

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

FFY 2015

CFDA 16.738

**Steven F. Lukan
Director**

**Terry E. Branstad
Governor**

**Kim Reynolds
Lt. Governor**

Acknowledgments

GOVERNOR'S OFFICE OF DRUG CONTROL POLICY STAFF

Steve Lukan – Director
Dale Woolery – Associate Director
Dennis Wiggins - Assistant Director of Programs
Susie Sher – Program Analyst
Terry Graham – Financial Manager

Governor's Office of Drug Control Policy
215 E. 7th Street
Pape State office Building
Des Moines, Iowa 50319
Phone 515-725-0300
www.iowa.gov/odcp

Table of Contents

Acknowledgments.....	2
Implementation/Time Task Plan.....	4
Data and Analysis of Need	5
Targeted Strategies: Results, Indicators, and Priorities	24
Strategy Development Process	38
Coordination of Efforts.....	41
Funding Information.....	41
Performance Measures	44

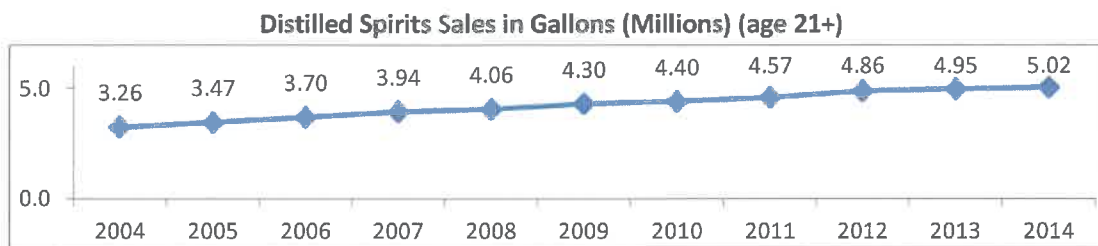
Implementation/Time Task Plan

	15	16	17	18	
	June - Nov	Feb-March	April-June	July-Sept	Oct-Dec
Application and receipt of federal Byrne-JAG funding	X	X	X	X	X
Sub-grantees invited to make application for competitive grant process		X	X	X	X
Competitive grant applications reviewed and funding decisions made			X	X	X
Successful applicants notified. Sub grant contracts executed		X	X	X	X
Beginning of sub grantee contract period. <i>Sub-grant contracts cover state fiscal year (July-June)</i>		X	X	X	X
Grant funded program activities			X	X	X
Quarterly financial reporting			X	X	X
Quarterly program reporting and assessment of program activities			X	X	X
Sub-grantee final reporting and closeout				X	X
Final reporting and grant closeout – federal grant					X

Data and Analysis of Need

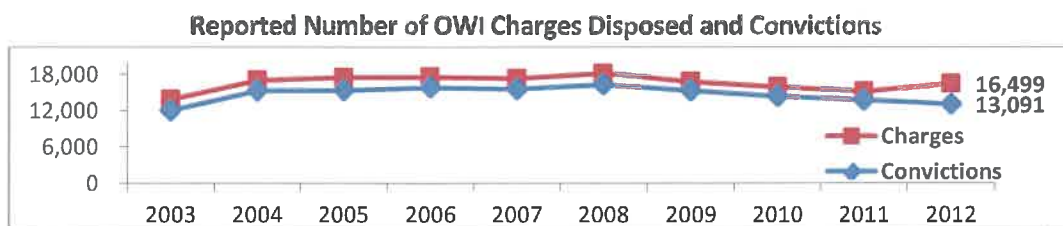
Alcohol Use/Abuse

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, one in five adult Iowans is classified as a binge drinker. In order to better understand some of the social implications resulting from the widespread use and abuse of this substance, data indicators concerning the use of alcohol, are presented below.



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

This figure displays data compiled by the Iowa Department of Commerce, [Alcoholic Beverages Division](#), reporting the sale of millions of gallons of distilled spirits to retailers within the State of Iowa. Alcohol sales to retailers have steadily increased 54% over the past eleven years reaching its current high of 5.02 million gallons in FY 2014. This translates to an average availability of 2.30 gallons of distilled spirits, plus 2.01 gallons of wine and 34.39 gallons of beer, per Iowan over the age of 21, in the past year.

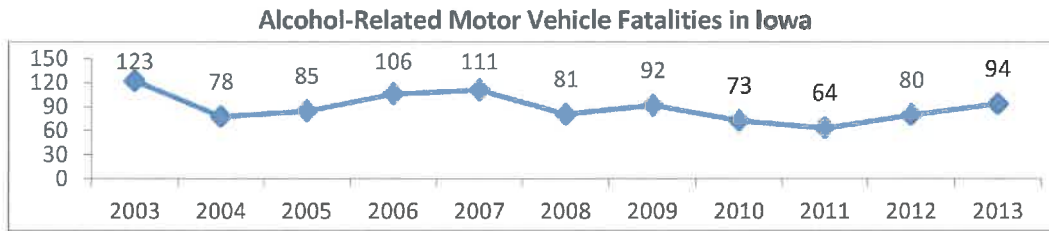


Source: CY, [Division of Criminal and Juvenile Justice Planning](#)

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

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

Appendix Two: Drug Use Profile



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

Alcohol related motor vehicle fatalities reported by the Iowa Department of Public Safety, [Governor's Traffic Safety Bureau \(GTSB\)](#), have varied, rising each of the past two years after reaching a low point in recent history in 2011. However, in 2013, 94 people died in alcohol-related motor vehicle fatalities.

Iowa Department of Public Health data show that alcohol remains by far the number one substance of abuse in Iowa. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains at 50%. In FY 2014, 23,045 adults and 1,102 juveniles were screened and/or admitted to treatment with a primary substance of abuse of alcohol.

Primary Substance of Abuse for Clients Screened/Admitted to Treatment

Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	1,102 (21.9%)	23,045 (53.2%)	50.0%
Marijuana	3,331 (66.3%)	9,059 (20.9%)	25.6%
Methamphetamine	206 (4.1%)	6,952 (16.0%)	14.8%
Cocaine/Crack	10 (0.2%)	831 (1.9%)	1.7%
Inhalants	10 (0.2%)	21 (0.1%)	0.1%
Other Opiates/Synthetics	51 (1.0%)	2,024 (4.7%)	4.3%
Other/Unknown	316 (6.3%)	1,392 (3.2%)	3.5%
Total	5,026	43,324	100%

Source: SFY 2014, [Iowa Department of Public Health, Division of Behavioral Health](#)

According to the I-SMART substance abuse data system, the number of clients screened/admitted for substance abuse treatment remains high. IDPH reported 48,621 clients screened/admitted in FY 2014. The percent of clients with a primary substance of alcohol remained almost steady at 50%, while still one of the lowest levels in recent years. The percent of marijuana clients was also nearly steady at 25.6%, while still one of the highest levels in recent years. Meth admissions are back on the rise, to an all-time high of 14.8%. Crack/cocaine admissions were down a bit to 1.7%, while heroin admissions reached an all-time high of 1.6%. The "other or unknown" category of admissions, which includes inhalants, synthetics, prescription drugs, other opiates, and unknown drugs, rose slightly to 6.3%.

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

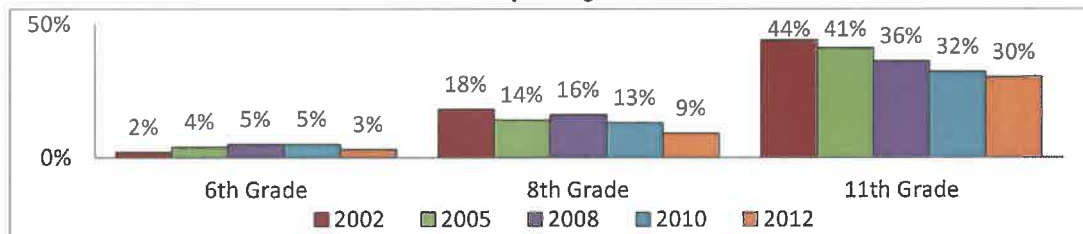
Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	0.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	0.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	0.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	0.4%	2.9%	44,528
2009	61.4%	23.2%	7.8%	3.7%	0.5%	3.4%	44,849
2010	58.6%	25.0%	8.8%	2.9%	0.7%	4.0%	44,904
2011	55.2%	25.7%	9.6%	1.9%	0.9%	6.7%	47,974
2012	49.9%	26.3%	10.5%	2.3%	0.9%	10.1%	50,870
2013	51.2%	26.7%	13.1%	1.9%	1.2%	5.9%	51,045
2014	50.0%	25.6%	14.8%	1.7%	1.6%	6.3%	48,621

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

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

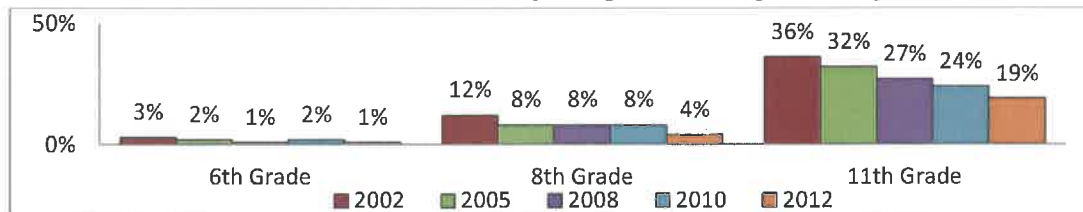
While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2012 nearly one third (30%) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline.

Percent of Students Self-Reporting the Current Use of Alcohol



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

Percent of Students Self-Reporting Current Binge Drinking



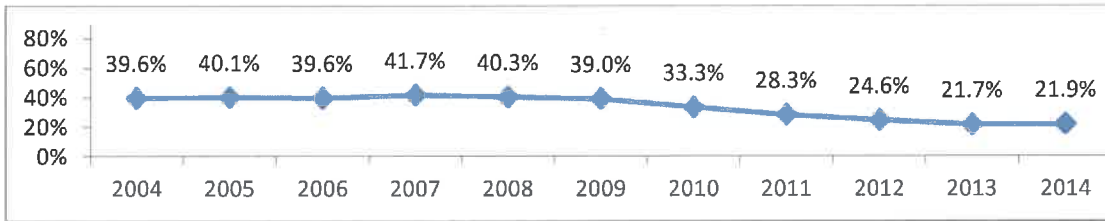
Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Current (past 30 days) binge drinking (consuming five or more drinks at one time) by youth in grades 6, 8, and 11 as reported in the Iowa Youth Survey has decreased since 1999. However, the IDPH, Division of Behavioral Health, SARS/I-SMART substance

Appendix Three: Funding Information

abuse reporting system data show that youth screens/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse is at 21.9% of the total. Based on these data, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

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

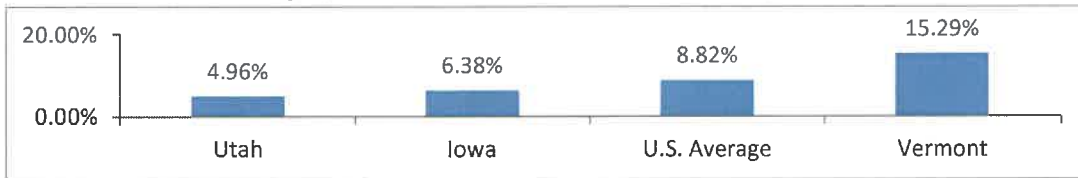


Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Illegal Drug Use in Iowa – General Indicators of the Trends in Drug Abuse

It should be noted that data in this section does not include alcohol. As the most abused substance in Iowa, including alcohol would significantly change these figures. According to the most recent National Survey on Drug Use and Health, Iowa has the fourth lowest rate of illicit drug use in the past month.

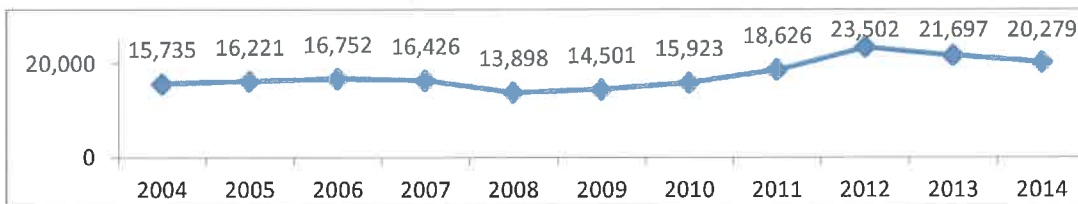
Illicit Drug Use in the Past Month – Lowest to Highest in the U.S.



Source: [2010-2011 National Survey on Drug Use and Health](#)

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

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

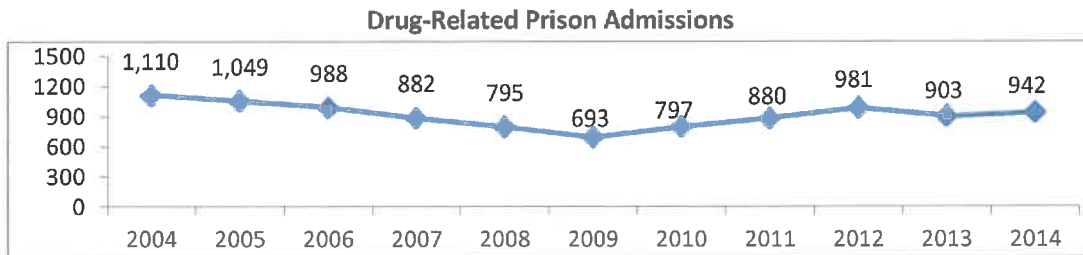


Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

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

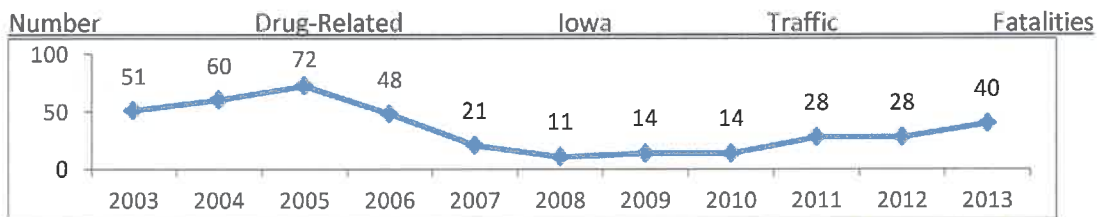
Appendix Three: Funding Information

dropped slightly. This figure shows the offenders admitted to prison with a drug offense as their lead charge.



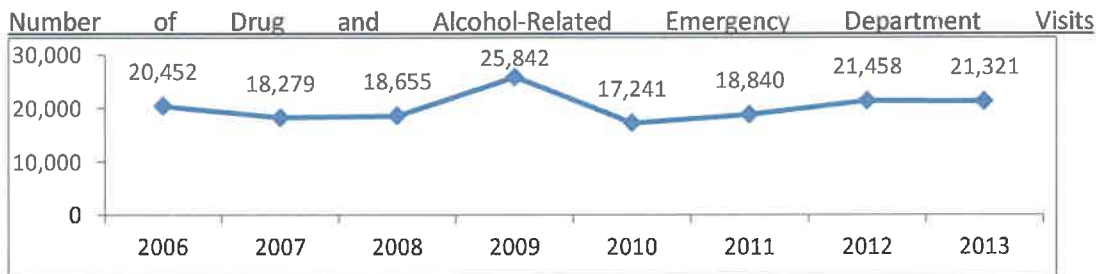
Source: FY, [Criminal and Juvenile Justice Planning](#)

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



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

Hospital emergency department visits related to alcohol and drug use are very high. The numbers represent substance abuse as both a primary reason for the visit, as well as a contributing factor to many visits.

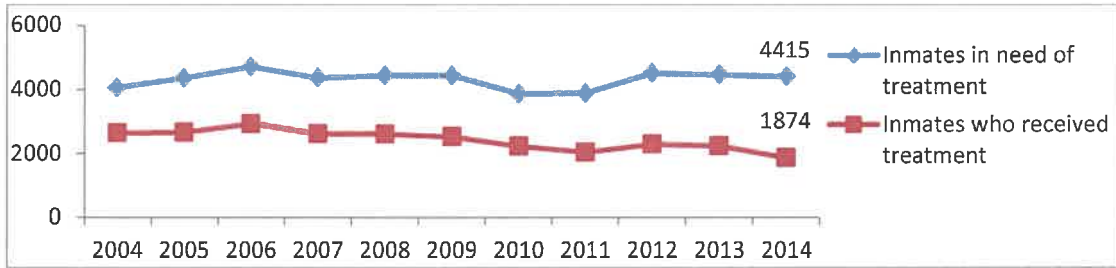


Source: CY, [Iowa Department of Public Health](#)

In 2014, the Department of Corrections provided substance abuse treatment to only 42.4% of the addicted custodial inmates and 42.2% of the drug addicted offenders in community corrections.

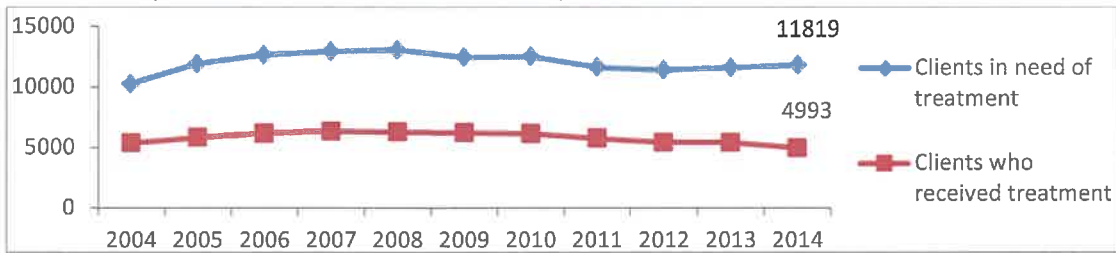
Appendix Three: Funding Information

Department of Corrections Institutional Substance Abuse Treatment



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

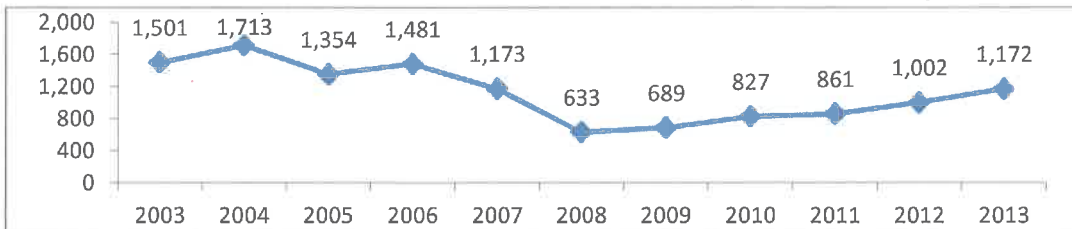
Department of Corrections Community-Based Substance Abuse Treatment



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

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

Confirmed or Founded Child Abuse – Presence Drugs in Child's Body



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

**Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years in this chart show only Confirmed cases.*

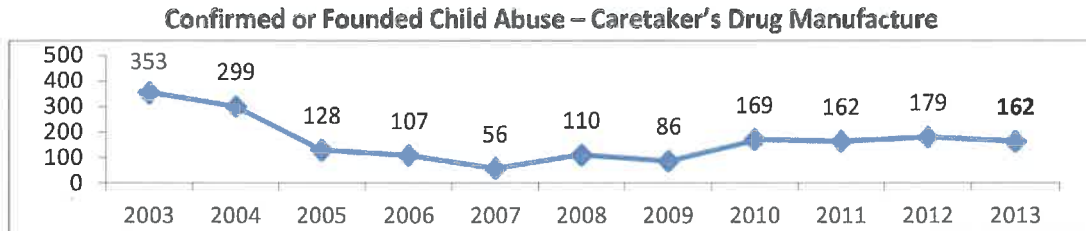
**Beginning in 2008 DHS began drug testing fewer children. DHS does not drug test all children if other evidence substantiates a confirmed or founded report.*

**January 1, 2014, DHS implemented Differential Response.*

The number of confirmed or founded child abuse cases involving the presence of illegal drugs in a child's body reached its peak in 2004. The number of confirmed or founded child abuse cases involving a caretaker's manufacturing of illegal drugs, specifically methamphetamine, decreased from 2003 to 2007. This number, like other meth statistics, was driven down by the reduction in

Appendix Three: Funding Information

methamphetamine labs across the state. However, as seemingly larger amounts of meth have been trafficked into Iowa, the number of children recently affected by the drug is holding steady at a higher level.



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

**Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years this chart show only confirmed cases.*

**January 1, 2014, DHS implemented Differential Response.*

Elsewhere in the Drug Use Profile regarding the youth population of Iowa, there is discussion 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.

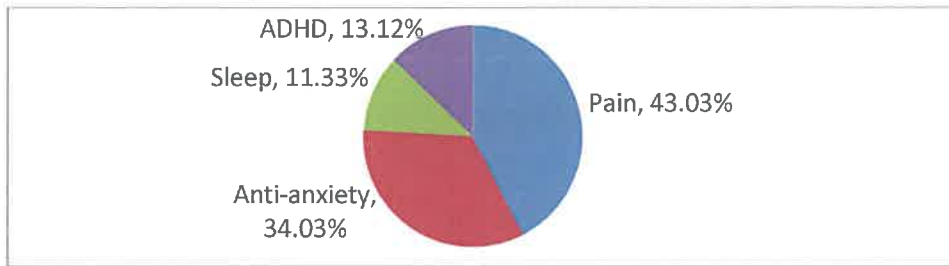
Prescription and Over the Counter Medications

Another dangerous form of substance abuse by Iowans involves prescription and over-the-counter medicines. Teenagers tend to view these drugs as “safe,” and many parents are not yet aware of their potential for abuse. Stories of teens sharing pills to get high are increasingly common in Iowa communities. These drugs are easy to get, can be as potent and dangerous as illicit drugs, and are associated with criminal behavior. Prescription drugs most often abused are narcotic painkillers, stimulants, and central nervous system depressants.

The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. According to data from the Prescription Drug Monitoring Program, the top 12 controlled substances prescribed in Iowa comprise approximately 80% of all prescriptions filled. These 12 medications include painkillers such as Vicodin and Percocet, anti-anxiety medication such as Xanax and Ativan, the sleep-inducer Ambien, and Attention Deficit Hyperactivity Disorder (ADHD) medications such as Adderall and Ritalin.

Appendix Three: Funding Information

Top 12 Controlled Substances Prescribed to Iowans

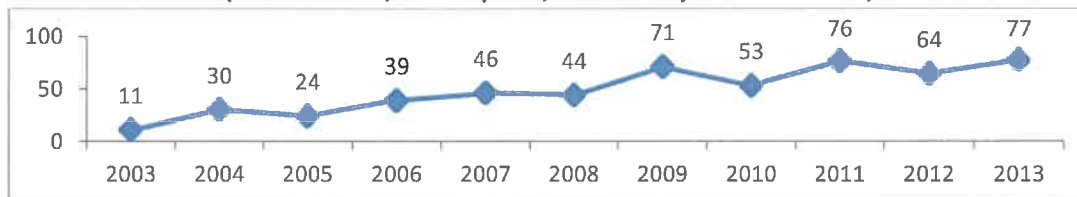


Source: CY 2013, [Iowa Board of Pharmacy](#)

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 56 pharmaceutical diversion cases and seized 3,327 dosage units over the past three fiscal years (2012 – 2014). Treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. And, according to the 2012 Iowa Youth Survey, 6% of Iowa 11th graders have used prescription drugs for non-medicinal purposes in the past 30 days. The trends are clear. According to the Partnership at Drugfree.org, 2010 Partnership Attitudes Tracking Survey (PATS), one in four teens (25 percent) nationally report intentionally abusing prescription drugs to get high at least once in their lives.

The Iowa Prescription Monitoring Program (PMP) indicates possible doctor shopping and/or pharmacy hopping to obtain excessive amounts of prescription drugs. In 2013, there were 371 Iowans that filled CII – CIV prescriptions from 5 or more prescribers or pharmacies. Over 30% of prescribers, such as physicians, have registered for access to the PMP but the rate of usage is much lower. Pharmacists are required to submit data, but not to consult the PMP when filling a prescription. Iowa overdose deaths from “other opioids” – which include hydrocodone and oxycodone – increased more than 1,825%, from 4 deaths in 2000 to an all-time high of 77 deaths in 2013.

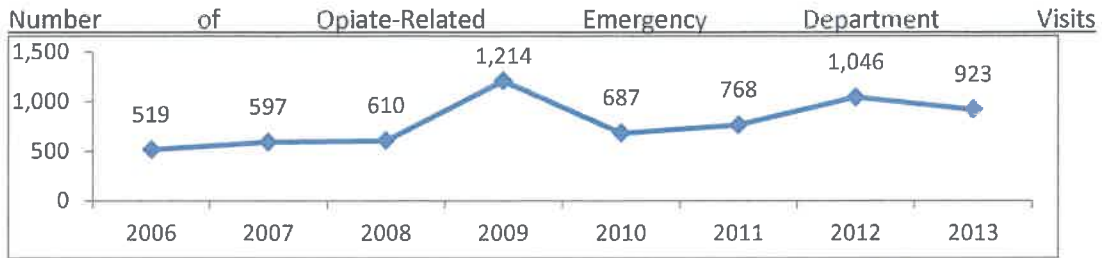
Iowa Opioid Pain Reliever Overdose Deaths (Rx Methadone, Other Opioids, and Other Synthetic Narcotics)



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

Opiate-related emergency department visits are more than double what they were several years ago. This number may not include unspecified or other drugs, or opiates combined with alcohol.

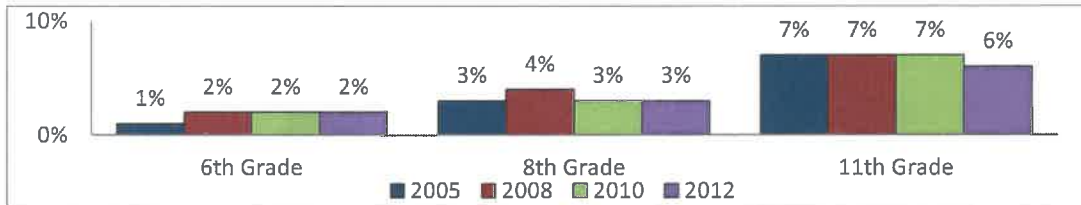
Appendix Three: Funding Information



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

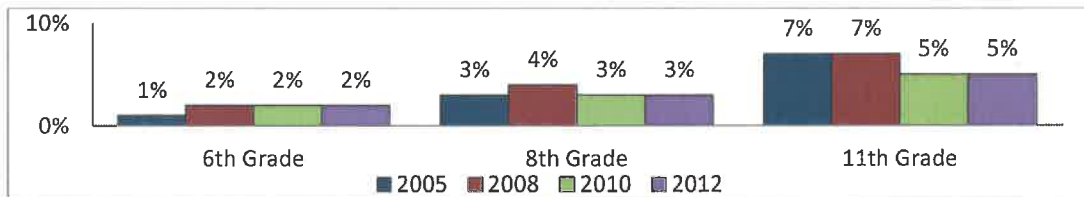
Additionally, attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not as dangerous as using drugs like methamphetamine. This in turn leads them to wrongly believe that using a medicine without a prescription is not harmful and that abusing prescription pain killers will not cause addiction. These substances are widely available and are often obtained within the home. Many adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children. According to the 2012 PATS results, only 14% of parents are talking to their children about the dangers of abusing prescription drugs.

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



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

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



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

Painkillers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. In Iowa, public calls to the [Statewide Poison Control Center](#) to identify hydrocodone and oxycodone pain pills have increased **871%** since 2003, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa.

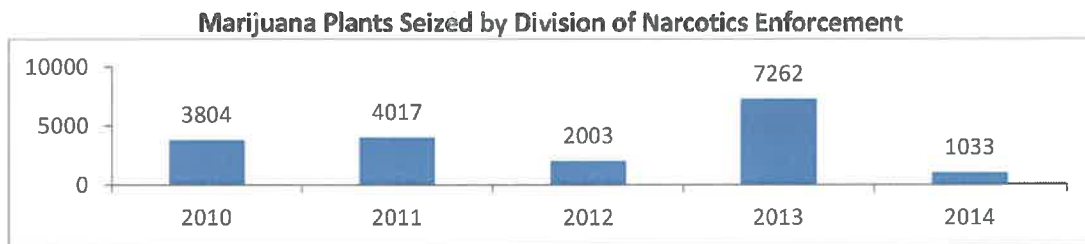
Appendix Three: Funding Information

Marijuana

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

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Laboratory reports that most of the marijuana it currently sees is made 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 delta-9-tetrahydrocannabinol (THC), which is the primary psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Recent marijuana eradication efforts indicate that since FY10, there has been an increase in the number of marijuana grows and generally an increase in plants seized. This trend will likely continue for the current year. State and local law enforcement will continue to respond to these grows as this type of controlled substance manufacturing is the beginning of the distribution process.

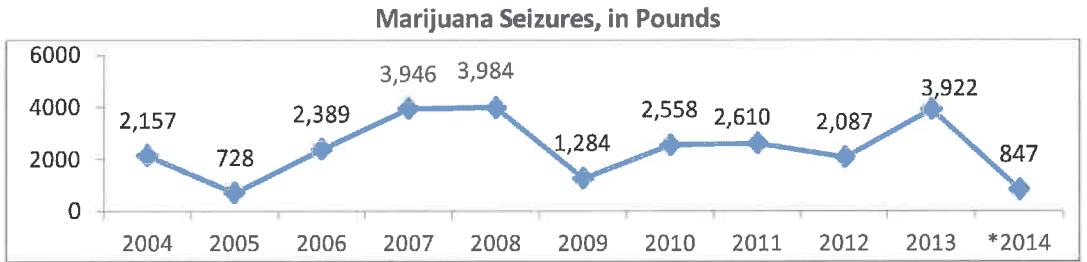


Source: FY, [Iowa Department of Public Safety](#)

In recent years, law enforcement officials say “cartel growing operations” have been discovered in Iowa. These grows typically take place on private property where the land owner is not aware of the operation, the grow plots are in densely wooded remote areas of the property and encampments are established on-site so the plants can be tended to on a regular basis. These grows present several unique challenges such as the possibility of armed encounters between unsuspecting hunters or farmers and those encamped with the grow operation. Negative environmental impacts may also exist from the destruction of mature native trees by fertilizers and chemicals being introduced into local water sources. These grow sites tend to be large in nature and require the combined efforts of many agencies to effectively eradicate these sites, as well as investigate and prosecute the growers to the fullest extent possible.

The Iowa Department of Public Safety (DPS) reported a new high in marijuana seizures in 2008. Marijuana seizures reported by DPS have fluctuated, but generally remain significantly higher than that reported in the 1990s. According to the DPS, marijuana submission rates are up, but there have been fewer large cases, such as highway drug interdiction stops, than in past years.

Appendix Three: Funding Information



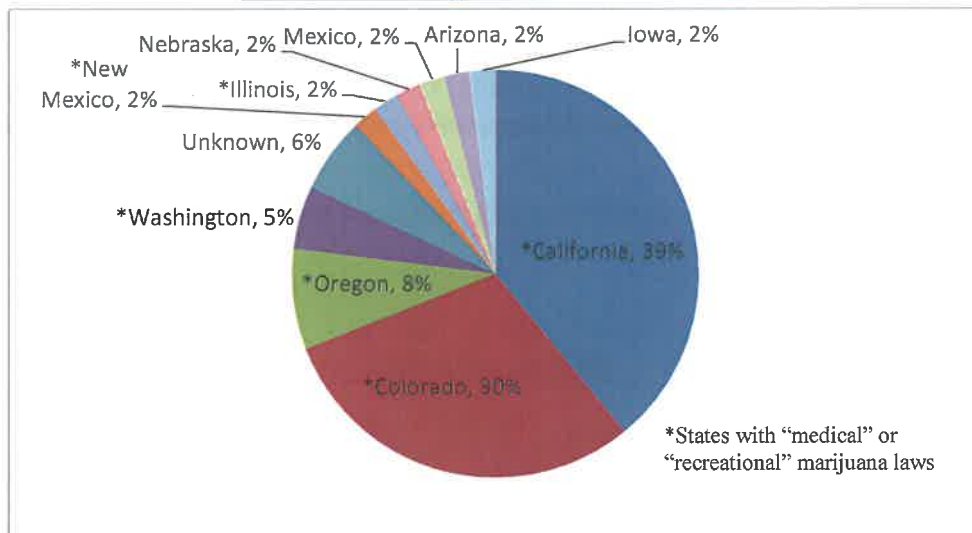
*Calendar year 2013 YTD

*May not include all seizures. Larger cases may be sent to DEA lab.

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

Our interstate system of highways is often used by drug smugglers travel to or through Iowa. Marijuana from Colorado and California, states which permit “medical marijuana,” is being seized with increasing frequency in interdiction stops by Iowa law enforcement. Last year, 86% of the marijuana seized in these types of stops was from “medical marijuana” states. California was identified as the source state for 39% of the marijuana seized in Iowa interdiction stops in 2013. Colorado was the source of 30%.

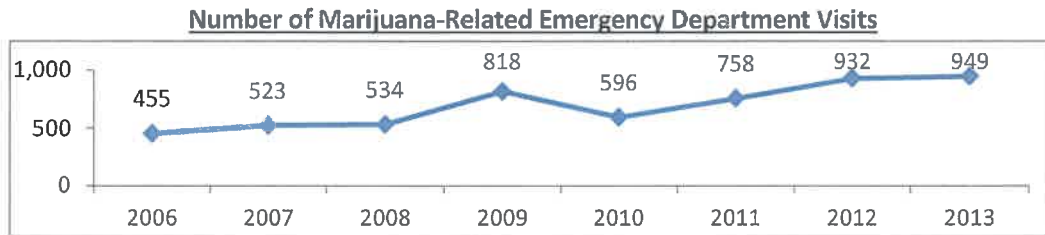
Source of Marijuana Seized in Iowa



Source: CY 2013 [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, as well as emergency department visits due to marijuana use. In data collected, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1997 – 2014. Hospital emergency department visits have risen 109% in seven years. This data reinforces the fact that despite misconceptions by some, marijuana can be an addictive drug.

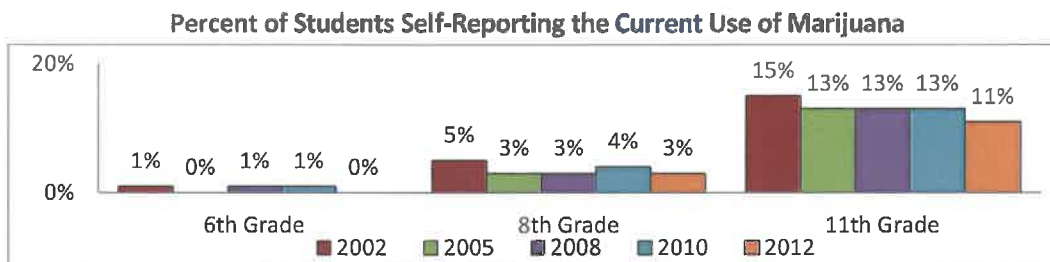
Appendix Three: Funding Information



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

Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult Iowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana. Ninety percent of those admitted to prison with a primary charge of marijuana are convicted at the felony level. The most recent review of Iowa workplace drug test results, marijuana was the drug for which Iowa workers most frequently tested positive. Of the positive drug tests reported to the Iowa Department of Public Health over the past 7 years, nearly 60% were positive for marijuana. The next most prevalent drug was methamphetamine, at 15.8%.

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. 17% of 11th graders surveyed in 1999 reported current use of marijuana. In 2010, 11% of 11th graders reported current use. Additionally, of the high school juniors surveyed in 1999, 35% reported having used marijuana at some point in their lifetime. This dropped to 22% in 2010.

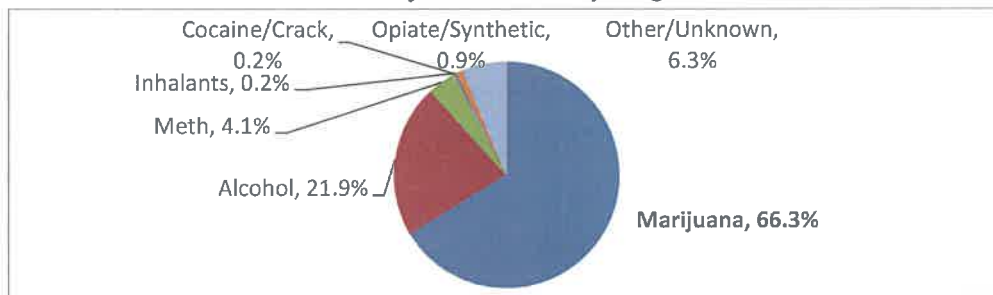


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Substance abuse reporting system data also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period of time included in this review. It should be noted that in SFY 2013, the greatest percentage of youth ever (69.3%) were screened/admitted for marijuana.

Appendix Three: Funding Information

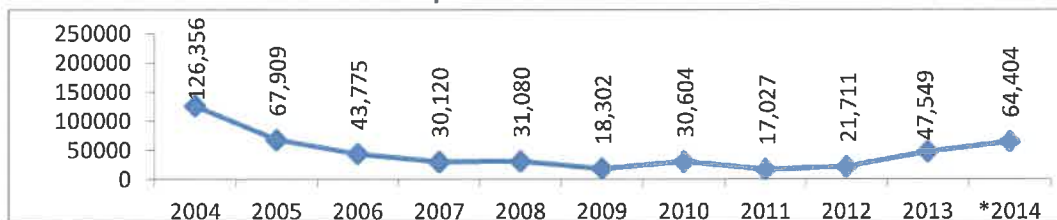
Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug



Source: FY 2014, [Iowa Department of Public Health, Division of Behavioral Health](#)

Amphetamine/Methamphetamine

Methamphetamine Seizures in Grams



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

*May not include all seizures. Larger cases may be sent to DEA lab.

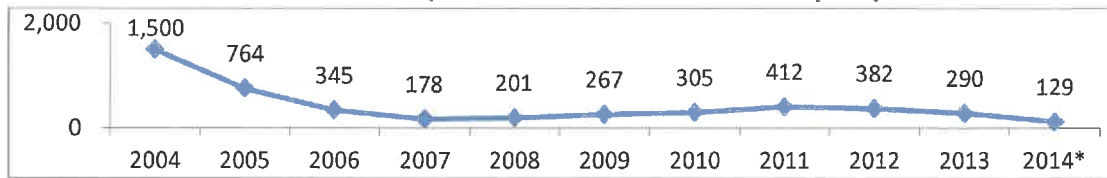
This figure illustrates a significant reduction in methamphetamine seizures by Iowa law enforcement agencies since peak meth lab activity nearly a decade ago. It's worth noting that this data from the Iowa Division of Criminal Investigation laboratory does not include all meth seizures, notably meth seized in major cases and larger amounts that was submitted to the U.S. Drug Enforcement Administration's laboratory for federal prosecution. Therefore, this chart provides a conservative estimate of the volume of meth removed from Iowa communities by law enforcement agencies. However, 2014 meth seizures are on track to be higher than 2005.

One recent development in methamphetamine labs is the emergence of "shake 'n bake" and "one-pot" cooks. These methods generally use less pseudoephedrine and produce methamphetamine in smaller quantities, but are no less dangerous than other production methods. They are portable and unstable. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, serious hazards exist for those who come into contact with the waste or flash fires from these cooks.

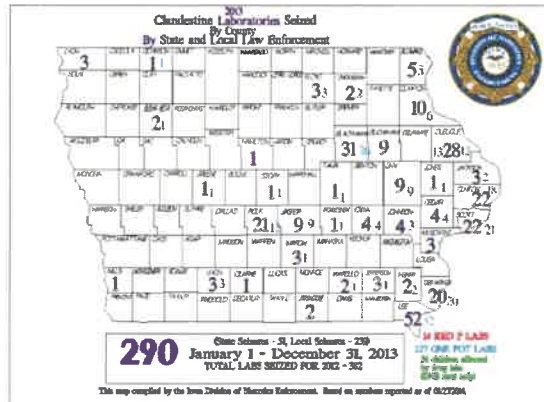
In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. In 2009, the Iowa Legislature passed legislation requiring all pharmacies in the state that sell pseudoephedrine products over-the-counter to participate in an electronic Pseudoephedrine Tracking System. Additional meth precursors, or ingredients, have also since been regulated.

Appendix Three: Funding Information

State and Local Methamphetamine Clandestine Laboratory Responses



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



Beginning September 1, 2010, Iowa ODCP implemented an electronic Pseudoephedrine Tracking System called the National Precursor Log Exchange (NPLEx). NPLEx is a real-time tracking system, used by virtually all Iowa pharmacies as a stop-sale system. That is, transactions are immediately added to the system, directing the pharmacist to prevent a sale from taking place if the daily or monthly limits are exceeded. Blocking sales in real-time prevents smurfing and consequently the production of methamphetamine. In the four full years since implementing NPLEx, more than 93,929 illegal purchase attempts have been blocked, preventing the sale of over 557 pounds of pseudoephedrine, averting an estimated 2,000 additional meth labs.

Iowa Average Methamphetamine Price and Purity

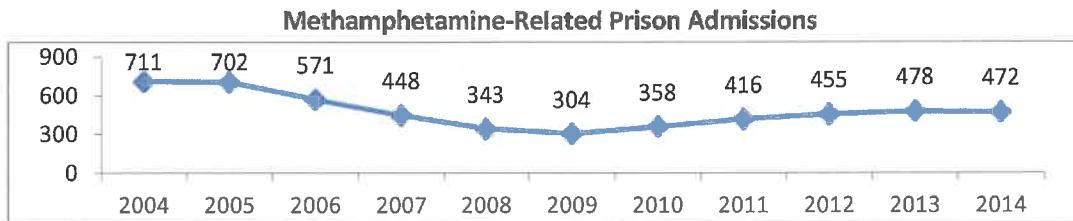
	2004	2006	2008	2010	2012	2013
Price	\$100	\$120	\$123	\$130	\$135	\$115
Purity	33%	40%	40%	79%	87%	97%

Source: [Iowa Counterdrug Task Force](#)

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. In recent months, the Iowa Department of Public Safety's Division of Narcotics Enforcement has experienced a significant increase in major cases involving large quantities of purer and more potent methamphetamine. Also of concern is an increase in purity and potency of meth smuggled into Iowa from Mexico and other states. Some meth encountered by law enforcement agencies is 99% to 100% pure. That compares with an average purity level ranging from 14% to 40% ten years ago.

Appendix Three: Funding Information

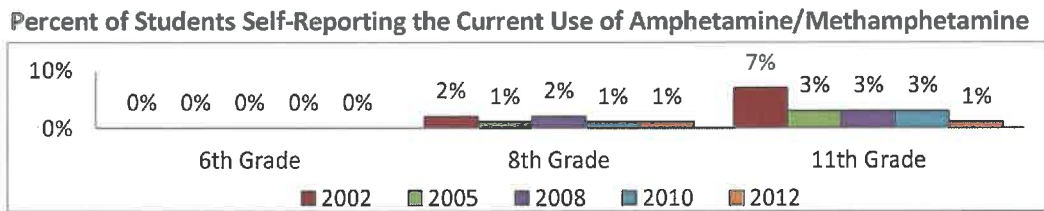
Prior to the emergence of Iowa's "meth epidemic," the percent of adults screened/admitted with meth as the preliminary substance of abuse was under 3%. Since that time, according to the IDPH Division of Behavioral Health, adult methamphetamine screenings/admissions have varied from 9.1% to 16%. As a percent of all screens/admissions, meth had diminished until 2008 when it reached its lowest point (8.5%) since the meth epidemic began. However, along with reported increases in meth trafficked into Iowa the percentage has gone up to 14.8%.



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

From 2004 to 2009, methamphetamine-related prison admissions decreased 57.9%. But, along with the recent rise in meth trafficking incidents, the number of methamphetamine related prison admissions has also increased slightly.

According to the 2012 Iowa Youth Survey amphetamine and methamphetamine use among the younger population has remained relatively stable at a low level.



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

Cocaine/Crack Cocaine

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

In 2008 and 2010, the Iowa Division of Narcotics Enforcement reported having several large cases involving cocaine. So far in 2014, cocaine seizures are up significantly from last year.

Appendix Three: Funding Information

Iowa Cocaine/Crack Cocaine Seizures, in Grams



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

*May not include all seizures. Larger cases may be sent to DEA lab.

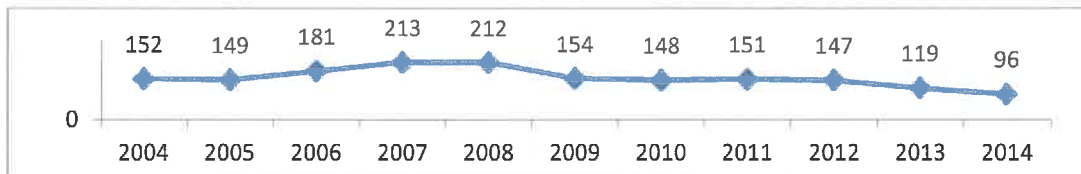
Iowa Average Cocaine Price

	2004	2006	2008	2010	2012	2013
Price	\$100	\$110	\$80	\$125	\$130	\$130

Source: [Iowa Counterdrug Task Force](#)

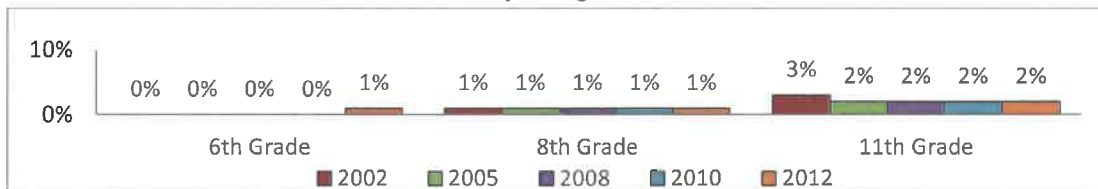
Cocaine-related admissions to prison represented 9.5% of drug-related prison admissions in FY 2014. Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa. There is little reported use of cocaine/crack cocaine by Iowa youth.

Cocaine/Crack Cocaine-Related Prison Admissions



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

Percent of Students Self-Reporting the Current Use of Cocaine



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

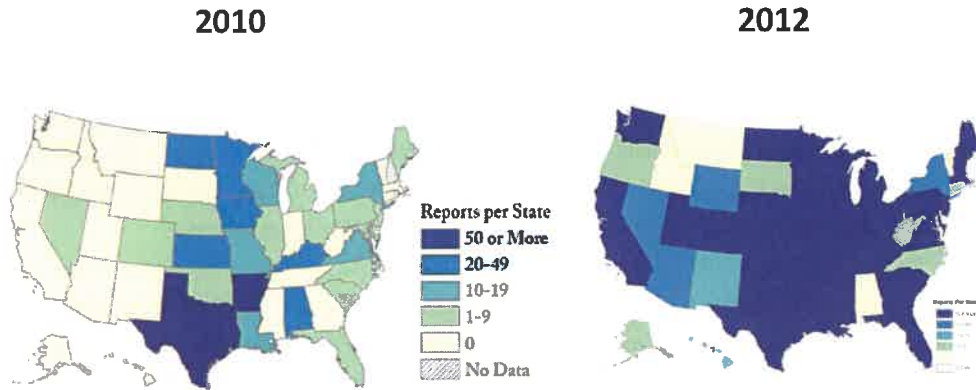
Data regarding the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs while remaining constant for the past 10 years is also very low. In 2014 only .2% of the youth admitted to treatment cited Cocaine/Crack Cocaine as the primary substance of abuse.

Synthetic Cannabinoids and Cathinones

Another emerging threat to the health and safety of Iowans is the use of synthetic drugs. These substances, also known as synthetic cannabinoids and synthetic cathinones, are marketed as K2,

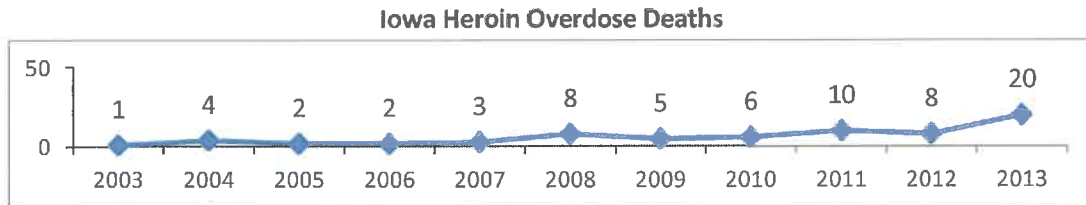
Appendix Three: Funding Information

Spice, and bath salts. The cannabinoids are herbal substances that are sprayed with one or more chemical compounds. They are marketed as incense and not for human consumption, but are often used by Iowa youth and at times produce dangerous hallucinogenic effects. The effects of Bath Salts mimic cocaine. The maps below illustrate how quickly use of synthetic cannabinoids spread throughout the United States.

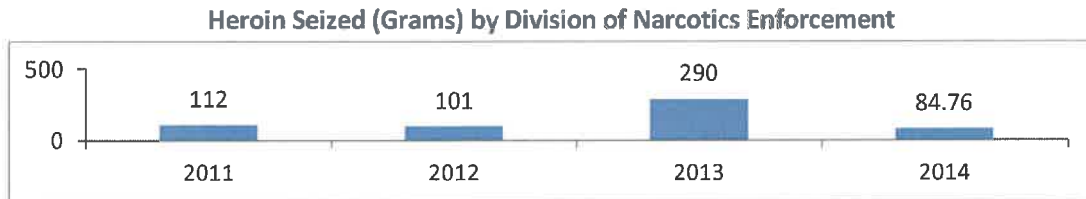


Heroin

Anecdotally, heroin use is on the rise in Iowa. According to Iowa Department of Public Health treatment data, heroin screening/admissions for treatment remain at an all-time high of 1.6% of all treatment admissions. Although small, this number has tripled in the past five years. As more and more people become hooked on prescription opioids, more end up turning to heroin. Heroin overdose deaths rose 1,900% from 2003 to 2013, from 1 death to 20.



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



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

The Iowa Department of Public Safety's Division of Narcotics Enforcement reports four years of statewide heroin statistics. In 2011, DNE opened 1 heroin case and seized 112 grams of heroin. In 2012, DNE opened 6 heroin cases and seized 101 grams. In 2013, DNE opened 14 heroin cases and seized 290 grams. In 2014, DNE opened 10 heroin

Appendix Three: Funding Information

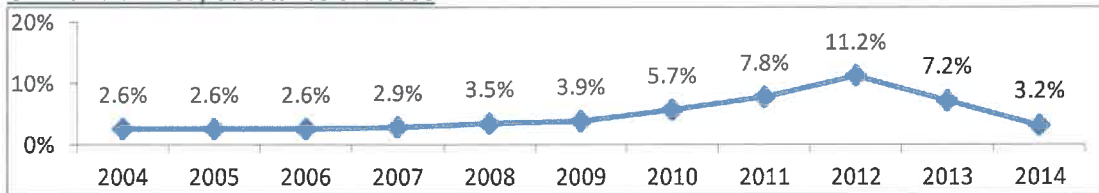
cases and seized 84.76 grams. Seizure amounts for any drug may vary greatly from year to year, especially when you have one or two large seizures, and represent only a partial picture.

Other Illicit 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, but their usage by drug abusers is currently relatively low. Since 2002, the percentage of arrests for both categories of offenses has generally risen, indicating a rise in crimes related to other drugs of abuse.

The percentage of Iowa adults being admitted to a substance abuse treatment program whose primary drug of abuse is “unknown or other” has dropped after a sharp rise. This category could include prescription drugs, heroin, synthetic drugs, over-the-counter drugs, and/or inhalants.

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

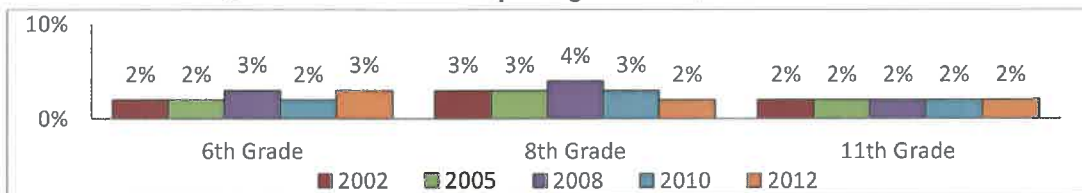


Source: FY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Inhalants

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

Percent of Students Self-Reporting the Current Use of Inhalants



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

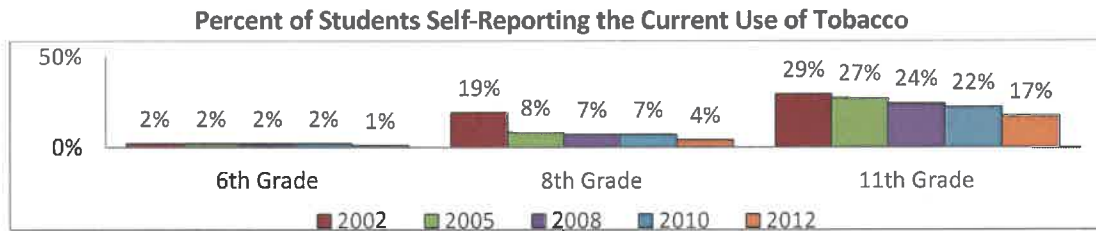
Tobacco

Much data and information has been published by the federal Centers for Disease Control and Prevention and other organizations to inform the general public of the dire consequences of using tobacco products. These organizations estimate that annually 4,600 Iowans die as a result

Appendix Three: Funding Information

of smoking, and that smoking results in the loss of 13.4 years of potential life. For Iowa smokers wishing to quit, Quitline Iowa offers tobacco cessation coaching services over the telephone or internet, 24 hours a day. Iowans over the age of 18 may also be eligible for 8 weeks of free nicotine replacement therapy gum, patches, or lozenges. The Quitline Iowa program provides information about all of these options as safe alternatives to using e-cigarettes as a quitting method.

The Iowa Department of Public Health reports a new program with “Quit Coaches” was launched in 2012. Quit Coaches have been trained and are well versed in techniques to help e-cigarette users quit, regardless of whether they are using electronic cigarettes alone or using both smoked tobacco and electronic cigarettes. Quitline Iowa’s behavior change-based program is backed by more than 35 years of research.



Targeted Strategies: Results, Indicators, and Priorities

1. Strengthen Efforts to Make Iowans Healthy & Drug-Free

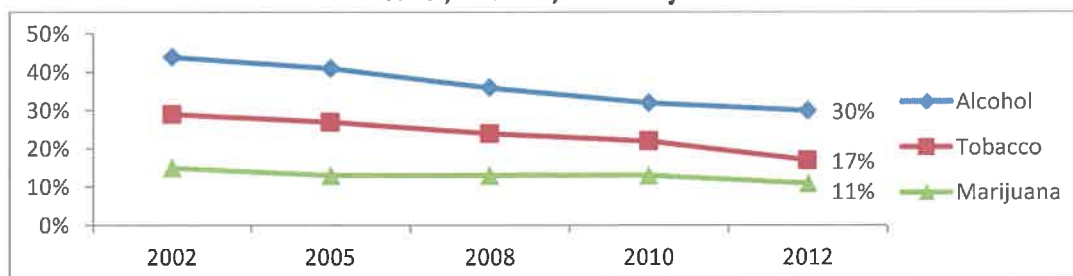
The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities. Effective treatment addresses addiction issues and has a long-term positive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

Reduce youth use of alcohol, tobacco, and marijuana

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

The [Iowa Youth Survey](#) (IYS) is a self-reporting survey conducted every two years by the Iowa Department of Public Health's Division of Behavioral Health. Results from the 2014 survey are due in the spring of 2015. The IYS compiles data regarding the use of alcohol and other drugs from youth in grades 6, 8, and 11 from public and non-public schools. Students answer questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and 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. Prior to 2010, the IYS was conducted every three years.

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



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

What Works

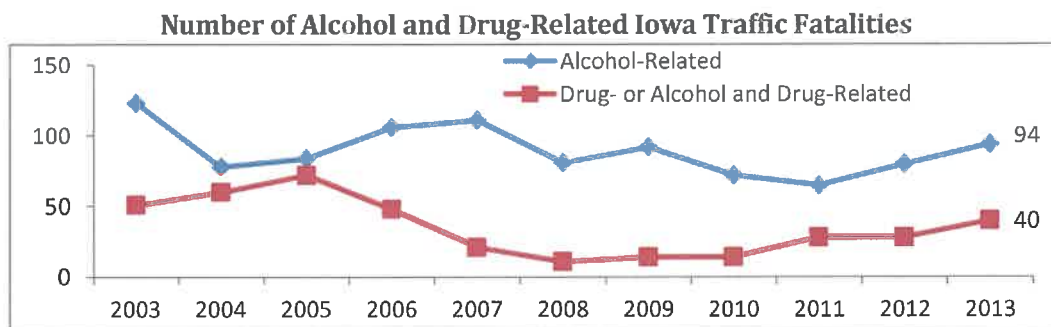
Initiatives that work to reduce the number of Iowa youth who use alcohol and other drugs include: schools implementing evidence-based substance abuse prevention programming; increasing the awareness of, and access to, prevention programming and information; reducing youth access to alcohol, tobacco,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

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

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. Motor vehicle crashes are the leading cause of death for all 15-20 year olds, according to the National Center for Health Statistics. Alcohol is one of the leading causes of fatal traffic crashes. In Iowa, alcohol is second only to excessive speed as a contributing factor in all traffic crashes. In 2013, 17% of the young drivers (15 to 20 years old) killed in crashes had a blood alcohol concentration (BAC) of .08 or higher.

According to the Iowa Governor's Traffic Safety Bureau, in 2013, a total of 94 persons were killed in alcohol-impaired driving fatal crashes, 21 fatalities occurred when the driver had a combination of alcohol and drugs in their system, and 19 fatalities were solely drug-related.

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



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

What Works

Initiatives that work to reduce the number of alcohol and drug-related traffic fatalities in Iowa include: specialized alcohol-related traffic safety education; environmental prevention strategies

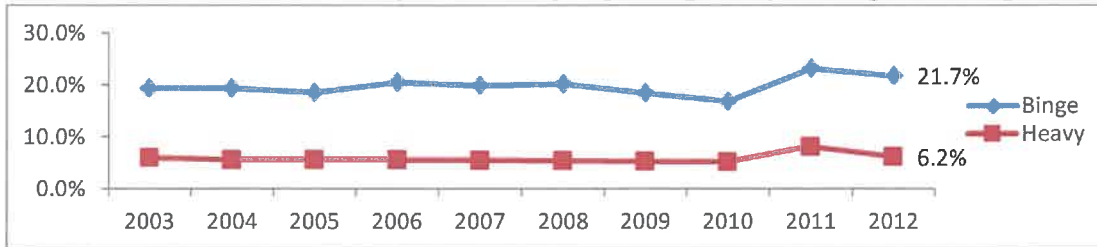
addressing community norms about alcohol use and abuse; reducing youth access to alcohol products; alcohol compliance checks at retail establishments, bars, and restaurants; alcohol server/seller training; graduated licensing for underage youth; Intoxilyzer lockouts for vehicles; and having a 21 year-old legal drinking age.

Reduce the number of lowans engaged in heavy or binge drinking

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

Alcohol dependency 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 through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. Reducing heavy and binge drinking in Iowa will improve the health and safety of lowans while reducing health care costs. According to the data below, adult lowans who report heavy and binge drinking are near historic highs.

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



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

What Works

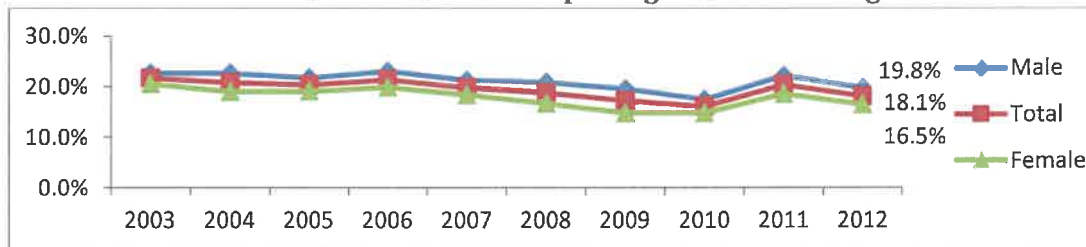
Initiatives that work to reduce the percentage of lowans who binge drink or drink heavily include: Drug-free workplace policies; school and community programming; community coalitions involving professionals, parents, and other supporters; raising the age of onset of alcohol use; prevention services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

Reduce the number of lowans who smoke

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

and costs. Reducing tobacco usage by youth also reduces the likelihood lowans will ever use other drugs.

Percent of Adult Iowans Reporting Current Smoking



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

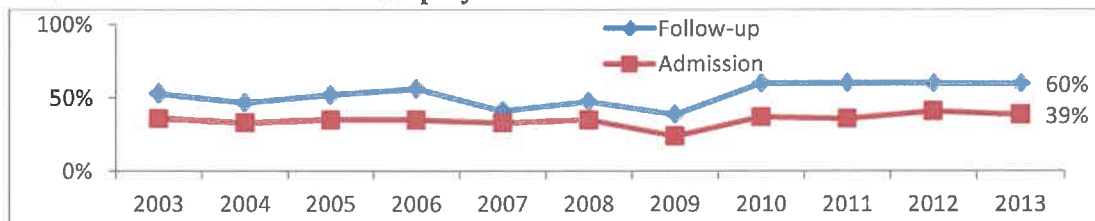
What Works

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

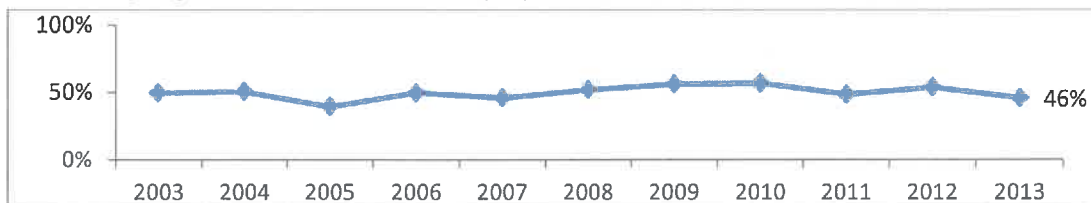
Increase the number of treatment clients who are employed and abstinent six months post-treatment

Nearly sixty percent of treatment clients who participated in the Year Sixteen Outcomes Monitoring Study for 2013 were employed full or part-time six months after treatment, compared to only 38.6% of clients at treatment admission. More than 46% of treatment clients remained abstinent six months after treatment discharge. Treatment must 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). Effective treatment addresses addiction issues and has a long-term positive impact on the addict, their family and community.

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



Percent of Treatment Clients Abstinent Six Months Post Treatment



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

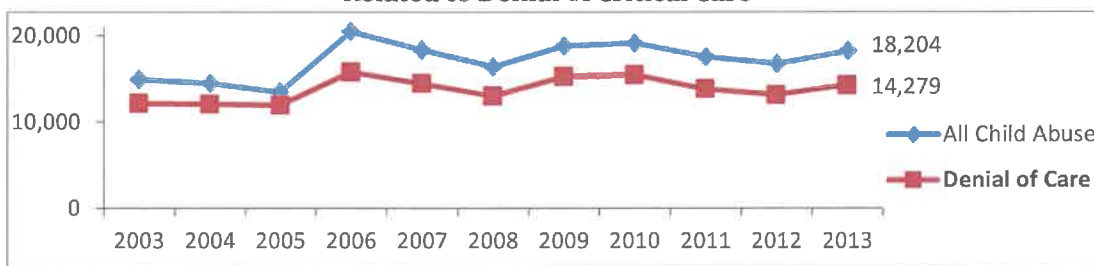
What Works

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

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

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

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



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

*Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused. Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.

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

What Works

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

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

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

2. Safeguard Iowa Communities from Illegal Drugs

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

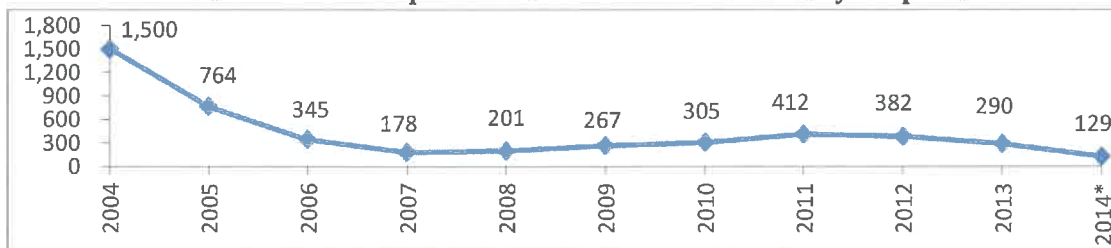
Reduce the number of clandestine methamphetamine labs in the State

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. Newer methods of making methamphetamine, called one-pot or "shake n bake" labs, are also posing a threat to unsuspecting Iowans. These methods generally use less pseudoephedrine and produce methamphetamine in smaller quantities, but are no less dangerous than other production methods. They involve putting toxic chemicals in a plastic bottle and shaking it, causing an extremely high amount of pressure to build up in the container resulting in rupture. The process is incredibly unstable, causing fires and injuring people. The remnants are often disposed of in neighborhoods and ditches.

Aside from their environmental impact, meth labs especially pose a hazard to children and other unsuspecting Iowans who come into contact with the waste or are impacted by explosions and flash fires from these cooks. In 2009 there was a single one-pot lab reported. In 2010, that number went up to 56. Through September 30th, 2014, 110 one-pot labs have been reported.

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

State and Local Methamphetamine Clandestine Laboratory Responses



*Calendar year 2014 through September 30

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

What Works

Initiatives that work to reduce methamphetamine labs in Iowa include: enforcement units that respond to and dismantle clandestine laboratories; multi-jurisdictional drug enforcement task

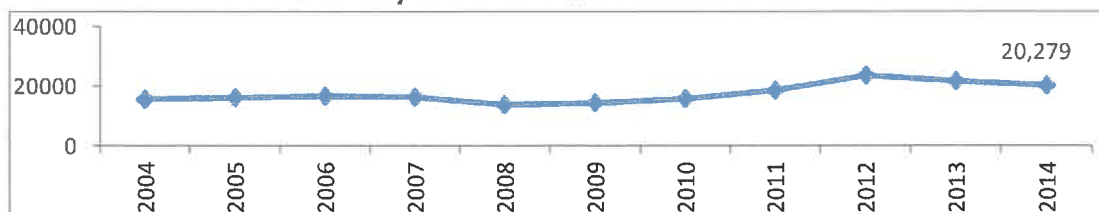
forces; coordinated intelligence collection, analysis and sharing; collaborating with community businesses, human services, corrections, and health care; real-time electronic precursor (pseudoephedrine or PSE) tracking and point-of-sale controls; and pharmacist and technician education.

Increase treatment admissions for substances other than alcohol

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 rehabilitation.

In Iowa, about half of the clients screened/admitted to substance abuse treatment are referred by the criminal justice system. Drug Task Forces play a key role in getting more Iowa drug offenders into treatment. In Iowa counties where there is active drug task force coverage, 45% more treatment admissions are made via the criminal justice system than in counties without task forces. There is an average 6.17 treatment admissions per 1,000 in population via the criminal justice system in task force covered counties versus only 4.26 treatment admissions per 1,000 in population in non-covered counties.

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



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

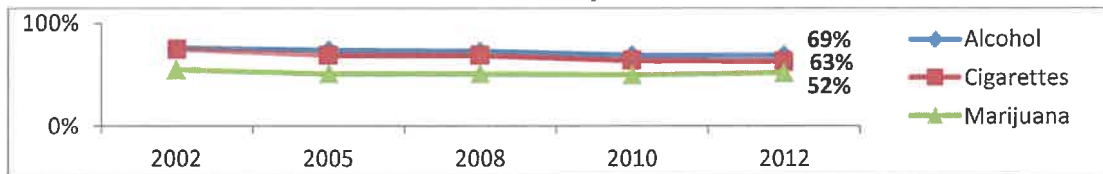
What Works

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

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

The Iowa Youth Survey has shown a reduction in how easy students in grade 11 think it would be to obtain alcohol, cigarettes, and marijuana. In 2012, 69% of 11th graders thought it would be "easy" or "very easy" to get alcohol. Ease of access is a key factor in youth substance abuse.

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



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

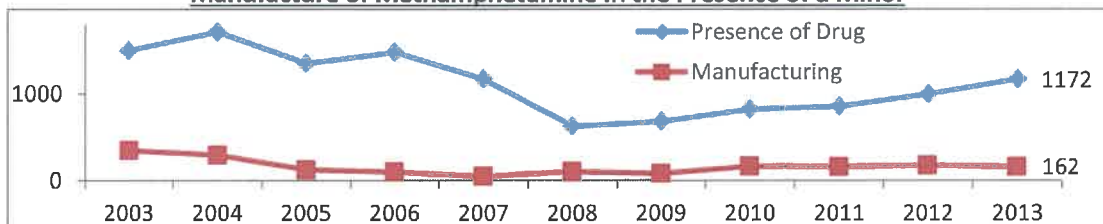
What Works

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

Reduce the number child abuse cases related to the presence of an illegal drug in a child’s body or manufacturing meth in the presence of a minor

In 2013, the presence of illegal drugs in a child’s body and manufacturing methamphetamine in the presence of a minor accounted for 1,334 founded child abuse reports, the highest level since 2006. When all denial of critical care, presence of illegal drugs in a child’s body and manufacturing methamphetamine in the presence of a minor are combined, they represent over 85% of confirmed and founded child abuse cases in Iowa. Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides the motivation for parents to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the generational cycle of addiction and abuse, dramatically improving children’s futures.

**Number of Confirmed or Founded Cases of Child Abuse Related to
Presence of an Illegal Drug in a Child’s Body or
Manufacture of Methamphetamine in the Presence of a Minor**



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

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

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

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

What Works

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

Safeguard Iowa Communities from Illegal Drugs - Possible Byrne Program

Responses

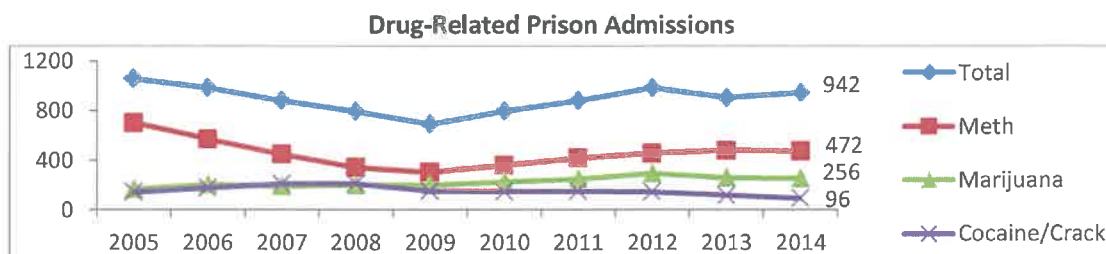
- Programs to divert non-violent offenders from jail/prison to treatment
- Juvenile and adult drug court programs
- Programs to provide case management resources for community-based criminal offenders receiving treatment services
- Jail-based treatment programs
- Multi-jurisdictional drug enforcement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

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

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

Reduce drug-related crime and associated prison admissions

FY 2005 saw the first reduction in drug-related prison admissions in a decade. They continued to decline for five straight years, followed by three years of increase and a subsequent decrease each of the last two years. The reduction from 2004-2009 was largely driven by a sharp decline in methamphetamine cases after the implementation of Iowa's Pseudoephedrine Control Act in May 2005. Since then, however, the importation of meth through drug trafficking organizations has helped fuel an increase in meth related prison admissions. In FY 2014, there were 942 people imprisoned on drug-related charges. Of those, 472, or 50%, were meth-related.



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

What Works

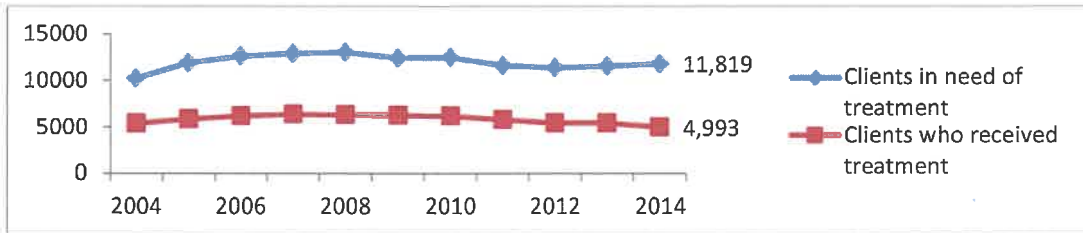
Initiatives that work to reduce drug-related prison admissions include: precursor controls; environmental prevention policies; drug courts; drug-free housing; intensive supervision coupled with treatment; diversion to treatment; long-term aftercare programming and wrap around services to reduce recidivism;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

Increase the number of community-based offenders, with an identified substance abuse treatment need, who receive treatment

Studies have shown that substance abuse treatment reduces drug use and related crime. The Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Public Health, Division of Behavioral Health, conducts an annual outcomes evaluation of publicly funded drug treatment clients. As the data demonstrate, all Iowans are safer when offenders returning into the community have completed substance abuse treatment. Findings from the 2013 report include:

- 87% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 38.6% at treatment admission to 59.7% six months since discharge from treatment
- 46.1% of clients remained abstinent six months since their discharge from treatment

Department of Corrections Community-Based Substance Abuse Treatment



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

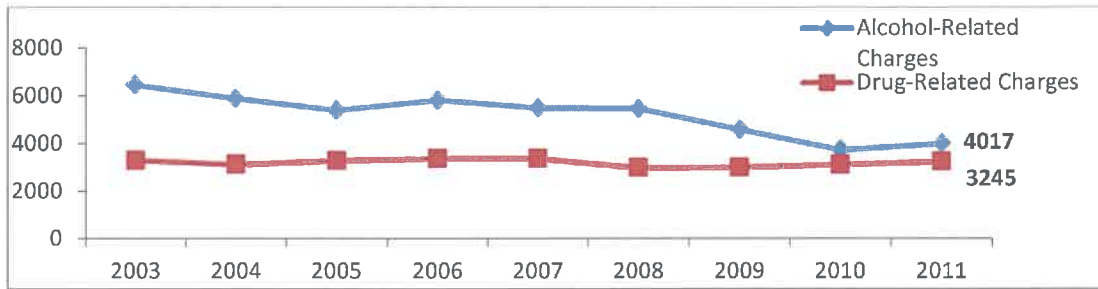
What Works

Initiatives that work to increase the number of community-based offenders who receive treatment when needed include: community aftercare; therapeutic communities with aftercare; community-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); and long term aftercare programming.

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

Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their substance abuse. The adolescent brain is especially vulnerable to addiction. In 2011, 1,402 Iowa youth were charged with OWI and drug offenses. The State Training School at Eldora and the Iowa Juvenile Home at Toledo provide highly structured, restrictive environments to assist teenagers who are adjudicated as delinquents or children in need of assistance (CINA). In FY 2012, 67% of the youth at the State Training School were in need of substance abuse treatment. The average age of admittance was 16.53 years and the average length of stay was 10.8 months.

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



Source: [Iowa Justice Data Warehouse](#)

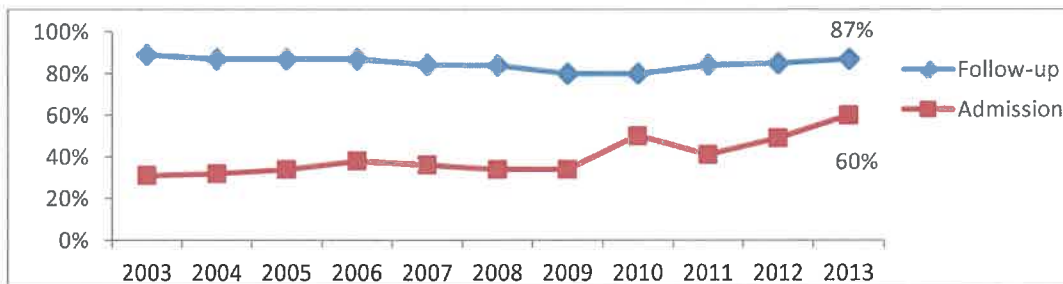
What Works

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

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

Sixty percent of treatment clients who participated in the Year Sixteen Outcomes Monitoring Study for 2013 had no arrests prior to treatment. But, six months after treatment, 87% of clients had no arrests. Substance abuse treatment can be successful. But there are factors that can increase the effectiveness of treatment. Length of treatment and a client’s level of motivation are major indicators of success. Treatment must be comprehensive and multi-systemic. It must enhance a client’s motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on the addict, his or her family and friends, and the community.

Percent of Treatment Clients with No Arrests Six Months Post Treatment



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

What Works

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

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

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

Strategy Development Process

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

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

Public Input

The strategy development process includes several opportunities for input from the public. All strategy planning sessions are advertised and open to the public for input and comment. A draft copy of the strategy is posted online and a statewide press release is issued inviting the public to comment. The strategy is also posted on the public document section of the State Library's website.

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

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

Need Assessment/Resource Needs

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

Drug Policy Advisory Council

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

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

Iowa Drug Policy Advisory Council

Steven F. Lukan
Drug Policy Coordinator

Matthew Harkin
Iowa State Police Association

Jennifer Miller
County Attorney's Association

Warren Hunsberger
Substance Abuse Treatment Director

Katrina Carter
Department of Corrections

Jane Larkin
Substance Abuse Treatment Specialist

Cynthia Erickson
Department of Education

Christina Wilson
Substance Abuse Prevention Specialist

Vern Armstrong
Department of Human Services

Honorable Thomas Bower
Judicial Branch

Kathy Stone
Department of Public Health

Non-Voting Members

Paul Feddersen
Department of Public Safety

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

Steve Michael
Department of Human Rights

Col. Larry Doss
Iowa National Guard

David Lorenzen
Iowa Peace Officers Association

Steve Larson
Alcohol Beverage Division

Jason Sanhodd
*Iowa State Sheriffs and
Deputies Association*

Chief Jeremy Logan
Iowa Police Chiefs Association

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

Strategy Review and Submission

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

Subgrant Award Process:

The Governor's Office of Drug Control Policy utilizes a competitive application process to pass thru grant funds to eligible applicants. The competitive application process includes a bifurcated review and evaluation involving a peer and staff review of applications. Requests for proposals are typically released in mid-February, applications are due in early April, and grant awards are announced in early June. Subgrant contracts are administered on the state fiscal year which is July through June.

Evidence-Based Projects

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

In recent years BJA and others have increased the focus on "evidence based" programs implemented with fidelity. The Office of Drug Control Policy is currently engaged with BJA's technical assistance provider to; establish precision on what is meant by "evidence based" programming; to evaluate our efforts regarding evidence base programming; to implement evidence base principals into planning and program development; and to educate our grantees and program partners.

Coordination of Efforts

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

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

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

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

Funding Information

Funding listed herein focuses on substance abuse and associated issues (e.g. crime, violence, and delinquency). Prevention, Treatment, and Enforcement are broad categories meant to encompass many programs. Funding estimates include State, Federal, and Other funding sources invested by

State agencies. Funding estimates do not include local or private resources, or federal funds provided directly to communities.

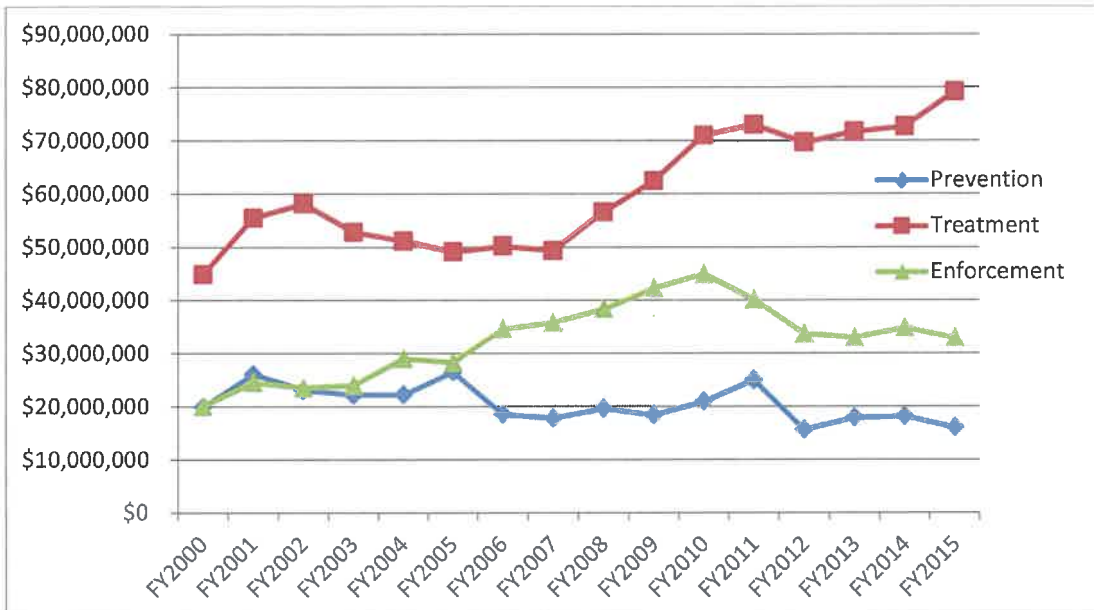
Total Estimated FY 2015 Substance Abuse & Drug Enforcement Funding (By Agency)

Agency	Prevention	Treatment	Enforcement	FY 2015 Total	FY 2010 Total	% Change from FY 10
Dept. of Education	\$3,497,658	\$0	\$0	\$3,497,658	\$1,817,198	+92.5%
DHR, CJP	\$57,500	\$0	\$372,847	\$430,347	\$1,377,662	-69.0%
DHS, Child & Family Services	\$0	\$3,017,490	\$0	\$3,017,490	\$2,287,637	+31.9%
DHS, Medical Services	\$0	\$30,851,236	\$0	\$30,851,236	\$21,311,540	+44.8%
DHS, Mental Health/Disability	\$0	\$2,211,201	\$0	\$2,211,201	\$2,583,510	-14.4%
DOC, Community Based	\$0	\$1,776,408	\$4,279,359	\$6,055,767	\$8,918,276	-32.1%
DOC, Institutional Programs	\$0	\$2,830,059	\$0	\$2,830,059	\$3,526,488	-19.7%
DPH, Behavioral Health	\$6,911,019	\$32,776,530	\$0	\$39,687,549	\$42,281,157	-6.1%
DPH, Tobacco	\$3,568,771	\$2,510,428	\$453,067	\$6,532,266	\$10,858,117	-39.8%
DPS, DCI	\$0	\$0	\$6,292,867	\$6,292,867	\$3,974,427	+58.3%
DPS, DNE	\$0	\$0	\$6,406,654	\$6,406,654	\$6,184,667	+3.6%
DPS, GTSB	\$0	\$0	\$444,500	\$444,500	\$877,000	-49.3%
DPS, Intel	\$0	\$0	\$2,043,686	\$2,043,686	\$2,195,720	-6.9%
DPS, State Patrol	\$0	\$0	\$8,563,427	\$8,563,427	\$7,538,095	+13.6%
Iowa National Guard	\$80,184	\$0	\$1,345,983	\$1,426,167	\$9,374,024	-84.8%
Iowa Veterans Home	\$193,455	\$0	\$0	\$193,455	\$514,285	-62.4%
Law Enforcement Academy	\$0	\$0	\$20,000	\$20,000	\$20,000	+0%
Office of Drug Control Policy	\$491,225	\$1,655,408	\$2,682,755	\$4,829,388	\$8,559,447	-43.6%
Regents: ISU	\$255,125	\$0	\$0	\$255,125	\$306,813	-16.8%
Regents: U of I	\$644,465	\$1,547,062	\$0	\$2,191,527	\$1,417,574	+54.6%
Regents: UNI	\$396,773	\$38,000	\$95,844	\$530,617	\$319,810	+65.9%
Total	\$16,096,175	\$79,213,822	\$33,000,989	\$128,310,986	\$136,243,447	-5.8%

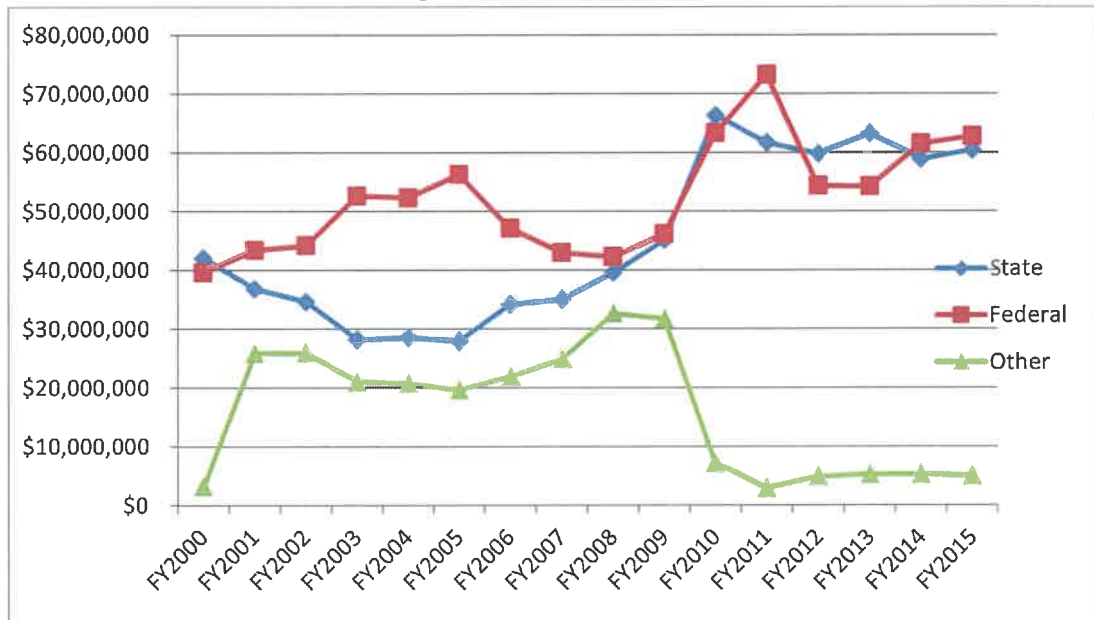
Total Estimated FY 2015 Substance Abuse & Drug Enforcement Funding (By Source)

Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$4,440,070	\$39,143,991	\$16,877,688	\$60,461,749
Federal	\$9,545,919	\$37,973,845	\$15,298,485	\$62,818,249
Other	\$2,110,186	\$2,095,986	\$824,816	\$5,030,988
Total	\$16,096,175	\$79,213,822	\$33,000,989	\$128,310,986

Iowa Substance Abuse & Drug Enforcement Funding By Discipline – FY 2000 - FY 2015



Iowa Substance Abuse & Drug Enforcement Funding By Source – FY 2000 - FY 2015



*FY 2001 Funding reflects 1st year of tobacco settlement funds invested in Iowa substance abuse programming.
 *FY 2003 Funding does not include approximately \$241,941 in supplemental appropriations approved in Jan 2003.
 *FY 2004 Funding does not include 2.5% ATB budget reduction implemented in October 2003.
 *FY 2006 Federal Safe and Drug-Free Schools and Communities prevention grants (\$5,925,727 in FY 2005) are no longer included in this report, due to a change in their use for educational purposes other than substance abuse.
 *FY 2009 Funding reflects the final year of tobacco settlement funds.
 *FY 2010 Funding includes the American Recovery and Reinvestment Act of 2009 funds.
 *FY 2010 Funding figures were collected prior to a 10% across the board cut.

Performance Measures

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

Beginning with the grant cycle covering state fiscal year 2010 (July 2009-June 2010) the Governor's Office of Drug Control Policy implemented an electronic grant management system.

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

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

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