



Iowa Drug Control Strategy

2012





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Preface: A Balanced Approach to Reducing Drug Abuse in Iowa

Some say illegal drugs and other substances of abuse cost our country \$181 billion annually. In Iowa, these costs are reflected in a number of ways: through employers who are deprived of capable employees, parents and children who are robbed of the benefits of functioning families, impaired drivers who pose risks to others on our highways, and individuals who are deprived of their full potential. It is the role of Governor's Office of Drug Control Policy (ODCP) to acknowledge these costs and propose a coordinated strategy to reduce this human and economic toll.

The old "war on drugs" metaphor arguably fails to accurately describe this sort of comprehensive and coordinated strategy. For the enemy is not merely these drugs and substances; rather, it is the adverse effects they have on our citizens.

Drug use is a preventable behavior; drug addiction is a treatable disease; and a balanced approach of proven and promising prevention, treatment and enforcement is required to protect Iowans from drugs now and in the future. Drug abuse itself is a two-faceted problem, affected by both the available supply of and the demand for illegal drugs and other substances of abuse. Any approach dealing with the problems that flow from substance abuse and addiction must reflect both facets of the problem: the demand some individuals create for illegal drugs and the available supply of drugs to meet that demand.

Any strategy dealing with both the supply of and demand for drugs of abuse must be three-fold and involve these coordinated components:

- Prevention strategies to discourage the initial human demand for drugs,
- Treatment for those who already abuse or are addicted to drugs, in order to halt their drug-seeking behavior, and
- Law enforcement actions to decrease the supply of illegal drugs and bring to treatment those who otherwise would not seek help.

The root of this type of a coordinated approach to drug use and addiction must emphasize prevention as a way of discouraging our state's citizens from using and abusing drugs that have been proven to cause serious addiction. These prevention efforts are particularly important with the young, for if they abstain from drugs and alcohol when they are young, their chances of remaining drug-free when they mature are much greater. Studies have shown quite clearly,

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when parents talk with sons and daughters about drugs and their consequences, children are much less apt to experiment with drugs.

The young are particularly vulnerable to the abuse of prescription drugs such as opioid painkillers, where once hooked at a young age it's difficult to break the bonds of addiction through treatment. Likewise, adolescents look to society in general to determine acceptable behavior in respect to these substances. Adolescents must be told of the dangers of drugs in clear and unambiguous terms.

In that sense, the so-called "medical" marijuana programs adopted by some states pose particular risk to adolescents. Calling marijuana "medical" wrongly legitimizes its use, when in fact, smoking marijuana for medical use is not supported by science and is harmful to those it purportedly "treats," particularly adolescents.

A second critical component to breaking the cycle of drug abuse is substance abuse treatment. People progress through treatment at different rates, and because drug addiction is a chronic disease, relapse and return to treatment are common features of the path to recovery. Still, treatment works to help rehabilitate Iowans to become law-abiding and productive citizens. Treatment in Iowa has become significantly more effective over time as more evidence-based practices are used. In the past decade, there has been a 14 percentage point improvement in abstinence rates for substance abuse treatment clients six months post-treatment.

Thirdly, because of the risk drug use and associated crime pose to the public, law enforcement plays an important role in any coordinated drug control strategy. Law enforcement acts to reduce the supply of illegal drugs and the diversion of legal prescription drugs for illegal use by investigating and arresting those individuals who work from within our state or outside our state, to feed the addictive appetites of others while selling drugs for financial gain. Law enforcement also is instrumental in deterring other drug-related criminal activity and reducing impaired driving.

Intervention by law enforcement is often a first and necessary step that leads a person to treatment. In many instances, it is only through contact with law enforcement and the courts that some come to grips with their own addiction and the consequences of that addiction. Studies show treatment forced by a judge or probation officer can be as effective as treatment undertaken voluntarily.

Increasingly, collaboration is a key component of Iowa's Drug Control Strategy. As an example, ODCP's Drug Endangered Children (DEC) program features law enforcement officers working side-by-side with Iowa Department of Human Services caseworkers, prosecutors, court officials and health care providers toward a common goal: protecting the children of parents who use, manufacture or deal dangerous drugs such as methamphetamine. The DEC model is being adopted by Iowa communities, helping interested entities and stakeholders join together as a safety net for children and a way of encouraging custodial parents to deal with their addictions so that families can be reunited in healthy ways.

Preface: A Balanced Approach to Reducing Drug Abuse in Iowa

The emerging problem of prescription drug diversion and abuse serves as an example of the importance of comprehensively addressing substance abuse on three fronts: prevention, treatment, and enforcement. Between 2000 and 2009, the number of opioid overdose deaths in Iowa increased from 3 to 40, or 1,233 percent. At a recent ODCP task force meeting on reducing prescription drug abuse, a representative from the Iowa Medical Examiner's Office said authorities in some cases have found garbage bags full of prescription drugs in the homes of those who have died from drug overdoses. Law enforcement officers from many areas of the state report significant increases in prescription drug diversion and abuse. Iowa substance abuse treatment providers also report providing services to an increasing number of clients abusing prescription drugs, primarily opioid painkiller medicines.

National reports say 70 percent of those abusing prescription drugs obtain their drugs from friends and family members, typically from unused supplies in medicine cabinets or other places in homes. Iowa substance abuse prevention agencies have begun to educate parents and others about adolescents diverting and abusing prescription drugs in their own homes. Likewise, members of the Iowa Pharmacy Association, federal Drug Enforcement Administration, local and state law enforcement agencies, and community groups are working to take back unused prescription drugs to curb this source of abuse. These take-back programs are important both to reducing the supply of prescription drugs subject to abuse and to educating citizens about their dangers.

The remaining 30 percent of prescription drugs being abused come primarily from doctor shopping and prescription forgeries. Iowa health care providers, pharmacists, regulators, and law enforcement have access to the state's prescription drug monitoring program (PMP), a system that detects those who obtain prescription drugs from multiple doctors and pharmacies. In those instances where the user has a relationship with a doctor or other provider, the problem is primarily a medical problem where the doctor is best able to treat the underlying problem. Where there is no doctor directing the care of the patient, and the patient violates the law to obtain drugs through doctor-shopping or prescription forgeries, the problem can become a criminal matter.

ODCP recently concluded a series of task force meetings in which representatives of all these professions worked together in a unique fashion on the growing challenges presented by prescription drug diversion and abuse in Iowa. Relying on their combined experience and expertise, task force members helped define the nature and scope of this multi-pronged problem, and recommended a series of action steps. As a result of this collaborative process and other input, ODCP is now preparing a cohesive state plan to more effectively address this emerging problem.

The diversion and abuse of prescription drugs is only one example that demonstrates the importance of a three-front approach, where prevention, treatment, and enforcement all play vital roles in reducing substance abuse in Iowa. It is with these three approaches in mind that the Governor's Office of Drug Control Policy presents the 2012 Iowa Drug Control Strategy.



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The Governor's Office of Drug Policy Control has prepared the 2012 Drug Control Strategy pursuant to Iowa Code §80E.1. The purpose of the strategy is to describe the activities of the office and other state departments related to drug enforcement, substance abuse treatment, and substance abuse prevention. This annual report is also intended to show trends in respect to substance abuse within the state and to set out promising evidence-based or innovated approaches to reduce drug abuse and its collateral consequences. Finally, the Strategy shows the state funding levels for the various agencies working in this area, as divided among the three areas of emphasis: prevention, treatment and enforcement.

According to the National Survey on Drug Use and Health, Iowa has the lowest rate of illicit drug use in the nation. The number of 11th grade students who report current and lifetime use of tobacco, current and lifetime use of alcohol, binge drinking, lifetime use of marijuana, lifetime use of meth, and lifetime use of crack/cocaine in the 2010 Iowa Youth Survey is lower than previous years.

However, marijuana continues to be the most abused illicit drug in Iowa, and is the drug of choice by 22.1% of all adult substance abuse treatment clients and 65% of juveniles in treatment. These are the highest rates of marijuana-using treatment clients in recent Iowa history. According to the 2010 Iowa Youth Survey, 26% of Iowa 11th graders have used marijuana.

The fastest growing form of substance abuse by Iowans involves prescription and over-the-counter medicines. Nationwide, drug overdoses outnumber gunshot deaths and have now also surpassed motor vehicle crashes as the leading cause of accidental deaths. According to the 2010 Iowa Youth Survey, 7% of Iowa 11th graders have used prescription drugs for non-medical purposes.

The use of opioid painkillers such as hydrocodone and oxycodone has increased dramatically over the past decade. Public calls to the Statewide Poison Control Center to identify hydrocodone and oxycodone pain pills have increased 2,232% since 2002. Overdose deaths from opioids including hydrocodone and oxycodone increased more than 1,233%, from 3 deaths in 2000 to 40 deaths in 2009.

According to data from Iowa's prescription drug monitoring program (PMP), hydrocodone is the most prescribed drug in Iowa with over 68 million doses prescribed to Iowans in 2010 – comprising nearly 30% of all Schedule II through IV Controlled Substances (CII – CIV) prescribed in the State of Iowa. When combined with oxycodone, the number of doses prescribed to Iowans in 2010 totals almost 89,500,000 or 38.2% of all CII – CIV controlled substances

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prescribed. The PMP also indicates possible doctor shopping and/or pharmacy hopping to obtain excessive amounts of prescription drugs. In 2010, 2,016 Iowans filled CII – CIV prescriptions from 5 or more prescribers or pharmacies.

Another emerging threat to the health and safety of Iowans is the availability of new synthetic drugs. These substances include synthetic cannabinoids and synthetic cathinones, and are marketed as K2, Spice, and bath salts. This year Governor Branstad signed into law legislation which added these synthetic designer drugs and Salvia divinorum to the list of Schedule I Controlled Substances and provided penalties.

Methamphetamine continues to be a problem drug within the state, albeit far less than in 2004. The number of reported meth labs last year was about 80% below the record of 1,500 set in 2004. However, the decline Iowa has seen in the past has begun to reverse itself. When compared to the record low of 178 in 2007, there was a 71.3% increase in the number of meth labs in 2010 and Iowa is on track to exceed the previous year's amount in 2011. As meth lab incidents increase, so do the number of drug-related prison admissions, the number of meth users entering drug treatment, and the number of children endangered by meth labs.

Alcohol continues to be the most abused substance in Iowa. The latest data show overall alcohol consumption is on the rise. The number of Iowans entering treatment for alcohol abuse is large and remains steady. Though declining modestly, Iowa youth still binge drink at a rate higher than the national average.

Substance abuse treatment, compared to treatments for other chronic health issues such as diabetes, asthma, and heart disease, is successful. Many initiatives to address addiction through treatment help with success rates such as: drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system and retention in treatment – longer stays produce better outcomes. Opiate abuse often requires a complex treatment plan. The adolescent brain poses a particularly difficult treatment problem once addicted to opiates. In the past decade, there has been an improvement of 14 percentage points in abstinence rates for substance abuse treatment clients six months post-treatment.



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

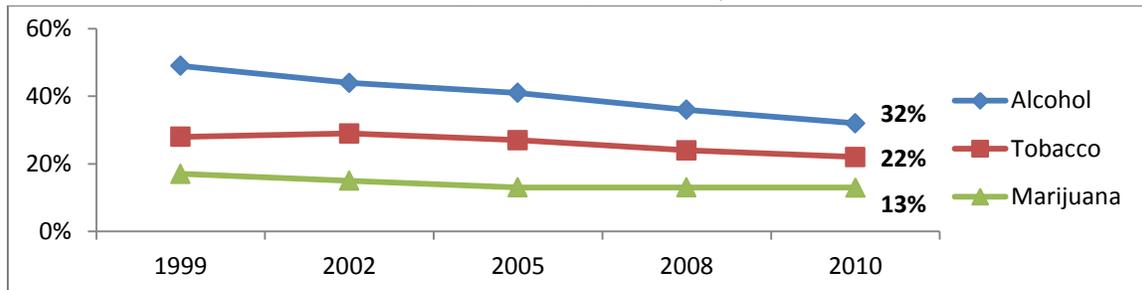
The use of drugs and abuse of alcohol is a pervasive trend that continues to have a devastating impact on the safety and well-being of all Iowans. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities. Effective treatment addresses addiction issues and has a long-term positive impact on the addict, his or her family and friends, 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 implementing 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) compiles data regarding the use of alcohol and other drugs by the population surveyed. The IYS is a self-reporting survey that has been conducted by the Iowa Department of Public Health's Division of Behavioral Health in conjunction with the Iowa Department of Human Rights' Criminal and Juvenile Justice Planning Division, the Department of Education, the Governor's Office of Drug Control Policy, and the Department of Human Services every three years since 1975. Effective in 2010, the Iowa Youth Survey will now be conducted every two years going forward. The survey seeks responses from youth in grades 6, 8, and 11 from public and non-public schools across Iowa. Students answer questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and neighborhood/community environments. Beginning in 1999 the survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. Thus true comparisons with surveys conducted prior to 1999 are not possible. Iowa Youth Survey data will be featured throughout this report.

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



Source: [Iowa Youth Survey](#) – 1999 through 2010

What Works

Initiatives that work to reduce the number of Iowa youth who use alcohol and other drugs include: schools implementing evidence-based substance abuse prevention programming; increasing the awareness of, and access to, prevention programming and information; reducing youth access to alcohol, tobacco, and illicit drugs; prevention strategies that are comprehensive and involve many segments of a community; programming that is culturally relevant to the target population; cross training among multiple disciplines to enhance understanding and involvement in prevention; a credible, culturally competent, and sustainable prevention workforce; 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 substance abuse prevention efforts; mentoring programs based on best practices; evidence-based parent education programs; parents, teachers and other influential adults as healthy role models; and increasing prices on alcohol and tobacco products.

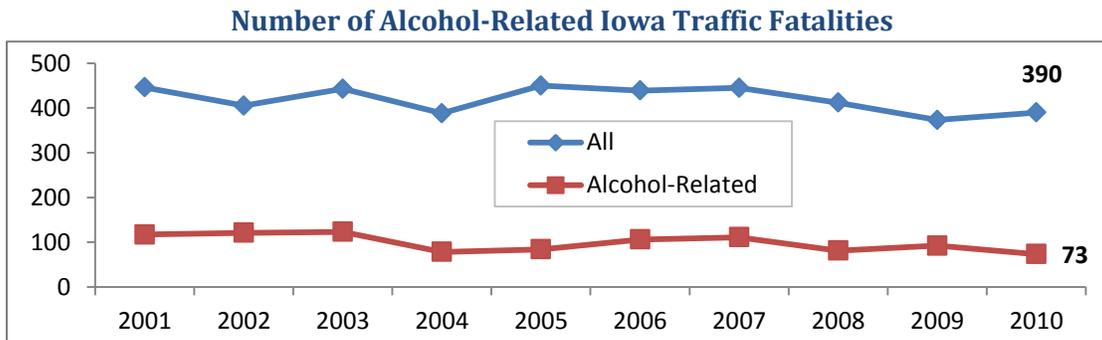
Current and Proposed Strategies

- Support community coalition, school-based and statewide prevention efforts
- Support user-friendly tools that will assist school districts and communities in selecting 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 at Drug-Free Iowa.org to empower caregivers to educate children about drugs
- Conduct the Iowa Youth Survey in 2012
- Resist efforts to legalize marijuana
- Support training for school staff and community partners to help teams use data to inform planning and evaluation of prevention efforts at the local level

Reduce number of alcohol-related Iowa traffic fatalities

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. According to the Iowa Governor’s Traffic Safety Bureau, traffic fatalities are the leading cause of death among persons 5-34 years of age and alcohol is the leading cause of fatal traffic crashes by an overwhelming margin. Of special concern are drivers 16-25 years of age. They represent only 16% of all registered drivers in Iowa, but comprise 30% of all drinking drivers who were involved in fatal crashes from 1998-2009. In 2010, 53 drivers aged 16-20 were involved in fatal crashes.

In 2003, Iowa’s .08 blood alcohol content law went into effect, leading to an immediate and significant reduction in the number of alcohol-related fatal crashes. In 2010, a total of 73 persons were killed in alcohol/impaired driving fatal crashes. That is the lowest impaired fatality number in Iowa’s history. Still, the total number of all types of traffic fatalities went up and 18.7% of all Iowa fatalities in 2010 were alcohol-related. In Iowa, a person commits the offense of operating while intoxicated (OWI) if that person operates a motor vehicle while under the influence of alcohol, drugs or a combination of both. The per se law makes the driver culpable even without any outward signs of intoxication. This is important to note when dealing with prescription drug abuse.



Source: CY 2001-2010 [Iowa Department of Transportation & Department of Public Safety, Governor’s Traffic Safety Bureau](#)

What Works

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

Current and Proposed Strategies

- Support education for retail clerks on how to check IDs and decline sales to minors
- Support the Training for Intervention Procedures for servers in restaurants/bars
- Enforce drunk and drugged driving laws with law enforcement personnel

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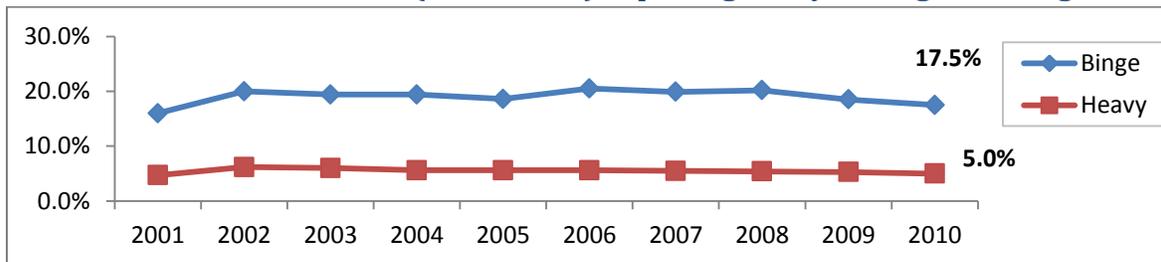
- Continue collaboration between treatment programs and community colleges to provide a statewide education program for convicted OWI offenders
- Support education/diversion programs for minors in possession (first offense)
- Support implementation of a media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Support enforcement of penalties against non-compliant retailers, clerks, and youth
- Restrict alcohol advertising and promotional activities that target under-aged persons

Reduce number of Iowans who report 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, although even at this level, several factors including family history of addiction, health, and use of medications can pose problems. 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. These patterns include heavy (more than two drinks per day for men and one drink per day for women) and binge (more than five drinks on one occasion) drinking.

Alcohol dependency and abuse are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others 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.

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



Source: [CDC Behavioral Risk Factor Surveillance System 2001-2010](#)

What Works

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

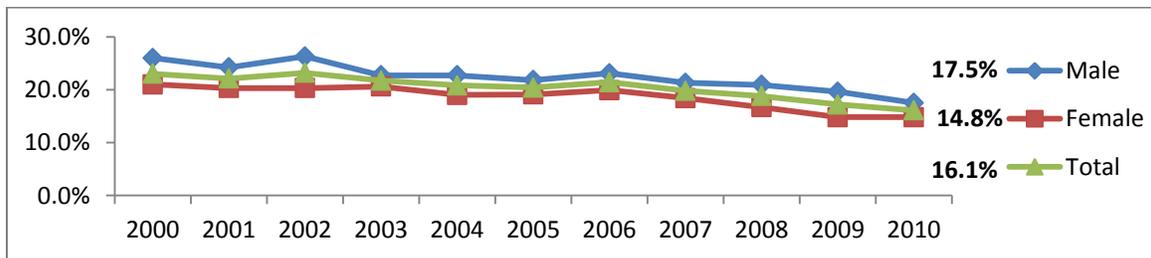
Current and Proposed Strategies

- Support comprehensive drug-free workplace programs, including policy development, employee education, supervisor training, parent information, intervention and drug testing
- Provide information to the public on availability of prevention and treatment services
- 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 increased awareness and utilization of the Iowa Substance Abuse Information Center toll-free 24/7 helpline (1-866-242-4111), to provide substance abuse referrals, emergency counseling and substance abuse information
- Support efforts to address underage and binge drinking among youth and on college campuses
- Support efforts to correct misconceptions about drugs through education and social marketing

Reduce number of Iowans who report smoking

Tobacco use is the single largest cause of preventable premature mortality in the United States. It also represents an enormous burden, costing an estimated \$1 billion in annual health care in Iowa alone. The U. S. Surgeon General's Office states that smoking remains the leading cause of preventable death and has negative health impacts on people at all stages of life. It harms unborn babies, infants, children, adolescents, adults and seniors. Tobacco use among adults and exposure to secondhand smoke in Iowa continue to be major public health problems. Having fewer tobacco users of all ages in Iowa and creating smoke-free environments for all Iowans are keys to reducing tobacco-related illnesses and costs. Additionally, by reducing the age of onset by youth, it reduces the likelihood Iowans will ever use tobacco and may also reduce their risk of using other drugs as well.

Percent of Adult Iowans Reporting Current Smoking



Source: [CDC Behavioral Risk Factor Surveillance Surveys 2000-2010](#)

What Works

Initiatives that work to reduce the percentage of Iowans who smoke include: smoking bans and restrictions; increasing the price of tobacco products; tobacco retailer compliance checks, education and reinforcement; community mobilization combined with additional interventions, such as stronger local laws; reducing client out-of-pocket costs for effective, science-based, tobacco cessation therapies; increasing protection for nonsmokers from secondhand tobacco smoke exposure; multi-component interventions, including "Quitter" telephone hotlines; and healthcare provider reminder systems.

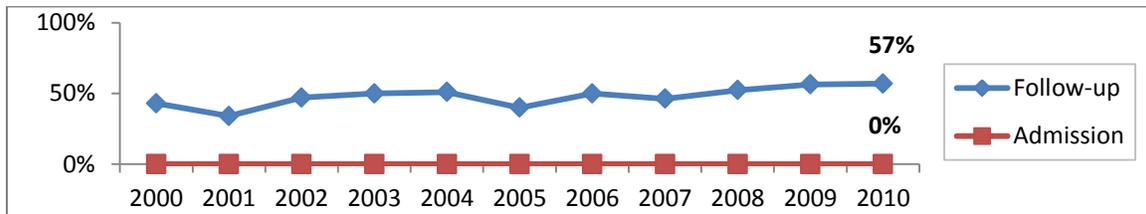
Current and Proposed Strategies

- Quitline Iowa, 1-800-QUITNOW, a statewide smoking cessation hotline
- Community Partnership Grants for tobacco use prevention and control
- Regular tobacco sales compliance checks
- Examine comprehensive tobacco prevention programming as recommended by the CDC for possible use in Iowa

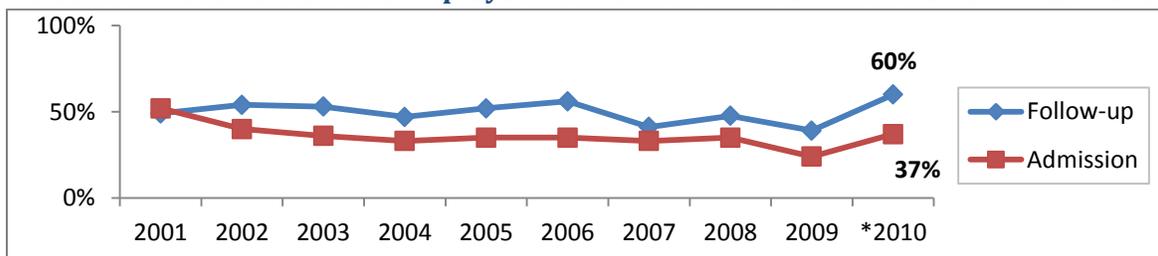
Increase the number of treatment clients who are abstinent and employed six months post-treatment

Fifty-seven percent of treatment clients who participated in the Year Thirteen Outcomes Monitoring Study remained abstinent six months after treatment discharge. Additionally, only 37% of clients were employed full or part-time at treatment admission compared to over 60% employed six months after treatment discharge. But there are factors that could hinder future results. Substance abuse treatment providers are currently seeing more people, but have to work with fewer treatment slots. Treatment providers must seek a comprehensive understanding of their clients and their drugs of choice. Treatment must be comprehensive, evidence-based, and multi-systemic. It must enhance a client’s motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on the addict, his or her family and friends, and the community-at-large.

Percent of Treatment Clients Abstinent Six Months Post Treatment



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



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

What Works

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

treatment; drug courts; family education; treating co-occurring disorders; and “housing first” without requiring individuals to be substance free. There are many collaborative efforts already in place, as discussed in Appendix One.

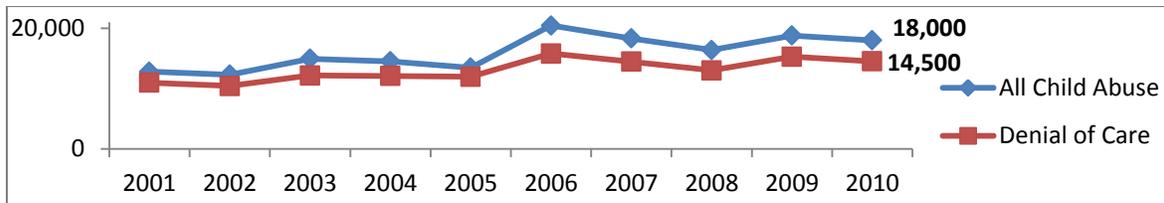
Current and Proposed Strategies

- Study distance and electronic treatment programs
- Promote healthcare professionals’ utilization of the Prescription Monitoring Program
- 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 to more Iowans

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

Although it is difficult to quantify a causal relationship between the use of alcohol and other drugs and child maltreatment, experts agree there is a high correlation between parental substance abuse and child abuse and neglect. In Iowa, denial of critical care (child neglect) is the most 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. Iowa recorded a number of incidents in past years involving children who were victims of child neglect due to one or both parents/caregivers using drugs. It is cases like these that point to the need to recognize the significant impact that drug use has on denial of critical care.

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



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

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

In July-September 2008, Prevent Child Abuse Iowa conducted a review of 240 randomly selected child protective assessments performed in 20 days. The purpose of the review was to determine if there was a relationship between the primary and/or secondary caregiver’s substance abuse and the child protective assessment finding. In 30.1% of the total cases reviewed, there was a relationship between the caregiver’s substance abuse and the child protection assessment finding.

The most common substances abused are consistent across primary and secondary caregivers (categories are not exclusive):

Substance	Primary Caregiver Use	Secondary Caregiver Use	Use by either Caregiver
Alcohol	12.3%	9.2%	17.9%
Marijuana	8.3%	5.5%	9.5%
Methamphetamine	7%	2.5%	7.9%
Cocaine	2.3%	1%	2.3%
Prescription Drugs	0.3%	0.9%	1.2%
Other	1.4%	1.4%	2.5%
No Substance Abuse Issue	74%	82%	67.7%

What Works

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

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 in Child in Need of Assistance cases involving drug endangered children
- Test identified children for the presence of drugs when initiating Child in Need of Assistance cases involving drug endangered children
- Promote the Department of Human Services’ Community Partnership for Protecting Children Initiative in protecting drug endangered children
- Promote family drug treatment court for addicted parents involved in Child in Need of Assistance cases
- Increase healthcare professionals’ utilization of the Prescription Monitoring Program



Chapter 2. Safeguard Iowa Communities from Illegal Drugs

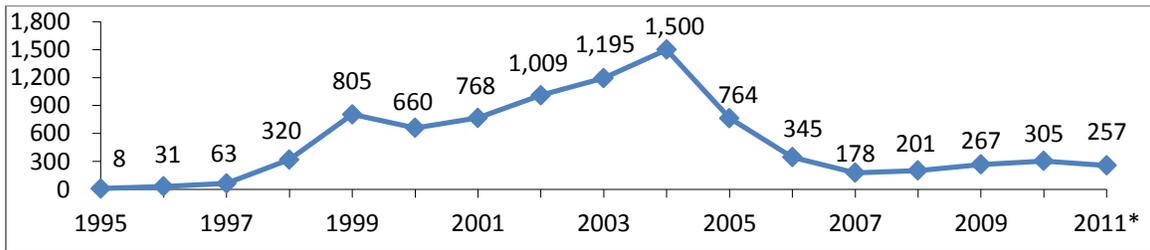
By reducing illegal drugs in Iowa communities, the cycle of addiction and the associated public safety, public health, and societal dysfunctions, would be broken. Youth access – and perceived access – would decline, and our children would be safer.

Reduce the number of clandestine methamphetamine labs in the state

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. New methods of making methamphetamine, called one-pot or “shake n bake” labs, are also posing a threat to unsuspecting Iowans. These methods generally use less pseudoephedrine and produce methamphetamine in smaller quantities, but are no less dangerous than other production methods. They involve putting the toxic and caustic chemicals in a plastic bottle and possibly shaking it, which can cause an extremely high amount of pressure to build up in the container causing it to rupture. The process is incredibly unstable and has caused fires and injuries to people. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from their environmental impact, they especially pose a hazard to children and other unsuspecting Iowans who come into contact with the waste or are impacted by explosions or flash fires from these cooks. In 2009 there was a single one-pot lab reported. In 2010, that number went up to 56. And, through September 30th, 2011 there have already been 64 one-pot labs reported in the current year.

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. However, lab incidents are on the rise again. State legislation to implement a real-time, electronic, pseudoephedrine tracking system was successfully passed in 2009. The system was implemented in 2010. The system 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 are actively participating. This connectivity will help reduce smurfing (pharmacy-hopping) and subsequently, methamphetamine labs. Law enforcement reports the system is very helpful in methamphetamine investigations.

**State and Local Methamphetamine Clandestine Laboratory Responses,
CY 1994 - 2011* YTD**



*Calendar year 2011 through September 30

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

What Works

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

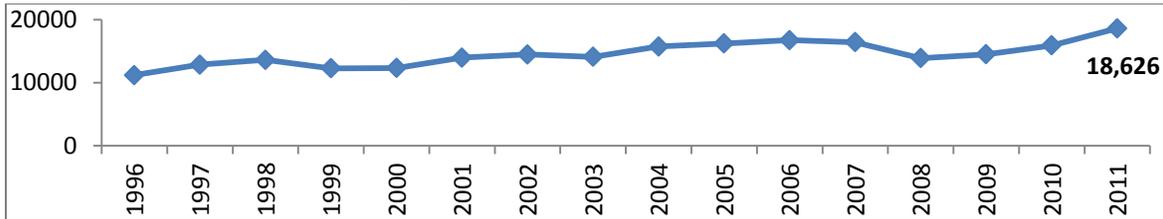
Current and Proposed Strategies

- Support 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 agencies
- Promote the use of the Environmental Protection Agency’s voluntary meth lab cleanup guidelines
- Provide education on new meth production techniques to retailers and the public
- Support training to local agencies to respond to clandestine drug laboratories

Reduce the number of treatment admissions for substances other than alcohol

Appropriate and effective substance abuse treatment is essential in breaking the cycle of addiction and the associated public safety, public health and societal dysfunctions. Few people enter substance abuse treatment without pressure from family members or sanctions from authority figures such as employers or criminal justice officials. For many illicit drug users an arrest is the first step in a long process of recovery and habilitation. In Iowa, more than half of the clients screened/admitted to substance abuse treatment are referred by the criminal justice system. Drug Task Forces play a key role in getting more Iowa drug offenders into treatment. In Iowa counties where there is active drug task force coverage, 45% more treatment admissions are made via the criminal justice system than in counties without task forces. There is an average 6.17 treatment admissions per 1,000 in population via the criminal justice system in task force covered counties versus only 4.26 treatment admissions per 1,000 in population in non-covered counties.

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



Source: [Iowa Department of Public Health, Division of Behavioral Health](#) – FY 1996-2011 SARS/I-SMART

What Works

Initiatives that work to change treatment admission numbers for drugs (other than alcohol) in Iowa include: multi-jurisdictional drug enforcement task forces; coordinating intelligence collection, analysis and sharing; zero tolerance drug enforcement; jail-based treatment; drug courts; intensive supervision coupled with treatment; access to recovery; and prescription drug take-back events.

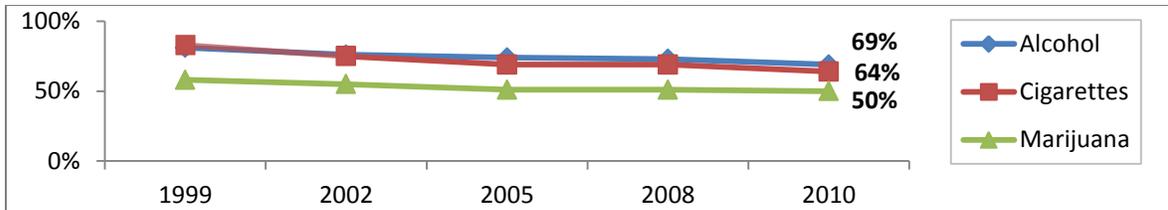
Current and Proposed Strategies

- Increase utilization of adult and family drug court programs throughout the state
- Promote community-based substance abuse treatment
- Promote jail-based treatment programs for substance abusers
- Promote the referral of substance abusers to treatment by social services and health providers before they become involved in the criminal justice system

Reduce the ease of access to cigarettes, alcohol, and marijuana for Iowa’s youth population

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 1999, 81% of 11th graders thought it would be “easy” or “very easy” to get alcohol, compared to 69% in 2010. Ease of access is a key factor in youth substance abuse.

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



Source: [Iowa Youth Survey](#) – 1999 through 2010

What Works

Initiatives that work to reduce the perceived ease of access to cigarettes, alcohol and marijuana by Iowa youth include: schools implementing evidence-based substance abuse prevention programming; increasing the awareness of, and access to, prevention programming and information; reducing youth access to alcohol and tobacco; programming that is relevant to the

target population; cross training among multiple disciplines to enhance understanding and involvement in prevention; a credible, culturally competent and sustainable prevention workforce; aligning with the national strategic prevention framework on assessment, capacity building, planning, implementation, and evaluation; community coalitions involving multiple sectors; mentoring programs; evidence-based parent education programs; parents, teachers and other influential adults as healthy role models; increased prices on alcohol and tobacco products; and the 21 year-old legal drinking age.

Current and Proposed Strategies

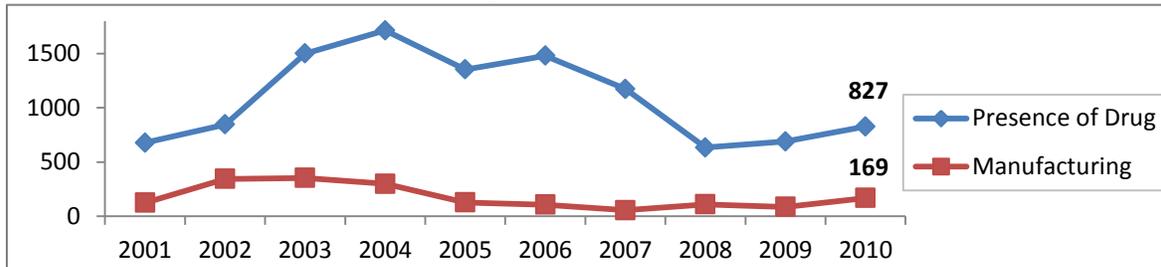
- Support community coalition, school-based, and statewide drug prevention efforts
- Assist school districts and communities in selecting the best evidence-based positive youth development programs and prevention in their target population
- Promote the Iowa Department of Public Health's efforts with the Learning Supports initiative
- Provide timely information on emerging drugs of abuse to law enforcement agencies, substance abuse prevention and treatment providers, and Iowa citizens
- Promote substance abuse prevention program training for community organizations
- Support the Iowa Department of Public Health's prevention needs assessment through data analysis
- Promote the Partnership at Drug-Free Iowa.org public service campaigns to empower caregivers to educate their kids about drugs and media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Support administration of the Iowa Youth Survey in 2012
- Resist efforts to legalize marijuana
- Support school staff and community partner efforts to help teams with planning and evaluation of prevention efforts at the local level

Reduce the number of confirmed or founded cases of child abuse related to the presence of an illegal drug in a child's body or manufacturing methamphetamine in the presence of a minor

In 2010, the presence of illegal drugs in a child's body and manufacturing methamphetamine in the presence of a minor accounted for 996 founded child abuse reports. When all denial of critical care, presence of illegal drugs in a child's body and manufacturing methamphetamine in the presence of a minor are combined, they represent over 86% of confirmed and founded child abuse cases in Iowa.

Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides the motivation for parents to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the cycle of addiction and abuse, which is often generational, creating a more positive trajectory for the children.

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: [Iowa Department of Human Services](#)

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

What Works

Initiatives that work to reduce child abuse cases involving methamphetamine labs and drugs in a child's body include: family drug treatment court; child welfare-substance abuse partnerships; community Partnerships for Protecting Children; drug testing; improved intake, screening, assessment and treatment for system involved clients; the Drug Endangered Children program; community-based follow-up and support services; substance abuse treatment; and parenting programs. There are many collaborative efforts in place in Iowa, as discussed in Appendix One.

Current and Proposed Strategies

- Support the adoption of Iowa's Drug Endangered Children model by new communities
- Support Moms Off Meth and Dads Against Drugs support groups
- Ensure drug testing of parents suspected of using in Child in Need of Assistance cases
- Test identified children for the presence of drugs in Child in Need of Assistance cases involving drug endangered children
- Promote the Iowa Department of Human Services' Community Partnership for Protecting Children Initiative
- Support training for professionals working with children so that they can better identify persons who are using illicit drugs or abusing alcohol
- Support programming with children who have begun using drugs or alcohol
- Promote family drug treatment court for addicted parents involved with in Child in Need of Assistance cases
- Promote healthcare professionals' utilization of the Prescription Monitoring Program

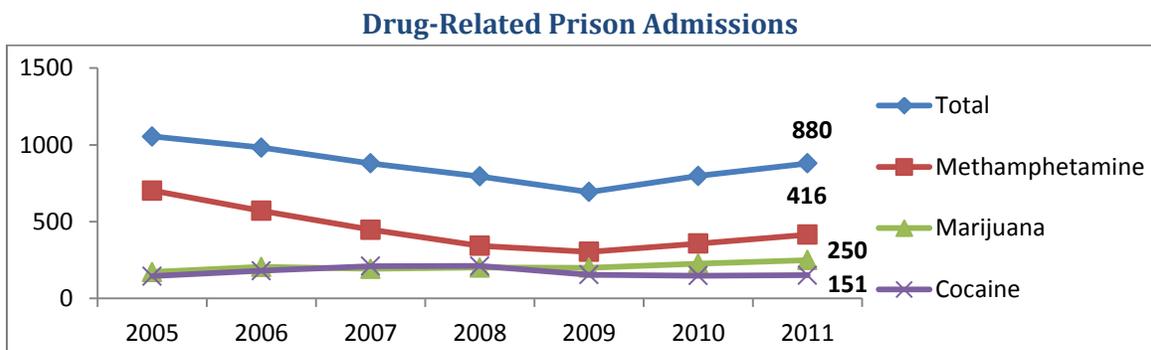


Chapter 3. Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

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

Reduce drug-related crime and associated prison admissions

According to the FY 2006 State Legislation Monitoring Report by the Iowa Department of Human Rights' Division of Criminal and Juvenile Justice Planning (CJJP), drug-related admissions constituted 32.2% of all prison admissions at their peak in 2004. FY 2005 saw the first reduction of drug-related prison admissions in a decade, and they continued to decline for five straight years. This reduction was largely driven by a sharp decline in methamphetamine cases after the implementation of Iowa's Pseudoephedrine Control Act in May 2005. However, with the rise in methamphetamine lab incidents has come a rise in methamphetamine-related prison admissions. In 2011, there were 880 people imprisoned on drug-related charges. Of those, 416 were methamphetamine-related.



Source: FY 2005-2011 [Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning](#)

What Works

Initiatives that work to reduce drug-related crime and associated prison admissions include: precursor controls; environmental prevention policies; drug courts; drug-free housing; intensive supervision coupled with treatment; diversion to treatment; long-term aftercare programming and wrap around services to reduce recidivism; prison to community transitional and re-entry

services; indicated prevention programs for at-risk youth; jail-based treatment; and drug task forces.

Current and Proposed Strategies

- Support Iowa's Pseudoephedrine Tracking System to enforce laws, prevent smurfing, and reduce meth labs
- Support jail-based drug treatment programs
- Increase utilization of drug courts and other programs to address the needs of offenders in each district
- Support early intervention programs for youth at risk for substance abuse and crime

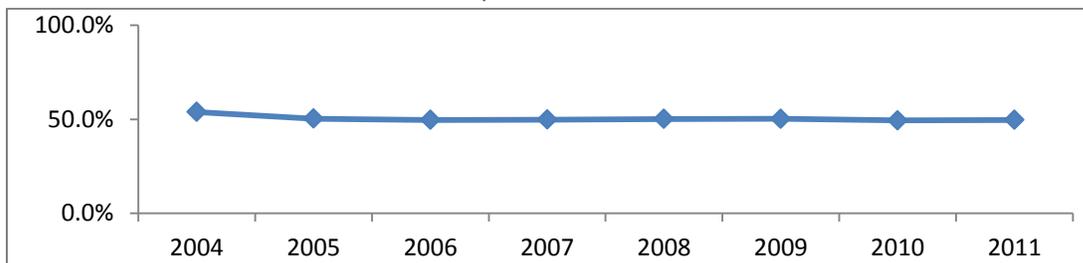
Increase the number of community-based offenders, with an identified substance abuse treatment need, who receive treatment

Studies have shown that substance abuse treatment reduces drug use and related crime. The Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Public Health, Division of Behavioral Health, conducts an annual outcomes evaluation of publicly funded drug treatment clients. Findings from the 2010 report include:

- 80% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 37% at treatment admission to 60% six months since discharge from treatment
- 57% of clients remained abstinent six months since their discharge from treatment

As the data demonstrate, all Iowans are safer when offenders returning into the community have completed substance abuse treatment. Unfortunately, approximately half of all community-based offenders who need treatment are not receiving it.

Percent of Community-Based Offenders with Identified Substance Abuse Treatment Needs, Who Have Received Treatment



Source: FY 2004-2011 [Iowa Department of Corrections](#)

What Works

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

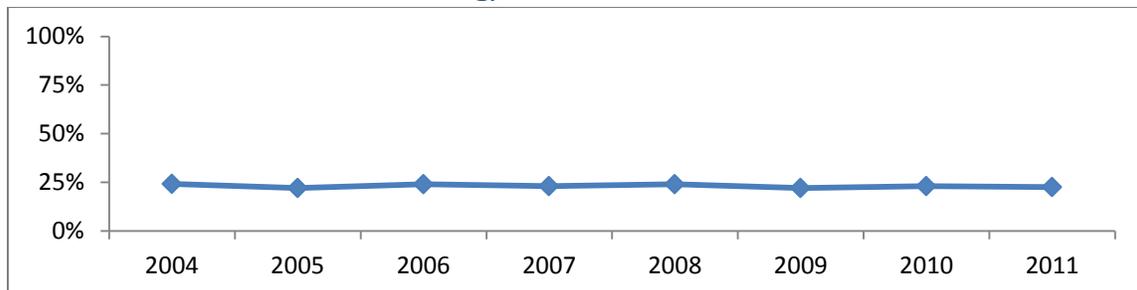
Current and Proposed Strategies

- Promote healthcare professionals' utilization of the Prescription Monitoring Program
- Study distance or electronic treatment programs for efficacy
- Support the Iowa Medical Classification Center's efforts to provide centralized substance abuse assessments
- Promote jail-based drug treatment programs for substance abusers
- Increase utilization of drug courts and other programs to address the needs of offenders in each district
- Support continuing care programs to support the return of offenders to the community after completion of prison-based treatment programs
- Support existing models facilitating re-entry of prison inmates into the community
- Support the effective management and treatment of dual diagnosis offenders

Reduce the number of probation/parole revocations in which a positive drug or alcohol test is a factor

Appropriate substance abuse treatment improves public safety, and tracking the number of probation/parole technical revocations due to substance use is an indicator of the quality of the treatment provided. People who are abusing alcohol and drugs are more inclined to commit crimes and pose a public safety threat. About 90% of prison inmates abuse alcohol and/or drugs. Treatment works, but not all who need it receive it. In addition, not all treatment is created equal. The treatment strategy goes a long way toward predicting future relapse and recidivism.

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



Source: FY 2004-2011 [Iowa Department of Corrections](#)

What Works

Initiatives that work to reduce relapse and recidivism (as shown by the number of probation/parole revocations in which a positive drug or alcohol test was a factor) include: best practices in treatment; longer treatment regimens (up to 12 months); individualized treatment plans; family involvement; and faith-based treatment.

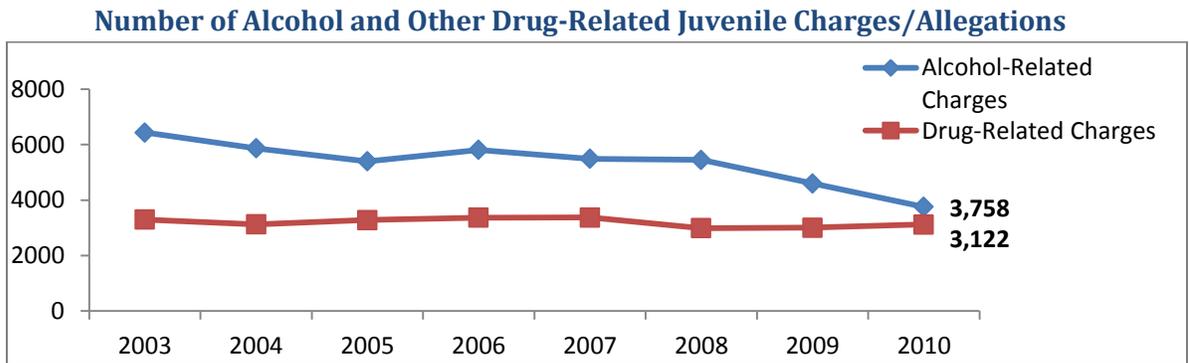
Current and Proposed Strategies

- Review outcomes data of offender rehabilitation programs, and support correctional program assessment inventory audits of these programs to ensure their effectiveness
- Study distance or electronic treatment programs for their efficacy
- Promote healthcare professionals' utilization of the Prescription Monitoring Program
- Resist efforts to legalize marijuana

- Support manageable caseloads for probation officers
- Support structured, long-term transitional housing for released addicted offenders

Reduce the number of juvenile alcohol or 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 drug use or drinking. The adolescent brain is especially vulnerable to addiction. In 2010, 6,880 Iowa youth were charged with alcohol or drug-related crimes, such as OWI, possession, distribution, or supplying to a minor. These OWI and drug-related charges make up approximately 25% of all juvenile charges and allegations. The State Training School at Eldora and the Iowa Juvenile Home at Toledo provide highly structured, restrictive environments to assist teenagers who are adjudicated as delinquents or children in need of assistance (CINA). In FY 2010, 69.5% of the youth at the State Training School were in need of substance abuse treatment. The average age of admittance was 16.55 years and the average length of stay was 8.6 months.



Source: CY 2003 - 2010, [Iowa Justice Data Warehouse](#)

What Works

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

Current and Proposed Strategies

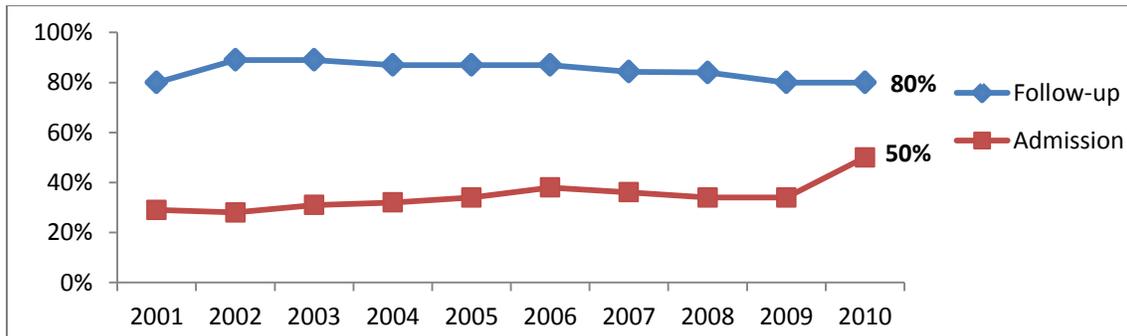
- Support youth-to-youth and adult-to-youth mentoring
- Support training to mentors on prevention programs and how to implement them
- Support media campaigns by the Partnership at Drug-Free Iowa.org to modify views, correct misconceptions, and empower caregivers to talk with their children
- Resist attempts to legalize marijuana
- Support substance abuse intervention programs

- 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

Over half of treatment clients who participated in the Year Thirteen Outcomes Monitoring Study had arrests prior to treatment. But, six months after treatment, over 80% of clients had no arrests. Substance abuse treatment can be successful. But there are factors that can increase the effectiveness of treatment. The client must first be motivated to complete the program. Length of treatment is also an indicator of success. Treatment providers must seek a comprehensive understanding of their clients and their drugs of choice. Treatment must be comprehensive and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and, has a long-term positive impact on the addict, his or her family and friends, and the community-at-large.

Percent of Treatment Clients with No Arrests Six Months Post Treatment



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

What Works

Initiatives that work to reduce recidivism (as shown by the percent of treatment clients with no arrests six months after treatment discharge) include: drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system; individualized treatment plans; motivational interviewing case management; early identification; aftercare services; retention in treatment – longer stays produce better outcomes; drug courts; family education and involvement; and “housing first” without requiring people to be substance free.

Current and Proposed Strategies

- Support implementation of evidence-based treatment best practices
- Study distance or electronic treatment programs for their efficacy
- Promote healthcare professionals' utilization of the Prescription Monitoring Program
- Support efforts for early identification of substance abuse 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
- Promote the Iowa Department of Public Health's Access to Recovery services to more Iowans



Conclusion

The Iowa Drug Control Strategy serves as a comprehensive blueprint for coordinated state and local substance abuse prevention, treatment, and drug enforcement actions. It allows us to assess current trends, needs, and efforts and plan for the future. The strategy is comprised of a balanced and broad range of initiatives, including efforts to make Iowans healthy and drug-free, to safeguard Iowa communities from illegal drugs, and to break the cycle of drug use and crime. The overarching goal of this annual strategy is to set out a means whereby we may achieve a future with safer and healthier individuals and communities.

Many positive trends are occurring in Iowa, specifically with Iowa youth. According to the National Survey on Drug Use and Health, Iowa has the lowest rate of illicit drug use in the country. However, we cannot escape the reality that some Iowans still have an unhealthy appetite for drugs and alcohol.

The newest and fastest growing form of substance abuse in Iowa involves prescription medicines. These substances are legal and easily accessible, often from home medicine cabinets. Teenagers tend to view these drugs as “safe,” and many parents are not yet aware of their potential for abuse. Some obtain these drugs by doctor-shopping and forging providers’ prescriptions. ODCP will soon release a report dealing with this problem, including specific steps our state should take to address this emerging issue.

Another new threat to the health and safety of Iowans is the availability of synthetic designer drugs. Although marketed as incense or bath salts, these substances are actually dangerous psychoactive drugs that have harmed many. Governor Branstad signed legislation making a number of the synthetic cannabinoids and cathinones illegal in 2011 and ODCP will ask the Iowa Legislature in 2012 to add more chemical substances to this list.

Although we’ve gained ground combating methamphetamine, much work remains. The number of laboratories is on the upswing; but is nowhere near the high water mark in 2004. The state’s pseudoephedrine tracking system has shown itself to be an effective tool in identifying those who assist in manufacturing methamphetamine. Marijuana continues to be the most abused illicit drug in Iowa. Alcohol continues to be the most abused and denied substance abuse problem in Iowa. The latest data show alcohol consumption is on the rise; but the trends for grade 11 students’ use of alcohol, tobacco, and marijuana continue downward.

Alcohol clearly continues to be the most abused and denied substance abuse problem in Iowa. The latest data show alcohol consumption is on the rise; but the trends for grade 11 students’ use of alcohol, tobacco, and marijuana continue downward. Marijuana continues to be the most abused illicit drug in Iowa.

Conclusion

As the list of mood-altering, and potentially dangerous, substances available to lowans grows, so too, it appears, does the abuse of drugs other than alcohol. Prescription and over-the-counter medicines, in combination with new synthetic designer drugs (e.g., K2 and bath salts) and existing illicit drugs present new temptations for abuse and expanding challenges for dealing with them.

Drug and alcohol abuse and addiction will never be completely eradicated in our state. So like the grade-school teacher who teaches the same skills to new students each year, so must we teach our children about the danger of addictive substances, treat those who suffer addictions, and control the substances that so easily addict. We must continue to build on our successes in order to address current and emerging issues in a manner that anticipates and adapts to changing substances and conditions.

Working together in prevention, treatment, and enforcement will strengthen our efforts as we face current and future drug 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 Evidence-Based Programs and Promising Innovations

The following summary includes some, but not all, of the evidence-based practices and promising innovations that make it possible to execute the Iowa Drug Control Strategy.

Access to Recovery (ATR): The Iowa Department of Public Health has received a second federal grant to make substance abuse treatment and related support services more accessible to nearly 10,000 Iowans over the next four years.

Community Coalitions: Coalitions have been shown to be effective in reducing alcohol and other drug use among youth and adults in their communities. These formal 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 anti-drug coalitions focus on improving systems and environments. Iowa has several community coalitions, 19 of which receive federal Drug-Free Communities Support Program grants and two that receive funding to mentor new grantees. The Iowa Alliance of Coalitions for Change (AC4C) was established to promote greater networking and coordination among community coalitions.

Drug Court: Sometimes described as “help with a hammer,” Iowa Drug Courts provide drug-addicted offenders intensive community-based treatment and supervision as a less costly alternative to incarceration. If offenders don’t stay drug-free during the program, they can be sent to jail. A recent study by the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning, shows adult drug courts with judicial supervision appear to be the most effective model in Iowa. Currently, Iowa counties served by drug courts include Blackhawk, Dubuque, and Delaware in the 1st Judicial District; Woodbury, Plymouth, and Clay in the 3rd Judicial District; Harrison, Shelby, Audubon, Pottawattamie, Cass, Mills, Montgomery, Fremont, and Page in the 4th Judicial District; Polk in the 5th Judicial District; Scott in the 7th Judicial District; and Des Moines, Washington, Lee, Van Buren, Henry, Louisa, Appanoose, Monroe, Wapello, Davis, Jefferson, Mahaska, Keokuk, and Poweshiek in the 8th Judicial District. The Judicial Branch, working with the Department of Human Services and a federal grant has established Family Drug Treatment Courts in Iowa, to engage drug-affected families in supervised treatment and protect children. Currently Family Drug Treatment Courts are serving seven Iowa counties including Scott, Wapello, Linn, Polk, Cherokee, Ida, and Woodbury.

Drug Enforcement: Iowa’s multi-jurisdictional Drug Enforcement Task Forces often are the first line of defense against drug-related activities in Iowa communities. There are 20 established task forces covering 69 of Iowa’s 99 counties. Local police and sheriffs’ offices work in coordination with the Iowa Department of Public Safety’s Division of Narcotics Enforcement

Appendix One: Current Evidence-Based Programs and Promising Innovations

and federal agencies. While the primary mission of Drug Task Forces is public safety through drug enforcement, data show they also play a major role in getting more drug-addicted offenders into treatment. There are 45% more treatment admissions that occur via the criminal justice system in counties that are covered by drug task forces than those that are not.

Iowa Alliance for Drug Endangered Children (DEC): The DEC initiative incorporates the principals of substance abuse prevention, intervention, treatment, child protection, prosecution, and drug enforcement to protect children from drug users, dealers and manufacturers. To date Iowa has 12 active, local, multi-disciplinary DEC teams that have mobilized to put safeguards in place for children in their communities. We also have two emerging DEC teams, and according to a survey conducted in August 2011, 37 law enforcement agencies in the state report performing core DEC functions such as coordinating with DHS for the safe removal of children, collecting evidence, and working with county attorneys to file charges.

Iowa Prescription Monitoring Program (PMP): Though relatively new, the Iowa Pharmacy Board's PMP has the potential to be the prescription drug equivalent of an air traffic control system, allowing physicians, pharmacists and other health care providers to provide better patient care by coordinating the fast growing number of medicines being prescribed for individuals. Only 17% of prescribers, such as physicians, have registered for access to the PMP. Pharmacists are required to submit data, but not to consult the PMP when filling a prescription. It appears that suspected doctor shopping is down, but could decrease even more as more prescribers and pharmacists fully utilize the PMP.

Media Education and Literacy Campaigns: Media messages can influence knowledge, attitudes and ultimately behavior. 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 reduce substance abuse. New techniques are called for to help prevent youth alcohol and drug abuse in Iowa. One promising innovation, beginning in 2011 by the Partnership at Drug-Free Iowa.org, is a media education/literacy initiative, to help young Iowans decode advertising and other media messages, so they better understand the motives and purposes behind the messages, and can make healthier choices.

Methamphetamine Lab Education: Aggressive efforts are called for to prevent methamphetamine lab injuries by educating Iowans on the "one-pot" and "shake-and-bake" labs, as well as future evolutions of this problem. Primary targets for education include: retailers, landlords, tenants, parent groups, youth groups and civic organizations.

Methamphetamine Precursor Controls: As a combination prevention and drug enforcement response, legislation regulating key ingredients used to make methamphetamine have proven successful in reducing Iowa meth labs by 88% in three years. However, with a rise in meth labs, implementation of the Pseudoephedrine Tracking System in 2010 will strengthen these efforts.

Appendix One: Current Evidence-Based Programs and Promising Innovations

Offender Reentry: A seamless transition from the confines of prison to a much less structured community-based environment better prepares offenders to manage their lives in a pro-social, and law-abiding, manner without correctional supervision. Iowa Department of Corrections (DOC) reentry programs may address a number of areas, including job training, education, mentoring, substance abuse and mental health treatment, family-based services, literacy classes, housing and employment assistance. The goal of these programs is to improve public safety, reduce recidivism and lower criminal justice system costs. DOC and the 2nd Judicial District both have reentry programs; 1st and 6th Judicial Districts have reentry courts.

Prescription Medicine Take-Back Events: This type of prevention activity is taking place in a growing number of Iowa communities, in which coalitions involving state and local law enforcement, the Drug Enforcement Administration, and Iowa pharmacies, offer citizens a convenient and effective way to help reduce prescription drug abuse and protect the environment. Medicine cabinets are a leading source of prescription drugs that are abused. By removing outdated and unused medicines from homes and taking them to special disposal sites, the risk of abuse and environmental contamination is reduced.

Reducing youth access to tobacco: Environmental prevention strategies, such as the Iowa Smoke-free Air Act and a higher tobacco tax, have contributed to a reduction in youth smoking.

Strategic Prevention Framework State Incentive Grant (SPF SIG): SPF SIG is a five-step process which assists states in developing a comprehensive plan for prevention infrastructure and supports selected local communities in implementing effective programs, policies and practices to reduce substance abuse and its related problems. The Iowa Department of Public Health has implemented a strategic plan with two priorities: reducing underage alcohol use and reducing adult binge drinking.

Substance Abuse and Mental Health Treatment: Treatment works to reduce relapse and re-arrest and increase employment, and is less costly than incarceration. Specialized treatment and aftercare services, including Jail-Based Treatment have proven effective. Treatment of Department of Corrections' offenders prior to and/or after their release from prison can also help them reenter the community as a drug-free, law-abiding and productive resident.

Substance Abuse Prevention: Preventing substance abuse spans the entire life cycle of humans, beginning with proper prenatal care and abstinence from substances of abuse to proper medication management by older adults and everything in between. A wide array of prevention programming customized for delivery in schools, businesses and communities helps stop risky behavior by Iowa youth before it starts and can reduce misuse of drugs by adult Iowans. Often facilitated by prevention professionals, parents and other adult influencers can also play a role in the lives of youth, while an employer or spouse may be the person who influences an adult. While it's often difficult to measure actions that are prevented, the Iowa Youth Survey shows youth alcohol, tobacco and other drug use has declined steadily over the last decade, and Iowa has one of the lowest rates of substance abuse in the nation.



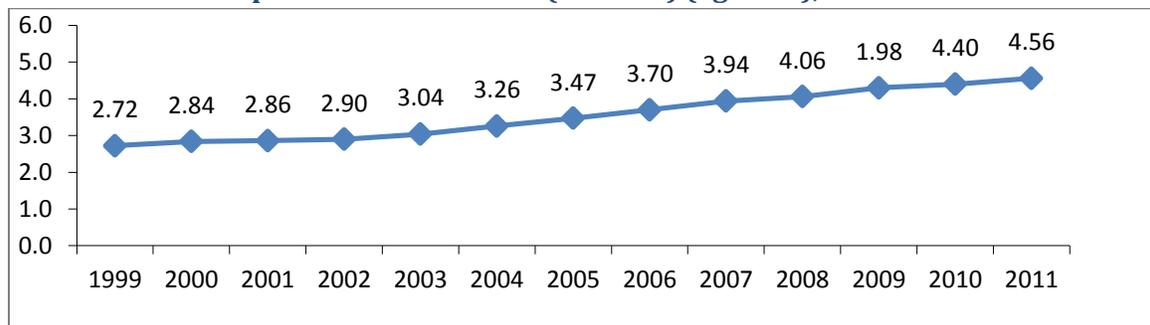
Appendix Two: Drug Use Profile

Alcohol Use/Abuse

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

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

Distilled Spirits Sales in Gallons (Millions) (age 21+), SFY 1998 - 2011



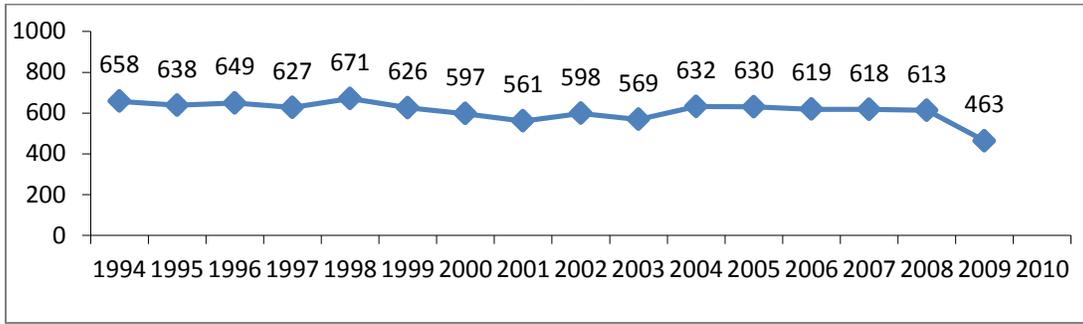
Source: [Iowa Department of Commerce, Alcoholic Beverages Division](#)

This figure displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of millions of gallons of distilled spirits within the State of Iowa, and represents by inference the consumption of those beverages by adult Iowans. It also indicates that since 1998 alcohol consumption has steadily increased (67.6% over the past twelve years) reaching its current high of 4.56 million gallons in FY 2011. This translates to the average Iowan, over the age of 21, consuming a total of 2.14 gallons of distilled spirits in one year, in addition to 1.86 gallons of wine and 37.2 gallons of beer.

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

Appendix Two: Drug Use Profile

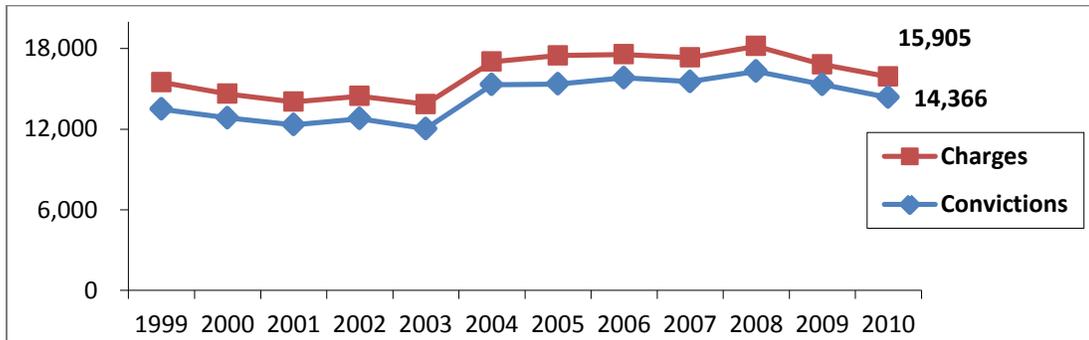
OWI Arrest Rate/100,000 Population, CY 1994 - 2010



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

During the period of calendar years 1994 - 2010, more arrests were made in Iowa for Operating While Intoxicated (OWI) than for any other single criminal offense. The OWI arrest rate has remained consistently high for over 15 years.

Reported Number of OWI Charges Disposed and Number of OWI Convictions, CY 1999 - 2010



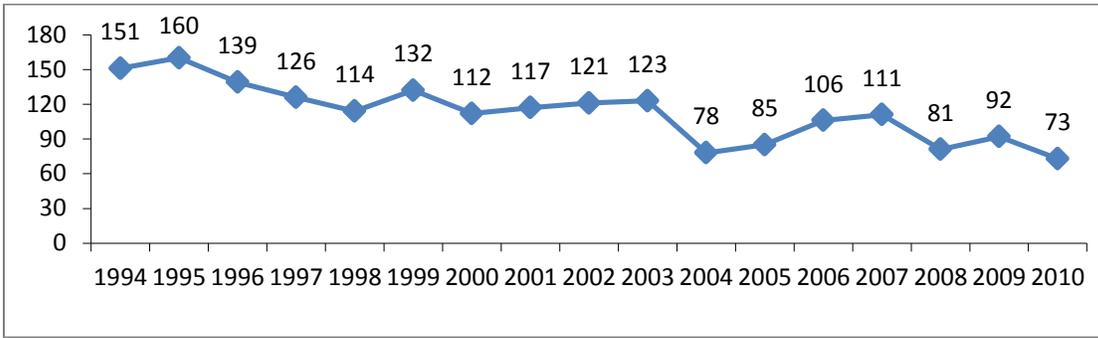
Source: [Division of Criminal and Juvenile Justice Planning](#)

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

Clerk of Court data compiled by the Division of Criminal and Juvenile Justice Planning (CJJP) indicates that both the number of OWI charges 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. In 2010, OWI represented 19.4% of the charges disposed and 28.7% of the overall convictions for serious misdemeanors and above.

Appendix Two: Drug Use Profile

Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 - 2010

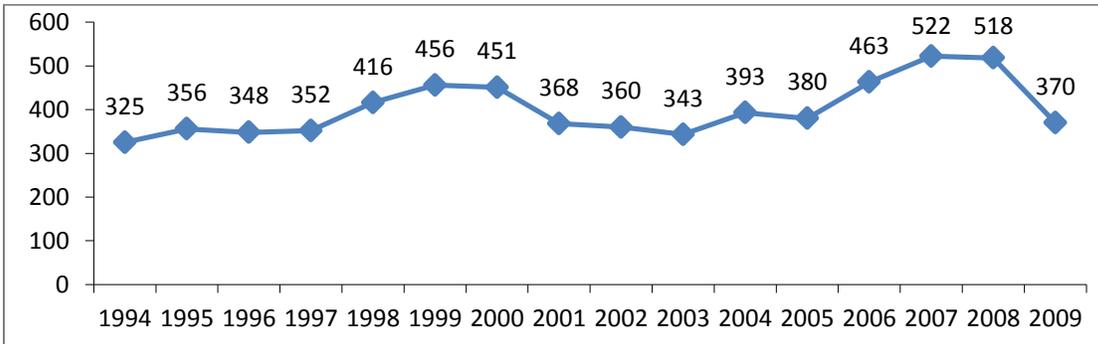


Source: [Iowa Department of Public Safety](#)

Alcohol related motor vehicle fatalities reported by the Iowa Department of Public Safety, Governor’s Traffic Safety Bureau (GTSB), have varied significantly over the reporting period. However, in 2010, the GTSB reported the lowest number of alcohol-related fatalities in our state’s history.

An examination of the rates for reported arrests for drunkenness (public intoxication) reveals that following several years of decline, the record high occurred in 2007. The rate has decreased again since.

Drunkenness Arrest Rate/100,000 Population, CY 1994 - 2009



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

The Iowa Department of Public Health (IDPH) Division of Behavioral Health requires all licensed substance abuse treatment providers to report data on services provided through the SARS/I-SMART data system. Among other things, the system is capable of tracking the number of clients served, along with the drug(s) of choice and post-treatment outcome measures.

Appendix Two: Drug Use Profile

Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 2011

Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	1,166 (28.3%)	25,330 (57.6%)	55.2%
Marijuana	2,672 (64.9%)	9,703 (22.1%)	25.7%
Methamphetamine	59 (1.4%)	4,568 (10.4%)	9.6%
Cocaine/Crack	14 (0.3%)	911 (2.1%)	1.9%
Other/Unknown	207 (5.1%)	3,444 (7.8%)	7.6%
Total			100 %

Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2011

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85.0%	7.0%	1.0%	5.0%	0.5%	1.5%	22,471
1993	82.0%	9.0%	1.3%	5.0%	0.7%	2.0%	22,567
1994	78.0%	11.0%	2.2%	6.0%	0.8%	4.0%	25,328
1995	69.0%	14.3%	7.3%	6.0%	0.7%	2.7%	29,377
1996	64.0%	18.1%	9.1%	6.0%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60.0%	20.0%	12.0%	6.0%	0.5%	1.5%	38,347
1999	63.0%	20.0%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	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

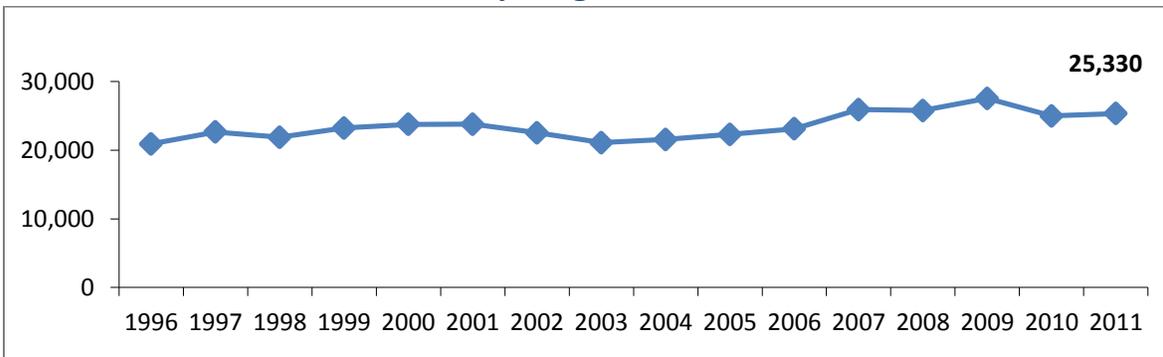
*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.

Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Appendix Two: Drug Use Profile

According to the I-SMART substance abuse data system, the number of clients screened/admitted for substance abuse treatment in Iowa remains high. IDPH reported 47,974 clients screened/admitted in FY 2011, more than double the number 19 years ago, and the highest number of clients ever admitted. The percent of clients with a primary substance of alcohol reached an all-time low of 55.2% in 2011, while the percent of marijuana clients reached an all-time high of 25.7%. Meth admissions are back on the rise, up to 9.6%. Crack/cocaine admissions reached an all-time low of 1.9%, while heroin admissions reached an all-time high of .9%. The “other or unknown” category of admissions includes inhalants, synthetics, prescription drugs, other opiates, and unknown drugs. This category reached an all-time high in 2011 at 6.7%.

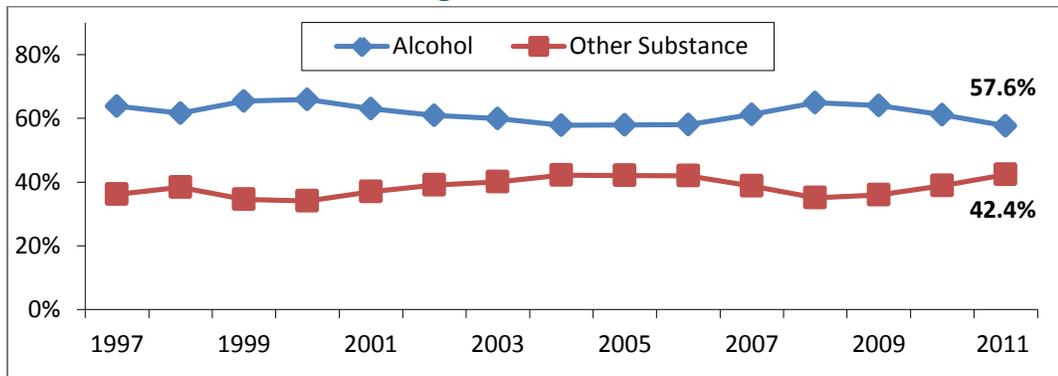
The Number of Adult Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 - 2011



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

IDPH data show that alcohol remains by far the number one substance of abuse in Iowa. The data indicate that the number of adults screened or seeking substance abuse treatment with a reported primary substance of alcohol increased 30.5% from 2003 to 2009. More people were screened and/or admitted for alcohol in 2009 than any other year since 1992.

Primary Substance of Abuse for Adults Screened/Admitted to Substance Abuse Treatment Programs, SFY 1997 - 2011



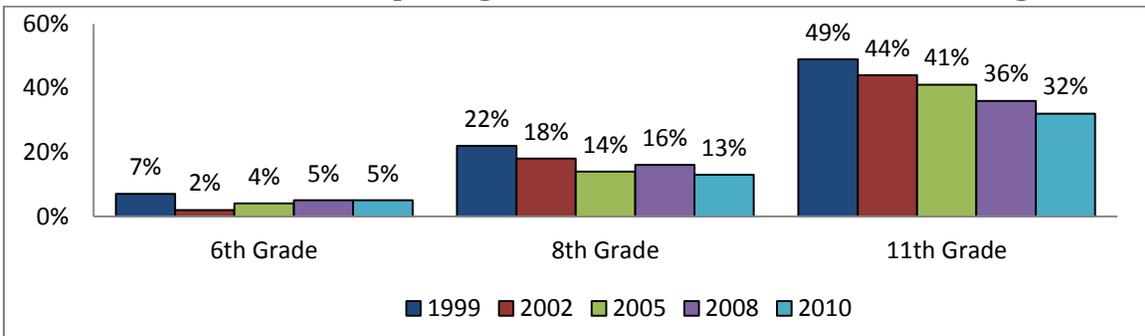
Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Appendix Two: Drug Use Profile

Adverse societal consequences resulting from the use of alcohol are not limited to criminal acts based solely and directly on excess consumption, such as OWI and drunkenness. A number of studies have found that alcohol is considered a contributing factor in the commission of a variety of other criminal offenses.

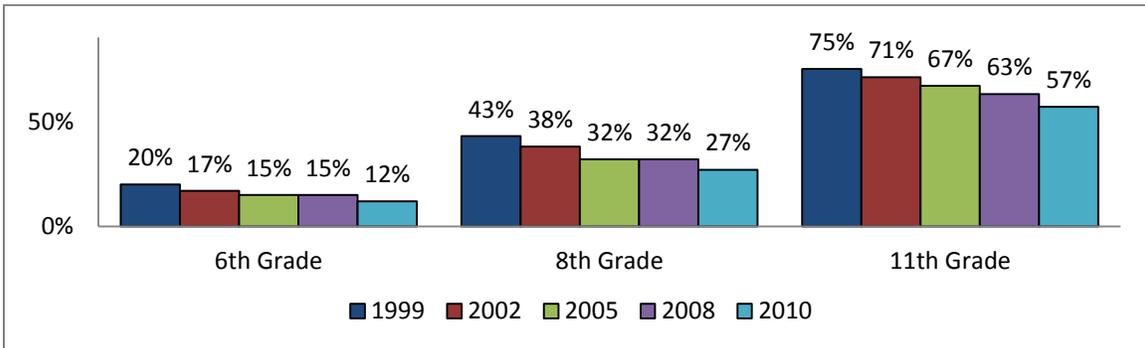
Although some of the data indicate a decrease in occurrence, alcohol remains the primary substance of abuse by adults in Iowa. The level of alcohol consumption within the state increased slowly over the past thirteen years. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains disproportionately high. The number of OWI arrests and OWI court arbitrations continue to burden the court system, representing 28.7% of the convictions for indictable misdemeanors and felonies.

Percent of Students Self-Reporting the Current Use of Alcohol, 1999 through 2010



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

Percent of Students Self-Reporting Ever Having Used Alcohol, 1999 through 2010

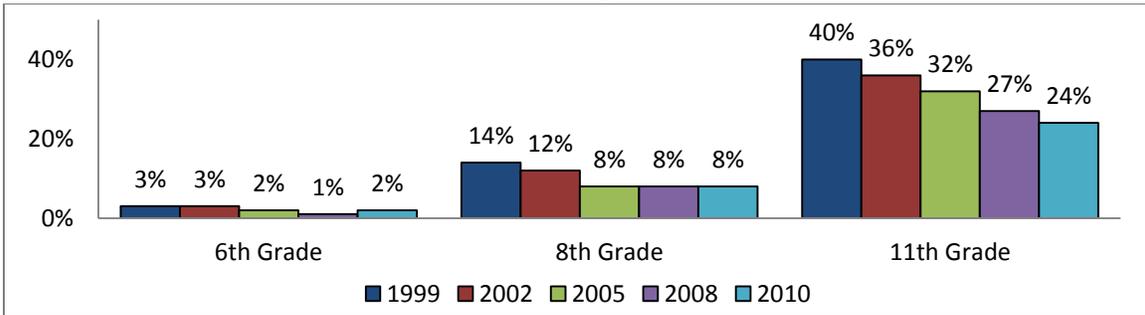


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2010 nearly one third (32%) 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 or remain relatively steady.

Appendix Two: Drug Use Profile

Percent of Students Self-Reporting Current Binge Drinking, 1999 through 2010

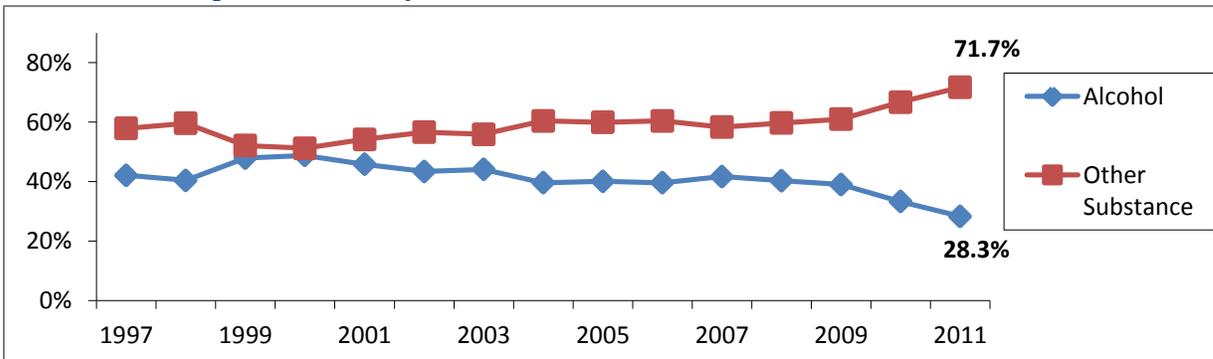


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Current (over the 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, over one quarter of 11th graders reported binge drinking in the past month in the 2008 survey. Iowa also reports a higher binge drinking rate among youth than the national rate. According to the 2009 National Survey on Drug Use and Health (NSDUH) data, 17% of 16-17 year olds nationally reported binge drinking within the past thirty days, versus 27% of 11th graders in Iowa. This finding mirrors Iowa’s above average binge drinking rate among adults.

The IDPH, Division of Behavioral Health, SARS/I-SMART substance abuse reporting system data report the primary substance of abuse for all screens/admissions to substance abuse treatment programs, including those of youths. Unlike the adult population, youth screens/admissions with alcohol identified as the primary substance of abuse make up only 28.3% of the total.

Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1997 – 2011

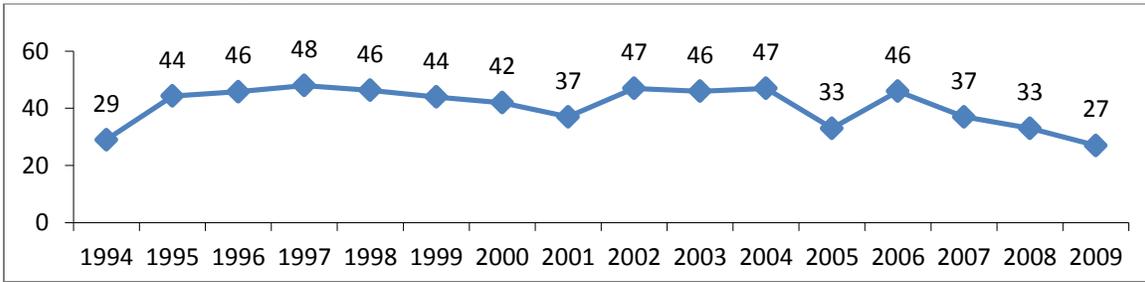


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

For the fifteen-year reporting period, juvenile OWI arrest rates have ranged from 27 to 48 per 100,000 in population. Reports for the past four years have shown a decline, to a low of 27.

Appendix Two: Drug Use Profile

Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2009



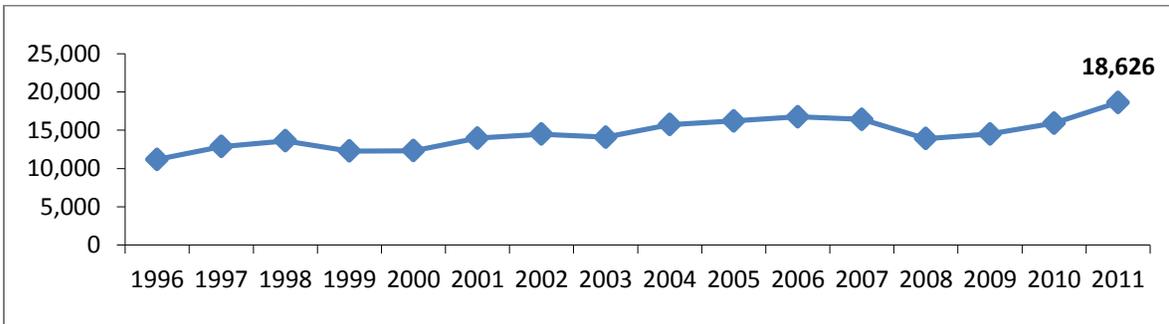
Source: [Iowa Department of Public Safety](#)

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

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

One indicator of illegal drug use in Iowa is the number of adults seeking substance abuse treatment for a primary substance of abuse other than alcohol. This number has continued to rise over the past eighteen years, and reached a new high in 2011.

Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2011

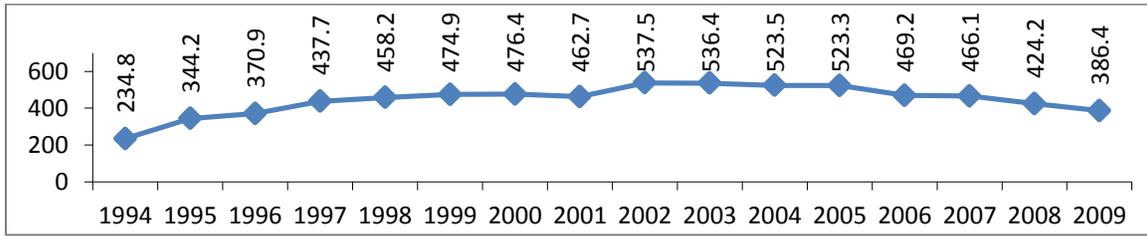


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Another indicator is derived from data collected by the Department of Public Safety relative to the adjusted arrest rate per 100,000 in population for drug related offenses. While a slight reduction was reported in each of the past six years, the arrest rate for drug offenses remains far higher than the rate reported by DPS in 1994.

Appendix Two: Drug Use Profile

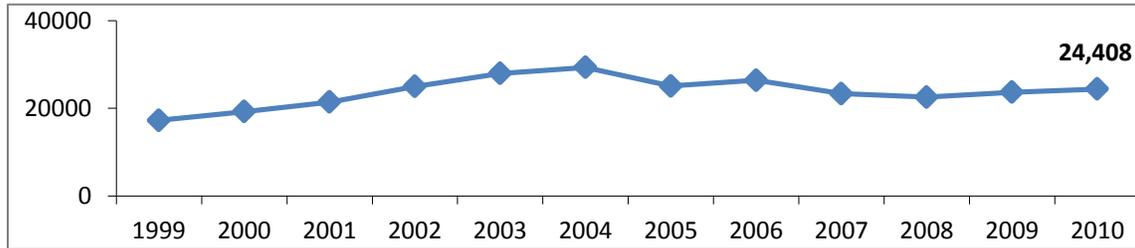
Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 - 2009



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

Data collected by the Division of Criminal and Juvenile Justice Planning illustrate two additional facets of the trends in substance abuse as they relate to Iowa's District Court System. These data are displayed in the figures below, and include indictable misdemeanors and felonies.

Drug Charges Disposed, CY 1999 - 2010



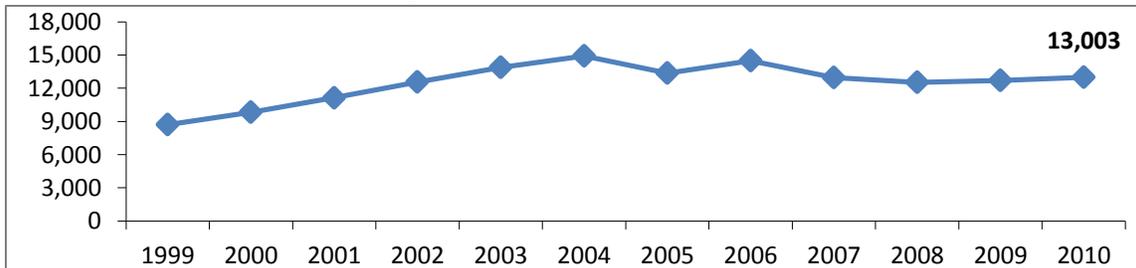
Source: [Criminal and Juvenile Justice Planning](#)

**Charges and convictions do not include cases which 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.*

The number of indictable drug charges disposed by the Iowa District Court peaked in 2004 and has varied since. However, it is important to note that this number is back on the rise.

Drug related convictions have followed the same trend. Drug cases constitute a significant proportion of the court docket in Iowa, representing 29.8% of the charges and 25.9% of the convictions in CY 2010.

Drug Convictions, CY 1999 - 2010



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

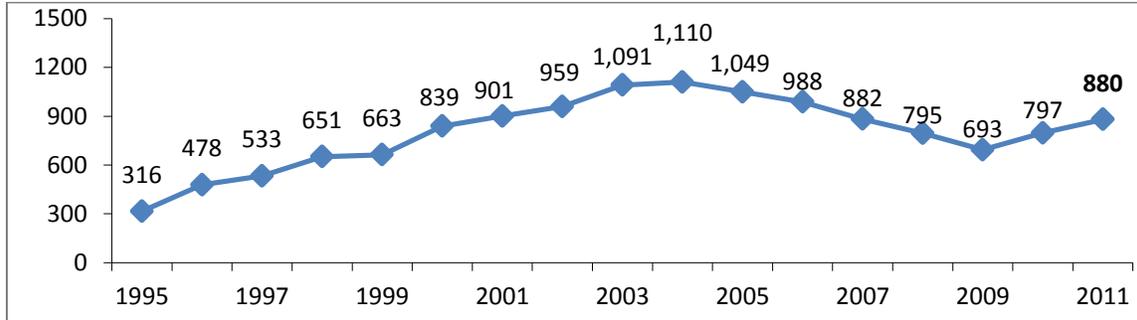
Another indicator of the levels of use and abuse of drugs can be found in drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning. This data shows a 248% increase in drug-related prison admissions from 1995 to 2004. Beginning in 2005, drug

Appendix Two: Drug Use Profile

related prison admissions began to decline largely due to a drop in methamphetamine-related admissions, which was driven by a decline in methamphetamine lab incidents. However, with a recent resurgence of methamphetamine lab incidents, drug-related prison admissions are again on the rise.

It should be noted that data in this section does not include alcohol. As the most abused substance in Iowa, including alcohol would significantly increase these figures.

Drug-Related Prison Admissions, FY 1995 – 2011



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

The data in this figure relate to the number of offenders admitted to prison with a drug offense as their lead charge. In a study conducted by the Mid-Eastern Council on Chemical Abuse for the Iowa Department of Corrections, over 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2011, the Department of Corrections provided substance abuse treatment to only 52.4% of the addicted custodial inmates and 49.6% of the addicted offenders in community corrections.

**Department of Corrections Institutional and Community-Based
Substance Abuse Treatment FY 2003 – FY 2011**

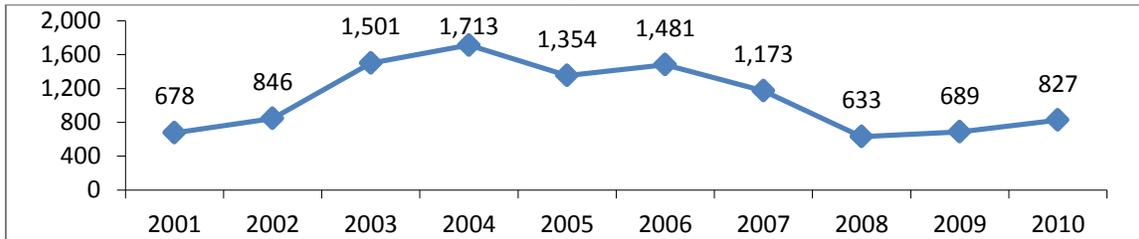
	2003	2004	2005	2006	2007	2008	2009	2010	2011
Institutions									
Inmates in need of treatment	3,556	4,074	4,369	4,713	4,374	4,441	4,440	3,887	3,903
Inmates who received treatment	2,279	2,646	2,669	2,936	2,618	2,615	2,535	2,235	2,046
Percent	64%	64.9%	61.1%	62.3%	59.9%	58.9%	57.1%	57.5%	52.4%
Community Corrections									
Clients in need of treatment	8,762	10,299	11,920	12,650	12,921	13,047	12,434	12,509	11,660
Clients who received treatment	4,734	5,413	5,855	6,201	6,367	6,315	6,243	6,176	5,782
Percent	54.0%	52.6%	49.1%	49.0%	49.3%	48.4%	50.2%	49.4%	49.6%

Source: [Iowa Department of Corrections](#)

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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 the number of confirmed or founded child abuse cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child.

Confirmed or Founded Child Abuse Involving the Presence of Illegal Drugs in a Child's Body CY 2001 - 2010



Source: [Department of Human Services](#)

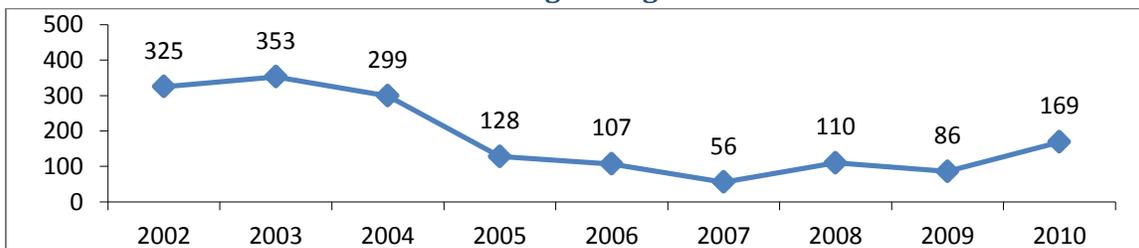
**Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years in this chart show only Confirmed cases.*

**Beginning in 2008 DHS began drug testing fewer children (see below).*

The number of confirmed or founded child abuse cases involving the presence of illegal drugs in a child's body rose sharply from 2001 to 2004. In the years since, the number of reported cases has varied. In 2008, DHS discontinued the practice of testing all children for the presence of drugs, which may account for some of the significant drop in numbers.

While a relatively new measure, the number of confirmed or founded child abuse cases involving a caretaker's manufacturing of illegal drugs, specifically methamphetamine, decreased from 2003 to 2007. This number, like other methamphetamine statistics, was driven down by the reduction in methamphetamine labs across the State. However, along with the recent resurgence in methamphetamine lab incidents, the number of children affected by methamphetamine labs has also risen.

Confirmed or Founded Child Abuse Involving Caretaker's Manufacture of Illegal Drugs CY 2002-2010



Source: [Department of Human Services](#)

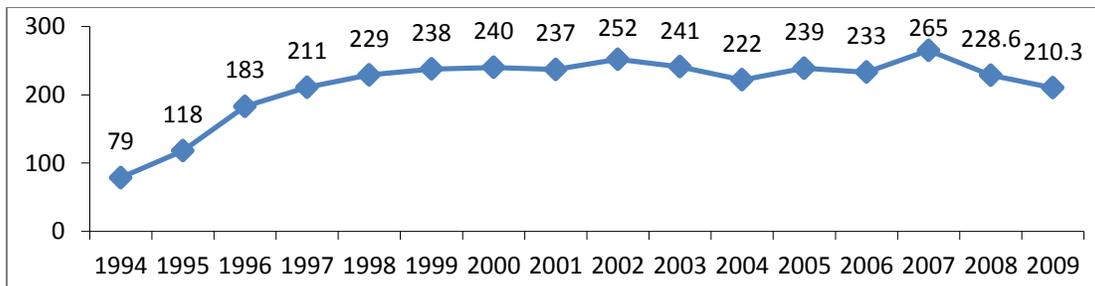
**Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years this chart show only Confirmed cases.*

Appendix Two: Drug Use Profile

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.

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 in population in 1994 to a record 265 per 100,000 in 2007, an increase of 235% for that period.

**Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses,
CY 1994 - 2009**



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

Prescription and Over the Counter Medications

The newest, and fastest growing, form of substance abuse by Iowans involves prescription and over-the-counter medicines. Teenagers tend to view these drugs as “safe,” and many parents are not yet aware of their potential for abuse. Stories of teens sharing pills to get high are increasingly common in Iowa communities. These drugs are easy to get, can be as potent and dangerous as illicit drugs, and are associated with criminal behavior. Prescription drugs most often abused are narcotic painkillers, stimulants, and central nervous system depressants. The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 83 pharmaceutical diversion cases and seized 7,407 dosage units over two fiscal years (2010 and 2011). Treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. And, according to the 2010 Iowa Youth Survey, 7% of Iowa 11th graders have used prescription drugs for non-medicinal purposes.

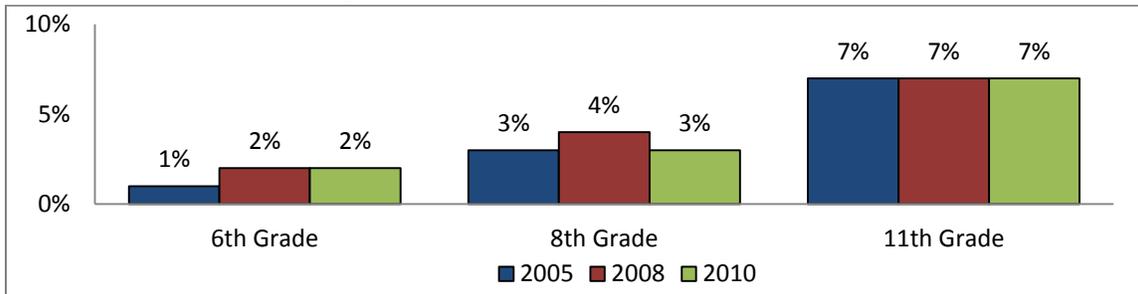
The trends are clear. According to the Partnership at Drugfree.org, 2010 Partnership Attitudes Tracking Survey (PATs), one in four teens (25 percent) nationally report intentionally abusing prescription drugs to get high at least once in their lives. According to the 2010 National Survey on Drug Use and Health (NSDUH), there were 2.4 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 6,000 initiates per day. In 2010, past-year initiation of prescription drugs exceeded that of marijuana.

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The Iowa Prescription Monitoring Program (PMP) indicates possible doctor shopping and/or pharmacy hopping to obtain excessive amounts of prescription drugs. In 2010, there were 2,016 Iowans that filled CII – CIV prescriptions from 5 or more prescribers or pharmacies. Only 17% of prescribers, such as physicians, have registered for access to the PMP. Pharmacists are required to submit data, but not to consult the PMP when filling a prescription. Iowa overdose deaths from “other opioids” – which include hydrocodone and oxycodone – increased more than 1,233%, from 3 deaths in 2000 to 40 deaths in 2009.

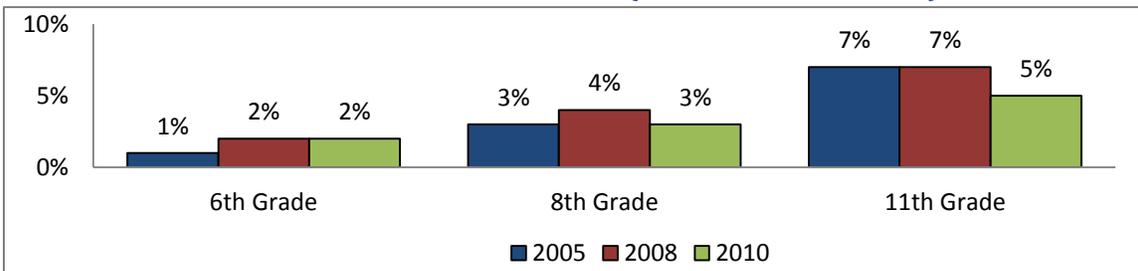
Attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not dangerous, or at least not as dangerous as using drugs like methamphetamine or heroin. This in turn leads them to wrongly believe that using a medicine without a prescription once in a while is not harmful, that abusing prescription pain killers will not cause addiction, and that getting high from cough syrup isn’t risky. These substances are also widely available and are often obtained within the home. Additionally, many parents and other adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children. According to the 2010 PATS results, only 22% of parents are talking to their children about the dangers of using prescription drugs without a prescription.

Percent of Student Self-Reporting the Current Non-Medical Use of Prescription Medications (2005, 2008, and 2010)



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

Percent of Student Self-Reporting the Current Non-Medical Use of Over-the-Counter Medications (2005, 2008, and 2010)

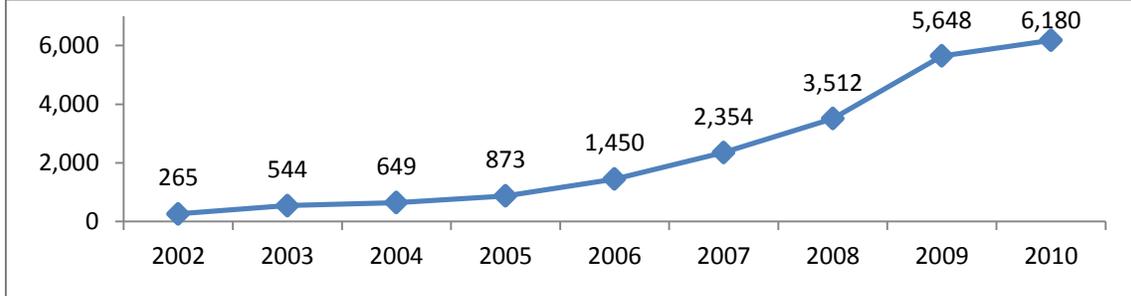


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

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Painkillers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. In Iowa, public calls to the Statewide Poison Control Center to identify hydrocodone and oxycodone pain pills have increased **2,232%** since 2002, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa.

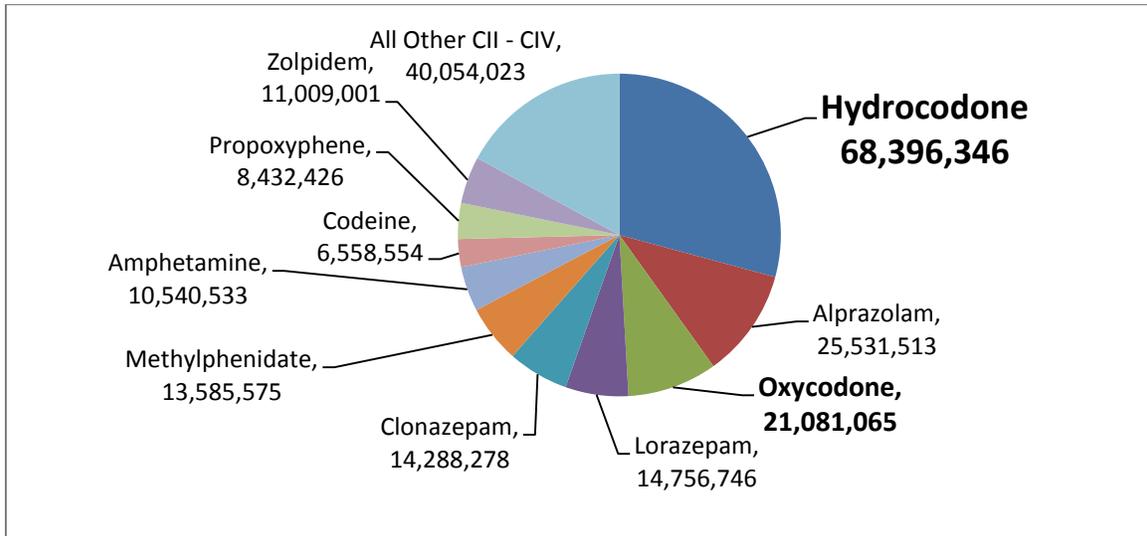
Hydrocodone and Oxycodone ID Calls from Iowans (Iowa SPCC-CYs)



Source: [Iowa Statewide Poison Control Center](#)

The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. According to data from the Prescription Drug Monitoring Program, hydrocodone is the most prescribed drug in Iowa with over *68 million* doses prescribed to Iowans in 2010 – comprising nearly 30% of all Schedule II – Schedule IV controlled substances prescribed in the State of Iowa. When combined with oxycodone, the number of doses prescribed to Iowans in 2010 totals almost 89,500,000 or 38.2% of all CII – CIV controlled substances prescribed.

Doses of Controlled Substances Prescribed to Iowans in CY 2010 (IBPE)



Source: [Iowa Board of Pharmacy](#)

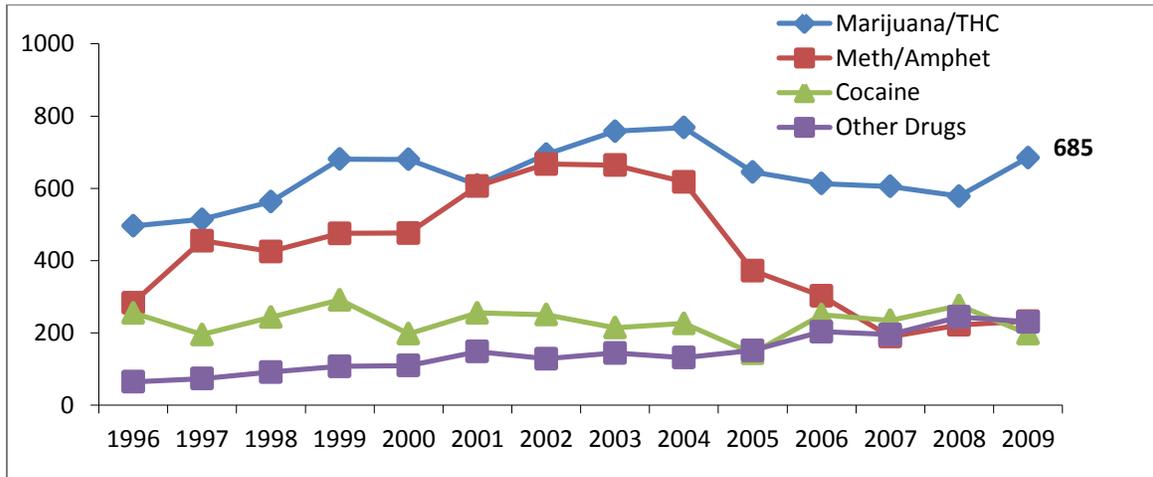
Appendix Two: Drug Use Profile

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.

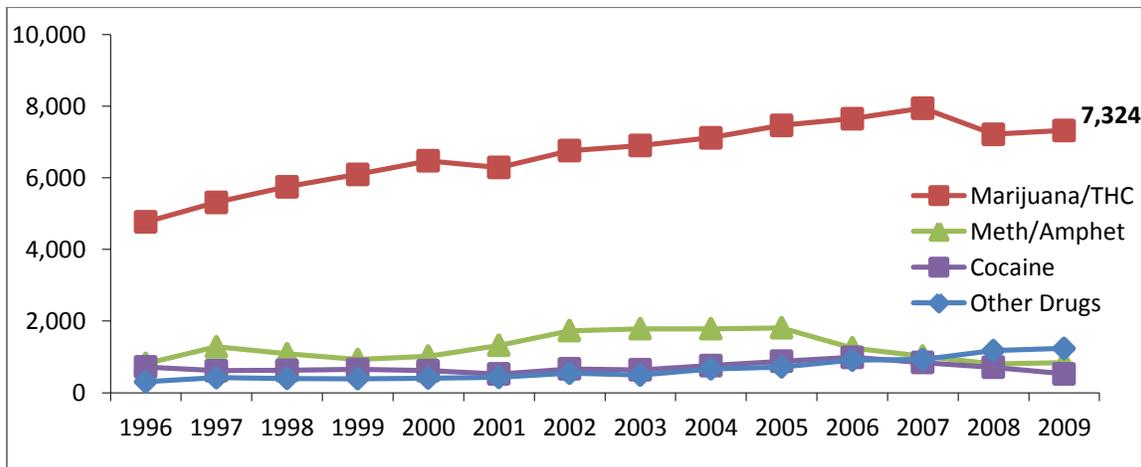
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 1996 - 2009



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

Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1996 - 2009



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

These figures illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. In CY 2009, nearly 51% of reported arrests for offenses of manufacture/distribution of drugs, where the drug type was known, involved

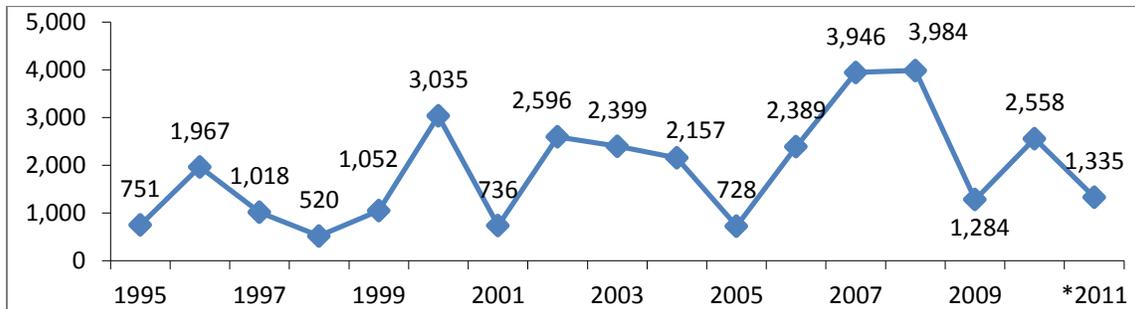
Appendix Two: Drug Use Profile

marijuana. Further, 73.7% of reported offenses for possession/use of drugs, where the drug type was known, involved marijuana.

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

Additional analysis of the data indicates that the number of offenses involving possession or use of marijuana increased steadily from 1994 to 2007. 2008 was the first year Iowa saw a decrease in that number, but it rose again in 2009. The Iowa Department of Public Safety (DPS) reported a new high in marijuana seizures in 2008. Marijuana seizures reported by DPS have fluctuated, but generally remain significantly higher than that reported in the mid and late 1990s. According to the DPS, marijuana submission rates are up 17%, but the average weight of samples submitted is down. There have been much fewer large cases, such as highway drug interdiction stops, than in past years.

Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1995 - *2011



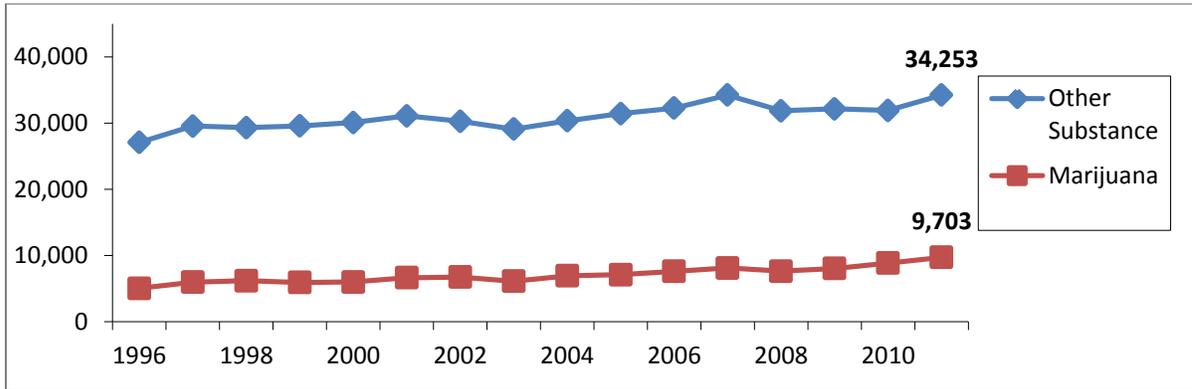
*Calendar year 2011 through September 15

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

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1996 – 2011. This data reinforces the fact that despite misconceptions by some, marijuana can be an addictive drug.

Appendix Two: Drug Use Profile

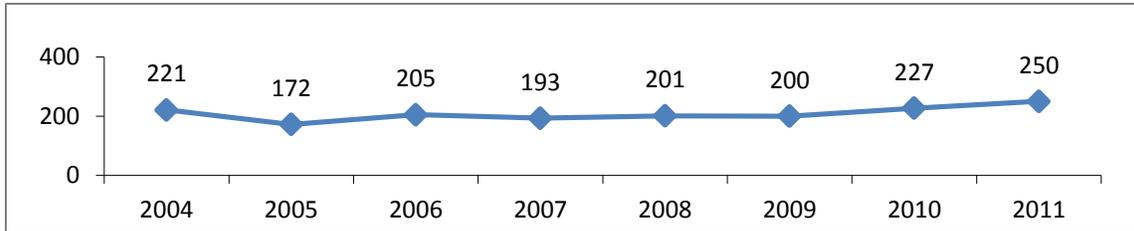
Primary Drug of Abuse for Adults Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 - 2011



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Between state fiscal year 1996 and 2010, the IDPH, Division of Behavioral Health, reported a 75.9% increase in the number of clients screened/admitted with marijuana as their primary drug of choice.

Marijuana-Related Prison Admissions SFY 2004 - 2011



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

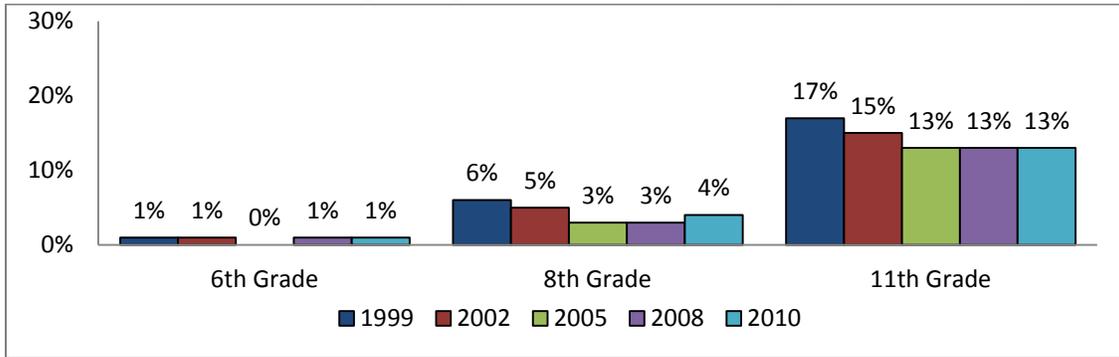
For the period of time for which data is available, marijuana-related prison admissions increased from 16% to nearly 29% of the drug related admissions. Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult lowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana.

In a recent review of Iowa workplace drug test results, marijuana was the drug for which Iowa workers most frequently tested positive. Of the positive drug tests reported to the Iowa Department of Public Health over the past 7 years, nearly 60% were positive for marijuana. The next most prevalent drug was methamphetamine, at 15.8%.

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. Marijuana use has remained constant. 17% of 11th graders surveyed in 1999 reported current use of marijuana. In 2010, 13% of 11th graders reported current use of marijuana, only a 4 percentage point decrease from 1999.

Appendix Two: Drug Use Profile

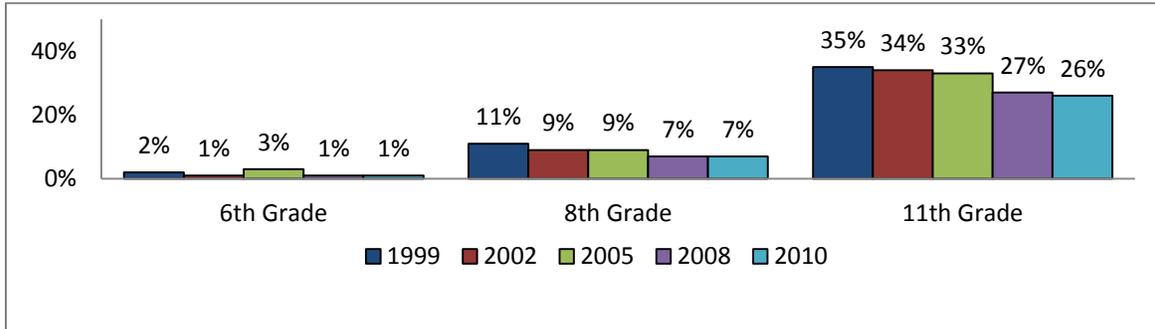
Percent of Students Self-Reporting the Current Use of Marijuana, 1999 through 2010



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

Additionally, of the high school juniors surveyed in 1999, 35% reported having used marijuana at some point in their lifetime. This dropped to 26% in 2010.

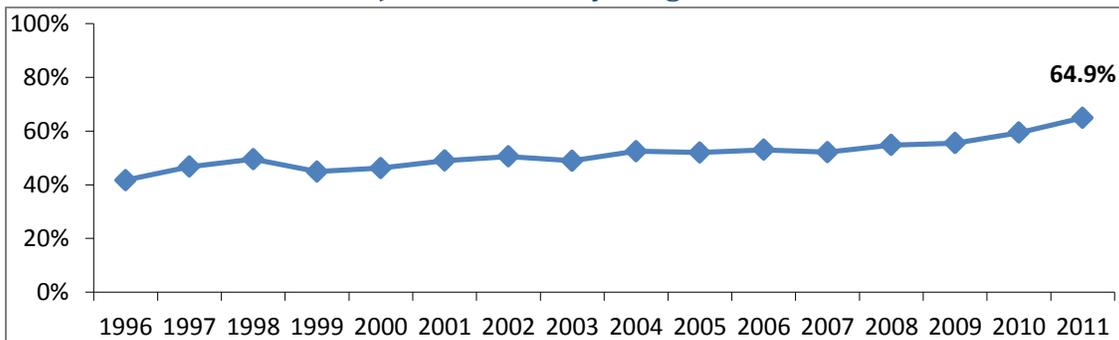
Percent of Students Self-Reporting Ever Having Used Marijuana, 1999 through 2010



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

Substance abuse reporting system data also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period of time included in this review. It should be noted that in SFY 2011, the greatest percentage of youth ever (64.9%) were screened/admitted for marijuana.

Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2011



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Amphetamine/Methamphetamine

Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 - *2011



*Calendar year 2011 through September 15

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

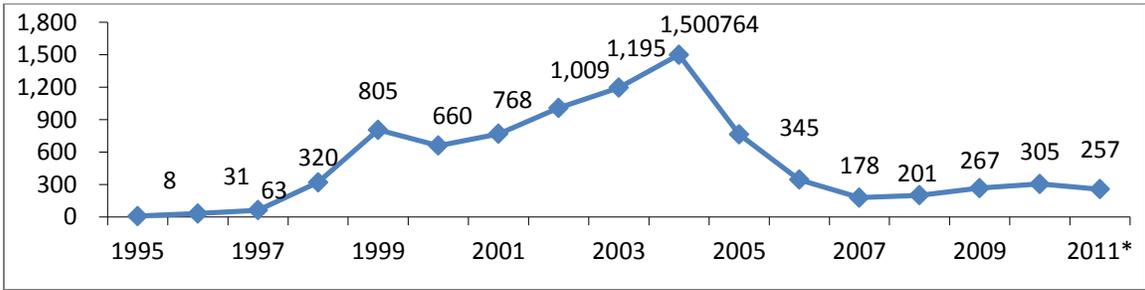
This figure illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003, the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. Since its peak in 2003, seizures of methamphetamine decreased every year until 2008. As the number of methamphetamine labs gradually increases again, so does the number of grams seized – as illustrated by 2010 data.

The data displayed below demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement through calendar year 2004. In 2004, state and local law enforcement responded on average to 125 methamphetamine laboratories per month, or four per day. The rapid decline of methamphetamine lab incidents hit a low in 2007. But, there has been a 71.3% rise in methamphetamine lab activity since then. One new development that may affect the prevalence of methamphetamine labs in the future is the emergence of new methods of manufacturing methamphetamine, called “shake ‘n bake” and “one-pot” cooks. These methods generally use less pseudoephedrine and produce methamphetamine in smaller quantities, but are no less dangerous than other production methods. They are fast, portable, and unstable. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, it poses a hazard to children and unsuspecting Iowans who come into contact with the waste or are impacted by flash fires from these cooks.

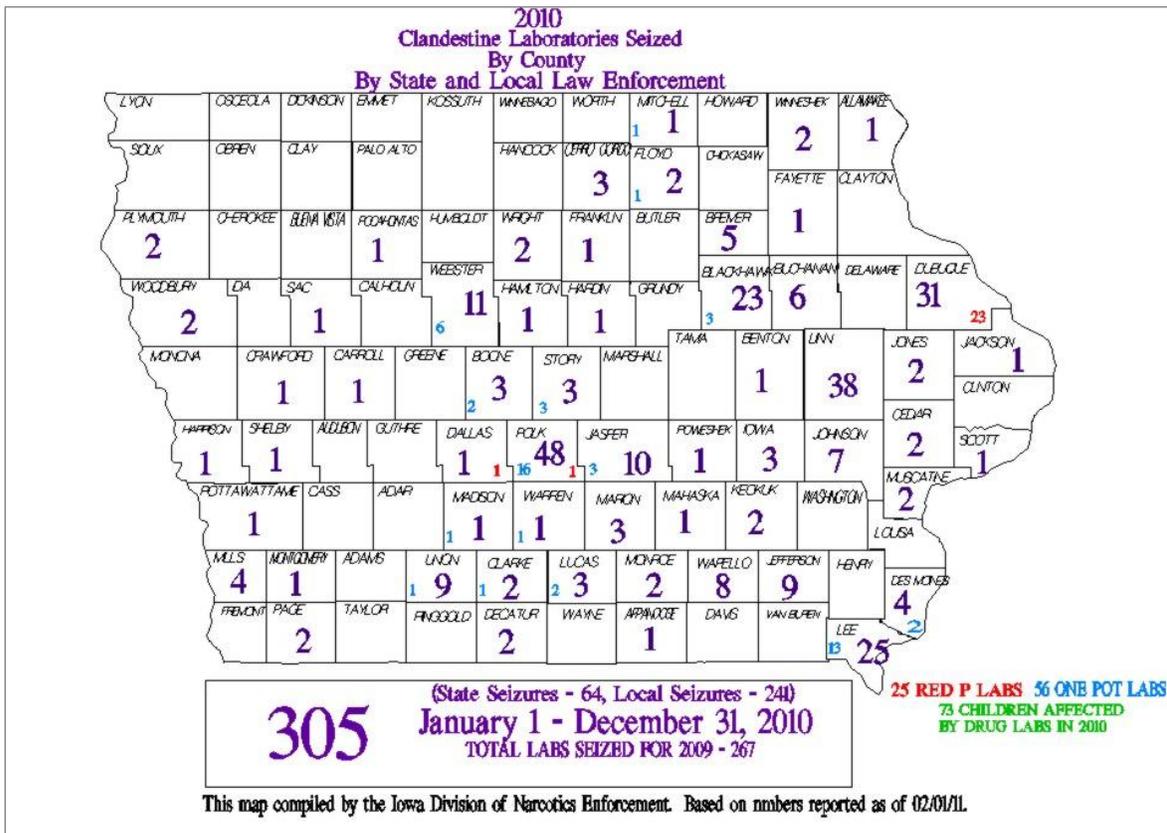
Due to their public safety threat, a substantial amount of time and resources is directed at responding to clandestine laboratories. In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. In 2009, the Iowa Legislature passed legislation requiring all pharmacies in the state that sell pseudoephedrine products over-the-counter to participate in an electronic Pseudoephedrine Tracking System.

Appendix Two: Drug Use Profile

State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 - 2011* YTD



*Calendar year 2011 through September 30
Source: [Iowa Department of Public Safety](http://www.iowa.gov)



Beginning September 1, 2010, Iowa implemented an electronic Pseudoephedrine Tracking System (PTS). The PTS is a real-time tracking system, but because of the robust information contained within the system, it is used by virtually all Iowa pharmacies as a stop-sale system. That is, transactions are immediately added to the system and the system will direct the pharmacist to prevent a sale from taking place if the daily or monthly limits are exceeded. Blocking sales in real-time prevents smurfing and consequently the production of methamphetamine. Since the start-up of the PTS, more than 21,000 illegal purchase attempts have been blocked, preventing the sale of over 123 pounds of pseudoephedrine, and averting an estimated 450 additional meth labs in the first year of the system's operation.

Appendix Two: Drug Use Profile

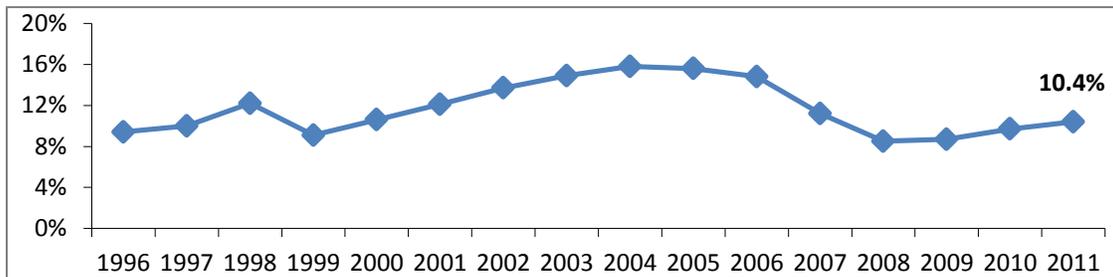
Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. The price and purity of methamphetamine indicate that the price of methamphetamine per gram has fluctuated over the past several years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa seizures. Crystal methamphetamine smuggled into Iowa from Mexico and the Southwest U.S. has grown in recent years. The increase in crystal methamphetamine or “ice” is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute. The new one-pot and shake-n-bake methods of producing methamphetamine are also reportedly producing purer methamphetamine. Methamphetamine purity is at an all-time high of 89%.

Iowa Division of Narcotics Enforcement Methamphetamine Seizure Price and Purity CY 1996 – 2011

	1996	1998	2000	2002	2004	2006	2008	2010	2011
Price	\$135	N/A	\$90	\$100	\$100	\$120	\$123	\$130	\$130
Purity	43%	14%	25%	16%	33%	40%	40%	79%	89%

Source: Iowa Counterdrug Task Force

Percentage of Adults Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2011

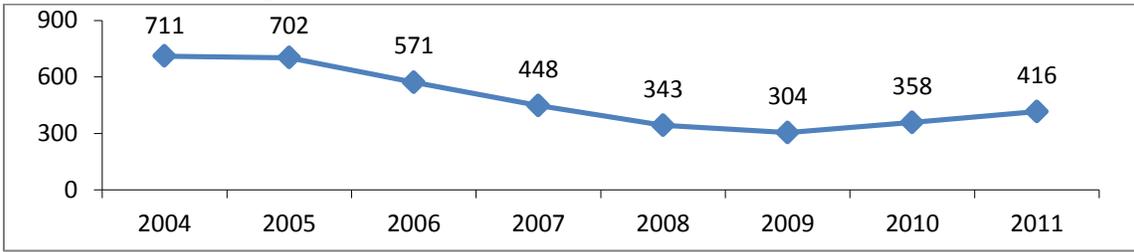


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Prior to the emergence of what has been referred to as Iowa’s “methamphetamine epidemic” in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the IDPH Division of Behavioral Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. As a percent of all screens/admissions, methamphetamine had diminished until 2008 when it reached its lowest point (8.5%) since the methamphetamine epidemic began. However, along with the recent increase in methamphetamine lab activity, the percentage has risen to 10.4%.

Appendix Two: Drug Use Profile

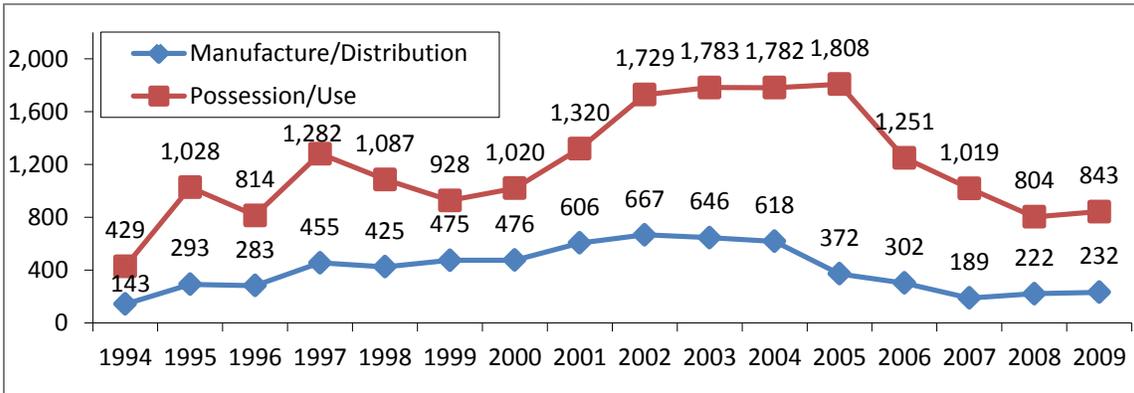
Methamphetamine-Related Prison Admissions SFY 2004 - 2011



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

Along with the rise in methamphetamine lab incidents, the number of methamphetamine related prison admissions is on the rise again. From 2004 to 2009, methamphetamine-related prison admissions had decreased 57.9%. This reduction had driven down the drug-related prison admissions reported in recent years.

Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 - 2009



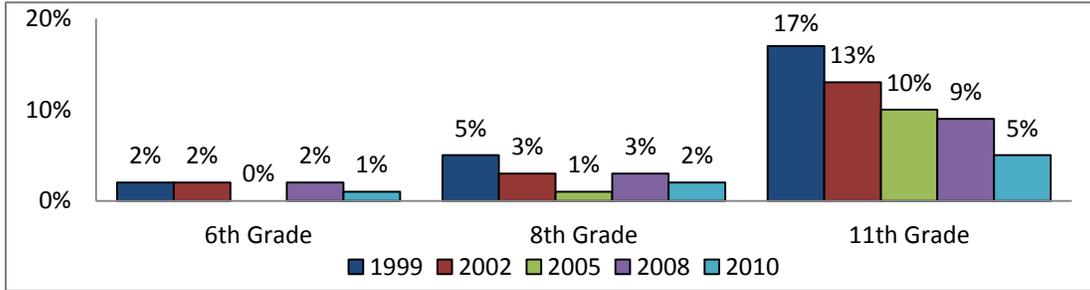
Source: [Iowa Department of Public Safety](#)

With the resurgence in methamphetamine lab incidents across the state, the numbers of offenses involving both manufacturing/distribution and possession/use have begun to rise. The number of law enforcement reported offenses for methamphetamine possession/use nearly doubled from 1999 to 2002 and remained at this high level for the next three reporting periods, but have since declined. Following the passage of the pseudoephedrine control legislation in 2005, arrests for methamphetamine manufacture/distribution as well as possession/use declined significantly until 2008 (43.6% and 49.2% respectively).

According to the 2008 Iowa Youth Survey amphetamine and methamphetamine use among the younger population has remained relatively stable. The percentage of eleventh grade students reporting “ever” using these drugs dropped from 17% to 9% - an indication that fewer students, although still too many, are using these drugs.

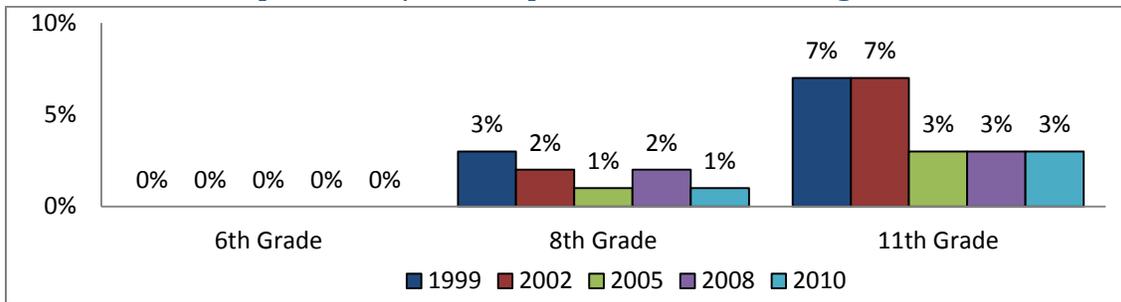
Appendix Two: Drug Use Profile

Percent of Students Self-Reporting Ever Having Used Amphetamine/Methamphetamine, 1999 through 2010



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

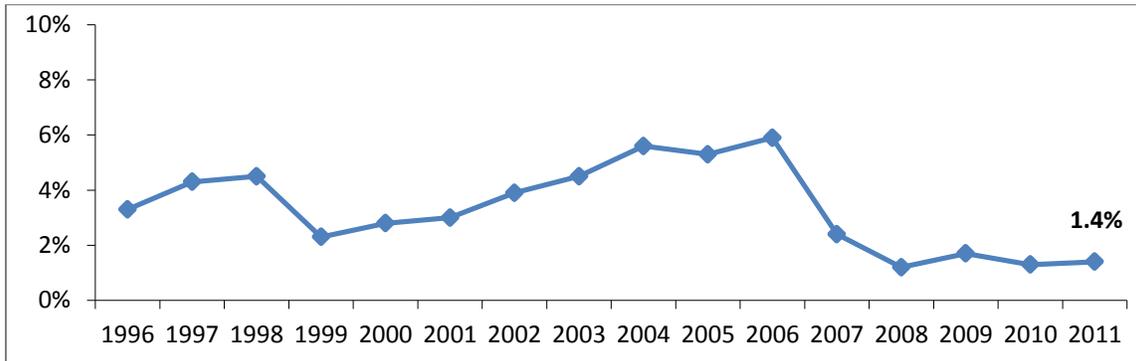
Percent of Student Self-Reporting the Current Use of Amphetamine/Methamphetamine, 1999 through 2010



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

Following several years of increasing youth screening/admissions for amphetamine or methamphetamine, the IDPH Division of Behavioral Health reported a significant reduction in SFY 2009, and the number has remained low for the 2010.

Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2011

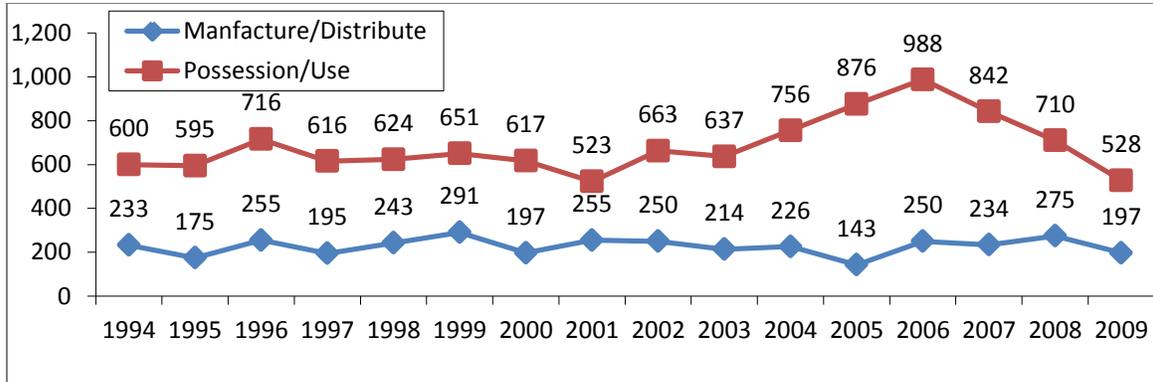


Source: [Iowa Department of Public Health Division of Behavioral Health – SARS/I-SMART](#)

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 methamphetamine, cocaine represents a smaller but significant problem.

Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 - 2009

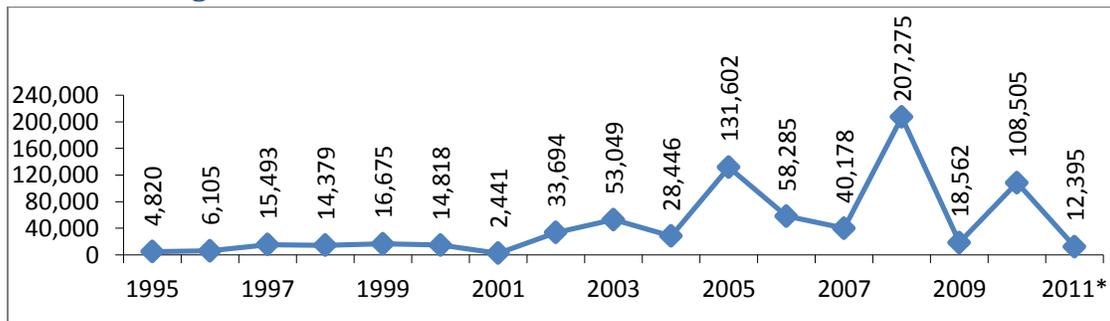


Source: [Iowa Department of Public Safety](#)

Cocaine possession/use offenses were at a fourteen year high in 2006 but have decreased over the past three years. This figure illustrates that arrest rates for cocaine have varied a great deal for the years examined. In calendar year 2005, manufacture/distribution arrests posted a twelve year low of 143 per 100,000 in population.

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement reached a 14-year high in 2005. Cocaine/crack cocaine seizures have fluctuated greatly since then. In 2008 and 2010, DNE reports having several large cases involving cocaine. So far in 2011, there have been fewer large cases of cocaine/crack seizures.

Cocaine/Crack Cocaine Seizures, in Grams, Involving the Iowa Division of Narcotics Enforcement CY 1994 - *2011



*Calendar year 2010 through September 15

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

Appendix Two: Drug Use Profile

As shown below, the price of cocaine has fluctuated from a low of \$80 to a high of \$150 over the past nine years.

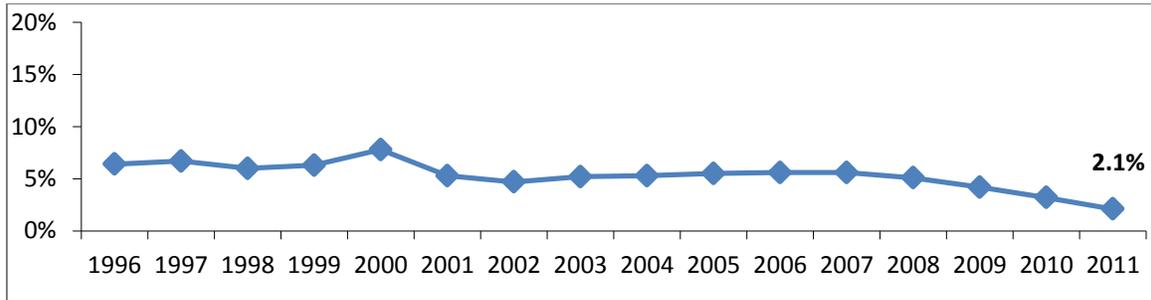
**Iowa Division of Narcotics Enforcement Cocaine Seizure Price
CY 1996 – 2011**

	1996	1998	2000	2002	2004	2006	2008	2010	2011
Price	\$130	\$130	\$150	\$150	\$100	\$110	\$80	\$125	\$125

Source: Iowa Counterdrug Task Force

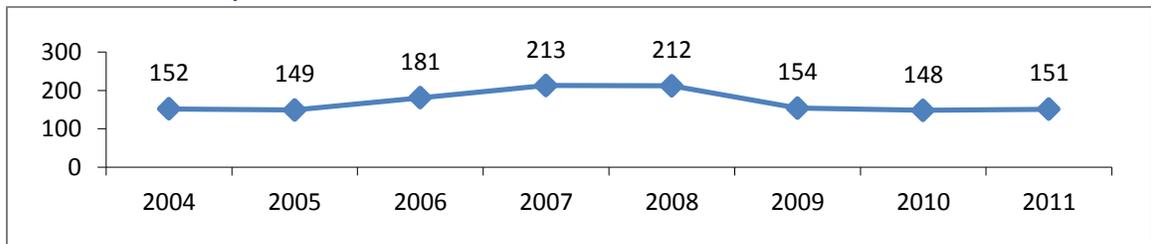
The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. The figure below illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their primary substance of abuse has slightly decreased in the past four years.

Percentage of Adults Entering Substance Abuse Treatment Programs with a Primary Substance of Abuse of Cocaine, SFY 1996 – 2011



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 – 2011



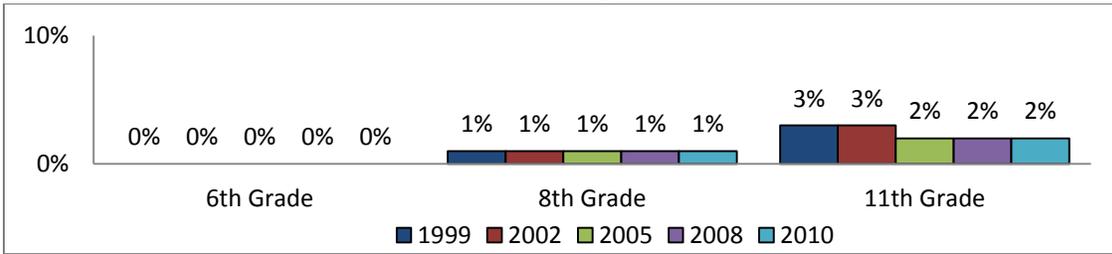
Source: [Criminal and Juvenile Justice Planning](#)

Cocaine-related admissions to prison represented 17.2% of drug-related prison admissions in FY 2011. Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa.

There is little reported use of cocaine/crack cocaine by Iowa youth. Overall there was little change in cocaine usage between 1999 and 2008, but a large drop in reported usage occurred in 2010.

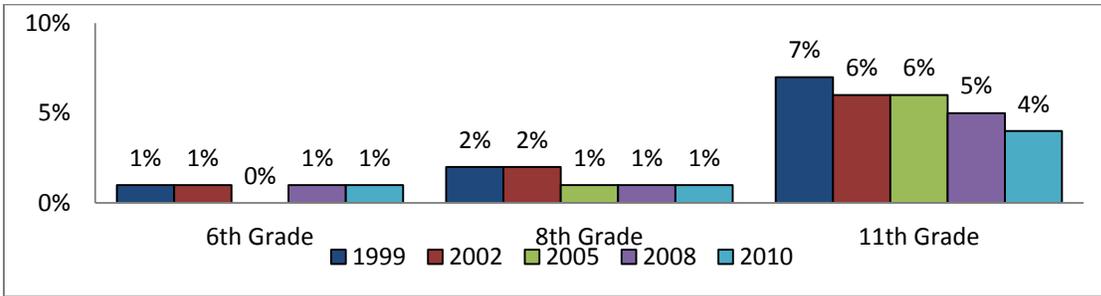
Appendix Two: Drug Use Profile

Percent of Student Self-Reporting the Current Use of Cocaine, 1999 through 2010



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

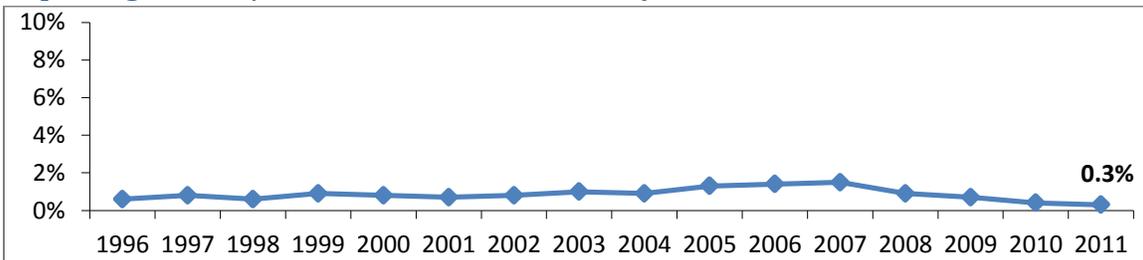
Percent of Students Self-Reporting Ever Having Used Cocaine, 1999 through 2010



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

Data depicting the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs is shown below.

Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2011



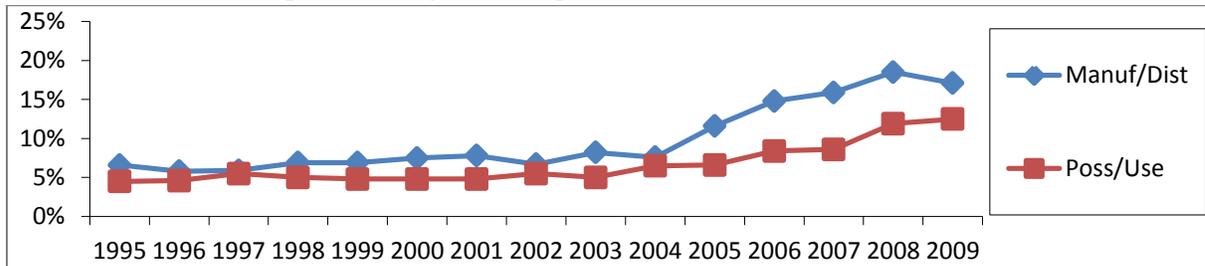
Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

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

Other Illicit Drugs

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD, and PCP also play a role in the overall problem of substance and drug abuse within the state. However, analyses of the data indicate that the prevalence levels of these other substances as the drugs of choice among the substance abusing population are relatively low, but rising. Notwithstanding the relative low use rates, this is an issue which requires continued vigilance.

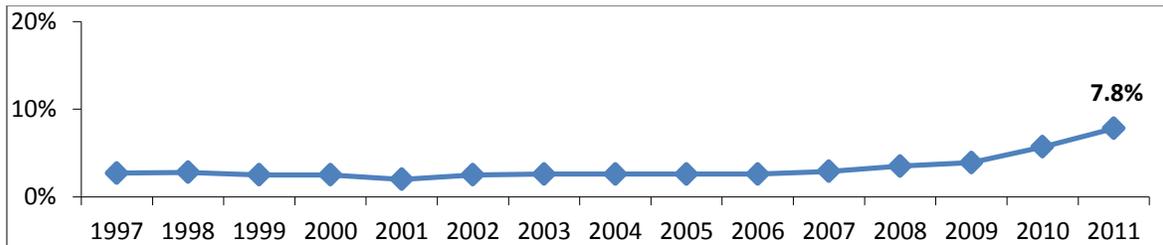
Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1995 – 2009



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

During the fourteen-year period examined, the percentage of offenses for both the manufacture/distribution and possession/use of all known drugs other than alcohol, marijuana, amphetamine/methamphetamine and cocaine/crack cocaine was at the lowest level in 1994. Since that time, the percentage of arrests for both categories of offenses has generally risen, especially over the past five years, indicating a rise in crimes related to other drugs of abuse.

Percentage of Adult Substance Abuse Treatment Screening/Admissions with an Other or Unknown Primary Substance of Abuse, SFY 1997 – 2011



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

The figure above indicates that during the period examined, the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is “unknown or other” has risen 200% in the past four years. This category could include prescription drugs, synthetic drugs, over-the-counter drugs, or inhalants.

Appendix Two: Drug Use Profile

All indications are that the drugs marijuana, methamphetamine and cocaine/crack cocaine are, in the order indicated, the most used/abused illegal drugs by adult Iowans. Together, they constitute the drugs involved in nearly 90% of the reported drug arrests. They also constitute the primary illegal drugs listed for over 87.8% of adults screened/admitted for treatment.

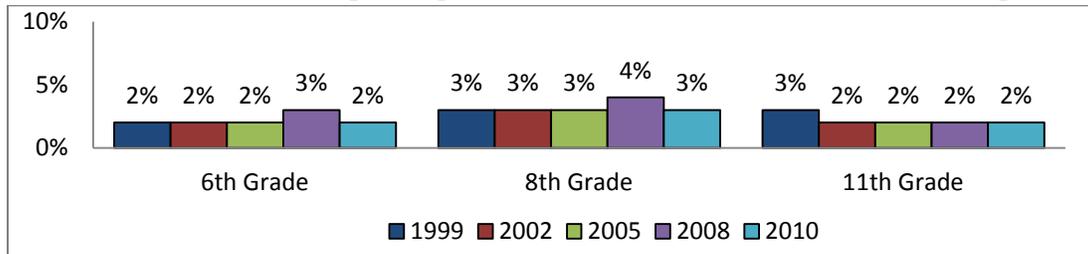
So-called “club drugs” or “predatory drugs” such as Ecstasy, Rohypnol and Gamma-Hydroxybutyrate (GHB) are rarely reported in Iowa. However, they warrant attention to prevent larger problems.

Another emerging threat to the health and safety of Iowans is the use of synthetic drugs. These substances, also known as synthetic cannabinoids and synthetic cathinones, are marketed as K2, Spice, and bath salts. The cannabinoids are herbal substances that are sprayed with one or more chemical compounds. They are marketed as incense and not for human consumption, but are being used as a new way to get high. Bath Salts are the newest synthetic drug available, mimicking the effects of cocaine. This year Governor Branstad signed into law Senate File 510 which added these bath salts, synthetic cannabinoids, and Salvia divinorum to the list of Schedule I Controlled Substances and provided penalties.

Inhalants

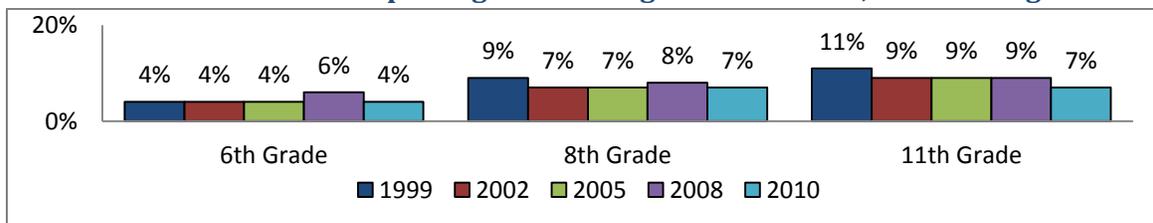
Inhalant use continues to be of concern in Iowa, and inhalant use more often starts at younger ages. The perception of risk related to inhalant use is dropping, which may contribute to continued use. As attitudes toward inhalant abuse weaken, abuse is more likely to increase.

Percent of Student Self-Reporting the Current Use of Inhalants, 1999 through 2010



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

Percent of Students Self-Reporting Ever Having Used Inhalants, 1999 through 2010

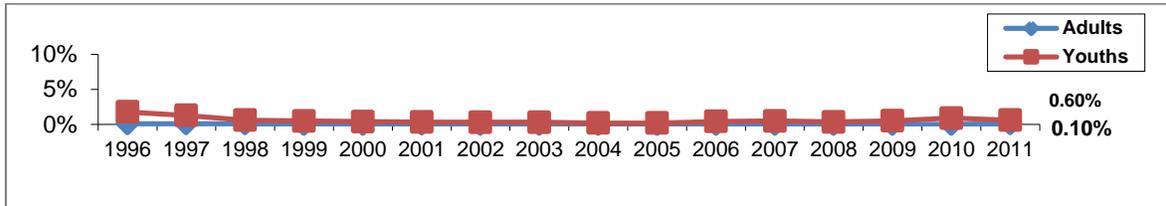


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Appendix Two: Drug Use Profile

Examination of IDPH Division of Behavioral Health substance abuse reporting system data indicate that the use of inhalants is more prominent among youth in comparison to adults. They also indicate that the prevalence of these substances as a “drug of choice” for juveniles has remained steady in recent years, representing less than one percent of youth screened/admitted to substance abuse treatment.

Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 - 2011

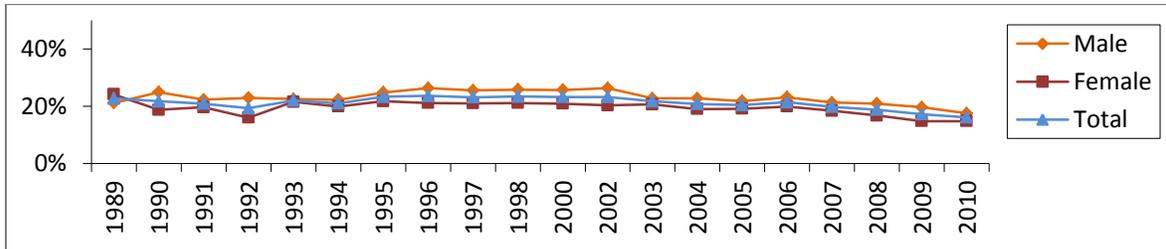


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Tobacco

Tobacco, like alcohol, is a legal substance for adults under current federal and state law. Much data and information have been published by the federal Centers for Disease Control and Prevention, the Iowa Department of Public Health, American Lung Association and many other organizations in attempts to inform the general public of the possible dire consequences associated with the use of various tobacco products regardless of the method of use. Based on analyses of the data compiled by these organizations, it is estimated that 265.6 of every 100,000 Iowa deaths are related to smoking – nearly 4,600 deaths annually. It is further estimated that smoking results in the loss of 13.4 years of potential life.

Percentage of Current Iowa Male, Female & Total Smokers, CY 1989 - 2010



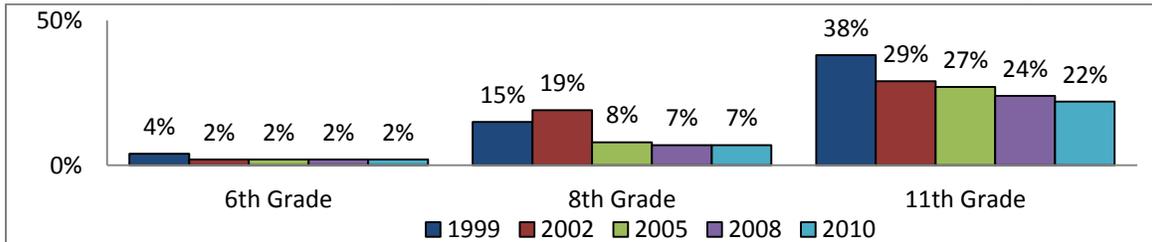
Source: [Centers for Disease Control](#)

The levels of tobacco use among adult Iowans can be seen above. These data, compiled by the National Center for Chronic Disease Prevention and Health Promotion of the federal Centers for Disease Control, are published as part of the Behavioral Risk Factor Surveillance System (BRFSS). In 2010 the total percentage of combined male and female smokers in Iowa reached its lowest point in twenty-one years. Part of this decline can be attributed to the 2007 tobacco tax increase in Iowa. Other factors that may contribute to fewer cigarette sales in Iowa include: the Iowa Smoke-free Air Act, the fire-safe cigarette requirement that took effect January 1st, 2009, the federal cigarette tax rate increase that took effect April 1st, 2009, and the current economic recession.

Appendix Two: Drug Use Profile

The Department of Public Health also reports that Quitline Iowa remains busy, with 7,129 clients calling during FY 2011. Seventy-five percent of those clients were Medicaid members. Even though Quitline Iowa is one of the most successful programs of its kind in the nation, most smokers attempt to quit "cold turkey," so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year. Because of state budget cuts to the FY11 budget, Quitline Iowa discontinued the distribution of free nicotine patches, gum and lozenges on July 1, 2010. According to client follow-up for FY11, 24% said they had not smoked cigarettes or used other tobacco in the past 30 days, after 7 months, and again after 13 months.

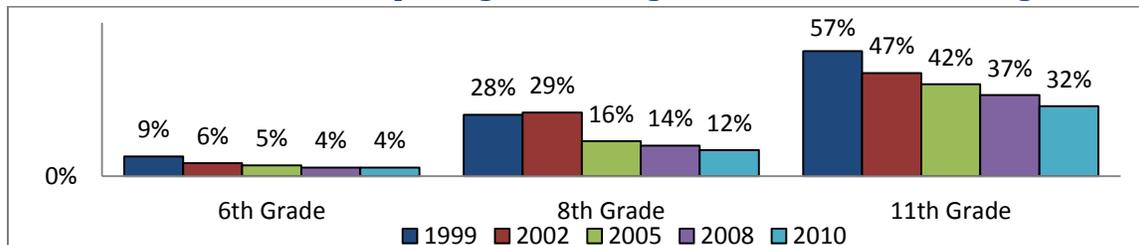
Percent of Students Self-Reporting the Current Use of Tobacco, 1999 through 2010



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

In 2010, less than one quarter of eleventh graders reported current use of tobacco. The most significant changes in both current and past use of tobacco occurred among students in grade 8. In 2010, 7th of 8th graders reported current tobacco use, a decline of 63% from 2002. In 1999, 57% of students in grade 11 reported past use of tobacco use. This figure dropped by nearly half to 32% in 2010.

Percent of Students Self-Reporting Ever Having Used Tobacco, 1999 through 2010



Source: [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. ODCP figures for FY 2012 reflect funding expenditures instead of total funds awarded, due to the American Recovery and Reinvestment Act (ARRA) spike in funding.

Total Estimated FY 2012 Iowa Substance Abuse & Drug Enforcement Funding (By State Agency)

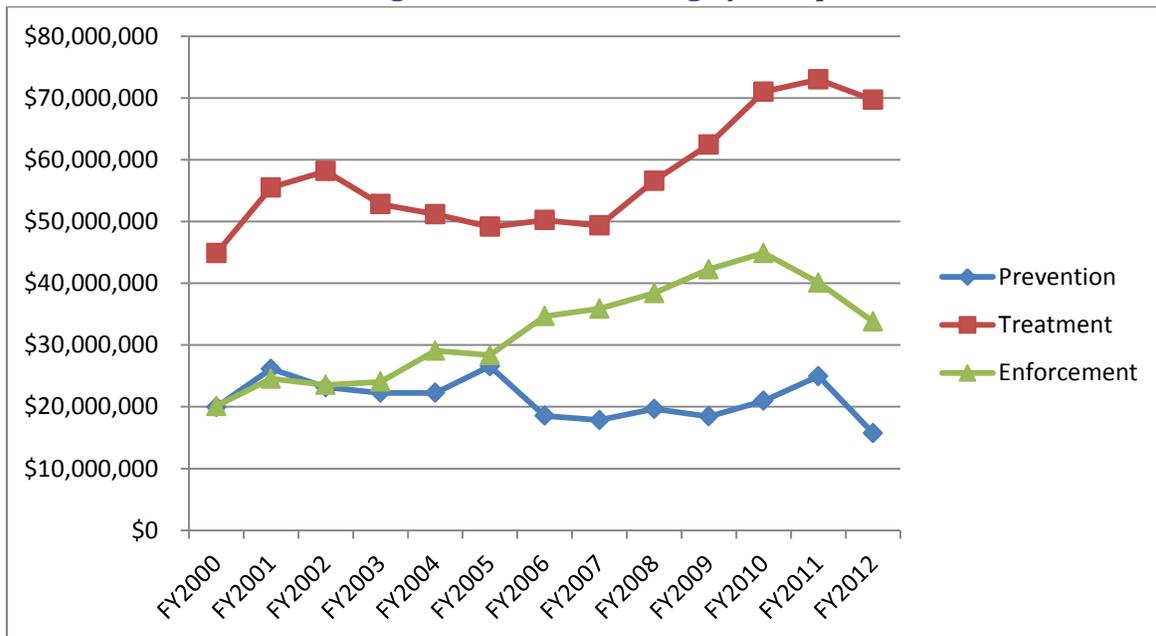
Agency	Prevention	Treatment	Enforcement	Total
Office of Drug Control Policy	\$1,171,122	\$649,725	\$3,289,463	\$5,110,310
DOC, Community Based		\$2,121,880	\$4,126,817	\$6,248,697
DOC, Institutional Programs		\$3,261,395		\$3,261,395
Dept. of Education	\$3,602,752			\$3,602,752
DHR, CJJP	\$449,770		\$1,045,101	\$1,494,871
DHS, Child & Family Services		\$1,823,743		\$1,823,743
DHS, Medical Services		\$27,138,735		\$27,138,735
DHS, Deputy Dir. of Field Ops		\$1,804,867		\$1,804,867
Iowa National Guard	\$410,349		\$2,833,771	\$3,244,120
DPH, Behavioral Health	\$7,956,823	\$30,012,652		\$37,969,475
DPH, Tobacco	\$801,509	\$1,026,777	\$453,830	\$2,282,116
DPS, DCI			\$5,003,085	\$5,003,085
DPS, DNE			\$7,878,208	\$7,878,208
DPS, GTSB	\$85,000		\$505,500	\$590,500
DPS, State Patrol			\$7,866,666	\$7,866,666
Judicial Branch			\$665,000	\$665,000
Law Enforcement Academy			\$20,000	\$20,000
Iowa Veterans Home		\$549,934		\$549,934
Regents: ISU	\$259,283			\$259,283
Regents: U of I	\$679,879	\$1,231,220		\$1,911,099
Regents: UNI	\$301,939	\$57,950	\$88,257	\$448,146
Total	\$15,718,426	\$69,678,878	\$33,775,698	\$119,173,002

Appendix Three: Funding Information

**Total Estimated FY 2012 Iowa Substance Abuse & Drug Enforcement Funding
(By Source)**

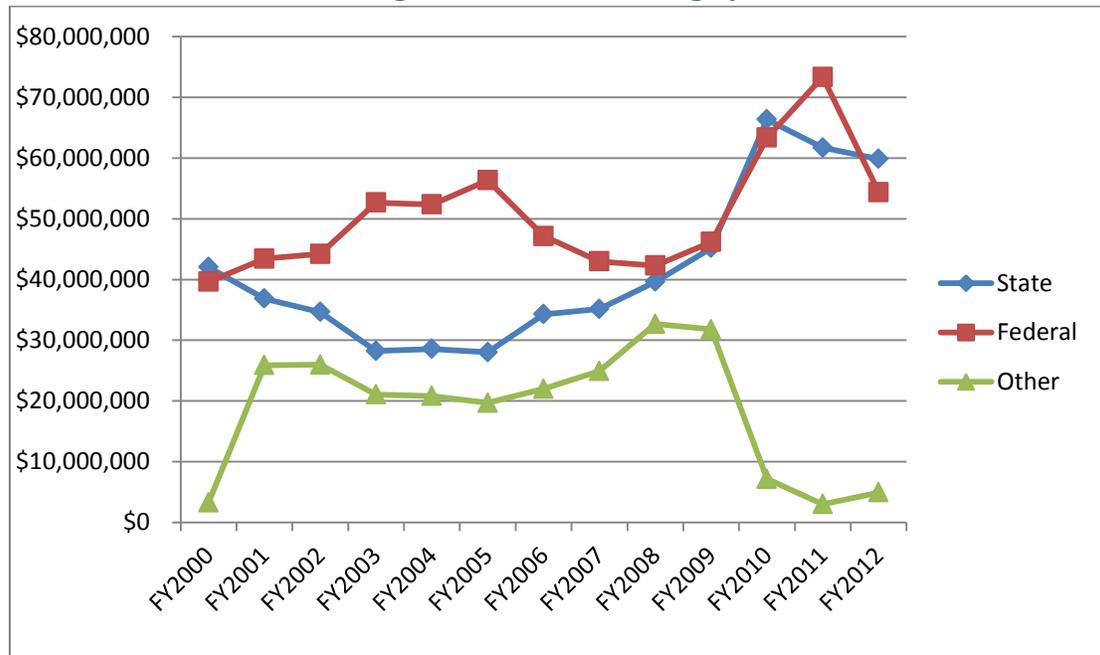
Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$2,444,356	\$34,827,375	\$22,579,669	\$59,851,400
Federal	\$11,350,036	\$32,694,144	\$10,327,985	\$54,372,165
Other	\$1,924,034	\$2,157,359	\$868,044	\$4,949,437
Total	\$15,718,426	\$69,678,878	\$33,775,698	\$119,173,002

Iowa Substance Abuse & Drug Enforcement Funding By Discipline - FY 2000 - FY 2012



Appendix Three: Funding Information

Iowa Substance Abuse & Drug Enforcement Funding By Source - FY 2000 - FY 2012



*FY 2001 Funding reflects 1st year of tobacco settlement funds invested in Iowa substance abuse programming.

*FY 2003 Funding does not include approximately \$241,941 in supplemental appropriations approved in Jan 2003.

*FY 2004 Funding does not include 2.5% ATB budget reduction implemented in October 2003.

*FY 2006 Federal Safe and Drug-Free Schools and Communities prevention grants (\$5,925,727 in FY 2005) are no longer included in this report, due to a change in their use for educational purposes other than substance abuse.

*FY 2009 Funding reflects the final year of tobacco settlement funds.

*FY 2010 Funding includes the American Recovery and Reinvestment Act of 2009 funds.

*FY 2010 Funding figures were collected prior to the Governor's 10% across the board cut.



Acknowledgements

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

Iowa Drug Policy Advisory Council

Mark J. Schouten

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Iowa State Sheriffs and

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Iowa State Police Association

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Pat Reinert

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Northern District

Chief Mike Lashbrook

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 abuse 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.