

**Iowa's Application to the  
Edward Byrne Memorial Justice  
Assistance Grant (JAG) Program**

**FFY 2019**

CFDA 16.738

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# Acknowledgments

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# Table of Contents

<b>Acknowledgments.....</b>	<b>2</b>
<b>Implementation/Time Task Plan.....</b>	<b>4</b>
<b>Data and Analysis of Need .....</b>	<b>5</b>
<b>Targeted Strategies: Results, Indicators, and Priorities .....</b>	<b>25</b>
<b>Strategy Development Process .....</b>	<b>42</b>
<b>Coordination of Efforts.....</b>	<b>49</b>
<b>Funding Information.....</b>	<b>50</b>
<b>Performance Measures .....</b>	<b>52</b>

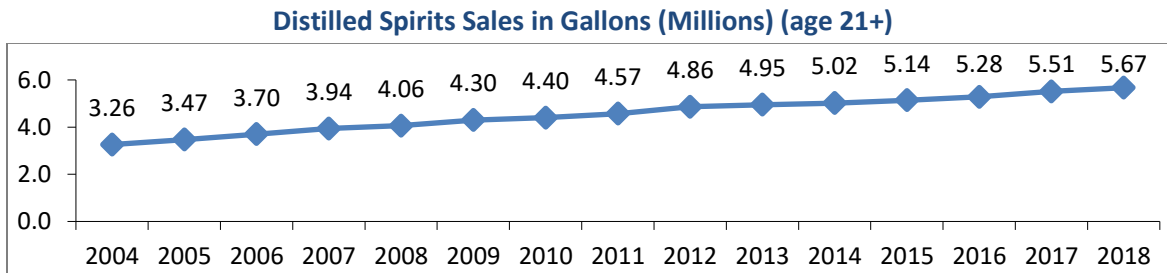
## Implementation/Time Task Plan

	19		20			21				22			
	June - Nov	Feb-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec
Application and receipt of federal Byrne-JAG funding	X	X	X	X									
Sub-grantees invited to make application for competitive grant process		X				X				X			
Competitive grant applications reviewed and funding decisions made			X				X				X		
Successful applicants notified. Sub grant contracts executed			X				X				X		
Beginning of sub grantee contract period. <i>Sub-grant contracts cover state fiscal year (July-June)</i>			X				X				X		
Grant funded program activities				X	X	X	X	X	X	X	X		
Quarterly financial reporting			X	X	X	X	X	X	X	X	X	X	X
Quarterly program reporting and assessment of program activities				X	X	X	X	X	X	X	X	X	
Sub-grantee final reporting and closeout								X				X	
Final reporting and grant closeout – federal grant													X

# Data and Analysis of Need

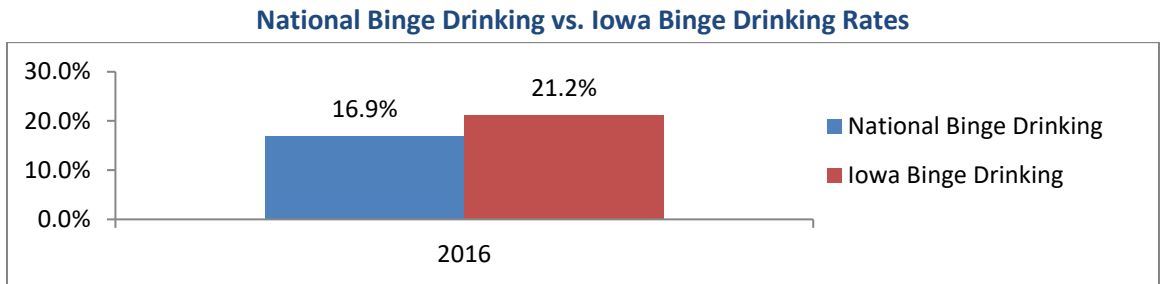
## Alcohol

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. This figure displays data compiled by the Iowa Department of Commerce, [Alcoholic Beverages Division](#), reporting the sale of millions of gallons of distilled spirits to retailers within the State of Iowa. Alcohol sales to retailers have steadily increased 74% over the past fifteen years reaching its current high of 5.67 million gallons in FY 2018.

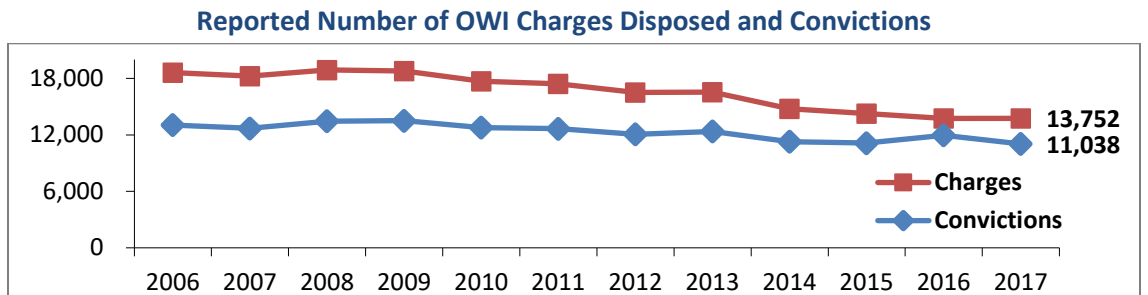


Source: SFY, [Iowa Department of Commerce, Alcoholic Beverages Division](#)

Research from the [Behavioral Risk Factor Surveillance System](#) compiled by the federal [Centers for Disease Control and Prevention](#) indicates that almost six of every ten adult Iowans are classified as current drinkers of alcoholic beverages. Further, one in five adult Iowans is classified as a binge drinker. In order to better understand some of the social implications resulting from the widespread use and abuse of alcohol, data indicators are presented below.



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

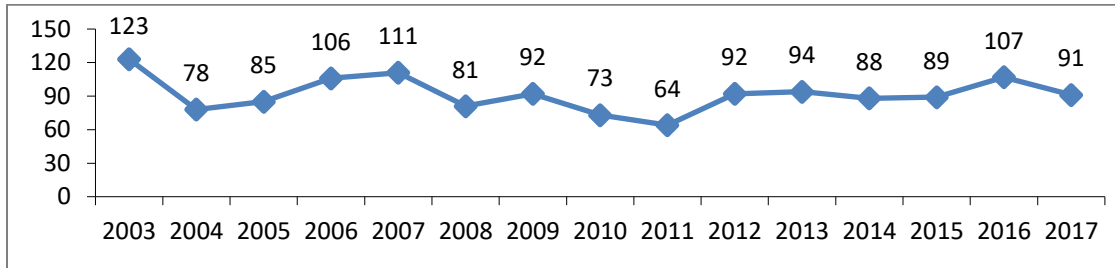


Source: CY, [Division of Criminal and Juvenile Justice Planning](#)

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

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

**Alcohol-Related Motor Vehicle Fatalities in Iowa**

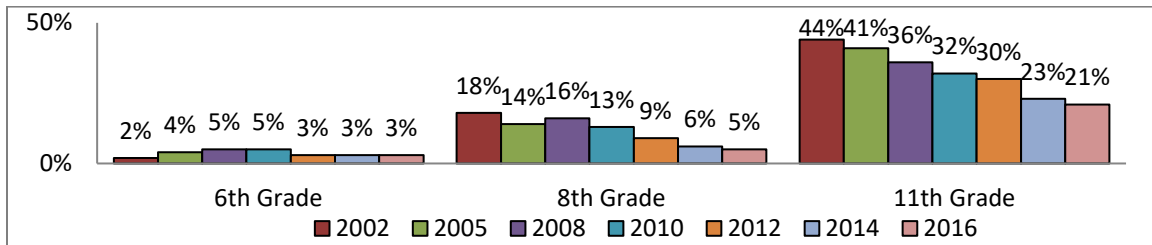


Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

Alcohol related motor vehicle fatalities reported by the Iowa Department of Transportation and the [Governor's Traffic Safety Bureau \(GTSB\)](#) have varied in recent years. In 2017, 91 people died in alcohol-related motor vehicle crashes.

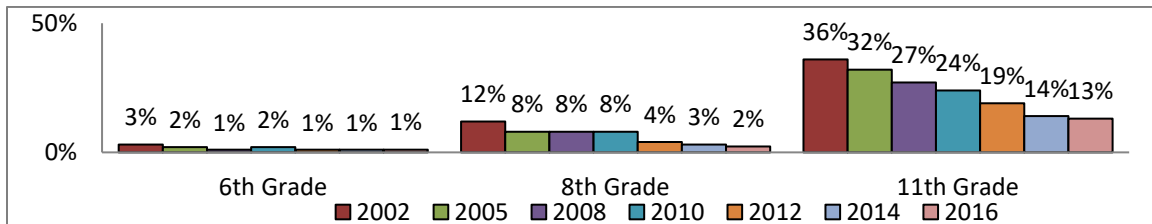
While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2014 nearly one quarter (23%) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline.

**Percent of Students Self-Reporting the Current Use of Alcohol**



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

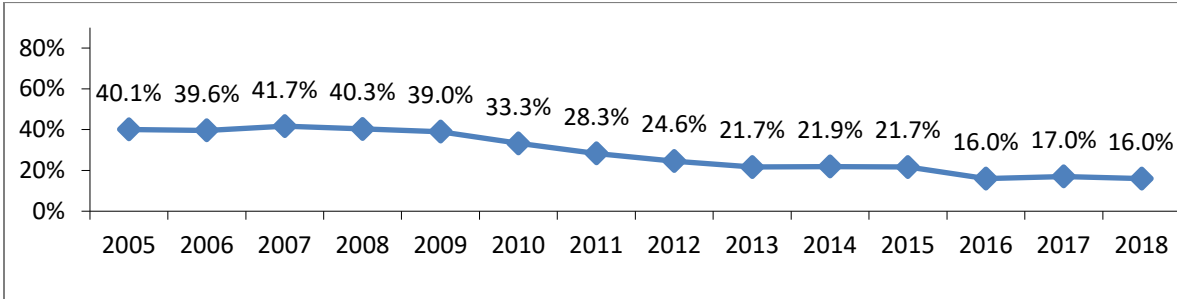
**Percent of Students Self-Reporting Current Binge Drinking**



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

Current (past 30 days) binge drinking (consuming five or more drinks at one time) by youth in grades 6, 8, and 11 as reported in the Iowa Youth Survey has decreased since 1999. The IDPH, Division of Behavioral Health, SARS/I-SMART substance use disorder reporting system data show that youth screens/admissions to substance use disorder treatment programs with alcohol as the primary substance of abuse is at 16% of the total. Based on these data, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

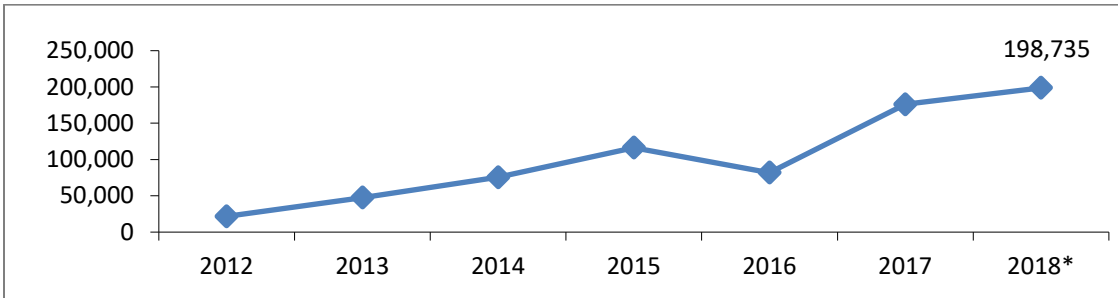
**Percentage of Youth Screens/Admissions to Substance Use Disorder Treatment Programs with a reported Primary Substance of Abuse of Alcohol**



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

**Amphetamine/Methamphetamine**

**Methamphetamine Seizures in Grams**



Source: CY (\*YTD), [Iowa Department of Public Safety Criminalistics Lab](#)  
 May not include all seizures. Larger cases may be sent to DEA lab.

Methamphetamine seizures by Iowa law enforcement agencies dropped off following a substantial reduction in meth labs about ten years ago, but have risen again in recent years. It is worth noting that this data from the Iowa Division of Criminal Investigation laboratory does not include all meth seizures. Large and major case amounts that were submitted to the U.S. Drug Enforcement Administration’s laboratory for federal prosecution are not included in these figures.

According to Iowa law enforcement officials, one reason for the surge in meth seizures in recent years is an increase in the quantity and quality of meth being smuggled into Iowa from Mexico and other states. They report intercepting large shipments of high purity meth with increasing frequency in many Iowa communities.

One indicator of the availability of methamphetamine is the price and purity of law enforcement seizures. In recent months, the Iowa Department of Public Safety’s Division of Narcotics Enforcement has experienced a significant increase in major cases involving large quantities of high purity methamphetamine. These cases generally involve meth smuggled into Iowa from Mexico and other states. Some meth encountered by law enforcement agencies is 99% to 100% pure. That compares with an average purity level ranging from 14% to 40% ten years ago.

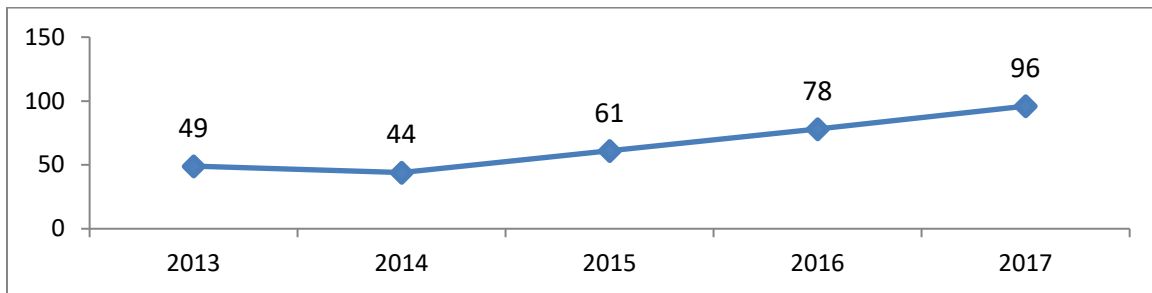
**Iowa Average Methamphetamine Price per Gram and Purity**

	2010	2012	2014	2016	2018
<b>Price</b>	\$130	\$135	\$125	\$105	<b>\$105</b>
<b>Purity</b>	79%	87%	95%	97%	<b>97%</b>

Source: [Iowa Counterdrug Task Force](#)

Another indicator of the devastation meth causes in Iowa is meth-related deaths. Psychostimulant-related deaths, largely due to meth, nearly doubled from 49 deaths in 2013 to 96 deaths in 2017.

**Iowa Psychostimulant-Related Deaths**



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

The Midwest High Intensity Drug Trafficking Area (HIDTA) has warned of possible meth “conversion” labs, used to extract meth from solution used to conceal the drug during the smuggling process. These labs reportedly involve highly flammable materials.

Most meth production labs in Iowa are smaller in number and size, compared to a few years ago. Most of the meth labs now reported are the smaller “one pot” variety, a method that was first introduced in the State in 2010. This method generally uses less pseudoephedrine and other precursor chemicals, and produces methamphetamine in smaller quantities. They are more portable than their predecessor labs, but still can be unstable and dangerous.

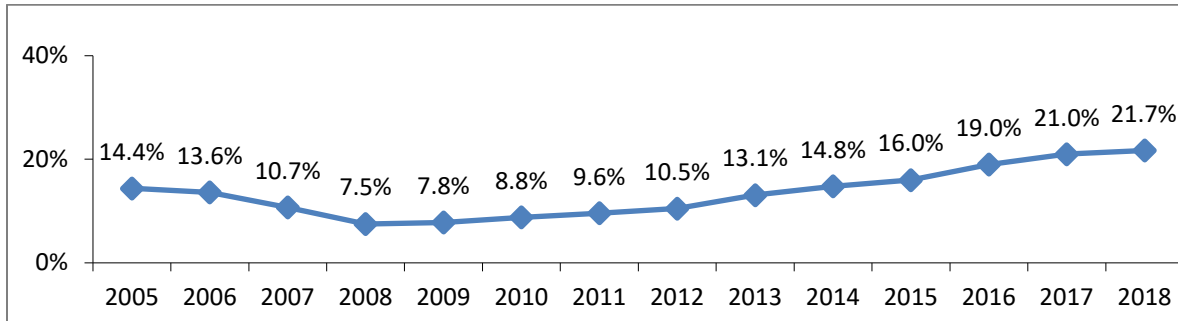
In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. Additional legislation passed in 2009, requires all Iowa pharmacies that sell non-prescription pseudoephedrine products over-the-





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

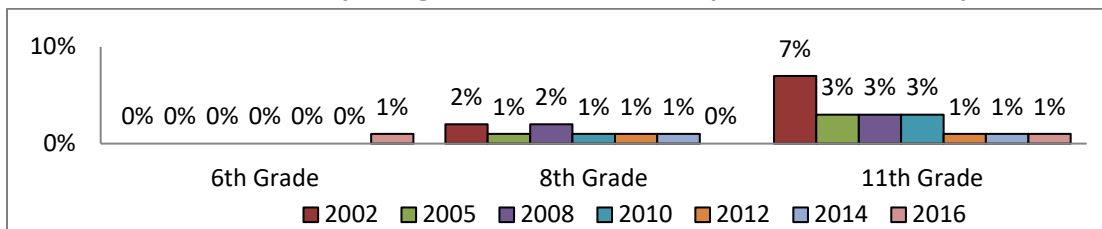
**Percentage of Adult Screens/Admissions to Substance Use Disorder Treatment Programs with a reported Primary Substance of Abuse of Methamphetamine**



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

While the demand for meth among the Iowa’s adult population remains high, young Iowans use meth at a relatively low level.

**Percent of Students Self-Reporting the Current Use of Amphetamine/Methamphetamine**

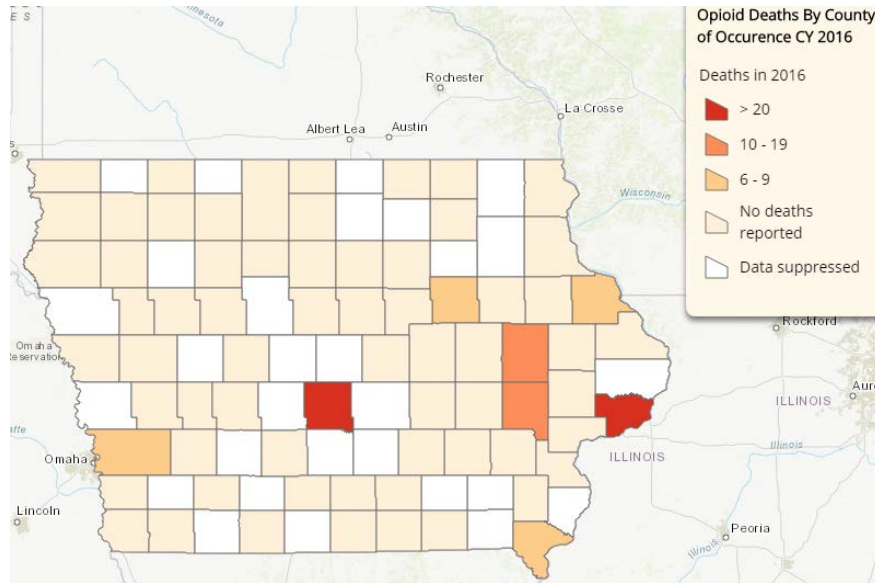


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

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

Due to their vast availability and addictive qualities, opioids are a category of drugs fueling additional substance abuse among Iowans. Opioids encompass opioid analgesics, or prescription pain medicines, such as hydrocodone, oxycodone, methadone, morphine and fentanyl. Opioids also include some illicit substances, such as heroin, and more recently non-medical synthetic opioids that may, or may not, be regulated such as fentanyl analogs clandestinely produced in other countries and smuggled into the U.S. for use with or without heroin. Prescription opioids can be very effective for treating pain, but prolonged use or misuse may lead to addiction. In fact, three out of four new heroin users started their addiction with prescription painkillers. Opioid misuse is a complex challenge requiring a balanced response to allow for proper medical treatment, while preventing substance abuse that can ultimately result in lethal overdose.

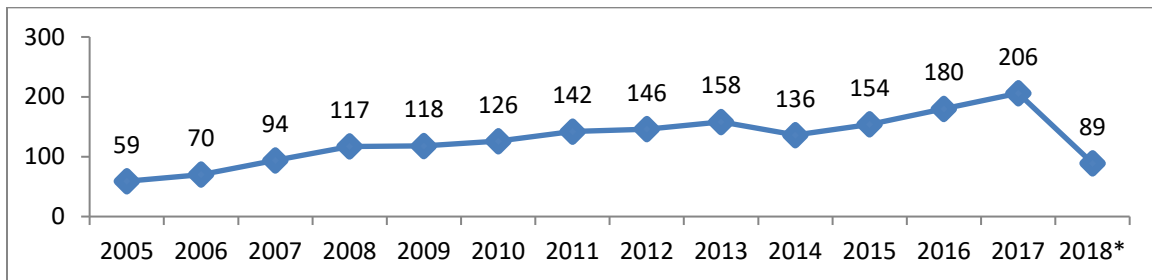
## Iowa Opioid Overdose Deaths



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

Iowa opioid-related overdose deaths, primarily from prescription opioids/narcotics and heroin, increased nearly 250%, from 59 deaths in 2005 to 206 deaths in 2017. According to preliminary 2018 data from the Iowa Department of Public Health (IDPH), the number of year-to-date deaths involving opioids from January to August fell 35 percent to 89 opioid-related deaths, compared to 137 during the same period in 2017.

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

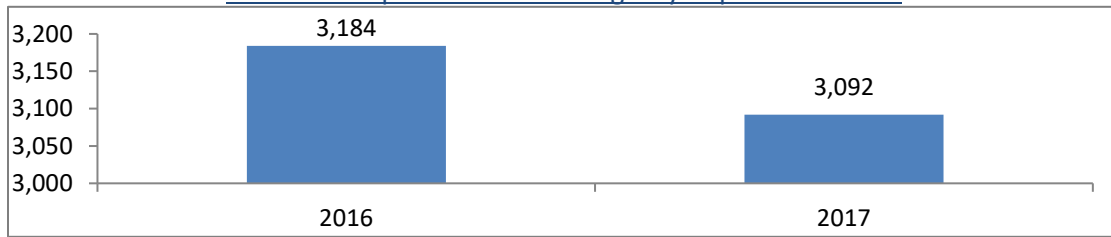


Source: CY (\*Preliminary 2018 YTD through 8-31-18), [Iowa Department of Public Health, Bureau of Health Statistics](#)

In July 2018, hospitals began reporting all known administrations of naloxone, the opioid overdose rescue medicine, to help track the number of non-lethal overdoses. During the first three months of that new reporting requirement, IDPH says 292 suspected or confirmed opioid overdoses were reported in Iowa.

Opiate-related emergency department visits remain at a high level. This number may not include unspecified or other drugs, or opiates combined with alcohol or other drugs.

### Number of Opioid-Related Emergency Department Visits



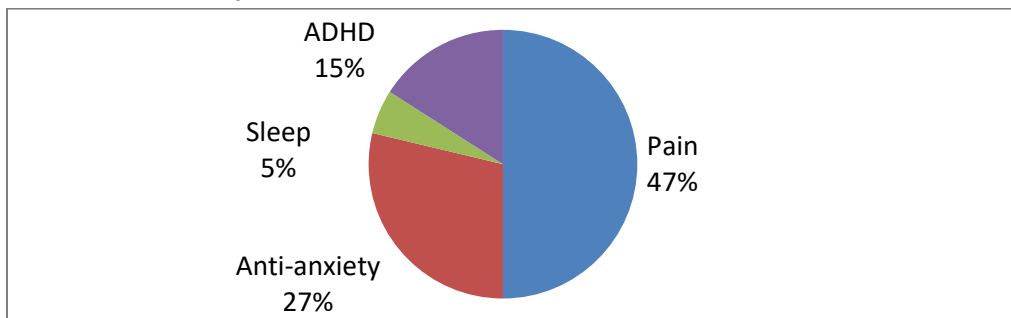
Source: CY, [Iowa Department of Public Health Division of Behavioral Health](#)

Prescription opioids are one of the three main broad categories of medications with abuse potential. The other two categories of prescription drugs with similar risks are stimulants and central nervous system depressants. A more detailed Iowa profile of prescription and over-the-counter drug abuse follows, as does additional information on heroin and related issues.

### Prescription Drugs and Over-the-Counter Medications

The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. The United States consumes 80% of the world's opioids – and 99% of the world's hydrocodone. According to data from the Prescription Drug Monitoring Program, the top 11 controlled substances prescribed in Iowa comprise approximately 94% of all prescriptions filled. These 11 medications include painkillers such as Vicodin, anti-anxiety medication such as Xanax, the sleep-inducer Ambien, and Attention Deficit Hyperactivity Disorder (ADHD) medications such as Adderall and Ritalin.

### Top 11 Controlled Substances Prescribed to Iowans



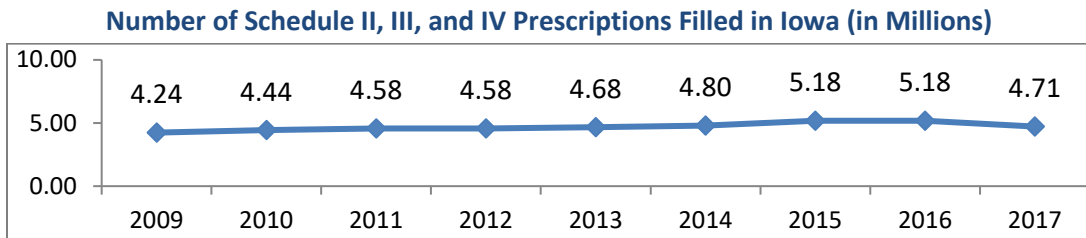
Source: CY 2017, [Iowa Board of Pharmacy](#)

The Iowa Prescription Monitoring Program (PMP) indicates possible doctor shopping and/or pharmacy hopping to obtain excessive amounts of prescription drugs. In 2017, there were 424 Iowans that filled CII – CIV prescriptions from five or more prescribers or pharmacies.

Several recent and pending enhancements to Iowa's PMP will make the database faster, more effective, and generally more user-friendly for health care professionals concerned with patient care. These upgrades include an online dashboard featuring patient overdose risk ratings and increasing integration with electronic health record systems. Additionally, Iowa law (HF 2377)

enacted in 2018 makes the following changes to reduce opioid misuse: prescribers are automatically enrolled to access the PMP; prescribers must query the PMP before prescribing opioids for a patient; the PMP will proactively send automatic alerts to health care professionals when inappropriate controlled substance use is suspected; prescriber report cards will be available in the PMP; and beginning in January 2020, all Iowa prescriptions must be delivered electronically.

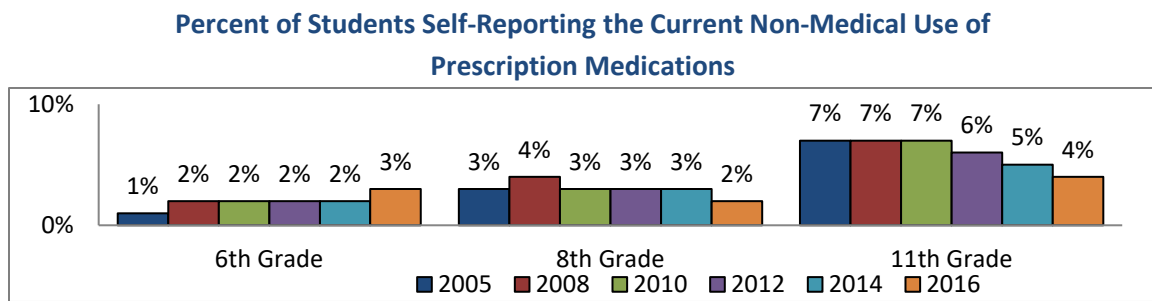
According to the PMP, the total number of prescriptions filled in 2017 was down nearly 10% from 2016. The American Medical Association also reports the prescribing of opioid analgesics is down nationally, and in Iowa, over the past three years.



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

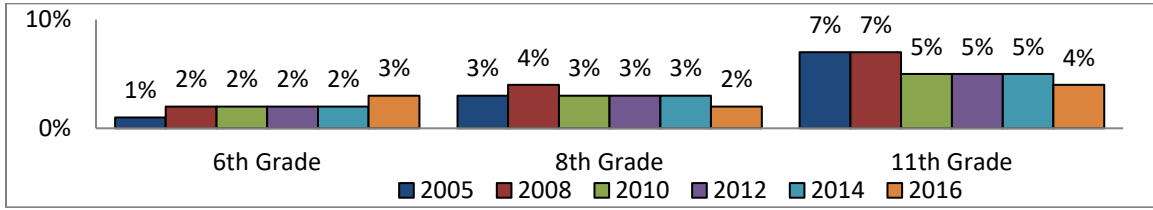
The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 98 pharmaceutical diversion cases and seized 12,518 dosage units over the past six fiscal years. In FY18 alone, DNE opened 14 new cases and seized over 5,922 dosage units. Treatment centers anecdotally report a dramatic increase in prescription drug use disorder clients. And, according to the 2016 Iowa Youth Survey, 4% of Iowa 11<sup>th</sup> graders have used prescription drugs for non-medical purposes in the past 30 days.

Additionally, attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not as dangerous as using drugs like methamphetamine. This in turn leads them to wrongly believe that using a medicine without a prescription is not harmful and that misusing prescription painkillers will not cause addiction. These substances are widely available and are often obtained within the home. Many adults do not understand the behavior of intentionally misusing medicine to get high, and are not discussing the risks of this behavior with their children.



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

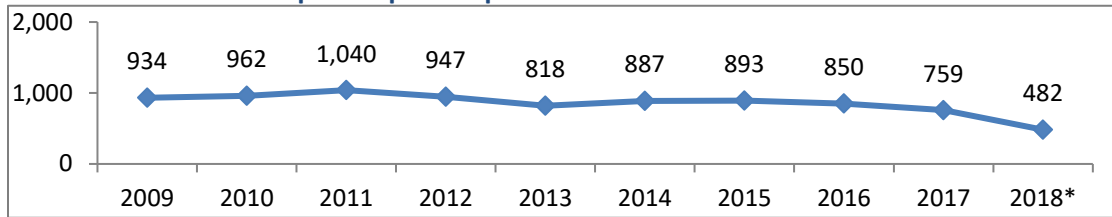
**Percent of Students Self-Reporting the Current Non-Medical Use of Over-the-Counter Medications**



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

Painkillers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. The high number of prescription opioid “human exposure” calls to the Iowa Statewide Poison Control Center highlights this dangerous trend. This data includes fentanyl, morphine, and methadone as well as common prescription pain killers. This data does not include heroin or synthetic opioids.

**Number of Prescription Opioid Exposure Calls to the Iowa Poison Control Center**

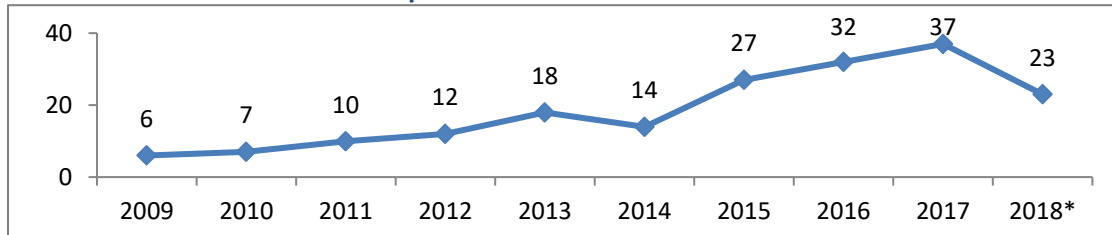


Source: CY (2018 YTD through 9-30-18), [Iowa Statewide Poison Control Center](#)

**Heroin**

Heroin use appears to be on the rise in Iowa. According to Iowa Department of Public Health treatment data, heroin screenings/admissions for treatment have increased to an all-time high of 2.8% of all treatment admissions. Although small, this number has more than tripled in the past six years.

**Number of Heroin Exposure Calls to the Iowa Poison Control Center**



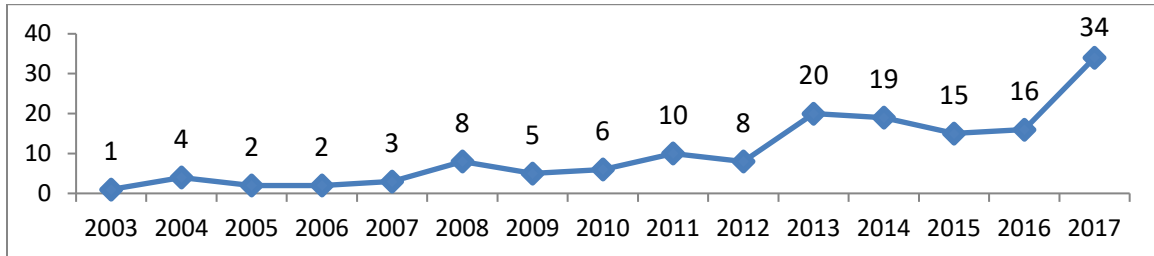
Source: CY (2018 YTD through 9-30-18), [Iowa Statewide Poison Control Center](#)

As more and more people become hooked on prescription opioids, more end up turning to heroin. Because prescription opioids are similar to heroin in how their chemical makeup affects the brain, some users addicted to pain medicine may transition to heroin. This is especially true when pain

medicines become difficult to obtain, or cheaper heroin becomes available in a community. The CDC reports three out of four new heroin users reported previous prescription opioid misuse.

Heroin overdose deaths rose dramatically last year to an all-time high of 34.

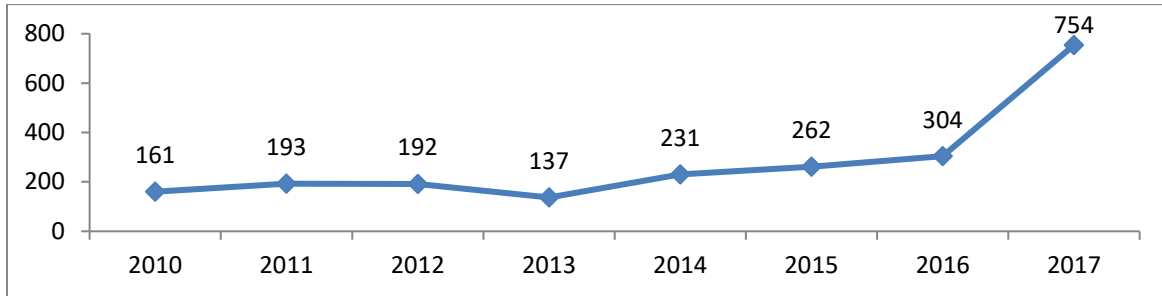
### Iowa Heroin-Caused Overdose Deaths



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

Another indicator of the prevalence of prescription opioids and heroin in Iowa is the number of times naloxone has been administered by Emergency Medical Services (EMS) personnel in an overdose situation. Naloxone is a medication called an “opioid antagonist” and is used to counter the effects of opioid overdose. Naloxone is used to counteract life-threatening effects of opioids, such as depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. It is often referred to as an opioid overdose reversal drug, but requires emergency medical care after its use. Naloxone only works if a person has opioids in their system.

### Iowa EMS Naloxone Administrations



Source: CY, [Iowa Department of Public Health, Bureau of Emergency and Trauma Services](#)

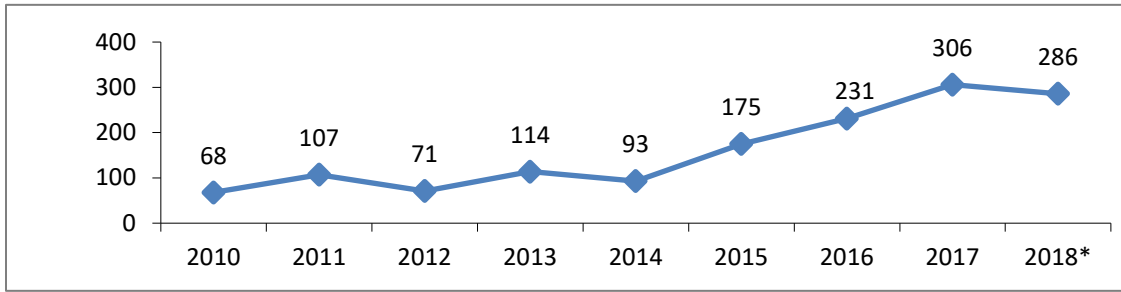
### Iowa Average Heroin Price per Gram

	2010	2012	2014	2016	2018
<b>Price</b>	\$215	\$250	\$250	\$200	<b>\$170</b>

Source: [Iowa Counterdrug Task Force](#)

The Iowa Department of Public Safety’s Division of Narcotics Enforcement reports five years of statewide heroin statistics. In 2011, DNE opened 1 heroin case and seized 112 grams of heroin. In 2018, those numbers increased to 35 heroin cases and 2,006 grams seized. Seizure amounts for any drug may vary greatly from year to year, especially when you have one or two large seizures, and represent only a partial picture. However, the Iowa crime lab reports a marked increase in heroin cases submitted.

### Heroin Seizure Cases Submitted to Crime Lab



Source: CY (\*YTD through 9-30-18), [Iowa Department of Public Safety Criminalistics Lab](#)  
*May not include all seizures – larger cases may be sent to DEA lab.*

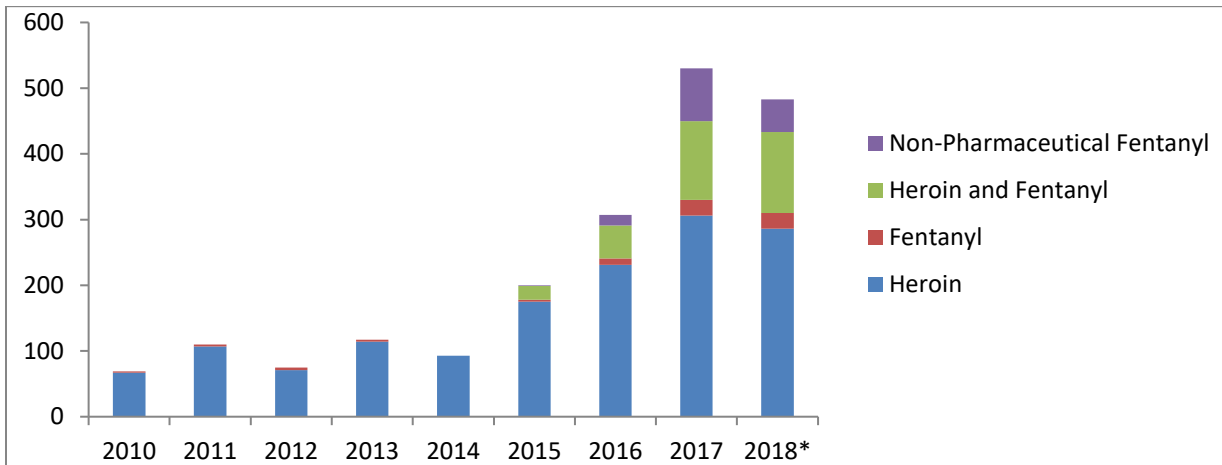
### Synthetic Opioids (Non-Medical)

Fentanyl is a synthetic and short-acting opioid analgesic that is 50-100 times more potent than morphine, and approved for managing acute or chronic pain associated with advanced cancer. Although pharmaceutical fentanyl is at times diverted for misuse, most cases of fentanyl-related morbidity and mortality have been linked to illicitly manufactured fentanyl and fentanyl analogs, collectively referred to as non-pharmaceutical fentanyl (NPF). NPF is sold via illicit drug markets for its heroin-like effect and often mixed with heroin and/or cocaine as a combination product—with or without the user’s knowledge—to increase its euphoric effects. NPFs are also more lethal than many other opioid counterparts. While NPF-related overdoses can be reversed with naloxone, a higher dose or multiple-number of doses per overdose event may be required to revive a patient due to the high potency of NPF.

In the fall of 2015, the Centers for Disease Control and Prevention (CDC) issued a fentanyl “Health Advisory” to put health care professionals on alert, due to increases in fentanyl drug confiscations and fentanyl-related overdose fatalities in the United States. The CDC advisory followed a national alert issued by the Drug Enforcement Administration (DEA), citing fentanyl as a threat to public health and safety. In July of 2018, the DEA issued an Officer Safety Alert about the latest threat to emerge in the U.S. – carfentanil, which is approximately 100 times more potent than fentanyl. The Iowa Division of Criminal Investigation (DCI) laboratory reports five cases of carfentanil (alone or in mixture) through September 30, 2018.



### Iowa DCI Heroin, Fentanyl, and other Synthetic Opioid Cases



Source: CY (\*2018 YTD as of 9-30-18). [Iowa Department of Public Safety Criminalistics Lab](#)  
May not include all seizures – larger cases may be sent to DEA lab.

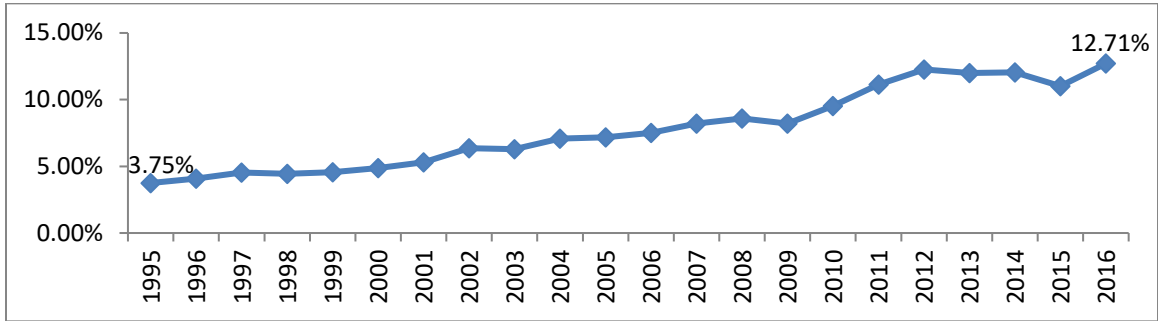
The DCI laboratory also reports 24 cases containing fentanyl and 113 cases of fentanyl or analogs mixed with heroin through September 30, 2018. The lab also reports 50 cases containing fentanyl analogs (non-pharmaceutical fentanyl or other synthetic opioids) such as acetyl fentanyl, furanyl fentanyl, or U-47700. While these numbers are relatively small, they mark a noticeable increase from three fentanyl cases in 2014.

### Marijuana

Data indicate marijuana is Iowa's most used illegal drug and after alcohol, the second most frequent reason for substance use disorder treatment admissions. It also appears as though marijuana has held this distinction for quite some time. Although marijuana use is prevalent in Iowa, according to the National Survey on Drug Use and Health (NSDUH), less than 6% of Iowans say they currently use the drug.

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Laboratory reports that most of the marijuana it currently sees is made primarily of the buds of the female plants, versus marijuana of the past, which also contained inactive particles such as leaves and stems. The buds contain the delta-9-tetrahydrocannabinol (THC), which is the primary psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug, which is expected to have more acute personal and societal consequences. THC levels in the U.S. averaged less than 1% in 1972, compared to nearly 13% today.

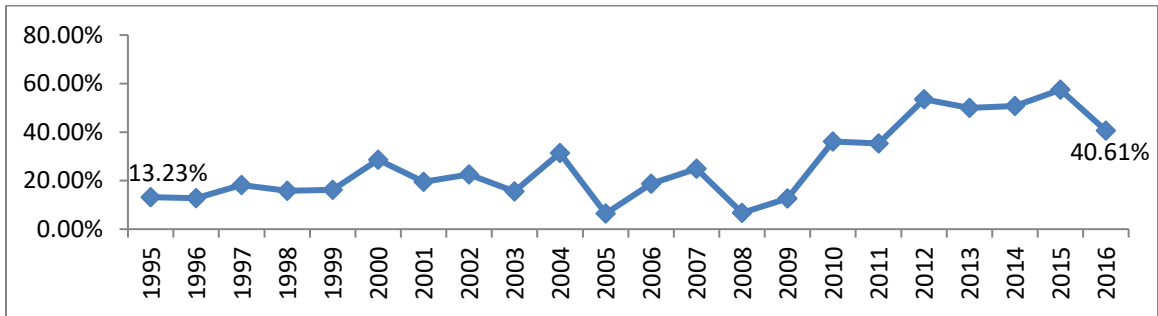
**Increasing THC Potency of Marijuana  
(Plant Material Seized in the U.S.)**



Source: [University of Mississippi Marijuana Project through 3-22-17](#)

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

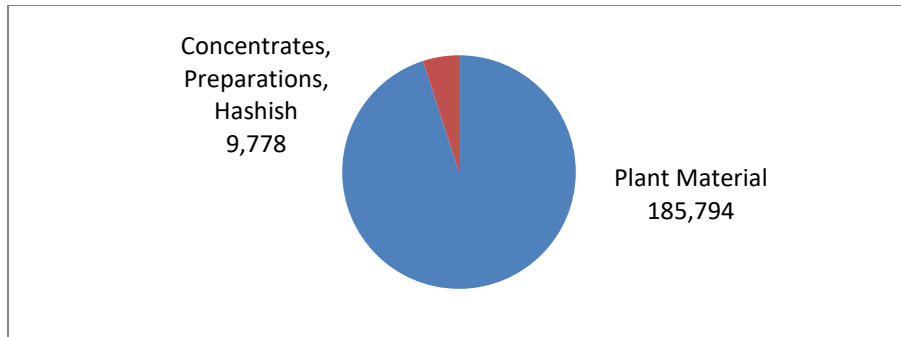
**New Marijuana’s Increasing THC Potency  
(Hash Oil Seized in the U.S.)**



Source: [University of Mississippi Marijuana Project through 3-22-17](#)

Due to the influx of marijuana from states where marijuana use has been legalized, a significant number of the marijuana sample submissions tested by the Iowa crime lab in 2017 involved high-potency marijuana “preparations” or “concentrates” such as oils, waxes, and marijuana-infused edibles.

**Grams of Marijuana Samples Tested**

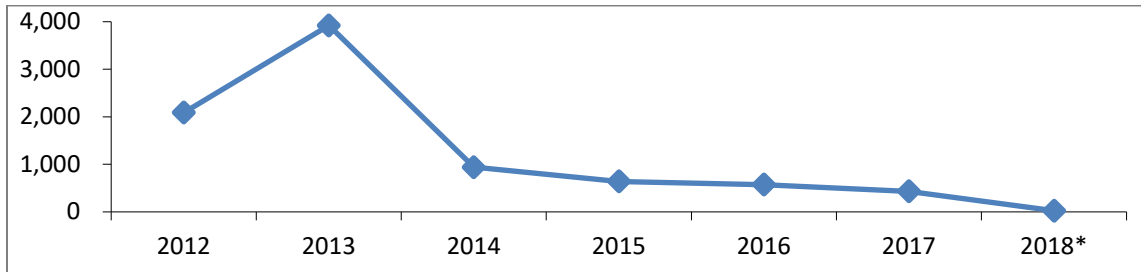


Source: CY 2017, [Iowa Department of Public Safety](#)

Marijuana seizures reported by the Iowa Department of Public Safety have fluctuated in recent years. According to the DPS, marijuana submission rates are up, but there have been fewer cases

involving large amounts of the drug. This may be due, at least in part, to the rise of marijuana concentrates, which typically involve smaller amounts of more potent marijuana.

**Marijuana Seizures, in Pounds**



Source: CY (\*YTD through 9-30-18), [Iowa Department of Public Safety Criminalistics Lab](#)  
 May not include all seizures. Larger cases may be sent to DEA lab.

Drug smugglers often use our interstate system of highways to travel to or through Iowa. Colorado and California, states that permit “medical marijuana,” often are cited as source states for marijuana seized in interdiction stops by Iowa law enforcement.

According to the Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) 2018 Marijuana Legalization Report, average THC potency levels in marijuana produced in Colorado in 2017 increased to 19.6% for flower/plant-based marijuana products and 68.6% for marijuana concentrates.

Many of the marijuana “concentrates” found in Iowa are produced in Colorado, where such high THC products are legal. According to the 2018 RMHIDTA report, Iowa was the third most cited destination for Colorado marijuana.

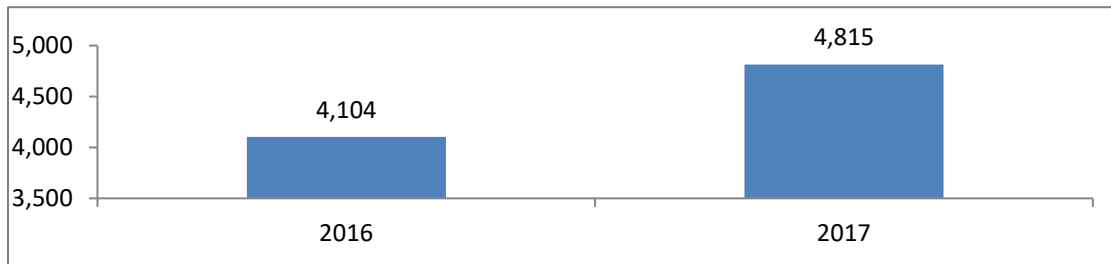
**Destination States for Marijuana Produced in Colorado**



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

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance use disorder treatment programs in Iowa, as well as emergency department visits due to marijuana use. In data collected, marijuana was the most often reported primary drug of use, other than alcohol, for adults during the period of SFY 1997 – 2016. Hospital emergency department visits have risen dramatically. This data reinforces the fact that despite misconceptions by some, marijuana can be harmful and is an addictive drug.

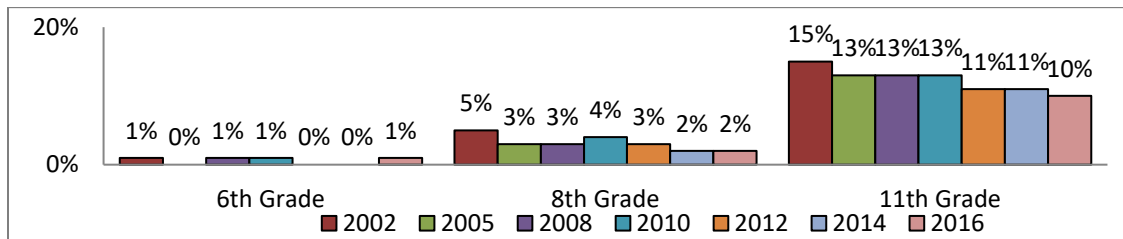
**Number of Marijuana-Related Emergency Department Visits**



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

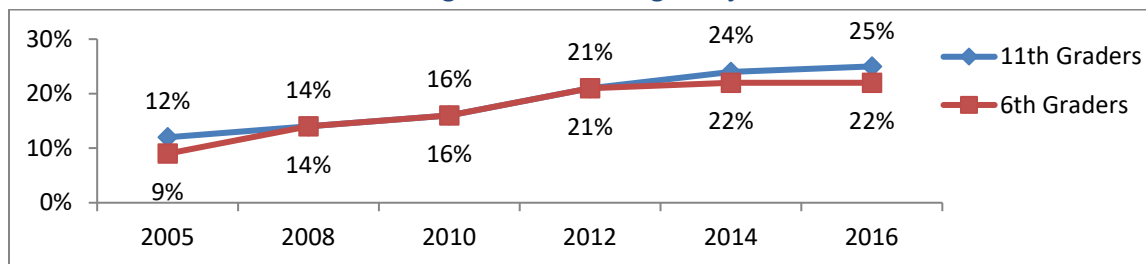
The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. In 2016, 16% of 11th graders reported current use. Again, attitude drives behavior. One quarter of Iowa 11th graders and 22% of 6th graders perceive no risk in smoking marijuana once or more per week. This number has doubled in the past ten years, coinciding with an increase in “medical marijuana” discussions and laws, and the legalization of marijuana for general use in a few states.

**Percent of Students Self-Reporting the Current Use of Marijuana**



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

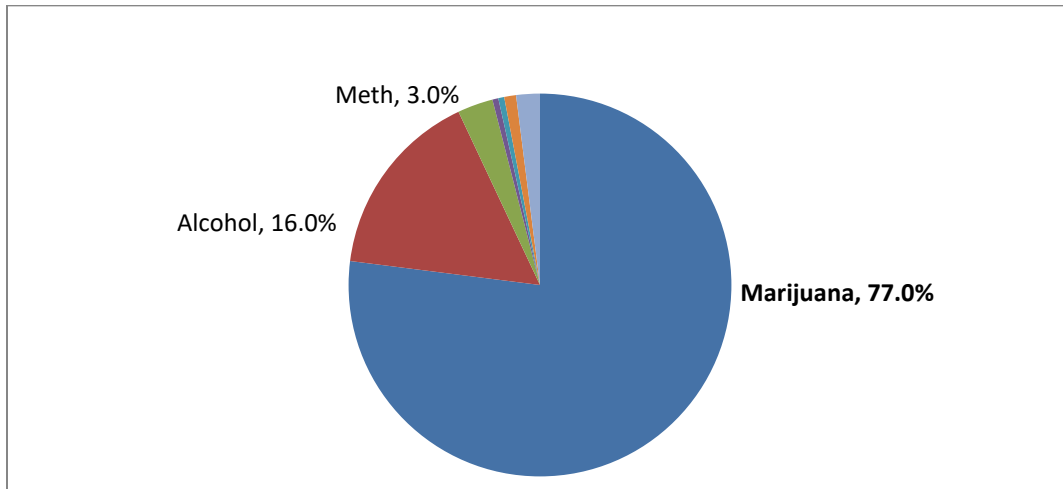
**Percent of Students Perceiving No Risk Smoking Marijuana Once or More a Week**



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

Substance use disorder reporting system data also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period included in this review.

**Percentage of Youth Screenings/Admissions to Substance Use Disorder Treatment Programs with Marijuana as Primary Drug**



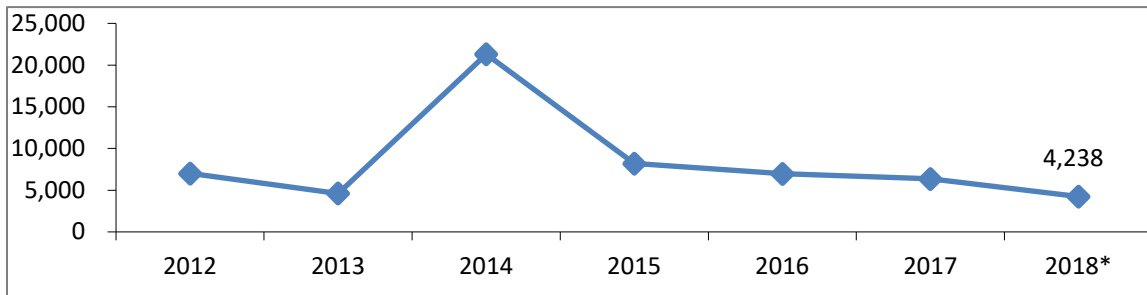
Source: FY18, [Iowa Department of Public Health, Division of Behavioral Health](#)

**Cocaine/Crack Cocaine**

Until the growth in the use of methamphetamine in the 1990s, the second most prevalent illegal drug in Iowa was cocaine or crack cocaine. Overshadowed by the use of meth and other drugs by Iowans, cocaine represents a smaller but significant problem.

The Iowa Division of Narcotics Enforcement reported having several large cases involving cocaine, but overall, seizure sizes vary.

**Iowa Cocaine/Crack Cocaine Seizures, in Grams**



Source: CY (\*YTD), [Iowa Department of Public Safety Criminalistics Lab](#)  
 May not include all seizures. Larger cases may be sent to DEA lab.

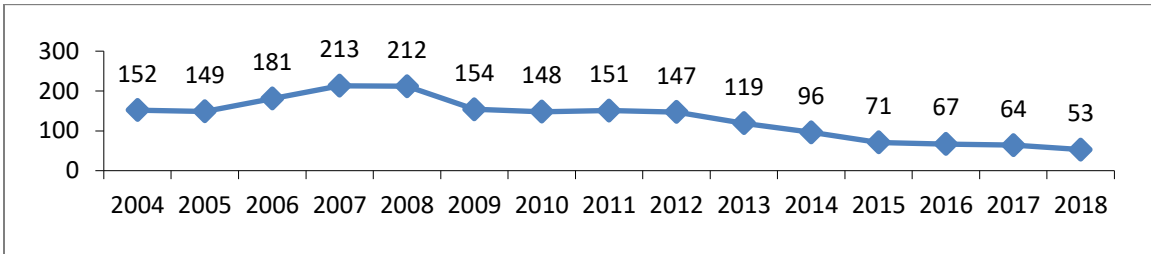
**Iowa Average Cocaine Price per Gram**

	2010	2012	2014	2016	2018
Price	\$125	\$130	\$100	\$100	<b>\$100</b>

Source: [Iowa Counterdrug Task Force](#)

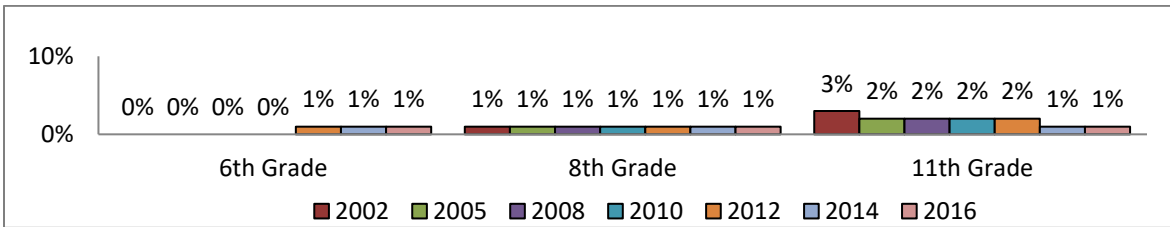
Cocaine-related admissions to prison represented six percent of drug-related prison admissions in FY 2018. The number of prison admissions for crack/cocaine is the lowest it has ever been since this data was first collected in 2004. Based on the data indicators illustrated here, it would appear that cocaine/crack cocaine continues to represent a significant substance among the drug using population in Iowa. There is little reported use of cocaine/crack cocaine by Iowa youth.

### Cocaine/Crack Cocaine-Related Prison Admissions



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

### Percent of Students Self-Reporting the Current Use of Cocaine



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

Data regarding the prevalence of cocaine/crack cocaine as the primary substance among juveniles screened/admitted to substance use disorder treatment programs while remaining constant for the past 10 years is also very low. In 2016, less than 1% of the youth admitted to treatment cited Cocaine/Crack Cocaine as the primary substance.

### Synthetic Cannabinoids and Cathinones

Another continuing threat to the health and safety of Iowans is the use of synthetic drugs. These substances, also known as synthetic cannabinoids and synthetic cathinones, are marketed as K2, Spice, and bath salts. The cannabinoids are herbal substances sprayed with one or more chemical compounds. Sold as incense and not for human consumption, Iowa youth often use them and experience dangerous hallucinogenic effects. The effects of bath salts mimic cocaine.

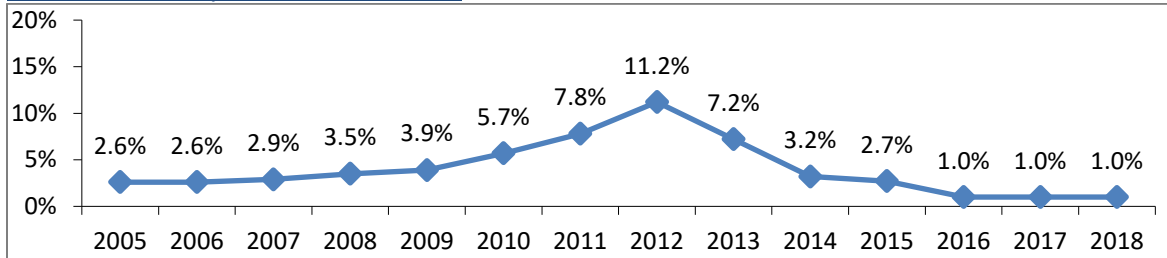
Dangers still exists, but the retail availability of synthetic drugs appears to have decreased in recent years. Reasons for the change are unclear, but several high-profile legal cases, including a successful Consumer Protection action by the Iowa Attorney General’s Office, may have deterred Iowa businesses from the continued sale of these products.

The Iowa Division of Criminal Investigation crime lab reports a drop in synthetic drug submissions, beginning late in 2014 and continuing through 2015. Of the synthetic drug cases it does receive, the crime lab estimates 70% of recent submissions involve newer uncontrolled compounds, most of which are the synthetic cannabinoid variety. There have been few synthetic cathinones submitted to the crime lab in recent months, and most of those submitted are controlled under current Iowa law. A new law enacted in 2017 may also provide prosecutors with a stronger tool to take legal action against sellers of new, previously unidentified, synthetic drugs that have not yet been regulated under state or federal law.

## Other Illicit Drugs

Other drugs such as LSD and PCP also play a role in the overall problem of substance and drug abuse within the State, but their usage is currently relatively low. The percentage of Iowa adults admitted to a substance use disorder treatment program whose primary drug of abuse is “unknown or other” has dropped dramatically after a sharp rise.

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

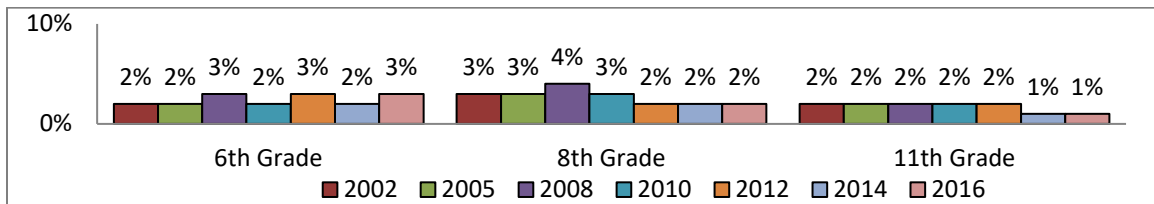


Source: FY, [Iowa Department of Public Health, Division of Behavioral Health](#)

## Inhalants

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

### Percent of Students Self-Reporting the Current Use of Inhalants



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

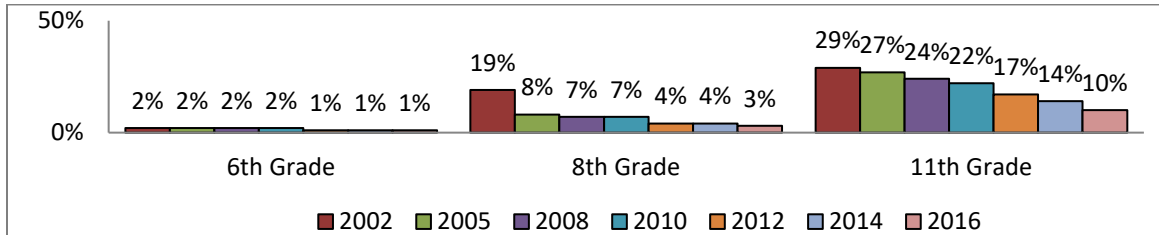
## Tobacco/Nicotine Products

Much data and information is published by the federal Centers for Disease Control and Prevention, Iowa Tobacco Use and Prevention Commission, and other organizations to inform the public of the dire consequences of using tobacco products. These organizations estimate that annually 5,100 Iowans die as a result of smoking, and annual health care costs directly caused by smoking average \$1.285 billion.

Tobacco users in Iowa that want to quit may contact Quitline Iowa for tobacco cessation coaching services over the telephone or internet, 24 hours a day. Iowans over the age of 18 who are uninsured or on Medicare may also be eligible for eight (8) weeks of free nicotine replacement therapy in the form of gum, patches, or lozenges. Nicotine replacement therapies are approved by the FDA for tobacco use cessation. Quit Coaches are trained and well versed in techniques helping e-cigarette users quit, regardless of whether they are using just electronic cigarettes or both combusted tobacco and electronic cigarettes.

Though many people feel that e-cigarettes are a useful option for cessation, there is insufficient evidence to support the belief that e-cigarettes or other Electronic Nicotine Delivery Systems (ENDS) are effective in quitting tobacco use. Data suggests that the use of ENDS keeps people smoking more traditional tobacco products and any smoking is dangerous to health. In one 2018 study, researchers found 39.5% of ENDS users had also used their device to vape other drugs including cannabis, cocaine powder, crack cocaine, synthetic cathinones, synthetic cannabinoids, opioids, heroin, fentanyl, etc. Finally, e-cigarette aerosol is not harmless water vapor and should not be considered as clean air.

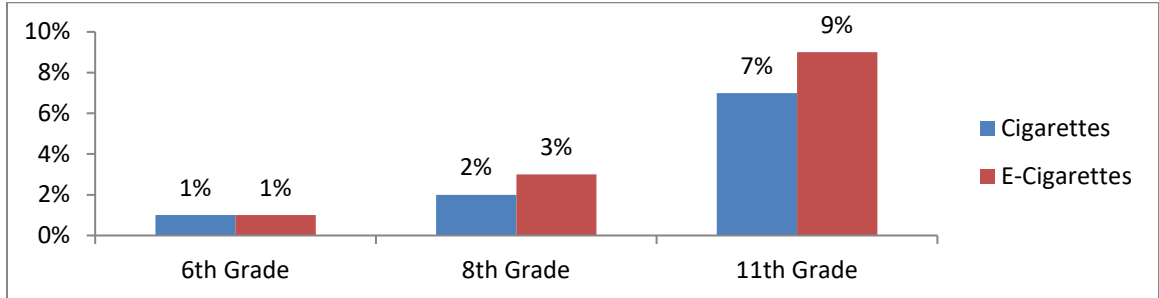
**Percent of Students Self-Reporting the Current Use of Tobacco**



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

Iowa students were asked about electronic cigarette (e-cigarette or vapor device) use for the first time in the 2014 Iowa Youth Survey. In the 2016 survey, 9% of 11th graders report current use of e-cigarettes, while 7% report current use of traditional cigarettes.

**Percent of Students Self-Reporting the Current Use of Electronic Cigarettes**



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



# Targeted Strategies: Results, Indicators, and Priorities

## 1. Strengthen Efforts that Lead Iowans to be Healthy & Drug-Free

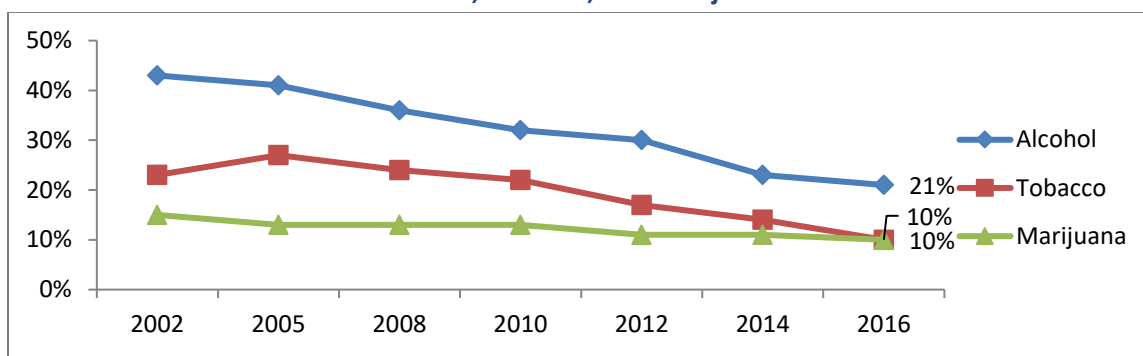
The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities. Effective treatment addresses addiction issues and has a long-term positive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

### Reduce youth use of alcohol, tobacco, and marijuana

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug abuse problems later in life. Delaying the onset of illegal drug use or alcohol abuse is an important strategy for reducing the incidence and prevalence of youth substance abuse. Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. By using evidence-based, comprehensive prevention strategies in schools and communities, particularly while children are young, Iowa youth should report less substance use than in previous years.

The [Iowa Youth Survey](#) (IYS) is a self-reporting survey conducted every two years by the Iowa Department of Public Health's Division of Behavioral Health. IDPH released results from the 2016 survey in the spring of 2017. 2018 results should be available in 2019. The IYS compiles data regarding the use of alcohol and other drugs from youth in grades 6, 8, and 11 in public and non-public schools. Students answer questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of peers, family, schools and community environments.

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



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

## What Works

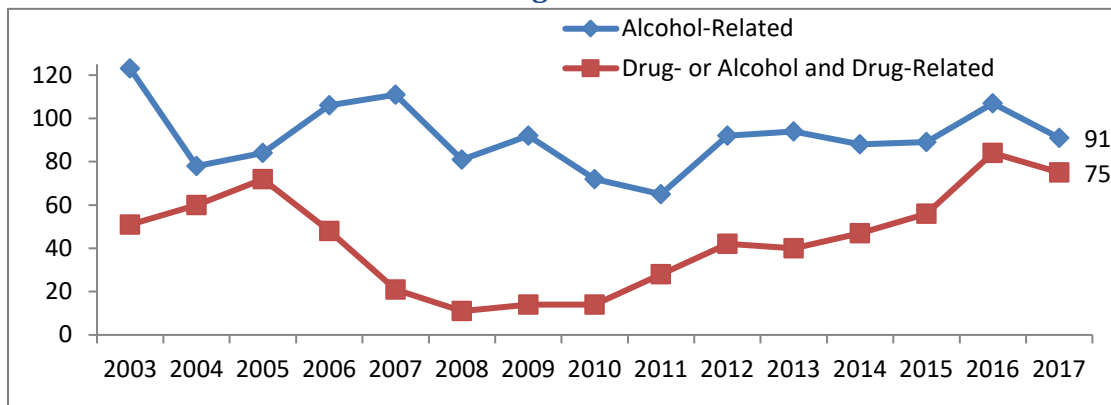
Initiatives that work to reduce the number of Iowa youth who use alcohol and other drugs include: schools implementing evidence-based substance abuse prevention programming; increasing the awareness of, and access to, prevention programming and information; reducing youth access to alcohol, tobacco,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

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

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. Motor vehicle crashes are the leading cause of death for all 15-20 year olds, according to the National Center for Health Statistics. Overall, drug-impaired fatal crashes now outnumber alcohol-impaired fatalities in the U.S. and both are among the leading causes of fatal traffic crashes. In Iowa, alcohol is second only to excessive speed as a contributing factor in all traffic crashes.

In Iowa, a person commits the offense of operating while intoxicated (OWI) if that person operates a motor vehicle while under the influence of alcohol, drugs or a combination of both. The per se law makes the driver culpable even without any outward signs of intoxication. This is important to note when dealing with prescription drug abuse. This can make testing for intoxication difficult.

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



131 total alcohol and drug-related fatalities.

40 drug-only, 56 alcohol-only, and 35 drug and alcohol combination.

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

## What Works

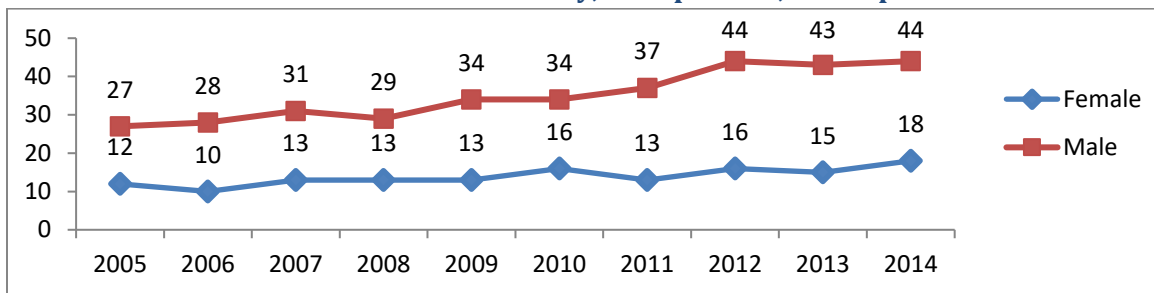
Initiatives that work to reduce the number of alcohol and drug-related traffic fatalities in Iowa include: specialized alcohol-related traffic safety education and enforcement; environmental prevention strategies addressing community norms about alcohol use and abuse; reducing youth access to alcohol products; alcohol compliance checks at retail establishments, bars, and

restaurants; alcohol server/seller training; graduated licensing for underage youth; lockouts for vehicles; intervention and education programs for first-time OWI offenders; and having a 21 year-old legal drinking age.

### Reduce the number of alcohol, tobacco and drug-related deaths

Thousands of Iowans die from circumstances related to the use of tobacco, alcohol and other drugs. A 2017 report by the federal Centers for Disease Control and Prevention (CDC) says 5,100 adults die each year from their own smoking. Iowa's alcohol mortality rates for men and women have been rising steadily in recent years, according to the most recent data available from the State Epidemiological Workgroup.

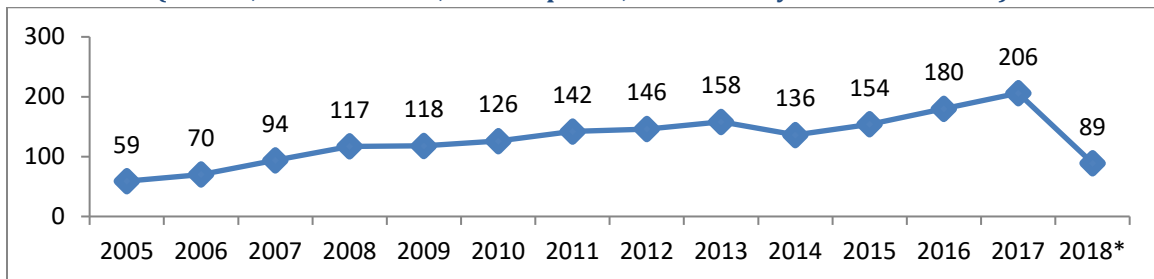
**Iowa Alcohol-Related Mortality, Rate per 100,000 Population**



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

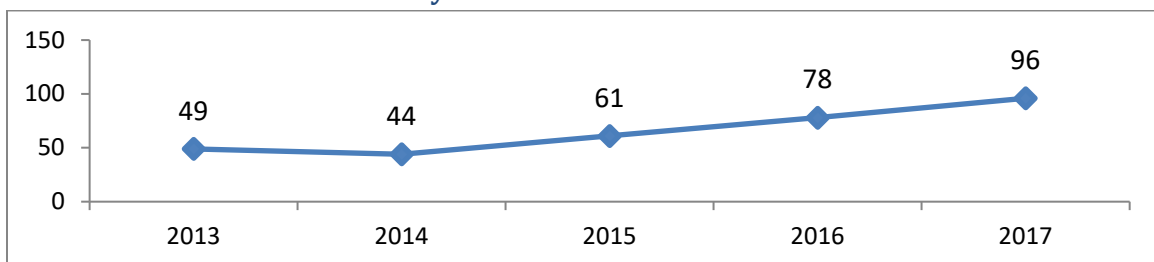
The Iowa Department of Public Health also reports recent increases in opioid overdose and psychostimulant-related deaths, though preliminary data for 2018 indicates the rate of opioid-related overdose deaths may be slowing or perhaps declining.

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



Source: CY (\*Preliminary 2018 YTD through 8-31-18), [Iowa Department of Public Health, Bureau of Health Statistics](#)

**Iowa Psychostimulant-Related Deaths**



Improved detection and reporting may explain some of increase in substance-related deaths in Iowa, but other factors may include the number of users, consumption rates and potency levels.

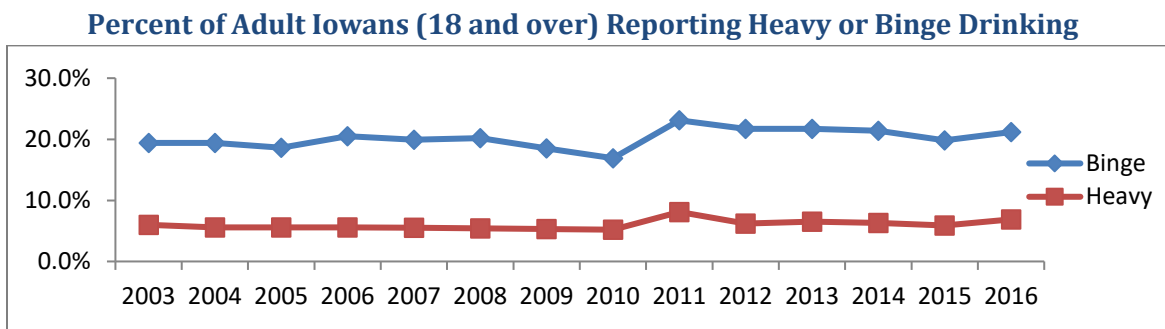
### What Works

Initiatives that work to reduce the number of deaths related to the use of addictive substances in Iowa include: education; substance abuse prevention; environmental prevention strategies addressing community norms about alcohol, tobacco and drug use; reducing youth access to addictive substances; intervention, referral and education programs for those with substance use disorders or substance-related criminal violations; substance use disorder treatment and recovery services; and crisis-oriented services.

### Reduce the number of Iowans engaged in heavy or binge drinking

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

Alcohol dependency, abuse and addiction are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. Reducing heavy and binge drinking in Iowa will improve the health and safety of Iowans while reducing health care costs. According to the data below, percentages of adult Iowans who report heavy and binge drinking have remained steadily higher than national averages. Nationally, 16.9% of Americans report binge drinking while 21.2% of Iowans report binge drinking. Nationally 6.5% report heavy drinking while 6.9% of Iowans report heavy drinking.



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

### What Works

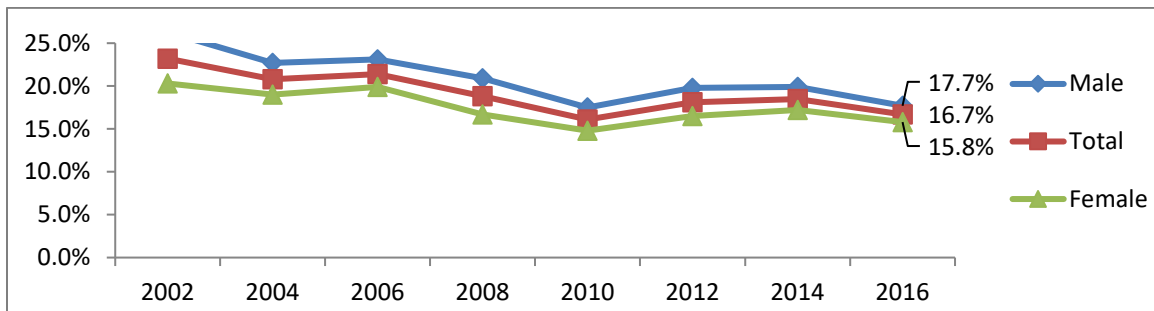
Initiatives that work to reduce the percentage of Iowans who binge drink or drink heavily include: Drug-free workplace policies; school and community programming; community coalitions

involving professionals, parents, and other supporters; raising the age of onset of alcohol use; providing retailer training; prevention services for the lifespan (prenatal through death); and the 21 year-old legal drinking age.

**Reduce the number of lowans who smoke or use other nicotine products**

Tobacco use is the single largest cause of preventable premature mortality in the United States. It represents an enormous financial burden on healthcare, costing an estimated \$1 billion annually in Iowa alone. Tobacco and other nicotine use among adults and exposure to secondhand smoke continue to be major public health problems. Having fewer tobacco users of all ages in Iowa and creating smoke-free environments for all lowans are keys to reducing tobacco-related illnesses and costs. Nationally, 17% of adults report smoking, while in Iowa that rate is 16.7%.

**Percent of Adult lowans Reporting Current Smoking**



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

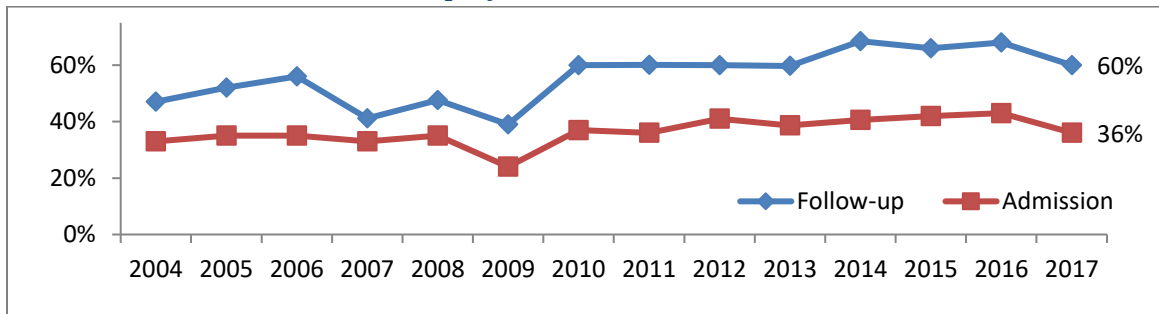
**What Works**

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

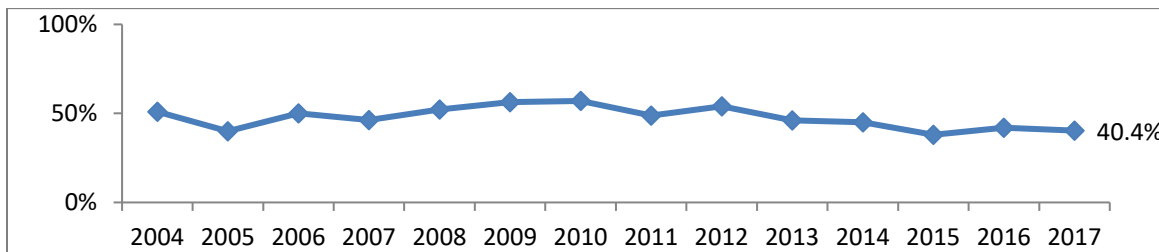
**Increase the number of treatment clients who are employed and abstinent six months post-treatment**

Sixty percent of treatment clients who participated in the Outcomes Monitoring Study for 2017 were employed full or part-time six months after substance use disorder (SUD) treatment, compared to only 36% of clients at treatment admission. At follow-up 40.4% of treatment clients remained abstinent six months after treatment discharge. Treatment must be comprehensive, tailored, evidence-based, and multi-systemic. It must enhance a client’s motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on each person, family, and community.

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



### Percent of Treatment Clients Abstinent Six Months Post Treatment



\*Beginning in 2010, employment includes full and part-time, whereas in past years, this chart only reflects full-time employment.  
 Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System  
 Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

### What Works

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

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

Experts agree there is a high correlation between parental substance use/misuse and child abuse. In Iowa, denial of critical care (child neglect) is the most frequent form of child abuse. While not all denial of critical care abuse is related to substance use, there is overwhelming evidence that addicted caregivers do not provide adequate care for their children. Cases like these point to the need to recognize the significant impact drug use has on denial of critical care.

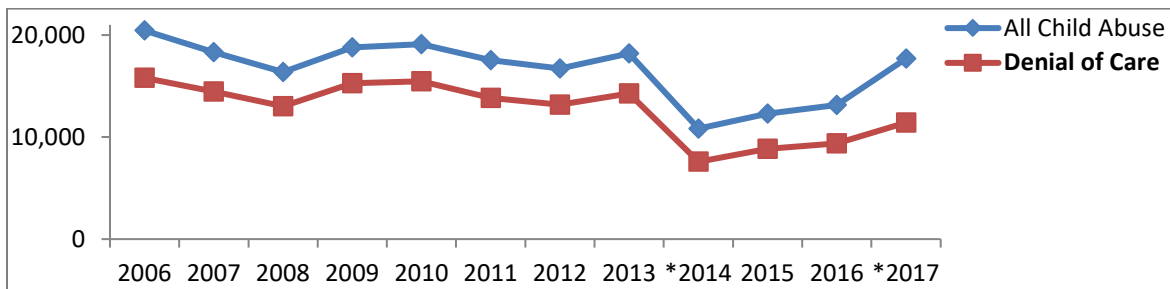
Over the past ten years, Iowa Department of Human Services (DHS) data has indicated a large percentage of child abuse cases related to the denial of critical care. However, changes in Iowa’s handling of child abuse reports in 2014 and again in 2016 make it harder to compare these figures.

In 2014, DHS instituted a reform called Differential Response, which creates two pathways for handling reports of alleged denial of critical care. Denial of critical care reports initially seen as involving low risk are assigned to the Family Assessment pathway, which does not lead to a determination of whether there was child abuse. Reports with a higher perceived risk to children

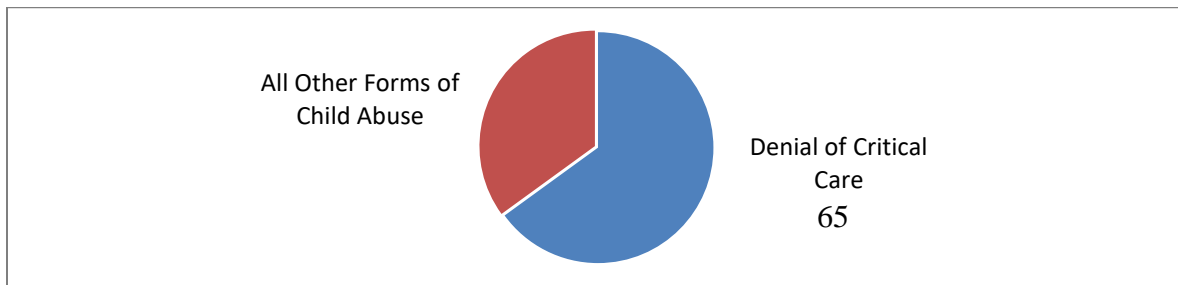
are assigned to the traditional Child Abuse pathway where DHS staff make a determination of whether abuse occurred or not. Family Assessment reports can be transferred to the Child Abuse pathway if the risk of harm to a child is greater than the first perceived risk. Because of Differential Response, the total number of children classified as abused may be lower than in previous years.

In 2016 the Iowa Drug Endangered Children (DEC) Workgroup met to examine issues and develop policy recommendations relating to the protection and safety of drug endangered children and propose a statutory definition of a drug endangered child for purposes of child in need of assistance and child abuse proceedings. Senate File 2258 established this workgroup as a continuing improvement follow-up to the DHS change to a Differential Response child welfare system. The workgroup proposed several changes to Iowa Code. DHS also implemented internal changes. Differential Response was changed to include cocaine, heroin, and opiate cases in the child abuse assessment pathway. These and other changes were codified in HF543 in 2017.

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



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



Source: CY 2017, [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.*

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

*\*In 2016, DHS changed Differential Response to include cocaine, heroin, and opiates in child abuse assessment pathway.*

### What Works

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

## **Strengthen Efforts to Make Iowan's Healthy and Drug Free – Possible Byrne Program Responses**

- Drug Endangered Children Program
- School-based prevention programs with local community coalition participation
- Programs which provide information to the public on emerging drugs
- Public service campaigns to empower parents/caregivers to educate their children about drugs
- Substance abuse prevention services targeting high risk youth and their parents
- Programs that integrate substance abuse prevention services with services provided through the Department of Human Services and the Department of Corrections
- Programs that provide retail alcohol sales training
- Enforcement programs to address drunk and drugged driving laws
- Anti-drug coalitions programs which establish environmental prevention strategies and activities.
- Programs that address underage and binge drinking on college campuses
- Diversion to treatment for low-risk non-violent alcohol and other drug addicted offenders
- Programs to monitor illegal prescription drug abuse
- Intensive supervision programs for drug involved offenders
- Programs to assist offender transition from jail/prison to the community
- Programs that increase treatment resources for juvenile or adult offenders
- Programs that provide substance-free supervised transitional housing
- Programs that improve early identification of substance abuse issues in high risk populations
- Programs that resist efforts to legalize marijuana and other harmful drugs



## 2. Safeguard Iowa Communities from Illegal Drugs

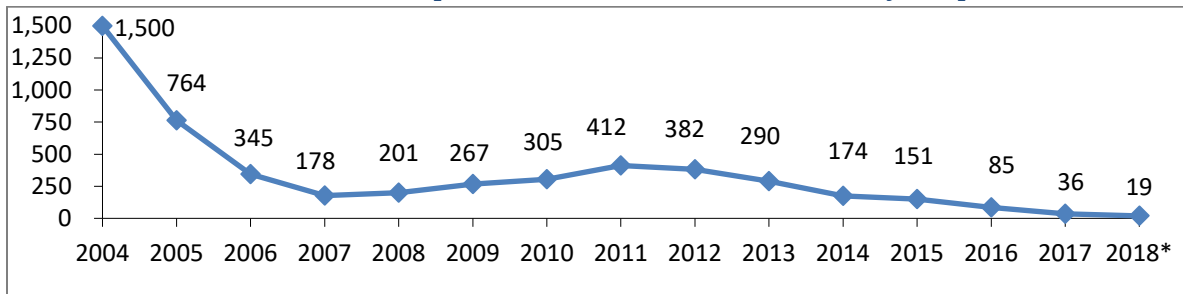
By reducing illegal drugs in Iowa communities, the cycle of addiction that compromises our communities' health and safety can be broken, and our youth will be much safer.

### Reduce the number of clandestine drug labs in the State

Methamphetamine is one of the few illicit drugs that can be easily synthesized using items commonly found in homes. One-pot or "shake n bake" labs, pose a serious threat to Iowans. These methods generally use less pseudoephedrine and produce meth in smaller quantities, but are no less dangerous than previous meth production methods. These production labs involve putting toxic chemicals in a plastic bottle, causing an extremely high amount of pressure to build up in the container, often resulting in rupture. The process is incredibly unstable, causing fires and injuring people. The remnants are often disposed of in neighborhoods and ditches.

The Midwest High Intensity Drug Trafficking Area (HIDTA) has also warned of possible meth "conversion" labs, used to extract meth from solution used to conceal the drug during the smuggling process. These labs reportedly involve highly flammable materials.

**State and Local Methamphetamine Clandestine Laboratory Responses**



Source: CY (\*2018 through 10-31-18), [Iowa Department of Public Safety](#)

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

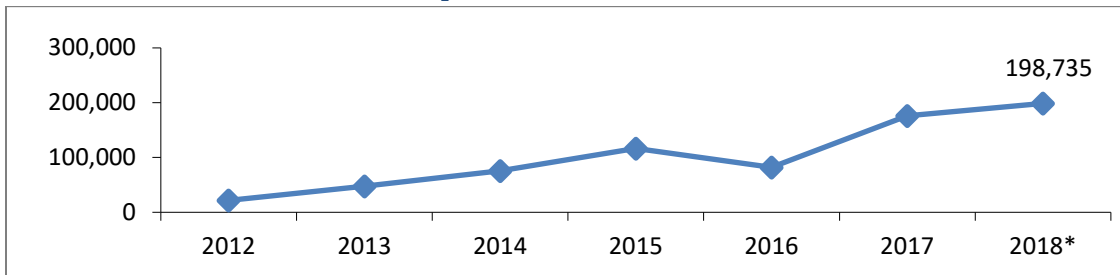
Another form of drug manufacturing occasionally reported in Iowa involves butane hash oil (BHO) labs, named after the process of extracting high-potency tetrahydrocannabinol (THC) from marijuana, using butane or other solvents.

Aside from their environmental impact, drug labs pose a particular hazard to children and other unsuspecting Iowans who come in contact with unsafe materials or waste, or are impacted by explosions and flash fires from these cooks.

Methamphetamine seizures by Iowa law enforcement agencies dropped off following a substantial reduction in meth labs about ten years ago, but have risen again in recent years. It is worth noting that this data from the Iowa Division of Criminal Investigation laboratory does not include all meth seizures. Large and major case amounts that were submitted to the U.S. Drug Enforcement Administration’s laboratory for federal prosecution are not included in these figures.

According to Iowa law enforcement officials, one reason for the surge in meth seizures in recent years is an increase in the quantity and quality of meth being smuggled into Iowa from Mexico and other states. They report intercepting large shipments of high purity meth with increasing frequency in many Iowa communities. This coincides with more Iowans entering treatment for meth use disorders.

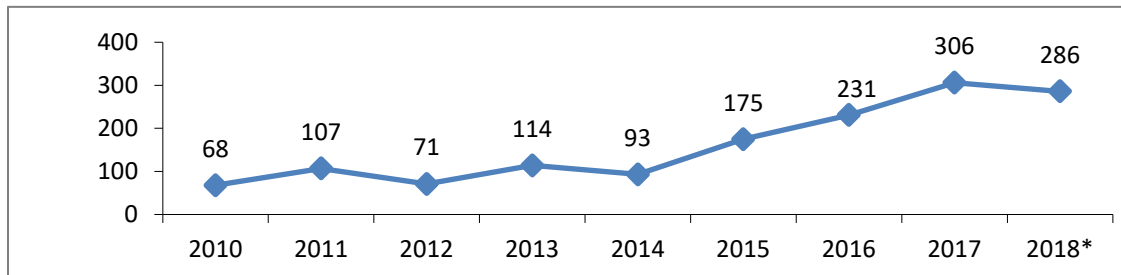
### Methamphetamine Seizures in Grams



Source: CY (\*YTD), [Iowa Department of Public Safety Criminalistics Lab](#)  
May not include all seizures. Larger cases may be sent to DEA lab.

In addition to more meth trafficking investigations and drug seizures, and subsequent to the nation’s opioid epidemic, Iowa law enforcement agencies also report seizing more heroin.

### Heroin Seizure Cases Submitted to Crime Lab



Source: CY (\*YTD though 9-30-18), [Iowa Department of Public Safety Criminalistics Lab](#)  
May not include all seizures – larger cases may be sent to DEA lab.

Marijuana remains the illicit drug seized most often by Iowa law enforcement officers, many times resulting from investigations into other matters. The total amount of marijuana seized has declined in recent years, perhaps due in part to the increasing prevalence of marijuana “concentrates,” which involve smaller but more potent product forms (e.g., oils, waxes and edibles).

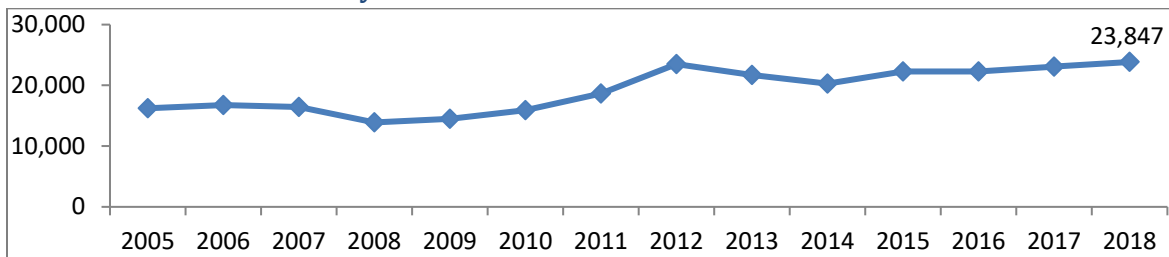
### What Works

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

### Increase treatment admissions for substances other than alcohol

Appropriate and effective substance use disorder (SUD) treatment is essential in breaking the cycle of addiction and promoting public safety. Few people enter SUD treatment without intervention from family members or sanctions from authority figures such as employers or criminal justice officials. For many illicit drug users an arrest is the first step in a long process of rehabilitation and recovery. In Iowa, about half of the clients screened/admitted to SUD treatment are referred by the criminal justice system.

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



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

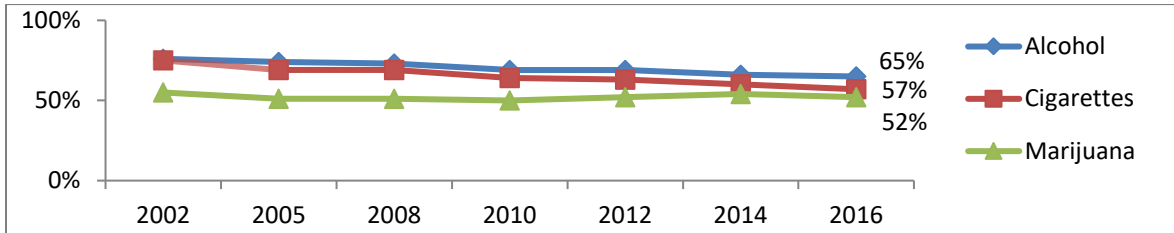
### What Works

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

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

The Iowa Youth Survey has shown a reduction in how easy students in grade 11 think it would be to obtain alcohol, cigarettes, and marijuana. In 2016, 65% of 11<sup>th</sup> graders thought it would be "easy" or "very easy" to get alcohol. Ease of access is a key factor in youth substance abuse.

### Ease of Access to Cigarettes, Alcohol, and Marijuana in Iowa Communities As Perceived by Iowa 11<sup>th</sup> Graders



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

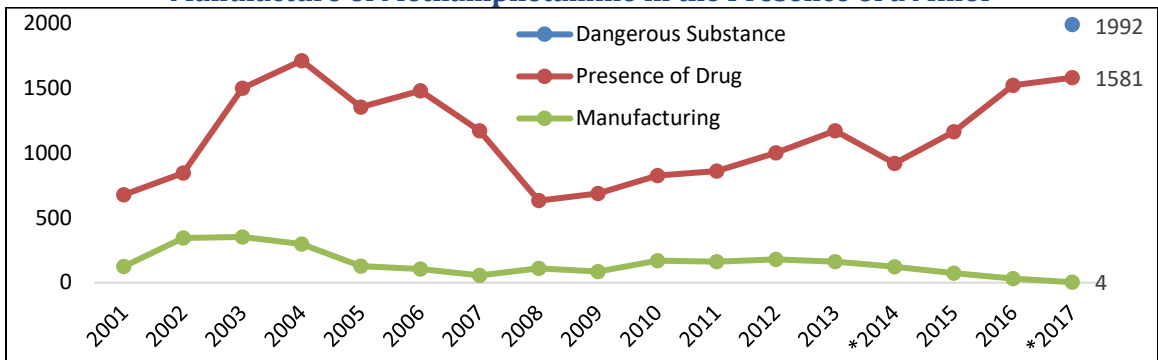
#### What Works

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

#### Reduce the number child abuse cases related to substance use

When all denial of critical care, presence of illegal drugs in a child’s body, exposure to dangerous substance, and manufacturing methamphetamine in the presence of a minor are combined, they represent 85% of confirmed and founded child abuse cases in Iowa. Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides parents the motivation to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the generational cycle of addiction and abuse, dramatically improving children’s futures.

### Number of Confirmed or Founded Cases of Child Abuse Related to Presence of an Illegal Drug in a Child’s Body, Exposure to Dangerous Substance or Manufacture of Methamphetamine in the Presence of a Minor



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

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

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

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

\*In 2016, DHS changed Differential Response to include cocaine, heroin, and opiates in child abuse assessment pathway.

\*Effective July 1, 2017, Dangerous Substances include: amphetamine, methamphetamine, cocaine, heroin, opium, and opiates.

## **What Works**

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

## **Safeguard Iowa Communities from Illegal Drugs - Possible Byrne Program**

### **Responses**

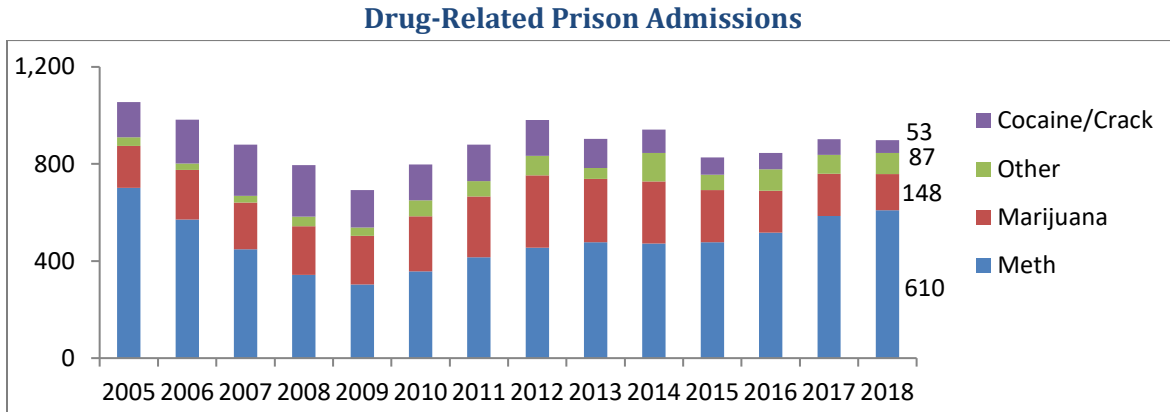
- Programs to divert non-violent offenders from jail/prison to treatment
- Juvenile and adult drug court programs
- Programs to provide case management resources for community-based criminal offenders receiving treatment services
- Jail-based treatment programs
- Multi-jurisdictional drug enforcement task forces
- Program that use drug intelligence systems to increase law enforcement effectiveness
- Narcotics law enforcement training opportunities for local law enforcement and prosecutors
- Crime lab enhancements which reduce the turnaround time for evidence analysis
- Precursor diversion prevention and enforcement programs
- Programs that link correctional resources with law enforcement to enhance a drug offender's compliance with the conditions of probation/parole

### 3. Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

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

#### Reduce drug-related crime and associated prison admissions

FY 2005 saw the first reduction in drug-related prison admissions in a decade. The reduction from 2004-2009 was largely driven by a sharp decline in methamphetamine cases after the implementation of Iowa’s Pseudoephedrine Control Act in May 2005. Since then, however, smuggled supplies of meth through drug trafficking organizations have helped fuel an increase in meth related prison admissions. In FY 2018, there were 898 people imprisoned on drug-related charges. Of those, 610, or 68%, were meth-related. Cocaine/crack admissions have remained at their lowest level since 2004 when collection of this data began.



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

#### **What Works**

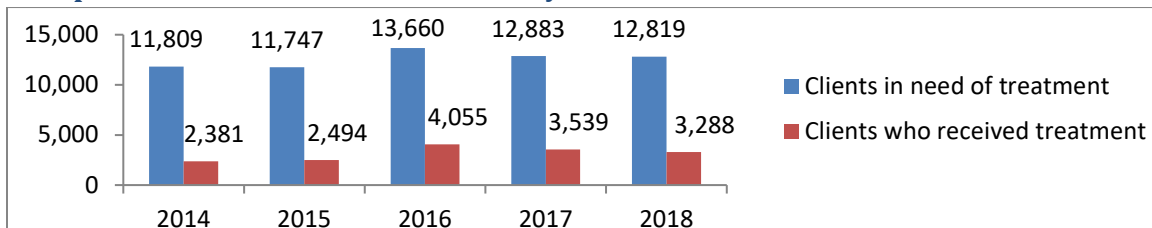
Initiatives that work to reduce drug-related prison admissions include: precursor controls; environmental prevention policies; drug, mental health, and other specialty courts; drug-free housing; intensive supervision coupled with treatment; diversion to treatment; long-term aftercare programming and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

## Increase the number of community-based offenders who receive treatment

Studies have shown that substance use disorder treatment reduces drug use and related crime. The Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Public Health, Division of Behavioral Health, conducts an annual outcomes evaluation of publicly funded drug treatment clients. As the data demonstrate, outcomes for all lowans improve when offenders returning into the community have completed SUD treatment. Findings from the 2017 report include:

- 85% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 36% at treatment admission to 60% six months since discharge from treatment
- 40.4% of clients remained abstinent six months since their discharge from treatment

### Department of Corrections Community-Based Substance Use Disorder Treatment



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

\*2018 Decrease in received numbers may be due to suspension of services at three minimum security facilities, re-purposing of MPCF to a minimum security facility and NCF to Sex Offender Treatment Program

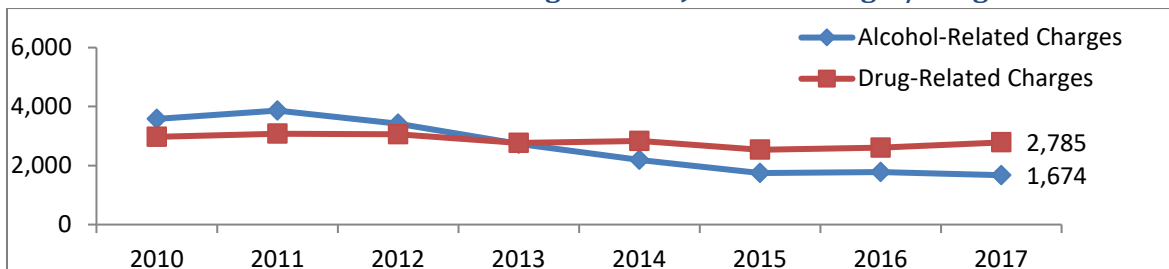
### What Works

Initiatives that work to increase the number of community-based offenders who receive treatment when needed include: community aftercare; community-based treatment; drug and other specialty 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.

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

Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their SUD. The adolescent brain is especially vulnerable to addiction.

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

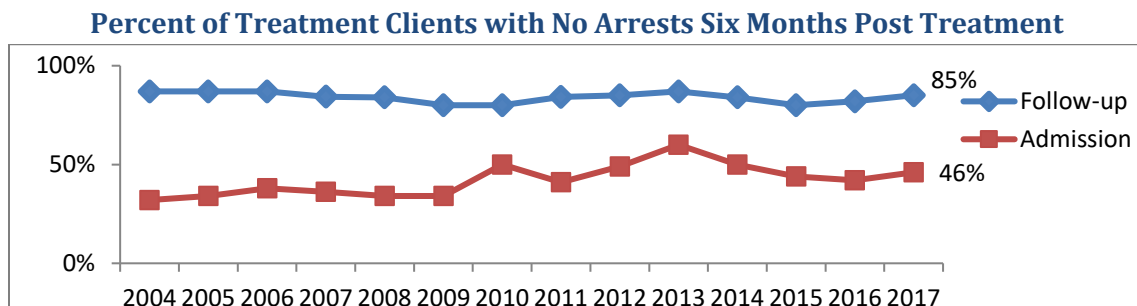


### What Works

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

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

Only 46% of treatment clients who participated in the Outcomes Monitoring Study for 2017 had no arrests prior to treatment. But, six months after treatment, 85% of clients had no arrests. Substance use disorder (SUD) treatment can be successful. But there are factors that can increase the effectiveness of treatment. Length of treatment and a client’s level of motivation are major indicators of success. Treatment must be comprehensive and multi-systemic. It must enhance a client’s motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on the individual, his or her family and friends, and the community.



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

### What Works

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



## **Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration - Possible Byrne Program Responses**

- Programs that divert non-violent offenders from jail/prison to treatment
- Jail-based drug treatment programs
- Co-occurring disorder community based programs
- Family drug courts
- Therapeutic community programs
- Prisoner re-entry programs
- Programs that support mental health services for offenders
- Drug Endangered Children program

# Strategy Development Process

Iowa's Substance Abuse Strategy is developed by the Governor's Office of Drug Control Policy (ODCP) and its advisory board, the Iowa Drug Policy Advisory Council (DPAC) in conjunction with local, state and federal officials working within and in support of the criminal justice system, as well as with the general public, local associations, media and other businesses and organizations. The Edward Byrne Memorial State Justice Assistance Grant Program application is one of several elements of the comprehensive substance abuse strategy.

The strategy is developed in four distinct phases described in detail throughout this document and summarized below:

## Public Input

The strategy development process includes several opportunities for input from the public. All strategy planning sessions are advertised and open to the public for input and comment. A draft copy of the strategy is posted online and a statewide press release is issued inviting the public to comment. The strategy is also posted on the public document section of the State Library's website. Public input is also received at periodic community listening posts and similar forums. The Office of Drug Control Policy participates in ongoing public listening posts organized and facilitated by the Partnership@DrugFree Iowa.

From time to time the Office of Drug Control Policy commissions surveys of Iowans on specific issues of concern. Detailed information is collected on citizen's behavior, opinions, and knowledge. Surveys have included topics such as pharmaceutical and over the counter drug misuse/abuse, beer and liquor taxes, and pseudoephedrine tracking system use.

Similar surveys are sometimes also conducted of constituent professionals in the criminal justice, medical, and human service fields to add to our knowledge base and obtain suggestions and feedback on particular issues.

## Need Assessment/Resource Needs

ODCP and the Drug Policy Advisory Council collect and analyze a growing series of substance abuse data indicators on substance abuse prevention and treatment needs, and provide historical trend data of relevance to evaluate the efforts to reduce both the use and prevalence of alcohol and other drugs in Iowa and related criminal justice issues.

## Drug Policy Advisory Council

ODCP's advisory board, the Drug Policy Advisory Council, is made up of executive level officials from multiple components of the criminal justice field, as well as representatives from the substance abuse treatment, education and prevention field. All levels of government are represented on the Board.

The Iowa Drug Policy Advisory Council membership is defined in Iowa Codes Section 80E and includes the following:

**Iowa Drug Policy Advisory Council**

**Dale R. Woolery**  
*Interim Drug Policy Coordinator*

**Jennifer Miller**  
*County Attorney's Association*

**Katrina Carter**  
*Department of Corrections*

**Barb Anderson**  
*Department of Education*

**Vern Armstrong**  
*Department of Human Services*

**Kathy Stone**  
*Department of Public Health*

**Paul Feddersen**  
*Department of Public Safety*

**Steve Michael**  
*Department of Human Rights*

**David Lorenzen**  
*Iowa Peace Officers Association*

**Jason Sanhody**  
*Iowa State Sheriffs and  
Deputies Association*

**Matthew Harkin**  
*Iowa State Police Association*

**Warren Hunsberger**  
*Substance Abuse Treatment Director*

**Jane Larkin**  
*Substance Abuse Treatment Specialist*

**Christina Wilson**  
*Substance Abuse Prevention Specialist*

**Honorable Amanda Potterfield**  
*Judicial Branch*

**Non-Voting Members**

**Stephan Arndt**  
*Iowa Consortium for Substance Abuse  
Research and Evaluation*

**Col. Charles Connors**  
*Iowa National Guard*

**Steve Larson**  
*Alcohol Beverage Division*

**Chief Rob Burdess**  
*Iowa Police Chiefs Association*

Utilizing the information gathered from the public, the data collected through the needs and resource assessment, and professional experience, DPAC established statewide goals and objectives with specific recommendations dealing with all components of anti-substance abuse programming.

**Strategy Review and Submission**

The Substance Abuse Strategy is edited by the Governor's Office of Drug Control Policy to meet the guidelines for the Byrne JAG Grant Application and forwarded to the Bureau of Justice Assistance as the planning document for the Byrne JAG Grant Program. The Byrne JAG grant application also undergoes a review by the Governor and Legislature as well as the general public.

### **Subgrant Award Process:**

The Governor's Office of Drug Control Policy utilizes a competitive application process to pass thru grant funds to eligible subgrantees. The competitive process will be similar to that employed by the Department of Justice. The solicitation will include the following narrative components; data assessment/description of problem, implementation planning, best practices/evidence based practices, goals and objectives, and performance evaluation.

Technical assistance in developing competitive responses to the solicitation will be offered to eligible applicants by the Office of Drug Control Policy.

The application process will be utilized to identify projects which articulate specific crime and drug control issues relating to the stated JAG priorities.

ODCP utilizes an electronic grant management system which is used to efficiently manage the grant process. The system contributes to efficient and transparent management and includes components to manage application, review, contracting, finances, progress reporting/data collection, and communications. Data related to subgrantee activity/progress and financial expenditures will be shared on a quarterly basis with the Bureau of Justice Assistance through the PMT and GMS systems.

### **ELIGIBLE APPLICANTS**

Those eligible to receive Byrne JAG funding include state and local units of government, Indian tribes, faith based organizations and nonprofit entities. A local unit of government is defined as a city, county, town, township or other general purpose political subdivision of a state and includes Indian tribes that perform law enforcement functions as determined by the Secretary of the Interior. A city or county must be the legal applicant and recipient on behalf of city and county departments. Iowa faith based and nonprofit organizations are eligible to receive grant funding, but application must be made in partnership with a state or local unit of government.

### **PROGRAM ANNOUNCEMENT**

Applications for 2019 Byrne JAG funding must be received by ODCP through Iowa's enterprise grant management system ([www.iowagrants.gov](http://www.iowagrants.gov)). The Office of Drug Control Policy standard procedure for notifying potential applicants include e-mail to potential applicants, posting on our website, issuance of a press release, and the opportunity will be posted on the state enterprise grant management system. We also work with associations and federal agencies to help promote the opportunity in meetings and through normal correspondence with constituents.

### **GRANT PERIOD**

Grants are expected to be awarded by the Office of Drug Control Policy for a one (1) year period beginning July 1, 2020 through June 30, 2021. Grant projects are funded on a reimbursement basis. All projects awarded grant funds must complete and submit monthly expenditure report forms requesting federal

reimbursement, and quarterly progress report forms. Financial and progress reporting will be submitted through the electronic grant management system.

#### GRANT REVIEW

As part of ODCP's review of grant applications, applications will be reviewed and scored by staff and an outside peer review committee. Reviewers have strict conflict of interest requirements and will not take part in the application or administration of projects requesting Byrne JAG funding. Reviewers will certify to ODCP that they have no conflict of interest with grants under review.

All eligible applications will be evaluated using the criteria included in the application solicitation.

#### THE GRANT AWARD PROCESS

The following criteria shall be considered in awarding federal Byrne JAG funds to applicants in Iowa:

- Availability of federal funds.
- Eligibility of applicant, based on U.S. Department of Justice guidelines.
- Priorities established by ODCP and outlined in the Byrne JAG Strategy.
- Average review score and recommendations from reviewers.
- Prior measurable performance/effectiveness of programs, including those previously receiving federal funding through the Office of Drug Control Policy. Prior performance includes, but is not limited to, program and financial management, program impact (ability to meet or exceed previously approved goals and objectives), and quality/timeliness of reporting.

#### SUBRECIPIENT AGREEMENTS

Following confirmation of approval from BJA, ODCP will follow the standard grant awarding process which includes the following processes:

Notification of Intent to Fund – formal notification sent to the individual identified in the grant application as the project director.

Notification to unsuccessful applicants will also be sent to the individual identified in the application as the project director. Both successful and unsuccessful applicant have the right to appeal.

Appeal – state code requires a notification and appeal process. The Director of ODCP administers the appeals process.

Contract – successful subgrantees will enter into a contractual agreement. The agreement requires the project director and legal applicant (mayor/city council/director) to sign off on the grant agreement, grant program certification, terms and conditions, and supporting documentation. The contracting process will include all of the standard DOJ related terms and certifications utilized with other grants administered by ODCP. The grant application is referenced in the award documentation as the agreed upon scope of work. On a case by case basis, special conditions may be applied to projects to ensure compliance with specific concerns identified in their application or to address specific requirements of the grant program.

## APPEALS

Grant subawards are normally announced on or about June 1st. Any applicant whose proposal has been filed according to instructions contained herein, and who is aggrieved by the awards made, may request an appeal based on a showing that the instructions governing the grant selection process have not been properly applied.

Appeals must be filed with the Director, Governor's Office of Drug Control Policy, within ten working days of the date of the notification of preliminary awards. Appeals must be in writing and clearly state how ODCP erred in following the instructions in the grant application kit. ODCP will refrain from awarding funds until the Director has resolved all appeals. The review will be conducted as expeditiously as possible so that all funds can be distributed in a timely manner. This procedure concludes the review process at the administrative level for purposes of Iowa Code Chapter 17A (1991).

## Evidence-Based Practices/Projects

The Governor's Office of Drug Control Policy's strategy development process has always included an effort to identify "what works" and to encourage applicants to apply for and to implement "best practice" approaches to respond to the priorities established by the Governor, Drug Policy Advisory Council, and ODCP in the State Strategy.

In recent years BJA and others have increased the focus on "evidence based" programs implemented with fidelity. The Office of Drug Control Policy engaged with BJA's technical assistance provider to; establish precision on what is meant by "evidence based" programming; to evaluate our efforts regarding evidence base programming; to implement evidence base principals into planning and program development; and to educate our grantees and program partners. Application which incorporate evidence based programming receive priority consideration in the funding decision making process. Potential applicants are referred to the U.S. Department of Justice, [www.crimesolutions.gov](http://www.crimesolutions.gov) for more information about evidence-based programs.

## BJA Project Identifiers

- Community Based Programs
- Correctional Alternatives
- Drug Offenders
- Evaluation
- Mental Health
- Methamphetamine
- Prevention Substance Abuse Treatment
- Public Housing
- Substance Abuse
- Task Forces
- 

## Administration of Criminal Justice and Substance Abuse Programming

According to the National Institute of Health, the number of adults involved in the criminal justice system has soared from about 1.8 million in 1980 to 7.3 million in 2007, due largely to drug-related crimes and drug-addicted offenders. Criminal offenders have rates of substance abuse and dependence that are more than four times that of the general population.

CASAColumbia's research found that 1.5 million (65%) of the 2.3 million inmates incarcerated in our prisons and jails met medical criteria for addiction. Nearly half a million additional inmates, while not addicted, were under the influence of alcohol or other drugs at the time of their crime; committed their offense to get money to buy drugs; were incarcerated for an alcohol or other drug law violation; or shared some combination of these characteristics.

The Iowa experience has been similar to the national problem described above. The Department of Corrections Iowa estimates that 65 -75% of offenders in the prison system meet the criteria for substance use disorder - many with co-occurring mental health disorders. A review of the data included in the Data and Analysis of Need section clearly identifies substance use and abuse a key driver in criminal justice administration.

The 2019 state formula Byrne JAG award will be utilized by Iowa to address through a competitive process programs which address drug control and criminal justice system enhancements. Grant funding is competitive, but based on prior experience we expect grant funding to support drug enforcement task forces, youth development, crime and substance abuse prevention, innovative correctional programming, mental health & criminal justice collaborations, specialty courts and other criminal justice innovations.

The Byrne JAG program in Iowa places a premium on evidence based practices and the open competitive process to identify areas of greatest need and innovative responses to those needs.

### **Barriers to evidence based programs**

Iowa has invested in data driven and transparent decision making. Iowa criminal justice partners have a great deal of data available to them to assist in planning and decision making. Data related to substance abuse and certain criminal justice data are documented in earlier sections of this report. In addition, individual components of the justice system including corrections, law enforcement and the courts publish data on client and on the processes involved in administering justice. In addition, the Division of Criminal and Juvenile Justice Planning maintains a criminal justice data warehouse which collects, connects, and organizes data from across the justice system as well as human services and health system.

There are two significant impediments related to implementing evidence based approaches. The first is a general reluctance to implement evidenced base programs with fidelity. Iowa criminal justice officials have a history of working well across the various elements of the justice system and the health/human service systems that support criminal justice clients. Having said that, those in charge of each of those disciplines typically have a good deal of autonomy especially in cases where they are elected to their position. Those decision makers may embrace a particular evidence based program but will insist on implementing only a portion of the program, or implementing the program with "enhancements". Meaning programs are not always implemented with fidelity to the research which demonstrated its effectiveness.

The second impediment is funding. Many of the evidence based programs require significant investment in multisystem approaches to respond to complicated crime and substance abuse issues. We do our best to coordinate programs and to braid multiple sources of funding to support a wide variety of programming and we rely heavily on the competitive decision making process which prioritizes evidence based “practices” to get the most bang from our buck.



# Coordination of Efforts

Formula grant funds are administered by the Office of Drug Control Policy, headed by the state Drug Policy Coordinator. The Coordinator is directed by state statute (Iowa Code Chapter 80E) to do the following:

- coordinate and monitor all statewide drug enforcement efforts
- coordinate and monitor all state and federal substance abuse treatment grants and programs
- coordinate and monitor all statewide substance abuse prevention and education programs in communities and schools
- help coordinate the efforts of the state Departments of Corrections, Education, Public Health, Public Safety, and Human Services
- assist in the development and implementation of local and community strategies to fight substance abuse
- submit an annual report concerning state substance abuse activities and programs, including a needs assessment of substance abuse treatment programs and drug enforcement
- provide advisory budget recommendations relating to substance abuse treatment, enforcement, and prevention and education

The Coordinator chairs the 15-member Drug Policy Advisory Council, which is responsible for making policy recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention and treatment. Council membership consists of representatives from the state Departments of Corrections, Education, Human Services, Public Health, and Public Safety, a licensed substance abuse treatment specialist, a prosecuting attorney, a substance abuse treatment program director, the statistical analysis center director, a prevention specialist, a judge, and three law enforcement officers. Non-voting members include the United States Attorneys from the Northern and Southern Districts of Iowa, a member of the Iowa National Guard, a law enforcement association, and the director of the Iowa Consortium for Substance Abuse Research and Evaluation.

To provide direction for developing policies and programs, the Council has worked to identify and develop a series of databases specifically devoted to the organization and retention of information that describes a variety of alcohol and other substance abuse indicators. This information is reviewed and discussed regularly, and is used for making policy and program recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention, treatment and criminal justice. In addition, the data indicators serve as the foundation of the Iowa Drug Control Strategy.

# Funding Information

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

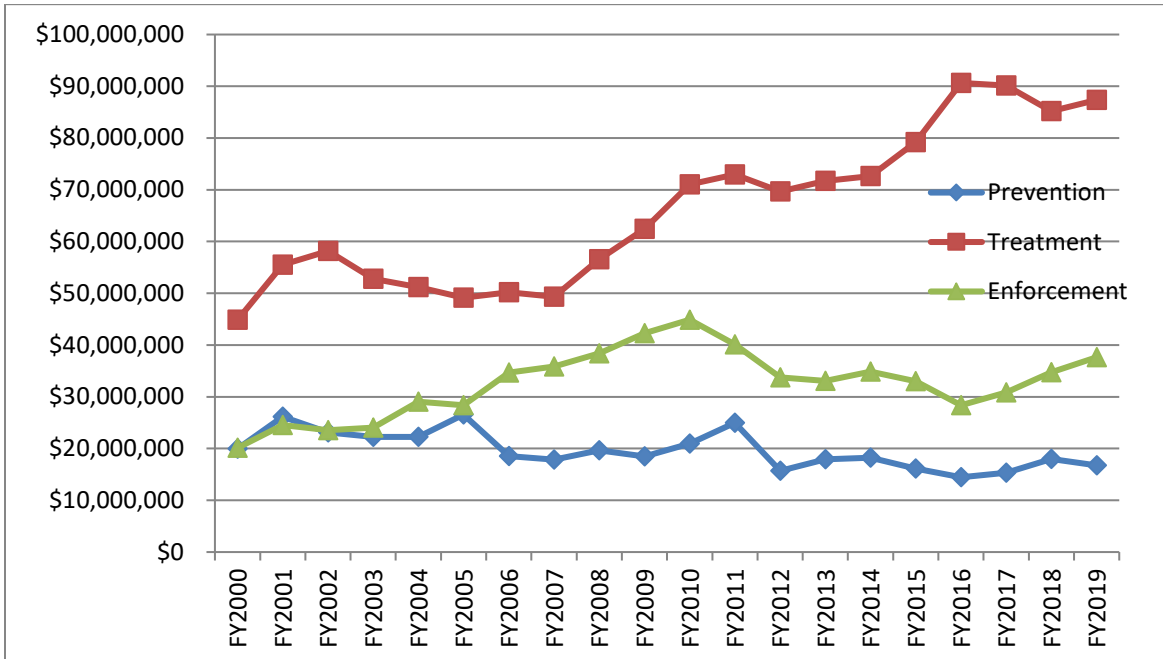
## Total Estimated FY 2019 Prevention, Treatment & Enforcement Funding (By Agency)

Agency	Prevention	Treatment	Enforcement	FY 2019 Total
Dept. of Education	\$1,936,420	\$0	\$0	\$1,936,420
DHR, CJPJ	\$306,834	\$0	\$0	\$306,834
DHS, Child & Family Services	\$0	\$2,568,716	\$0	\$2,568,716
DHS, Medical Services	\$0	\$46,449,170	\$0	\$46,449,170
DHS, Mental Health/Disability	\$0	\$440,318	\$0	\$440,318
DOC, Community Based	\$0	\$1,351,999	\$4,228,677	\$5,580,676
DOC, Institutional Programs	\$0	\$822,830	\$0	\$822,830
DPH, Behavioral Health	\$8,486,696	\$32,409,053	\$0	\$40,895,749
DPH, Tobacco	\$3,274,073	\$518,652	\$228,500	\$4,021,225
DPS, DCI	\$0	\$0	\$7,307,990	\$7,307,990
DPS, DNE	\$0	\$0	\$8,209,580	\$8,209,580
DPS, GTSB	\$0	\$0	\$469,285	\$469,285
DPS, Intel	\$0	\$0	\$2,137,803	\$2,137,803
DPS, State Patrol	\$0	\$0	\$2,354,029	\$2,354,029
Iowa Judicial Branch	\$0	\$0	\$4,957,836	\$4,957,836
Iowa National Guard	\$350,000	\$0	\$5,036,787	\$5,386,787
Iowa Veterans Home	\$50,882	\$0	\$0	\$50,882
Office of Drug Control Policy	\$316,000	\$205,042	\$2,460,456	\$2,981,798
Regents: ISU	\$413,886	\$169,136	\$159,209	\$742,231
Regents: U of I	\$1,241,414	\$2,389,278	\$0	\$3,630,692
Regents: UNI	\$354,411	\$37,484	\$67,248	\$459,143
<b>Total</b>	<b>\$16,730,616</b>	<b>\$87,361,678</b>	<b>\$37,617,400</b>	<b>\$141,709,694</b>

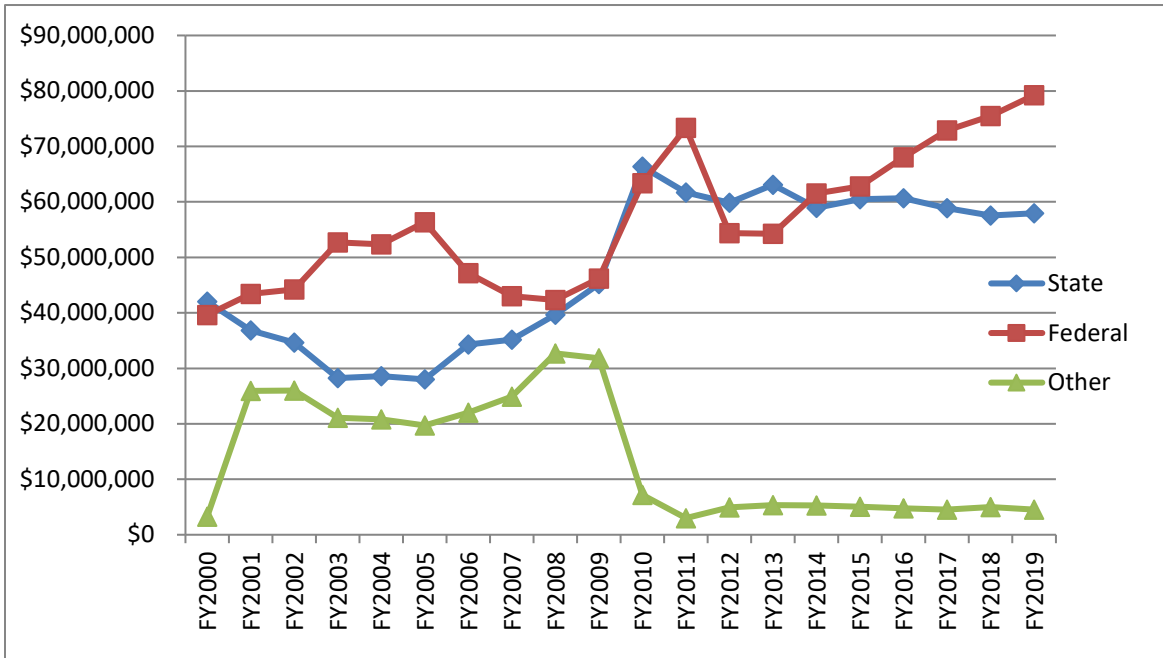
## Total Estimated FY 2019 (By Source)

Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$3,995,184	\$33,821,781	\$20,111,102	\$57,928,067
Federal	\$10,191,530	\$52,073,685	\$16,986,423	\$79,251,638
Other	\$2,543,902	\$1,466,212	\$519,875	\$4,529,989
<b>Total</b>	<b>\$16,730,616</b>	<b>\$87,361,678</b>	<b>\$37,617,400</b>	<b>\$141,709,694</b>

**Iowa Substance Abuse & Drug Enforcement Funding By Discipline – FY 2000 - FY 2018**



**Iowa Substance Abuse & Drug Enforcement Funding By Source – FY 2000 - FY 2018**



\*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 Jan 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.  
 \*FY 2010 Funding figures were collected prior to a 10% across the board cut.

## Performance Measures

The Governor's Office of Drug Control Policy will include language in all grantee sub-contracts which identify the performance measurements required by the Byrne-JAG program. Quarterly reporting on these measures will be a condition of receiving grant funding.

Beginning with the grant cycle covering state fiscal year 2010 the Governor's Office of Drug Control Policy implemented an electronic grant management system.

The grant management system is capable of administering grants from application through close out. Financial and program reporting is a standard component for each grant and includes the BJA Justice Assistance Grant Program Performance Measures along with other special reporting requirements associated with the grant program. Grantees are required to submit these measures through the grant management system on a quarterly basis.

In addition to those indicators prescribed by BJA, the Office of Drug Control Policy continues to collect performance measures which track the activities and specific objectives of individual projects & programs. This information will be combined with the data collected for BJA in assessing program performance and will be submitted in the state annual report. The grant management system will require that sub-recipients be current with program progress reporting to be eligible to process financial claims for reimbursement.

Program related performance measures will be reported to the Department of Justice by ODCP on a quarterly basis by the Assistant Director of Programs. Financial performance measures will be reported to the Department of Justice on a quarterly basis by the Chief Financial Officer.