

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

**FFY 2018**

CFDA 16.738

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# Acknowledgments

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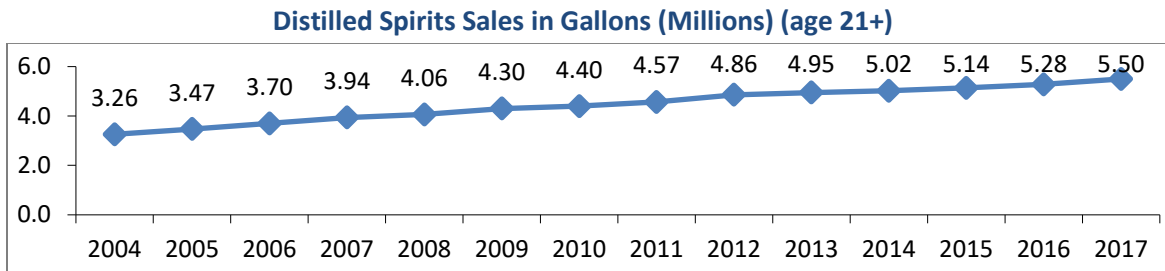
## Implementation/Time Task Plan

	18		19		20				21				
	June - Nov	Feb-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec
Application and receipt of federal Byrne-JAG funding	X	X	X	X									
Sub-grantees invited to make application for competitive grant process		X				X				X			
Competitive grant applications reviewed and funding decisions made			X				X				X		
Successful applicants notified. Sub grant contracts executed			X				X				X		
Beginning of sub grantee contract period. <i>Sub-grant contracts cover state fiscal year (July-June)</i>			X				X				X		
Grant funded program activities				X	X	X	X	X	X	X	X		
Quarterly financial reporting			X	X	X	X	X	X	X	X	X	X	X
Quarterly program reporting and assessment of program activities				X	X	X	X	X	X	X	X	X	
Sub-grantee final reporting and closeout								X				X	
Final reporting and grant closeout – federal grant													X

# Data and Analysis of Need

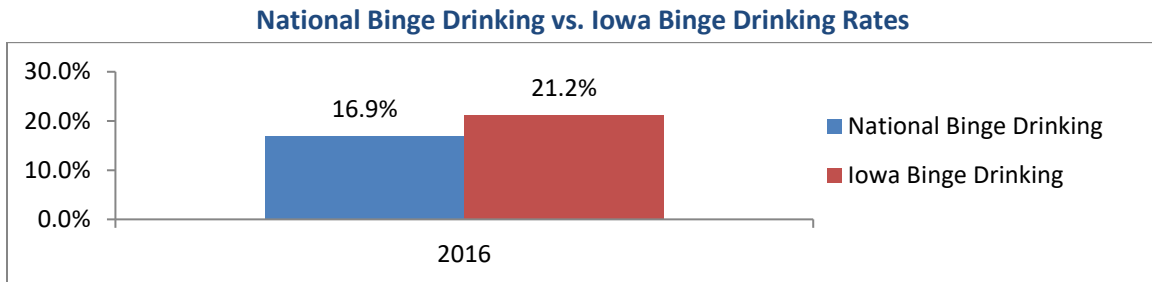
## Alcohol

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. This figure displays data compiled by the Iowa Department of Commerce, [Alcoholic Beverages Division](#), reporting the sale of millions of gallons of distilled spirits to retailers within the State of Iowa. Alcohol sales to retailers have steadily increased 62% over the past twelve years reaching its current high of 5.28 million gallons in FY 2016.

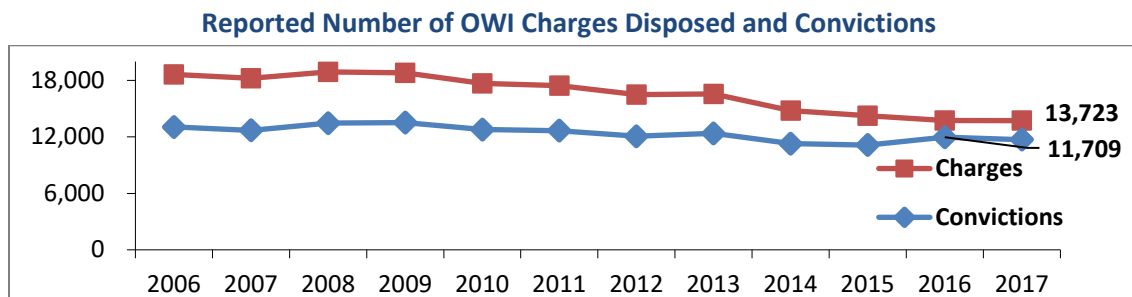


Source: SFY, [Iowa Department of Commerce, Alcoholic Beverages Division](#)

Research from the [Behavioral Risk Factor Surveillance System](#) compiled by the federal [Centers for Disease Control and Prevention](#) indicates that almost six of every ten adult Iowans are classified as current drinkers of alcoholic beverages. Further, one in five adult Iowans is classified as a binge drinker. In order to better understand some of the social implications resulting from the widespread use and abuse of alcohol, data indicators are presented below.



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

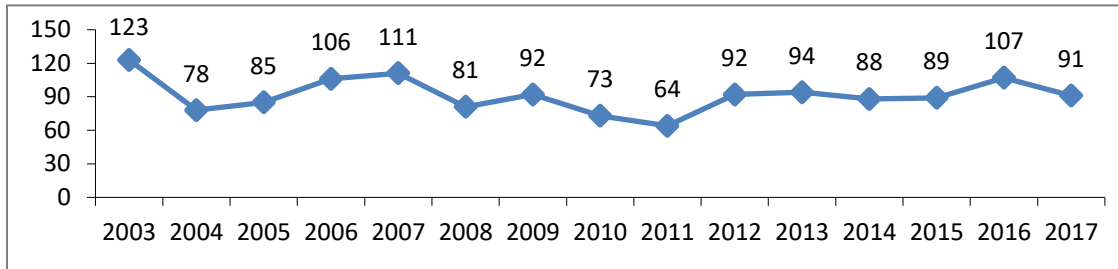


Source: CY, [Division of Criminal and Juvenile Justice Planning](#)

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

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

### Alcohol-Related Motor Vehicle Fatalities in Iowa

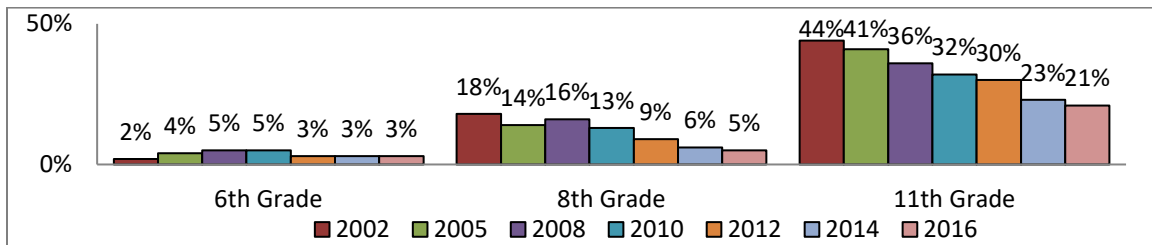


Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

Alcohol related motor vehicle fatalities reported by the Iowa Department of Transportation and the Governor's Traffic Safety Bureau (GTSB) have varied in recent years. In 2016, 91 people died in alcohol-related motor vehicle crashes.

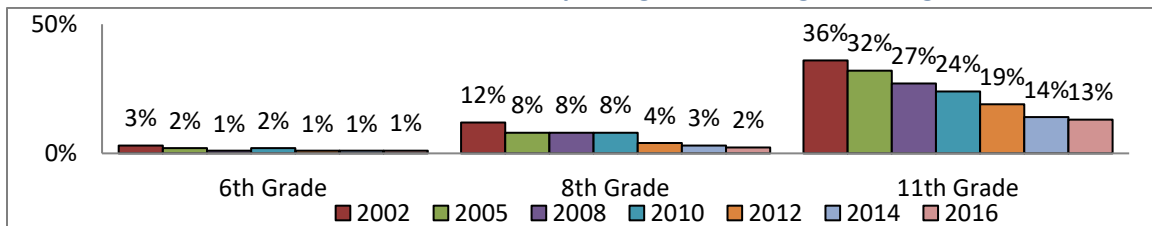
While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2014 nearly one quarter (23%) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline.

### Percent of Students Self-Reporting the Current Use of Alcohol



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

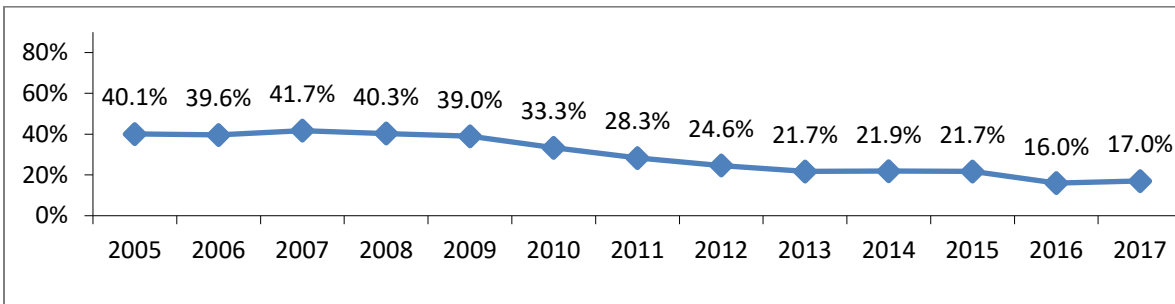
### Percent of Students Self-Reporting Current Binge Drinking



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

Current (past 30 days) binge drinking (consuming five or more drinks at one time) by youth in grades 6, 8, and 11 as reported in the Iowa Youth Survey has decreased since 1999. However, the IDPH, Division of Behavioral Health, SARS/I-SMART substance use disorder reporting system data show that youth screens/admissions to substance use disorder treatment programs with alcohol as the primary substance of abuse is at 17% of the total. Based on these data, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

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

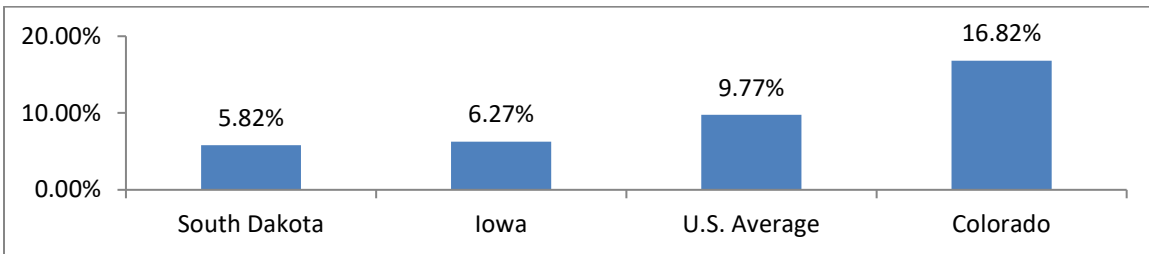


Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

**Illegal Drugs– General Indicators of the Trends in Drug Abuse**

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

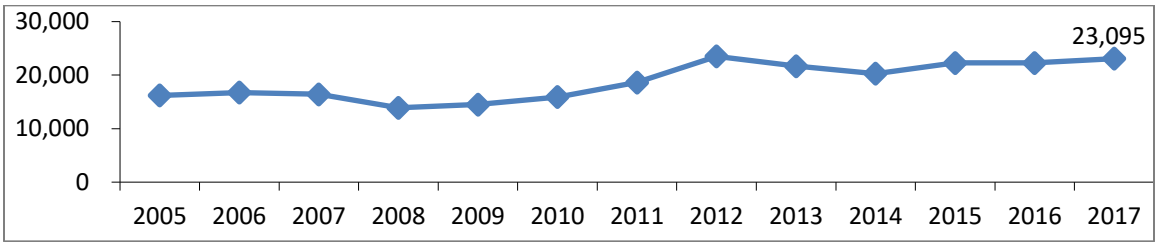
**Illicit Drug Use in the Past Month – Lowest to Highest in the U.S.**



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

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

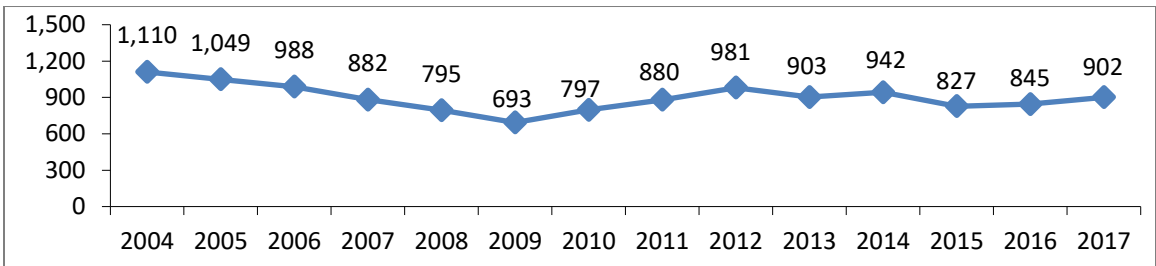
**Substance Use Disorder Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol**



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

Drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning are another indicator of drug abuse levels. In 2005, a drop in meth lab incidents helped reduce drug related prison admissions. Due, in part, to the increased availability of meth trafficked into the state, drug-related prison admissions rose from 2009 to 2012, and have remained relatively stable. This figure shows the offenders admitted to prison with a drug offense as their lead charge.

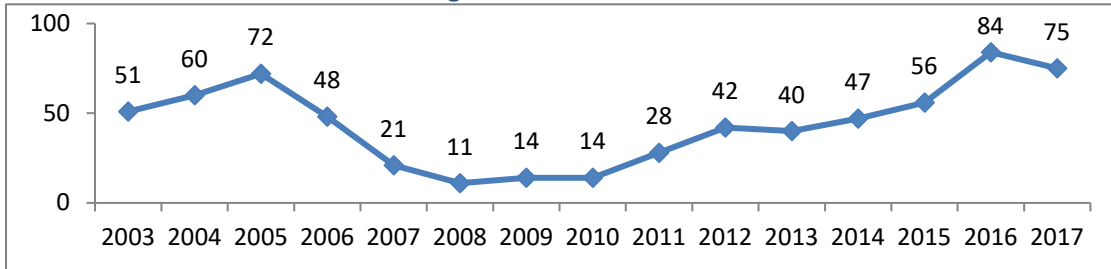
**Drug-Related Prison Admissions**



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

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

**Number Drug-Related Iowa Traffic Fatalities**



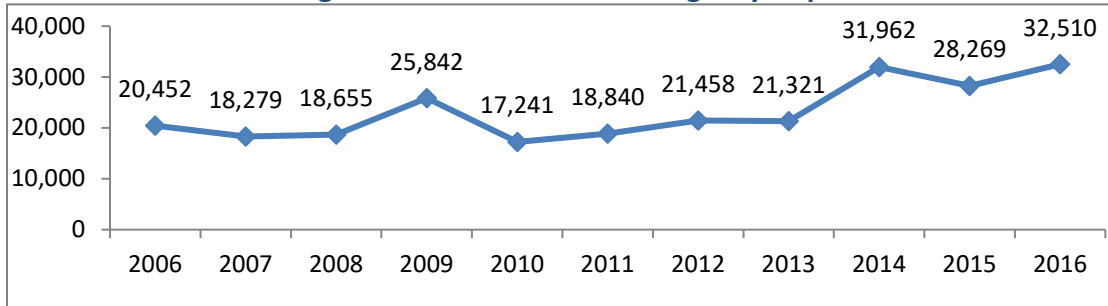
Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

The number of hospital emergency department visits related to alcohol and drug use rose significantly in 2014, and then hospitals transitioned to using ICD-10 codes. Caution should be



used in comparing data from 2014-2016 due to this reporting change. The number reported below represents substances as both a primary reason for the visit, as well as a contributing factor to many visits.

**Number of Drug and Alcohol-Related Emergency Department Visits**



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

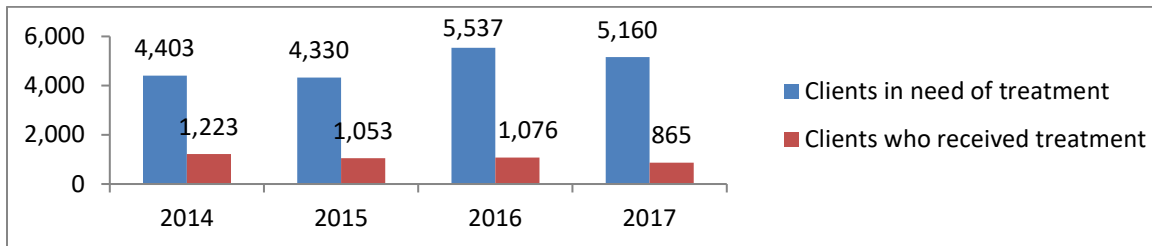
\*Data updated - combined ICD-9-CM coded data (January – September 2015) and ICD-10-CM coded data (Oct – Dec 2015).

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

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

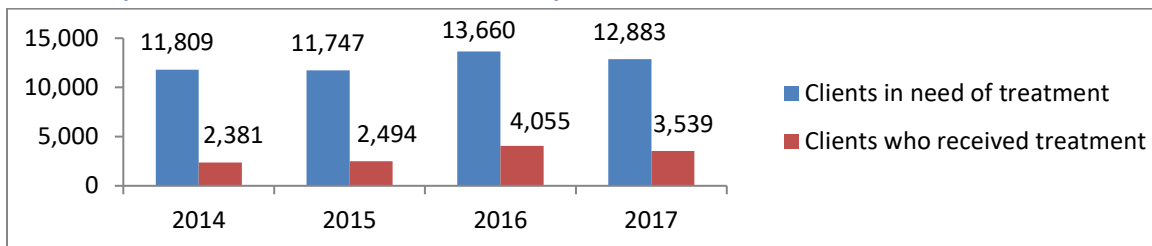
In 2017, the Department of Corrections provided substance use disorder treatment to only 17% of the addicted custodial inmates and 27% of the drug addicted offenders in community corrections.

**Department of Corrections Institutional Substance Use Disorder Treatment**



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

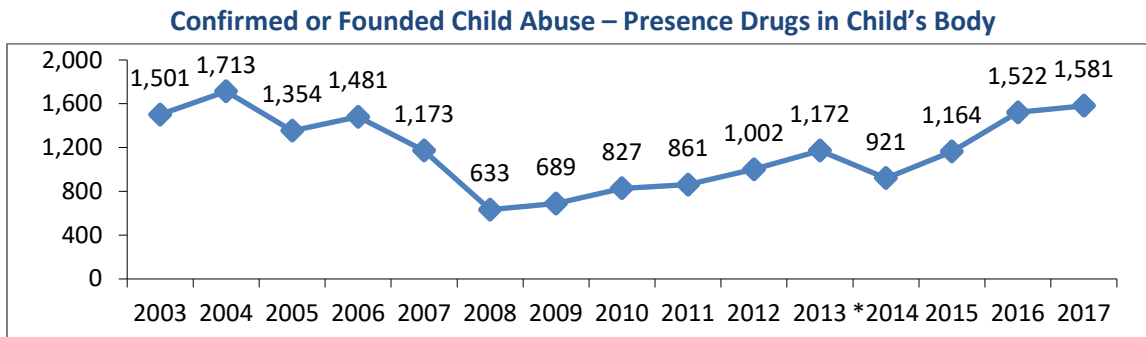
**Department of Corrections Community-Based Substance Use Disorder Treatment**



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

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

The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child’s body and the second is cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child.



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

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

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

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

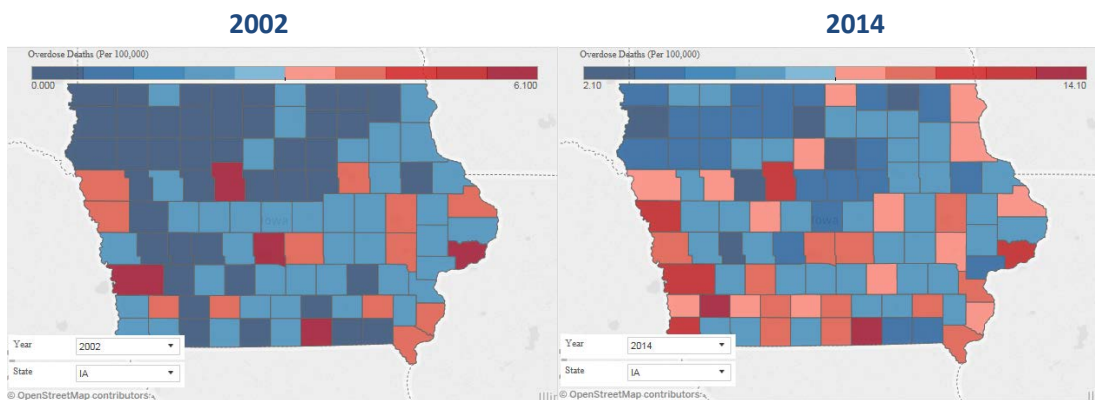
*\*In 2016, DHS changed Differential Response to include cocaine, heroin, and opiates in child abuse assessment pathway.*

The number of confirmed or founded child abuse cases involving the presence of illegal drugs in a child’s body reached its peak in 2004. The number of confirmed or founded child abuse cases involving a caretaker’s manufacturing of illegal drugs, specifically methamphetamine, decreased from 2003 to 2008. This number, like other meth statistics, was driven down by the reduction in methamphetamine labs across the state. However, as seemingly larger amounts of meth have been trafficked into Iowa, the number of children affected by the drug has generally increased.

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

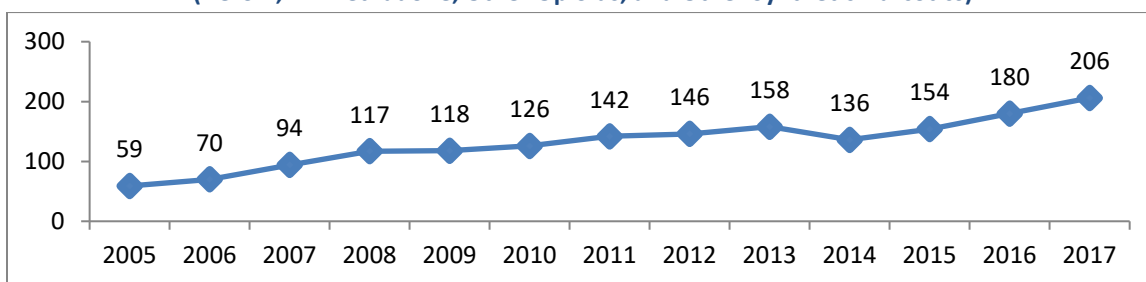
Due to their vast availability and addictive qualities, opioids may be the category of drugs fueling the most rapid growth in substance abuse among Iowans. Opioids encompass opioid analgesics, or prescription pain medicines, such as hydrocodone, oxycodone, methadone, morphine and fentanyl. Opioids also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

## Iowa Opioid Overdose Deaths



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

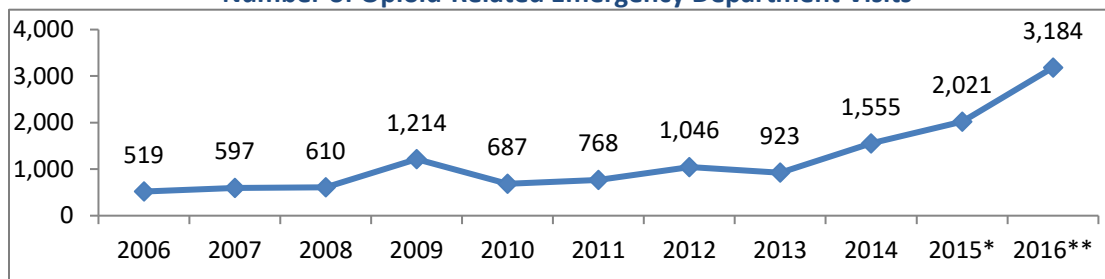
### Iowa Opioid-Related Overdose Deaths (Heroin, Rx Methadone, Other Opioids, and Other Synthetic Narcotics)



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

Opiate-related emergency department visits have increased six fold in the past ten years. This number may not include unspecified or other drugs, or opiates combined with alcohol.

### Number of Opioid-Related Emergency Department Visits



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

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

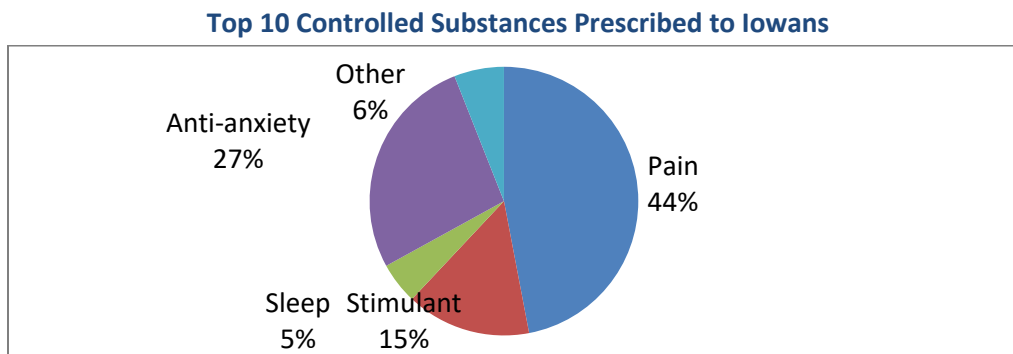
\*\*ICD-10-CM coded data only.

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

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

### Prescription Drugs and Over-the-Counter Medications

The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. The United States makes up only 4.6 percent of the world's population, but consumes 80 percent of its opioids – and 99 percent of the world's hydrocodone. According to data from the Prescription Drug Monitoring Program, the top 10 controlled substances prescribed in Iowa comprise approximately 78% of all prescriptions filled. These 10 medications include painkillers such as Vicodin and Percocet, anti-anxiety medication such as Xanax and Ativan, the sleep-inducer Ambien, and Attention Deficit Hyperactivity Disorder (ADHD) medications such as Adderall and Ritalin.

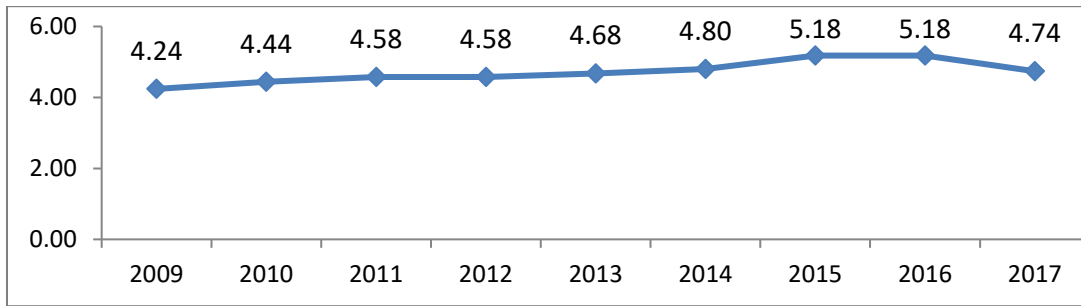


Source: CY 2016, [Iowa Board of Pharmacy](#)

The Iowa Prescription Monitoring Program (PMP) indicates possible doctor shopping and/or pharmacy hopping to obtain excessive amounts of prescription drugs. In 2017, there were 424 Iowans that filled CII – CIV prescriptions from 5 or more prescribers or pharmacies. Approximately 46% of prescribers, such as physicians, have registered for access to the PMP but the rate of usage is much lower. Pharmacists are required to submit data, but not to consult the PMP when filling a prescription.

According to the Director of the Iowa Pharmacy Board, in 2017 the number of prescribed and dispensed CII- CIV drugs dropped by nearly 10%. The American Medical Association also reports the prescribing of opioid analgesics is down nationally, and in Iowa, over the past four years. In 2016 the CDC issued new guidelines that discourage prescribing of prescription opioids for chronic pain.

**Number of Schedule II, III, and IV Prescriptions Filled in Iowa (in Millions)**

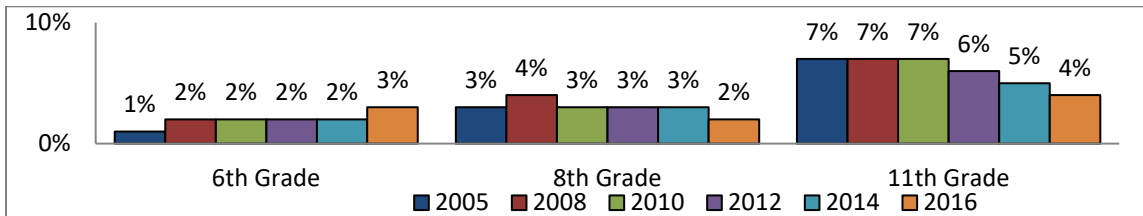


Source: CY, [Iowa Board of Pharmacy](#)

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

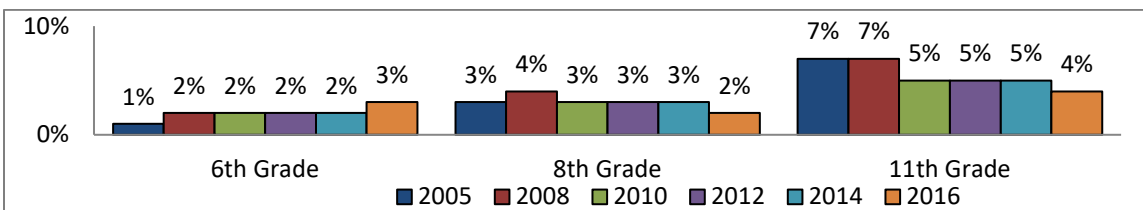
Additionally, attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not as dangerous as using drugs like methamphetamine. This in turn leads them to wrongly believe that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

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



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

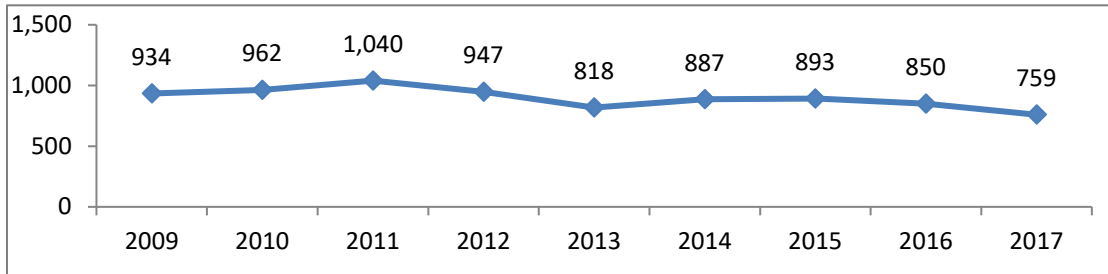
**Percent of Students Self-Reporting the Current Non-Medical Use of Over-the-Counter Medications**



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

Painkillers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. The high number of hydrocodone, oxycodone, methadone, tramadol, and other Rx opioid “human exposure” calls to the Iowa Statewide Poison Control Center highlights this dangerous trend.

**Number of Rx Opioid “Human Exposure” Calls to the Iowa Poison Control Center**

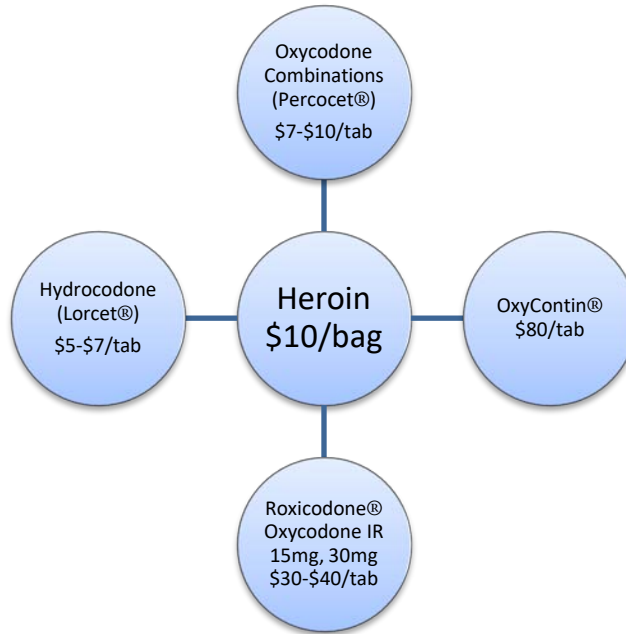


Source: [Iowa Statewide Poison Control Center](#)

## **Heroin**

Anecdotally, heroin use is on the rise in Iowa. According to Iowa Department of Public Health treatment data, heroin screenings/admissions for treatment have increased to an all-time high of 2.5% of all treatment admissions. Although small, this number has more than tripled in the past six years. As more and more people become hooked on prescription opioids, more end up turning to heroin. Because prescription opioids are similar to heroin in how their chemical makeup affects the brain, some users addicted to pain medicine may transition to heroin. This is especially true when pain medicines become difficult to obtain, or cheaper heroin becomes available in a community. The CDC reports three out of four new heroin users reported previous prescription opioid misuse.

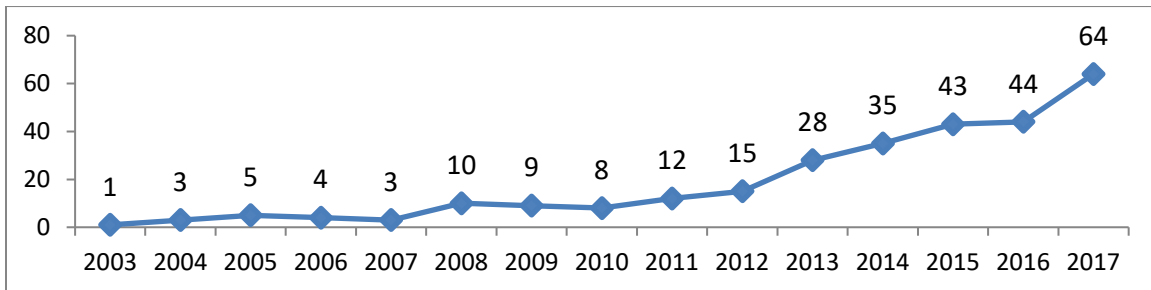
### Cost Comparison Heroin vs. Prescription Drugs



[DEA](#), 2013

Heroin overdose deaths have risen precipitously over the last decade.

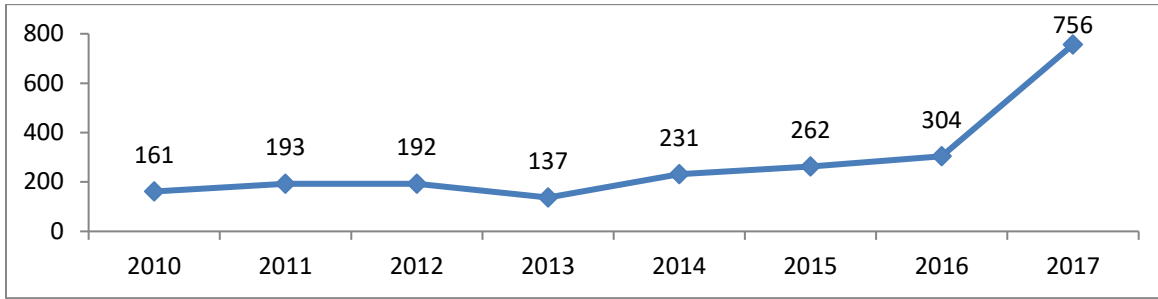
### Iowa Heroin Related Overdose Deaths



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

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

### Iowa EMS Naloxone Administrations



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

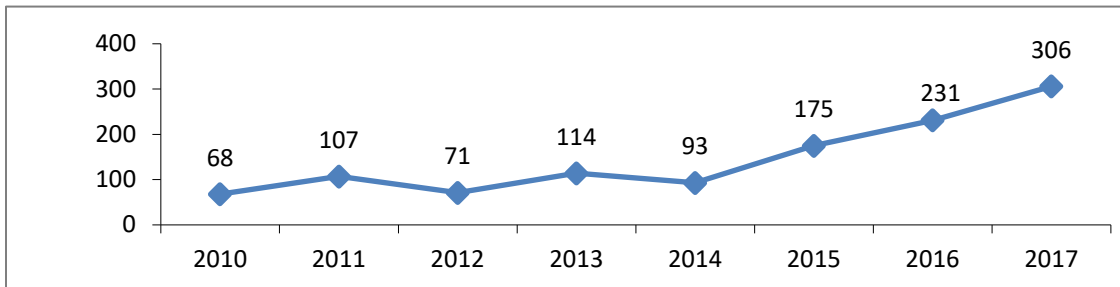
### Iowa Average Heroin Price Per Gram

	2010	2012	2014	2016	2017
<b>Price</b>	\$215	\$250	\$250	\$200	<b>\$175</b>

Source: [Iowa Counterdrug Task Force](#)

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

### Heroin and Heroin-Mixture Seizure Cases Submitted to Crime Lab



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

### Synthetic Opioids (Non-Medical)

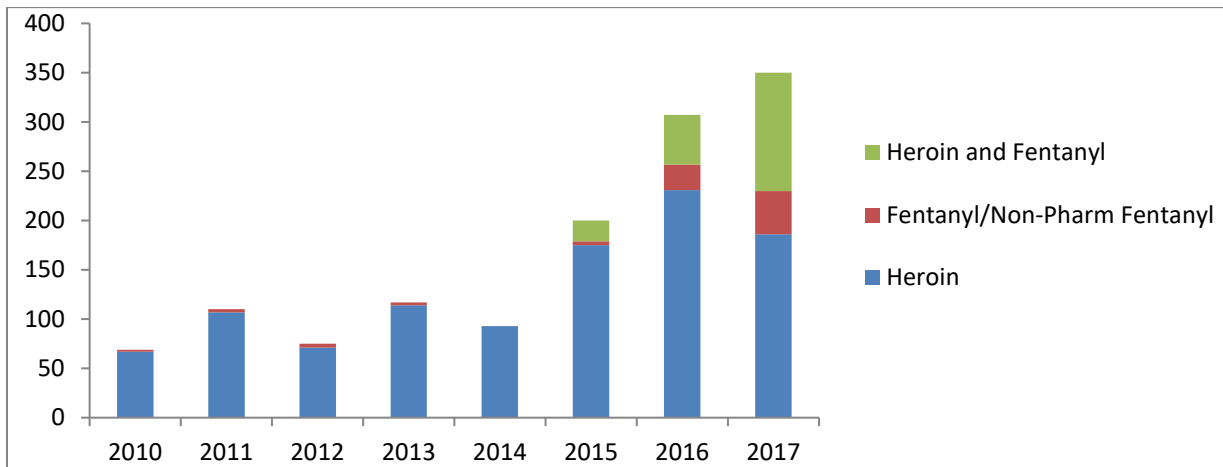
Fentanyl is a synthetic and short-acting opioid analgesic that is 50-100 times more potent than morphine, and approved for managing acute or chronic pain associated with advanced cancer. Although pharmaceutical fentanyl is at times diverted for misuse, most cases of fentanyl-related morbidity and mortality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



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

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

**Iowa DCI Heroin, Fentanyl, and other Synthetic Opioid Cases**



Source: [Iowa Department of Public Safety Criminalistics Lab](#)  
May not include all seizures – larger cases may be sent to DEA lab.

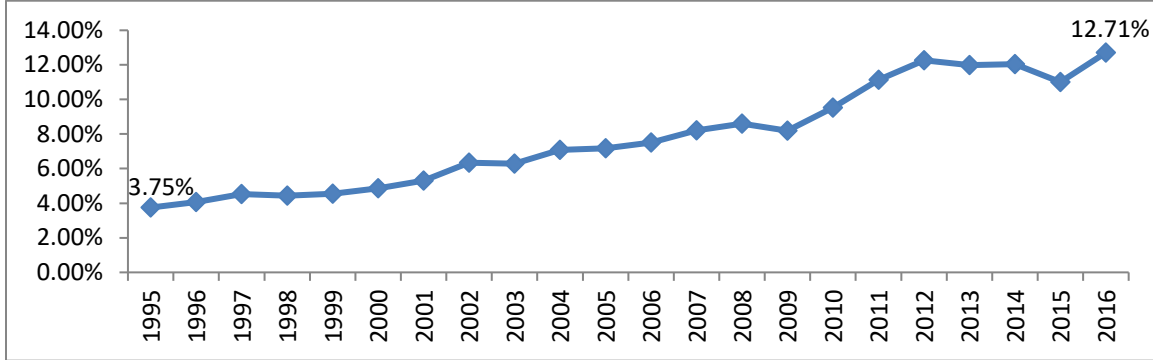
## Marijuana

Data indicate that marijuana is the most prevalent illegal drug and after alcohol, the second most used/abused substance by adults in Iowa. It also appears as though marijuana has held this distinction for quite some time. Although marijuana use is prevalent in Iowa, according to the National Survey on Drug Use and Health (NSDUH), less than six percent of Iowans say they currently use the drug.

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

expected to have more acute personal and societal consequences. THC levels averaged less than 1% in 1972, compared to nearly 13% today.

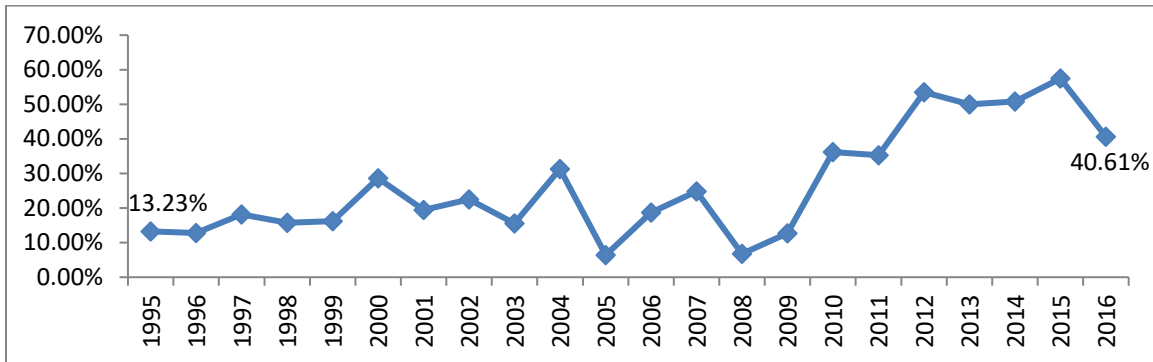
**Increasing THC Potency of Marijuana  
(Plant Material Seized in the U.S.)**



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

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

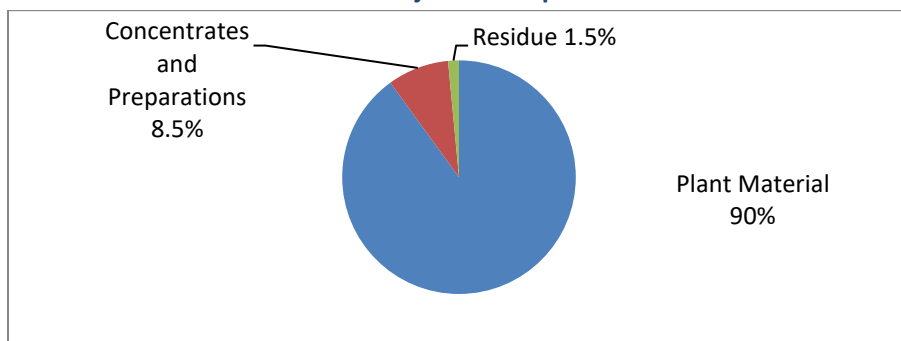
**New Marijuana’s Increasing THC Potency  
(Hash Oil Seized in the U.S.)**



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

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

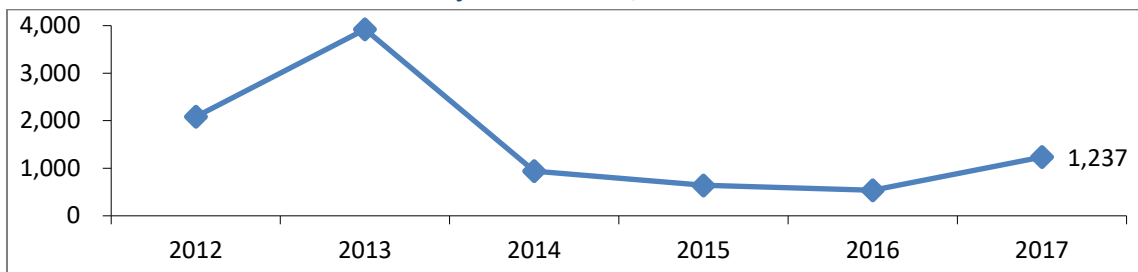
### Grams of Marijuana Samples Tested



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

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

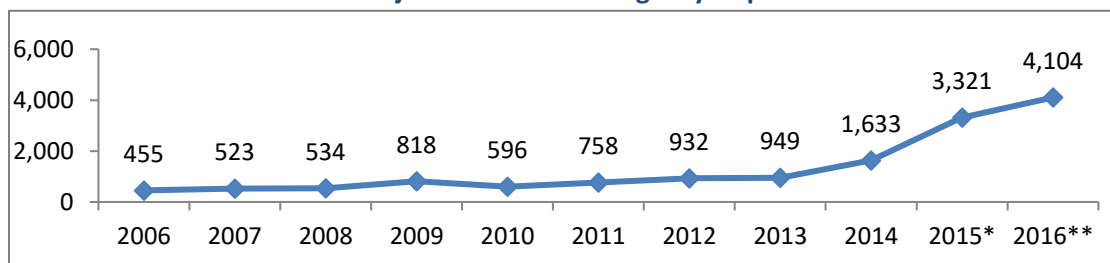
### Marijuana Seizures, in Pounds



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

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

### Number of Marijuana-Related Emergency Department Visits



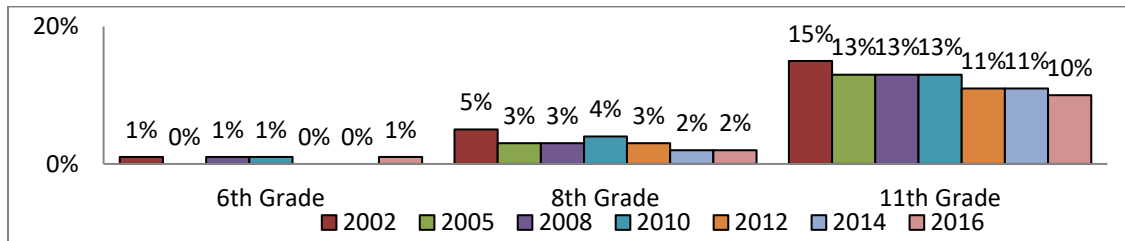
\*On October 1, 2015, Iowa hospitals transitioned from ICD-9- CM to ICD-10- CM Codes. With this transition, hospitals are required to use ICD-10- CM to code Outpatient data. Consider this change as a potential cause of any variations that appear to occur between the 2015-2016 data. Use caution in interpreting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

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

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

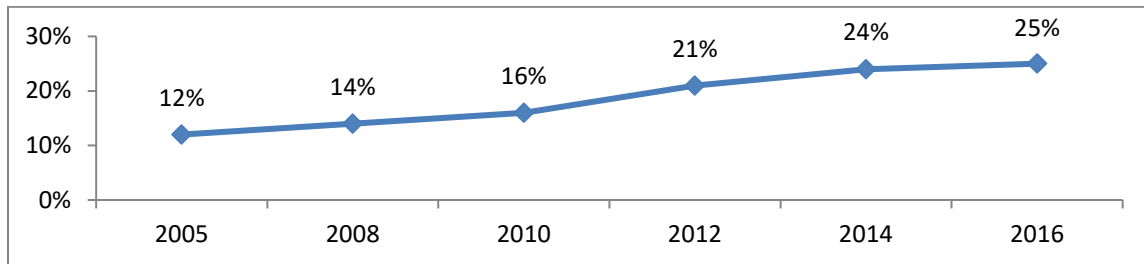
The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. In 2016, 16% of 11th graders reported current use. Again, attitude drives behavior. One quarter of Iowa teens perceive no risk in smoking marijuana once or more per week. This number has doubled in the past ten years,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

**Percent of Students Self-Reporting the Current Use of Marijuana**



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

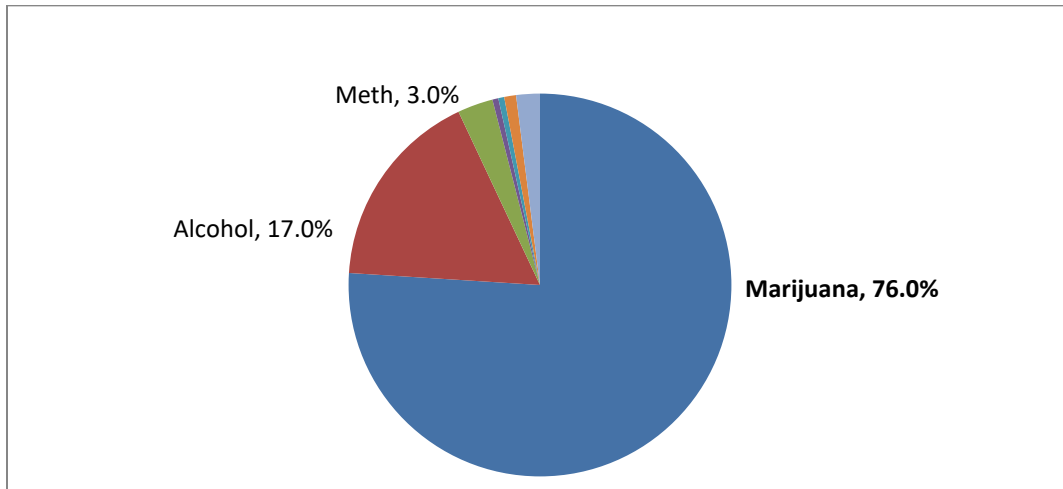
**Percent of Students Perceiving No Risk Smoking Marijuana Once or More a Week**



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

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

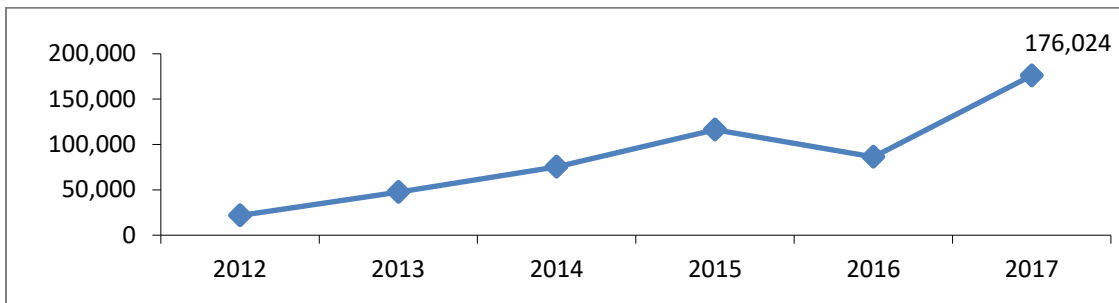
### Percentage of Youth Screenings/Admissions to Substance Use Disorder Treatment Programs with Marijuana as Primary Drug



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

### Amphetamine/Methamphetamine

#### Methamphetamine Seizures in Grams



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

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

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

One indicator of the availability of methamphetamine is the price and purity of law enforcement seizures. In recent months, the Iowa Department of Public Safety's Division of Narcotics

Enforcement has experienced a significant increase in major cases involving large quantities of high purity methamphetamine. These cases generally involve meth smuggled into Iowa from Mexico and other states. Some meth encountered by law enforcement agencies is 99% to 100% pure. That compares with an average purity level ranging from 14% to 40% ten years ago.

**Iowa Average Methamphetamine Price per Gram and Purity**

	2010	2012	2014	2016	2016
<b>Price</b>	\$130	\$135	\$125	\$105	<b>\$105</b>
<b>Purity</b>	79%	87%	95%	97%	<b>96%</b>

Source: [Iowa Counterdrug Task Force](#)

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

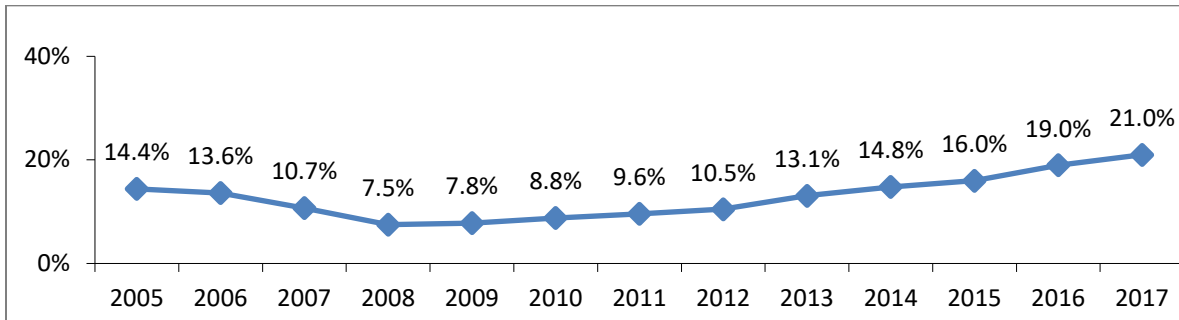
In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. Additional legislation passed in 2009, requiring all Iowa pharmacies that sell non-prescription pseudoephedrine products over-the-counter to participate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

Since 2010, Iowa’s Office of Drug Control Policy has managed the Pseudoephedrine Tracking System, as part of the National Precursor Log Exchange (NPLEx). NPLEx is a real-time tracking system used by virtually all Iowa pharmacies as a stop-sale system, to flag pharmacists when customers are about to exceed their pseudoephedrine purchase limits to prevent the sale from taking place. Blocking improper sales in real-time prevents actions that lead to the production of meth. In the seven full years since implementation, NPLEx has blocked more than 151,700 illegal purchase attempts, preventing the sale of over 875 pounds of pseudoephedrine, averting the possible production of over 796 pounds of methamphetamine.

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



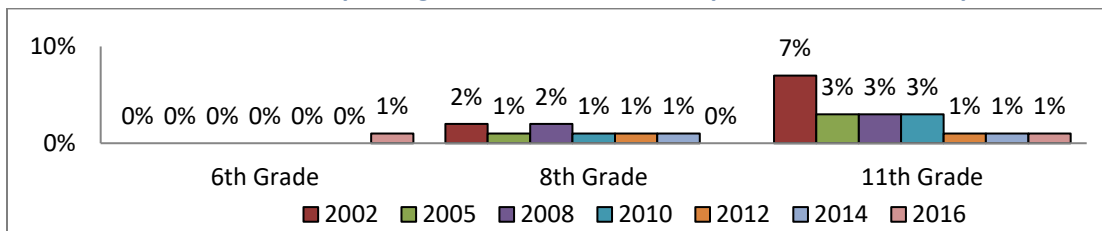
**Percentage of Adult Screens/Admissions to Substance Use Disorder Treatment Programs with a reported Primary Substance of Abuse of Methamphetamine**



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

While the demand for meth among the Iowa's adult population remains high, young Iowans use meth at a relatively low level.

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



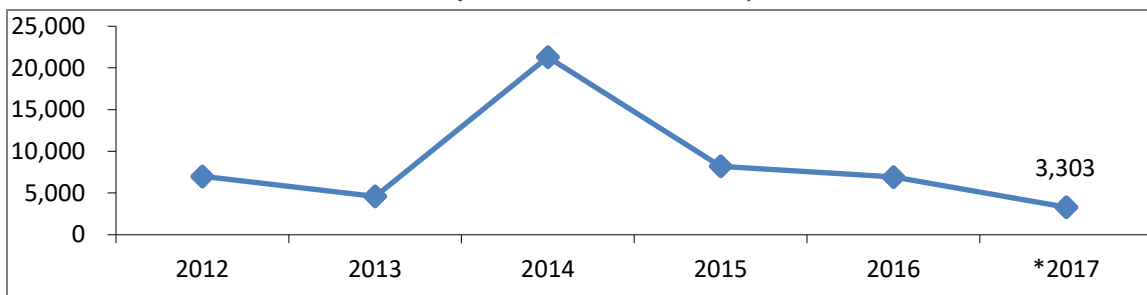
Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

**Cocaine/Crack Cocaine**

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

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

**Iowa Cocaine/Crack Cocaine Seizures, in Grams**



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

**Iowa Average Cocaine Price per Gram**



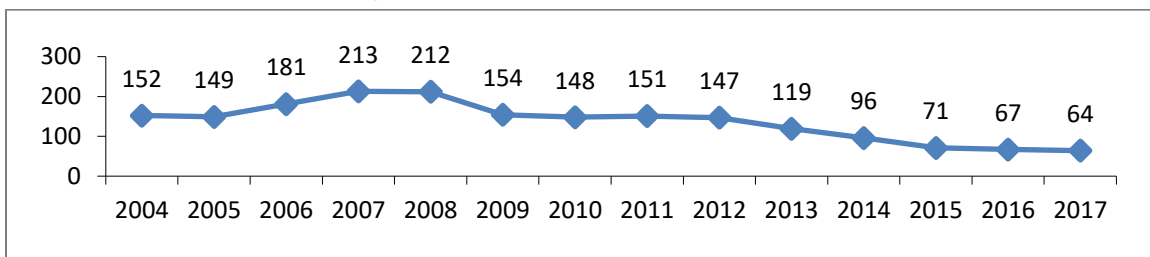


Price	\$125	\$130	\$100	\$100	<b>\$100</b>
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Source: [Iowa Counterdrug Task Force](#)

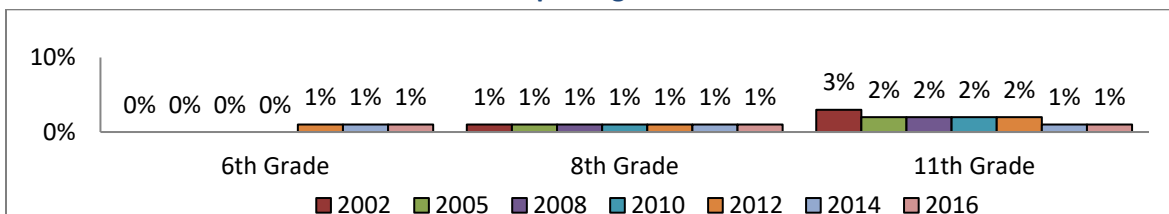
Cocaine-related admissions to prison represented 7% of drug-related prison admissions in FY 2017. The number of prison admissions for crack/cocaine is the lowest it has ever been since this data was first collected in 2004. Based on the data indicators illustrated here, it would appear that cocaine/crack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

**Cocaine/Crack Cocaine-Related Prison Admissions**



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

**Percent of Students Self-Reporting the Current Use of Cocaine**



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

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

## Synthetic Cannabinoids and Cathinones

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

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

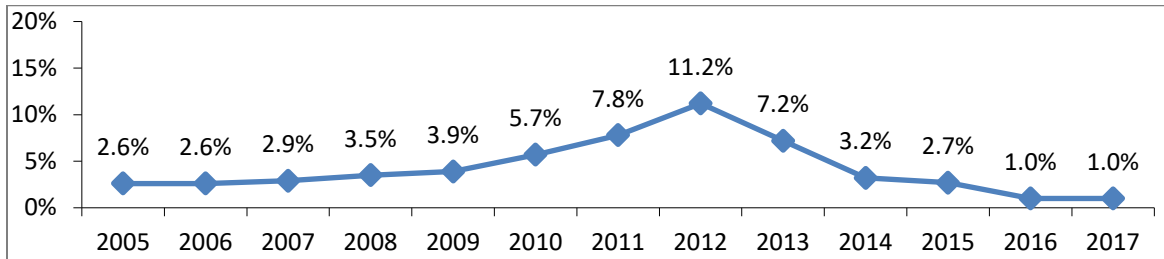
The Iowa Division of Criminal Investigation crime lab reports a drop in synthetic drug submissions, beginning late in 2014 and continuing through 2015. Of the synthetic drug cases it does receive, the crime lab estimates 70 percent of recent submissions involve newer uncontrolled compounds, most of which are the synthetic cannabinoid variety. There have been few synthetic cathinones submitted to the crime lab in recent months, and most of those submitted are controlled under current Iowa law. A new law enacted in 2017 may also provide prosecutors with a stronger tool to take legal action against sellers of new synthetic drugs that have not yet been regulated under state or federal law.

### Other Illicit Drugs

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

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

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

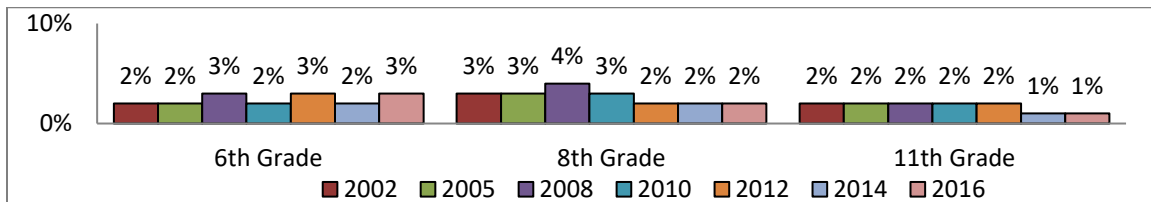


Source: FY, [Iowa Department of Public Health, Division of Behavioral Health](#)

### Inhalants

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

**Percent of Students Self-Reporting the Current Use of Inhalants**



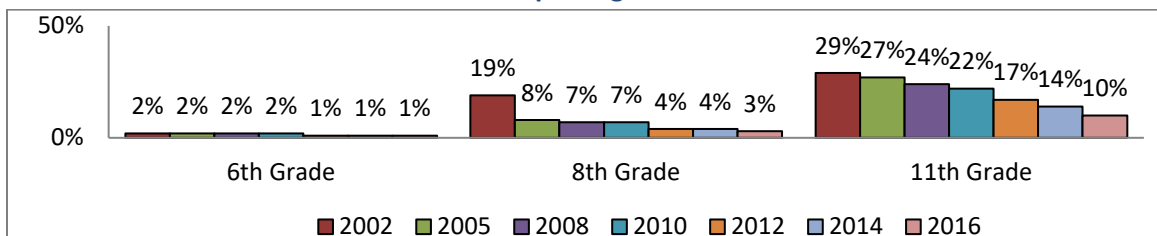
Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

## Tobacco/Nicotine Products

Much data and information is published by the federal Centers for Disease Control and Prevention and other organizations to inform the public of the dire consequences of using tobacco products. These organizations estimate that annually 5,100 Iowans die as a result of smoking, and annual health care costs directly caused by smoking average \$1.285 billion. Tobacco users in Iowa that want to quit may contact Quitline Iowa for tobacco cessation coaching services over the telephone or internet, 24 hours a day. Iowans over the age of 18 who are uninsured or on Medicare may also be eligible for eight (8) weeks of free nicotine replacement therapy in the form of gum, patches, or lozenges. Nicotine replacement therapies are approved by the FDA for tobacco use cessation. Though many people feel that e-cigarettes are a useful option for cessation, there is insufficient evidence to support this belief that e-cigarettes or other electronic smoking devices are effective in quitting tobacco use. Data suggests that the use of electronic smoking devices keeps people smoking more traditional tobacco products and any smoking is dangerous to health. Finally, e-cigarette aerosol is not harmless water vapor and should not be considered as clean air.

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

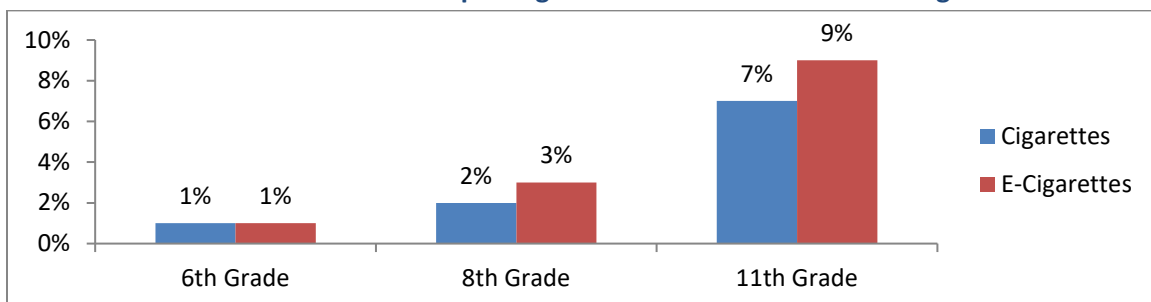
**Percent of Students Self-Reporting the Current Use of Tobacco**



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

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

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



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

## Appendix Two: Drug Use Profile

# Targeted Strategies: Results, Indicators, and Priorities

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

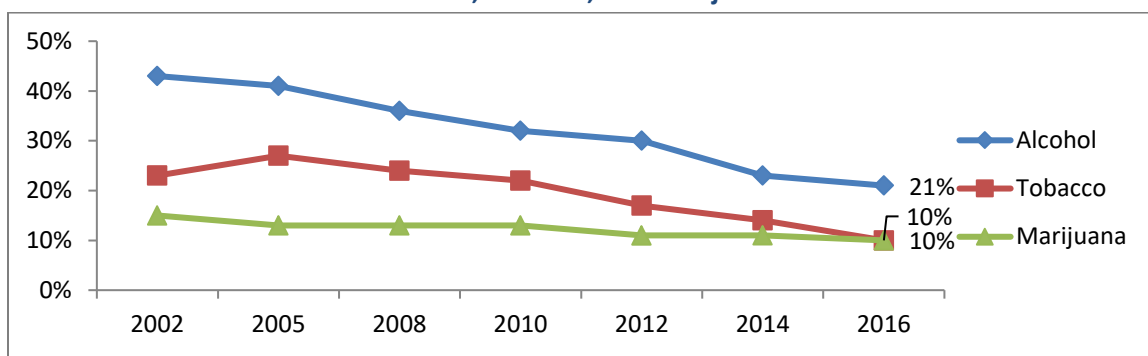
The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities. Effective treatment addresses addiction issues and has a long-term positive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

### Reduce youth use of alcohol, tobacco, and marijuana

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

The [Iowa Youth Survey](#) (IYS) is a self-reporting survey conducted every two years by the Iowa Department of Public Health's Division of Behavioral Health. Results from the 2014 survey were released in the spring of 2015. Results from the 2016 IYS will be released in the spring of 2017. The IYS compiles data regarding the use of alcohol and other drugs from youth in grades 6, 8, and 11 in public and non-public schools. Students answer questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of peers, family, schools and community environments.

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



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

### **What Works**

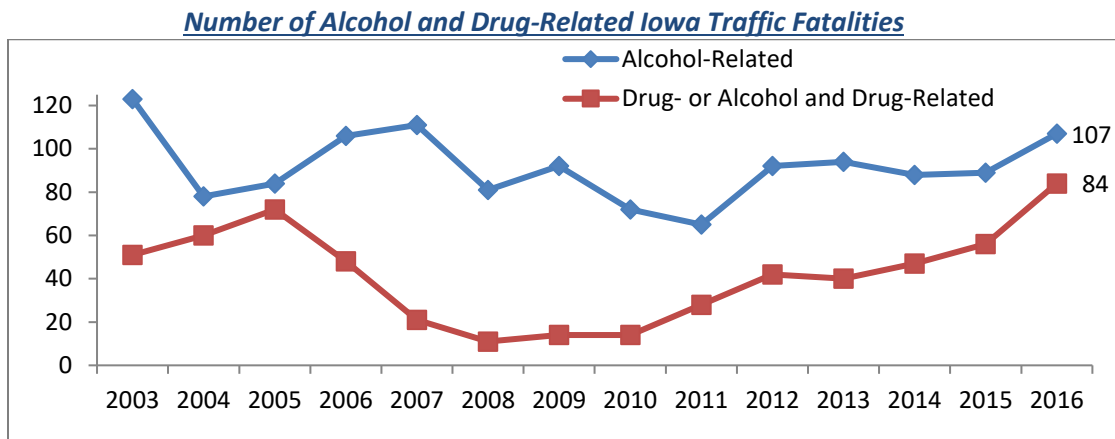
Initiatives that work to reduce the number of Iowa youth who use alcohol and other drugs include: schools implementing evidence-based substance abuse prevention programming;

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

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

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. Motor vehicle crashes are the leading cause of death for all 15-20 year olds, according to the National Center for Health Statistics. Alcohol is one of the leading causes of fatal traffic crashes. In Iowa, alcohol is second only to excessive speed as a contributing factor in all traffic crashes.

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



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

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

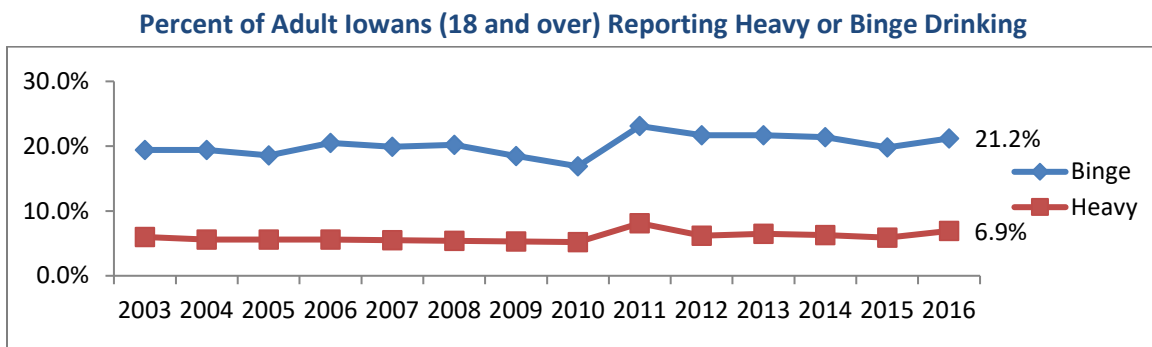
**What Works**

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

## Reduce the number of lowans engaged in heavy or binge drinking

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

Alcohol dependency and abuse are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. Reducing heavy and binge drinking in Iowa will improve the health and safety of lowans while reducing health care costs. According to the data below, percentages of adult lowans who report heavy and binge drinking have remained steadily higher than national averages. Nationally, 16.9% of Americans report binge drinking while 21.2% of lowans report binge drinking. Nationally 6.5% report heavy drinking while 6.9% of lowans report heavy drinking.



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

### **What Works**

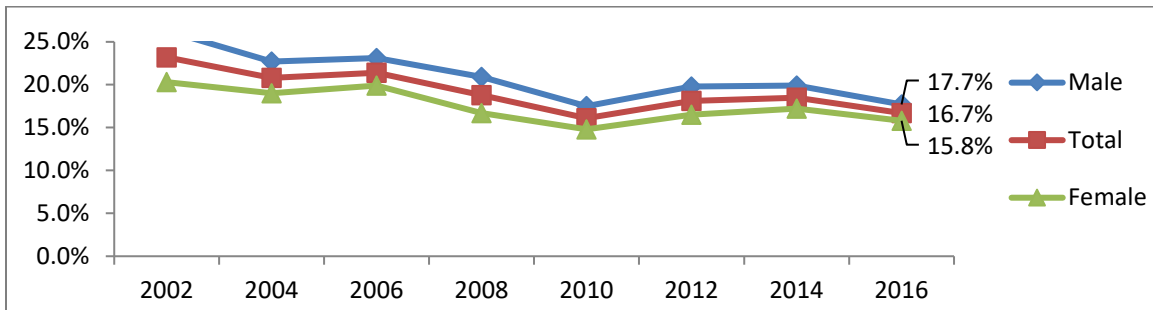
Initiatives that work to reduce the percentage of lowans who binge drink or drink heavily include: Drug-free workplace policies; school and community programming; community coalitions involving professionals, parents, and other supporters; raising the age of onset of alcohol use; providing retailer training;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

## Reduce the number of lowans who smoke or use other nicotine products

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

tobacco-related illnesses and costs. Nationally, 17% of adults report smoking, while in Iowa that rate is 16.7%.

**Percent of Adult Iowans Reporting Current Smoking**



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

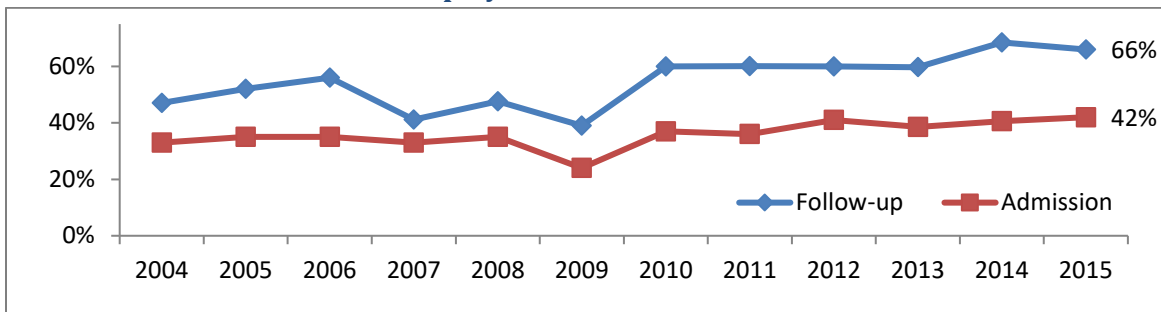
### What Works

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

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

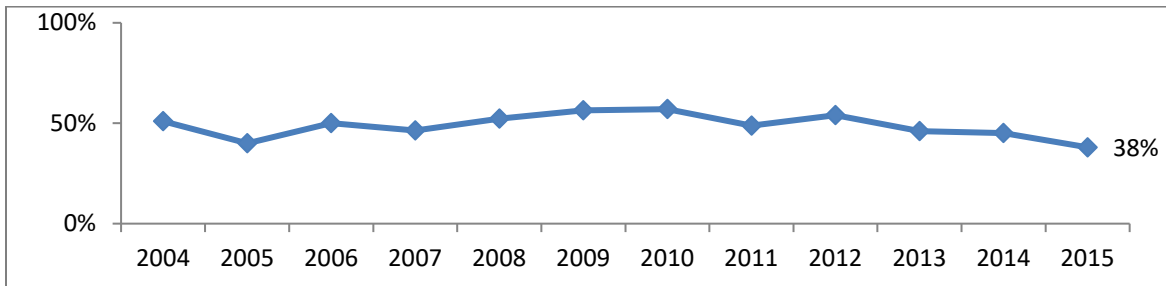
Over 66% of treatment clients who participated in the Year Eighteen Outcomes Monitoring Study for 2015 were employed full or part-time six months after treatment, compared to only 42% of clients at treatment admission. At follow-up 38% of treatment clients remained abstinent six months after treatment discharge. Treatment must be comprehensive, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on each person, family, and community.

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





### Percent of Treatment Clients Abstinent Six Months Post Treatment



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

### What Works

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

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

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

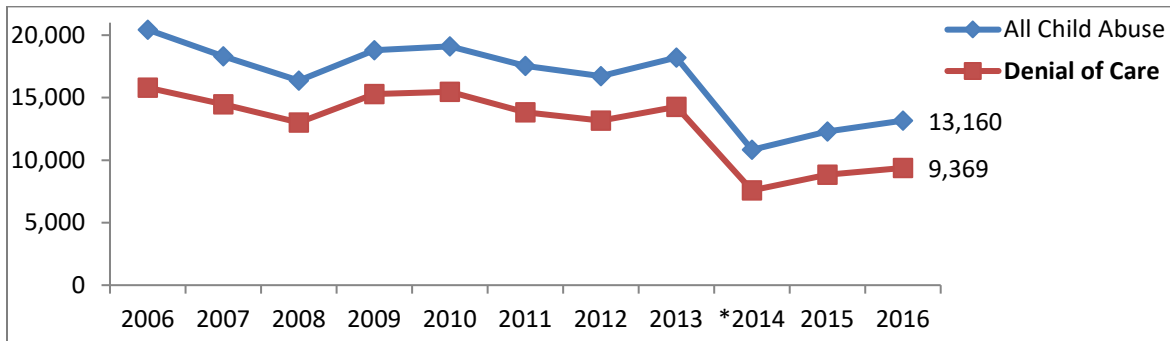
Over the past ten years, Iowa Department of Human Services (DHS) data has indicated a large percentage of child abuse cases related to the denial of critical care. However, changes in Iowa's handling of child abuse reports in 2014 and again in 2016 make it harder to compare some figures over time.

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

In 2016 the Iowa Drug Endangered Children (DEC) Workgroup met to examine issues and develop policy recommendations relating to the protection and safety of drug endangered

children and propose a statutory definition of a drug endangered child for purposes of child in need of assistance and child abuse proceedings. Senate File 2258 established this workgroup as a continuing improvement follow-up to the DHS change to a Differential Response child welfare system. The workgroup proposed several changes to Iowa Code. DHS also implemented internal changes in handling cases. Differential Response was changed to include cocaine, heroin, and opiate cases in the child abuse assessment pathway. These and other changes were codified in HF543 in 2017.

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



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

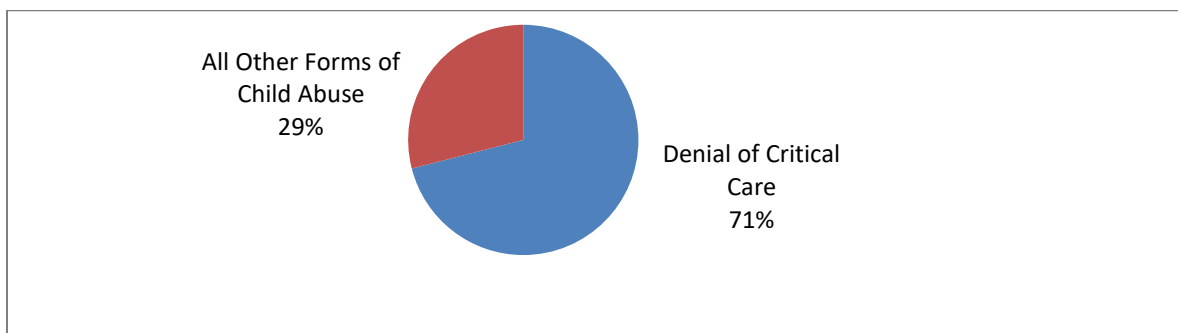
*\*Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused. Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together.*

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

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

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

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



Source: CY 2016, [Iowa Department of Human Services](#)

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

*\*January 1, 2014, DHS implemented Differential Response system for reacting to child welfare complaints.  
\*In 2016, DHS changed Differential Response to include cocaine, heroin, and opiates in child abuse assessment pathway.*

## **What Works**

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

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

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

## 2. Safeguard Iowa Communities from Illegal Drugs

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

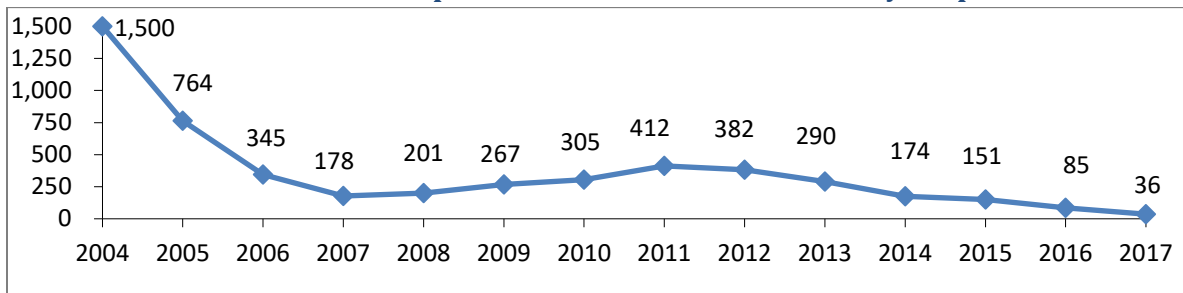
### Reduce the number of clandestine drug labs in the State

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

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

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

**State and Local Methamphetamine Clandestine Laboratory Responses**



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

### **What Works**

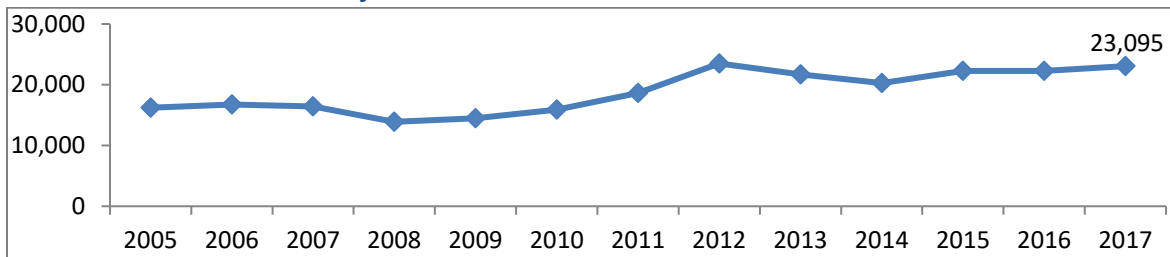
Initiatives that work to reduce clandestine drug labs in Iowa include: enforcement units that respond to and dismantle clandestine laboratories; multi-jurisdictional drug enforcement task forces; coordinated intelligence collection, analysis and sharing; collaborating with community

businesses, human services, corrections, and health care; real-time electronic precursor tracking and point-of-sale controls; and pharmacist and technician education.

**Increase treatment admissions for substances other than alcohol**

Appropriate and effective substance use disorder treatment is essential in breaking the cycle of addiction and promoting public safety. Few people enter substance use disorder treatment without pressure from family members or sanctions from authority figures such as employers or criminal justice officials. For many illicit drug users an arrest is the first step in a long process of rehabilitation and recovery. In Iowa, about half of the clients screened/admitted to substance use disorder treatment are referred by the criminal justice system.

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



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

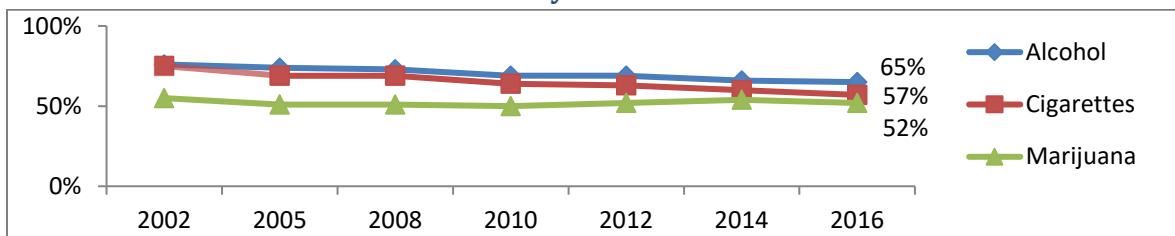
**What Works**

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

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

The Iowa Youth Survey has shown a reduction in how easy students in grade 11 think it would be to obtain alcohol, cigarettes, and marijuana. In 2016, 65% of 11<sup>th</sup> graders thought it would be “easy” or “very easy” to get alcohol. Ease of access is a key factor in youth substance abuse.

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



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

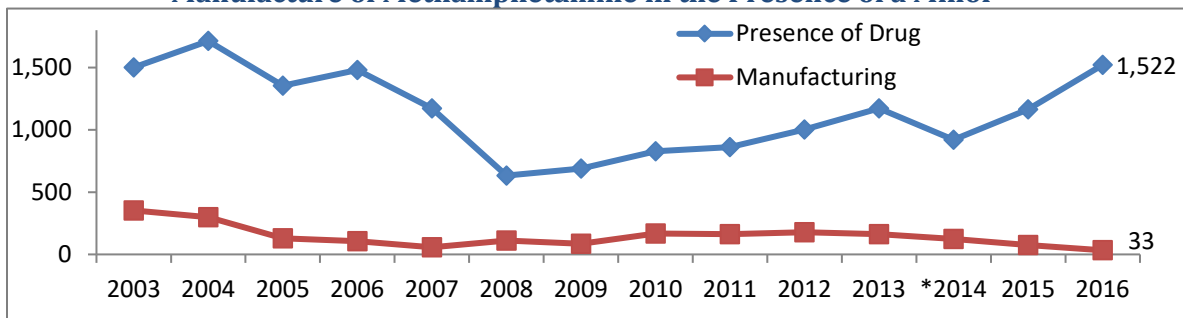
## What Works

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

## Reduce the number child abuse cases related to substance use

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

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



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

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

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

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

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

## What Works

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

## **Safeguard Iowa Communities from Illegal Drugs - Possible Byrne Program Responses**

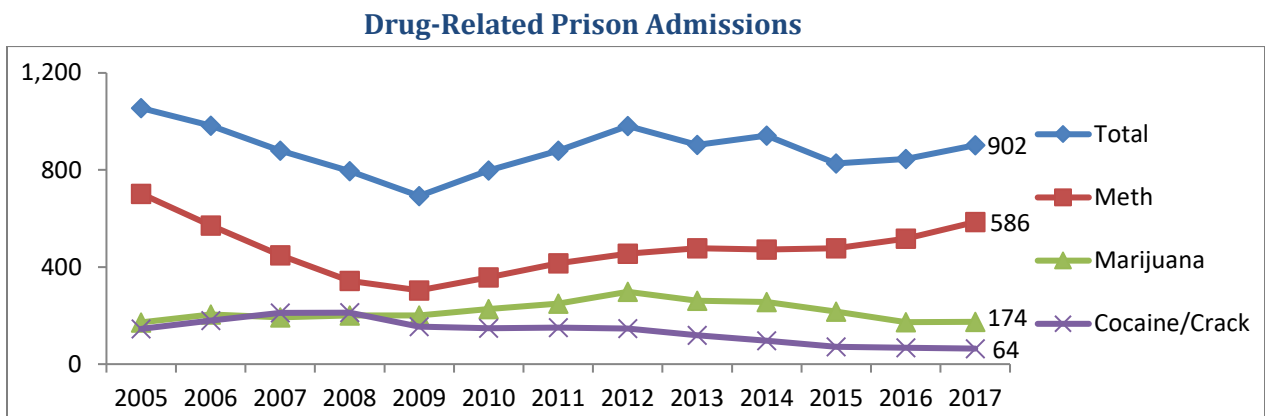
- Programs to divert non-violent offenders from jail/prison to treatment
- Juvenile and adult drug court programs
- Programs to provide case management resources for community-based criminal offenders receiving treatment services
- Jail-based treatment programs
- Multi-jurisdictional drug enforcement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

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

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

#### Reduce drug-related crime and associated prison admissions

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



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

#### **What Works**

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

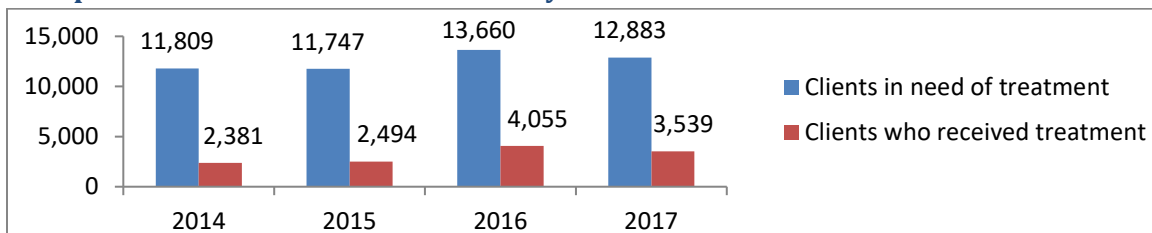


## Increase the number of community-based offenders who receive treatment

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

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

### Department of Corrections Community-Based Substance Use Disorder Treatment



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

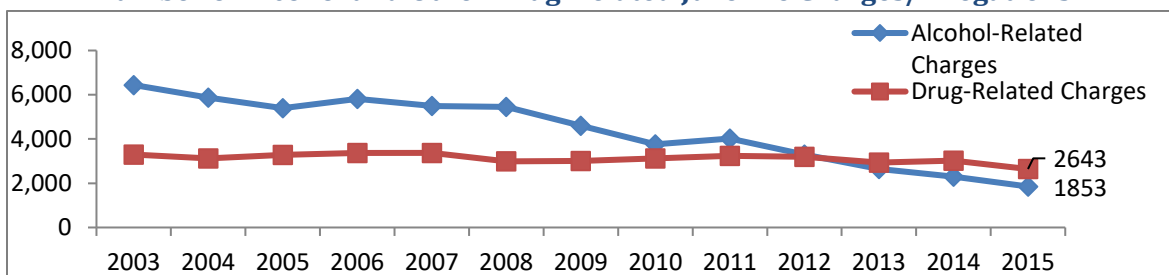
### What Works

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

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

Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their substance use disorder. The adolescent brain is especially vulnerable to addiction.

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



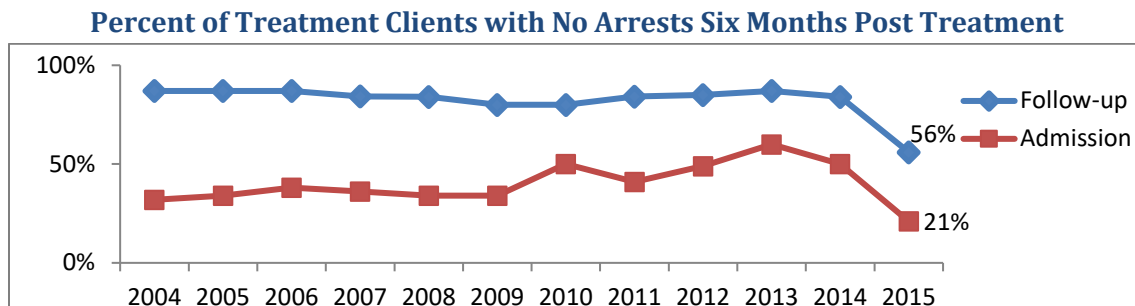
Source: [Iowa Justice Data Warehouse](#)

## What Works

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

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

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



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

## What Works

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

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

- Programs that divert non-violent offenders from jail/prison to treatment

- Jail-based drug treatment programs
- Co-occurring disorder community based programs
- Family drug courts
- Therapeutic community programs
- Prisoner re-entry programs
- Programs that support mental health services for offenders
- Drug Endangered Children program

# Strategy Development Process

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

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

## Public Input

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

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

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

## Need Assessment/Resource Needs

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

## Drug Policy Advisory Council

ODCP's advisory board, the Drug Policy Advisory Council, is made up of executive level officials from multiple components of the criminal justice field, as well as representatives from the substance abuse treatment, education and prevention field. All levels of government are represented on the Board. The Iowa Drug Policy Advisory Council membership is defined in Iowa Codes Section 80E and includes the following:

Iowa Drug Policy Advisory Council

**Dale R. Woolery**  
*Interim Drug Policy Coordinator*

**Matthew Harkin**  
*Iowa State Police Association*

**Jennifer Miller**  
*County Attorney's Association*

**Warren Hunsberger**  
*Substance Abuse Treatment Director*

**Katrina Carter**  
*Department of Corrections*

**Jane Larkin**  
*Substance Abuse Treatment Specialist*

**Barb Anderson**  
*Department of Education*

**Christina Wilson**  
*Substance Abuse Prevention Specialist*

**Vern Armstrong**  
*Department of Human Services*

**Honorable Amanda Potterfield**  
*Judicial Branch*

**Kathy Stone**  
*Department of Public Health*

**Non-Voting Members**

**Paul Feddersen**  
*Department of Public Safety*

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

**Steve Michael**  
*Department of Human Rights*

**Col. Charles Connors**  
*Iowa National Guard*

**David Lorenzen**  
*Iowa Peace Officers Association*

**Steve Larson**  
*Alcohol Beverage Division*

**Jason Sanhodd**  
*Iowa State Sheriffs and  
Deputies Association*

**Chief Rob Burdess**  
*Iowa Police Chiefs Association*

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

**Strategy Review and Submission**

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

### **Subgrant Award Process:**

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

### **Evidence-Based Practices/Projects**

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

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

### **BJA Project Identifiers**

- Community Based Programs
- Correctional Alternatives
- Drug Offenders
- Evaluation
- Mental Health
- Methamphetamine
- Prevention Substance Abuse Treatment
- Public Housing
- Substance Abuse
- Task Forces
-

# Coordination of Efforts

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

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

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

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

# Funding Information

Funding listed herein focuses on substance abuse and associated issues (e.g. crime, violence, and delinquency). Prevention, Treatment, and Enforcement are broad categories meant to encompass many programs. Funding estimates include State, Federal, and Other funding sources invested by State agencies. Funding estimates do not include local or private resources, or federal funds provided directly to communities.

## Total Estimated FY 2018 Prevention, Treatment & Enforcement Funding (By Agency)

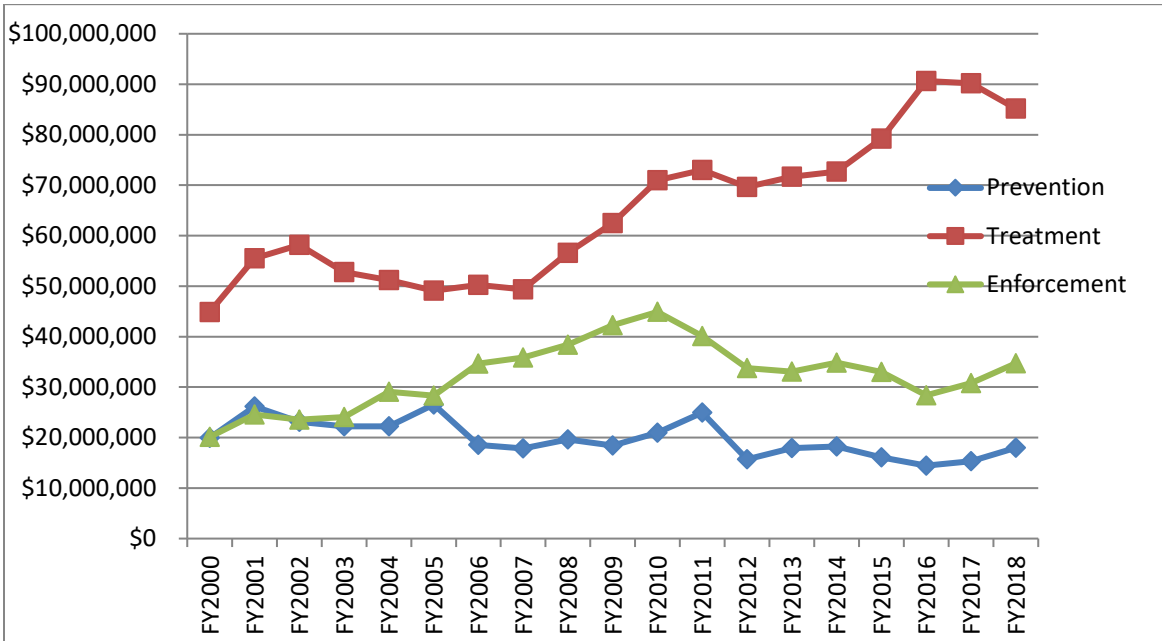
Agency	Prevention	Treatment	Enforcement	FY 2018 Total	FY 2011 Total	% Change from FY 11
Dept. of Education	\$1,929,497	\$0	\$0	\$1,929,497	\$3,602,752	-46.4%
DHR, CJP	\$280,000	\$0	\$0	\$280,000	\$1,753,297	-84.0%
DHS, Child & Family Services	\$0	\$2,385,457	\$0	\$2,385,457	\$1,526,889	+56.2%
DHS, Medical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

## Total Estimated FY 2018 (By Source)

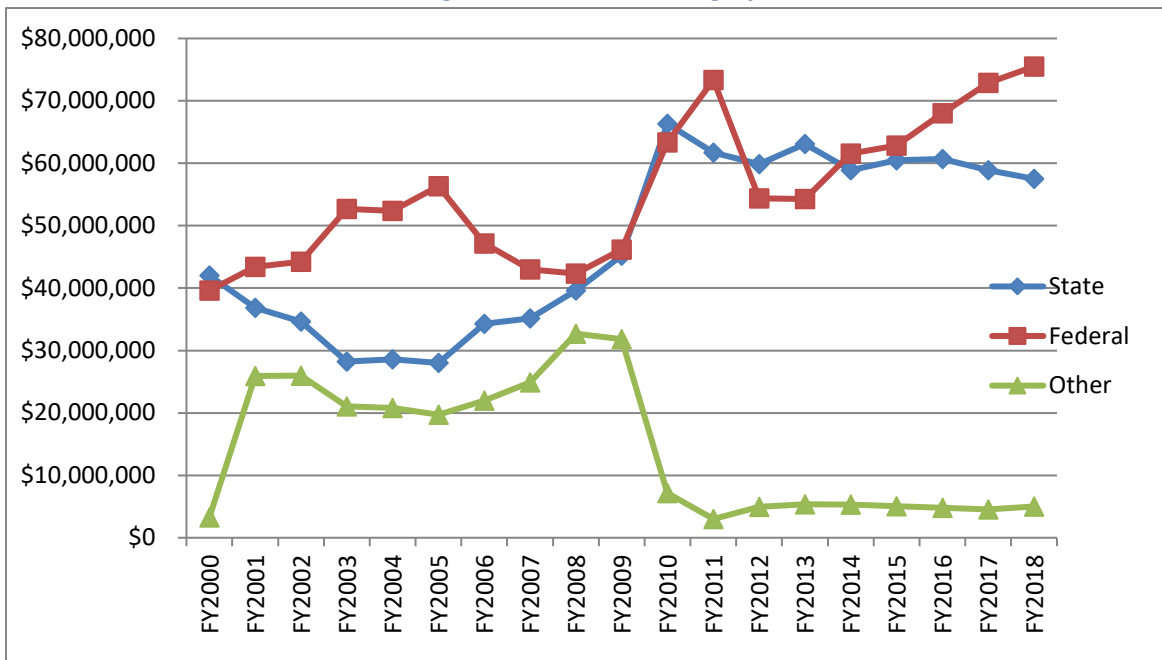
Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$4,325,864	\$32,649,908	\$20,557,511	\$57,533,283
Federal	\$11,243,694	\$51,122,329	\$13,142,159	\$75,508,182
Other	\$2,427,204	\$1,433,368	\$1,032,375	\$4,892,947
<b>Total</b>	<b>\$17,996,762</b>	<b>\$85,205,605</b>	<b>\$34,732,045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



**Iowa Substance Abuse & Drug Enforcement Funding By Discipline – FY 2000 - FY 2018**



**Iowa Substance Abuse & Drug Enforcement Funding By Source – FY 2000 - FY 2018**



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

# Performance Measures

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

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

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

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

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