



STATE OF IOWA

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GOVERNOR

OFFICE OF DRUG CONTROL POLICY
MARVIN L. VAN HAAFTEN, DIRECTOR

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RECEIVED

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HOUSE OF REPRESENTATIVES

November 1, 2005

Ms. Margaret Thomson
Chief Clerk of the House
Statehouse
Des Moines, IA 50319

Dear Ms. Thomson:

Enclosed for your use is the 2006 Iowa Drug Control Strategy. This comprehensive blueprint for addressing substance abuse in our state is updated annually, and is the collaborative result of numerous agencies and professionals in the field.

In addition to identifying priorities and providing updated trend information, this strategy also includes a summary of accomplishments in the areas of drug enforcement and substance abuse prevention and treatment.

Although significant strides have been made, bolder and smarter actions are required to tackle the challenges that persist. The Iowa Drug Control Strategy is a living document. I urge you to review the strategy, and provide additional input to our office on needs or solutions that are socially and fiscally sound.

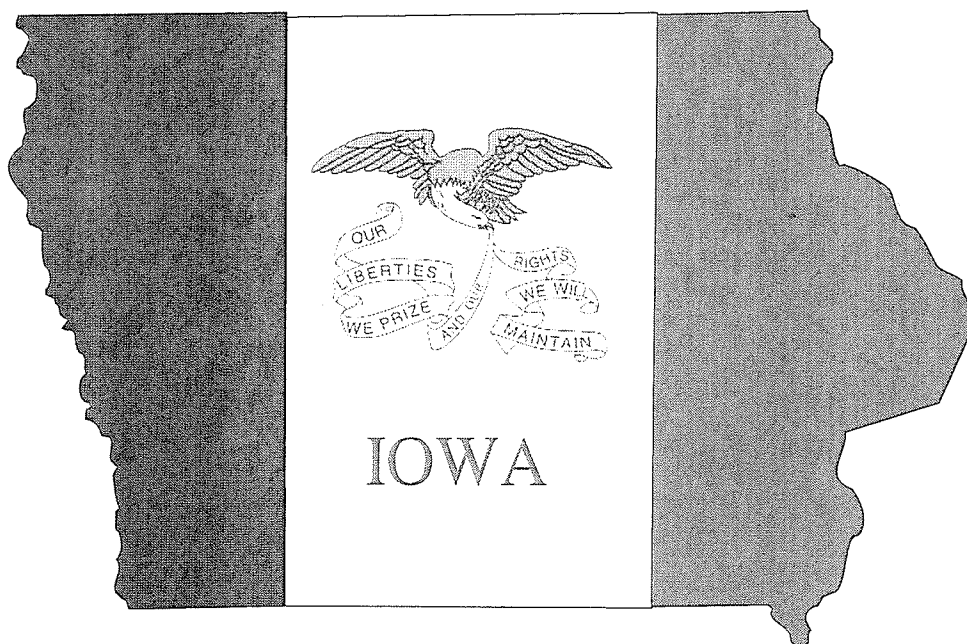
I'm anxious to work with you in the coming months on strengthening Iowa's drug control efforts—especially those aimed at the perplexing methamphetamine problem—and appreciate your past support. Please call me if you have questions.

Sincerely,

Marvin L. Van Haften
Director

Enclosure

Iowa's Drug Control Strategy 2006



A Coordinated Strategy Presented By:

*Drug Policy Advisory Council
Governor's Office of Drug Control Policy
Iowa Department of Corrections
Iowa Department of Education
Iowa Department of Human Rights,
Criminal and Juvenile Justice Planning
Iowa Department of Public Health
Iowa Department of Public Safety
Iowa Department of Human Services
Iowa National Guard*

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ACKNOWLEDGMENTS

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

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EXECUTIVE SUMMARY

During the 2005 Legislative session, the Iowa General Assembly unanimously adopted a new pseudoephedrine control law that strictly limits the availability of the one vital ingredient in the manufacture of methamphetamine. As a result, the number of clandestine meth labs seized by law enforcement has dropped dramatically along with the risks for lab fires, explosions and environmental damage. Most importantly, there are significantly fewer children exposed to the toxic chemicals associated with meth labs.

What the new law does not do, nor was it intended to do, is reduce the mushrooming demand for meth. Even before the pseudoephedrine control law was adopted, only about 20% of the meth used in Iowa was homemade. The rest entered the state via interstate drug trafficking, a practice made more deadly by the recent introduction of a purer, more addictive form of meth commonly referred to as “ice.” Already Iowa was rated as having the eighth highest rate of meth use in the nation, and the percent of Iowans entering treatment for meth addiction was near an all-time high. An “ice storm” risks adding fuel to a fire that is preventable.

Trends in other drug use in Iowa have been mixed. Alcohol remains the number one drug of choice, and alcohol sales have increased 12% between fiscal years 1998 – 2004. During calendar year 2004, OWI charges adjudicated and OWI convictions were also up. In addition, the number of persons screened/admitted into treatment for alcohol abuse rose by over 3% in state fiscal year 2005. Marijuana, more potent than ever before, is the most prevalent illegal drug in Iowa, and its use remained steady over the past year. Cocaine and crack cocaine use, meanwhile, has increased. Seizures of the drug for the first nine months of 2005 have already outpaced 12-month totals for each of the 11 previous years. And after showing a dramatic drop in the percentage of adults entering treatment for cocaine dependency, that level has steadily risen each of the past three years.

The attached annual report is submitted in satisfaction of Chapter 80E.1 of the *Code of Iowa* which directs the Drug Policy Coordinator to monitor and coordinate all drug prevention, enforcement and treatment activities in the state. Further, it requires the Coordinator to submit an annual report to the Governor and Legislature concerning the activities and programs of the Coordinator, the Governor’s Office of Drug Control Policy and all other state departments with drug enforcement, substance abuse treatment, and prevention programs.

Chapter 80E.2 establishes the Drug Policy Advisory Council (DPAC), chaired by the Coordinator, and consisting of a prosecuting attorney, substance abuse treatment specialists, law enforcement officers, a prevention specialist, a judge and representatives from the departments of corrections, education, public health, human services, public safety and human rights. This report and strategy were reviewed and approved by the DPAC.

Meth abuse has led to broken families and child abuse and neglect, as well as exploding criminal justice and child welfare costs. Almost half of the children on child welfare caseloads in the Council Bluffs area come from homes where the parents or caregivers have been involved in meth. In Polk County, about 85% of all child removals are the result of cases involving meth. Meanwhile, meth-related offenses made up 62% of new prison admissions in state fiscal year 2004, according to the Iowa Department of Corrections. More treatment and related resources need to be targeted toward meth-addicted offenders with children and meth-addicted parents at risk of losing their children. It is only by reducing the demand for meth and other drugs that we can hope to break the cycle of addiction.

The U.S. Drug Enforcement Administration reports that increases in prescription drug abuse and related emergency room admissions, as well as increases in the theft and illegal resale of prescription drugs, indicate that prescription drug diversion for illicit purposes is a growing national problem. There is currently no mechanism in Iowa for accurately identifying and quantifying the diversion of controlled substances in the state. However, 16.4% of 18-64-year olds used narcotic painkillers in 2003, a 10% increase from 2001. Nationally, use of pain relievers for non-medical use among 12-17 year olds increased 833% from 1989-2002.

Legislation was introduced in the Iowa General Assembly last session to authorize the development of a statewide federally funded electronic Iowa Prescription Drug Monitoring Program (IPDMP) to facilitate the transmission and collection of data regarding all controlled substances dispensed to patients in Iowa. In addition to law enforcement activities, information collected and analyzed pursuant to the IPDMP would be utilized to assist in identifying patients whose usage is increasing and who may benefit from referral to a pain-management specialist or to substance abuse treatment; to assist prescribers in making appropriate treatment decisions for patients requesting controlled substances; and to assist pharmacists in the provision of pharmaceutical care. The bill easily passed the full House of Representatives, and now awaits action by the Iowa Senate. As of this writing, 26 other states have already implemented electronic prescription drug monitoring programs. Iowa should be number 27.

The Iowa Department of Corrections offers a variety of drug treatment programs at its institutions across the state. However, the Department is unable to keep up with demand, and as a result inmates otherwise eligible for parole are not released, adding to the already overcrowded prisons. Inmates who do receive treatment lose a good portion of the treatment benefits while living, working and socializing among the general prison population. In 2004, the state of Illinois designated an existing prison as a drug treatment-specific correctional facility. In addition to intensive drug treatment, the 800+ inmates receive educational and vocational training, and finally transitional assistance when they eventually return to the community. Parolees from this program were 40% less likely to re-offend than those in a comparison group. Iowa should designate one of its existing prisons as a treatment-specific facility, and provide the resources necessary

for additional drug treatment and vocational training. The result will be fewer crimes, safer communities, and reduced pressure to build and staff a new prison.

In response to the many children exposed to toxic chemicals at meth lab sites, the Iowa Drug Endangered Children (DEC) program was started a couple of years ago. DEC is a multi-discipline initiative to rescue children from such hazardous environments. What is now apparent, however, is that children are also at risk in homes where meth and other drugs are possessed and consumed, and are often victims of parental abuse and/or neglect. In addition, simply rescuing a child from a dangerous environment is not enough; meaningful intervention should address the physical and psychological well-being of the child during the ensuing 12-24 months. Iowa needs to do more to not only protect our children, but give them a chance to lead a healthy, happy life.

The adoption and early success of the pseudoephedrine control legislation does not mean that the state's meth problems are over. Not only does the demand for meth remain strong, the abuse of alcohol and other drugs continues to grow. These alarming developments occur against the backdrop of a 13% cut in state support for treatment between state fiscal years 2001 – 2006. Iowa stands at the crossroads. In order to achieve safe and drug-free communities, we must invest the resources in proven programs that help our fallen neighbors overcome their addiction and become responsible citizens. Such an investment saves families, and protects and nurtures children. We'll all benefit.

ACCOMPLISHMENTS IN 2005

1. Reduce the Use of Alcohol, Tobacco, and Other Drugs

A. Enhance the capacity for schools to implement substance abuse prevention programming

- The Iowa Department of Education used the design for Learning Supports created in the previous year as a framework to build capacity in the Area Education Agency (AEA) system. Multiple training opportunities for helping staff understand the concepts of barriers to learning (that include substance abuse and violence prevention issues) and how to best address them were offered to teams of AEA staff as well as staff from state level agencies. The sessions including selection of research-based practices and programs, results-based accountability, sustaining initiatives, and creating teams to manage resources and programs more efficiently and effectively.
- The Iowa Department of Education also addressed substance abuse and violence prevention through hosting a statewide training and developing a manual on bullying and harassment; revising, along with the Iowa Department of Public Health, Governor's Office of Drug Control Policy, Criminal and Juvenile Justice Planning and the Youth Policy Institute of Iowa, and planning the 2005 Iowa Youth Survey; and obtaining a grant to develop a statewide data system addressing data collection/reporting and the effective use of student drug and violence data.
- The Data Grant committee is developing consistent definitions for statewide use in data collection. Under the Data Grant, 10 school districts will be piloting extended data collection in addition to the current data collected under EASIER. The 10 pilot districts will be provided ongoing trainings on data collection and use. Accompanying this, a uniform data reporting system will be developed under Governor's and Education Safe and Drug Free Schools grantees.
- ODCP and the Midwest High Intensity Drug Trafficking Area (HIDTA) upgraded the existing *Life or Meth: What's the Cost?* program in 2004-2005. This upgrade has made the program more user friendly and accessible via the Internet. Over 500 new kits have been distributed and the web site went live in spring 2005. Several requests for the CD kits have come from outside the Midwest HIDTA service area, indicating that the program has broad appeal. In the works is new program packaging and discussion regarding a new evaluation study.
- In FY 2005, Iowa National Guard Drug Demand Reduction program staff provided substance abuse prevention activities in 54 schools across the state. This figure is lower than 2004 due to deployments and the inability to backfill positions.

B. For people of all ages, increase the awareness of and access to substance abuse prevention programming and information

- The Office of Drug Control Policy, Iowa Department of Public Health, and the Iowa National Guard, assisted the Face It Together (FIT), a private, not-for-profit

organization, Board of Directors and the business community in completing the "Creating a Drug-Free Workplace" comprehensive drug-free workplace education program. The curriculum was distributed to 23 comprehensive substance abuse prevention agencies serving all 99 counties. The program kit contains written curriculum materials and supplemental video, as well as a CD-ROM version of the program. To assist in further launching the workplace program FIT hired a part-time Executive Director in June 2005.

- The Iowa Substance Abuse Information Center (ISAIC) distributed over 175 thousand pieces of material on substance abuse to Iowans in FY 2005. The ISAIC web site had 575 links and over 2 million visits. The ISAIC clearinghouse distributed over 4 million pieces of health material across the state.
- The next Iowa Youth Survey, which will have the highest participation in its history by schools across the state, is being conducted during the 2005-2006 school year, with results anticipated in spring 2006.
- In 2005 the Iowa Department of Public Health continued to train and provide incentives for prevention and treatment programs to adopt and utilize best practices, which have been shown to have positive results.
- The Iowa Department of Public Health is beginning the final year of a three year federal grant for the prevention of methamphetamine abuse. The project goal is to provide evidence-based prevention, intervention and education programs with a specific methamphetamine component to a targeted audience of youth, parents and community members. The grant also provides community-wide education and training to increase methamphetamine specific knowledge.

C. Enhance community coalitions for effective coordination and implementation of substance abuse programs for healthy and safe communities

- The number of new anti-drug coalitions across the state continues to grow and existing coalitions thrive. Four new SAFE coalitions were certified between September 2004 and September 2005, and 10 coalitions were recertified.
- The Iowa Department of Public Health has worked in collaboration with the Iowa Collaboration for Youth Development to integrate the Iowa version of America's Promise and include community-based substance abuse prevention efforts (via SAFE). In the application for Iowa's Promise, communities are given the option to complete a combined Community of Promise and SAFE application and are encouraged to include substance abuse prevention as a priority issue in their community planning process.
- Project SIGNificant contractors have completed the third year of their three-year project period and were awarded a contract extension until January 31, 2006, to continue implementation of model programs to address alcohol, tobacco and marijuana use among 12-17 year old youth and their families. Fourteen different model programs and three additional evidence-based programs, all with an evaluation component, have been used in year three for a total of over 76 implementations. At the state level, the Drug Policy Advisory Council continues work on development of a state plan to demonstrate agreement on the direction for prevention, across several state agencies, to foster system change and provide guidance to prevention providers and community members. The results,

indicators and comprehensive approach for prevention are incorporated into the 2006 Drug Control Strategy. A Workforce Development Plan, which was also developed, has been integrated into the comprehensive approach for prevention. The comprehensive prevention plan for Iowa calls for:

- Inclusion of services for the lifespan (prenatal-death).
- Implementing evidence-based programs and practices.
- Allowing for support of innovative strategies with appropriate evaluation methodology.
- Supporting programming that is culturally relevant to the target population
- Providing cross training among multiple disciplines to enhance understanding and involvement in prevention programming and practice.
- Including a mechanism for providing a credible, culturally competent and sustainable prevention workforce.
- Allocating resources, such as funding, personnel and time based on data-driven needs assessment.
- Aligning with the national strategic prevention framework and the Iowa Collaboration for Youth Development including the components of assessment, capacity, planning, implementation and evaluation.
- Involving and impacting multiple community sectors.

The Workforce Development Plan includes goals to (1) Promote and sustain the field of Substance Abuse Prevention, (2) Increase opportunities for professional growth of the prevention workforce, and (3) Develop the structure for continuous improvement of the workforce.

D. Eliminate barriers and streamline efforts at the state level to provide efficient support to local communities

- The Iowa Collaboration for Youth Development continues to move forward with initiatives and activities that promote positive youth development at the State level, and continues to work with six pilot communities in their efforts to establish a comprehensive youth development planning process to guide, organize, and deliver youth opportunities and services. By better aligning and coordinating existing efforts, it is anticipated that current resources will be used more efficiently and that new resources can be obtained to address identified needs and gaps in services and opportunities for youth.
- The Iowa Collaboration for Youth Development (ICYD) has been the recipient of a "Youth Engaged in Service" Ambassador through a Points of Light Foundation grant. For the past two years, this position has worked to involve young people across the state by offering youth leadership trainings and youth engagement trainings for adults. In the past year, ICYD has also partnered with America's Promise to certify Iowa as a State of Promise. Because of this designation, ICYD is in the process of developing an Iowa's Promise Youth Advisory Board. The role of this board will be to sponsor additional Youth Leadership Institutes throughout Iowa to encourage youth volunteerism in communities. Members of this board also serve as representatives on conference planning bodies, provide technical assistance to communities and state agencies involving youth, and serve

as a sounding board for policymakers in the state as requested. In the near future, this group will also assist with the creation of a youth newspaper.

- With funding from the Charles Stewart Mott Foundation and the Roy T. Carver Charitable Trust, the Iowa Collaboration for Youth Development has established the Iowa Afterschool Alliance (IAA). In 2005, the National Governor's Association awarded Iowa a \$10,000 grant to support a statewide afterschool summit. The summit is designed to advance Iowa's youth development policy agenda while drawing specific attention to the importance of extended learning opportunities for all children and youth. The summit will be aligned with Iowa's Promise efforts and build on the state's comprehensive Learning Supports initiative. The focus of the summit will be on engaging business partners in the afterschool movement. Additionally, the IAA has partnered with the State Public Policy Group to develop issue briefs for afterschool. Two issue briefs have been developed that focus on helping working families and keeping kids safe. The third issue brief focuses on supporting student learning and is now available.
- The Iowa Mentoring Partnership (IMP) has continued its mission of promoting, assisting, and supporting mentoring programs across the State of Iowa. Currently there are 67 certified mentoring programs and one "e-mentoring" program. The Iowa Mentoring Partnership is now a key partner in the State of Promise effort and continues to move forward in its advocacy efforts. Recently six mentoring programs received funding from the IDPH Gateway Addiction Prevention Project Grant through funds provided by the Iowa Legislature.
- The State of Iowa Youth Action Committee (SIYAC) is currently in its fifth year. There are 15 youth members for the 2005-2006 year and they are continuing the previous year's focus of youth poll worker legislation, as well as continuing work on anti-bullying efforts.

E. Increase local and state youth programs that model and promote healthy lifestyles

- More than 210 media partners across the state donated nearly \$1.4 million in anti-drug public service advertising (PSA's) to the Partnership for a Drug Free Iowa, a not-for-profit organization, in 2004. A study by Iowa State University shows that anti-drug messages positively impact Iowans' attitudes and behaviors related to substance abuse. The "Power of Grandparents" campaign, including a brochure and PSA's, informs grandparents about how to talk with their grandchildren about drugs, and encourage them to initiate conversation. Nearly 25,000 brochures have been distributed since January 2004, and more will be printed in the near future. The Partnership is currently working on a "Drug Endangered Children" campaign to educate the public about the dangers that children face when living in home where methamphetamine is manufactured or used, and how to act to protect these children. The Partnership also conducts an annual "Take 5" campaign to encourage parents to take five minutes to talk to their kids about drugs. Flyers are sent to fifth grade students in all Iowa schools to take home to their parents. The flyers contain age appropriate talking points and informational resources.

F. Reduce youth access to tobacco and alcohol

- The Tobacco Use Prevention and Control Division maintained community partnerships in 95 counties in 2005, and increase from 89 in 2004.
- According to the State of Iowa Alcoholic Beverage Division, the rate of retailers complying with underage tobacco sales restrictions improved from 82% in 2001 to 88% in 2002, 89% in 2003 and 2004 and 90% in 2005.
- The Enforcing the Underage Drinking Laws Program uses federal grant funds to support the 39 Iowa Decategorization (Decat) areas to combat underage drinking as part of the Juvenile Justice Youth Development Allocation. This allows each of the Decat areas to plan locally driven activities that include education, treatment and enforcement of the underage drinking laws.

2. Improve the Well Being of Iowa Citizens by Reducing Substance Abuse

A. Increase substance abuse treatment capacity

- In FY 2005, the Iowa Substance Abuse Information Center's (ISAIC) 24/7 toll-free Help Line averaged 42 crisis calls a month from the general public, an increase of 27% from FY 2004.
- The Iowa Department of Public Health and the Iowa Substance Abuse Program Directors' Association have developed a public information/education campaign to de-stigmatize addiction, and convey the message that substance abuse treatment and prevention work. In addition, the two organizations collaborated on a recovery campaign which is housed, electronically, at www.recoveryiowa.org. The theme, Sign Up + Stand Up 4 Recovery, provides individuals the opportunity to "stand up" and be counted in their support for recovery. During September 2005, which is "National Recovery Month," 30 stories from recovering addicts were posted to the web site. Those individuals who do not have access to an Internet connection can call the Iowa Substance Abuse Information Center Help Line at 1-866-242-4111.
- The Iowa Department of Human Services methamphetamine specialists continue to provide services in their respective areas. An Intranet web site containing methamphetamine specific information for staff went live in 2005. This site contains information on treatment, recovery, child development, drug endangered children, prenatal exposure, drug testing, and other methamphetamine related issues.
- The Mom's Off Meth (MOM) support group initiative has grown from one group to over 25 statewide. The group provides support and guidance to women who are in recovery from methamphetamine or other drug addiction. The groups are voluntary, and are often facilitated by at least one woman who is in recovery herself. Due to the positive response to the MOM's initiative, a Dad's Against Drug's (DAD) initiative has been started as well.
- Through a partnership with the Midwest Counterdrug Training Center, Iowa National Guard, 27 substance abuse counselors from across Iowa participated in a custom-designed Spanish-language training program developed by Command

Spanish, Inc. The course involves two and one-half days of intensive Spanish language and cross-cultural training. Training techniques unique to Command Spanish, Inc. are utilized that make it possible for the participants to be able to learn the profession-specific Spanish language they need in order to perform their jobs.

- The Iowa Department of Public Health and four treatment providers have been working on a project titled Network for the Improvement of Addiction Treatment (NIATx) with the Center for Substance Abuse Treatment and the Robert Wood Johnson Foundation. The mission of NIATx is to assist the addiction treatment community in making more efficient use of their treatment capacity and to encourage ongoing improvements in treatment access and retention. Preliminary results show a reduction in the percentage of client no-shows and waiting time before receiving treatment. All programs shortened the intake process, reduced the amount of paperwork and increased scheduling flexibility. The department will explore ways of expanding this process throughout the rest of the substance abuse programs.
- The Iowa Department of Public Health contracted with the Iowa Consortium for Substance Abuse Research and Evaluation to study clients six months after discharge from substance abuse treatment. Comparisons were made between status at admission and follow up on changes in a client's life. Fifteen different life situations are compared. In calendar year 2005, the following changes were noted in four areas:
 - Employment Status: Clients employed full-time increased from 32.5% at admission to 46.8% at follow-up. Similarly, clients employed part-time increase for 14.8% at admission to 20.6% at follow-up.
 - Arrests: 87.4% of clients in the sample reported no new arrests six months after discharge.
 - Substance Use: 51.4% of clients in the sample reported no primary substance used six months after discharge.
 - Income: 27.1% of clients sampled reported moving from no income to having some level of income six months after discharge.
- The Iowa Department of Public Health, through a grant from the Center for Substance Abuse Treatment under the Targeted Capacity Expansion (TCE) Grant Program, was able to expand and enhance methamphetamine treatment for an additional 125 adults in Polk County in each of three grant years. This treatment was provided by a total of five treatment agencies in the Des Moines area. A follow-up study conducted by the Iowa Consortium for Substance Abuse Research and Evaluation showed positive outcomes following discharge.

Six months after discharge from treatment

 - Percent Abstaining: 71.2%
 - Percent with no arrests (prior six months): 90.4%
 - Percent working full-time (35 hours/week): 54.8%

Twelve months after discharge from treatment

 - Percent Abstaining: 75.4%
 - Percent with no arrests (prior six months): 95.7%
 - Percent working full-time (35 hours/week): 66.7%

Those who had longer lengths of treatment (more than 90 days) were almost one and a third times more likely to remain abstinent and about one and a half times more likely to be employed full-time. The results of this evaluation demonstrate that treatment can be successful for the methamphetamine client and that those who are in treatment for more than 90 days are more likely to have successful outcomes.

3. Reduce the Supply of Illegal Drugs

A. Increase local capacity to identify, investigate, and dismantle clandestine drug laboratories

- The Department of Public Safety along with the US Drug Enforcement Administration (DEA) and the Midwest High Intensity Drug Trafficking Area (HIDTA) have trained local law enforcement to assist in responding to methamphetamine laboratory/dump sites. As a result, local agencies reported 842 responses to methamphetamine laboratories/dumpsites in calendar year 2004.
- The Midwest Counterdrug Training Center (MCTC) in coordination with the Division of Narcotics Enforcement and the Office of Drug Control Policy provided regional level, advanced narcotics law enforcement training to over 5,800 officers in FY 2005, 800 of them were from Iowa.
- Advanced highway drug interdiction training has been provided to more than 400 state and local law enforcement officials. Significant seizures of drugs and assets have been attributed to the training.
- Utilizing funding received through the Office of Drug Control Policy, the Division of Narcotics Enforcement (DNE) organized two specialized clandestine laboratory response teams involving multiple state and local law enforcement agencies. Meth lab seizures in each of the 18-county catchment areas increased significantly through 2004.
- Federal funding was acquired to purchase additional locks to prevent the theft of anhydrous ammonia, which is used in the illegal production of methamphetamine, from agricultural nurse tanks. Through September 30, 2005, 11,267 locks have been installed with an additional 6,600 planned for the fall/winter of 2005.
- Iowa State University developed an additive that neutralizes anhydrous ammonia as a meth ingredient. The U.S. Drug Enforcement Administration tested the additive and confirmed its effectiveness. With financial assistance from the U.S. Department of Transportation, metallurgical testing is currently being conducted to ensure that the additive will not corrode the anhydrous ammonia storage and transportation vessels.

B. Disrupt narcotics distribution networks and the related patterns of serious criminal activity

- The Office of Drug Control Policy, Iowa Department of Public Safety and Iowa National Guard developed in the summer of 2005, a new information sharing database which operates as a pointer system designed to identify and investigate links between twelve regional drug intelligence hubs. Each hub is staffed with a

National Guard analyst and is connected electronically to other hubs. Over 750 associations have been identified between the hubs. In FY 2005, National Guard analysts supported 523 cases, resulting in 2,340 arrests and drug seizures worth an estimated \$26,283,000.

- The Office of Drug Control Policy secured funding for a DNE lead highway drug interdiction team and a drug diversion project. The Department of Public Safety hired and trained staff for both projects in the fall of 2005.
- The Iowa Department of Public Health secured funding to further develop the Iowa Meth Watch Program. Working in collaboration with retailers and other partners, Meth Watch materials have been adapted for use in Iowa. In addition to educating and involving retailers in an effort to limit meth precursors, the Iowa Meth Watch program also provides public awareness to the community-at-large. The official Iowa Meth Watch kick-off was in November 2004. To date, over 4,600 kits have been distributed to Iowans. To assist in encouraging retailers to attend meth awareness seminars, all 99 county sheriffs received a "Help Us Help You" kit with an explanation of Meth Watch and its goals, and as of September 2005 retailers and community members in 19 counties had received the training.
- The Iowa National Guard Counterdrug Task Force Reconnaissance and Aerial Interdiction Detachment (RAID), while flying over 750 hours, provided support to over 160 law enforcement missions in FY 2005, a 42% increase over FY 2004.

4. Increase the Safety of Iowa Citizens by Enhancing the Criminal Justice System's Response to Substance Abusing Offenders

A. Enhance the operational effectiveness of the criminal justice system by ensuring the accountability of offenders

- The Legislature passed and the Governor signed into law legislation that makes pseudoephedrine, the main precursor in the production of methamphetamine, a Schedule V Controlled Substance. The new law took effect May 21, 2005. Meth lab incidents in Iowa have declined 77% since enacting the nation's strongest non-prescription pseudoephedrine control law (preliminary data for first 4 full months after law took effect May 21 vs. the same period in 2004).
- Three new multi-disciplined Drug Endangered Children (DEC) task forces, involving law enforcement, prosecution, human services, public health, medical professionals, and other interested providers, were created over the past year. Linn County, Wapello County and Sioux City now join existing DEC teams located in Polk County, Appanoose County and Dubuque. The task forces remove children from unsafe drug affected environments, provide medical and counseling services to child victims, enhance the child endangerment investigations/prosecutions, and are an incentive for drug involved parents to seek meaningful substance abuse treatment. Several other Iowa communities have expressed interest in DEC and are in various stages of team development.
- A statewide Drug Endangered Children Alliance was formed in the summer of 2005. This Alliance has representation from local DEC teams and relevant provider groups. Several subcommittees have been formed to further study drug

endangered children issues, such as psycho-social development, parental treatment, medical research, and program evaluation.

- Federal grant funding was provided for a statewide Drug Endangered Children program coordinator, additional treatment for substance abusing parents or caregivers, a DEC public awareness campaign, and an evaluation to measure the program's effectiveness.
- Iowa's First Judicial District received a federal grant to implement an adult drug court.

B. Divert nonviolent offenders who are primarily substance abusers from jail or prison into community-based supervision and treatment

- The Department of Corrections is administering a violator's program at the Fort Dodge Correctional Facility, in addition to violator programs already established at the Newton Correctional Facility and the Iowa Correctional Institution for Women.
- The Criminal and Juvenile Justice Planning Division of the Iowa Department of Human Rights (CJJP) continues to provide evaluation services to the Department of Corrections' Offender Re-Entry Program and the Polk County Juvenile Drug Court.
- With funding recently awarded by the federal Bureau of Justice Assistance, CJJP is continuing a multi-year study to assess and compare policies, practices and outcomes of all the drug courts in Iowa.

C. Enhance the effectiveness of correctional habilitation

- The Department of Corrections implemented a federal Serious and Violent Offender Re-entry transition grant program for parolees and work releasees returning to Polk County. The program combines mentoring, job placement, educational assistance, and other services to help offenders succeed in the community. Nearly 500 offenders have participated in this program, starting in the institution with re-entry preparation and transitioning to the community supported by case management and supervision. Iowa is one of 37 sites selected for participation in a national evaluation of this program that is being conducted by the Urban Institute. The funding for this initiative expires June 30, 2006.
- Des Moines Area Community College received a 3-year grant from the Department of Education to provide a 12 week Life Skills and Vocational training program at the Fort Dodge, Mitchellville, and Newton Correctional Facilities as the preparation phase of the Department of Corrections reentry program. The goal of this program is to reduce recidivism through the development and improvement of life skills necessary for the reintegration of adult prisoners into society. This program is offered four times per year at the three correctional facilities.
- In collaboration, the Department of Corrections and the Department of Public Health are developing a process that prioritizes substance abuse treatment for correctional clients. Screening and prioritization have taken on added importance because fewer treatment resources are now available in the community.

- The Iowa Department of Human Rights' Division of Criminal and Juvenile Justice Planning (CJJP) issued a report based on their findings of an ongoing evaluation of recidivism among probationers. Among their findings:
 - 73% of Iowa probationers were discharged successfully, compared to 59% nationally.
 - 29.2% of probationers were re-arrested for new offenses during the tracking period.
 - Those entering probation as the result of "shock" probation or suspended sentences showed higher rates of recidivism than those receiving deferred judgments.
 - Prison releasees showed higher rates of recidivism than probationers.
- The Department of Public Health received a grant to begin a jail-based assessment and treatment program in Polk, Scott and Woodbury counties. Preliminary follow-up results from Polk County, obtained six months after admission, show:
 - 85.9% of clients reported no arrests 6-12 months post-treatment admission.
 - Full-time employment increased from 30.7% to 55.1% for clients 6-12 months post treatment admission.
 - 64.1% of clients remained abstinent 6-12 months post-treatment admission.

2006 TARGETED STRATEGIES: RESULTS AND INDICATORS

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

The heart of results-based accountability lies in connecting the things that matter for the long-term well-being of Iowa to the work of actually deciding how to use available resources.

The 2006 Drug Control Strategy reflects this concept in its movement from goals and objectives to results-based planning and accountability.

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

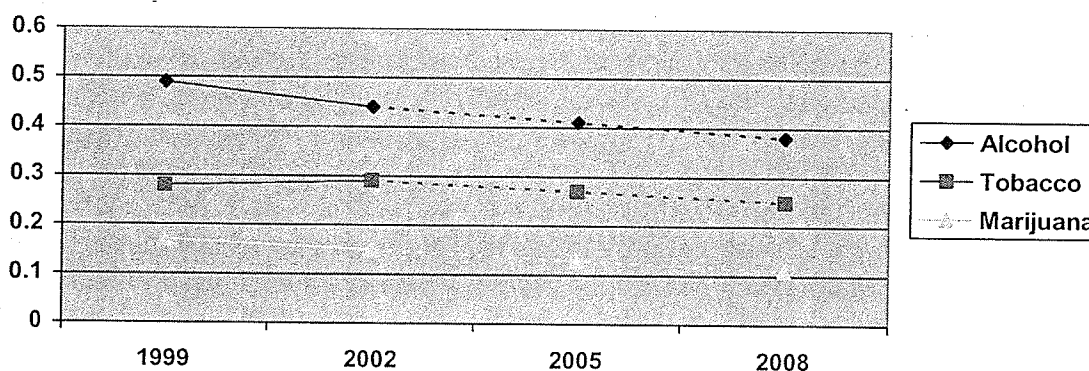
An “*indicator*” is a measure, for which data is available, that helps quantify the achievement of or progress toward a desired result. Because results are broad statements, no single indicator is likely to signal full attainment of any given result. Rather, they show movement toward the result and are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

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

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

Prevention Indicator #1-A

Percent of students in Grade 11 reporting current use of alcohol, tobacco, and marijuana.



Source: Iowa Youth Survey – 1999 and 2002 [most recent available]

The Story Behind the Baseline

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug abuse problems later in life. Delaying the onset is an important strategy for reducing the incidence and prevalence of youth substance abuse. The triennial Iowa Youth Survey of students in grades 6, 8 and 11 has shown a reduction in the use of alcohol and marijuana by students in grade 11. While this is good news the numbers are still too high to claim complete success in preventing substance abuse among Iowa youth. Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. By implementing evidence-based, comprehensive prevention strategies in schools and communities while children are young this downward trend will continue, and youth who take the survey as high school juniors in future years should report less substance use than in previous years.

What Works

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

- Alignment with the national strategic prevention framework, as well as state frameworks, including the components of assessment, capacity, planning, implementation, and evaluation
- Community coalitions involving multiple sectors

Current Proposals

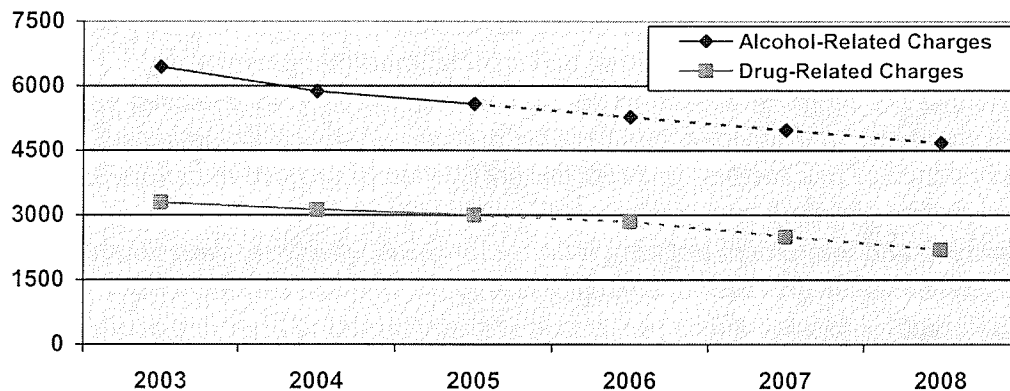
- Coordination of school-based efforts with local community coalition and statewide alcohol and tobacco prevention efforts.
- Develop and pilot user-friendly tools that will assist school districts and communities in using data to select the best evidence-based positive youth development programs and practices in preventing substance abuse in their target population.
- Continue implementation and scale-up the practices associated with the Learning Supports initiative as a framework for the integration of prevention concepts, and align that framework with other state level prevention efforts through the Iowa Collaboration for Youth Development.
- Provide the public and prevention workforce with information on emerging drugs of abuse.
- Funding to support future Iowa Youth Survey's.

Two to Ten Year Strategies

- Develop and implement training for school staff and community partners designed to help teams improve data collection practices, data analysis processes, and the use of data to inform planning and evaluation of prevention efforts at the local level.
- Require certification through the Iowa Board of Substance Abuse Certification of all individuals providing publicly funded prevention services.

Prevention Indicator #1-B

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



Source: CY 2003 - 2004, Iowa Justice Data Warehouse

The Story Behind the Baseline

The use of alcohol and other drugs have long been associated with crime. In 2003, in Polk County alone, 75% of males and 61% of females entering the jail tested positive for at least one controlled substance. 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 drinking or drugging. Over 3,000 youth were charged with drug-related crimes, such as possession, distribution, or supplying to a minor, in both 2003 and 2004. These OWI and drug-related charges make up over 12% of all charges and allegations.

What Works

- Adult to youth mentoring utilizing best practices
- Community coalitions involving multiple sectors
- Environmental prevention strategies focused on impacting attitudes and behaviors
- Substance abuse prevention programming targeting identified high-risk youth and their parents/caregivers
- Positive youth development programs and strategies
- A credible, culturally competent, sustainable prevention workforce

Current Proposals

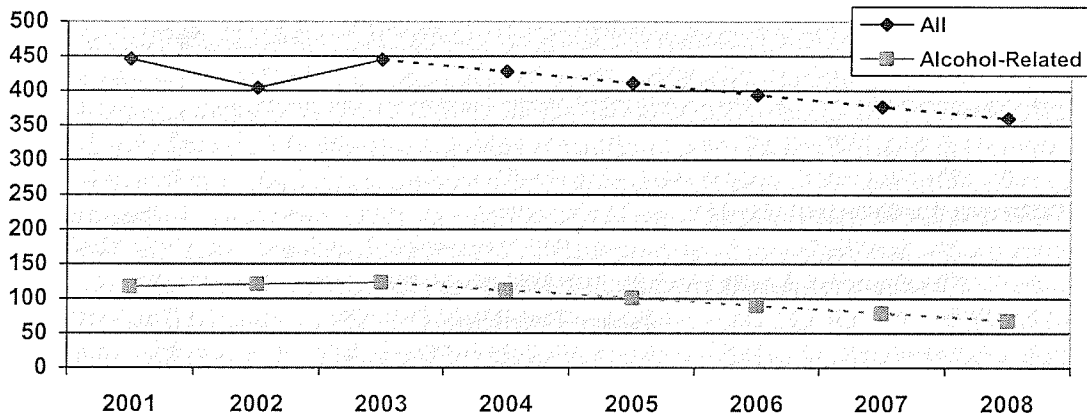
- Continue implementation and support of mentoring based on best practices in youth-to-youth and adult-to-youth mentoring.
- Utilize Partnership for a Drug-Free Iowa and other media campaigns to impact values, attitudes, norms and behavior regarding substance use.
- Enhance community coalition knowledge about effective coordination and implementation of substance abuse programs.
- In coordination with the Iowa Department of Economic Development, implement Iowa's Promise, a state level component of America's Promise, which promotes positive youth development, including substance abuse prevention.

Two to Ten Year Strategies

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

Prevention Indicator #1-C

Number of Iowa Traffic Fatalities that are Alcohol-Related



Source: Iowa Department of Transportation

The Story Behind the Baseline

Despite significant reductions in Iowa alcohol-related fatalities and injuries during the past decade, impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. According to the Iowa Governor's Traffic Safety Bureau, traffic fatalities are the leading cause of death among persons 1-34 years of age and alcohol is the leading cause of fatal traffic crashes by an overwhelming margin. In 2003, Iowa's new .08 blood alcohol content law went into effect, and there has been a slight reduction in the number of alcohol-related fatal crashes. However, the percent of alcohol-related fatalities still remains in the 23-25% range, which is significant. Of special concern are drivers 16-25 years of age. They represent only 16% of all registered drivers in Iowa, but comprise over 30% of all drinking drivers who were involved in fatal crashes, as well as persons killed and injured from 1995-2004.

What Works

- Specialized alcohol-related traffic safety education
- Increased taxes on alcohol products
- Community coalitions involving multiple sectors
- Environmental prevention strategies addressing community norms about alcohol use and abuse
- Reducing youth access to alcohol products
- Graduated licensing for underage youth

Current Proposals

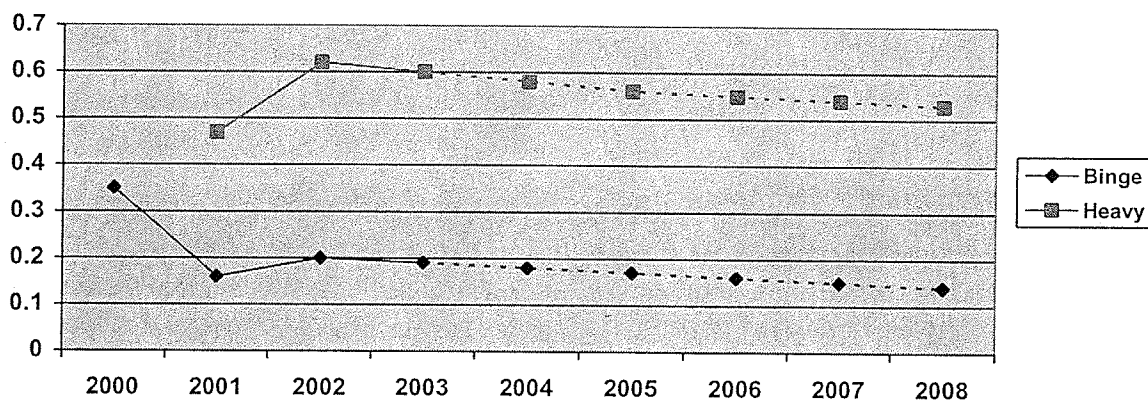
- Continue to sponsor retailer programs to educate clerks not to sell alcohol to minors.
- Continue the TIPS (Training for Intervention Procedures) program for servers.
- Enforcement of drunk and drugged driving laws by law enforcement personnel.

Two to Ten Year Strategies

- Increase, as appropriate, penalties against retailers, clerks, and youth found to be non-compliant.
- Restrict alcohol advertising and promotional activities that target under-aged persons.
- Establish through legislation a requirement for retailers renting beer kegs to maintain customer logs.
- Reduce youth access through increased taxes on alcohol products.

Prevention Indicator #1-D

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



Source: Iowa Behavioral Risk Factor Surveillance Surveys 2000-2004

The Story Behind the Baseline

Alcohol is the most frequently abused substance in Iowa. Alcohol consumed on an occasional basis at the rate of no more than one ounce per hour poses little risk to most adults. Although even at this level, several factors including family history of addiction, health, and use of medications can pose problems. Iowan's who drink with greater frequency or in greater quantities put themselves at risk for alcohol-related problems. These patterns include heavy (more than two drinks per day for men and one drink per day for women) and binge (more than five drinks on one occasion) drinking. Alcohol dependency and abuse are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others in alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. In comparison with other states, Iowa is slightly above the median for heavy drinking, but is exceeded by only three other states in binge drinking. Reducing heavy and binge drinking among adult Iowans, as well as among youth, will improve the health and safety of Iowans while reducing health care costs.

What Works

- Comprehensive drug-free workplace, school and community programming
- Implementation of evidence-based best practices

- Community coalitions involving multiple sectors
- Reduction of access by youth
- Increasing the age of onset
- Increased taxes on beer, wine and liquor
- Services for the lifespan (prenatal–death)

Current Proposals

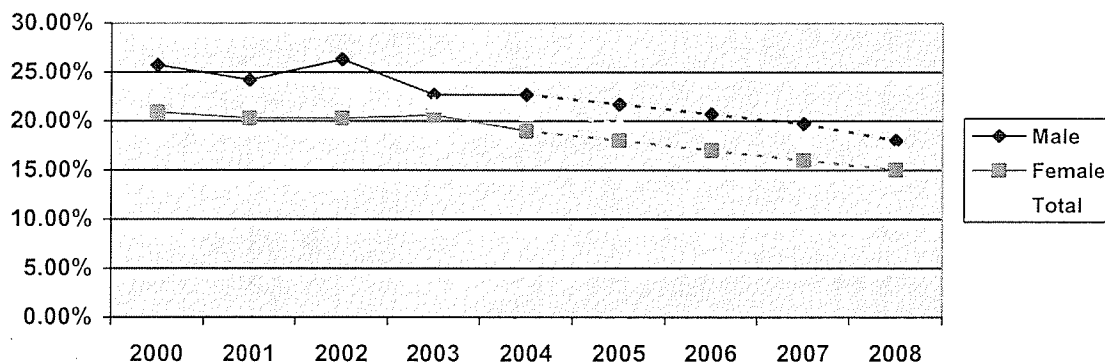
- Continued promotion of, and training on, comprehensive drug-free workplace programs that include policy development, employee education, supervisor training, parent information, intervention and drug testing.
- Provide age appropriate, culturally appropriate and multi-lingual information to the public on the availability of substance abuse prevention and treatment services.
- Enhance the ability of community anti-drug coalitions to establish standards, codes, and policies that decrease the incidence and prevalence of alcohol and other drug abuse in the general population.

Two to Ten Year Agenda

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

Prevention Indicator #1-E

Percent of adult Iowans reporting current smoking.



Source: Center for Disease Control

The Story Behind the Baseline

Tobacco use is the single largest cause of preventable premature mortality in the United States. It also represents an enormous cost burden to the nation, costing an estimated

\$617 million in annual health care in Iowa alone. The Surgeon General's Office states that smoking remains the leading cause of preventable death and has negative health impacts on people at all stages of life. It harms unborn babies, infants, children, adolescents, adults and seniors. Tobacco use among adults and exposure to secondhand smoke in Iowa continue to be major public health problems. Having fewer tobacco users of all ages in Iowa, and creating smoke-free environments for all Iowans, are keys to reducing tobacco-related illnesses and costs. Additionally, by reducing the age of onset by youth, it reduces the likelihood that they will ever use tobacco, and may also reduce their risk of using other drugs as well.

What Works

- Tobacco retailer compliance checks
- Increasing the unit price of tobacco products
- Community coalitions involving multiple sectors
- Science-based tobacco cessation classes for youth and adults
- Reducing youth initiation rates
- Increasing protection for nonsmokers from secondhand tobacco smoke exposure
- Smoking bans and restrictions
- Quitter telephone support with interventions

Current Proposal

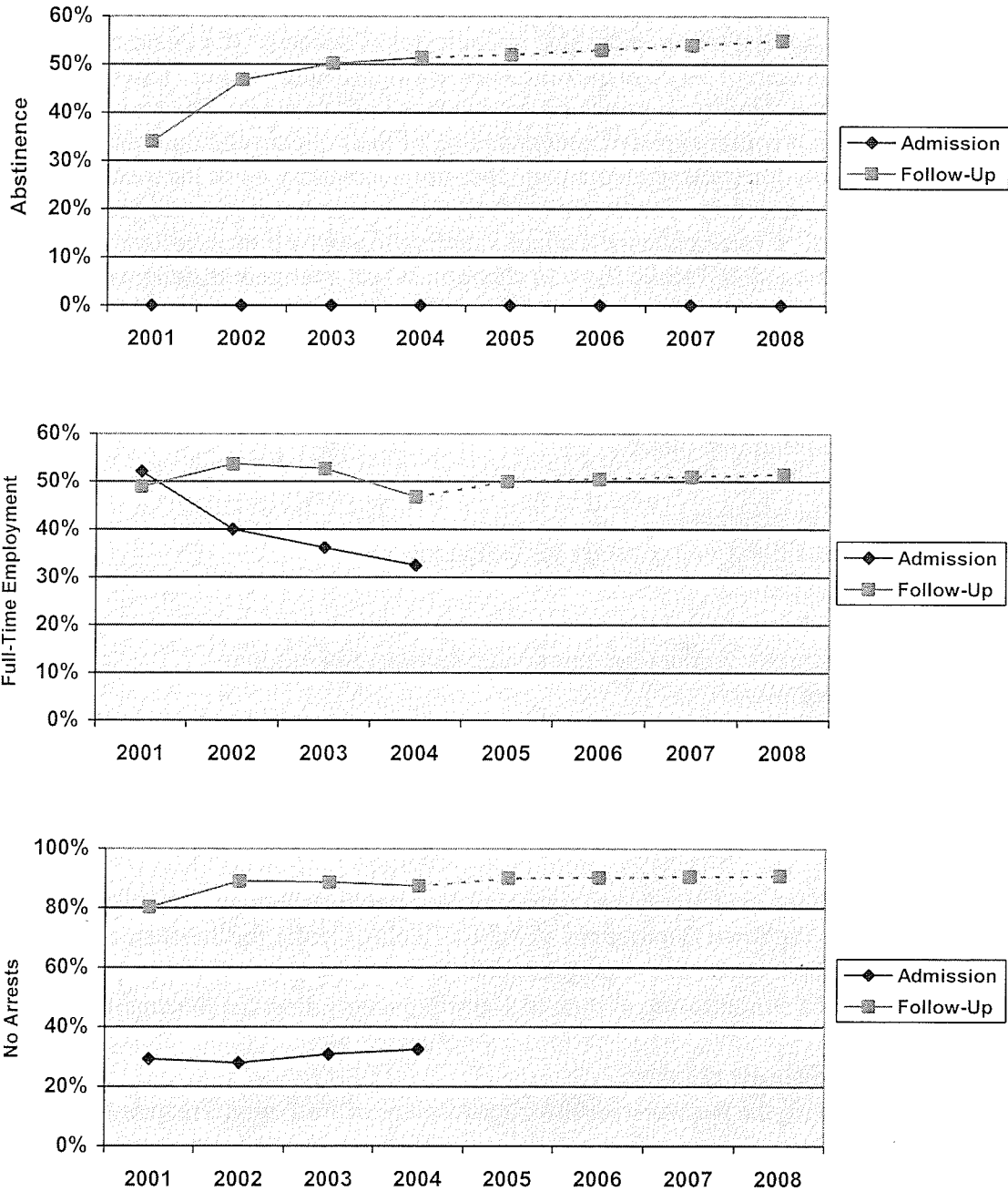
- Just Eliminate Lies (JEL) youth tobacco use prevention initiative.
- Quitline Iowa, a statewide smoking cessation hotline.
- Community partnerships for tobacco use prevention.
- Counter-marketing programs.
- Secondhand smoke grants.
- Regular tobacco sales compliance checks.

Two to Ten Year Strategies

- Funding to maintain tobacco prevention programming.

Treatment Indicator #1-F

Percent of Treatment Clients Who Are Abstinent, Are Employed Full-Time, And Have Not Had Any Arrests Six Months Post Treatment.



Source: Iowa Consortium on Substance Abuse Research and Evaluation and the IDPH

Story Behind the Baseline

Substance abuse treatment, compared to treatments for other chronic health issues such as diabetes, asthma, and heart disease, is very successful. Nearly 40-60% of clients who complete treatment remain abstinent one year later. But there are factors that can increase the effectiveness of treatment. The client must first be motivated to complete the program. This motivation may come from the risk of termination of parental rights or imprisonment. Length of treatment is also an indicator of success. If a client can remain in treatment a minimum of 90 days the outcomes are significantly better. Clients must also have high accountability, supervision, monitoring and structure. The treatment provider must seek a comprehensive understanding of their clients and their drugs of choice. What works for treating alcoholism does not necessarily work for treating methamphetamine addiction. Treatment must also be comprehensive, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). When treatment is done well it is very effective in addressing addiction issues, which positively impacts the addict, his or her family and friends and the community-at-large.

What Works

- Individualized treatment plans
- Motivation and monitoring
- Best practices in treatment
- Increased accessibility and capacity for treatment
- Early identification
- Follow-up services
- A credible, culturally competent, sustainable treatment workforce
- Retention in treatment

Current Proposals

- Diversion to treatment for low-risk non-violent alcohol and other drug addicted offenders.
- Drug testing.
- Implementation of evidence-based treatment best practices through a collaborative effort between the Iowa Department of Public Health, Center for Substance Abuse Treatment and substance abuse program directors.
- Development of a monitoring system to identify persons illegally abusing prescription drugs.
- Co-occurring disorder policies.
- Involvement with the Network for the Improvement of Addiction Treatment Initiative.

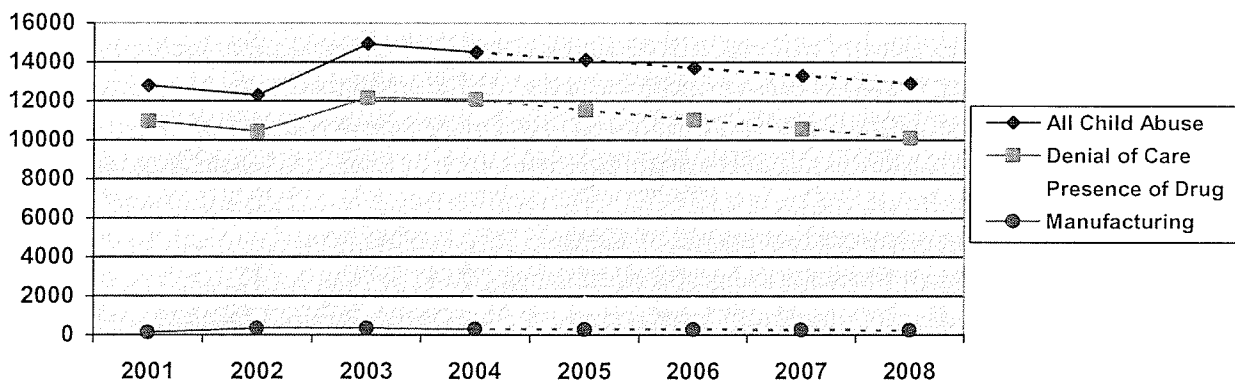
Two to Ten Year Agenda

- Ensure insurance parity for substance abuse and mental health disorders.
- Proposal to the HAWK-I Board of Directors that it support legislation for substance abuse treatment parity.

- Support the use and reimbursement of effective medications for alcohol, tobacco and other drug addiction.
- Increase treatment resources, including funding, and lengthen treatment duration for drug addicted clients due to the insidious nature of addiction and the severe health impact of drug abuse.
- Increase the availability of substance-free, supervised, transitional housing programs in communities.
- Increase wrap-around services for persons in recovery and their families.
- Improve early identification of substance abuse issues through education and stigma reduction.
- Improve early identification of substance abuse issues in high risk populations, such as children of addicts and the elderly.
- Promote the recruitment and development of substance abuse treatment professionals by enhancing substance abuse counseling programming at the state regent institutions and community colleges.

Treatment Indicator #1-G

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



2001 Manufacturing figure is from January - June only

Source: Iowa Department of Human Services

The Story Behind the Baseline

The use of drugs and abuse of alcohol among families is a pervasive trend that continues to have a devastating impact on the safety and well-being of children. Although it is difficult to quantify a causal relationship between alcohol and other drug use and child maltreatment, experts agree there is a high correlation between parental substance abuse and child abuse and neglect. In Iowa, Denial of Critical Care (child neglect) is the most pervasive form of child abuse. While not all Denial of Critical Care abuse is related to parental substance abuse, there is overwhelming evidence that addicted parents/caregivers do not provide adequate care for their children. Iowa has recorded a

number of incidents over the past two years involving children who were victims of child neglect due to one or both parents/caregivers using drugs. It is cases like these that point to the need to recognize the significant impact that drug use has on denial of critical care. The presence of illegal drugs in a child's body and manufacturing meth in the presence of a minor accounted for nearly 2,000 founded child abuse reports in 2004. When all three of these are combined they represent nearly 80% of founded child abuse in Iowa. Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides the motivation for parents to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment may also break the cycle of addiction and abuse, which is often generational, creating a more positive trajectory for the children.

What Works

- Family drug court
- Child welfare-substance abuse partnerships
- Community Partnerships for Protecting Children
- Drug testing
- Improved and expanded intake/screening/assessment and treatment for system involved clients
- Drug Endangered Children teams
- Community-based follow-up and support services
- Substance abuse treatment

Current Proposals

- Continued expansion of Iowa's Drug Endangered Children Alliance, including the introduction of a statewide protocol and data collection methods.
- Expansion of Drug Endangered Children program to new communities.
- Expansion of Mom's Off Meth and implementation of Dad's Against Drugs support groups.
- Drug testing of parents suspected of using.
- Drug testing children for the presence of drugs.
- Expansion of the Community Partnership for Protecting Children Initiative.
- Provide additional training to professionals working with children so that they can better identify persons who are using illicit drugs or abusing alcohol.

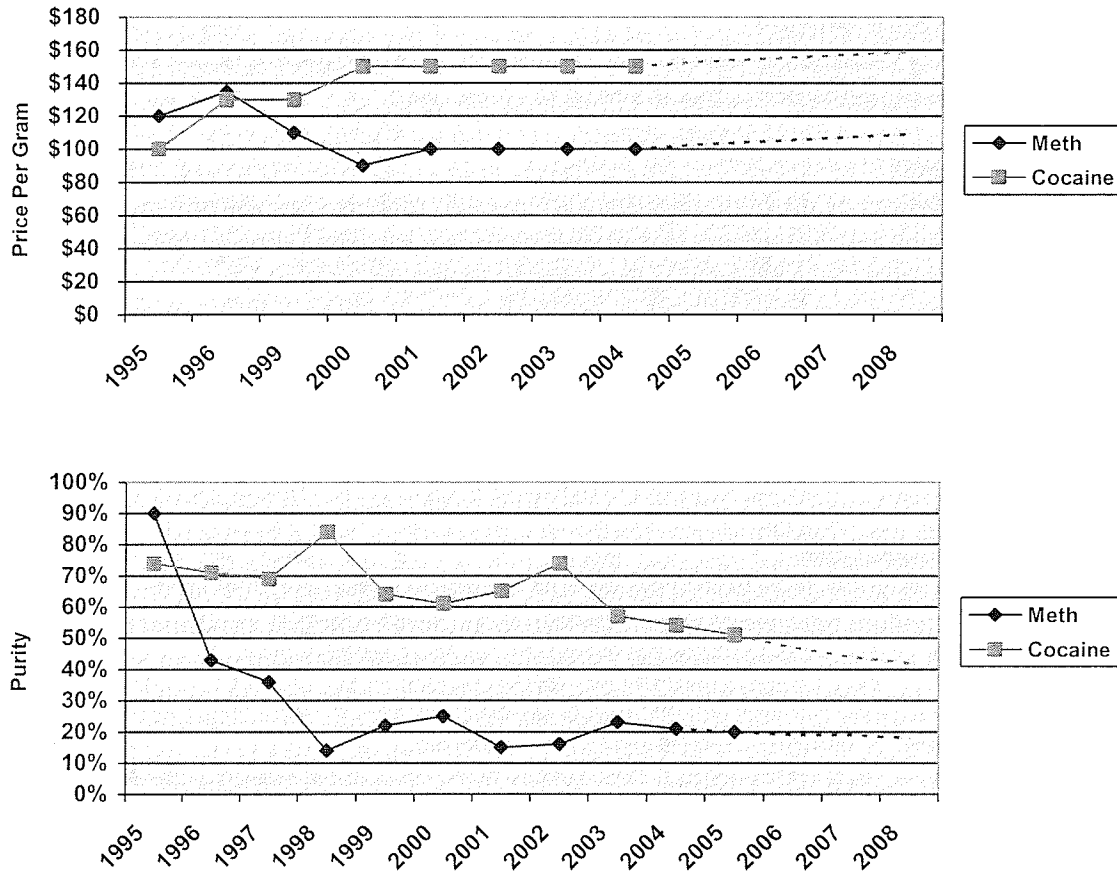
Two to Ten Year Agenda

- Increase funding for medically relevant drug testing associated with child abuse cases.
- Expand a family court program for clients involved with the child welfare system.
- Improve the education and knowledge base of medical professionals regarding substance abuse issues to assist in better identification and treatment referral of substance abusing patients or drug exposed children.
- Increase funding for substance abuse treatment.

Result #2: Iowa Communities Are Free From Illegal Drugs

Indicator #2-A

Average Price and Purity of Methamphetamine and Cocaine in Iowa



Source: Iowa Department of Public Safety

The Story Behind the Baseline

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

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

the economic principals of supply and demand, the distribution of illicit substances is a clandestine activity, and anomalies exist.

What Works

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

Current Proposals

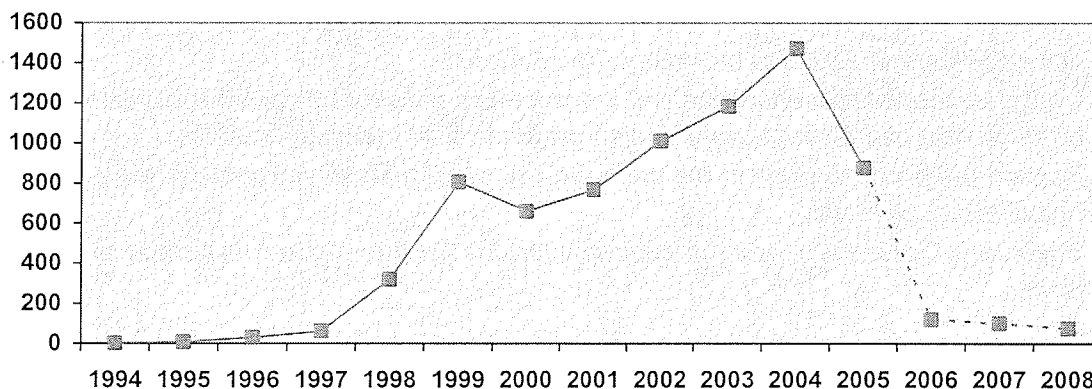
- Encourage the use of drug intelligence systems that increase law enforcement effectiveness by providing two-way connectivity among Iowa drug task forces as well as other law enforcement agencies throughout the nation.
- Continue to focus enforcement efforts on investigating organized interstate crime groups distributing illegal substances in the state.
- Provide expanded narcotics law enforcement training opportunities for local law enforcement and prosecutors using all available resources.
- Implement a prescription drug monitoring program.

Two to Ten Year Agenda

- Train and equip local task force participants to identify and report terrorist activity.
- Expand and update the Iowa Crime Laboratory facility/technical equipment and increase staff as necessary to reduce the turn around time for evidence analysis.
- Continue to synchronize and utilize Iowa National Guard analytical, aerial and detection assets in support of drug law enforcement.
- Transition Iowa drug enforcement task forces from methamphetamine lab responses to conspiracy/distribution drug investigations.

Indicator #2-B

Number of Clandestine Methamphetamine Laboratory Responses



Source: Iowa Department of Public Safety

The Story Behind the Baseline

In recent years, methamphetamine abuse and its associated public safety and social problems have increased several fold in Iowa. Treatment admissions with methamphetamine as the primary drug of choice increased from 2.2% of those screened/admitted to treatment in 1994 to 14.4% in 2005.

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. As a result of the increased popularity of methamphetamine, the availability of precursors, and the ease of production, Iowa has seen a significant increase in the prevalence of small clandestine methamphetamine laboratories. These labs pose a significant public safety threat due to the use of caustic materials, their mobility, and the risk of fire and explosion. While these labs produce a relatively small amount of methamphetamine they command a significant amount of law enforcement resources which would otherwise be spent on conspiracy type drug investigations.

Recent changes in state law limiting the availability of certain precursors have already begun to positively affect the number of clandestine laboratories.

What Works

- Specialized enforcement units to respond to and dismantle clan labs
- Multijurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis and dissemination
- Collaboration with community sectors such as business, human services, community corrections and health care
- Precursor controls and policies

Current Proposals

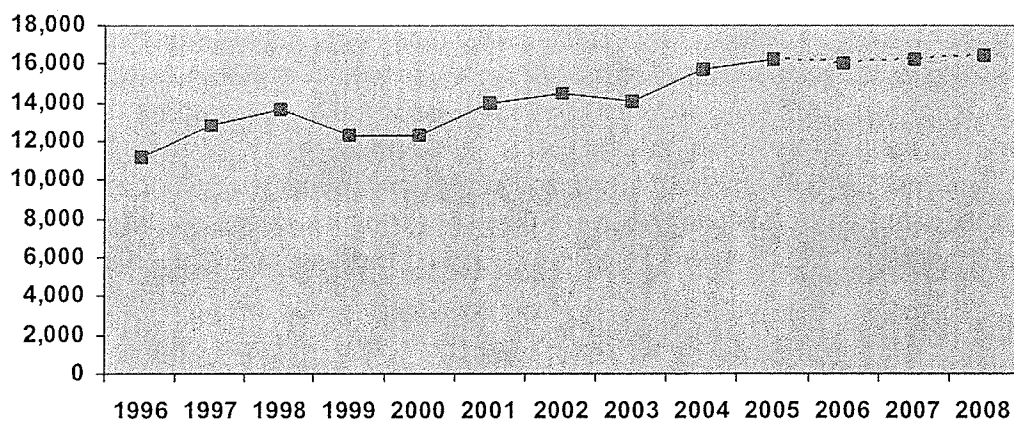
- Provide expanded narcotics law enforcement training opportunities for local law enforcement and prosecutors using all available resources.
- Encourage the use of drug intelligence systems that increase law enforcement effectiveness by providing connectivity among Iowa drug task forces as well as other law enforcement agencies throughout the nation.
- Continue coordination between law enforcement and retailers to limit the sale of products that can be used in the illegal production of methamphetamine.
- Expand programs to prevent the theft and use of anhydrous ammonia in the manufacture of meth.
- Encourage Congress to adopt methamphetamine precursor controls similar to Iowa laws.

Two to Ten Year Agenda

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

Indicator #2-C

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



Source: Iowa Department of Public Health – SARS

The Story Behind the Baseline

Appropriate and effective substance abuse treatment is essential in breaking the cycle of addiction and the associated public safety, public health and societal dysfunctions.

Few people enter substance abuse treatment without pressure from family members or sanctions from authority figures such as employers or criminal justice officials. For many illicit drug users an arrest is the first step in a long process of recovery and

habilitation. In Iowa, more than half of the clients screened/admitted to substance abuse treatment are referred by the criminal justice system.

What Works

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

Current Proposals

- Diversion from jail/prison to treatment for non-violent offenders.
- Expand both the juvenile and adult drug court program to additional regions of the state.

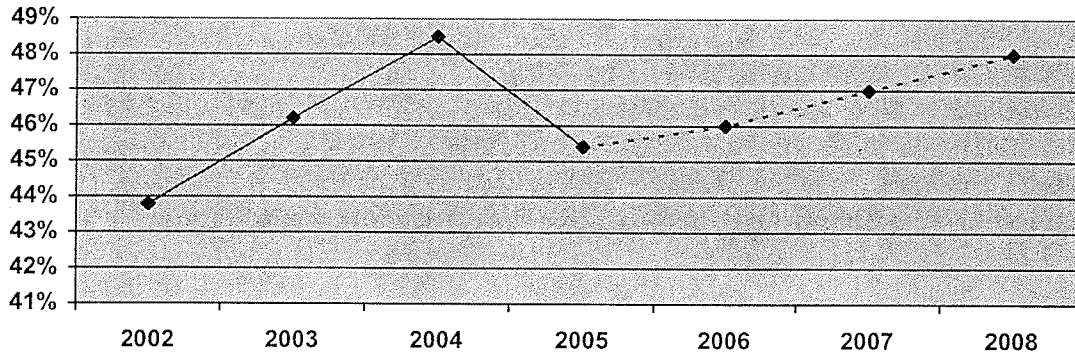
Two to Ten Year Agenda

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

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

Indicator #3-A

Percent of Community Based Offenders With Identified Substance Abuse Treatment Needs Who Have Received Treatment.



Source: Iowa Department of Corrections

The Story Behind the Baseline

Studies have shown that substance abuse treatment reduces drug use and crime. The Iowa Consortium for Substance Abuse Research and Evaluation conducts an annual outcomes evaluation of publicly funded drug treatment clients, a majority of whom are involved in the criminal justice system. Its findings:

- 87.4% of clients reported no arrests in the six months since their discharge from treatment.
- Full-time employment increased from 32.5% at treatment admission to 46.8% six months since discharge from treatment (44% increase).
- 51.4% of clients remained abstinent six months since their discharge from treatment.

As the data demonstrate, Iowans are safer when offenders returning into the community have completed substance abuse treatment. However, only about half of those correctional clients in need of treatment services receive them.

What Works

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

Current Budget Year Proposals

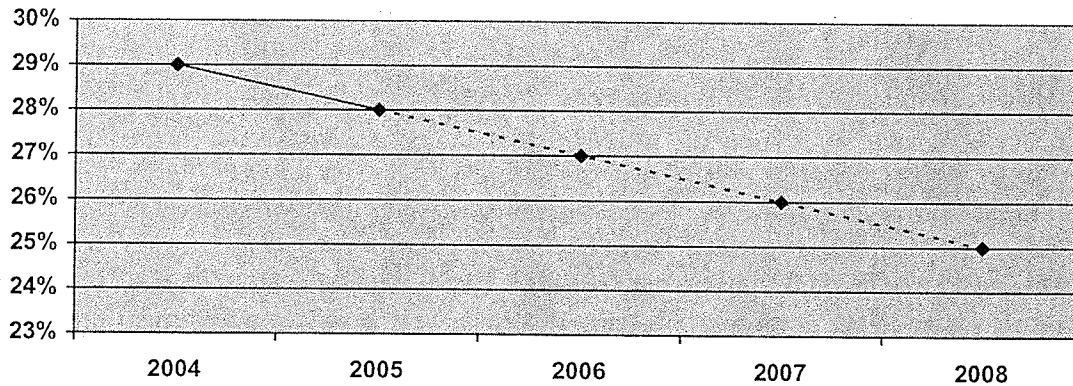
- Expand the number of Drug Endangered Children response teams, to protect children who are exposed to drugs through a parent or caregiver, and to provide substance abuse treatment to offending adults.
- Expand the substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders.
- Maintain and expand upon an extended jail-based drug treatment program for substance abusers in Polk, Woodbury and Scott Counties.

Two to Ten Year Agenda

- Increase the level of case management resources for community-based criminal offenders receiving treatment services.
- Develop expanded continuing care programs in the community to support the return of offenders to the community after completion of prison-based treatment programs, including therapeutic community programs.
- Build upon existing models for transitioning prison inmates into the community. This includes coordinating with community corrections and local treatment providers, as well as community-based services, such as faith-based treatment services.
- Implement dual diagnosis/co-occurring programs in additional regions of the state to manage and properly treat dual diagnosis/co-occurring offenders.
- Expand the juvenile and adult drug court program in additional regions of the state. Continue to evaluate drug courts and modify programs to most effectively address the needs of each district and the offenders. Ensure the viability of existing drug court programs in the 1st, 2nd, 3rd, 4th, 5th and 7th judicial districts during FY 2006.

Indicator #3-B

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



Source: Iowa Department of Corrections

The Story Behind the Baseline

People who are using/abusing alcohol and drugs are more inclined to commit crimes and pose a public safety threat. About 90% of prison inmates abuse alcohol and/or drugs. Treatment works, but not all who need it get it. In FY 2004, only 53.7% of prison inmates who needed treatment services received them. For community-based correctional clients, the rate was 48.5%. In addition, not all treatment programming was created equal. The treatment strategy goes a long way toward predicting future relapse and recidivism. For instance, 38.1% of clients whose treatment length was 31-60 days remained abstinent in the six months since their discharge from treatment. Sixty-one percent of clients whose treatment length was over 60 days remained abstinent in the six months since their discharge from treatment (a 60% increase). Appropriate substance abuse treatment improves public safety, and tracking the number of probation/parole technical revocations due to substance use is an indicator of the quality of the treatment provided.

What Works

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

Current Budget Year Proposals

- Review outcomes data of offender rehabilitation programs, and conduct correctional program assessment inventory audits of these programs to measure their effectiveness.

- Reduce caseload ratio of community-based corrections staff to offender clients.

Two to Ten Year Agenda

- Promote offenders' treatment program success by providing structured correctional supervision upon re-entry into the community from prison and by providing the appropriate level of community-based substance abuse treatment, including drug-free housing.
- Link correctional resources with law enforcement to enhance a drug offender's compliance with the conditions of probation/parole.

SUBSTANCE USE PROFILE

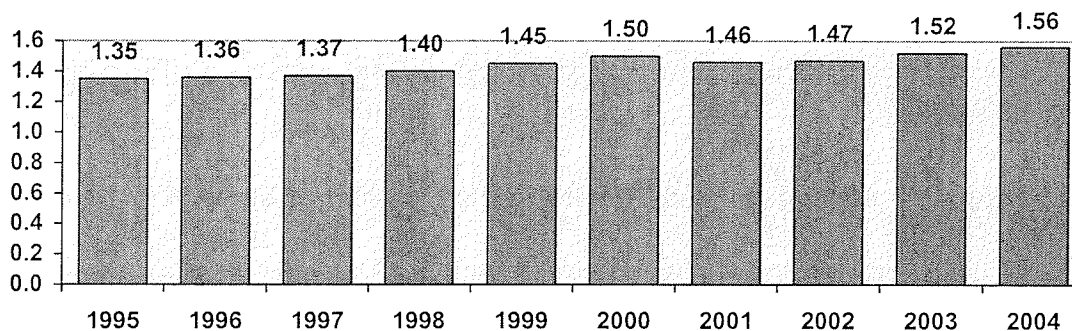
Iowa's Adult Population

Alcohol Use/Abuse

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

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

Figure 1 – Absolute Alcohol Sales in Gallons Per Capita, SFY 1990 – 2004



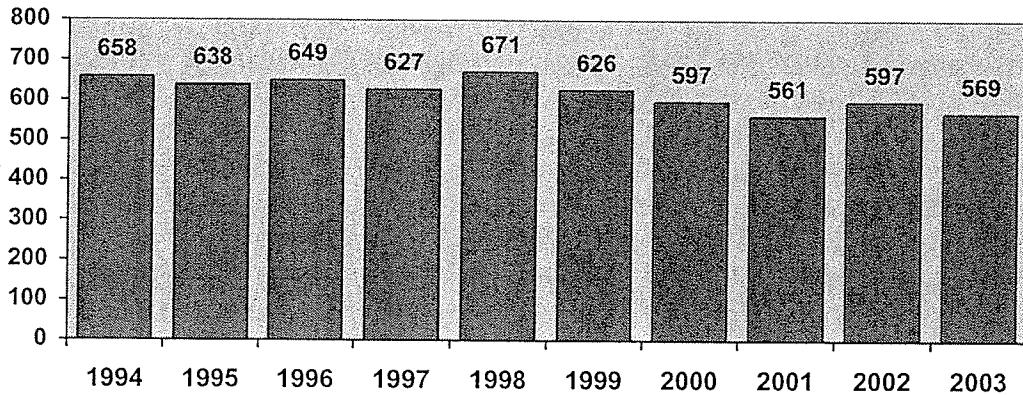
Source: Iowa Department of Commerce

Figure 1 displays data compiled by the Iowa Department of Commerce reporting the sale of alcoholic beverages within the State of Iowa, and represents by inference the consumption of those alcoholic beverages by Iowa residents. State population estimates were obtained from the Census Bureau. It should be noted that these population data include Iowans of all ages, many of whom do not consume any alcoholic beverages, or consume highly limited amounts.

Figure 1 indicates the absolute alcohol consumption per capita declined or remained constant from 1990 through 1995, reaching a low of 1.35 gallons per year in 1995. Since 1995 alcohol consumption has steadily increased reaching a high of 1.56 gallons per capita in 2004. This figure represents the combined consumption of 269 cans of beer, 17 glasses of wine and 141 mixed drinks for every man, woman and child in the state .

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

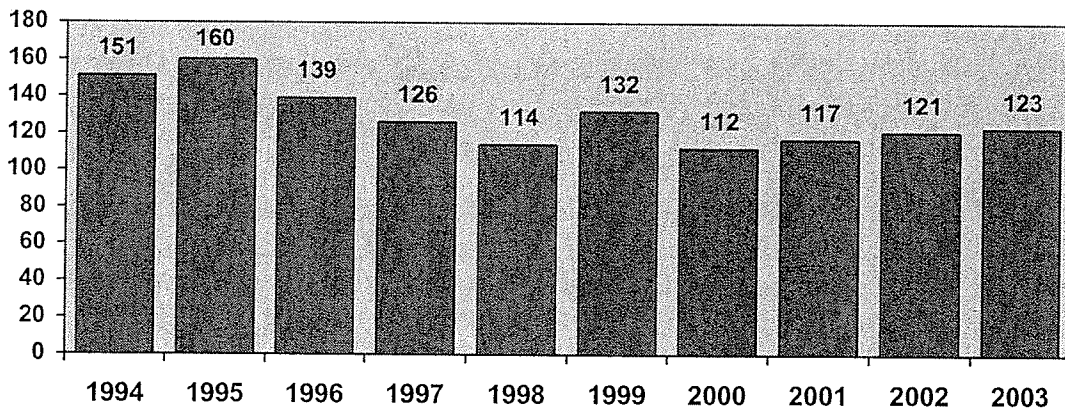
Figure 2 – OWI Arrest Rate/100,000 Population, CY 1994 – 2003



Source: Iowa Department of Public Safety

During the period of calendar years 1994 - 2003, more arrests were made in Iowa for OWI than for any other single criminal offense. However, with the exception of a few calendar years, Iowa has seen a steady reduction in OWI arrests per 100,000 population. The nine-year low was recorded in 2001.

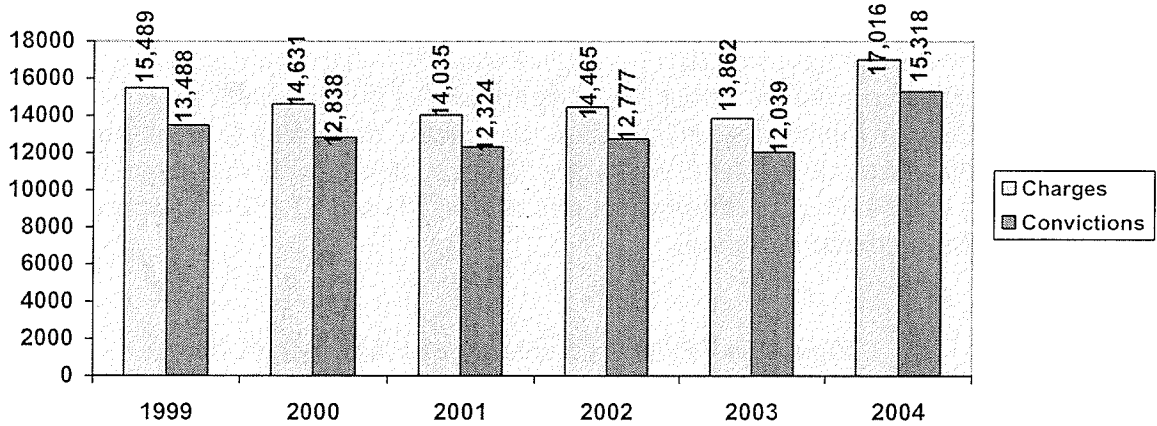
Figure 3 – Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 - 2003



Source: Iowa Department of Transportation

As with OWI arrests, alcohol related motor vehicle fatalities reported by the Iowa Department of Transportation have generally declined over the past nine years. In 2000 the DOT reported the fewest alcohol related fatalities in the ten year reporting period. There were slight increases reported in each of the past three years, but the rate remains below that reported in the early and mid 1990s.

Figure 4 – Reported Number of OWI Charges Adjudicated and Number of OWI Convictions, CY 1999 – 2004



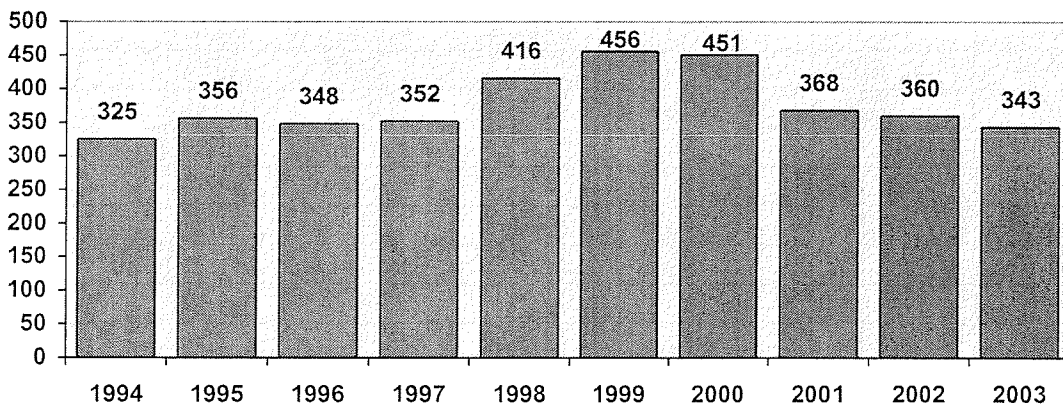
Source: Division of Criminal and Juvenile Justice Planning

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

Clerk of Court data compiled by the Division of Criminal and Juvenile Justice Planning (CJJP) indicates that both the number of OWI charges adjudicated and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI adjudications represent a significant proportion of the criminal caseload in Iowa courts. In 2004, OWI represented 18% of the charges adjudicated and 27% of the overall convictions for serious misdemeanors and above. See Figure 4.

An examination of the rates for reported arrests for drunkenness (public intoxication) reveals an upward trend from 1994 – 1999, reaching a ten-year high of 456 per 100,000 population. The drunkenness arrest rate however has declined in each of the following reporting periods.

Figure 5 – Drunkenness Arrest Rate/100,000 Population, CY 1994 – 2003



Source: Iowa Department of Public Safety

The Iowa Department of Public Health requires all licensed substance abuse treatment providers to report to the Substance Abuse Reporting System (SARS). Among other things, the system is capable of tracking the number of clients served, along with the drug(s) of choice and post treatment outcome measures.

Outcome measures provided by the Iowa Department of Public Health show a significant impact for those involved in substance abuse treatment. According to client interviews conducted by substance abuse treatment providers six months after discharge, the abstinence rate in 2004 was 51.4%, the employment rate was 46.8% and 87.4% of treatment clients were arrest free during this time period.

Figure 6a - Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 2005

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions
Alcohol	2,070 (40.1%)	22,294 (57.9%)	55.8%
Marijuana	2,683 (52.0%)	7,093 (18.4%)	22.4%
Methamphetamine	273 (5.3%)	6,005 (15.6%)	14.4%
Cocaine/Crack	68 (1.3%)	2,105 (5.5%)	5.0%
Other/Unknown	64 (1.2%)	1,018 (2.6%)	2.5%
Total			100 %

Source: Iowa Department of Public Health

Figure 6b Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2005

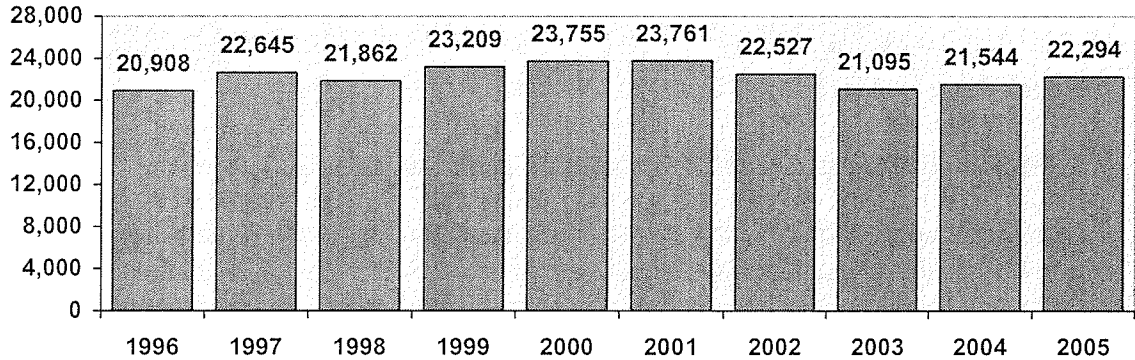
Year	Alcohol	Marijuana	Meth	Crack	Heroin	Other	Total Clients*
1992	85%	7.0%	1.0%	5%	0.5%	1.5%	22,471
1993	82%	9.0%	1.3%	5%	0.7%	2.0%	22,567
1994	78%	11.0%	2.2%	6%	0.8%	4.0%	25,328
1995	69%	14.3%	7.3%	6%	0.7%	2.7%	29,377
1996	64%	18.1%	9.1%	6%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60%	20%	12.0%	6%	0.5%	1.5%	38,347
1999	63%	20%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	.6%	1.9%	43,692

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

Source: Iowa Department of Public Health

SARS data show that alcohol remains by far the number one substance of abuse in Iowa. The data indicate that the number of adults screened or seeking substance abuse treatment with a reported primary substance of alcohol gradually increased from 1996 through 2001. The number of alcohol related screenings/admissions reported in 2005 increased in comparison to 2004 but remains below that reported in 2001. See Figure 7.

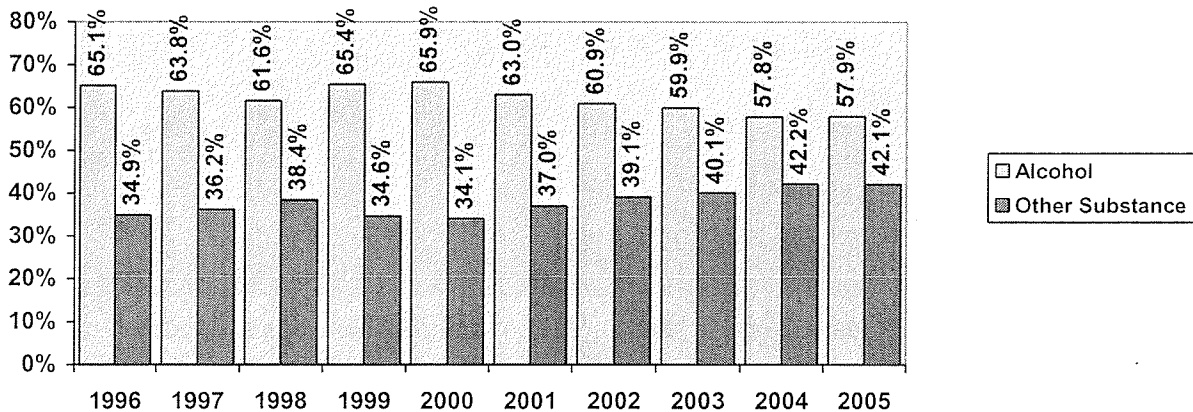
Figure 7 – The Number of *Adult Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2005*



Source: Iowa Department of Public Health

In recent years, as a percent of total screens/admissions, alcohol has lost ground to other drugs such as marijuana, methamphetamine and cocaine. This is partly due to the fact that screenings/admissions reported for these drugs have increased at a rate greater than that of alcohol. See Figure 8.

Figure 8 – Primary Substance of Abuse for *Adults Screened/Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2005*



Source: Iowa Department of Public Health

Adverse societal consequences resulting from the use of alcohol are not limited to criminal acts based solely upon the use of the substance such as OWI and drunkenness. A number of studies

have found that alcohol could be considered a contributing factor in the commission of a number of criminal offenses.

Although some of the data indicate a decrease in occurrence, alcohol remains the primary substance of abuse in Iowa among the adult population. The level of alcohol consumption within the state increased slowly over the past decade. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains above those reported in the mid 1990s. The number of OWI arrests and OWI court adjudications continue to burden the court system representing more than a quarter of the convictions for indictable misdemeanors and felonies.

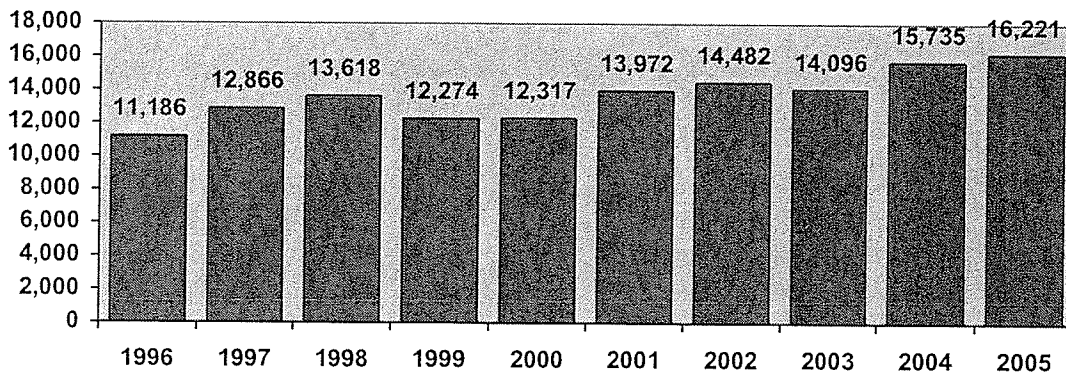
Illegal Drug Use in Iowa – General Observations

General Indicators of the Trend in Adult Drug Abuse in Iowa

There are several data indicators which may describe the growth or decline of illegal drug use in Iowa. One such indicator is the number of adults seeking substance abuse treatment. The SARS data indicate that the number of screenings/admissions for the treatment of a primary substance of abuse other than alcohol rose 45.0% from SFY 1996 to SFY 2005. That trend is displayed in Figure 9.

As a percentage of overall screenings/admissions to treatment, non-alcohol admissions have ranged from 34.1% to 42.2% from SFY 1996 through SFY 2005. Most recently (SFY 2005), as a percent of total admissions, non-alcohol screenings/admissions decreased slightly (.1%). See Figure 8.

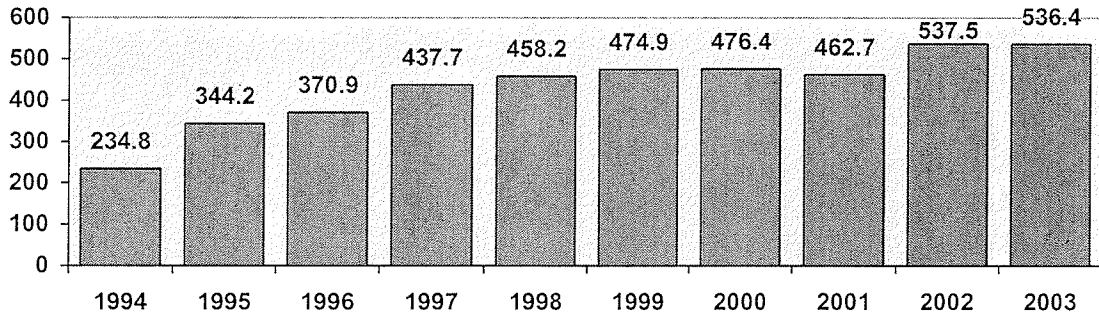
Figure 9– SARS Reported Substance Abuse Treatment Program Screenings/ Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2005



Source: Iowa Department of Public Health

Another indicator is derived from data collected by the Department of Public Safety relative to the adjusted arrest rate per 100,000 population for drug related offenses. Between 1994 and 2003, the rate of reported arrests for drug offenses more than doubled. See Figure 10.

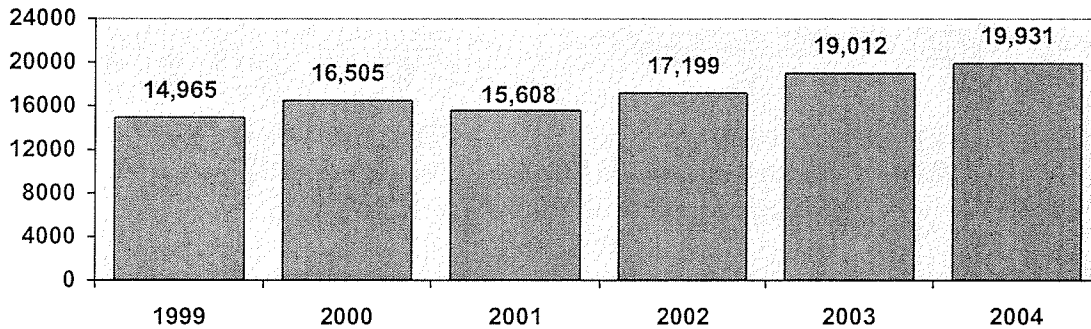
Figure 10 – Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 – 2003



Source: Iowa Department of Public Safety

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

Figure 11 – Drug Charges Adjudicated, CY 1999 – 2004

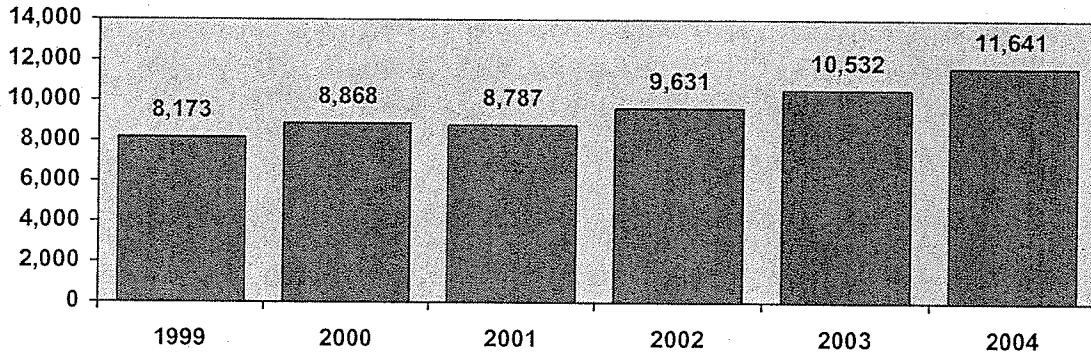


Source: Criminal and Juvenile Justice Planning

**Charges and convictions included in Figures 10 and 11 do not include cases whose deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Figure 11 displays a 33.2% increase in the number of indictable misdemeanor and felony drug charges adjudicated by the Iowa District Court from 1999 to 2004. Drug related convictions also increased during this period (42.4%). See figure 12. Drug cases constitute a significant proportion of the court docket in Iowa, representing 21.1% of the charges and 20.7% of the convictions for indictable misdemeanors/felonies in CY 2004.

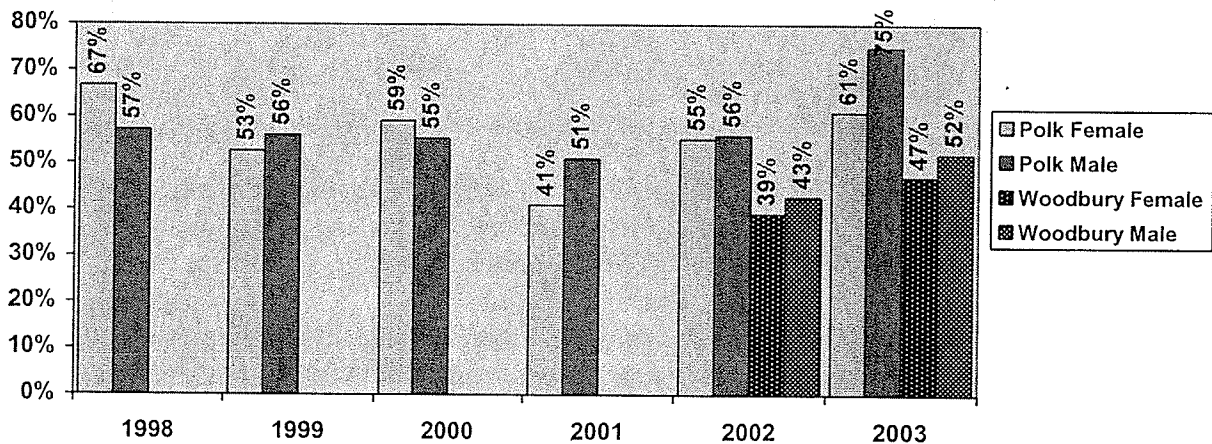
Figure 12 –Drug Convictions, CY 1999 – 2004



Source: Criminal and Juvenile Justice Planning

Another indicator of the levels of use and abuse of drugs can be found in data collected by the Arrestee Drug Abuse Monitoring program (ADAM). ADAM collected information on drug use and other characteristics of arrestees in Polk and Woodbury counties in Iowa from 1998 through 2003. Arrestees were tested for ten different drugs. However, to ensure that results are comparable throughout the US, results are reported nationally for the five most frequently reported drugs. The five reporting drugs include cocaine, marijuana, opiates, methamphetamine, and PCP. See figure 13.

Figure 13 - Percentage of Arrestees in Polk and Woodbury Counties Testing Positive for Cocaine, Marijuana, Opiates, Methamphetamine or PCP, SFY 1998 - 2003



Source: National Institute of Justice

It is understood that many of the arrestees reported in this data are under the influence of multiple drugs. It should also be noted that these data do not include alcohol. As the most

abused substance in Iowa, including alcohol would significantly increase the percent of arrestees testing positive in this study.

Figure 14 - Percentage of Arrestees in Polk County Testing Positive for Cocaine, Marijuana, Opiates, Methamphetamine or PCP, by Offense Category, SFY 1998 – 2003

<u>Polk County</u>	1998		1999		2000*		2002		2003	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Violent	47%	57%	47%	44%	51%	30%	44%	35%	69%	51%
Property	68%	67%	64%	54%	60%	50%	63%	59%	72%	62%
Drug	90%	67%	75%	71%	65%	100%	75%	70%	89%	63%
Domestic					42%	0%	52%	14%	72%	33%
Other	49%	71%	55%	56%	55%	27%	53%	64%	73%	62%

Source: National Institute of Justice

Data from the ADAM study clearly indicate that individuals who use controlled substances commit a significant portion of all types of crimes. See Figure 14.

Breaking the cycle of addiction has a positive effect on the recidivism rate of offenders. In a project administered by the Iowa Department of Public Health, the Polk, Woodbury, and Scott county jails provided substance abuse treatment to jail inmates. Twelve months following their admission to treatment, 86% of those involved reported no further arrests, and over half were employed full time.

In a study conducted in 2001 by the Mid-Eastern Council on Chemical Abuse for the Iowa Department of Corrections, over 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2005, the Department of Corrections was able to provide substance abuse treatment to 54.7% of the addicted custodial inmates and 45.5% of the addicted offenders in community corrections. See Figure 15.

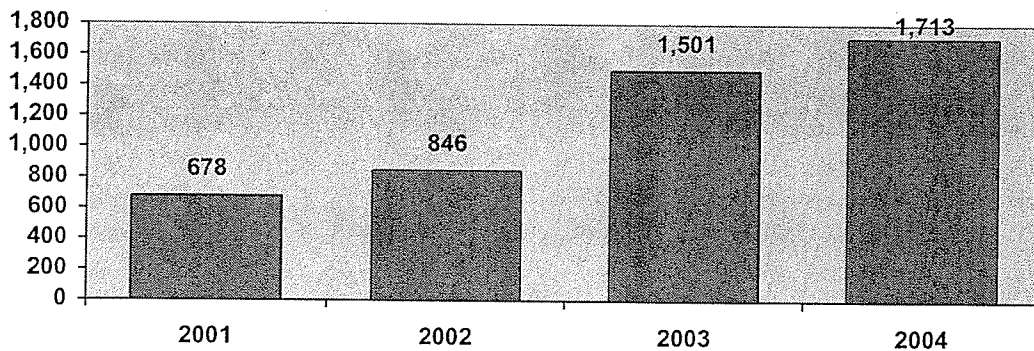
Figure 15 - Department of Corrections Institutional and Community Based Substance Abuse Treatment FY2002 – FY 2005

	FY 2002	FY 2003	FY 2004	FY 2005
<u>Institutions</u>				
Inmates in need of treatment	1,277	1,706	1,816	1,218
Inmates who received treatment	749	952	975	667
Percent	58.6%	55.8%	53.7%	54.7%
<u>Community Corrections</u>				
Clients in need of treatment	2,031	3,746	5,092	7,356
Clients who received treatment	889	1,729	2,470	3,343
Percent	43.8%	46.2%	48.5%	45.4%

Source: Iowa Department of Corrections

A significant portion of the drug abusing population in Iowa is in the child rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports on two measures of abuse, which specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed child abuse cases resulting from the presence of illegal drugs in a child's body and the second is the number of confirmed child abuse cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child. See Figures 16 and 17.

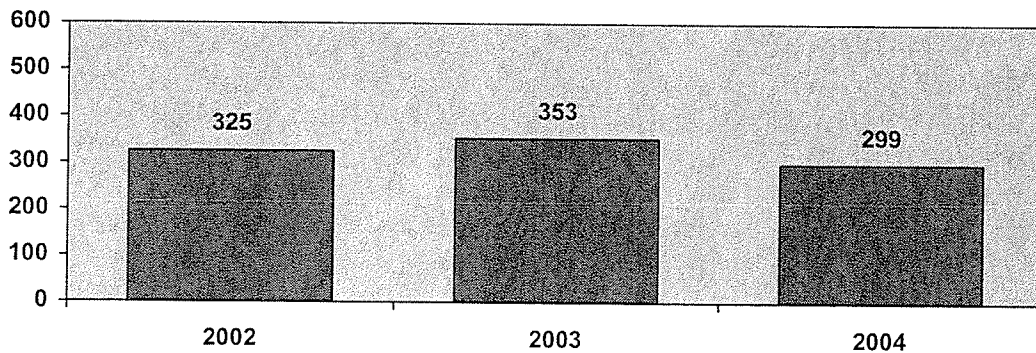
Figure 16 - Confirmed Child Abuse Involving the Presence of Illegal Drugs in a Child's Body CY 2001 - 2004



Source: Department of Human Services

The number of confirmed child abuse cases involving the presence of illegal drugs in a child's body increased 153% from 2001 to 2004. In addition, in 2004 the DHS reported 299 founded child abuse cases involving the manufacture of a dangerous drug in the presence of a child. Given that this is a relatively new reporting element, the data likely underreport the nature and extent of the problem.

Figure 17 - Confirmed Child Abuse Involving Caretaker's Manufacturing of Illegal Drugs CY 2002-2004



Source: Department of Human Services

The most current data available show the trend of drug abuse in Iowa rising from the perspective of increased arrests, court adjudications, substance abuse treatment admissions and drug related child abuse.

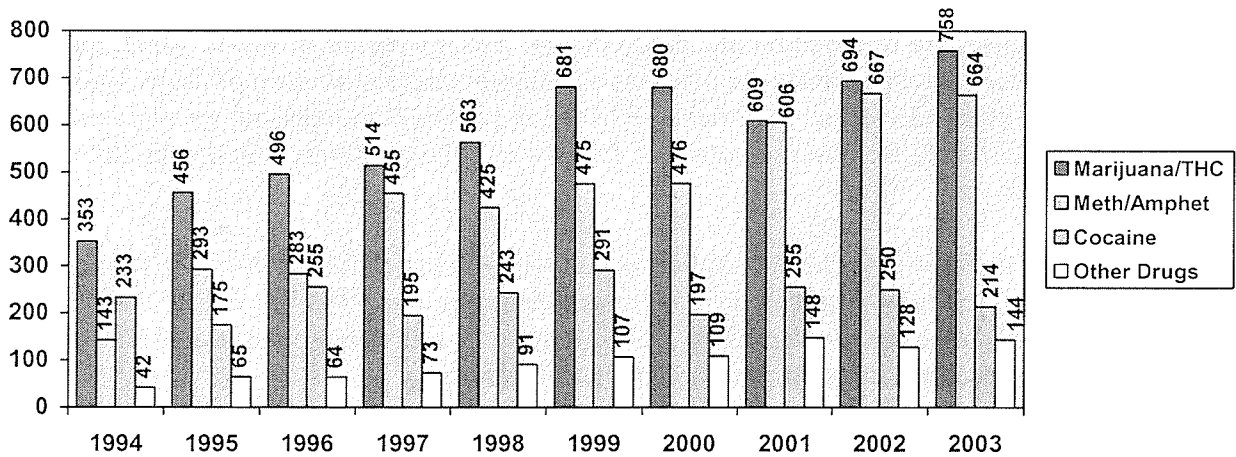
Drug Specific Indicator Data

Marijuana Usage

The data indicate that marijuana is the most prevalent illegal drug and the second most utilized substance of use/abuse by the adult population of Iowa. It also appears as if marijuana has held this distinction for quite some time.

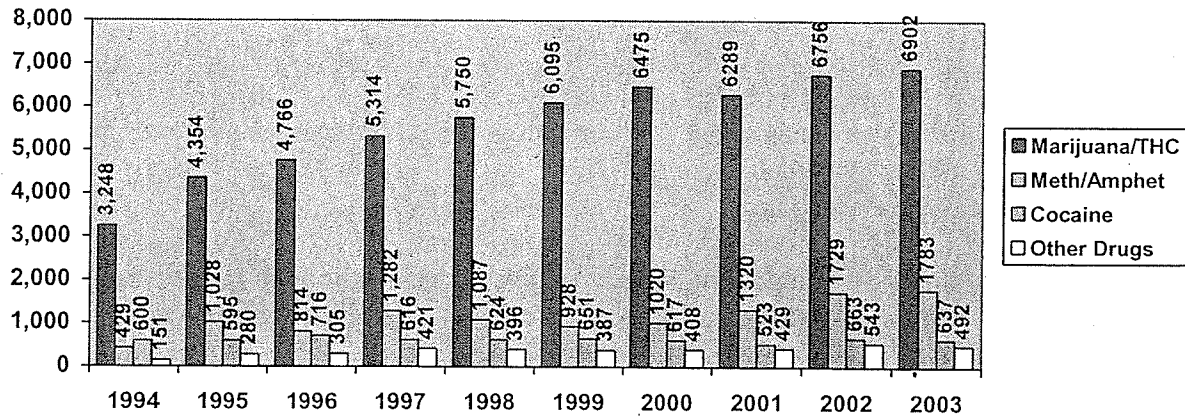
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

Figure 18 – Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 1994 - 2003



Source: Iowa Department of Public Safety

Figure 19 – Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1994 –2003



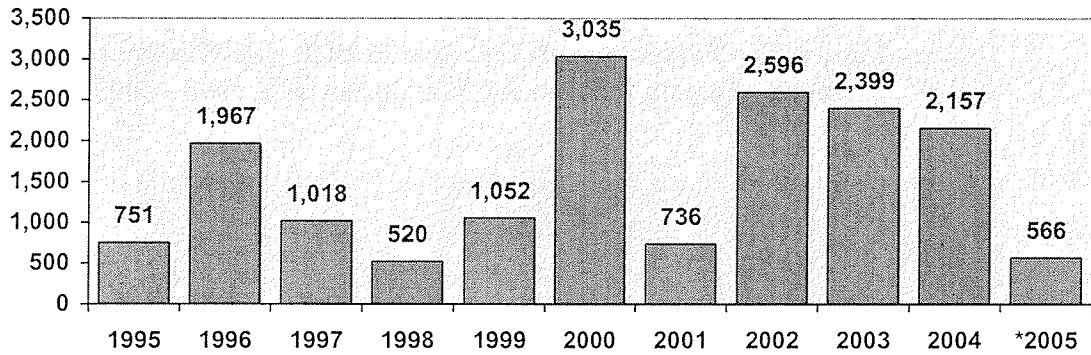
Source: Iowa Department of Public Safety

Figures 18 and 19 illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. For the period of 1994 – 2003, more than four of every ten reported arrests for offenses of manufacture/distribution of drugs where the drug type was known involved marijuana. Further, during the same period, seven of every ten reported offenses for possession/use of drugs where the drug type was known involved marijuana.

Additional analysis of the data indicates that with the exception of 2001, the number of offenses involving marijuana have increased each year from 1994 to 2003. The reader is reminded of the concern regarding the non-reporting and under-reporting of DPS data, and the fact that these data under-report the number of offenses.

The Iowa Division of Narcotics Enforcement (DNE) reported a ten-year high in marijuana seizures in 2000. Since setting the record in 2000, marijuana seizures reported by DNE have generally declined. See Figure 20.

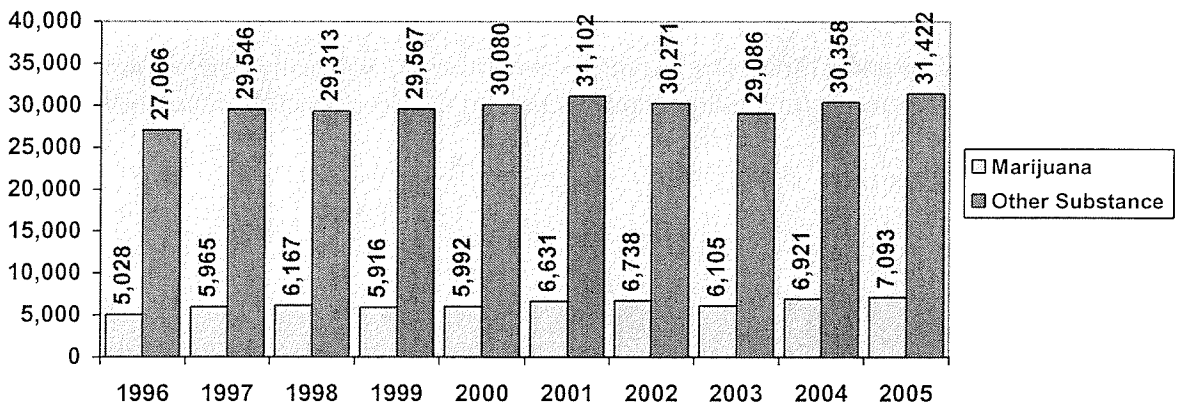
Figure 20 – Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1994 – *2005



**Calendar year 2005 through September 30*
 Source: Iowa Department of Public Safety

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1996 – 2005. See Figure 21.

Figure 21– Primary Drug of Abuse for Adults Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2005



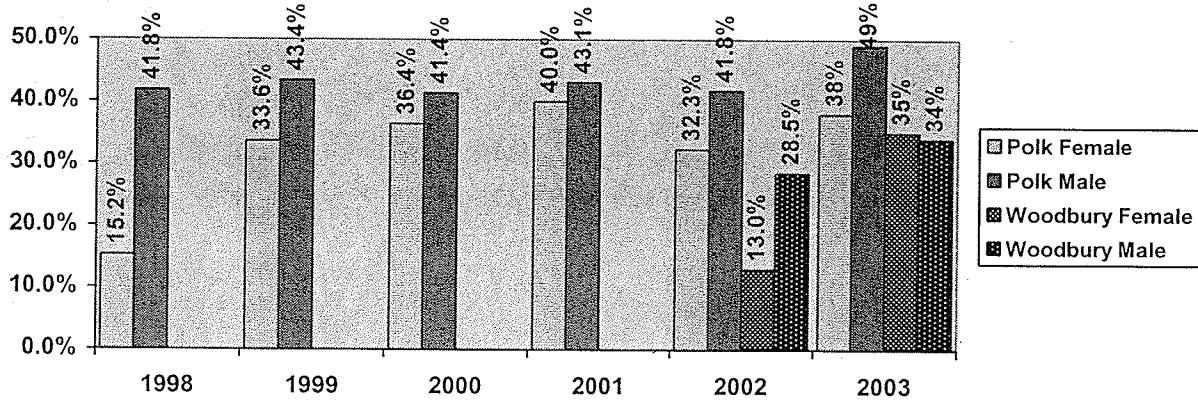
Source: Iowa Department of Public Health

Between state fiscal year 1996 and 2005, the Department of Public Health reported an increase of 41.1% in the number of clients screened/admitted with marijuana as their primary drug of choice.

The ADAM research identifies marijuana as the illegal drug of choice among arrestees in Polk and Woodbury Counties. During the reporting period, no less than 41% of males arrested in

the Polk County sample were under the influence of marijuana at the time of their arrest. Females in both Polk and Woodbury counties generally test positive at a rate lower than men, however in most years about one third of the arrested females tested positive for marijuana. See Figure 22.

Figure 22 – Percentage of Arrestees in Polk and Woodbury Counties Testing Positive for Marijuana SFY 1998 - 2003



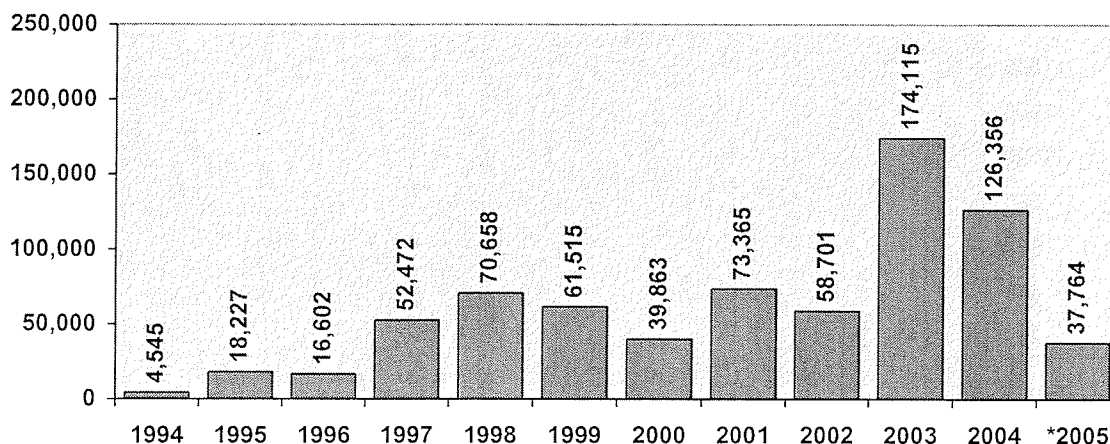
Source: National Institute of Justice

Based on the data presented above, it would seem clear that marijuana remains the drug of choice for the majority of adult Iowans that use illegal drugs.

Amphetamine/Methamphetamine

In recent years, much information has been disseminated, and many concerns expressed, about the use of amphetamines/methamphetamine, among the drug abusing population of Iowa.

Figure 23 – Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 – *2005



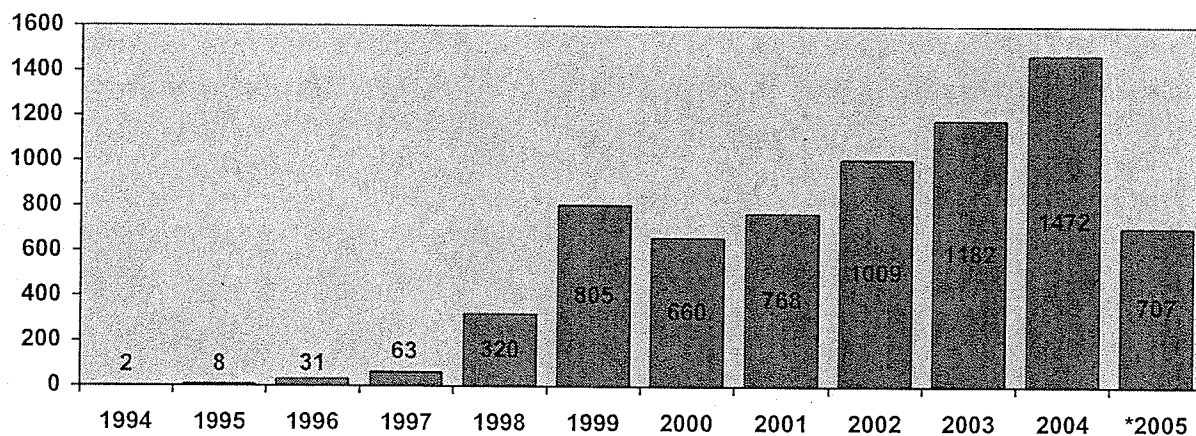
**Calendar year 2005 through September 30*
 Source: Iowa Department of Public Safety

Figure 23 illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003 the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. At the current pace in 2005, DNE will seize more than 50 kilograms of methamphetamine.

The data displayed in Figure 24 demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement. Through the first nine months of 2005, state and local law enforcement responded on average to 16 methamphetamine laboratories per week, or more than two every day.

Due to the public safety threat posed by clandestine laboratories, a substantial amount of time and resources has been redirected in recent years from conspiracy drug enforcement to respond to clandestine laboratories. In 2005 the Iowa legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. In the four months since the new law took affect, law enforcement in Iowa have reported a preliminary 77% reduction when compared to the same period in 2004.

Figure 24 – State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 – *2005



**Calendar year 2005 through September 30*

Source: Iowa Department of Public Safety

Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. As the supply of a substance increases, the price is likely to go down, and the purity level is likely to be higher. Conversely, if the supply is reduced, as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

The price and purity of methamphetamine shown in Figure 25 indicate that the price of methamphetamine per gram has gone down slightly over the past several years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa Seizures.

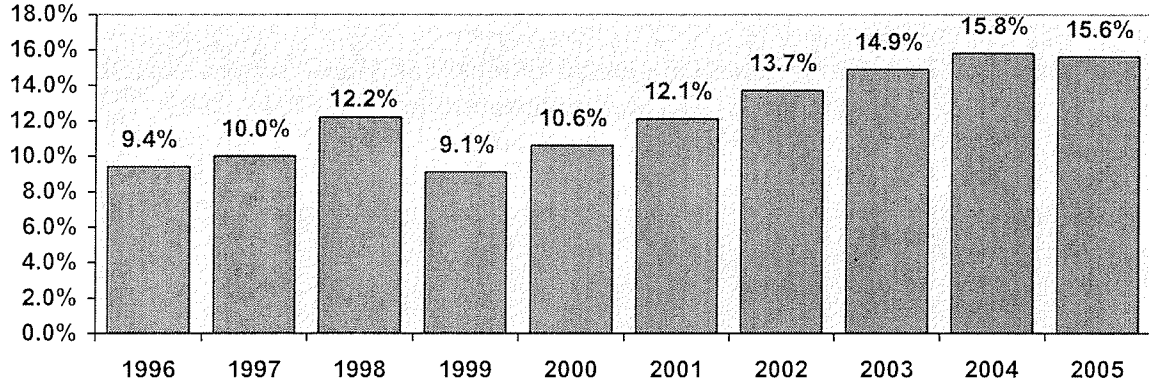
Figure 25 – Iowa Division of Narcotics Enforcement Methamphetamine Seizure Price and Purity CY 1994 – 2004

	1996	1997	1998	1999	2000	2001	2002	2003	2004
Price	\$135	N/A	N/A	\$110	\$90	\$100	\$100	\$100	\$100
Purity	43%	36%	14%	22%	25%	15%	16%	23%	33%

Source: Iowa Department of Public Safety

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

Figure 26 – Percentage of Adults Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2005

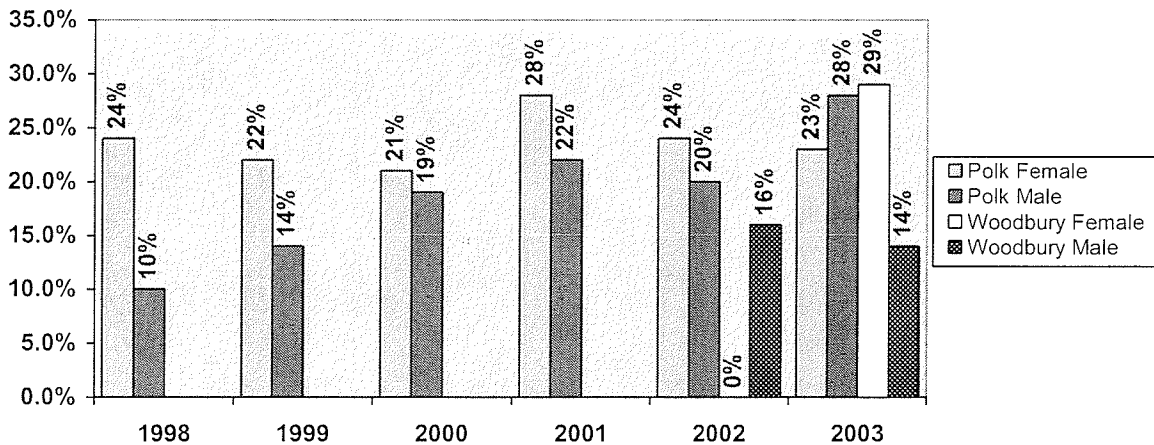


Source: Iowa Department of Public Health

Prior to the emergence of what has been referred to as Iowa’s methamphetamine epidemic in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the Iowa Department of public Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. See Figure 26.

As with other treatment programs, the data garnered from the Arrestee Drug Abuse Monitoring program identifies methamphetamine as the second most abused illegal substance in Iowa. An alarming number of arrestees tested positive for methamphetamine in the Polk county sample in 2003, with nearly one in every four testing positive. See Figure 27.

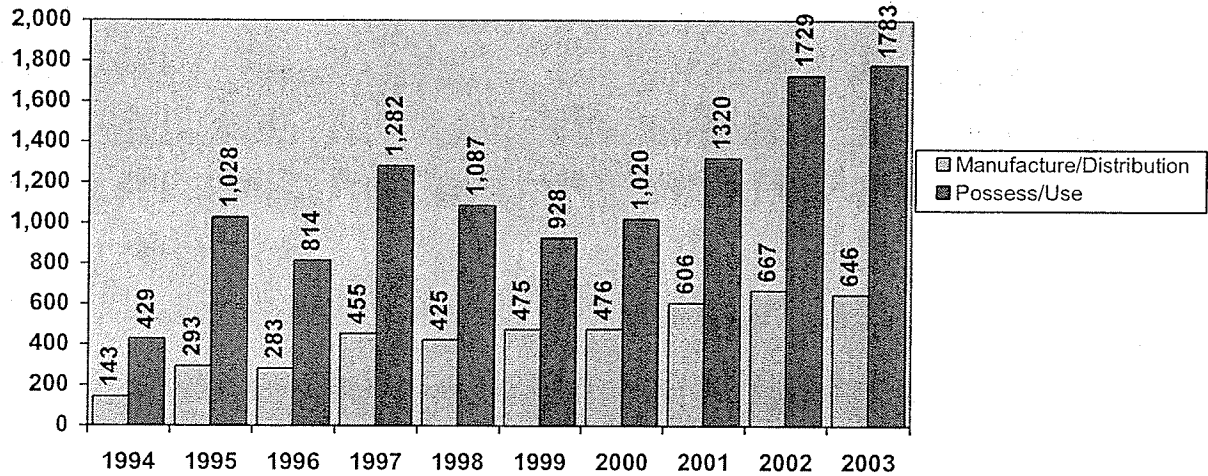
Figure 27 – Percentage of Arrestees in Polk and Woodbury Counties Testing Positive for Methamphetamine SFY 1998 - 2003



Source: National Institute of Justice

The number of law enforcement reported offenses for methamphetamine possession/use has nearly doubled in the most recent 5 year reporting period. Methamphetamine manufacture/distribution offenses increased 36.0% in the past 5 reporting periods. These data are portrayed in Figure 28.

Figure 28 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 – 2003

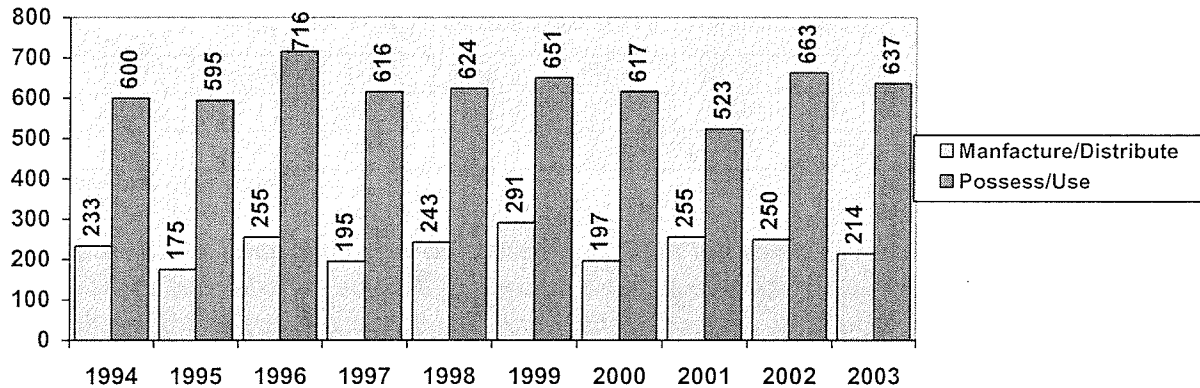


Source: Iowa Department of Public Safety

Cocaine/Crack Cocaine

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

Figure 29 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 – 2003

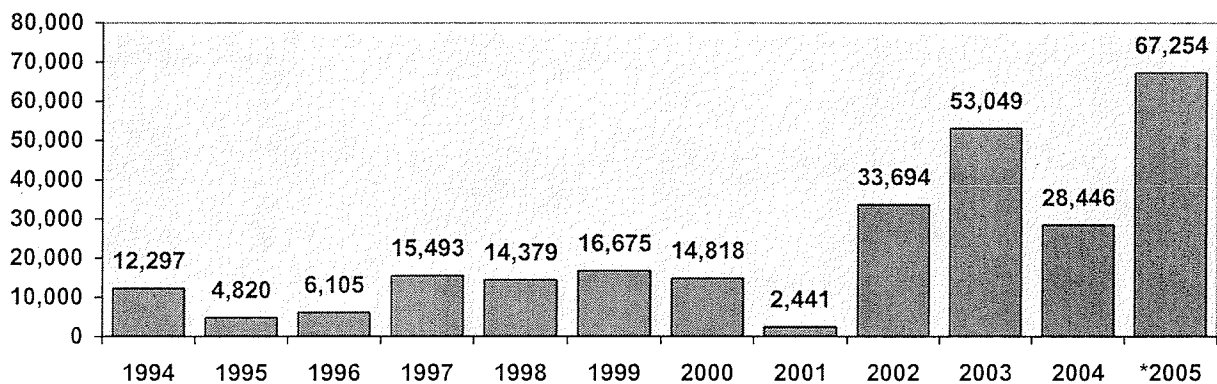


Source: Iowa Department of Public Safety

Figure 29 illustrates that for the most recent year for which data is available, possession/use arrests associated with cocaine is well below that reported for the late 1980s. Arrest rates for cocaine manufacture/distribution have varied a great deal for the years examined, ranging from a low of 175 to a high of 291. Calendar year 2003 posted a below average rate of 214 per 100,000 population.

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement will reach a 12-year high in 2005. Through the first nine months of 2005, the Division has already exceeded the previous record set in 2003. See figure 30.

Figure 30 – Cocaine/Crack Cocaine Seizures, in Grams, Involving the Iowa Division of Narcotics Enforcement CY 1994 – *2005



*Calendar year 2005 through September 30

Source: Iowa Department of Public Safety

As shown in Figure 31, the price of cocaine increased steadily through 2003 and then dropped significantly in 2004. The purity level of cocaine seizures have fluctuated between 61% and 84% during the review period.

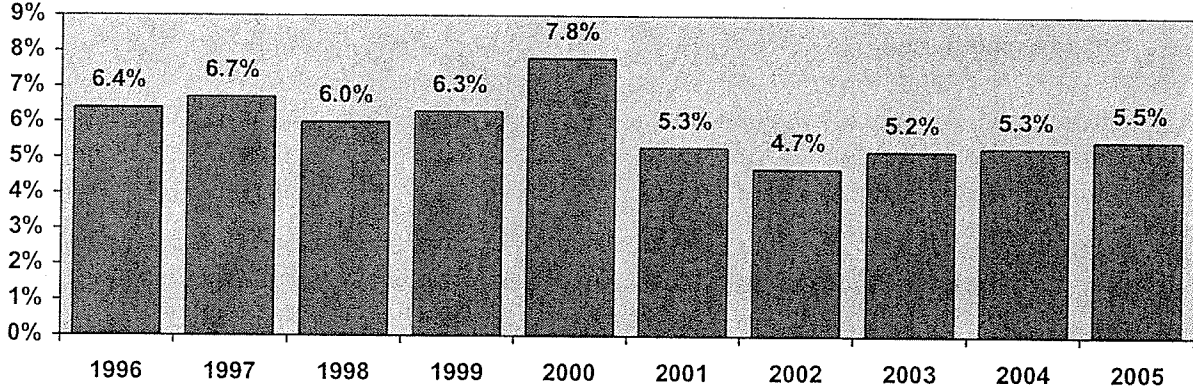
**Figure 31 – Iowa Division of Narcotics Enforcement
Cocaine Seizure Price and Purity CY 1994 – 2004**

	1996	1997	1998	1999	2000	2001	2002	2003	2004
Price	\$130	\$130	\$130	\$130	\$150	\$150	\$150	\$150	\$100
Purity	71%	69%	84%	64%	61%	65%	74%	57%	78%

Source: Iowa Department of Public Safety

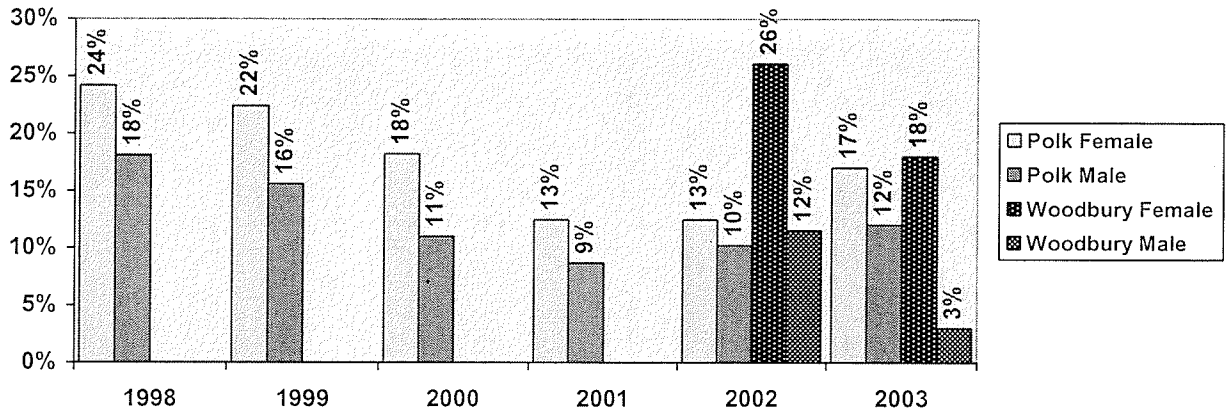
The primary substance of abuse for individuals assessed with substance use/abuse issues and those seeking treatment for substance abuse issues may also be indicative of the level of prevalence of a specific drug. Figure 32 illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their primary substance of abuse was at a ten-year low in SFY 2002 and has increased slightly over the past three years.

**Figure 32 – Percentage of Adults Entering Substance Abuse Treatment Programs
with a Primary Substance of Abuse of Cocaine, SFY 1996 – 2005**



Source: Iowa Department of Public Health

Figure 33 – Percentage of Arrestees in Polk and Woodbury Counties Testing Positive for Cocaine/Crack SFY 1998 - 2003



Source: National Institute of Justice

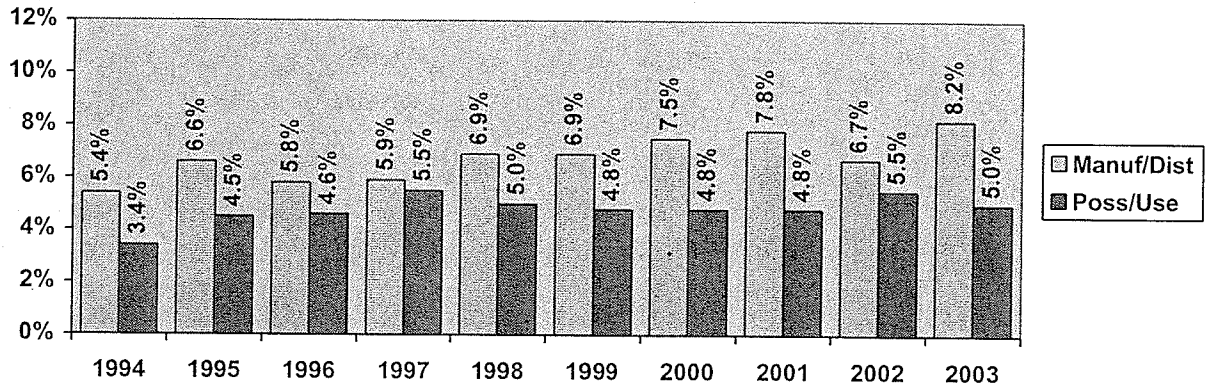
As with methamphetamine, a higher percentage of female arrestees tested positive for cocaine than male arrestees. While a significant percentage of arrestees continue to test positive for cocaine in Polk County, the rate in 2003 was lower than that reported in 1998 for both males and females.

Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa.

Other Drugs

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD and PCP also play a role in the overall problem of substance and drug abuse within the state. However, analyses of the data indicate that the levels of prevalence of these other drugs and substances as the drug of choice among the substance abusing population are relatively low. See Figures 34 & 35.

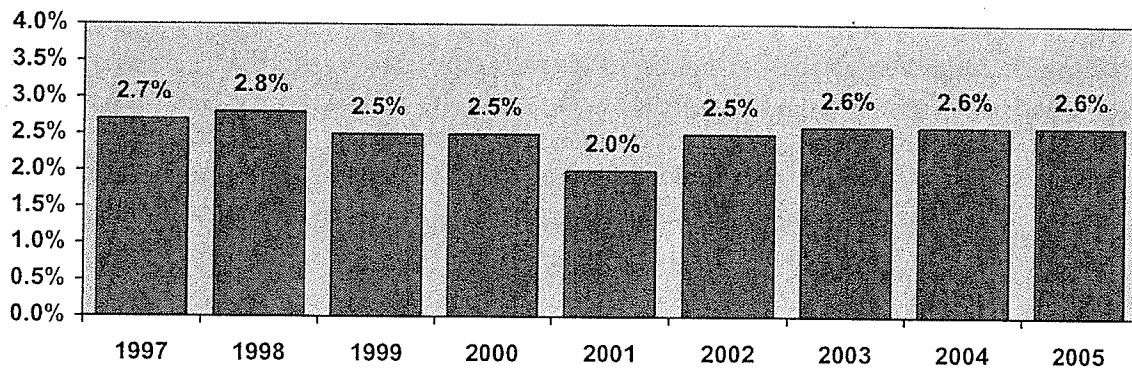
Figure 34 – Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1994 – 2003



Source: Iowa Department of Public Safety

During the ten-year period examined, the percentage of offenses for both the manufacture/distribution and possession/use of all known drugs other than alcohol, marijuana, amphetamine/methamphetamine and cocaine/crack cocaine was at the lowest level in 1994. Between 1994 and 2003, the percentage of arrests for both categories of offenses rose, but at a slow rate, with increases of 2.8% and 1.6% of the total offenses respectively. See Figure 34.

Figure 35 – Percentage of Adult Substance Abuse Treatment Screening/Admissions with a Primary Drug of Abuse Other than Alcohol, Marijuana, Amphetamine/Methamphetamine and Cocaine/Crack Cocaine, SFY 1997 – 2005



Source: Iowa Department of Public Health

Figure 35 indicates that during the period examined, the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is other than alcohol, marijuana, cocaine/crack cocaine or amphetamine/methamphetamine remained low and relatively stable.

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

Concerns are growing over recent anecdotal information which suggests an increase in the importation of crystal methamphetamine into Iowa. The increase in crystal meth or “ice” is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute.

Recent national research has demonstrated an increase in the abuse/misuse of prescription and over-the-counter drugs. Efforts are underway in Iowa to measure the scope of this problem, especially among youth, and to prevent it from escalating.

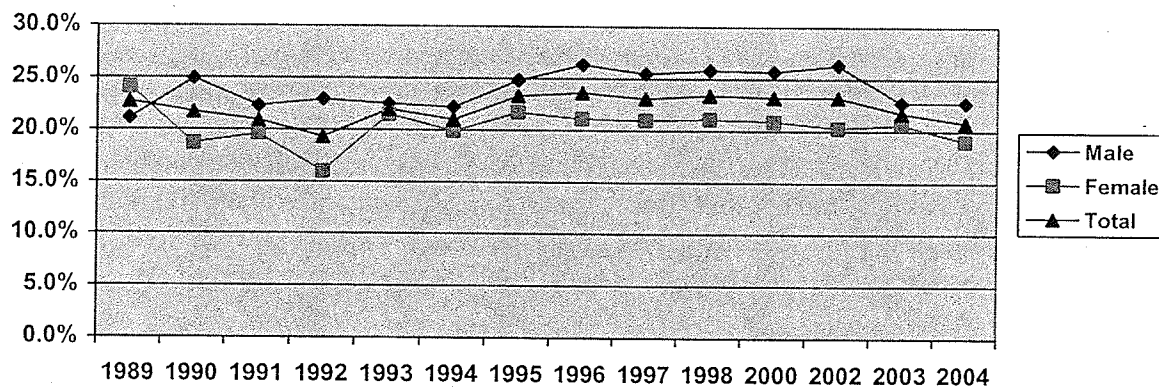
So-called “club drugs” or “predatory drugs” such as Ecstasy, Rohypnol and Gamma-Hydroxybutyrate (GHB) have garnered attention in recent years due to their purported association with the rave subculture and in particular their use among young people. To date in Iowa, these substances have not been reported as the primary substance of use for a great deal of treatment screenings/admissions nor have there been large quantities of these substances seized by law enforcement. However, they warrant attention to prevent larger problems.

Tobacco

Tobacco, like alcohol, is a legal substance for adults under current federal and state law. Much data and information have been published by the federal Centers for Disease Control, the Iowa Department of Public Health, American Lung Association and many other organizations in attempts to inform the general public of the possible dire consequences associated with the use of various tobacco products regardless of the method of use (e.g., smoking, chewing, etc.). Based on analyses of the data compiled by these organizations, it is estimated that 265.6 of every 100,000 Iowa deaths are related to smoking – nearly 4,600 deaths annually. It is further estimated that smoking results in the loss of 13.4 years of potential life. In 2002 the estimated cost of smoking-related illnesses in Iowa was \$1,618,000,000 (\$794 million in annual health care costs, and \$824 million in lost productivity). Smoking prevention efforts have been formulated and instituted in an attempt to reduce the number of citizens engaged in the use of this health endangering substance.

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

Figure 36 – Percentage of Current Male, Female and Total Smokers, CY 1989 - 2004



Source: Center for Disease Control

Between 1995 and 2004, the percent of Iowans who smoke tobacco ranged from 20.8% to 23.6%. In the past two years, the rate dropped an encouraging 2.4%. This decline is largely due to a 3.6% decrease in reported smoking by male Iowans during this time period.

Iowa's Youth Population

The Iowa Youth Survey (IYS) is a self-reporting survey that has been conducted every three years since 1975. The survey was most recently conducted in the fall of 2002, and utilized the same questions as the 1999 survey. Both surveys sought responses from youth in grades 6, 8, and 11 from public and non-public schools across Iowa. In 1999 a total of 85,426 students responded, and in 2002 that number increased to 96,971. Students answered questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and neighborhood/community environments. The 1999 and 2002 survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. While previous surveys were given to just a sample of students, the 1999 IYS sought participation from all school districts and all students in grades 6, 8, and 11, as well as 14-18 year-old students in alternative programs. Thus true comparisons with prior surveys are not possible. Results of the 2005 survey will be available in 2006.

Tobacco

Figure 37 – Percent of Students Self-Reporting the Use of Tobacco, Comparison of 1999 and 2002

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	20%	14%	4%	2%	15%	19%	38%	29%	21%	15%	18%	12%
Ever	33%	24%	9%	6%	28%	29%	57%	47%	34%	26%	30%	22%

Source: Iowa Department of Public Health

IYS survey results displayed in Figure 37 show that by the 11th grade, over half of the students reported past use of tobacco in 1999 and slightly less than half in 2002, a 10% decline – meaning fewer new tobacco users. In both 1999 and 2002 approximately one in three eleventh graders reported current use of tobacco (used a tobacco product in the past 30 days).

Alcohol

The Iowa Youth Survey also compiled data regarding the use of alcohol by the population surveyed. See Figure 38.

Figure 38 – Percent of Students Self-Reporting the Use of Alcohol, 1999 and 2002

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	27%	23%	7%	6%	22%	18%	49%	44%	27%	22%	25%	22%
Ever	47%	42%	20%	17%	43%	38%	75%	71%	49%	44%	43%	40%

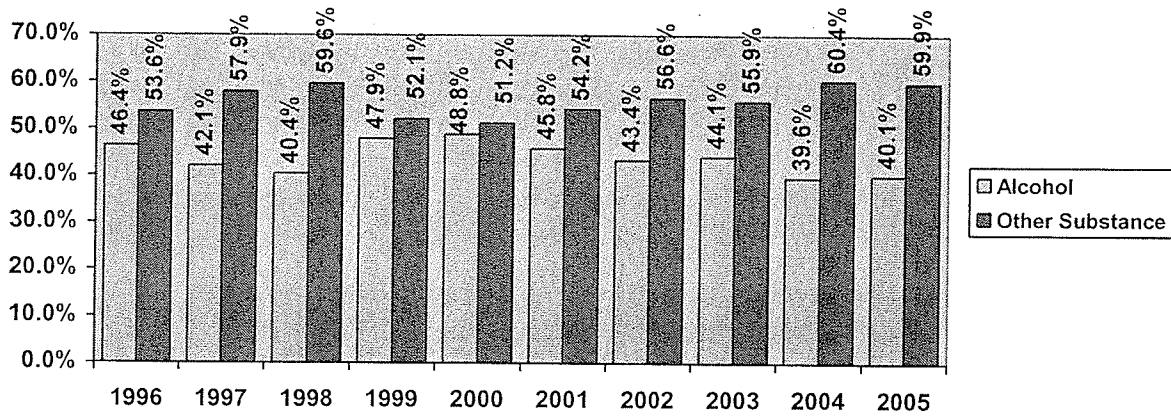
Source: Iowa Department of Public Health

While there have been some slight decreases since the 1999 IYS, the data indicate that almost half (44 percent) of 11th graders surveyed responded that they had consumed an alcoholic

beverage in the past 30 days. Equally concerning is that nearly one in five 8th grade students reported current use (consumed one or more drink in the past 30 days).

SARS data report the primary substance of abuse for all screens/admissions to substance abuse treatment programs, including those of youths. Unlike the adult population, youth screens/admissions with alcohol identified as the primary substance of abuse make up less than 50% of total admissions for each of the years reviewed. See Figure 39.

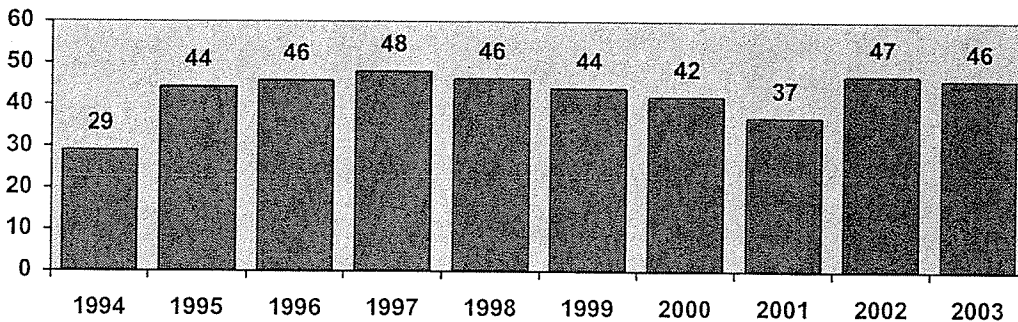
Figure 39 – Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1996 – 2005



Source: Iowa Department of Public Health

Iowa law enforcement reported a four-year decline in the juvenile OWI arrest rate from 1997 – 2001. There was a sharp increase in 2002 followed by a slight decrease in 2003. See Figure 40.

Figure 40 – Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2003



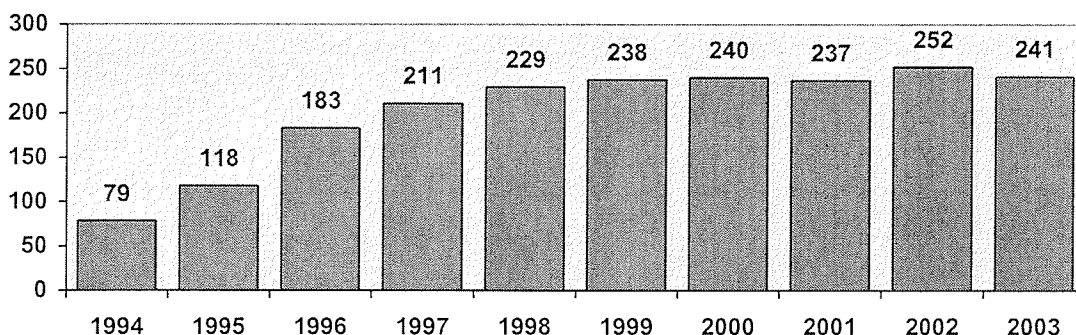
Based on self-reported use, substance abuse treatment screens/admissions and arrest rates, it would appear that alcohol remains a substantial problem for the youth of Iowa.

General Indicators of the Use of Other Drugs by Iowa Youth

Elsewhere in the Drug Use Profile regarding the youth population of Iowa, there will be discussions about specific drugs other than alcohol. In these discussions, it should be understood that the term “drug(s)” refers to illicit substances such as methamphetamine, cocaine, THC/marijuana, etc.

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 population in 1994 to a record 252 per 100,000 in 2002, an increase of 219% for the period. See Figure 41.

Figure 41 – Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 1994 – 2003



Marijuana

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. As Figure 42 shows, eight percent of all youth surveyed in 1999 reported that they currently use marijuana, and 17% of 11th graders reported current use of marijuana. These figures dropped very little in the 2002 survey. Additionally, of the high school juniors surveyed 35% in 1999 and 34% in 2002 reported having used marijuana at some point in their lifetime.

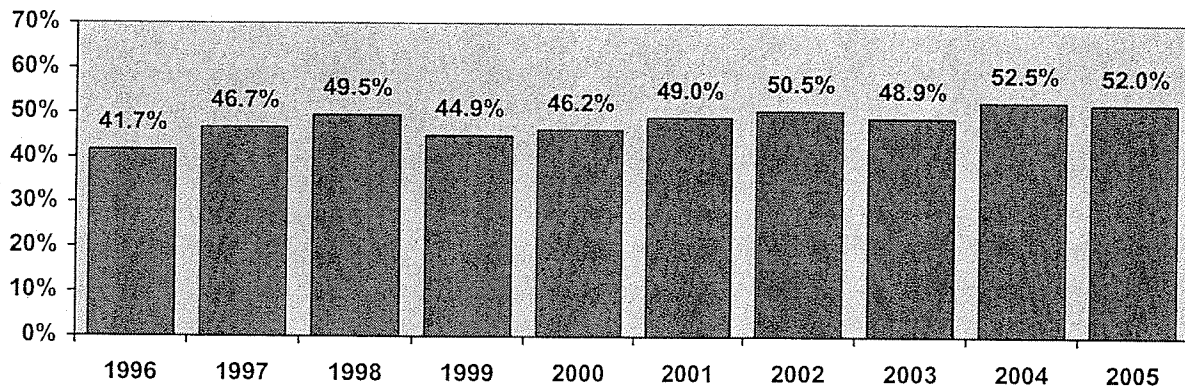
Figure 42 - Percent of Students Self-Reporting the Use of Marijuana, 1999 and 2002

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	8%	7%	1%	1%	6%	5%	17%	15%	9%	8%	7%	6%
Ever	17%	15%	2%	1%	11%	9%	35%	34%	18%	16%	15%	13%

Source: Iowa Department of Public Health

SARS data as shown in Figure 43 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 remained fairly steady for the period of time included in this review. It should be noted that in SFY 2002, for the first time more youth were screened/admitted for marijuana than all other substances combined.

Figure 43 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2005



Source: Iowa Department of Public Health

Amphetamine/Methamphetamine

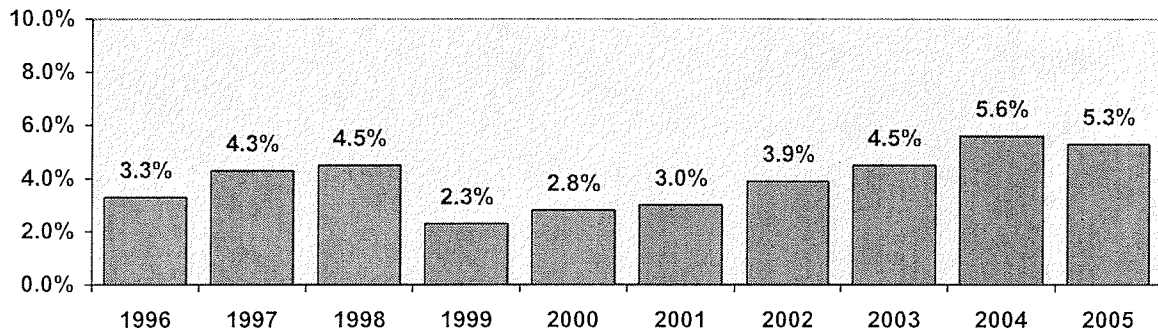
The next most prominent illicit drug of choice among adolescents, according to the Iowa Youth Survey and the SARS data is amphetamine/methamphetamine as shown in Figures 44 and 45 below.

Figure 44 - Percent of Student Self-Reporting the Use of Amphetamine/Methamphetamine - 1999 and 2002

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	4%	3%	0%	0%	3%	2%	7%	7%	4%	4%	7%	3%
Ever	8%	7%	2%	2%	5%	3%	17%	13%	8%	7%	7%	5%

Source: Iowa Department of Public Health

Figure 45 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2005



Source: Iowa Department of Public Health

After a significant reduction in SFY 1999, there has been a steady increase in the percentage of youth screened/admitted to substance abuse treatment programs with amphetamine/methamphetamine as the primary drug of abuse.

Inhalants

The use of inhalants by adolescent Iowans has been publicized from time to time with reports of untimely deaths by certain abusers. According to the Iowa Youth Survey, inhalants were the next most popular substance of abuse among adolescents. See Figure 46.

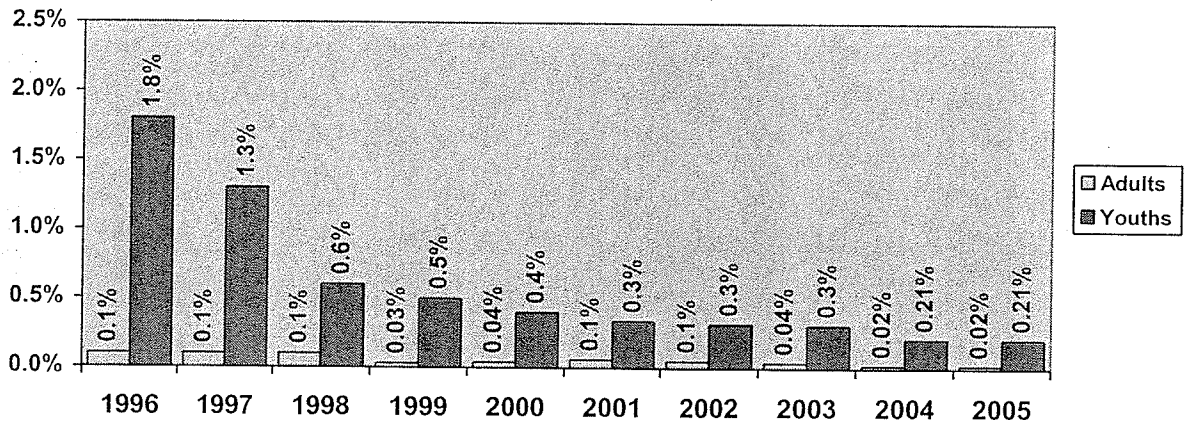
Figure 46 - Percent of Student Self-Reporting the Use of Inhalants 1999 and 2002

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	3%	2%	2%	2%	3%	3%	3%	2%	3%	3%	2%	2%
Ever	8%	6%	4%	4%	9%	7%	11%	9%	9%	7%	7%	5%

Source: Iowa Department of Public Health

Examination of the SARS data indicates that the degree of use of inhalants is more prominent among youth in comparison to adults (see Figure 47). They also indicate that the prevalence of these substances as a “drug of choice” for juveniles has decreased in recent years.

Figure 47 – Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 – 2005



Source: Iowa Department of Public Health

Cocaine/Crack Cocaine

Right behind inhalant use by youth is the use of cocaine/crack cocaine. The 1999 Iowa Youth Survey shows that two percent of all youth surveyed report the current use of cocaine/crack cocaine, in 2002 that number dropped to 1%. Overall there was little change in Cocaine/Crack Cocaine usage between 1999 and 2002. See Figure 48.

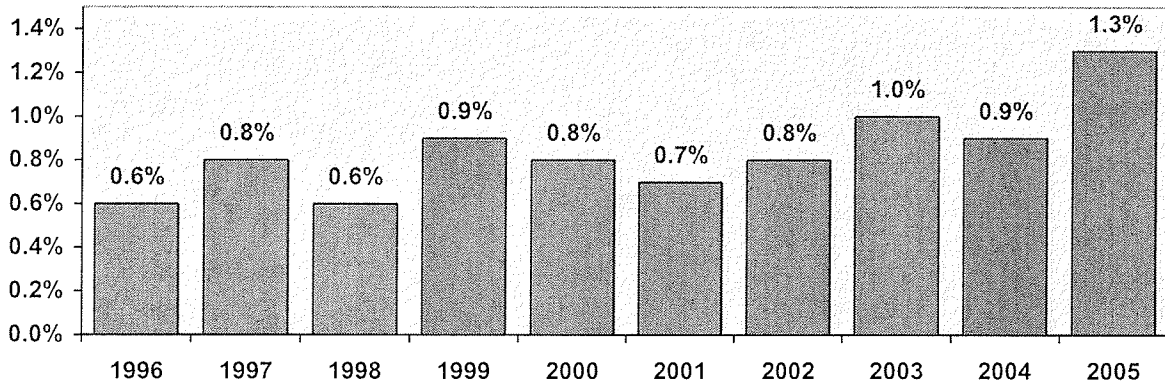
Figure 48 - Percent of Student Self-Reporting the Use of Cocaine/Crack Cocaine 1999 and 2002

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	2%	1%	0%	0%	1%	1%	3%	3%	2%	2%	1%	1%
Ever	4%	3%	1%	1%	2%	2%	7%	6%	4%	3%	3%	2%

Source: Iowa Department of Public Health

Data depicting the prevalence of cocaine/crack cocaine as the primary substance of abuse for juveniles as reported for screens/admissions to substance abuse treatment programs is shown in Figure 49.

Figure 49 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2005



Source: Iowa Department of Public Health

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

Other Drugs/Substances

Analyses of the data available indicate that besides those drugs and substances specifically discussed above, all other drugs and substances used/abused by the youth constitute less than 3% of reported substances abused. Notwithstanding the relative low use rates, there are trends which require continuing vigilance. Nationally, prescription drug use among young people is on the rise as is the use of certain over the counter medications such as dextromethorphan (DXM).

**FY 2006 STATE & FEDERAL FUNDING OF IOWA SUBSTANCE
ABUSE & DRUG ENFORCEMENT PROGRAMS**

Prevention & Early Intervention
Treatment
Enforcement & Adjudication

*Programs listed herein focus on substance abuse and associated issues (e.g. crime, violence & delinquency), except as noted.
Funding estimates do not include local or private resources, or federal funds provided directly to communities.*

FY 2006 Prevention & Early Intervention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
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Governor's Office of Drug Control Policy

(1) Drug Policy Coordination	Comprehensive coordination of substance abuse prevention programs & strategies with substance abuse treatment and drug enforcement. Integrated approach includes local, state, federal & private agencies.	\$42,416			\$42,416
(2) State & Local Law Enforcement Justice Assistance Grant Program	Community crime & substance abuse prevention projects designed at neighborhood, city, county & state levels.	\$2,782	\$65,848		\$68,630
(3) Drug Abuse Resistance Education	Student education materials for use statewide by certified D.A.R.E. instructors to teach substance abuse prevention techniques/resistance skills.			\$175,000 <i>(Projected surcharge funds)</i>	\$175,000
(4) Project Safe Neighborhoods Gun Violence Prevention	Media outreach & community engagement initiative to prevent firearm related violence, through the promotion of gun violence prosecution and gun safety information.		\$79,142		\$79,142

FY 2006 Prevention & Early Intervention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(5) Protecting Drug Endangered Children	State coordination of intervention efforts to identify, intervene & treat children endangered by drug use, trafficking or manufacture. Includes development of local rapid response teams & substance abuse treatment for caregivers when appropriate.	\$36,805	\$493,322		\$530,127

Iowa Department of Education

(6) Safe & Drug-Free Schools & Communities	Schools & communities working to reduce substance abuse & violence. Includes development & expansion of prevention & intervention programs for students in K-12, a comprehensive school program for parents, & community & school collaborations.		\$2,725,809		\$2,725,809
(7) Dropout Prevention & Services for Dropouts	Funds to local school districts for support services, programs & alternative schools for potential dropouts in grades K-12.			<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>	NA
(8) Character Development	Building community-wide consensus for instruction, advocacy & modeling of commonly defined values in support of youth character development.			<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>	NA

FY 2006 Prevention & Early Intervention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(9) After School Programs	21 st Century Learning Centers provide students with alternative activities to increase & extend learning opportunities, while reducing the likelihood of substance abuse & violence.				NA
(10) HIV/AIDS Program	Staff development, technical assistance in curriculum development & selection of instructional materials, & policy development.				NA
(11) Student Support Services	Services for homeless children & youth, including substance abuse prevention & treatment services.				NA
(12) Learning Supports	Comprehensive school improvement to mobilize students, families, schools & communities to foster healthy, social, emotional, intellectual & behavioral development of children & youth.				NA
(13) Youth Service Learning	Grants awarded to local school districts to carry out experience-based learning programs that involve youth in community service that contributes to their development of personal, social & academic skills.				NA

**Substance abuse prevention is one component of this program, but is not a primary focus.*

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FY 2006 Prevention & Early Intervention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
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Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning

(14) Juvenile Justice Youth Development Program	Development of community prevention programs & youth development efforts including underage drinking & substance abuse prevention, school-based (including after-school) & other programs to reduce risks & strengthen assets among Iowa youth.	\$71,000	\$860,000		\$931,000
(15) Juvenile Justice & Delinquency Prevention Act Grant Program	Model projects concentrating on youth involved in the juvenile justice system that address: <ul style="list-style-type: none"> • Efforts to reduce the overrepresentation of minority youth in secure settings; and • Planning needs for girls & gender specific services. 		\$148,000		\$148,000

Iowa Department of Public Defense, Iowa National Guard

(16) Drug Demand Reduction	Support for community & school based drug prevention programs. Provides role models to educate youth on the harm of drugs. Assists community coalitions in deterring youth substance abuse & conducting parent training.		\$450,000		\$450,000
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FY 2006 Prevention & Early Intervention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(17) Midwest Counter-Drug Training Center	Training programs, instruction & logistics for Community Anti-Drug Coalitions of America & other drug prevention workers.		\$30,000		\$30,000

Iowa Department of Public Health, Division of Behavioral Health & Professional Licensure

(18) Comprehensive Prevention	Delivery of substance abuse prevention services including education, public information, problem identification, referral & community-based process. The emphasis is on primary prevention, before the individual is in need of treatment.	\$413,979	\$2,908,758		\$3,322,737
(19) Methamphetamine Prevention	Prevention services addressing methamphetamine use in Iowa.		\$394,650		\$394,650
(20) Mentoring Prevention/County Funding	A youth mentoring strategy of prevention programming for targeted recipients.	\$841,000			\$841,000
(21) Drug & Violence	Prevention services targeting children & youth who are not normally served by the state or local education agencies, or populations that need special services or additional resources.		\$663,456		\$663,456

FY 2006 Prevention & Early Intervention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(22) State Incentive Grant	Prevention services targeting 12-17 year old children to reduce their use of alcohol, tobacco & marijuana.		\$844,911		\$844,911
(23) Prevention Coordination	Coordination of specific substance abuse prevention programs. This includes support for the statewide clearinghouse—Iowa Substance Abuse Information Center—and training for substance abuse prevention specialists.	\$31,508	\$372,189		\$403,697
(24) Statewide Mentoring	Youth mentoring services that utilize high school mentors in communities.			\$200,000 <i>(Tobacco settlement funds.)</i>	\$200,000
(25) State Prevention Grants-General	Substance abuse prevention programming.			\$400,000 <i>(Tobacco settlement funds.)</i>	\$400,000
(26) State Prevention Grants-Youth	Substance abuse prevention programming for children.			\$200,000 <i>(Tobacco settlement funds.)</i>	\$200,000

Iowa Department of Public Health, Division of Tobacco Use Prevention & Control

(27) Tobacco Prevention	Programs to prevent the use of tobacco, including community grants, school initiatives and advertising, including administration.	\$500,310	\$853,591	\$3,708,565 <i>(Tobacco settlement funds. Some of these funds may go to "treatment," pending grants.)</i>	\$5,062,466
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FY 2006 Prevention & Early Intervention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
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Iowa Department of Public Safety, Governor's Traffic Safety Bureau

(28) Iowa State University Youth Program	Local & statewide conferences/workshops are held for high school & college students to enhance their leadership & decision-making skills. Emphasis is placed on peer activities & positive alternatives to alcohol & drugs.	\$85,000			\$85,000
(29) Traffic Safety	Follow up meetings (4-6) around the state to promote & support results of Iowa's Youth Traffic Safety Summit.		\$41,000		\$41,000

Regents: Iowa State University

(30) Drug-Free Working & Learning Environment	Substance abuse awareness program for all employees & their immediate family members, with additional training for supervisors & academic supervisors. Notification & safety publication to all employees each year.			\$5,000	\$5,000
(31) Employee Assistance Program	Confidential & professional help for benefits-eligible employees with work or personal problems. This program is outsourced to the Richmond Center.			\$86,140	\$86,140

FY 2006 Prevention & Early Intervention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(32) Student Affairs	Services offered through the Substance Abuse & Violence Program, Department of Residence, Student Counseling Center & Student Health Center. Emphasis is on prevention/education. Intervention & referral services are provided. Alternative programming is a strategy to reduce substance abuse. Safe campus & residence needs are addressed through individual & environmental strategies. Alternative programming is being used as a strategy to reduce the amount of substance abuse.	\$75,000	\$730	\$136,582	\$212,312

Regents: University of Iowa

(33) Faculty & Staff Services	Evaluation, brief counseling, referral & follow-up for university employees & faculty members whose work performance is impaired. Education, training & prevention services for employees, supervisors & administrators are part of a drug-free workplace program. Classes in substance abuse are attended by supervisors.	\$72,894		\$125,705	\$198,599
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FY 2006 Prevention & Early Intervention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(34) Student Health Service - Health Iowa	Health Iowa, the education branch of Student Health Service, conducts the student substance abuse program & coordinates campus-wide health promotion activities.	\$161,391			\$161,391
(35) Other Student Services - Stepping Up Project	Development grant from the Robert Wood Johnson Foundation's program. A Matter of Degree: Reducing High-Risk Drinking Among College Students.			\$103,956	\$103,956
(36) University Counseling Service	University Counseling Service works with students in providing substance abuse education & counseling services.	\$17,500		<i>(Amount does not change – represents partial support of one person's salary)</i>	\$17,500
(37) College of Education Rehabilitation Counseling Program – Substance Abuse Counseling Specialization	The Master of Arts program in substance abuse counseling prepares individuals to work in a range of community settings, & provides them with expertise in prevention, assessment & treatment of substance abuse & mental health disorders, using individual, group & family therapy.			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA
(38) College of Education Annual Summer School for Helping Professionals	This program provides classes for community, agency & education practitioners working with individuals, groups, families & organizations dealing with substance abuse, mental health & related issues.			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA

FY 2006 Prevention & Early Intervention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(39) Prairie lands Addiction Technology Transfer Center (PATTC, formerly ATTTC of Iowa)	Prairie lands ATTTC (PATTC) is one of 14 regional centers across the U.S. committed to providing state-of-the-art training, curricula & resources on substance abuse prevention & treatment. The PATTC serves Iowa, Minnesota, Nebraska, & North & South Dakota.			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA
(40) Iowa Consortium for Substance Abuse Research & Evaluation	A statewide organization that collaborates with public & private sectors to conduct & facilitate substance abuse research & evaluation activities. The Consortium's Coordinating Board includes representatives from the state's higher education institutions, governmental departments & associations of substance abuse treatment & prevention professionals.			<i>*This research program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA

Regents: University of Northern Iowa

(41) UNI Substance Abuse Services - A Program of University Health Services	An array of substance abuse intervention & prevention services including workshops for policy violators; assessment & referral services; training for faculty, staff & student employees; outreach programming; & promotion of alternative substance-free activities.	\$38,770			\$126,985
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FY 2006 Prevention & Early Intervention Programs

The Student Activities Office coordinates *Thursdaze* programming during the academic year, specifically to provide fun, affordable entertainment as an alternative to drinking. Additionally, student activity fees support free or reduced admission for students to sporting, theater & Performing Arts Center events.

\$88,215
*(Student Activity
Fees for Thursdaze
Event
Programming)*

An impaired driving poster initiative & the "Celebrate Safely" campaign, a special prevention initiative addressing alcohol-related issues in conjunction with the annual Homecoming Celebration, are funded with a grant. The homecoming campaign includes a brochure sent to over 4500 students as well as landlords, business owners & homeowners who reside in or own property near or adjacent to campus.

(\$4,160 included in
*Division of
Criminal &
Juvenile Justice
Planning grant
funding)*

FY 2006 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
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Governor's Office of Drug Control Policy

(1) Drug Policy Coordination	Comprehensive coordination of substance abuse treatment programs & strategies with substance abuse prevention and drug enforcement. Integrated approach includes local, state, federal & private agencies.	\$42,416			\$42,416
(2) State & Local Law Enforcement Justice Assistance Grant Program	Rehabilitation—primarily substance abuse treatment—for criminal offenders in community-based settings & correctional institutions.	\$29,429	\$981,569		\$1,010,998
(3) Residential Substance Abuse Treatment for Prisoners Grant Program	Long-term substance abuse treatment provided over six to 12 months to inmates who are housed separately from other inmates.	\$9,907	\$297,225		\$307,132

Iowa Department of Corrections-Community Based Programs

4) OWI Specialized Treatment & Aftercare...in all 8 Judicial Districts	Community based corrections residential treatment programs divert drunk drivers sentenced to prison. Programs provide 24-hour supervision & 220 hours of licensed substance abuse treatment & employment assistance.	\$765,719		\$354,170	\$1,119,889
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FY 2006 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(5) Dual Diagnosis & Other Substance Abuse Treatment...in 1 st Judicial Districts	In-house treatment for male & female offenders & after-care upon release from residential setting in the 1 st Judicial District (staff & contracts).	\$85,743	(\$131,246 included in Office of Drug Control Policy grant funding)	\$14,162	\$99,905
(6) Treatment Alternatives to Street Crime (TASC)...in 1 st , 2 nd , 4 th , 5 th , 6 th & 7 th Judicial Districts	Identification, assessment, referral & case management of probationers in 6 judicial districts. TASC serves as a bridge between the criminal justice system & substance abuse treatment (excludes drug & alcohol testing).	\$513,102		\$168,610	\$681,712

Iowa Department of Corrections-Institutional Programs

(7) Anamosa Licensed Treatment Alternative (ALTA)	Outpatient substance abuse treatment program offered within the prison at Anamosa.	\$127,671			\$127,671
(8) Luster Heights	Outpatient substance abuse treatment program offered at the minimum-security site operated by the Anamosa State Penitentiary in northeast Iowa.	\$172,631			\$172,631

FY 2006 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(9) New Frontiers at the Fort Dodge Correctional Facility	Cognitive-based four-month residential substance abuse treatment program. The main components are: addiction, criminal thinking, emotional management & relapse prevention. Changed from 6 months to 4 months in FY03.	\$428,473			\$428,473
(10) Project T.E.A. at the State Penitentiary in Fort Madison	A licensed substance abuse treatment program providing counseling, education & aftercare at medium & minimum-security sites. Provides awareness education to all security units.	\$211,336			\$211,336
(11) Therapeutic Community, Outpatient Substance Abuse Treatment & Violator's Program at Mitchellville	Residential & outpatient substance abuse treatment programs for women. The Therapeutic Community is similar to the men's program at Anamosa. The Violator's Program is similar to the men's program at Newton.	\$323,435	(\$109,147 included in Office of Drug Control Policy grant funding)		\$323,435
(12) S.A.T. at the Correctional Release Center in Newton	S.A.T. is a substance abuse treatment program for minimum-security site inmates.	\$1,089,085			\$1,089,085
(13) Violator's Program at the Correctional Release Center in Newton	The Violator's program is an intensive 6-month program for offenders who violate terms of probation, OWI, work release or parole.	\$1,133,537			\$1,133,537

FY 2006 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(14) Substance Abuse Treatment at Mt. Pleasant	Inpatient substance abuse treatment & drug & alcohol education for men.	\$275,935			\$275,935
(15) The Other Way (TOW) Treatment at the Correctional Facility in Clarinda	Comprehensive drug & alcohol treatment designed to initiate sobriety & a new lifestyle in male inmates.	\$683,556			\$683,556
(16) Therapeutic Community at Anamosa	Residential substance abuse treatment program for men within the prison.	\$96,042	(\$185,055 included in Office of Drug Control Policy grant funding)		\$96,042
(17) Substance Abuse Treatment in InnerChange Freedom Initiative at the Correctional Release Center in Newton	Licensed outpatient treatment for male offenders participating in a faith-based program at the medium security site. (No specific budget amount.)			\$30,000 (estimated)	\$30,000
(18) Relapse Program at the North Central Correctional Facility in Rockwell City	New effort started in FY03. Cognitive-based program for inmates who have previously completed primary substance abuse treatment.	\$125,830			\$125,830

FY 2006 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
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Iowa Department of Human Services, Division of Behavioral, Developmental & Protective Services for Families, Adults & Children

(19) Foster Care	Administration of payments for youth in foster care in licensed substance abuse treatment facilities & 24-hour out-of-home care.	\$2,671	\$1,556		\$4,227
(20) Juvenile Justice County-Based Reimbursement & Decategorization	Reimbursement to counties for court ordered substance abuse treatment, care & drug testing. Decategorization contracts include drug court support.	\$585,837	\$137,795		\$723,632

Iowa Department of Human Services, Division of Medical Services

(21) Iowa Plan for Behavioral Health	Medicaid funded managed substance abuse treatment includes inpatient hospital treatment, residential treatment, outpatient treatment, halfway houses & continuing care.	\$5,107,070	\$8,923,341		\$14,030,411
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FY 2006 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
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Iowa Department of Human Services, Office of the Deputy Director of Field Operations

(22) Juvenile Substance Abuse Treatment	Substance abuse treatment for juveniles in the state institutions at Eldora & Toledo.	\$1,679,224	(\$181,676 included in Office of Drug Control Policy grant funding)		\$1,679,224
(23) Iowa Residential Treatment Center at Mt. Pleasant Mental Health Institute	30-bed primary residential chemical dependency treatment program for adults serving voluntary & court-ordered admissions & correctional third-offense OWI offenders.	\$783,731	\$10,328,083	\$12,540,000 <i>(\$11,800,000 in Tobacco funds & \$740,000 in Gambling funds)</i>	\$23,651,814
(24) Treatment Services	Delivery of a range of substance abuse treatment services including evaluation, referral, counseling & aftercare under a managed care system. Related services include public information, methadone & needs assessments.				

FY 2006 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
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Iowa Department of Public Health, Division of Behavioral Health & Professional Licensure

(25) Treatment Coordination	Coordination of specific substance abuse treatment programs & strategies. Support for statewide clearinghouse, training for treatment personnel, regulation & evaluation of treatment programs, collection of data & urinalysis in the Polk County jail population.	\$38,708	\$812,910		\$851,618
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Iowa Department of Public Health, Division of Tobacco Use Prevention & Control

(26) Tobacco Treatment	Tobacco cessation and other forms of treatment programs.			\$328,000	\$328,000
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(Tobacco settlement funds. Additional funds may come from "prevention," pending grants.)

Iowa Veterans Home, Department of Veteran Affairs

(27) Drug & Alcohol Counseling Program	Substance abuse programming includes evaluation/assessment, referral, prevention plus individual & group counseling. Treatment programs are provided in partnership with VA Health Care Facilities.	\$129,042	\$44,499	\$51,685	\$225,226
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FY 2006 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
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Regents: University of Iowa

(28) Chemical Dependency Services (formerly Chemical Dependency Center)	An organizational unit within the University of Iowa Hospitals & Clinics responsible for providing counseling & treatment to patients with substance abuse problems. Services include evaluation, treatment & rehabilitation.	\$51,000 <i>(Includes state & federal components of Medicaid)</i>	\$30,600	\$238,200	\$319,800
(29) College of Public Health Department of Community Behavioral Health	This new PhD program in Addiction Abuse Efforts Studies is a sub-tract in Community Behavioral Health. The program trains individuals to conduct research in the area of Public Health and addiction studies.			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA
(30) College of Public Health—Department of Community Behavioral Health: Iowa Tobacco Research Center & Quit Line Iowa	Iowa Tobacco Research Center coordinates a telephone counseling service for smokers who wish to quit smoking. The service is available free of charge for Iowans, & is provided by masters & doctoral trained counselors.	\$253,000	\$171,997		\$424,997

FY 2006 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
Regents: University of Northern Iowa					
(31) UNI Counseling Center	Individual & group counseling is provided without charge to students via the UNI Counseling Center.	\$12,600		\$12,600 <i>(Mandatory Student Health Fees)</i>	\$25,200

FY 2006 Enforcement & Adjudication Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
Governor's Office of Drug Control Policy					
(1) Drug Policy Coordination	Comprehensive coordination of drug enforcement with substance abuse prevention & treatment programs. Integrated approach includes local, state, federal & private agencies.	\$42,416			\$42,416
(2) State & Local Law Enforcement Justice Assistance Grant Program	Drug control & system improvement efforts to enhance the apprehension, prosecution, adjudication & detention of criminal offenders. Includes 24 multi-jurisdictional drug task forces.	\$101,559	\$2,082,544		\$2,184,103
(3) Meth Hotspots Enforcement – South Central & East Central Iowa	Special drug enforcement task forces strategically targeting meth and clandestine meth labs in 18-county areas of South Central & East Central Iowa, where meth is highly problematic.		\$1,479,965		\$1,479,965
(4) Anti-Meth Tank Locks	Special locks awarded to counties for farm service centers to install on anhydrous ammonia tanks, to prevent theft by meth cooks.		\$295,993		\$295,993

FY 2006 Enforcement & Adjudication Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(5) Meth Demand & Division Reduction	New Investigator to work statewide with drug task forces on diversion of prescription & over-the-counter drugs (e.g., oxycodone, dextromethorphan, pseudoephedrine, etc.) for illegal purposes.		\$246,661		\$246,661
(6) Drug Interdiction	New State drug agents & patrol officers to increase monitoring of suspicious activity on highways & in other transportation systems, to intercept illegal drugs.		\$754,782		\$754,782

Iowa Department of Corrections-Community Based Programs

(7) Drug Court...in 1 st , 2 nd , 3 rd , 4 th , 5 th & 7 th Judicial Districts	Drug assessment, referral, treatment, probation supervision, intensive aftercare programming & supervision to offenders with drug charges delivered through specialized courts staffed with treatment & probation personnel who work specifically with offenders ordered to the program. Two programs are presided over by citizen panels. The 2 nd District has 2 adult courts & 1 juvenile court. The 3 rd District serves adult & juvenile offenders. The 4 th District has 1 adult court. The 5 th District has 1 adult & 1 juvenile court.	\$278,863	<i>(\$220,816 included in Office of Drug Control Policy grant funding)</i>	\$767,833 <i>(\$482,783 in tobacco settlement funds & remainder in local funds & client fees)</i>	\$1,046,696
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FY 2006 Enforcement & Adjudication Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(8) Drug & Alcohol Testing...in 1 st , 2 nd , 4 th , 5 th , 6 th & 7 th Judicial Districts	Monitoring of substance abuse offenders, using urine & breathalyzer testing (includes TASC & EM-related testing).	\$109,893	\$11,000	\$350,080	\$470,973
(9) Electronic Monitoring...for all 8 Judicial Districts	Electronic monitoring of offenders statewide is managed by the 5 th Judicial District, but used statewide (excludes drug & alcohol testing).	\$728,737			\$728,737

Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning

(10) Juvenile Accountability Block Grant Program	Juvenile accountability program in Polk County, consisting of mentoring juvenile offenders in a detention center.		\$16,560		\$16,560
(11) Juvenile Justice Youth Development Program	Development of community intervention programs & sanctions—providing greater accountability in the juvenile justice system—including enforcing underage drinking laws, substance abuse treatment, restorative justice, juvenile court diversion, school-based & other programs to hold juvenile offenders accountable & to reduce the risks & strengthen assets among Iowa youth.		\$672,860		\$672,860

FY 2006 Enforcement & Adjudication Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
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Iowa Department of Public Defense, Iowa National Guard

(12) Drug Supply Interdiction	Coordination with local, state & federal law enforcement agencies to interdict illegal drugs.	\$1,515,000			\$1,515,000
(13) Midwest Counter-Drug Training Center	Multi-disciplinary drug enforcement training (e.g. meth lab entry & highway interdiction) provided to local law enforcement officers.	\$3,470,000			\$3,470,000

Iowa Department of Public Health, Division of Tobacco Use Prevention & Control

(14) Tobacco Enforcement	Enforcement programs to deter the illegal sale/purchase of tobacco products.	\$1,000,000			\$1,000,000
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(Tobacco settlement funds)

Iowa Department of Public Safety, Division of Criminal Investigation

(15) Crime Laboratory & Analysis	Analysis of breath, body fluids & tissue samples for alcohol & narcotics investigations.	\$4,428,385	\$592,039	\$905,806	\$5,926,230
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FY 2006 Enforcement & Adjudication Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
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Iowa Department of Public Safety, Division of Narcotics Enforcement

(16) Confidential Funds	Confidential funds to conduct undercover narcotics investigations involving the purchase of services, information and/or evidence.	\$123,343			\$123,343
(17) High Intensity Drug Trafficking Prosecution	Assistance provided by the Midwest High Intensity Drug Trafficking Area to Iowa U.S. Attorneys for prosecution of drug cases.		\$458,531		\$458,531
(18) High Intensity Drug Trafficking Enforcement	Assistance provided by the Midwest High Intensity Drug Trafficking Area for coordination of investigations.		\$625,747		\$625,747
(19) Drug Endangered Children	Training, drug testing & operational support for local Drug Endangered Children response teams.		\$33,333		\$33,333
(20) Intelligence Bureau	Analysis of drug trafficking and other crime data on a statewide basis, to assist local law enforcement agencies with investigations.	\$1,135,317	\$741,514		\$1,876,831
(21) Marijuana Eradication	Eradication of marijuana plants found growing in Iowa.		\$21,000		\$21,000

FY 2006 Enforcement & Adjudication Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(22) Narcotics Operations	Investigations statewide into illicit drug/narcotics trafficking. Includes New Drug Diversion Investigator.	\$3,761,079	<i>(\$221,994 included in Office of Drug Control Policy grant funding)</i>		\$3,761,079
(23) Meth Hotspots Enforcement – South Central & East Central Iowa	Support for special drug enforcement task forces strategically targeting meth and clandestine meth labs in 18-county areas of South Central & East Central Iowa, where meth is highly problematic.		<i>(\$1,405,967 included in Office of Drug Control Policy grant funding)</i>		
(24) Drug Interdiction	New State drug agents & patrol officers to increase monitoring of suspicious activity on highways & in other transportation systems, to intercept illegal drugs.		<i>(\$679,304 included in Office of Drug Control Policy grant funding)</i>		

Iowa Department of Public Safety, Governor’s Traffic Safety Bureau

(25) State Court Administrator	A two-day conference for judges on traffic safety issues.		\$14,000		\$14,000
(26) Prosecuting Attorneys Training Council	Training for prosecutors, law enforcement officers, hearing officers & other personnel on OWI laws & impaired driving.		\$157,000		\$157,000

FY 2006 Enforcement & Adjudication Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(27) Iowa Law Enforcement Academy	Occupant protection, alcohol, & traffic safety training to law enforcement personnel throughout the state.		\$100,000		\$100,000
(28) Crime Laboratory Alcohol & Drug Testing	Field-testing & evaluation of new intoxolizers for testing impaired driver BACs.		\$15,000		\$15,000
(29) Alcohol Traffic Safety & Drunk Driving Prevention Incentive Grant Program	Work with local law enforcement on Iowa's OWI, .02 BAC, open container & underage possession laws. Provide funding for overtime, educational materials, travel, preliminary breath testers and/or in-car video systems.		\$439,950		\$439,950
(30) Safety Incentives to Prevent Operation of Motor Vehicles by Intoxicated Persons (Section 163)	Support highway traffic safety activities aimed at reducing impaired driving by providing overtime, preliminary breath testers (PBTs) &/or in-car video cameras.		\$550,000		\$550,000

Iowa Department of Public Safety, State Patrol

(31) Patrol Activities	Support of highway traffic safety activities aimed at reducing impaired driving by providing overtime, preliminary breath testers (PBTs) &/or in-car video cameras.	\$6,461,546	\$97,000		\$6,558,546
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FY 2006 Enforcement & Adjudication Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
Iowa Law Enforcement Academy					
(32) Basic Training	Six 13-week training schools for Iowa law enforcement officers, including 10 hours on drug recognition & investigation techniques.		\$20,000		\$20,000
(33) OWI Law, Detection Techniques Update & Drug Recognition for Street Officers	Seminars held across the state, including 43 classes running from 3 to 12 hours in length. Also funds 6 13-week basic training schools, each of which is 24 hours in length.		<i>(\$100,000 included in Governor's Traffic Safety Bureau grant funding)</i>		

Regents: University of Northern Iowa

(34) UNI Alcohol & Drug Enforcement	Several campus departments assist with enforcement & adjudication of cases involving a violation of the University Alcohol & Drug Policy and/or a violation of state laws pertaining to alcohol & other drugs. These departments include UNI Public Safety, the Office of the Vice President for Educational & Student Services, & the Department of Residence.	\$53,054			\$53,054
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Total Estimated FY 2006 Iowa Substance Abuse & Drug Enforcement Program Funding (by Agency)

Agency	Prevention	Treatment	Enforcement/ Adjudication	Total Funding By Agency
Governor's Office of Drug Control Policy	\$895,315	\$1,360,546	\$5,003,920	\$7,259,781
Iowa Department of Corrections, Community Based Programs		\$1,901,506	\$2,246,406	\$4,147,912
Iowa Department of Corrections, Institutional Programs		\$4,697,531		\$4,697,531
Iowa Department of Education	\$2,725,809			\$2,725,809
Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning	\$1,079,000		\$689,420	\$1,768,420
Iowa Department of Human Services, Division of Behavioral, Developmental & Protective Services		\$727,859		\$727,859
Iowa Department of Human Services, Division of Medical Services		\$14,030,411		\$14,030,411
Iowa Department of Human Services, Office of the Deputy Director of Field Operations		\$1,679,224		\$1,679,224
Iowa Department of Public Defense, Iowa National Guard	\$480,000		\$4,985,000	\$5,465,000
Iowa Department of Public Health, Division of Behavioral Health & Professional Licensure	\$7,270,451	\$24,503,432		\$31,773,883
Iowa Department of Public Health, Division of Tobacco Use Prevention & Control	\$5,062,466	\$328,000	\$1,000,000	\$6,390,466
Iowa Department of Public Safety, Division of Criminal Investigation			\$5,926,230	\$5,926,230
Iowa Department of Public Safety, Division of Narcotics Enforcement			\$6,899,864	\$6,899,864
Iowa Department of Public Safety, Governor's Traffic Safety Bureau	\$126,000		\$1,275,950	\$1,401,950
Iowa Department of Public Safety, State Patrol			\$6,558,546	\$6,558,546
Iowa Law Enforcement Academy			\$20,000	\$20,000
Iowa Veterans Home, Department of Veterans Affairs		\$225,226		\$225,226
Regents: Iowa State University	\$303,452			\$303,452
Regents: University of Iowa	\$481,446	\$744,797		\$1,226,243
Regents: University of Northern Iowa	\$126,985	\$25,200	\$53,054	\$205,239
TOTAL	\$18,550,924	\$50,223,732	\$34,658,390	\$103,433,046

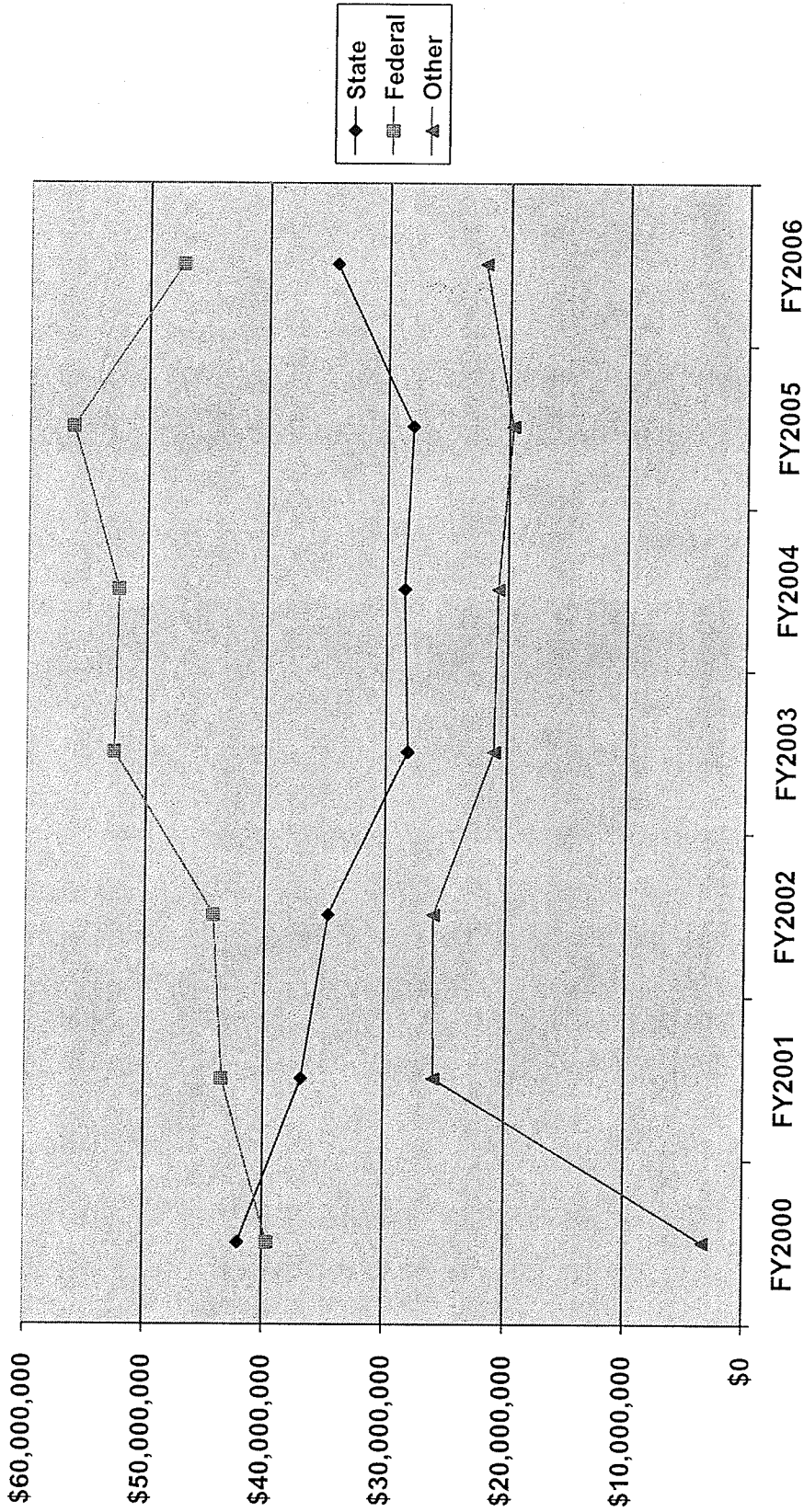
Total Estimated FY 2006 Iowa Substance Abuse & Drug Enforcement Program Funding (by Source)

Funding Source	Prevention	Treatment	Enforcement/ Adjudication	Total Funding by Source
State	\$2,305,355	\$14,756,730	\$17,224,192	\$34,286,277
Federal	\$11,016,406	\$21,729,575	\$14,410,479	\$47,156,460
Other	\$5,229,163	\$13,737,427	\$3,023,719	\$21,990,309
TOTAL	\$18,550,924	\$50,223,732	\$34,658,390	\$103,433,046

NOTE:

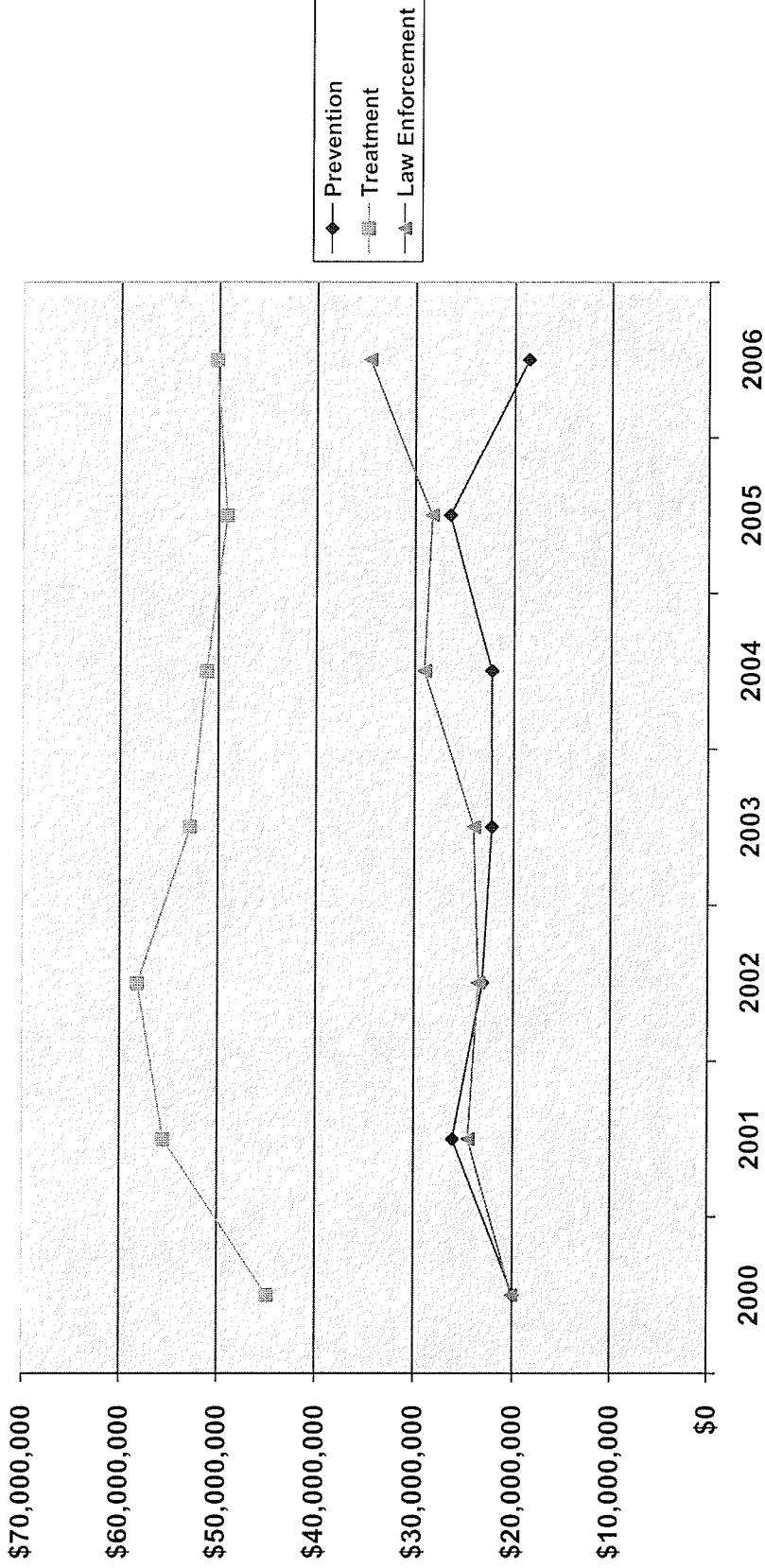
- “Federal” Safe and Drug-Free Schools and Communities grant funding provided by the Iowa Department of Education to school districts (\$5,925,727 in FY 2005) is no longer included in this report, due to a change in their primary use for educational purposes other than substance abuse prevention.
- “Other” funding includes approximately \$18,119,348 from the sixth year of Iowa’s settlement with the tobacco industry.
- This report does not include local or federal funds provided directly to communities.

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



*FY 2001 "Other" funding reflects 1st year of tobacco settlement funds invested in Iowa substance abuse programming.
 **FY 2003 "State" funding includes approximately \$241,941 in supplemental appropriations approved in January 2003.
 ***FY 2004 "State" funding includes 2.5% ATB budget reduction implemented in October 2003.
 ****FY 2006 Federal Safe and Drug-Free Schools and Communities funds (\$5,925,727 in FY 2005) are no longer included in this report, due to a change in their primary use for educational purposes other than substance abuse prevention.

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



*FY 2001 Funding reflects 1st year of tobacco settlement funds invested in Iowa substance abuse programming.
 **FY 2003 Funding does not include approximately \$241,941 in supplemental appropriations approved in January 2003.
 ***FY 2004 Funding does not include 2.5% ATB budget reduction implemented in October 2003.
 ****FY 2006 Federal Safe and Drug-Free Schools and Communities funds (\$5,925,727 in FY 2005) are no longer included in this report, due to a change in their primary use for educational purposes other than substance abuse prevention.