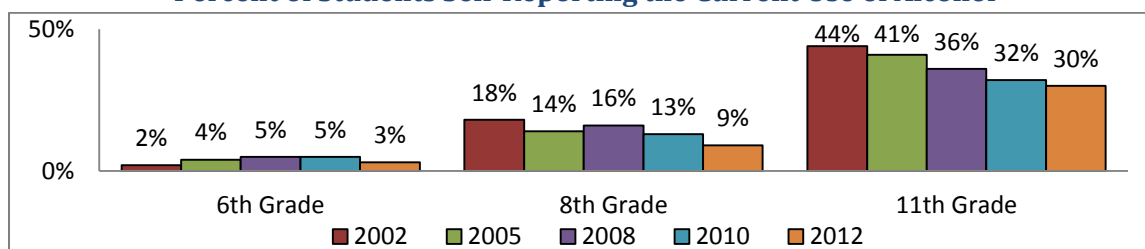
| Year | Alcohol | Marijuana | Meth | Cocaine/ Crack | Heroin | Other | Total Clients* |
|-------------|--------------|--------------|--------------|-------------------|-------------|-------------|-------------------|
| 2004 | 55.6% | 22.7% | 14.6% | 4.7% | 0.6% | 1.8% | 42,449 |
| 2005 | 55.8% | 22.4% | 14.4% | 5.0% | 0.6% | 1.9% | 43,692 |
| 2006 | 55.9% | 22.8% | 13.6% | 5.1% | 0.5% | 2.2% | 44,863 |
| 2007 | 58.3% | 22.5% | 10.7% | 5.2% | 0.4% | 2.9% | 47,252 |
| 2008 | 61.9% | 22.7% | 7.5% | 4.5% | 0.4% | 2.9% | 44,528 |
| 2009 | 61.4% | 23.2% | 7.8% | 3.7% | 0.5% | 3.4% | 44,849 |
| 2010 | 58.6% | 25.0% | 8.8% | 2.9% | 0.7% | 4.0% | 44,904 |
| 2011 | 55.2% | 25.7% | 9.6% | 1.9% | 0.9% | 6.7% | 47,974 |
| 2012 | 49.9% | 26.3% | 10.5% | 2.3% | 0.9% | 10.1% | 50,870 |
| 2013 | 51.2% | 26.7% | 13.1% | 1.9% | 1.2% | 5.9% | 51,045 |
| 2014 | 50.0% | 25.6% | 14.8% | 1.7% | 1.6% | 6.3% | 48,621 |

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

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

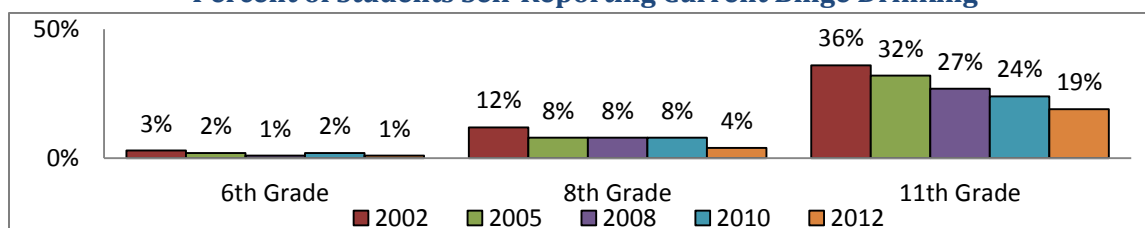
While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2012 nearly one third (30%) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline.

Percent of Students Self-Reporting the Current Use of Alcohol



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

Percent of Students Self-Reporting Current Binge Drinking

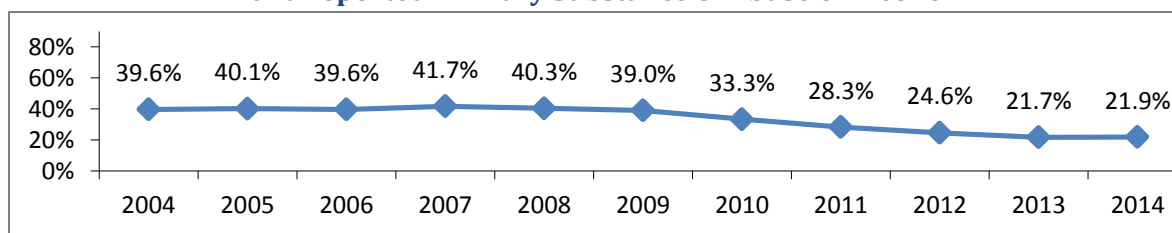


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Appendix Two: Drug Use Profile

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 21.9% of the total. Based on these data, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol

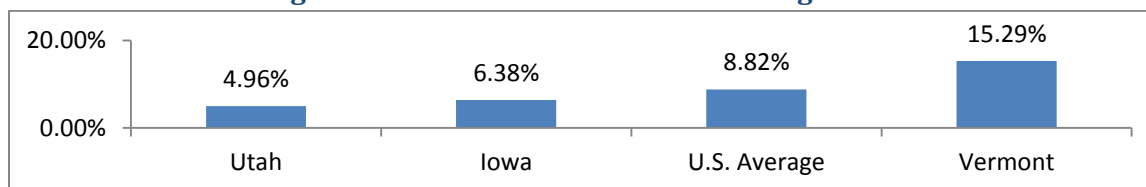


Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

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 fourth lowest rate of illicit drug use in the past month.

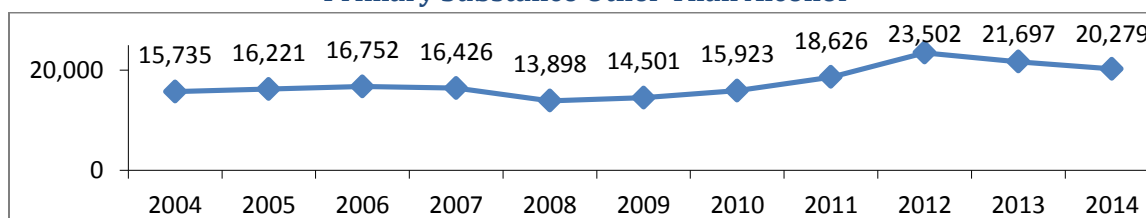
Illicit Drug Use in the Past Month – Lowest to Highest in the U.S.



Source: [2010-2011 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.

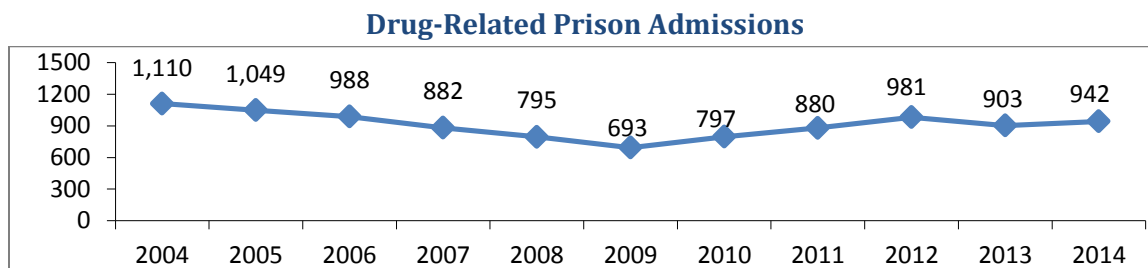
Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol



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

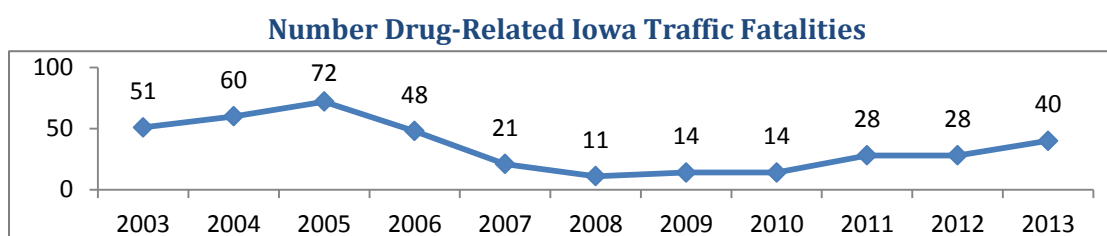
Appendix Two: Drug Use Profile

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. Due, in part, to the increased availability of meth trafficked into the state, drug-related prison admissions rose from 2009 to 2012, but then dropped slightly. This figure shows the offenders admitted to prison with a drug offense as their lead charge.



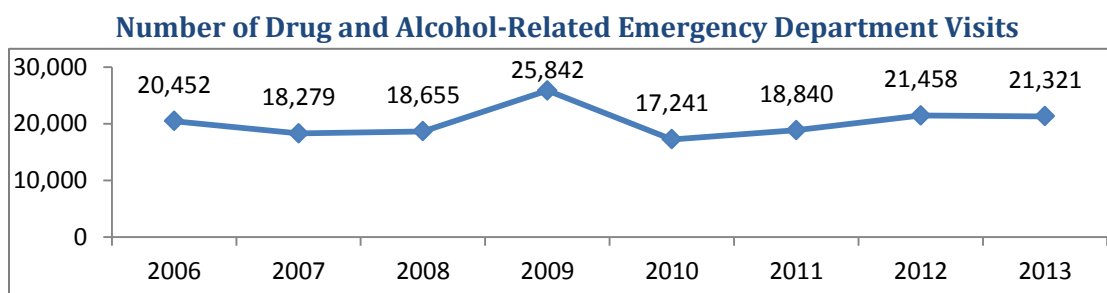
Source: FY, [Criminal and Juvenile Justice Planning](#)

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, [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.

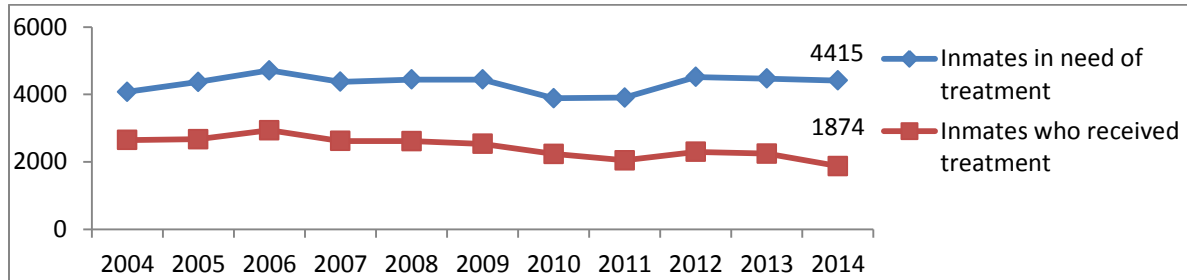


Source: CY, [Iowa Department of Public Health](#)

Appendix Two: Drug Use Profile

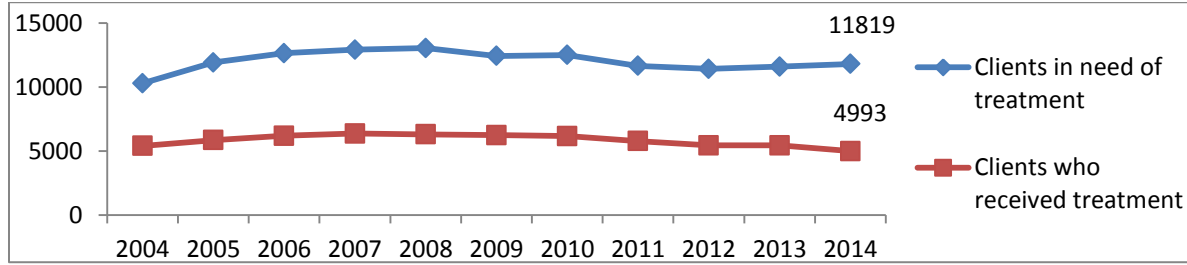
In 2014, the Department of Corrections provided substance abuse treatment to only 42.4% of the addicted custodial inmates and 42.2% of the drug addicted offenders in community corrections.

Department of Corrections Institutional Substance Abuse Treatment



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

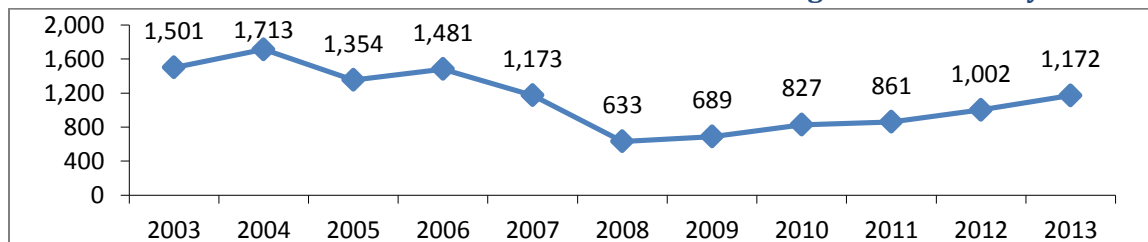
Department of Corrections Community-Based Substance Abuse Treatment



Source: FY, [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



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

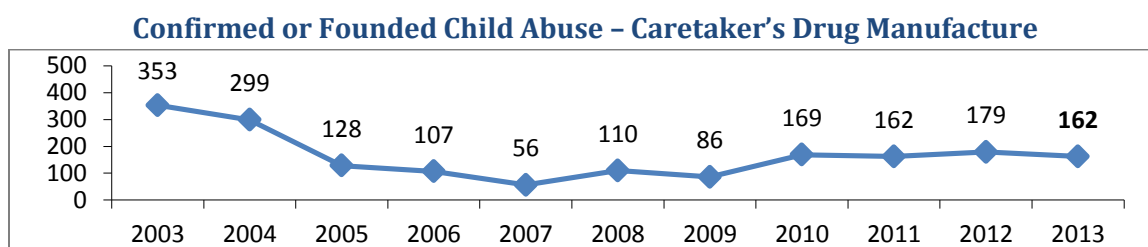
*Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years in this chart show only Confirmed cases.

*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.

*January 1, 2014, DHS implemented Differential Response.

Appendix Two: Drug Use Profile

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 meth statistics, was driven down by the reduction in methamphetamine labs across the state. However, as seemingly larger amounts of meth have been trafficked into Iowa, the number of children recently affected by the drug is holding steady at a higher level.



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

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

**January 1, 2014, DHS implemented Differential Response.*

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.

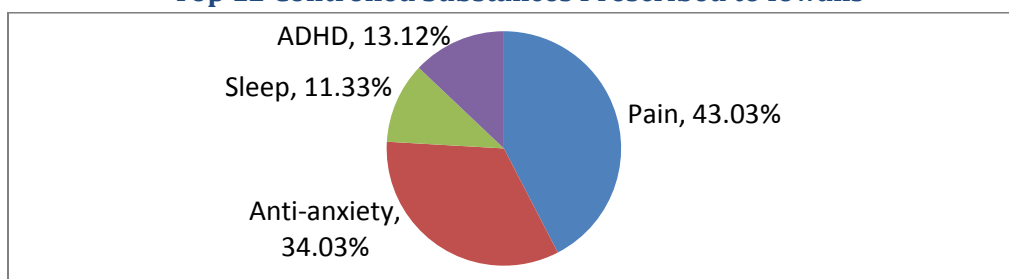
Prescription and Over the Counter Medications

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.

Appendix Two: Drug Use Profile

Top 12 Controlled Substances Prescribed to Iowans

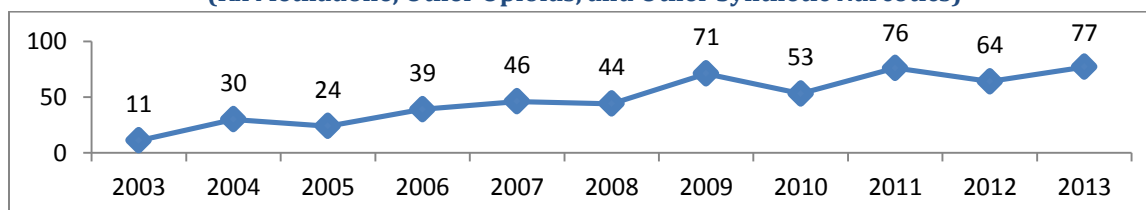


Source: CY 2013, [Iowa Board of Pharmacy](#)

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 56 pharmaceutical diversion cases and seized 3,327 dosage units over the past three fiscal years (2012 – 2014). Treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. 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 2013, there were 371 Iowans that filled CII – CIV prescriptions from 5 or more prescribers or pharmacies. Over 30% 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 1,825%, from 4 deaths in 2000 to an all-time high of 77 deaths in 2013.

Iowa Opioid Pain Reliever Overdose Deaths (Rx Methadone, Other Opioids, and Other Synthetic Narcotics)

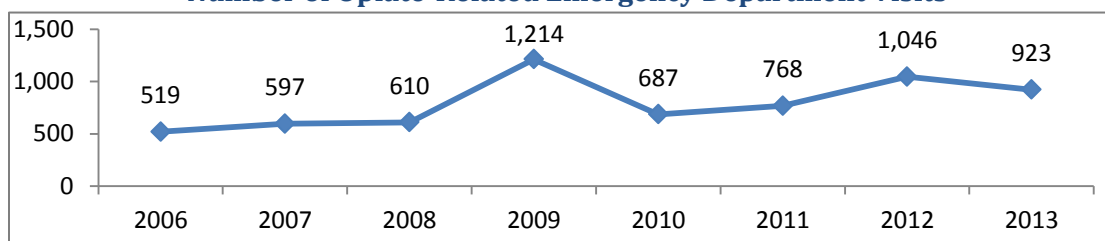


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health](#)

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

Appendix Two: Drug Use Profile

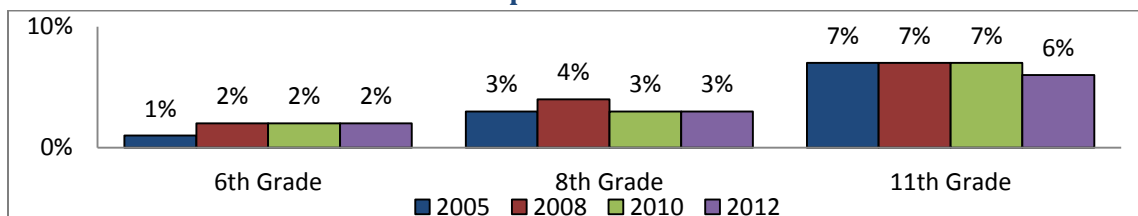
Number of Opiate-Related Emergency Department Visits



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

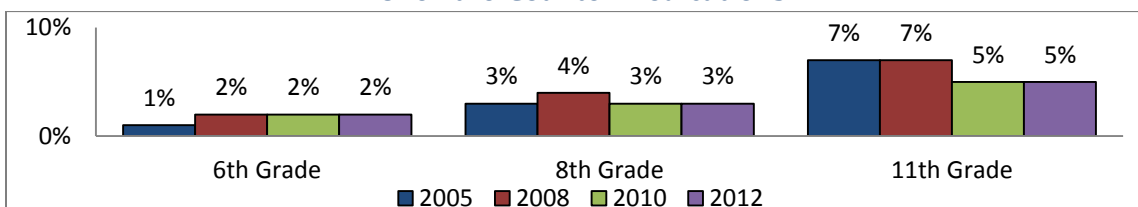
Additionally, attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not as dangerous as using drugs like methamphetamine. This in turn leads them to wrongly believe that 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 2012 PATS results, only 14% 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



Source: CY, [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



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

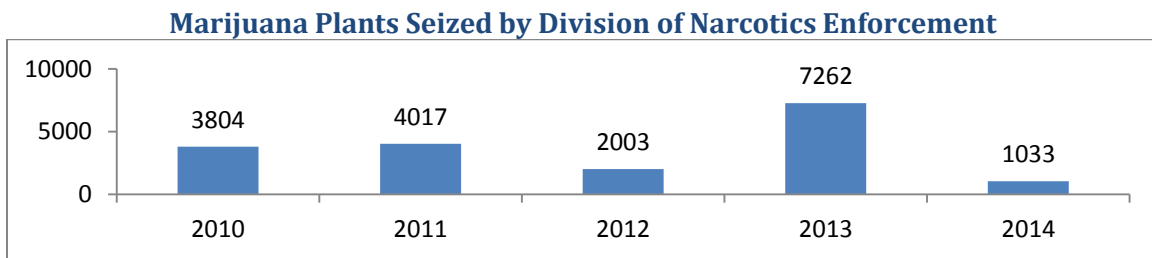
Painkillers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. In Iowa, public calls to the Statewide Poison Control Center to identify hydrocodone and oxycodone pain pills have increased **871%** since 2003, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa.

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.

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.

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.



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

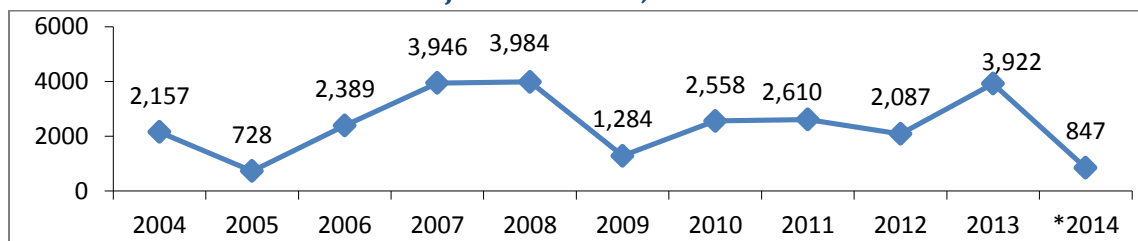
In recent years, law enforcement officials say “cartel growing operations” have been discovered in Iowa. These grows typically take place on private property where the land owner is not aware of the operation, the grow plots are in densely wooded remote areas of the property and encampments are established 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

Appendix Two: Drug Use Profile

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



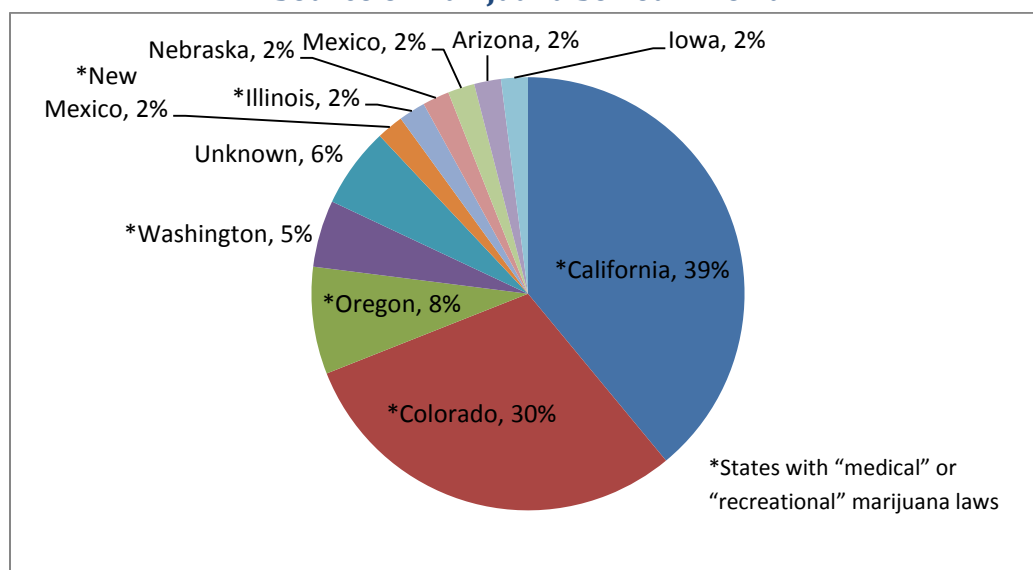
**Calendar year 2013 YTD*

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

Source: CY, [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 and California, states which permit “medical marijuana,” is being seized with increasing frequency in interdiction stops by Iowa law enforcement. Last year, 86% of the marijuana seized in these types of stops was from “medical marijuana” states. California was identified as the source state for 39% of the marijuana seized in Iowa interdiction stops in 2013. Colorado was the source of 30%.

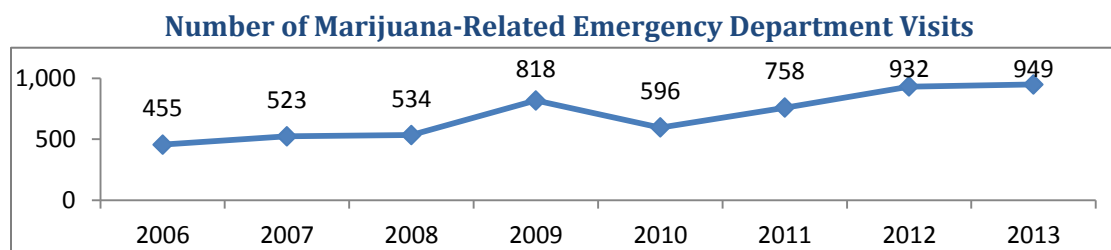
Source of Marijuana Seized in Iowa



Source: CY 2013 [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, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1997 – 2014. Hospital emergency department visits have risen 109% in seven years. This data reinforces the fact that despite misconceptions by some, marijuana can be an addictive drug.

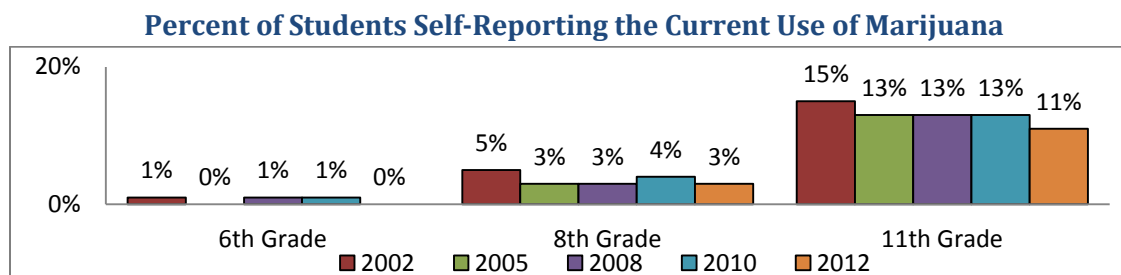
Appendix Two: Drug Use Profile



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.

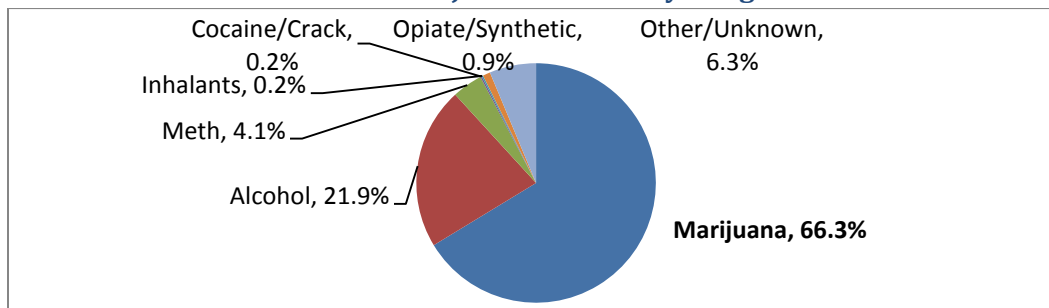


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

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.

Appendix Two: Drug Use Profile

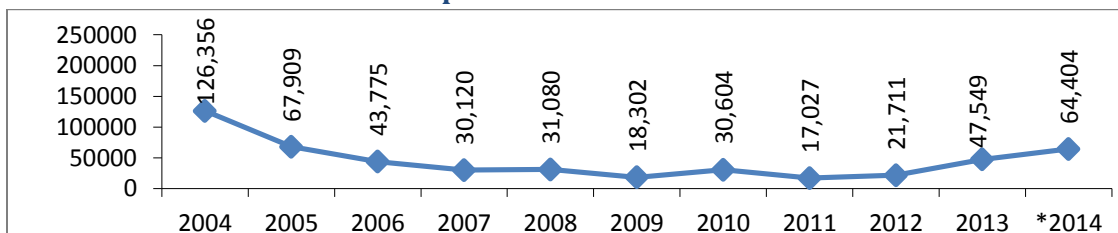
Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug



Source: FY 2014, [Iowa Department of Public Health, Division of Behavioral Health](#)

Amphetamine/Methamphetamine

Methamphetamine Seizures in Grams



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

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

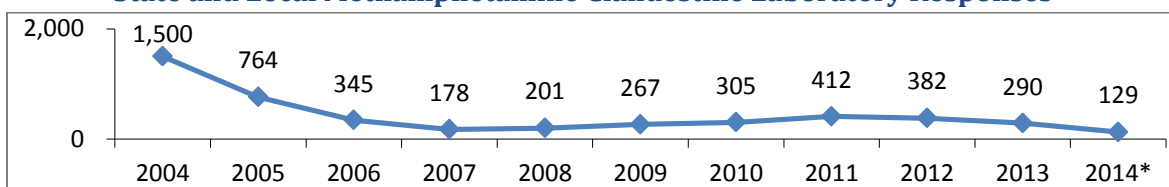
This figure illustrates a significant reduction in methamphetamine seizures by Iowa law enforcement agencies since peak meth lab activity nearly a decade ago. It's worth noting that this data from the Iowa Division of Criminal Investigation laboratory does not include all meth seizures, notably meth 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. However, 2014 meth seizures are on track to be higher than 2005.

One recent development in 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 those who come into contact with the waste or flash fires from these cooks.

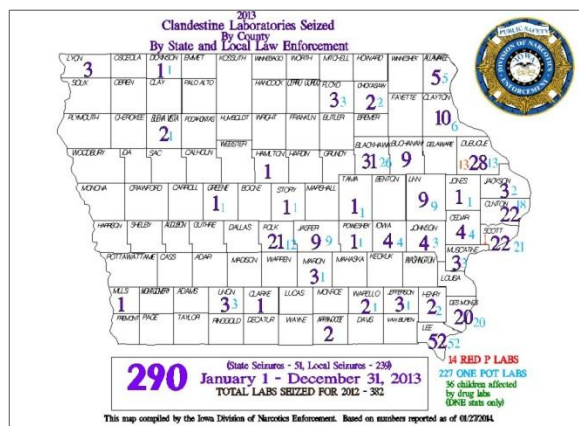
In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. In 2009, the Iowa Legislature passed legislation requiring all pharmacies in the state that sell pseudoephedrine products over-the-counter to participate in an electronic Pseudoephedrine Tracking System. Additional meth precursors, or ingredients, have also since been regulated.

Appendix Two: Drug Use Profile

State and Local Methamphetamine Clandestine Laboratory Responses



Source: CY, Iowa Department of Public Safety



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 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 four full years since implementing NPLEx, more than 93,929 illegal purchase attempts have been blocked, preventing the sale of over 557 pounds of pseudoephedrine, averting an estimated 2,000 additional meth labs.

Iowa Average Methamphetamine Price and Purity

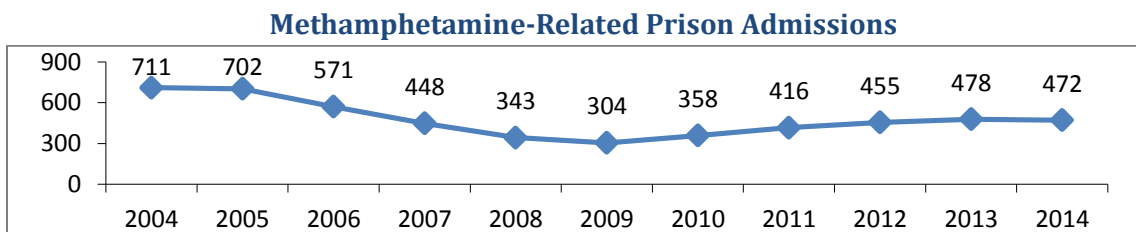
| | 2004 | 2006 | 2008 | 2010 | 2012 | 2013 |
|--------|-------|-------|-------|-------|-------|--------------|
| Price | \$100 | \$120 | \$123 | \$130 | \$135 | \$115 |
| Purity | 33% | 40% | 40% | 79% | 87% | 97% |

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. Also of concern is an increase in purity and potency of meth smuggled into Iowa from Mexico and other states. Some meth encountered by law enforcement agencies is 99% to 100% pure. That compares with an average purity level ranging from 14% to 40% ten years ago.

Appendix Two: Drug Use Profile

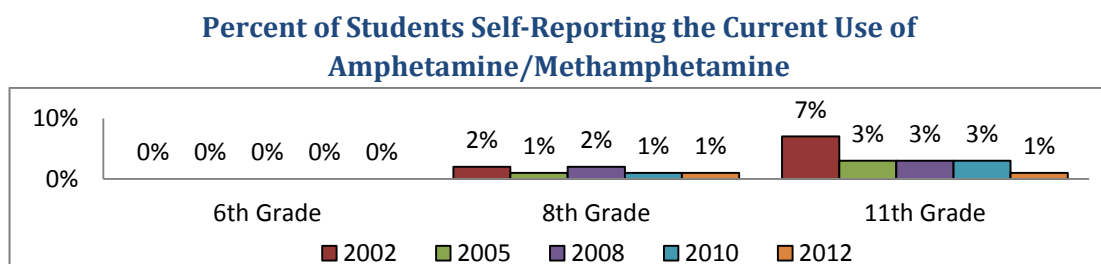
Prior to the emergence of Iowa's "meth epidemic," the percent of adults screened/admitted with meth as the preliminary substance of abuse was under 3%. Since that time, according to the IDPH Division of Behavioral Health, adult methamphetamine screenings/admissions have varied from 9.1% to 16%. As a percent of all screens/admissions, meth had diminished until 2008 when it reached its lowest point (8.5%) since the meth epidemic began. However, along with reported increases in meth trafficked into Iowa the percentage has gone up to 14.8%.



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

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

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



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

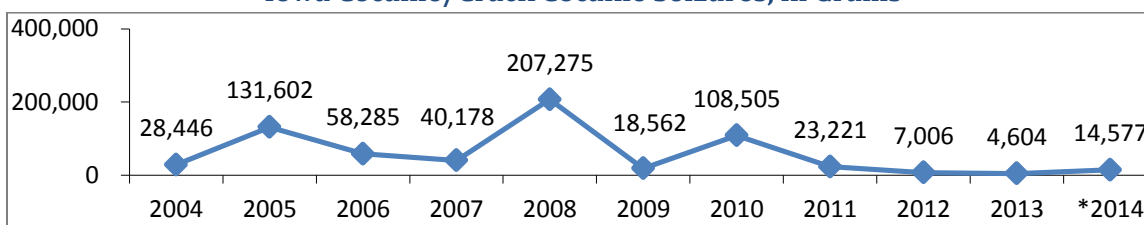
Cocaine/Crack Cocaine

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 meth and other drugs by Iowans, cocaine represents a smaller but significant problem.

In 2008 and 2010, the Iowa Division of Narcotics Enforcement reported having several large cases involving cocaine. So far in 2014, cocaine seizures are up significantly from last year.

Appendix Two: Drug Use Profile

Iowa Cocaine/Crack Cocaine Seizures, in Grams



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

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

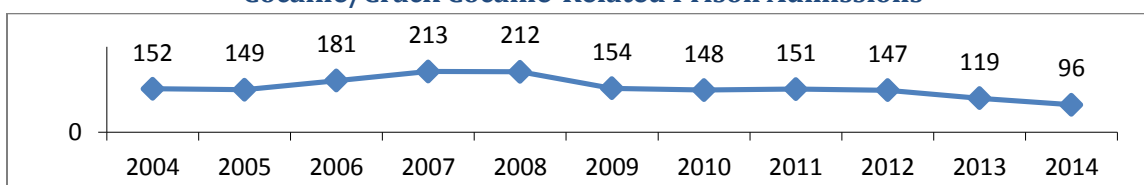
Iowa Average Cocaine Price

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

Source: [Iowa Counterdrug Task Force](#)

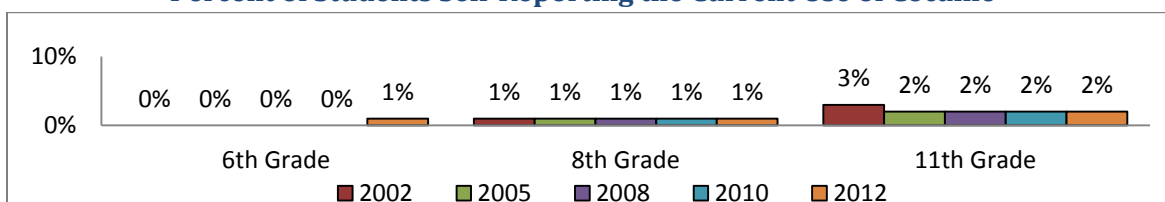
Cocaine-related admissions to prison represented 9.5% of drug-related prison admissions in FY 2014. Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa. There is little reported use of cocaine/crack cocaine by Iowa youth.

Cocaine/Crack Cocaine-Related Prison Admissions



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

Percent of Students Self-Reporting the Current Use of Cocaine

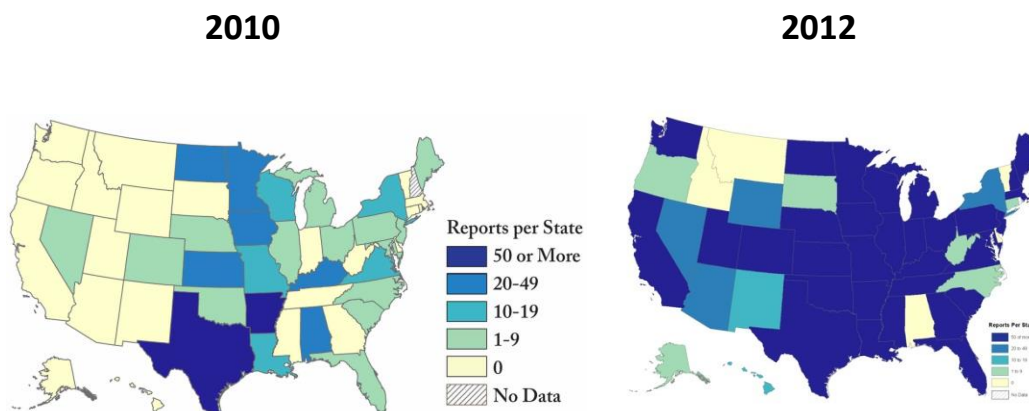


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Data regarding the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs while remaining constant for the past 10 years is also very low. In 2014 only .2% of the youth admitted to treatment cited Cocaine/Crack Cocaine as the primary substance of abuse.

Synthetic Cannabinoids and Cathinones

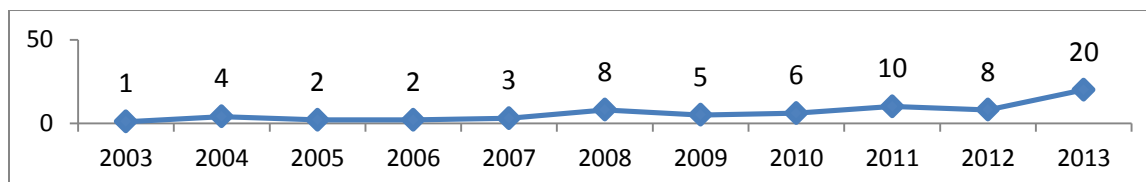
Another emerging threat to the health and safety of Iowans is the use of synthetic drugs. These substances, also known as synthetic cannabinoids and synthetic cathinones, are marketed as K2, Spice, and bath salts. The cannabinoids are herbal substances that are sprayed with one or more chemical compounds. 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.



Heroin

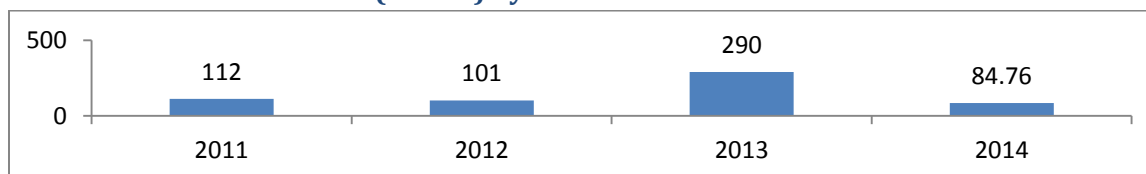
Anecdotally, heroin use is on the rise in Iowa. According to Iowa Department of Public Health treatment data, heroin screening/admissions for treatment remain at an all-time high of 1.6% of all treatment admissions. Although small, this number has tripled in the past five years. As more and more people become hooked on prescription opioids, more end up turning to heroin. Heroin overdose deaths rose 1,900% from 2003 to 2013, from 1 death to 20.

Iowa Heroin Overdose Deaths



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

Heroin Seized (Grams) by Division of Narcotics Enforcement



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

Appendix Two: Drug Use Profile

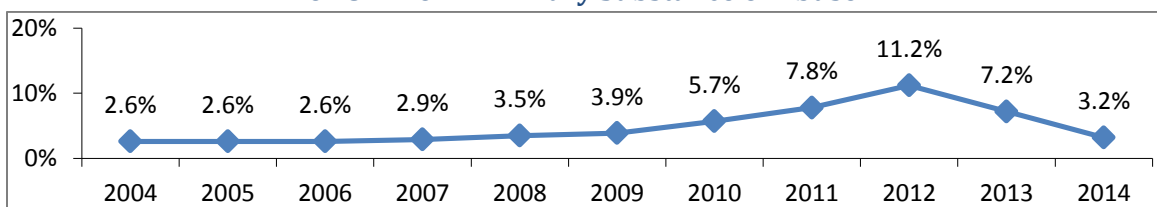
The Iowa Department of Public Safety's Division of Narcotics Enforcement reports four years of statewide heroin statistics. In 2011, DNE opened 1 heroin case and seized 112 grams of heroin. In 2012, DNE opened 6 heroin cases and seized 101 grams. In 2013, DNE opened 14 heroin cases and seized 290 grams. In 2014, DNE opened 10 heroin cases and seized 84.76 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.

The percentage of Iowa adults being admitted to a substance abuse treatment program whose primary drug of abuse is "unknown or other" has dropped after a sharp rise. This category could include prescription drugs, heroin, synthetic drugs, over-the-counter drugs, and/or inhalants.

Percentage of Adult Substance Abuse Treatment Screening/Admissions with an Other or Unknown Primary Substance of Abuse

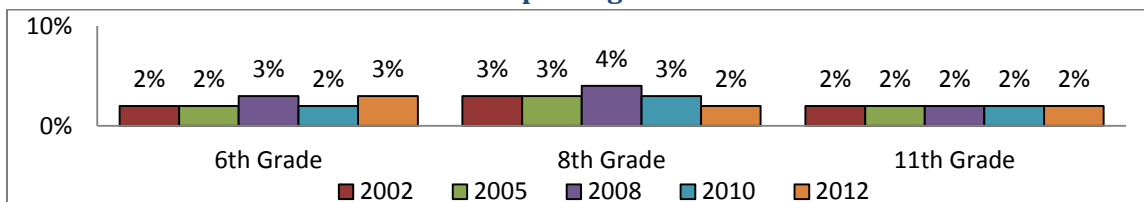


Source: FY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Inhalants

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

Percent of Students Self-Reporting the Current Use of Inhalants

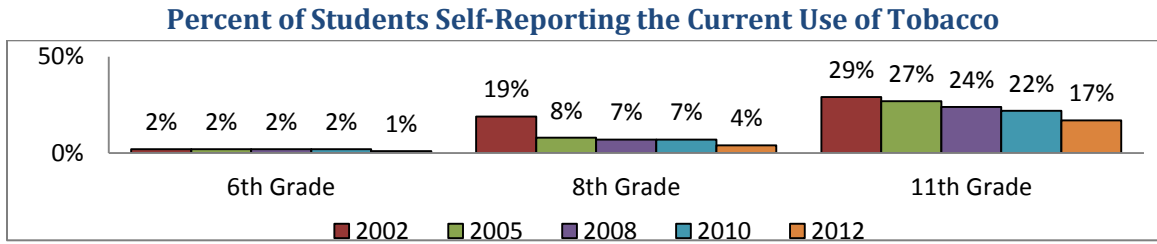


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

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. Iowans over the age of 18 may also be eligible for 8 weeks of free nicotine replacement therapy gum, patches, or lozenges. The Quitline Iowa program provides information about all of these options as safe alternatives to using e-cigarettes as a quitting method.

The Iowa Department of Public Health reports a new program with “Quit Coaches” was launched in 2012. Quit Coaches have been trained and are well versed in techniques to help e-cigarette users quit, regardless of whether they are using electronic cigarettes alone or using both smoked tobacco and electronic cigarettes. Quitline Iowa’s behavior change-based program is backed by more than 35 years of research.





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 2015 Substance Abuse & Drug Enforcement Funding (By Agency)

| Agency | Prevention | Treatment | Enforcement | FY 2015 Total | FY 2010 Total | % Change from FY 10 |
|-------------------------------|---------------------|---------------------|---------------------|----------------------|----------------------|---------------------|
| Dept. of Education | \$3,497,658 | \$0 | \$0 | \$3,497,658 | \$1,817,198 | +92.5% |
| DHR, CJP | \$57,500 | \$0 | \$372,847 | \$430,347 | \$1,377,662 | -69.0% |
| DHS, Child & Family Services | \$0 | \$3,017,490 | \$0 | \$3,017,490 | \$2,287,637 | +31.9% |
| DHS, Medical Services | \$0 | \$30,851,236 | \$0 | \$30,851,236 | \$21,311,540 | +44.8% |
| DHS, Mental Health/Disability | \$0 | \$2,211,201 | \$0 | \$2,211,201 | \$2,583,510 | -14.4% |
| DOC, Community Based | \$0 | \$1,776,408 | \$4,279,359 | \$6,055,767 | \$8,918,276 | -32.1% |
| DOC, Institutional Programs | \$0 | \$2,830,059 | \$0 | \$2,830,059 | \$3,526,488 | -19.7% |
| DPH, Behavioral Health | \$6,911,019 | \$32,776,530 | \$0 | \$39,687,549 | \$42,281,157 | -6.1% |
| DPH, Tobacco | \$3,568,771 | \$2,510,428 | \$453,067 | \$6,532,266 | \$10,858,117 | -39.8% |
| DPS, DCI | \$0 | \$0 | \$6,292,867 | \$6,292,867 | \$3,974,427 | +58.3% |
| DPS, DNE | \$0 | \$0 | \$6,406,654 | \$6,406,654 | \$6,184,667 | +3.6% |
| DPS, GTSB | \$0 | \$0 | \$444,500 | \$444,500 | \$877,000 | -49.3% |
| DPS, Intel | \$0 | \$0 | \$2,043,686 | \$2,043,686 | \$2,195,720 | -6.9% |
| DPS, State Patrol | \$0 | \$0 | \$8,563,427 | \$8,563,427 | \$7,538,095 | +13.6% |
| Iowa National Guard | \$80,184 | \$0 | \$1,345,983 | \$1,426,167 | \$9,374,024 | -84.8% |
| Iowa Veterans Home | \$193,455 | \$0 | \$0 | \$193,455 | \$514,285 | -62.4% |
| Law Enforcement Academy | \$0 | \$0 | \$20,000 | \$20,000 | \$20,000 | +0% |
| Office of Drug Control Policy | \$491,225 | \$1,655,408 | \$2,682,755 | \$4,829,388 | \$8,559,447 | -43.6% |
| Regents: ISU | \$255,125 | \$0 | \$0 | \$255,125 | \$306,813 | -16.8% |
| Regents: U of I | \$644,465 | \$1,547,062 | \$0 | \$2,191,527 | \$1,417,574 | +54.6% |
| Regents: UNI | \$396,773 | \$38,000 | \$95,844 | \$530,617 | \$319,810 | +65.9% |
| Total | \$16,096,175 | \$79,213,822 | \$33,000,989 | \$128,310,986 | \$136,243,447 | -5.8% |

Total Estimated FY 2015 Substance Abuse & Drug Enforcement Funding (By Source)

| Funding Source | Prevention | Treatment | Enforcement | Total Funding |
|----------------|---------------------|---------------------|---------------------|----------------------|
| State | \$4,440,070 | \$39,143,991 | \$16,877,688 | \$60,461,749 |
| Federal | \$9,545,919 | \$37,973,845 | \$15,298,485 | \$62,818,249 |
| Other | \$2,110,186 | \$2,095,986 | \$824,816 | \$5,030,988 |
| Total | \$16,096,175 | \$79,213,822 | \$33,000,989 | \$128,310,986 |



Acknowledgements

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

Iowa Drug Policy Advisory Council

Steven F. Lukan

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Jennifer Miller

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Iowa Consortium for Substance Abuse

Research and Evaluation

Lt. Col. Larry Doss

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.