



STATE OF IOWA

CHESTER J. CULVER
GOVERNOR

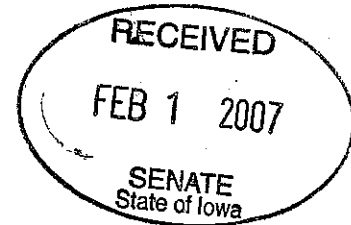
PATTY JUDGE
LT. GOVERNOR

OFFICE OF DRUG CONTROL POLICY
GARY W. KENDELL, DIRECTOR

January 30, 2007

Michael E. Marshall
Secretary of the Iowa Senate
State Capitol
Des Moines, IA 50319

Mark Brandsgard
Chief Clerk of the Iowa
House of Representatives
State Capitol
Des Moines, Iowa 50319



Dear Secretary Marshall and Chief Clerk Thompson:

Federal law requires that Iowa's Application to the U.S. Department of Justice for funds under the Edward Byrne Memorial Justice Assistance Grant be reviewed by the State Legislature or its designated body. Attached please find one complete copy of the state's application as prepared by the Governor's Office of Drug Control Policy. Submission of the application for review by the General Assembly corresponds with submission of the application to the Department of Justice.

The Department of Justice and the Governor's Office of Drug Control Policy ask that the General Assembly review the state's application within the next 30 days. Any response received by ODCP will be forwarded to the Department of Justice as a supplement to the application. The application is deemed reviewed by the State Legislature or its designated body following 30 days from the submission.

If you or members of the General Assembly have any questions, please feel free to contact the Governor's Office of Drug Control Policy. Thank you for your assistance in this effort.

Sincerely,

Gary W. Kendell
Director

**Iowa's Application to the Edward
Byrne Memorial Justice Assistance
Grant (JAG) Program
FFY 2007**

**Governor's Office of Drug Control Policy
Gary W. Kendell, Director**

**Chester J. Culver
Governor**

**Patty Judge
Lt. Governor**

ACKNOWLEDGMENTS

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Data and Analysis of Need

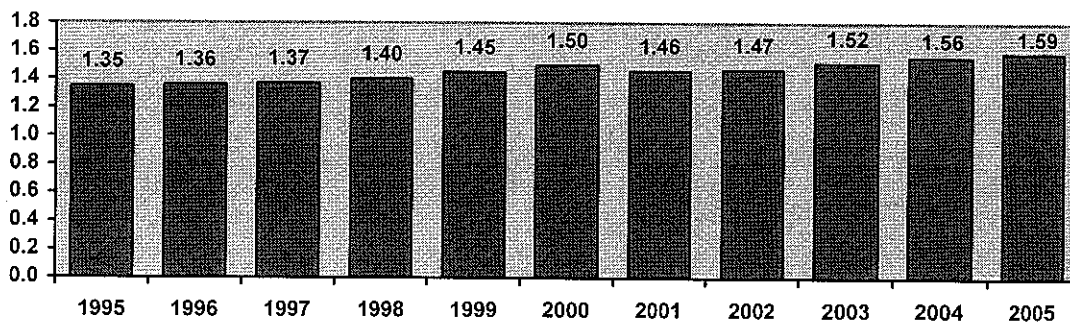
Iowa's Adult Population

Alcohol Use/Abuse

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. Research from the "Behavioral Risk Factor Surveillance System" compiled by the federal Centers for Disease Control and Prevention indicates that almost six of every ten adult Iowans are classified as current drinkers of alcoholic beverages. Further, 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 – 2005



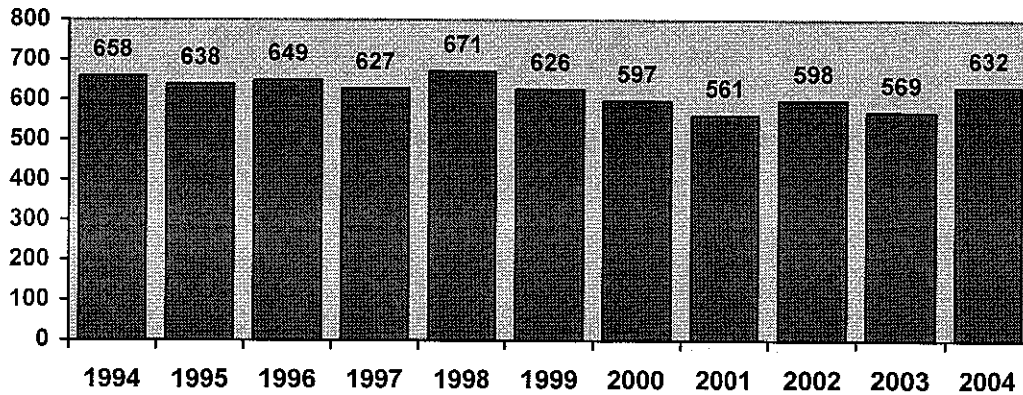
Source: Iowa Department of Commerce

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 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 that since 1995 alcohol consumption has steadily increased reaching a high of 1.59 gallons per capita in 2005. This figure represents the combined consumption of 267 cans of beer, 18 glasses of wine and 150 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.

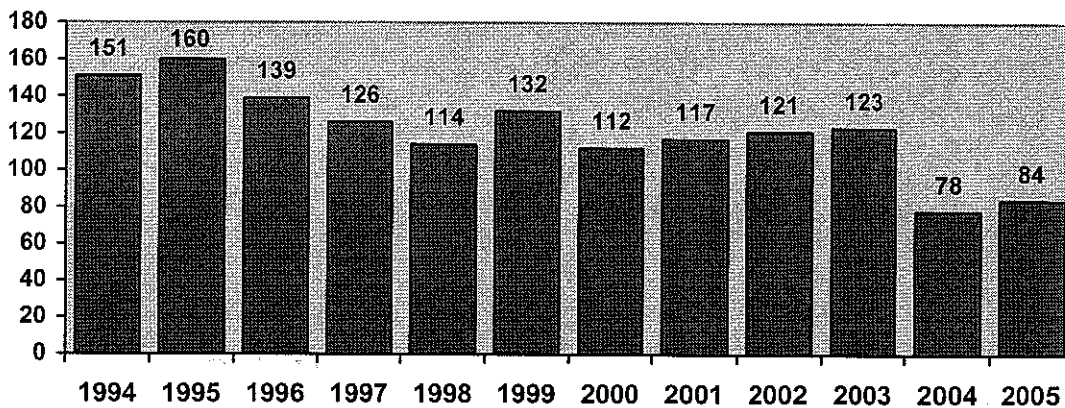
Figure 2 – OWI Arrest Rate/100,000 Population, CY 1994 – 2004



Source: Iowa Department of Public Safety

During the period of calendar years 1994 - 2004, more arrests were made in Iowa for OWI than for any other single criminal offense. Although the OWI arrest rate reported for 2004 remains below that of the mid 1990s, it does represent a six year high.

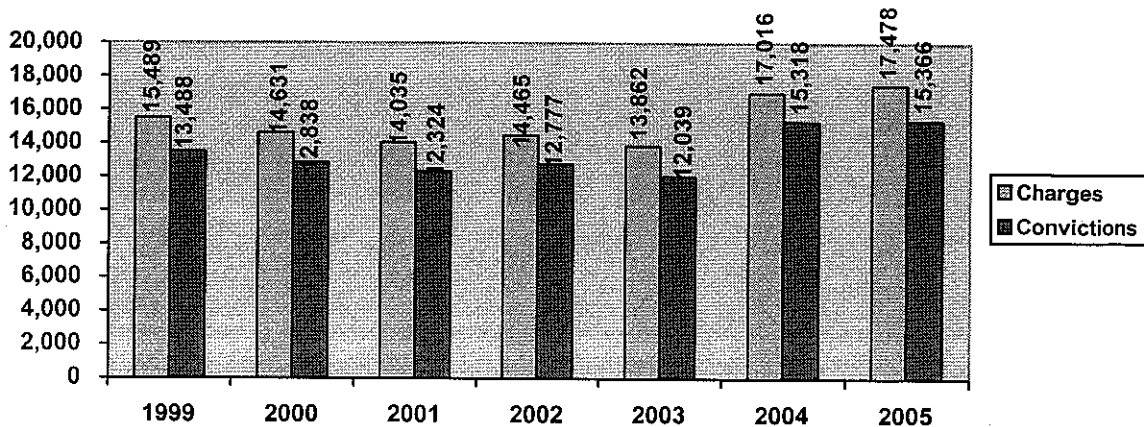
Figure 3 – Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 – 2005



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 eleven years. In 2004 the DOT reported the fewest alcohol related fatalities in the twelve year reporting period.

Figure 4 – Reported Number of OWI Charges Adjudicated and Number of OWI Convictions, CY 1999 – 2005



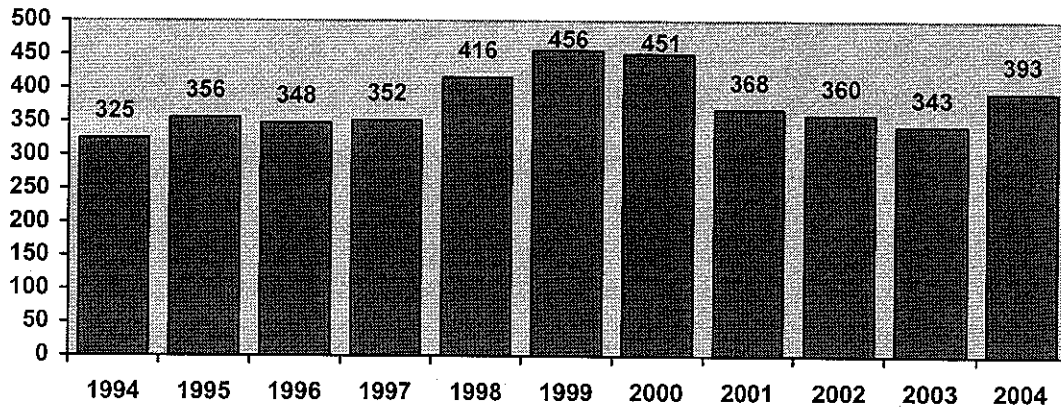
Source: Division of Criminal and Juvenile Justice Planning

**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 2005, OWI represented 19% 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 an eleven-year high of 456 per 100,000 population in 1999. The most recent data for 2004 indicates an increase following a reduction in each of the previous three years. See Figure 5.

Figure 5 – Drunkenness Arrest Rate/100,000 Population, CY 1994 – 2004



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. See Figures 6a and 6b.

Outcome measures provided by the Iowa Department of Public Health show a significant impact for those involved in substance abuse treatment. According to client interviews conducted by substance abuse treatment providers six months after discharge, the abstinence rate in 2005 was 39.5%, the employment rate was 51.8% and 87% 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 2006

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions
Alcohol	2,003 (39.6%)	23,107 (58.0%)	55.9%
Marijuana	2,683 (53.0%)	7,587 (19.0%)	22.8%
Methamphetamine	196 (5.9%)	5,903 (14.8%)	13.6%
Cocaine/Crack	71 (1.4%)	2,215 (5.6%)	5.1%
Other/Unknown	105 (2.1%)	1,047 (2.6%)	2.6%
Total			100 %

Source: Iowa Department of Public Health

Figure 6b Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2006

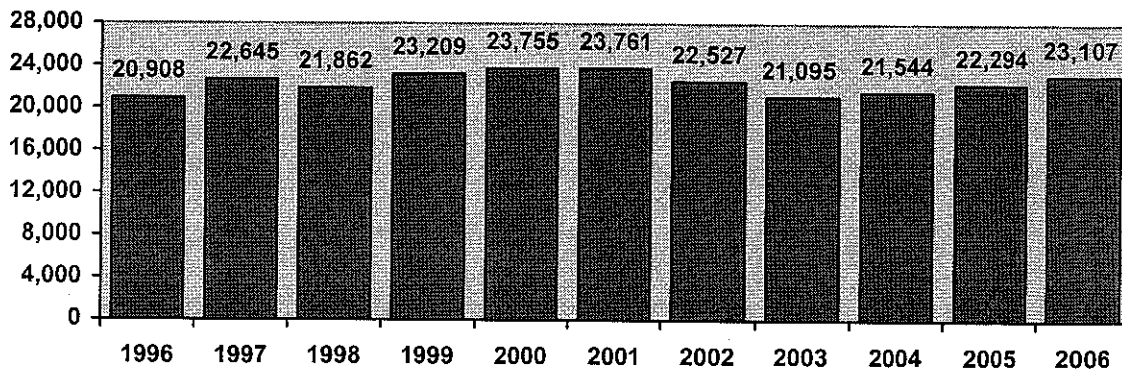
Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85%	7.0%	1.0%	5%	0.5%	1.5%	22,471
1993	82%	9.0%	1.3%	5%	0.7%	2.0%	22,567
1994	78%	11.0%	2.2%	6%	0.8%	4.0%	25,328
1995	69%	14.3%	7.3%	6%	0.7%	2.7%	29,377
1996	64%	18.1%	9.1%	6%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	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
2006	55.9%	22.8%	13.6%	5.1%	.5%	2.2%	44,863

*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 increased nearly 10% from 2003 to 2006. See Figure 7.

Figure 7 – The Number of Adult Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2006

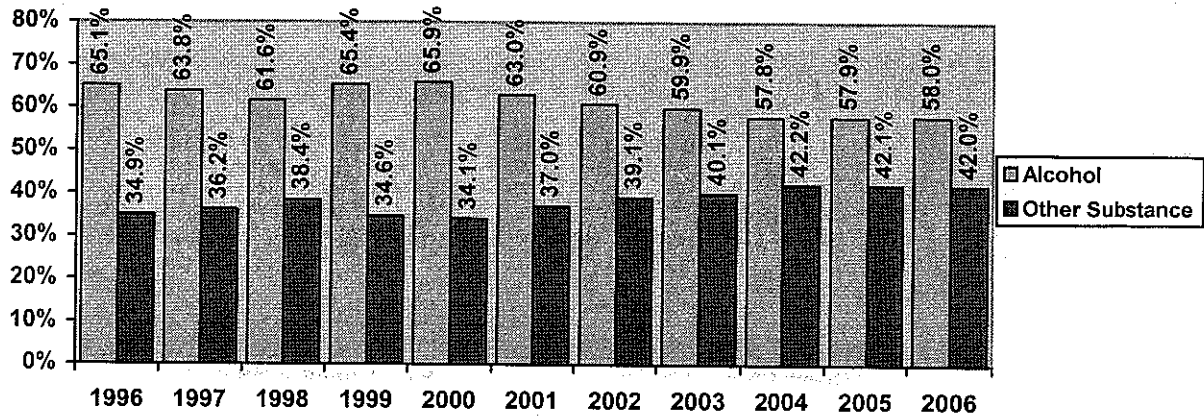


Source: Iowa Department of Public Health

As a *percent* of total screens/admissions, however, alcohol has lost ground to other drugs such as marijuana, methamphetamine and cocaine. This is 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 – 2006



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 by adults in Iowa. The level of alcohol consumption within the state increased slowly over the past decade. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains 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.

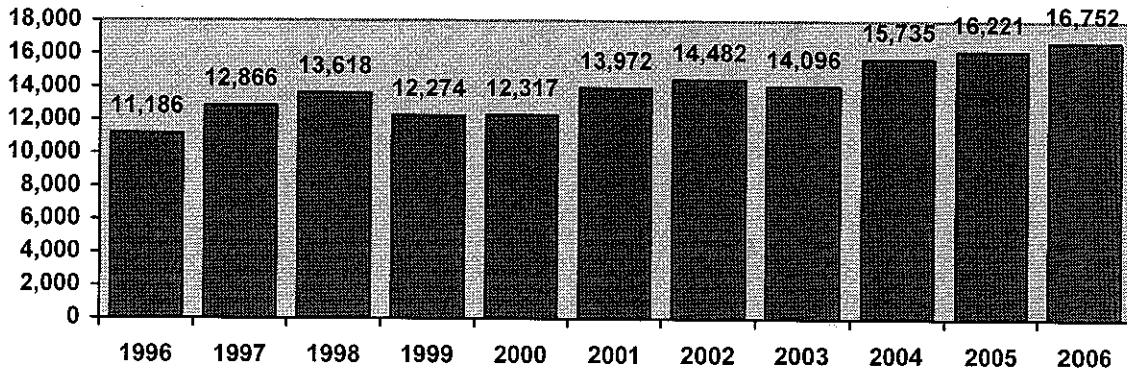
Illegal Drug Use in Iowa – General Observations

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 36.0% from SFY 2000 to SFY 2006. 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 2006. In recent years, non-alcohol admissions have been consistently around 42%. See Figure 8.

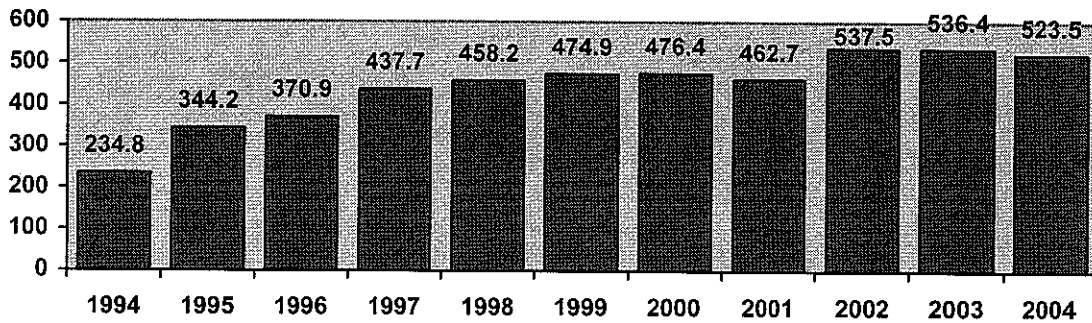
Figure 9– SARS Reported Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2006



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. While a slight reduction was reported in 2004, the arrest rate for drug offenses remains more than double the rate reported by DPS in 1994. See Figure 10.

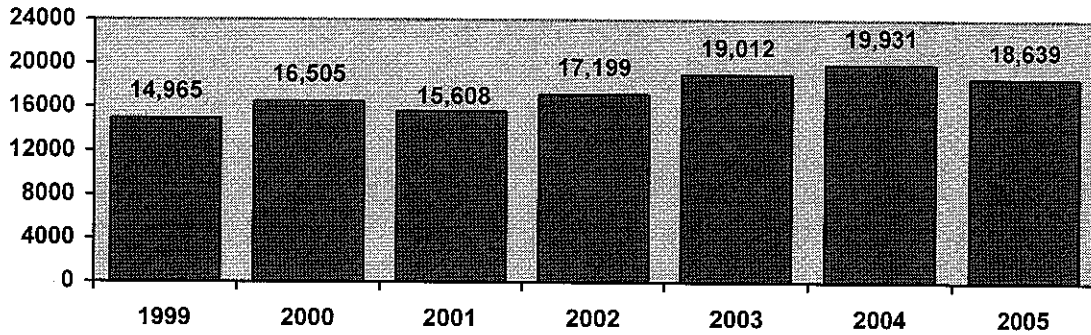
Figure 10 – Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 – 2004



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 – 2005

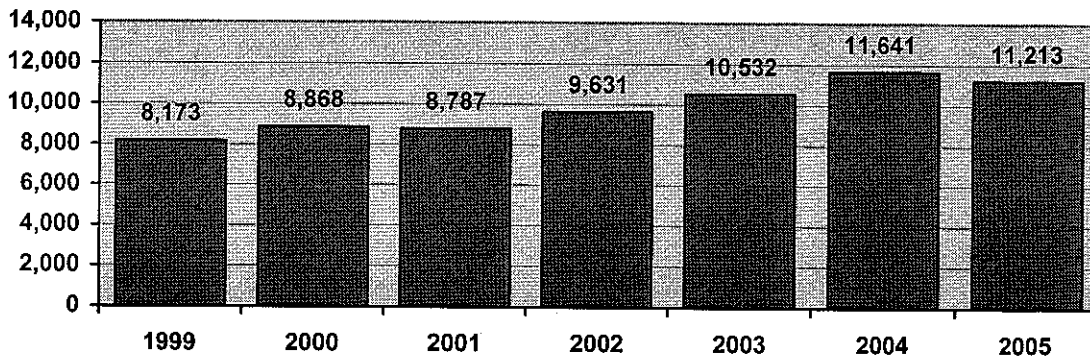


Source: Criminal and Juvenile Justice Planning

**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 24.5% increase in the number of indictable misdemeanor and felony drug charges adjudicated by the Iowa District Court from 1999 to 2005. Drug related convictions also increased during this period (37.1%). See figure 12. Drug cases constitute a significant proportion of the court docket in Iowa, representing 19.8% of the charges and 20.0% of the convictions for indictable misdemeanors/felonies in CY 2005.

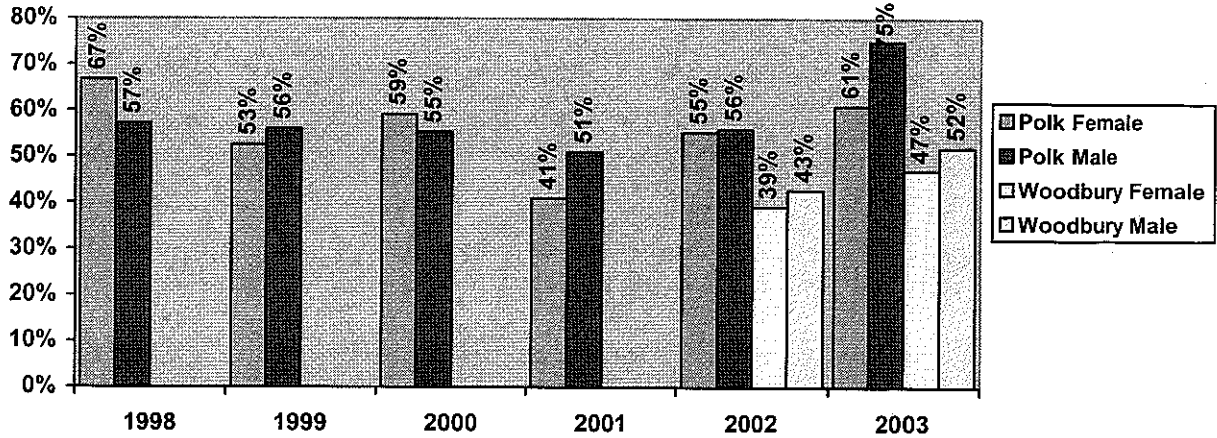
Figure 12 –Drug Convictions, CY 1999 – 2005



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 reported 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

Polk County	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 2006, the Department of Corrections was able to provide substance abuse treatment to 62.1% of the addicted custodial inmates and 85.6% of the addicted offenders in community corrections. See Figure 15.

Figure 15 - Department of Corrections Institutional and Community Based Substance Abuse Treatment FY2002 – FY 2006

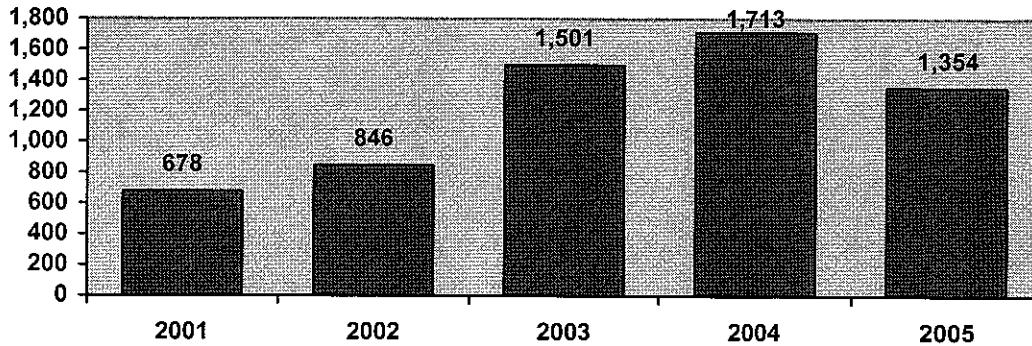
	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
<u>Institutions</u>					
Inmates in need of treatment	1,277	1,706	1,816	1,218	3,156
Inmates who received treatment	749	952	975	667	1,959
Percent	58.6%	55.8%	53.7%	54.7%	62.1%
<u>Community Corrections</u>					
Clients in need of treatment	2,031	3,746	5,092	7,356	6,864
Clients who received treatment	889	1,729	2,470	3,343	5,873
Percent	43.8%	46.2%	48.5%	45.4%	85.6%

Source: Iowa Department of Corrections

**Beginning in FY2006 improvements were made to the Department of Corrections data collection and evaluation capabilities. As a result data prior to this fiscal year may not be compatible with data in FY2006 and beyond.*

A significant portion of the drug abusing population in Iowa is in the child rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed 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 - 2005

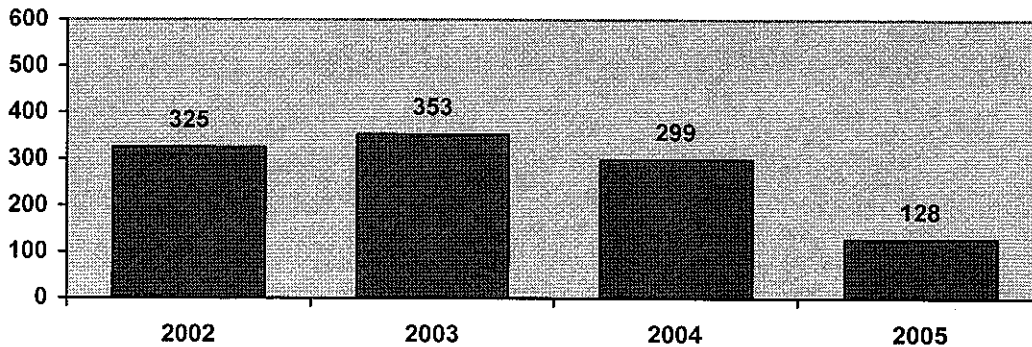


Source: Department of Human Services

The number of confirmed child abuse cases involving the presence of illegal drugs in a child's body rose sharply from 2001 to 2004. For calendar year 2005, the number of reported cases declined nearly 21% when compared to the record high reported in 2004.

While a relatively new measure, the number of confirmed child abuse involving a caretaker's manufacturing of illegal drugs decreased in each of the past two years. The figure reported by the Department of Human Services for 2005 represents a 63% decrease over the past two years.

Figure 17 - Confirmed Child Abuse Involving Caretaker's Manufacturing of Illegal Drugs CY 2002-2005



Source: Department of Human Services

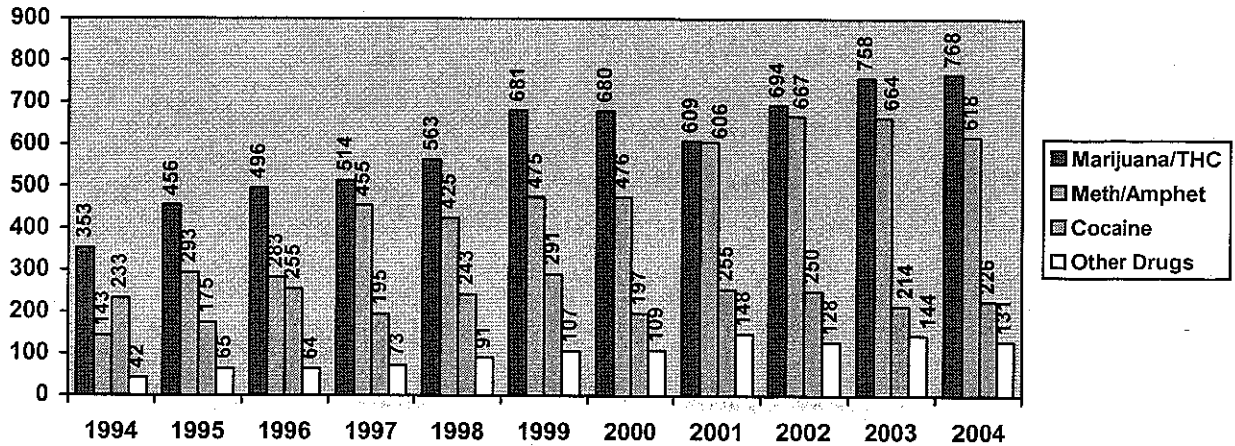
Drug Specific Indicators Data

Marijuana

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

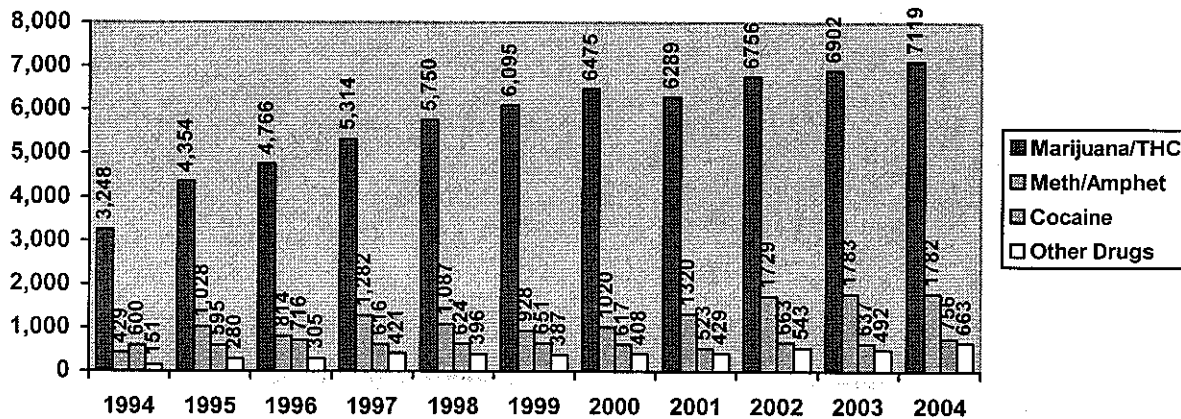
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

Figure 18 – Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 1994 - 2004



Source: Iowa Department of Public Safety

Figure 19 – Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1994 - 2004



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 – 2004, 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

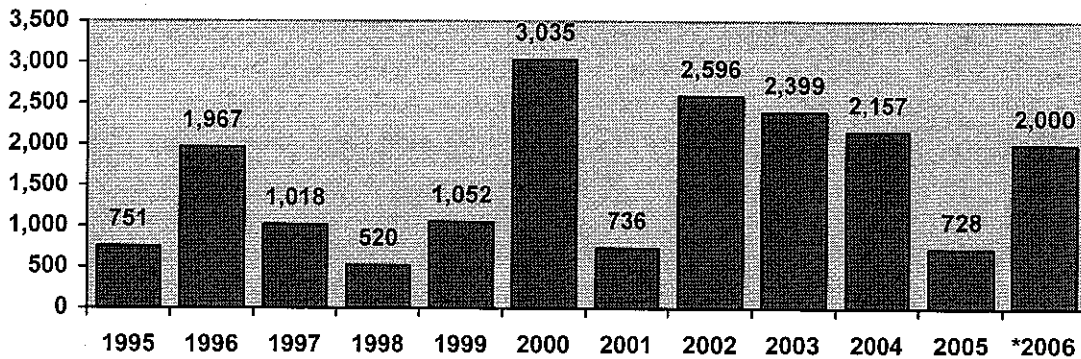
period, seven of every ten reported offenses for possession/use of drugs where the drug type was known involved marijuana.

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigations Criminalistics Laboratory reports that most of the marijuana they are currently seeing is made up primarily of the buds of the female plants, versus marijuana of the past which also contained inactive particles such as leaves and stems. The buds contain the THC, which is the psychoactive chemical in marijuana. This represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Additional analysis of the data indicates that with the exception of 2001, the number of offenses involving marijuana have increased each year from 1994 to 2004. The reader is reminded of the concern regarding the non-reporting and under-reporting of DPS data, and the fact that these data under-report the number of offenses.

The Iowa Division of Narcotics Enforcement (DNE) reported a 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.

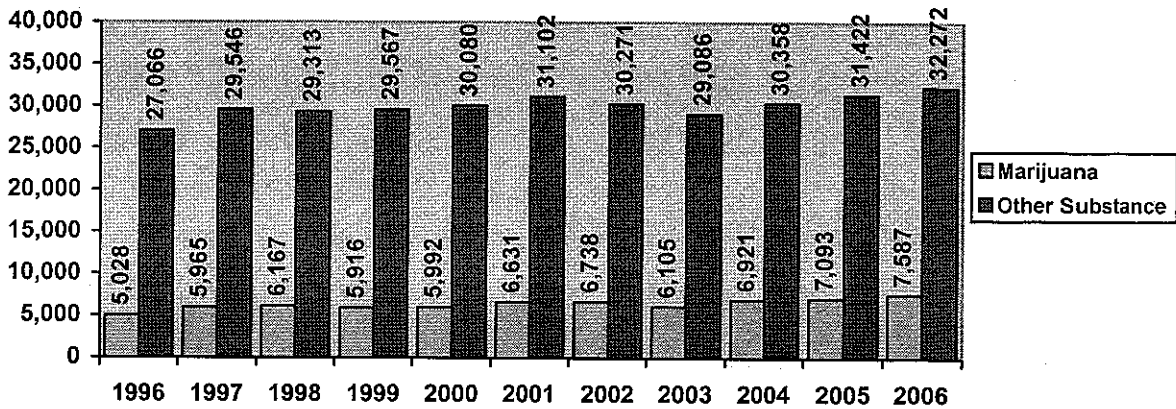
Figure 20 – Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1994 – *2006



**Calendar year 2006 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 – 2006. See Figure 21.

Figure 21– Primary Drug of Abuse for *Adults* Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2006

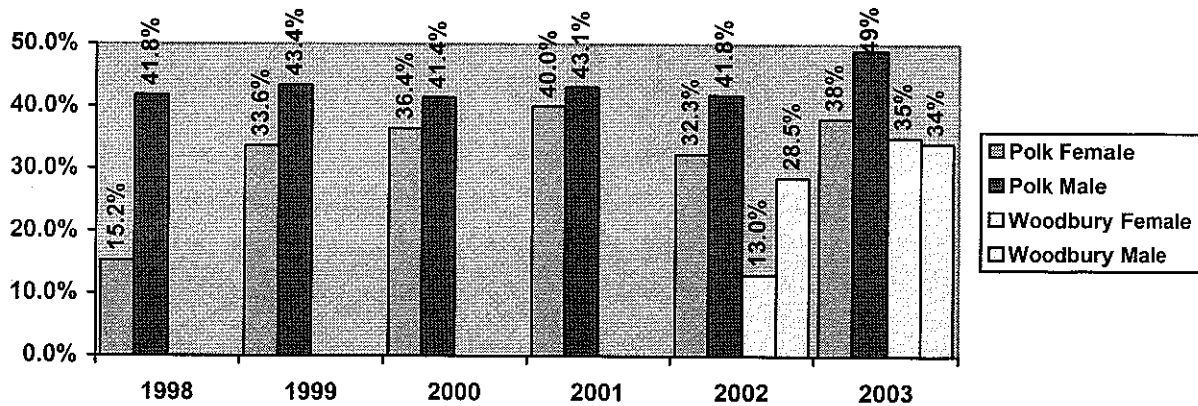


Source: Iowa Department of Public Health

Between state fiscal year 1996 and 2006, the Department of Public Health reported an increase of 50.8% 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



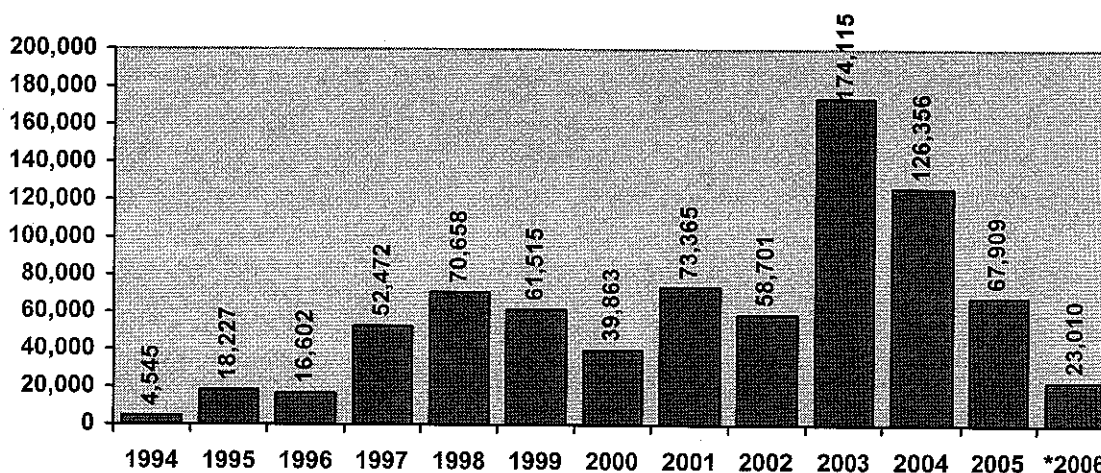
Source: National Institute of Justice

Based on the data presented above, it would seem clear that marijuana remains the drug of choice for the majority of adult Iowans who 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 – *2006**



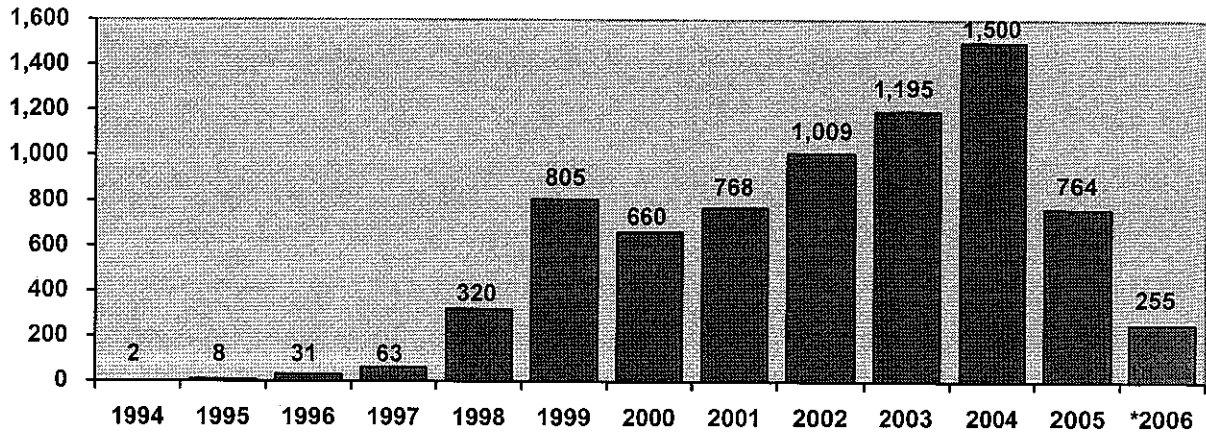
**Calendar year 2006 through September 30*
Source: Iowa Department of Public Safety

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 2006, DNE will seize about 30 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 calendar year 2004. In 2004, state and local law enforcement responded on average to 125 methamphetamine laboratories per month, or four per day.

Due to the public safety threat posed by clandestine laboratories, a substantial amount of time and resources had 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 2006 (through September 30, 2006) law enforcement in Iowa has reported a 77% reduction in clandestine labs when compared to calendar year 2004.

**Figure 24 – State and Local Methamphetamine
Clandestine Laboratory Responses, CY 1994 – *2006**



*Calendar year 2006 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 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.

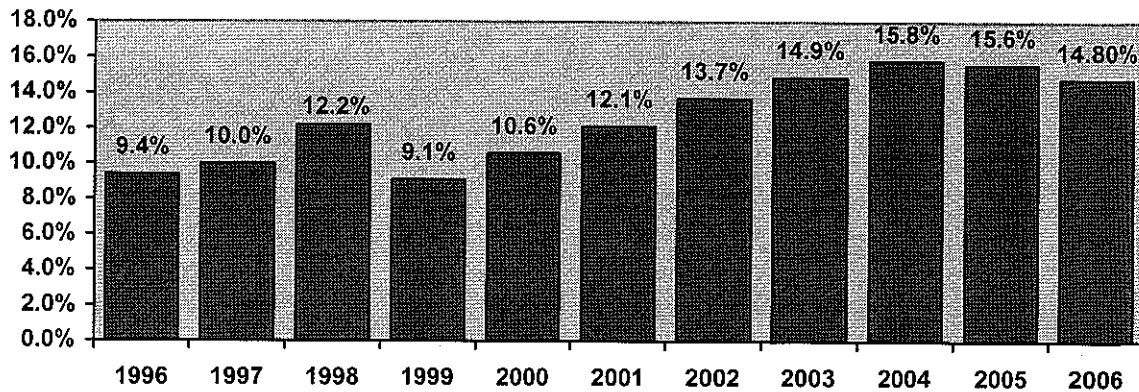
**Figure 25 – Iowa Division of Narcotics Enforcement
Methamphetamine Seizure Price and Purity CY 1994 – 2005**

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Price	\$135	N/A	N/A	\$110	\$90	\$100	\$100	\$100	\$100	\$88
Purity	43%	36%	14%	22%	25%	15%	16%	23%	33%	38%

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 closer to the production source in the drug distribution chain tend to be higher in purity. Also, the availability of alternate controlled substances may impact the supply/demand and price/purity for other drugs. Although price and purity tend to follow the economic principals of supply and demand, the distribution of illicit substances is a clandestine activity, and there are anomalies.

Figure 26 – Percentage of Adults Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2006

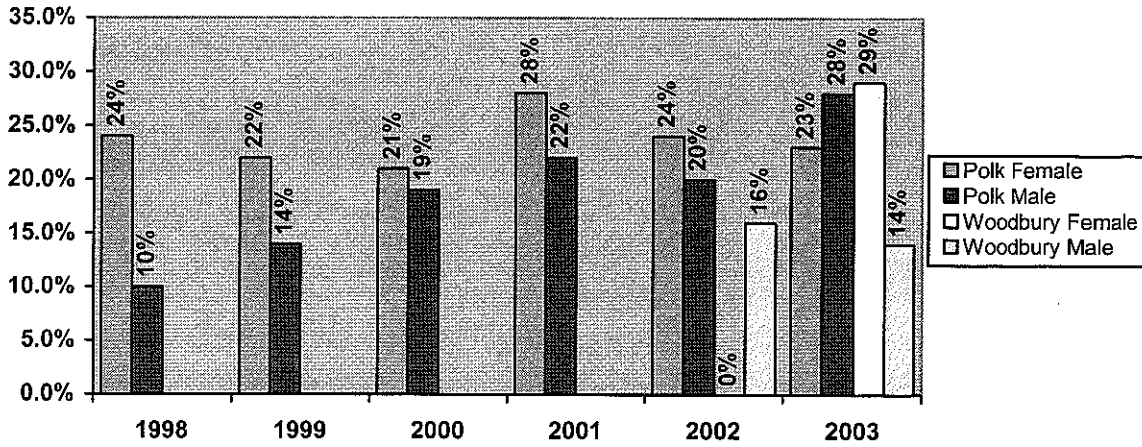


Source: Iowa Department of Public Health

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 one in every four arrestees tested positive for methamphetamine in the 2003 Polk county sample.. See Figure 27.

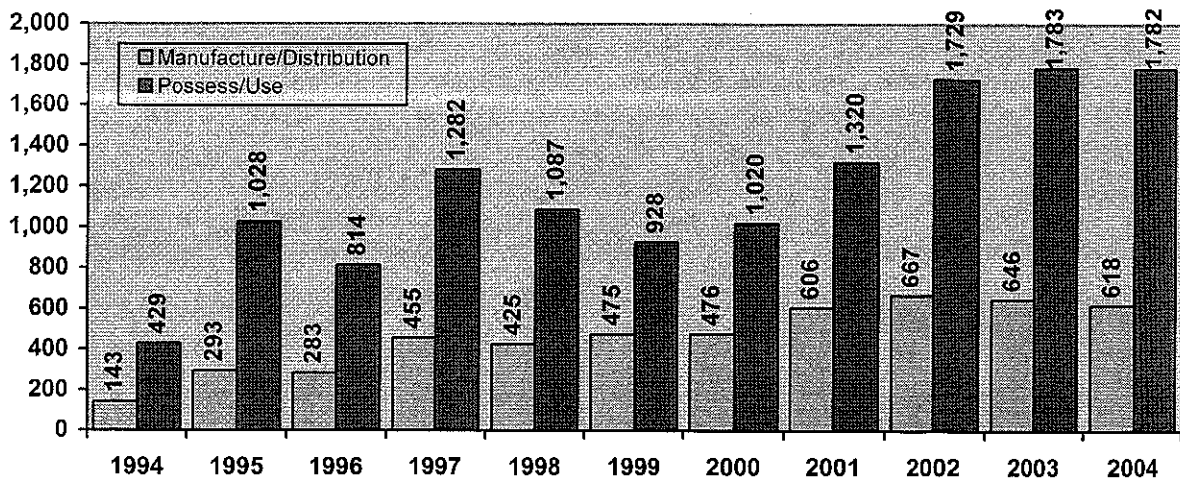
Figure 27 – Percentage of Arrestees in Polk and Woodbury Counties Testing Positive for Methamphetamine SFY 1998 - 2003



Source: National Institute of Justice

The number of law enforcement reported offenses for methamphetamine possession/use nearly doubled from 1999 to 2002 and has remained at this high level the past three reporting periods. Methamphetamine manufacture/distribution offenses decreased for the second consecutive year in 2004 but remain significantly higher than reported in the late 1990s. See Figure 28.

Figure 28 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 – 2004

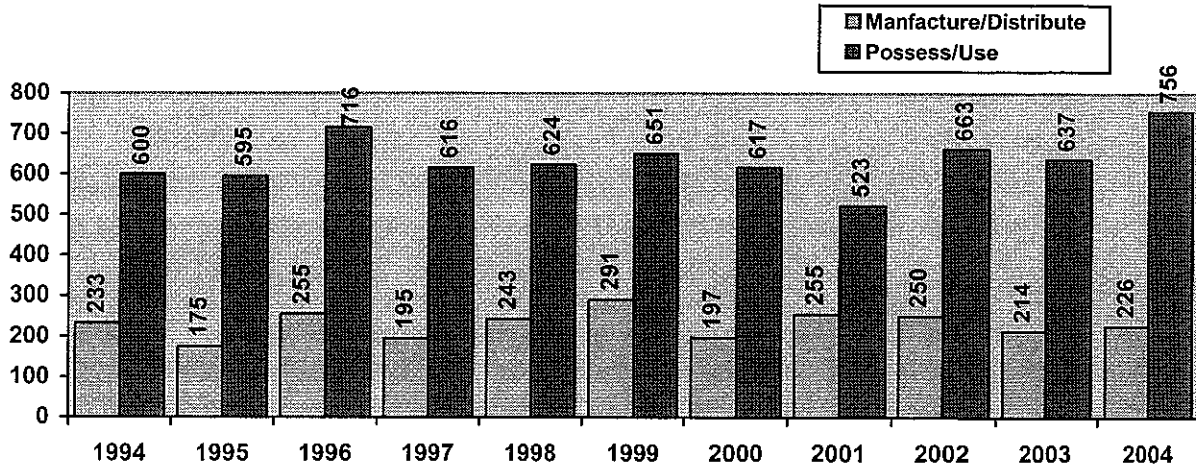


Source: Iowa Department of Public Safety

Cocaine/Crack Cocaine

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

Figure 29 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 – 2004

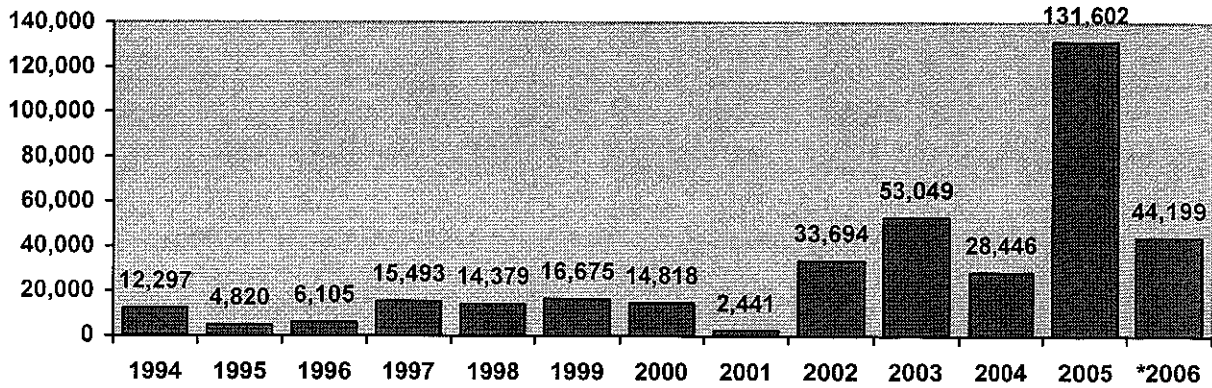


Source: Iowa Department of Public Safety

Figure 29 illustrates that arrest rates for cocaine have varied a great deal for the years examined. In calendar year 2004, manufacture/distribution arrests posted an average rate of 226 per 100,000 population. Cocaine possession/use offenses on the other hand were at an eleven year high in 2004.

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement reached a 12-year high in 2005. Through the first nine months of 2006, the Division is on pace to exceed 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 – *2006



*Calendar year 2006 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.

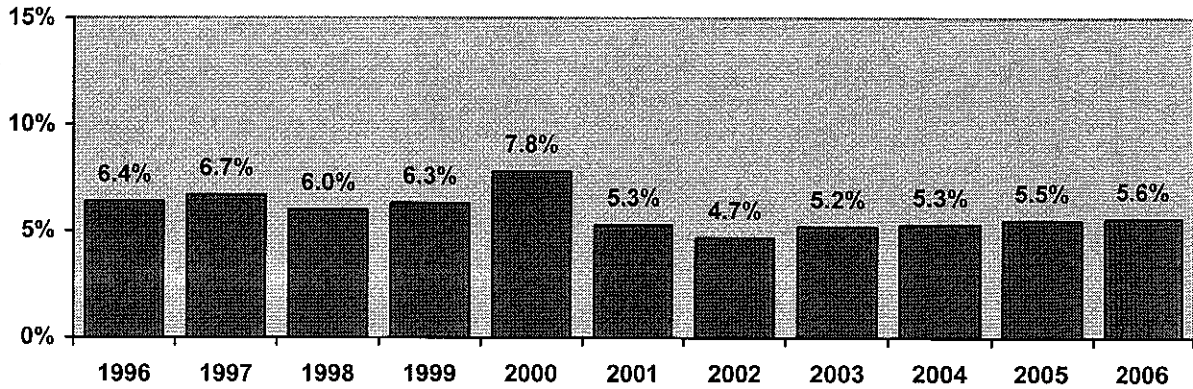
Figure 31 – Iowa Division of Narcotics Enforcement Cocaine Seizure Price and Purity CY 1994 – 2005

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Price	\$130	\$130	\$130	\$130	\$150	\$150	\$150	\$150	\$100	\$110
Purity	71%	69%	84%	64%	61%	65%	74%	57%	78%	n/a

Source: Iowa Department of Public Safety

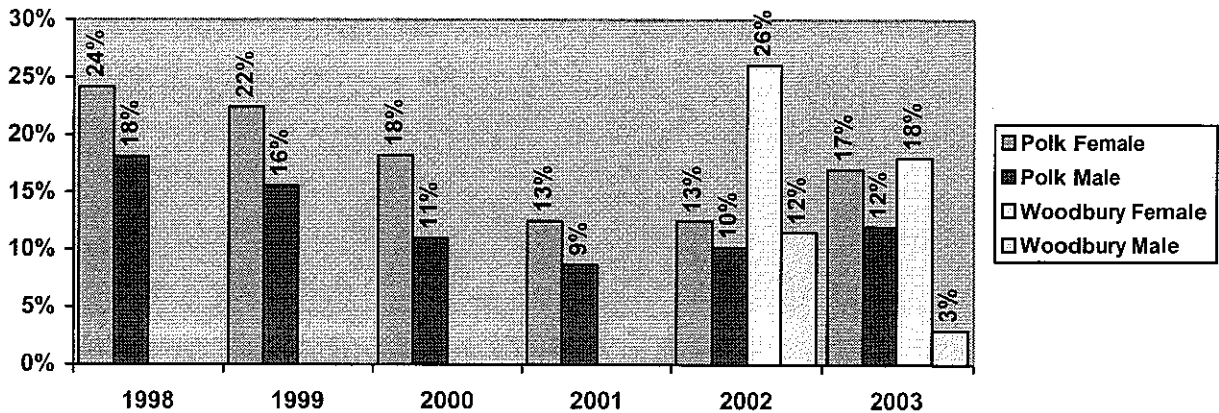
The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. Figure 32 illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their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

Figure 32 – Percentage of *Adults* Entering Substance Abuse Treatment Programs with a Primary Substance of Abuse of Cocaine, SFY 1996 – 2006



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

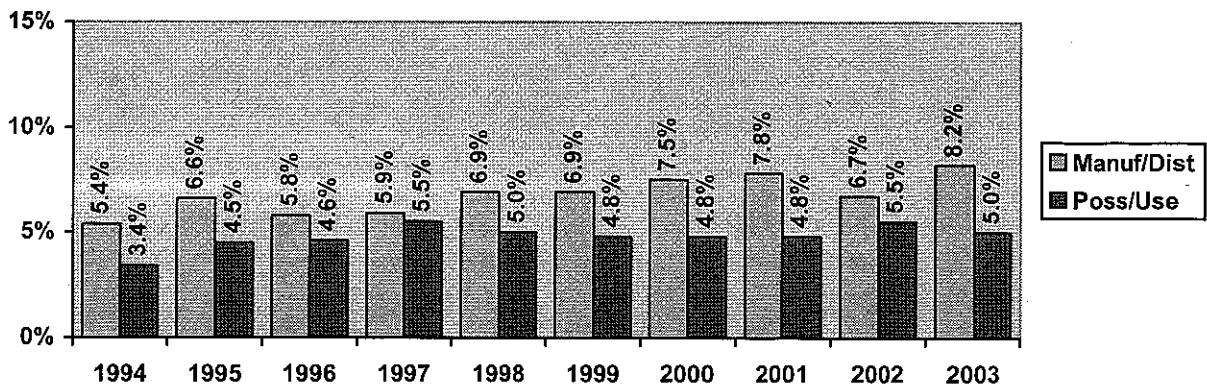
As with methamphetamine, a higher percentage of female arrestees tested positive for cocaine than male arrestees. While a significant percentage of arrestees continue to test positive for cocaine in Polk County, the rate in 2003 was lower than that reported in 1998 for both males and females.

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.

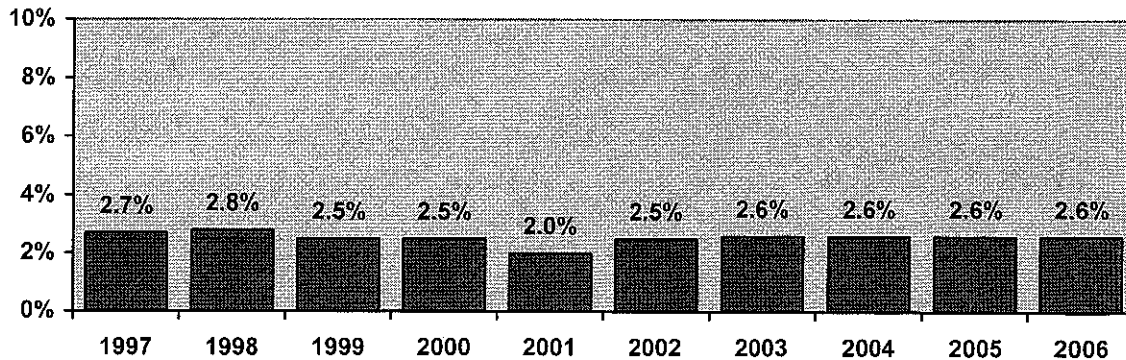
Figure 34 – Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1994 – 2004



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 2004, the percentage of arrests for both categories of offenses rose, but at a slow rate, with increases of 2.1% and 3.0% 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 – 2006*



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 one other than alcohol, marijuana, cocaine/crack cocaine or amphetamine/methamphetamine remained low and relatively stable.

All indications are that the drugs marijuana, methamphetamine and cocaine/crack cocaine are, in the order indicated, the most used/abused illegal drugs by adult Iowans. Together, they constitute the drugs involved in nearly 95% of the reported drug arrests. They also constitute the primary illegal drugs listed for over 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) are rarely reported in Iowa. However, they warrant attention to prevent larger problems.

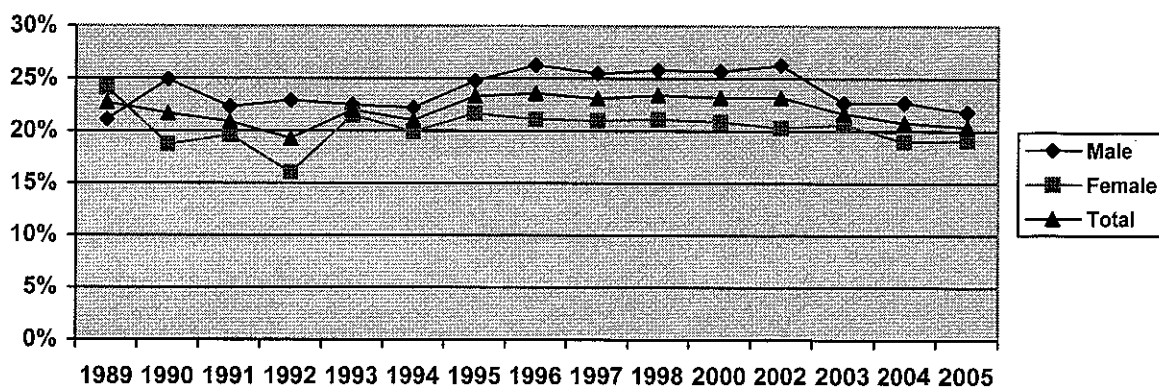
Tobacco

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 \$1.6 billion (\$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 & Total Smokers, CY 1989 - 2005



Source: Center for Disease Control

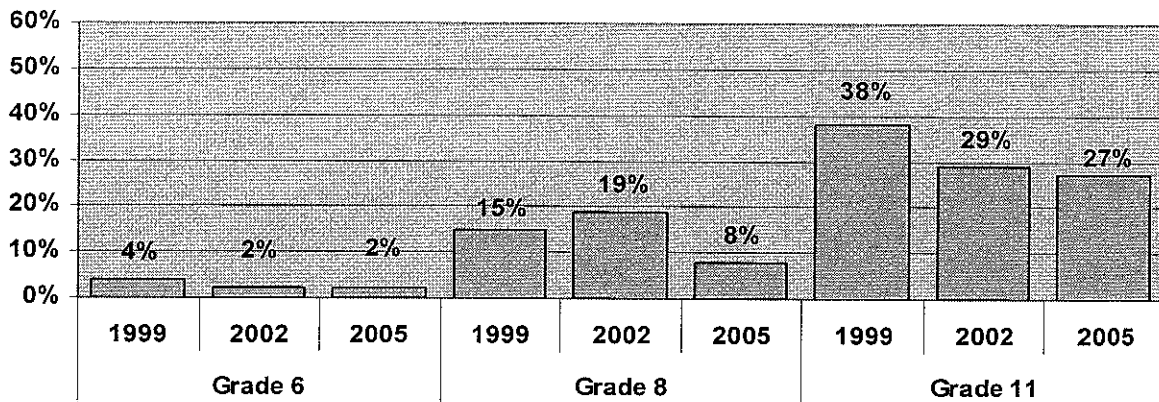
Between 1995 and 2005, the percent of Iowans who smoke tobacco ranged from 23.6% to 20.4%. In the past three years, the rate dropped an encouraging 2.8%. This decline is largely due to a 4.5% decrease in reported smoking by male Iowans during this time period.

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 2005. The survey 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. In 2005 98,246 students responded to the survey. Students answered questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and neighborhood/community environments. Beginning in 1999 the survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. Thus true comparisons with surveys conducted prior to 1999 are not possible.

Tobacco

Figure 37 – Percent of Students Self-Reporting the Current (within the past 30 days) Use of Tobacco, Comparison of 1999, 2002 and 2005

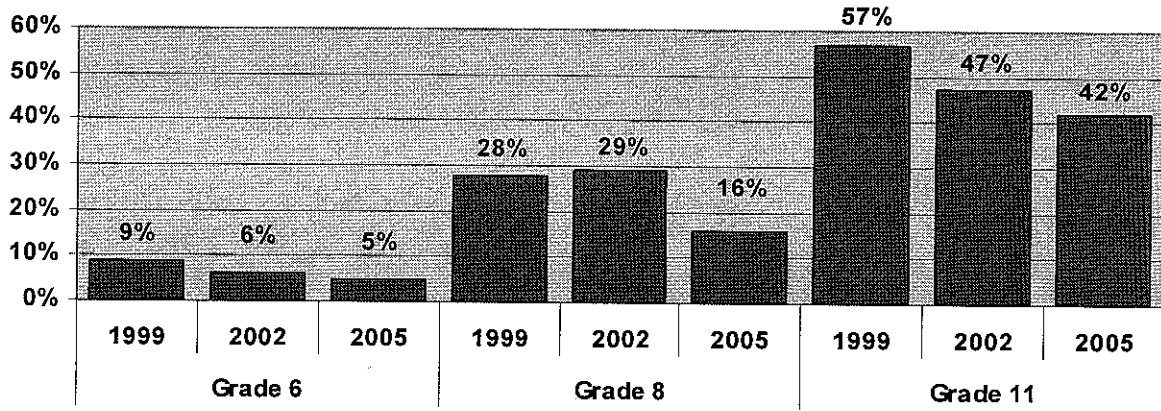


Source: Iowa Department of Public Health

In 1999, 2002, and 2005 approximately one in three eleventh graders reported current use of tobacco (used a tobacco product in the past 30 days). See Figure 37. The most significant changes in both current and past use of tobacco occurred among students in grade 8. In 2005, 8% of 8th graders reported current tobacco use, a decline of 11% from 2002. In 2002, 29% of students in grade 8 reported past use of tobacco use. This figure dropped to 16% in 2005.

IYS results displayed in Figure 38 show that by the 11th grade, over half of the students reported past use of tobacco in 1999, followed by slightly less than half in 2002, meaning fewer new tobacco users. This decline continued in 2005, with 42% of students in grade 11 reporting past use of tobacco.

Figure 38 – Percent of Students Self-Reporting Ever Having Used Tobacco, Comparison of 1999, 2002 and 2005

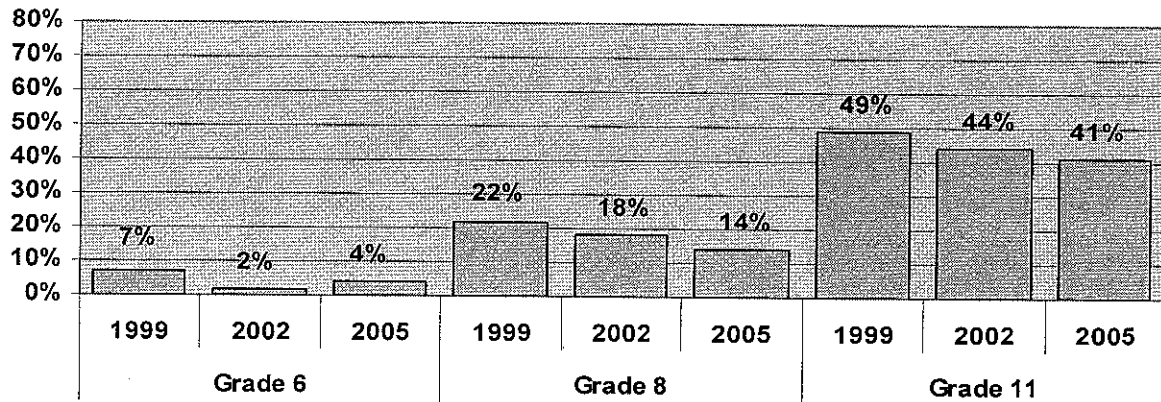


Source: Iowa Department of Public Health

Alcohol

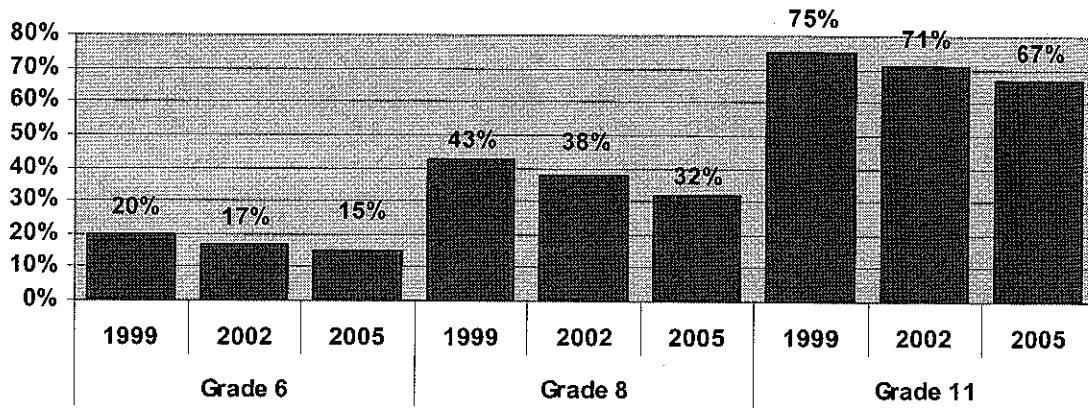
The Iowa Youth Survey also compiled data regarding the use of alcohol by the population surveyed. See Figures 39 and 40.

Figure 39 – Percent of Students Self-Reporting the Current Use of Alcohol, 1999, 2002 and 2005



Source: Iowa Department of Public Health

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

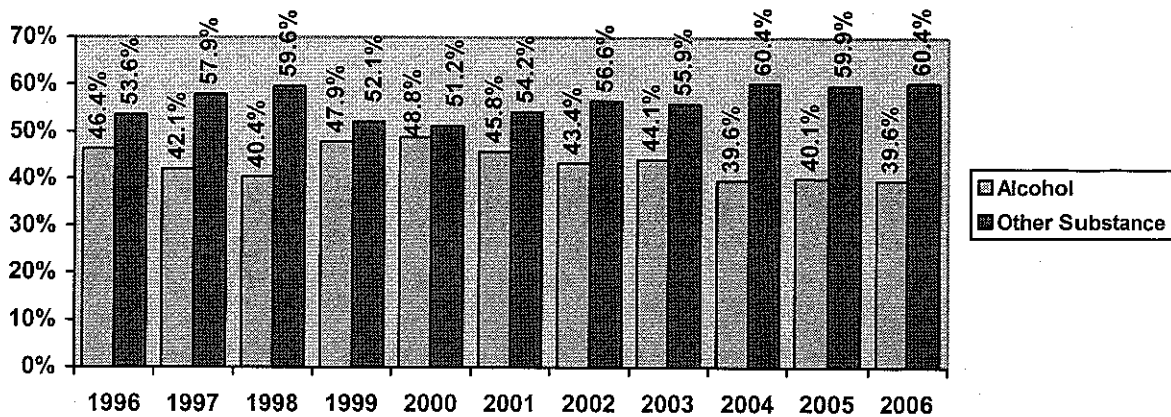


Source: Iowa Department of Public Health

While there have been decreases (8%) since the 1999 IYS, the data indicate that in 2005 almost half (41 percent) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. Equally concerning is that nearly 14% of 8th grade students reported current use (consumed one or more drink in the past 30 days). The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to steadily decline. See Figure 40.

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 only about 40% of total admissions for each of the years reviewed. See Figure 41.

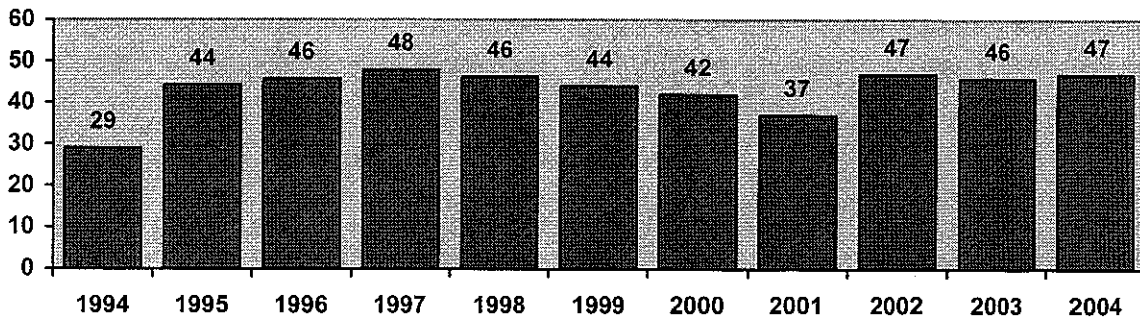
Figure 41 – Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1996 – 2006



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 an increase in 2002, and the numbers have remained relatively stable since then. See Figure 42.

Figure 42 – Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2004



Source: Iowa Department of Public Safety

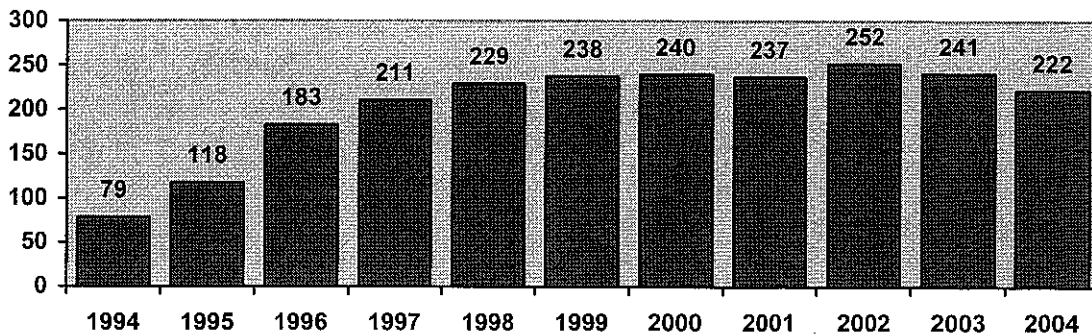
Based on self-reported use, substance abuse treatment screens/admissions and arrest rates, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

General Indicators of the Use of Other Drugs by Iowa Youth

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

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 population in 1994 to a record 252 per 100,000 in 2002, an increase of 219% for the period. This rate dropped to 222 in 2004, the lowest since 1997. See Figure 43.

Figure 43 – Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 1994 – 2004

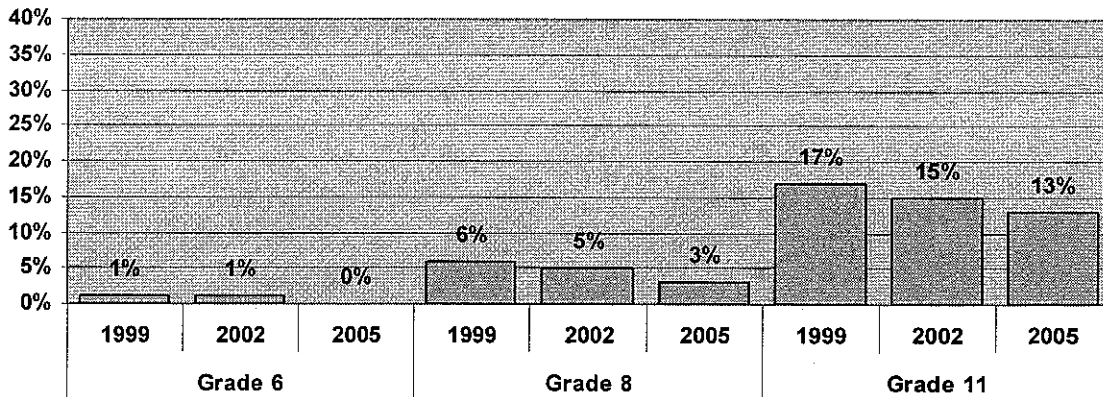


Source: Iowa Department of Public Safety

Marijuana

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. As Figure 44 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. In 2005, six percent of students surveyed reported current marijuana use, down 1% from 2002 and 2% from 1999. In 2005, 13% of 11th graders reported current use of marijuana, a 4% decrease from 1999.

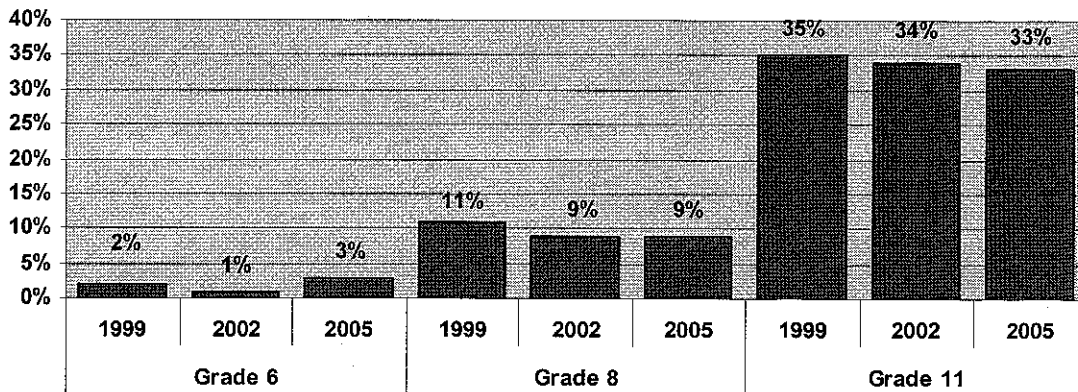
Figure 44 - Percent of Students Self-Reporting the Current Use of Marijuana, 1999, 2002 and 2005



Source: Iowa Department of Public Health

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 45). This dropped to 33% in 2005. On a note of concern; 3% of sixth grade students reported past use of marijuana in 2005, an increase from 1% in 2002. This is the only area where an increase in use was reported. See Figure 45.

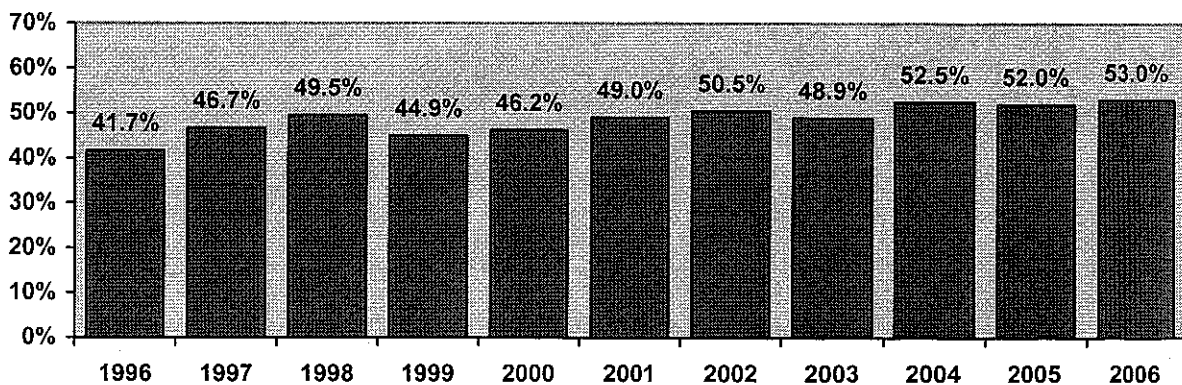
Figure 45 – Percent of Students Self-Reporting Ever Having Used Marijuana, 1999, 2002 and 2005



Source: Iowa Department of Public Health

SARS data as shown in Figure 46 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 slowly increased for the period of time included in this review. It should be noted that in SFY 2005, the greatest percentage of youth ever were screened/admitted for marijuana than all other substances combined.

Figure 46 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2006



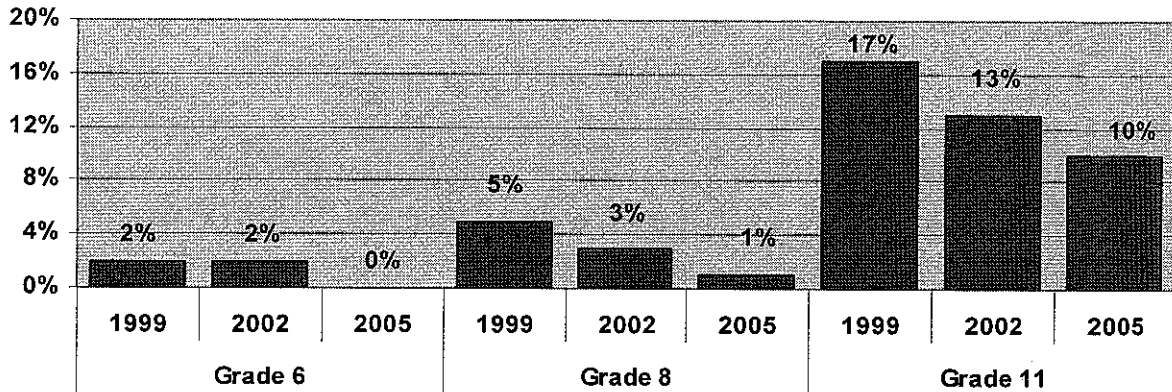
Source: Iowa Department of Public Health

Amphetamine/Methamphetamine

According to the 2005 Iowa Youth Survey amphetamine and methamphetamine use declined significantly. The percentage of all students reporting having “ever” used amphetamine/methamphetamine dropped from 8% in 1999 to 3% in 2005. During this same time period, the percent of eleventh grade students reporting “ever” using this drug

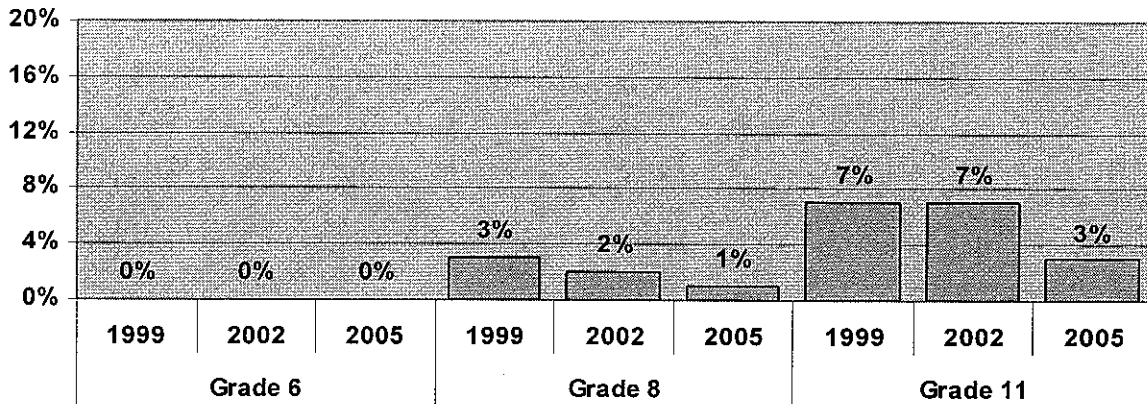
dropped from 17% to 10% - an indication that fewer students are using this drug for the first time. See Figures 47 and 48.

Figure 47 – Percent of Students Self-Reporting Ever Having Used Amphetamine/Methamphetamine, 1999, 2002 and 2005



Source: Iowa Department of Public Health

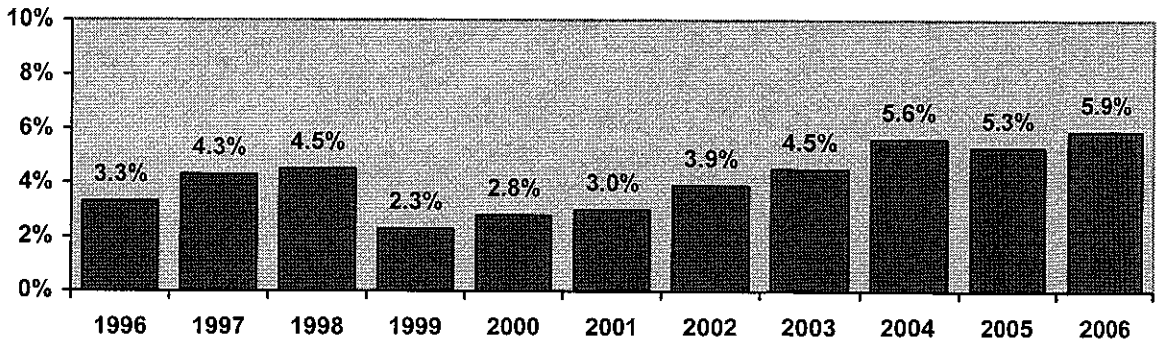
Figure 48 - Percent of Student Self-Reporting the Current Use of Amphetamine/Methamphetamine – 1999, 2002 and 2005



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 as seen in Figure 49 below.

Figure 49 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2006

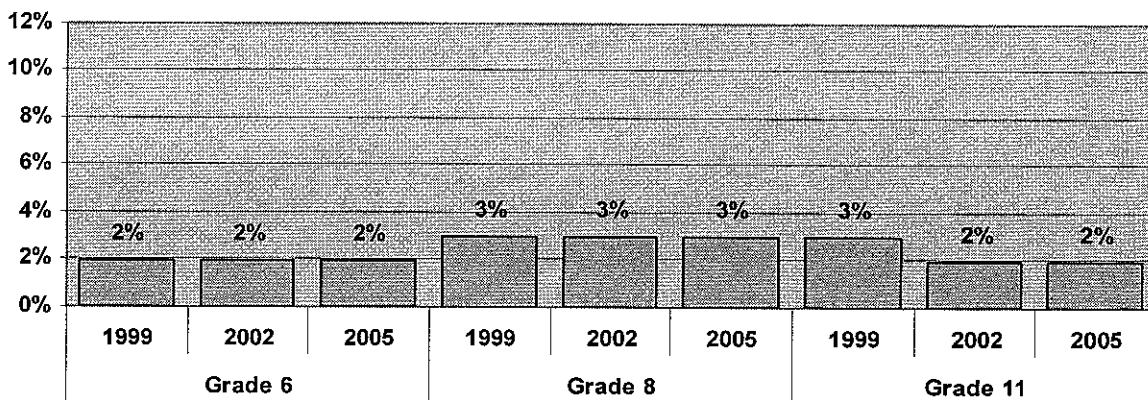


Source: Iowa Department of Public Health

Inhalants

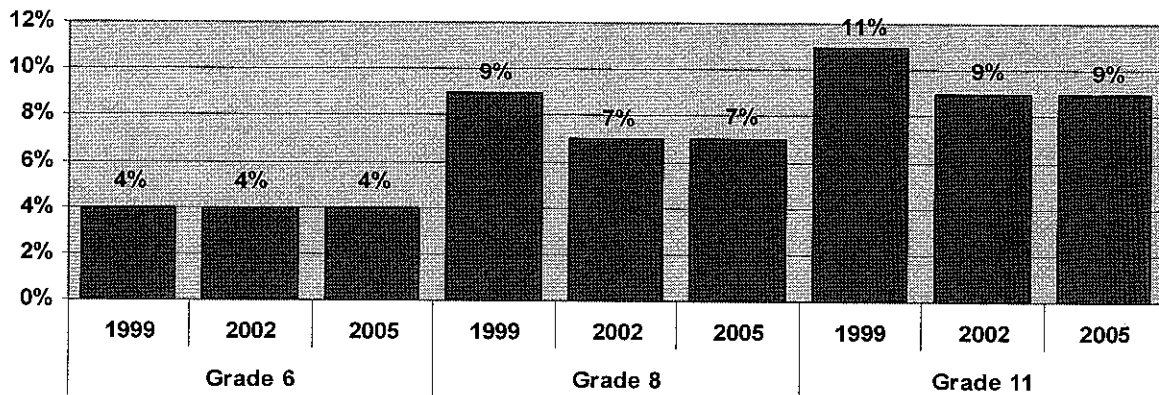
Inhalant use continues to be of concern in Iowa, and inhalant use more often starts at younger ages. In 2005, there was no reported current use of marijuana, amphetamine/methamphetamine, cocaine, or other illegal drug use by students in grade 6, but 2% did report current use of inhalants. According to the Iowa Youth Survey, inhalant use followed marijuana use as a drug of choice among adolescents. Nationally teen experimentation with inhalants has increased over the past three years to 20%. According to the 2005 Partnership Attitude Tracking Survey conducted by the Partnership for a Drug Free America, perception of risk related to inhalant use is dropping, which may have contributed to the increased use. See Figures 50 and 51.

Figure 50 - Percent of Student Self-Reporting the Current Use of Inhalants, 1999, 2002 and 2005



Source: Iowa Department of Public Health

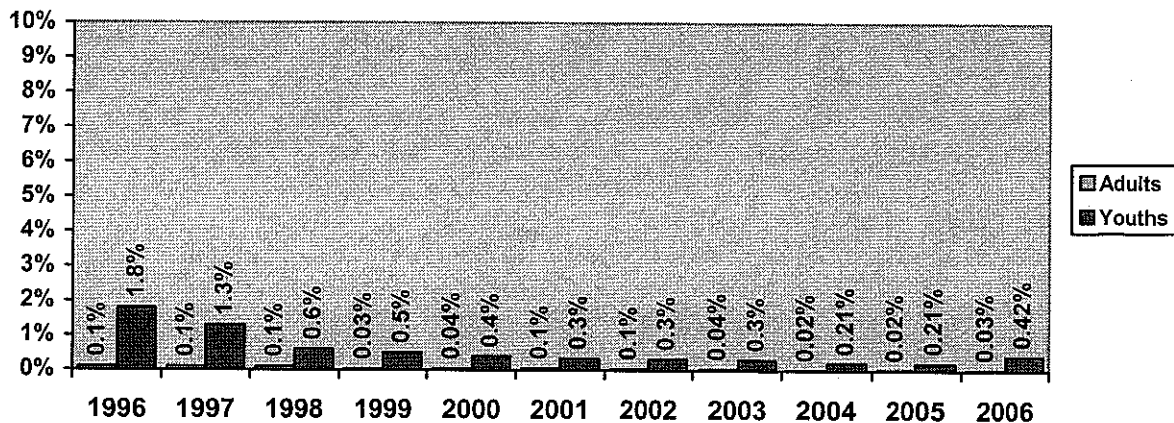
Figure 51 – Percent of Students Self-Reporting Ever Having Used Inhalants, 1999, 2002 and 2005



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 52). They also indicate that the prevalence of these substances as a “drug of choice” for juveniles had decreased in recent years, representing less than one percent of youth screened/admitted to substance abuse treatment.

Figure 52 – Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 – 2006



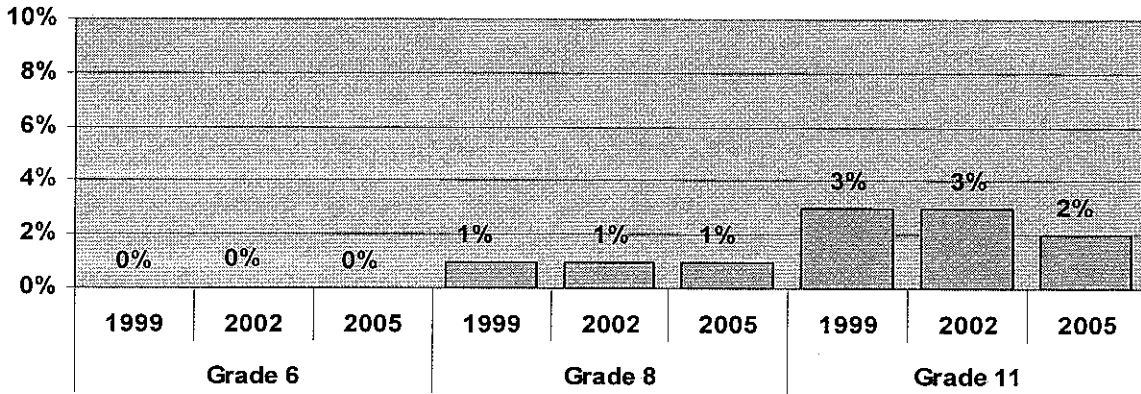
Source: Iowa Department of Public Health

Cocaine/Crack Cocaine

There is little reported use of cocaine/crack cocaine by Iowa youth. 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% and remained at that level in

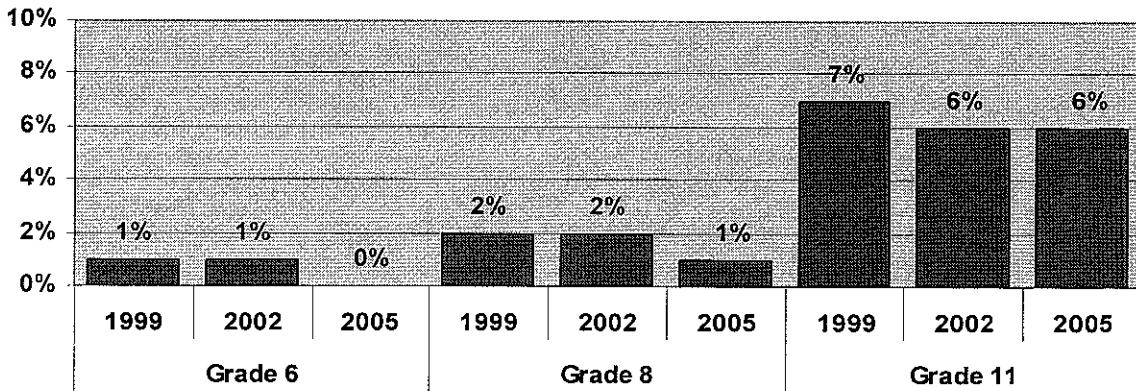
the 2005 survey. Overall there was little change in Cocaine/Crack Cocaine usage between 1999 and 2005. See Figures 53 and 54.

Figure 53 - Percent of Student Self-Reporting the Current Use of Cocaine/Crack Cocaine 1999, 2002 and 2005



Source: Iowa Department of Public Health

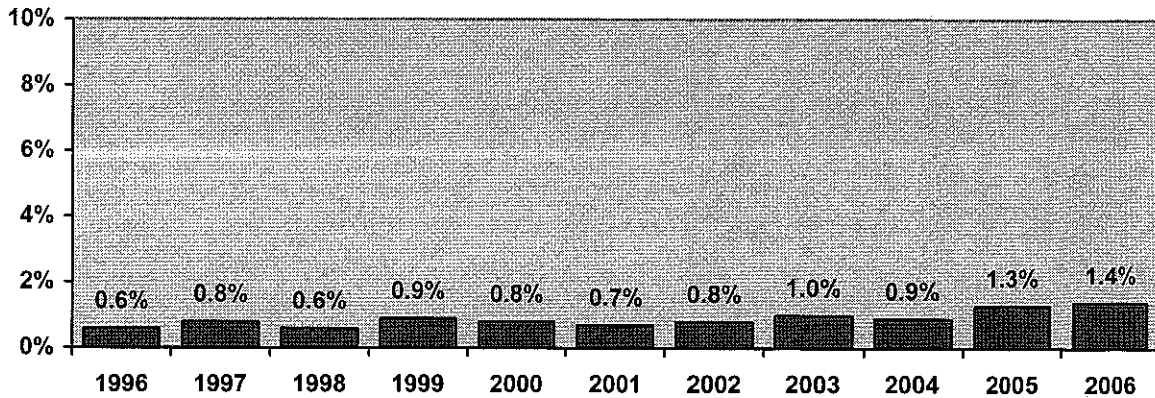
Figure 54 – Percent of Students Self-Reporting Ever Having Used Cocaine/Crack Cocaine, 1999, 2002 and 2005



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 55.

Figure 55 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2006



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.

Prescription/Over-the-Counter (OTC) Medications

Notable additions to the 2005 Survey were two questions regarding the current (past 30 days) use of prescription and over-the-counter (OTC) medications for purposes other than intended. The abuse of prescription and OTC medications by teens has been rising at an alarming rate across the county and has become an area of concern. The two new questions are, “In the past 30 days, on how many days have you used prescription medications not prescribed for you,” and “In the past 30 days, on how many days have you used over the counter medications different from the directions.”

According to the 2005 Iowa Youth Survey, a total of 4% of the respondents indicated that they had abused a prescription or OTC drug in the past 30 days.

Other Drugs/Substances

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

Targeted Byrne-JAG Priorities, Programs, Results, and Indicators

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 reflected 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 desired forecast. The forecast is where we want to go in the future and the dotted line in each chart represents that trajectory.* In some cases 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.

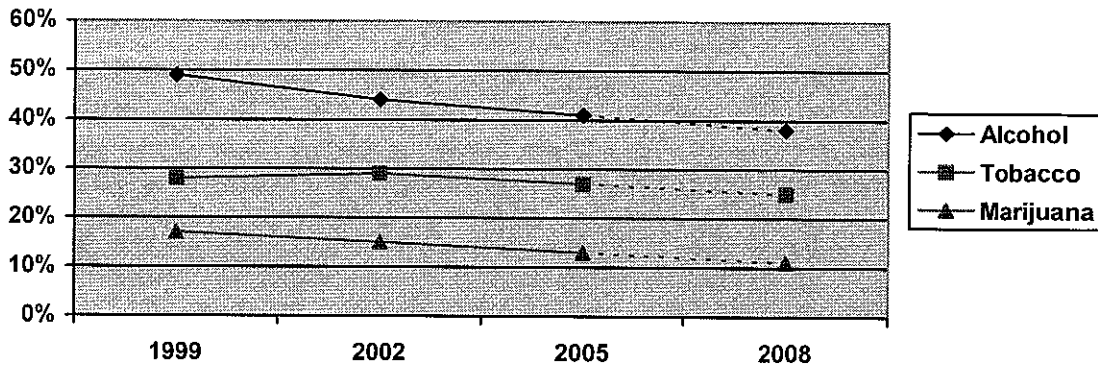
Each indicator has a story – why this particular measure shows movement toward reaching the result. The indicators also contain information about what works now; what works to turn a negative curve toward a more positive forecast; current proposals; and future strategies.

The 2007 Strategy builds upon what was begun last year, by providing, when possible, updated data, current proposals, and future strategies. This provides information on accomplishments and progress made towards results.

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, 2002 and 2005

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.

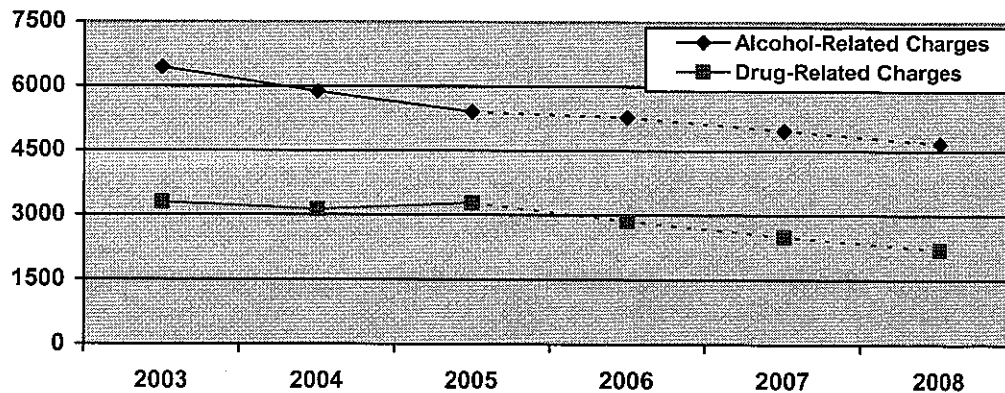
What Works – Targeted Priorities

- 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, including parenting 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
- Mentoring programs based on best practices in mentoring
- Evidence-based parent education programs

Prevention Indicator #1-B

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



Source: CY 2003 - 2005, Iowa Justice Date Warehouse

The Story Behind the Baseline

The use of alcohol and other drugs has long been associated with crime. According to data collected by the Arrestee Drug Monitoring program (ADAM) in 2003, in Polk County alone, 75% of males and 61% of females entering the jail tested positive for at least one controlled substance.

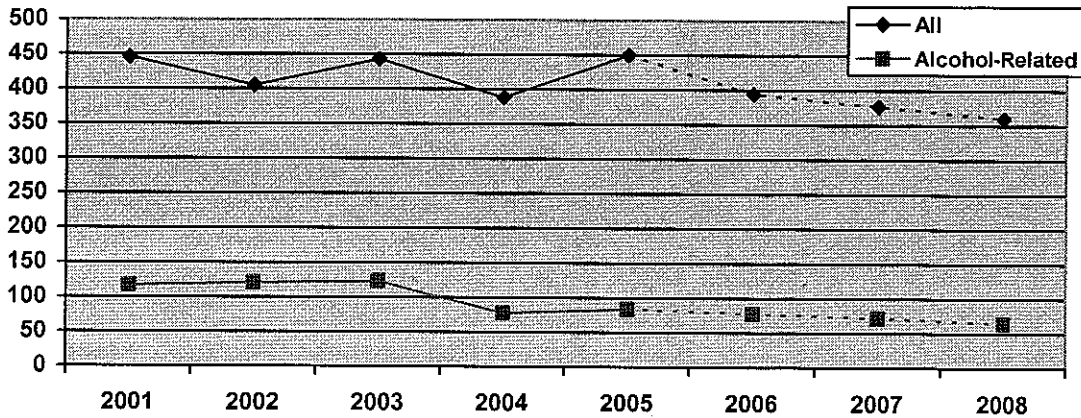
Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their drug use or drinking. Over 8,000 youth were charged with alcohol or drug-related crimes, such as OWI, possession, distribution, or supplying to a minor, in 2005. These OWI and drug-related charges make up approximately 25% of all charges and allegations.

What Works – Targeted Priorities

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

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.

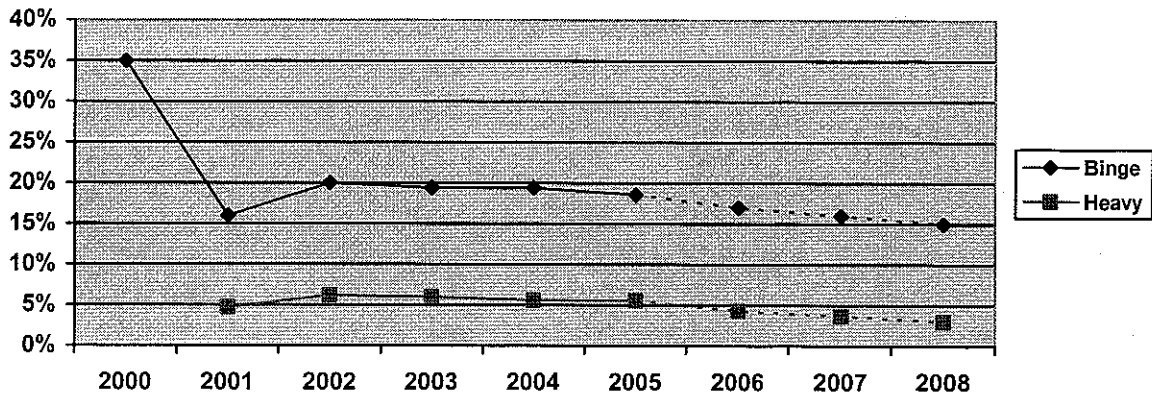
In 2003, Iowa's new .08 blood alcohol content law went into effect, and there has been a significant reduction in the number of alcohol-related fatal crashes since then. However, the percent of fatalities which are alcohol-related remains in the 20% range, which is significant. Of special concern are 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 – Targeted Priorities

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

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. Iowans 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.

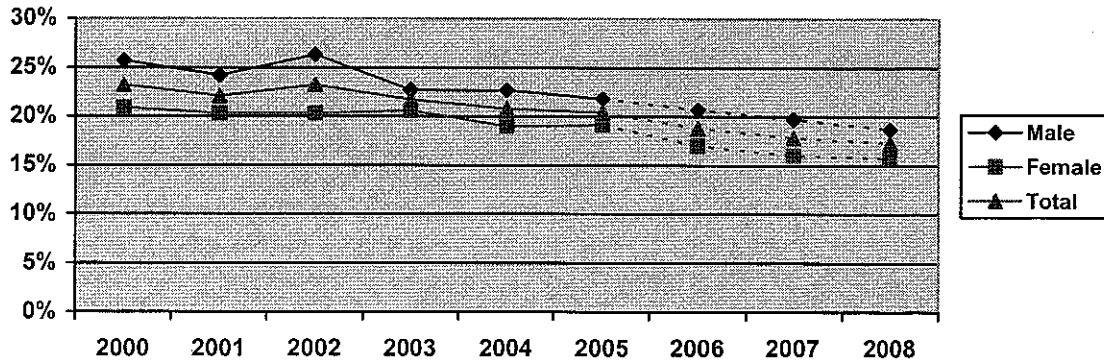
Alcohol dependency and abuse are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others in alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. 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 and youth will improve the health and safety of Iowans while reducing health care costs.

What Works – Targeted Priorities

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

Prevention Indicator #1-E

Percent of adult Iowans reporting current smoking.



Source: Center for Disease Control

The Story Behind the Baseline

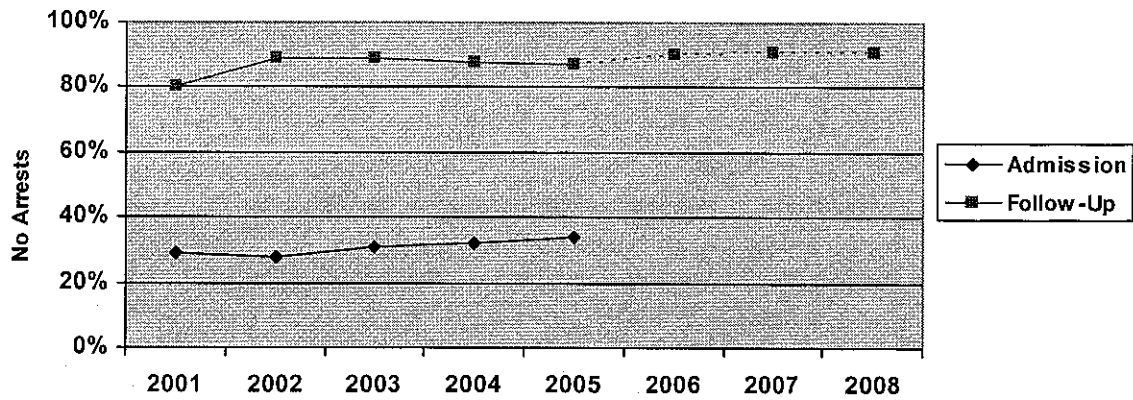
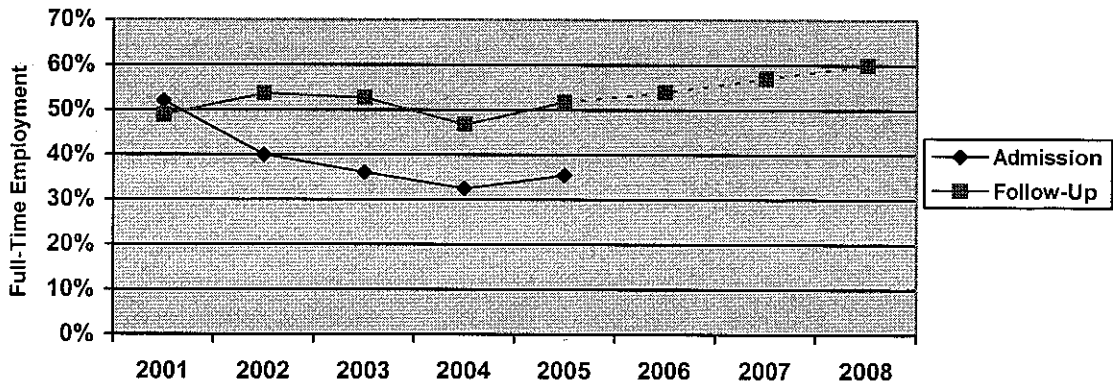
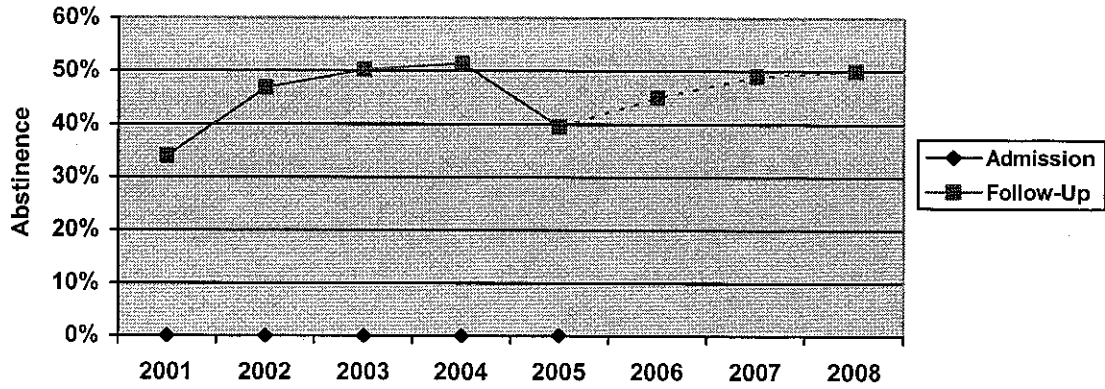
Tobacco use is the single largest cause of preventable premature mortality in the United States. It also represents an enormous cost burden to the nation, costing an estimated \$1 billion in annual health care in Iowa alone. The Surgeon General's Office states that smoking remains the leading cause of 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 – Targeted Priorities

- 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 hotlines that provide interventions

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. Roughly 40% of treatment clients who participated in the Year Eight Outcomes Monitoring Study remained abstinent six months later, a decrease from 2004. Several factors may have contributed to the decrease. Funding for treatment has not been increased at the same rate as demand, therefore there are fewer new services available. Additionally substance abuse treatment providers are current seeing nearly double the number of clients than in 1992, which means more people for the nearly the same amount of treatment slots. It is theorized that this has led to shorter treatment stays, and as noted later in this sections, length of treatment is an indicator of success.

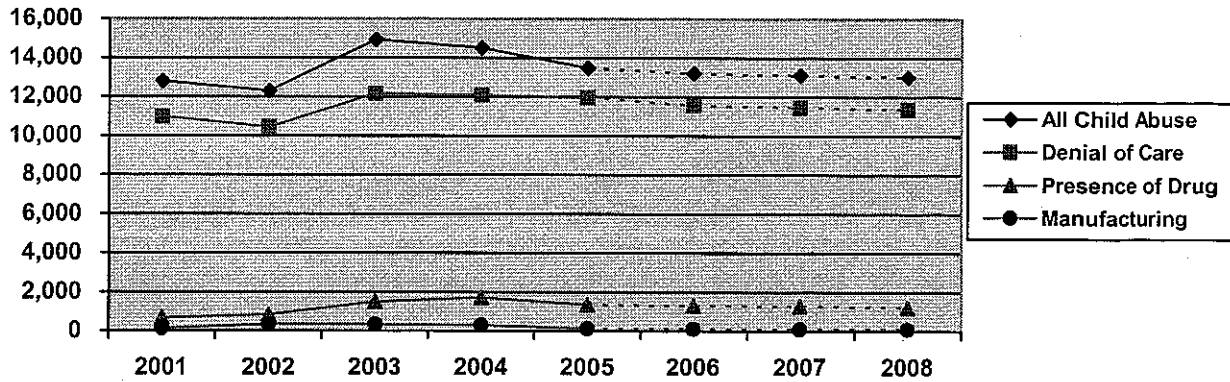
The 2006 Outcome Monitoring Study notes that clients who were in treatment 61-90 days and more than 120 days had abstinence rates of 61.1%. But there are factors that can increase the effectiveness of treatment. The client must first be motivated to complete the program. For some this motivation may come from the risk of termination of parental rights, imprisonment, or other sanctions.) Length of treatment is also an indicator of success. If a client can remain in treatment a minimum of 61 days the outcomes are significantly better. Clients must also have high accountability, supervision, monitoring and structure. Treatment providers 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, including aftercare, is done well it is very effective in addressing addiction issues, having positive effects on the addict, his or her family and friends and the community-at-large.

What Works – Targeted Priorities

- Individualized treatment plans
- Motivational Interviewing Case Management
- Best practices in treatment
- Increased accessibility and capacity for treatment
- Early identification
- Aftercare services
- A credible, culturally competent, sustainable, and licensed treatment workforce
- Retention in treatment – longer stays produce better outcomes
- Drug Courts
- Behavior Modification Programming
- Family education and involvement

Treatment Indicator #1-G

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



2001 Manufacturing figure is from January - June only

Source: Iowa Department of Human Services

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

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. In 2005, this number dropped to 1,482, with the most significant drop in manufacturing meth in the presence of a minor. However when all denial of critical care, presence of illegal drugs in a child's body, and manufacturing meth in the presence of a minor are combined they represent over 99% 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 can also break the cycle of addiction and abuse, which is often generational, creating a more positive trajectory for the children.

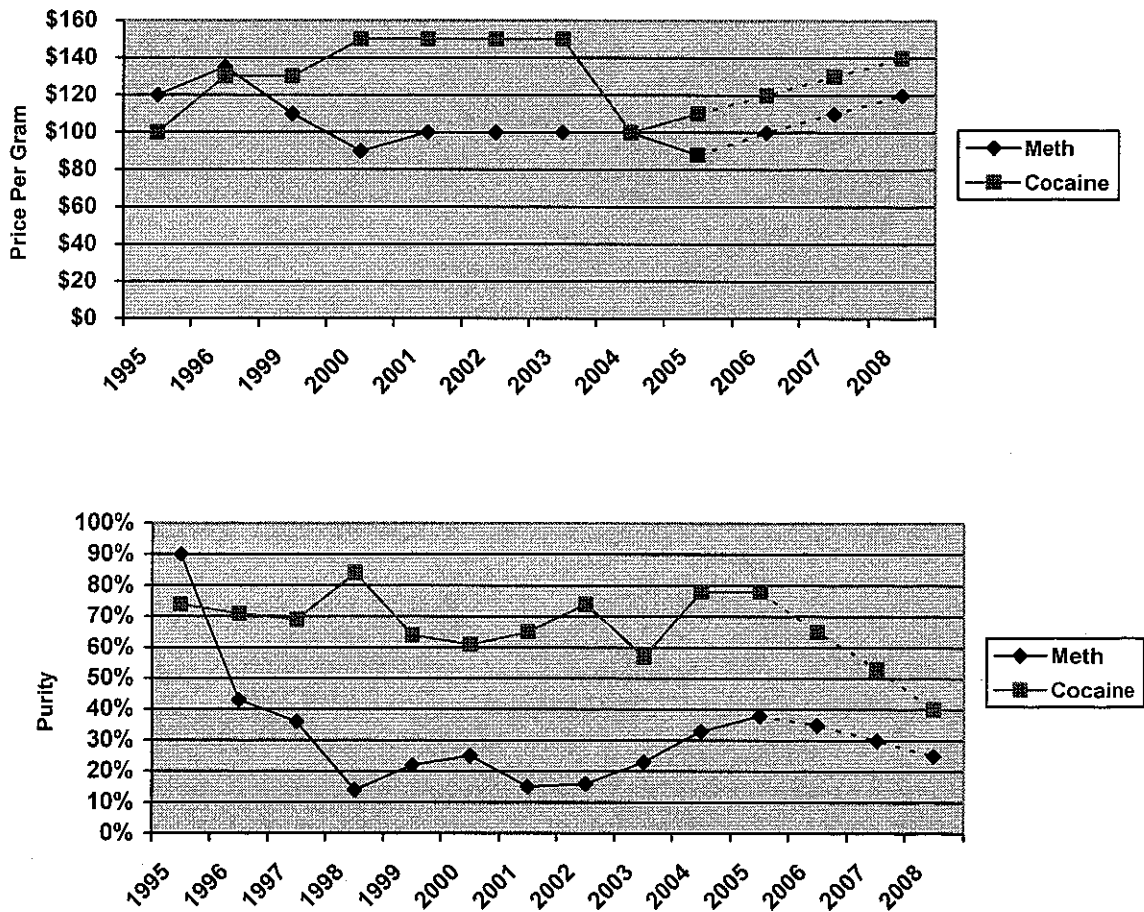
What Works – Targeted Priorities

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

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.

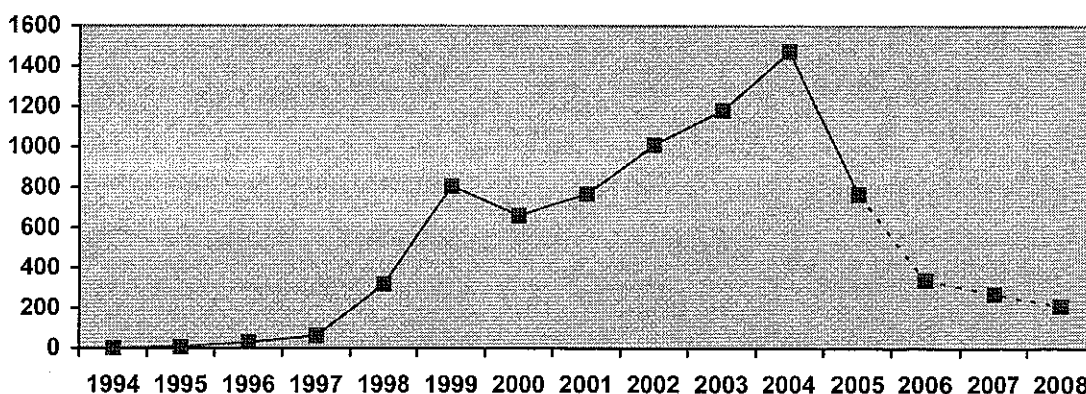
It should be noted that other factors can have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures made in the drug distribution chain closer to the production source tend to be higher in purity. Also, the availability of alternate controlled 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 – Targeted Priorities

- 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

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 all those screened/admitted to treatment in SFY 1994 to 13.6% in SFY 2006.

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 experienced a significant increase in the prevalence of small clandestine methamphetamine laboratories. These labs pose a significant public safety threat due to the use of caustic materials, their mobility, and the risk of fire and explosion. While these labs produce a relatively small amount of methamphetamine they command a significant amount of law enforcement resources which would otherwise be spent on conspiracy type drug investigations.

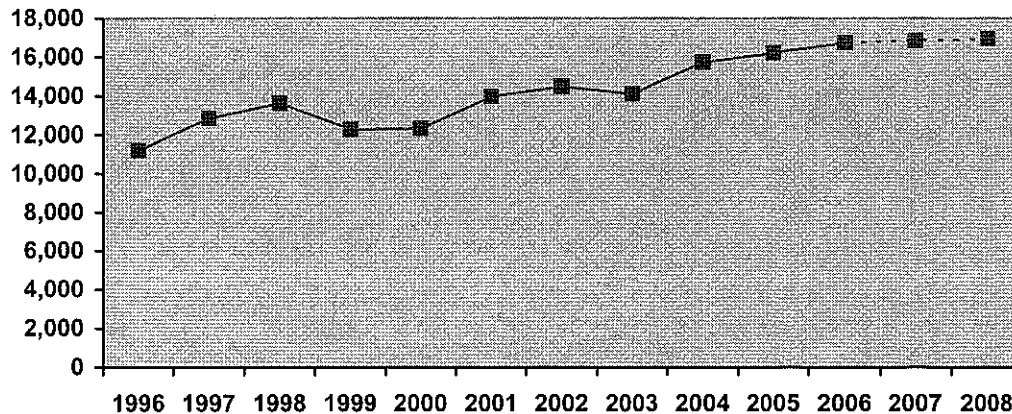
Since the passage of SF 169 in May 2005, there has been a significant drop in the number of methamphetamine labs in Iowa. In 2004 law enforcement officers seized an average of 125 meth labs per month. As of October 1, 2006, meth lab seizures had drop to 28 per month. Additional to SF 169 was the passage of the federal Combat Meth Epidemic Act, which included pseudoephedrine controls. Though in most cases not as restrictive as Iowa's law, the federal Act does make it more difficult for Iowa meth cooks to obtain pseudoephedrine in another state. Another tool in the fight to reduce meth labs is the introduction of a chemical meth inhibitor, Calcium Nitrate, which will render anhydrous ammonia virtually useless in the production of methamphetamine. While these are very positive changes, meth labs still pose a threat to Iowans and there is still work to be done.

What Works – Targeted Priorities

- 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 tracking, point-of-sale controls and policies
- Anhydrous ammonia tank locks and the addition to the ammonia of the chemical inhibitor Calcium Nitrate

Indicator #2-C

Substance Abuse Treatment Program Screenings/Admissions for Adult Illicit Drug Use



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.

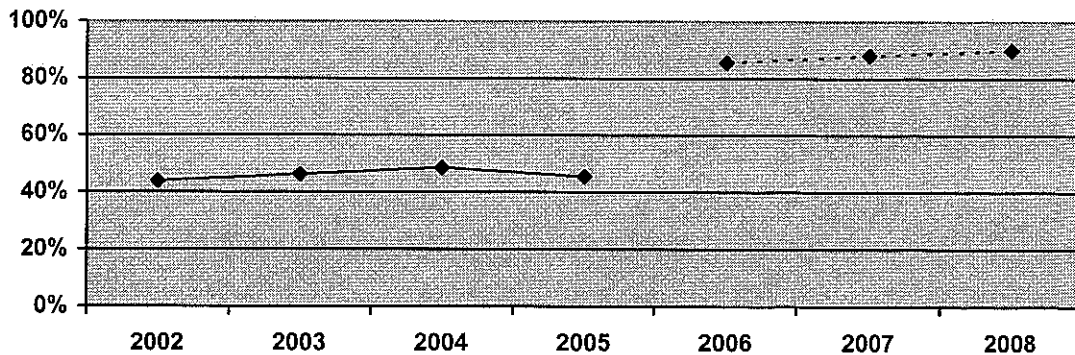
What Works – Targeted Priorities

- 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

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

**Beginning in FY2006 improvements were made to the Department of Corrections data collection and evaluation capabilities. As a result data prior to this fiscal year may not be compatible with data in FY2006 and beyond.*

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, 33.9% of whom had been arrested within the 12 months preceding their participation in the 2005 study. Other findings in 2005:

- 87% of clients reported no arrests in the six months post discharge from treatment.
- Full-time employment increased from 35.4% at treatment admission to 51.8% six months since discharge from treatment.
- 39.5% of clients remained abstinent six months since their discharge from treatment.

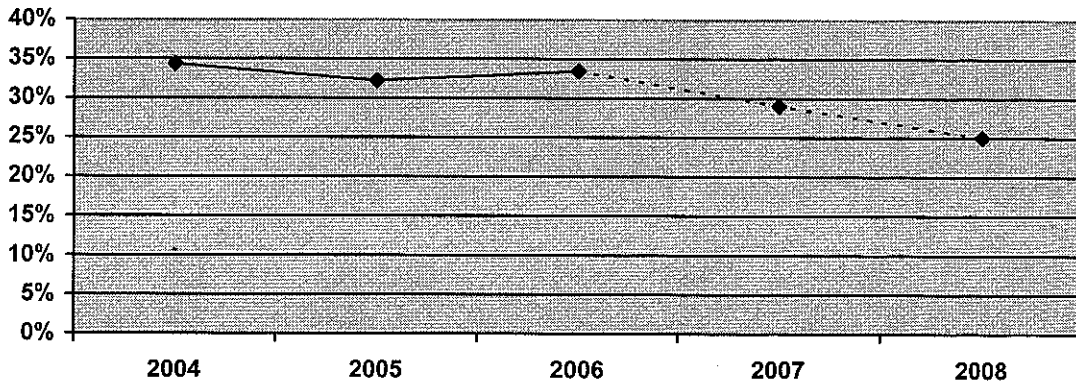
As the data demonstrate, Iowans are safer when offenders returning into the community have completed substance abuse treatment.

What Works – Targeted Priorities

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

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 abusing alcohol and drugs are more inclined to commit crimes and pose a public safety threat. About 90% of prison inmates abuse alcohol and/or drugs. Treatment works, but not all who need it receive it. In FY 2006, only 62.1% of prison inmates who needed treatment services received them. For community-based correctional clients, the rate was 85.6%. In addition, not all treatment programming is created equal. The treatment strategy goes a long way toward predicting future relapse and recidivism. Though not strictly probation clients, 30% of individuals whose treatment length was 31-60 days remained abstinent in the six months after discharge from treatment, compared to 61% of clients whose treatment length was over 60 days. Appropriate substance abuse treatment improves public safety, and tracking the number of probation/parole technical revocations due to substance use is an indicator of the quality of the treatment provided.

What Works – Targeted Priorities

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

COORDINATION EFFORTS

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

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

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

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