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Introduction

The Governor’s Office of Drug Control Policy (ODCP), in cooperation with the Iowa Drug Policy Advisory Council (DPAC), presents the 2019 Iowa Drug Control Strategy.

This annual report is submitted in satisfaction of Chapter 80E.1 of the Code of Iowa, which directs the Drug Policy Coordinator to monitor and coordinate all substance abuse prevention, treatment and drug enforcement activities in the State. Further, it requires the Coordinator to submit an annual report to the Governor and Legislature concerning the activities and programs of the Coordinator, the Governor’s Office of Drug Control Policy, and all other state departments with drug enforcement, substance use disorder treatment and substance abuse prevention programs.

Chapter 80E.2 establishes the Drug Policy Advisory Council (DPAC), chaired by the Coordinator, and consisting of a prosecuting attorney, substance use disorder treatment providers, law enforcement officers, a substance abuse prevention specialist, a judge, and representatives from the departments of corrections, education, public health, human services, public safety and human rights.

This report highlights drug trends within the State, outlines tactical responses that include evidence based practices and promising approaches, and summarizes associated levels of funding that flow through state agencies. As a blueprint for comprehensively addressing a myriad of drug-related challenges, the 2019 Iowa Drug Control Strategy aims to provide data-driven support for identifying priorities and directing responses in the State.

An overarching goal of this document is to inform policymakers, state agency professionals, private sector partners, and citizens so that we may work together toward a healthier and safer Iowa.
Executive Summary

The 2019 Iowa Drug Control Strategy is a blueprint for identifying priorities and outlining data-driven responses. This updated annual report includes multiple trend indicators that demonstrate a contrast of progress and challenge in reducing the impact of substance misuse on Iowa families and communities.

For example, the most recent National Survey on Drug Use and Health ranks Iowa as having the overall lowest rate of illicit drug use in the U.S., and a relatively low rate of prescription pain reliever misuse. However, other data indicate Iowa exceeds the national average in rates of binge drinking and methamphetamine (meth) use. And while Iowans’ behavior related to some addictive substances is trending down, other trend lines are pointing up.

A few snapshots, according to the most recent data:

- **Alcohol**...remains the most prevalent and misused addictive substance in Iowa. However, as the number of Iowans entering treatment for alcohol use disorder continues a gradual decline, controlled substances may be narrowing the gap. Of all Iowans entering substance use disorder (SUD) treatment last year, 43% cited alcohol as their primary reason for needing help, or down to about half the level of 25 years ago.

- The use of traditional **tobacco** products by Iowa youth has steadily declined over the last decade, but the use of electronic nicotine delivery systems (ENDS) has become more common. Whereas 7% of 11th graders report current use of tobacco cigarettes, 9% say they use e-cigarettes.

- After climbing to a record high 206 **opioid**-related overdose deaths in 2017, recent reports suggest Iowa’s increasing rate of opioid misuse and overdose may be showing initial signs of slowing or perhaps declining. According to preliminary data from the Iowa Department of Public Health, 35% fewer opioid-related overdose deaths were recorded during the first eight months of 2018, compared to the same period a year earlier. Though encouraging, much work remains. Several health care practice and public policy changes have been enacted to reduce opioid misuse, and nearly 10% fewer controlled prescription drugs (e.g., opioid pain relievers) were dispensed to Iowans in 2017. In the meantime, illicit opioids (e.g., heroin and fentanyl analogs) appear to have become more prevalent, and the need continues for opioid use disorder treatment and recovery services.

- Iowa has one of the lowest rates of current youth **marijuana** use in the nation (5.38%), but a growing number of sixth graders (22%) see no risk smoking marijuana once or more a week, and the proportion of Iowans of all ages entering SUD treatment primarily due to marijuana has reached the highest point on record (25.6%). In the meantime, potencies are rising in many marijuana products.

- **Meth** labs are on pace to drop to their lowest point in over 20 years, averaging only two per month in 2018, according to reports from Iowa law enforcement agencies. However, larger amounts of purer and less costly meth seemingly are being smuggled into the State,
and the share of Iowans entering SUD treatment with meth as their primary substance has reached a new all-time high (21.7%).

Reports show addictive substances such as alcohol, tobacco, meth, opioids, cocaine and marijuana—directly or indirectly—can ultimately, and tragically, lead to death. More often, these substances negatively impact Iowa users, families and communities in other ways, including substance use disorder or addiction.

Substance abuse has never been a static issue, and that’s especially true today. Many of today’s drugs are not what they used to be, and that means unsuspecting users may be at greater risk. Be it alcohol, nicotine products, marijuana, opioids or meth, some of today’s substances subject to abuse are now available in new formulations, alternative delivery systems and more potent concentrations.

Alcoholic beverages come in more sizes, shapes and flavors, including some craft beers with higher concentrations of alcohol. Nicotine is available in liquid form, in many different flavors and even some stronger concentrations, for use in a large array of ENDS that are also used to consume controlled substances. A recent national survey found more than a third of ENDS users consumed controlled substances in the devices (e.g., marijuana wax and synthetic drugs). Opioid misuse involves a growing assortment of more lethal illicit synthetic opioids coming from foreign countries. Large amounts of meth are being smuggled into the U.S. in new ways (e.g., liquid solutions), and in forms as pure as ever in Iowa. More potent marijuana and marijuana-infused products or “concentrates,” including marijuana-infused candies, oils and waxes are now found in Iowa. And, while seemingly less prevalent in Iowa, ever-changing synthetic cannabinoids and cathinones remind us how quickly dangerous new drugs can be developed and marketed across the U.S.

Increasingly we hear from medical examiners, crime lab analysts, law enforcement officers and others about drug “cocktails,” or mixtures of substances that may compound the risk they present to users. These combinations may include different prescription medications, a mix of prescription medicines and illicit drugs, or different illicit drugs (e.g., heroin and meth), and sometimes utilize multiple delivery mechanisms.

The response to current drug control issues has been bolstered by several recent actions including, but not limited to: changes in health care practitioner prescribing practices; state and federal policy reforms; enhancements to Iowa’s Prescription Monitoring Program; increased access to Medication Assisted Treatment; expansion of prescription drug Take Back sites; additional community-based substance abuse prevention efforts; support for specialized meth and heroin enforcement; and approval of a project to improve drug-related data sharing between health and safety professionals.

Iowa’s latest data indicators demonstrate some progress and provide other hopeful signs for reducing substance use disorders, but they also illustrate challenges. As the supplies of and demand for addictive substances evolve, so too must Iowa’s comprehensive response.
In summary, the latest ODCP annual report outlines significant accomplishments as well as current and emerging needs. We must continue building where we’ve made progress and strengthen our response to new and existing challenges. This work is important for all Iowans, and especially for young Iowans and their families who perhaps are most susceptible to addiction and primed for addiction prevention.

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

*Reduce the number of drug-related deaths involving Iowans.* As part of Iowa’s response to the national opioid epidemic, partnerships are leading to collaboration between health care and law enforcement communities to: reduce the onset of opioid dependence, better enable those with opioid or other drug use disorders to find treatment when they need help, and disrupt illicit drug traffickers. Many opioid response enhancements are also applicable to meth and other substance use disorders.

*Reduce the number of Iowa 11th graders who are current users of alcohol, tobacco and other drugs.* Science strongly suggests the longer you keep an adolescent from experimenting with drugs the more likely they will be to stay drug free for life. As new Iowa youth grow into adolescence and new forms of addictive substances appear, effective prevention and education—involving parents, caregivers, educators and communities—is essential.

*Increase the number of Iowans who are employed post substance use disorder treatment.* Key for many to remaining drug free or in post-treatment recovery is gainful employment. Substance use disorder treatment has proven to successfully help Iowans maintain recovery and employment, contributing to a healthier and more productive Iowa.

Respectfully submitted,

Dale R. Woolery  
Interim Director & Drug Policy Coordinator  
Iowa Governor’s Office of Drug Control Policy
Chapter 1: Strengthen Efforts that Lead Iowans to be Healthy & Drug-Free

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

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

The Iowa Youth Survey (IYS) is a self-reporting survey conducted every two years by the Iowa Department of Public Health’s Division of Behavioral Health. IDPH released results from the 2016 survey in the spring of 2017. 2018 results should be available in 2019. 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
Chapter 1: Strengthen Efforts to Make Iowans Healthy & Drug-Free

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

Current and Proposed Strategies
• Support community coalition, school-based and statewide prevention efforts with user-friendly tools that will assist positive youth development and prevention programs
• Support the Iowa Department of Education’s Learning Supports initiative along with other state prevention efforts through the Iowa Collaboration for Youth Development
• Provide timely information on emerging drugs
• Support prevention program training for community organizations
• Complete the prevention needs assessment through data analysis
• Use public service campaigns to empower caregivers to educate children and prevent drug use, and promote media literacy to help youth make healthy choices
• Conduct the Iowa Youth Survey every two years
• Increase awareness about health and public safety concerns associated with drug legalization

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. Overall, drug-impaired fatal crashes now outnumber alcohol-impaired fatalities in the U.S. and both are among 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.
Chapter 1: Strengthen Efforts to Make Iowans Healthy & Drug-Free

Number of Alcohol and Drug-Related Iowa Traffic Fatalities

- 131 total alcohol and drug-related fatalities.
- 40 drug-only, 56 alcohol-only, and 35 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 and drug use; reducing youth access to alcohol products; alcohol compliance checks at retail establishments, bars, and restaurants; alcohol server/seller training; graduated licensing for underage youth; lockouts for vehicles; intervention and education programs for first-time OWI offenders; and having a 21 year-old legal drinking age.

Current and Proposed Strategies
- Support education for retail clerks on how to check IDs and decline sales to minors
- Encourage use of new Age to Purchase Mobile App produced by the Iowa Alcoholic Beverages Division
- Support Iowa’s 24/7 Sobriety impaired driver diversion program
- Support the intervention training for servers in restaurants/bars
- Enforce drunk and drugged driving laws with law enforcement personnel
- Support implementation of National Liquor Law Enforcement Association’s Place of Last Drink (POLD) System
- Enforce social host laws
- Continue collaboration between treatment programs and community colleges to provide a statewide education program for convicted OWI offenders
- Support education/diversion programs for minors in possession (first offense)
- Support implementation of a media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Support enforcement of penalties against non-compliant retailers, clerks, and youth
- Ongoing review of Iowa’s alcohol regulations by the Iowa Alcoholic Beverages Division
Reduce the number of alcohol, tobacco and drug-related deaths

Thousands of Iowans die from circumstances related to the use of tobacco, alcohol and other drugs. A 2017 report by the federal Centers for Disease Control and Prevention (CDC) says 5,100 adults die each year from their own smoking. Iowa's alcohol mortality rates for men and women have been rising steadily in recent years, according to the most recent data available from the State Epidemiological Workgroup.

The Iowa Department of Public Health also reports recent increases in opioid overdose and psychostimulant-related deaths, though preliminary data for 2018 indicates the rate of opioid-related overdose deaths may be slowing or perhaps declining.

Improved detection and reporting may explain some of increase in substance-related deaths in Iowa, but other factors may include the number of users, consumption rates and potency levels.
Chapter 1: Strengthen Efforts to Make Iowans Healthy & Drug-Free

What Works
Initiatives that work to reduce the number of deaths related to the use of addictive substances in Iowa include: education; substance abuse prevention; environmental prevention strategies addressing community norms about alcohol, tobacco and drug use; reducing youth access to addictive substances; intervention, referral and education programs for those with substance use disorders or substance-related criminal violations; substance use disorder treatment and recovery services; and crisis-oriented services.

Current and Proposed Strategies
- Support community coalition, school-based and statewide substance use prevention and education efforts to assist with positive youth development
- Use public service campaigns to empower caregivers to educate children and prevent substance misuse, and promote digital literacy to help youth make healthy choices
- Compliance checks to deter the illegal sale of addictive products to underage buyers
- Promote intervention and education programs (e.g., 24/7 Sobriety, restaurant/bar server training and referrals to local behavioral health providers)
- Expand access to substance use disorder treatment and recovery services, including Medication Assisted Treatment (MAT) for opioid use disorders
- Ease the process for safely disposing of unused medications to reduce drug diversion and risk of overdose (e.g., Prescription Drug "Take Back" collection sites)
- Provide Crisis Intervention Training (CIT) for law enforcement officers and other first responders
- Support the enforcement of drug laws to disrupt illegal drug traffickers and supplies
- Promote to the public the availability of substance use prevention/treatment services and crisis counseling, including the IDPH 24/7 helpline at YourLifeIowa.org or 855-581-8111

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

Alcohol dependency, abuse and addiction are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. Reducing heavy and binge drinking in Iowa will improve the health and safety of Iowans while reducing health care costs. According to the data below, percentages of adult Iowans who report heavy and binge drinking have remained steadily higher than national averages. Nationally, 16.9% of Americans report binge drinking while 21.2% of Iowans report binge drinking. Nationally 6.5% report heavy drinking while 6.9% of Iowans report heavy drinking.
Chapter 1: Strengthen Efforts to Make Iowans Healthy & Drug-Free

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

Source: CDC Behavioral Risk Factor Surveillance System

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

Current and Proposed Strategies
- Support comprehensive drug-free workplace programs, including policy development, employee education, supervisor training, intervention and drug testing
- Promote to the public the availability of prevention & treatment services including the IDPH helpline at YourLifeIowa.org or 855-581-8111
- Assist community coalitions in establishing standards, codes, and policies that reduce the incidence and prevalence of alcohol and other drug use in the general population
- Support efforts to address underage and binge drinking among youth and on college campuses, including prevention activities and collegiate recovery communities

Reduce the number of Iowans who smoke or use other nicotine products
Tobacco use is the single largest cause of preventable premature mortality in the United States. It represents an enormous financial burden on healthcare, costing an estimated $1 billion annually in Iowa alone. The use of tobacco and other nicotine products (e.g. e-cigarettes and Electronic Nicotine Delivery Systems or ENDS) among Iowans and exposure to secondhand smoke continue to be major public health problems. Having fewer nicotine users of all ages in Iowa and creating smoke-free environments for all Iowans are keys to reducing tobacco-related illnesses and costs. Nationally, 17% of adults report smoking, while in Iowa that rate is 16.7%.

Percent of Adult Iowans Reporting Current Smoking

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

**Current and Proposed Strategies**
- Quitline Iowa, 1-800-QUITNOW, a statewide smoking cessation hotline
- Community Partnership Grants for tobacco use prevention and control
- Regular tobacco sales compliance checks
- Support ENDS research and education

**Increase the number of treatment clients who are employed and abstinent six months post-treatment**
Sixty percent of treatment clients who participated in the Outcomes Monitoring Study for 2017 were employed full or part-time six months after substance use disorder (SUD) treatment, compared to only 36% of clients at treatment admission. At follow-up 40.4% of treatment clients remained abstinent six months after treatment discharge. Treatment must be comprehensive, tailored, 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***

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<th>Year</th>
<th>Follow-up</th>
<th>Admission</th>
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<td>2017</td>
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**Percent of Treatment Clients Abstinent Six Months Post Treatment**

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<th>Year</th>
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*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: enforcement of drug control laws, which promotes treatment admissions via the criminal justice system; individualized treatment plans; increased accessibility and capacity for treatment; early identification; aftercare services; retention in treatment; drug courts; family education; and treating co-occurring disorders.

Current and Proposed Strategies
- Support drug courts and other effective specialty courts as options
- Support early education in high-risk populations such as children of addicts
- Promote selected prevention programming with identified high-risk populations
- Promote mid to long-term treatment programs
- Improve access to recovery services and the Recovery Oriented System of Care (ROSC)
- Expand Medication Assisted Treatment (MAT) access for opioid use disorders
- Divert low-risk persons with SUDs to treatment and other services before they become involved in the justice system

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 use/misuse 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 use, 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 these figures.

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 whether 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 may be 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. 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

![Graph showing number of confirmed or founded cases of child abuse related to denial of critical care from 2006 to 2017.](image)

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

![Pie chart showing percentage of confirmed or founded cases of child abuse related to denial of critical care from 2017.](image)

**Source:** CY 2017, [Iowa Department of Human Services](https://www.iowadhs.gov/)

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

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

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

### What Works

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

### Current and Proposed Strategies

- Support the adoption of Iowa’s Drug Endangered Children model by new communities
- Promote support groups (e.g. Moms Off Meth and Community Resources United to Stop Heroin (CRUSH))
- Promote drug testing of parents suspected of using and their children in Child in Need of Assistance cases where drug use is suspected to be a contributing factor
- Promote the Department of Human Services’ Community Partnership for Protecting Children Initiative and its Parent Partners program
- Promote family drug treatment court for families in Child in Need of Assistance cases
Chapter 2: Safeguard Iowa Communities from Illegal Drug Activities

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 illegal drug trafficking and production in the State
Methamphetamine is one of the few illicit drugs that 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 meth in smaller quantities, but are no less dangerous than previous meth production methods. These production labs 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.

The Midwest High Intensity Drug Trafficking Area (HIDTA) has also warned of possible meth “conversion” labs, used to extract meth from solution used to conceal the drug during the smuggling process. These labs reportedly involve highly flammable materials.

State and Local Methamphetamine Clandestine Laboratory Responses

Since passage of Iowa’s Pseudoephedrine Control Act in May 2005, there has been a significant drop in the number of meth production 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.

Source: CY (*2018 through 10-31-18), Iowa Department of Public Safety
Chapter 2: Safeguard Iowa Communities from Illegal Drugs

Another form of drug manufacturing occasionally reported in Iowa involves butane hash oil (BHO) labs, named after the process of extracting high-potency tetrahydrocannabinol (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.

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 meth with increasing frequency in many Iowa communities. This coincides with more Iowans entering treatment for meth use disorders.

In addition to more meth trafficking investigations and drug seizures, and subsequent to the nation’s opioid epidemic, Iowa law enforcement agencies also report seizing more heroin.

In addition to more meth trafficking investigations and drug seizures, and subsequent to the nation’s opioid epidemic, Iowa law enforcement agencies also report seizing more heroin.
Marijuana remains the illicit drug seized most often by Iowa law enforcement officers, many times resulting from investigations into other matters. The total amount of marijuana seized has declined in recent years, perhaps due in part to the increasing prevalence of marijuana “concentrates,” which involve smaller but more potent product forms (e.g., oils, waxes and edibles).

**What Works**

Initiatives that work to reduce illegal drug trafficking and production 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; pharmacist and technician training; and citizen education.

**Current and Proposed Strategies**

- Support the DEA Lab Container Program coordinated by the Iowa Department of Public Safety and local law enforcement agencies
- Continue Iowa’s Pseudoephedrine Tracking System to enforce laws, prevent smurfing, and reduce meth labs
- Promote the use of the Environmental Protection Agency’s meth lab cleanup guidelines
- Provide education on new drug production and conversion techniques to retailers and the public
- Continue training on emerging drug issues for local law enforcement and prosecutors
- Support specialized drug enforcement task forces to coordinate strategic investigations
- Promote use of intelligence systems that provide connectivity among law enforcement
- Promote the exchange of timely data to enhance community health and public safety responses

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

Appropriate and effective substance use disorder (SUD) treatment is essential in breaking the cycle of addiction and promoting public safety. Few people enter SUD treatment without intervention 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 SUD treatment are referred by the criminal justice system.
Chapter 2: Safeguard Iowa Communities from Illegal Drugs

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

What Works
Initiatives that work to increase SUD treatment admission numbers in Iowa include: multi-jurisdictional drug task forces; coordinating intelligence collection and sharing; community-based treatment; drug courts; intensive supervision with treatment; and improving access to recovery.

Current and Proposed Strategies
- Increase utilization of criminal and family treatment drug court programs
- Enhance treatment services for parents with SUDs via Differential Response and Parent Partners
- Promote community-based treatment
- Promote the Iowa Department of Public Health’s Recovery Oriented System of Care
- Divert low-risk persons with SUDs to treatment and other services before they become involved in the justice system
- Expand Medication Assisted Treatment (MAT) for opioid abuse
- Enhance treatment of co-occurring substance abuse and mental health disorders

Reduce the ease of access to nicotine products, alcohol, and other drugs by Iowa’s youth
The Iowa Youth Survey has shown a reduction in how easy students in grade 11 think it would be to obtain alcohol, cigarettes, and marijuana. In 2016, 65% of 11th graders thought it would be “easy” or “very easy” to get alcohol. Ease of access is a key factor in youth substance abuse.

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

What Works
Initiatives that work to reduce the perceived ease of access to nicotine products, alcohol and marijuana by Iowa youth include: schools implementing evidence-based substance use disorder
Chapter 2: Safeguard Iowa Communities from Illegal Drugs

prevention programming; increasing access to prevention programming; reducing youth access to harmful substances; cross training among multiple disciplines to enhance involvement in prevention; a credible and sustainable prevention workforce; aligning with the national strategic prevention framework; community coalitions involving multiple sectors; mentoring programs; evidence-based parent education programs; healthy role models; and the 21 year-old legal drinking age.

Current and Proposed Strategies

• Support community coalition, school-based, and statewide drug prevention efforts
• Assist school districts and communities in selecting the best evidence-based positive youth development programs and prevention in their target population
• Promote public health efforts with the Learning Supports initiative & needs assessment
• Encourage use of new Age to Purchase Mobile App produced by the Iowa Alcoholic Beverages Division
• Provide timely information on emerging drugs of abuse to interested parties
• Enforce social host laws and support administration of the Iowa Youth Survey
• Compliance checks and server trainings to prevent sales to underage customers
• Promote educational public service campaigns and digital literacy

Reduce the number child abuse cases related to substance use

When all denial of critical care, presence of illegal drugs in a child’s body, exposure to dangerous substance, and manufacturing methamphetamine in the presence of a minor are combined, they represent 85% of confirmed and founded child abuse cases in Iowa. Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides 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, Exposure to Dangerous Substance or Manufacture of Methamphetamine in the Presence of a Minor

<table>
<thead>
<tr>
<th>Year</th>
<th>Dangerous Substance</th>
<th>Presence of Drug</th>
<th>Manufacturing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>1992</td>
<td>1581</td>
<td>4</td>
</tr>
</tbody>
</table>

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.
* Effective July 1, 2017, Dangerous Substances include: amphetamine, methamphetamine, cocaine, heroin, opium, and opiates.
Chapter 2: Safeguard Iowa Communities from Illegal Drugs

What Works
Initiatives that work to reduce drug-related child abuse 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; SUD treatment; and parenting programs.

Current and Proposed Strategies
- Support the adoption of Drug Endangered Children protocols by communities
- Promote support groups (e.g. Moms Off Meth and CRUSH)
- Ensure drug testing of parents and children in Child in Need of Assistance cases
- Promote the Iowa Department of Human Services' Community Partnership for Protecting Children Initiative and Parent Partners
- Refer parents with SUDs to family drug treatment court for help and supervision
Chapter 3: Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

The use of alcohol and other drugs has long been associated with crime and delinquent behavior that disrupts family, neighborhood, and community life in fundamental and long-lasting ways. People who are abusing alcohol and other drugs are more inclined to commit crimes and pose a public safety threat. About 90% of all prison inmates, regardless of the crime they are imprisoned for, misuse alcohol or other drugs. Studies have shown that substance use disorder (SUD) 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, smuggled supplies of meth through drug trafficking organizations have helped fuel an increase in meth related prison admissions. In FY 2018, there were 898 people imprisoned on drug-related charges. Of those, 610, or 68%, were meth-related. Cocaine/crack admissions have remained at their lowest level since 2004 when collection of this data began.

Drug-Related Prison Admissions

![Graph showing drug-related prison admissions from 2005 to 2018]

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

Current and Proposed Strategies

- Enforce clandestine drug manufacturing precursor controls
- Support community-based drug treatment programs
- Promote offender second chance reentry programs
- Expand the use of Recovery Oriented System of Care with Public Health to take a holistic approach to treatment that focusing on self, family, employment and follow-up care
- Continue use of drug courts and other specialty courts as options to address the needs of offenders in each district
- Support early intervention programs for youth at risk for substance abuse and crime
- Divert low-risk persons with SUDs to treatment and other services before they become involved in the justice system

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, outcomes for all Iowans improve when offenders returning into the community have completed SUD treatment. Findings from the 2017 report include:

- 85% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 36% at treatment admission to 60% six months since discharge from treatment
- 40.4% of clients remained abstinent six months since their discharge from treatment

Department of Corrections Community-Based Substance Use Disorder Treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>Clients in need of treatment</th>
<th>Clients who received treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>11,809</td>
<td>2,381</td>
</tr>
<tr>
<td>2015</td>
<td>11,747</td>
<td>2,494</td>
</tr>
<tr>
<td>2016</td>
<td>13,660</td>
<td>4,055</td>
</tr>
<tr>
<td>2017</td>
<td>12,883</td>
<td>3,539</td>
</tr>
<tr>
<td>2018</td>
<td>12,819</td>
<td>3,288</td>
</tr>
</tbody>
</table>

Source: FY, Iowa Department of Corrections

*2018 Decrease in received numbers may be due to suspension of services at three minimum security facilities, re-purposing of MPCF to a minimum security facility and NCF to Sex Offender Treatment Program

What Works

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

Current and Proposed Strategies

- Pursue distance or electronic treatment programs to improve access and efficacy
- Support the Iowa Medical Classification Center’s efforts to provide centralized SUD assessments
- Promote community-based drug treatment programs for persons with SUDs
- Continued use of drug and other specialty courts and other programs to address the needs of offenders in each district
- Support continuing care and reentry programs to support the return of offenders to the community after completion of prison-based treatment programs
- Support the effective management and treatment of dual diagnosis offenders
- Expand Medication Assisted Treatment (MAT) including in Iowa’s correctional system
- Divert low-risk persons with SUDs to treatment and other services before they become involved in the justice system

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

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

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

Current and Proposed Strategies

- Support youth-to-youth and adult-to-youth mentoring
- Support training to mentors on prevention programs and how to implement them
- Support educational public service campaigns and empower caregivers to talk with kids
- Promote media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Encourage use of new Age to Purchase Mobile App produced by the Iowa Alcoholic Beverages Division
- Promote positive youth development and prevention in schools and communities

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

Source: CY Iowa Justice Data Warehouse
• Support prevention services targeting high-risk youth and their parents
• Divert low-risk persons with SUDs to treatment and other services before they become involved in the justice system

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

Only 46% of treatment clients who participated in the Outcomes Monitoring Study for 2017 had no arrests prior to treatment. But, six months after treatment, 85% of clients had no arrests. Substance use disorder (SUD) treatment can be successful. But there are factors that can increase the effectiveness of treatment. Length of treatment and a client’s level of motivation are major indicators of success. Treatment must be comprehensive and multi-systemic. It must enhance a client’s motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on the individual, his or her family and friends, and the community.

![Percent of Treatment Clients with No Arrests Six Months Post Treatment](source)

What Works

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

Current and Proposed Strategies

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

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

Reports show addictive substances such as alcohol, tobacco, meth, opioids, cocaine and marijuana—directly or indirectly—can ultimately lead to death. More often, these substances negatively impact Iowa users, families and communities in other ways, including substance use disorder or addiction.

According to the Iowa Department of Public Health, when entering treatment, clients are screened for their primary substance. The percent of clients with a primary substance of alcohol remained the largest percentage at 43.1%, though it’s the lowest level on record. The percent of marijuana clients was less than alcohol at 25.6%. Meth admissions are back on the rise, to an all-time high of 21.7%. Crack/cocaine admissions are steady at 1.5%, while heroin admissions reached an all-time high of 2.8%. The “other or unknown” category of admissions, which could include inhalants, synthetics, prescription drugs, other opiates, and unknown drugs, remained steady at 6.4%.

![Primary Substance of Iowans Entering Treatment](image)

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

Source: SFY, Iowa Department of Public Health, Division of Behavioral Health

Many positive trends are occurring in Iowa. However, we cannot escape the reality that some Iowans still engage in risky behaviors involving addictive substances.

Although we have gained ground combating methamphetamine, specifically the disruption of meth production in homemade labs, much work remains. A record proportion of Iowans in

~ 26 ~
Conclusion

substance use disorder treatment are there primarily because of their meth use, and the bulk of our drug related prison admissions are driven by meth related charges. We must do more to curb the trafficking of meth into Iowa and reduce the strong demand for the drug.

Opioid misuse presents another threat to Iowans, as demonstrated by the large number of families impacted by opioid use disorders or overdoses. During the first three months of Iowa hospitals reporting all known use of naloxone to reverse suspected or confirmed opioid overdoses in 2018, the Iowa Department of Public Health says 292 Iowans benefited from the rescue medicine. Iowa’s response to the national opioid epidemic includes several community actions, targeted state initiatives, additional federal funding and policy changes, and comprehensive state legislation. The opioid epidemic shows us that any family--to varying degrees--may be susceptible to addictive substances, especially when they’re easily accessible and in the case of prescription opioids perceived as safe. Preliminary signs that opioid overdose deaths in Iowa may be slowing or perhaps declining are encouraging, but we must continue strengthening opioid misuse prevention, intervention, and treatment and recovery efforts.

Marijuana continues to be the most used illicit drug in Iowa, and all too often holds dangerous consequences for unsuspecting youth. Many mistakenly believe marijuana is not harmful or addictive. The National Institute on Drug Abuse (NIDA) estimates 30% of users have some degree of marijuana use disorder (MUD), about nine percent will become dependent on the drug, and up to 17% of marijuana users who start using in their teens will become dependent.

Over 50% of our youth report marijuana, tobacco and alcohol would be easy to obtain in their communities. Additionally, 25% of Iowa 11th graders and 22% of 6th graders perceive no risk in smoking marijuana once or more a week. Clear messages need to be communicated to our youth about the danger of all addictive substances, including marijuana.

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

(Evidence Based, Promising, and Innovative Approaches)

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

Community Coalitions: Coalitions are shown to be effective in reducing alcohol and other drug use among youth and adults. These collaborations between professional and volunteer representatives of local sectors work toward a common goal of building a safe, healthy and drug-free community. Effective community drug prevention coalitions work on improving systems and environments. Iowa has several community coalitions, 11 of which received federal Drug-Free Communities Support Program grants in 2018. The IDPH also awarded contracts to eight community coalitions in 2018. The Iowa Alliance of Coalitions for Change (AC4C) is entering the fifth year of a statewide Drug-Free Communities grant to help promote greater networking and coordination among community coalitions. Additionally, new CRUSH (Community Resources United to Stop Heroin) coalitions are forming in some Iowa communities, with a focus on opioid misuse prevention, treatment and recovery.

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

Medical Practice: Primary health care providers continue adopting new approaches recommended for improving patient care and preventing the misuse of medications. For example, recently revised guidelines issued by the U.S. Centers for Disease Control (CDC) for the appropriate prescribing of opioid pain relievers increasingly are becoming the standard for Iowa prescribers, insurers and health care regulators. Another example involves a growing number of Iowa hospitals and clinics participating in the Iowa Healthcare Collaborative’s “Opioid Guardianship” initiative, which includes more
emphasis on alternative actions to improve patient comfort and less on prescribing opioids to eliminate patient pain.

**Mentoring and Youth Development:** Several communities utilize evidence-based mentoring programs to reduce the risk of youth substance abuse and criminal behavior, and generally to improve the lives of young Iowans. The IDPH funds seven mentoring programs through the Youth Substance Abuse Prevention Services grant and supports the Youth Development Project and Prevention through Mentoring initiative. Programs follow the Elements of Effective Practice for Mentoring, as established by the National Mentoring Partnership and obtain certification through the Iowa Mentoring Partnership. The IDPH AmeriCorps Substance Abuse Prevention Program member service activities focus on providing education to Iowa community members on substance abuse, particularly opioid and prescription drug abuse; building capacity of organizations to broaden understanding of opioid and prescription drug abuse; and forming coalitions and partners to address the growing crisis.

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

**Partnerships for Success:** In 2014, the IDPH was awarded a five-year federal Partnerships for Success (PFS) grant to reduce underage alcohol use through a community-driven, data-supported and state-guided process. Twelve highest need counties were funded to reduce underage and youth binge drinking with the 12-20 year old population. Through 2019, the funded counties will focus services on utilization of the Strategic Prevention Framework, which is a five-step planning process for addressing substance abuse.

**Prescription Monitoring Program:** The Iowa Pharmacy Board’s Prescription Monitoring Program (PMP) allows prescribers, pharmacists and other health care providers to improve patient care by coordinating the fast growing number of medicines that are prescribed for Iowans. As of January 2018, nearly 46% of all licensed prescribers, including physicians, and 88% of pharmacists have registered to voluntarily access the PMP, to which pharmacies are required to submit data on all controlled substance prescriptions. As health care professionals’ use of the PMP tool has gradually risen in recent years, suspected prescription drug diversion—“doctor shopping”—has decreased. Several PMP enhancements in 2018 will make the database more user-friendly and effective, including a new online dashboard and increasing integration with electronic health records systems. Additionally, an Iowa law (HR 2377 enacted in 2018) makes
several changes to ensure greater utilization of the PMP for patient care by health care professionals.

**Prescription Drug Take Backs:** One way virtually all Iowans can help prevent the illegal diversion and potentially dangerous misuse of prescription drugs is to safely dispose of unused household medicines. The number of permanent, year-round, authorized “Take Back” collection sites at Iowa law enforcement centers and community pharmacies has increased almost five-fold since 2015, to over 233 in all 99 counties, and the number of “Take Back” locations continues to grow. This is in addition to the biannual National Prescription Drug Take Back Day events that have netted over 56 tons of leftover medicine in Iowa alone over the last seven years.

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

![Map of Iowa showing prescription drug take back locations](image)

**Strategic Prevention Framework for Prescription Drugs:** Jasper, Polk, and Scott Counties were awarded the Strategic Prevention Framework for Prescription Drugs (SPF Rx) grant to help reduce the misuse of prescription drugs for youth ages 12-17 and young adults 18-25. The purpose of the grant is to raise community awareness about the dangers of sharing and misusing medications as well as work with pharmaceutical and medical communities to address the risks of overprescribing. Through 2021, the three counties will use the data-driven Strategic Prevention Framework model to help increase the effectiveness of evidence-based prevention outcomes.

**Zero Suicide:** The Iowa Zero Suicide Project is a five year grant (2018-2023) that was awarded to the Iowa Department of Public Health (IDPH) by Department of Health and Human Services (DHHS). The overall project goal is to improve the care and outcomes of individuals ages 25 years and older at risk for suicide, with the following specific project goals, (1) to increase awareness of the risk for suicide among Iowa’s substance use disorder treatment population and treatment options and (2) enhance and expand the screening, treatment, and referral process for adults at risk for suicide.

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

**Crisis Intervention and Connection:** More Iowa law enforcement officers are receiving Crisis Intervention Team training (CIT), to better assist individuals with behavioral health disorders (e.g., mental illness and/or substance use). This coincides with the current development of at least six regional Mental Health Access Centers, as legislated in 2018. Additionally, some local law enforcement agencies are beginning to work more closely with service providers on pre-arrest and/or pre-trial diversion projects, in which low-level offenders assessed as low risk and needing help are steered from the justice system and to SUD treatment and other service providers.

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

**Drug and Specialty Treatment Courts:** Iowa currently has 39 specialty treatment courts. Sometimes described as “help with a hammer,” Iowa’s 13 adult criminal drug courts provide offenders with substance use disorders intensive community-based treatment and supervision as a less costly alternative to incarceration that also reduces recidivism. If offenders do not stay drug-free during the program, they can be sent to jail. The Judicial Branch, working with the Iowa Department of Human Services and the IDPH under a federal grant has also established 12 family treatment courts in Iowa, to engage drug-addicted parents in supervised treatment and to protect children who the court has determined are in need of assistance. Some Iowa drug courts also receive federal grant funds to help close the gap between mental health care needs and services. This is in addition to four stand-alone mental health treatment courts, eight juvenile drug courts, one domestic violence court and one veterans’ treatment court. As with many other promising approaches in this section, subject to individual circumstances, specialty courts present one option for determining the best case-specific strategies.
Medication Assisted Treatment: As the most effective form of opioid treatment, efforts are underway to expand Medication Assisted Treatment (MAT) in Iowa. The number of authorized MAT prescribers in Iowa has grown to 107, or over three times the number of providers in 2015.

In October 2015, the IDPH was awarded a three-year federal grant to expand MAT services for providing Prescription Drug and Opioid Addiction (PDOA) treatment and integrated care services in four Iowa counties with a demonstrated need for enhancement of opioid treatment services.

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

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

At the end of the second year of the MAT-PDOA grant, Iowa had exceeded the expected number of clients to be enrolled in services (257 versus goal of 220) with a median length of stay in treatment of 161 days. More information can be found at [http://idph.iowa.gov/mat](http://idph.iowa.gov/mat). Locations of Medication Assisted Treatment organizations can be found by clicking the map below.

Naloxone: Naloxone is an opioid overdose rescue drug that can reverse what would otherwise be lethal situations. The use of naloxone, a prescription drug dispensed by pharmacies, is increasing in Iowa communities affected by opioid misuse and overdose. An Iowa law enacted in 2016, facilitated by an IDPH statewide standing prescription order, significantly expanded naloxone, making the medication available at hundreds of pharmacies across the State, including major pharmacy chains in Iowa. The amount of naloxone administered by emergency medical service personnel nearly tripled in 2017, the first year after Iowa’s law expanding access was enacted.
Appendix One: Current Effective Responses

The IDPH developed an instructional Opioid Overdose Recognition and Response brochure, filling requests for over 55,000 copies from interested providers and stakeholders. The brochure is available on the IDPH website at https://idph.iowa.gov/mat/overdose.

An Iowa law enacted in 2018 (HF 2377), establishes a Good Samaritan program in the State, for which IDPH has prepared educational materials. This program encourages Iowans who may be committing certain low-level criminal offense (e.g., possession of a controlled substance) to call for emergency help in the event of a possible drug overdose involving a controlled substance, instead of fleeing the scene. In exchange for dialing 911 and remaining on the scene to cooperate with authorities, qualifying callers will not be charged with a crime.

**Pregnant and Postpartum Women:** The Residential Treatment for Pregnant and Postpartum Women is a three-year federal grant that was awarded to the IDPH in October 2015. This grant was awarded a no cost extension which allowed it to continue services for a fourth year. The purpose of this grant is to expand the availability of comprehensive residential substance use disorder treatment, prevention and recovery support services for pregnant and postpartum women and their minor children. Iowa’s program continues to use a care coordination approach to implement clinically appropriate and evidence-based practices to promote service improvements for pregnant and postpartum women in residential treatment.

**Prevention of Opioid Misuse among Women:** The Iowa Prevention of Opioid Misuse in Women grant was awarded as a three year (08/01/2017-06/30/2020) grant to the Iowa Department of Public Health (IDPH) by the Department of Health and Human Services (DHHS). The purpose of this program is to expand the prevention strategies that support the decrease of opioid misuse in women. The Iowa Department of Public will expand prevention strategies through several approaches including (1) Screening, Brief Intervention, and Referral to Treatment (SBIRT) trainings to professionals (i.e. domestic violence advocates, health professionals, social workers) who provide services to women and the (2) development and implementation of a digital media campaign to increase awareness on the risks of opioid misuse for women.

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

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Appendix One: Current Effective Responses

**State Opioid Response Grant:** The State Targeted Response (2017-2019), and the State Opioid Response grants (2018-2020) were received by IDPH from federal funding to target the opioid crisis. These funds are expanding the capacity of existing regional prevention and treatment provider networks, with a focus on accessible opioid treatment, prevention and recovery supports. Treatment providers across the State convened local efforts to develop a thorough community assessment and strategic plan involving multi-sector stakeholders. The assessment and planning processes provided the foundation for implementation of evidence-based practices, including Medication Assisted Treatment (MAT) for opioid use disorders (OUD). More information can be found at [http://opioids.idph.iowa.gov](http://opioids.idph.iowa.gov). Locations of Medication Assisted Treatment organizations can be found by clicking the map above.

**State Youth Treatment Implementation:** The State Youth Treatment Implementation is a three-year federal grant that was awarded to IDPH in October 2015. A no-cost extension was approved for this grant, extending the project to March 2019. The purpose of this grant is to implement evidence-based practices when serving Iowa youth and young adults in substance use disorder treatment programs. The programs provide services using the Comprehensive Adolescent Severity Inventory, Multidimensional Family Therapy and Motivational Enhancement Therapy/Cognitive Behavioral Therapy best practice models.

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

**Drug Task Forces:** Multi-Jurisdictional Drug Enforcement Task Forces (DTFs) are often the first line of defense against drug-related threats in Iowa communities. Iowa has 18 DTFs covering 56 counties. Local police and sheriff’s offices work in coordination with the Iowa Department of Public Safety and federal agencies. While the primary mission of DTFs is public safety through drug enforcement, they also play a major role in protecting drug-endangered children, removing weapons from drug scenes, and directing more drug-addicted offenders into substance use disorder treatment for the help they need. Iowa has been successful in securing recent federal COPS grants to assist drug task forces with specialized meth and heroin enforcement. Iowa also received a new federal grant award to create an Iowa Opioid Data Exchange, to facilitate timely information sharing between health care and public safety entities and improve local drug-related responses.

**Methamphetamine Lab Reduction:** Though methamphetamine produced and distributed by Mexican drug cartels and their agents remains plentiful in Iowa, domestic meth labs have nearly been eradicated. Combining education, retailer enforcement and environmental prevention strategies has proven successful in reducing Iowa meth labs by more than 98% since their peak (2018 vs. 2004). Legislation regulating key meth-making
ingredients, Iowa’s Pseudoephedrine Tracking System, better public awareness and strong enforcement efforts have contributed to this public protection progress.

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

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

General Indicators of the Trends in Drug Use

This section focuses on the use and abuse of all substances. According to the Iowa Department of Public Health, nearly 47,000 patients were seen for substance use disorder treatment services in SFY 2018. The percent of patients reporting a primary substance of alcohol declined to 43.1% for SFY 2018. The percent of all patients reporting marijuana use held generally steady around 25%. It should be noted that marijuana remains the most reported substance for juveniles aged 10-17 years old. Reported use of methamphetamine rose to the highest level on record at 21.7%. Use of heroin was reported by 2.8% of patients.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Alcohol</th>
<th>Marijuana</th>
<th>Meth</th>
<th>Cocaine/ Crack</th>
<th>Heroin</th>
<th>Other</th>
<th>Total Clients*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>55.6%</td>
<td>22.7%</td>
<td>14.6%</td>
<td>4.7%</td>
<td>0.6%</td>
<td>1.8%</td>
<td>42,449</td>
</tr>
<tr>
<td>2005</td>
<td>55.8%</td>
<td>22.4%</td>
<td>14.4%</td>
<td>5.0%</td>
<td>0.6%</td>
<td>1.9%</td>
<td>43,692</td>
</tr>
<tr>
<td>2006</td>
<td>55.9%</td>
<td>22.8%</td>
<td>13.6%</td>
<td>5.1%</td>
<td>0.5%</td>
<td>2.2%</td>
<td>44,863</td>
</tr>
<tr>
<td>2007</td>
<td>58.3%</td>
<td>22.5%</td>
<td>10.7%</td>
<td>5.2%</td>
<td>0.4%</td>
<td>2.9%</td>
<td>47,252</td>
</tr>
<tr>
<td>2008</td>
<td>61.9%</td>
<td>22.7%</td>
<td>7.5%</td>
<td>4.5%</td>
<td>0.4%</td>
<td>2.9%</td>
<td>44,528</td>
</tr>
<tr>
<td>2009</td>
<td>61.4%</td>
<td>23.2%</td>
<td>7.8%</td>
<td>3.7%</td>
<td>0.5%</td>
<td>3.4%</td>
<td>44,849</td>
</tr>
<tr>
<td>2010</td>
<td>58.6%</td>
<td>25.0%</td>
<td>8.8%</td>
<td>2.9%</td>
<td>0.7%</td>
<td>4.0%</td>
<td>44,904</td>
</tr>
<tr>
<td>2011</td>
<td>55.2%</td>
<td>25.7%</td>
<td>9.6%</td>
<td>1.9%</td>
<td>0.9%</td>
<td>6.7%</td>
<td>47,974</td>
</tr>
<tr>
<td>2012</td>
<td>49.9%</td>
<td>26.3%</td>
<td>10.5%</td>
<td>2.3%</td>
<td>0.9%</td>
<td>10.1%</td>
<td>50,870</td>
</tr>
<tr>
<td>2013</td>
<td>51.2%</td>
<td>26.7%</td>
<td>13.1%</td>
<td>1.9%</td>
<td>1.2%</td>
<td>5.9%</td>
<td>51,045</td>
</tr>
<tr>
<td>2014</td>
<td>50.0%</td>
<td>25.6%</td>
<td>14.8%</td>
<td>1.7%</td>
<td>1.6%</td>
<td>6.3%</td>
<td>48,621</td>
</tr>
<tr>
<td>2015</td>
<td>49.2%</td>
<td>25.8%</td>
<td>16.0%</td>
<td>1.6%</td>
<td>2.0%</td>
<td>5.3%</td>
<td>48,098</td>
</tr>
<tr>
<td>2016</td>
<td>47.1%</td>
<td>25.1%</td>
<td>17.6%</td>
<td>1.4%</td>
<td>2.5%</td>
<td>6.3%</td>
<td>47,309</td>
</tr>
<tr>
<td>2017</td>
<td>45.2%</td>
<td>25.3%</td>
<td>19.8%</td>
<td>1.5%</td>
<td>2.5%</td>
<td>6.2%</td>
<td>46,429</td>
</tr>
<tr>
<td>2018</td>
<td>43.1%</td>
<td>25.6%</td>
<td>21.7%</td>
<td>1.5%</td>
<td>2.8%</td>
<td>6.4%</td>
<td>46,878</td>
</tr>
</tbody>
</table>

*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.
Source: SFY, Iowa Department of Public Health, Division of Behavioral Health

Iowa Department of Public Health data show that alcohol remains by far the number one substance of abuse in Iowa, with 19,729 adults and 475 juveniles (patients aged 10-17 years-old) presented with alcohol as their primary substance.
Appendix Two: Drug Use Profile

### Primary Substance of Abuse for Clients Screened/Admitted to Treatment

<table>
<thead>
<tr>
<th>Primary Substance</th>
<th>Juvenile Clients</th>
<th>Adult Clients</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>475 (16%)</td>
<td>19,729 (44%)</td>
<td>43%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>2,216 (77%)</td>
<td>9,824 (22%)</td>
<td>25%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>87 (3%)</td>
<td>10,108 (23%)</td>
<td>21%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>9 (&lt;1%)</td>
<td>717 (2%)</td>
<td>2%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>3 (&lt;1%)</td>
<td>19 (&lt;1%)</td>
<td>Less than 0.1%</td>
</tr>
<tr>
<td>Opioids</td>
<td>21 (1%)</td>
<td>3,581 (8%)</td>
<td>8%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>72 (2%)</td>
<td>558 (1%)</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,883</strong></td>
<td><strong>43,576</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: SFY 2018, [Iowa Department of Public Health, Division of Behavioral Health](https://www.idPH.gov)

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

![Graph showing the number of adult substance use disorder treatment program screenings/admissions from 2005 to 2018.](image)

Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](https://www.idPH.gov)

According to the most recent National Survey on Drug Use and Health, Iowa has the lowest rate of illicit drug use in the past month.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa</td>
<td>6.76%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>8.13%</td>
</tr>
<tr>
<td>U.S. Average</td>
<td>10.36%</td>
</tr>
<tr>
<td>Colorado</td>
<td>17.18%</td>
</tr>
<tr>
<td>Vermont</td>
<td>18.20%</td>
</tr>
</tbody>
</table>

Source: [2015-2016 National Survey on Drug Use and Health](https://www.samhsa.gov)

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. From FY17 to FY18 offenders incarcerated on a new most serious marijuana drug offense
Appendix Two: Drug Use Profile

decreased by 14.9%. From FY17 to FY18 offenders incarcerated on a new most serious methamphetamine drug offense increased by 4.1%. Heroin continued to account for a low proportion of total new drug admissions during FY18, at 3.0%. More broadly, opioids accounted for 4.8% of total new drug admissions during FY18.

### Drug-Related Prison Admissions

<table>
<thead>
<tr>
<th>Year</th>
<th>Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>1,110</td>
</tr>
<tr>
<td>2005</td>
<td>1,049</td>
</tr>
<tr>
<td>2006</td>
<td>988</td>
</tr>
<tr>
<td>2007</td>
<td>882</td>
</tr>
<tr>
<td>2008</td>
<td>795</td>
</tr>
<tr>
<td>2009</td>
<td>693</td>
</tr>
<tr>
<td>2010</td>
<td>797</td>
</tr>
<tr>
<td>2011</td>
<td>880</td>
</tr>
<tr>
<td>2012</td>
<td>981</td>
</tr>
<tr>
<td>2013</td>
<td>903</td>
</tr>
<tr>
<td>2014</td>
<td>942</td>
</tr>
<tr>
<td>2015</td>
<td>827</td>
</tr>
<tr>
<td>2016</td>
<td>845</td>
</tr>
<tr>
<td>2017</td>
<td>902</td>
</tr>
<tr>
<td>2018</td>
<td>898</td>
</tr>
</tbody>
</table>

Source: FY, [Criminal and Juvenile Justice Planning](https://www.corrections.iowa.gov/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 of Drug-Related Iowa Traffic Fatalities

<table>
<thead>
<tr>
<th>Year</th>
<th>Fatalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>51</td>
</tr>
<tr>
<td>2004</td>
<td>60</td>
</tr>
<tr>
<td>2005</td>
<td>72</td>
</tr>
<tr>
<td>2006</td>
<td>72</td>
</tr>
<tr>
<td>2007</td>
<td>48</td>
</tr>
<tr>
<td>2008</td>
<td>48</td>
</tr>
<tr>
<td>2009</td>
<td>11</td>
</tr>
<tr>
<td>2010</td>
<td>14</td>
</tr>
<tr>
<td>2011</td>
<td>14</td>
</tr>
<tr>
<td>2012</td>
<td>28</td>
</tr>
<tr>
<td>2013</td>
<td>42</td>
</tr>
<tr>
<td>2014</td>
<td>40</td>
</tr>
<tr>
<td>2015</td>
<td>47</td>
</tr>
<tr>
<td>2016</td>
<td>56</td>
</tr>
<tr>
<td>2017</td>
<td>84</td>
</tr>
<tr>
<td>2018</td>
<td>75</td>
</tr>
</tbody>
</table>

Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor’s Traffic Safety Bureau](https://www.iowadot.gov/

Iowa Drug Recognition Experts (DREs) performed 1,382 evaluations for impaired driving in 2017.

### Number of Non-Alcohol Evaluations by DREs

<table>
<thead>
<tr>
<th>Substance</th>
<th>Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>636</td>
</tr>
<tr>
<td>Stimulants</td>
<td>405</td>
</tr>
<tr>
<td>Depressants</td>
<td>208</td>
</tr>
<tr>
<td>Narcotic Analgesics</td>
<td>114</td>
</tr>
<tr>
<td>Inhalants</td>
<td>11</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>2</td>
</tr>
<tr>
<td>Dissociative Anesthetics</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: CY, [Department of Public Safety, Governor’s Traffic Safety Bureau](https://www.iowasafety.gov/)

The number of hospital emergency department visits related to alcohol and drug use rose significantly in 2014. However, 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 2014, 2015 and 2016 data. The numbers reported below represents substances as both a primary reason for the visit, as well as a contributing factor to many visits.

### 2006-2015 Number of Drug and Alcohol-Related Emergency Department Visits

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>20,452</td>
</tr>
<tr>
<td>2007</td>
<td>18,279</td>
</tr>
<tr>
<td>2008</td>
<td>18,655</td>
</tr>
<tr>
<td>2009</td>
<td>25,842</td>
</tr>
<tr>
<td>2010</td>
<td>17,241</td>
</tr>
<tr>
<td>2011</td>
<td>18,840</td>
</tr>
<tr>
<td>2012</td>
<td>21,458</td>
</tr>
<tr>
<td>2013</td>
<td>21,321</td>
</tr>
<tr>
<td>2014</td>
<td>31,962</td>
</tr>
<tr>
<td>2015</td>
<td>28,269</td>
</tr>
</tbody>
</table>

Source: CY, Iowa Department of Public Health

### 2016-2017 Number of Drug and Alcohol-Related Emergency Department Visits

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>32,510</td>
</tr>
<tr>
<td>2017</td>
<td>34,289</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Clients in need of treatment</th>
<th>Clients who received treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>4,403</td>
<td>1,223</td>
</tr>
<tr>
<td>2015</td>
<td>4,330</td>
<td>1,053</td>
</tr>
<tr>
<td>2016</td>
<td>5,537</td>
<td>1,076</td>
</tr>
<tr>
<td>2017</td>
<td>5,160</td>
<td>865</td>
</tr>
<tr>
<td>2018</td>
<td>5,248</td>
<td>808</td>
</tr>
</tbody>
</table>

Source: FY, Iowa Department of Corrections
A significant portion of the drug using 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 three 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. The second is cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child.

Effective July 1, 2017, a third category called was added. “Dangerous Substances” include amphetamine, meth, cocaine, heroin, opium, and opiates. This change allows DHS intake workers to automatically assign a case to Child Abuse Assessment rather than Family Assessment. In these cases, it is alleged a caregiver uses or possess cocaine, heroin, opiates, or meth/amphetamines in the presence of a child or knowingly allows such activity by another person in the presence of a child. In the six months of CY2017 this change was in place, there were 1,992 cases confirmed or founded.

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

* 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.
* Effective July 1, 2017, Dangerous Substances include: amphetamine, methamphetamine, cocaine, heroin, opium, and opiates.

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Appendix Two: Drug Use Profile

The Iowa Disease Surveillance System reports the highest number of Hepatitis C (HCV) cases in recorded history. According to the CDC, in the United States, injection drug use is the primary risk factor for HCV infection and accounts for 68% of all new HCV infections in the United States. Roughly 32% of people who inject drugs become infected with HCV within the first year of injecting, and 53% become infected within five years.

According to the Iowa Department of Public Health, increases in HCV infection related to IDU among people 30 years of age and younger is a trend that has been reported by CDC in many areas of the country, including the Midwest. Much of this increase in injection drug use among youth is related to increases in use of prescription opioids and heroin. Increases in diagnoses of HCV among specific populations can be an early warning sign that injection drug use is increasing in that population. IDPH also reports Iowa is also at risk for an HIV outbreak related to injection drug use.

### Number of Positive Hepatitis C Antibody and/or Confirmatory Tests

![Graph showing number of positive hepatitis C antibody and/or confirmatory tests from 2000 to 2015, with peak at 2,235 in 2015.](source: Iowa Department of Public Health, Division of Behavioral Health)

### Alcohol

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. This figure displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of millions of gallons of distilled spirits to retailers within the State of Iowa. Alcohol sales to retailers have steadily increased 74% over the past fifteen years reaching its current high of 5.67 million gallons in FY 2018.

![Graph showing distilled spirits sales in gallons (millions) (age 21+) from 2004 to 2018, with a steady increase from 3.26 to 5.67 gallons.](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...
Appendix Two: Drug Use Profile

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

### National Binge Drinking vs. Iowa Binge Drinking Rates

![Bar chart comparing national and Iowa binge drinking rates](chart.png)

Source: CDC Behavioral Risk Factor Surveillance Surveys

### Reported Number of OWI Charges Disposed and Convictions

![Line chart showing the number of OWI charges and convictions](chart2.png)

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

![Line chart showing alcohol-related motor vehicle fatalities](chart3.png)

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 2017, 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**

![Graph showing the percent of students self-reporting the current use of alcohol across different grades and years.](source)

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

![Graph showing the percent of students self-reporting current binge drinking across different grades and years.](source)

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. 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 16% 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**

![Graph showing the percentage of youth screens/admissions to substance use disorder treatment programs with a reported primary substance of abuse of alcohol across different years.](source)
Appendix Two: Drug Use Profile

Amphetamine/Methamphetamine

Methamphetamine Seizures in Grams

![Methamphetamine Seizures Graph]

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

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Price</th>
<th>Purity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$130</td>
<td>79%</td>
</tr>
<tr>
<td>2012</td>
<td>$135</td>
<td>87%</td>
</tr>
<tr>
<td>2014</td>
<td>$125</td>
<td>95%</td>
</tr>
<tr>
<td>2016</td>
<td>$105</td>
<td>97%</td>
</tr>
<tr>
<td>2018</td>
<td>$105</td>
<td>97%</td>
</tr>
</tbody>
</table>

Source: Iowa Counterdrug Task Force

Another indicator of the devastation meth causes in Iowa is meth-related deaths. Psychostimulant-related deaths, largely due to meth, nearly doubled from 49 deaths in 2013 to 96 deaths in 2017.
Appendix Two: Drug Use Profile

Iowa Psychostimulant-Related Deaths

The Midwest High Intensity Drug Trafficking Area (HIDTA) has warned of possible meth “conversion” labs, used to extract meth from solution used to conceal the drug during the smuggling process. These labs reportedly involve highly flammable materials.

Most meth production 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.

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, requires all Iowa pharmacies that sell non-prescription pseudoephedrine products over-the-counter to participate in an electronic Pseudoephedrine Tracking System managed by Iowa’s Office of Drug Control Policy.

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 over 20 years in Iowa, dating back to 1997. The influx of high-grade meth smuggled into our state in recent years may also be contributing to the suppression of meth labs in Iowa.

State and Local Methamphetamine Clandestine Laboratory Responses

Source: CY (*2018 through 10-31-18), Iowa Department of Public Health, Division of Behavioral Health
Appendix Two: Drug Use Profile

While Iowa experienced a significant reduction in methamphetamine-related prison admissions (down 57.9%) from 2004-2009, admissions have steadily increased since that point, up 93%.

**Methamphetamine-Related Prison Admissions**

![Graph showing methamphetamine-related prison admissions from 2004 to 2018.]

Source: FY, Criminal and Juvenile Justice Planning

While the supply source may have changed for some in Iowa, demand for the addictive stimulant remains strong. In addition to the increase in meth-related prison admissions in recent years, meth-related substance use disorder treatment admissions are at an all-time high.

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

![Graph showing percentage of adult screens/admissions from 2005 to 2018.]

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.
Appendix Two: Drug Use Profile

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

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6th</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>7%</td>
</tr>
<tr>
<td>8th</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>11th</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: CY, Iowa Department of Public Health, Division of Behavioral Health – IYS

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

Due to their vast availability and addictive qualities, opioids are a category of drugs fueling additional 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 misuse may lead to addiction. In fact, three out of four new heroin users started their addiction with prescription painkillers. Opioid misuse 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 opioid-related overdose deaths, primarily from prescription opioids/narcotics and heroin, increased nearly 250%, from 59 deaths in 2005 to 206 deaths in 2017. According to preliminary
Appendix Two: Drug Use Profile

2018 data from the Iowa Department of Public Health (IDPH), the number of year-to-date deaths involving opioids from January to August fell 35 percent to 89 opioid-related deaths, compared to 137 during the same period in 2017.

**Iowa Opioid-Related Overdose Deaths**

(Heroin, Rx Methadone, Other Opioids, and Other Synthetic Narcotics)

![Graph of Iowa Opioid-Related Overdose Deaths](image)

Source: CY (*Preliminary 2018 YTD through 8-31-18), Iowa Department of Public Health, Bureau of Health Statistics

In July 2018, hospitals began reporting all known administrations of naloxone, the opioid overdose rescue medicine, to help track the number of non-lethal overdoses. During the first three months of that new reporting requirement, IDPH says 292 suspected or confirmed opioid overdoses were reported in Iowa.

Opiate-related emergency department visits remain at a high level. This number may not include unspecified or other drugs, or opiates combined with alcohol or other drugs.

![Graph of Number of Opioid-Related Emergency Department Visits](image)

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 consumes 80% of the world’s opioids – and 99% of the world's hydrocodone. According to data from the Prescription Drug Monitoring Program, the top 11 controlled substances prescribed in Iowa comprise approximately 94% of all prescriptions filled. These 11 medications include painkillers
such as Vicodin, anti-anxiety medication such as Xanax, the sleep-inducer Ambien, and Attention Deficit Hyperactivity Disorder (ADHD) medications such as Adderall and Ritalin.

**Top 11 Controlled Substances Prescribed to Iowans**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>47%</td>
</tr>
<tr>
<td>ADHD</td>
<td>15%</td>
</tr>
<tr>
<td>Sleep</td>
<td>5%</td>
</tr>
<tr>
<td>Anti-anxiety</td>
<td>27%</td>
</tr>
</tbody>
</table>

Source: CY 2017, 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 five or more prescribers or pharmacies.

Several recent and pending enhancements to Iowa's PMP will make the database faster, more effective, and generally more user-friendly for health care professionals concerned with patient care. These upgrades include an online dashboard featuring patient overdose risk ratings and increasing integration with electronic health record systems. Additionally, Iowa law (HF 2377) enacted in 2018 makes the following changes to reduce opioid misuse: prescribers are automatically enrolled to access the PMP; prescribers must query the PMP before prescribing opioids for a patient; the PMP will proactively send automatic alerts to health care professionals when inappropriate controlled substance use is suspected; prescriber report cards will be available in the PMP; and beginning in January 2020, all Iowa prescriptions must be delivered electronically.

According to the PMP, the total number of prescriptions filled in 2017 was down nearly 10% from 2016. The American Medical Association also reports the prescribing of opioid analgesics is down nationally, and in Iowa, over the past three years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>4.24</td>
</tr>
<tr>
<td>2010</td>
<td>4.44</td>
</tr>
<tr>
<td>2011</td>
<td>4.58</td>
</tr>
<tr>
<td>2012</td>
<td>4.58</td>
</tr>
<tr>
<td>2013</td>
<td>4.68</td>
</tr>
<tr>
<td>2014</td>
<td>4.80</td>
</tr>
<tr>
<td>2015</td>
<td>5.18</td>
</tr>
<tr>
<td>2016</td>
<td>5.18</td>
</tr>
<tr>
<td>2017</td>
<td>4.71</td>
</tr>
</tbody>
</table>

Source: CY, Iowa Board of Pharmacy

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 98 pharmaceutical diversion cases and seized 12,518 dosage units over the past six fiscal years. In
Appendix Two: Drug Use Profile

FY18 alone, DNE opened 14 new cases and seized over 5,922 dosage units. Treatment centers anecdotally report a dramatic increase in prescription drug use disorder 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 misusing 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 misusing 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**

<table>
<thead>
<tr>
<th>Year</th>
<th>6th Grade</th>
<th>8th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>2008</td>
<td>2%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>2010</td>
<td>2%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>2012</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>2014</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>2016</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Year</th>
<th>6th Grade</th>
<th>8th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>2008</td>
<td>2%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>2010</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>2012</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>2014</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>2016</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
</tr>
</tbody>
</table>

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 prescription opioid “human exposure” calls to the Iowa Statewide Poison Control Center highlights this dangerous trend. This data includes fentanyl, morphine, and methadone as well as common prescription painkillers. This data does not include heroin or synthetic opioids.
Appendix Two: Drug Use Profile

Number of Prescription Opioid Exposure Calls to the Iowa Poison Control Center

Heroin

Heroin use appears to be 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 2.8% of all treatment admissions. Although small, this number has more than tripled in the past six years.

Number of Heroin Exposure Calls to the Iowa Poison Control Center

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.

Heroin overdose deaths rose dramatically last year to an all-time high of 34.

Iowa Heroin-Caused Overdose Deaths

Another indicator of the prevalence of prescription opioids and heroin in Iowa is the number of times naloxone has been administered by Emergency Medical Services (EMS) personnel in an
Appendix Two: Drug Use Profile

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, but requires emergency medical care after its use. Naloxone only works if a person has opioids in their system.

**Iowa EMS Naloxone Administrations**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizures</td>
<td>161</td>
<td>193</td>
<td>192</td>
<td>137</td>
<td>231</td>
<td>262</td>
<td>304</td>
<td>754</td>
</tr>
</tbody>
</table>

Source: CY, Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Iowa Average Heroin Price per Gram**

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2012</th>
<th>2014</th>
<th>2016</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td>$215</td>
<td>$250</td>
<td>$250</td>
<td>$200</td>
<td>$170</td>
</tr>
</tbody>
</table>

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 2018, those numbers increased to 35 heroin cases and 2,006 grams seized. Seizure amounts for any drug may vary greatly from year to year, especially when you have one or two large seizures, and represent only a partial picture. However, the Iowa crime lab reports a marked increase in heroin cases submitted.

**Heroin Seizure Cases Submitted to Crime Lab**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizures</td>
<td>68</td>
<td>107</td>
<td>71</td>
<td>114</td>
<td>93</td>
<td>175</td>
<td>231</td>
<td>306</td>
<td>286</td>
</tr>
</tbody>
</table>

Source: CY (*YTD though 9-30-18), 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. NPFs are also more lethal than many other opioid counterparts. 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 by the Drug Enforcement Administration (DEA), citing fentanyl as a threat to public health and safety. In July of 2018, the DEA issued an Officer Safety Alert about the latest threat to emerge in the U.S. – carfentanil, which is approximately 100 times more potent than fentanyl. The Iowa Division of Criminal Investigation (DCI) laboratory reports five cases of carfentanil (alone or in mixture) through September 30, 2018.

Iowa DCI Heroin, Fentanyl, and other Synthetic Opioid Cases

The DCI laboratory also reports 24 cases containing fentanyl and 113 cases of fentanyl or analogs mixed with heroin through September 30, 2018. The lab also reports 50 cases containing fentanyl analogs (non-pharmaceutical fentanyl or other synthetic opioids) such as acetyl fentanyl, furanyl fentanyl, or U-47700. While these numbers are relatively small, they mark a noticeable increase from three fentanyl cases in 2014.
Appendix Two: Drug Use Profile

**Marijuana**

Data indicate marijuana is Iowa’s most used illegal drug and after alcohol, the second most frequent reason for substance use disorder treatment admissions. 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 6% 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 in the U.S. averaged less than 1% in 1972, compared to nearly 13% today.

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

![THC potency graph](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.)

![THC potency graph](source: University of Mississippi Marijuana Project through 3-22-17)
Due to the influx of marijuana from states where marijuana use has been legalized, a significant number of the marijuana sample submissions tested by the Iowa crime lab in 2017 involved high-potency marijuana “preparations” or “concentrates” such as oils, waxes, and marijuana-infused edibles.

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, at least in part, to the rise of marijuana concentrates, which typically involve smaller amounts of more potent marijuana.

Drug smugglers often use our interstate system of highways to travel to or through Iowa. Colorado and California, states that permit “medical marijuana,” often are cited as source states for marijuana seized in interdiction stops by Iowa law enforcement.

According to the Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) 2018 Marijuana Legalization Report, average THC potency levels in marijuana produced in Colorado in 2017 increased to 19.6% for flower/plant-based marijuana products and 68.6% for marijuana concentrates.

Many of the marijuana “concentrates” found in Iowa are produced in Colorado, where such high THC products are legal. According to the 2018 RMHIDTA report, Iowa was the third most cited destination for Colorado marijuana.
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, 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.

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 11th graders and 22% of 6th graders 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 general use in a few states.
Appendix Two: Drug Use Profile

Percent of Students Self-Reporting the Current Use of Marijuana

<table>
<thead>
<tr>
<th>Year</th>
<th>6th Grade</th>
<th>8th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>1% 0% 1%</td>
<td>0% 0% 1%</td>
<td>1% 0% 1%</td>
</tr>
<tr>
<td>2005</td>
<td>0% 3% 1%</td>
<td>3% 4% 3%</td>
<td>2% 2% 1%</td>
</tr>
<tr>
<td>2008</td>
<td>2% 4% 5%</td>
<td>3% 3% 3%</td>
<td>2% 2% 1%</td>
</tr>
<tr>
<td>2010</td>
<td>3% 3% 4%</td>
<td>3% 3% 3%</td>
<td>2% 2% 1%</td>
</tr>
<tr>
<td>2012</td>
<td>4% 3% 2%</td>
<td>3% 3% 3%</td>
<td>2% 2% 1%</td>
</tr>
<tr>
<td>2014</td>
<td>5% 3% 2%</td>
<td>3% 3% 3%</td>
<td>2% 2% 1%</td>
</tr>
<tr>
<td>2016</td>
<td>6% 3% 2%</td>
<td>3% 3% 3%</td>
<td>2% 2% 1%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>6th Grade</th>
<th>8th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>9% 12% 14%</td>
<td>14% 16% 16%</td>
<td>21% 24% 24%</td>
</tr>
<tr>
<td>2005</td>
<td>14% 16% 16%</td>
<td>21% 24% 24%</td>
<td>25% 25% 25%</td>
</tr>
<tr>
<td>2008</td>
<td>16% 21% 21%</td>
<td>22% 24% 24%</td>
<td>22% 22% 22%</td>
</tr>
<tr>
<td>2010</td>
<td>16% 21% 21%</td>
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<td>22% 22% 22%</td>
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<tr>
<td>2012</td>
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<td>22% 24% 24%</td>
<td>22% 22% 22%</td>
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<tr>
<td>2014</td>
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<td>22% 24% 24%</td>
<td>22% 22% 22%</td>
</tr>
<tr>
<td>2016</td>
<td>22% 24% 24%</td>
<td>22% 24% 24%</td>
<td>22% 22% 22%</td>
</tr>
</tbody>
</table>

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

- Marijuana, 77.0%
- Alcohol, 16.0%
- Meth, 3.0%

Source: FY18, Iowa Department of Public Health, Division of Behavioral Health

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.
Appendix Two: Drug Use Profile

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

![Graph showing 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$125</td>
</tr>
<tr>
<td>2012</td>
<td>$130</td>
</tr>
<tr>
<td>2014</td>
<td>$100</td>
</tr>
<tr>
<td>2016</td>
<td>$100</td>
</tr>
<tr>
<td>2018</td>
<td>$100</td>
</tr>
</tbody>
</table>

Source: Iowa Counterdrug Task Force

Cocaine-related admissions to prison represented six percent of drug-related prison admissions in FY 2018. 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 substance 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

![Graph showing Cocaine/Crack Cocaine-Related Prison Admissions]

Source: SFY, Criminal and Juvenile Justice Planning

Percent of Students Self-Reporting the Current Use of Cocaine

![Graph showing Percent of Students Self-Reporting the Current Use of Cocaine]

Source: CY, Iowa Department of Public Health, Division of Behavioral Health – IYS
Appendix Two: Drug Use Profile

Data regarding the prevalence of cocaine/crack cocaine as the primary substance 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.

**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 exist, but the retail 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 Iowa 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% 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, previously unidentified, synthetic drugs that have not yet been regulated under state or federal law.

**Other Illicit Drugs**

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 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.
Appendix Two: Drug Use Profile

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

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

Tobacco/Nicotine Products

Much data and information is published by the federal Centers for Disease Control and Prevention, Iowa Tobacco Use and Prevention Commission, 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. 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.

Though many people feel that e-cigarettes are a useful option for cessation, there is insufficient evidence to support the belief that e-cigarettes or other Electronic Nicotine Delivery Systems (ENDS) are effective in quitting tobacco use. Data suggests that the use of ENDS keeps people smoking more traditional tobacco products and any smoking is dangerous to health. In one 2018
Appendix Two: Drug Use Profile

In a study, researchers found 39.5% of ENDS users had also used their device to vape other drugs including cannabis, cocaine powder, crack cocaine, synthetic cathinones, synthetic cannabinoids, opioids, heroin, fentanyl, etc. Finally, e-cigarette aerosol is not harmless water vapor and should not be considered as clean air.

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

![Graph showing percent of students self-reporting the current use of tobacco.](source)

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

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

![Graph showing percent of students self-reporting the current use of electronic cigarettes.](source)
Appendix Three: Funding Information

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

Total Estimated FY 2019 Prevention, Treatment & Enforcement Funding (By Agency)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Prevention</th>
<th>Treatment</th>
<th>Enforcement</th>
<th>FY 2019 Total</th>
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<tbody>
<tr>
<td>Dept. of Education</td>
<td>$1,936,420</td>
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<tr>
<td>DOC, Institutional Programs</td>
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<tr>
<td>Total</td>
<td>$16,730,616</td>
<td>$87,361,678</td>
<td>$37,617,400</td>
<td>$141,709,694</td>
</tr>
</tbody>
</table>

Total Estimated FY 2019 (By Source)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Prevention</th>
<th>Treatment</th>
<th>Enforcement</th>
<th>Total Funding</th>
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<tr>
<td>State</td>
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<td>$20,111,102</td>
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<td>Federal</td>
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<td>Other</td>
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<td>$1,466,212</td>
<td>$519,875</td>
<td>$4,529,989</td>
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<tr>
<td>Total</td>
<td>$16,730,616</td>
<td>$87,361,678</td>
<td>$37,617,400</td>
<td>$141,709,694</td>
</tr>
</tbody>
</table>
Acknowledgements

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

Iowa Drug Policy Advisory Council

Dale Woolery
Interim Drug Policy Coordinator

Jennifer Miller
County Attorney’s Association
Katrina Carter
Department of Corrections
Barb Anderson
Department of Education
Vern Armstrong
Department of Human Services
Kathy Stone
Department of Public Health
Paul Feddersen
Department of Public Safety
Steve Michael
Department of Human Rights
David Lorenzen
Iowa Peace Officers Association
Jason Sandholdt
Iowa State Sheriffs and Deputies Association
Matthew Harkin
Iowa State Police Association

Warren Hunsberger
Substance Abuse Treatment Director
Jane Larkin
Substance Abuse Treatment Specialist
Christina Wilson
Substance Abuse Prevention Specialist
Honorable Amanda Potterfield
Judicial Branch

Non-Voting Members
Stephan Arndt
Iowa Consortium for Substance Abuse Research and Evaluation
Lt. Col. Chuck Connors
Iowa National Guard
Steve Larson
Alcohol Beverage Division
Chief Rob Burdess
Iowa Police Chiefs Association

This annual report is submitted in satisfaction of Chapter 80E.1 of the Code of Iowa which directs the Drug Policy Coordinator to monitor and coordinate all drug prevention, enforcement, and treatment activities in the state. Further, it requires the Coordinator to submit an annual report to the Governor and Legislature concerning the activities and programs of the Coordinator, the Governor’s Office of Drug Control Policy, and all other state departments with drug enforcement, substance abuse treatment, and prevention programs. Chapter 80E.2 establishes the Drug Policy Advisory Council (DPAC), chaired by the Coordinator, and consisting of a prosecuting attorney, substance use disorder treatment specialist, law enforcement officer, prevention specialist, judge, and representatives from the departments of corrections, education, public health, human services, public safety, and human rights. This report was developed in coordination with Iowa’s Drug Policy Advisory Council.