

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

FFY 2020

CFDA 16.738

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Acknowledgments

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Implementation/Time Task Plan

	20		21			22				23			
	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

General Indicators & Trends

In SFY 2019, the Iowa Department of Public Health screened over 45,000 patients for substance use disorder treatment (SUD) services. The percent of patients reporting a primary substance of alcohol declined to 42.7%. The percent of all patients reporting marijuana use held generally steady around 25%. Marijuana remains the most reported substance for juveniles aged 10-17 years old. Reported use of methamphetamine rose to the highest level on record at 22.8%. Use of heroin was reported by 2.7% of patients.

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

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	0.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	0.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	0.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	0.4%	2.9%	44,528
2009	61.4%	23.2%	7.8%	3.7%	0.5%	3.4%	44,849
2010	58.6%	25.0%	8.8%	2.9%	0.7%	4.0%	44,904
2011	55.2%	25.7%	9.6%	1.9%	0.9%	6.7%	47,974
2012	49.9%	26.3%	10.5%	2.3%	0.9%	10.1%	50,870
2013	51.2%	26.7%	13.1%	1.9%	1.2%	5.9%	51,045
2014	50.0%	25.6%	14.8%	1.7%	1.6%	6.3%	48,621
2015	49.2%	25.8%	16.0%	1.6%	2.0%	5.3%	48,098
2016	47.1%	25.1%	17.6%	1.4%	2.5%	6.3%	47,309
2017	45.2%	25.3%	19.8%	1.5%	2.5%	6.2%	46,429
2018	43.1%	25.6%	21.7%	1.5%	2.8%	6.4%	46,878
2019	42.7%	25.4%	22.8%	1.5%	2.7%	4.9%	45,359

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

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

Iowa Department of Public Health data show that alcohol remains by far the number one substance of abuse in Iowa, with 18,955 adults and 418 juveniles (patients aged 10-17 years-old) presented with alcohol as their primary substance.

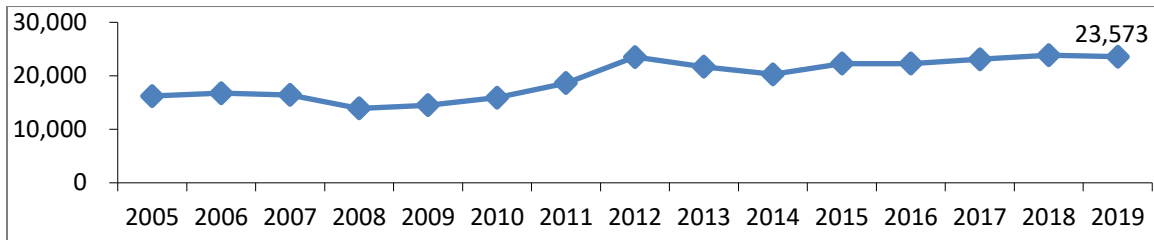
Primary Substance of Abuse for Iowa Clients Screened/Admitted to Treatment

Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	418 (15%)	18,955 (45%)	43%
Marijuana	2,178 (77%)	9,369 (22%)	25%
Methamphetamine	99 (3%)	10,266 (24%)	21%
Cocaine	17 (<1%)	660 (2%)	1%
Inhalants	2 (<1%)	22 (<1%)	Less than 0.1%
Opioids	32 (1%)	2,756 (6%)	6%
Other/Unknown	85 (3%)	500 (1%)	1%
Total	2,831	42,528	100%

Source: SFY 2019, [Iowa Department of Public Health, Division of Behavioral Health](#)

One indicator of illegal drug use in Iowa is the number of adults seeking SUD treatment for a primary substance of abuse other than alcohol.

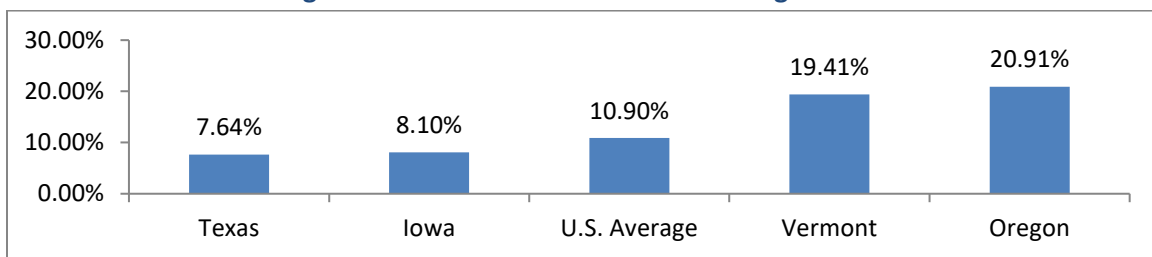
Substance Use Disorder Treatment Program Screenings/Admissions for Iowa Adults with a Primary Substance Other Than Alcohol



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

According to the CDC Iowa has the fifth lowest rate of drug overdose deaths in the country. Additionally, the most recent National Survey on Drug Use and Health reports, Iowa has the fourth lowest rate of illicit drug use in the past month in the U.S.

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



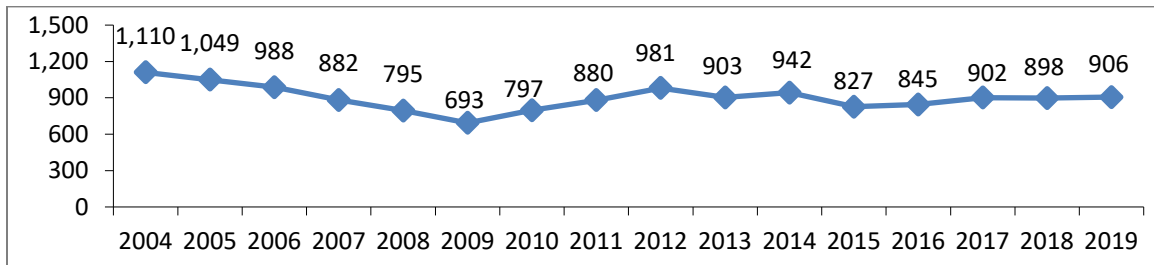
Source: [2016-2017 National Survey on Drug Use and Health](#)

Drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning are another indicator of drug abuse levels. In 2005, a drop in meth lab incidents helped reduce drug related prison admissions. Due, in part, to the increased availability of meth trafficked into the state, drug-related prison admissions rose from 2009 to 2012.

They have remained relatively stable since. This figure shows the offenders admitted to prison with a drug offense as their lead charge.

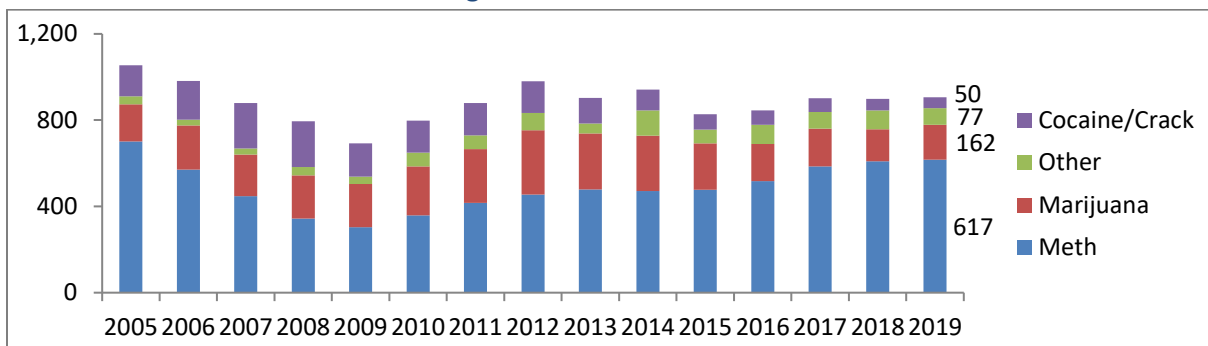
From FY17 to FY18 offenders incarcerated on a new most serious marijuana drug offense decreased by 14.9%. This number held steady in FY19. From FY14 to FY19 offenders incarcerated on a new most serious methamphetamine drug offense increased by 30.7%. Heroin continued to account for a low proportion of total new drug admissions during FY19, at 2.0%. More broadly, opioids accounted for only 2.98% of total new drug admissions during FY19.

Iowa Drug-Related Prison Admissions



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

Iowa Drug-Related Prison Admissions

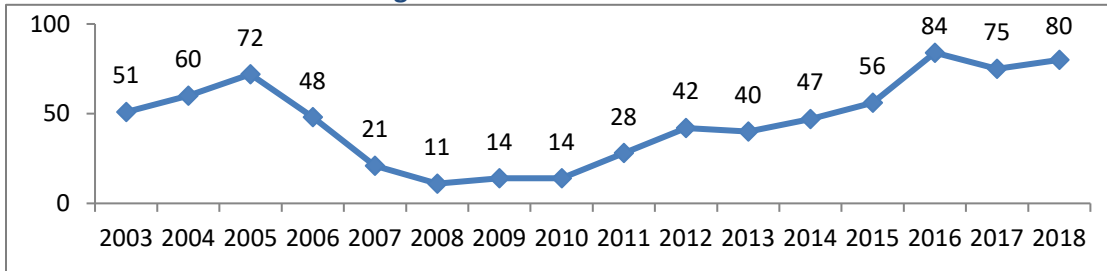


Source: FY, [Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning](#)

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, 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.

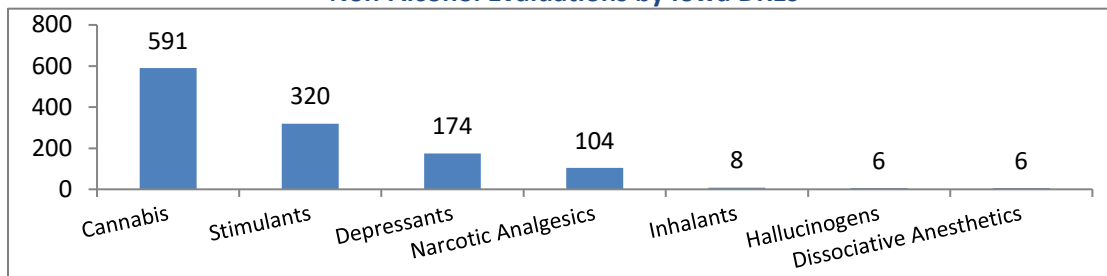
Drug-Related Iowa Traffic Fatalities



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

Iowa Drug Recognition Experts (DREs) performed 1,049 evaluations for impaired driving in 2018. Over 56% of these evaluations resulted in a finding of impairment from cannabis.

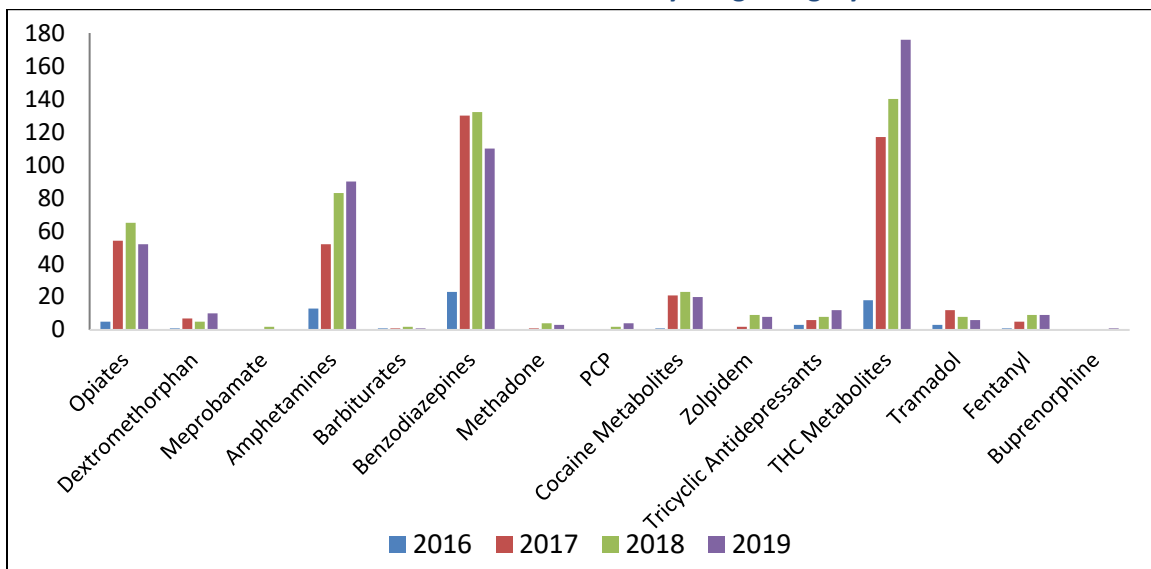
Non-Alcohol Evaluations by Iowa DREs



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

Since August 2016, the Iowa Department of Public Safety Crime Lab has run 1,640 blood screens for drugs. Of those cases, 56% screened positive for at least one drug. Most of these cases are driving or OWI-related, but not all. In 2019, 176 cases screened positive for THC, 110 cases screen positive for benzodiazepines, and 90 cases screened positive for amphetamines.

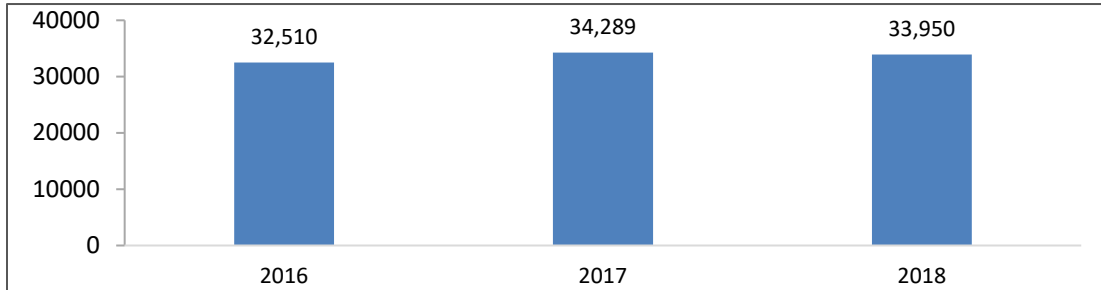
Iowa Positive Blood Screens by Drug Category



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

The number of hospital emergency department visits related to alcohol and drug use remains significant. The numbers reported below represents substances as both a primary reason for the visit, as well as a contributing factor to many visits.

Drug and Alcohol-Related Iowa Emergency Department Visits

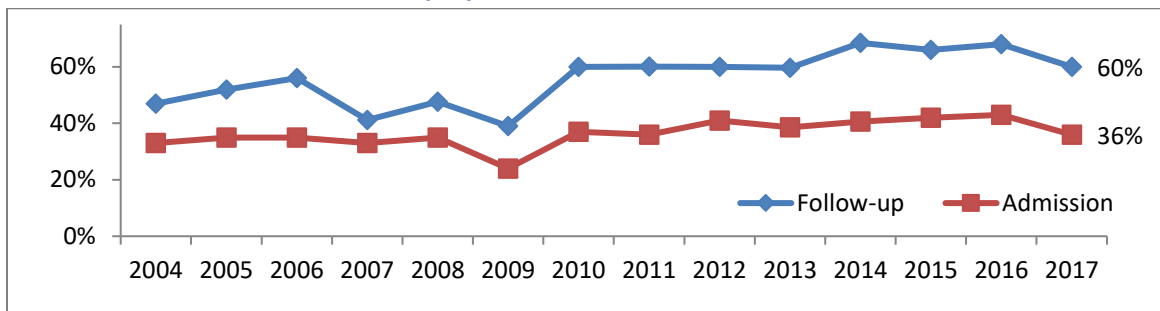


Source: CY, [Iowa Department of Public Health](#)

Studies have shown that SUD 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 Iowans improve when offenders returning into the community have completed SUD treatment. Findings from the 2017 report include:

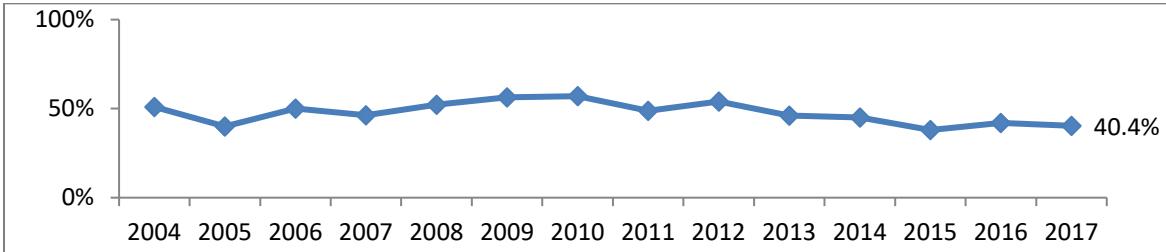
- 85% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 36% at treatment admission to 60% six months since discharge from treatment
- 40.4% of clients remained abstinent six months since their discharge from treatment

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



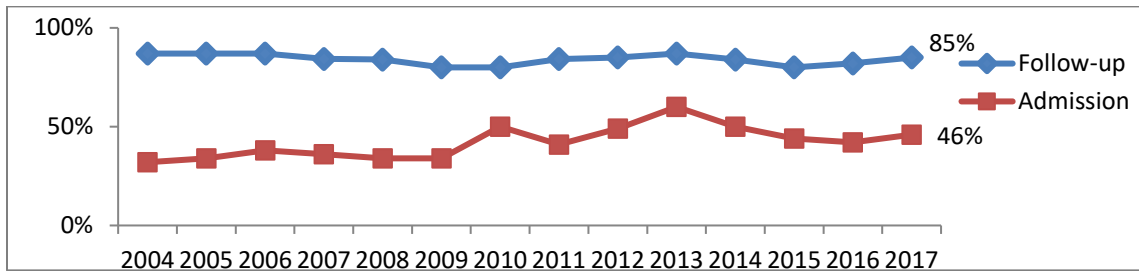
Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System
Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

Iowa 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](#)

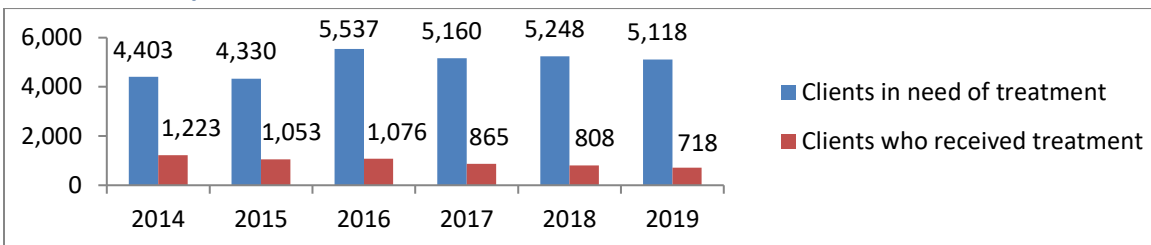
Iowa Treatment Clients with No Arrests Six Months Post Treatment



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](#)

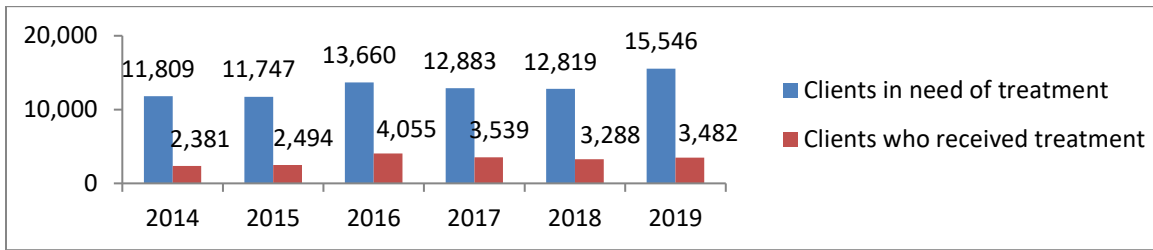
In 2019, the Department of Corrections provided SUD treatment to only 14% of the addicted custodial inmates and 22% of the drug-addicted offenders in community corrections. The decrease in the number of substance abuse services received may be attributable modification in the way substance abuse programming attendance is counted. For instance, offenders are receiving substance abuse treatment under cognitive behavioral therapy models at higher rates than historically. Therefore, there are fewer numbers of program participations specifically receiving substance abuse treatment, however, offenders are receiving substance abuse treatment services under broader cognitive behavioral models.

Iowa Department of Corrections Institutional Substance Use Disorder Treatment



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

Iowa Department of Corrections Community-Based Substance Use Disorder Treatment



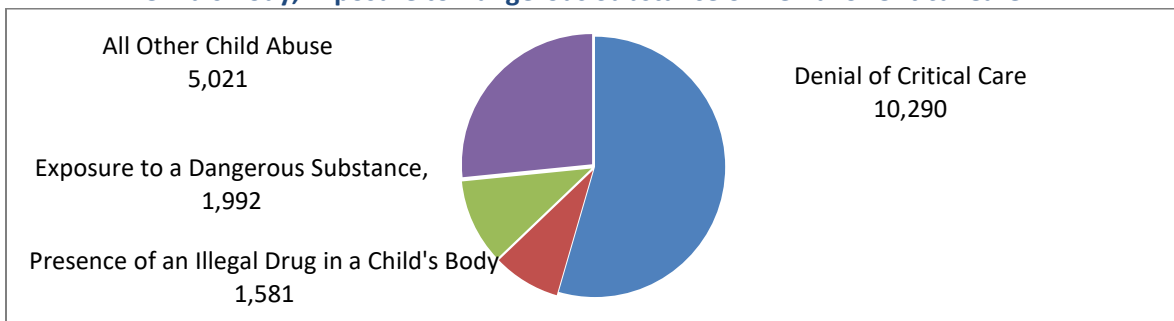
Source: FY, [Iowa Department of Corrections](#)

A significant portion of the drug using population in Iowa is in the child-rearing age group. 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.

The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child's body. Before 2017, the second was cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child.

Effective July 1, 2017, DHS added a new category called "Dangerous Substances" to include amphetamine, meth, cocaine, heroin, opium, and opiates. This change allows DHS intake workers to automatically assign a case to Child Abuse Assessment rather than Family Assessment. In these cases, it is alleged a caregiver uses or possess cocaine, heroin, opiates, or meth/amphetamines in the presence of a child or knowingly allows such activity by another person in the presence of a child. In the six months of CY2017 this change was in place, there were 1,992 cases confirmed or founded.

Confirmed or Founded Cases of Iowa Child Abuse Related to Presence of an Illegal Drug in a Child's Body, Exposure to Dangerous Substance or Denial of Critical Care

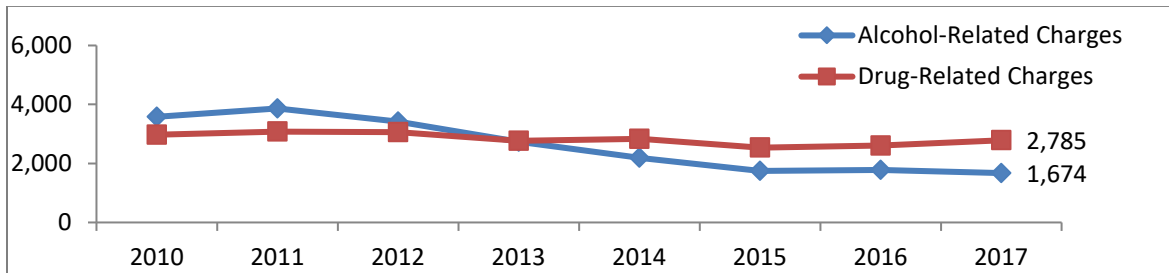


Source: CY 2018, [Iowa Department of Human Services](#)

When all denial of critical care, presence of illegal drugs in a child’s body, and exposure to dangerous substance cases are combined, they represent 87% of confirmed and founded child abuse 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.

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.

Iowa Alcohol and Other Drug-Related Juvenile Charges/Allegations

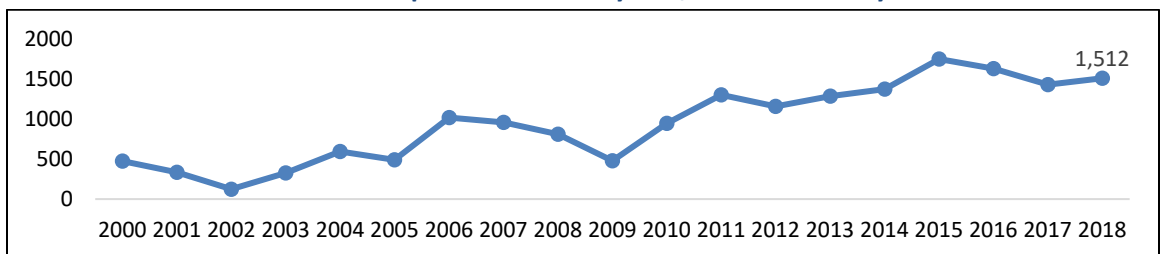


Source: CY [Iowa Justice Data Warehouse](#)

The Iowa Disease Surveillance System reports the highest number of Hepatitis C (HCV) cases in recorded history. According to the CDC, in the United States, injection drug use (IDU) is the primary risk factor for HCV infection and accounts for 68% of all new HCV infections in the United States. Roughly 32% of people who inject drugs become infected with HCV within the first year of injecting, and 53% become infected within five years.

According to the Iowa Department of Public Health, increases in HCV infection related to IDU among people 30 years of age and younger is a trend that has been reported by CDC in many areas of the country, including the Midwest. Much of this increase in injection drug use among youth is related to increases in use of prescription opioids and heroin. Increases in diagnoses of HCV among specific populations can be an early warning sign that injection drug use is increasing in that population. IDPH also reports Iowa is also at risk for an HIV outbreak related to injection drug use.

Iowa Positive Hepatitis C Antibody and/or Confirmatory Tests

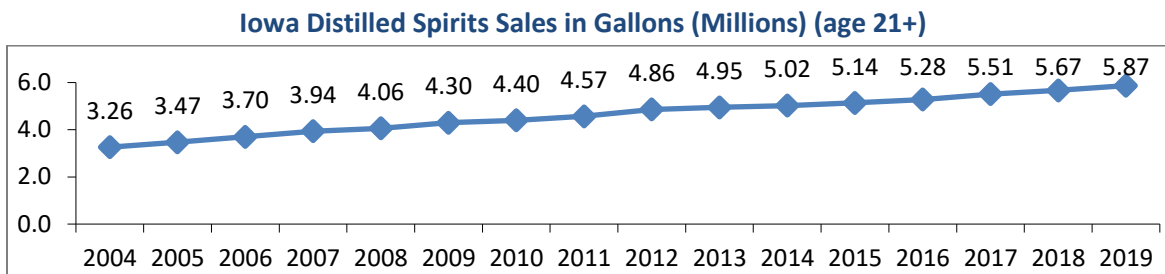


Alcohol

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.

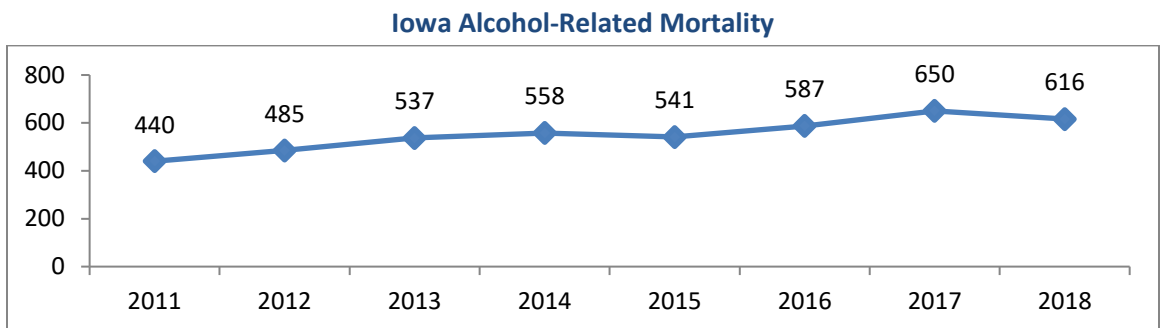
Alcohol dependency, abuse and addiction are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents.

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 80% over the past fifteen years reaching its current high of 5.87 million gallons in FY 2019.



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

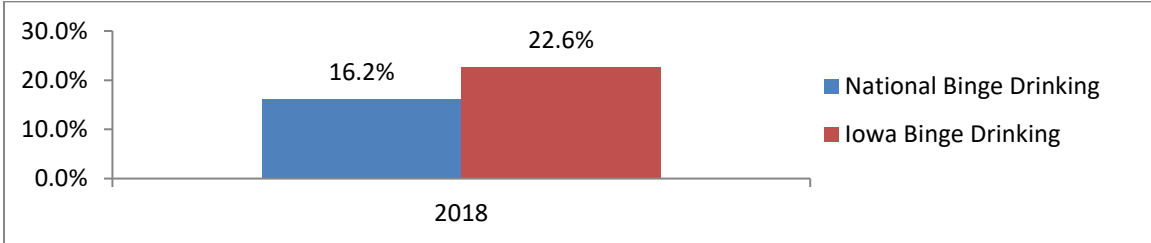
Iowa's alcohol mortality numbers have risen steadily in recent years, according to the most recent data available from the Iowa Department of Public Health.



Source: CY, [Iowa Public Health Tracking Portal](#)

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 lowans are classified as current drinkers of alcoholic beverages. Further, one in five adult lowans is classified as a binge drinker. To better understand some of the social implications resulting from the widespread use and abuse of alcohol, data indicators are presented below.

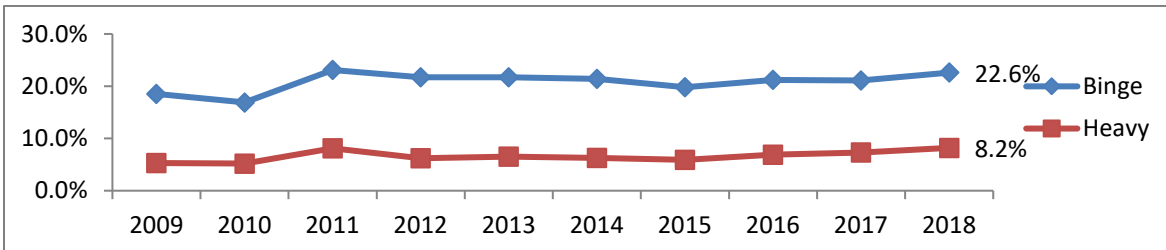
National Binge Drinking vs. Iowa Binge Drinking Rates



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

Reducing heavy and binge drinking in Iowa will improve the health and safety of lowans while reducing health care costs. According to the data below, percentages of adult lowans who report heavy and binge drinking have remained steadily higher than national averages. Nationally, 16.2% of Americans report binge drinking while 22.6% of lowans report binge drinking. Nationally 6.5% report heavy drinking while 8.2% of lowans report heavy drinking.

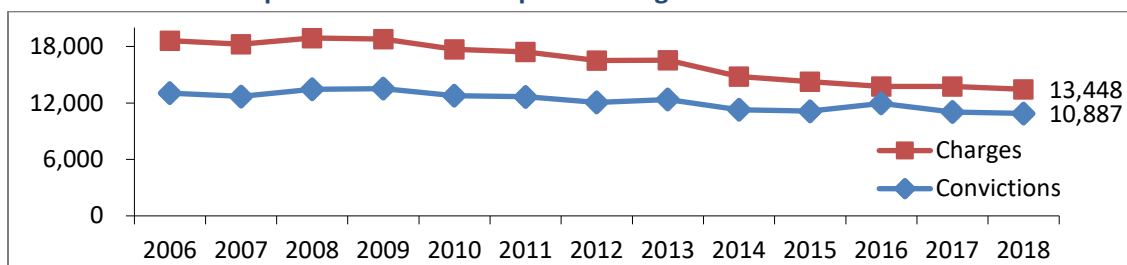
Adult lowans (18 and over) Reporting Heavy or Binge Drinking



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

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.

Reported Iowa OWI Disposed Charges and Convictions

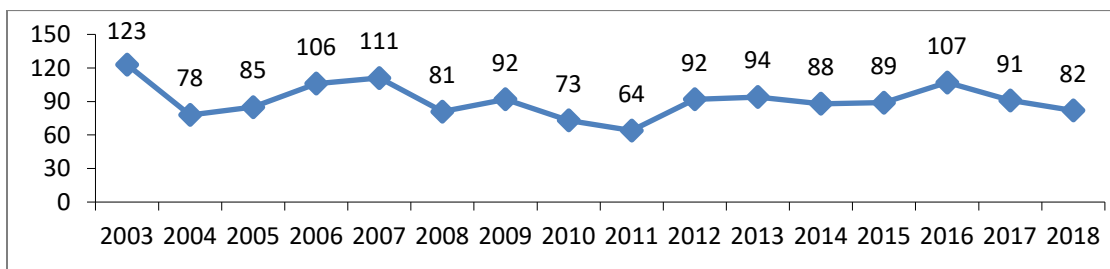


Source: CY, [Division of Criminal and Juvenile Justice Planning](#)

**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.*

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 2018, 82 people died in alcohol-related motor vehicle crashes. In Iowa, alcohol is second only to excessive speed as a contributing factor in all traffic crashes.

Alcohol-Related Motor Vehicle Fatalities in Iowa

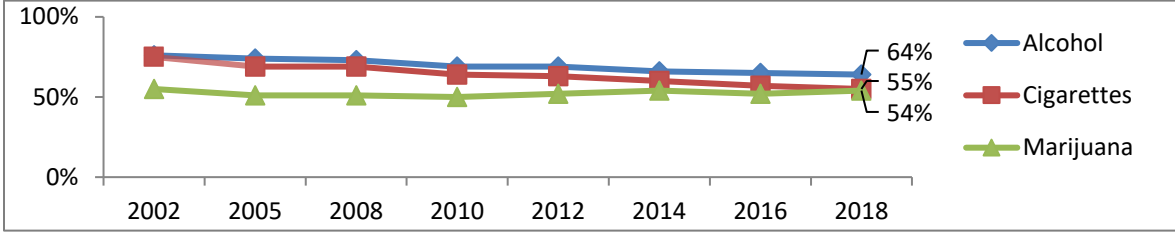


Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor’s Traffic Safety Bureau](#)

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 2018 survey in the spring of 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.

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 2018, 64% of 11th graders thought it would be “easy” or “very easy” to get alcohol. Ease of access is a key factor in youth substance abuse.

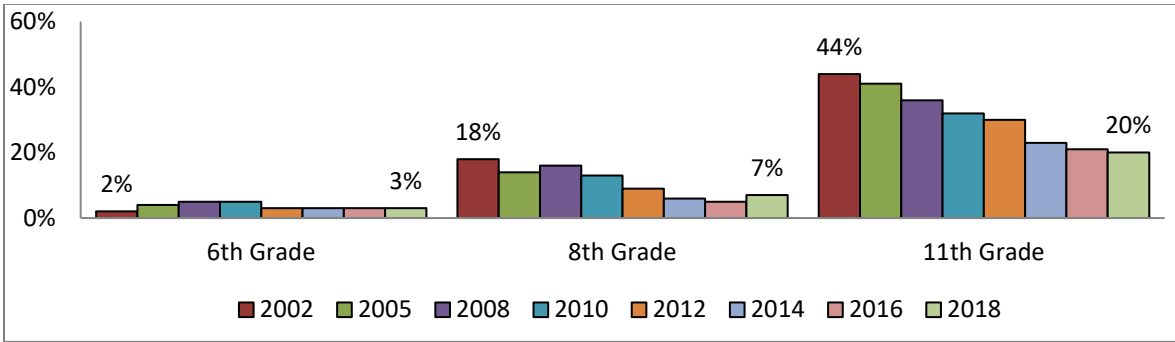
**Ease of Access to Cigarettes, Alcohol, and Marijuana in Iowa Communities
As Perceived by Iowa 11th Graders**



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

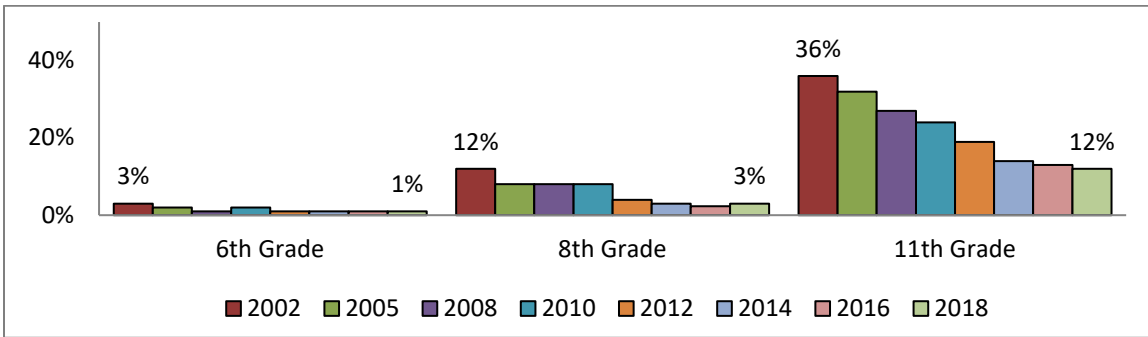
While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2018, 20% of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline.

Iowa Students Self-Reporting the Current Use of Alcohol



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

Iowa Students Self-Reporting Current Binge Drinking

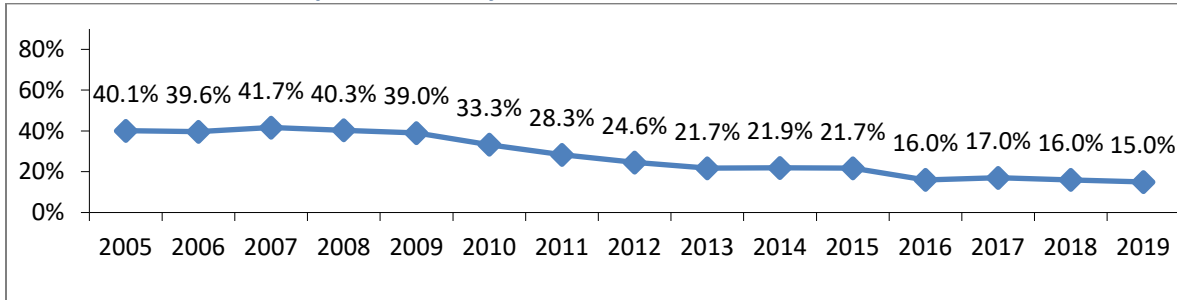


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

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 15% 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.

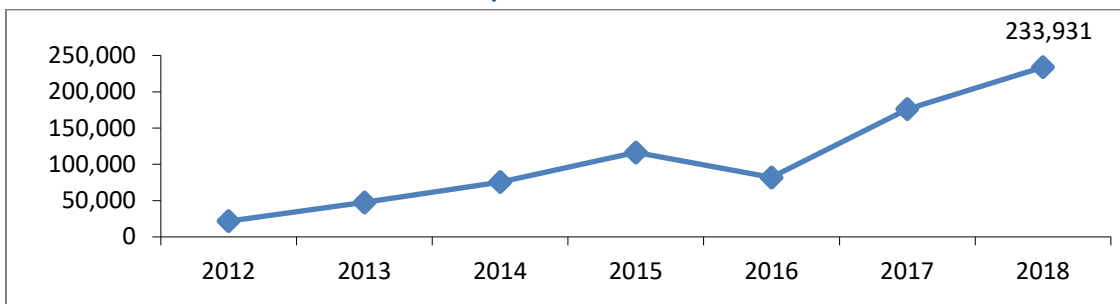
Iowa Youth Screens/Admissions to Substance Use Disorder Treatment Programs with a reported Primary Substance of Abuse of Alcohol



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

Amphetamine/Methamphetamine

Iowa Methamphetamine Seizures in Grams



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

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.

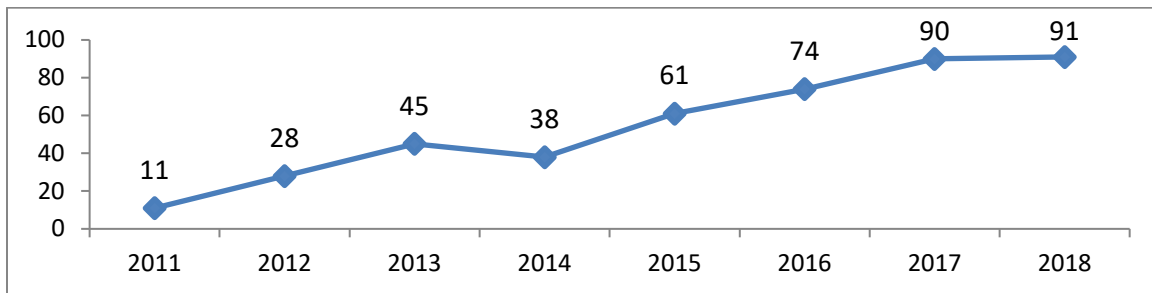
Iowa Average Methamphetamine Price per Gram and Purity

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

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 and 94 deaths in 2018.

Iowa Psychostimulant-Related Deaths



Source: CY, [Iowa Public Health Tracking Portal](#)

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.

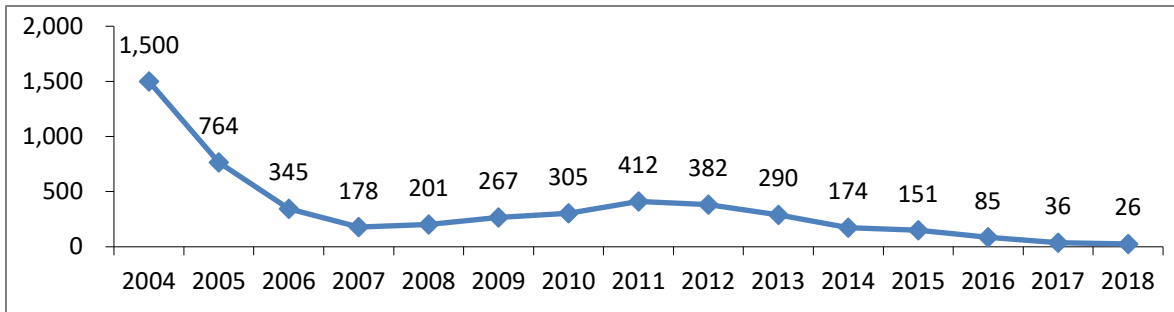
Most meth production labs in Iowa are smaller in number and size, compared to a few years ago. Most of the meth labs now reported are the smaller “one pot” variety, a method that was first introduced in the State in 2010. This method generally uses less pseudoephedrine and other precursor chemicals, 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-counter to participate in an electronic Pseudoephedrine Tracking System managed by Iowa’s Office of Drug Control Policy.

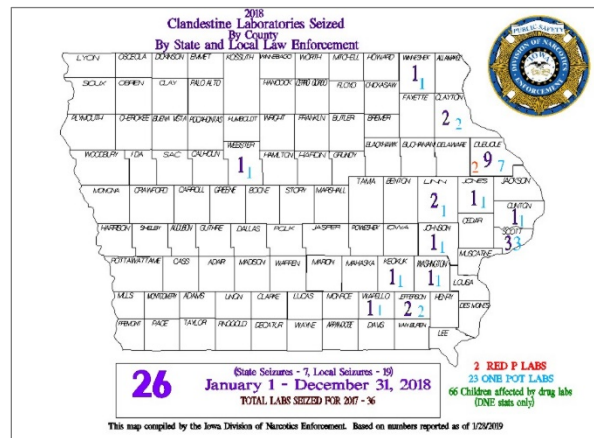
Due to these and other actions, including an array of drug prevention, treatment and enforcement efforts, meth labs and the public safety threats associated with them have reached their lowest point in over 20 years in Iowa, dating back to 1997. The influx of

high-grade meth smuggled into our state in recent years may also be contributing to the suppression of meth labs in Iowa.

State and Local Iowa Methamphetamine Clandestine Laboratory Responses

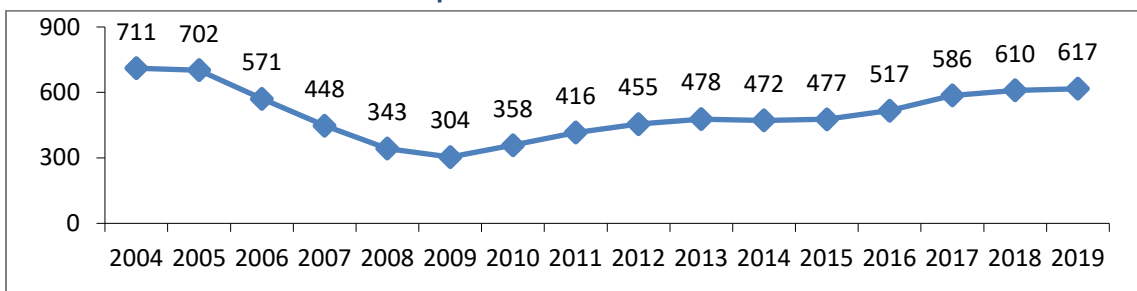


Source: CY, [Iowa Department of Public Safety](#)



While Iowa experienced a significant reduction in methamphetamine-related prison admissions (down 57.9%) from 2004-2009, admissions have steadily increased since that point, up 103%.

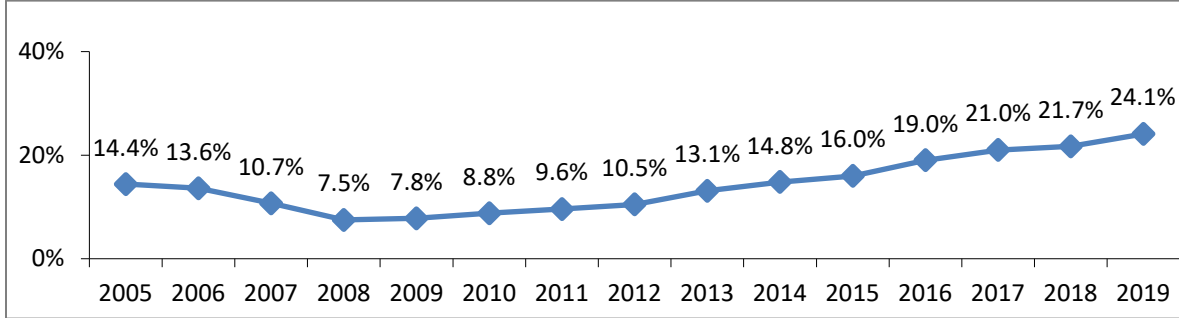
Iowa Methamphetamine-Related Prison Admissions



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

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 treatment admissions are at an all-time high.

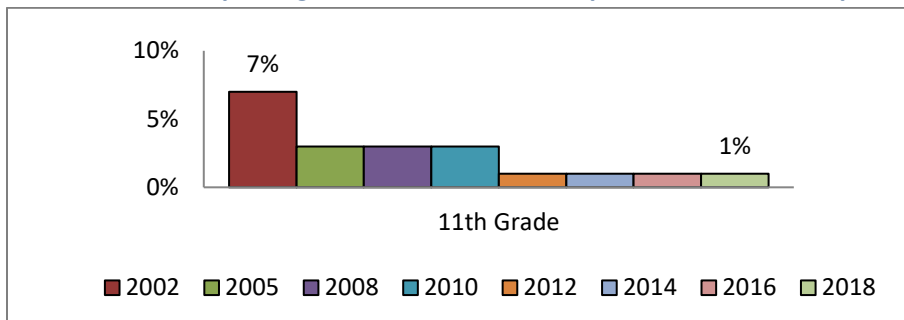
Iowa Adult Screens/Admissions to Substance Use Disorder Treatment Programs with a reported Primary Substance of Abuse of Methamphetamine



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. Zero to 1% of Iowa 6th and 8th graders consistently report current use of meth. Use of meth by Iowa 11th graders has also declined to only 1%.

Iowa Students Self-Reporting the Current Use of Amphetamine/Methamphetamine



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

Marijuana

Data indicate marijuana is Iowa’s most used illegal drug and after alcohol, the second most frequent reason for SUD 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.

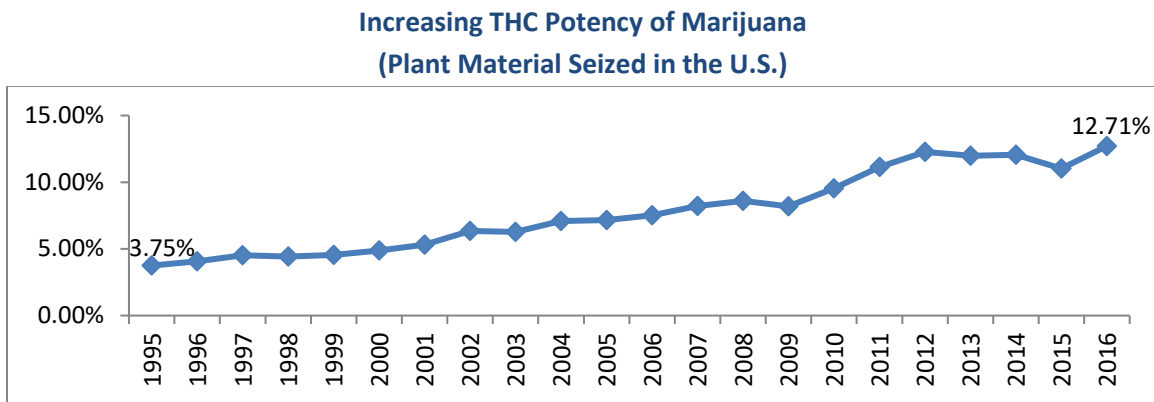
The National Institute on Drug Abuse (NIDA) estimates 30% of users have some degree of marijuana use disorder (MUD), about nine percent will become dependent on the drug, and up to 17% of marijuana users who start using in their teens will become dependent.

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% at last report.

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.

According to the Northwest High Intensity Drug Trafficking Area, average THC potency levels in marijuana produced in Washington in 2016 increased to 21.6% for flower/plant-based marijuana products and 71.7% for marijuana concentrates.

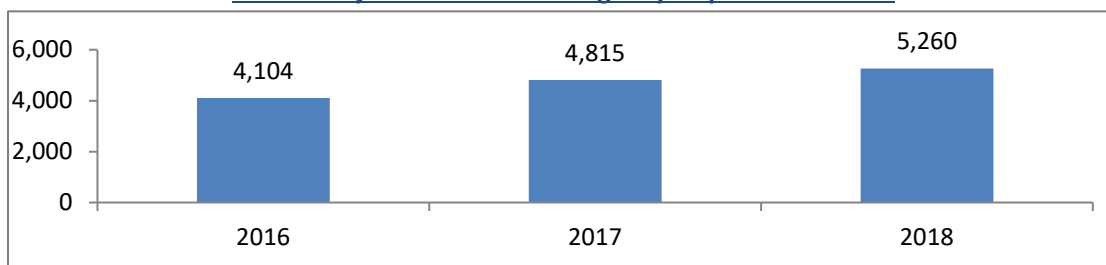


Source: [University of Mississippi Marijuana Project through 3-22-17](#)

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

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 a harmful and addictive drug.

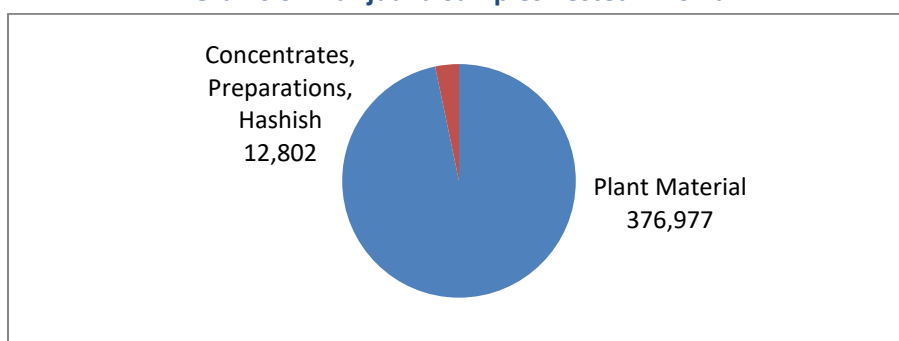
Iowa Marijuana-Related Emergency Department Visits



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

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 2018 involved high-potency marijuana “preparations” or “concentrates” such as oils, waxes, and marijuana-infused edibles.

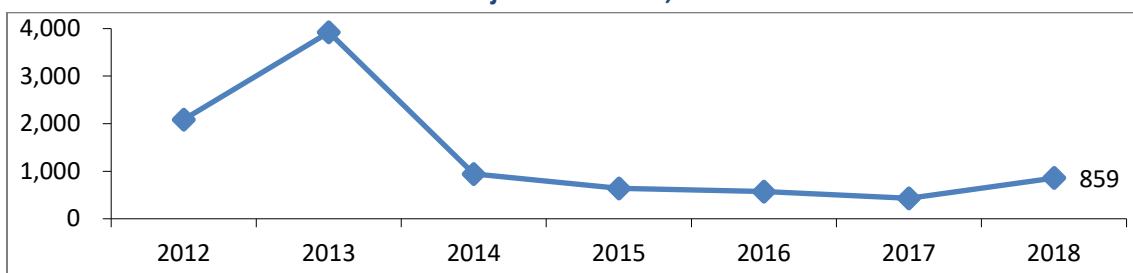
Grams of Marijuana Samples Tested in Iowa



Source: CY 2018, [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.

Iowa Marijuana Seizures, in Pounds



Source: CY, [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.

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



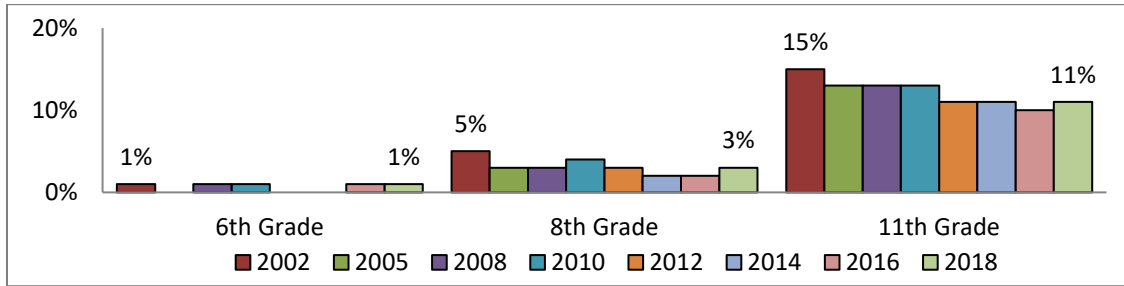
Source: 2017, [Rocky Mountain High Intensity Drug Trafficking Area](#)

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 lowans who come in contact with unsafe materials or waste, or are impacted by explosions and flash fires from these cooks.

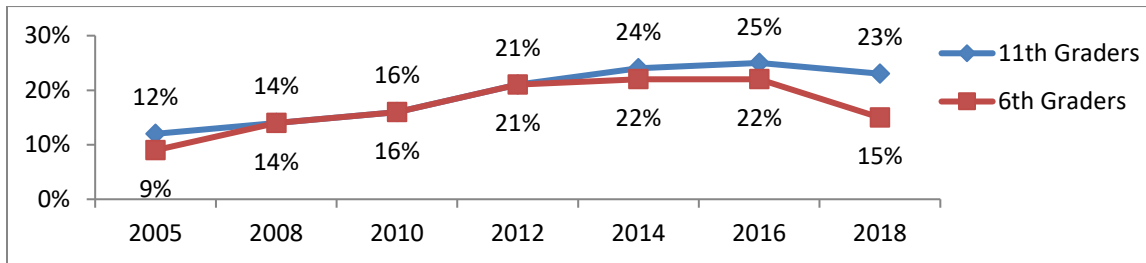
The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. In 2018, 11% of 11th graders reported current use. Again, attitude drives behavior. Nearly one quarter of Iowa 11th graders and 15% of 6th graders perceive no risk in smoking marijuana once or more per week. This number has risen and then remained steady 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.

Iowa Students Self-Reporting the Current Use of Marijuana



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

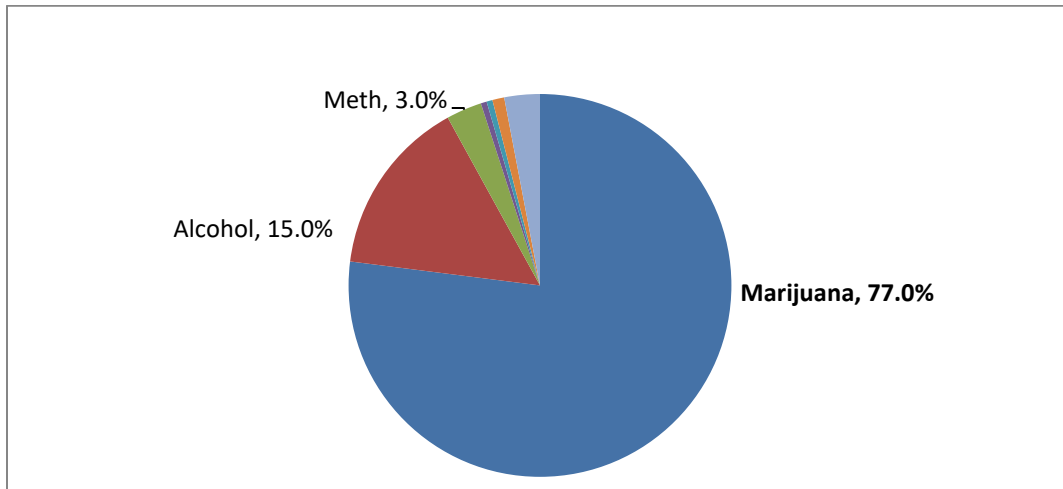
Iowa Students Perceiving No Risk Smoking Marijuana Once or More a Week



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.

Iowa Youth Screenings/Admissions to Substance Use Disorder Treatment Programs with Marijuana as Primary Drug



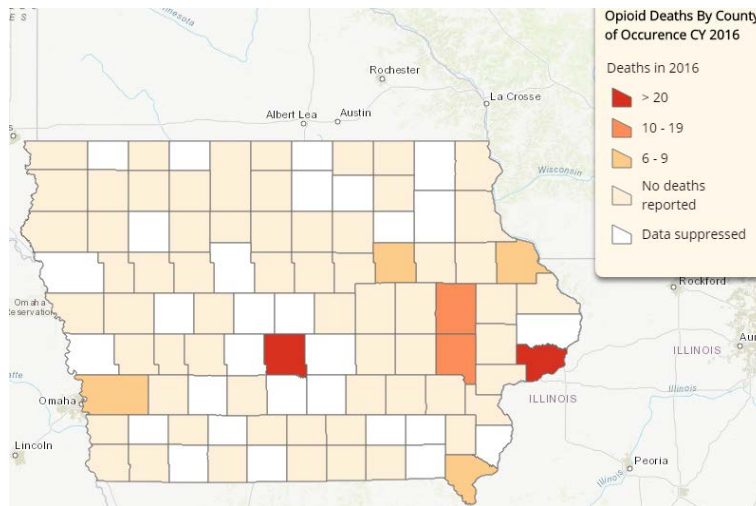
Source: FY19, [Iowa Department of Public Health, Division of Behavioral Health](#)

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.

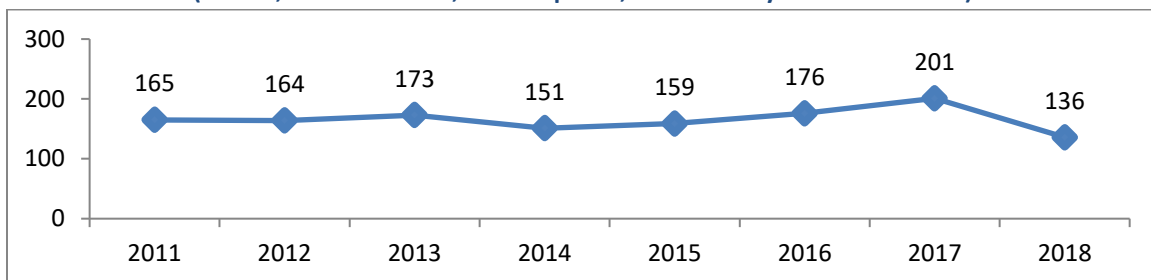
Iowa Opioid Overdose Deaths



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 201 deaths in 2017. According to preliminary 2018 data from the Iowa Department of Public Health (IDPH), the number of deaths involving opioids fell by 32% to 136.

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



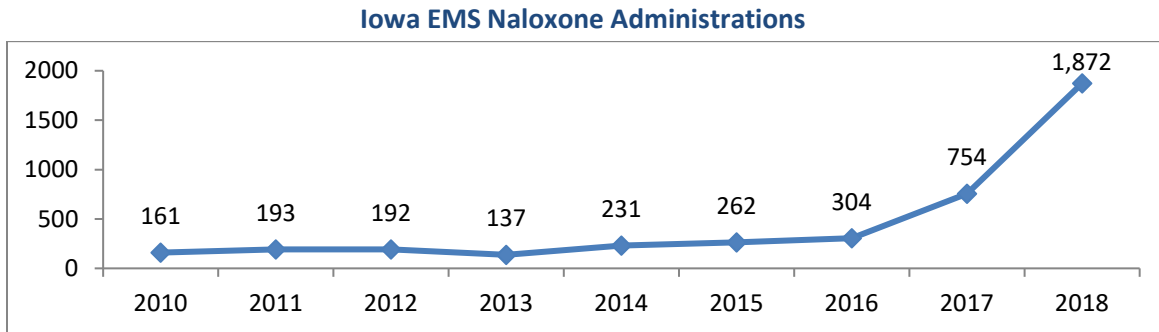
Source: CY, [Iowa Public Health Tracking Portal](#)

One reason for the decrease may be the increased availability of naloxone. 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.

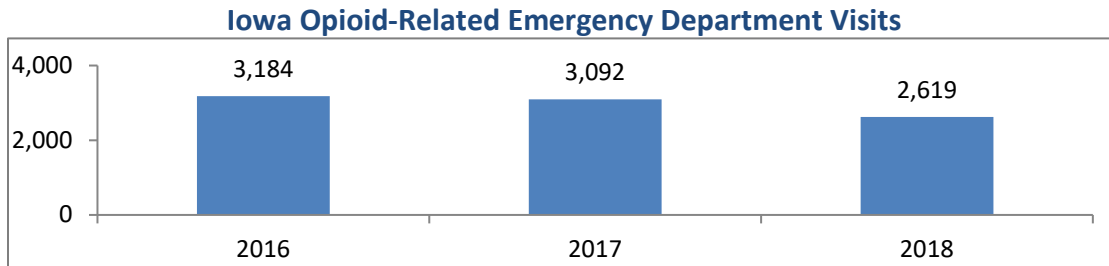
In July 2018, hospitals began reporting all known administrations of naloxone, the opioid overdose rescue medicine, to help track the number of non-lethal overdoses. Over the course of 2018, 1,872 doses of Naloxone were administered by EMS personnel.

The number of naloxone administrations by Emergency Medical Services (EMS) personnel in an overdose situation may be another indicator of the prevalence of prescription opioids and heroin in Iowa.



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

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.

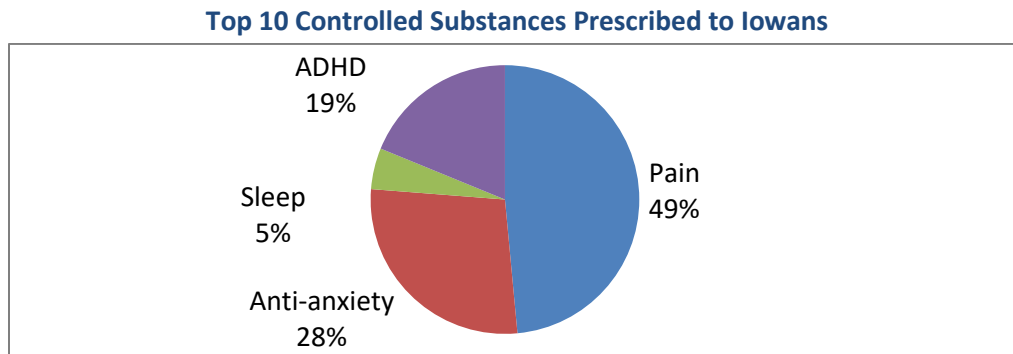


Source: CY, [Iowa Department of Public Health Division of Behavioral Health](#)

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

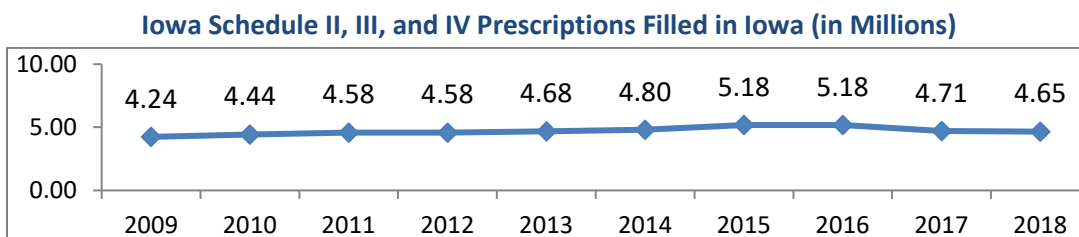
The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. The United States consumes 80% of the world's opioids – and 99% of the world's hydrocodone. According to data from the Prescription Drug Monitoring Program, the top 10 controlled substances prescribed in Iowa comprise approximately 94% of all prescriptions filled. These 10 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.



Source: CY 2018, [Iowa Board of Pharmacy](#)

Several recent and pending enhancements to Iowa's Prescription Monitoring Program 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.

According to the PMP, the total number of Schedule II, III, and IV controlled prescription drugs filled in 2017 was down nearly 10% from 2016. That number decreased again in 2018 by 1.4%. 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](#)

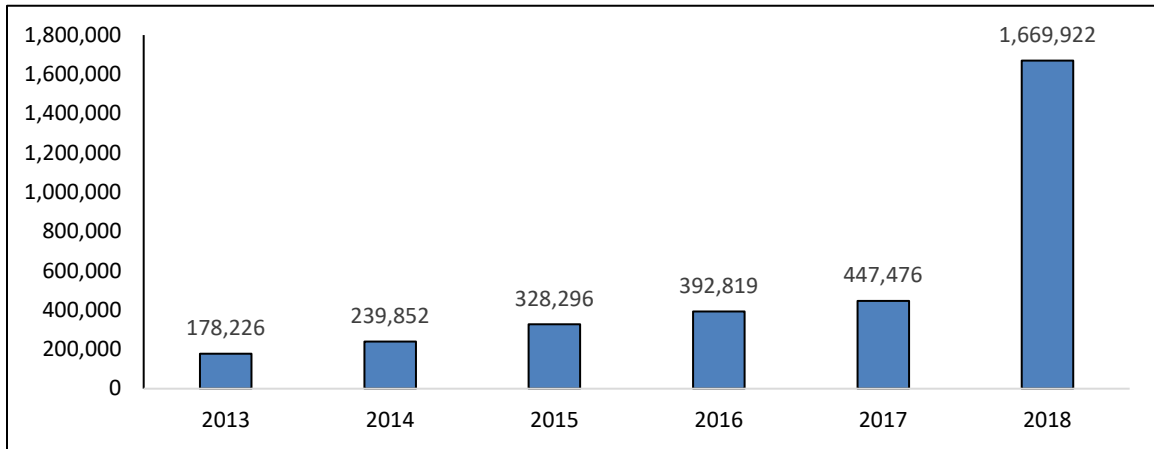
Additionally, Iowa law (HF 2377) enacted in 2018 makes the following changes to reduce opioid misuse:

- 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

Because prescribers must now query the PMP before prescribing opioids to a patient, the number of inquiries in the PMP has more than tripled.

Iowa Prescription Monitoring Program Queries by Prescribers



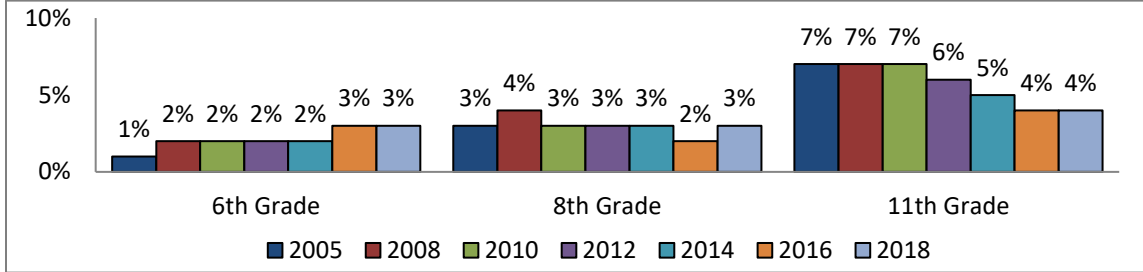
Source: CY, [Iowa Board of Pharmacy](#)

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 107 pharmaceutical diversion cases and seized 36,762 dosage units over the past seven fiscal years. In FY19 alone, DNE opened nine new cases and seized over 24,244 dosage units. This is nearly double the dosage units of the past six years combined.

Treatment centers anecdotally report an increase in prescription drug use disorder clients in recent years. 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.

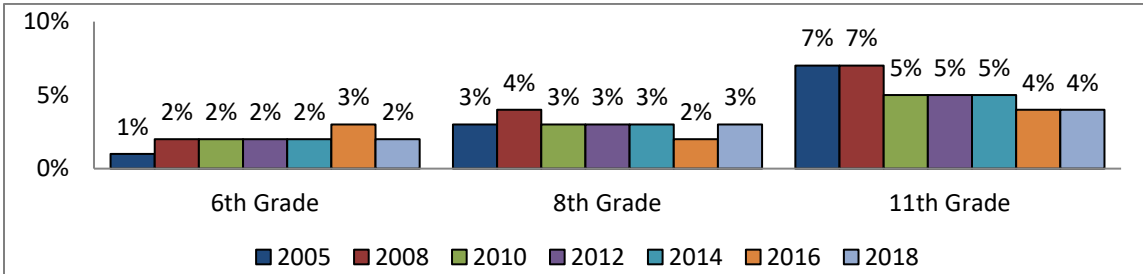
According to the 2018 Iowa Youth Survey, 4% of Iowa 11th graders have used prescription drugs for non-medicinal purposes in the past 30 days.

Iowa Students Self-Reporting the Current Non-Medical Use of Prescription Medications



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

Iowa 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](#)

Heroin

The prevalence of 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 held steady at 2.7% of all treatment admissions. Although small, this number has more than tripled in the past six years.

As more people become addicted to 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 Centers for Disease Control and Prevention (CDC) reports three out of four new heroin users reported previous prescription opioid misuse.

Iowa Average Heroin Price per Gram

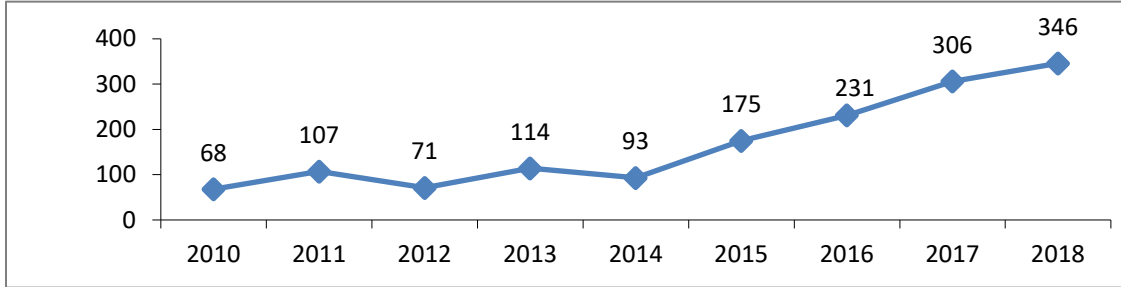
	2010	2012	2014	2016	2018
Price	\$215	\$250	\$250	\$200	\$170

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 2019, those numbers increased to 24 heroin cases and 9,052 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 Iowa's Crime Lab



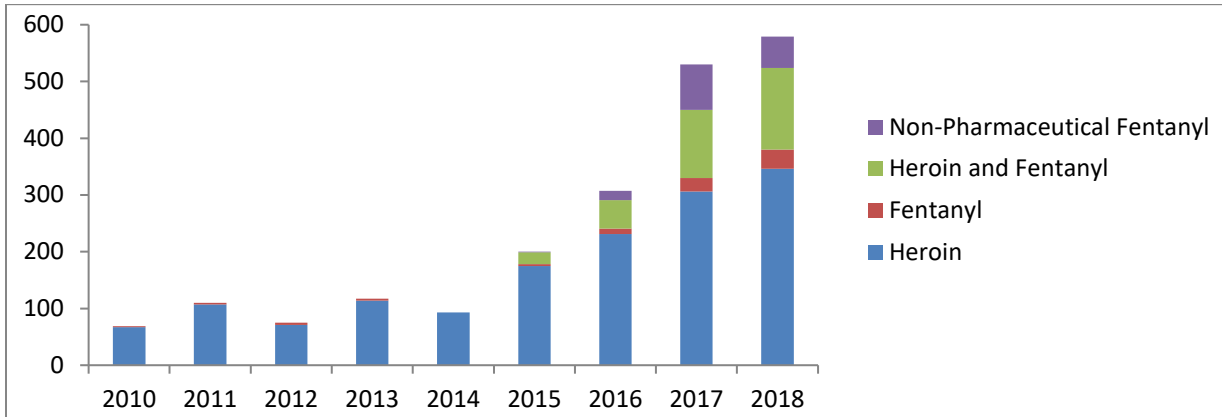
Source: CY, [Iowa Department of Public Safety Criminalistics Lab](#)
May not include all seizures – larger cases may be sent to DEA lab.

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 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 reported five cases of carfentanil (alone or in mixture) in 2018.

Iowa Heroin, Fentanyl, and other Synthetic Opioid Crime Lab Cases



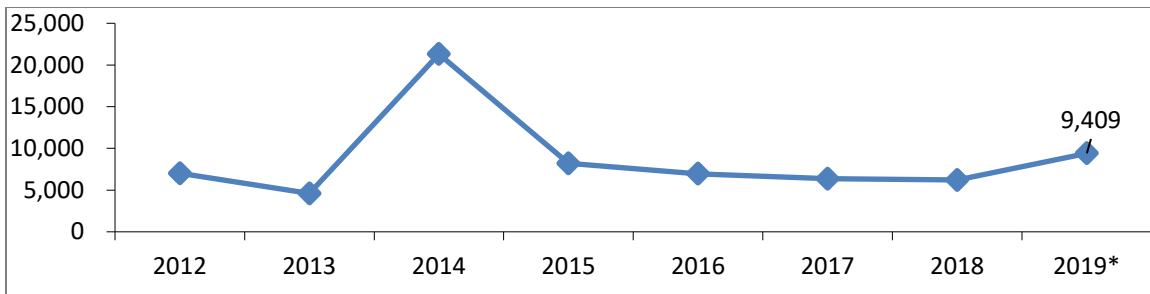
Source: CY, [Iowa Department of Public Safety Criminalistics Lab](#)
 May not include all seizures – larger cases may be sent to DEA lab.

The DCI laboratory also reported 34 cases containing fentanyl and 144 cases of fentanyl or analogs mixed with heroin in 2018. The lab also reported 55 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.

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

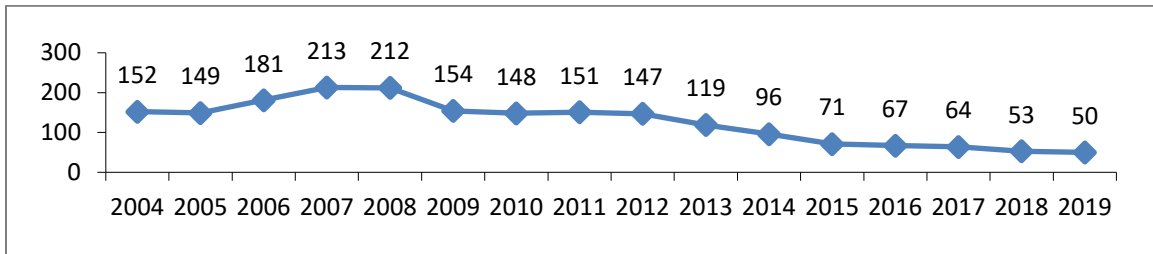
	2010	2012	2014	2016	2018
Price	\$125	\$130	\$100	\$100	\$100

Source: [Iowa Counterdrug Task Force](#)

Cocaine-related admissions to prison represented six percent of drug-related prison admissions in FY 2019. The number of prison admissions for crack/cocaine is the lowest it has ever been since this data was first collected in 2004. Notably, for the first time in recent history, powder cocaine-related prison admissions outnumbered crack cocaine-related prison admissions (26 vs. 24).

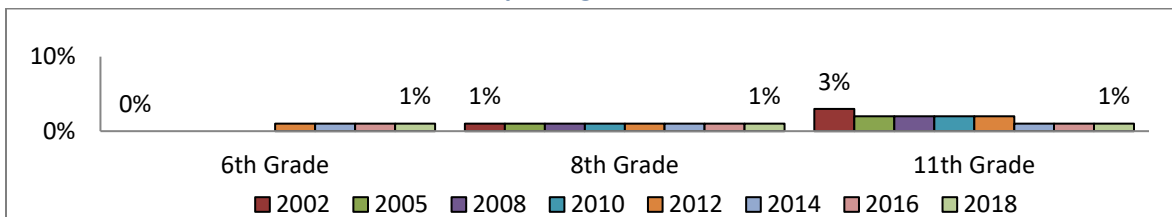
Based on the data indicators illustrated here, it would appear that cocaine/crack cocaine continues to represent a significant substance among the drug using population in Iowa. There is little reported use of cocaine/crack cocaine by Iowa youth.

Iowa Cocaine/Crack Cocaine-Related Prison Admissions



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

Iowa 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 2018, 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.

The retail availability of synthetic drugs appears to have decreased in recent years, but dangers still exist and anecdotal reports of synthetic drug activity have increased in recent months. Reasons for the change are unclear, but several high-profile legal cases, including

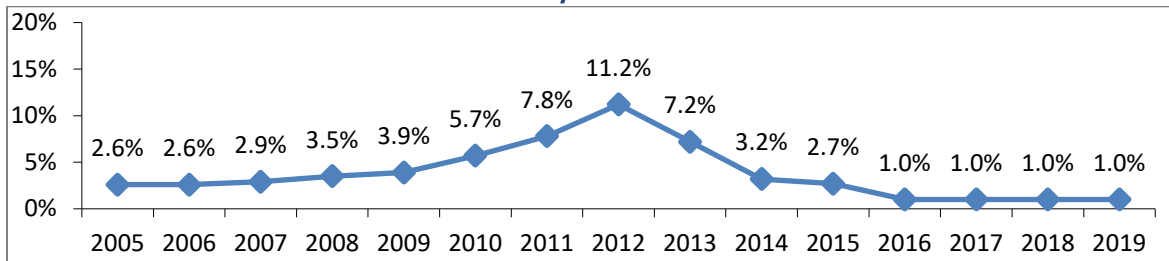
a successful Consumer Protection action by the Iowa Attorney General’s Office, may have deterred Iowa businesses from the continued sale of these products.

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.

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

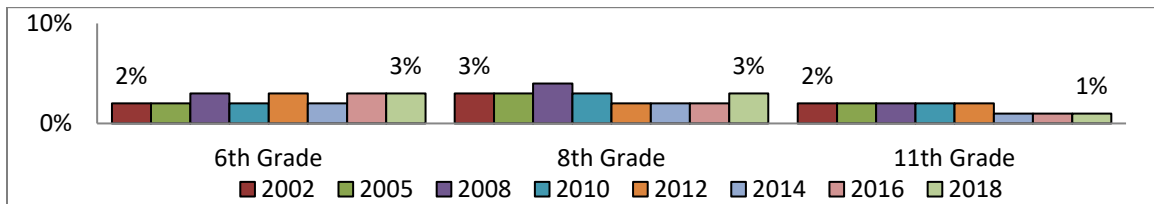


Source: FY, [Iowa Department of Public Health, Division of Behavioral Health](#)

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.

Iowa Students Self-Reporting the Current Use of Inhalants

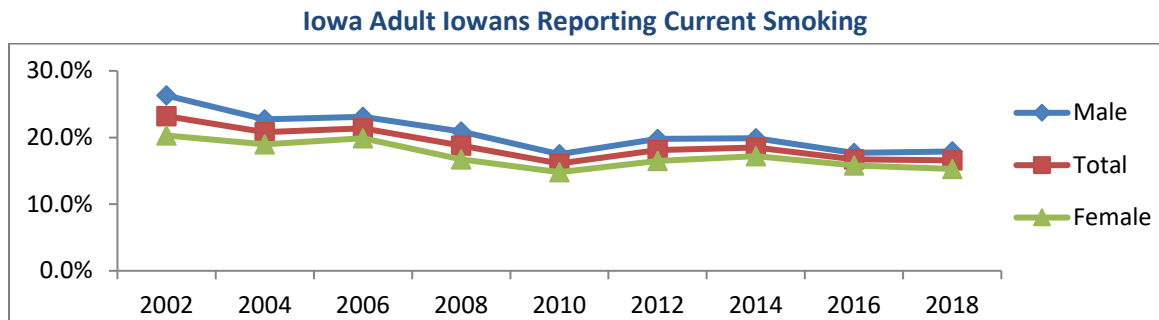


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Tobacco/Nicotine Products (includes electronic smoking or vaping devices and e-cigarettes)

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. The use of tobacco and other nicotine products (e.g. e-cigarettes and vaping) among Iowans and exposure to secondhand smoke continue to be major public health problems. Having fewer nicotine users of all ages in Iowa and creating smoke-free environments for all Iowans are keys to reducing tobacco-related illnesses and costs. Nationally, 17% of adults report smoking, while in Iowa that rate is 16.6%.



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.

At the time of this document's publication, the CDC and other federal officials continued their investigation into the cause of an outbreak of severe lung disease associated with vaping. As of October 22, 2019, the CDC reported 1,604 cases of e-cigarette, or vaping, product use associated lung injury cases in 49 states, including 43 such cases in Iowa. Thirty-four deaths were confirmed in 24 states, not including Iowa.

The Iowa Department of Public Health (IDPH) advises that youth should be discouraged from using vaping and e-cigarette products of any kind as the long-term health impacts for youth using these products are unknown. Furthermore, IDPH says since the specific compound or ingredient causing lung injury remains unknown, the only way to assure you are not at risk while the investigation continues is to consider refraining from use of all e-cigarette, or vaping, products.

Iowa school officials increasingly report finding and removing more vaping products from students. Also, law enforcement officers report seizing a growing number of electronic smoking (vaping) cartridges containing tetrahydrocannabinol (THC), the main psychoactive compound from the cannabis plant.

An informal focus group with a few Iowa high school students about vaping--conducted before the lung injury outbreak--found consensus on the following points, suggesting a need for more education and enforcement, especially in light of recent developments:

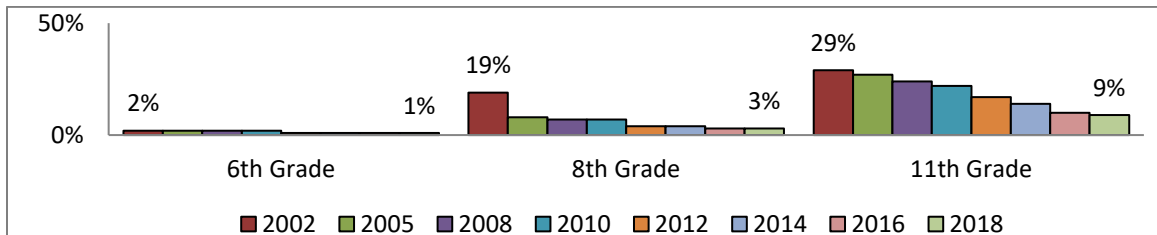
- Iowa teens who use vaping or electronic smoking devices like their flavors and the ability to hide them from adults;

- Vaping is viewed by Iowa teens as trendy and safer than smoking traditional cigarettes;
- Iowa teens believe parents are uninformed about vaping, and potential risks associated with it; and
- About half of Iowa teens who use electronic smoking devices vape THC.

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 smoking devices are effective in quitting tobacco use. Data suggests that the use of electronic devices 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.

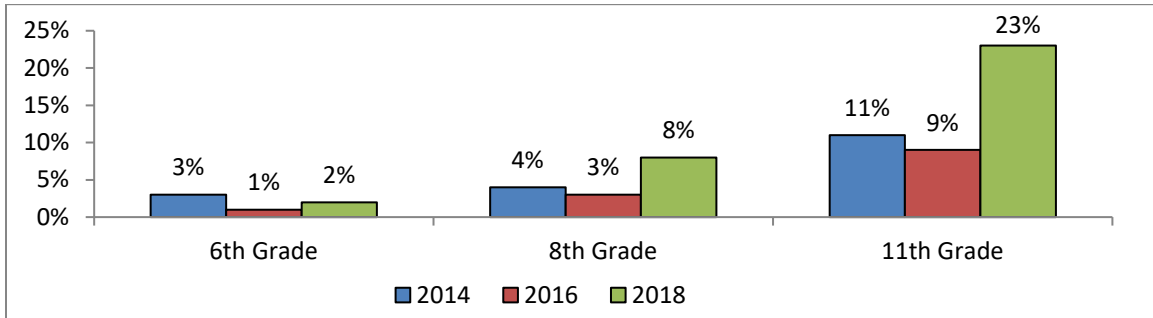
Iowa Students Self-Reporting the Current Use of Tobacco



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

Iowa students were asked about electronic cigarette (e-cigarette or vaping device) use for the first time in the 2014 Iowa Youth Survey. E-cigarette use among 11th graders more than doubled from 9% in 2016 to 23% in 2018. The vaping rate among 11th graders is higher than both alcohol and other drug use. Additionally, the vast majority (83%) of youth who report any cigarette or e-cigarette use, started with e-cigarettes.

Iowa 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

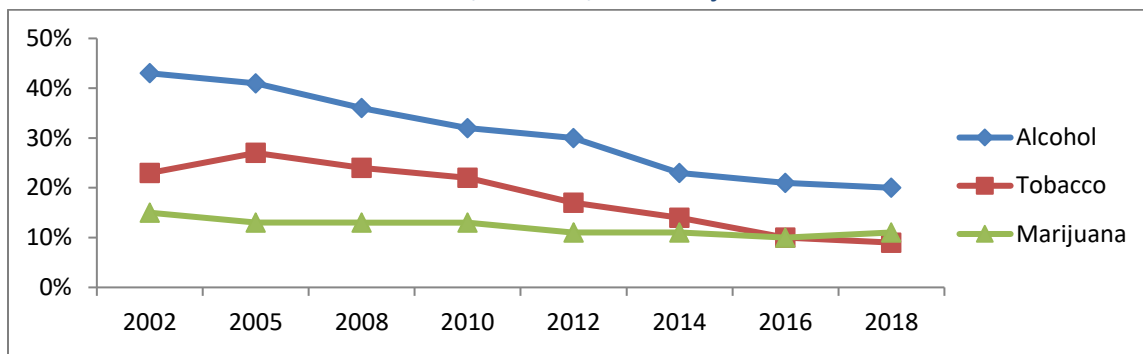
The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities. Effective treatment addresses addiction issues and has a long-term positive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

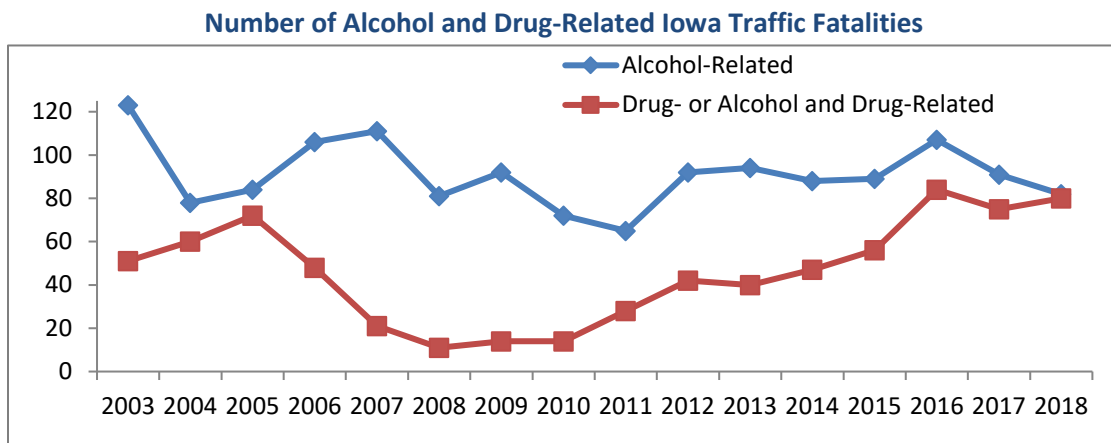
What Works

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.



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

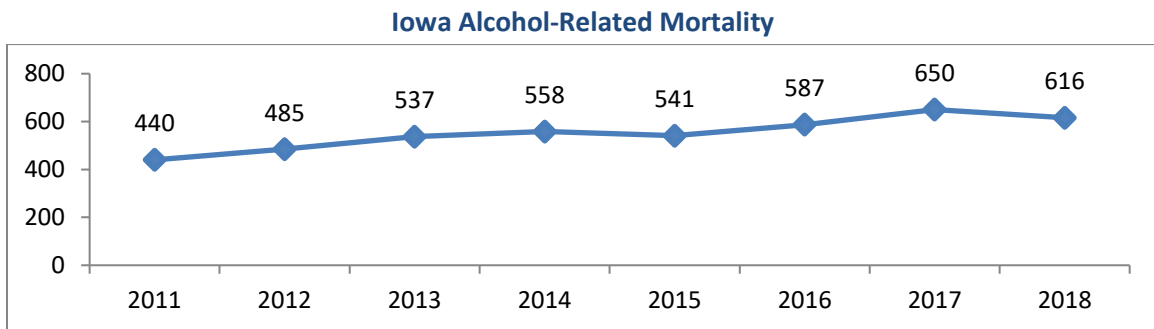
What Works

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.

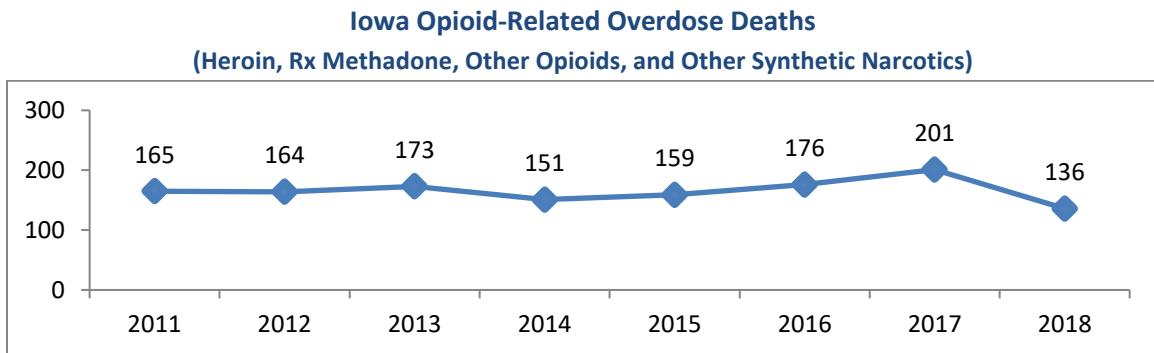
Reduce the number of alcohol, tobacco and drug-related deaths

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.



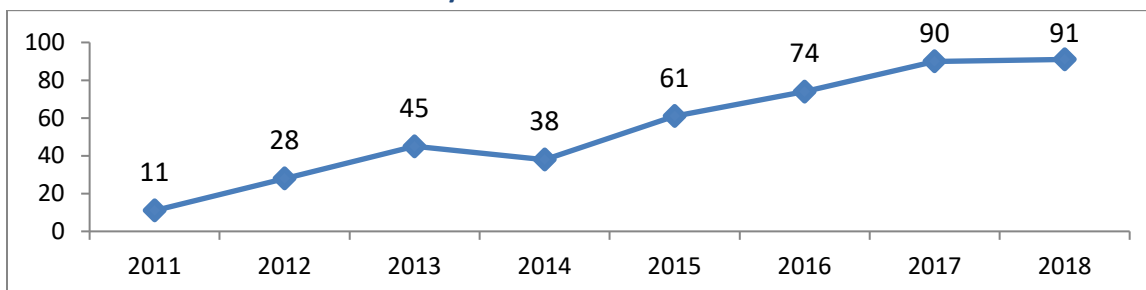
Source: CY, [Iowa Public Health Tracking Portal](#)

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 is declining.



Source: CY, [Iowa Public Health Tracking Portal](#)

Iowa Psychostimulant-Related Deaths



Source: CY, [Iowa Public Health Tracking Portal](#)

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

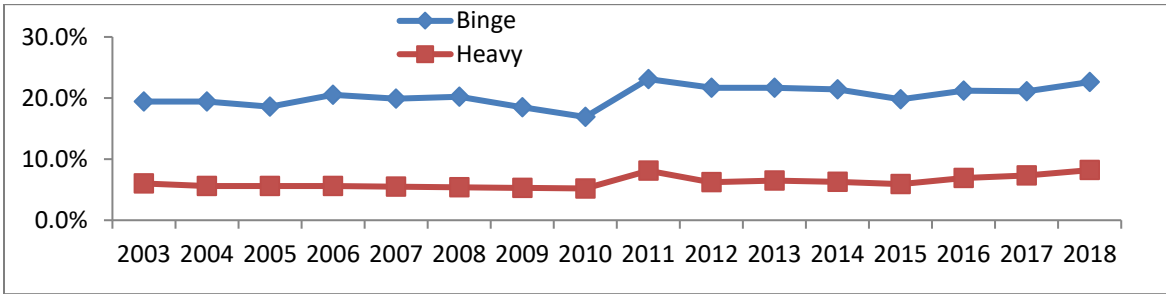
Initiatives that work to reduce the number of deaths related to the use of addictive substances in Iowa include: education; substance abuse prevention; environmental prevention strategies addressing community norms about alcohol, tobacco and drug use; reducing youth access to addictive substances; intervention, 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.

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



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

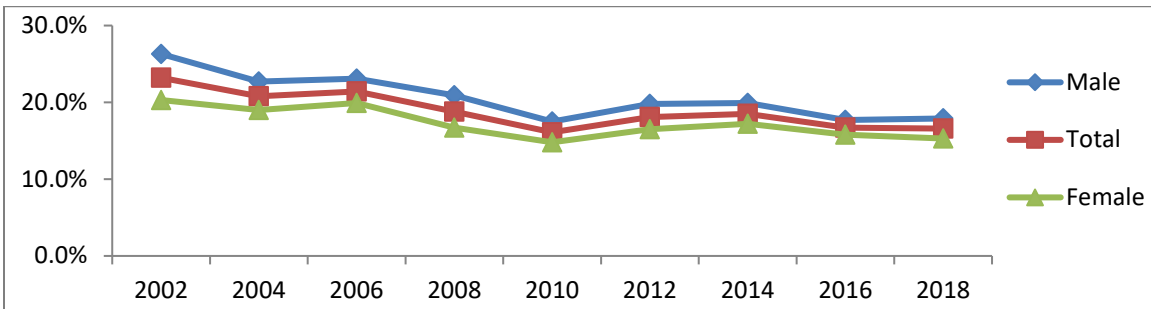
What Works

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

Reduce the number of Iowans 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 Iowans are keys to reducing tobacco-related illnesses and costs. Nationally, 17% of adults report smoking, while in Iowa that rate is 16.6%.

Percent of Adult Iowans Reporting Current Smoking



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

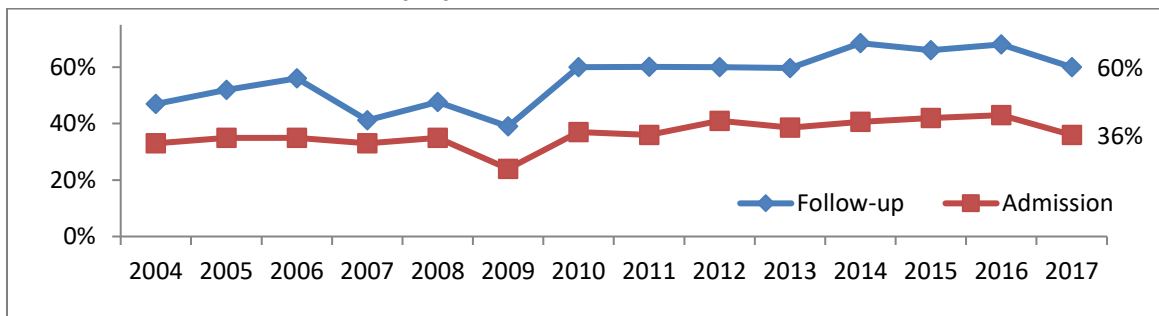
What Works

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

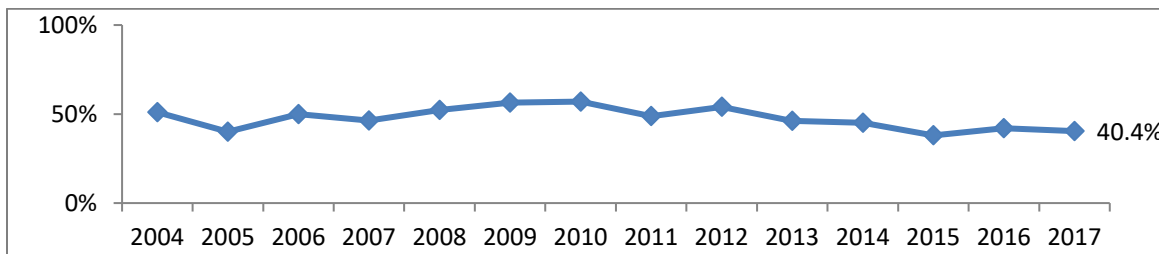
Increase the number of treatment clients who are employed and abstinent six months post-treatment

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

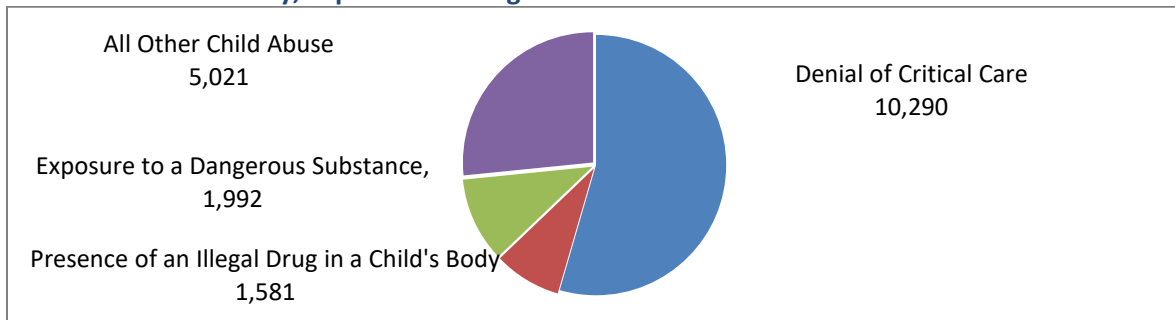
Experts agree there is a high correlation between parental substance use/misuse and child abuse. In Iowa, denial of critical care (child neglect) is the most frequent form of child abuse. While not all denial of critical care abuse is related to substance use, there

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.

The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child’s body. Before 2017, the second was cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child.

Effective July 1, 2017, DHS added a new category called “Dangerous Substances” to include amphetamine, meth, cocaine, heroin, opium, and opiates. This change allows DHS intake workers to automatically assign a case to Child Abuse Assessment rather than Family Assessment. In these cases, it is alleged a caregiver uses or possess cocaine, heroin, opiates, or meth/amphetamines in the presence of a child or knowingly allows such activity by another person in the presence of a child. In the six months of CY2017 this change was in place, there were 1,992 cases confirmed or founded.

Confirmed or Founded Cases of Iowa Child Abuse Related to Presence of an Illegal Drug in a Child’s Body, Exposure to Dangerous Substance or Denial of Critical Care



Source: CY 2018, [Iowa Department of Human Services](#)

When all denial of critical care, presence of illegal drugs in a child’s body, and exposure to dangerous substance cases are combined, they represent 87% of confirmed and founded child abuse 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.

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

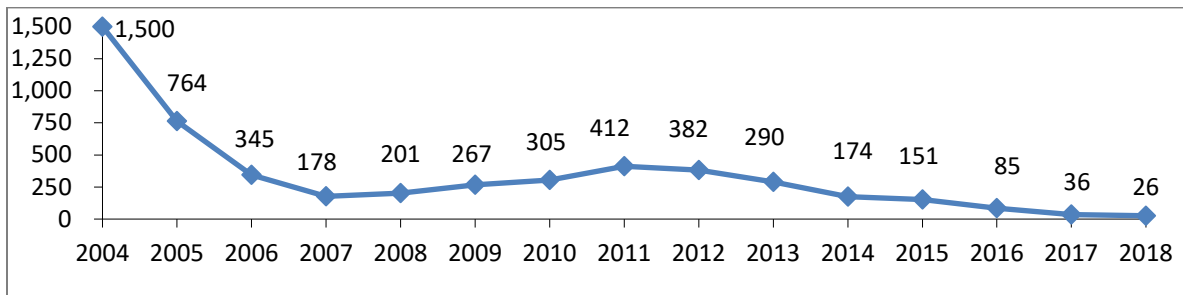
By reducing illegal drugs in Iowa communities, the cycle of addiction that compromises our communities' health and safety can be broken, and our youth will be much safer.

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: [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.

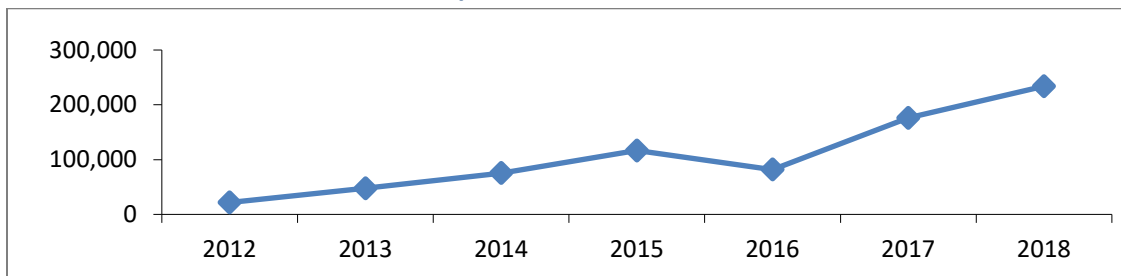
Another form of drug manufacturing occasionally reported in Iowa involves butane hash oil (BHO) labs, named after the process of extracting high-potency tetrahydrocannabinol (THC) from marijuana, using butane or other solvents.

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.

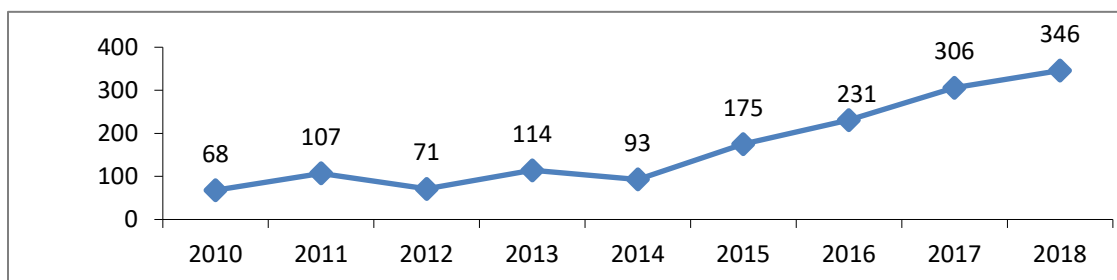
Methamphetamine Seizures in Grams



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, [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).

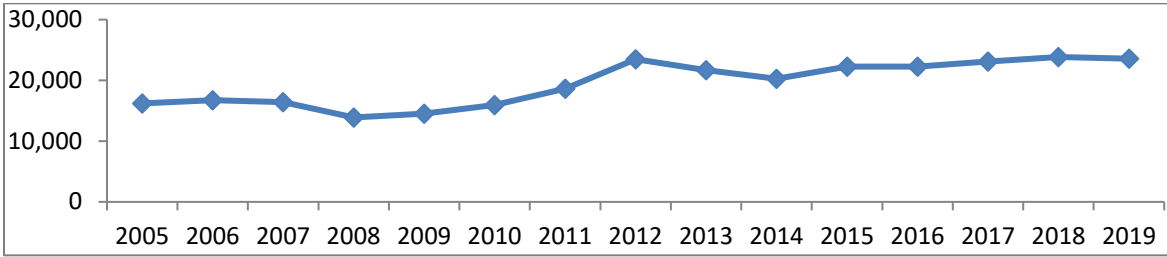
What Works

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](#)

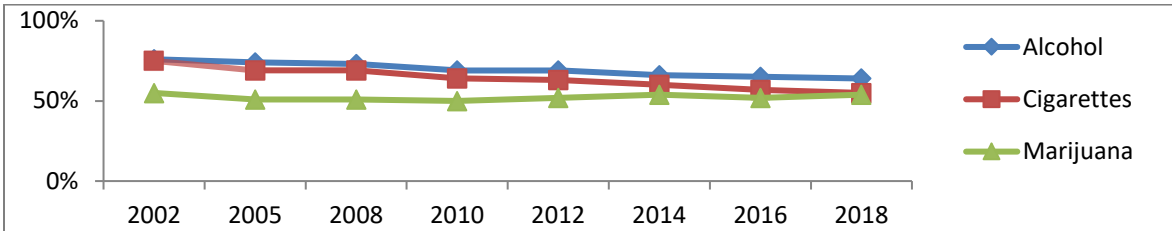
What Works

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 2018, 64% of 11th graders thought it would be “easy” or “very easy” to get alcohol. Ease of access is a key factor in youth substance abuse.

Ease of Access to Cigarettes, Alcohol, and Marijuana in Iowa Communities As Perceived by Iowa 11th Graders



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

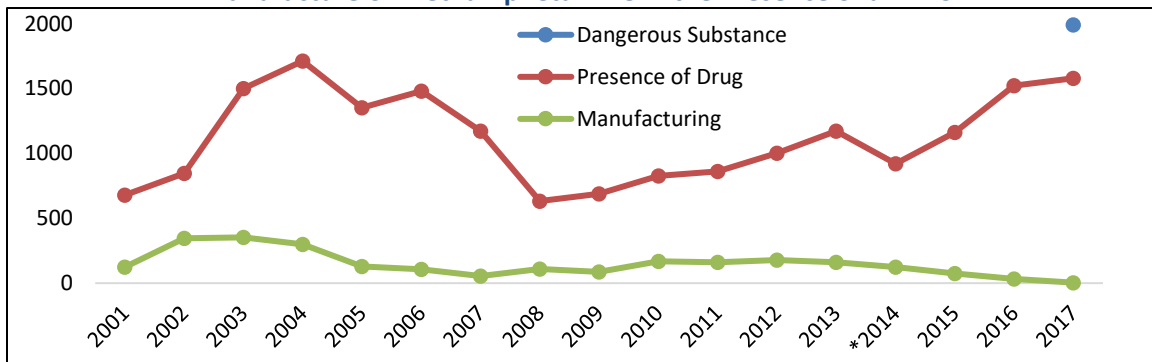
What Works

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

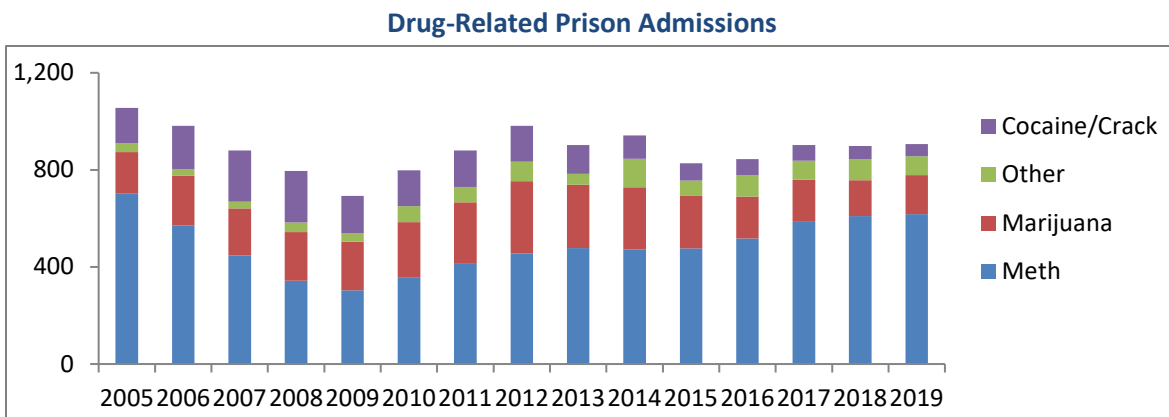
- Multi-jurisdictional drug enforcement task forces
- Program that use drug intelligence systems to increase law enforcement effectiveness
- Narcotics law enforcement training opportunities for local law enforcement and prosecutors
- Crime lab enhancements which reduce the turnaround time for evidence 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 2019, there were 906 people imprisoned on drug-related charges. Of those, 617, 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

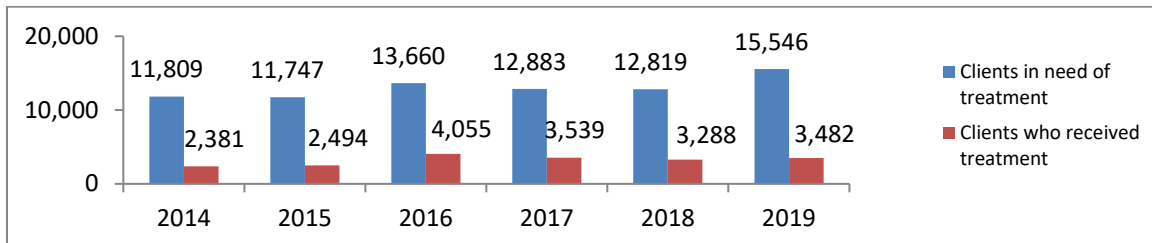
Initiatives that work to reduce drug-related prison admissions include: precursor controls; environmental prevention policies; drug, mental health, and other specialty courts; drug-free housing; intensive supervision coupled with treatment; diversion to treatment; long-term aftercare programming and 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

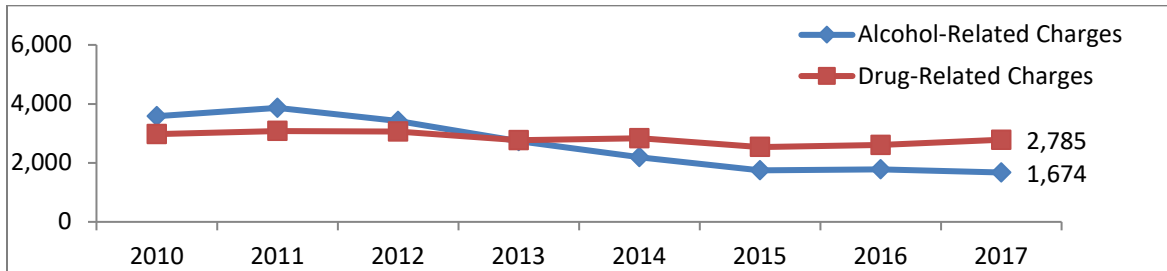
What Works

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



Source: CY [Iowa Justice Data Warehouse](#)

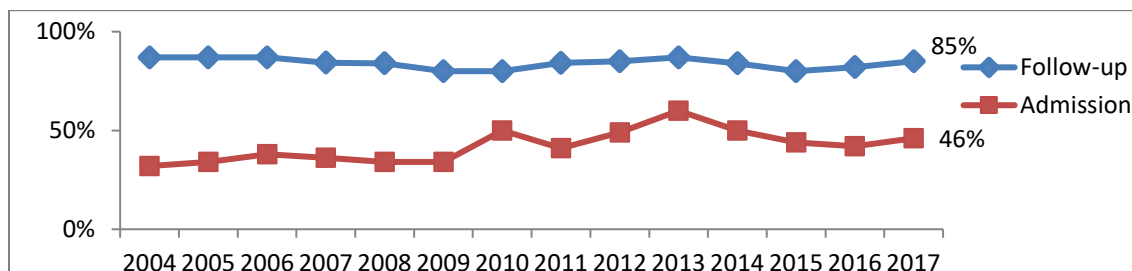
What Works

Initiatives that work to reduce the number of alcohol and drug-related juvenile charges include: adult to youth mentoring utilizing best practices; community coalitions involving professionals, parents, and others who support prevention efforts; environmental prevention strategies such as modifying attitudes and behaviors regarding drugs of abuse; substance 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.

Percent of Treatment Clients with No Arrests Six Months Post Treatment



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

Drug Policy Coordinator

Matthew Harkin

Iowa State Police Association

Jennifer Miller

County Attorney's Association

Warren Hunsberger

Substance Abuse Treatment Director

Katrina Carter

Department of Corrections

Jane Larkin

Substance Abuse Treatment Specialist

Barb Anderson

Department of Education

Christina Wilson

Substance Abuse Prevention Specialist

Vern Armstrong

Department of Human Services

Honorable Sharon Greer

Judicial Branch

DeAnn Decker

Department of Public Health

Non-Voting Members

Stephan Arndt

*Iowa Consortium for Substance Abuse
Research and Evaluation*

Paul Feddersen

Department of Public Safety

Col. Charles Connors

Iowa National Guard

Steve Michael

Department of Human Rights

Steve Larson

Alcohol Beverage Division

David Lorenzen

Iowa Peace Officers Association

Chief Rob Burdess

Iowa Police Chiefs Association

Jason Sanhody

*Iowa State Sheriffs and
Deputies 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 2020 Byrne JAG funding must be received by ODCP through Iowa's enterprise grant management system (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, 2021 through June 30, 2022. 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 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 2020 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.

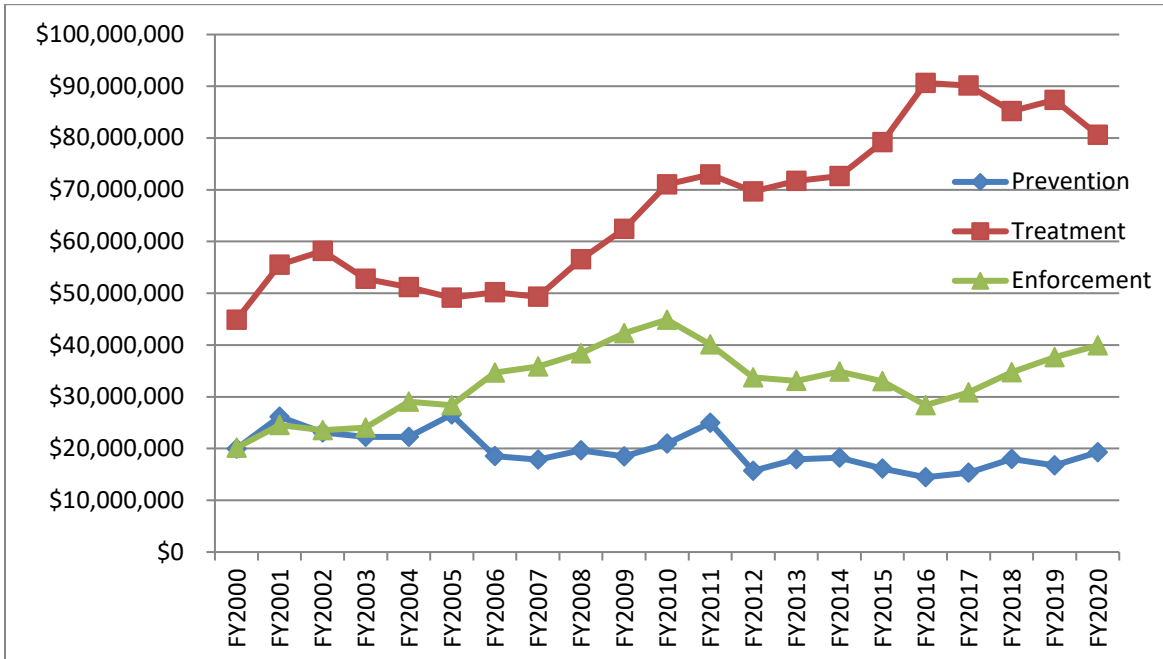
Total Estimated FY 2020 Prevention, Treatment & Enforcement Funding (By Agency)

Agency	Prevention	Treatment	Enforcement	FY 2019 Total
Dept. of Education	\$452,184	\$0	\$0	\$452,184
DHR, CJJP	\$329,793	\$0	\$0	\$329,793
DHS, Child & Family Services	\$0	\$2,538,861	\$0	\$2,538,861
DHS, Medical Services	\$0	\$42,922,849	\$0	\$42,922,849
DHS, Mental Health/Disability	\$0	\$466,749	\$0	\$466,749
DOC, Community Based	\$0	\$1,196,678	\$4,270,906	\$5,467,584
DOC, Institutional Programs	\$0	\$1,169,550	\$0	\$1,169,550
DPH, Behavioral Health	\$11,236,471	\$28,910,297	\$0	\$40,146,768
DPH, Tobacco	\$4,453,439	\$563,652	\$228,500	\$5,245,591
DPS, DCI	\$0	\$0	\$8,152,671	\$8,152,671
DPS, DNE	\$0	\$0	\$9,043,793	\$9,043,793
DPS, GTSB	\$0	\$0	\$504,285	\$504,285
DPS, Intel	\$0	\$0	\$2,667,446	\$2,667,446
DPS, State Patrol	\$0	\$0	\$2,371,000	\$2,371,000
Iowa Judicial Branch	\$0	\$0	\$4,286,744	\$4,286,744
Iowa National Guard	\$433,032	\$0	\$6,008,843	\$6,441,875
Iowa Veterans Home	\$104,659	\$0	\$0	\$104,659
Office of Drug Control Policy	\$375,013	\$307,679	\$2,184,296	\$2,866,988
Regents: ISU	\$239,529	\$334,871	\$119,950	\$694,350
Regents: U of I	\$1,293,132	\$2,209,430	\$0	\$3,502,562
Regents: UNI	\$370,167	\$0	\$74,716	\$444,883
Total	\$19,287,419	\$80,620,616	\$39,913,150	\$139,821,185

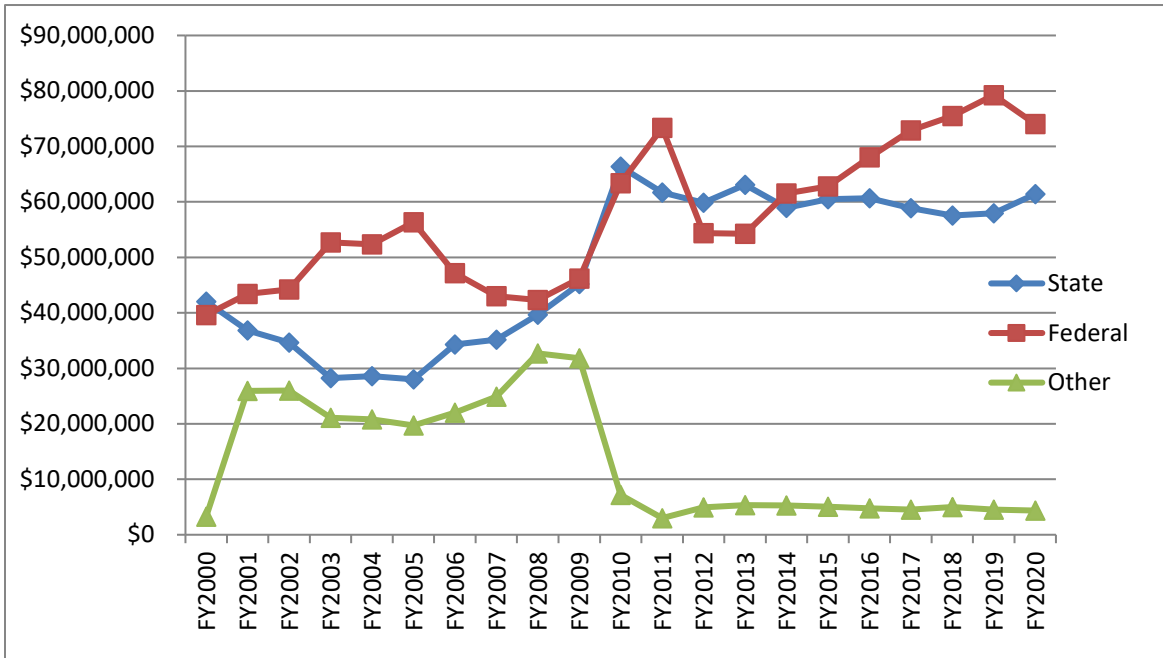
Total Estimated FY 2020 (By Source)

Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$5,392,005	\$33,951,697	\$22,083,625	\$61,427,327
Federal	\$11,493,712	\$45,425,441	\$17,122,892	\$74,042,045
Other	\$2,401,702	\$1,243,478	\$706,633	\$4,351,813
Total	\$19,287,419	\$80,620,616	\$39,913,150	\$139,821,185

Iowa Substance Abuse & Drug Enforcement Funding By Discipline – FY 2000 - FY 2020



Iowa Substance Abuse & Drug Enforcement Funding By Source – FY 2000 - FY 2020



*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.