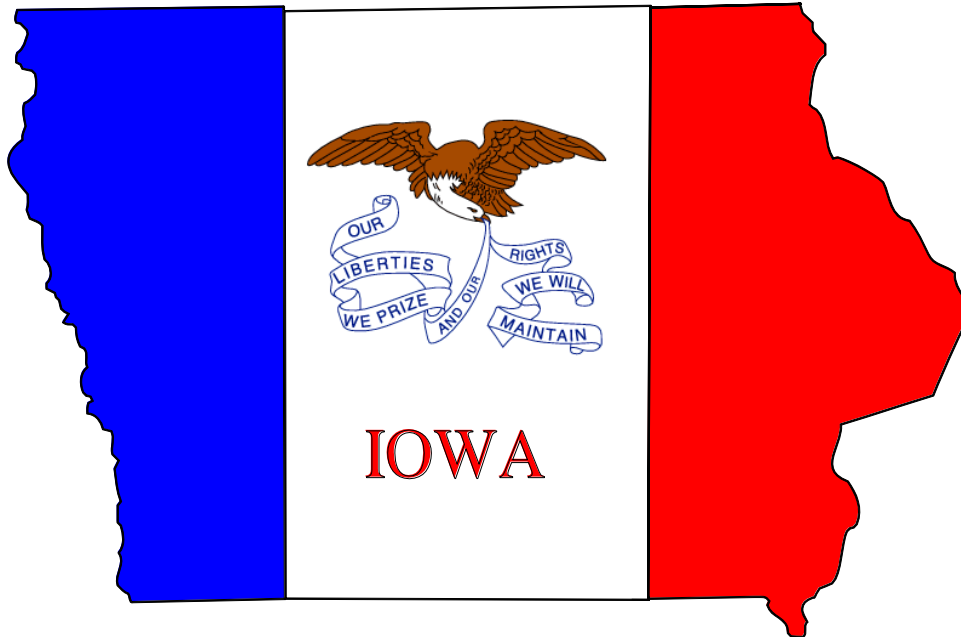


# Iowa's Drug Control Strategy 2010



## **A Coordinated Strategy Presented By The:**

*Drug Policy Advisory Council  
Governor's Office of Drug Control Policy  
Iowa Department of Corrections  
Iowa Department of Education  
Iowa Department of Human Rights,  
Criminal and Juvenile Justice Planning  
Iowa Department of Human Services  
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**November 1, 2009**



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

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## EXECUTIVE SUMMARY

Iowa's Drug Control Strategy serves as a comprehensive blueprint for coordinated prevention, treatment, and enforcement actions to protect citizens from dangers posed by substance abuse and its related issues (e.g. crime, domestic violence, child abuse, etc).

This holistic plan, developed by Iowa's Drug Policy Advisory Council, embraces a performance-oriented process to align resources with long-term goals, and supports three desired results:

All Iowans are healthy and drug-free  
Iowa communities are free from illegal drugs  
All Iowans are safe from drug abusing offenders

This report also contains a mix of recent accomplishments and pending challenges.

Alcohol continues to be the most abused substance in Iowa. The latest data show alcohol consumption is on the rise. The number of Iowans entering treatment for alcohol abuse is large and remaining steady. Iowa youth binge drink at a rate higher than the national average.

The newest, and fastest growing, 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. According to the Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), the number of pharmaceutical cases opened in 2008 was 243% higher than the number of cases opened in 2007. The number of dosage units of pharmaceuticals seized by DNE in 2008 increased 412% from the total seized in 2007. Similarly, treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. Pain killers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. Public calls to the Statewide Poison Control Center to identify hydrocodone and oxycodone pain pills have skyrocketed 1,225% since 2002, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa.

Implementation of Iowa's electronic Prescription Drug Monitoring Program (PMP) in 2009 is a step in the right direction to get help for Iowans who become addicted to painkillers and other medicine. Unfortunately, the PMP only works if it's used by physicians and pharmacists. Currently, health care participation in the system is voluntary and law enforcement access to the data is limited. The launch of a public service media campaign will also help make Iowans more aware of the potential for medicine abuse. Iowans can get more information at a new website: [www.TakeADoseOfTruth.com](http://www.TakeADoseOfTruth.com).

One of the most encouraging achievements in Iowa drug control efforts over the last five years is the ground we've gained combating methamphetamine, though much work remains. Data show a significant reduction in the number of meth addicts entering drug treatment, though Iowa's rate of meth users in treatment has consistently remained one of the highest in the nation. Drug-related prison admissions are down for the fifth consecutive year, driven primarily by a drop in meth-related incarcerations. Youth meth use remains very low.

Although the number of reported meth labs is about 86% below the record high level set prior to implementation of Iowa's Pseudoephedrine Control Act in 2005, the decline is beginning to reverse itself. When compared to the record low in 2007, there was a 13% increase in the number of meth labs in 2008 and we are on track to exceed that number in 2009. As meth labs increase in number, so do drug-related child abuse cases. 2008 saw double the amount of cases involving manufacturing meth in the presence of a minor compared to 2007.

State legislation, SF237, to implement a real-time, electronic, pseudoephedrine tracking system was successfully passed in 2009. The system will be implemented in 2010. It will enhance Iowa's successful Pseudoephedrine Control Act and the Federal Combat Methamphetamine Epidemic Act, and clears up confusion between the two statutes for pseudoephedrine sellers and purchasers. The system will connect all pharmacies to identify those who are illegally purchasing more than their daily or monthly limit to make meth. This will help reduce smurfing and subsequently, meth labs.

One new development that may affect the upswing in meth labs in the future is an emerging method of manufacturing meth called "shake 'n bake" or the one-pot method. This method generally uses less pseudoephedrine and produces meth in smaller quantities, but it is no less dangerous than other production methods. It involves putting the toxic and caustic chemicals in a pop bottle and shaking it, which can cause an extremely high amount of pressure to build up in the container causing it to rupture. The biggest danger with this method is the fact that it is fast and portable. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, it especially poses a hazard to children and other unsuspecting Iowans who come into contact with the waste.

Other challenges also demand attention. Arrests for cocaine manufacturing/distribution outnumbered meth manufacturing/distribution arrests last year, and treatment data indicate the use of cocaine and crack cocaine remains at a relatively steady, but unacceptably high level. Marijuana continues to be the most abused illicit drug in Iowa, and is the drug of choice of more than half of the juvenile treatment clients. According to the 2008 Iowa Youth Survey, 27% of Iowa 11<sup>th</sup> graders have used marijuana.

Several positive trends are shown in the 2008 Iowa Youth Survey. There have been no increases in tobacco, alcohol, marijuana, meth, inhalant, or crack/cocaine use among Iowa 11<sup>th</sup> graders. In fact, there have been reductions in the number of 11<sup>th</sup> grade students who report current and lifetime use of tobacco, current and lifetime use of



alcohol, binge drinking, lifetime use of marijuana, current and lifetime use of meth, and lifetime use of crack/cocaine. The rates of current marijuana use, current and lifetime inhalant use, and current crack/cocaine use among 11<sup>th</sup> graders have all remained steady. Still, too many Iowa youth report substance use and abuse.

Another noticeable improvement is a reduction in smoking, and exposure to second-hand smoke, due largely to Iowa's Smoke-Free Air Act and the preceding cigarette tax increase.

Moving ahead, we must address current and emerging issues in a cohesive and flexible manner that anticipates and adapts to changing conditions. Two external factors currently at work are the national economic recession and the aftermath of natural disasters in Iowa. Both of these developments, based on historical experience, have the potential to fuel additional substance abuse. To address these issues, including many of those highlighted above, I offer the following legislative and other recommendations:

## **RECOMMENDATIONS**

**Regulate Salvia divinorum (aka Salvinorin A, Divinorin A or Salvia)** State legislation making Salvia a Schedule I Controlled Substance will proactively protect Iowans from this drug. Salvia is a perennial mint family herb that is found occasionally in drug investigations. Its use can cause intense and debilitating hallucinations. In addition, users report negative long term effects similar to those produced by LSD or other hallucinogens, including depression and schizophrenia. Salvia is not currently controlled and is available at retail locations and on the Internet. Salvia is already banned or regulated in 13 states and nine foreign nations, and at least 17 other states have considered a ban. It's also on the DEA "Watch List."

### **Require Health Care Professional Participation in, and Increase Law Enforcement Access to, Iowa Prescription Drug Monitoring Program**

The PMP promises to be an important tool to help health care providers prevent prescription drug abuse and misuse. Currently, physicians (and other prescribers) and pharmacists may voluntarily consult the PMP. Requiring its use by health care professionals will enhance patient care and eliminate "blind spots" so that prescription drug diversion and/or addiction can be identified more consistently. An expansion of access to the system is needed to allow law enforcement to view data in a timely manner. This will assist in gauging its true value to the wellbeing of Iowans.

### **Require Full Substance Abuse and Mental Health Parity**

A comprehensive parity law will increase access to treatment, reduce crime, and retain Iowa workers. Iowa ranks low among states for equality in mental illness and substance abuse treatment health care benefits. Iowa currently does not mandate coverage for substance abuse treatment. Requiring mental health and substance abuse coverage, comparable to other medical and surgical benefits, will lead to healthier Iowans and more productive workplaces.

### **Mandate Prevention Education in State Core Curriculum**

21<sup>st</sup> Century Skills, which includes Health Literacy is part of the Iowa Core Curriculum. The essential concepts for Health Literacy provide “a framework for building capacity among Iowa students to think critically about the decisions that affect health status for themselves, their families and their communities.” The development of healthy attitudes and habits which will lead students to take responsibility for their personal health status is a key component to Health Literacy. Students who are health literate have information, skills and knowledge to make healthy choices about the use of alcohol, tobacco and other drugs, among others. Developmentally appropriate prevention education as part of a comprehensive health literacy curriculum component will help students make low risk, healthy choices. When students make healthy choices about the use of alcohol, tobacco and other drugs, it has a positive impact on other areas of their lives, such as academics, family and peer relationships, and sexual health, which in turn leads to enhanced health overall.

### **Resist Efforts to Legalize Smoking Marijuana for Medical Purposes**

Scientific data indicate a *potential* therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation. However, smoked marijuana is a crude THC delivery system that also delivers harmful substances. At this time, neither the medical community nor the scientific community has found sufficient data to conclude that smoked marijuana is the best approach to dealing with these important medical issues. The overwhelming scientific consensus is that smoked marijuana should not be used as medicine. Marinol, a pill form of THC, is already legally available for prescription by physicians whose patients suffer from pain and chronic illness. Mouth sprays containing THC, such as Sativex, are currently in trial in the U.S. and are expected to be completed by the end of 2009. Unless, or until, the consensus of medical evidence changes, ODCP opposes any proposal to legalize marijuana smoking for medical purposes.

### **Expand Funding for Increased Supervision for Community-Based Corrections**

A recent study by the Division of Criminal and Juvenile Justice Planning in the Iowa Department of Human Rights found that adult drug courts with judicial supervision appear to be the most effective model for reducing the re-arrest rates of offenders, and at a cost well below that of imprisonment. This is due mainly to the intensive supervision, treatment, and frequent drug testing provided. A study is needed to look specifically at long term recidivism, and determine whether drug courts work over the long haul. In the meantime, community-based corrections need to be armed with the tools necessary, such as frequent drug tests, to reduce recidivism and protect the public.

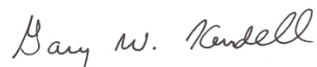
### **Other Needs**

The demand for meth, cocaine, and marijuana remains strong, the abuse of alcohol and other drugs remains unacceptably high, and pharmaceutical abuse is growing. These developments occur against the backdrop of funding limits or cuts to areas of treatment, prevention and law enforcement. Iowa drug control policy stands at a crossroads. To achieve safe and drug-free communities, I also recommend that Iowa:

- Continue enhancing and implementing a comprehensive plan by the multidisciplinary Statewide Underage Drinking Prevention Task Force to prevent and reduce underage drinking.
- Support coordinated state, local, and federal drug enforcement efforts, including continued federal Byrne-JAG funding for Multi-jurisdictional Drug Task Forces;
- Invest financial and human resources in proven and promising substance abuse prevention and treatment programs;
- Value prevention and treatment providers and invest financial resources to recruit, train, and retain qualified professionals;
- Recognize substance abuse treatment is not “one size fits all,” and provide adequate resources for more clients to receive care appropriate to their needs in community-based programs and correctional institutions before offenders return to the community;
- Provide adequate aftercare to those completing treatment;
- Enhance prevention/intervention services to families and children of treatment clients;
- Reduce the stigma of addiction through public education and awareness;
- Expand efforts to help drug endangered children have a more positive trajectory;
- Support efforts such as Family and Adult Drug Courts and Jail-Based Treatment that have proven successful in addressing addiction;
- Implement evidence based prevention practices and programs with the goal of reducing substance abuse, including underage drinking and the abuse of pharmaceuticals; and
- Empower families to engage children at home, to help prevent youth substance abuse.

The return on Iowa’s investment in comprehensive drug control efforts can be measured many ways, but perhaps the most meaningful is the degree to which Iowans enjoy healthy lifestyles, safe communities, and a relatively wholesome quality of life. Our challenge is to strengthen these qualities for our youth, and all Iowans.

Respectfully,



Gary W. Kendall  
Iowa Drug Policy Coordinator



# INTRODUCTION

The attached 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 and strategy was developed in consultation with the DPAC.

Alcohol and other drug abuse threaten the safety, health, and economic wellbeing of all Iowans. While much has been done to address this issue, there is still work to be done. Several recent initiatives in Iowa are not only law enforcement strategies, but also environmental prevention strategies. Environmental prevention strategies help change written and unwritten policies and laws in the State of Iowa that may tend to tolerate or support the abuse of drugs in the general population. Making environmental changes will in turn change the way communities function in regard to alcohol and other drug use.

**Iowa's Smokefree Air Act** was signed into law by Governor Chet Culver on April 15, 2008. The law went into effect on July 1, 2008. Smoking is now regulated in public places, places of employment, and certain outdoor areas.

**A one-dollar-a-pack tax increase on cigarettes** was signed into law in March 2007. The law also increases the tax on all other tobacco products from 22% to 55% of the wholesale price. Some revenue from the higher taxes is being deposited in a Health Care Trust Fund to be used for health care, substance abuse prevention and treatment, and tobacco use prevention, cessation, and control.

It was anticipated that this action would significantly reduce both the number of smokers in Iowa and the amount of cigarettes that are smoked. According to the Iowa Department of Revenue, during the first full year following the cigarette tax increase, the estimated sales of cigarettes decreased 35.95% (from 251,673,435 packs to 161,200,858 packs). Also during the first full year after the cigarette tax increase, tax revenues increased 141.97% (from \$90,602,437 to \$219,233,166). Although the sale of cigarettes decreased by almost 36 percent during the first year following the tax rate increase, a little more than half of the decrease can be attributed to a decrease in the consumption of

Every 10% increase in the price of cigarettes reduces youth smoking by about 7% and overall cigarette consumption by about 4%.

Campaign for Tobacco Free Kids

cigarettes by Iowans. The remaining decrease is attributed to Iowans going to surrounding states to purchase cigarettes or by making purchases on the Internet. Despite this, cigarette sales continued to decrease 23% from FY2007 to FY2008 and sales decreased by yet another 6% from FY2008 to FY2009. Other factors that may contribute to fewer cigarette sales in Iowa include: the Iowa Smokefree Air Act, the fire-safe cigarette requirement that took effect January 1<sup>st</sup>, 2009, the federal cigarette tax rate increase that took effect April 1<sup>st</sup>, 2009, and the current economic recession.

The Department of Public Health also reports that Quitline Iowa remains busy, with 44,322 people looking for help giving up tobacco during fiscal years 2008-2009. Over 21,000 clients called during FY 2009, with 1,062 people reaching out in the week the federal tobacco tax took effect in April 2009. Quitline Iowa reported a total of 23,243 calls in FY 2008, up from 5,117 calls in FY 2007. Most of this increase can be traced back to nicotine patches, gum, and lozenges that were offered for free to any Iowan regardless of income. Even though Quitline Iowa is one of the most successful programs of its kind in the nation – reaching about 5% of Iowa's smokers each year – most smokers attempt to quit "cold turkey," so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year.

**Iowa's Beer Keg Registration law** took effect on July 1, 2007. The legislation is aimed at reducing underage drinking and limiting youth access to alcohol. The law requires identification stickers provided by the Alcoholic Beverages Division (ABD) to be affixed to all beer kegs of five gallons or more at the time they are sold. The purchaser can then easily be tracked if underage youth are caught drinking from the keg. As of September 2009, the ABD had received 1,304 retailer orders for keg registration booklets and had issued 6,583 booklets with each booklet containing 25 keg stickers for a total of 164,575 keg stickers. One should not assume that just because 164,575 stickers have been issued, that an equal number of kegs have been sold. For example, a retailer may have ordered a booklet of 25 stickers, but sold only one keg.

In February 2008, the Iowa Department of Public Health implemented **Access to Recovery - Iowa (ATR)**, a three year federal grant awarded by the Substance Abuse and Mental Health Services Center for Substance Abuse Treatment. ATR allows individuals to purchase services and supports linked to their substance abuse recovery. The project emphasizes client choice and increases the array of available community- and faith-based services, supports, and providers. ATR is consistent with IDPH's belief that it takes a wide-ranging recovery-oriented system of care to truly meet the needs of Iowans with substance abuse problems. Since October 1, 2008, ATR's 128 contracted providers have served more than 4,560 Iowans, of which 28.3% are past meth users.

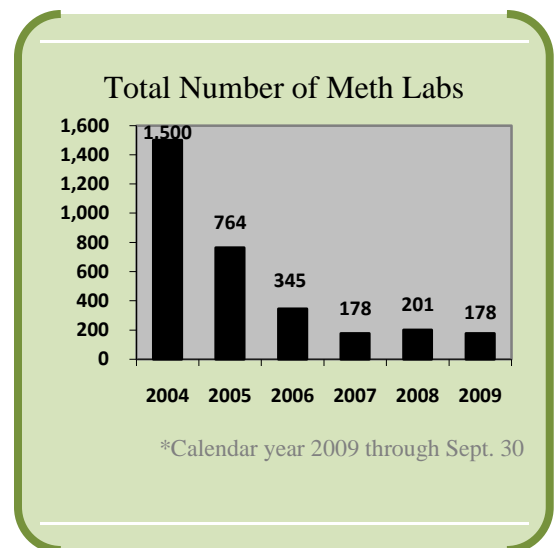
**IDPH recently completed its NIATx STAR-SI project.** NIATx, the Network for the Improvement of Addiction Treatment uses process improvement strategies to improve client access to and retention in needed substance abuse treatment services. Examples of improvements made by the 21 provider agencies participating in Strengthening Treatment Access and Retention – State Implementation Cooperative Agreements (STAR-SI) to

date include decreasing the average client wait time between first contact and assessment by over 20% and decreasing wait time between assessment and admission by 23%.

A key risk factor of problematic adolescent and adult substance use is early on-set of use. Early on-set warrants early intervention. In particular, the **PROSPER (Promoting School-Community-University Partnerships to Enhance Resilience) Partnership Model** uses interventions that are implemented with young adolescents who are at a developmental stage when the probability of use begins to increase dramatically. Research findings have shown that this model lowers exposure to substance abuse and reduces actual substance use through 10<sup>th</sup> grade. This model was developed collaboratively between researchers at the Partnerships for Prevention Science Institute at Iowa State University and the Prevention Research Center at Penn State University.

The PROSPER Model consists of a three-tier community-university partnership that guides and supports the implementation of evidence-based programs for middle school aged youth and their families. PROSPER communities have demonstrated positive substance use outcomes thru 10<sup>th</sup> grade for programs implemented during the 6<sup>th</sup> and 7<sup>th</sup> grade and using this Model. Compared to control communities, PROSPER communities reported significantly less meth use (1.3% vs. 2.7%) and less marijuana use in the past year (20.6% vs. 24.7%) with similar findings for drunkenness and inhalant use. There were also fewer students initiating substance use in PROSPER communities than in control sites including: drunkenness, cigarettes, marijuana, inhalants, meth, and ecstasy.

**Iowa saw an 88% decline in the number of meth labs** after the Iowa Pseudoephedrine Control Act was passed in May 2005. The number of meth labs seized in Iowa dropped from a high of 1,500 in 2004 to a low of 178 in 2007. The large decrease in labs from 2004 to 2007 can also be attributed to the use of Anhydrous Ammonia tank locks, Calcium Nitrate additive, and the work of Drug Task Forces across the state. This significant reduction in meth labs increased public safety and freed up shrinking law enforcement resources to handle other drug related issues, such as conspiracy and interdiction.



The overwhelming majority of methamphetamine enters the state via interstate drug trafficking. In particular, when locally produced meth dropped significantly, the supply of the drug was virtually uninterrupted. Mexican drug trafficking organizations (DTOs), believed to be the primary source of the imported meth, as well as cocaine, in Iowa, immediately increased the supply of Mexican-produced meth to the United States. This practice is even more troubling due to the introduction of a purer, more addictive form of meth commonly referred to as “crystal meth” or “ice.”

According to the 2008 National Drug Threat Assessment, following the sharp decrease in meth production nationally, most production and distribution was consolidated under the

control of the Mexican DTOs. As a result, they gained strength and greatly expanded their presence in drug markets throughout the country. These stronger, more organized, and insulated groups have proven much more difficult for law enforcement to detect and disrupt than the local dealers they have replaced.

The primary goal of the Pseudoephedrine Control Act was to reduce the local supply of meth, not the *demand* for meth. The evidence shows that the demand for meth is still high and local meth labs are still having an impact on Iowa. 2008 saw an increase in the number of meth lab incidents across the state and 2009 incidents are on track to exceed last year's total. The increasing number of meth labs in the state can mostly be attributed to "smurfing" or going from pharmacy to pharmacy to illegally collect enough pseudoephedrine to manufacture meth. This is a particularly disturbing trend, especially when the number of children affected by these meth labs is also rising.

**State legislation to implement a real-time, electronic, pseudoephedrine tracking system** was successfully passed in 2009. The system will be implemented in 2010. It will enhance Iowa's successful Pseudoephedrine Control Act and the Federal Combat Methamphetamine Epidemic Act, and clears up confusion between the two for pseudoephedrine sellers and purchasers. The system will connect all pharmacies to identify those who are illegally purchasing more than their daily or monthly limit to make meth. This will help reduce smurfing and subsequently, meth labs.

One new development that may affect the upswing in meth labs in the future is **an emerging method of manufacturing meth called "shake 'n bake"** or the one-pot method. This method generally produces meth in smaller quantities, using less pseudoephedrine, but it doesn't make it any less dangerous. It involves putting the chemicals in a pop bottle and shaking it, which causes an extremely high amount of pressure to build up in a container that was not made to be used in that way. The biggest danger with this method is the fact that it is fast and portable. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, it especially poses a hazard to children and other unsuspecting Iowans.

**After a significant drop since 2004, more children are again being found in homes where methamphetamine is being manufactured.** This increase means that more children are being exposed to the toxic and volatile chemicals used in the manufacture of methamphetamine. The increase in meth labs nearly doubled the number of meth lab endangered children to 110 in 2008 from a low of 56 in 2007.

**The Iowa Drug Endangered Children (DEC) program** was started in response to the many children exposed to toxic chemicals at meth lab sites. Over time it has expanded to include children whose parents use and/or distribute illicit drugs. Several communities are also dealing with the issues of prescription drug abuse and alcohol abuse. DEC is a multi-disciplinary initiative involving participation from law enforcement, human services, medical professionals, prosecutors and other professionals designed to identify and remove children from hazardous drug environments. To date 19 counties have

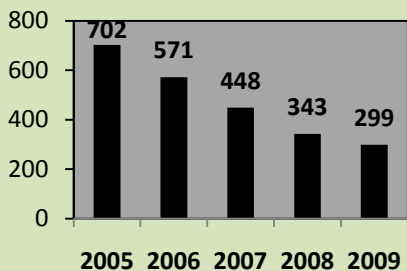


formed local DEC teams, several counties are considering beginning a DEC initiative, and the Statewide DEC Alliance has undergone realignment to better meet the needs of the local teams.

Substance abuse by parents/custodians causes untold risks to children and much of this damage goes undetected. Continuing to expand the DEC program to include additional services such as substance abuse treatment, educational assistance, and public awareness is vital. It is also important to embed it into the infrastructure of the agencies involved to ensure continued commitment and future success.

**Many of Iowa’s drug endangered children fall into the category of denial of critical care** and are never viewed as victims of drug-related child abuse. Using data from child abuse cases reported to the Iowa Department of Human Services (DHS) in 2005, Prevent Child Abuse Iowa conducted a study of denial of critical care cases. 44% of the cases studied listed exposure to caregiver substance abuse and/or manufacturing as a primary concern. Of these cases related to substance abuse, 75.8% of them involved a parent using the drug either directly in front of the child or while the child was in the same dwelling as the user. Methamphetamine and marijuana were the most commonly abused substances in 38% and 36% of cases respectively. Alcohol was the primary concern in 12.5% of cases and cocaine in 10.2% of cases. Prescription drugs, heroin, and “speed” were also listed as primary substances of abuse in other cases.

Meth Related Prison Admissions



**A steady decrease in meth-related prison admissions is reported** by the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning from FY 2005 – FY 2009. The number of treatment admissions related to meth use is also down. These decreases are sharply driven by the reduction in meth labs in recent years. However, if the number of labs in Iowa continues to increase, the number of meth related prison admissions may increase as well.

**The number of Iowans treated for meth abuse had declined over the past few years**, but rose slightly in FY 2009. Also, a report by the U.S. Department of Health and Human Services, 2007 Treatment Episode Data Sets, still rates Iowa as having the eleventh highest *number* of meth treatment admissions and the twelfth highest *rate* of meth treatment admissions in the country.

**Criminal gang activity**, which had declined in the 1990’s, is on the rise in Iowa, according to the United States Attorney’s Office. Gang activity is typically associated with drug importation and distribution, guns, crime, violence and intimidation. Gang activity has reportedly increased in both metropolitan and rural communities. Addressing gang activity adds yet another element of concern to the already burdened criminal justice system.

Fewer Iowa youth report using alcohol, tobacco and other drugs. The **2008 Iowa Youth Survey**, a census survey of 97,741 youth, reflects a steady reduction in both current (within the past 30 days) and lifetime (ever) tobacco use among students in grades 6, 8 and 11 since 1999. Very small declines have also been noted in marijuana, but its use is still very prevalent and is most often cited as the primary drug of choice by adolescents being screened or admitted for treatment. Declines were also noted in amphetamine/methamphetamine, and cocaine use. While not as dramatic as tobacco, there has also been a slight drop in alcohol use by 11<sup>th</sup> graders. Alcohol use among 6<sup>th</sup> and 8<sup>th</sup> graders has either remained steady or shown slight increases. Alcohol remains the number one drug of choice among Iowa youth. According to the Iowa Youth Survey, over one quarter (27%) of Iowa 11<sup>th</sup> graders binge drank (defined as five or more drinks within a couple of hours) in the past thirty days.

**An Underage Drinking Task Force was formed** to research the problem of youth drinking in the State of Iowa and develop a strategic plan of action to better address it. The Task Force recommended the *2007 U.S. Surgeon General's Call to Action to Prevent and Reduce Underage Drinking* be used as the basis for Iowa's plan to curb underage drinking. The Task Force developed a three-year strategic plan based on data from the State Epidemiological Profile, released in March 2007, and strategies outlined in the Call to Action. The first year of the plan focused on fostering changes in Iowa that: facilitate healthy adolescent development and help prevent and reduce underage drinking; increase resources available to address underage drinking; make research-based information on the impact of alcohol on adolescent development readily available to parents and public-at-large; and ensure the availability of consistent data on underage drinking.

In 2009, the Task Force, in cooperation with the Center for Substance Abuse Prevention and the Iowa Department of Public Health developed an informational video to help educate Iowans on the issue of underage drinking; they met with representatives from the Division of Tobacco Control, Iowa Lottery and Alcohol Beverage Division to discuss consolidating alcohol, tobacco and gaming compliance checks; and they worked with the State Epidemiological Workgroup to develop and disseminate a binge drinking fact sheet, and collaborated with the Iowa Alliance of Coalitions For Change (AC4C) on a successful grant application to the U.S. Department of Education to community coalitions for the prevention of underage drinking at institutes of higher education.

**Alcohol remains the most troublesome drug of abuse in Iowa**, as measured by consumption, treatment admissions, and involvement in the criminal justice system. Alcohol sales have reached a 15 year high representing 2.1 gallons per capita in FY 2009. There are more arrests in Iowa for OWI than for any other single offense. Of the total number of treatment admissions in the state, alcohol constitutes over fifty percent. In FY 2008 a total of 25,751 Iowa adults were screened/admitted into treatment for alcohol abuse.

The Council Bluffs Office of the Iowa Department of Human Services, covering 16 counties in southwest Iowa, conducts an annual assessment of ongoing **child welfare**

**cases which involve parental meth involvement** – use, manufacturing, or selling. The study looks at cases with which DHS has remained involved following child abuse assessments, some of which were triggered by allegations of parental drug use. The most recent study, completed in August 2009, found that currently, 39% of the cases with ongoing DHS intervention involve parents who are or have been involved with methamphetamine. This figure aligns with case-level experience in the past year, where abuse of prescription drugs and alcohol seem to be in some cases supplanting methamphetamine use.

**Marijuana continues to be the most prevalently abused illicit drug in Iowa** among both adults and juveniles. Marijuana, as a primary drug of choice, accounts for more than 55% of all juveniles screened or admitted to publicly funded treatment centers. According to the Iowa Division of Criminal Investigation, marijuana seized and tested in its crime lab is more potent than the marijuana of the 1960's and 70's.

Marijuana continues to be the most prevalent substance of abuse for juveniles admitted to treatment.

Iowa Youth Survey and IDPH

The THC levels of tested marijuana samples more than doubled from 2000 to 2005 alone. This increase in potency makes marijuana a much more dangerous drug that can cause a host of physical and psychological problems, including addiction.

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

Cocaine as a cause for an emergency room visit surpasses marijuana and heroin combined.

National Drug Abuse Warning Network

**Increases in cocaine/crack cocaine seizures are also reason for concern.** Of additional concern are the price and purity of cocaine. Price has gone down and purity has gone up, making cocaine a more alluring drug. As noted earlier, Mexican Drug Trafficking Organizations are a main supplier of cocaine to Iowa.

The White House Office of National Drug Control Policy calls the **illegal use of pharmaceuticals one of the “fastest growing forms of drug abuse.”** Nationally, prescription drug abuse among young people is on the rise as is the abuse of certain over-the-counter medications.

In the 2008 National Drug Control Strategy, the Office of National Drug Control Policy reported the abuse of prescription drugs as the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. This move from “farming,”

Nationally, rates of pharmaceutical drug abuse exceed that of all other drugs except marijuana.

2007 National Drug Threat Assessment

using organic substances such as marijuana, to “pharming,” using entirely synthetic drugs to get high is cause for concern. The U.S. Drug Enforcement Administration notes that while the United States makes up only 4% of the world’s population, Americans consume 99% of the hydrocodone manufactured.

According to the 2008 Iowa Youth Survey, seven percent of 11<sup>th</sup> grade students report prescription or over-the-counter drug abuse in the past 30 days. According to the Partnership for a Drug-Free America, 2007 Partnership Attitudes Tracking Survey (PATS), one in five teens (19 percent or 4.7 million) nationally report intentionally abusing prescription drugs to get high, and one in ten report abusing cough medicine to get high. Data show the sources for most youth prescription drug abuse are the medicine cabinets of friends and family. Educational efforts are currently underway to help properly control, store, and dispose of these controlled substances. In September 2009, the Office of Drug Control Policy launched the “Take a Dose of Truth” campaign, a public awareness campaign featuring a Web site – [www.TakeADoseOfTruth.com](http://www.TakeADoseOfTruth.com) - designed to educate Iowans about prescription drug abuse and provide resources.

Factors contributing to prescription drug abuse by juveniles:

- Internet and home accessibility makes getting the drugs easy and cheap or free
- Parents/adults do not understand the behavior of intentionally abusing medicine to get high
- Parents/adults are not discussing the risks of prescription and OTC drug abuse with youth

Partnership for a Drug-Free America

The Iowa Prescription Drug Monitoring Program (PMP) was authorized by the 2006 Iowa Legislature, in response to the growing trend of pharmaceutical abuse. The PMP was implemented in early 2009. The development of the statewide federally funded electronic system is to facilitate the transmission and collection of data regarding select controlled substances dispensed to patients in Iowa. Information collected and analyzed pursuant to the PMP will help identify patients that are potentially misusing pharmaceuticals and who may benefit from referral to a pain-management specialist or to substance abuse treatment; to assist prescribers in making appropriate treatment decisions for patients requesting controlled substances; and to assist pharmacists in the provision of pharmaceutical care. According to the Iowa Board of Pharmacy, there have been 3,766 requests from prescribers, pharmacists, and law enforcement/regulators processed from January 1<sup>st</sup> to June 15<sup>th</sup>, 2009.

The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. Data from the PMP shows that hydrocodone is the most frequently prescribed controlled substance in the state, with over 28 million doses being prescribed to Iowans in less than six months, from January to June 2009.

*“Studies show that treatment can cut drug abuse in half, reduce criminal activity up to 80%, and reduce arrests up to 64%.”*

*Center for Substance Abuse Treatment*

**The availability of treatment and aftercare services** is a crucial component in successfully addressing alcohol and other drug abuse and addiction. In order to best meet the needs of clients, treatment must be available on demand, when the addict needs it; treatment counselors must be well qualified, certified to provide services and knowledgeable about best practices in treatment; a client’s stay in treatment must be long enough to have maximum effect; and adequate aftercare services must be available.

**Substance abuse treatment reduces costs and strengthens lives, families, businesses and communities.** According to a 2006 cost analysis study of the Iowa Jail-Based Substance Abuse Treatment Program, the average daily cost to house an inmate in a State prison facility was determined to be \$64.02. The average cost for a client in the Jail-Based Substance Abuse Treatment program was determined to be \$30.19. The jail-based treatment client abstinence rate was 75.5% one year after discharge and over 80.2% remained arrest-free one year later.

The Outcomes Monitoring System study, conducted by the Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Public Health, consistently shows that clients who stay in treatment more than 60 days have the most positive outcomes. Six months post-treatment, clients have higher abstinence and full-time employment rates than clients who have shorter treatment stays. They are also less likely to have been re-arrested during that time period.

The Iowa Department of Corrections offers a variety of drug treatment programs at its institutions across the State. However, the Department is unable to keep up with demand. In 2009, according to the Department of Corrections, only 50% of community-based corrections offenders who needed treatment got it.

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 of 6.17 treatment admissions per 1,000 population via the criminal justice system in task force covered counties versus only 4.26 treatment admissions per 1,000 population in non-covered counties.

*“Treatment for adults and adolescents is cost-effective because it reduces costs related to drug use, associated with health care, and crime-related costs including incarceration.*

*Adding an aftercare component to in and out of prison-based treatment programs results in the greatest cost savings.”*

*National Institute on Drug Abuse*

**Funding for treatment has not kept pace with the demand for treatment.** During state fiscal year 2009, 44,849 clients were screened and/or admitted to substance abuse treatment, nearly double the number in 1992. During this same period of time, Iowa has become increasingly dependent on other, less reliable sources of funding, and total state funding for treatment has remained relatively steady.

Additionally, methamphetamine addiction is a more chronic condition requiring more intensive treatment and additional resources. The result is that treatment programs are serving more clients and more chronic addiction with insufficient resources and less intensive treatment. There have been few new treatment beds added to accommodate the growing need, and aftercare services are often limited or non-existent, especially in rural areas. In many cases, residential treatment clients are housed far from the support of their families and end up going back to a drug-using environment. Additionally, treatment programs have found it difficult to retain their best counselors due to low pay or lack of benefits. Enhancing the quality and availability of treatment services in Iowa is essential to reducing drug addiction and improving the quality of life for all Iowans.

**More than half of the people in the criminal justice system have diagnosable, serious mental illness and/or substance abuse disorders,** according to estimates. The National GAINS Center for People with Co-Occurring (mental health and substance abuse) Disorders in the Justice System reports that, as a rule, people with co-occurring disorders enter the criminal justice system with fairly low level crimes but once in the justice system, tend to cycle between release from incarceration, community re-entry, and re-incarceration. Of those persons with mental illnesses, 48.5% are back in jail within one year, with community based dual disorder treatment cited as being an essential missing element.

Iowa's 1<sup>st</sup> District Department of Correctional Services established the only residential co-occurring disorder facility in the State in 1998. Key activities of this structured program are to identify, educate, and treat those offenders under correctional supervision who suffer from substance abuse dependence and mental illness. A 16 bed facility in Waterloo houses male offenders only. The overall mission of this project is to enhance the potential of offenders to establish law abiding lifestyles with a stabilized mental condition free of chemical dependency. A total of 408 offenders had been served by the program from its inception through June 2009 and it has a proven overall completion rate of 66%. Of these graduates, the successful completion rate of the aftercare supervision is approximately 71%. The program has received the American Corrections Association "Exemplary Offender Program Award," and was recognized in 2008 as an "Outstanding Criminal Justice Program" by the National Criminal Justice Association.

Effective treatment must include an integrated approach which attends to the multiple needs of the individual and those with co-occurring substance abuse and mental illness. Expansion of this program to other judicial districts and adapting it for women is needed to address the growing number of offenders with co-occurring disorders.

**Drug Court is another program that has shown success in addressing addiction.**

Currently several drug courts are operational in Iowa. Drug court offers a strong incentive for clients to complete a longer term of treatment and stay clean. A recent study by the Division of Criminal and Juvenile Justice Planning in the Iowa Department of Human Rights found that adult drug courts with judicial supervision appear to be the most effective model for reducing the re-arrest rates of offenders, and at a cost well below that of imprisonment.

In September 2007, the Iowa Judicial Branch received a \$2.5 million federal grant to fund five judge-led collaboratives that are centered on “family” drug courts. The Judicial Branch is working with the Department of Human Services, the Department of Public Health, and other state agencies on the *Parents and Children Together (PACT)* program, which includes Family Drug Courts in Wapello, Polk, Linn, and Scott counties, plus the Woodbury, Cherokee, and Ida tri-county area. Additional “family” drug courts are in the planning stages.

Public investments in effective drug control initiatives, such as those outlined above, are required to save families, protect children, and secure communities.





## TARGETED STRATEGIES: RESULTS AND INDICATORS

Iowa utilizes a results-based decision making process to align the use of resources with the long term goals of improving the well-being of children and families and the quality of life in their communities. Results-based decision making facilitates planning, budgeting, management and accountability in a process of setting results, creating and tracking indicators of progress toward those results, and assessing agency level program performance.

The heart of results-based accountability lies in connecting the things that matter for the long-term well-being of Iowa to deciding how to use available resources. The 2006 Drug Control Strategy was the first to reflect this concept in its movement from goals and objectives to results-based planning and accountability. The 2010 Strategy builds upon the previous four years, by providing, when possible, updated data, current proposals, and future strategies. This provides information on accomplishments and progress made toward results.

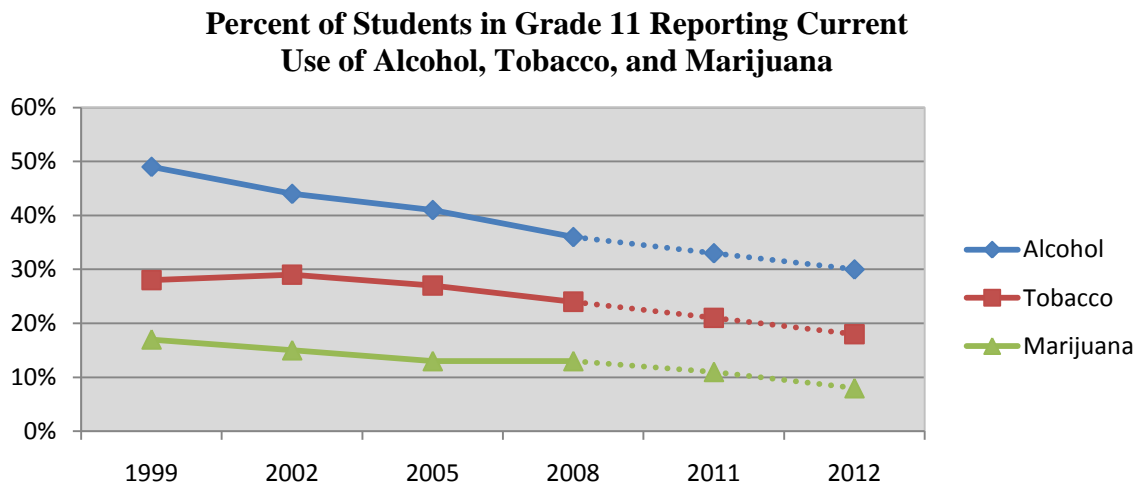
The Drug Policy Advisory Council defines a result as a bottom-line condition of well-being for Iowans. *Results* are broad, and represent the fundamental desires of Iowans. Results are not “owned” by any single agency, but cross over agency and program lines and public and private sectors. They are outcomes that all individuals should want for their own children, families and communities. If results are defined carefully, they will still be important in 10, 50, or 100 years.

An “*indicator*” is a measure, for which data is available, that helps quantify the achievement of or progress toward a desired result. Because results are broad statements, no single indicator is likely to signal full attainment of any given result. Rather, indicators show movement toward the result and are based on real and available data. *Each indicator has two parts - history and desired forecast. The forecast is where we want to go in the future and the dotted line in each chart represents that trajectory.* In some cases, indicators show we are already on the right track toward reaching the desired result and we need to continue to move in that direction. In other cases, indicators show no progress is being made, or that the condition is actually getting worse. In those cases, we want to work toward “turning the curve,” or forecast a more positive future.

Each indicator has a story – why this particular measure shows movement toward reaching the result. Indicators also contain information about what works now; what works to turn a negative curve toward a more positive forecast; current proposals; and future strategies.

## Result # 1: All Iowans are Healthy and Drug-Free

### Prevention Indicator #1-A



*Source: Iowa Youth Survey – 1999 through 2008*

#### **The Story Behind the Baseline**

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 is an important strategy for reducing the incidence and prevalence of youth substance abuse. The triennial Iowa Youth Survey of students in grades 6, 8 and 11 has shown a reduction in the use of alcohol and marijuana by students in grade 11. While this is good news, the numbers are still too high to claim complete success in preventing substance abuse among Iowa youth.

Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. By implementing evidence-based, comprehensive prevention strategies in schools and communities, while children are young, this downward trend will continue, and youth who take the survey as high school juniors in future years should report less substance use than in previous years.

#### **What Works**

- Enhancing the capacity for schools to implement evidence-based substance abuse prevention programming
- Increasing the awareness of, and access to, prevention programming and information
- Reducing youth access to alcohol and tobacco
- Comprehensive, community-based prevention strategies
- Use of evidence-based best practices and programs
- Programming that is culturally relevant to the target population
- Cross training among multiple disciplines to enhance understanding and involvement in prevention
- A credible, culturally competent, and sustainable prevention workforce

- 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 multiple sectors
- Mentoring programs based on best practices in mentoring
- Evidence-based parent education programs
- Parents, teachers and other influential adults as non-using role models
- Increased prices on alcohol and tobacco products

### **Current Proposals**

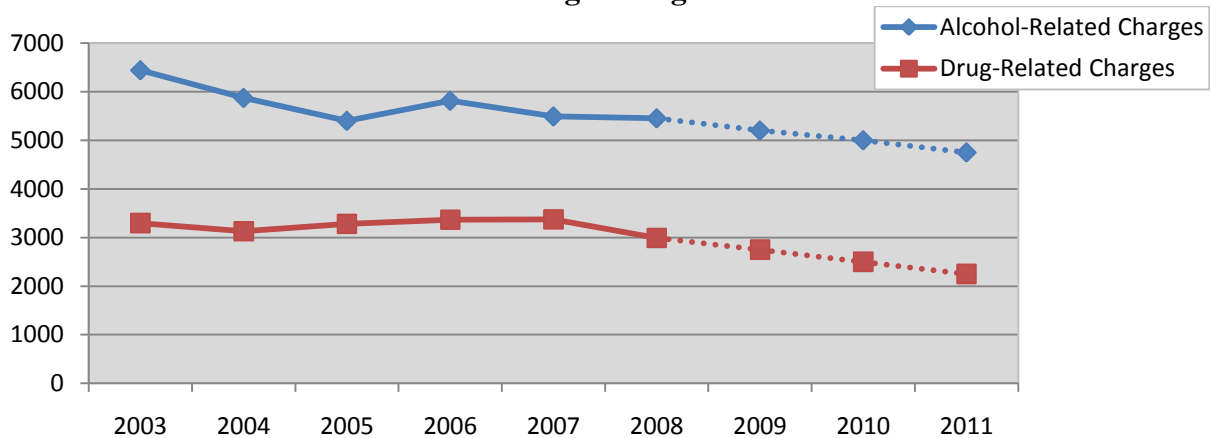
- Mandate prevention education in State core curriculum.
- Coordinate school-based efforts with local community coalitions and statewide alcohol, tobacco, and other drug prevention efforts.
- Develop and pilot user-friendly tools that will assist school districts and communities in using data to select the best evidence-based positive youth development programs and practices in preventing substance abuse in their target population.
- Continue implementation and scale-up the practices associated with the Learning Supports initiative as a framework for the integration of prevention concepts, and align that framework with other state level prevention efforts through the Iowa Collaboration for Youth Development.
- Provide the public and prevention workforce with information on emerging drugs of abuse.
- Offer evidence-based substance abuse prevention program training for community-based organizations that provide prevention services.
- Complete the prevention needs assessment through data analysis.
- Expand the use of public service campaigns to empower parents/caregivers to educate their children about drugs.
- Develop and implement a strategic plan to address underage drinking in Iowa.
- Use the Youth Program Quality Assessment (YPQA) tool to assess the effectiveness of selected prevention programs and improve accountability.

### **Two to Ten Year Strategies**

- Develop and implement training for school staff and community partners designed to help teams improve data collection and analysis processes, and the use of data to inform planning and evaluation of prevention efforts at the local level.
- Require certification through the Iowa Board of Certification of all individuals providing publicly funded prevention services.
- Conduct Iowa Youth Surveys in 2010 and 2012 through IDPH Division of Behavioral Health Strategic Prevention Framework State Incentive Grant funding.
- Identify a stable funding source to allow the Iowa Youth Survey to be conducted on a biennial basis beyond 2012.

## Prevention Indicator #1-B

**Number of Alcohol and Other Drug-Related Juvenile Charges/Allegations**



*Source: CY 2003 - 2008, Iowa Justice Data Warehouse*

### **The Story Behind the Baseline**

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 drug use or drinking. In 2008, 8,440 Iowa youth were charged with alcohol or drug-related crimes, such as OWI, possession, distribution, or supplying to a minor. These OWI and drug-related charges make up approximately 25% of all juvenile charges and allegations. 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 2009, an average of 72% of the youth at the State Training School and 54% of the youth admitted to the Iowa Juvenile Home were in need of substance abuse treatment. The average age of admittance is 16.3 years for youth adjudicated delinquent at both facilities; at Toledo the average age of admittance is 15.9 years for CINA Females and 14.7 years for CINA Males.

### **What Works**

- Adult to youth mentoring utilizing best practices
- Community coalitions involving multiple sectors
- Environmental prevention strategies focused on modifying attitudes and behaviors
- Substance abuse prevention programming targeting identified high-risk youth and their parents/caregivers
- Positive youth development programs and strategies
- A credible, culturally competent, and sustainable prevention workforce
- Employment and job shadowing programs for at-risk youth
- Coordinated services between education, vocational rehabilitation, the Department of Human Services, and Juvenile Court officers

### **Current Proposals**

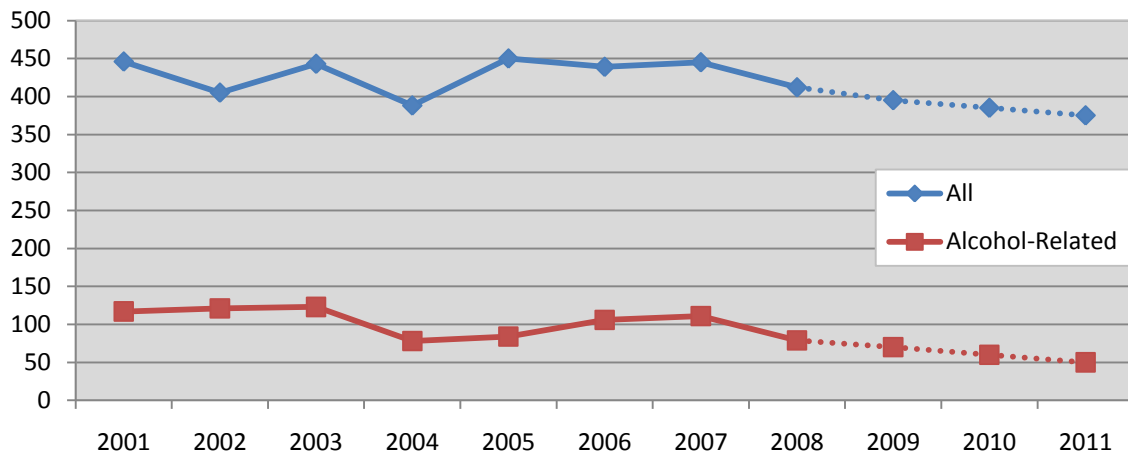
- Enhance mentoring, based on best practices in youth-to-youth and adult-to-youth mentoring.
- Provide training to mentoring programs on evidence-based prevention programs and how to implement them.
- Utilize Partnership for a Drug-Free Iowa and other media campaigns to modify values, attitudes, norms and behaviors regarding substance use, and to empower parents/caregivers to talk with their children about drugs and violence.
- Enhance community coalition knowledge about effective coordination and implementation of substance abuse programs.
- Continue implementation of Iowa's Promise, a state level component of America's Promise, which promotes positive youth development, including substance abuse prevention.

### **Two to Ten Year Strategies**

- Encourage no-use norms for youth by correcting misconceptions regarding the use of alcohol and other drugs through education and a social marketing campaign.
- Promote the adoption of evidence-based positive youth development programs and practices in schools and communities to: prevent substance abuse; reduce the prevalence of risk factors; increase the prevalence of protective factors/buffers/assets; and foster safe, drug and violence-free environments.
- Develop and implement ongoing training opportunities for parents/caregivers and for those who work with youth on basic substance abuse prevention, student use and use of intervention models.
- Implement substance abuse prevention services targeting youth at a high risk of using, and their parents, that integrate with services provided through the Department of Human Services.

### **Prevention Indicator #1-C**

**Number of Alcohol-Related Iowa Traffic Fatalities**



*Source: CY 2001-2008 Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau*

### **The Story Behind the Baseline**

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. According to the Iowa Governor's Traffic Safety Bureau, traffic fatalities are the leading cause of death among persons 5-34 years of age and alcohol is the leading cause of fatal traffic crashes by an overwhelming margin.

In 2003, Iowa's .08 blood alcohol content law went into effect, leading to an immediate and significant reduction in the number of alcohol-related fatal crashes. In 2008, a total of 79 persons were killed in alcohol/impaired driving fatal crashes and more than 1,500 persons were injured. 19% of all Iowa fatalities in 2008 involved a drinking or otherwise impaired driver. Of special concern are drivers 16-25 years of age. They represent only 16% of all registered drivers in Iowa, but comprise over 30% of all drinking drivers who were involved in fatal crashes, as well as persons killed and injured from 1997-2007.

### **What Works**

- Specialized alcohol-related traffic safety education
- Increased prices on alcohol products
- Community coalitions involving multiple sectors
- 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
- Graduated licensing for underage youth
- Intoxilyzer lockouts for vehicles

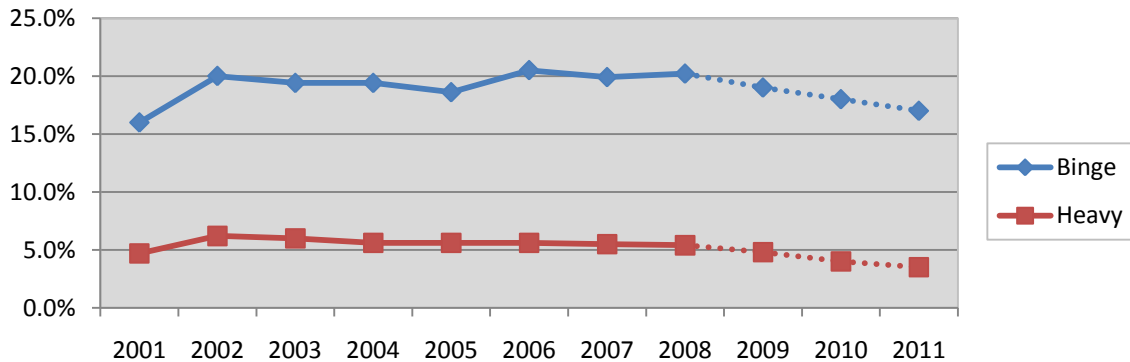
### **Current Proposals**

- Continue to sponsor education programs for retail clerks on how to check identification and decline sales to minors.
- Continue the TIPS (Training for Intervention Procedures) program for servers in restaurants/bars.
- Encourage enforcement of drunk and drugged driving laws by law enforcement personnel.
- Execute a statewide underage alcohol use prevention plan.
- Continue the collaboration between substance abuse treatment programs and community colleges to provide a statewide education program for convicted OWI offenders.
- Expand evidence-based education/diversion programs for minors in possession (first offense).

### **Two to Ten Year Strategies**

- Increase, as appropriate, penalties against retailers, clerks, and youth found to be non-compliant.
- Restrict alcohol advertising and promotional activities that target under-aged persons.

**Prevention Indicator #1-D**  
**Percent of Adult Iowans (18 and over)**  
**Reporting Heavy or Binge Drinking**



*Source: CDC Behavioral Risk Factor Surveillance System 2001-2008*

**The Story Behind the Baseline**

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, although even at this level, several factors including family history of addiction, health, and use of medications can pose problems. 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. These patterns include heavy (more than two drinks per day for men and one drink per day for women) and binge (more than five drinks on one occasion) drinking.

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. In comparison with other states, Iowa is slightly above the median for heavy drinking. However, Iowa ranks third in the nation (behind only North Dakota and Wisconsin) in binge drinking according to the Center for Disease Control, Behavioral Risk Factor Surveillance System. Reducing heavy and binge drinking in Iowa will improve the health and safety of Iowans while reducing health care costs.

**What Works**

- Comprehensive drug-free workplace, school and community programming
- Use of evidence-based best practices and programs
- Community coalitions involving multiple sectors
- Reduction of youth access
- Increasing the age of onset of alcohol use
- Increased pricing on beer, wine and liquor
- Prevention services for the lifespan (prenatal through death)

### **Current Proposals**

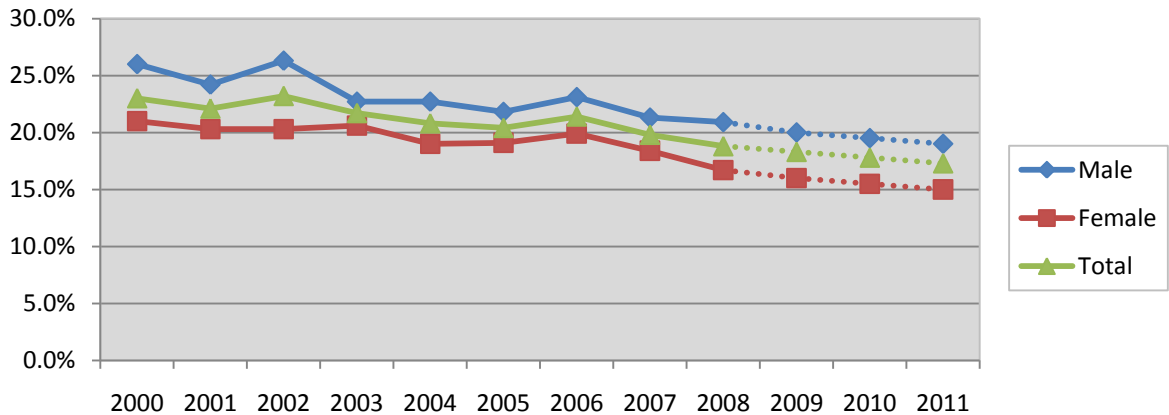
- Mandate prevention education in State core curriculum.
- Continued promotion of, and training on, comprehensive drug-free workplace programs that include policy development, employee education, supervisor training, parent information, intervention and drug testing.
- Provide age appropriate and culturally appropriate information to the public on the availability of substance abuse prevention and treatment services.
- Enhance the ability of community anti-drug coalitions to establish standards, codes, and policies that reduce the incidence and prevalence of alcohol and other drug abuse in the general population.
- Increase awareness and utilization of the Iowa Substance Abuse Information Center 24 hour, 7 day a week toll-free helpline (1-866-242-4111), funded by the Iowa Department of Public Health, Division of Behavioral Health, to provide substance abuse referrals, emergency counseling, and substance abuse information.
- Execute a strategic plan to address underage and binge drinking among youth and on college campuses.

### **Two to Ten Year Strategies**

- Develop/adapt curricula and programming to educate citizens with a “total wellness” approach.
- Encourage low risk use of alcohol by adults and no use of illegal drugs by correcting misconceptions regarding alcohol and other drugs through education and a social marketing campaign.
- Assist businesses in implementing drug/alcohol testing and employee education programs in workplaces.

### **Prevention Indicator #1-E**

**Percent of Adult Iowans Reporting Current Smoking**



*Source: CDC Behavioral Risk Factor Surveillance Surveys 2000-2008*

### **The Story Behind the Baseline**

Tobacco use is the single largest cause of preventable premature mortality in the United States. It also represents an enormous burden, costing an estimated \$1 billion in annual



health care in Iowa alone. The U. S. Surgeon General's Office states that smoking remains the leading cause of preventable death and has negative health impacts on people at all stages of life. It harms unborn babies, infants, children, adolescents, adults and seniors. Tobacco use among adults and exposure to secondhand smoke in Iowa 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. Additionally, by reducing the age of onset by youth, it reduces the likelihood that they will ever use tobacco and may also reduce their risk of using other drugs as well.

A one-dollar-a-pack tax increase on cigarettes was signed into law in March 2007. It was anticipated that this action would significantly reduce both the number of smokers in Iowa and the amount of cigarettes that are smoked. Other factors that may contribute to fewer cigarette sales in Iowa include: the Iowa Smokefree Air Act, the fire-safe cigarette requirement that took effect January 1<sup>st</sup>, 2009, the federal cigarette tax rate increase that took effect April 1<sup>st</sup>, 2009, and the current economic recession.

### **What Works**

- Smoking bans and restrictions
- Increasing the unit price of tobacco products
- Tobacco retailer compliance checks, education, and reinforcement
- Community mobilization combined with additional interventions, such as stronger local laws
- Reducing client out-of-pocket costs for effective, science-based, tobacco cessation therapies for youth and adults
- Mass media education campaigns
- Increasing protection for nonsmokers from secondhand tobacco smoke exposure
- Multi-component interventions, including "Quitter" telephone hotlines
- Healthcare provider reminder systems

### **Current Proposals**

- Just Eliminate Lies (JEL) youth tobacco use prevention initiative.
- Quitline Iowa, 1-800-QUITNOW, a statewide smoking cessation hotline.
- Community Partnership Grants for tobacco use prevention and control.
- Counter-marketing programs.
- Secondhand smoke grants.
- Regular tobacco sales compliance checks.
- Priority population grants.
- Free cessation clinics.

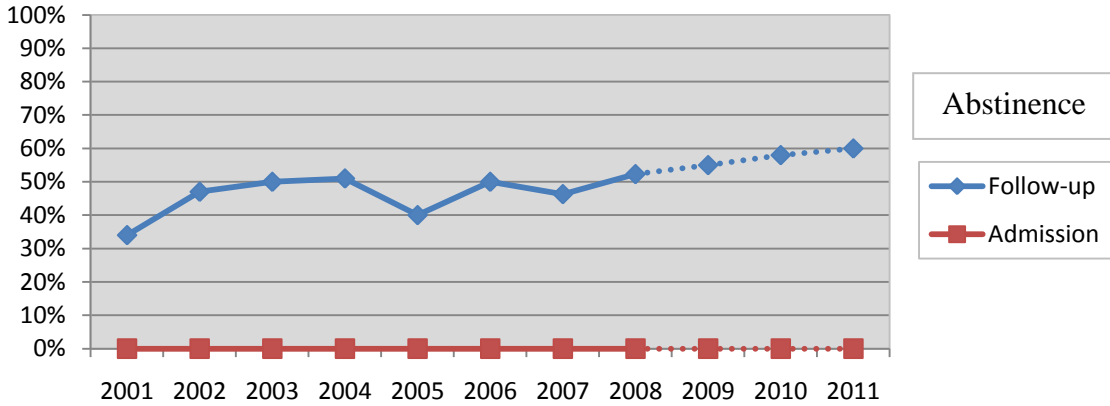
### **Two to Ten Year Strategies**

- Fund comprehensive tobacco prevention programming at the recommended Centers for Disease Control and Prevention (CDC) level.
- Continue current strategies.

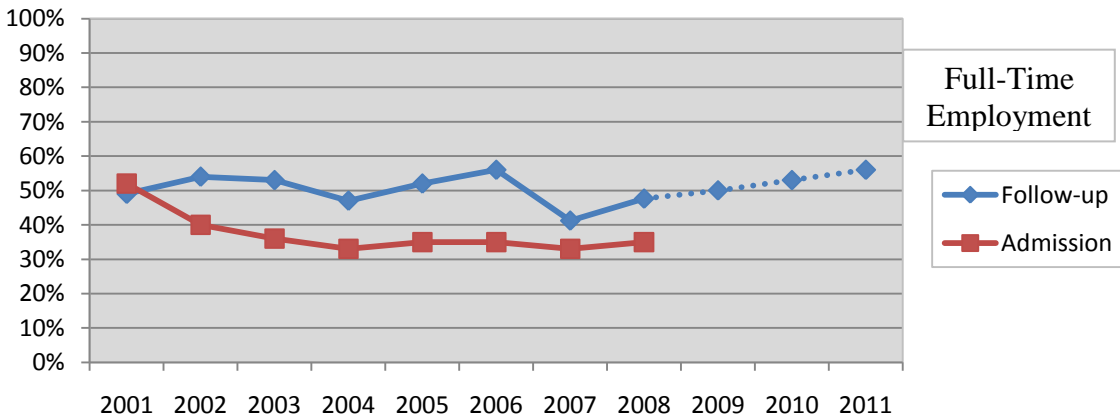
## Treatment Indicator #1-F

### Percent of Treatment Clients Abstinent, Employed Full-Time, And Without Arrest Six Months Post Treatment

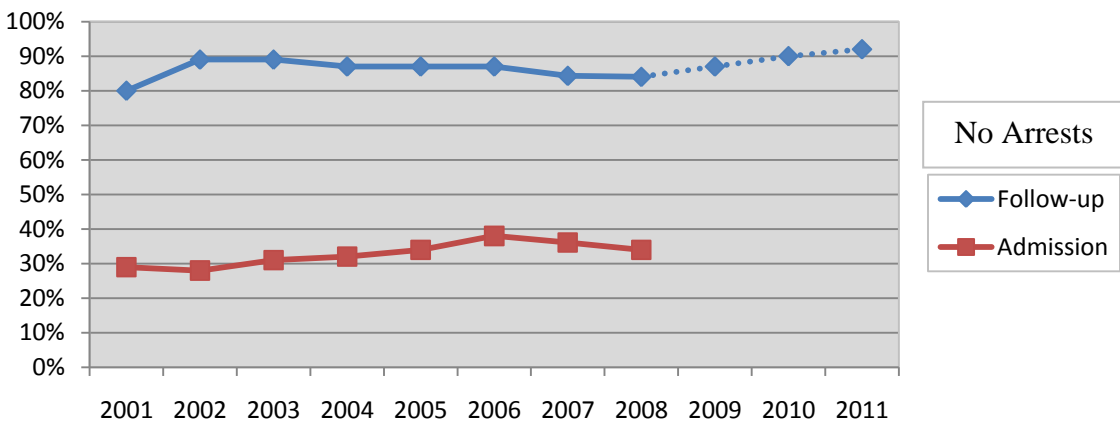
**Abstinence: 0% at admission, 52.3% at Follow-up**



**Full Time Employment: 35.3% at admission, 47.6% at Follow-up**



**No Arrests: 34.2% at admission, 84.3% at Follow-up**



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

### **Story Behind the Baseline**

Substance abuse treatment, compared to treatments for other chronic health issues such as diabetes, asthma, and heart disease, is very successful. Over 52% of treatment clients who participated in the Year Eleven Outcomes Monitoring Study remained abstinent six months later. But there are factors that could hinder future increases. Funding for treatment has not increased at the same rate as demand for treatment; therefore there are fewer new services available. Substance abuse treatment providers are currently seeing more people, but have to work with fewer treatment slots. It is theorized that this has led to shorter treatment stays, and as noted later in this section, length of treatment is an indicator of success.

The 2008 Outcome Monitoring Study notes that clients who were in treatment at least four months had the highest abstinence rate of 69%. But there are other factors that can increase the effectiveness of treatment. The client must first be motivated to complete the program. For some this motivation may come from the risk of termination of parental rights, imprisonment, or other sanctions. Length of treatment is also an indicator of success. If a client can remain in treatment a minimum of 61 days, the outcomes are notably better. Clients must also have high accountability, supervision, monitoring and structure. Clients who remained in treatment 7-30 days were more likely to be arrested during the follow-up period than any other length of stay category. Clients who were in treatment for 61-90 days had the highest no arrest rate (90.9%) at follow-up. Treatment providers must seek a comprehensive understanding of their clients and their drugs of choice. 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, his or her family and friends, and the community-at-large. Clients who remained in treatment for 91-120 days were more likely to be employed full time at follow up than any other length of stay category. Clients who were in treatment less than 7 days were the least likely to be employed full time at follow up.

### **What Works**

- Drug task force coverage, which leads to more treatment admissions via the criminal justice system.
- Individualized treatment plans
- Motivational Interviewing Case Management
- Best practices in treatment
- Increased accessibility and capacity for treatment
- Early identification
- Aftercare services
- A credible, culturally competent, sustainable, and licensed treatment workforce
- Retention in treatment – longer stays produce better outcomes
- Drug Courts
- Family education and involvement
- Treating substance abuse and mental illness (co-occurring disorders) at the same time
- “Housing first” without requiring individuals to be substance free

### **Current Proposals**

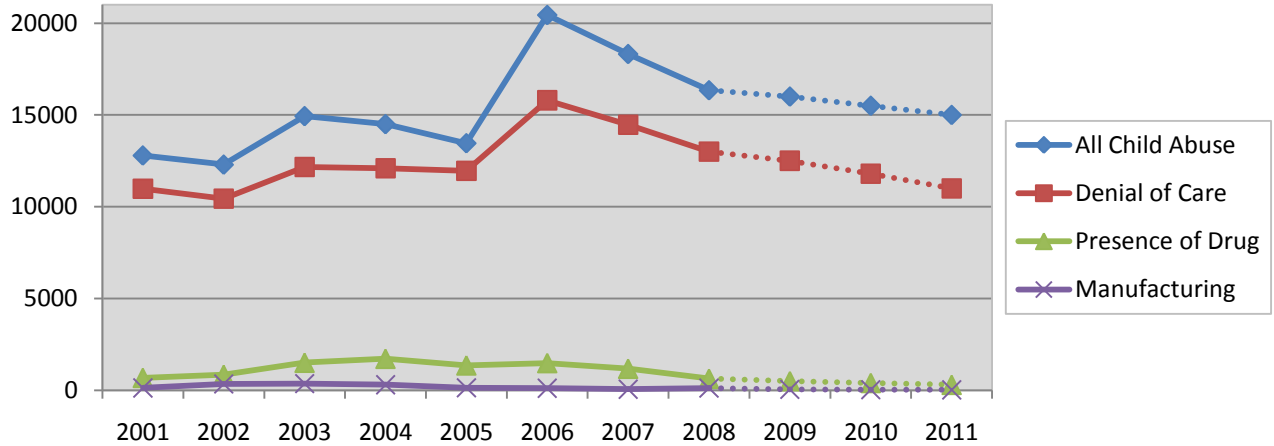
- Diversion to treatment for low-risk non-violent alcohol and other drug addicted offenders.
- Drug testing.
- Implementation of evidence-based treatment best practices through a collaborative effort between the Iowa Department of Public Health, Center for Substance Abuse Treatment and substance abuse program directors.
- Development and implementation of a monitoring system to identify and intervene with persons illegally abusing prescription drugs.
- Participation in the Network for the Improvement of Addiction Treatment.
- Use of the Iowa Service Management and Reporting Tool (I-SMART) web-based clinical management tool.

### **Two to Ten Year Strategies**

- Require insurance parity for substance abuse and mental health disorders and propose the HAWK-I Board of Directors supports that legislation.
- Support the use of and reimbursement for effective medications for alcohol, tobacco and other drug addiction.
- Increase treatment resources, including funding and length of stay.
- Increase the availability of substance-free, supervised, transitional housing programs in communities.
- Increase wrap-around services for recovering persons and their families.
- Improve early identification of substance abuse through education and stigma reduction, and in high-risk populations such as children of addicts or the elderly.
- Implement selected or indicated prevention programming with identified high-risk populations.
- Promote the recruitment and development of substance abuse treatment professionals by enhancing substance abuse counseling programming at the State Regents institutions and community colleges.
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders.
- Expand mid to long-term treatment programs.
- Require certification through the Iowa Board of Certification of all individuals providing publicly funded treatment services.
- Address homelessness (and related mental illness) as it relates to substance abuse.
- Evaluate impact of IDPH, Division of Behavioral Health, Access to Recovery grant-funded “recovery-oriented system of care” services and supports on client outcomes.

## Treatment Indicator #1-G

### Number of Confirmed or Founded Cases of Child Abuse Related to Denial of Critical Care, Presence of an Illegal Drug in a Child's Body or Manufacture of Meth in the Presence of a Minor



Source: Iowa Department of Human Services

(\*Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused)

(\*\*Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.)

### The Story Behind the Baseline

The use of drugs and abuse of alcohol among families is a pervasive trend that continues to have a devastating impact on the safety and well-being of children. Although it is difficult to quantify a causal relationship between alcohol and other drug use and child maltreatment, experts agree there is a high correlation between parental substance abuse and child abuse and neglect. 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 parental substance abuse, there is overwhelming evidence that addicted parents/caregivers do not provide adequate care for their children. Iowa has recorded a number of incidents in past years involving children who were victims of child neglect due to one or both parents/caregivers using drugs. It is cases like these that point to the need to recognize the significant impact that drug use has on denial of critical care.

Using data from child abuse cases reported to DHS in 2005, Prevent Child Abuse Iowa conducted a study of denial of critical care cases. Forty-four percent of the cases studied listed exposure to caregiver substance abuse and/or manufacturing as a primary concern. Of these cases related to substance abuse, 75.8% of them involved a parent using the drug either directly in front of the child or while the child was in the same dwelling as the user. Methamphetamine and marijuana were the most commonly abused substances in 38% and 36% of cases respectively. Alcohol was the primary concern in 12.5% of cases and cocaine in 10.2% of cases. Prescription drugs, heroin, and “speed” were also listed as primary substances of abuse in other cases.

In July-September 2008, the Department of Human Services conducted a review of child protective assessments (performed in 20 days). The purpose of the review, 240 randomly

selected cases, was to determine if there was a relationship between the primary and/or secondary caregiver’s substance abuse and the child protective assessment finding. In 30.1% of the total cases reviewed, there was a relationship between the primary and/or secondary caregiver and the child protection assessment finding. During the course of the review information was gathered regarding substance abuse choice (s). See graph below:

**The most common substances abused are consistent across primary and secondary caregivers (categories are not exclusive):**

<b>Substance</b>	<b>Primary Caregiver Use</b>	<b>Secondary Caregiver Use</b>	<b>Use by either Caregiver</b>
Alcohol	12.3%	9.2%	17.9%
Marijuana	8.3%	5.5%	9.5%
Methamphetamine	7%	2.5%	7.9%
Cocaine	2.3%	1%	2.3%
Prescription Drugs	0.3%	0.9%	1.2%
Other	1.4%	1.4%	2.5%
No Substance Abuse Issue	74%	82%	67.7%

In 2008, the presence of illegal drugs in a child’s body and manufacturing meth in the presence of a minor accounted of 743 founded child abuse reports. Manufacturing of meth in the presence of a minor reached a peak of 400 in 2003, dropped to 56 cases in 2007, and then doubled to 110 cases in 2008. However when all denial of critical care, presence of illegal drugs in a child’s body, and manufacturing meth in the presence of a minor are combined, they represent over 85% of confirmed and founded child abuse cases in Iowa.

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 cycle of addiction and abuse, which is often generational, creating a more positive trajectory for the children.

**What Works**

- Family drug court
- Child welfare-substance abuse partnerships
- Community Partnerships for Protecting Children
- Drug testing
- Improved and expanded intake/screening/assessment and treatment for system involved clients
- Drug Endangered Children program
- Community-based follow-up and support services
- Substance abuse treatment
- Parenting programs
- Addressing co-occurring disorders (substance abuse and mental illness).

### Current Proposals

- Increase documentation of parental/caregiver drug involvement in CINA cases.
- Expand Iowa's Drug Endangered Children Alliance to new communities, and introduce a statewide protocol and data collection methods.
- Expand Moms Off Meth and implement Dads Against Drugs support groups.
- Ensure drug testing of parents suspected of using.
- Test identified children for the presence of drugs.
- Expand the Community Partnership for Protecting Children Initiative.
- Provide additional training to professionals working with children so that they can better identify persons who are using illicit drugs or abusing alcohol.
- Implement indicated prevention programming with drug endangered children who have begun using illicit drugs or abusing alcohol.
- Expand family drug court for clients involved with the child welfare system.

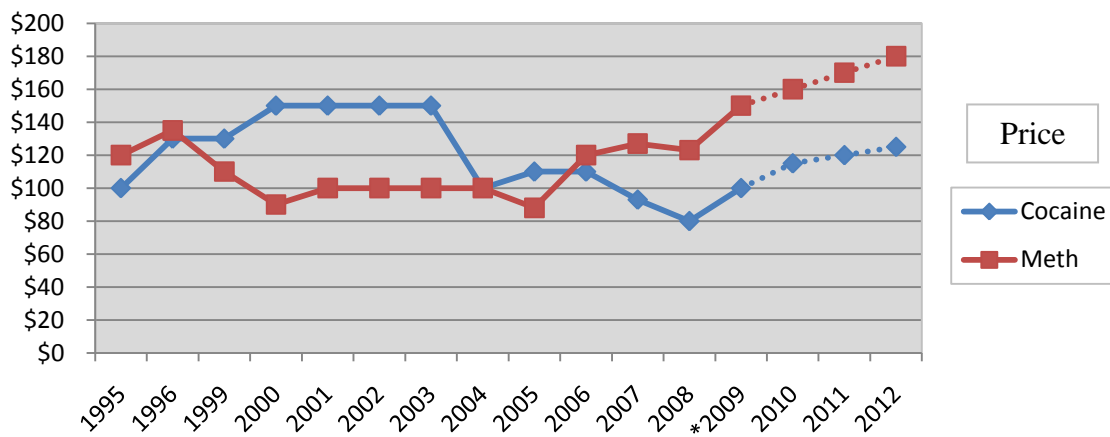
### Two to Ten Year Strategies

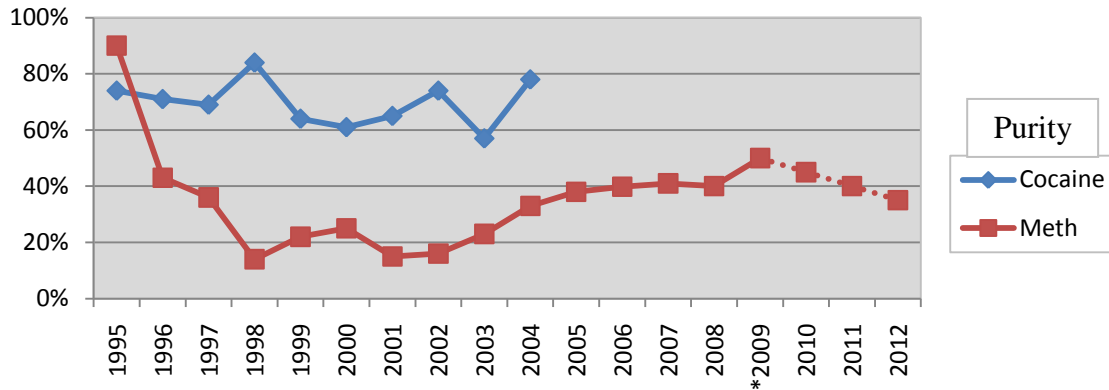
- Increase funding for medically relevant drug testing associated with child abuse cases.
- Expand substance abuse intake, screening, assessment, and treatment retention for clients involved in the child welfare system.
- Improve the education and knowledge base of medical professionals regarding substance abuse issues to assist in better identification and treatment referral of substance abusing patients or drug exposed children.
- Expand availability of substance abuse treatment.
- Expand availability of Women and Children programs that serve children when their mothers are admitted to treatment.
- Implement treatment programs for fathers and their children.

## **Result #2: Iowa Communities Are Free From Illegal Drugs**

### **Indicator #2-A**

**Average Price and Purity of Methamphetamine and Cocaine in Iowa**





Source: Iowa Department of Public Safety, Division of Narcotics Enforcement  
 \*Calendar Year 2009, through September 30

### **The Story Behind the Baseline**

Price and purity are indicators of the availability of an illegal drug. Price and purity correspond to the simple economic principles of supply and demand. As the supply of a substance increases, the price is likely to go down and the purity level is likely to be higher. Conversely, if the supply is reduced as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

It should be noted that other factors could have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures made in the drug distribution chain closer to the production source tend to be higher in purity. Also, the availability of alternative controlled substances may impact the supply/demand and price/purity for other drugs; so while price and purity tend to follow the economic principles of supply and demand, the distribution of illicit substances is a clandestine activity, and anomalies exist.

### **What Works**

- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis, and dissemination
- Specialized training for law enforcement and prosecutors
- Highway drug interdiction
- Partnerships between enforcement and health care professionals focused on the investigation of legitimate drugs diverted to illicit use, i.e. abuse of prescription drugs

### **Current Proposals**

- Encourage the use of drug intelligence systems that increase law enforcement effectiveness by providing two-way connectivity among Iowa drug task forces as well as other law enforcement agencies throughout the nation.
- Continue to focus enforcement efforts on investigating organized interstate crime groups distributing illegal substances in the state.



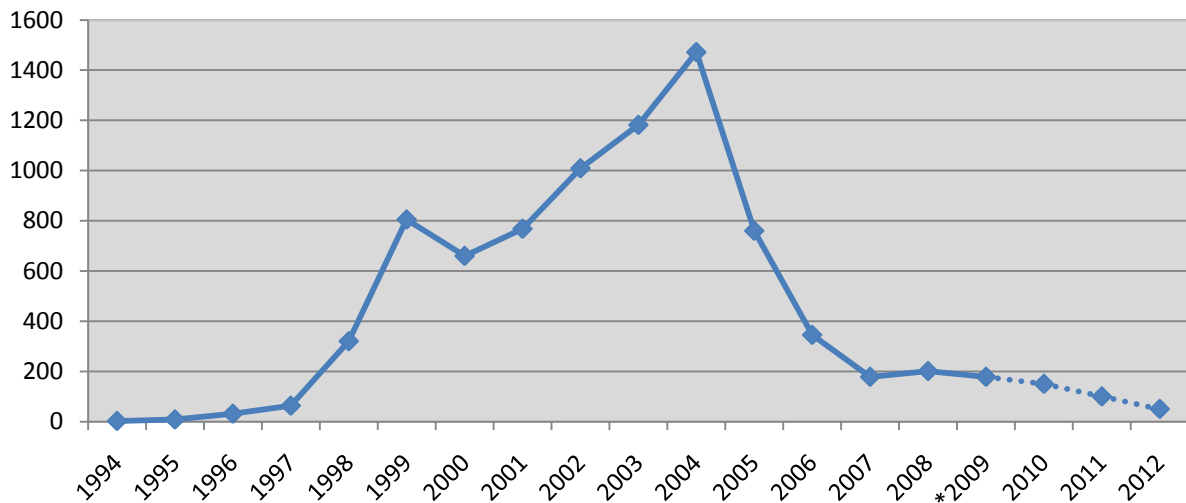
- Provide expanded narcotics law enforcement training opportunities for local law enforcement and prosecutors using all available resources.
- Fully utilize Iowa’s new prescription drug monitoring program.
- Expand Drug Task Forces.
- Increase Interdiction.

**Two to Ten Year Strategies**

- Encourage task force participants to utilize resources and expertise to identify, investigate, and report terrorist activity.
- Expand and update the Iowa Crime Laboratory technical equipment and increase staff as necessary to reduce the turn around time for evidence analysis.
- Continue to synchronize and utilize Iowa National Guard analytical, aerial and detection assets in support of drug law enforcement.
- Increase the number of National Guard Analysts to cover areas not currently served.
- Maintain Iowa drug enforcement task forces’ methamphetamine lab responses efforts.

**Indicator #2-B**

**Number of Clandestine Methamphetamine Laboratory Responses**



*Source: CY 1994-2009 YTD, Iowa Department of Public Safety*

**The Story Behind the Baseline**

Treatment admissions with methamphetamine as the primary drug of choice accounted for 1.0% of all adults and juveniles screened/admitted to treatment in SFY 1992. This percentage increased with the meth epidemic peaking at 14.6% in 2004 and then decreasing to 7.5% in SFY 2008. Coinciding with the recent increase in meth lab activity, a slight increase was seen in the number of treatment admissions with meth as the primary drug of choice (7.8% in SFY 2009).

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. As a result of the increased popularity of meth, the availability of precursors, and the ease of production, Iowa experienced a significant

increase in the prevalence of small clandestine methamphetamine laboratories. These labs pose a significant public safety threat due to the use of caustic materials, their mobility, and the risk of fire and explosion. While these labs produce a relatively small amount of meth, they command a significant amount of law enforcement resources which would otherwise be spent on conspiracy type drug investigations. A new method of making meth, called the one-pot-method or “shake n bake” is also posing a threat to unsuspecting Iowans.

Since the passage of SF 169 in May 2005, there has been a significant drop in the number of methamphetamine labs in Iowa. In 2004, law enforcement officers seized an average of 125 meth labs per month. As of October 1, 2009, meth lab seizures have dropped to approximately 20 per month. In addition to SF 169 was the passage of the federal Combat Meth Epidemic Act, which included pseudoephedrine controls. Though in most cases not as restrictive as Iowa’s law, the federal Act does make it more difficult for Iowa meth cooks to obtain pseudoephedrine in another state. Another tool in the fight to reduce meth labs was Iowa’s introduction of a chemical meth inhibitor, Calcium Nitrate, which will render anhydrous ammonia virtually useless in the production of methamphetamine. While these are very positive changes, meth labs are back on the rise and still pose a threat to Iowans.

### **What Works**

- Specialized enforcement units to respond to and dismantle clandestine laboratories
- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis and dissemination
- Collaboration with community sectors such as business, human services, community corrections and health care
- Precursor tracking and point-of-sale controls
- Environmental prevention policies
- Anhydrous ammonia tank locks
- Chemical inhibitor, Calcium Nitrate, for anhydrous ammonia

### **Current Proposals**

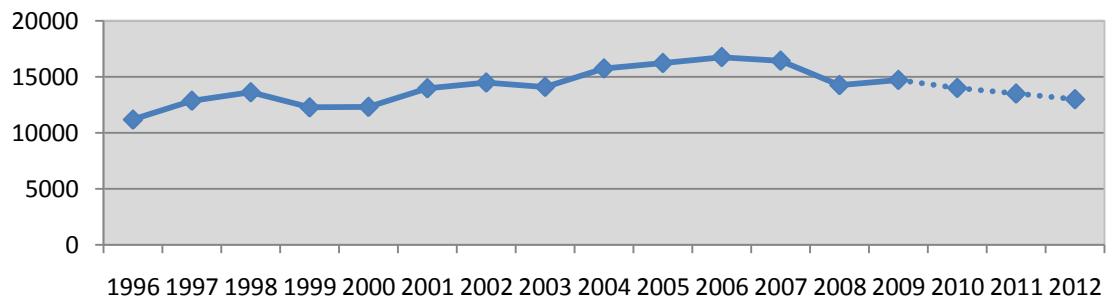
- Implement a real-time electronic pseudoephedrine sales system to prevent the diversion of the medication from Iowa pharmacies (“smurfing” from pharmacy to pharmacy to collect enough pseudoephedrine for illegal manufacturing of meth).
- Provide expanded narcotics law enforcement training opportunities for local law enforcement and prosecutors using all available resources.
- Encourage the use of drug intelligence systems that increase law enforcement effectiveness by providing connectivity among Iowa drug task forces and other law enforcement agencies throughout the nation.
- Continue coordination between law enforcement and retailers to limit the sale of products that can be used in the illegal production of methamphetamine.
- Promote the use of the anhydrous ammonia meth inhibitor, nurse tank locks, and other measures to prevent the theft/use of anhydrous ammonia for use in meth production.
- Follow and promote the use of EPA’s voluntary meth lab cleanup guidelines.

## **Two to Ten Year Strategies**

- Provide training to local agencies to respond to clandestine drug laboratories in a coordinated effort with the Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE) and the National Guard Midwest Counter Drug Training Center.

## **Indicator #2-C**

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



Source: Iowa Department of Public Health, Division of Behavioral Health – FY 1996-2009 SARS/I-SMART

## **The Story Behind the Baseline**

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

## **What Works**

- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis and dissemination
- Zero tolerance drug enforcement
- Jail based treatment
- Drug courts
- Intensive supervision coupled with treatment
- Dual-diagnosis/co-occurring treatment programs

### Current Proposals

- Require full parity for substance abuse and mental health services.
- Divert non-violent offenders from jail/prison to treatment.
- Expand juvenile and adult drug court programs to additional regions of the state.
- Expand community-based substance abuse treatment.
- Expand family drug courts to additional counties across the state of Iowa.

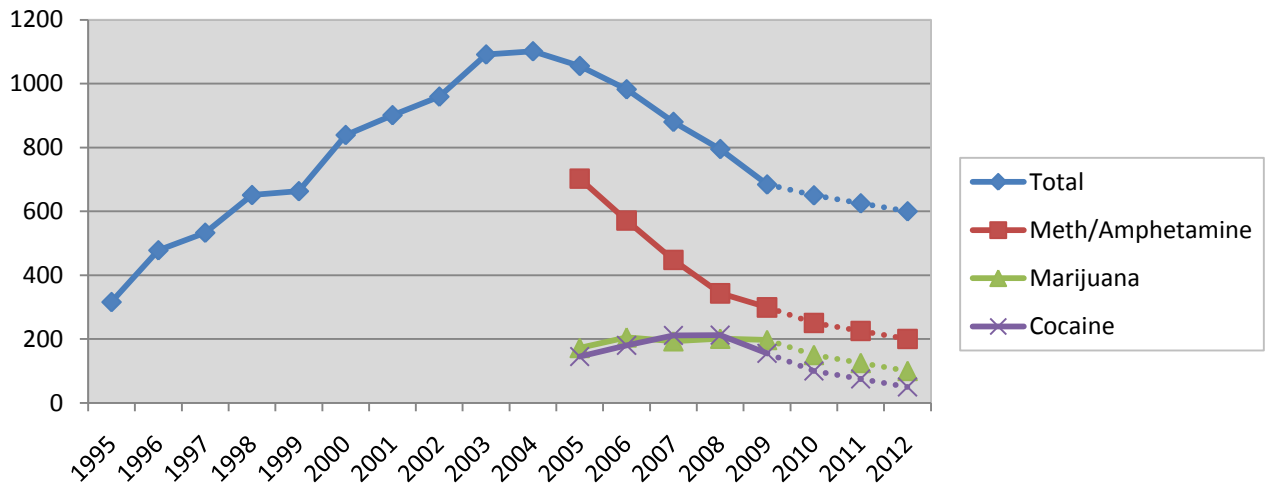
### Two to Ten Year Strategies

- Increase the level of case management resources for community-based criminal offenders receiving treatment services.
- Link correctional resources with law enforcement to enhance a drug offender's compliance with the conditions of probation/parole.
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders.
- Promote policies that achieve a balance between sentencing policies and justice system resources.
- Maintain and expand upon the jail-based treatment programs for substance abusers in Polk, Woodbury, Scott and Story Counties.
- Increase the number of substance abusers referred to treatment by social service agencies and health providers before they become involved in the criminal justice system.

### **Result #3: All Iowans are Safe from Drug Abusing Offenders**

#### **Indicator #3-A**

#### **New Drug-Related Prison Admissions**



Source: FY 1995-2009 Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning

#### **The Story Behind the Baseline**

The use of alcohol and other drugs has long been associated with crime. Though the data above represents admissions to prison specifically for drug charges, it is related to a much broader range of criminal activity.

According to the FY 2006 State Legislation Monitoring Report by CJJP, drug-related admissions constituted 32.2% of all prison admissions at their peak in 2004. FY2005 saw the first reduction of drug-related prison admissions in a decade, and they have continued to decline for the fifth straight year. This reduction is largely driven by a sharp decline in meth cases after the implementation of SF169 in May of 2005. As demonstrated by the above chart, marijuana and cocaine admissions have remained relatively constant, and meth admissions have decreased dramatically. A breakdown of the data by drug type was not available until 2005.

### **What Works**

- Precursor controls
- Environmental Prevention Policies
- Drug courts
- Drug-free housing
- Intensive supervision coupled with treatment
- Diversion to treatment
- Co-occurring disorder (substance abuse and mental health) programming and 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
- Drug task forces

### **Current Proposals**

- Implement a real-time electronic pseudoephedrine sales system to prevent the diversion of the medication from Iowa pharmacies (“smurfing” from pharmacy to pharmacy to collect enough pseudoephedrine for illegal manufacturing of meth).
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders.
- Maintain and expand the jail-based drug treatment programs.
- Expand substance abuse and violence prevention programs and mentoring
- Expand co-occurring disorder community based program in 1<sup>st</sup> Judicial District to include 3 additional districts.
- Implement family drug courts in additional counties.
- Expand drug task forces.

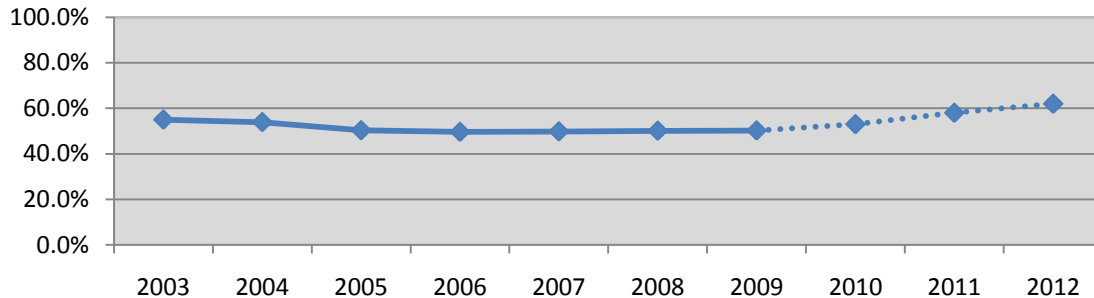
### **Two to Ten Year Strategies**

- Develop expanded continuing care programs to support the return of offenders to the community after completion of prison-based treatment programs, including therapeutic community programs.
- Build upon existing models facilitating re-entry of prison inmates into the community. This includes coordinating with community corrections and local treatment providers, as well as community-based services, such as faith-based treatment services.

- Expand the adult drug court program to additional regions of the state.
- Continue to evaluate drug courts and modify programs to most effectively address the needs of offenders in each district.
- Ensure the viability of existing adult drug court programs.
- Expand early intervention programs for youth at risk for substance abuse and crime.

### **Indicator #3-B**

#### **Percent of Community Based Offenders with Identified Substance Abuse Treatment Needs Who Have Received Treatment**



*Source: FY 2003-2009 Iowa Department of Corrections*

#### **The Story Behind the Baseline**

Studies have shown that substance abuse treatment reduces drug use and crime. The Iowa Consortium for Substance Abuse Research and Evaluation conducts an annual outcomes evaluation of publicly funded drug treatment clients, on behalf of the Iowa Department of Public Health, Division of Behavioral Health. Findings from the 2008 report include:

- 84.3% of clients reported no arrests in the six months post discharge from treatment.
- Full-time employment increased from 35.3% at treatment admission to 47.6% six months since discharge from treatment.
- 52.3% of clients remained abstinent six months since their discharge from treatment.

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

#### **What Works**

- Institution-based treatment with community aftercare
- Therapeutic communities with aftercare
- Jail-based treatment
- Drug courts
- Drug-free housing
- Intensive supervision coupled with treatment
- Wrap-around services (e.g. life skills training, anger management classes, housing and transportation assistance) and long term aftercare programming
- Dual-diagnosis/co-occurring programs

### **Current Proposals**

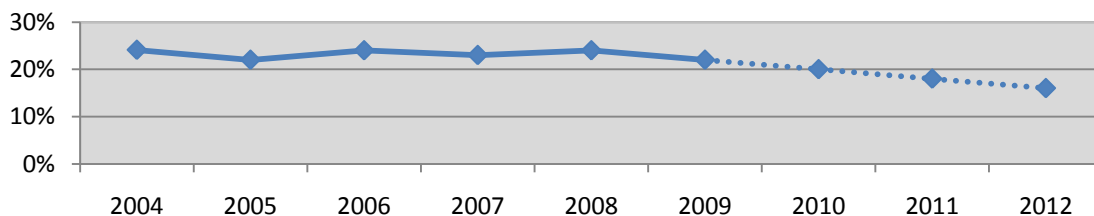
- Require full parity for substance abuse and mental health.
- Enhance the capacity of the Iowa Medical Classification Center to provide centralized substance abuse assessments.
- Expand the number of local Drug Endangered Children programs to protect children who are exposed to drugs through a parent or caregiver and to provide substance abuse treatment to the offending adults.
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders.
- Maintain and expand upon an extended jail-based drug treatment program for substance abusers in Polk, Woodbury, Scott and Story Counties. Expand the adult drug court program to additional regions of the state.
- Continue to evaluate drug courts and modify programs to most effectively address the needs of offenders in each district.
- Ensure the viability of existing drug court programs during FY 2007 and beyond.

### **Two to Ten Year Strategies**

- Increase the level of case management resources for community-based criminal offenders receiving treatment services.
- Develop expanded continuing care programs to support the return of offenders to the community after completion of prison-based treatment programs, including therapeutic community programs.
- Build upon existing models facilitating re-entry of prison inmates into the community. This includes coordinating with community corrections and local treatment providers, as well as community-based services, such as faith-based treatment services.
- Implement dual diagnosis/co-occurring programs in additional regions of the state to manage and properly treat dual diagnosis/co-occurring offenders.
- Expand the infrastructure at the Iowa Correctional Institute for Women to a total prison therapeutic community.
- Expand the Fort Dodge Correctional Facility to include a therapeutic community in one living unit.
- Evaluate impact of IDPH Division of Behavioral Health Access To Recovery grant-funded “recovery-oriented system of care” services and supports on client outcomes.

### **Indicator #3-C**

**Percent of Probation/Parole Revocations in Which Positive Drug/Alcohol Test was a Factor**



Source: FY 2004-2009 Iowa Department of Corrections

### **The Story Behind the Baseline**

People who are abusing alcohol and drugs are more inclined to commit crimes and pose a public safety threat. About 90% of prison inmates abuse alcohol and/or drugs. Treatment works, but not all who need it receive it. In FY 2009, only 42% of prison inmates who needed treatment services received them. In addition, not all treatment programming is created equal. The treatment strategy goes a long way toward predicting future relapse and recidivism. Though not strictly probation clients, approximately one-half of individuals whose treatment length was 31-60 days remained abstinent in the six months after discharge from treatment, compared to approximately two-thirds of clients whose treatment length was over 90 days. Appropriate substance abuse treatment improves public safety, and tracking the number of probation/parole technical revocations due to substance use is an indicator of the quality of the treatment provided.

### **What Works**

- Use of evidence-based best treatment practices
- Longer treatment regimens (up to 12 months)
- Individualized treatment plans
- Family involvement
- Faith-based treatment

### **Current Budget Year Proposals**

- Review outcomes data of offender rehabilitation programs, and conduct correctional program assessment inventory audits of these programs to ensure their effectiveness.
- Reduce caseload ratio of community-based corrections staff to offender clients.

### **Two to Ten Year Strategies**

- Promote offenders' treatment program success by providing structured correctional supervision upon re-entry into the community from prison and by providing the appropriate level of community-based substance abuse treatment, including drug-free housing and aftercare services.
- Link correctional resources with law enforcement to enhance drug offender compliance with the conditions of probation/parole, which may include abstinence from drugs.
- Ensure manageable caseloads for probation officers.
- Create structured, long-term transitional housing for addicted offenders being released from prison/jail.



# DRUG USE PROFILE

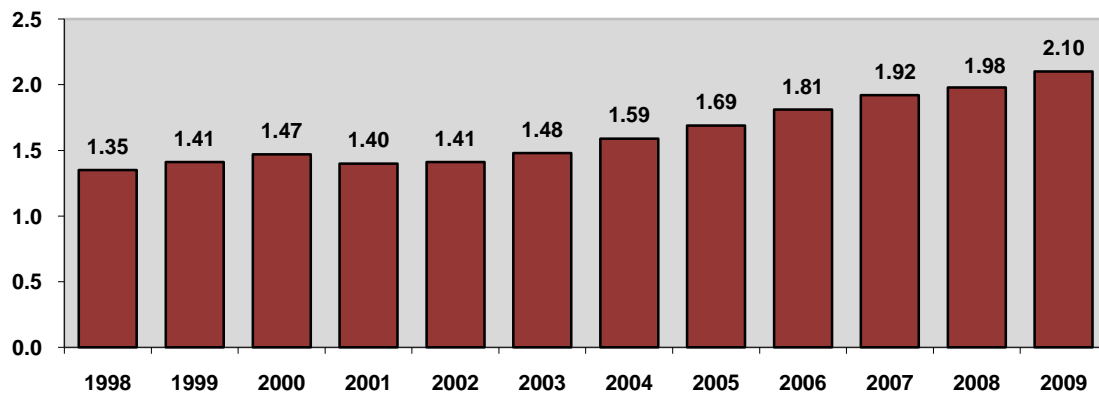
## Iowa's Adult Population

### Alcohol Use/Abuse

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

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

**Figure 1 – Absolute Alcohol Sales in Gallons Per Capita, SFY 1998 – 2009**

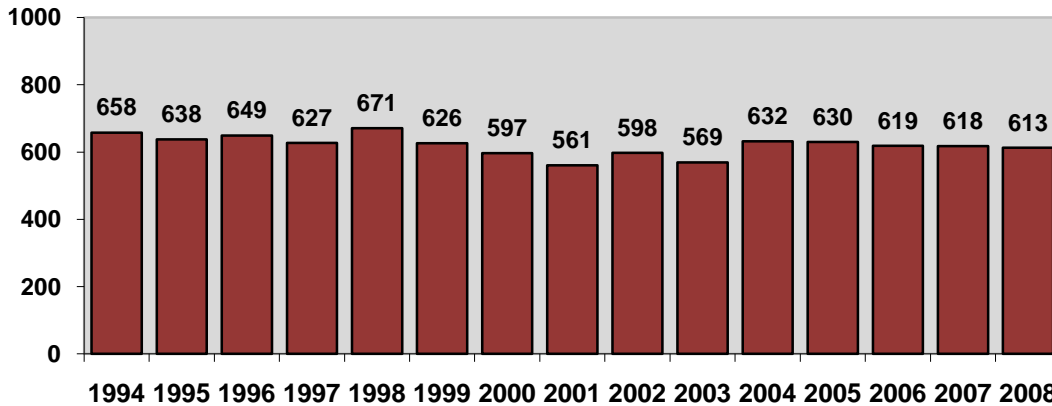


Source: Iowa Department of Commerce, Alcoholic Beverages Division

Figure 1 displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of alcoholic beverages within the State of Iowa, and represents by inference the consumption of those beverages by adult Iowans. Figure 1 indicates that since 1998 alcohol consumption has steadily increased (55.5% over the past eleven years) reaching its current high of 2.10 gallons per capita in FY 2009.

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

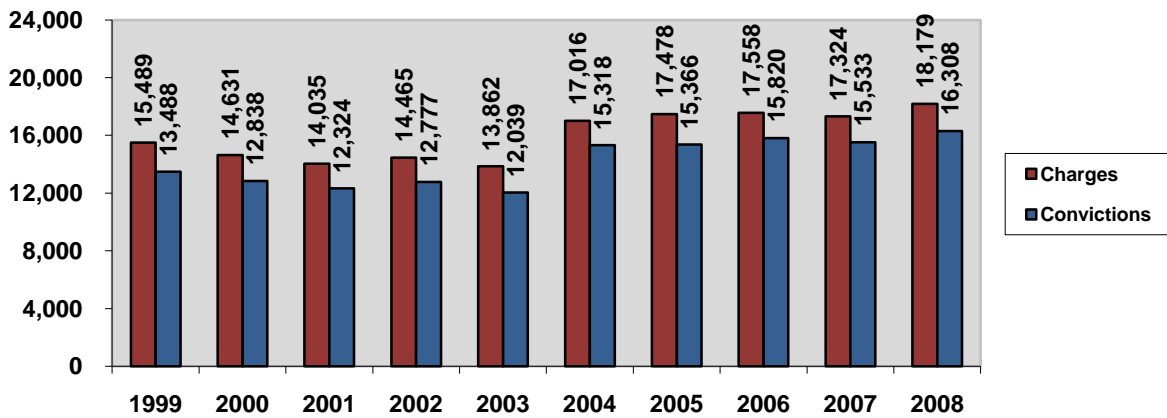
**Figure 2 – OWI Arrest Rate/100,000 Population, CY 1994 – 2008**



Source: Iowa Department of Public Safety

During the period of calendar years 1994 - 2008, more arrests were made in Iowa for Operating While Intoxicated (OWI) than for any other single criminal offense. The OWI arrest rate has remained consistently high for over 15 years. See Figure 2.

**Figure 3 – Reported Number of OWI Charges Disposed and Number of OWI Convictions, CY 1999 – 2008**

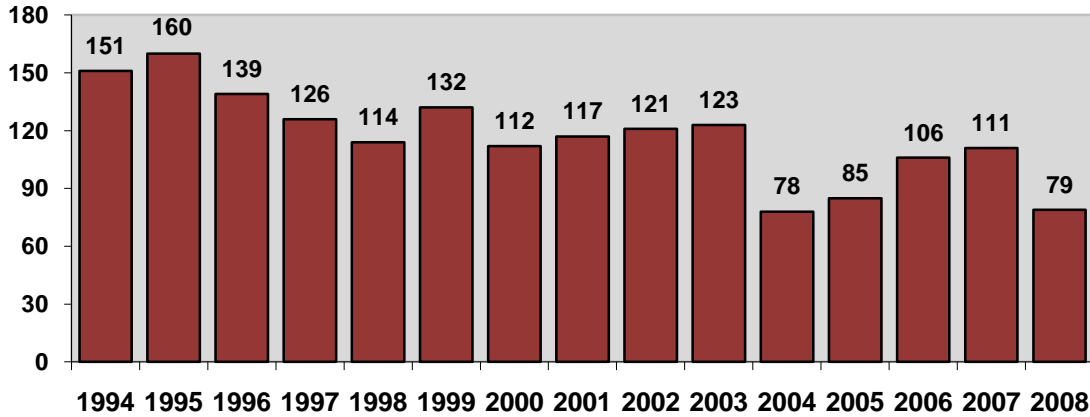


Source: Division of Criminal and Juvenile Justice Planning

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

Clerk of Court data compiled by the Division of Criminal and Juvenile Justice Planning (CJJP) indicates that both the number of OWI charges disposed and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI arbitrations represent a significant proportion of the criminal caseload in Iowa courts. In 2008, OWI represented 21.1% of the charges disposed and 30.7% of the overall convictions for serious misdemeanors and above. See Figure 3.

**Figure 4 – Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 – 2008**

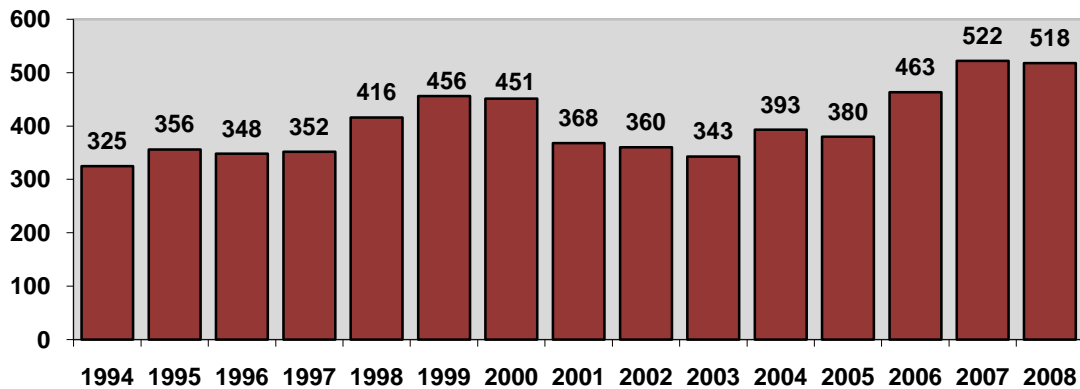


Source: Iowa Department of Transportation

Alcohol related motor vehicle fatalities reported by the Iowa Department of Transportation (DOT) have varied significantly over the past five reporting periods. However, the fatality rates for this period remain considerably lower than those reported for the previous 10 years. In 2008, the DOT reported the second fewest alcohol related fatalities in a fifteen-year reporting period. See Figure 4.

An examination of the rates for reported arrests for drunkenness (public intoxication) reveals that following several years of decline, the past three reporting periods show a significant increase, with a record high in 2007. See Figure 5.

**Figure 5 – Drunkenness Arrest Rate/100,000 Population, CY 1994 – 2008**



Source: Iowa Department of Public Safety

The Iowa Department of Public Health (IDPH) Division of Behavioral Health requires all licensed substance abuse treatment providers to report data on services provided through the SARS/I-SMART data system. Among other things, the system is capable of tracking the number of clients served, along with the drug(s) of choice and post-treatment outcome measures. See Figures 6a and 6b.

**Figure 6a - Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 2009**

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions
Alcohol	1,720 (39.5%)	25,823 (63.7%)	61.4%
Marijuana	2,415 (55.5%)	8,034 (19.8%)	23.2%
Methamphetamine	58 (1.3%)	3,438 (8.5%)	7.8%
Cocaine/Crack	28 (.6%)	1,643 (4.1%)	3.7%
Other/Unknown	132 (3.1%)	1,598 (3.9%)	3.9%
Total			100 %

Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

**Figure 6b - Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2009**

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

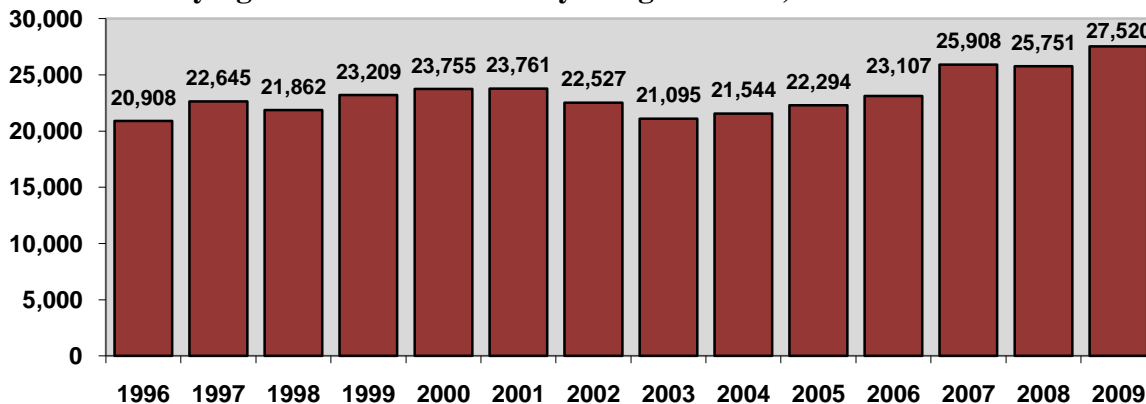
\*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.

Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

According to the IDPH Division of Behavioral Health substance abuse data system, the number of clients screened/admitted for substance abuse treatment in Iowa remains high. IDPH reported 44,849 clients screened/admitted in FY 2009, double the number 16 years ago. See Figure 6b.

Outcome measures provided by the Iowa Department of Public Health show a significant impact for those involved in substance abuse treatment. According to client interviews conducted six months after discharge, the abstinence rate in 2008 was 52.3 %, the employment rate was 47.6% and 84.3% of treatment clients were arrest free during this time period.

**Figure 7 – The Number of *Adult* Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2009**

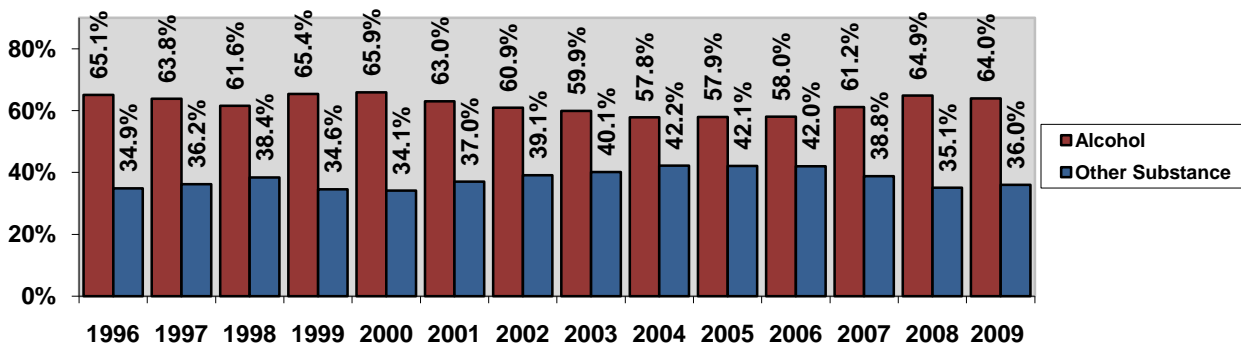


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

IDPH data show that alcohol remains by far the number one substance of abuse in Iowa. The data indicate that the number of adults screened or seeking substance abuse treatment with a reported primary substance of alcohol increased 30.5% from 2003 to 2008. More people were screened/admitted for alcohol in 2009 than any other year since 1992. See Figures 6b and 7.

As a *percent* of total screens/admissions, alcohol lost ground to other drugs such as marijuana, methamphetamine, and cocaine in the late 1990s. This was due to the fact that screenings/admissions reported for these drugs increased at a rate greater than that of alcohol. In the past few years, however, alcohol admissions have increased at a faster pace than illicit drugs. In 2008, the percentage of alcohol admissions reached its highest peak since 2000, and in 2009 this percentage remained steady. As a percentage of overall screenings/admissions to treatment, non-alcohol admissions have ranged from 34.1% to 42.2%. See Figure 8.

**Figure 8 – Primary Substance of Abuse for *Adults* Screened/Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2009**



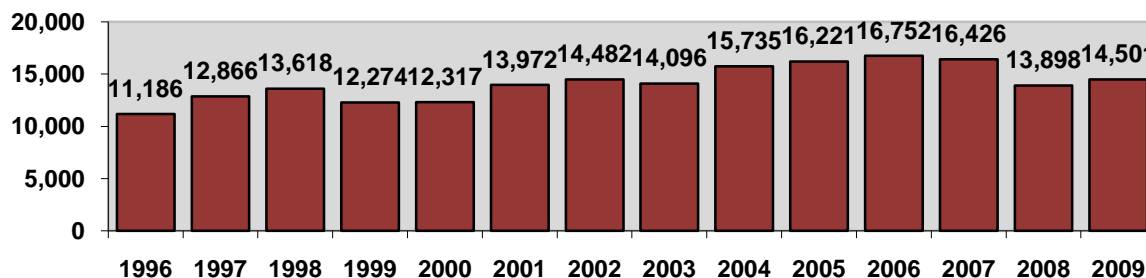
Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Adverse societal consequences resulting from the use of alcohol are not limited to criminal acts based solely upon the use of the substance such as OWI and drunkenness. A number of studies have found that alcohol is considered a contributing factor in the commission of a variety of criminal offenses. Although some of the data indicate a decrease in occurrence, alcohol remains the primary substance of abuse by adults in Iowa. The level of alcohol consumption within the state increased slowly over the past decade. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains disproportionately high. The number of OWI arrests and OWI court arbitrations continue to burden the court system, representing 30.7% of the convictions for indictable misdemeanors and felonies.

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

Several data indicators may describe the growth or decline of illegal drug use in Iowa. One such indicator is the number of adults seeking substance abuse treatment. IDPH, Division of Behavioral Health, SARS/I-SMART data indicate the number of screenings/admissions for the treatment of a primary substance of abuse other than alcohol rose 36.5% from SFY 1999 to SFY 2006. That number decreased for two years and rose again in SFY 2009. That trend is displayed in Figure 9.

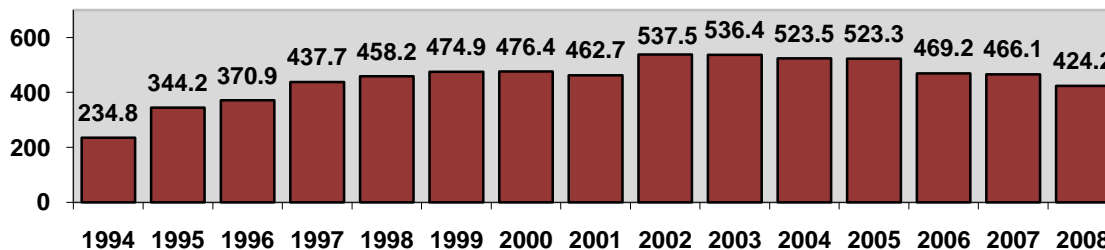
**Figure 9– Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2009**



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Another indicator is derived from data collected by the Department of Public Safety relative to the adjusted arrest rate per 100,000 population for drug related offenses. While a slight reduction was reported in each of the past five years, the arrest rate for drug offenses remains nearly double the rate reported by DPS in 1994. See Figure 10.

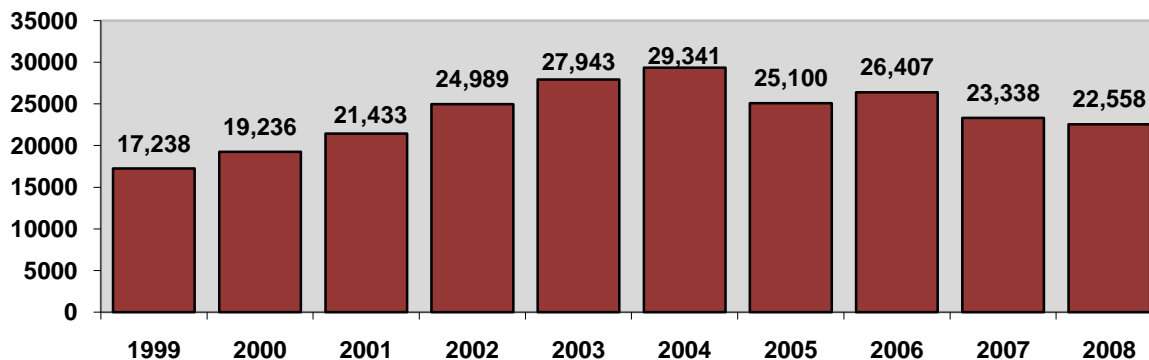
**Figure 10 – Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 – 2008**



Source: Iowa Department of Public Safety

Data collected by the Division of Criminal and Juvenile Justice Planning illustrate two additional facets of the trends in substance abuse as they relate to Iowa’s District Court System. These data are displayed in Figures 11 and 12, and include indictable misdemeanors and felonies.

**Figure 11 –Drug Charges Disposed, CY 1999 – 2008**

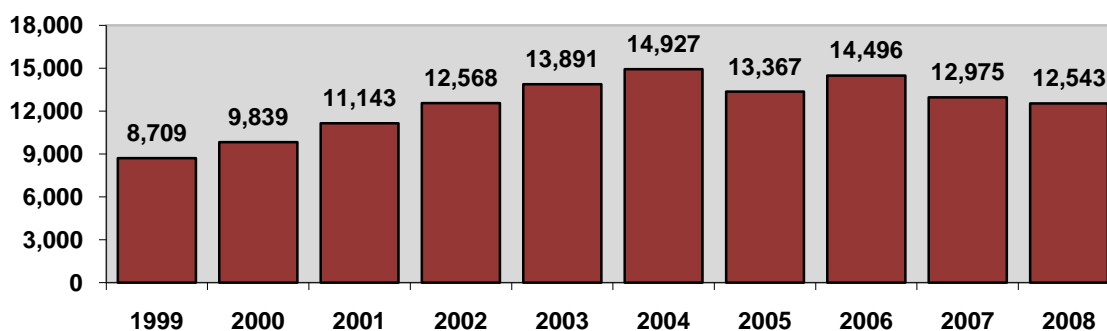


Source: Criminal and Juvenile Justice Planning

*\*Charges and convictions included in Figures 11 and 12 do not include cases whose 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.*

Figure 11 displays a 23.1% decrease from 2004 to 2008 in the number of indictable misdemeanor and felony drug charges disposed by the Iowa District Court. Drug related convictions also decreased (15.9%). See figure 12. Despite the recent reduction, drug cases constitute a significant proportion of the court docket in Iowa, representing 26.2% of the charges and 23.6% of the convictions for indictable misdemeanors/felonies in CY 2008.

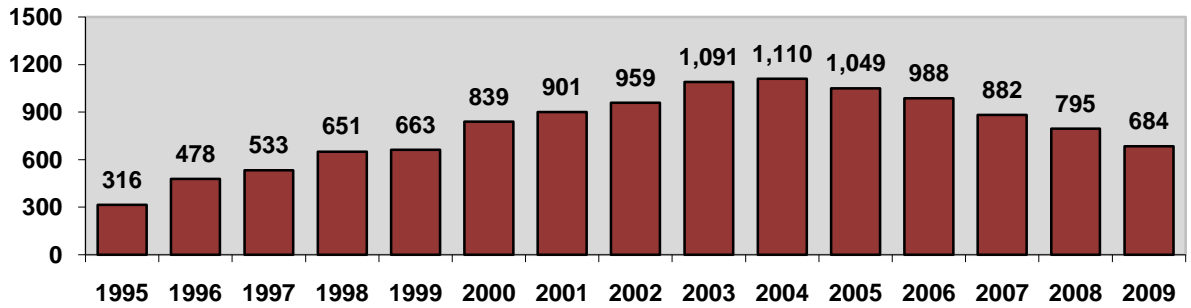
**Figure 12 –Drug Convictions, CY 1999 – 2008**



Source: Criminal and Juvenile Justice Planning

Another indicator of the levels of use and abuse of drugs can be found in drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning. This data shows a 248% increase in drug-related prison admissions from 1995 to 2004. Beginning in 2005, drug related prison admissions began to decline largely due to a drop in meth-related admissions, which has been driven by a decline in meth lab incidents. Detail on drug-related prison admissions by drug type was available beginning with SFY 2005 and is discussed later in this section. It should be noted that data in this section does not include alcohol. As the most abused substance in Iowa, including alcohol would significantly increase these figures.

**Figure 13 – Drug-Related Prison Admissions, FY 1995 – 2009**



Source: Criminal and Juvenile Justice Planning

The data in Figure 13 relate to the number of offenders admitted to prison with a drug offense as their lead charge. Data from a number of other studies have clearly demonstrated the connection between drug use and crime. In a study conducted by the Mid-Eastern Council on Chemical Abuse for the Iowa Department of Corrections, over 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2009, the Department of Corrections provided substance abuse treatment to only 57.1% of the addicted custodial inmates and 50.2% of the addicted offenders in community corrections. See Figure 14.

**Figure 14 - Department of Corrections Institutional and Community Based Substance Abuse Treatment FY 2003 – FY 2009**

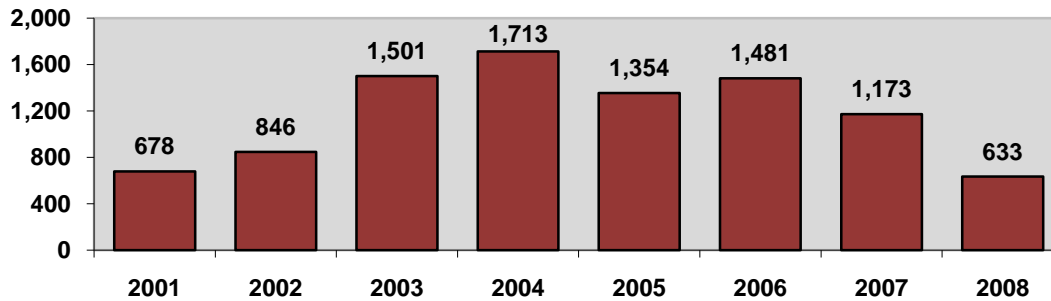
	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
<u>Institutions</u>							
Inmates in need of treatment	3,556	4,074	4,369	4,713	4,374	4,441	4,440
Inmates who received treatment	2,279	2,646	2,669	2,936	2,618	2,615	2,535
Percent	64%	64.9%	61.1%	62.3%	59.9%	58.9%	57.1%
<u>Community Corrections</u>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

Source: Iowa Department of Corrections

A significant portion of the drug abusing population in Iowa is in the child rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child's body and the second is the number of confirmed or founded child abuse cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child. See Figures 15 and 16.



**Figure 15 - Confirmed or Founded Child Abuse Involving the Presence of Illegal Drugs in a Child’s Body CY 2001 - 2008**



Source: Department of Human Services

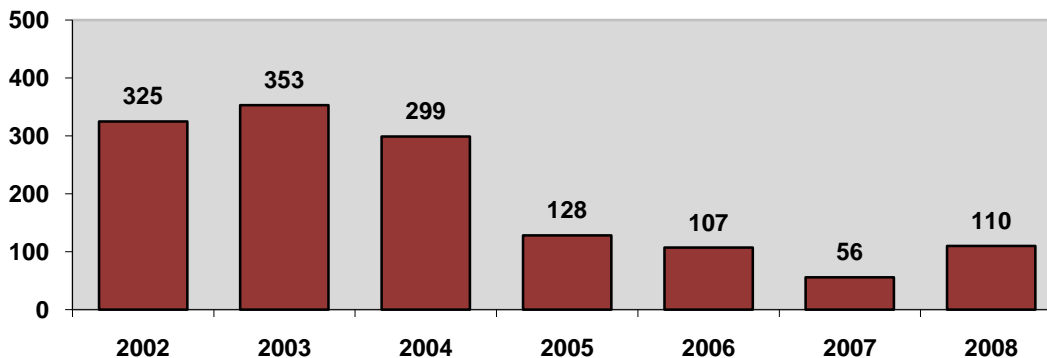
*\*Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*

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

The number of confirmed or founded child abuse cases involving the presence of illegal drugs in a child’s body rose sharply from 2001 to 2004. For the years since, the number of reported cases has varied, but remains well below the record high reported in 2004. In 2008, DHS discontinued the practice of testing all children for the presence of drugs, which may account for the significant drop in numbers.

While a relatively new measure, the number of confirmed or founded child abuse cases involving a caretaker’s manufacturing of illegal drugs decreased from 2003 to 2007. This number, like other meth statistics, was driven down by the reduction in meth labs across the State. However, along with the rise in meth lab incidents in 2008, the number of children affected by meth labs nearly doubled from 2007.

**Figure 16 – Confirmed or Founded Child Abuse Involving Caretaker’s Manufacture of Illegal Drugs CY 2002-2008**



Source: Department of Human Services

*\*Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*

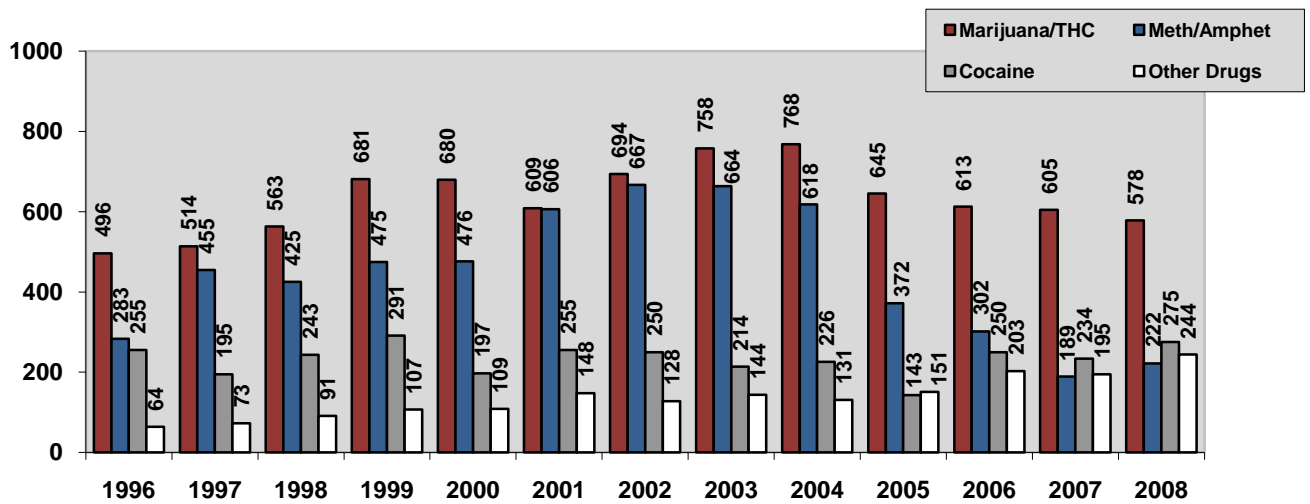
## Drug Specific Indicators Data

### Marijuana

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

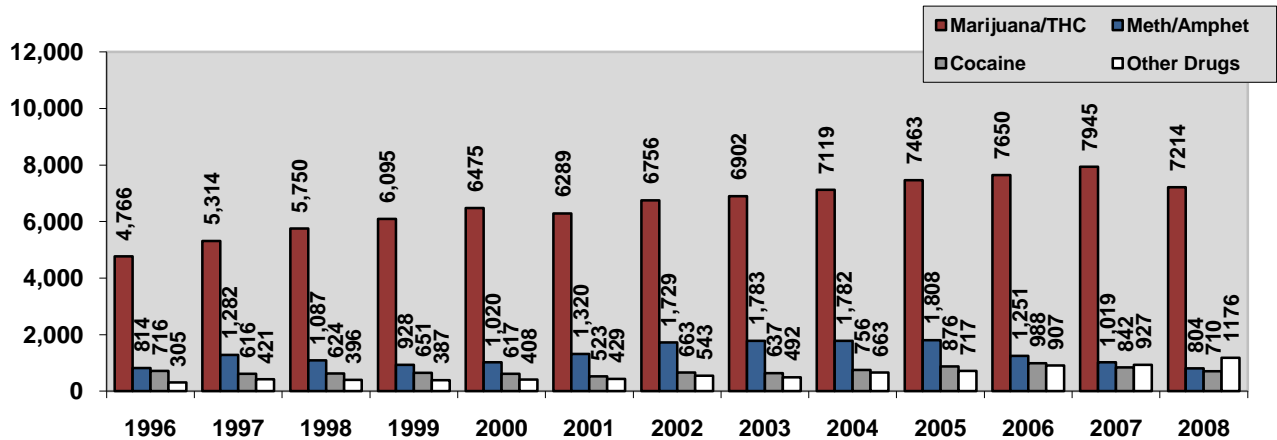
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

**Figure 17 – Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 1996 - 2008**



Source: Iowa Department of Public Safety

**Figure 18 – Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1996 –2008**



Source: Iowa Department of Public Safety

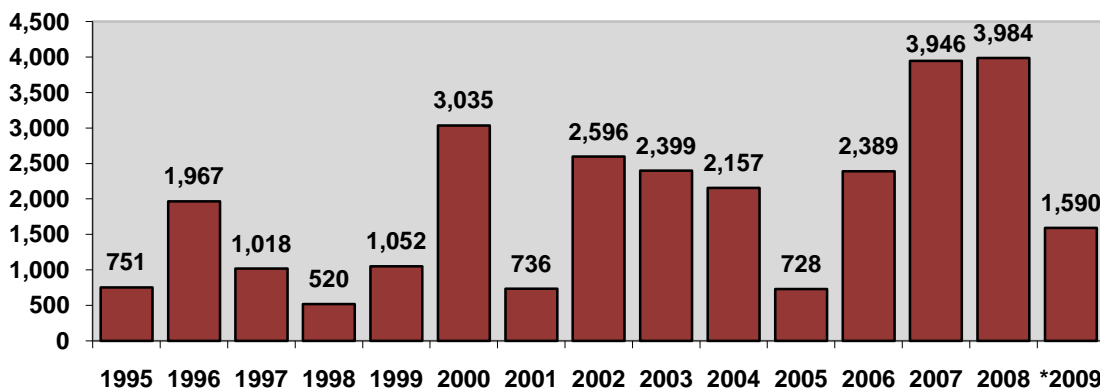
Figures 17 and 18 illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. In CY 2008, nearly 44% of reported arrests for offenses of manufacture/distribution of drugs, where the drug type was known, involved marijuana. Further, 72.8% of reported offenses for possession/use of drugs where the drug type was known involved marijuana.

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Criminalistics Laboratory reports that most of the marijuana it is currently seeing 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 psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Additional analysis of the data indicates that with the exception of 2001, the number of offenses involving possession or use of marijuana have increased each year from 1994 to 2007. 2008 was the first year Iowa saw a decrease in that number. There has been a steady decline in marijuana manufacturing/distribution offenses since a peak in 2004. The reader is reminded of the concern regarding the non-reporting and under-reporting of DPS data, and the fact that these data under-report the number of offenses.

The Iowa Division of Narcotics Enforcement (DNE) reported a new high in marijuana seizures in 2008. Marijuana seizures reported by DNE have fluctuated, but generally remain significantly higher than that reported in the mid and late 1990s. See Figure 19.

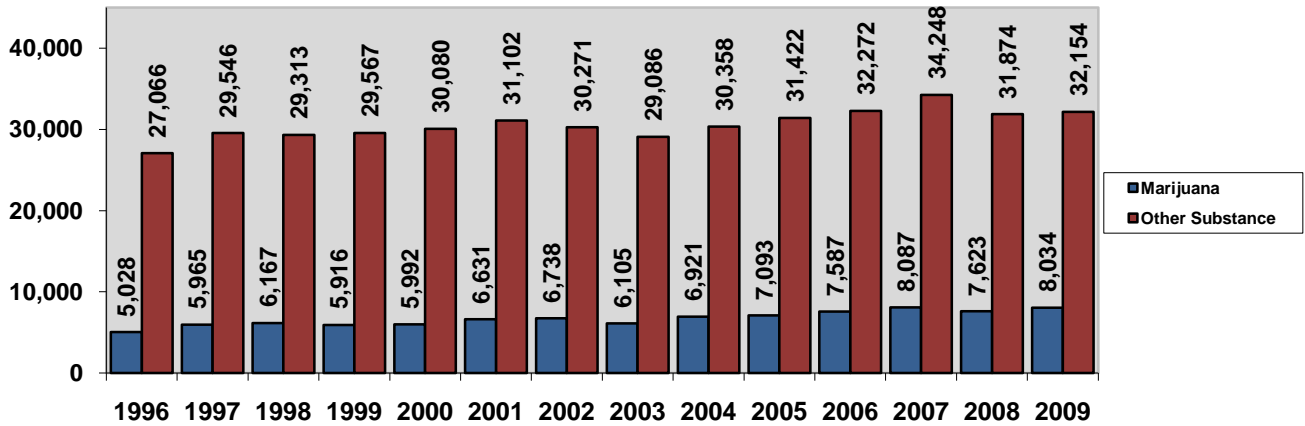
**Figure 19 – Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1995 – \*2008**



*\*Calendar year 2009 through September 30*  
 Source: Iowa Department of Public Safety

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1996 – 2009. See Figure 20. This data reinforces the fact that despite common misconceptions, marijuana can be an addictive drug.

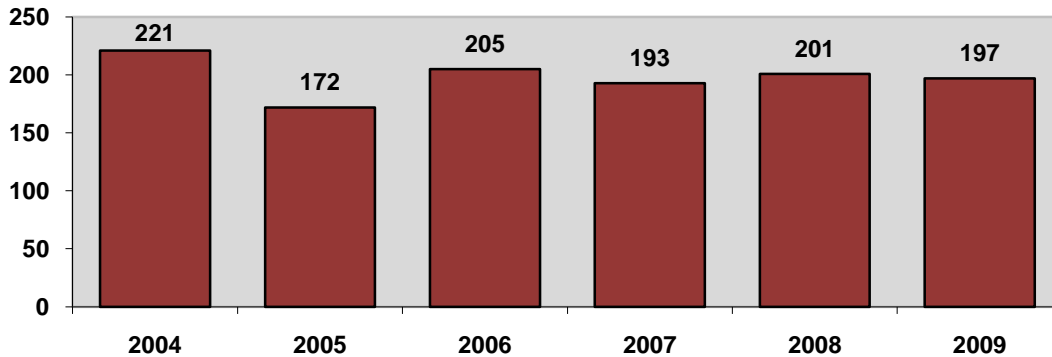
**Figure 20– Primary Drug of Abuse for Adults Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2009**



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Between state fiscal year 1996 and 2009, the IDPH, Division of Behavioral Health, reported an increase of 59.8% in the number of clients screened/admitted with marijuana as their primary drug of choice.

**Figure 21 – Marijuana-Related Prison Admissions SFY 2004 - 2009**



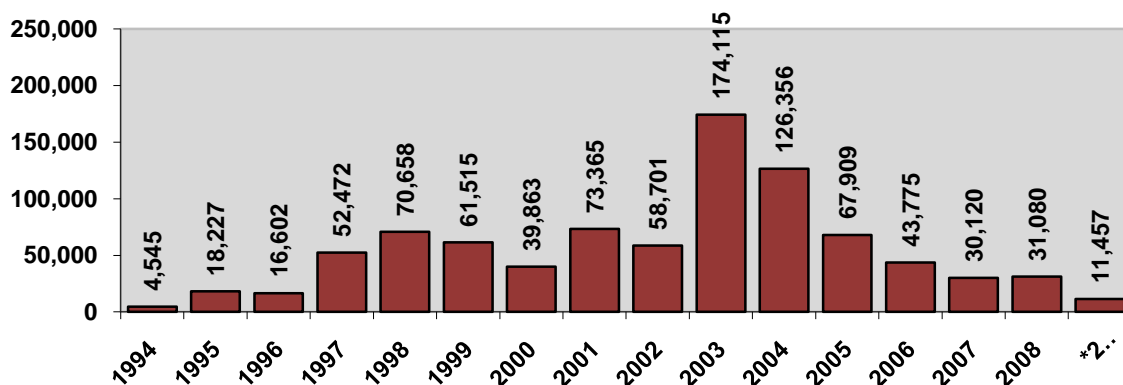
Source: Criminal and Juvenile Justice Planning

For the period of time for which data is available, marijuana-related prison admissions remained fairly steady and have represented between 16% and 25% of the drug related admissions. Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult Iowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana.

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

## Amphetamine/Methamphetamine

**Figure 22 – Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 – \*2009**



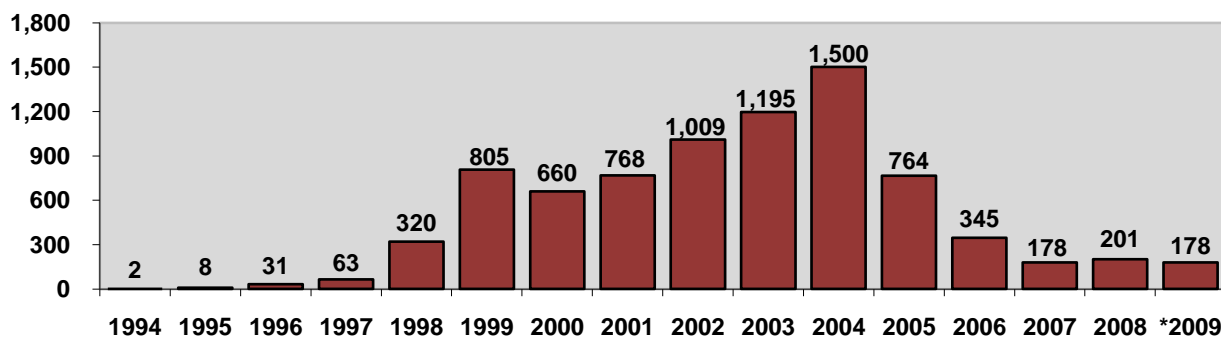
\*Calendar year 2008 through September 30

Source: Iowa Department of Public Safety

Figure 22 illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003, the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. Since its peak in 2003, seizures of methamphetamine have decreased every year until 2008. As the number of meth labs gradually increases again, so does the number of grams seized.

The data displayed in Figure 23 demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement through calendar year 2004. In 2004, state and local law enforcement responded on average to 125 methamphetamine laboratories per month, or four per day. Due to the public safety threat posed by clandestine laboratories, a substantial amount of time and resources is directed at responding to clandestine laboratories. In 2005, the Iowa legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. Through September 30, 2009, law enforcement in Iowa reported an 88% reduction in clandestine labs when compared to calendar year 2004. Because of the resurgence of meth labs, this percentage will likely decrease in coming months and years.

**Figure 23 – State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 – \*2009**



\*Calendar year 2009 through September 30

Source: Iowa Department of Public Safety

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. As the supply of a substance increases, the price is likely to go down, and the purity level is likely to be higher. Conversely, if the supply is reduced, as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

The price and purity of methamphetamine shown in Figure 24 indicate that the price of methamphetamine per gram has fluctuated over the past several years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa seizures. The importation of crystal methamphetamine into Iowa has grown in recent years. The increase in crystal meth or “ice” is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute.

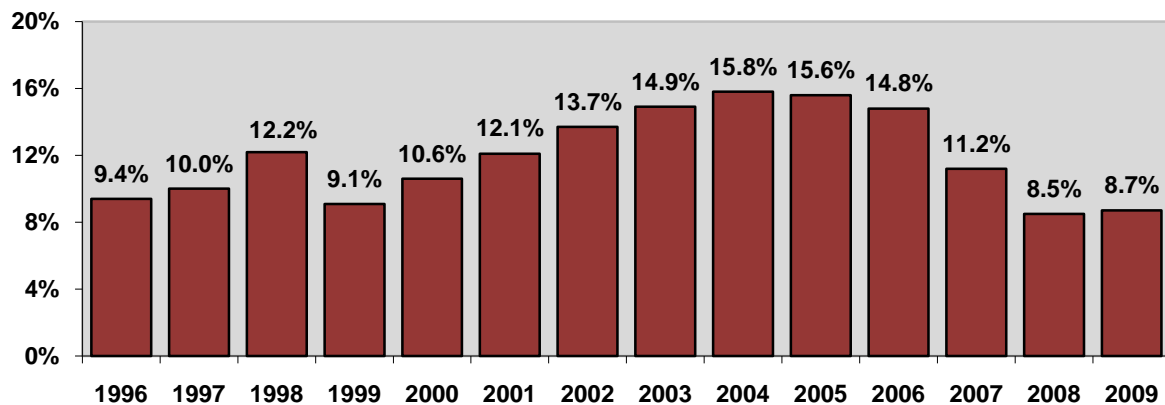
**Figure 24 – Iowa Division of Narcotics Enforcement  
Methamphetamine Seizure Price and Purity CY 1996 – \*2009**

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	*2009
Price	\$135	N/A	N/A	\$110	\$90	\$100	\$100	\$100	\$100	\$88	\$120	\$127	\$123	\$150
Purity	43%	36%	14%	22%	25%	15%	16%	23%	33%	38%	40%	41%	40%	50%

*\*Calendar year 2009 through September 30*  
Source: Iowa Department of Public Safety

It should be noted that other factors can have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures that are made closer to the production source in the drug distribution chain tend to be higher in purity. Also, the availability of alternate controlled substances may impact the supply/demand and price/purity for other drugs. Although price and purity tend to follow the economic principals of supply and demand, the distribution of illicit substances is a clandestine activity and there are anomalies.

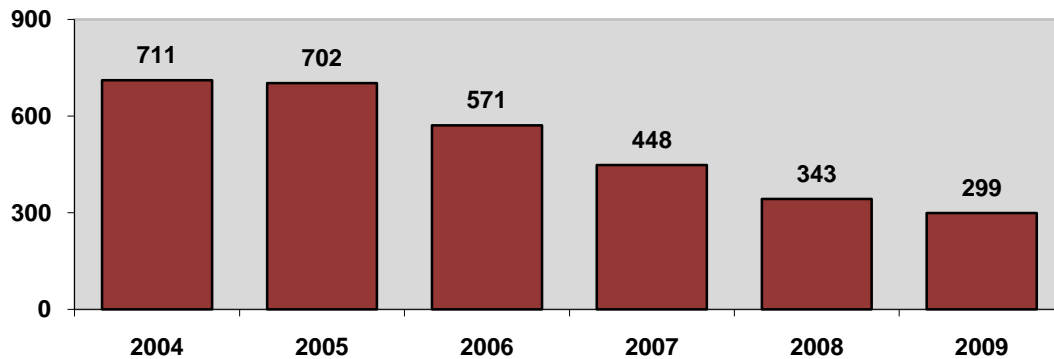
**Figure 25 – Percentage of Adults Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2009**



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Prior to the emergence of what has been referred to as Iowa’s “methamphetamine epidemic” in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the IDPH Division of Behavioral Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. As a percent of all screens/admissions, methamphetamine had diminished until 2008 when it reached its lowest point (8.5%) since the meth epidemic began. However, along with the increase in meth lab activity, the percentage rose slightly in 2009. See Figure 25.

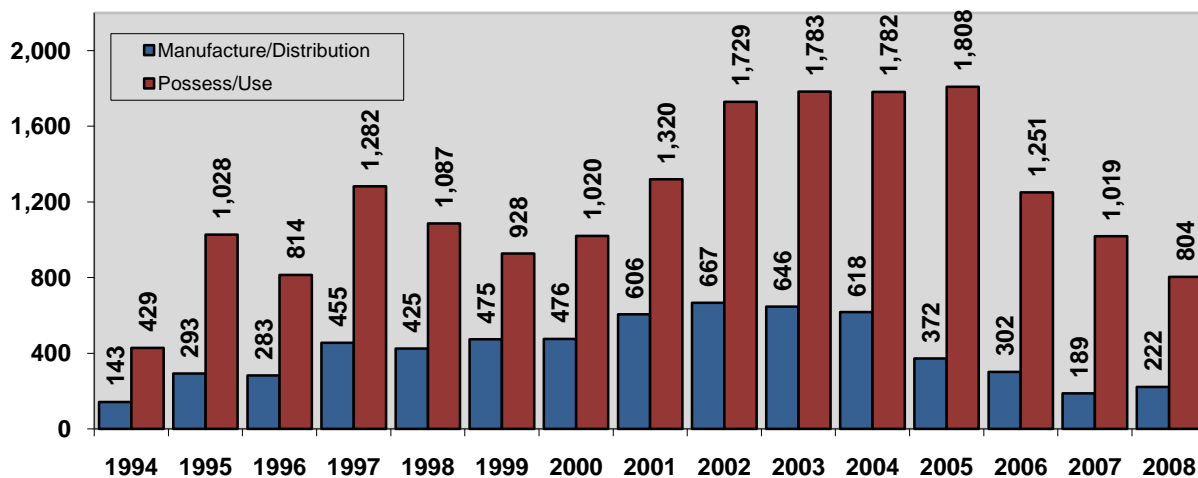
**Figure 26 – Methamphetamine-Related Prison Admissions SFY 2004 - 2009**



Source: Criminal and Juvenile Justice Planning

For the period of time for which the drug type is known, methamphetamine-related prison admissions have decreased 57.9%. This reduction in methamphetamine admissions has driven the overall decrease in drug-related prison admissions reported in recent years. See Figures 26 and 13.

**Figure 27 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 – 2008**



Source: Iowa Department of Public Safety

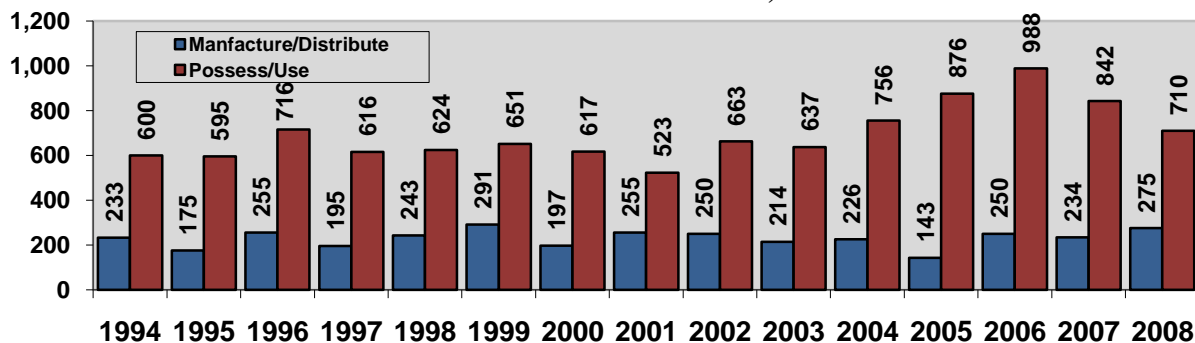
The number of law enforcement reported offenses for methamphetamine possession/use nearly doubled from 1999 to 2002 and remained at this high level for the next three reporting periods,

but have since declined. Following the passage of the pseudoephedrine legislation in 2005, arrests for methamphetamine manufacture/distribution as well as possession/use declined significantly until 2008 (43.6% and 49.2% respectively). However, with the resurgence in meth lab incidents across the state, the number of offenses involving manufacturing/distribution has begun to rise. See Figure 27.

### Cocaine/Crack Cocaine

Until the growth in the use/abuse of methamphetamine in the 1990s, the second most prevalent illegal drug in Iowa was cocaine/crack cocaine. Overshadowed by the rise in the use of amphetamine/methamphetamine, cocaine use represents a smaller but still significant challenge.

**Figure 28 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 – 2008**

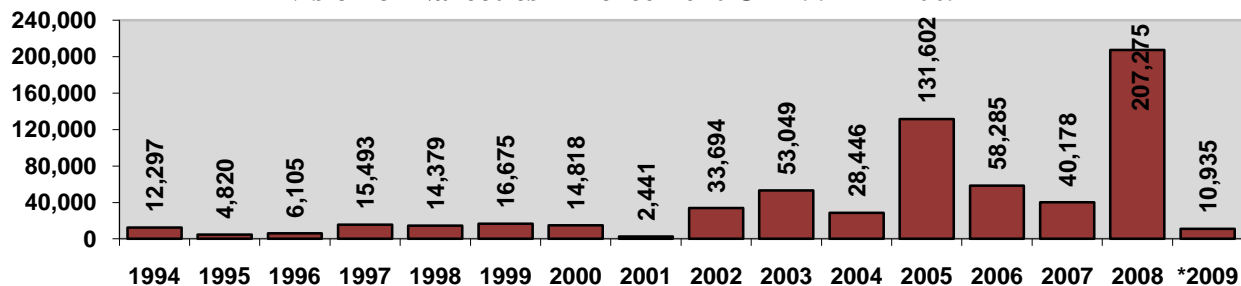


Source: Iowa Department of Public Safety

Figure 28 illustrates that arrest rates for cocaine have varied a great deal for the years examined. In calendar year 2005, manufacture/distribution arrests posted a twelve year low of 143 per 100,000 population. However, that number has since increased. There were more manufacturing/distribution arrests for cocaine than for meth in 2008. Cocaine possession/use offenses were at a fourteen year high in 2006 but have decreased over the past two years.

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement reached a 14-year high in 2005. Cocaine/crack cocaine seizures have generally declined since then. In 2008, DNE reports having several large cases involving cocaine salt, therefore the grams seized in 2008 were at an all-time high. See figure 29.

**Figure 29 – Cocaine/Crack Cocaine Seizures, in Grams, Involving the Iowa Division of Narcotics Enforcement CY 1994 – \*2009**



\*Calendar year 2009 through September 30

Source: Iowa Department of Public Safety



As shown in Figure 30, the price and purity of cocaine has fluctuated, however the price has generally dropped and the purity had generally increased. The Department of Public Safety crime lab no longer calculates purity levels of seized cocaine.

**Figure 30 – Iowa Division of Narcotics Enforcement Cocaine Seizure Price and Purity CY 1996 – 2007**

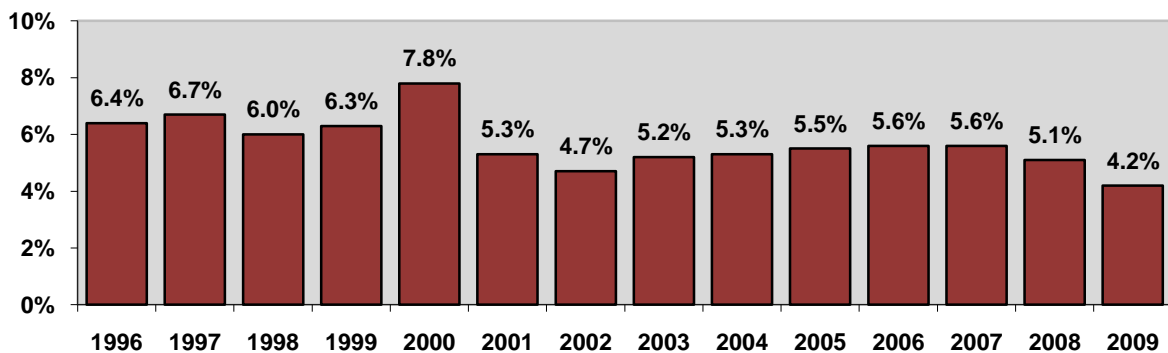
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Price	\$130	\$130	\$130	\$130	\$150	\$150	\$150	\$150	\$100	\$110	\$110	\$93	\$80	\$100
Purity	71%	69%	84%	64%	61%	65%	74%	57%	78%	N/A	N/A	N/A	N/A	N/A

*\*Calendar year 2009 through September 30*

Source: Iowa Department of Public Safety

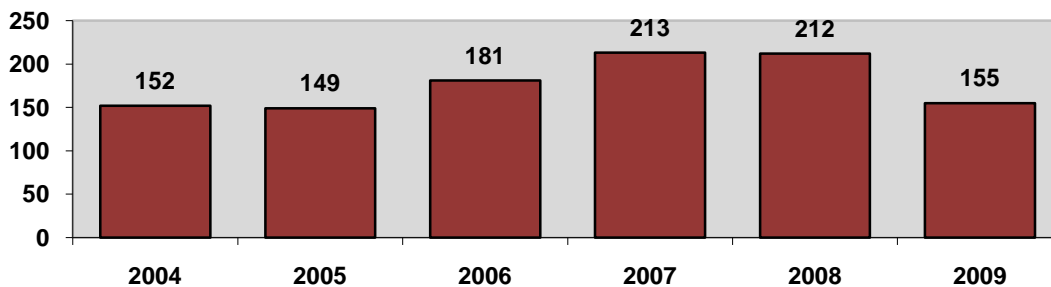
The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. Figure 31 illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their primary substance of abuse has slightly decreased in the past two years.

**Figure 31 – Percentage of Adults Entering Substance Abuse Treatment Programs with a Primary Substance of Abuse of Cocaine, SFY 1996 – 2009**



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

**Figure 32 – Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 - 2009**



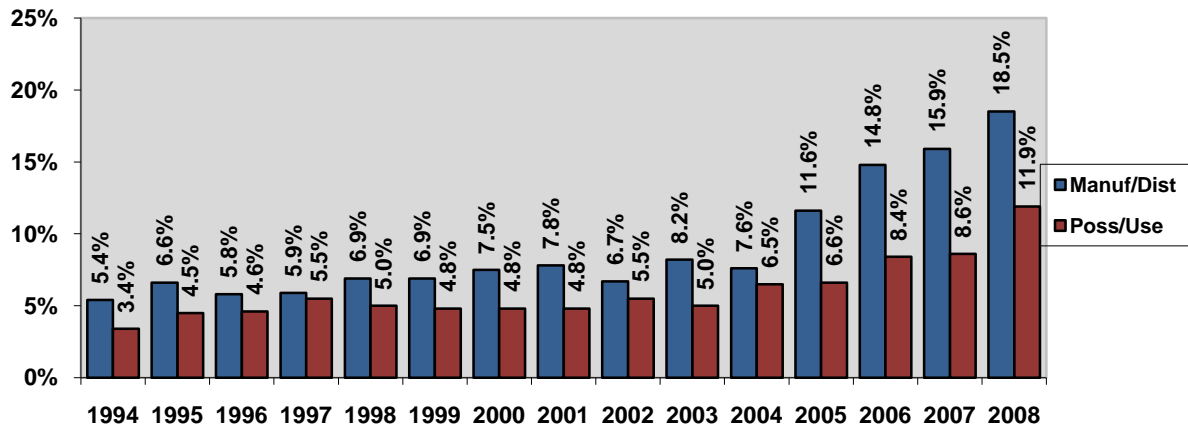
Source: Criminal and Juvenile Justice Planning

Cocaine-related admissions to prison represented nearly 23% of drug-related prison admissions in FY 2009. See Figures 32 and 13. 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.

### Other Illicit Drugs

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD, and PCP also play a role in the overall problem of substance and drug abuse within the state. However, analyses of the data indicate that the prevalence levels of these other substances as the drugs of choice among the substance abusing population are relatively low, but rising. See Figures 33 & 34.

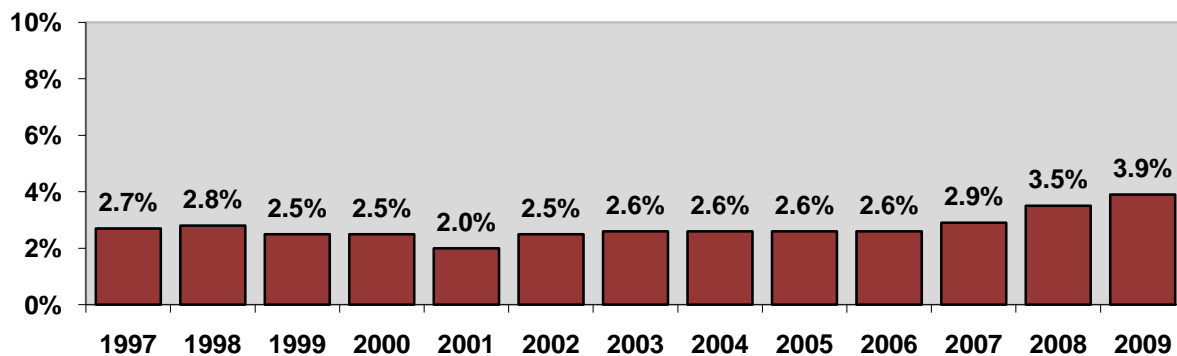
**Figure 33 – Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1994 – 2008**



Source: Iowa Department of Public Safety

During the fourteen-year period examined, the percentage of offenses for both the manufacture/distribution and possession/use of all known drugs other than alcohol, marijuana, amphetamine/methamphetamine and cocaine/crack cocaine was at the lowest level in 1994. Since that time, the percentage of arrests for both categories of offenses has generally risen, especially over the past four years, indicating a rise in crimes related to other drugs of abuse. See Figure 33.

**Figure 34 – Percentage of Adult Substance Abuse Treatment Screening/Admissions with a Primary Drug of Abuse Other than Alcohol, Marijuana, Amphetamine/ Methamphetamine and Cocaine/Crack Cocaine, SFY 1997 – 2009**



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Figure 34 indicates that during the period examined, the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is one other than alcohol, marijuana, cocaine/crack cocaine or amphetamine/methamphetamine remained low and relatively stable.

All indications are that the drugs marijuana, methamphetamine and cocaine/crack cocaine are, in the order indicated, the most used/abused illegal drugs by adult Iowans. Together, they constitute the drugs involved in nearly 95% of the reported drug arrests. They also constitute the primary illegal drugs listed for over 90% of adults screened/admitted for treatment.

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

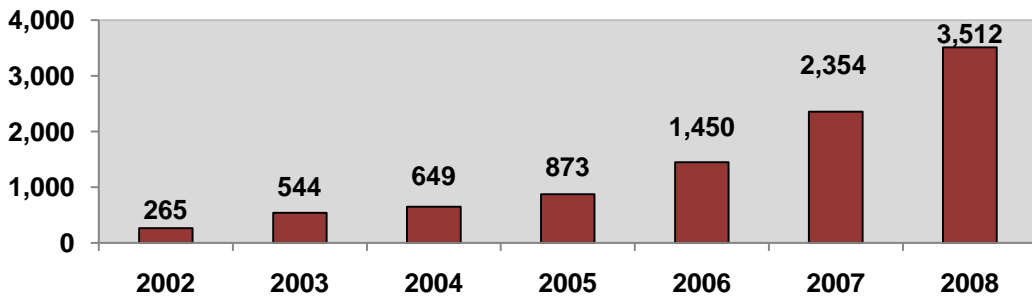
### **Prescription and Over the Counter Medications**

The abuse of prescription drugs is an emerging problem across the United States and in Iowa. 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. According to the Iowa Department of Public Safety, Division of Narcotics Enforcement, the number of pharmaceutical cases opened in CY 2008 was 243% higher than the number of cases opened in CY 2007. The number of units of pharmaceuticals seized by DNE in CY 2008 increased 412% from the total seized in CY 2007. Similarly, treatment centers are beginning to report increases in prescription drug abuse by their clients.

In the 2008 National Drug Control Strategy, the Office of National Drug Control Policy reported prescription drugs are the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. According to the 2007 National Survey on Drug Use and Health (NSDUH), there were 2.5 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day. Based on annual averages from the NSDUH, the non-medical use of pain relievers increased from the 2004-2005 survey to the 2005-2006 survey. For youth aged 12-17, use increased 8%. For adults aged 18-25, use increased 18.3%; and for those aged 26 or older, use increased 15.1%.

In Iowa, public calls to the Statewide Poison Control Center to identify Hydrocodone and Oxycodone pain pills have increased **1,225%** since 2002, indicating a possible reflection of the growing abuse of prescription drugs. See Figure 35. The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. Data from the Iowa Prescription Drug Monitoring Program shows that hydrocodone is the most frequently prescribed controlled substance in the state, with over 28 million doses being prescribed to Iowans in less than six months, from January to June 2009.

**Figure 35 – Hydrocodone and Oxycodone ID Calls from Iowans (Iowa SPCC-CYs)**

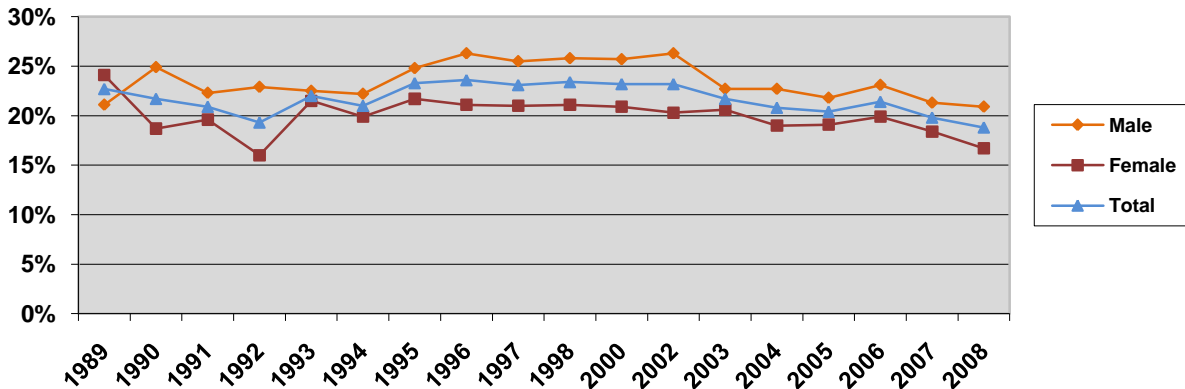


**Tobacco**

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

The levels of tobacco use among adult Iowans can be seen in Figure 36. These data, compiled by the National Center for Chronic Disease Prevention and Health Promotion of the federal Centers for Disease Control, are published as part of the Behavioral Risk Factor Surveillance System (BRFSS).

**Figure 36 – Percentage of Current Male, Female & Total Smokers, CY 1989 - 2008**



Source: Centers for Disease Control

In 2008 the total percentage of combined male and female smokers in Iowa reached its lowest point in twenty years. Part of this decline can be attributed to the 2007 tobacco tax increase in Iowa. Other factors that may contribute to fewer cigarette sales in Iowa include: the Iowa Smokefree Air Act, the fire-safe cigarette requirement that took effect January 1<sup>st</sup>, 2009, the federal cigarette tax rate increase that took effect April 1<sup>st</sup>, 2009, and the current economic recession.

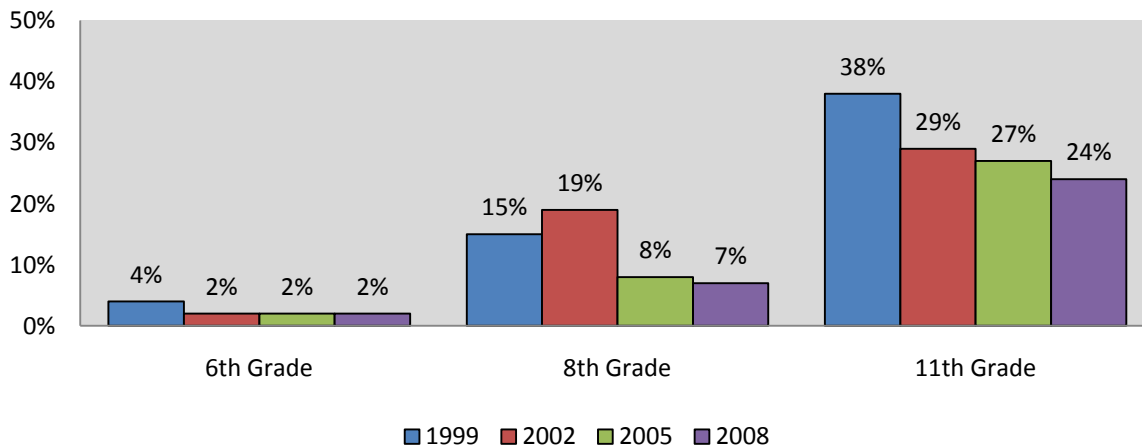
The Department of Public Health also reports that Quitline Iowa remains busy, with 44,322 people looking for help giving up tobacco during fiscal year 2008-2009. Over 21,000 clients called during FY 2009, including 1,062 people who reached out the week the federal tobacco tax took effect in April 2009. Quitline Iowa reported a total of 23,243 calls in FY 2008, up from 5,117 calls in FY 2007. Most of this increase can be traced back to nicotine patches, gum, and lozenges that were offered for free to any Iowan regardless of income. Even though Quitline Iowa is one of the most successful programs of its kind in the nation – reaching about 5% of Iowa's smokers each year – most smokers attempt to quit "cold turkey," so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year.

### Iowa's Youth Population

The Iowa Youth Survey (IYS) is a self-reporting survey that has been conducted by the Iowa Department of Public Health, Division of Behavioral Health, in conjunction with Criminal and Juvenile Justice Planning, the Department of Education, and the Department of Human Services every three years since 1975. The 2008 Iowa Youth Survey was conducted in September and October, with results returned in the spring of 2009. The survey seeks responses from youth in grades 6, 8, and 11 from public and non-public schools across Iowa. In 1999, a total of 85,426 students responded, and in 2008, that number increased to 97,741. Students answered questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and neighborhood/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.

### Tobacco

**Figure 37 – Percent of Students Self-Reporting the Current (within the past 30 days) Use of Tobacco, Comparison of 1999 through 2008**

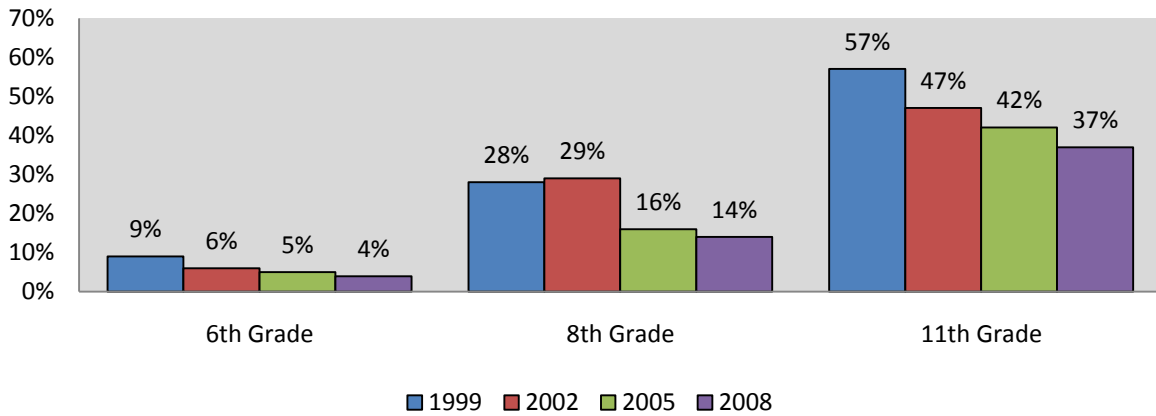


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

In 2008, less than one quarter of eleventh graders reported current use of tobacco (used a tobacco product in the past 30 days). See Figure 37. The most significant changes in both current and past use of tobacco occurred among students in grade 8. In 2008, 7% of 8<sup>th</sup> graders reported current tobacco use, a decline of 63% from 2002.

In 2002, 29% of students in grade 8 reported past use of tobacco use. This figure dropped by over half to 14% in 2005. See Figure 38. IYS results displayed in Figure 38 show that by the 11<sup>th</sup> grade, over half of the students reported past use of tobacco in 1999, followed by slightly less than half in 2002, meaning fewer new tobacco users. This decline continued in 2005 and 2008, with 37% of students in grade 11 reporting past use of tobacco in 2008.

**Figure 38 – Percent of Students Self-Reporting Ever Having Used Tobacco, Comparison of 1999 through 2008**

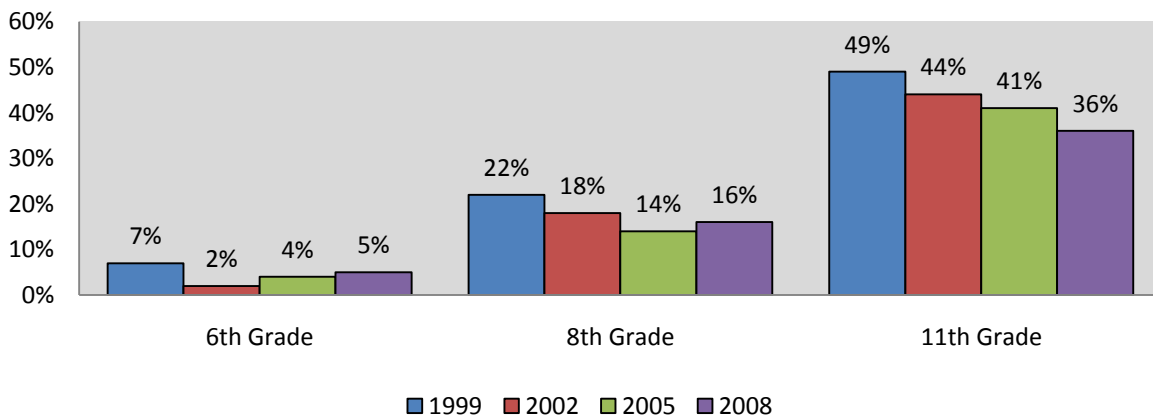


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

### Alcohol

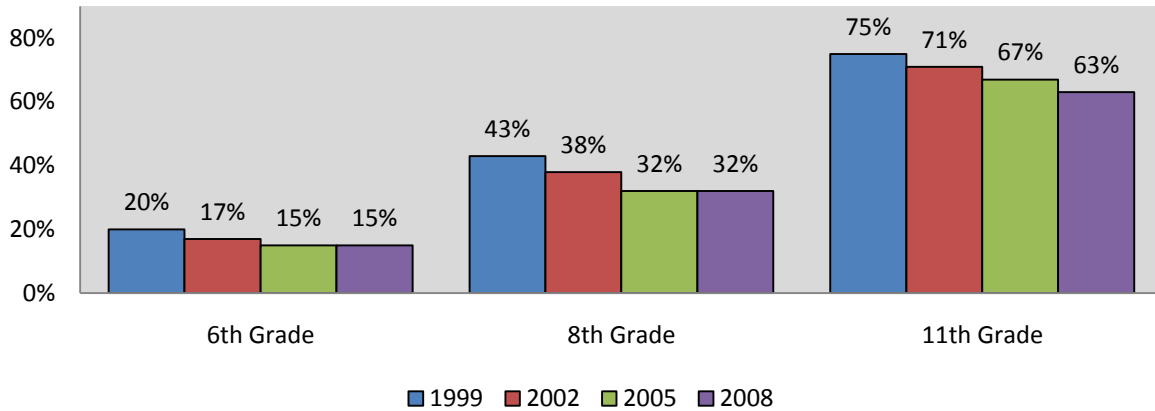
The Iowa Youth Survey also compiled data regarding the use of alcohol by the population surveyed. See Figures 39, 40, and 41.

**Figure 39 – Percent of Students Self-Reporting the Current Use of Alcohol, 1999 through 2008**



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

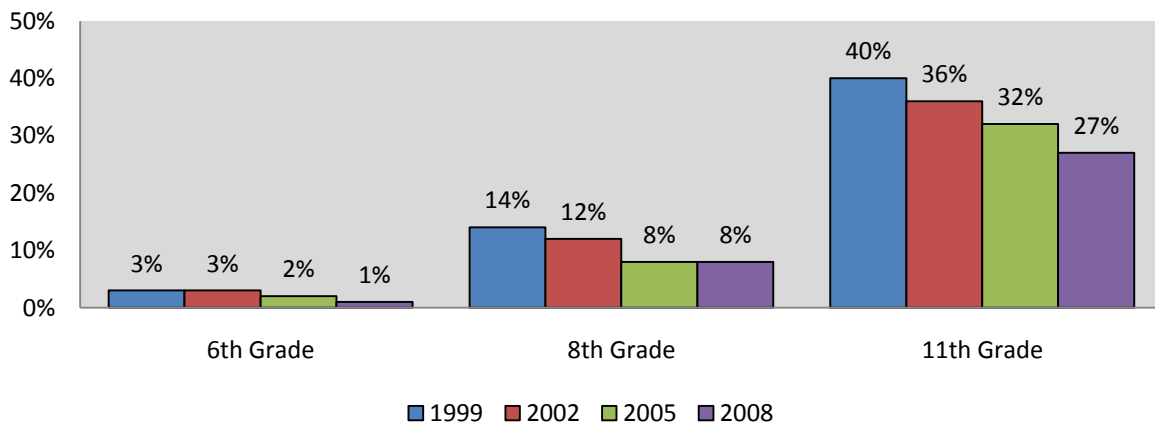
**Figure 40 – Percent of Students Self-Reporting Ever Having Used Alcohol, 1999, 2002 and 2005**



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

While there have been decreases since the 1999 IYS, the data indicate that in 2008 over one third (36%) of 11<sup>th</sup> graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. Equally concerning is that more 8<sup>th</sup> grade students reported current use (consumed one or more drink in the past 30 days) of alcohol in 2008 than in 2005. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline or remain relatively steady. See Figure 40.

**Figure 41 – Percent of Students Self-Reporting Current (within the past 30 days) Binge Drinking, 1999 through 2008**

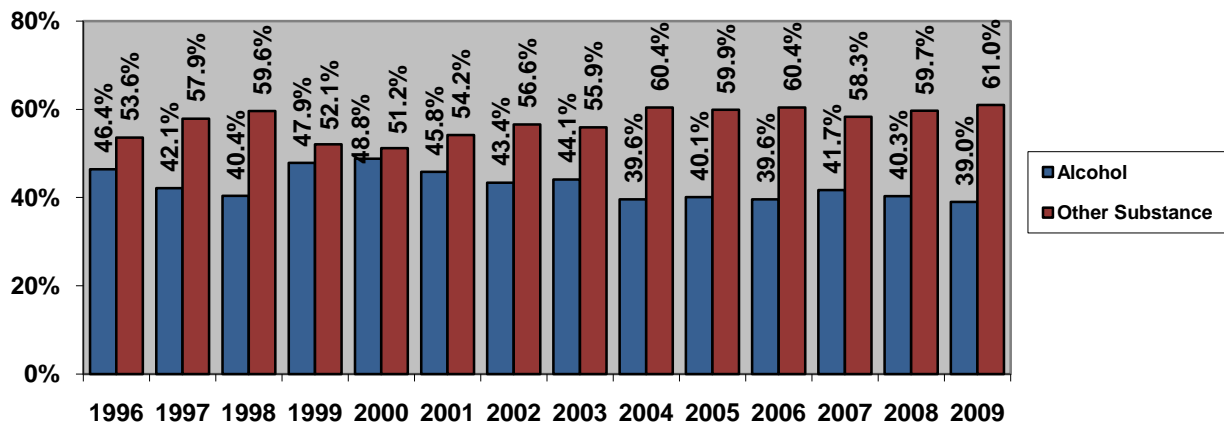


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Binge drinking (consuming five or more drinks at one time) by youth in grades 6, 8, and 11 over the past 30 days as reported in the Iowa Youth Survey has decreased since 1999. However, over one quarter of 11<sup>th</sup> graders reported binge drinking in the past month in the 2008 survey. Iowa also reports a higher binge drinking rate among youth than the national rate. According to the 2008 National Survey on Drug Use and Health (NSDUH) data, 17.2% of 16-17 year olds nationally reported binge drinking within the past thirty days, versus 27% of 11<sup>th</sup> graders in Iowa. This finding mirrors Iowa’s above average binge drinking rate among adults. See figure 41.

The IDPH, Division of Behavioral Health, SARS/I-SMART substance abuse reporting system data report the primary substance of abuse for all screens/admissions to substance abuse treatment programs, including those of youths. Unlike the adult population, youth screens/admissions with alcohol identified as the primary substance of abuse make up less than half of total admissions in recent years. See Figure 42.

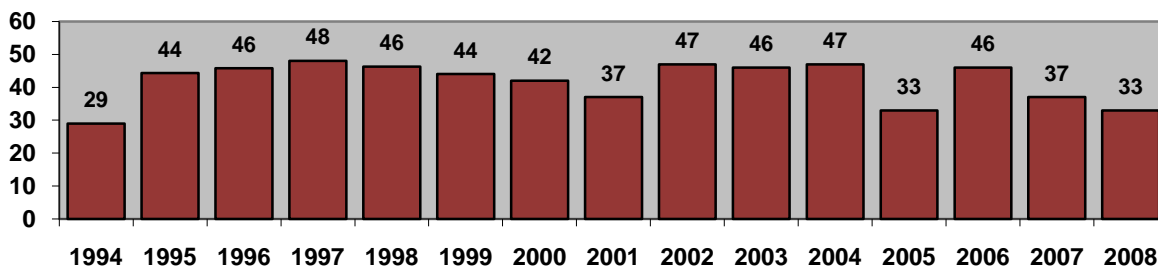
**Figure 42 – Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1996 – 2009**



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

For the fifteen-year reporting period, juvenile OWI arrest rates have ranged from 29 to 48 per 100,000 population. Reports for the past four years have varied a great deal. See Figure 43.

**Figure 43 – Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2008**



Source: Iowa Department of Public Safety

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

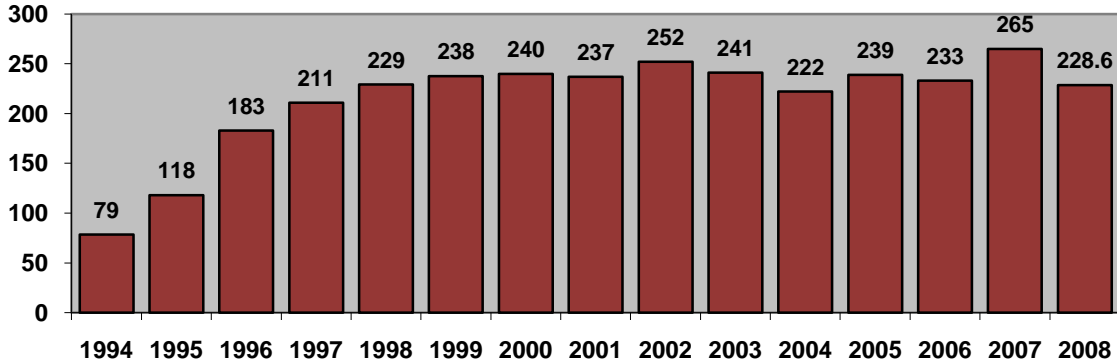
### General Indicators of the Use of Other Drugs by Iowa Youth

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



Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 population in 1994 to a record 265 per 100,000 in 2007, an increase of 235% for that period. See Figure 44.

**Figure 44 – Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 1994 – 2008**

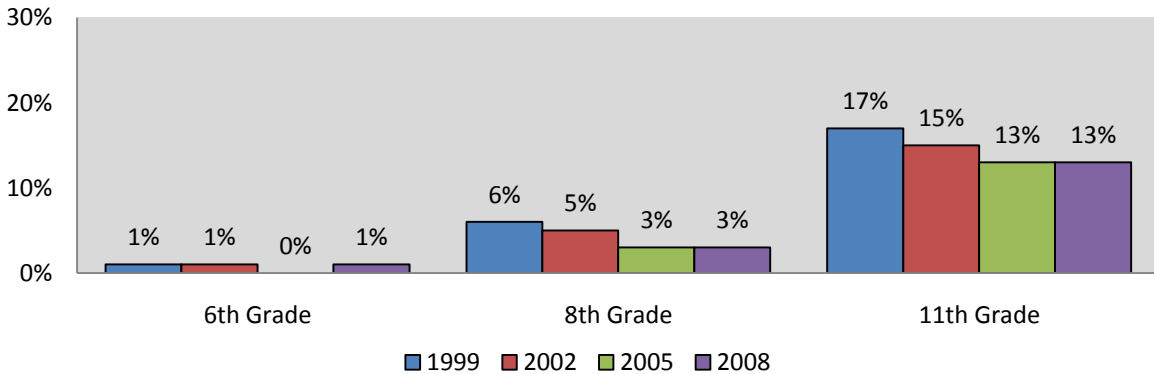


Source: Iowa Department of Public Safety

### Marijuana

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. As Figure 45 shows, marijuana use has remained constant. 17% of 11<sup>th</sup> graders surveyed in 1999 reported current use of marijuana. In 2008, 13% of 11<sup>th</sup> graders reported current use of marijuana, only a 4 percentage point decrease from 1999.

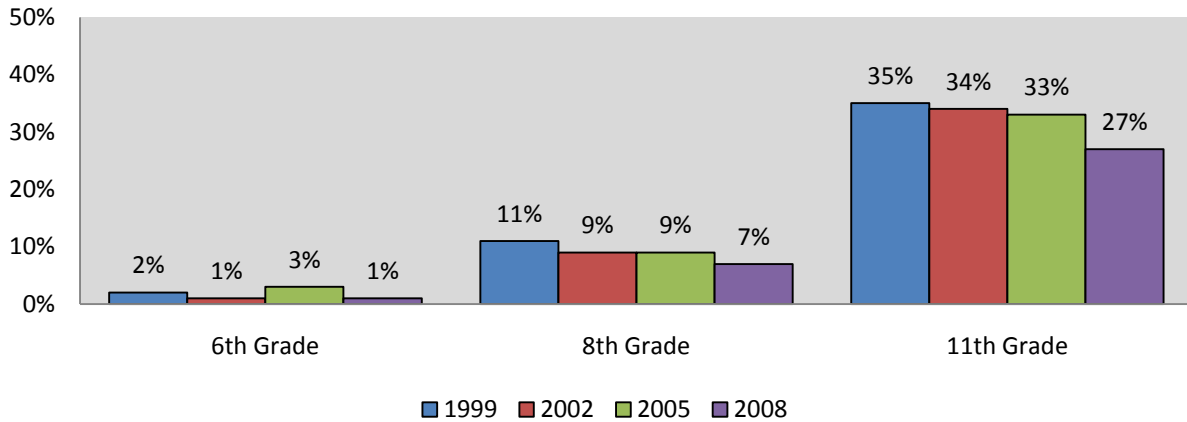
**Figure 45 - Percent of Students Self-Reporting the Current Use of Marijuana, 1999 through 2008**



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Additionally, of the high school juniors surveyed in 1999, 35% reported having used marijuana at some point in their lifetime. This dropped to 27% in 2008. See Figure 46.

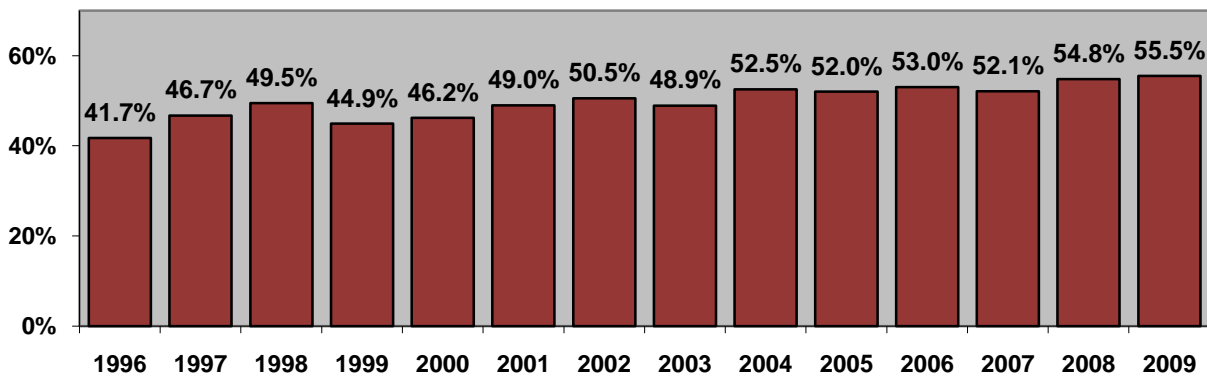
**Figure 46 – Percent of Students Self-Reporting Ever Having Used Marijuana, 1999 through 2008**



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Substance abuse reporting system data as shown in Figure 47 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 2009, the greatest percentage of youth ever were screened/admitted for marijuana.

**Figure 47 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2009**

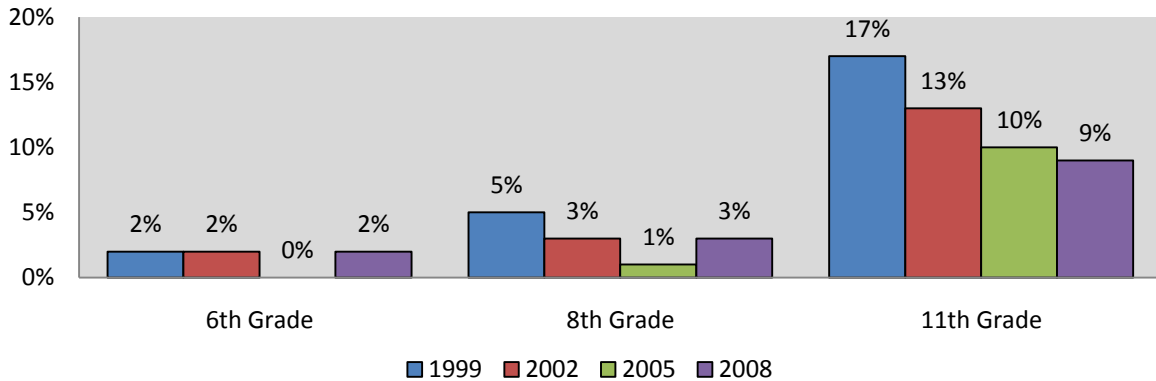


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

**Amphetamine/Methamphetamine**

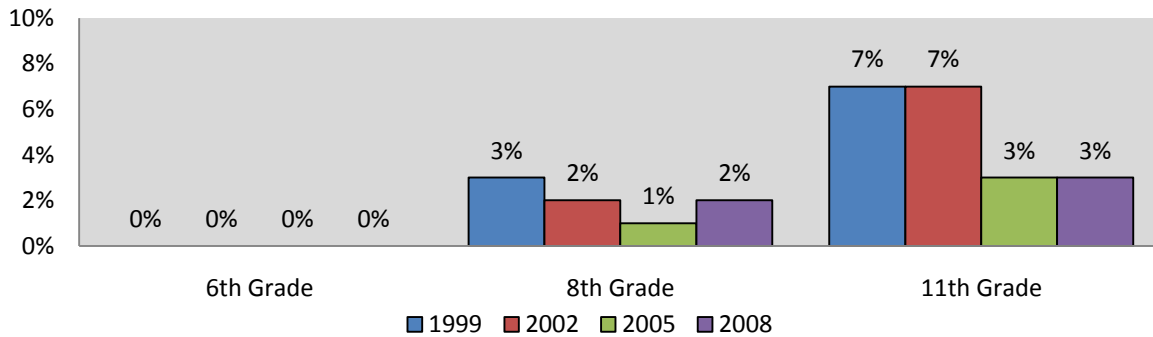
According to the 2008 Iowa Youth Survey amphetamine and methamphetamine use has remained relatively stable. The percentage of eleventh grade students reporting “ever” using these drugs dropped from 17% to 9% - an indication that fewer students, although still too many, are using these drugs. See Figures 48 and 49.

**Figure 48 – Percent of Students Self-Reporting Ever Having Used Amphetamine/Methamphetamine, 1999 through 2008**



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

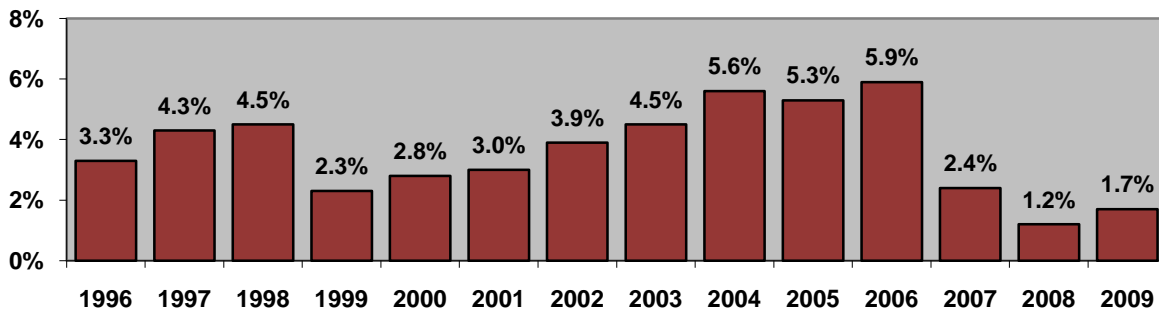
**Figure 49 - Percent of Student Self-Reporting the Current Use of Amphetamine/Methamphetamine – 1999 through 2008**



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Following several years of increasing youth screening/admissions for amphetamine/methamphetamine, the IDPH Division of Behavioral Health reported a significant reduction in SFY 2009, and the number has remained low for the past 3 years. See Figure 50.

**Figure 50 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2009**

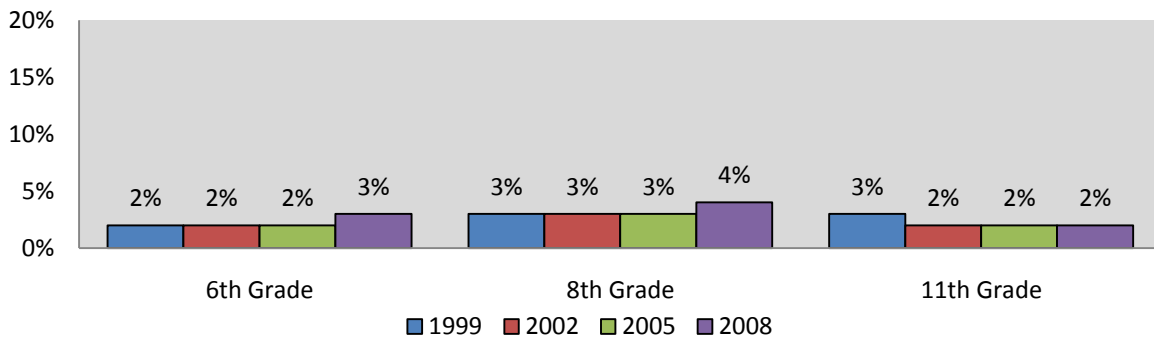


Source: Iowa Department of Public Health Division of Behavioral Health – SARS/I-SMART

## Inhalants

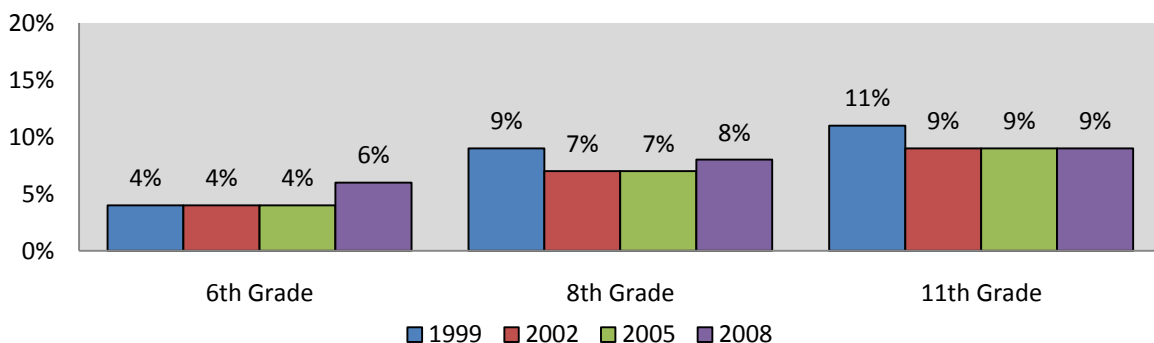
Inhalant use continues to be of concern in Iowa, and inhalant use more often starts at younger ages. In 2008, inhalants are the only drug to have stayed the same or increased for all grades in both current use and lifetime use. According to the Iowa Youth Survey, inhalant use followed marijuana use as a drug of choice among adolescents. Nationally teen experimentation with inhalants has increased over the past three years to 20%. According to the 2007 Partnership Attitude Tracking Survey conducted by the Partnership for a Drug-Free America, inhalants are abused by one in five (20%) of teens. The perception of risk related to inhalant use is dropping, which may have contributed to the increased use. See Figures 51 and 52.

**Figure 51 - Percent of Student Self-Reporting the Current Use of Inhalants, 1999 through 2008**



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

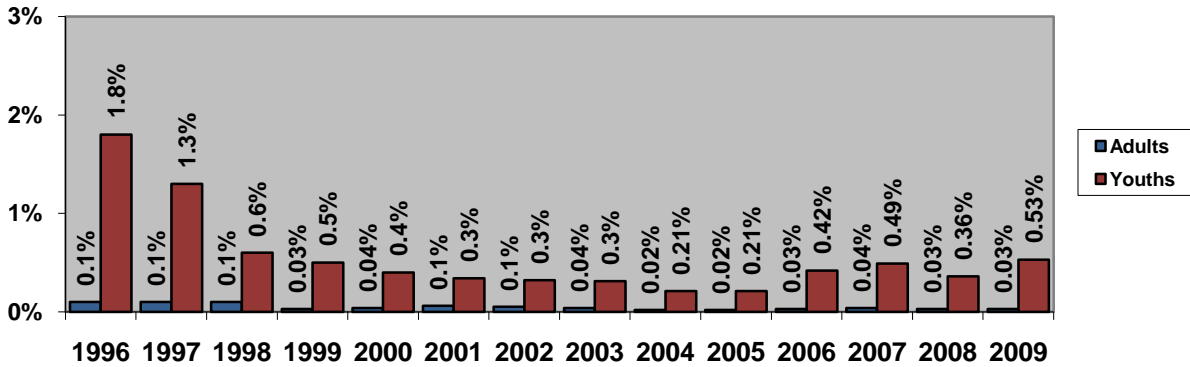
**Figure 52 – Percent of Students Self-Reporting Ever Having Used Inhalants, 1999, 2002 and 2005**



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Examination of IDPH Division of Behavioral Health substance abuse reporting system data indicate that the degree of use of inhalants is more prominent among youth in comparison to adults. See Figure 52. They also indicate that the prevalence of these substances as a “drug of choice” for juveniles has remained steady in recent years, representing approximately one half of one percent of youth screened/admitted to substance abuse treatment. See Figure 53.

**Figure 53 – Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 – 2009**

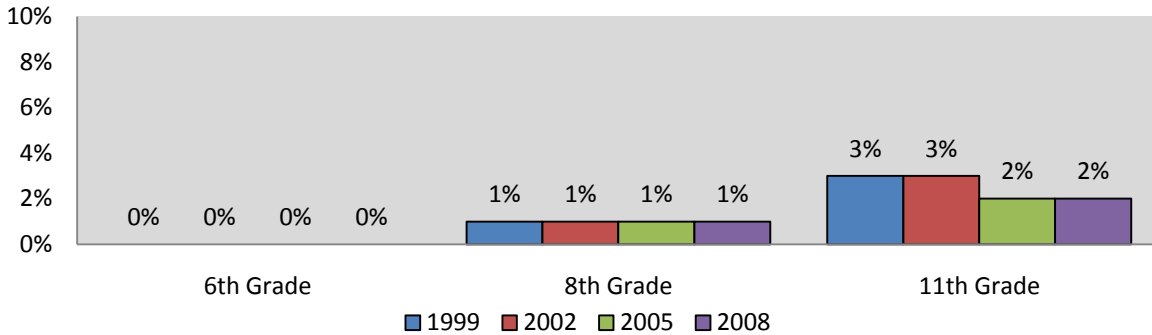


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

**Cocaine**

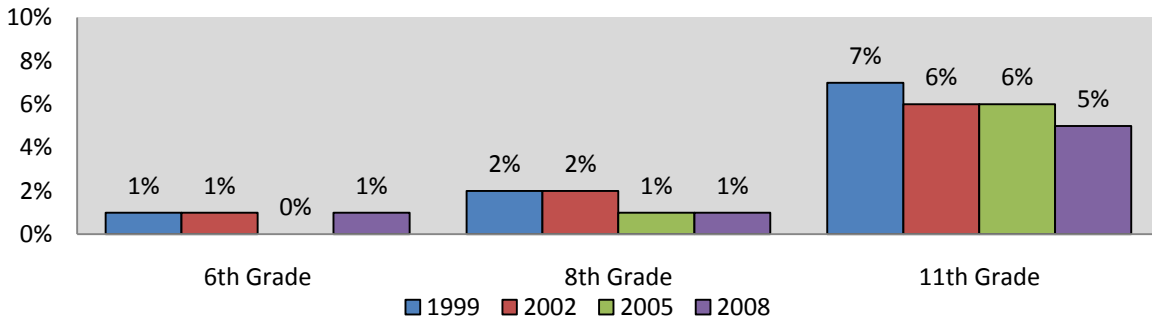
There is little reported use of cocaine/crack cocaine by Iowa youth. Overall there was little change in cocaine usage between 1999 and 2008. See Figures 54 and 55.

**Figure 54 - Percent of Student Self-Reporting the Current Use of Cocaine 1999 through 2008**



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

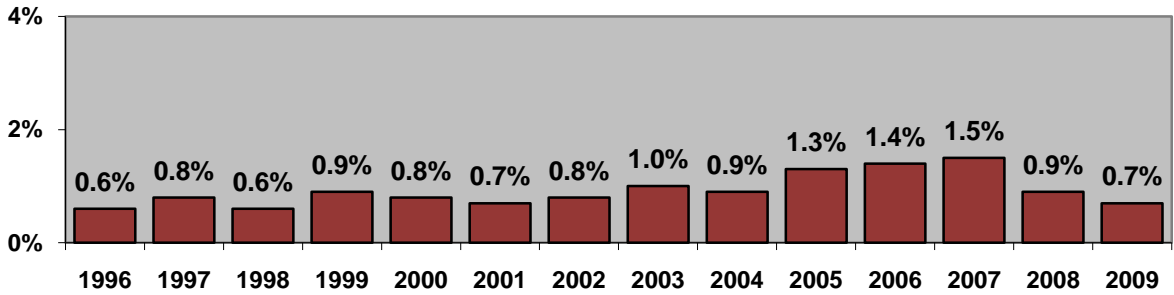
**Figure 55 – Percent of Students Self-Reporting Ever Having Used Cocaine, 1999 through 2008**



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Data depicting the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs is shown in Figure 56.

**Figure 56 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2009**



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

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

**Prescription and Over-the-Counter Medications**

One of the fastest growing threats to youth today is the abuse of prescription and over-the-counter (OTC) drugs. In the 2008 National Drug Control Strategy, the Office of National Drug Control Policy reported prescription drugs are the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. According to the 2007 National Survey on Drug Use and Health (NSDUH), there were 2.5 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day. Based on annual averages from the NSDUH, the non-medical use of pain relievers increased from the 2004-2005 survey to the 2005-2006 survey. For youth aged 12-17, use increased 8%.

According to the Partnership for a Drug-Free America, 2007 Partnership Attitudes Tracking Survey (PATS), one in five teens (19 percent or 4.7 million) teens nationally report intentionally abusing prescription drugs to get high, and one in ten report abusing cough medicine to get high.

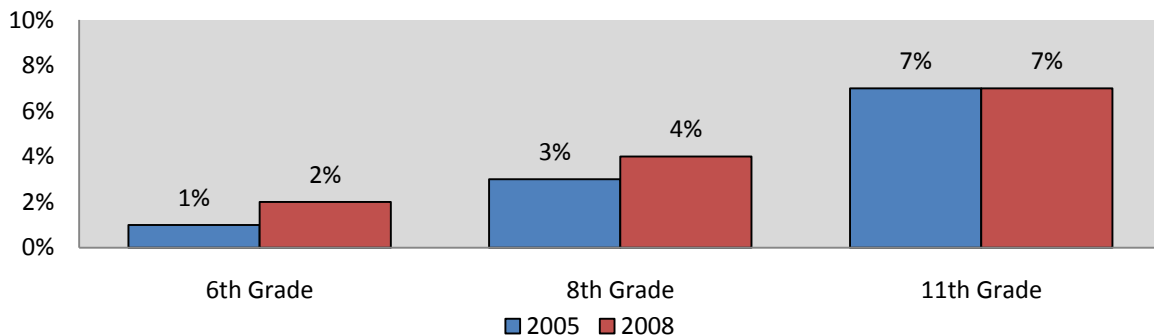
Attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not dangerous, or at least not as dangerous as using drugs like methamphetamine or heroin. This in turn leads them to believe that using a medicine without a prescription once in a while is not harmful, that abusing prescription pain killers will not cause addiction, and that getting high from cough syrup isn't risky. According to 2007 PATS data, this attitude is held by 41% of teens.

There are several additional reasons for these attitudes: aggressive marketing builds awareness of product availability and benefits, but not the negative consequences of misuse or abuse; and messages about “appropriate” use do not educate people about the negative consequences. These substances are also widely available and are often obtained within the home.

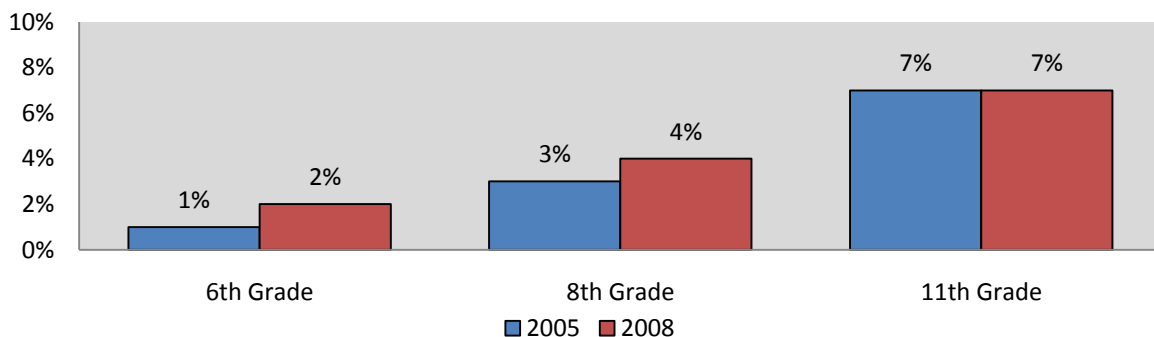
Additionally, many parents and other adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children.

According to the 2008 Iowa Youth Survey, seven percent of 11<sup>th</sup> grade students report prescription or over-the-counter drug abuse in the past 30 days.

**Figure 57 - Percent of Student Self-Reporting the Current Use of Prescription Medications 2005 and 2008**



**Figure 58 - Percent of Student Self-Reporting the Current Use of Over-the-Counter Medications 2005 and 2008**



### Other Drugs/Substances

Analyses of the data available indicate that besides those drugs and substances specifically discussed above, all other drugs and substances used/abused by the youth constitute less than 3% of reported substances abused. Notwithstanding the relative low use rates, this is an issue which requires continued vigilance.





# **FY 2010 STATE & FEDERAL FUNDING OF IOWA SUBSTANCE ABUSE & DRUG ENFORCEMENT PROGRAMS**

Prevention  
Treatment  
& Enforcement

*Programs listed herein focus on substance abuse and associated issues (e.g. crime, violence & delinquency), except as noted.  
Prevention, Treatment, and Enforcement are broad categories meant to encompass many programs.*

*Funding estimates do not include local or private resources, or federal funds provided directly to communities.*

Reported to ODCP as of 10-14-09

## FY 2010 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Governor's Office of Drug Control Policy</b>					
(1) Drug Policy Coordination	Comprehensive coordination of substance abuse prevention/education programs & strategies with substance abuse treatment and drug enforcement. Integrated approach includes local, state, federal & private agencies.	\$45,000			\$45,000
(2) State & Local Law Enforcement Justice Assistance	Grant-funded drug/crime control projects at neighborhood, city, county & state levels.	\$8,333	\$260,648		\$268,981
(3) Drug Abuse Resistance Education	Student education materials for use statewide by certified D.A.R.E. instructors to teach substance abuse prevention techniques/resistance skills.			\$165,000 <i>(Projected surcharge funds)</i>	\$165,000
(4) Project Safe Neighborhoods Gun & Gang Violence Prevention	Initiative to prevent firearm & gang related violence in targeted communities.		\$86,257		\$86,257
(5) Partnership for a Drug-Free Iowa/Iowa Substance Abuse Information Center	Project with the Partnership for a Drug-Free Iowa to promote and enhance the Iowa Substance Abuse Information Center.		\$200,000		\$200,000

## FY 2010 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Governor's Office of Drug Control Policy... continued</b>					
(6) Protecting Drug Endangered Children	State Coordination of efforts to identify, intervene & treat children endangered by caregiver drug use, manufacturing and distribution.		\$200,000		\$200,000
(7) U.S. Department of Education	Coalitions to reduce alcohol abuse at Iowa's higher education institutions.		\$370,034		\$370,034
<b>Iowa Department of Education</b>					
(8) Safe & Drug-Free Schools & Communities	Programs & activities that: (1) prevent violence in & around schools; (2) prevent the illegal use of alcohol, tobacco and drugs; (3) involve parents & communities; and (4) are coordinated with federal, state and local activities.		\$1,817,198		\$1,817,198
(9) Dropout Prevention & Services for Dropouts	Funds to local school districts for support services, programs & alternative schools for potential dropouts in grades K-12.				NA
			<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>		
(10) After School Programs	21 <sup>st</sup> Century Learning Centers provide students with alternative activities to increase/extend learning opportunities, while reducing the likelihood of substance abuse & violence.				NA
			<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>		

## FY 2010 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Education...continued</b>					
(11) HIV/AIDS Program	Staff development, technical assistance in curriculum development & selection of instructional materials, & policy development.		<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>		NA
(12) Student Support Services	Services for homeless children & youth, including substance abuse prevention & treatment services.		<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>		NA
(13) Learning Supports	Comprehensive school improvement to mobilize students, families, schools & communities to foster healthy, social, emotional, intellectual & behavioral development of children & youth.		<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>		NA
<b>Iowa Department of Human Rights, Division of Criminal &amp; Juvenile Justice Planning</b>					
(14) Juvenile Justice & Delinquency Prevention Act Grant Program	<p>Model projects concentrating on youth involved in the juvenile justice system that address:</p> <ul style="list-style-type: none"> <li>• Efforts to reduce the overrepresentation of minority youth in secure settings;</li> <li>• Pilot sites (Black Hawk, Polk, and Woodbury Counties) are receiving allocations to implement a national model (Juvenile Detention Alternatives Initiative) addressing detention reform;</li> <li>• Planning needs for girls &amp; gender specific services; and</li> <li>• Mental health services.</li> </ul>		\$295,000	\$44,540	\$339,540

## FY 2010 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Defense, Iowa National Guard</b>					
(15) Drug Demand Reduction	Support for community & school based drug prevention programs. Provides role models to educate youth on the harm of drugs. Assists community coalitions in deterring youth substance abuse & conducting parent training.		\$387,282		\$387,282
(16) Midwest Counter-Drug Training Center	Training programs, instruction & logistics for Community Anti-Drug Coalitions of America & other drug prevention workers, including training in coordination with the Iowa Department of Public Health.		\$207,500		\$207,500
<b>Iowa Department of Public Health, Division of Behavioral Health</b>					
(17) Comprehensive Prevention	Delivery of substance abuse prevention services including education, public information, problem identification, referral & community-based process. The emphasis is on primary prevention, before individuals need treatment.	\$452,544	\$5,583,030	\$156,500	\$6,192,074
(18) Mentoring Prevention/County Funding	A youth mentoring strategy of prevention programming for targeted recipients.			\$813,000	\$813,000

## FY 2010 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Health, Division of Behavioral Health...continued</b>					
(19) Drug & Violence Prevention	Prevention services targeting children & youth who are not normally served by the state or local education agencies, or populations that need special services or additional resources.		\$548,405		\$548,405
(20) Prevention Coordination	Coordination of specific substance abuse prevention programs. This includes support for the statewide clearinghouse—Iowa Substance Abuse Information Center—& training for substance abuse prevention specialists.		\$435,986		\$435,986
(21) State Prevention Grants-Youth	Substance abuse prevention programming for youth, to include: youth development; character development; & leadership opportunities. Creation & support of community youth mentoring programs will support state goals of primary prevention.	\$993,487			\$993,487
<b>Iowa Department of Public Health, Division of Tobacco Use Prevention &amp; Control</b>					
(22) Tobacco Prevention	Programs to prevent the use of tobacco, including community grants, school initiatives and advertising, including administration.	\$4,376,123	\$583,407	\$1,810,690	\$6,770,220

## FY 2010 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Safety, Governor's Traffic Safety Bureau</b>					
(23) Iowa State University Youth Program	Local & statewide conferences/workshops are held for high school & college students to enhance their leadership & decision-making skills. Emphasis is placed on peer activities & positive alternatives to alcohol & drugs.	\$85,000			\$85,000
<b>Regents: Iowa State University</b>					
(24) Drug-Free Working & Learning Environment	Substance abuse awareness program for all employees & their immediate family members, with additional training for supervisors & academic supervisors. Notification & safety publication to all employees each year.			\$5,000	\$5,000
(25) Employee Assistance Program	Confidential & professional help for benefits-eligible employees with work or personal problems. This program is outsourced to the Richmond Center.			\$87,685	\$87,685

## FY 2010 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Regents: Iowa State University...continued</b>					
(26) Student Affairs	Services offered through the Substance Abuse & Violence Program, Department of Residence, Student Counseling Center & Student Health Center. Emphasis is on prevention/education. Intervention & referral services are provided. Alternative programming is a strategy to reduce substance abuse. Safe campus & residence needs are addressed through individual & environmental strategies. Alternative programming is being used as a strategy to reduce the amount of substance abuse.	\$60,058		\$154,070	\$214,128
<b>Regents: University of Iowa</b>					
(27) Faculty & Staff Services	Evaluation, brief counseling, referral & follow-up for university employees & faculty members whose work performance is impaired. Education, training & prevention services for employees, supervisors & administrators are part of a drug-free workplace program. Classes in substance abuse are attended by supervisors.	\$102,289		\$188,733	\$291,022



## FY 2010 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Regents: University of Iowa...continued</b>					
(28) Student Health Service - Health Iowa	Health Iowa, the education branch of Student Health Service, conducts the student substance abuse program & coordinates campus-wide health promotion activities.			\$232,636	\$232,636
(29) University Counseling Service	University Counseling Service works with students in providing substance abuse education & counseling services.	\$18,200			\$18,200
(30) College of Education Rehabilitation Counseling Program-Mental Health Counseling Specialization	The Master of Arts program in Rehabilitation Counseling with a mental health counseling specialization prepares individuals to work in a range of community settings & provides them with expertise in prevention, assessment & treatment of substance abuse & mental health disorders, using individual, group & family therapy.				NA
			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>		
(31) College of Education Annual Summer School for Helping Professionals	Classes for community, agency & education practitioners working with individuals, groups, families & organizations dealing with substance abuse, mental health & related issues.				NA
			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>		

## FY 2010 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Regents: University of Iowa...continued</b>					
(32) Prairie lands Addiction Technology Transfer Center (PATTC, formerly ATTC of Iowa)	One of 14 regional centers in the U.S. providing state-of-the-art training, curricula & resources on substance abuse prevention & treatment. The PATTC serves Iowa, Minnesota, Nebraska, & North & South Dakota.			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA
(33) College of Public Health Department of Community Behavioral Health	This PhD program in Addiction Abuse Efforts Studies is a sub-tract in Community Behavioral Health. The program trains individuals to conduct research in the area of Public Health and addiction studies.			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA
(34) Iowa Consortium for Substance Abuse Research & Evaluation	A statewide organization that collaborates with public & private sectors to conduct & facilitate substance abuse research & evaluation activities. The Consortium's Coordinating Board includes representatives from the state's higher education institutions, governmental departments & associations of substance abuse treatment & prevention professionals.			<i>*This research program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA

## FY 2010 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Regents: University of Northern Iowa</b>					
(35) Substance Abuse Prevention & Intervention Services	Several departments/programs collaborate to provide substance abuse prevention programming, including Substance Abuse Services, the Department of Residence, Student Activities & the Office of the Vice President for Educational & Student Services. Intervention services include workshops for policy violators, substance abuse evaluations & referral services.	\$40,438		\$105,549 <i>(Student Service Fees, Dept. of Residence Room &amp; Board Fee, Student Health Fee)</i>	\$145,987
(36) Faculty and Staff Services	Confidential and professional help for benefits-eligible employees with work or personal problems. This program is outsourced to Allen Hospital EAP.		\$40,800		\$40,800

## FY 2010 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Governor's Office of Drug Control Policy</b>					
(1) Drug Policy Coordination	Comprehensive coordination of substance abuse treatment programs & strategies with substance abuse prevention and drug enforcement. Integrated approach includes local, state, federal & private agencies.	\$45,000			\$45,000
(2) State & Local Law Enforcement Justice Assistance	Grant-funded rehabilitation—primarily substance abuse treatment—for criminal offenders in community-based settings & correctional institutions.	\$61,810	\$843,571 <i>(corrections)</i> +\$273,463 <i>(treatment)</i>		\$1,178,844
(3) Residential Substance Abuse Treatment for Prisoners	Grant-funded long-term substance abuse treatment provided over six to 12 months to inmates who are housed separately from other inmates.	\$2,873	\$86,182		\$89,055
<b>Iowa Department of Corrections-Community Based Programs</b>					
4) OWI Specialized Treatment & Aftercare...in all 8 Judicial Districts	Community based corrections residential treatment diverts drunk drivers sentenced to prison. Programs provide 24-hour supervision & 220 hours of licensed substance abuse treatment & employment assistance.	\$1,026,285		\$150,678	\$1,176,963

## FY 2010 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Corrections-Community Based Programs...continued</b>					
(5) Dual Diagnosis & Other Substance Abuse Treatment...in 1 <sup>st</sup> Judicial District	In-house treatment for male & female offenders & after-care upon release from residential setting in the 1 <sup>st</sup> Judicial District (staff & contracts).	\$463,427			\$463,427
(6) Treatment Alternatives to Street Crime (TASC)...in 1 <sup>st</sup> , 2 <sup>nd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> & 7 <sup>th</sup> Judicial Districts	Identification, assessment, referral & case management of probationers in 6 judicial districts. TASC serves as a bridge between the criminal justice system & substance abuse treatment (excludes drug & alcohol testing).	\$442,741		\$169,589	\$612,330
<b>Iowa Department of Corrections-Institutional Programs</b>					
(7) Luster Heights and Violator Program	Licensed outpatient substance abuse treatment program offered at the minimum-security site in northeast Iowa.	\$217,617			\$217,617
(8) A New Direction—Anamosa State Penitentiary (ASP)	Licensed outpatient substance abuse treatment program for men within the prison.	\$291,167			\$291,167
(9) New Frontiers—Fort Dodge Correctional Facility (FDCF)	Licensed cognitive-based residential and outpatient substance abuse treatment program. The main components are: addiction, criminal thinking, emotional management & relapse prevention.	\$557,441			\$557,441

## FY 2010 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Corrections-Institutional Programs...continued</b>					
(10) Project TEA— Iowa State Penitentiary (ISP), Fort Madison	Licensed outpatient substance abuse treatment program providing counseling, education, and aftercare at medium and minimum-security sites. Also provides awareness education to all security units.	\$299,237			\$299,237
(11) Therapeutic Community, Outpatient Substance Abuse Treatment & Violators' Program— Iowa Correctional Institution for Women (ICIW), Mitchellville	Licensed residential and outpatient, gender-responsive substance abuse treatment programs for women. The Violators' Program is similar to the men's program at the Correctional Release Center in Newton.	\$397,519			\$397,519
(12) Substance Abuse Treatment—Mt. Pleasant Correctional Facility (MPCF)	Licensed outpatient substance abuse treatment program and drug/alcohol education for men.	\$285,734			\$285,734
(13) CHOICES – Clarinda Correctional Facility (CCF)	Licensed outpatient comprehensive substance abuse treatment program designed to initiate sobriety and a new lifestyle in male inmates.	\$585,101			\$585,101
(14) The Journey Program and Relapse Program—North Central Correctional Facility (NCCF), Rockwell City	Licensed outpatient substance abuse treatment program for those with no prior treatment. The Relapse Program is a cognitive-based program for inmates who have previously completed primary substance abuse treatment.	\$125,093			\$125,093

## FY 2010 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Corrections-Institutional Programs...continued</b>					
(15) Primary Chemical Dependency (PCD)—Newton Correctional Facility (NCF)	4-month licensed outpatient substance abuse treatment program that meets 10 hours/week and at least once/month individually with each offender.	\$118,903			\$118,903
(16) Relapse Program—Newton Correctional Facility (NCF)	12-week substance abuse program that meets 2 hours/week for offenders who have already completed primary treatment.	\$30,287			\$30,287
(17) Primary Chemical Dependency (PCD)—Correctional Release Center (CRC), Newton	4-month licensed outpatient substance abuse treatment program that meets 10 hours/week and at least once/month individually with each offender.	\$111,722			\$111,722
(18) Relapse Program—Correctional Release Center (CRC), Newton	12-week substance abuse program that meets 2 hours/week for offenders who have already completed primary treatment.	\$52,073			\$52,073
(19) Violator Program – Correctional Release Center (CRC), Newton	6-month licensed outpatient substance abuse treatment program for offenders who violate terms of probation.	\$124,187			\$124,187
(20) Educational substance abuse class, Spanish-speaking offenders—Newton Correctional Facility (NCF)	12-week educational substance abuse class that meets 3 hours/week for Spanish-speaking offenders.	\$5,407			\$5,407

## FY 2010 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Corrections-Institutional Programs...continued</b>					
(21) Substance abuse level of service assessment—Iowa Medical and Classification Center (IMCC), Oakdale	Contract service through Spectrum Health Systems, Inc., Worcester, MA to conduct level of service substance abuse assessments with reception offenders utilizing the ASAM and URICA.	\$300,000			\$300,000
(22) Mental Health/Substance Abuse—Iowa Department of Corrections (IDOC), Central Office	Funding appropriated for mental health/substance abuse training, curricula, and/or media resources (i.e., Motivational Interviewing DVDs for Corrections' statewide MI initiative).	\$25,000			\$25,000
<b>Iowa Department of Human Services, Division of Child &amp; Family Services</b>					
(23) Court-Ordered Treatment & Decategorization	Reimbursement for court ordered substance abuse treatment, care & drug testing. Decategorization contracts include drug court support (estimate based on FY2009 actual expenditures).	\$489,837			\$489,837
(24) Juvenile Justice Judicial Branch Administration	Salaries to assist with the operation of juvenile drug courts and support for court-ordered substance abuse treatment & related services to juveniles & their families in drug court programs.	\$1,040,300			\$1,040,300



## FY 2010 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Human Services, Division of Child &amp; Family Services...continued</b>					
(25) DHS Service Area Drug Testing Allocation	Funding for drug testing related to a formal child welfare case.		\$757,500		\$757,500
<b>Iowa Department of Human Services, Division of Medical Services</b>					
(26) Iowa Plan for Behavioral Health	Medicaid funded managed substance abuse treatment includes inpatient hospital treatment, residential treatment, outpatient treatment, halfway houses & continuing care. (The most recent actuarial calculation shows that 18.5% of the capitation payment is for the provisions of services associated with substance abuse)	\$8,013,139	\$13,298,401		\$21,311,540
<b>Iowa Department of Human Services, Office of the Deputy Director of Field Operations</b>					
(27) Juvenile Substance Abuse Treatment	Substance abuse treatment for juveniles in the state institutions at Eldora & Toledo.	\$648,146	<i>(\$328,000 included in Office of Drug Control Policy grant funding)</i>		\$648,146
(28) Iowa Residential Treatment Center at Mt. Pleasant Mental Health Institute	50-bed primary residential chemical dependency treatment program for adults serving voluntary & court-ordered admissions.	\$1,935,364			\$1,935,364

## FY 2010 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Health, Division of Behavioral Health</b>					
(29) Treatment Services	Delivery of substance abuse treatment services including evaluation, referral, counseling & aftercare in a managed care system, plus public information, methadone & needs assessments. Includes Iowa Plan for Behavioral Health.	\$15,652,556	\$15,603,536	\$1,211,036 <i>(Health Care Trust Fund)</i>	\$32,467,128
(30) Treatment Coordination	Coordination of targeted substance abuse treatment & strategies. Support for statewide clearinghouse, training for treatment personnel, regulation & evaluation of treatment programs, collection of data & urinalysis in the Polk County jail population.		\$831,077		\$831,077
<b>Iowa Department of Public Health, Division of Tobacco Use Prevention &amp; Control</b>					
(31) Tobacco Treatment	Tobacco cessation, Quitline Iowa, and other forms of treatment programs.	\$2,424,929	\$253,853	\$323,615 <i>(Health Care Trust Fund)</i>	\$3,002,397
<b>Iowa Veterans Home, Department of Veteran Affairs</b>					
(32) Drug & Alcohol Counseling Program	Substance abuse programming includes evaluation/assessment, referral, prevention activities plus individual & group counseling. Treatment programs are provided in partnership with VA Health Care Facilities.	\$135,285	\$215,597	\$163,403	\$514,285

## FY 2010 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Regents: University of Iowa</b>					
(33) Chemical Dependency Services (formerly Chemical Dependency Center)	An organizational unit within the University of Iowa Hospitals & Clinics responsible for providing counseling & treatment to patients with substance abuse problems. Services include evaluation, treatment & rehabilitation.	\$41,794	\$38,081	\$370,841	\$450,716
(34) College of Public Health—Department of Community Behavioral Health: Iowa Tobacco Research Center	The Iowa Tobacco Research Center coordinates a health care provider outreach, education and technical assistance program to improve provider use of evidence-based tobacco cessation interventions.	\$425,000			\$425,000
<b>Regents: University of Northern Iowa</b>					
(35) UNI Counseling Center	Individual & group counseling is provided without charge to students via the UNI Counseling Center.	\$20,580		\$21,420 <i>(Mandatory Student Health Fees)</i>	\$42,000

## FY 2010 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Governor's Office of Drug Control Policy</b>					
(1) Drug Policy Coordination	Comprehensive coordination of drug enforcement with substance abuse prevention & treatment programs. Integrated approach includes local, state, federal & private agencies.	\$45,000			\$45,000
(2) State & Local Law Enforcement Justice Assistance	Grant-funded drug control & system improvement enhancing apprehension, prosecution, adjudication & detention of criminal offenders. Includes 22 multi-jurisdictional drug task forces.	\$140,352	\$3,675,924	\$150,000 <i>(interest)</i>	\$3,966,276
(3) Meth Lab Deterrence	Real-time, electronic pseudoephedrine tracking system.		\$750,000		\$750,000
(4) Meth and Other Drug Enforcement	Real-time, electronic pseudoephedrine tracking system.		\$650,000		\$650,000
(5) Meth and Other Drug Interdiction	Drug Intercept Squads.		\$500,000		\$500,000
<b>Iowa Department of Corrections-Community Based Programs</b>					
(6) Drug Court – in all 8 Judicial Districts	Drug assessment, referral, treatment, probation supervision, intensive after-care & supervision to offenders with drug charges via specialized courts. Treatment & probation personnel work with offenders ordered to the program. Citizen panels preside over 2 programs.	\$2,181,564	\$885,146 <i>(Byrne-JAG ARRA grant and Office of Justice Programs)</i>	\$659,278 <i>(local funds &amp; client fees)</i>	\$3,725,988

## FY 2010 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Corrections-Community Based Programs...continued</b>					
(7) Drug & Alcohol Testing in 1 <sup>st</sup> , 2 <sup>nd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> & 7 <sup>th</sup> Judicial Districts	Monitoring of substance abuse offenders, using urine & breathalyzer testing (includes TASC & EM-related testing).	\$123,594	\$1,875 <i>(Byrne-JAG included in 2<sup>nd</sup> District Drug Court)</i>	\$157,275 <i>(Client fees)</i>	\$282,744
(8) Electronic Monitoring in 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & 5 <sup>th</sup> Judicial Districts	Electronic monitoring of offenders statewide is managed by the 5 <sup>th</sup> Judicial District, but used statewide (excludes drug & alcohol testing).	\$2,579,874			\$2,579,874
(9) Substance Abuse Evaluation Program (SAEP), 6 <sup>th</sup> Judicial District	IDPH licensed program developed to address need of criminal-justice-involved clients required by court to obtain a substance abuse evaluation.	\$76,950			\$76,950
<b>Iowa Department of Human Rights, Division of Criminal &amp; Juvenile Justice Planning</b>					
(10) Juvenile Accountability Block Grant Program	Juvenile accountability program in Polk County: Mentoring juvenile offenders in a detention center.		\$15,342		\$15,342
(11) Enforcing Underage Drinking Laws	Juvenile Court Services in all 8 Judicial Districts develop & implement strategies to enforce underage drinking laws, which include partnering with law enforcement agencies in conducting retail compliance checks, purchasing equipment to detect alcohol consumption in the field, and media campaigns.		\$352,450		\$352,450

## FY 2010 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Human Rights, Division of Criminal &amp; Juvenile Justice Planning...cont.</b>					
(12) Juvenile Justice Intervention Project	Juvenile Court Services in all 8 Judicial Districts develop & implement innovative & evidence-based services & sanctions to youth referred to juvenile court services, which include substance abuse treatment, restorative justice, juvenile court diversion, school-based & other programs to hold juvenile offenders accountable and to reduce the risks and strengthen assets among Iowa youth.		\$670,330		\$670,330
<b>Iowa Department of Public Defense, Iowa National Guard</b>					
(13) Drug Supply Interdiction	Analytical & operational support for local, state & federal law enforcement agencies to interdict illegal drugs.		\$1,843,742		\$1,843,742
(14) Midwest Counter-Drug Training Center	Multi-disciplinary drug enforcement training (e.g. meth lab entry & highway interdiction) provided to local law enforcement officers.		\$6,935,500		\$6,935,500
<b>Iowa Department of Public Health, Division of Tobacco Use Prevention &amp; Control</b>					
(15) Tobacco Enforcement	Enforcement programs to deter the illegal sale/purchase of tobacco products.	\$1,065,500	\$20,000		\$1,085,500

## FY 2010 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Safety, Division of Criminal Investigation</b>					
(16) Crime Laboratory & Analysis	Analysis of breath, body fluids & tissue samples for alcohol & narcotics investigations.	\$3,774,788	\$199,639		\$3,974,427
<b>Iowa Department of Public Safety, Division of Narcotics Enforcement</b>					
(17) Confidential Funds	Confidential funds to conduct undercover narcotics investigations involving the purchase of services, information and/or evidence.	\$121,158			\$121,158
(18) High Intensity Drug Trafficking Prosecution	Prosecution assistance provided by the Midwest High Intensity Drug Trafficking Area to Iowa U.S. Attorneys		\$458,530		\$458,530
(19) High Intensity Drug Trafficking Enforcement	Assistance provided by the Midwest High Intensity Drug Trafficking Area for coordination of investigations.		\$1,100,685		\$1,100,685
(20) Intelligence Bureau	Analysis of drug trafficking and other crime data on a statewide basis, to assist local law enforcement agencies with investigations.	\$2,126,361	\$69,359		\$2,195,720
(21) Marijuana Eradication	Eradication of marijuana plants found growing in Iowa.		\$11,000		\$11,000

## FY 2010 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Safety, Division of Narcotics Enforcement...continued</b>					
(22) Narcotics Operations	Investigations statewide into illicit drug/narcotics trafficking. Includes Drug Diversion Investigator.	\$4,493,294	<i>(\$287,932 included in Office of Drug Control Policy grant funding)</i>		\$4,493,294
<b>Iowa Department of Public Safety, Governor's Traffic Safety Bureau</b>					
(23) Prosecuting Attorneys Training Council	Training for prosecutors, law enforcement officers, hearing officers & other personnel on OWI laws & impaired driving.		\$195,500		\$195,500
(24) Iowa Law Enforcement Academy	Occupant protection, alcohol, & traffic safety training to law enforcement personnel throughout the state.		\$135,000		\$135,000
(25) Crime Laboratory Alcohol & Drug Testing	Field-testing & evaluation of new intoxolizers for testing impaired driver BACs.		\$461,500		\$461,500
<b>Iowa Department of Public Safety, State Patrol</b>					
(26) Patrol Activities	Support of highway traffic safety activities aimed at reducing impaired driving by providing overtime, preliminary breath testers (PBTs) &/or in-car video cameras.	\$6,813,595	\$724,500		\$7,538,095



## FY 2010 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Judicial Branch</b>					
(27) Iowa Children's Justice Initiative (Family Drug Court), State Court Administration	In partnership with DHS, DPH, and other agencies, federal grant to establish family drug court and system of care where parental substance abuse is primary reason for families' involvement in the child welfare system. Funding provides coordination of family drug court, reimbursement to substance abuse agencies for indirect services such as treatment team staffing, attending court hearings and development of family support services to follow family after formal case closure. Located in Linn, Polk, Scott, Wapello, and Northwest Iowa tri-county area including Cherokee, Ida, and Woodbury Counties.	\$120,500	\$500,000		\$620,500
<b>Iowa Law Enforcement Academy</b>					
(28) Basic Training	Six 13-week training schools for Iowa law enforcement officers, including 10 hours on drug recognition & investigation techniques.		\$20,000		\$20,000
(29) OWI Law, Detection Techniques Update & Drug Recognition for Street Officers	Seminars held across the state, including 43 classes running from 3 to 12 hours in length. Also funds 6 13-week basic training schools, each of which is 24 hours in length.			<i>(\$135,000 included in Governor's Traffic Safety Bureau grant funding)</i>	

## FY 2010 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Regents: University of Northern Iowa</b>					
(30) UNI Alcohol & Drug Enforcement	Several campus departments assist with enforcement & adjudication of cases involving a violation of the University Alcohol & Drug Policy and/or a violation of state laws pertaining to alcohol & other drugs. These departments include UNI Public Safety, the Office of the Vice President for Educational & Student Services, & the Department of Residence.	\$62,993		\$28,030 <i>(Dept. of Residence Room &amp; Board Fee)</i>	\$91,023

### Total Estimated FY 2010 Iowa Substance Abuse & Drug Enforcement Program Funding (by Agency)

Agency	Prevention	Treatment	Enforcement	Total Funding (By Agency)
Governor's Office of Drug Control Policy	\$1,335,272	\$1,312,899	\$5,911,276	\$8,559,447
Iowa Department of Corrections, Community Based Programs		\$2,252,720	\$6,665,556	\$8,918,276
Iowa Department of Corrections, Institutional Programs		\$3,526,488		\$3,526,488
Iowa Department of Education	\$1,817,198			\$1,817,198
Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning	\$339,540		\$1,038,122	\$1,377,662
Iowa Department of Human Services, Division of Child & Family Services		\$2,287,637		\$2,287,637
Iowa Department of Human Services, Division of Medical Services		\$21,311,540		\$21,311,540
Iowa Department of Human Services, Office of the Deputy Director of Field Operations		\$2,583,510		\$2,583,510
Iowa Department of Public Defense, Iowa National Guard	\$594,782		\$8,779,242	\$9,374,024
Iowa Department of Public Health, Division of Behavioral Health	\$8,982,952	\$33,298,205		\$42,281,157
Iowa Department of Public Health, Division of Tobacco Use Prevention & Control	\$6,770,220	\$3,002,397	\$1,085,500	\$10,858,117
Iowa Department of Public Safety, Division of Criminal Investigation			\$3,974,427	\$3,974,427
Iowa Department of Public Safety, Division of Narcotics Enforcement			\$8,380,387	\$8,380,387
Iowa Department of Public Safety, Governor's Traffic Safety Bureau	\$85,000		\$792,000	\$877,000
Iowa Department of Public Safety, State Patrol			\$7,538,095	\$7,538,095
Iowa Judicial Branch			\$620,500	\$620,500
Iowa Law Enforcement Academy			\$20,000	\$20,000
Iowa Veterans Home, Department of Veterans Affairs		\$514,285		\$514,285
Regents: Iowa State University	\$306,813			\$306,813
Regents: University of Iowa	\$541,858	\$875,716		\$1,417,574
Regents: University of Northern Iowa	\$186,787	\$42,000	\$91,023	\$319,810
<b>TOTAL</b>	<b>\$20,960,422</b>	<b>\$71,007,397</b>	<b>\$44,896,128</b>	<b>\$136,863,947</b>

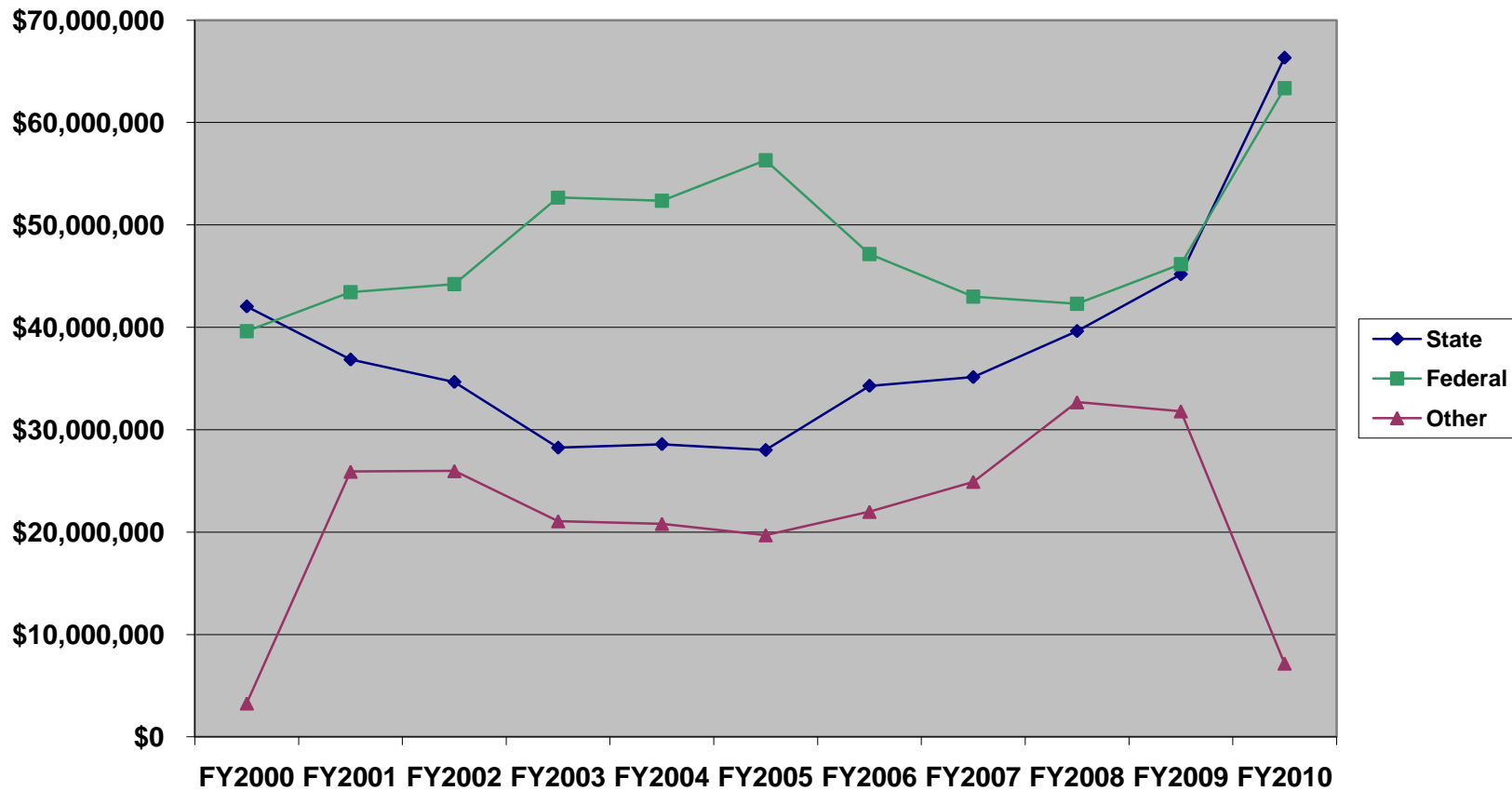
**Total Estimated FY 2010 Iowa Substance Abuse & Drug Enforcement Program Funding (by Source)**

Funding Source	Prevention	Treatment	Enforcement	Total Funding by Source
State	\$6,222,272	\$36,395,554	\$23,725,523	\$66,343,349
Federal	\$10,974,747	\$32,201,261	\$20,176,022	\$63,352,030
Other	\$3,763,403	\$2,410,582	\$994,583	\$7,168,568
<b>TOTAL</b>	<b>\$20,960,422</b>	<b>\$71,007,397</b>	<b>\$44,896,128</b>	<b>\$136,863,947</b>

**NOTE:**

- Beginning in FY 2006, “Federal” Safe and Drug-Free Schools and Communities prevention grants provided by the Iowa Department of Education to school districts (\$5,925,727 in FY 2005) were no longer included in this report, due to a change in the use of these grants for educational purposes other than substance abuse.
- FY 2010 figures were collected prior to the Governor’s 10% across the board cut.
- This report does not include local or federal funds provided directly to communities.

### Trends in Estimated Iowa Substance Abuse & Drug Enforcement Program Funding (by Source)



\*FY 2001 “Other” funding reflects 1<sup>st</sup> year of tobacco settlement funds invested in Iowa substance abuse programming.

\*FY 2003 “State” funding does not include approximately \$241,941 in supplemental appropriations approved in January 2003.

\*FY 2004 “State” funding does not include 2.5% ATB budget reduction implemented in October 2003.

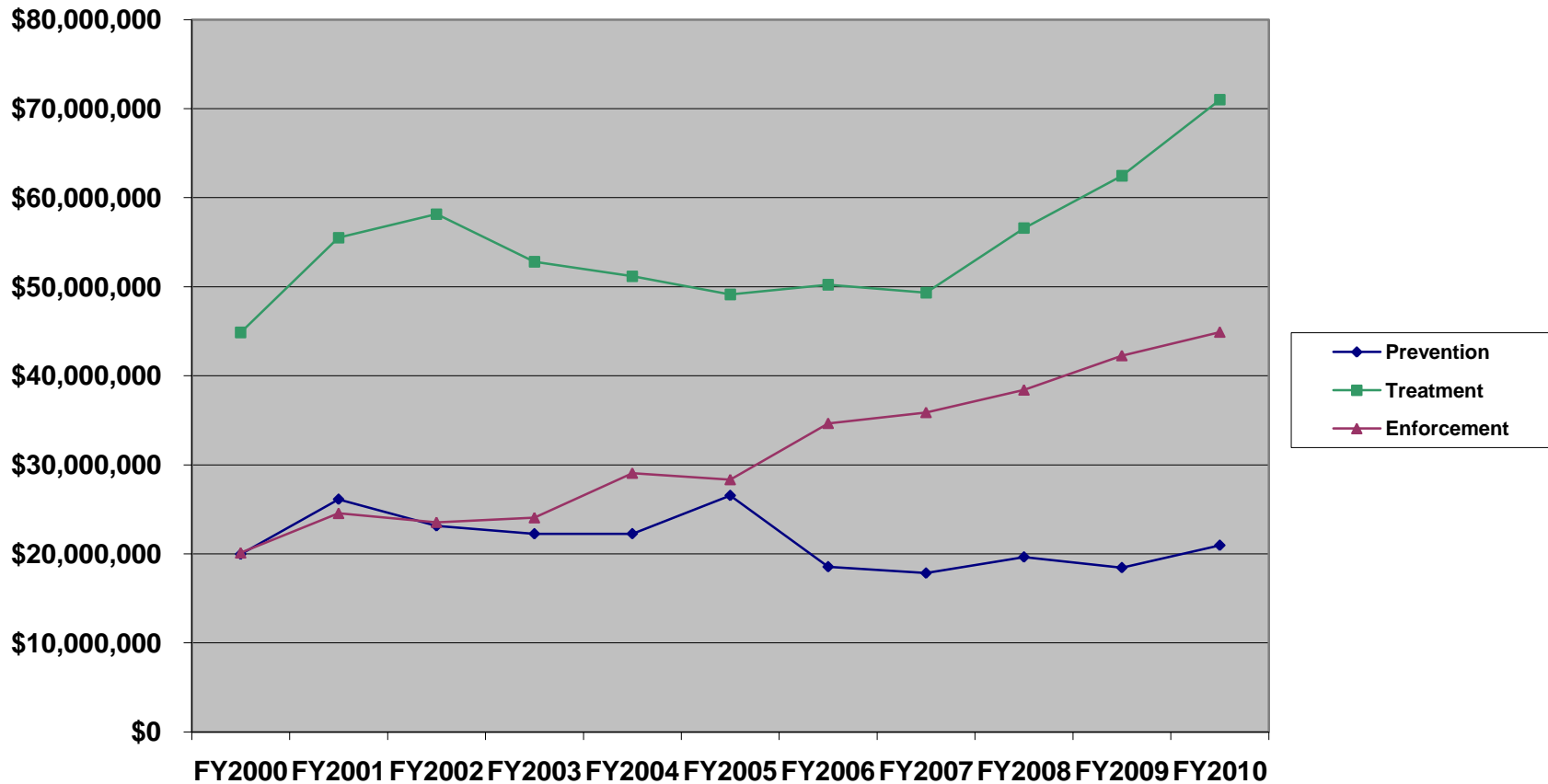
\*FY 2006 Federal Safe and Drug-Free Schools and Communities prevention grants (\$5,925,727 in FY 2005) are no longer included in this report, due to a change in their use for educational purposes other than substance abuse.

\*FY 2009 “Other” funding reflects the final year of tobacco settlement funds.

\*FY 2010 Federal funding includes the American Recovery and Reinvestment Act of 2009 funds appropriated to the agencies included.

\*FY 2010 State funding figures were collected prior to the Governor’s 10% across the board cut.

**Trends in Estimated Iowa Substance Abuse & Drug Enforcement Program Funding (by Discipline)**



*\*FY 2001 Funding reflects 1st year of tobacco settlement funds invested in Iowa substance abuse programming.*

*\*FY 2003 Funding does not include approximately \$241,941 in supplemental appropriations approved in January 2003.*

*\*FY 2004 Funding does not include 2.5% ATB budget reduction implemented in October 2003.*

*\*FY 2006 Federal Safe and Drug-Free Schools and Communities prevention grants (\$5,925,727 in FY 2005) are no longer included in this report, due to a change in their use for educational purposes other than substance abuse.*

*\*FY 2009 Funding reflects the final year of tobacco settlement funds.*

*\*FY 2010 Funding includes the American Recovery and Reinvestment Act of 2009 funds appropriated to the agencies included.*

*\*FY 2010 Funding figures were collected prior to the Governor’s 10% across the board cut.*