



STATE OF IOWA

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GOVERNOR

OFFICE OF DRUG CONTROL POLICY
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October 31, 2006

RECEIVED

NOV 01 2006

HOUSE OF REPRESENTATIVES

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

Dear Ms. Thomson:

Enclosed for your use is the 2007 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.

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.

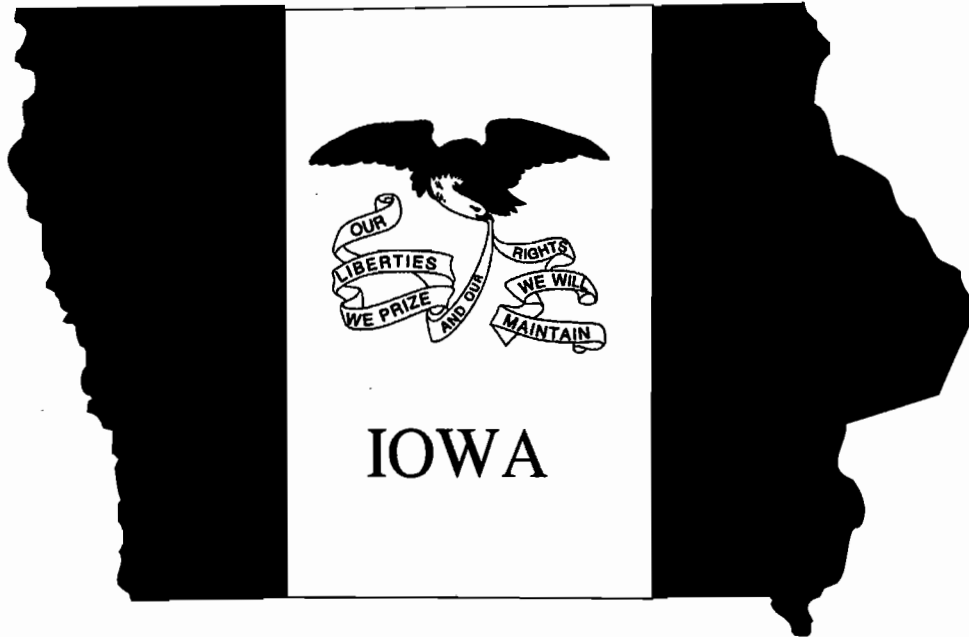
I'm anxious to work with you in the coming months on strengthening Iowa's drug control efforts—especially those aimed at the perplexing methamphetamine problem—and appreciate your past support. Please call me if you have questions.

Sincerely,

Marvin L. Van Haften
Director

Enclosure

Iowa's Drug Control Strategy 2007



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*

November 1, 2006



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

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EXECUTIVE SUMMARY

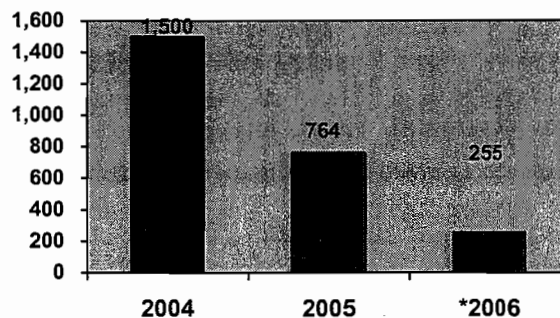
The attached annual report is submitted in satisfaction of Chapter 80E.1 of the *Code of Iowa* which directs the Drug Policy Coordinator to monitor and coordinate all drug prevention, enforcement and treatment activities in the state. Further, it requires the Coordinator to submit an annual report to 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 developed in consultation with the DPAC.

Alcohol and other drug abuse continue to be a great threat to the safety, health, and economic wellbeing of all Iowans. While much has been done to address this issue, there is still work to be done.

PROGRESS

Since the Iowa Pseudoephedrine Control Act was passed in May 2005, the number of meth labs seized in Iowa has dropped; from a high of 1,500 in 2004 to a total of 764 in 2005 and 255 as of September 30, 2006. This represents a decline in the monthly rate of meth labs from 125 in 2004 to 28.3 to date in 2006.



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

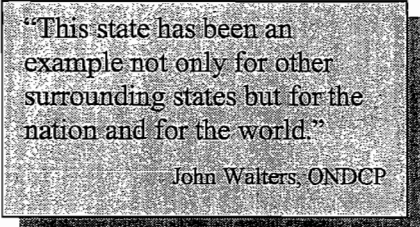
Following enactment of the Iowa Pseudoephedrine Control Act, the University of Iowa Burn Treatment Center reported a \$2.5 million savings in SFY 2006 vs. SFY 2005, due to fewer patients admitted with meth lab fire or explosion related burns.

This significant reduction in meth labs has increased public safety and has freed up valuable law enforcement resources to handle other drug related issues, such as conspiracy and interdiction. This reduction has also led to fewer children being found in homes where methamphetamine is being manufactured, from a high of 353 in 2003 to 128 in

2005. This decrease means fewer children are exposed to the toxic and volatile chemicals used in the manufacture of methamphetamine. Research conducted by the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning on drug involved prison commitments from FY 2004 – FY 2006 shows a steady decrease in meth-related admissions.

Another tool to assist in reducing the manufacture of methamphetamine is the development of a meth inhibitor, Calcium Nitrate, which when added to Anhydrous Ammonia renders the fertilizer nearly unusable in the manufacture of methamphetamine. The additive, along with Anhydrous Ammonia tank locks, provides yet another deterrent to methamphetamine production. The inhibitor, developed at Iowa State University has recently garnered national and international attention because of its potential value in combating meth labs in other states and countries.

Iowa has been looked to as a national leader in methamphetamine control, particularly the enactment of the Pseudoephedrine Control Act, which remains the strongest non-prescription law of its kind in the country. In March, 2006, Iowa leaders were recognized by John Walters, Director of the White Office of National Drug Control Policy (ONDCP), for their efforts to control methamphetamine production.



“This state has been an example not only for other surrounding states but for the nation and for the world.”
John Walters, ONDCP

The Federal Combat Methamphetamine Epidemic Act draws heavily from the Iowa Pseudoephedrine Act, and was fully enacted at the end of September 2006. This Act regulates pseudoephedrine access in all states, which will make it more difficult for meth cooks to get this necessary ingredient.

Overall, fewer Iowa youth are reporting the use of alcohol, tobacco and other drugs. The 2005 Iowa Youth Survey reflects a steady and significant reduction in both current (within the past 30 days) and lifetime (ever) tobacco use among students in grades 6, 8 and 11 since 1999. While not as dramatic as tobacco, there has also been a steady drop in alcohol use. Even with the decline in alcohol use, it remains the number one drug of choice among Iowa youth. Very small declines have also been noted in marijuana, but its use is still very prevalent and it is the most often cited primary drug of choice by adolescents being screened or admitted for treatment. Declines were also noted in amphetamine/methamphetamine, and cocaine use.

The plight of drug endangered children (DEC) continues to be a focus across the state. The DEC program was started in response to the many children exposed to toxic chemicals at meth lab sites. It has recently expanded in many communities to include children whose parents use and/or distribute meth and other illicit drugs. Often these children are victims of physical, emotional or sexual abuse and child neglect. DEC is a multi-disciplinary initiative involving participation from law enforcement, human services, medical professionals, prosecutors and others designed to rescue children from such hazardous environments. This approach recognizes that simply removing a child from a dangerous environment is not enough; meaningful intervention should address the

physical, developmental, and psychological well-being of the child during the ensuing 12-24 months.

The Outcomes Monitoring System Iowa Project study, conducted by the Iowa Consortium for Substance Abuse Research and Evaluation, on substance abuse treatment outcomes in Iowa, has consistently shown since its implementation in 1999, that clients who stay in treatment more than 60 days have the most positive outcomes. Six months post treatment they have higher abstinence and fulltime employment rates than clients who have shorter treatment stays. They are also less likely to have been re-arrested during that time period.

CURRENT TRENDS and EMERGING ISSUES

As measured by consumption, treatment admissions, and involvement in the criminal justice system, alcohol remains the most troublesome drug of abuse in Iowa. Alcohol sales in 2005 reached a 10 year high representing 1.59 gallons of absolute alcohol per person. There are more arrests in Iowa for OWI than for any other single offense. Alcohol admissions to treatment constitute over fifty percent of the total admissions for adults, and slightly less than fifty percent for juveniles. In addition, the number of adults screened/admitted into treatment for alcohol abuse rose by over 3.6% from 22,294 in state fiscal year 2005 to 23,107 in state fiscal year 2006.

Marijuana continues to be the most prevalently abused illegal drug in Iowa among both adults and juveniles, and indicators related to its use continue to grow steadily. Marijuana as a primary drug of choice accounts for more than 50% of all juveniles screened or admitted to treatment. According to the Division of Criminal Investigation, marijuana being seized and tested in their labs is more potent than the marijuana of the 1960's and 70's. This increase in potency makes marijuana a much more dangerous drug that can cause a host of physical and psychological problems, including addiction. In recent years arrests for marijuana offenses have outnumbered all other drugs combined. With marijuana being the most commonly abused illicit drug in our state it is essential that we continue to educate Iowans about its hazards, work towards preventing its use, and continue to implement appropriate treatment protocols.

A study conducted by the University of Mississippi Potency Monitoring Project reported that marijuana seized with a THC content of 5% or greater increased from 15.8% of submissions in 1989 to 60% in 2005.

“Marijuana as a cause for an Emergency Room visit now surpasses heroin.”
National Drug Abuse Warning Network

What the Pseudoephedrine Control Act did not do, nor was it intended to do, is reduce the *demand* for meth. Even before the law was adopted, the Iowa Division of Narcotics Enforcement estimated that less than 20% of the meth used in Iowa was manufactured here. The overwhelming majority of methamphetamine 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.” Mexican drug trafficking organizations (DTOs) are believed to be the primary source of the imported meth, as well as cocaine, in Iowa.

According to the 2006 National Drug Threat Assessment, “Mexican drug trafficking

organizations and criminal groups are the most influential drug trafficker in the United States, and their influence is increasing. They are the predominant smugglers, transporters, and wholesale distributors of cocaine, marijuana, methamphetamine, and Mexico-produced heroin in the United States...” In a report by the U.S. Department of Health and Human Services, 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 remains high.

Increases in cocaine/crack cocaine seizures are also reason for concern. In 2005, the Iowa Division of Narcotics Enforcement seized 129,791 grams of cocaine, an 11 year high. Of additional concern are the price and purity of cocaine. Price has gone down and purity has gone up, making cocaine a more alluring drug. As noted earlier, Mexican Drug Trafficking Organizations also supply cocaine to Iowa.

According to the United States Attorney’s Office, criminal gang activity, which had

“Street gangs and prison gangs, have, to varying degrees, established relationships with Mexican DTOs; these relationships have enabled them to evolve from primarily retail level distributors of drugs to significant smugglers, transporters, and wholesale distributors.”

2006 National Drug Threat Assessment

declined in the 1990’s, is on the rise in Iowa. Gang activity is typically associated with drug importation and distribution, guns, crime, violence and intimidation. Gang activity has reportedly increased in both metropolitan and rural communities. Gang activity has been reported in communities of less than 30,000. Iowa law enforcement is reporting a resurgence of established gangs (e.g., Bloods, Crips, Black

Gangster Disciples, etc.) as well as an influx of Hispanic gangs. Among the Hispanic gangs reported are La Raza Loca; Los Suernos; and Mara Salvatrucha 13, (MS13) a gang known for its particularly violent nature. Addressing gang activity adds yet another element of concern to the already burdened criminal justice system.

In February 2006, the White House Office of National Drug Control Policy called the illegal use of pharmaceuticals one of the “fastest

Factors contributing to prescription drug abuse by juveniles:

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

Partnership for a Drug-Free America

growing forms of drug abuse.” Nationally, prescription drug abuse among young people is on the rise as is the abuse of certain over-the-counter medications. This move from “farming,” using organic substances such as marijuana, to “pharming,” using entirely synthetic drugs to get high is cause for concern. Some of the primary prescription and over-the-counter (OTC) drugs of abuse are: narcotic painkillers (OxyContin, Vicodin), stimulants (Ritalin, Adderall), depressants (Xanax, Valium), and dextromethorphan (DXM), a common cough suppressant. Overall, 4% of students in grades 6, 8 and 11 who responded to 2005 Iowa Youth Survey reported taking a prescription not prescribed for them or using an OTC medication in an unintended manner at least once in the past 30 days.

Prescription drug abuse is not limited to Iowa youth. A 2005 survey of approximately one-third of Iowa pharmacies identified 85 Iowans who were able to obtain thousands of medications by traveling to different pharmacies and doctors offices. The survey identified another 153 individuals who exhibited some of the characteristics of “shopping” for prescriptions. This practice is commonly referred to as pharmacy or “doctor shopping.”

A southwest Iowa man used ten different pharmacies and 41 doctors to support his addiction to hydrocodone and oxycodone.

IBPE survey

NEXT STEPS

A crucial component in successfully addressing alcohol and other drug abuse and addiction is the availability of treatment and aftercare services. In order to best meet the needs of clients, treatment must be available on demand, when the addict needs it; treatment counselors must be well qualified, licensed to provide services and knowledgeable about best practices in treatment; a clients stay in treatment must be long

“Treatment for adults and adolescents is cost-effective because it reduces costs related to drug use, associated with health care, and crime-related costs including incarceration. Adding an aftercare component to in and out of prison-based treatment programs results in the greatest cost savings.”

National Institute on Drug Abuse

enough to have maximum effect; and there must be adequate aftercare services available. Funding for treatment, has not kept pace with the demand for treatment. During state fiscal year 2006, 44,863 clients were screened and/or admitted to substance abuse treatment, a 100% increase from 1992. During this same period of time, total funding for treatment increased by only 56%, an indicator that more clients were

served with fewer resources, which contradicts what is known treatment effectiveness.

Additionally, methamphetamine abuse was in its infancy in 1992. Methamphetamine addiction is a more chronic condition requiring more intensive treatment and additional resources. The result of this is that treatment programs are serving more clients and more chronic addiction with fewer resources and less intensive treatment. There have been few new treatment beds added to accommodate the growing need, and aftercare services are

often limited or non-existent, especially in rural areas. In many cases, in-patient treatment clients are housed far from the support of their families and end up going back to the same environment. Additionally, treatment programs have found it difficult to retain their best counselors due to low pay or lack of benefits. Enhancing the quality and availability of treatment services in Iowa is essential to reducing drug addiction and improving the quality of life.

Another program that has shown success in addressing addiction is Drug Court. Currently there are several operational Drugs Courts in Iowa. Drug Court offers a strong incentive to clients to complete treatment and stay clean. Adding drug courts in judicial districts not currently served, and allowing the districts to choose the model most appropriate for their area is another essential ingredient to more effectively address addiction in Iowa.

The Iowa Department of Corrections offers a variety of drug treatment programs at its institution's across the state. However, the Department is unable to keep up with demand. A study conducted in 2001 by the Mid-Eastern Council on Chemical Abuse found that 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2005, according to the Department of Corrections, only 54.7% of inmates in state correctional institutions who needed treatment got it; this percentage drops to 45.7% in the community corrections system.

“Studies show that treatment can cut drug abuse in half, reduce criminal activity up to 80 percent, and reduce arrests up to 64 percent.”
Center for Substance Abuse Treatment

Breaking the cycle of addiction has a positive affect on offender recidivism rates. Unfortunately many of the inmates who do receive treatment live among the general inmate population and lose a good portion of the treatment benefits while living, working and socializing with them. In 2004, the state of Illinois opened a fully dedicated drug treatment (Therapeutic Community) prison in Sheridan. In addition to intensive drug treatment, the 800+ inmates receive educational and vocational training, as well as transitional assistance when they eventually return to the community. Considered a state of the art program, parolees were 40% less likely to re-offend than those in a comparison group. Based in part on the success of the Illinois program and the need to treat more drug offenders, the Iowa Department of Corrections is considering aspects of the Therapeutic Community treatment program for use in one or more of its facilities. While they will initially be less extensive than the Illinois program, the Iowa programs will begin to address the specific treatment needs of inmates and may expand as resources become available. The desired result is lower recidivism, safer communities, and cost savings by averting new prison construction.

In response to the growing trend of pharmaceutical abuse, the 2006 Iowa Legislature authorized the development of a statewide federally funded electronic Iowa Prescription Drug Monitoring Program (IPDMP) to facilitate the transmission and collection of data regarding select controlled substances dispensed to patients in Iowa. Information

collected and analyzed pursuant to the IPDMP will help identify patients are potentially misusing pharmaceuticals and who may benefit from referral to a pain-management specialist or to substance abuse treatment; to assist prescribers in making appropriate treatment decisions for patients requesting controlled substances; and to assist pharmacists in the provision of pharmaceutical care. The Iowa Board of Pharmacy Examiners is currently working to implement the program.

Substance abuse by parents/custodians causes untold risks to children and much of this damage goes undetected. Many of Iowa's drug endangered children fall into the category of denial of critical care and are never viewed as victims of drug-related child abuse. A 2006 Department of Human Services (DHS) study assessed the impact of parental methamphetamine use or manufacturing on child protection cases in a 16-county service area in southwestern Iowa. The study found that 46% of open child welfare cases had a known "meth" factor – parents using, cooking, or selling. This is down from 49% in similar studies conducted in 2003 and 2005. Additionally, an evaluation of all Child in Need of Assistance (CINA) cases conducted by the Polk County Attorney's Office from June 2004 – January 2005 found that 80% involved parental/caregiver use of meth.

It should be noted that these studies looked at methamphetamine only, and did not include alcohol or other drugs of abuse, all of which pose dangers to children and vulnerable adults. Studies are also being conducted, locally and nationally, on the long-term results of prenatal and environmental exposure to parental drug involvement. Anecdotally, providers are reporting extreme behavior problems, feeding issues in very young children, and delayed language development, all of which could have lifelong ramifications.

Continuing to expand the DEC program to include additional services such as substance abuse treatment, educational assistance, and public awareness is vital. It is also important to imbed it into the infrastructure of the agencies involved to ensure continued commitment and future success.

The demand for meth continues to be strong, the abuse of alcohol and other drugs remains unacceptably high and the abuse of pharmaceuticals appears to be growing. These developments occur against the backdrop of limited funding increases or funding cuts to treatment, prevention and law enforcement. Iowa stands at a crossroad. In order to achieve safe and drug-free communities, we must:

The annual cost of illicit drug abuse to the American economy in 1998 was \$129.9 billion, the costs associated with alcohol abuse in 1998 was estimated to be \$184.6 billion and the estimated cost of tobacco in 1995 was \$138.0 billion. These figures represent an average cost of \$1,674 per person in the U.S. The annual estimated societal costs generally increase between three and five percent each year.

Office of National Drug Control Policy

- Invest both financial and human resources in proven substance abuse prevention and treatment programs;

- See value in prevention and treatment providers and invest financial resources to recruit, train, and retain qualified professionals;
- Recognize that substance abuse treatment is not “one size fits all,” and provide adequate resources so that more treatment clients receive the care most appropriate to their needs in community-based programs and in correctional institutions before offenders are returned to the community;
- Provide adequate aftercare to those leaving treatment;
- Enhance prevention/intervention services to families and children of treatment clients;
- Reduce the stigma of addiction through public education and awareness;
- Support state, local, and federal drug enforcement efforts, including stabilized funding for Drug Task Forces; and
- Continue to expand efforts to help drug endangered children have a more positive trajectory;
- Support efforts such as Drug Courts (Family, Adult and Juvenile) and Therapeutic Treatment Communities that have been shown to be successful in addressing addiction; and
- Implement evidence based prevention practices and programs with the goal of reducing alcohol and other drug abuse.

The costs, in dollars, time, and human capital, of such programs may seem enormous, but the cost to life, safety, and health are far greater. Such investments save families and protect and nurture children.

TARGETED STRATEGIES: 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.

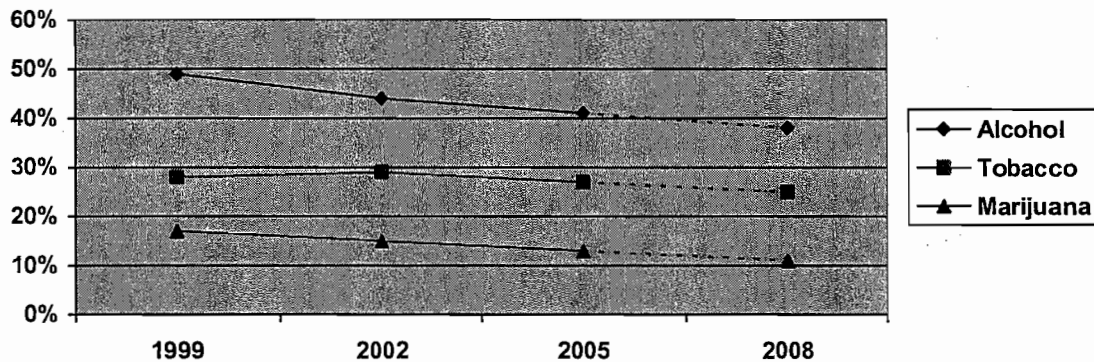
Each indicator has a story – why this particular measure shows movement toward reaching the result. The indicators also contain information about what works now; what works to turn a negative curve toward a more positive forecast; current proposals; and future strategies.

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

- 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

Current Proposals

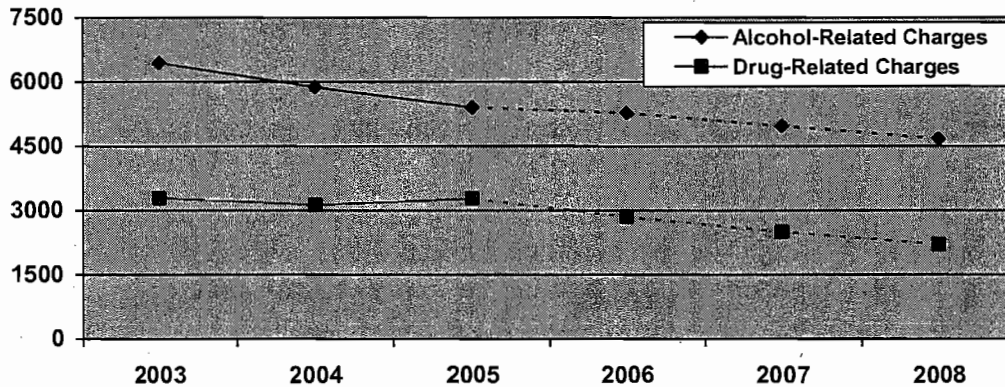
- Coordinate school-based efforts with local community coalition and statewide alcohol and tobacco prevention efforts.
- Develop and pilot user-friendly tools that will assist school districts and communities in using data to select the best evidence-based positive youth development programs and practices 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.
- Offer evidence-based substance abuse prevention program training for community-based organizations that are providing prevention services.
- Complete the prevention needs assessment through data analysis.
- Expand the use of public service campaigns to empower parents/caregivers to educate their children about drugs.

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 Certification of all individuals providing publicly funded prevention services.
- Provide funding to support future Iowa Youth Surveys.
- Clarification of the prevention services definition.

Prevention Indicator #1-B

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



Source: CY 2003 - 2005, Iowa Justice Data 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

- 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

Current Proposals

- Continue implementation and support of mentoring based on best practices in youth-to-youth and adult-to-youth mentoring.
- Provide training to mentoring programs on evidence-based prevention programs and how to implement them.

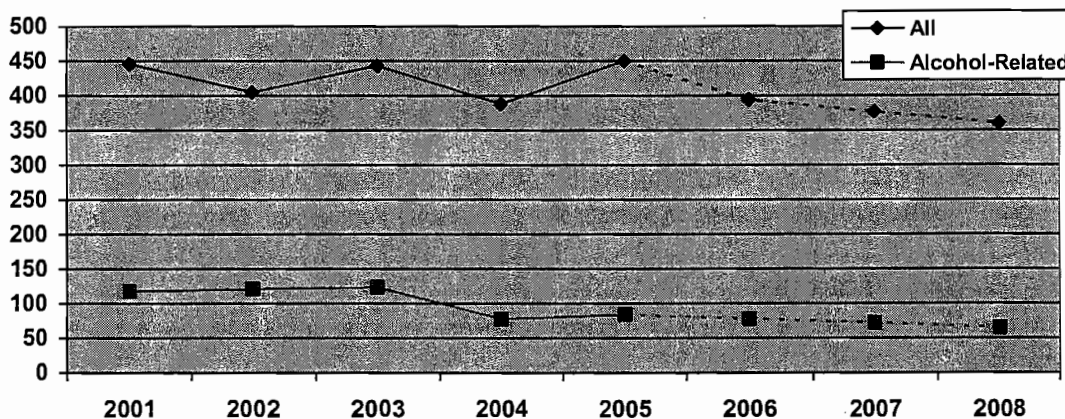
- Utilize Partnership for a Drug-Free Iowa and other media campaigns to modify values, attitudes, norms and behavior regarding substance use, and to empower parents/caregivers to talk with their children about drugs and violence.
- Enhance community coalition knowledge about effective coordination and implementation of substance abuse programs.
- Continue implementation of Iowa's Promise, a state level component of America's Promise, which promotes positive youth development, including substance abuse prevention.

Two to Ten Year Strategies

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

- 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

Current Proposals

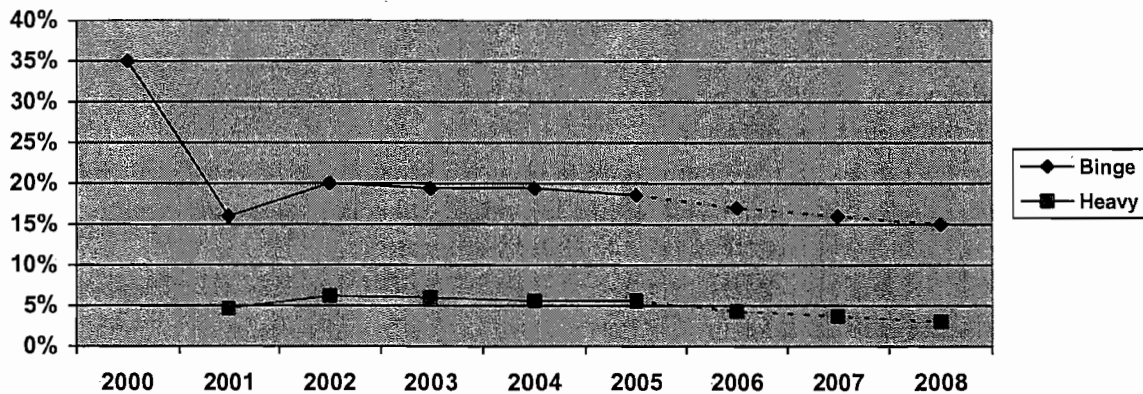
- Continue to sponsor education programs for retail clerks on how to check identification and decline sales to minors.
- Continue the TIPS (Training for Intervention Procedures) program for servers in restaurants/bars.
- Encourage enforcement of drunk and drugged driving laws by law enforcement personnel.
- Establish through legislation a requirement that retailers renting beer kegs maintain customer logs.
- Develop a statewide underage alcohol use prevention plan.
- Continue the collaboration between substance abuse treatment programs and community colleges to provide a statewide education program for convicted OWI offenders.
- Expand the Polk County "ReThinking Drinking, A Restorative Underage Drinking Program" education/diversion program for minors in possession (first offense).

Two to Ten Year Strategies

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

- 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)

Current Proposals

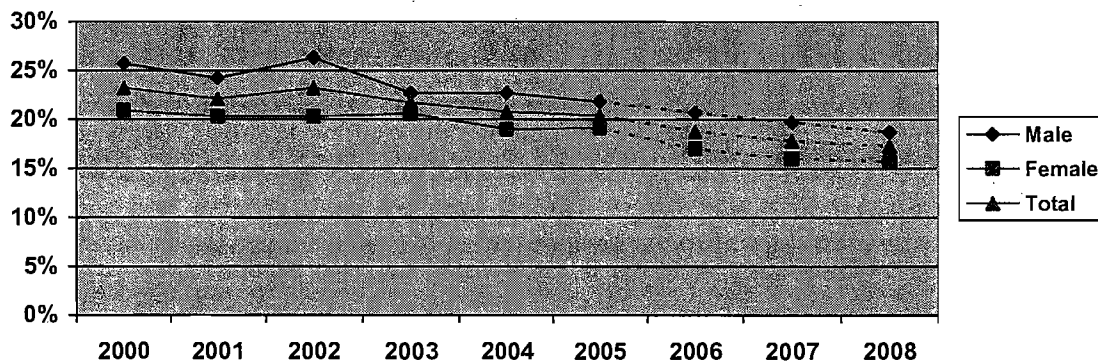
- Continued promotion of, and training on, comprehensive drug-free workplace programs that include policy development, employee education, supervisor training, parent information, intervention and drug testing.
- Provide age appropriate and culturally appropriate information to the public on the availability of substance abuse prevention and treatment services.
- Enhance the ability of community anti-drug coalitions to establish standards, codes, and policies that decrease the incidence and prevalence of alcohol and other drug abuse in the general population.
- Increase awareness and utilization of the Iowa Substance Abuse Information Center 24 hour, 7 day a week toll-free helpline providing substance abuse referrals, emergency counseling, and substance abuse information.

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 implementing drug testing and employee education programs in workplaces.
- Increase the tax on alcohol products.

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

- 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

Current Proposal

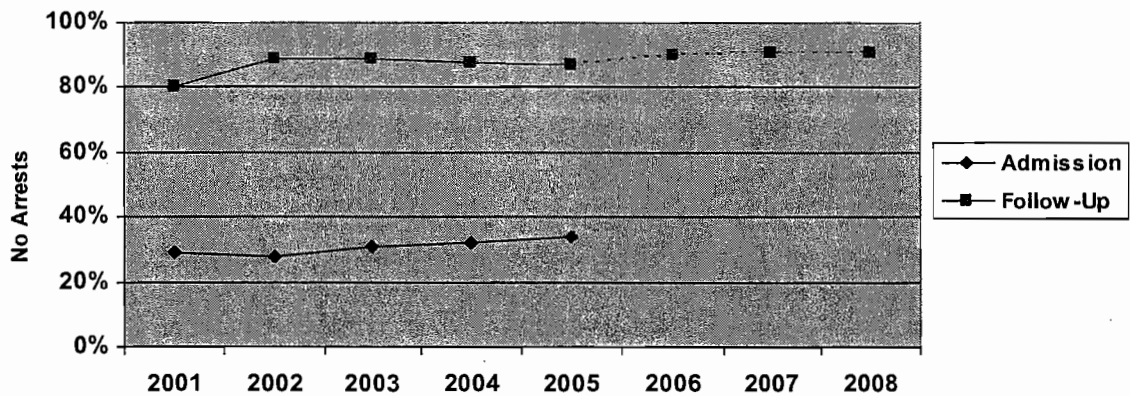
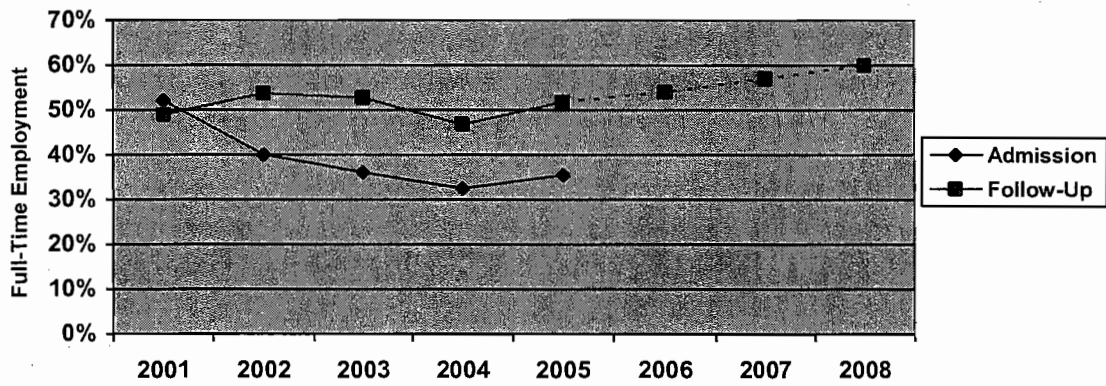
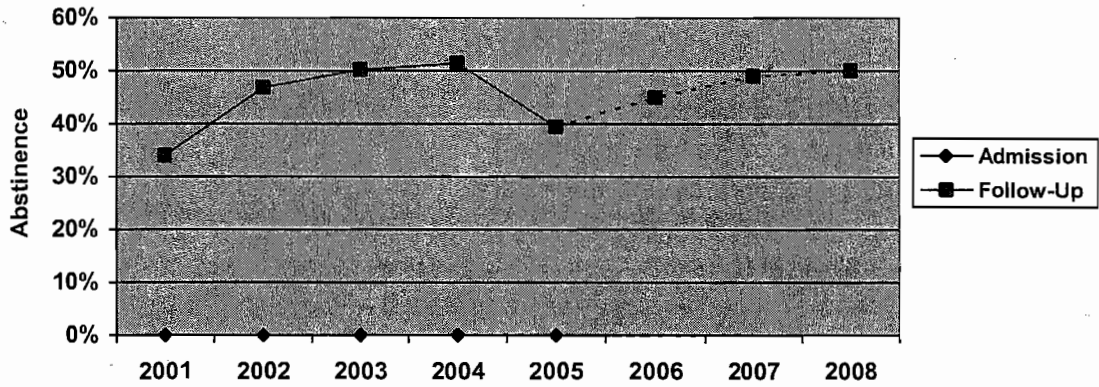
- Just Eliminate Lies (JEL) youth tobacco use prevention initiative.
- Quitline Iowa, a statewide smoking cessation hotline.
- Community Partnership Grants for tobacco use prevention and control.
- Counter-marketing programs.
- Secondhand smoke grants.
- Regular tobacco sales compliance checks.
- Priority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

Two to Ten Year Strategies

- Fund comprehensive tobacco prevention programming at the recommended CDC level.
- Increase the tax on tobacco products.
- Change legislation to allow for local control of clean indoor air laws.

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

- 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

Current Proposals

- Diversion to treatment for low-risk non-violent alcohol and other drug addicted offenders.
- Drug testing.

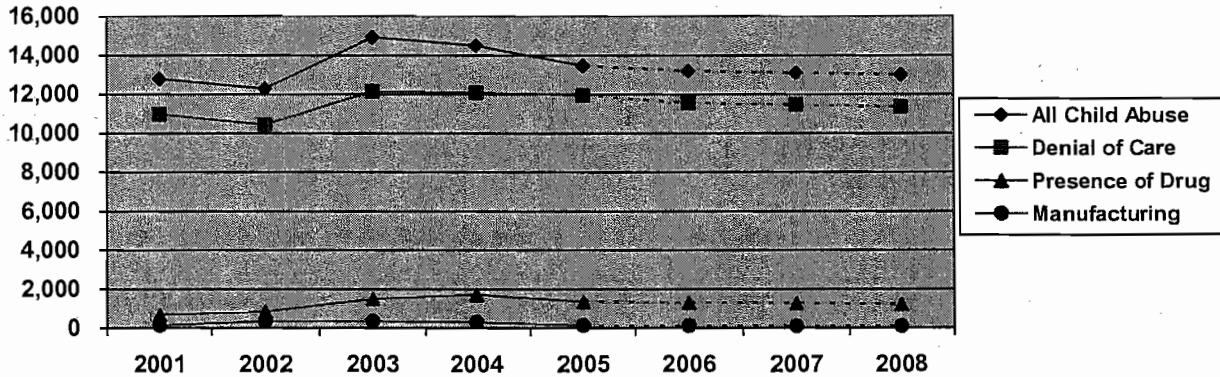
- Implementation of evidence-based treatment best practices through a collaborative effort between the Iowa Department of Public Health, Center for Substance Abuse Treatment and substance abuse program directors.
- Development of a monitoring system to identify persons illegally abusing prescription drugs.
- Co-occurring disorder policies.
- Involvement with the Network for the Improvement of Addiction Treatment Initiative.
- Expansion of the Iowa Service Management and Reporting Tool (I-SMART) web-based clinical management tool.

Two to Ten Year Agenda

- Ensure insurance parity for substance abuse and mental health disorders.
- Propose to the HAWK-I Board of Directors that they 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 recovering persons 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.
- Implement selected or indicated prevention programming with identified high risk populations.
- Promote the recruitment and development of substance abuse treatment professionals by enhancing substance abuse counseling programming at the state regent institutions and community colleges.
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders.
- Expand mid to long-term treatment programs.

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

- 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

Current Proposals

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

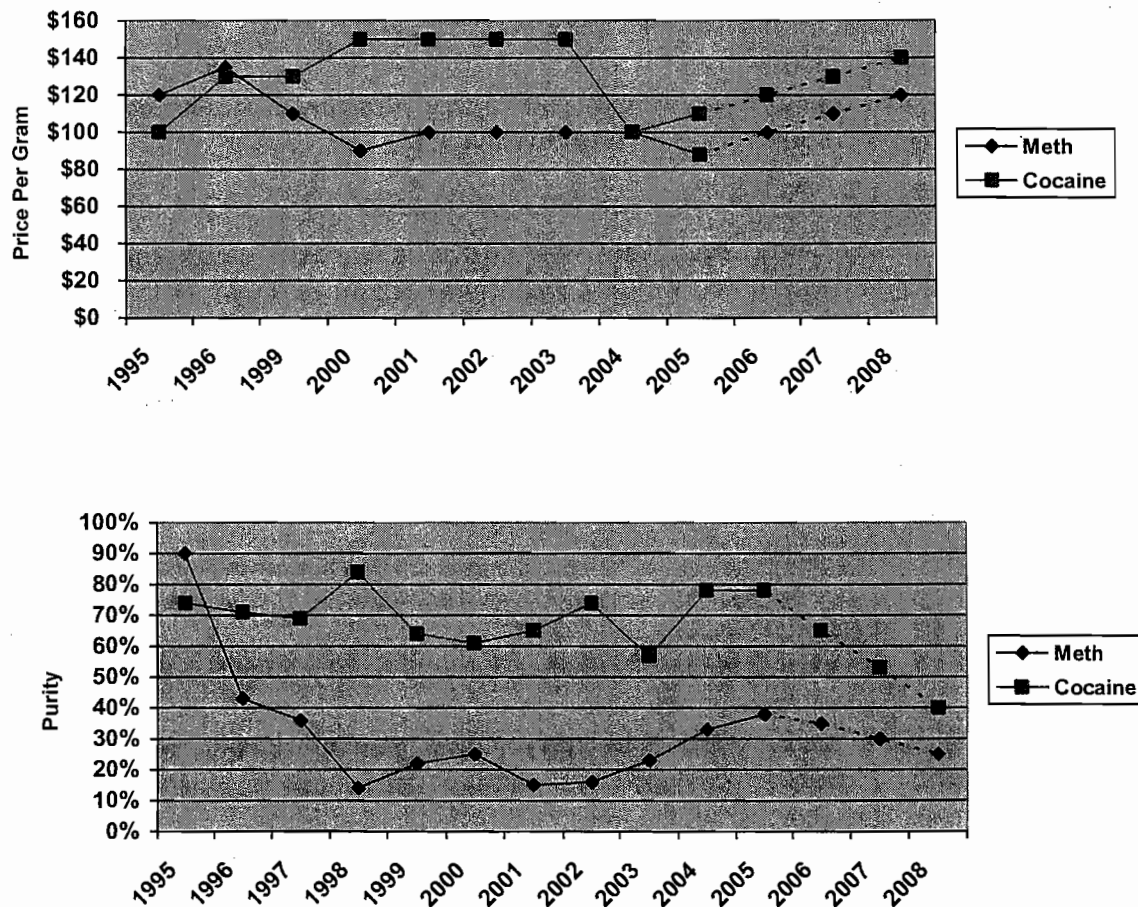
Two to Ten Year Agenda

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

Result #2: Iowa Communities Are Free From Illegal Drugs

Indicator #2-A

Average Price and Purity of Methamphetamine and Cocaine in Iowa



Source: Iowa Department of Public Safety

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

- 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

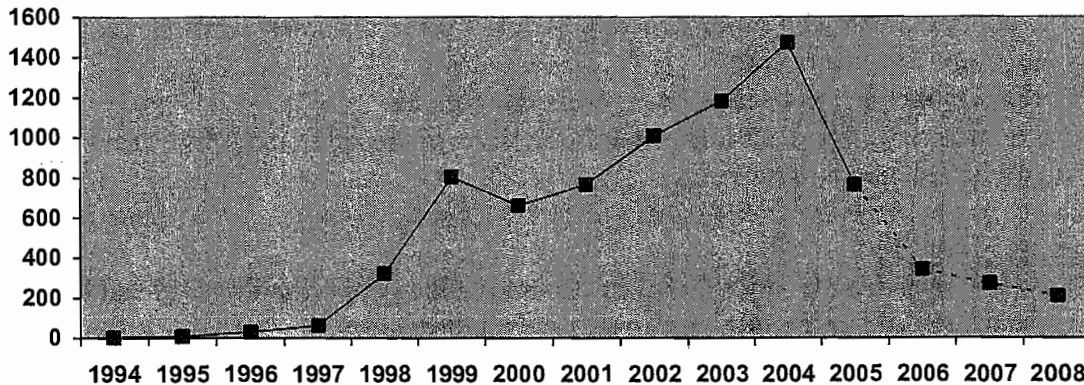
- Encourage the use of drug intelligence systems that increase law enforcement effectiveness by providing two-way connectivity among Iowa drug task forces as well as other law enforcement agencies throughout the nation.
- Continue to focus enforcement efforts on investigating organized interstate crime 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.
- Expand Drug Task Forces.

Two to Ten Year Agenda

- Encourage task force participants to utilize resources and expertise to identify, investigate, 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.
- Increase the number of National Guard Analysts to cover areas not current served.
- Transition Iowa drug enforcement task forces from methamphetamine lab responses to conspiracy/distribution drug investigations and drug trafficking organizations.

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

- 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

Current Proposals

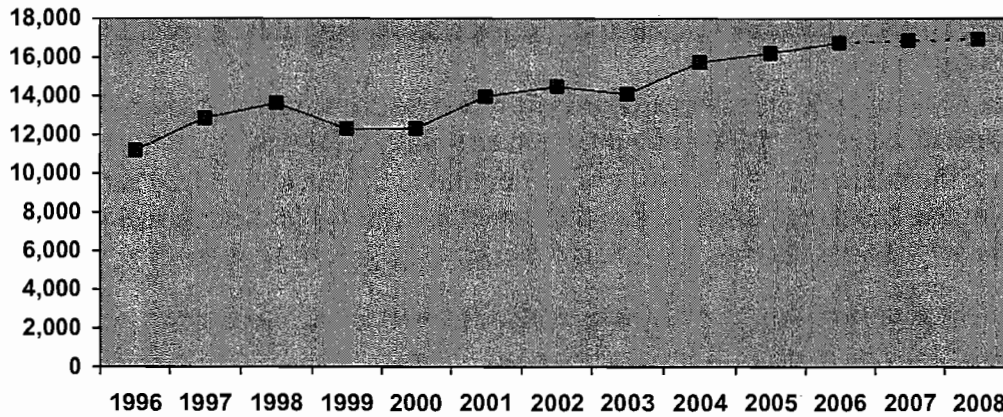
- Provide expanded narcotics law enforcement training opportunities for local law enforcement and prosecutors using all available resources.
- Encourage the use of drug intelligence systems that increase law enforcement effectiveness by providing connectivity among Iowa drug task forces and other law enforcement agencies throughout the nation.
- Continue coordination between law enforcement and retailers to limit the sale of products that can be used in the illegal production of methamphetamine.
- Promote the use of the anhydrous ammonia meth inhibitor, nurse tank locks, and other measures to prevent the theft/use of anhydrous ammonia for use in meth production.
- Strengthen specific sections of SF 169 so that all requirements are as strong as, or stronger than, the federal Combat Meth Epidemic Act.
- Track pseudoephedrine sales to prevent the diversion of the medication to illegal methamphetamine manufacture.

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 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

- 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

- Divert non-violent offenders from jail/prison to treatment.
- Expand juvenile and adult drug court programs to additional regions of the state.
- Expand community-based substance abuse treatment.

Two to Ten Year Agenda

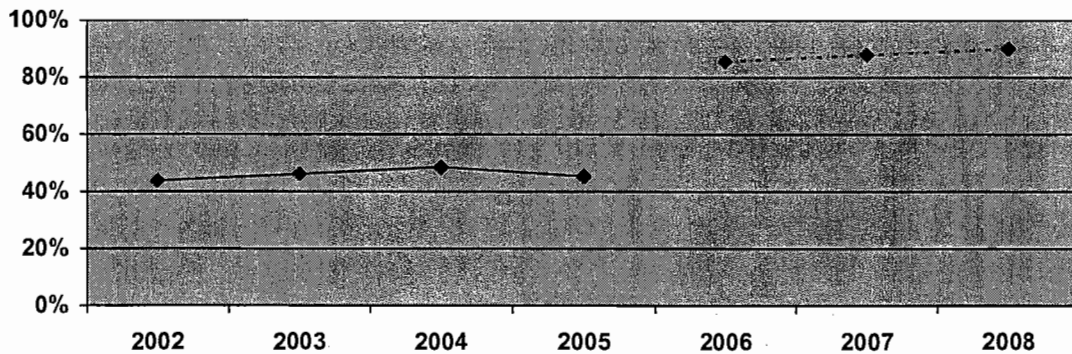
- Increase the level of case management resources for community-based criminal offenders receiving treatment services.

- 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, Scott and Story Counties.
- Increase the number of substance abusers referred to treatment by social service agencies and health providers before they become involved in the criminal justice system.

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

Indicator #3-A

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

- 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

Current Budget Year Proposals

- Begin development of an infrastructure at the Iowa Correctional Institute for Women (ICIW) and the Fort Dodge Correctional Facility (FDCF) to accommodate a total prison therapeutic community model.
- Enhance the capacity of the Iowa Medical Classification Center to provide centralized substance abuse assessments.
- Expand the number of local Drug Endangered Children programs to protect children who are exposed to drugs through a parent or caregiver and to provide substance abuse treatment to offending adults.
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders.
- Maintain and expand upon an extended jail-based drug treatment program for substance abusers in Polk, Woodbury, Scott and Story Counties.

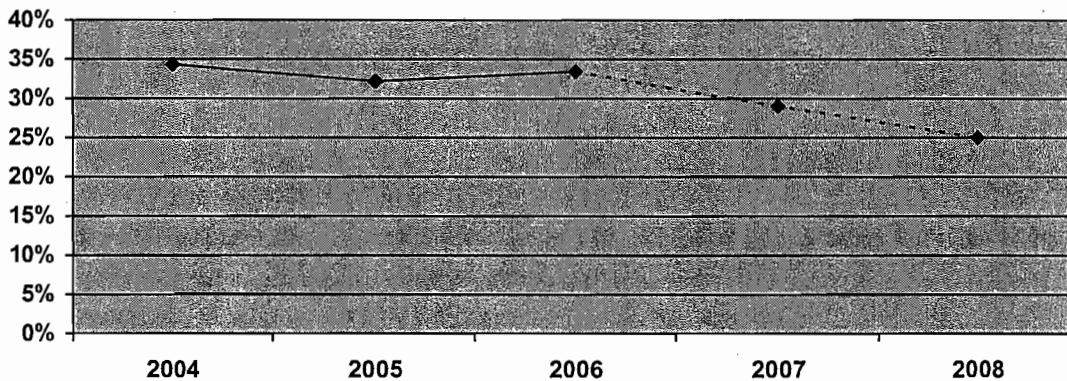
Two to Ten Year Agenda

- Increase the level of case management resources for community-based criminal offenders receiving treatment services.
- Develop expanded continuing care programs to support the return of offenders to the community after completion of prison-based treatment programs, including therapeutic community programs.
- Build upon existing models facilitating re-entry of prison inmates into the community. This includes coordinating with community corrections and local treatment providers, as well as community-based services, such as faith-based treatment services.
- Implement dual diagnosis/co-occurring programs in additional regions of the state to manage and properly treat dual diagnosis/co-occurring offenders.

- Expand the juvenile and adult drug court program to additional regions of the state. Continue to evaluate drug courts and modify programs to most effectively address the needs of offenders in each district.
- Ensure the viability of existing drug court programs during FY 2007 and beyond.
- Expand the infrastructure at the ICIW and FDCF to total prison therapeutic communities.

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

- Use of evidence-based best treatment practices
- Longer treatment length (up to 12 months)

- Individualized treatment plans
- Family involvement
- Faith-based treatment

Current Budget Year Proposals

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

Two to Ten Year 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 and aftercare services.
- Link correctional resources with law enforcement to enhance drug offender compliance with the conditions of probation/parole, which may include abstinence from drugs.
- Ensure manageable caseloads for probation officers
- Create structured, long-term transitional housing for addicted offenders being released from prison/jail.

SUBSTANCE USE PROFILE

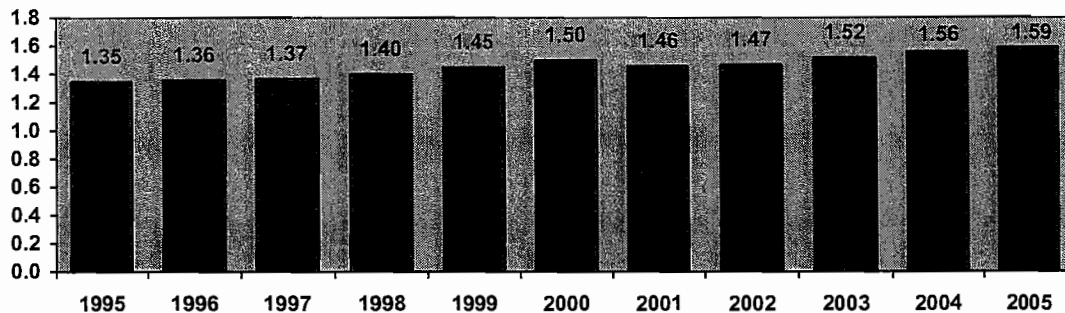
Iowa's Adult Population

Alcohol Use/Abuse

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



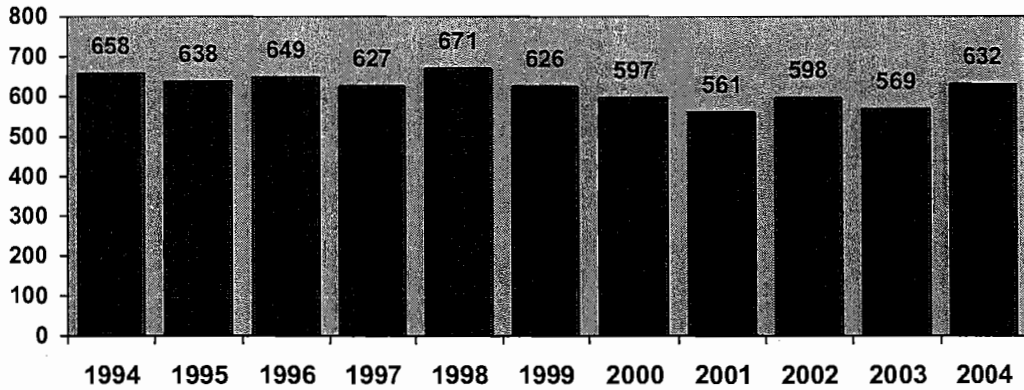
Source: Iowa Department of Commerce

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.

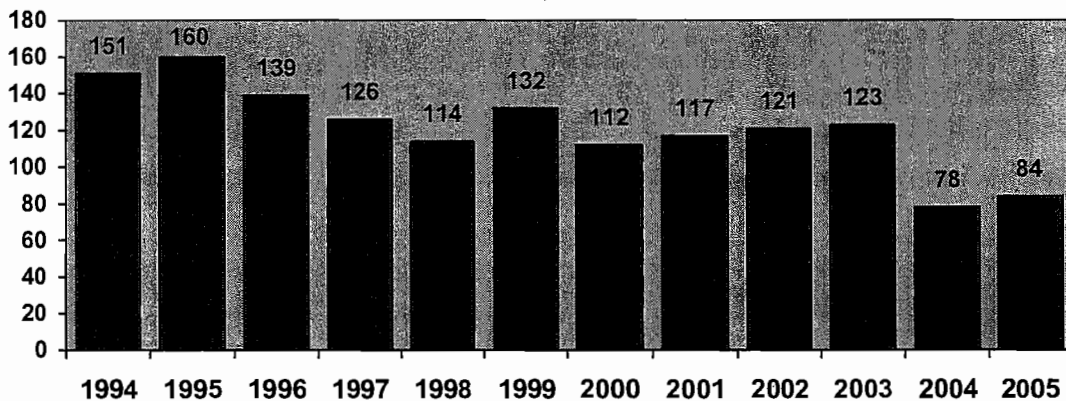
Figure 2 – OWI Arrest Rate/100,000 Population, CY 1994 – 2004



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.

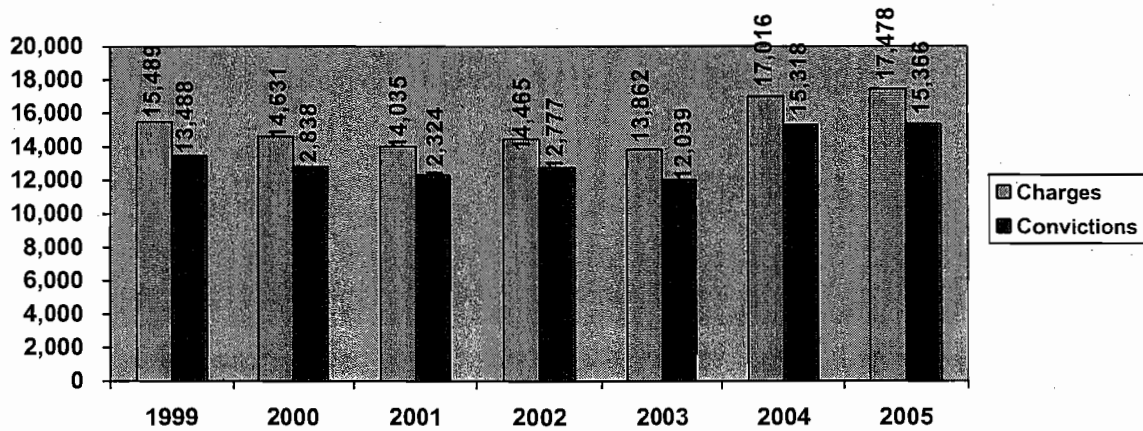
Figure 3 – Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 – 2005



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



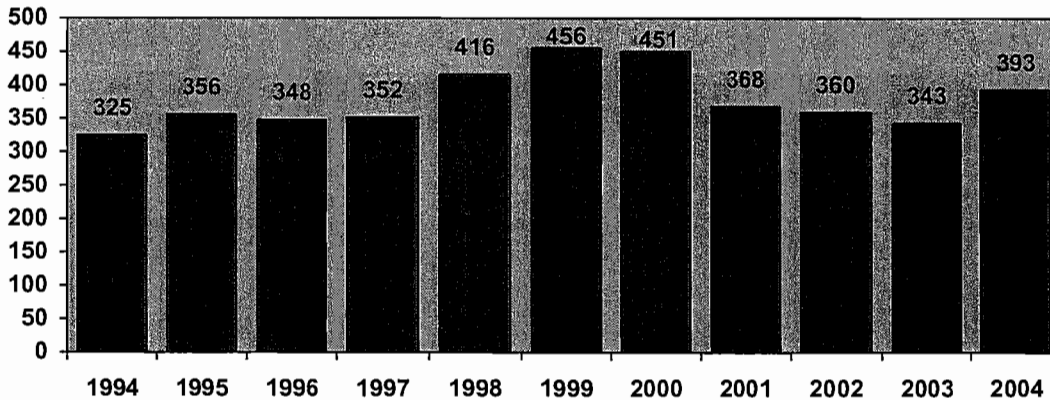
Source: Division of Criminal and Juvenile Justice Planning

**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

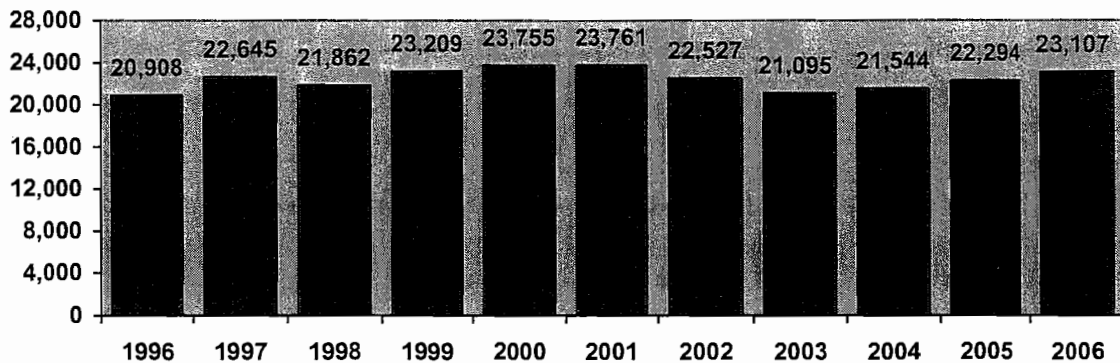
Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85%	7.0%	1.0%	5%	0.5%	1.5%	22,471
1993	82%	9.0%	1.3%	5%	0.7%	2.0%	22,567
1994	78%	11.0%	2.2%	6%	0.8%	4.0%	25,328
1995	69%	14.3%	7.3%	6%	0.7%	2.7%	29,377
1996	64%	18.1%	9.1%	6%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%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

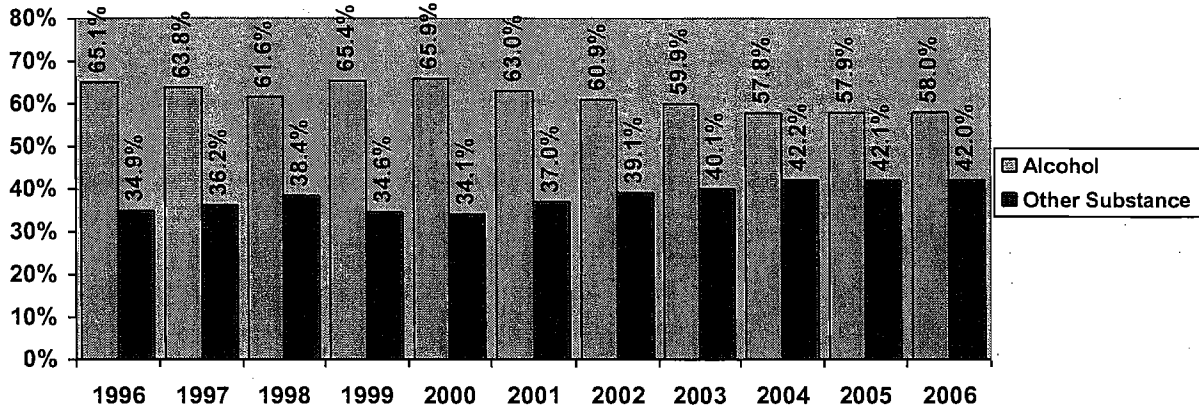


Source: Iowa Department of Public Health

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.

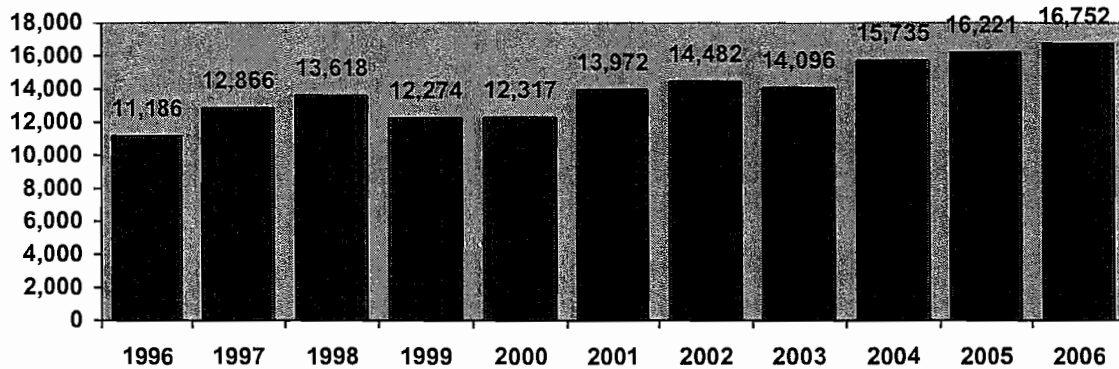
Illegal Drug Use in Iowa – General Observations

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.

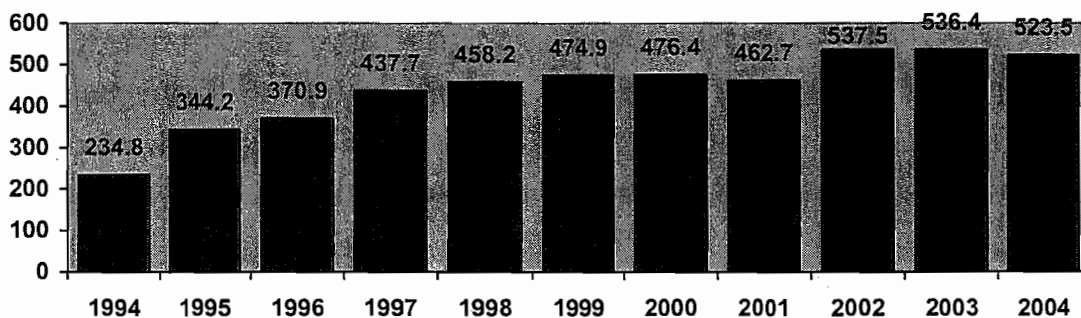
Figure 9– SARS Reported Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2006



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.

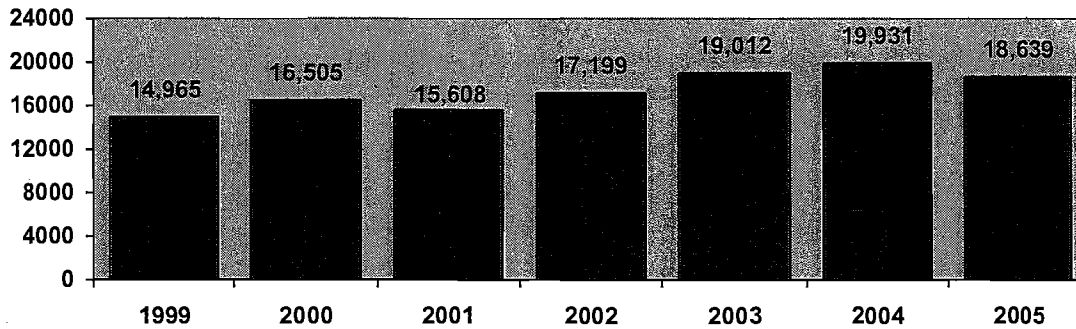
Figure 10 – Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 – 2004



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

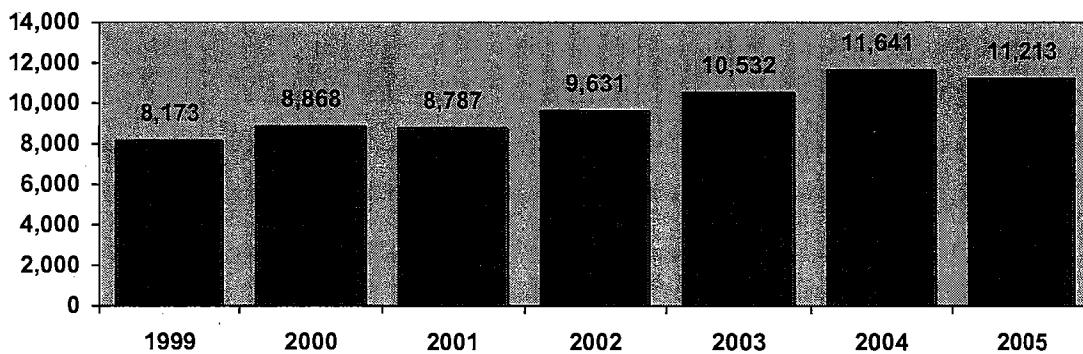


Source: Criminal and Juvenile Justice Planning

**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.

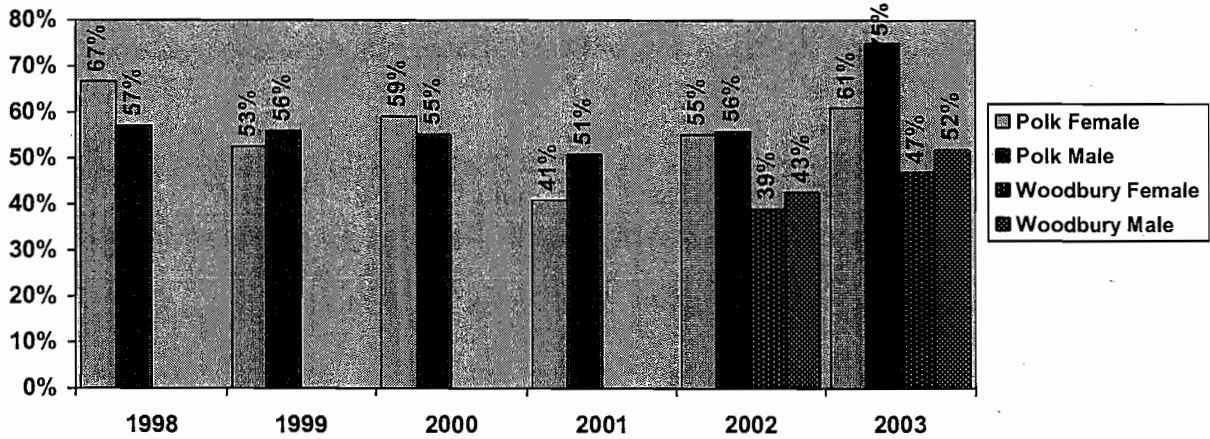
Figure 12 –Drug Convictions, CY 1999 – 2005



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

<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 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

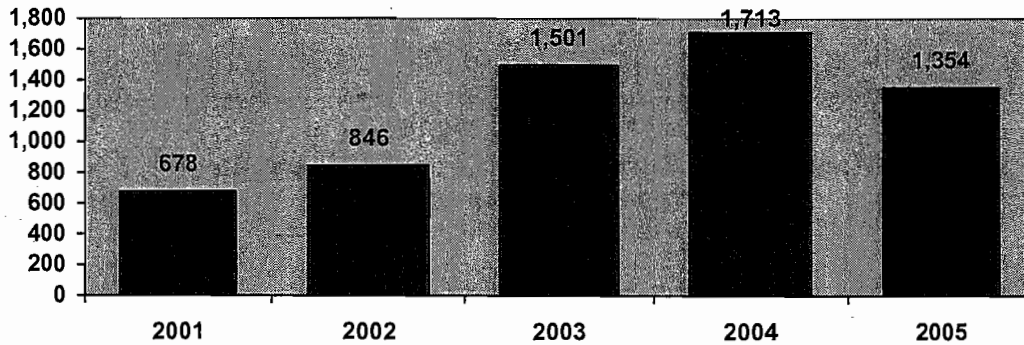
	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
<u>Institutions</u>					
Inmates in need of treatment	1,277	1,706	1,816	1,218	3,156
Inmates who received treatment	749	952	975	667	1,959
Percent	58.6%	55.8%	53.7%	54.7%	62.1%
<u>Community Corrections</u>					
Clients in need of treatment	2,031	3,746	5,092	7,356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

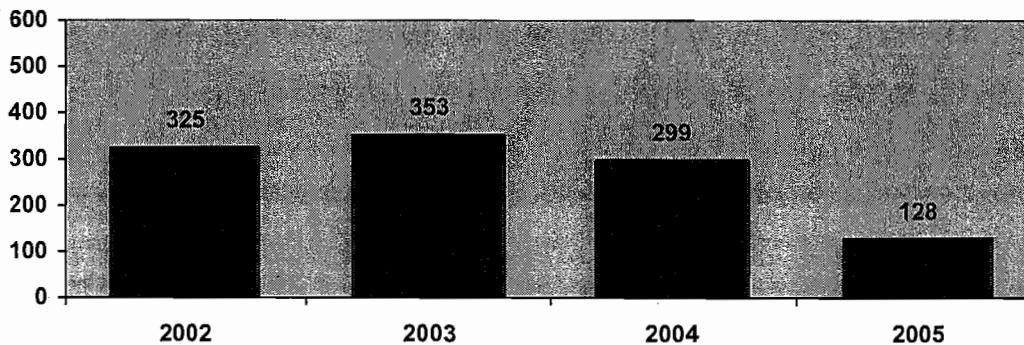


Source: Department of Human Services

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

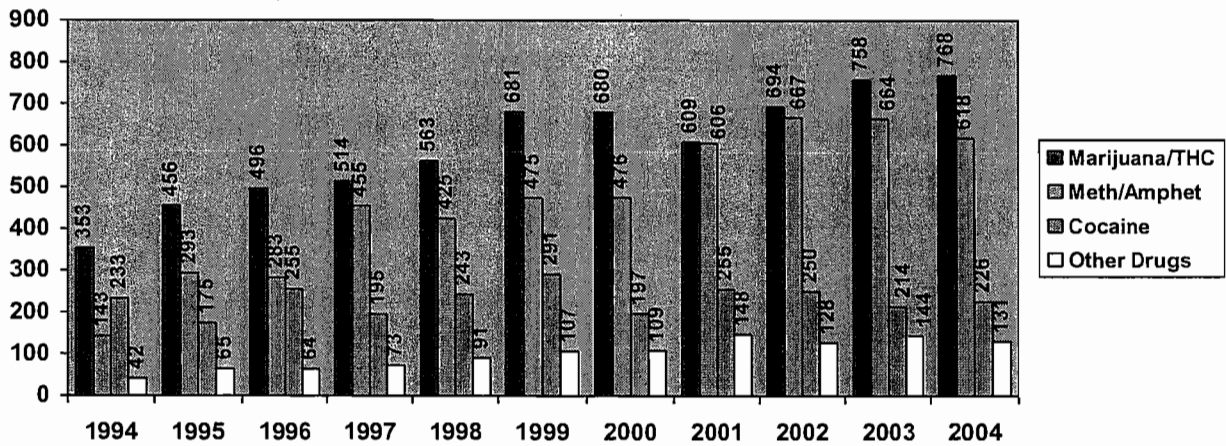
Drug Specific Indicators Data

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.

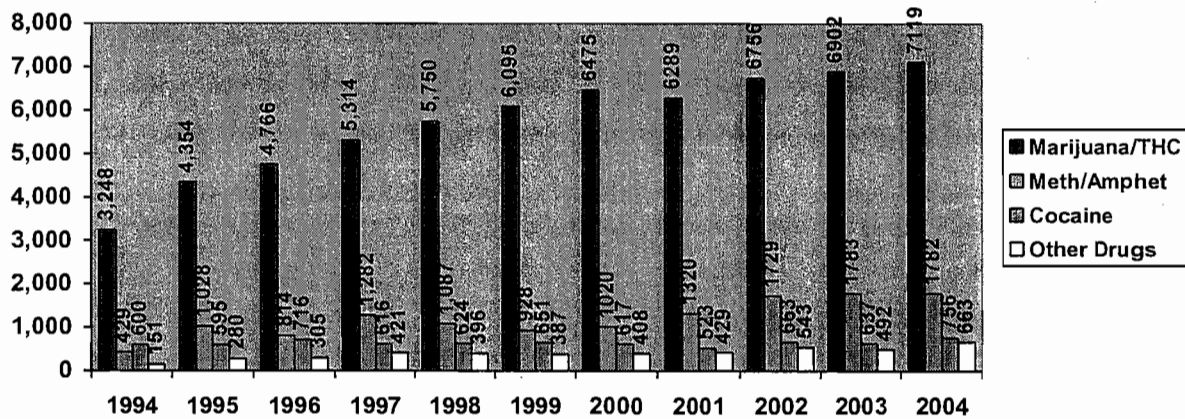
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

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

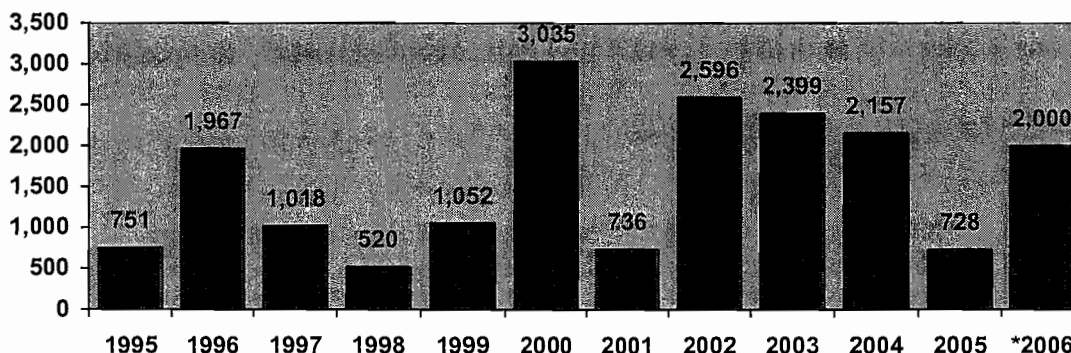
period, seven of every ten reported offenses for possession/use of drugs where the drug type was known involved marijuana.

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.

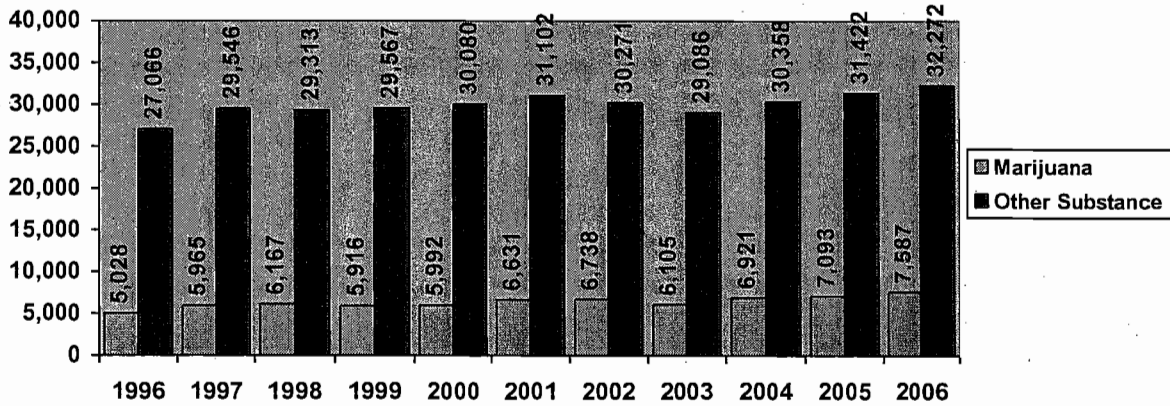
Figure 20 – Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1994 – *2006



**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

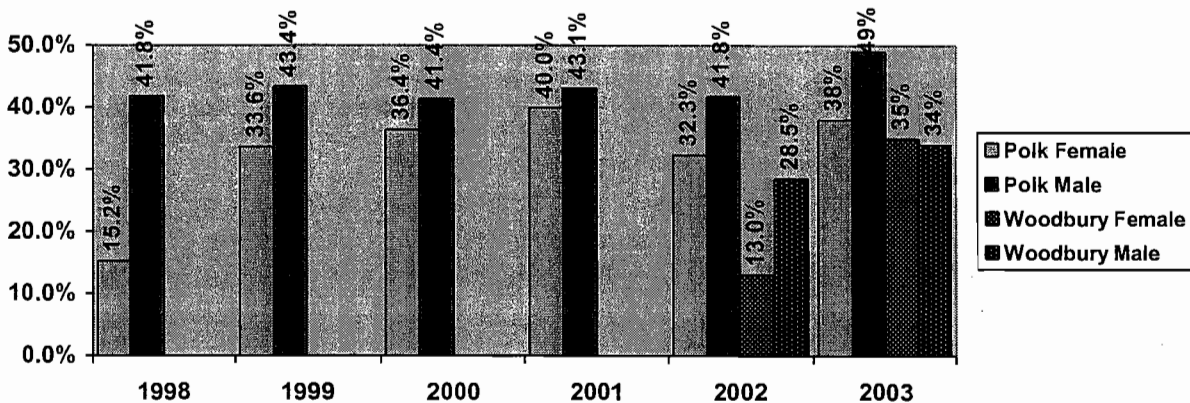


Source: Iowa Department of Public Health

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



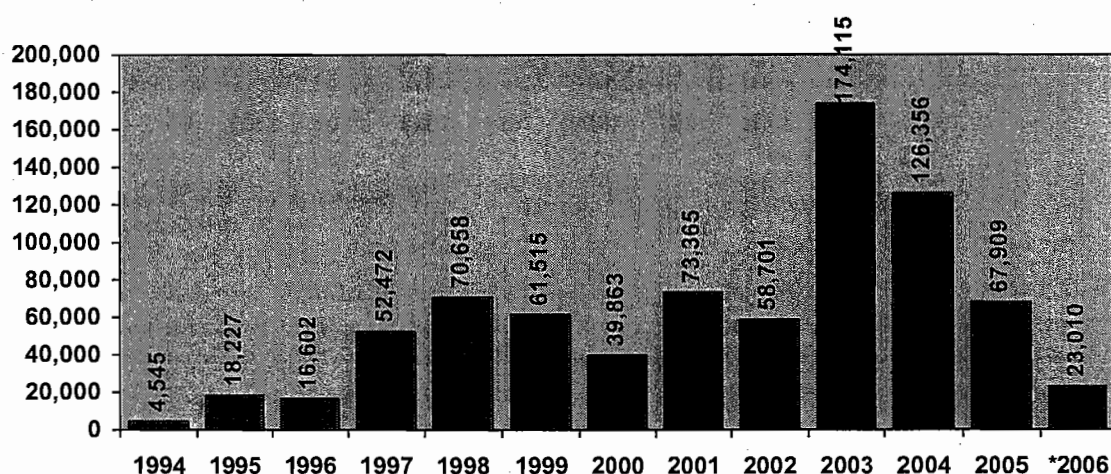
Source: National Institute of Justice

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**



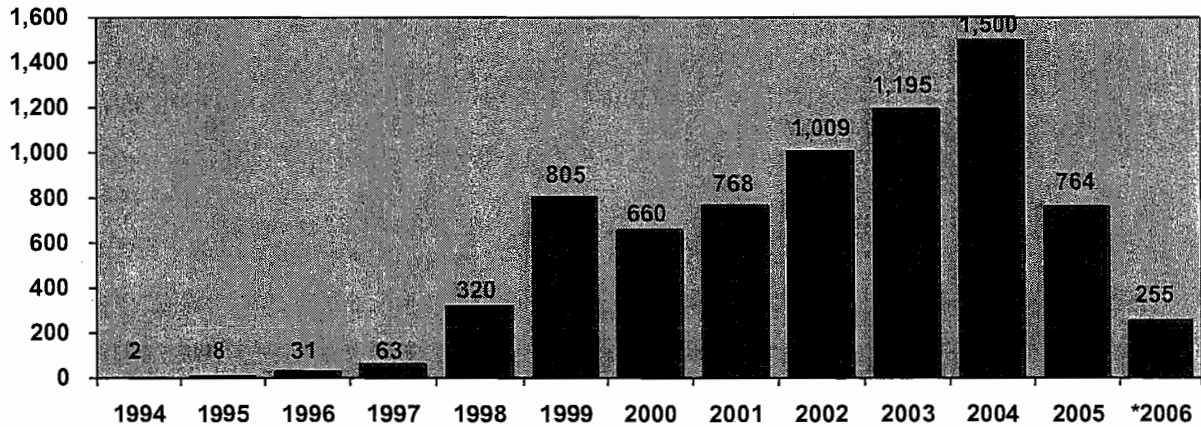
**Calendar year 2006 through September 30*
Source: Iowa Department of Public Safety

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.

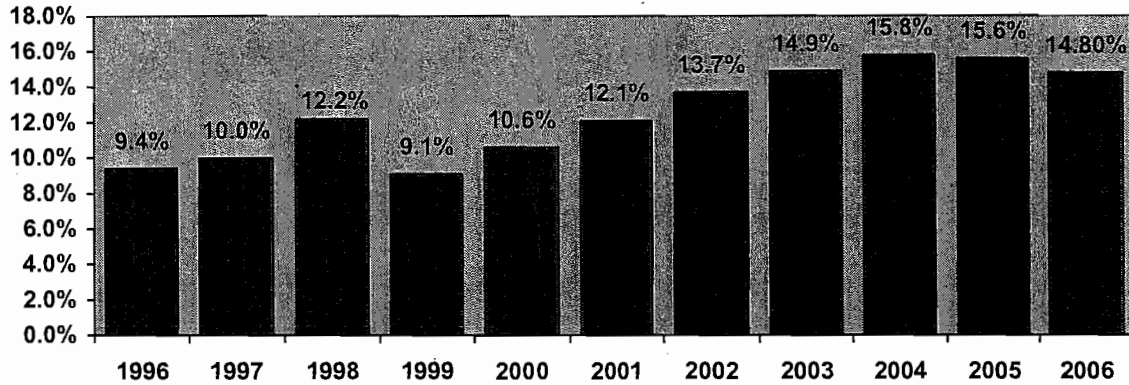
Figure 25 – Iowa Division of Narcotics Enforcement Methamphetamine Seizure Price and Purity CY 1994 – 2005

	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

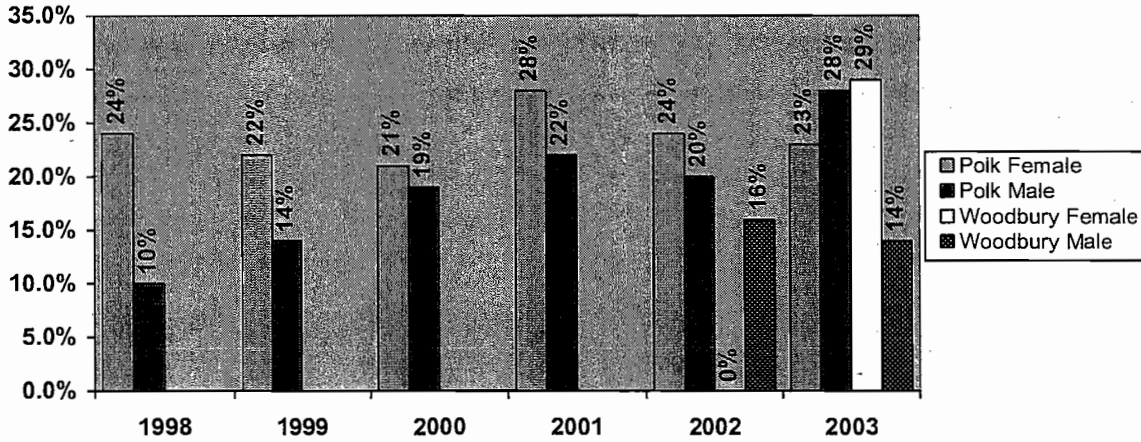


Source: Iowa Department of Public Health

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.

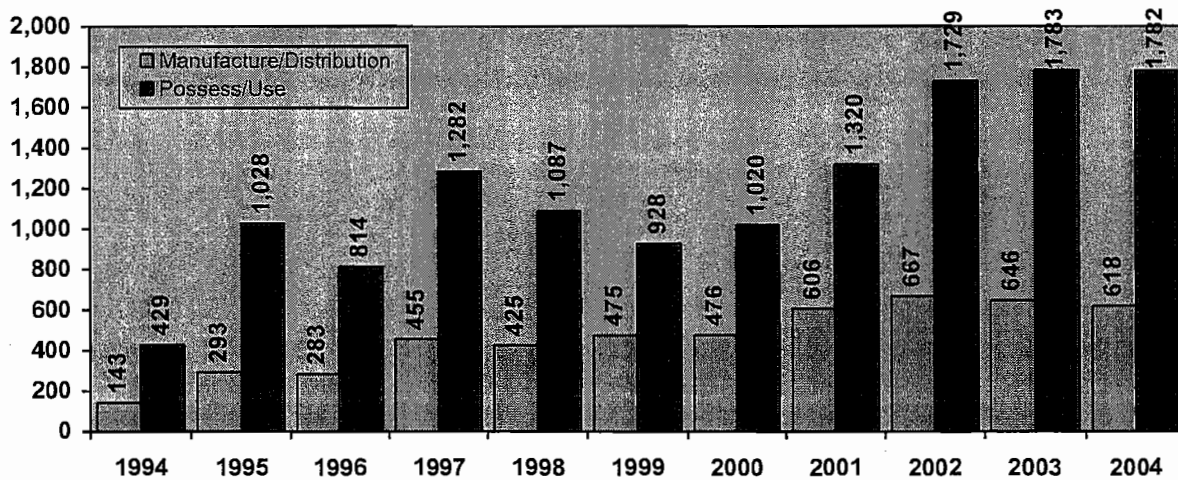
Figure 27 – Percentage of Arrestees in Polk and Woodbury Counties Testing Positive for Methamphetamine SFY 1998 - 2003



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

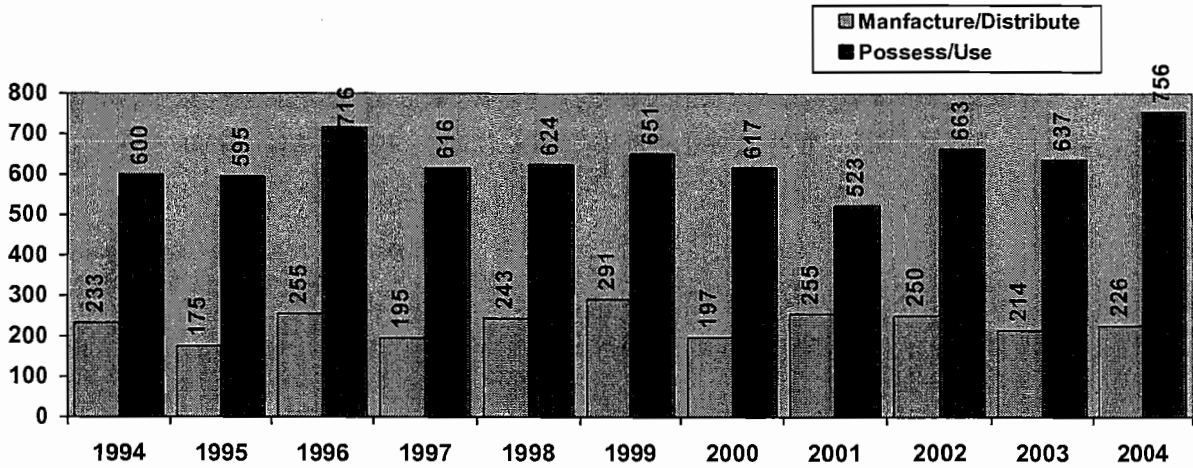


Source: Iowa Department of Public Safety

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

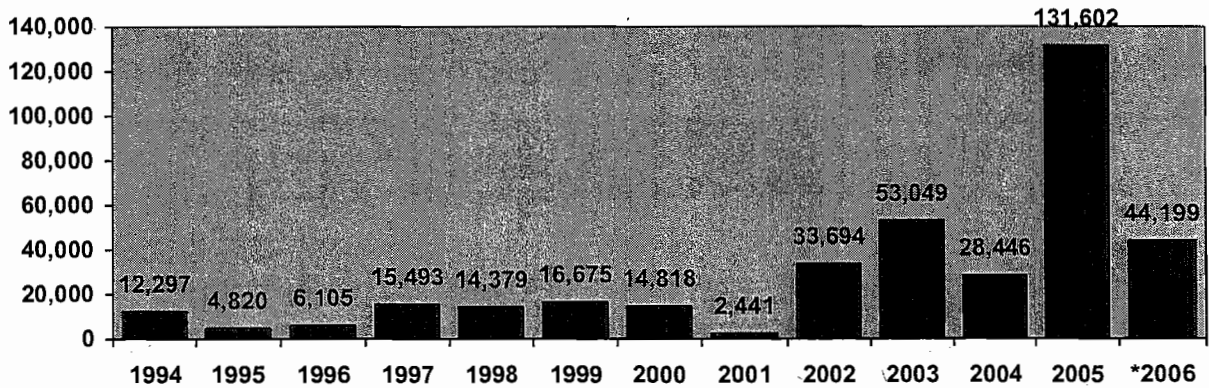


Source: Iowa Department of Public Safety

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.

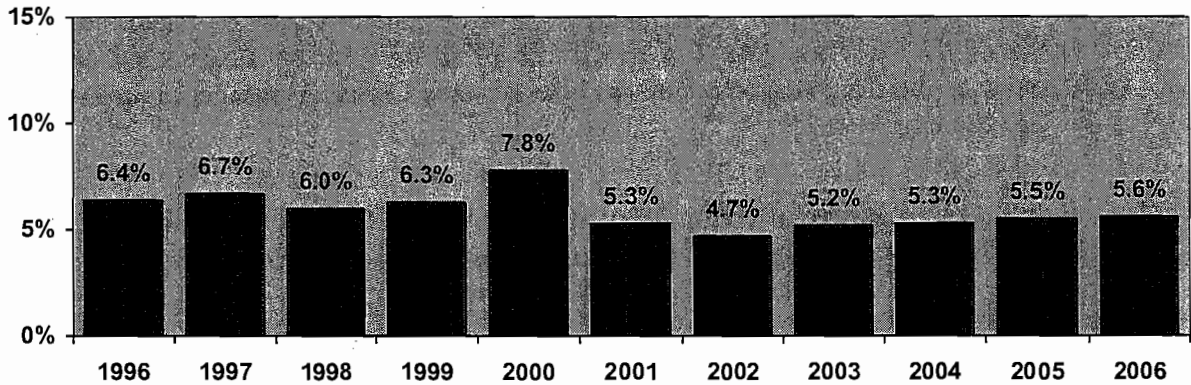
Figure 31 – Iowa Division of Narcotics Enforcement Cocaine Seizure Price and Purity CY 1994 – 2005

	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

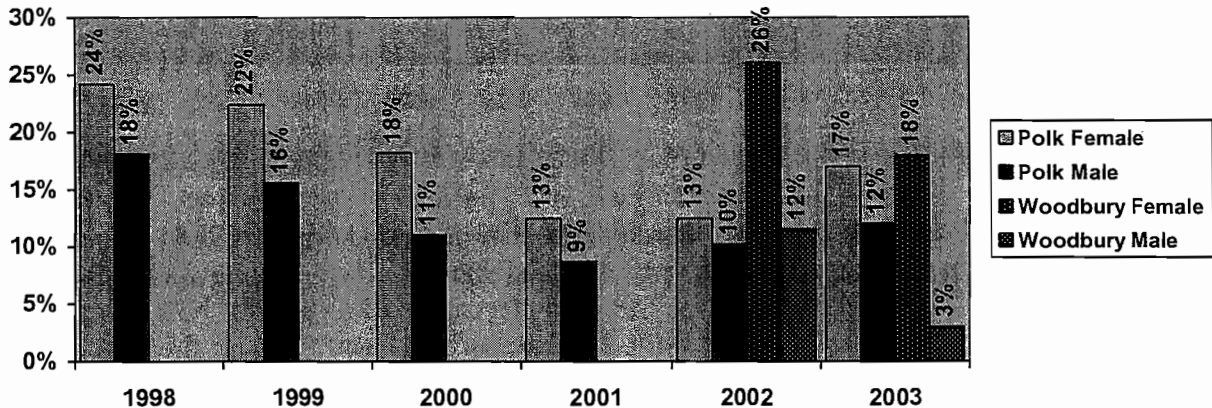
The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. Figure 32 illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their 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

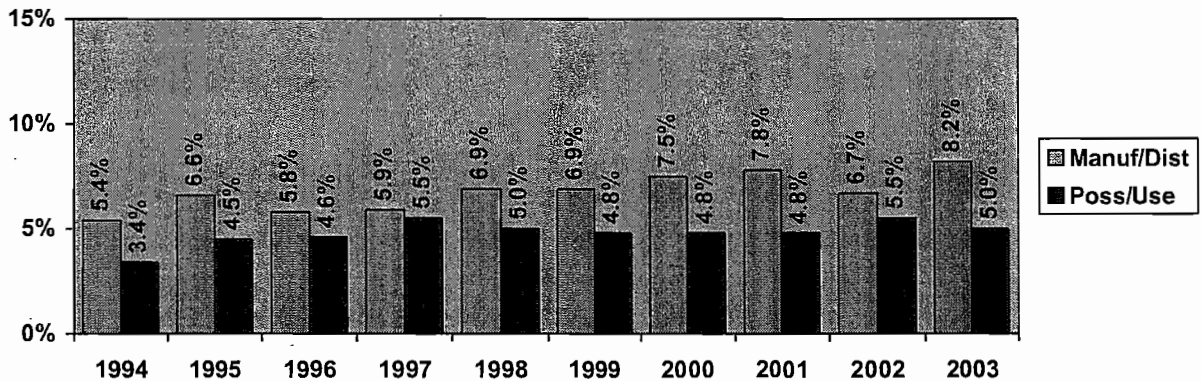
As with methamphetamine, a higher percentage of female arrestees tested positive for cocaine than male arrestees. While a significant percentage of arrestees continue to test positive for cocaine in Polk County, the rate in 2003 was lower than that reported in 1998 for both males and females.

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.

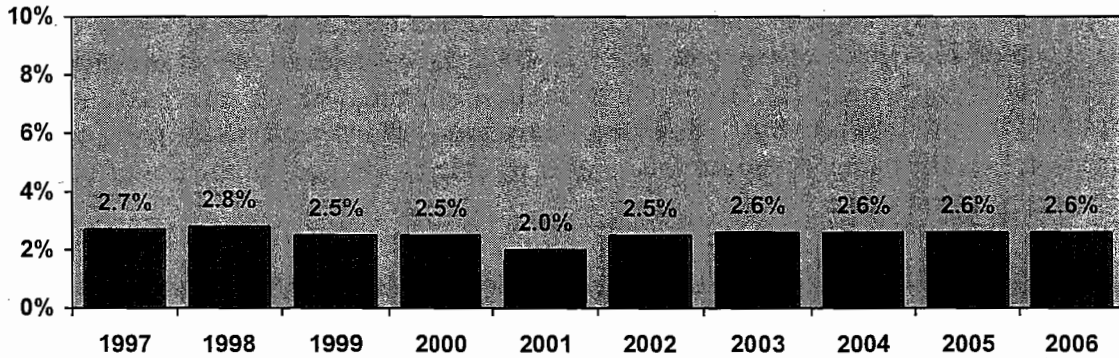
Figure 34 – Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1994 – 2004



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.

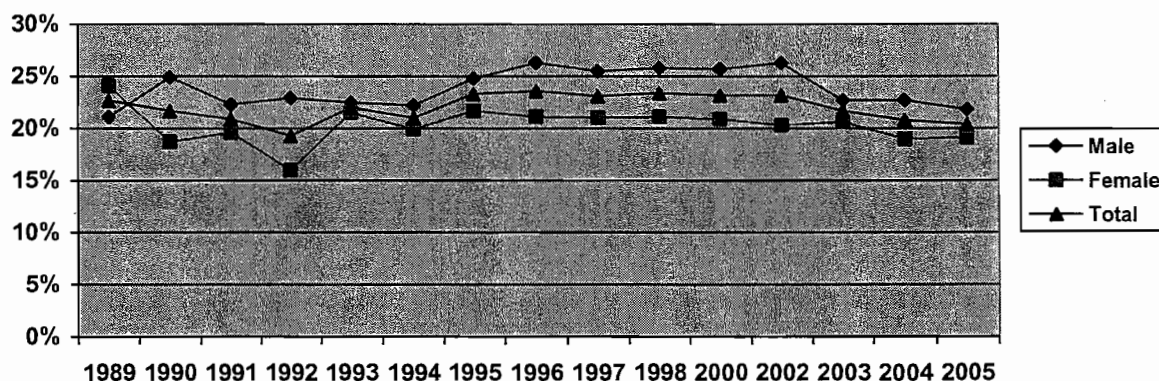
Tobacco

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

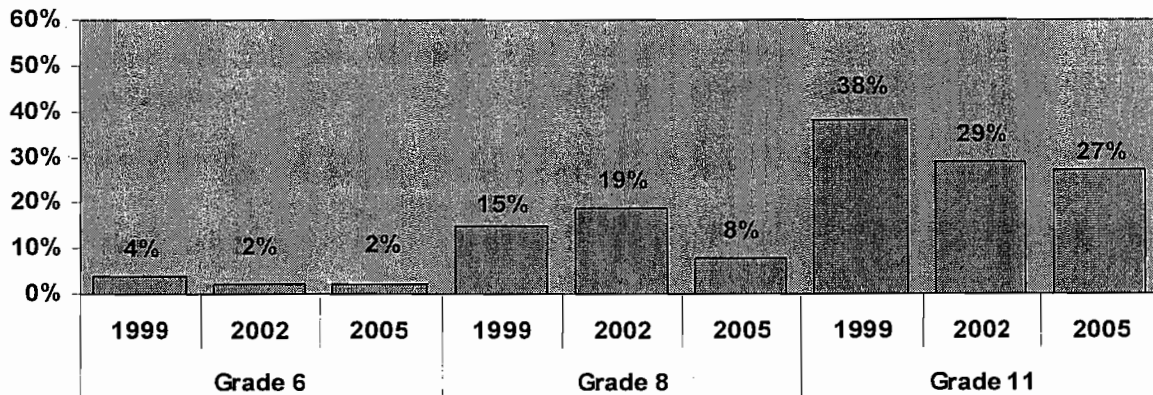
Between 1995 and 2005, the percent of Iowans who smoke tobacco ranged from 23.6% to 20.4%. In the past three years, the rate dropped an encouraging 2.8%. This decline is largely due to a 4.5% decrease in reported smoking by male Iowans during this time period.

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

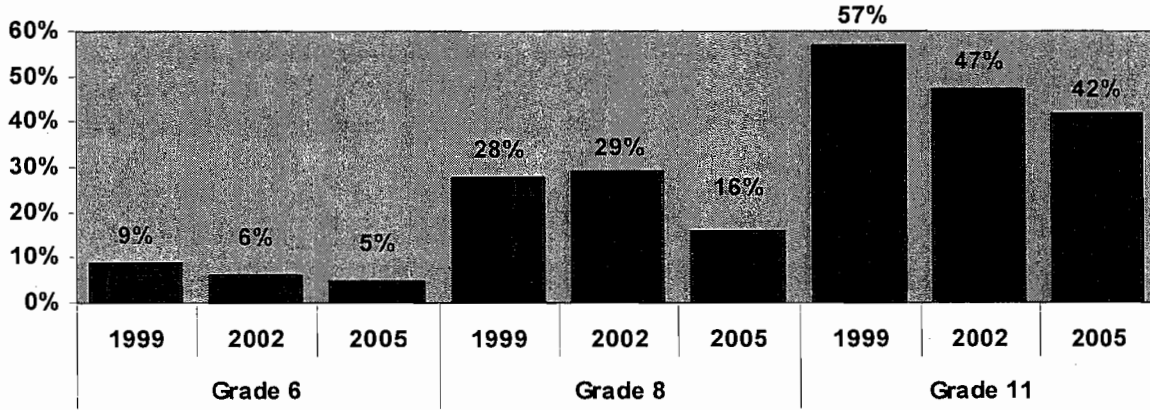


Source: Iowa Department of Public Health

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 figured 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

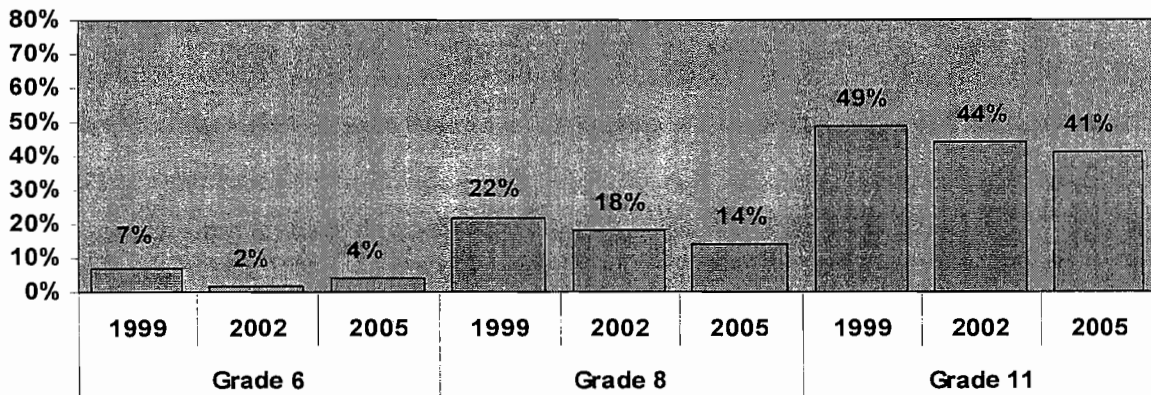


Source: Iowa Department of Public Health

Alcohol

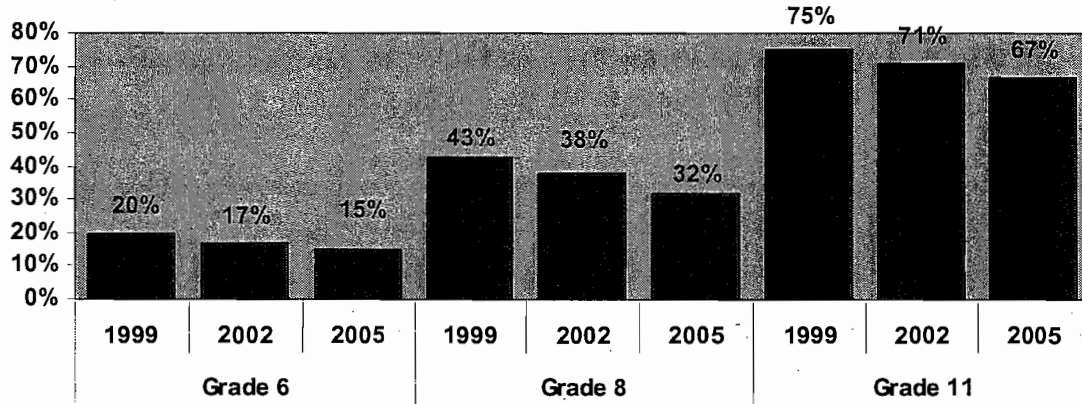
The Iowa Youth Survey also compiled data regarding the use of alcohol by the population surveyed. See Figures 39 and 40.

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

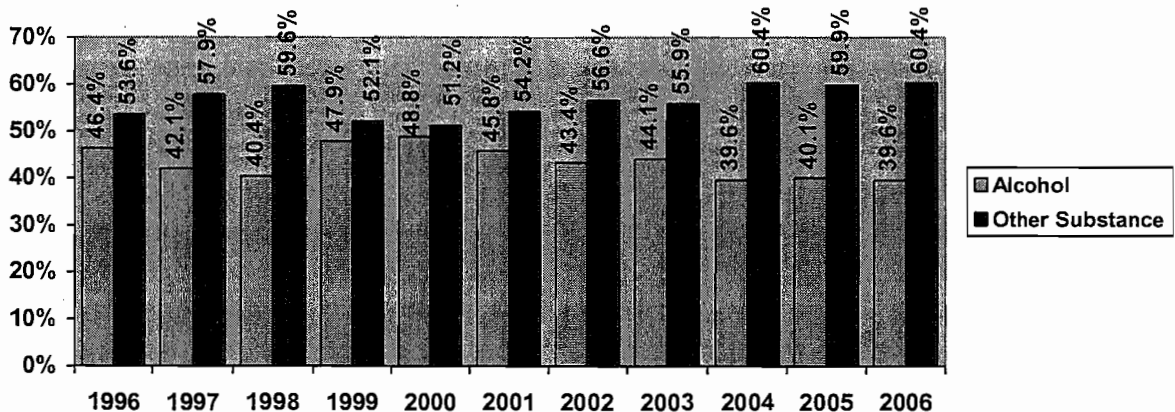


Source: Iowa Department of Public Health

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.

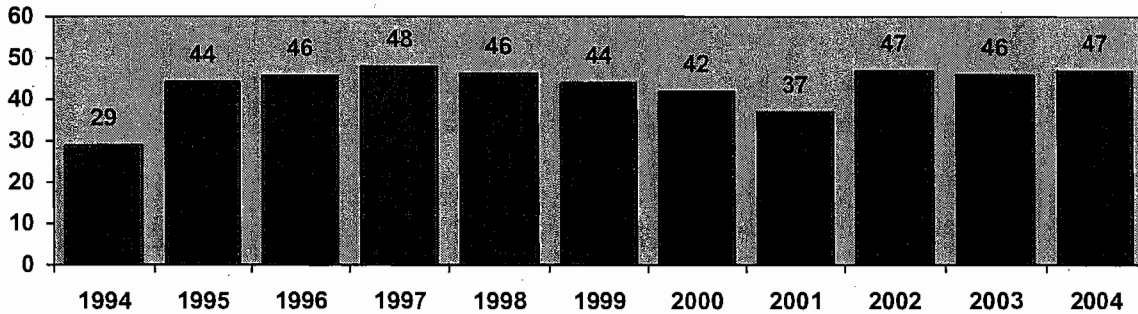
Figure 41 – Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1996 – 2006



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

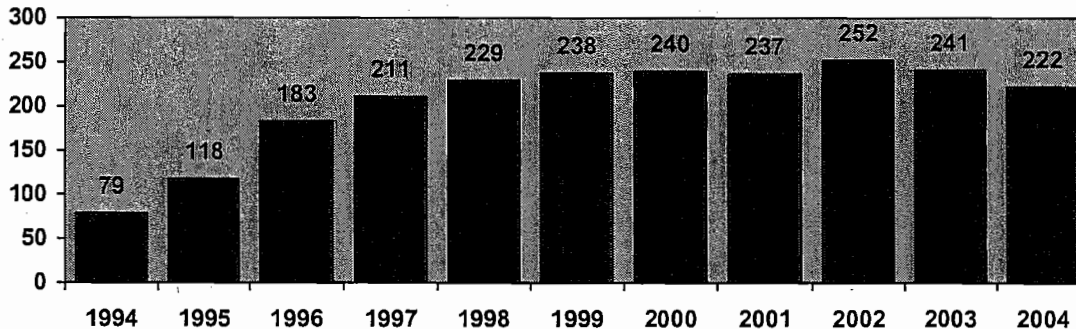
Based on self-reported use, substance abuse treatment screens/admissions and arrest rates, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

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

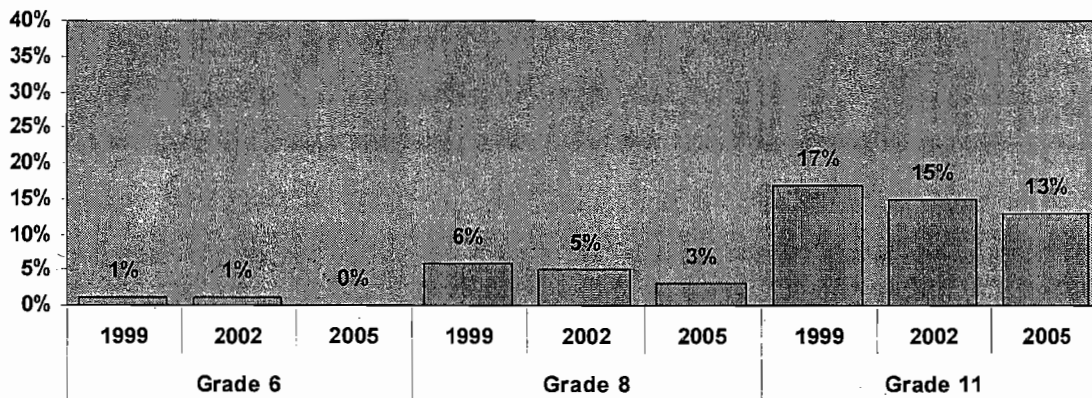


Source: Iowa Department of Public Safety

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.

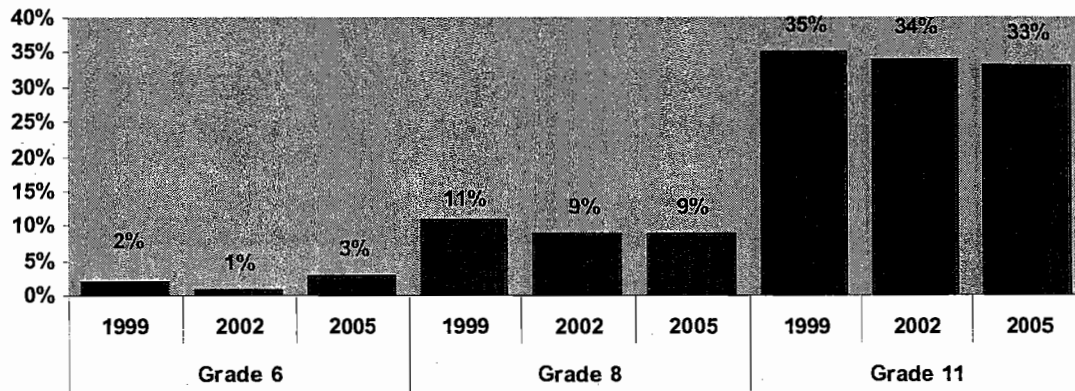
Figure 44 - Percent of Students Self-Reporting the Current Use of Marijuana, 1999, 2002 and 2005



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.

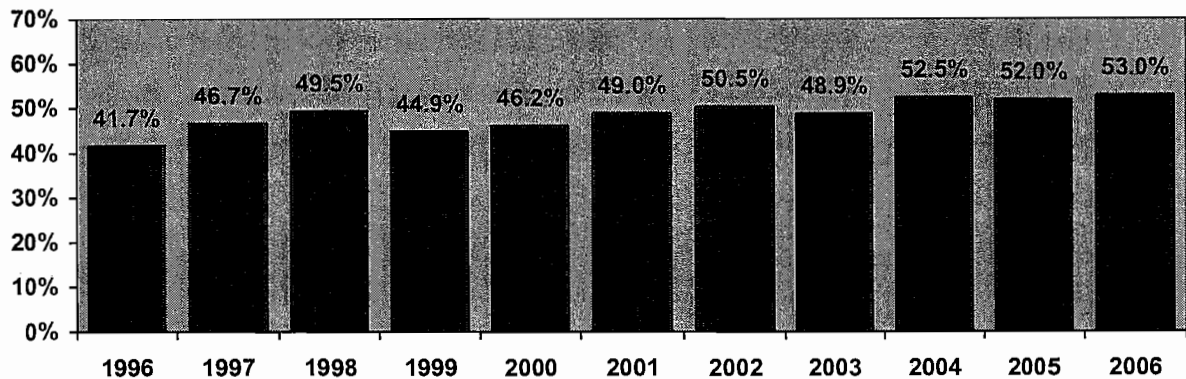
Figure 45 – Percent of Students Self-Reporting Ever Having Used Marijuana, 1999, 2002 and 2005



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



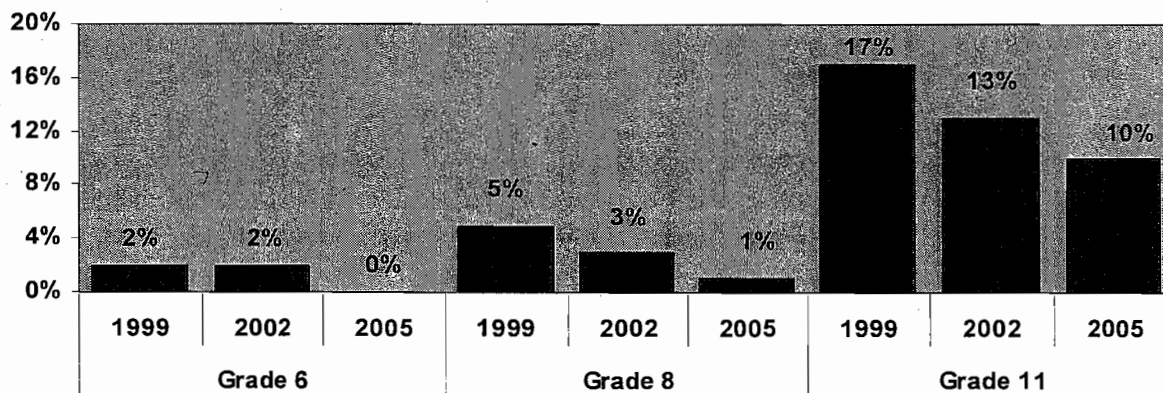
Source: Iowa Department of Public Health

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

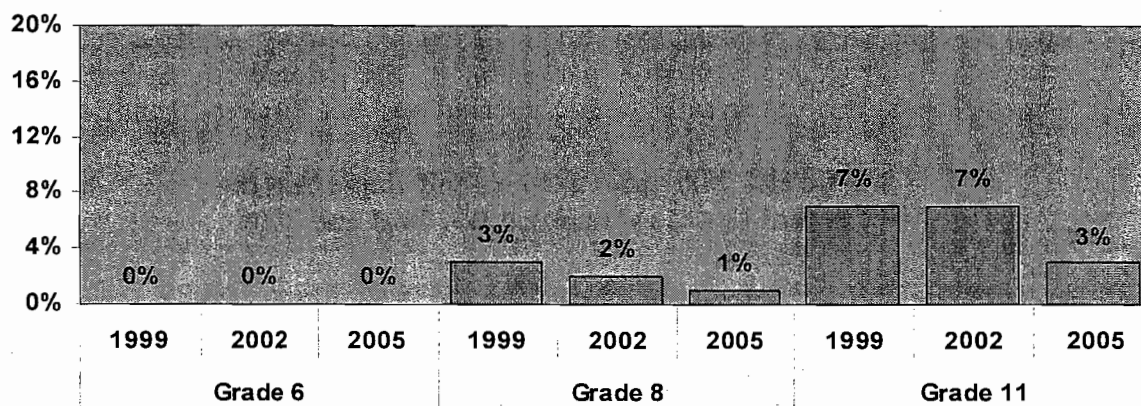
dropped from 17% to 10% - an indication that fewer students are using this drug for the first time. See Figures 47 and 48.

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



Source: Iowa Department of Public Health

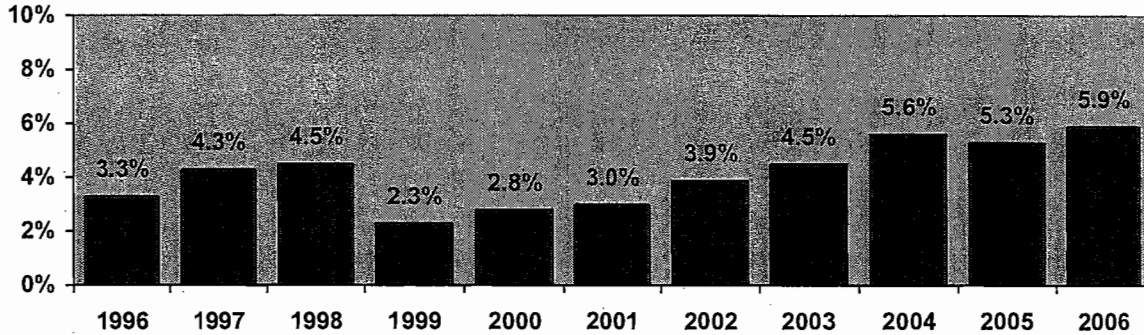
Figure 48 - Percent of Student Self-Reporting the Current Use of Amphetamine/Methamphetamine – 1999, 2002 and 2005



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

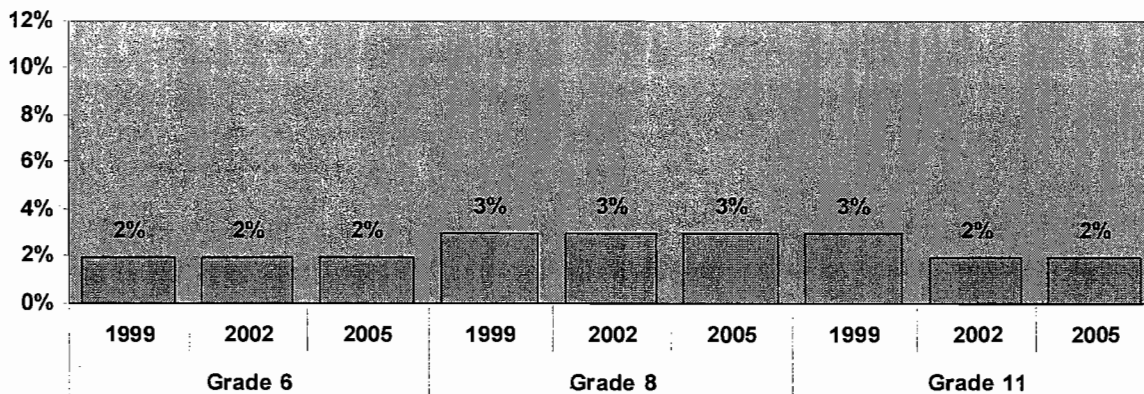


Source: Iowa Department of Public Health

Inhalants

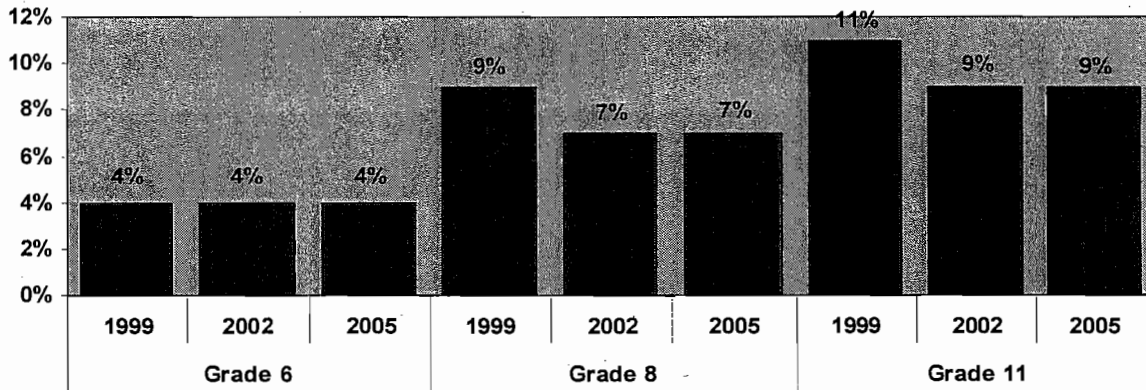
Inhalant use continues to be of concern in Iowa, and inhalant use more often starts at younger ages. In 2005, there was no reported current use of marijuana, amphetamine/methamphetamine, cocaine, or other illegal drug use by students in grade 6, but 2% did report current use of inhalants. According to 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

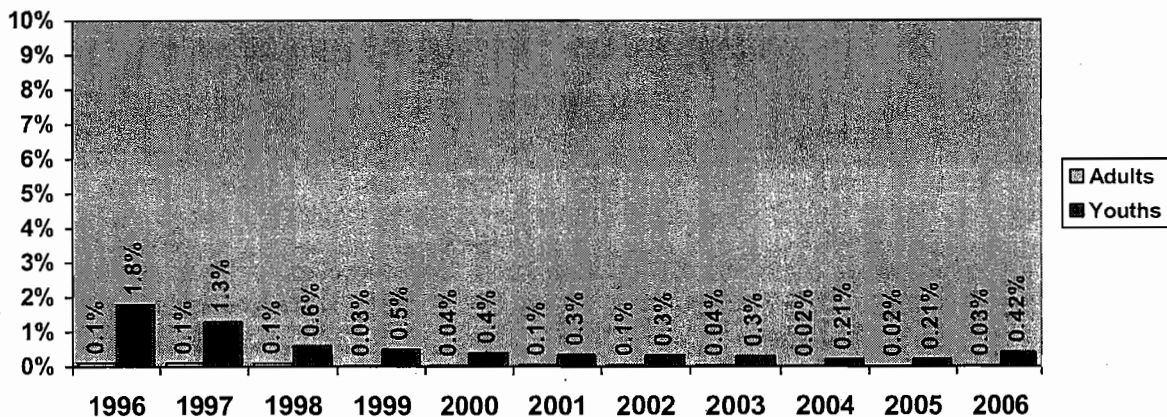
Figure 51 – Percent of Students Self-Reporting Ever Having Used Inhalants, 1999, 2002 and 2005



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



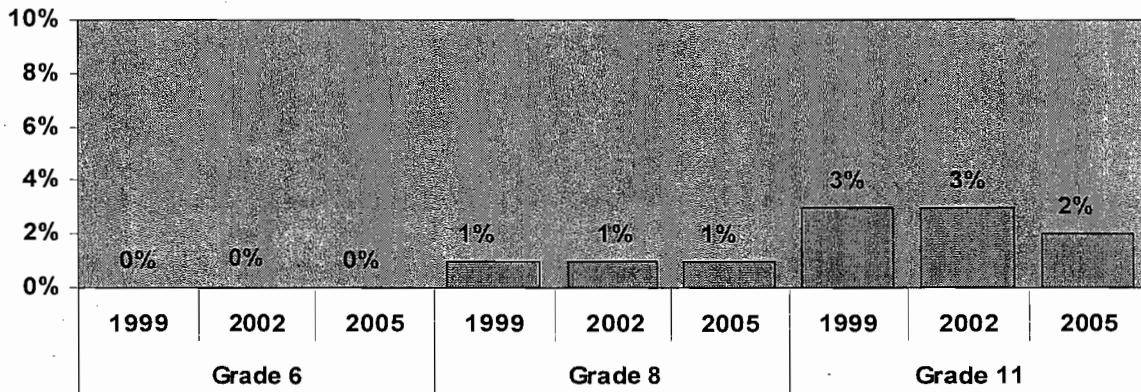
Source: Iowa Department of Public Health

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

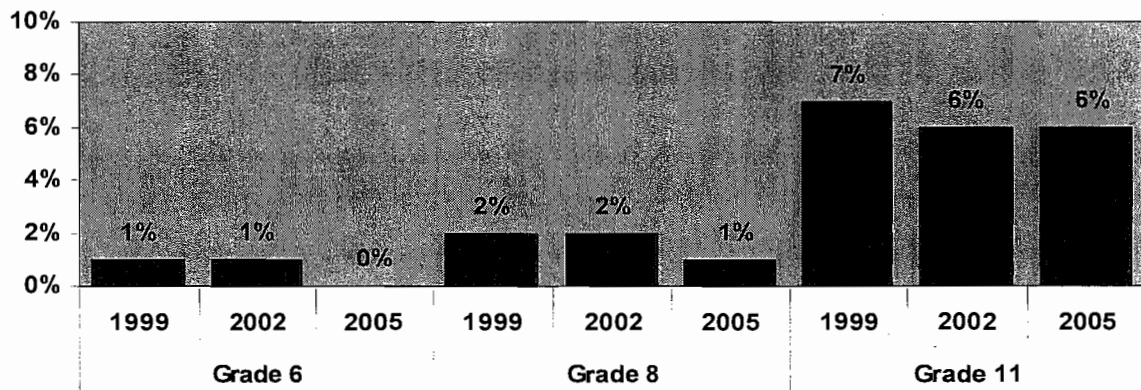
the 2005 survey. Overall there was little change in Cocaine/Crack Cocaine usage between 1999 and 2005. See Figures 53 and 54.

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



Source: Iowa Department of Public Health

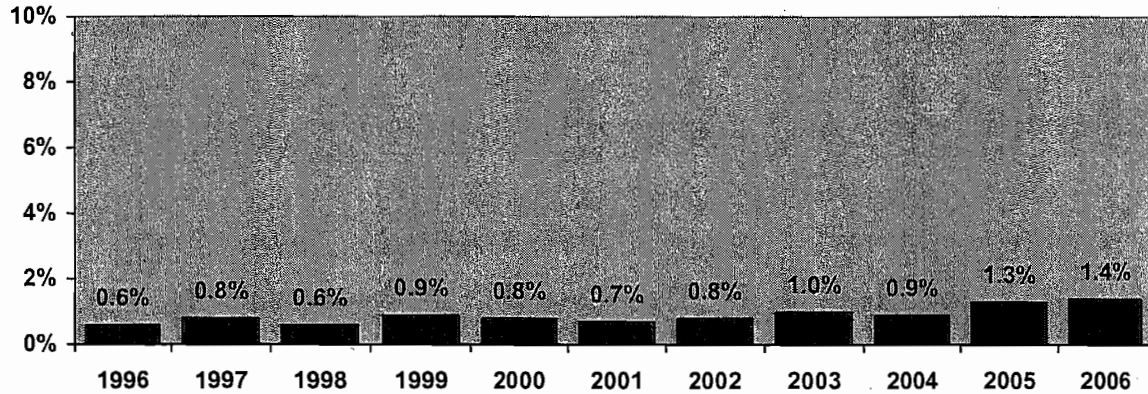
Figure 54 – Percent of Students Self-Reporting Ever Having Used Cocaine/Crack Cocaine, 1999, 2002 and 2005



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.

**FY 2007 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.*

Reported to ODCP as of 10-31-06

FY 2007 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>
Governor's Office of Drug Control Policy					
(1) Drug Policy Coordination	Comprehensive coordination of substance abuse prevention/education programs & strategies with substance abuse treatment and drug enforcement. Integrated approach includes local, state, federal & private agencies.	\$33,705			\$33,705
(2) State & Local Law Enforcement Justice Assistance	Grant-funded community drug/crime & substance abuse prevention projects designed at neighborhood, city, county & state levels.	\$5,104	\$57,690		\$62,794
(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 & Gang Violence Prevention	Media outreach & community engagement initiative to prevent firearm & gang related violence, through the promotion of community prosecution and gun safety information.		\$394,091		\$394,091
(5) Rx & OTC Alert Project	Public education initiative to increase awareness and promote prevention of prescription and over-the-counter drug		\$49,361		\$49,361

FY 2007 Prevention & Early Intervention Programs
abuse and misuse.

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(6) Protecting Drug Endangered Children	State coordination of efforts to identify, intervene & treat children endangered by drug use, trafficking or manufacture. Includes response team mobilization & drug treatment for eligible caregivers.	\$36,805	\$493,614		\$530,419

Iowa Department of Education

(7) Safe & Drug-Free Schools & Communities	Programs & activities that: (1) prevent violence in & around schools; (2) prevent the illegal use of alcohol, tobacco and drugs; (3) involve parents & communities; and (4) are coordinated with federal, state and local activities.		\$2,146,829		\$2,146,829
(8) Dropout Prevention & Services for Dropouts	Funds to local school districts for support services, programs & alternative schools for potential dropouts in grades K-12.				NA
(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

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

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

FY 2007 Prevention & Early Intervention Programs

Program Name	Program Description	State Funding	Federal Funding	Other Funding	Total Funding
(10) HIV/AIDS Program	Staff development, technical assistance in curriculum development & selection of instructional materials, & policy development.				NA
		<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>			
(11) Student Support Services	Services for homeless children & youth, including substance abuse prevention & treatment services.				NA
		<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>			
(12) Learning Supports	Comprehensive school improvement to mobilize students, families, schools & communities to foster healthy, social, emotional, intellectual & behavioral development of children & youth.				NA
		<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>			

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

(13) 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.	\$28,125	\$431,438		\$459,563
(14) 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; & 		\$72,000		\$72,000

FY 2007 Prevention & Early Intervention Programs

- Planning needs for girls & gender specific services.

<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

(15) Drug Demand Reduction	Support for community & school based drug prevention programs. Provides role models to educate youth on the harm of drugs. Assists community coalitions in deterring youth substance abuse & conducting parent training.	\$473,000	\$473,000		\$473,000
(16) Midwest Counter-Drug Training Center	Training programs, instruction & logistics for Community Anti-Drug Coalitions of America & other drug prevention workers, including training in coordination with the Iowa Department of Public Health.	\$56,000			\$56,000

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

(17) Comprehensive Prevention	Delivery of substance abuse prevention services including education, public information, problem identification, referral & community-based process. The emphasis is on primary prevention,	\$479,571	\$2,744,579		\$3,224,150
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FY 2007 Prevention & Early Intervention Programs

before individuals need treatment.

(18) Meth Prevention	Prevention services addressing methamphetamine use in Iowa.	\$251,849	\$251,849	
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<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
(19) Mentoring Prevention/County Funding	A youth mentoring strategy of prevention programming for targeted recipients.	\$857,000			\$857,000

(20) Drug & Violence Prevention	Prevention services targeting children & youth who are not normally served by the state or local education agencies, or populations that need special services or additional resources.	\$661,008	\$661,008		\$661,008
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(21) 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.	\$416,048	\$416,048		\$416,048
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(22) State Prevention Grants-Youth	Substance abuse prevention programming for youth, to include: youth development; character development; & leadership opportunities. Creation & support of community youth mentoring programs will support state goals of primary prevention.	\$1,050,000 <i>(Tobacco settlement funds.)</i>			\$1,050,000
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FY 2007 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 Health, Division of Tobacco Use Prevention & Control

(23) Tobacco Prevention	Programs to prevent the use of tobacco, including community grants, school initiatives and advertising, including administration.	\$500,310		\$5,551,538 <i>(Tobacco settlement funds. Some of these funds may go to "treatment," pending grants.)</i>	\$6,051,848
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Iowa Department of Public Safety, Governor's Traffic Safety Bureau

(24) 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
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FY 2007 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>
Regents: Iowa State University					
(25) 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
(26) Employee Assistance Program	Confidential & professional help for benefits-eligible employees with work or personal problems. This program is outsourced to the Richmond Center.			\$85,933	\$85,933
(27) 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	\$33,013		\$139,834	\$172,847

FY 2007 Prevention & Early Intervention Programs

being used as a strategy to reduce the amount of substance abuse.

<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 Iowa (*FY 2007 U of I information unavailable at printing, FY 2006 is shown)					
(28) 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
(29) 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
(30) 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
(31) University	University Counseling Service works	\$17,500			\$17,500

FY 2007 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>
Counseling Service	with students in providing substance abuse education & counseling services.				
(32) College of Education Rehabilitation Counseling Program – Substance Abuse Counseling Specialization	Master of Arts program in substance abuse counseling prepares individuals to work in a range of community settings, & provides expertise in prevention, assessment & treatment of substance abuse & mental health disorders, using individual, group & family therapy.	*This academic program supports substance abuse efforts, but does not provide direct prevention services.			NA
(33) College of Education Annual Summer School for Helping Professionals	Classes for community, agency & education practitioners working with individuals, groups, families & organizations dealing with substance abuse, mental health & related issues.	*This academic program supports substance abuse efforts, but does not provide direct prevention services.			NA
(34) Prairie lands Addiction Technology Transfer Center (PATTC, formerly ATTC of Iowa)	One of 14 regional centers in the U.S. providing state-of-the-art training, curricula & resources on substance abuse prevention & treatment. The PATTC serves Iowa, Minnesota, Nebraska, & North & South Dakota.	*This academic program supports substance abuse efforts, but does not provide direct prevention services.			NA

FY 2007 Prevention & Early Intervention Programs

NA

(35) 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.

**This research program supports substance abuse efforts, but does not provide direct prevention services.*

<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 Northern Iowa

(36) 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.	\$36,200			\$128,746
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\$91,353
 (Student Activity Fees for Thursdaze Event Programming)

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

FY 2007 Prevention & Early Intervention Programs

The “Celebrate With Pride” campaign
was a special prevention initiative
addressing heightened alcohol-related
issues in conjunction with the annual
Homecoming celebration. Postcards
were direct-mailed to more than 6,000
students & included the consequences
of illegal or dangerous behavior, safety
strategies & police efforts.

\$1,193

FY 2007 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.	\$33,706			\$33,706
(2) State & Local Law Enforcement Justice Assistance	Grant-funded rehabilitation—primarily substance abuse treatment—for criminal offenders in community-based settings & correctional institutions.	\$53,225	\$619,693		\$672,918
(3) Residential Substance Abuse Treatment for Prisoners	Grant-funded long-term substance abuse treatment provided over six to 12 months to inmates who are housed separately from other inmates.	\$2,917	\$87,514		\$90,431

Iowa Department of Corrections-Community Based Programs

4) OWI Specialized Treatment & Aftercare...in all 8 Judicial Districts	Community based corrections residential treatment diverts drunk drivers sentenced to prison. Programs provide 24-hour supervision & 220 hours of licensed substance abuse treatment & employment assistance.	\$770,814		\$375,221	\$1,146,035
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FY 2007 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).		(\$135,679 included in Office of Drug Control Policy grant funding)	\$426,430	\$426,430
(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).	\$608,100		\$169,910	\$778,010

Iowa Department of Corrections-Institutional Programs

(7) Anamosa Licensed Treatment Alternative (ALTA)	Outpatient substance abuse treatment program offered within the prison at Anamosa.	\$135,849			\$135,849
(8) Luster Heights	Outpatient substance abuse treatment program offered at the minimum-security site operated by the Anamosa State Penitentiary in northeast Iowa.	\$198,392			\$198,392

FY 2007 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 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.	\$424,179			\$424,179
(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. Also provides awareness education to all security units.	\$228,397			\$228,397
(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.	\$532,554			\$532,554
(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.	\$96,952			\$96,952
(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.	\$55,279			\$55,279

FY 2007 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.	\$291,673			\$291,673
(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.	\$615,715			\$615,715
(16) Therapeutic Community at Anamosa	Residential substance abuse treatment program for men within the prison.	\$65,332	(\$195,995 included in Office of Drug Control Policy grant funding)		\$65,332
(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. The Journey Program is for those with no prior treatment.	\$133,987			\$133,987
(19) Primary Chemical Dependency	PCD is a licensed 6-month primary substance abuse program that meets 10 hours a week & at least once a month individually with each offender.	\$182,576			\$182,576

FY 2007 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 Child & Family Services

(20) 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
(21) Court-Ordered Treatment & Decategorization	Reimbursement 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

(22) 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
(23) Juvenile Justice Judicial Branch Administration	Salaries to assist with the operation of juvenile drug courts and support for court-ordered substance abuse treatment & related services to juveniles & their families in drug court programs.	\$1,000,000			\$1,000,000

FY 2007 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

(24) Juvenile Substance Abuse Treatment	Substance abuse treatment for juveniles in the state institutions at Eldora & Toledo.	\$408,779	(\$204,000 included in Office of Drug Control Policy grant funding)		\$408,779
(25) Iowa Residential Treatment Center at Mt. Pleasant Mental Health Institute	50-bed primary residential chemical dependency treatment program for adults serving voluntary & court-ordered admissions & correctional third-offense OWI offenders.	\$1,595,029			\$1,595,029

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

(26) Treatment Services	Delivery of substance abuse treatment services including evaluation, referral, counseling & aftercare in a managed care system, plus public information, methadone & needs assessments.	\$792,009	\$9,832,076	\$12,540,000 <i>(\$11,800,000 in Tobacco funds & \$740,000 in Gambling funds)</i>	\$23,164,085
(27) Treatment Coordination	Coordination of targeted substance abuse treatment & strategies. Support for statewide clearinghouse, training for treatment personnel, regulation & evaluation of treatment programs, collection of data & urinalysis in the Polk County jail population.		\$772,614		\$772,614

FY 2007 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 Tobacco Use Prevention & Control

(28) Tobacco Treatment	Tobacco cessation and other forms of treatment programs.	\$426,715			\$426,715
		<i>(Tobacco settlement funds. Additional funds may come from "prevention," pending grants.)</i>			

Iowa Veterans Home, Department of Veteran Affairs

(29) Drug & Alcohol Counseling Program	Substance abuse programming includes evaluation/assessment, referral, prevention activities plus individual & group counseling. Treatment programs are provided in partnership with VA Health Care Facilities.	\$188,014	\$77,214	\$88,943	\$354,171
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Regents: University of Iowa (*FY 2007 U of I information unavailable at printing, FY 2006 is shown)

(30) 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	\$30,600	\$238,200	\$319,800
		<i>(Includes state & federal components of Medicaid)</i>			

FY 2007 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>
(31) 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.	\$253,000	\$171,997		\$424,997
(32) 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.				

**This academic program supports substance abuse efforts, but does not provide direct prevention services.*

NA

Regents: University of Northern Iowa

(33) UNI Counseling Center	Individual & group counseling is provided without charge to students via the UNI Counseling Center.	\$13,250		\$13,250	\$26,500
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(Mandatory Student Health Fees)

FY 2007 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.	\$33,706			\$33,706
(2) State & Local Law Enforcement Justice Assistance	Grant-funded drug control & system improvement enhancing apprehension, prosecution, adjudication & detention of criminal offenders. Includes 22 multi-jurisdictional drug task forces.	\$109,880	\$1,204,240		\$1,314,120
(3) Meth Hotspots Enforcement	Grant-funded specialized enforcement efforts aimed at meth production and trafficking. Officers augmented & are co-located with drug task forces.		\$1,283,396		\$1,283,396
(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.		\$296,168		\$296,168
(5) Drug Diversion Detection & Deterrence	Investigator works with drug task forces on illegal diversion of prescription & over-the-counter drugs (e.g. oxycodone, dextromethorphan, pseudoephedrine).		\$49,361		\$49,361

FY 2007 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 Corrections-Community Based Programs

(6) Drug Court in 1 st , 2 nd , 3 rd , 4 th , 5 th 7 th & 8 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.	\$215,316	\$144,010	\$1,158,280 <i>(\$435,693 in tobacco settlement funds & remainder in local funds & client fees)</i>	\$1,517,606
(7) 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).		\$11,000	\$290,112	\$301,112
(8) Electronic Monitoring in 1 st , 2 nd , 3 rd & 5 th Judicial Districts	Electronic monitoring of offenders statewide is managed by the 5 th Judicial District, but used statewide (excludes drug & alcohol testing).	\$1,827,491		\$250	\$1,827,741

FY 2007 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 Human Rights, Division of Criminal & Juvenile Justice Planning

(9) Juvenile Accountability Block Grant Program	Juvenile accountability program in Polk County: Mentoring juvenile offenders in a detention center.	\$14,371	\$14,371		\$14,371
(10) Juvenile Justice Youth Development Program	Development of community interventions & sanctions—for 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.	\$767,384	\$767,384		\$767,384

Iowa Department of Public Defense, Iowa National Guard

(11) Drug Supply Interdiction	Analytical & operational support for local, state & federal law enforcement agencies to interdict illegal drugs.	\$1,643,000	\$1,643,000		\$1,643,000
(12) Midwest Counter-Drug Training Center	Multi-disciplinary drug enforcement training (e.g. meth lab entry & highway interdiction) provided to local law enforcement officers.	\$4,100,000	\$4,100,000		\$4,100,000

FY 2007 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 Health, Division of Tobacco Use Prevention & Control

(13) Tobacco Enforcement	Enforcement programs to deter the illegal sale/purchase of tobacco products.	\$4,770,385	\$484,984	\$1,000,000 <i>(Tobacco settlement funds)</i>	\$6,159,575
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Iowa Department of Public Safety, Division of Criminal Investigation

(14) Crime Laboratory & Analysis	Analysis of breath, body fluids & tissue samples for alcohol & narcotics investigations.	\$4,770,385	\$484,984	\$904,206	\$6,159,575
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Iowa Department of Public Safety, Division of Narcotics Enforcement

(15) Confidential Funds	Confidential funds to conduct undercover narcotics investigations involving the purchase of services, information and/or evidence.	\$123,343		\$123,343	
(16) 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.		\$318,322		\$318,322

FY 2007 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>
(17) High Intensity Drug Trafficking Enforcement	Assistance provided by the Midwest High Intensity Drug Trafficking Area for coordination of investigations.		\$768,158		\$768,158
(18) Drug Endangered Children	Training, drug testing & operational support for local Drug Endangered Children response teams.		\$5,754		\$5,754
(19) Intelligence Bureau	Analysis of drug trafficking and other crime data on a statewide basis, to assist local law enforcement agencies with investigations.	\$916,388	\$1,433,196		\$2,349,584
(20) Marijuana Eradication	Eradication of marijuana plants found growing in Iowa.		\$21,578		\$21,578
(21) Narcotics Operations	Investigations statewide into illicit drug/narcotics trafficking. Includes Drug Diversion Investigator.	\$3,933,044	(\$210,346 included in Office of Drug Control Policy grant funding)		\$3,933,044

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

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

FY 2007 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>
(24) Iowa Law Enforcement Academy	Occupant protection, alcohol, & traffic safety training to law enforcement personnel throughout the state.		\$100,000		\$100,000
(25) Crime Laboratory Alcohol & Drug Testing	Field-testing & evaluation of new intoxolizers for testing impaired driver BACs.		\$15,000		\$15,000
(26) 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

(27) 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.	\$6,560,388	\$562,857		\$7,123,245
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Iowa Law Enforcement Academy

(28) Basic Training	Six 13-week training schools for Iowa law enforcement officers, including 10 hours on drug recognition & investigation techniques.		\$20,000		\$20,000
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FY 2007 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>
(29) OWI Law, Detection Techniques Update & Drug Recognition for Street Officers	Seminars held across the state, including 43 classes running from 3 to 12 hours in length. Also funds 6 13-week basic training schools, each of which is 24 hours in length.		(\$115,000 included in Governor's Traffic Safety Bureau grant funding)		

Regents: University of Northern Iowa

(30) UNI Alcohol & Drug Enforcement	Several campus departments assist with enforcement & adjudication of cases involving a violation of the University Alcohol & Drug Policy and/or a violation of state laws pertaining to alcohol & other drugs. These departments include UNI Public Safety, the Office of the Vice President for Educational & Student Services, & the Department of Residence.	\$72,606			\$72,606
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Total Estimated FY 2007 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	\$1,245,370	\$797,055	\$2,976,751	\$5,019,176
Iowa Department of Corrections, Community Based Programs		\$2,350,475	\$3,646,459	\$5,996,934
Iowa Department of Corrections, Institutional Programs		\$2,990,885		\$2,990,885
Iowa Department of Education	\$2,146,829			\$2,146,829
Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning	\$531,563		\$781,755	\$1,313,318
Iowa Department of Human Services, Division of Behavioral, Developmental & Protective Services		\$727,859		\$727,859
Iowa Department of Human Services, Division of Medical Services		\$15,030,411		\$15,030,411
Iowa Department of Human Services, Office of the Deputy Director of Field Operations		\$2,003,808		\$2,003,808
Iowa Department of Public Defense, Iowa National Guard	\$529,000		\$5,743,000	\$6,272,000
Iowa Department of Public Health, Division of Behavioral Health & Professional Licensure	\$6,460,055	\$23,936,699		\$30,396,754
Iowa Department of Public Health, Division of Tobacco Use Prevention & Control	\$6,051,848	\$426,715	\$1,000,000	\$7,478,563
Iowa Department of Public Safety, Division of Criminal Investigation			\$6,159,575	\$6,159,575
Iowa Department of Public Safety, Division of Narcotics Enforcement			\$7,519,783	\$7,519,783
Iowa Department of Public Safety, Governor's Traffic Safety Bureau	\$85,000		\$836,000	\$921,000
Iowa Department of Public Safety, State Patrol			\$7,123,245	\$7,123,245
Iowa Law Enforcement Academy			\$20,000	\$20,000
Iowa Veterans Home, Department of Veterans Affairs		\$354,171		\$354,171
Regents: Iowa State University	\$263,780			\$263,780
Regents: University of Iowa (*FY 2007 unavailable, FY 2006 shown)	\$481,446	\$744,797		\$1,226,243
Regents: University of Northern Iowa	\$128,746	\$26,500	\$72,606	\$227,852
TOTAL	\$17,923,637	\$49,389,375	\$35,879,174	\$103,192,186

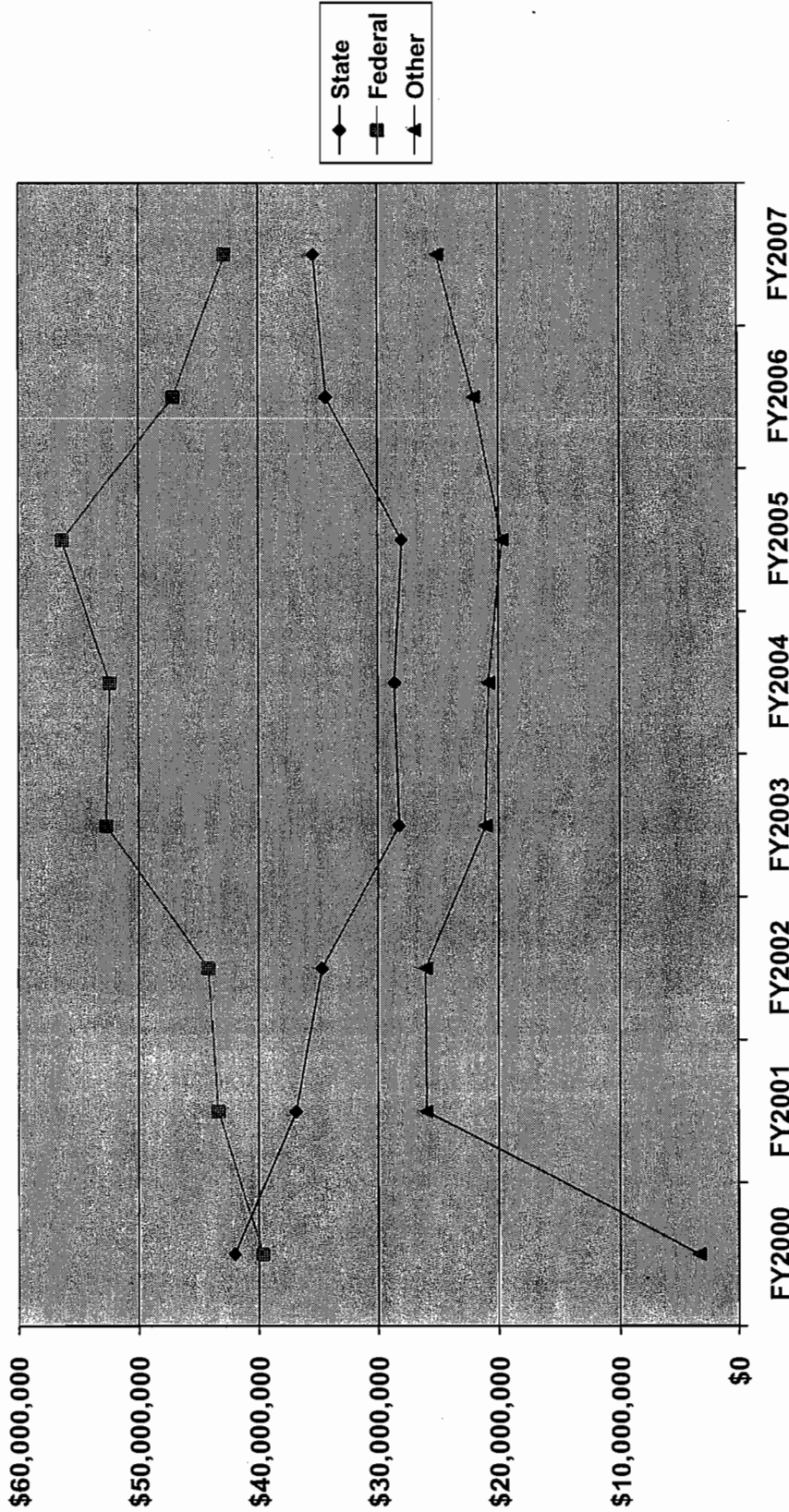
Total Estimated FY 2007 Iowa Substance Abuse & Drug Enforcement Program Funding (by Source)

Funding Source	Prevention	Treatment	Enforcement/ Adjudication	Total Funding by Source
State	\$2,347,811	\$14,426,306	\$18,562,547	\$35,336,664
Federal	\$8,247,507	\$20,654,400	\$13,963,779	\$42,865,686
Other	\$7,328,319	\$14,308,669	\$3,352,848	\$24,989,836
TOTAL	\$17,923,637	\$49,389,375	\$35,879,174	\$103,192,186

NOTE:

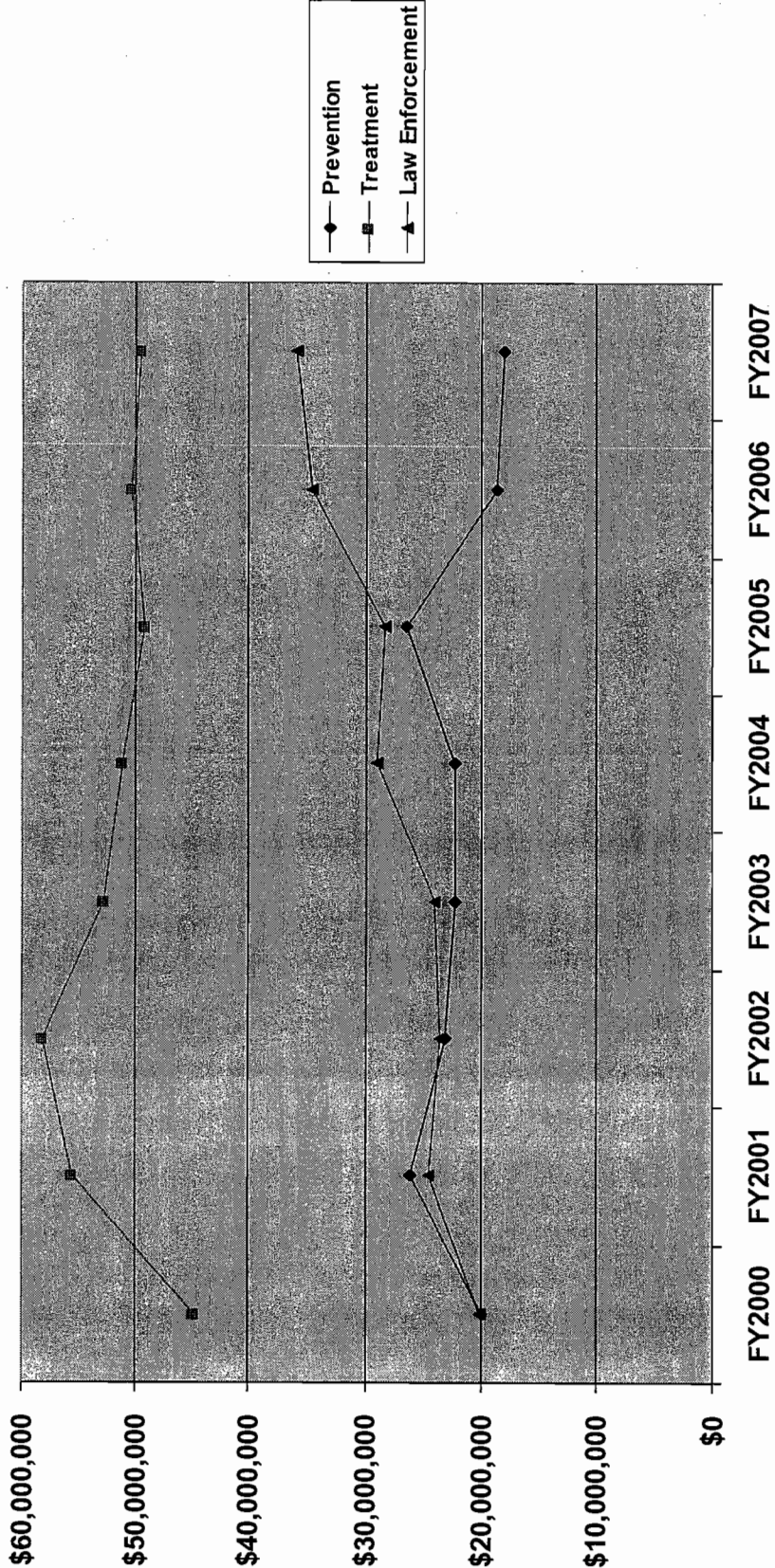
- Beginning in FY 2006, "Federal" Safe and Drug-Free Schools and Communities prevention grants provided by the Iowa Department of Education to school districts (\$5,925,727 in FY 2005) were no longer included in this report, due to a change in the use of these grants for educational purposes other than substance abuse.
- "Other" funding includes approximately \$20,263,946 from the seventh year of Iowa's settlement with the tobacco industry.
- FY 2007 University of Iowa information was unavailable at the time of printing, so FY 2006 is shown.
- 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 prevention grants (\$5,925,727 in FY 2005) are no longer included in this report, due to a change in their use for educational purposes other than substance abuse.
 *****FY 2007 University of Iowa information was unavailable at the time of printing, so FY 2006 is shown.

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



*FY 2001 Funding reflects 1st year of tobacco settlement funds invested in Iowa substance abuse programming.
 **FY 2003 Funding does not include approximately \$241,941 in supplemental appropriations approved in January 2003.
 ***FY 2004 Funding does not include 2.5% ATB budget reduction implemented in October 2003.
 **** FY 2006 Federal Safe and Drug-Free Schools and Communities prevention grants (\$5,925,727 in FY 2005) are no longer included in this report, due to a change in their use for educational purposes other than substance abuse.
 *****FY 2007 University of Iowa information was unavailable at the time of printing, so FY 2006 is shown.