



Iowa Drug Control Strategy

2018





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Introduction: The Epidemic at Our Doorstep

I am pleased to submit the 2018 Drug Control Strategy, which incorporates the work of many disciplines such as law enforcement, substance use disorder treatment and prevention, to provide an overview of the challenges our state faces.

The attention of the entire nation is focused on the evolving threat to our health and safety from opioid misuse. Iowa too must recognize this threat as a public health crisis and push harder than ever to beat back addiction with a broad, multifaceted approach that leverages all the resources at our disposal.

This includes, but is not limited to, education, improving access to treatment and strengthening law enforcement efforts to thwart the introduction of these dangerous prescription and illicit opioids onto our streets. At the same time, engagement with private sector health care providers working to effectively treat pain is an important aspect to improving outcomes for patients susceptible to the onset of addiction to powerful painkillers.

Partnerships have been strengthened across the Executive Branch of state government and across our state with the law enforcement community, treatment providers, prevention agencies and other key stakeholders.

Results of these efforts have been shown in reduced usage by youth of major substances like alcohol and marijuana. According to a recent national report, Iowa has the second lowest overall rate of illicit drug use in the U.S., and this should be reason for optimism from all sectors. At the same time, the emerging threat of the opioid epidemic has surfaced in alarming ways such as increased hospital emergency department visits, substance use disorder treatment admissions, overdose deaths, and may be contributing to an increase in the denial of critical care to children based on potentially dangerous drug activity inside the home.

Not to be lost in the debate on how best to address the opioid crisis are the stark reminders that methamphetamine continues to plague our state in many ways. While meth labs in Iowa have all but been erased from the highs seen over a decade ago, large quantities of extremely pure and potent meth imported via cartel and gang activity has emerged as a primary threat in Iowa.

Methamphetamine continues to be a major driver of admissions to Iowa prisons and substance use disorder treatment, and is commonly involved in the abuse and improper care of children.

The success of initiatives undertaken to address these threats depends on the support of our local communities, families and citizens. When called upon Iowans have already helped in tremendous ways such as setting new records for unused prescription drugs collected in voluntary take back drives.

There is much work to be done in this ever-changing front and we again will call upon the support of our citizens, General Assembly and private sector partners to make Iowa a safer place in which to work, live and raise a family.



Executive Summary

The Governor's Office of Drug Control Policy offers the 2018 Drug Control Strategy pursuant to Iowa Code Section 80E.1. The purpose of the strategy is to describe the activities of the office and other state departments related to drug enforcement, substance use disorder treatment, prevention, and associated levels of funding available to each.

This report highlights trends within the State and innovative approaches to reduce drug abuse. The Office of Drug Control Policy reaches out to parties working in the field such as law enforcement officers, substance use disorder treatment providers, prevention specialists and others to help develop this strategy. Our office receives input from members of the Iowa Drug Policy Advisory Council and Iowans from all walks of life, and engages several national organizations such as the National Governors Association and National Association for Model State Drug Laws to learn about best practices being implemented in other states.

This approach helps accurately reflect with data what has been happening in our state compared with peers across the country. We use this data to recommend to Iowa policymakers best practices to reduce drug abuse and related crime.

GOALS

To improve our state, we must set goals and strive together to achieve them. The Iowa Office of Drug Control Policy again sets these goals for Iowa:

Reduce the number of Iowans who die from prescription and illicit opioid overdose. Nationwide, prescription drug misuse and heroin use has reached epidemic proportions. The Office of Drug Control Policy has partnered with others to reach a goal of having permanent, secure sites for Iowans to drop off unused prescription drugs in all 99 counties. Better collaboration is happening between the law enforcement and health-care communities to reduce the onset of opioid dependence and better enable those addicted to opioids to find treatment when they need help or run afoul of the law.

Reduce the number of 11th graders who are current users of drugs and alcohol. Science strongly suggests the longer you keep an adolescent from experimenting with drugs the more likely they will be to stay drug free for life.

Improve the number of Iowans who are employed post treatment. Key to remaining drug free is the ability to maintain gainful employment. In recent years steady progress has been made to helping those who leave drug treatment stay clean and sober and maintain employment, contributing to a healthier, more productive Iowa.

Respectfully submitted,

Steven F. Lukan, Director



Chapter 1: Strengthen Efforts that Lead Iowans to be Healthy & Drug-Free

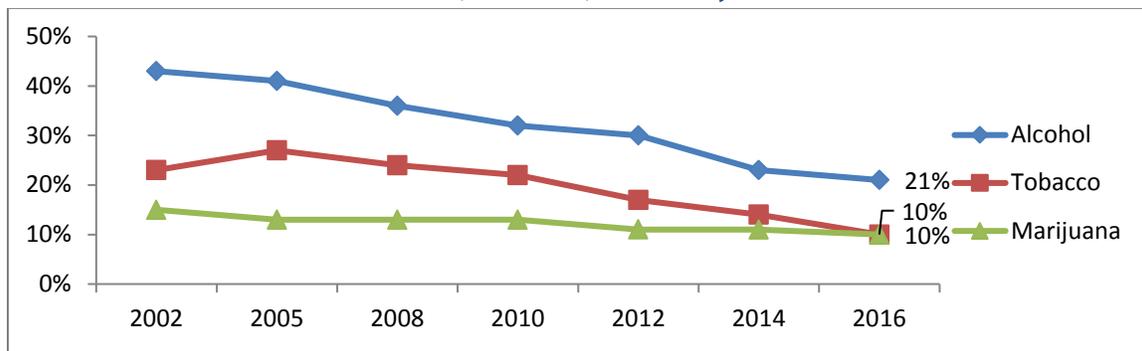
The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities. Effective treatment addresses addiction issues and has a long-term positive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

Reduce youth use of alcohol, tobacco, and marijuana

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

The Iowa Youth Survey (IYS) is a self-reporting survey conducted every two years by the Iowa Department of Public Health's Division of Behavioral Health. IDPH released results from the 2016 survey in the spring of 2017. The IYS compiles data regarding the use of alcohol and other drugs from youth in grades 6, 8, and 11 in public and non-public schools. Students answer questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of peers, family, schools and community environments.

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



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

What Works

Initiatives that work to reduce the number of Iowa youth who use alcohol and other drugs include: schools implementing evidence-based substance use disorder 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.

Current and Proposed Strategies

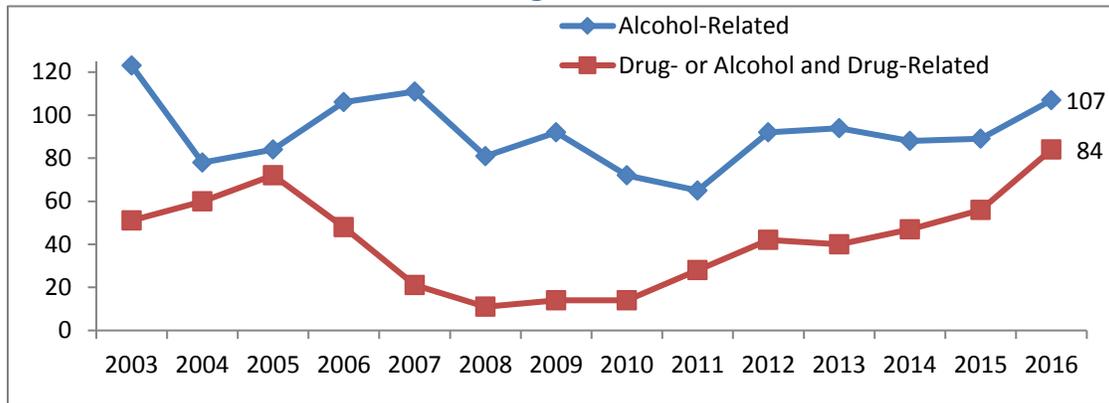
- Support community coalition, school-based and statewide prevention efforts with user-friendly tools that will assist positive youth development and prevention programs
- Support the Iowa Department of Education's Learning Supports initiative along with other state prevention efforts through the Iowa Collaboration for Youth Development
- Provide timely information on emerging drugs of abuse
- Support prevention program training for community organizations
- Complete the prevention needs assessment through data analysis
- Use public service campaigns such as those by the Partnership for a Drug-Free Iowa to empower caregivers to educate children and prevent drug use, and promote media literacy to help youth make healthy choices
- Conduct the Iowa Youth Survey every two years
- Resist efforts to legalize marijuana

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

Number of Alcohol and Drug-Related Iowa Traffic Fatalities



150 total alcohol and drug-related fatalities.
43 drug-only, 41 drug and alcohol combination.

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

What Works

Initiatives that work to reduce the number of alcohol and drug-related traffic fatalities in Iowa include: specialized alcohol-related traffic safety education and enforcement; environmental prevention strategies addressing community norms about alcohol use and abuse; reducing youth access to alcohol products; alcohol compliance checks at retail establishments, bars, and restaurants; alcohol server/seller training; graduated licensing for underage youth; lockouts for vehicles; intervention and education programs for first-time OWI offenders; and having a 21 year-old legal drinking age.

Current and Proposed Strategies

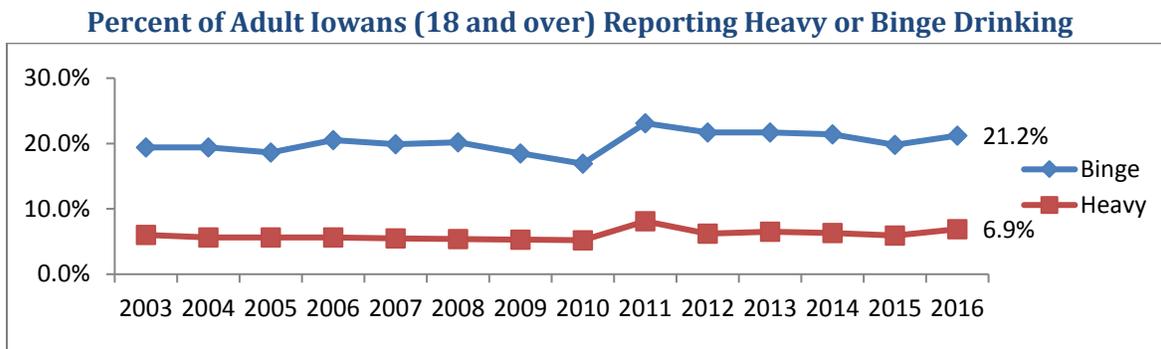
- Support education for retail clerks on how to check IDs and decline sales to minors
- Support new 24/7 Sobriety impaired driver diversion program
- Support the intervention training for servers in restaurants/bars
- Enforce drunk and drugged driving laws with law enforcement personnel
- Enforce social host laws
- Continue collaboration between treatment programs and community colleges to provide a statewide education program for convicted OWI offenders
- Support education/diversion programs for minors in possession (first offense)
- Support implementation of a media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Support enforcement of penalties against non-compliant retailers, clerks, and youth
- Ongoing review of Iowa's alcohol regulations by the Iowa Alcoholic Beverages Division may impact current strategies

Reduce the number of Iowans engaged in heavy or binge drinking

Alcohol is the most frequently abused substance in Iowa. Alcohol consumed on an occasional basis at the rate of no more than one ounce per hour poses little risk to most adults. Currently, the recommended maximum alcohol consumption for those under the age of 65 is an average of two drinks per day for men and one for women. Iowans who drink with greater frequency or in

greater quantities put themselves at risk for a host of medical problems including cancer, cardiovascular events, and liver and kidney metabolic diseases.

Alcohol dependency 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 Iowans while reducing health care costs. According to the data below, percentages of adult Iowans who report heavy and binge drinking have remained steadily higher than national averages. Nationally, 16.9% of Americans report binge drinking while 21.2% of Iowans report binge drinking. Nationally 6.5% report heavy drinking while 6.9% of Iowans report heavy drinking.



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

What Works

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

Current and Proposed Strategies

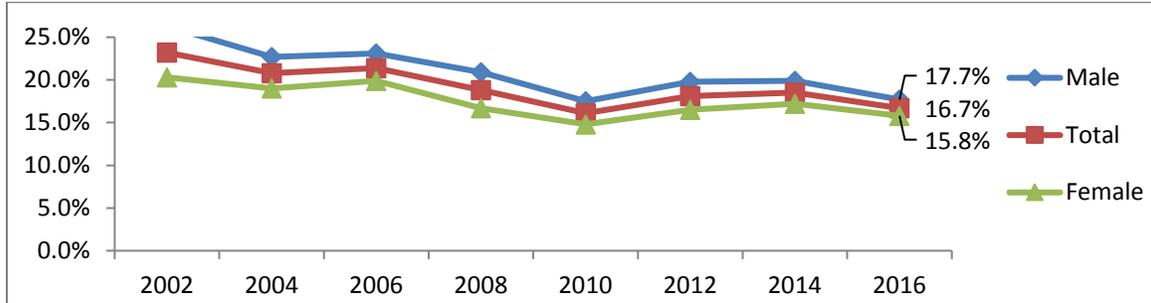
- Support comprehensive drug-free workplace programs, including policy development, employee education, supervisor training, intervention and drug testing
- Promote to the public the availability of prevention & treatment services including the IDPH Substance Use Disorder helpline (1-866-242-4111)
- Assist community coalitions in establishing standards, codes, and policies that reduce the incidence and prevalence of alcohol and other drug abuse in the general population
- Support efforts to address underage and binge drinking among youth and on college campuses, using education to correct misconceptions about alcohol

Reduce the number of Iowans who smoke or use other nicotine products

Tobacco use is the single largest cause of preventable premature mortality in the United States. It represents an enormous financial burden on healthcare, costing an estimated \$1 billion annually in Iowa alone. Tobacco and other nicotine use among adults and exposure to

secondhand smoke continue to be major public health problems. Having fewer tobacco users of all ages in Iowa and creating smoke-free environments for all Iowans are keys to reducing tobacco-related illnesses and costs. Nationally, 17% of adults report smoking, while in Iowa that rate is 16.7%.

Percent of Adult Iowans Reporting Current Smoking



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

What Works

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

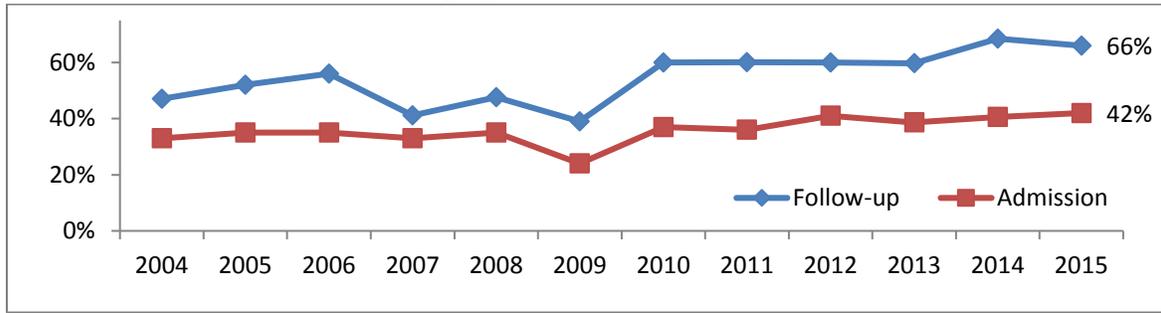
Current and Proposed Strategies

- Quitline Iowa, 1-800-QUITNOW, a statewide smoking cessation hotline
- Community Partnership Grants for tobacco use prevention and control
- Regular tobacco sales compliance checks

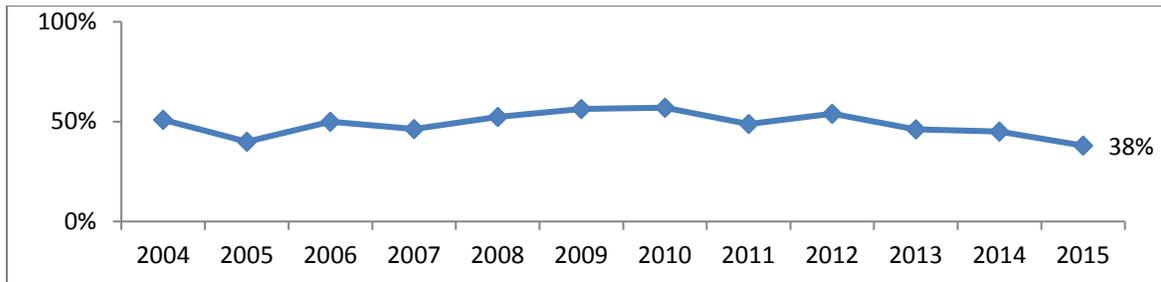
Increase the number of treatment clients who are employed and abstinent six months post-treatment

Over 66% of treatment clients who participated in the Year Eighteen Outcomes Monitoring Study for 2015 were employed full or part-time six months after treatment, compared to only 42% of clients at treatment admission. At follow-up 38% 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 each person, family, and community.

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



Percent of Treatment Clients Abstinent Six Months Post Treatment



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

What Works

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

Current and Proposed Strategies

- Support expansion of drug courts and other effective specialty courts
- Support early education in high-risk populations such as children of addicts
- Promote selected prevention programming with identified high-risk populations
- Promote mid to long-term treatment programs
- Promote the Iowa Department of Public Health’s Access to Recovery services and the Recovery Oriented System of Care (ROSC)
- Expand Medication Assisted Treatment for opioid abuse

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

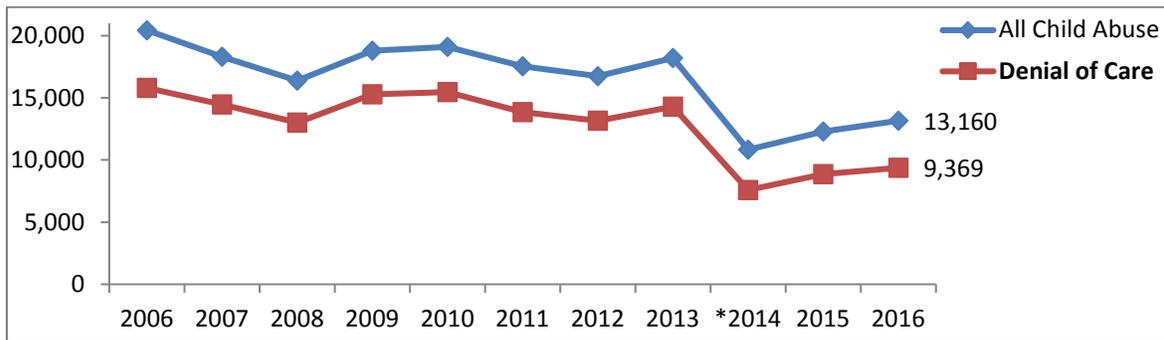
Experts agree there is a high correlation between parental substance abuse and child abuse. In Iowa, denial of critical care (child neglect) is the most frequent form of child abuse. While not all denial of critical care abuse is related to substance abuse, there is overwhelming evidence that addicted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

Over the past ten years, Iowa Department of Human Services (DHS) data has indicated a large percentage of child abuse cases related to the denial of critical care. However, changes in Iowa’s handling of child abuse reports in 2014 and again in 2016 make it harder to compare some figures over time.

In 2014, DHS instituted a reform called Differential Response, which creates two pathways for handling reports of alleged denial of critical care. Denial of critical care reports initially seen as involving low risk are assigned to the Family Assessment pathway, which does not lead to a determination of where or not there was child abuse. Reports with a higher perceived risk to children are assigned to the traditional Child Abuse pathway where DHS staff make a determination of whether abuse occurred or not. Family Assessment reports can be transferred to the Child Abuse pathway if the risk of harm to a child is greater than the first perceived risk. Because of Differential Response, the total number of children classified as abused is far lower than in previous years.

In 2016 the Iowa Drug Endangered Children (DEC) Workgroup met to examine issues and develop policy recommendations relating to the protection and safety of drug endangered children and propose a statutory definition of a drug endangered child for purposes of child in need of assistance and child abuse proceedings. Senate File 2258 established this workgroup as a continuing improvement follow-up to the DHS change to a Differential Response child welfare system. The workgroup proposed several changes to Iowa Code. DHS also implemented internal changes in handling cases. Differential Response was changed to include cocaine, heroin, and opiate cases in the child abuse assessment pathway. These and other changes were codified in HF543 in 2017.

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.

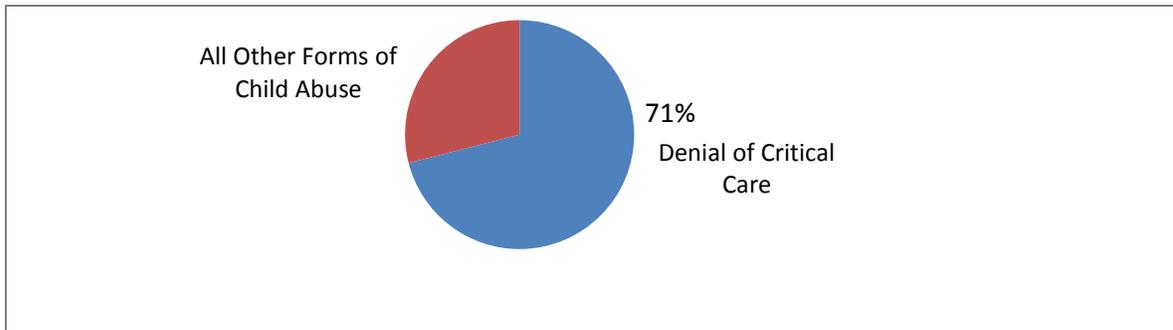
*January 1, 2014, DHS implemented Differential Response system for reacting to child welfare complaints.

*In 2016, DHS changed Differential Response to include cocaine, heroin, and opiates in child abuse assessment pathway.

Chapter 1: Strengthen Efforts to Make Iowans Healthy & Drug-Free

In previous years, denial of critical care cases comprised almost 80% of total abuse cases. In 2014, approximately two out of every five denial of critical care cases were assigned to Family Assessment and did not receive a determination of abuse. By contrast, all reports involving the other forms of abuse went the Child Abuse Assessment pathway and were subject to a determination of abuse. As a result of this different handling of reports, the proportion of all cases of confirmed or founded abuse that involved denial of critical care declined to 70%. This proportion rose slightly to 71% in 2016.

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



Source: CY 2016, [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.*

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

**In 2016, DHS changed Differential Response to include cocaine, heroin, and opiates in child abuse assessment pathway.*

What Works

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

Current and Proposed Strategies

- Support the adoption of Iowa's Drug Endangered Children model by new communities
- Promote Moms Off Meth and Dads Against Drugs support groups
- Promote drug testing of parents suspected of using and their children in Child in Need of Assistance cases where drug use is suspected to be a contributing factor
- Promote the Department of Human Services' Community Partnership for Protecting Children Initiative and its Parent Partners program
- Promote family drug treatment court for addicted parents involved in Child in Need of Assistance cases



Chapter 2: Safeguard Iowa Communities from Illegal Drugs

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

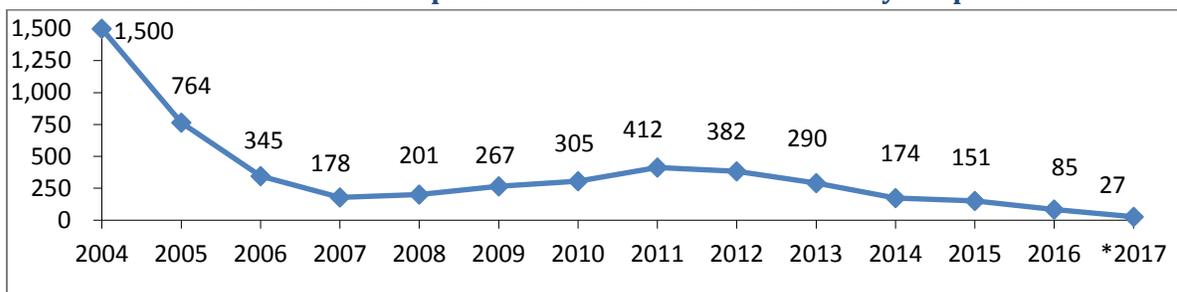
Reduce the number of clandestine drug labs in the State

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

Another new form of drug manufacturing reportedly is making its way into Iowa. Butane hash oil (BHO) labs are named after the process of extracting high-potency THC from marijuana using butane or other solvents. Aside from their environmental impact, drug labs pose a particular hazard to children and other unsuspecting Iowans who come in contact with unsafe materials or waste, or are impacted by explosions and flash fires from these cooks.

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 through September 30

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

What Works

Initiatives that work to reduce clandestine drug labs in Iowa include: enforcement units that respond to and dismantle clandestine laboratories; multi-jurisdictional drug enforcement task forces; coordinated intelligence collection, analysis and sharing; collaborating with community businesses, human services, corrections, and health care; real-time electronic precursor tracking and point-of-sale controls; and pharmacist and technician education.

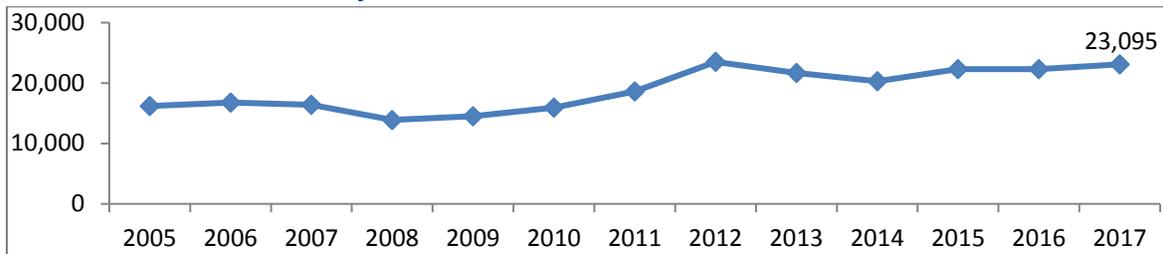
Current and Proposed Strategies

- Support the DEA Lab Container Program coordinated by the Iowa Department of Public Safety and local law enforcement agencies
- Continue Iowa's Pseudoephedrine Tracking System to enforce laws, prevent smurfing, and reduce meth labs
- Continue training on emerging drug issues for local law enforcement and prosecutors
- Promote use of intelligence systems that provide connectivity among law enforcement
- Promote the use of the Environmental Protection Agency's meth lab cleanup guidelines
- Provide education on new drug production techniques to retailers and the public
- Encourage border states to adopt electronic tracking of pseudoephedrine like Iowa, helping block smurfs who cross the border to purchase and return to Iowa to cook meth
- Support training to local agencies to respond to clandestine drug laboratories

Increase treatment admissions for substances other than alcohol

Appropriate and effective substance use disorder treatment is essential in breaking the cycle of addiction and promoting public safety. Few people enter substance use disorder 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 rehabilitation and recovery. In Iowa, about half of the clients screened/admitted to substance use disorder treatment are referred by the criminal justice system.

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



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

What Works

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

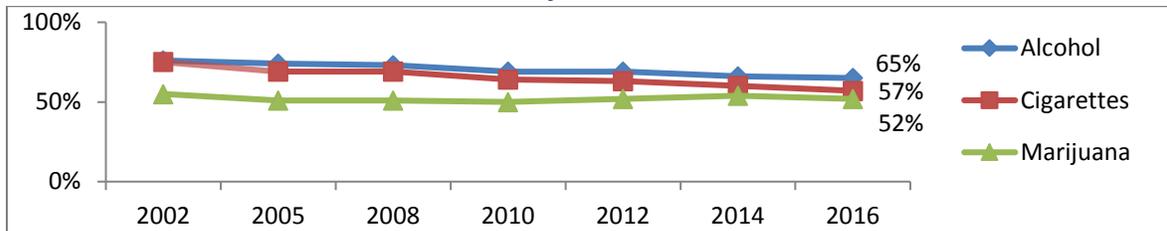
Current and Proposed Strategies

- Increase utilization of criminal and family treatment drug court programs
- Enhance treatment services for parents with substance use disorders via Differential Response and Parent Partners
- Promote community-based treatment
- Promote the Iowa Department of Public Health’s Recovery Oriented System of Care
- Promote jail-based treatment programs for substance abusers
- Divert low-risk substance abusers to treatment by social services and health providers before they become involved in the criminal justice system
- Expand Medication Assisted Treatment for opioid abuse
- Enhance treatment of co-occurring substance abuse and mental health disorders

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 2016, 65% of 11th graders thought it would be “easy” or “very easy” to get alcohol. Ease of access is a key factor in youth substance abuse.

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



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

What Works

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

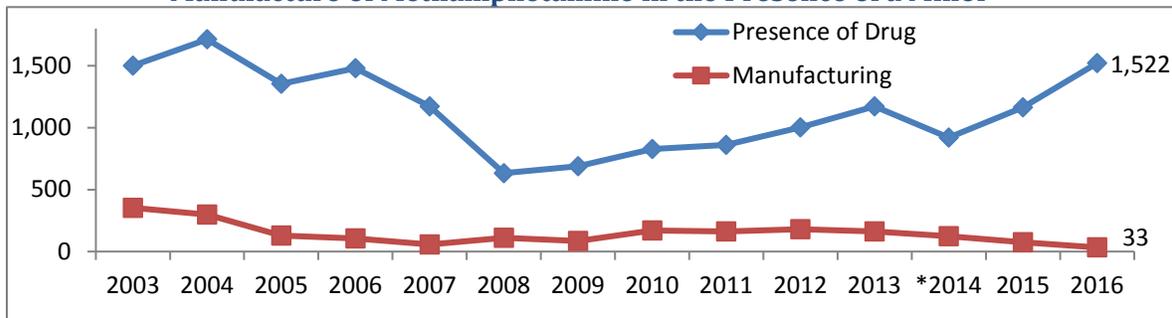
Current and Proposed Strategies

- Support community coalition, school-based, and statewide drug prevention efforts
- Assist school districts and communities in selecting the best evidence-based positive youth development programs and prevention in their target population
- Promote public health efforts with the Learning Supports initiative & needs assessment
- Provide timely information on emerging drugs of abuse to interested parties
- Enforce social host laws and support administration of the Iowa Youth Survey
- Compliance checks and server trainings to prevent sales to underage customers
- Promote Partnership for a Drug-Free Iowa public service campaigns and digital literacy

Reduce the number child abuse cases related to substance use

In 2016, the presence of illegal drugs in a child’s body and manufacturing methamphetamine in the presence of a minor accounted for 1,522 founded child abuse reports. This is the highest number of cases since 2004. 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 83% of confirmed and founded child abuse cases in Iowa. Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides parents the motivation to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the generational cycle of addiction and abuse, dramatically improving children’s futures.

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



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

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

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

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

*In 2016, DHS changed Differential Response to include cocaine, heroin, and opiates in child abuse assessment pathway.

What Works

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

Current and Proposed Strategies

- Support the adoption of Drug Endangered Children protocols by communities
- Support Moms Off Meth and Dads Against Drugs support groups
- Ensure drug testing of parents and children in Child in Need of Assistance cases
- Promote the Iowa Department of Human Services’ Community Partnership for Protecting Children Initiative and Parent Partners
- Promote family drug treatment court for addicted parents involved with in Child in Need of Assistance cases

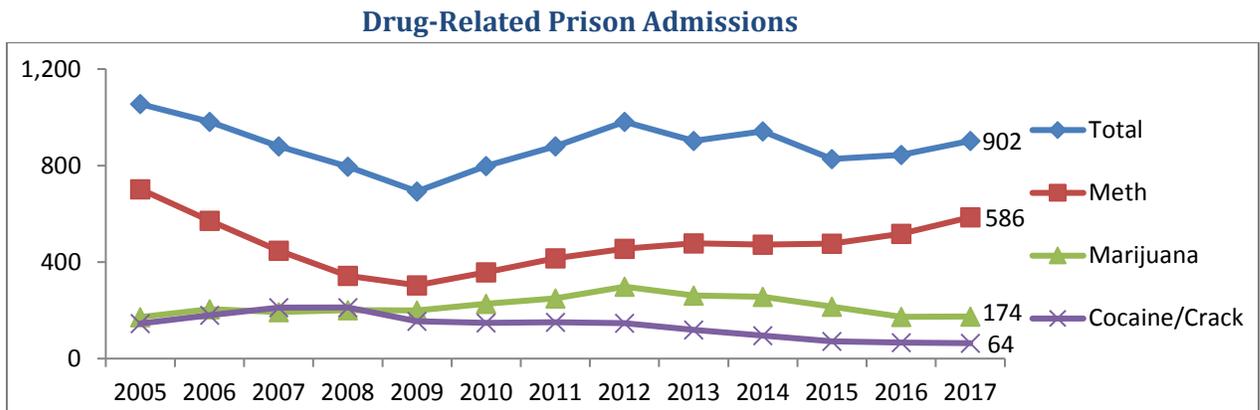


Chapter 3: Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

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 use disorder treatment reduces not only drug use but related crime as well. Iowans are safer when offenders returning to their communities have completed treatment.

Reduce drug-related crime and associated prison admissions

FY 2005 saw the first reduction in drug-related prison admissions in a decade. The reduction from 2004-2009 was largely driven by a sharp decline in methamphetamine cases after the implementation of Iowa's Pseudoephedrine Control Act in May 2005. Since then, however, the importation of meth through drug trafficking organizations has helped fuel an increase in meth-related prison admissions. In FY 2017, there were 902 people imprisoned on drug-related charges. Of those, 586, or 65%, were meth-related. Cocaine/crack admissions have remained at their lowest level since 2004 when collection of this data began.



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

What Works

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

Current and Proposed Strategies

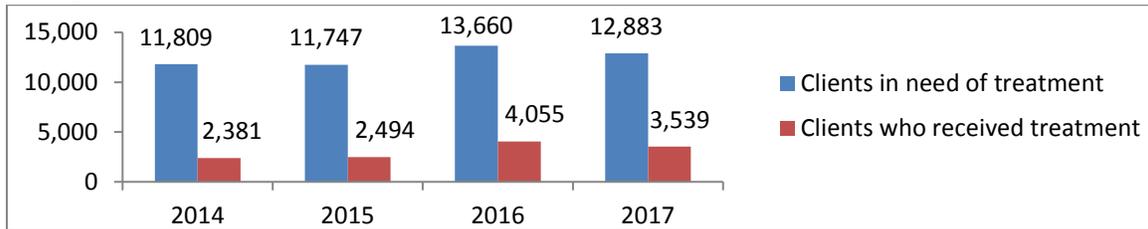
- Support clandestine drug manufacturing precursor controls
- Support community- and jail-based drug treatment programs
- Support offender second chance reentry programs
- Expand the use of Recovery Oriented System of Care with Public Health and others to take a more holistic approach to treatment that focuses on the individual's self, family, access to employment and follow-up care
- Continue use of drug courts, other specialty courts, and other diversion programs to address the needs of offenders in each district
- Support early intervention programs for youth at risk for substance abuse and crime

Increase the number of community-based offenders who receive treatment

Studies have shown that substance use disorder treatment reduces drug use and related crime. The Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Public Health, Division of Behavioral Health, conducts an annual outcomes evaluation of publicly funded drug treatment clients. As the data demonstrate, all Iowans are safer when offenders returning into the community have completed substance use disorder treatment. Findings from the 2015 report include:

- 79% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 42% at treatment admission to 66% six months since discharge from treatment
- 38% of clients remained abstinent six months since their discharge from treatment

Department of Corrections Community-Based Substance Use Disorder Treatment



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

What Works

Initiatives that work to increase the number of community-based offenders who receive treatment when needed include: community aftercare; community-based treatment; drug and other specialty courts; drug-free housing; intensive supervision coupled with treatment; wrap-around services (e.g. life skills training, anger management classes, housing and transportation assistance); and long term aftercare.

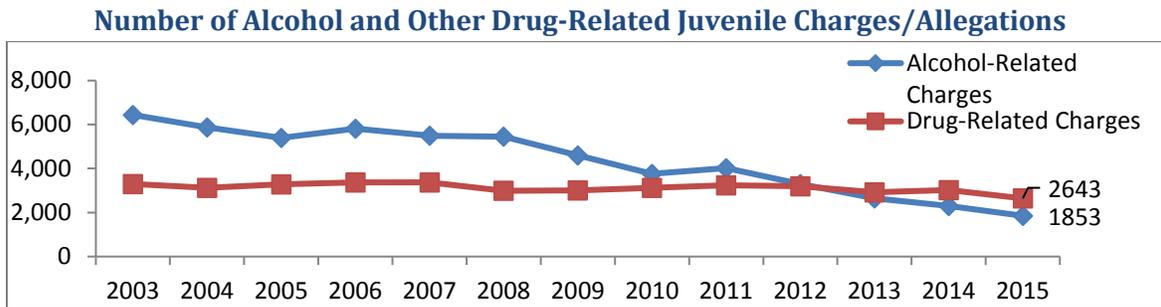
Current and Proposed Strategies

- Pursue distance or electronic treatment programs for efficacy
- Support the Iowa Medical Classification Center's efforts to provide centralized substance use disorder assessments
- Promote community-based drug treatment programs for substance abusers

- Continued use of drug and other specialty courts and other programs to address the needs of offenders in each district
- Support continuing care and reentry programs to support the return of offenders to the community after completion of prison-based treatment programs
- Support the effective management and treatment of dual diagnosis offenders
- Expand Medication Assisted Treatment including in Iowa's correctional system

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 use disorder. The adolescent brain is especially vulnerable to addiction.



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 use disorder prevention programming targeting identified high-risk youth and caregivers; positive youth development programs and strategies; employment/job shadowing programs for at-risk youth; coordinating services between education, vocational rehabilitation, the Department of Human Services and Juvenile Court officers; intervention and education programs; and 21 as the legal drinking age.

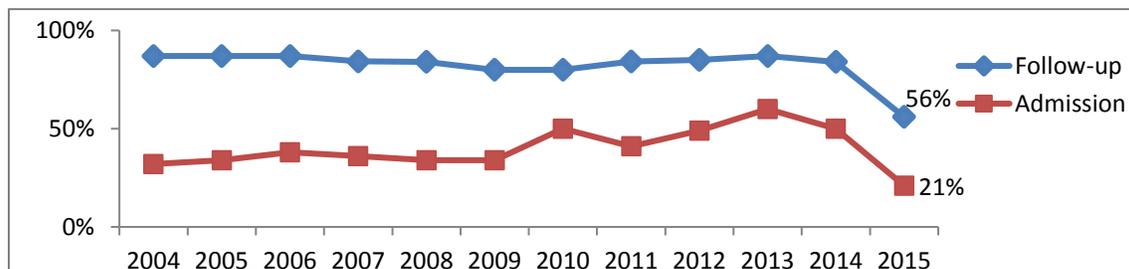
Current and Proposed Strategies

- Support youth-to-youth and adult-to-youth mentoring
- Support training to mentors on prevention programs and how to implement them
- Support public service media campaigns by the Partnership for a Drug-Free Iowa to modify views, correct misconceptions, and empower caregivers to talk with children
- Promote media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Promote positive youth development and prevention in schools and communities
- Support prevention services targeting high-risk youth and their parents

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

Only twenty-one percent of treatment clients who participated in the Year Eighteen Outcomes Monitoring Study for 2015 had no arrests prior to treatment. But, six months after treatment, 56% of clients had no arrests. Substance use disorder treatment can be successful. But there are factors that can increase the effectiveness of treatment. Length of treatment and a client's level of motivation are major indicators of success. Treatment must be comprehensive and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on the individual, his or her family and friends, and the community.

Percent of Treatment Clients with No Arrests Six Months Post Treatment



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

What Works

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

Current and Proposed Strategies

- Support implementation of evidence-based treatment best practices
- Refine distance or electronic treatment programs for their efficacy
- Support efforts for early identification of substance use disorders through education and stigma reduction in high-risk populations such as children of addicts or the elderly
- Support prevention programming with identified high-risk populations
- Support community-based treatment and aftercare
- Promote the Iowa Department of Public Health's Recovery Oriented System of Care and Access to Recovery Services
- Support offender second chance reentry programs
- Enhance treatment of co-occurring substance use and mental health disorders

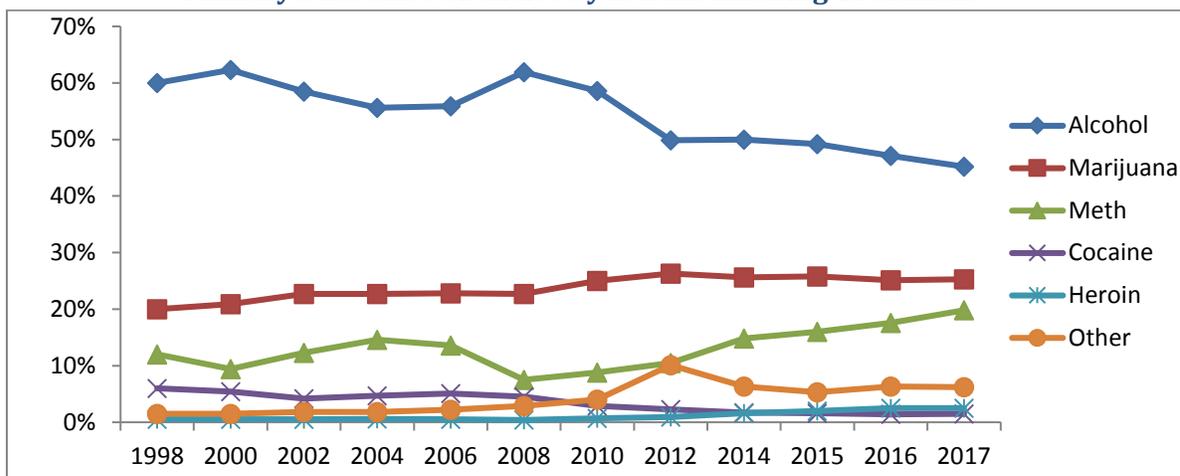


Conclusion

The Iowa Drug Control Strategy serves as a comprehensive blueprint for coordinated state and local substance use disorder prevention, treatment, and drug enforcement. As new threats emerge, part of our strength lies in the flexibility we have to quickly acknowledge and react to them.

According to the Iowa Department of Public Health, when entering treatment, clients are screened for their primary substance of choice. The percent of clients with a primary substance of alcohol remained the largest percentage at 45.2%, though it is the lowest it has been in several years. The percent of marijuana clients was less than alcohol at 25.3%. Meth admissions are back on the rise, to an all-time high of 19.8%. Crack/cocaine admissions are steady at 1.5%, while heroin admissions stayed at an all-time high of 2.5%. The “other or unknown” category of admissions, which could include inhalants, synthetics, prescription drugs, other opiates, and unknown drugs, remained steady at 6.2%.

Primary Substance of Choice by Iowans Entering Treatment



**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](#)

Many positive trends are occurring in Iowa. However, we cannot escape the reality that some Iowans still engage in dangerous substance abuse behaviors. Our youth in particular are subject to the fastest growing form of substance abuse in Iowa – prescription drug abuse. These substances are legal and easily accessible, often diverted from home medicine cabinets. Teenagers tend to view these drugs as “safe,” and easy to conceal as they don’t leave an odor on your breath or clothes. This trend is also migrating into heroin use due to the cost and availability of opioid painkillers and other prescription drugs. Steps need to be taken to prevent prescription drug diversion and reinforce the message to youth that all drugs carry dangerous consequences.

Conclusion

Although we have gained ground combating methamphetamine, specifically the disruption of meth production in homemade labs, much work remains. A record proportion of lowans in substance use disorder treatment are there primarily because of their meth use, and the bulk of our drug related prison admissions are driven by meth related charges. We must do more to curb the trafficking of drugs into Iowa and reduce the strong demand for the drug.

Marijuana continues to be the most abused illicit drug in Iowa, and all too often holds dangerous consequences for unsuspecting youth. Many mistakenly believe that marijuana is not harmful and is not addictive. The staggering fact that over 76% of our youth admitted to drug treatment cite marijuana as their drug of choice debunks this myth. In fact, marijuana is becoming much more potent and nearly one in ten marijuana users become addicted to the drug.

Over 50% of our youth report that marijuana, tobacco and alcohol would be easy to obtain in their communities. Additionally, 25% of Iowa 11th graders perceive no risk in smoking marijuana once or more a week. The ease of access coupled with mixed messages that marijuana is not harmful and is medicine unfortunately can contribute to acceptance of an addictive drug. We know young people who experiment with marijuana often end up on the wrong path in life. As such, clear messages need to be communicated to our youth about the danger of all addictive substances, including marijuana.

Working together in prevention, treatment, and enforcement we can strengthen our efforts as we face current and emerging substance use disorder issues in our state. Whether we are health care or law enforcement professionals, community coalition members, teachers, students, parents, or family members, our shared efforts in this important area will make a difference in the lives of all lowans.



Appendix One: Current Effective Responses

(Evidence Based, Promising, and Innovative Approaches)

Substance Use Disorder Prevention consists of a wide array of prevention programming customized for delivery in schools, businesses and communities to stop risky behavior by Iowa youth before it starts and to help reduce the misuse of drugs by adult Iowans. The cumulative effect of many efforts over the last decade, including substance use disorder prevention, has resulted in significant declines in alcohol and tobacco use by Iowa youth, as evidenced by responses to the Iowa Department of Public Health's (IDPH) biennial Iowa Youth Survey.

Community Coalitions: Coalitions are shown to be effective in reducing alcohol and other drug use among youth and adults. These collaborations between professional and volunteer representatives of local sectors work toward a common goal of building a safe, healthy and drug-free community. Effective community drug prevention coalitions work on improving systems and environments. Iowa has several community coalitions, 11 of which received federal Drug-Free Communities Support Program grants in 2017. The IDPH also awarded contracts to six community coalitions in 2017. The Iowa Alliance of Coalitions for Change (AC4C) is entering the fourth year of a statewide Drug-Free Communities grant to help promote greater networking and coordination among community coalitions. Additionally, new CRUSH (Community Resources United to Stop Heroin) coalitions are forming in some Iowa communities, with a focus on preventing opioid abuse.

Media Education and Digital Literacy Campaigns: Media messages can influence knowledge, attitudes and ultimately behavior, including at an early age. From convincing teenagers not to smoke to reminding parents to talk with their kids about the dangers of drugs, educational campaigns involving media partners are another prevention tool that can help raise awareness and reduce substance abuse. One promising school-based innovation by the Partnership for a Drug-Free Iowa is a digital literacy initiative, to help young Iowans decode advertising and other media messages, so they can make healthier choices.

Mentoring: Several communities utilize evidence-based mentoring programs to reduce the risk of youth substance abuse and criminal behavior, and generally to improve the lives of young Iowans. The IDPH funds seven mentoring programs through the Youth Substance Abuse Prevention Services grant and supports the Youth Development Project and Prevention through Mentoring initiative. Programs follow the Elements of Effective Practice for Mentoring, as established by the National Mentoring

Appendix One: Current Effective Responses

Partnership and obtain certification through the Iowa Mentoring Partnership. The IDPH AmericCorps Mentoring Program focuses on building capacity and sustainability in youth serving mentoring programs. Members are placed in mentoring programs statewide to strengthen the building of community partnerships, mentor/mentee recruitment, parent training, curriculum development and sustainability planning.

Parent Partners: Iowa parents who overcome obstacles, such as recovery from addiction, and meet criteria established by the Iowa Department of Human Services (IDHS) are trained to mentor other families navigating the child welfare system due to substance use disorders and other difficulties. Parent Partners collaborate with social workers and other professionals to assist in family reunification, accountability and keeping children safe.

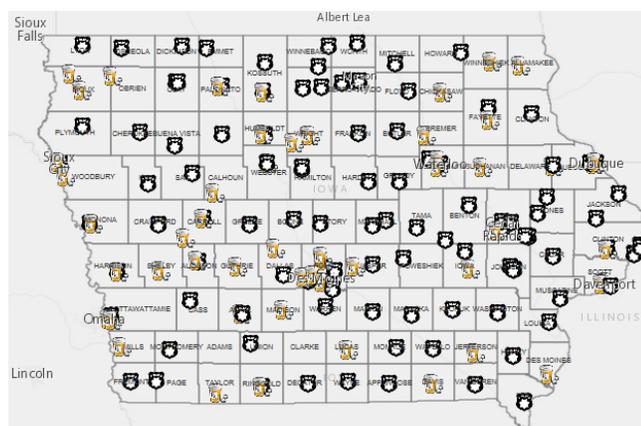
Partnerships for Success: In 2014, the IDPH was awarded a five-year federal Partnerships for Success (PFS) grant to assist targeted counties in reducing underage and youth binge drinking. Grant services focus on utilization of the Strategic Prevention Framework, which is a five-step planning process for addressing substance abuse.

Prescription Monitoring Program: The Iowa Pharmacy Board's Prescription Monitoring Program (PMP) allows prescribers, pharmacists and other health care providers to improve patient care by coordinating the fast growing number of medicines that are prescribed for Iowans. As of January 2017, about 42% of all licensed prescribers, including physicians, and 83% of pharmacists have registered to voluntarily access the PMP, to which pharmacies are required to submit data on all controlled substance prescriptions. As health care professionals' use of the PMP tool has gradually risen in recent years, suspected prescription drug diversion—"doctor shopping"—has decreased.

Prescription Drug Take Backs: One way virtually all Iowans can help prevent the illegal diversion and potentially dangerous misuse of prescription drugs is to safely dispose of unused household medicines. The number of permanent, year-round, authorized "Take Back" collection sites at Iowa law enforcement centers and community pharmacies has more than tripled since 2015, to over 190 in all 99 counties, and the number of "Take Back" locations continues to grow. This is in addition to the biannual National Prescription Drug Take Back Day events that have netted nearly 39 tons of leftover medicine in Iowa alone over the last six years.

More information can be found at <https://odcp.iowa.gov/rxtakebacks> and permanent drop-off locations can be found by clicking the map below.

Appendix One: Current Effective Responses



Substance Use Disorder (SUD) Treatment effectively works to reduce relapse and arrest, decrease hospitalizations, increase employment and reduce costs. There are many proven paths to recovery from substance use disorders, and specialized treatment (e.g., Drug Courts, other specialty courts, Jail-Based treatment, co-occurring substance use/mental health disorder programs, opioid-related Medication Assisted Treatment, etc.) can also be effective. The IDPH oversees more than 120 licensed substance use disorder treatment programs and many professionals affiliated with those agencies that serve about 50,000 Iowans annually via a full continuum of care that includes all levels of outpatient services, halfway houses, residential treatment, detoxification and medication assisted treatment.

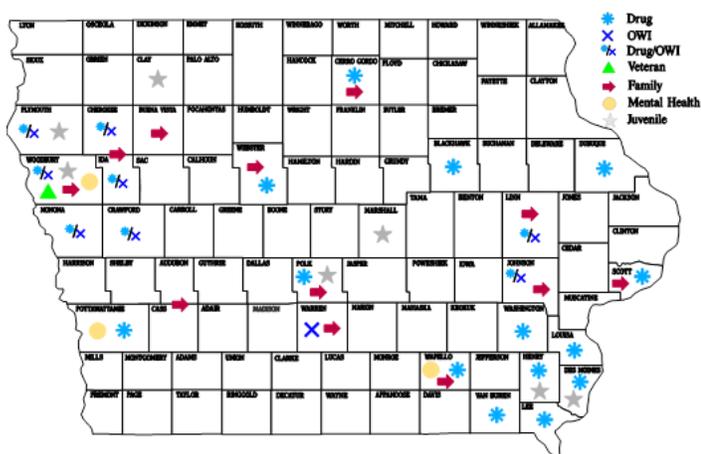
Access to Recovery: The IDPH received its third federal Access to Recovery (ATR) grant in 2014 to make substance use disorder treatment and related services more accessible to nearly 7,000 Iowans. ATR is a presidential initiative that provides vouchers to clients for the purchase of recovery support services. The goals of the program are to reduce barriers to recovery, support client choices and increase the array of faith-based and community-based providers.

Iowa Opioid State Targeted Response Grant: The IDPH received a two-year award of federal funding to target the opioid crisis, beginning in 2017. These funds are expanding the capacity of existing regional prevention and treatment provider networks, with a focus on accessible opioid treatment. Treatment providers across the State are convening local efforts to develop a thorough community assessment and strategic plan involving multi-sector stakeholders. The assessment and planning processes will provide the foundation for implementation of evidence-based practices, including Medication Assisted Treatment (MAT) for opioid use disorders (OUD).

Drug and Specialty Courts: Sometimes described as “help with a hammer,” Iowa Drug Courts provide offenders with substance use disorders intensive community-based treatment and supervision as a less costly alternative to incarceration that also reduces recidivism. If offenders do not stay drug-free during the program, they can be sent to jail. The Judicial Branch, working with the Iowa Department of Human Services and the

Appendix One: Current Effective Responses

IDPH under a federal grant established Family Drug Treatment Courts in Iowa, to engage drug-affected families in supervised treatment and protect children. Iowa's Judicial Branch received federal grants in 2014 to plan, implement and expand Family Drug Treatment Courts. Some Iowa Drug Courts also receive federal grant funds to help close the gap between mental health care needs and services. This is in addition to a few stand-alone Mental Health Courts. According to the Iowa Judicial Branch, 46 "specialty courts" were operational in the State in 2015: 23 adult criminal drug courts, 12 family treatment courts, seven juvenile drug courts, three mental health courts and one veterans' treatment court.



Medication Assisted Treatment: As the most effective form of opioid treatment, efforts are underway to expand Medication Assisted Treatment (MAT) in Iowa. In October 2015, the IDPH was awarded a three-year federal grant to expand MAT services for providing Prescription Drug and Opioid Addiction (PDOA) treatment and integrated care services in four Iowa counties with a demonstrated need for enhancement of opioid treatment services.

Organizations offer a selection of MAT medications from the list below:

- Methadone
- Acamprosate (Campral)
- Buprenorphine (Suboxone, etc)
- Naltrexone (Revia, Depade, Vivitrol)
- Disulfiram (Antabuse)

At the end of the second year of the MAT-PDOA grant, Iowa had exceeded the expected number of clients to be enrolled in services (257 versus goal of 220) with a median length of stay in treatment of 161 days.

More information can be found at <http://idph.iowa.gov/mat>. Locations of Medication Assisted Treatment organizations can be found by clicking the map below.



Naloxone: Naloxone is an opioid overdose rescue drug that can reverse otherwise lethal situations. The use of naloxone, a prescription drug dispensed by pharmacies, is increasing in Iowa communities affected by opioid abuse and overdose. An Iowa law enacted in 2016, facilitated by an IDPH statewide standing prescription order, significantly expanded naloxone, making the medication available at dozens of pharmacies across the State, including major pharmacy chains in Iowa. The IDPH developed an instructional Opioid Overdose Recognition and Response brochure, filling requests for over 15,000 copies from interested providers and stakeholders. The brochure is available on the IDPH website at <https://idph.iowa.gov/mat/overdose>.

Pregnant and Postpartum Women: The Residential Treatment for Pregnant and Postpartum Women three-year federal grant was awarded to the IDPH in October 2015 to expand the availability of comprehensive residential substance use disorder treatment, prevention and recovery support services for pregnant and postpartum women and their minor children. Iowa’s program uses a care coordination approach to implement clinically appropriate and evidence-based practices to promote service improvements for pregnant and postpartum women in residential treatment.

Second Chance Offender Reentry: A seamless transition from the confines of prison to a much less structured community environment better prepares offenders to manage their lives in a pro-social and law-abiding manner, without correctional supervision. The Iowa Department of Corrections (IDOC) re-entry programs may address a number of areas that include job training, employment assistance, education, mentoring, substance use disorders, mental health treatment, family-based services, literacy classes and housing. The goal of Iowa’s reentry programs is to improve public safety by reducing recidivism and lowering criminal justice system costs.

State Youth Treatment: The IDPH received a three-year federal grant in October 2015 to implement evidence-based practices when serving Iowa youth and young adults in substance use disorder treatment programs. The programs provide services using the

Appendix One: Current Effective Responses

Comprehensive Adolescent Severity Inventory, Multi-Dimensional Family Therapy and Motivational Enhancement Therapy/Cognitive Behavioral Therapy best practice models.

Drug Enforcement: is an essential public safety strategy, and one that works with substance use disorder prevention and substance use disorder treatment as part of a comprehensive approach to reducing risky behavior and improving the health of Iowans. Enforcement also serves as a form of intervention or referral for those needing help.

Drug Task Forces: Multi-Jurisdictional Drug Enforcement Task Forces (DTFs) are often the first line of defense against drug-related threats in Iowa communities. Iowa has 18 DTFs covering 56 counties. Local police and sheriff's offices work in coordination with the Iowa Department of Public Safety and federal agencies. While the primary mission of DTFs is public safety through drug enforcement, they also play a major role in protecting drug-endangered children, removing weapons from drug scenes, and directing more drug-addicted offenders into substance use disorder treatment for the help they need.

Methamphetamine Lab Reduction: Though methamphetamine produced and distributed by Mexican drug cartels and their agents remains plentiful in Iowa, domestic meth labs have nearly been eradicated. Combining education, retailer enforcement and environmental prevention strategies has proven successful in reducing Iowa meth labs by more than 90% since their peak (2016 vs. 2004). Legislation regulating key meth-making ingredients, Iowa's Pseudoephedrine Tracking System, better public awareness and strong enforcement efforts have contributed to this public protection progress.

Opioid Prescriber and Dispenser Education: The Iowa Board of Medical Examiners, as part of its physician licensing function, requires certain doctors to obtain continuing education on opioid prescribing at least once every five years. The Iowa Board of Pharmacy Examiners has provided education on use of the Prescription Monitoring Program and related issues. Professional groups in Iowa also continue offering educational opportunities to their members that focus on preventing or reducing prescription drug misuse and abuse.

Protecting Drug Endangered Children: The Iowa Alliance for Drug Endangered Children (DEC) incorporates the principals of substance use disorder prevention, intervention, treatment, child protection, prosecution and drug enforcement to protect children from drug users, dealers and manufacturers. Through protocols, training, policy and other efforts, Iowa's DEC Alliance facilitates law enforcement officers working side-by-side with child welfare case workers, prosecutors, court officials and health care providers toward a common goal: protecting vulnerable children. The DEC model, as adopted by some Iowa communities, helps interested stakeholders join together as a safety net for children, and encourages custodial parents to address their addictions so that Iowa families can be reunited on a healthy trajectory.



Appendix Two: Drug Use Profile

Drug Use Profile

This section focuses on the use and abuse of all substances, including alcohol. According to the Iowa Department of Public Health, approximately 47,000 patients were seen for substance use disorder treatment services in SFY 2016. The percent of patients reporting a primary substance of alcohol declined to 47.1% for SFY 2016. The percent of all patients reporting marijuana use held generally steady around 25%. It should be noted that marijuana remains the most reported substance for juveniles aged 10-17 years old. Reported use of methamphetamine rose to the highest level on record at 17.6%. Use of heroin was reported by 2.5% of patients.

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

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

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

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

Iowa Department of Public Health data show that alcohol remains by far the number one substance of abuse in Iowa. The number of screenings/admissions to substance use disorder treatment programs with alcohol as the primary substance was 45% in State Fiscal Year 2017; 20,481 adults and 503 juveniles (patients aged 10-17 years-old) presented with alcohol as their primary substance.

Appendix Two: Drug Use Profile

Primary Substance of Abuse for Clients Screened/Admitted to Treatment

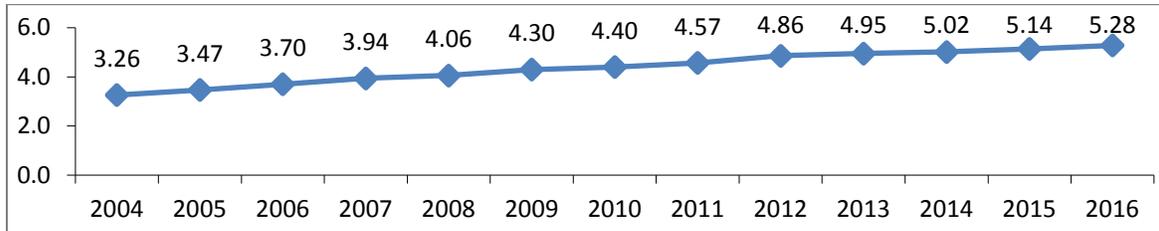
Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	503 (17%)	20,481 (47%)	45%
Marijuana	2,292 (76%)	9,468 (22%)	25%
Methamphetamine	105 (3%)	9,100 (21%)	20%
Cocaine/Crack	9 (<1%)	668 (1%)	1%
Inhalants	2 (<1%)	23 (<1%)	Less than 0.1%
Opioids	26 (1%)	3,327 (8%)	7%
Other/Unknown	66 (2%)	509 (1%)	1%
Total	3,003	43,576	100%

Source: SFY 2016, [Iowa Department of Public Health, Division of Behavioral Health](#)

Alcohol

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. 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 62% over the past twelve years reaching its current high of 5.28 million gallons in FY 2016.

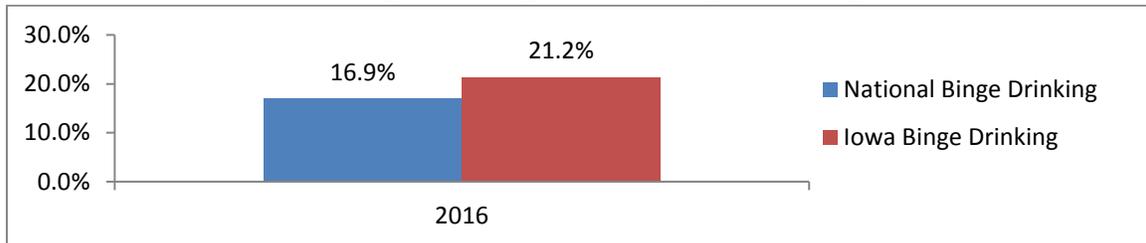
Distilled Spirits Sales in Gallons (Millions) (age 21+)



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

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 alcohol, data indicators are presented below.

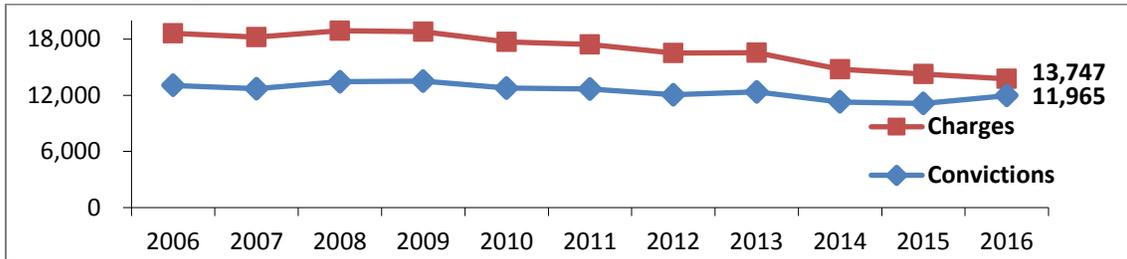
National Binge Drinking vs. Iowa Binge Drinking Rates



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

Appendix Two: Drug Use Profile

Reported Number of OWI Charges Disposed and Convictions

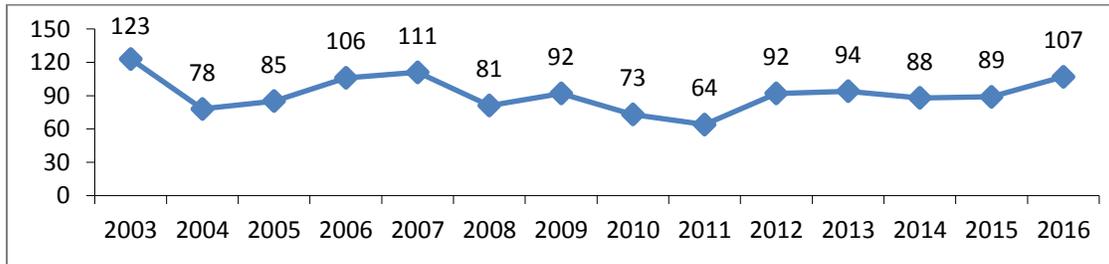


Source: CY, [Division of Criminal and Juvenile Justice Planning](#)

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

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.

Alcohol-Related Motor Vehicle Fatalities in Iowa

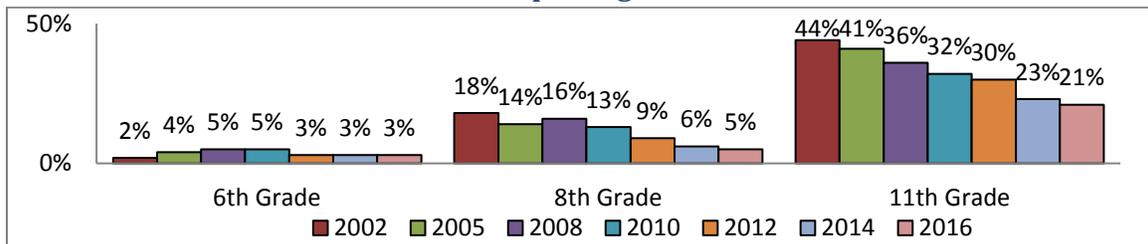


Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

Alcohol related motor vehicle fatalities reported by the Iowa Department of Transportation and the Governor's Traffic Safety Bureau (GTSB) have varied in recent years. In 2016, 107 people died in alcohol-related motor vehicle crashes.

While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2014 nearly one quarter (23%) 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.

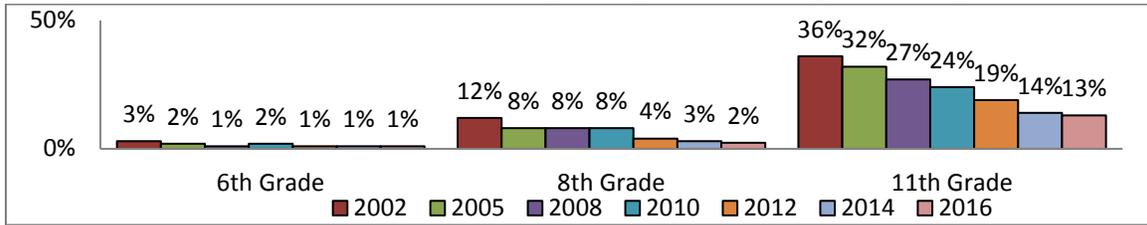
Percent of Students Self-Reporting the Current Use of Alcohol



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

Appendix Two: Drug Use Profile

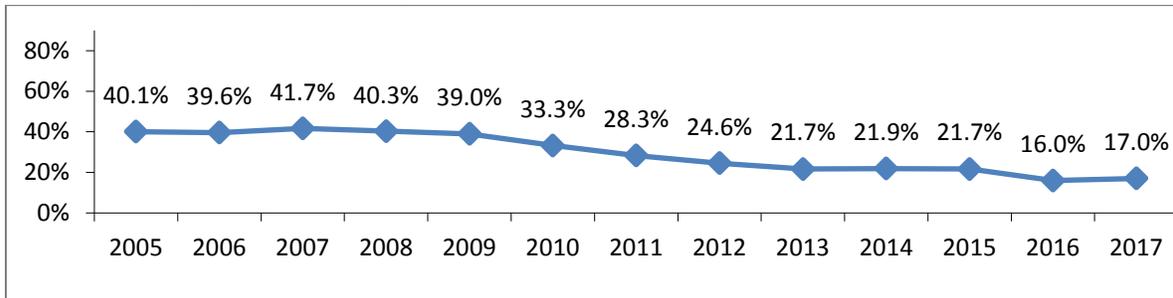
Percent of Students Self-Reporting Current Binge Drinking



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 use disorder reporting system data show that youth screens/admissions to substance use disorder treatment programs with alcohol as the primary substance of abuse is at 17% 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 Use Disorder Treatment Programs with a reported Primary Substance of Abuse of Alcohol

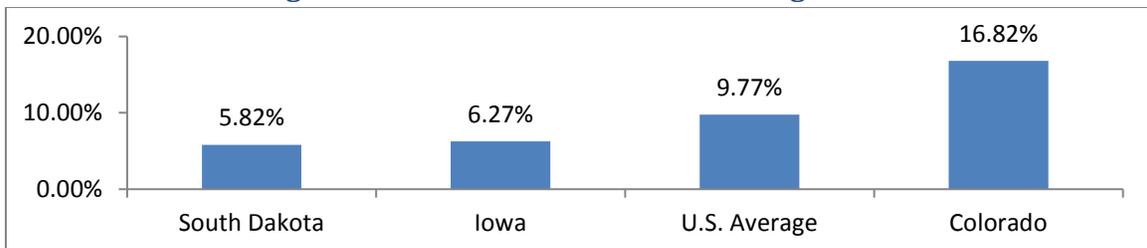


Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Illegal Drugs- 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 second lowest rate of illicit drug use in the past month.

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

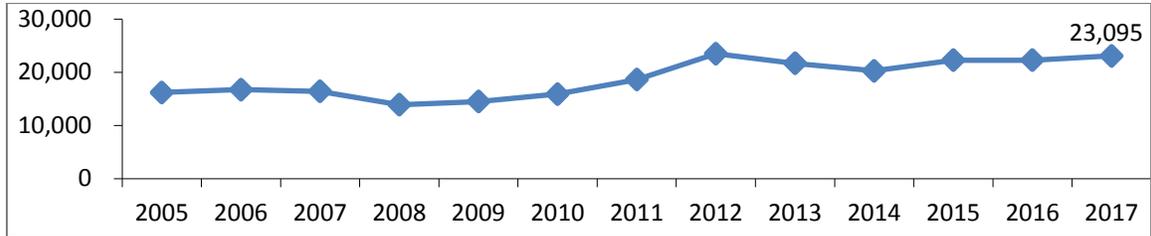


Source: [2013-2014 National Survey on Drug Use and Health](#)

Appendix Two: Drug Use Profile

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

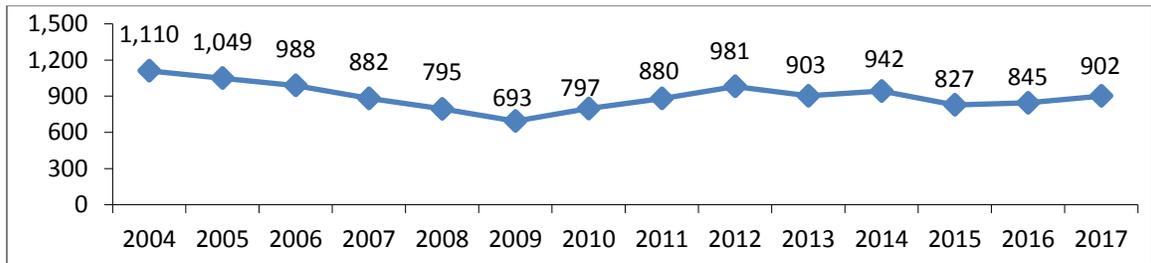
Substance Use Disorder Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol



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

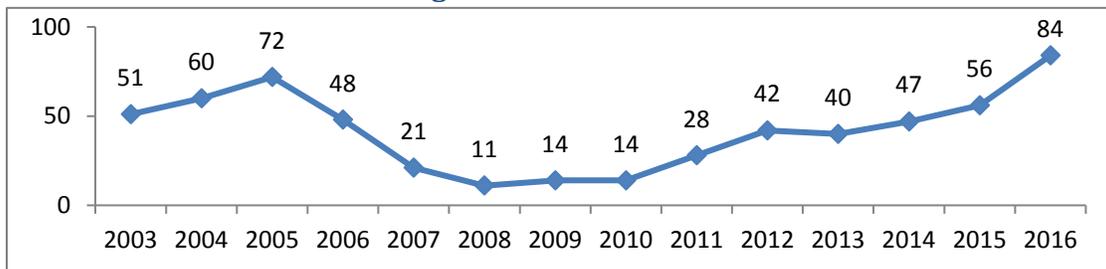
Drug-Related Prison Admissions



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.

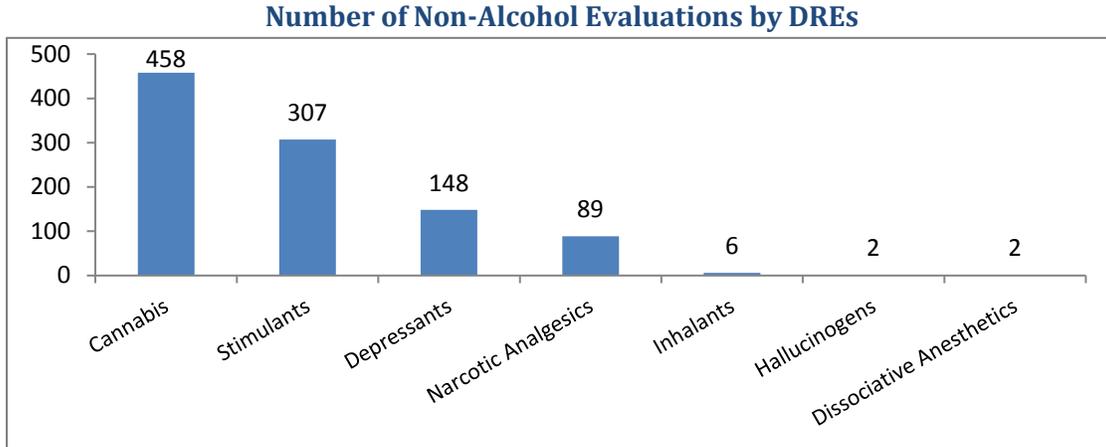
Number Drug-Related Iowa Traffic Fatalities



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

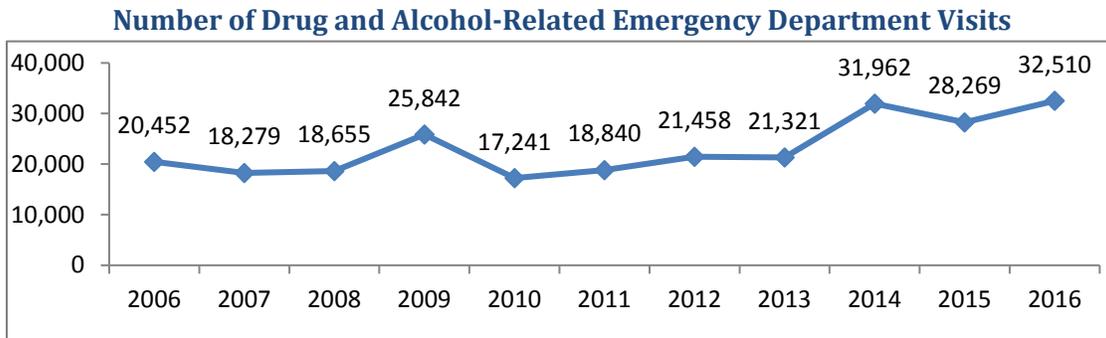
Appendix Two: Drug Use Profile

Iowa Drug Recognition Experts (DREs) performed 1,012 evaluations for impaired driving in 2016.



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

The number of hospital emergency department visits related to alcohol and drug use rose significantly in 2014, and then hospitals transitioned to using ICD-10 codes. Caution should be used in comparing data from 2014-2016 due to this reporting change. The number reported below represents substances as both a primary reason for the visit, as well as a contributing factor to many visits.



*NOTE: On October 1, 2015, Iowa hospitals transitioned from ICD-9-CM to ICD-10-CM Codes. With this transition, hospitals are required to use ICD-10-CM to code Outpatient data. Consider this change as a potential cause of any variations that appear to occur between the 2015-2016 data. Use caution in interpreting apparent trends and differences between 2015 and 2016 data.

*Data updated - combined ICD-9-CM coded data (January – September 2015) and ICD-10-CM coded data (Oct – Dec 2015).

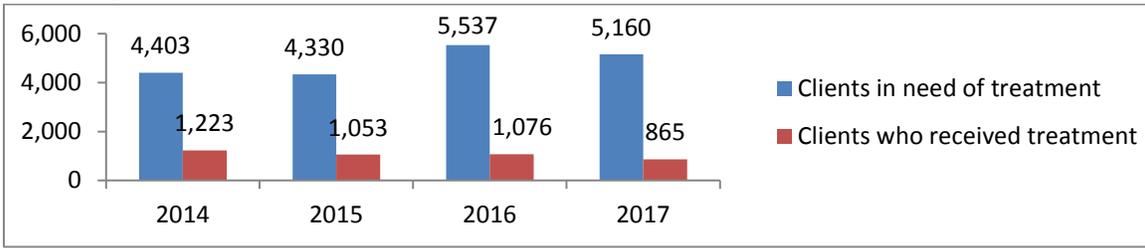
*ICD-10-CM coded data only (Jan – Dec 2016)

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

In 2017, the Department of Corrections provided substance use disorder treatment to only 17% of the addicted custodial inmates and 27% of the drug addicted offenders in community corrections.

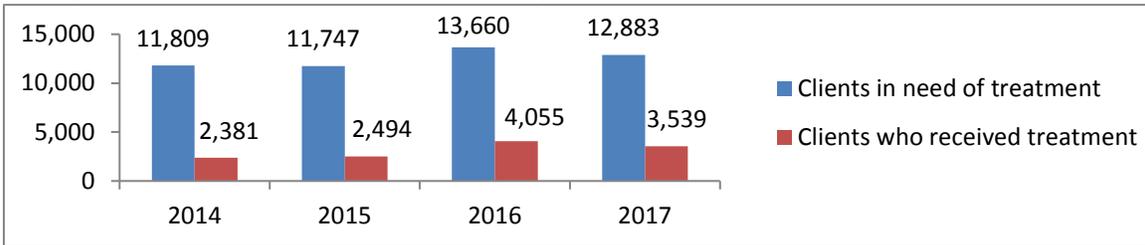
Appendix Two: Drug Use Profile

Department of Corrections Institutional Substance Use Disorder Treatment



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

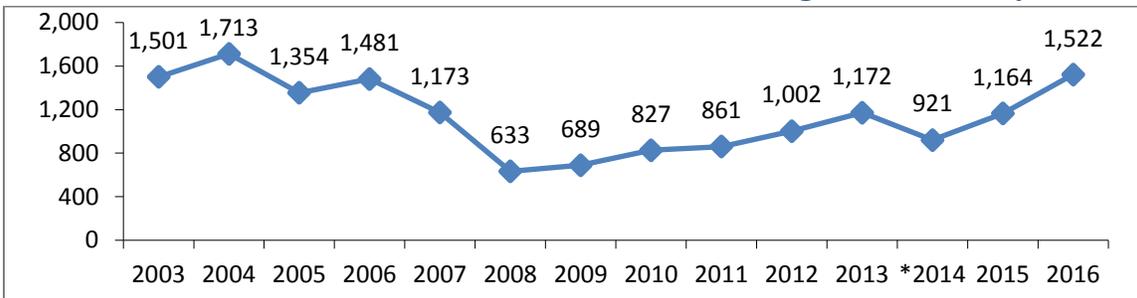
Department of Corrections Community-Based Substance Use Disorder Treatment



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.*

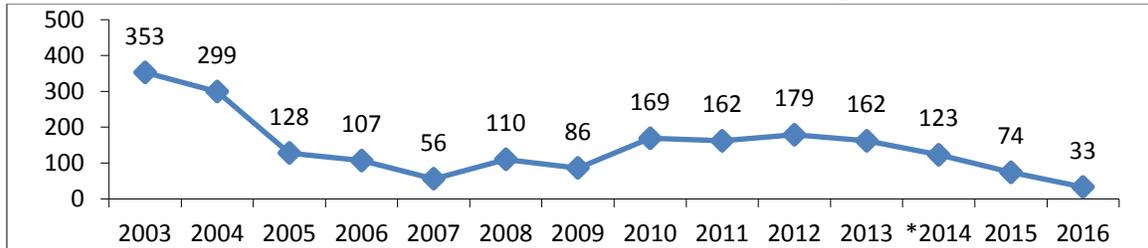
**In 2016, DHS changed Differential Response to include cocaine, heroin, and opiates in child abuse assessment pathway.*

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

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from 2003 to 2007. This number, like other meth statistics, was driven down by the reduction in 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.

Confirmed or Founded Child Abuse – Caretaker’s Drug Manufacture



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.

*In 2016, DHS changed Differential Response to include cocaine, heroin, and opiates in child abuse assessment pathway.

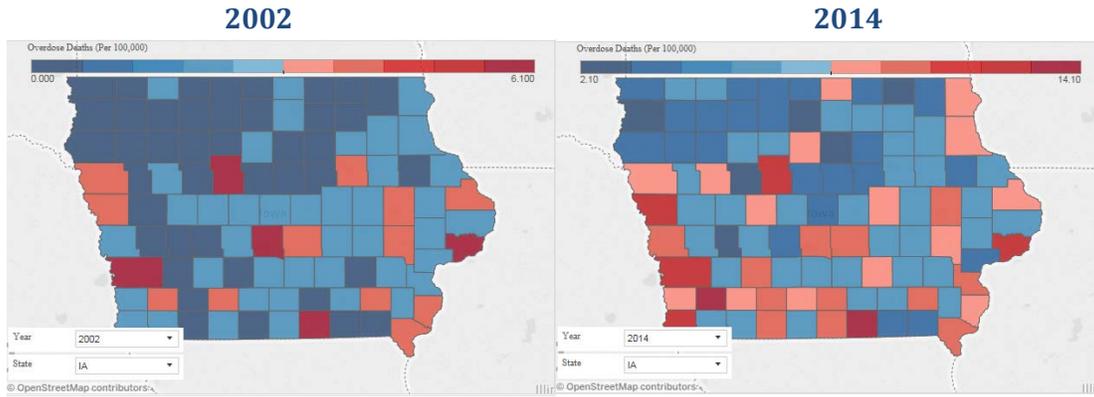
Elsewhere in the Drug Use Profile regarding the youth population of Iowa, there is discussion about drugs other than alcohol and tobacco. In these discussions, it should be understood that the term “drug(s)” refers to illicit substances such as methamphetamine, cocaine, THC/marijuana, etc. Discussion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

Opioids (Prescription, Illicit, and Non-Medical Synthetic)

Due to their vast availability and addictive qualities, *opioids* may be the category of drugs fueling the most rapid growth in substance abuse among Iowans. Opioids encompass opioid analgesics, or prescription pain medicines, such as hydrocodone, oxycodone, methadone, morphine and fentanyl. Opioids also include some illicit substances, such as heroin, and more recently non-medical synthetic opioids that may, or may not, be regulated such as fentanyl analogs clandestinely produced in other countries and smuggled into the U.S. for use with or without heroin. Prescription opioids can be very effective for treating pain, but prolonged use or abuse may lead to addiction. In fact, three out of four new heroin users started their addiction with prescription painkillers. Opioid abuse is a complex challenge requiring a balanced response to allow for proper medical treatment, while preventing substance abuse that can ultimately result in lethal overdose.

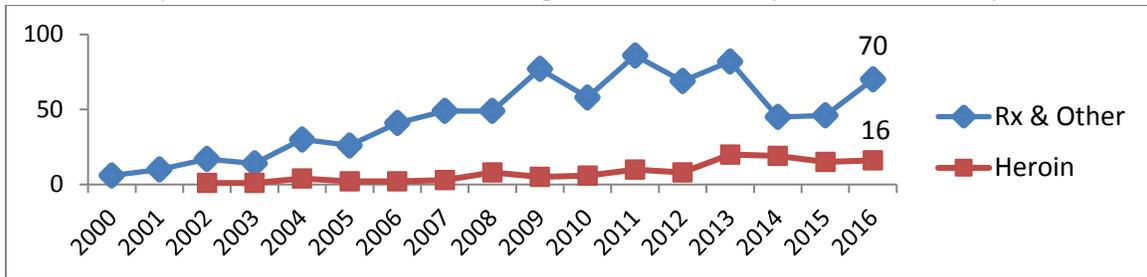
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Iowa Opioid Overdose Deaths



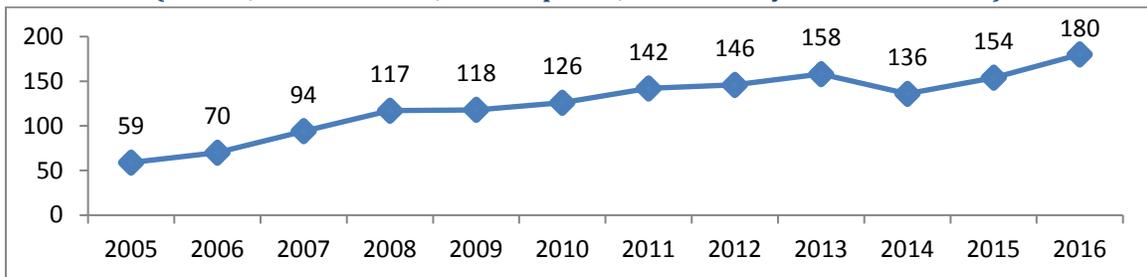
Iowa overdose deaths primarily from prescription opioids/narcotics – which include hydrocodone and oxycodone – and heroin increased more than 1,333%, from six deaths in 2000 to 86 deaths in 2016.

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



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

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

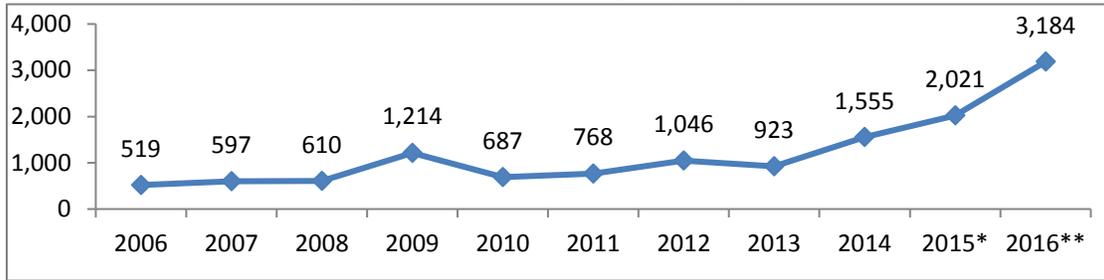


Source: CY, [Iowa Department of Public Health, Bureau of Health Statistics](#)

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

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Number of Opioid-Related Emergency Department Visits



*On October 1, 2015, Iowa hospitals transitioned from ICD-9- CM to ICD-10- CM Codes. With this transition, hospitals are required to use ICD-10- CM to code Outpatient data. Consider this change as a potential cause of any variations that appear to occur between the 2015-2016 data. Use caution in interpreting apparent trends and differences between 2015 and 2016 data.

*Combined ICD-9-CM coded data (Jan. – Sept 2015) and ICD-10-CM coded data (Oct. – Dec. 2015)

**ICD-10-CM coded data only.

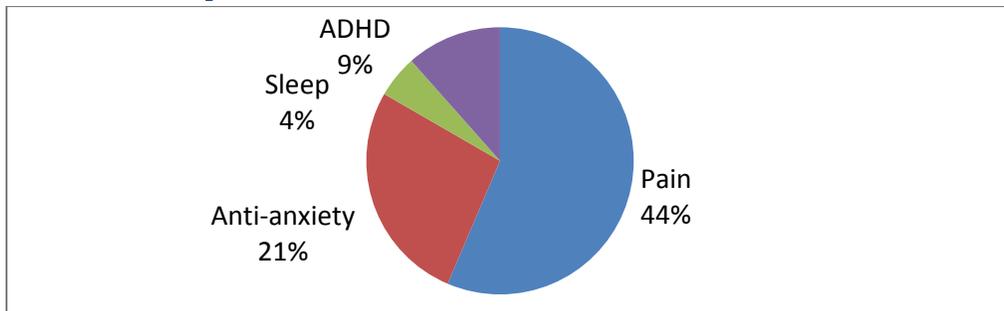
Source: CY, [Iowa Department of Public Health Division of Behavioral Health](#)

Prescription opioids are one of the three main broad categories of medications with abuse potential. The other two categories of prescription drugs with similar risks are stimulants and central nervous system depressants. A more detailed Iowa profile of prescription and over-the-counter drug abuse follows, as does additional information on heroin and related issues.

Prescription Drugs and Over-the-Counter Medications

The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. The United States makes up only 4.6 percent of the world's population, but consumes 80 percent of its opioids – and 99 percent of the world's hydrocodone. According to data from the Prescription Drug Monitoring Program, the top 10 controlled substances prescribed in Iowa comprise approximately 78% of all prescriptions filled. These 10 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.

Top 10 Controlled Substances Prescribed to Iowans



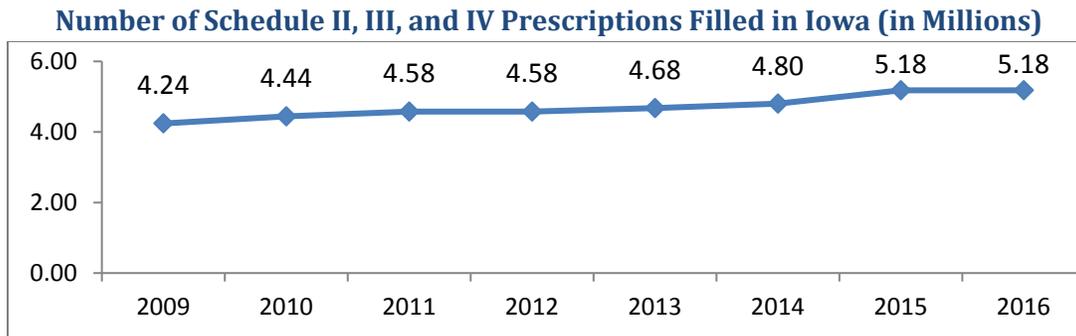
Source: CY 2016, [Iowa Board of Pharmacy](#)

The Iowa Prescription Monitoring Program (PMP) indicates possible doctor shopping and/or pharmacy hopping to obtain excessive amounts of prescription drugs. In 2016, there were 466

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Iowans that filled CII – CIV prescriptions from 5 or more prescribers or pharmacies. Approximately 42% 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.

According to the Director of the Iowa Pharmacy Board, based on a preliminary check of the PMP, year-to-date 2017 numbers of prescribed and dispensed CII- CIV drugs are trending down an estimated 10%. The American Medical Association also reports the prescribing of opioid analgesics is down nationally, and in Iowa, over the past three years. In 2016 the CDC issued new guidelines that discourage prescribing of prescription opioids for chronic pain.



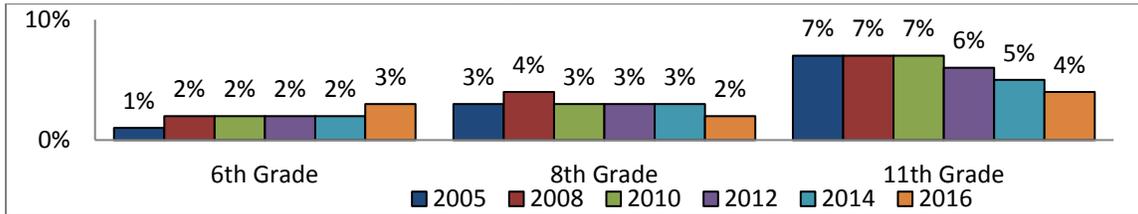
Source: CY, [Iowa Board of Pharmacy](#)

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 77 pharmaceutical diversion cases and seized 6,529 dosage units over the past five fiscal years. In FY17 alone, DNE opened 21 new cases and seized over 5,989 dosage units. Treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. And, according to the 2016 Iowa Youth Survey, 4% of Iowa 11th graders have used prescription drugs for non-medical purposes in the past 30 days.

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 painkillers will not cause addiction. These substances are widely available and are often obtained within the home. Many adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children.

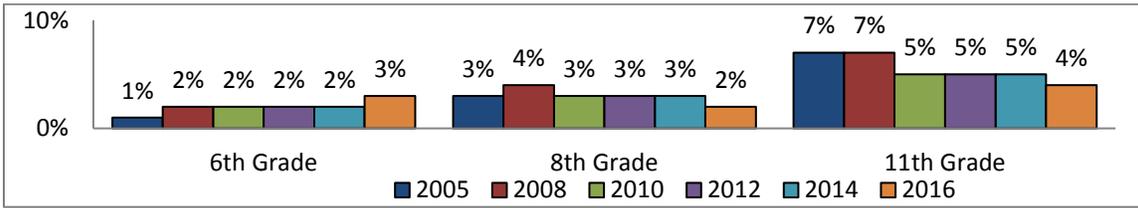
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Percent of Students Self-Reporting the Current Non-Medical Use of Prescription Medications



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

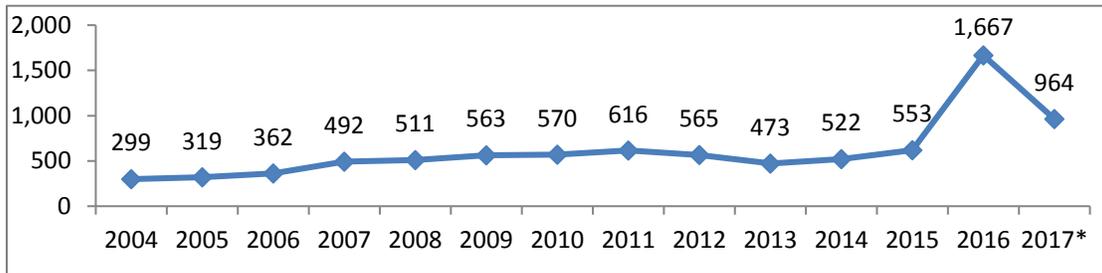
Percent of Students Self-Reporting the Current Non-Medical Use of Over-the-Counter Medications



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. The high number of hydrocodone and oxycodone “human exposure” calls to the Iowa Statewide Poison Control Center highlights this dangerous trend. This data does not include other prescription opioids, such as methadone, that can also cause addiction and toxic exposure.

Number of Hydrocodone and Oxycodone “Human Exposure” Calls to the Iowa Poison Control Center



Source: CY (2017 YTD), [Iowa Statewide Poison Control Center](#)

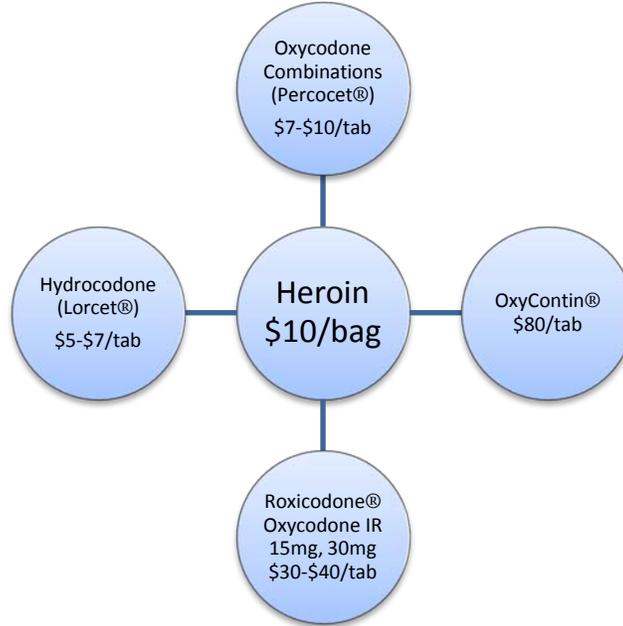
Heroin

Anecdotally, heroin use is on the rise in Iowa. According to Iowa Department of Public Health treatment data, heroin screenings/admissions for treatment have increased to an all-time high of 2.5% of all treatment admissions. Although small, this number has more than tripled in the past six years. As more and more people become hooked on prescription opioids, more end up turning to heroin. Because prescription opioids are similar to heroin in how their chemical makeup affects the brain, some users addicted to pain medicine may transition to heroin. This

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is especially true when pain medicines become difficult to obtain, or cheaper heroin becomes available in a community. The CDC reports three out of four new heroin users reported previous prescription opioid misuse.

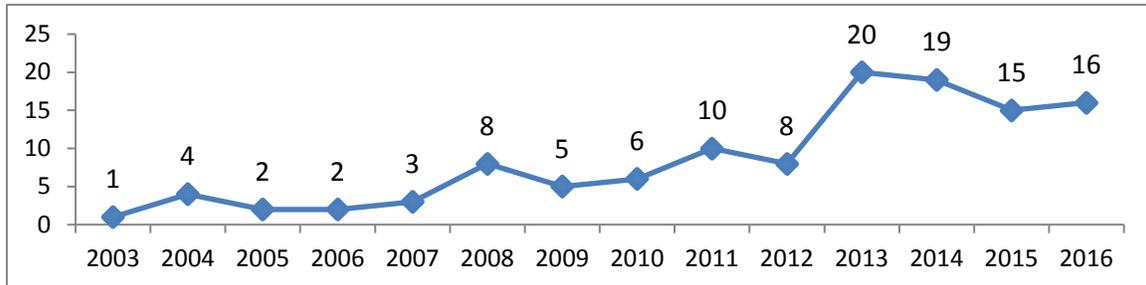
Cost Comparison Heroin vs. Prescription Drugs



[DEA](#), 2013

Heroin overdose deaths rose 1,900% from 2003 to 2013, from one death to 20. They have remained relatively steady since.

Iowa Heroin Overdose Deaths

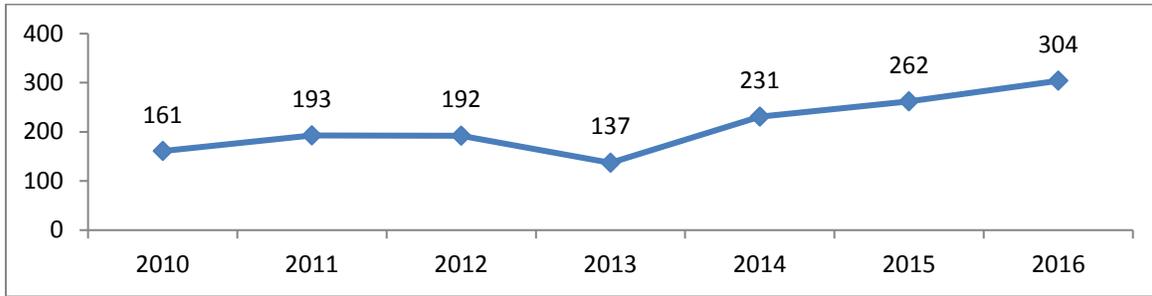


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Another indicator of the prevalence of prescription opioids and heroin in Iowa is the number of times naloxone has been administered by EMS personnel in an overdose situation. Naloxone is a medication called an “opioid antagonist” and is used to counter the effects of opioid overdose. Naloxone is used to counteract life-threatening effects of opioids, such as depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. It is often referred to as an opioid overdose reversal drug. Naloxone only works if a person has opioids in their system.

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Iowa EMS Naloxone Administrations



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

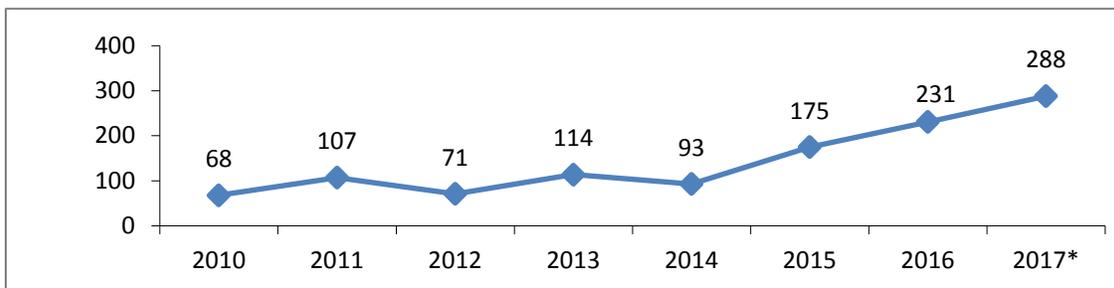
Iowa Average Heroin Price Per Gram

	2010	2012	2014	2016	2017
Price	\$215	\$250	\$250	\$200	\$175

Source: [Iowa Counterdrug Task Force](#)

The Iowa Department of Public Safety’s Division of Narcotics Enforcement reports five years of statewide heroin statistics. In 2011, DNE opened 1 heroin case and seized 112 grams of heroin. In 2017, those numbers increased to 38 heroin cases and 2,391 grams seized. Seizure amounts for any drug may vary greatly from year to year, especially when you have one or two large seizures, and represent only a partial picture. However, the Iowa crime lab reports a marked increase in heroin cases submitted.

Heroin Seizure Cases Submitted to Crime Lab



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

May not include all seizures – larger cases may be sent to DEA lab.

Synthetic Opioids (Non-Medical)

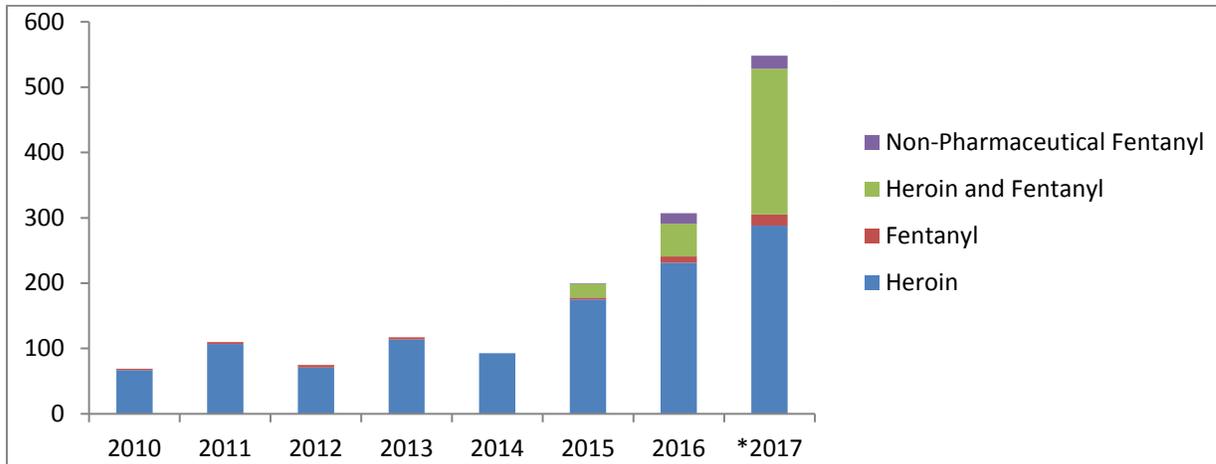
Fentanyl is a synthetic and short-acting opioid analgesic that is 50-100 times more potent than morphine, and approved for managing acute or chronic pain associated with advanced cancer. Although pharmaceutical fentanyl is at times diverted for misuse, most cases of fentanyl-related morbidity and mortality have been linked to illicitly manufactured fentanyl and fentanyl analogs, collectively referred to as non-pharmaceutical fentanyl (NPF). NPF is sold via illicit drug markets for its heroin-like effect and often mixed with heroin and/or cocaine as a combination product—with or without the user’s knowledge—to increase its euphoric effects.

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While NPF-related overdoses can be reversed with naloxone, a higher dose or multiple-number of doses per overdose event may be required to revive a patient due to the high potency of NPF.

In the fall of 2015, the Centers for Disease Control and Prevention (CDC) issued a Fentanyl “Health Advisory” to put health care professionals on alert, due to increases in fentanyl drug confiscations and fentanyl-related overdose fatalities in the United States. The CDC advisory followed a national alert issued earlier in 2015 by the Drug Enforcement Administration (DEA), citing fentanyl as a threat to public health and safety. Several states have reported spikes in overdose deaths due to fentanyl and its analog acetyl-fentanyl since late 2013. Similar to previous fentanyl overdose outbreaks, most of the more than 700 fentanyl-related overdose deaths reported to DEA during this timeframe were attributable to illicitly manufactured fentanyl, often mixed with heroin.

Iowa DCI Heroin, Fentanyl, and other Synthetic Opioid Cases



Source: CY (*2017 projected numbers as of 9-30-17), [Iowa Department of Public Safety Criminalistics Lab](#)
May not include all seizures – larger cases may be sent to DEA lab.

Iowa’s Division of Criminal Investigation laboratory reports 63 cases containing fentanyl and 74 cases of fentanyl mixed with heroin through September 30, 2017. The lab also reports 34 cases containing fentanyl analogs (non-pharmaceutical fentanyl or other synthetic opioids) such as acetyl fentanyl, furanyl fentanyl, or U-47700. While these numbers are relatively small, they mark a noticeable increase from three fentanyl cases in 2014.

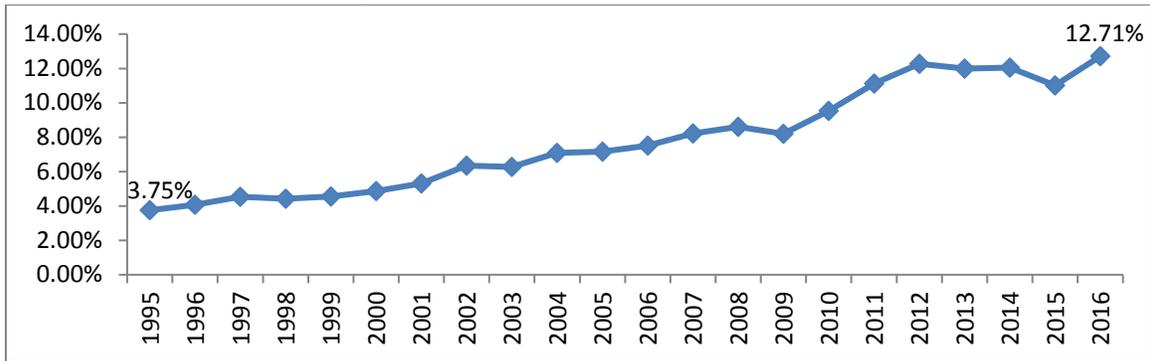
Marijuana

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. Although marijuana use is prevalent in Iowa, according to the National Survey on Drug Use and Health (NSDUH), less than six percent of Iowans say they currently use the drug.

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Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Laboratory reports that most of the marijuana it currently sees is made primarily of the buds of the female plants, versus marijuana of the past, which also contained inactive particles such as leaves and stems. The buds contain the delta-9-tetrahydrocannabinol (THC), which is the primary psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug, which is expected to have more acute personal and societal consequences. THC levels averaged less than 1% in 1972, compared to nearly 13% today.

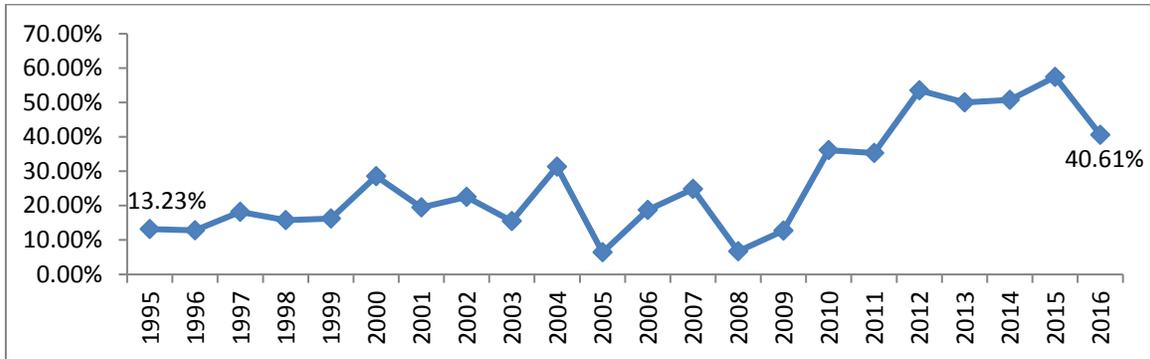
Increasing THC Potency of Marijuana (Plant Material Seized in the U.S.)



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

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

New Marijuana’s Increasing THC Potency (Hash Oil Seized in the U.S.)

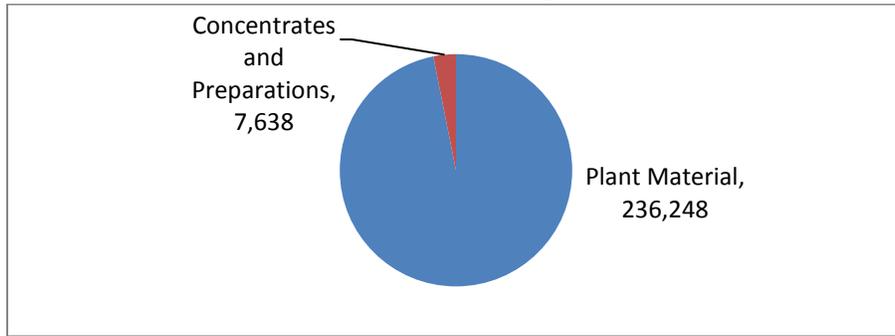


Source: [University of Mississippi Marijuana Project through 3-22-17](#)

Due to the influx of marijuana from states where recreational marijuana use has been legalized, many of the marijuana sample submissions tested by the Iowa crime lab in 2016 involved high-potency marijuana “preparations” or “concentrates” such as oils, waxes, and marijuana-infused edibles.

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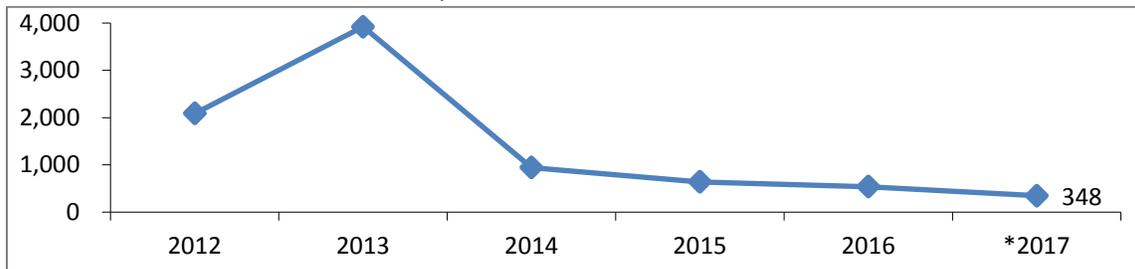
Grams of Marijuana Samples Tested



Source: CY 2016, [Iowa Department of Public Safety](#)

Marijuana seizures reported by the Iowa Department of Public Safety have fluctuated in recent years. According to the DPS, marijuana submission rates are up, but there have been fewer cases involving large amounts of the drug. This may be due to the rise of marijuana concentrates, which typically involve smaller amounts of more potent marijuana.

Marijuana Seizures, in Pounds

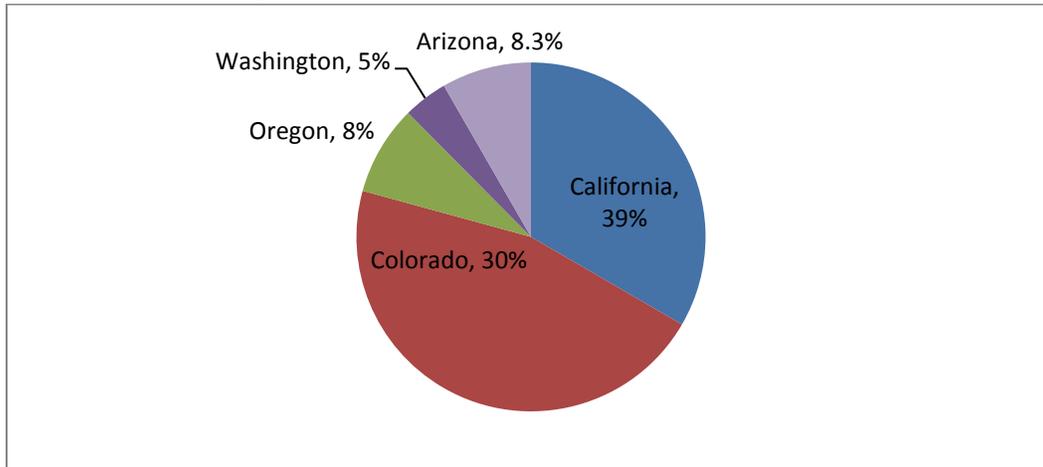


Source: CY (*YTD), [Iowa Department of Public Safety Criminalistics Lab](#)
May not include all seizures. Larger cases may be sent to DEA lab.

Drug smugglers often use our interstate system of highways to travel to or through Iowa. Colorado and California, states that permit “medical marijuana,” are increasingly cited as source states for marijuana seized in interdiction stops by Iowa law enforcement. In 2014, the marijuana seized by the Iowa State Patrol in these types of stops from “medical marijuana” states included 39% from California and 30% from Colorado. The data below represent significant seizures, or larger amounts associated with distribution or drug trafficking.

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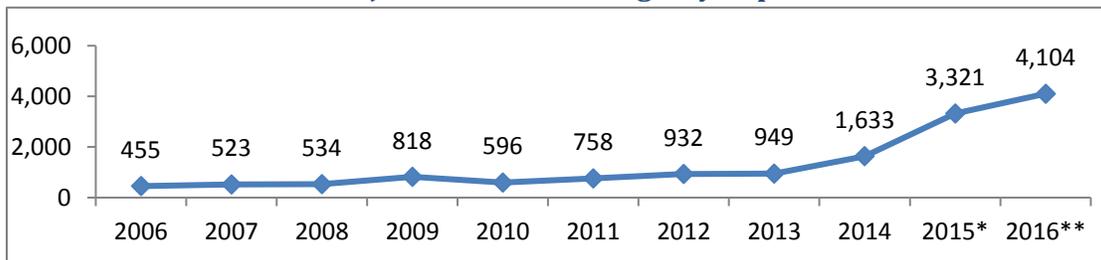
Source of Significant Marijuana Seizures by the Iowa State Patrol



Source: CY 2014, [Iowa Department of Public Safety](#)

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance use disorder treatment programs in Iowa, as well as emergency department visits due to marijuana use. In data collected, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1997 – 2016. Hospital emergency department visits have risen dramatically. This data reinforces the fact that despite misconceptions by some, marijuana can be harmful and is an addictive drug.

Number of Marijuana-Related Emergency Department Visits



*On October 1, 2015, Iowa hospitals transitioned from ICD-9- CM to ICD-10- CM Codes. With this transition, hospitals are required to use ICD-10- CM to code Outpatient data. Consider this change as a potential cause of any variations that appear to occur between the 2015-2016 data. Use caution in interpreting apparent trends and differences between 2015 and 2016 data.

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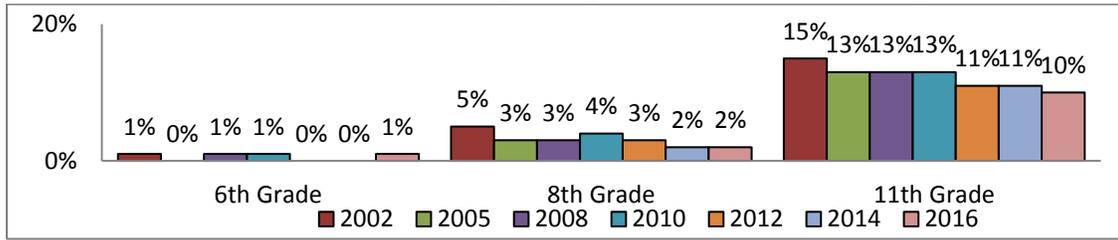
**ICD-10-CM coded data only.

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

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. In 2016, 16% of 11th graders reported current use. Again, attitude drives behavior. One quarter of Iowa teens perceive no risk in smoking marijuana once or more per week. This number has doubled in the past ten years, coinciding with an increase in “medical marijuana” discussions and laws, and the legalization of marijuana for recreational use in a few states.

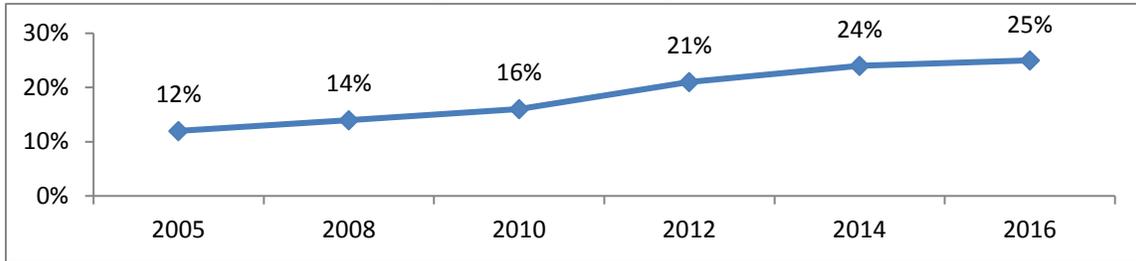
Appendix Two: Drug Use Profile

Percent of Students Self-Reporting the Current Use of Marijuana



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

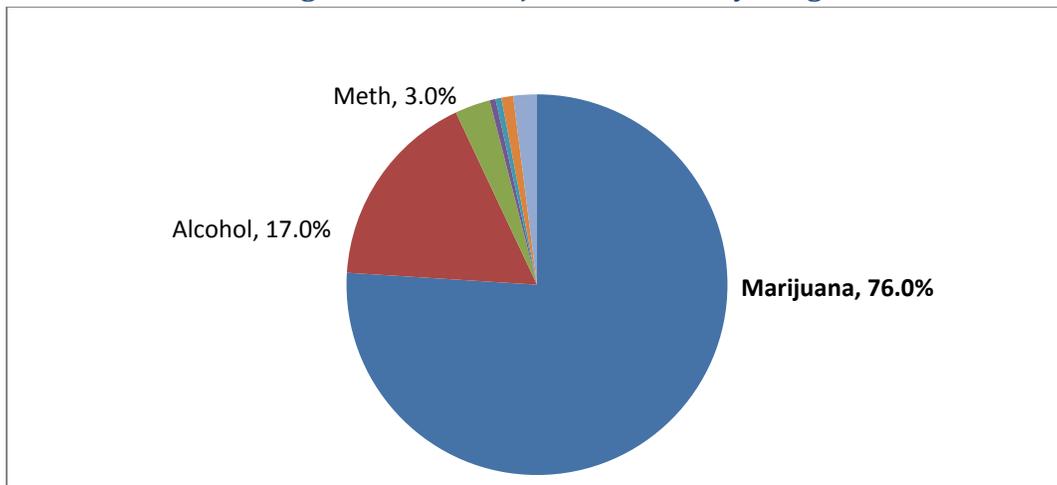
Percent of Students Perceiving No Risk Smoking Marijuana Once or More a Week



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

Substance use disorder reporting system data also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period included in this review.

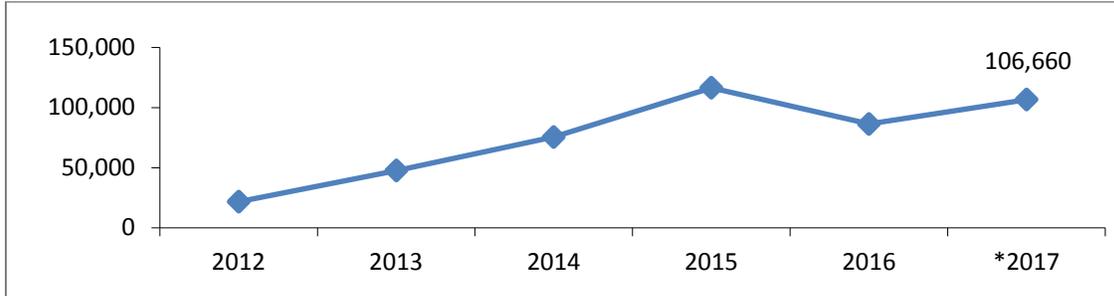
Percentage of Youth Screenings/Admissions to Substance Use Disorder Treatment Programs with Marijuana as Primary Drug



Source: FY17, [Iowa Department of Public Health, Division of Behavioral Health](#)

Amphetamine/Methamphetamine

Methamphetamine Seizures in Grams



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

Methamphetamine seizures by Iowa law enforcement agencies dropped off following a substantial reduction in meth labs about ten years ago, but have risen again in recent years. It is worth noting that this data from the Iowa Division of Criminal Investigation laboratory does not include all meth seizures. Large and major case amounts that were submitted to the U.S. Drug Enforcement Administration’s laboratory for federal prosecution are not included in these figures.

According to Iowa law enforcement officials, one reason for the surge in meth seizures in recent years is an increase in the quantity and quality of meth being smuggled into Iowa from Mexico and other states. They report intercepting large shipments of high purity methamphetamine with increasing frequency in many Iowa communities.

One indicator of the availability of methamphetamine is the price and purity of law enforcement seizures. In recent months, the Iowa Department of Public Safety’s Division of Narcotics Enforcement has experienced a significant increase in major cases involving large quantities of high purity methamphetamine. These cases generally involve meth smuggled into Iowa from Mexico and other states. Some meth encountered by law enforcement agencies is 99% to 100% pure. That compares with an average purity level ranging from 14% to 40% ten years ago.

Iowa Average Methamphetamine Price per Gram and Purity

	2010	2012	2014	2016	2016
Price	\$130	\$135	\$125	\$105	\$115
Purity	79%	87%	95%	97%	97%

Source: [Iowa Counterdrug Task Force](#)

Appendix Two: Drug Use Profile

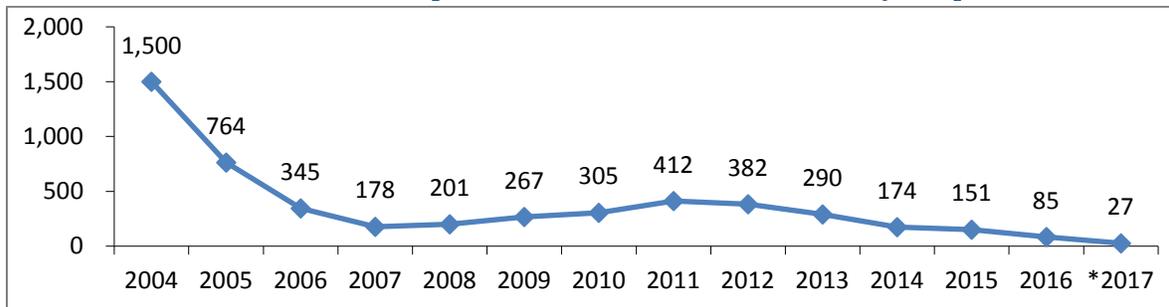
Meth labs in Iowa are smaller in number and size, compared to a few years ago. Most of the meth labs now reported are the smaller “one pot” variety, a method that was first introduced in the State in 2010. This method generally uses less pseudoephedrine and other precursor chemicals, and produces methamphetamine in smaller quantities. They are more portable than their predecessor labs, but still can be unstable and dangerous. Lab remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from their environmental impact, “one pot” labs pose serious health and safety hazards due to the potential for flash fires and the caustic waste material involved.

In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. Additional legislation passed in 2009, requiring all Iowa pharmacies that sell non-prescription pseudoephedrine products over-the-counter to participate in an electronic Pseudoephedrine Tracking System. Additional regulation of meth precursors, or ingredients, has taken place by the Legislature.

Since 2010, Iowa’s Office of Drug Control Policy has managed the Pseudoephedrine Tracking System, as part of the National Precursor Log Exchange (NPLEx). NPLEx is a real-time tracking system used by virtually all Iowa pharmacies as a stop-sale system, to flag pharmacists when customers are about to exceed their pseudoephedrine purchase limits to prevent the sale from taking place. Blocking improper sales in real-time prevents actions that lead to the production of meth. In the 7 years since implementation, NPLEx has blocked more than 151,700 illegal purchase attempts, preventing the sale of over 951 pounds of pseudoephedrine, averting the possible production of over 875 pounds of methamphetamine.

Due to these and other actions, including an array of drug prevention, treatment and enforcement efforts, meth labs and the public safety threats associated with them have reached their lowest point in almost 19 years in Iowa, dating back to 1997. The influx of high-grade meth smuggled into our state in recent years may also be contributing to the suppression of meth labs in Iowa.

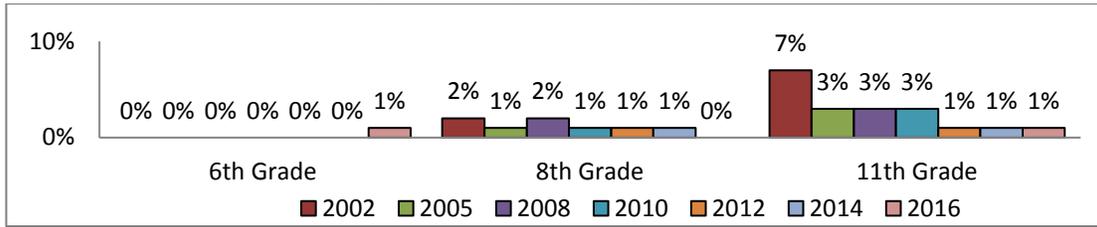
State and Local Methamphetamine Clandestine Laboratory Responses



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

Appendix Two: Drug Use Profile

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



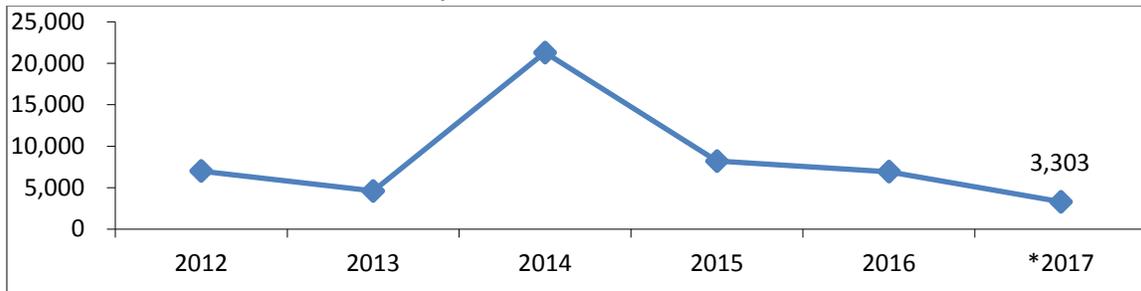
Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

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.

The Iowa Division of Narcotics Enforcement reported having several large cases involving cocaine, but overall, seizure sizes vary.

Iowa Cocaine/Crack Cocaine Seizures, in Grams



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

Iowa Average Cocaine Price per Gram

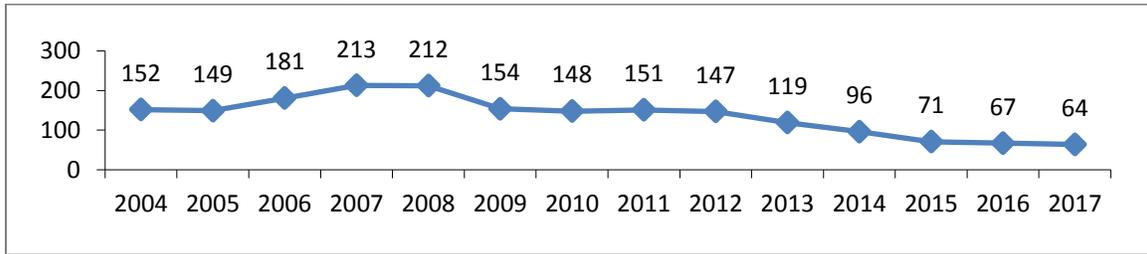
	2010	2012	2014	2016	2017
Price	\$125	\$130	\$100	\$100	\$100

Source: [Iowa Counterdrug Task Force](#)

Cocaine-related admissions to prison represented 7% of drug-related prison admissions in FY 2017. The number of prison admissions for crack/cocaine is the lowest it has ever been since this data was first collected in 2004. Based on the data indicators illustrated here, it would appear that cocaine/crack cocaine continues to represent a significant drug of use/abuse among the drug using population in Iowa. There is little reported use of cocaine/crack cocaine by Iowa youth.

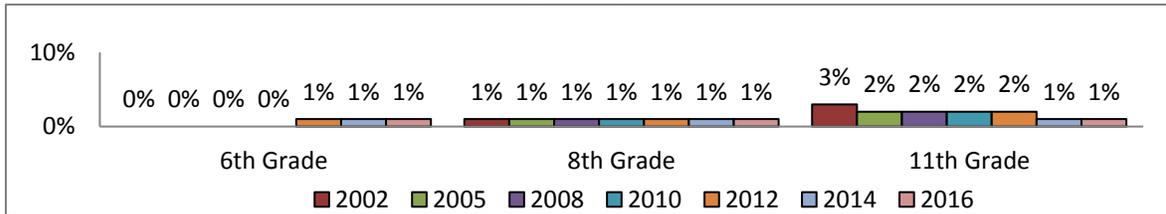
Appendix Two: Drug Use Profile

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 use disorder treatment programs while remaining constant for the past 10 years is also very low. In 2016, less than 1% of the youth admitted to treatment cited Cocaine/Crack Cocaine as the primary substance of abuse.

Synthetic Cannabinoids and Cathinones

Another continuing threat to the health and safety of Iowans is the use of synthetic drugs. These substances, also known as synthetic cannabinoids and synthetic cathinones, are marketed as K2, Spice, and bath salts. The cannabinoids are herbal substances sprayed with one or more chemical compounds. Sold as incense and not for human consumption, Iowa youth often use them and experience dangerous hallucinogenic effects. The effects of bath salts mimic cocaine.

Dangers still exists, but the availability of synthetic drugs appears to have decreased in recent years. Reasons for the change are unclear, but several high-profile legal cases, including a successful Consumer Protection action by the Iowa Attorney General's Office, may have deterred businesses from the continued sale of these products.

The Iowa Division of Criminal Investigation crime lab reports a drop in synthetic drug submissions, beginning late in 2014 and continuing through 2015. Of the synthetic drug cases it does receive, the crime lab estimates 70 percent of recent submissions involve newer uncontrolled compounds, most of which are the synthetic cannabinoid variety. There have been few synthetic cathinones submitted to the crime lab in recent months, and most of those submitted are controlled under current Iowa law. A new law enacted in 2017 may also provide

Appendix Two: Drug Use Profile

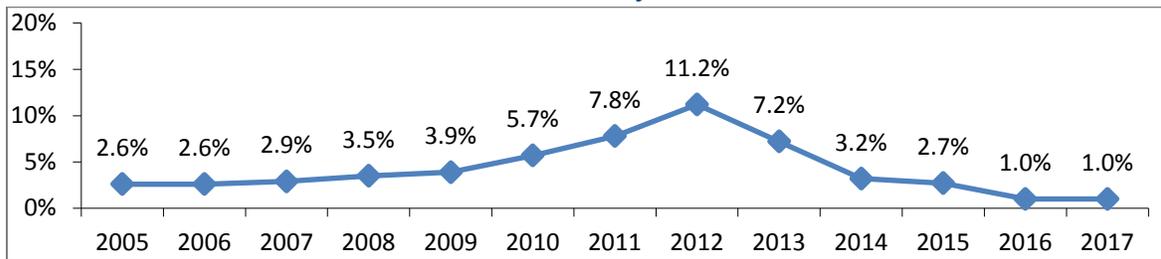
prosecutors with a stronger tool to take legal action against sellers of new synthetic drugs that have not yet been regulated under state or federal law.

Other Illicit Drugs

Marijuana, methamphetamine, heroin and cocaine/crack cocaine constitute only four of the illegal drugs used in Iowa today. Other drugs such as LSD and PCP also play a role in the overall problem of substance and drug abuse within the State, but their usage by drug abusers is currently relatively low.

The percentage of Iowa adults admitted to a substance use disorder treatment program whose primary drug of abuse is “unknown or other” has dropped dramatically after a sharp rise.

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

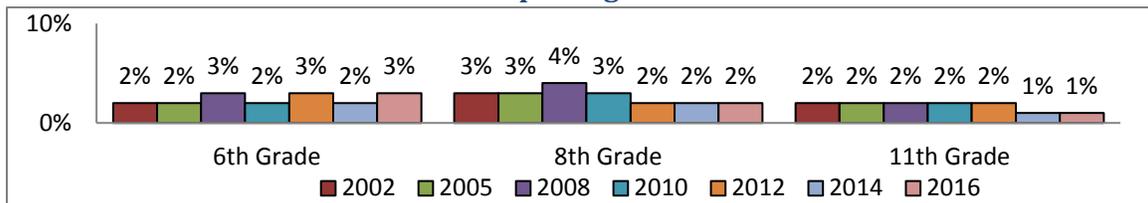


Source: FY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Inhalants

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

Percent of Students Self-Reporting the Current Use of Inhalants



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

Tobacco/Nicotine Products

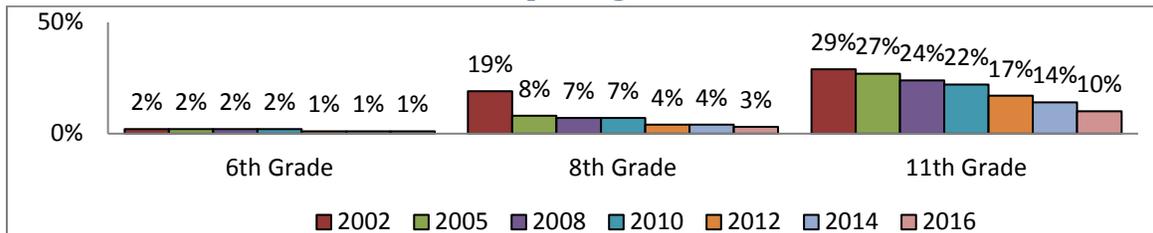
Much data and information is published by the federal Centers for Disease Control and Prevention and other organizations to inform the public of the dire consequences of using tobacco products. These organizations estimate that annually 5,100 Iowans die as a result of smoking, and annual health care costs directly caused by smoking average \$1.285 billion. Tobacco users in Iowa that want to quit may contact Quitline Iowa for tobacco cessation

Appendix Two: Drug Use Profile

coaching services over the telephone or internet, 24 hours a day. Iowans over the age of 18 who are uninsured or on Medicare may also be eligible for eight (8) weeks of free nicotine replacement therapy in the form of gum, patches, or lozenges. Nicotine replacement therapies are approved by the FDA for tobacco use cessation. Though many people feel that e-cigarettes are a useful option for cessation, there is insufficient evidence to support this belief that e-cigarettes or other electronic smoking devices are effective in quitting tobacco use. Data suggests that the use of electronic smoking devices keeps people smoking more traditional tobacco products and any smoking is dangerous to health. Finally, e-cigarette aerosol is not harmless water vapor and should not be considered as clean air.

Quit Coaches are trained and well versed in techniques helping e-cigarette users quit, regardless of whether they are using just electronic cigarettes or both combusted tobacco and electronic cigarettes.

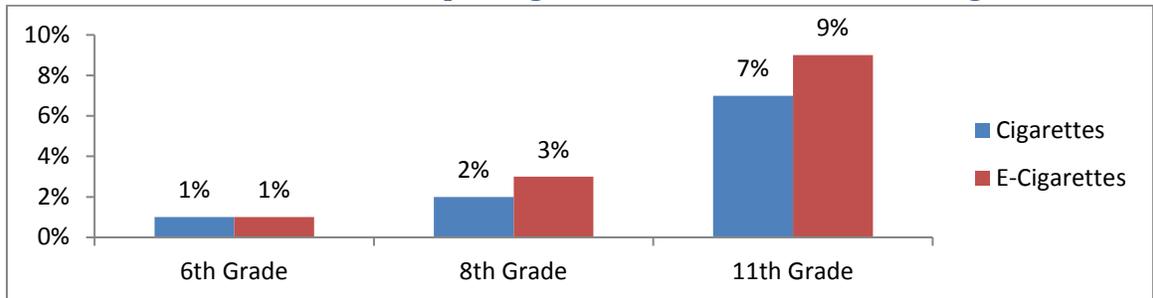
Percent of Students Self-Reporting the Current Use of Tobacco



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

Iowa students were asked about electronic cigarette (e-cigarette or vapor device) use for the first time in the 2014 Iowa Youth Survey. In the 2016 survey, 9% of 11th graders report current use of e-cigarettes, while 7% report current use of traditional cigarettes.

Percent of Students Self-Reporting the Current Use of Electronic Cigarettes



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



Appendix Three: 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 2018 Prevention, Treatment & Enforcement Funding (By Agency)

Agency	Prevention	Treatment	Enforcement	FY 2018 Total	FY 2011 Total	% Change from FY 11
Dept. of Education	\$1,929,497	\$0	\$0	\$1,929,497	\$3,602,752	-46.4%
DHR, CJJP	\$280,000	\$0	\$0	\$280,000	\$1,753,297	-84.0%
DHS, Child & Family Services	\$0	\$2,385,457	\$0	\$2,385,457	\$1,526,889	+56.2%
DHS, Medical Services	\$0	\$44,200,514	\$0	\$44,200,514	\$25,616,895	+72.5%
DHS, Mental Health/Disability	\$0	\$294,500	\$0	\$294,500	\$1,797,022	-98.4%
DOC, Community Based	\$0	\$1,590,948	\$4,552,709	\$6,143,657	\$5,144,482	+19.4%
DOC, Institutional Programs	\$0	\$901,602	\$0	\$901,602	\$5,376,391	-83.2%
DPH, Behavioral Health	\$9,905,548	\$31,033,247	\$0	\$40,938,795	\$39,320,438	+4.1%
DPH, Tobacco	\$3,421,023	\$1,309,344	\$228,500	\$4,958,867	\$12,777,003	-61.2%
DPS, DCI	\$0	\$0	\$7,574,498	\$7,574,498	\$1,634,278	+363.5%
DPS, DNE	\$0	\$0	\$7,280,756	\$7,280,756	\$5,890,529	+23.6%
DPS, GTSB	\$0	\$0	\$469,285	\$469,285	\$877,000	-46.5%
DPS, Intel	\$0	\$0	\$2,966,180	\$2,966,180	\$2,055,255	+44.3%
DPS, State Patrol	\$0	\$0	\$2,585,934	\$2,585,934	\$9,733,913	-73.4%
Iowa Judicial Branch – FY17	\$0	\$0	\$1,033,500	\$1,033,500	\$625,000	+65.4%
Iowa National Guard	\$300,000	\$0	\$5,399,222	\$5,699,222	\$8,508,630	-33.0%
Iowa Veterans Home – FY17	\$154,687	\$0	\$0	\$154,687	\$546,618	-71.7%
Law Enforcement Academy	\$0	\$0	\$0	\$0	\$20,000	-100.0%
Office of Drug Control Policy	\$319,000	\$1,340,068	\$2,417,102	\$4,076,170	\$9,372,404	-56.5%
Regents: ISU	\$439,481	\$165,820	\$156,598	\$761,899	\$255,658	+198.0%
Regents: U of I	\$843,913	\$1,928,219	\$0	\$2,772,132	\$1,184,824	+134.0%
Regents: UNI	\$403,613	\$55,886	\$67,761	\$527,260	\$430,739	-14.7%
Total	\$17,996,762	\$85,205,605	\$34,732,045	\$137,934,412	\$138,050,017	-0.1%

Total Estimated FY 2018 (By Source)

Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$4,325,864	\$32,649,908	\$20,557,511	\$57,533,283
Federal	\$11,243,694	\$51,122,329	\$13,142,159	\$75,508,182
Other	\$2,427,204	\$1,433,368	\$1,032,375	\$4,892,947
Total	\$17,996,762	\$85,205,605	\$34,732,045	\$137,934,412



Acknowledgements

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

Iowa Drug Policy Advisory Council

Steven F. Lukan

Drug Policy Coordinator

Jennifer Miller

County Attorney's Association

Katrina McKibbin

Department of Corrections

Barb Anderson

Department of Education

Vern Armstrong

Department of Human Services

Kathy Stone

Department of Public Health

Paul Feddersen

Department of Public Safety

Steve Michael

Department of Human Rights

David Lorenzen

Iowa Peace Officers Association

Jason Sandholt

Iowa State Sheriffs and

Deputies Association

Matthew Harkin

Iowa State Police Association

Warren Hunsberger

Substance Abuse Treatment Director

Jane Larkin

Substance Abuse Treatment Specialist

Christina Wilson

Substance Abuse Prevention Specialist

Honorable Thomas Bower

Judicial Branch

Non-Voting Members

Stephan Arndt

Iowa Consortium for Substance Abuse

Research and Evaluation

Lt. Col. Chuck Connors

Iowa National Guard

Steve Larson

Alcohol Beverage Division

Chief Jeremy Logan

Iowa Police Chiefs Association

This 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 use disorder treatment specialist, law enforcement officer, prevention specialist, judge, and representatives from the departments of corrections, education, public health, human services, public safety, and human rights. This report was developed in coordination with Iowa's Drug Policy Advisory Council.